

## Domestic Abuse Commissioner's response to: Delivering justice for victims, a consultation on improving victims' experiences of the justice system

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### **About the Domestic Abuse Commissioner**

The Domestic Abuse Act establishes in law the Office of the Domestic Abuse Commissioner to provide public leadership on domestic abuse issues and play a key role in overseeing and monitoring the provision of domestic abuse services in England and Wales. The role of the Commissioner is to encourage good practice in preventing domestic abuse; to identify adult and child victims and survivors, as well as perpetrators of domestic abuse; and to improve the protection and provision of support to people affected by domestic abuse from agencies and government, recognising the links and overlaps with wider forms of violence against women and girls (VAWG), including sexual violence.

### **Introduction**

The Domestic Abuse Commissioner welcomes the opportunity to submit written evidence to this consultation.

The criminal justice system response must remain a critical part of our efforts to tackle domestic abuse. However, the evidence is clear that it is failing to meet the needs of victims and survivors. Currently, only 17% of victims and survivors of domestic abuse report to the police, and many will not wish to pursue a criminal justice outcome.<sup>1</sup> In 2020/21, 79% of reported domestic abuse cases resulted in no further action under Outcomes 15 and 16.<sup>2</sup> In 2019-20, despite 55,259 reports of rape being recorded by the police, there were just 2,102 prosecutions and 1,439 convictions. We have also seen falls across domestic abuse outcomes, even before the Covid pandemic hampered the ability of the criminal justice response. Prosecutions and convictions for domestic abuse-flagged data fell by 34% and 31% respectively between March 2015 and March 2020.<sup>3</sup>

The Victims' Bill represents a landmark opportunity to ensure that all victims of crime, including survivors of domestic abuse, receive a specialist holistic package of support to help them to rebuild their lives. This should include, but is not limited to, support which helps them on their journey through the criminal justice system. This is essential to help restore the faith of victims and survivors in this process and ensure that we are able to hold more violent and dangerous perpetrators to account.

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<sup>1</sup> Crime Survey for England and Wales, [Partner abuse in detail, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>2</sup> [Domestic abuse and the criminal justice system - Office for National Statistics \(ons.gov.uk\)](#)

<sup>3</sup> [Domestic abuse and the criminal justice system - Office for National Statistics \(ons.gov.uk\)](#)

The Domestic Abuse Act (2021) widens the powers at the disposal of our criminal justice agencies to hold perpetrators to account, as well as helping to ensure that survivors have access to safe accommodation at points of crisis. The Commissioner now urges the Government go further by utilising the Victims' Bill to help build the capacity, and better equip, our specialist community-based services for all victims of domestic abuse and wider forms of VAWG, to prevent these crimes from occurring in the first place and, where they do, support victims and survivors in a long-term holistic, tailored manner.

Whilst this consultation is focused fairly sharply on the needs of victims and survivors in relation to the criminal justice process, the Commissioner also wishes to draw attention to the importance of ensuring that victims of domestic abuse receive appropriate support within the family justice system as well. Allegations of domestic abuse are present in at least half of all such proceedings.<sup>4</sup> Yet the Ministry of Justice's Harm Panel report found serious structural issues in the way that domestic abuse allegations were handled including how the risk and potential harm to children was assessed. There is also significant evidence to show that survivors were re-traumatised by the court process.

### Summary of recommendations

- **Create a new duty within the forthcoming Victims' Bill on relevant public bodies to collaborate and commission community-based services.** This new duty would provide support to all victims and survivors, including children, no matter where they live and regardless of their status, through community-based services alongside accommodation-based services, including 'by-and-for' services. This would enable support for prevention, early intervention and crisis intervention, and provide programmes to challenge perpetrator behaviour and prevent abuse going forward. This duty would apply to all relevant public authorities in line with the current commissioning landscape, including PCCs, Local Authorities and NHS bodies, including for example, Integrated Care Boards.
- **Establish a single dedicated cross-government funding stream for specialist by and for services working with victims and survivors of domestic abuse.** The Commissioner specifically recommends that this dedicated pot be made available to specialist by and for organisations supporting victims and survivors with protected characteristics (including Black and minoritised, LGBT+ and Deaf and disabled survivors) as well as victims and survivors who have no recourse to public funds. The Commissioner has estimated that it would cost government £262,900,480 to deliver this fund over a three-year period
- **Ensure that every victim and survivor of domestic abuse going through the family court has access to a specialist family court IDVA or other specialist domestic abuse support worker.** A dedicated, specialist Family Court IDVA would understand the complexities of proceedings, understand how the courts work in their area, and have good understanding of how proceedings can escalate risk for survivors.
- **Establish a new Domestic Abuse Best Practice Lead in every family court, as an important way to both help bring about, and sustain, change, and improve consistency nationally.** Such a role would be a valuable additional resource for Designated Family Judges in helping to bring about the improvements needed to achieve the vision for the family justice system set out in the Harm Panel report, as

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<sup>4</sup> Adrienne Barnett (2020), Domestic abuse and private law children cases, A literature review, 20; Cafcass and Women's Aid; CAF/CASS, Women's Aid (2016), Allegations of domestic abuse in child contact cases.

well as implementing improvements relating to potential findings of the new monitoring mechanism that is being established within the office of the Domestic Abuse Commissioner and Victims' Commissioner.

## Chapter 1 – Meeting Victims' expectations

**Question 1: Do you agree that the key principles set out in the consultation are the right ones? If not, do you have any other suggestions?**

The Domestic Abuse Commissioner broadly supports the key principles set out in the consultation document. It is essential that all victims, including survivors of domestic abuse receive a good service from all parts of the criminal justice system.

**The criminal justice response remains a critical part of our efforts to tackle and end VAWG, through protecting victims and survivors and bringing perpetrators to justice.** While just 20% of victims and survivors of domestic abuse report to the police, and many will not wish to support a criminal justice outcome, it is still an important part of the picture. Work to improve criminal justice outcomes will also encourage more survivors to come forward as they build trust and faith in the criminal justice system.

**The importance of upholding the principles set out in the document are paramount to address the falling criminal justice outcomes across VAWG crimes, particularly in relation to rape and sexual violence.** Astonishingly, in the year ending September 2021, despite 63,136 report of rape being recorded by the police, there were just 2,234 prosecutions and 1,517 convictions. This amounts to the effective decriminalisation of rape, one of the most serious offences, and means that dangerous offenders continue to live with impunity for their crimes, at large in our communities. We have also seen falls across domestic abuse outcomes, even before the Covid pandemic hampered the ability of the criminal justice system to respond. Prosecutions and convictions for domestic abuse-flagged cases fell by 34% and 31% respectively between March 2015 and March 2020.<sup>5</sup>

**Whilst the Commissioner strongly supports the ambition of the work set out in this consultation document, we are concerned that the definition of support for victims is very closely linked to their engagement in the criminal justice system.** As outlined above the majority of victims and survivors of domestic abuse do not go down a criminal justice path and therefore, we must ensure that support services are not commissioned in a way which are purely linked to criminal proceedings. We set out our position on commissioning with regards to this issue in further detail in response to Chapters 3 and 4 of the consultation. In particular, it would be important for any statutory definition of 'victims' to incorporate victims who do not engage with the criminal justice system, as well as the close connections of victims, who have been affected by crime (such as the family members of victims of homicide). Therefore, we would recommend that the definition of a victim – which would cover both access to services as well as the Victims' Code – is set out as 'A victim is a person who has suffered harm as a result of conduct constituting an offence'.

**Specialist community-based services that help survivors to navigate the criminal justice system will be critical in improving the criminal justice response.** This is particularly the case for those victims and survivors who have been historically failed by the criminal justice system, or who face barriers in accessing justice. These services are needed

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<sup>5</sup> [Domestic abuse and the criminal justice system - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

to support victims and survivors as they engage with the criminal justice system and reduce the very high attrition rates. The Commissioner would be concerned about an over-reliance on specialist services to support victims and survivors through the court system without adequate provision and resourcing. Further detail on proposals to build the capacity of this sector are outlined in response to Chapters 3 and 4 of the consultation.

**Specialist Domestic Abuse Courts (SDACs) exemplify the driving ambition of the Victims Code, consistently demonstrating better outcomes for victims and survivors and yet their provision has been allowed to wane in recent years.** SDACs operate across many areas of England and Wales to provide survivors of domestic abuse with the support needed to help successfully access and navigate the court system and form effective links across agencies and with Community Safety Partnerships. They are specially adapted magistrates' courts hearings which seek to ensure that victims and survivors are able to provide their best evidence to achieve successful prosecutions. Key features of the courts include the provision of specialist IDVAs, criminal justice staff who are specially trained in the dynamics of domestic abuse and clustering of cases to better facilitate the provision of these specialist services. Yet despite the clear benefits to the system there are increasingly few SDACs, with the CPS instead focusing on the DA Best Practice Framework. While it is of course important to improve the court experience across all magistrates' courts, the Best Practice Framework does not go as far in supporting survivors as SDACs, nor will it result in similarly positive outcomes. Lessons should be learnt from the work funded through the Tampon Tax Fund to set up 'mentor courts' and map the provision of SDACs across England and Wales, being delivered by Standing Together Against Domestic Abuse.

**It is important to note the barriers to accessing justice for minoritised and marginalised groups, which must be addressed through the work on the Victims' Code and more broadly in the Victims' Bill.** Survivors who are Black and minoritized, Deaf, disabled, or LGBT+ face particular barriers to accessing justice, and have been historically poorly served by the criminal justice system. Much more is needed to build trust with the most marginalised groups in order to facilitate access to justice. Disabled victims and survivors face greater barriers to justice and harmful stereotypes and prejudice that affects their perceived credibility when giving evidence, despite disabled women being three times more likely to experience domestic abuse than non-disabled women.<sup>6</sup> The EHRC have also pointed out that the move to remote video-link court hearings could have disadvantaged disabled people.<sup>7</sup> In addition, vital support provided by translators and intermediaries to survivors of domestic abuse navigating the court system, which was already difficult to arrange pre-pandemic, has been operating a more limited service as a result of Covid-19.<sup>8</sup> This has particularly been the case for female translators, who due to the highly gendered nature of domestic abuse, are vital to help support survivors and ensure that their needs are sensitively met. There have been reports that there is often no one available to translate at short notice and so survivors have been told to come back on another day to report a crime or to arrange their own interpreter.<sup>9</sup>

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<sup>6</sup> Manjoo, R. (2014) 'Report of the Special Rapporteur on violence against women, its causes and consequences' (A/HRC/26/38), and Crime Survey for England & Wales [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-population/violence-and-abuse/domestic-abuse-victim-characteristics)

<sup>7</sup> Equality and Human Rights Commission (22 April 2020) Inclusive justice: a system designed for all - Interim evidence report: Video hearings and their impact on effective participation, [https://www.equalityhumanrights.com/sites/default/files/inclusive\\_justice\\_a\\_system\\_designed\\_for\\_all\\_interim\\_report\\_0.pdf](https://www.equalityhumanrights.com/sites/default/files/inclusive_justice_a_system_designed_for_all_interim_report_0.pdf)

<sup>8</sup> End Violence Against Women, Imkaan, Centre for Women's Justice, Rights of Women and Rape Crisis England and Wales, *Access to Justice for Women & Girls during Covid-19 Pandemic, Report into impacts of pandemic on family and criminal courts for victims and survivors of Violence Against Women & Girls (VAWG) in England & Wales*, (August 2020), <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Access-to-Justice-for-Women-Girls-during-Covid-19-Pandemic.pdf>

<sup>9</sup> End Violence Against Women, Imkaan, Centre for Women's Justice, Rights of Women and Rape Crisis England and Wales, *Access to Justice for Women & Girls during Covid-19 Pandemic, Report into impacts of pandemic on family and criminal courts for victims and survivors of Violence Against Women & Girls (VAWG) in England & Wales*, (August 2020), <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Access-to-Justice-for-Women-Girls-during-Covid-19-Pandemic.pdf>

**Women can also be disproportionately criminalised where they commit offences as part of their experience of VAWG, and in particular, domestic abuse.** We know from the Government's own female offenders strategy that 60% of women in prison have experienced domestic abuse, and this is likely to be an under-estimation<sup>10</sup> For example, women are far more likely to commit crimes in order to support a partner's drug habit.. More support is needed within the criminal justice system for women who offend and to recognise the circumstances that led to their offending. **There should be a greater focus therefore in the Code and within the wider work on the Victims' Bill, linked to the female offender strategy, on how we can better guarantee the rights of female victims of domestic abuse who are criminalised.**

## Recommendations

- 1. High quality training should be rolled out across the criminal justice system on VAWG and domestic abuse**, which should be monitored and overseen by the National Oversight Group on Domestic Abuse, chaired by the Home Secretary. Police officers and prosecutors should be given regularly updated training on factors contributing to victim attrition and how best to support victims throughout the criminal justice journey. **A culture change programme, including through revised recruitment processes, should be developed to ensure that individuals within the police and wider criminal justice system have a good understanding of domestic abuse** and recognise that responding is a part of their core business. Consideration should be given to the balance between the benefits of specialist police officers and the needs for all officers to understand, recognise and respond to VAWG.
- 2. To help strengthen the rights of victims of domestic abuse, the Government must commit to the long-term funding of vital community-based services that support survivors to access and navigate the criminal justice system.** More detail on proposals for a new statutory duty within the Victims' Bill are set out in our response to Chapter 3 and 4 of the consultation. It is vital that the government provide long-term sustainable funding to specialist gender informed services, which support both male and female victims and survivors of domestic abuse.
- 3. The CPS and HMCTS should revitalise the Specialist Domestic Abuse Courts model and should support roll out across England and Wales, incorporating learning into the pilot of integrated domestic abuse courts.** The Domestic Abuse Commissioner strongly recommends that specialist domestic abuse courts are reinstated as a matter of urgency.
- 4. The Commissioner supports calls for the Ministry of Justice to carry out more in-depth research to better understand which victims of domestic abuse, and other forms of VAWG, face the greatest barriers to the criminal justice system and how to address these.** There should be a specific focus within this research on the experiences of Black and minoritised survivors, LGBT+ survivors and Deaf and disabled survivors, and those with No Recourse to Public Funds status. In addition to in-depth research with survivors, the Ministry of Justice must ensure that data disaggregated by protected characteristics is published by criminal justice partners on key outcomes, including charging and prosecutions
5. rates.

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<sup>10</sup> <https://www.gov.uk/government/publications/female-offender-strategy>



6. **The Government should develop a programme of work to address the barriers to accessing the justice system for disabled people**, incorporating training for police, court staff, magistrates and judges, as well as considering the impact of remote video-links. Funding should also be allocated to ensure the better provision of quality-assured interpreters and communication support throughout the criminal justice system, from police through to court.

**Question 2: What more can government and agencies listed in the Code do to ensure that frontline professionals are aware of what is required of them under the Code?**

**Question 3: What more can government and agencies listed in the Code do to ensure every victim is made aware of the Code and the service they should expect to receive under it?**

*To avoid repetition we have grouped our responses to questions 2 and 3*

The consultation document sets out the intention to make the Code statutory with a legislative obligation for the listed agencies to comply with its provisions. **The Commissioner is concerned that very few victims and survivors of domestic abuse are aware of the Victims' Code.** In 2019/20, only 23% of the tens of thousands of victims who enter the criminal justice system annually had ever heard of the Victims' Code.<sup>11</sup> At a recent event hosted by Women's Aid Federation (in collaboration with the Ministry of Justice to help gather evidence for this consultation) none of the eight survivors of domestic abuse had heard of the Victims' Code.

## **Recommendations**

7. **The Domestic Abuse Commissioner supports calls to widen this legislative obligation by requiring public bodies to also inform victims of their Code rights, including the rights to have advocacy and legal advice. This legal obligation should explicitly state the importance of public bodies working closely with, and referring victims of domestic abuse into, specialist domestic abuse services.** Working closely with, and forming partnerships with specialist domestic abuse services will also help ensure that this information is communicated in the most appropriate and sensitive manner. As outlined above community-based services act as a vital resource to help support wider statutory agencies in promoting awareness of domestic abuse, as well as acting a vital provision that agencies can refer into. The Commissioner supports the recommendation of the Victims' Commissioner to establish a separate complaints system for breaches of the Victims' Code, which sits outside of each criminal justice agency. It could be the case that a response to a complaint requires the input of multiple organisations, and separate complaints systems should not prohibit this. Analysis of the number of complaints and complaint resolution should form part of the monitoring process and inspection regime. It must also be part of the Victims' Commissioner's reporting to Parliament.
8. **The Commissioner supports the Victims' Commissioner's proposals to place a duty on each Police and Crime Commissioner, where they are required to**

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<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/13635experienceofthecriminaljusticesystemforvictimsofcrimeenglandandwalesyearendingmarch2009toyearendingmarch2020>

**appoint an Independent Victims Champion, to promote and drive victims' rights locally**, to drive the collection of data on the local operation of the Code, and to be the place of first resort to receive and investigate complaints about local breaches of the Code.

9. **The Commissioner recommends that the Government urgently issue an easy-read version once the new code is published, along with, BSL and other accessible versions and foreign language editions (which are not currently readily accessible)**

**Question 4: Do the current procedures around timing and method of communication between the police/CPS and victims about key decisions work for victims? Are there any changes that could be beneficial?**

**Many victims and survivors of domestic abuse feel disempowered and unsupported by the lack of communication they receive from criminal justice agencies or have reported receiving hostile responses from the individuals with whom they have spoken to regarding their case.**<sup>12</sup> This disproportionately affects victims and survivors with protected characteristics, with research finding that women from Black and minority ethnic backgrounds report receiving a more *“blunt service, with a lack of understanding about ethnic minority women’s intersectional experiences”*.<sup>13</sup> This is often on top of other structural disadvantages they face when interacting with statutory agencies, such as language barriers or distrust when interacting with agencies due to prior adverse experiences.

**Disabled victims and survivors and those with learning difficulties have reported facing a lack of accessible police services<sup>14</sup> or reported a lack of communication from criminal justice agencies as well as a lack of collaboration between policing and wider agencies.**<sup>15</sup> Lack of communication between victims and survivors and criminal justice agencies has been identified as a key factor in attrition resulting from victim withdrawal, making it harder for perpetrators to be held accountable by criminal justice agencies.<sup>16</sup> This is often combined with a lack of referral by agencies to specialist support services. As such, stronger communication and support for victims and survivors is necessary if we are to obtain better criminal justice outcomes for individuals who report domestic abuse.

**Despite there being clear deadlines for communications with victims, there is a lack of communication between criminal justice agencies and victims regarding the progress of their case.** A third of the correspondence received by the Domestic Abuse Commissioner’s office from victims and survivors of domestic abuse relates to the criminal justice system. When discussing their experience, many survivors have expressed that they are not kept informed as to the progress of their case or any decisions made by the police or the CPS not to bring charges against a perpetrator. Survivors have reported waiting months for a response for an update on their case and not receiving any further information despite repeated attempts to contact the police officers handling their case and not receiving any additional support in the meantime. In many of these cases, survivors have either only had contact months after reporting an incident to be told that a prosecution will not be brought forward, without being given an adequate explanation as to why this is the case.

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<sup>12</sup> Her Majesty’s Inspectorate of Constabulary Fire and Rescue Services (2017) [A progress report on the police response to domestic abuse](#)

<sup>13</sup> Equality and Human Rights Commission (2020) *“Survival, recovery and justice: specialist services for survivors of domestic abuse”*

<sup>14</sup> Ibid

<sup>15</sup> McGilloway, C., et al (2018) *“Barriers faced by adults with intellectual disabilities who experience sexual assault: A systematic review and meta-synthesis”*, Journal of Applied Research in Intellectual disabilities

<sup>16</sup> George and Ferguson (2021) *“Review into the Criminal Justice System response to adult rape and serious sexual offences across England and Wales: Research Report”* 70

Conversely, there have also been reports from survivors where criminal proceedings have been brought against a perpetrator but in the period between a charge being made and the trial taking place, they did not hear anything from the police or the CPS until they received a witness summons. The lack of communication with victims leads to them feeling disengaged from the process, with many survivors expressing their frustration at not being able to speak to anyone about the progress of their case.

**As noted in our response to question 1, we recognise the importance of Specialist Domestic Abuse Courts in providing a crucial convening and liaison role within the criminal justice system.** This is further highlighted in Standing Together Against Domestic Abuse's submission to the Victims Bill Consultation, which highlights the effectiveness of the partnership framework created by the SDAC coordinator between the court, criminal justice agencies and victims. Through implementing this framework, victims are provided with support and information throughout the criminal justice process.

**Victims and survivors have also contacted our office raising concerns about the lack of communication between criminal justice agencies and the Family Court.** In a study conducted by Cafcass, it was found that domestic abuse allegations were present in 62% of private family law cases.<sup>17</sup> Victims and survivors going through these proceedings often seek to rely on evidence of interactions with the criminal justice system to support their allegations, such as police callouts, ongoing domestic abuse charges, breaches of domestic abuse-related court orders and prosecutions. However, many survivors with whom we have discussed the Family Court have said that they have struggled with getting the police to share key documents with the court due to uncertainty regarding procedures around data and information sharing, or due to excessive delays in receiving responses from criminal justice agencies. This can have a detrimental effect on the survivor's Family Court case, particularly where they cannot provide more extensive evidence of domestic abuse.

## Recommendations

10. **All victims and survivors of domestic abuse who contact the police or report an incident should be offered an immediate referral to a domestic abuse service in their local area, even where they do not wish to support a criminal justice outcome.** Where a survivor has protected characteristics, a referral should be made to a relevant specialist by-and-for service in the local area who can support them through the proceedings. Police forces should keep an up-to-date list of such services and establish clear referral pathways with relevant organisations.
11. **Victims and survivors who report incidents should be given a clear point of contact within policing whom they can contact to request updates on their case.** Co-located IDVAs play a crucial role in helping to chase up on updates and assist victims and survivors with key concerns.
12. **We support the recommendation in Standing Together Against Domestic Abuse's submission to the Victims Bill Consultation, which proposes that regular contact with victims should be timetabled into the criminal justice journey.** This would ensure that key updates on a case are communicated to victims and survivors in a timely manner and would help them to feel reassured that progress is being made on their case.
13. **Where there is staff turnover, the contact details for the victims and survivors with whom an officer or prosecutor was working should be handed over to the new member of staff** and the victims and survivors should be sent the contact

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<sup>17</sup> Barnett, A (2020), [Domestic abuse and private law children cases, A literature review](#), 20; Cafcass and Women's Aid; CAFCASS, Women's Aid (2016), [Allegations of domestic abuse in child contact cases](#).



details for the new individuals with whom they should be liaising with regard to their case. Similarly, where an officer or prosecutor is on leave, responsibility for the victims with whom they are working with should be handed over to a colleague during that time, rather than victims and survivors having to wait for that individual to return from leave.

14. **Clear data and information sharing procedures should be established between criminal justice agencies and the Family Court and Cafcass.** The protocol should include clear deadlines within which requests for information should be complied with, with agencies having to provide a written explanation for the Court when they will not be able to meet a deadline. We note that a new data system being developed by HMCTS for private law family proceedings (known as Core Case Data) which will have enhanced capabilities with respect to data-sharing. Consideration should be given as to how this new system can help facilitate the data-sharing procedures we are recommending.

**Question 5: a) Should the police and CPS do more to take victims' views into account in the course of their duties, particularly around decisions to proceed with cases? b) Should there be an explicit requirement for the relevant prosecutor in a case or types of cases to have met with the victim before the charging decision, and before a case proceeds to trial?**

*The below response relates to questions 5a and 5b.*

**Yes, criminal justice agencies should meet with victims prior to decisions being made and use this time to take victims' views into account, as doing so could help prevent victim withdrawal attrition and improve procedural justice.** Trauma-informed engagement with survivors by criminal justice agencies can be an effective way of empowering victims throughout the criminal justice process. Having a clear communication channel whereby victims' views are considered by police officers and prosecutors, and time is taken to clearly explain the criminal justice process to them can be critical towards improving survivor wellbeing and can help reduce victim withdrawal attrition.

**The welfare of individual victims and survivors should remain a central consideration for all criminal justice agencies working on investigating and prosecuting domestic abuse-related crimes. Individuals working with victim and survivors of domestic abuse must be trained in working with individuals who have undergone traumatic experiences in order to understand how best to communicate with victims and survivors and build a detailed understanding as to the complex impact which these experiences have on victims.** As part of this, it is crucial for agencies to consider why victims may not want to support a criminal justice outcome and understand how to proceed in a way which does not give victims the sense of a loss of agency or place them at risk of further harm. In a study carried out by Wydall and Zerk, a recurring theme which emerged was that women felt that criminal justice professionals were making decisions on their behalf, thus denying them agency and making them feel that male perpetrators had more rights and entitlements than female victim survivors.<sup>18</sup> This can contribute to feelings of disempowerment and lead to victims being put off from interacting with agencies in the future.

**Understanding the common factors behind why victims may wish to withdraw from criminal justice processes is important in helping to drive improvements in this area from frontline professionals.** A case analysis by McPhee, et al, found that withdrawal rates

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<sup>18</sup> Wydall, S., and Zerk, R. (2020) ["Listen to me, his behaviour is erratic and I'm really worried for our safety"](#), Criminology and Justice

were significantly higher for victims identified as vulnerable as opposed to those who were not (64% vs. 39%) and for victims identified as having 'problems with alcohol', the rate of withdrawal was 75%.<sup>19</sup> Many victims and survivors choose to contact the police to provide immediate protection from harm for themselves and their children rather than because they want to leave the relationship or pursue a criminal conviction.<sup>20</sup> Further, many fear that the abuse may escalate if they cooperate with the police, or may not wish to leave a relationship due to fear that they do not have any other practical options such as alternative housing or income.<sup>21</sup> As such, where victims and survivors present complex needs, it will be crucial for criminal justice agencies to communicate with them in a sensitive manner to better understand the wider support they may need from other agencies which may help prevent withdrawal.

**Referring victims and survivors to support services is a key way of facilitating their engagement with criminal justice agencies and can help reduce victim attrition.** This is explored in further detail in the response to chapter 3 of the consultation below. Studies have shown that incidents in which the victim was referred to or supported by an IDVA were significantly more likely to be recorded as crimes (48% compared to 32% without support) and there was almost double the chance of an arrest being made where there was support (44% compared to 25% without support).<sup>22</sup> When interacting with victims and survivors, criminal justice agencies should ensure that they are helping victims to feel empowered and work with IDVAs and ISVAs to help victims understand the impact of pursuing a criminal justice outcome, as well as working with wider agencies such as housing and mental health to provide crucial wraparound support. The provision of such support can in turn increase the degree to which victims and survivors are willing to cooperate with the criminal justice system, with studies showing that survivors with better access to tangible support were approximately twice as likely to voluntarily participate in the prosecutions of their intimate partners.<sup>23</sup> Studies from the United States have shown that where agencies have taken a victim-centred approach, whereby victims are informed of the reasoning behind key decisions, offered advocacy support and have their views heard, victims are more likely to feel like they have been treated fairly and were more likely to report future assaults.<sup>24</sup> Prosecutors should meet with victims before charging decisions are made to explain the nature of the offence, the criminal justice process and the special measures which are available to victims attending court. The idea of going to court can be extremely daunting for many individuals and through doing this, victims are able to conceptualise and understand the justice process, thereby making them feel more familiar with the experience which they will face and providing them with a greater sense of safety as they do so. Where criminal justice agencies decide to pursue a prosecution without the support of the victim, time should be taken to speak to them regarding why they have chosen to take this decision and protection measures should be implemented to prevent an escalation of harm to the victim. *Lack of engagement with victims and survivors by statutory agencies when making decisions to not crime incidents or to NFA incidents adds to the victims and survivors' sense of procedural injustice.*

**There is lack of transparency regarding the factors which lead to certain reported incidents being recorded as crimes ("crimed"), and those which are not, by the police.** In a study of the trajectory of 400 domestic abuse-related cases, it was revealed that the majority of incidents which the police are called out to attend are not recorded as crimes by

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<sup>19</sup> [McPhee, D., Hester, M., Bates, L., et al \(2021\) Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data. Policing and Society](#)

<sup>20</sup> Holder, R (2001) *Domestic and Family Violence: Criminal Justice Interventions*, Australian Domestic and Family Violence Clearinghouse

<sup>21</sup> Ferraro, K and Johnson, J (1983) *How Women Experience Battering: The Process of Victimization*

<sup>22</sup> [McPhee, D., Hester, M., Bates, L., et al \(2021\) Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data. Policing and Society](#)

<sup>23</sup> [Epstein, D. \(2002\) Procedural Justice: Tempering the State's Response to Domestic Violence. William and Mary Law Review](#)

<sup>24</sup> [Epstein, D. \(2002\) Procedural Justice: Tempering the State's Response to Domestic Violence. William and Mary Law Review](#)

the police, with only 36% of these incidents being crimed.<sup>25</sup> The same study revealed that in 85% of crimed cases, an arrest was made (31% of all cases) and 40% of incidents where an arrest was made resulted in charges being brought (12% of all cases).<sup>26</sup> Whilst victim withdrawal was a factor in 52% of cases, it remains the case that the majority of cases drop out before an arrest is made, with one of the key barriers to achieving a conviction being decisions made on the scene not to pursue a criminal justice outcome, even where victims wish to pursue this.

**There is currently very little information available as to why officers make the decision not to record these incidents as crimes, with the rationale for these decisions also not being explained to victims.** This, in consequence, leaves victims and survivors feeling disenfranchised about the criminal justice system as their complaints have not been taken seriously.

**Many survivors who have written to the Domestic Abuse Commissioner have expressed that when they reported domestic abuse incidents to the police, their allegations were not taken seriously, with police officers either minimising the victims' experience or trivialising the incident where no physical violence had taken place.** Several studies have suggested police reluctance to arrest offenders in domestic disputes, with research showing that unless serious injury had been inflicted against a victim, the police were unlikely to arrest and charge.<sup>27</sup> The difference in the criming rate between incidents involving physical violence and those which were verbal in nature are stark, with 86% of incidents involving physical violence being crimed, compared with 5% of non-physical incidents and 69% of physical incidents ending in an arrest, compared to 6% of non-physical incidents.<sup>28</sup> Whilst the introduction of the offence of coercive and controlling behaviour and the subsequent roll out of *Domestic Abuse Matters* training is helping to drive improvements in this area, many victims continue to feel that their experiences are not being heard by criminal justice agencies.

### **Recommendations to questions 5a and 5b**

15. The police should record the rationale behind decisions to no-crime or NFA domestic abuse incidents. Where the police have referred a case to the CPS but the CPS has made a decision to not proceed with a prosecution, detailed reasons for this must be recorded. The reasons behind these decisions should then be explained to the victims in detail to help them understand why their cases are not being prosecuted.
16. Victims should be given the opportunity to ask questions to prosecutors and police officers and offer further information as to their cases, as well as being given detailed information as to how they can appeal decisions not to take their cases forward.
17. Prosecutors should meet with victims before charging decisions are made to explain the nature of the offence, the criminal justice process and the special measures which are available to victims attending court as a matter of course.
18. Police officers attending domestic abuse incidents should record reasons why an incident is not being "crimed", and explain clearly to victims and survivors why this has been done.

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<sup>25</sup> *Ibid.*

<sup>26</sup> *Ibid.*

<sup>27</sup> Taylor, H. (2013) [Evaluating Criminal Justice Interventions in the Field of Domestic Violence – A realist approach](#)

<sup>28</sup> McPhee, D., Hester, M., Bates, L., et al (2021) [Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data](#), *Policing and Society*

19. Data should be collected and recorded on reasons given by victims on decision to withdraw, which should be aggregated by protected characteristics.

20. Data should be collected and recorded on factors driving decision to NFA an incident.

*c) What changes, if any, could be made to the Code in relation to information about the Victims' Right to Review Scheme?*

**Our office supports the submission made by the Centre for Women's Justice on the Victim's Right to Review for the purposes of this consultation and the recommendations made as part of their response.** Based on feedback our office has received from victims and survivors of domestic abuse who have sought criminal justice outcomes, one of the key issues with the Victims' Right to Review ("VRR") Scheme is that there is a lack of transparency as to its availability as an option for victims, a lack of clarity as to the decision-making process once a request for a VRR is made and there is little information available to victims on how to appeal a decision made following the request for a VRR.

**The use of the VRR scheme presupposes that victims are properly informed of the decision in a case, however data on victim outcomes has revealed that a significant number of victims do not receive any information as to charges being altered or dropped.** The 2015 CPS Victim and Witness Survey report found that amongst those experiencing altered charges, only 63% of victims recalled receiving an explanation as to this and amongst those experiencing dropped charges, only 58% of victims recalled being given an explanation as to this.<sup>29</sup> This reflects feedback given to our office by survivors, many of whom note not hearing any information as to their case from police for long periods of time or simply being told that their case is not moving forward without being given a reason as to why.

**Many victims who have written to our office regarding criminal justice outcomes on their domestic abuse cases have noted that, following a decision by the police or the CPS to take No Further Action, they have been left out of options and have contacted our office requesting information as to how they can challenge this decision.** Very few victims and survivors who have contacted our office have been aware that the VRR Scheme exists and that they can challenge a decision made by the police or the CPS not to pursue a prosecution. This is reflected in the data collected by the Centre for Women's Justice, which found that requests to police for a VRR were made in only 0.6% of cases eligible to request a VRR across all crime types.<sup>30</sup>

**Data from the CPS revealed that of the 70% of victims who felt that the charges they had brought against someone had been unfairly stopped, only 10% went on to request a review of this decision.**<sup>31</sup> Among those who did not ask for a VRR, almost half (49%) said that they did not know the processes they needed to go through to get a review.<sup>32</sup> A HMCPSI investigation into the quality of letters being issued to victims of crime further revealed that whilst a VRR was correctly offered in 72% of letters, it was not offered where it should have been in 8.6% of letters audited and incorrectly offered in 28% of letters.<sup>33</sup>

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<sup>29</sup> [Wood, M., Lapanjuuri, K., Paskell, C. et al \(2015\) Victim and Witness Satisfaction Survey, Crown Prosecution Service](#)

<sup>30</sup> Centre for Women's Justice (2021) *Submission on Victim's Right to Review for Victim's Law Consultation*

<sup>31</sup> [Wood, M., Lapanjuuri, K., Paskell, C. et al \(2015\) Victim and Witness Satisfaction Survey, Crown Prosecution Service](#)

<sup>32</sup> Ibid.

<sup>33</sup> [HMCPSI \(2020\) Victim Communication and Liaison Scheme: Letters to Victims – A follow up inspection](#)

**Whilst the availability of a VRR is contained in the Code of Practice for Victims of Crime (the “Victims’ Code”),<sup>34</sup> feedback which we receive from victims and survivors suggests that many are never given a copy of the full version of the Victims’ Code or told that such a document exists.** It is further important to note that whilst the Victims’ Code is designed to be accessible, its length can be difficult to navigate for many survivors, particularly if they are unsure as to which sections contain the relevant information on how to challenge decisions.

**Our office shares the Centre for Women’s Justice’s concerns regarding the inability for victims to make representations in support of their VRR request.** Many survivors who contact our office note that they do not feel like the police have fully listened to their experience or have not taken into account all of the evidence that they have put forward when speaking to criminal justice agencies. Further, many victims have not had the opportunity to seek support from domestic abuse organisations at the time of speaking to the police and as noted above, having the opportunity to do so significantly raises the chances of obtaining a positive criminal justice outcome.<sup>35</sup>

### **Recommendations**

21. The Victims’ Code Right 6 to be amended to clearly signpost the right to challenge decisions made by criminal justice agencies.
22. The Commissioner supports the Centre for Women’s Justice’s for proposals to establish procedures for allowing victims to make representations in support of their VRR request, as well as the ability to submit legal advice in support of their view.<sup>36</sup>
23. Where a NFA decision is made, victims should be contacted by telephone as well as via letters as a matter of course to ensure that they have received notice of the decision and to give them the opportunity to ask any questions regarding why this decision has been made. As part of this, victims should have the VRR process raised to them and explained.
24. Extensive training to be provided for police officers and prosecutors with regard to the VRR process and the criteria for offering this to victims to ensure that all victims who are eligible are offered this recourse.

**Question 6: a) What are the benefits and costs to greater or different use of Community Impact Statements? b) Can you provide an example of where one has been used effectively?**

**Question 7: a) What changes, if any, could we make to allow victims to be more engaged in the parole process? b) What do you think would be the advantages and any risks of implementing those changes?**

*Our responses to questions 6 and 7 have been grouped to avoid repetition*

Victims of crime can make a Victim Personal Statement at any time leading up to the parole review, but it must be submitted in good time in order for the Parole Board to read it. If there is to be a parole oral hearing the Victim Personal Statement should be submitted at least eight weeks in advance. A parole hearing is unlikely to be delayed allowing for a late Victim

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<sup>34</sup> [Ministry of Justice \(2021\) Code of Practice for Victims of Crime in England and Wales](#)

<sup>35</sup> [McPhee, D., Hester, M., Bates, L., et al \(2021\) Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data, Policing and Society; Epstein, D. \(2002\) Procedural Justice: Tempering the State’s Response to Domestic Violence, William and Mary Law Review](#)

<sup>36</sup> Centre for Women’s Justice (2021) *Submission on Victim’s Right to Review for Victim’s Law Consultation*



Personal Statement to be submitted. It is currently the case that victims of crime have to opt in to make these statements rather than opt out. **The Commissioner understands that it is rare for a victim/survivor of a domestic abuse related-offence to submit one of these statements.**

The overriding principle is that the offender will see all the information related to the parole review (including the VPS), unless in very exceptional circumstances the Parole Board agrees not to disclose it to the offender. If a victim does not want the offender to read their statement then the Victim Liaison Officer must apply for the statement to be withheld under a non-disclosure application. There are rules about this which need to be followed, including strict timeframes for making a request (eight weeks ahead of an oral hearing) and specific reasons for when information can be withheld, which are set out in the Parole Board Rules 2019. Rule 17 (of the 2019 rules) sets out the procedure for withholding information from the prisoner or both the prisoner and the prisoner's representative where its disclosure would have an adverse effect on national security, the prevention of disorder or crime, or the health or welfare of the prisoner or any other person.

The reconsideration mechanism was introduced in 2019. It enables victims to challenge a release decision if they believe it was fundamentally flawed. They will be able to make a case for the decision to be reconsidered without needing to resort to an expensive and legally complex judicial review. This process will be available for decisions relating to all indeterminate sentence prisoners, including IPP and life sentences. Victims will be guided by their dedicated Victim Liaison Officer to help them submit their case to have a parole decision reconsidered. Of the more recent changes to the Parole system, the Commissioner considers this to have the potential for the greatest impact of victims and survivors of domestic abuse.

As a result of recent case law, the Parole Board is preparing for some hearings to be held in public where this is in the public interest. The Parole Board is also revising their policy and guidance on observers at oral hearings so that a victim who has been harmed in some way by a prisoner may ask to attend the oral hearing and be accompanied by someone who will support them. They are currently considering whether to adopt a presumption that any requests from a victim to observe an oral hearing will be approved by the panel chair, subject to any compelling objections received from one of the parties, or if there are safety or security concerns.

## **Recommendations**

25. The Commissioner recommends that further guidance is provided to Parole Board members with regards to Rule 17 around the potential impact that sharing a Victim Personal Statement with a perpetrator would have on the welfare of a victims/survivors domestic abuse.
26. The Commissioner would welcome more specific guidance for victims and survivors of domestic abuse on their eligibility for legal advice and representation, as well as ongoing support to complete Victim Impact Statements and non-disclosure applications.
27. The Commissioner strongly recommends that as part of this process that victims and survivors of domestic abuse are provided with access to a specialist advocate and that access to specialist support is available following the hearing as well. Victims and survivors of domestic abuse should be given the opportunity to bring up to two people with them as a source of support at these hearings, including a professional support worker or advocate. Special measures should be put in place to ensure that victims do not have to attend in person, particularly given that hearings normally take place in a prison. Appropriate funding must be invested in the Victim Liaison Officer

service to ensure that they are able to proactively contact victims, including those who have moved address and have not maintained contact.

## Chapter 2 - Improving oversight and driving better performance

**Question 9: a) Local-level partnership working is vital to ensuring the delivery of a quality service to victims. How can agencies better collaborate locally to deliver and monitor compliance with the Code? b) How could agencies be encouraged to consistently share data at local and national levels to support monitoring of Code compliance and drive improvements?**

*Our substantive response to this question regarding the importance of robust commissioning and the delivery of high-quality services is outlined in further detail in Chapter 3 and 4.*

**Question 11: a) Do you think the current inspectorate frameworks and programmes adequately focus on and prioritise victims' issues and experiences and collaborate effectively across the criminal justice system to do so? b) Could inspectorates be reinforced further in relation to victims?**

**Our office has welcomed the level of focus by the inspectorates on how criminal justice agencies respond to domestic abuse and violence against women and girls, with this demonstrating a clear strategic desire to drive improvements in how agencies respond to these offences.**

**However, our office believes that current inspectorate frameworks do not adequately focus on victims' issues and experiences.** Our office echoes the concerns outlined by the Victims' Commissioner regarding the lack of focus on victims' issues when inspections into the criminal justice system are being carried out.<sup>37</sup>

**Whilst the purpose of several inspections has been to improve outcomes for victims, there has been insufficient focus on hearing directly from victims on how their experiences with criminal justice agencies could be improved.** This has been demonstrated through a lack of concentrated focus on incorporating victims' voices and views as part of the methodology for these inspections, with the predominant focus being on information and data gathering from agencies and practitioners who work with victims rather than obtaining the direct views of victims and survivors themselves.

**We recognise the importance of introspection for criminal justice agencies in the carrying out of these thematic reviews, however we agree with the Victims Commissioner's view that not enough work is being carried out to look at the criminal justice system from the victims' perspective.**<sup>38</sup> Improving criminal justice outcomes should not be restricted to improving prosecution and conviction rates. Rather, agencies should also focus on improvements to procedural justice from the victim's perspective.

### Recommendations

28. We support the Victims Commissioner's recommendation that inspectorate activity should be more victim focused and capacity should be built within inspectorates to accommodate this as a central tenet of future inspections.

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<sup>37</sup> [Office of the Victims Commissioner \(2021\) Victims' Law Consultation Response](#)

<sup>38</sup> Ibid.

29. We agree with the Victims Commissioner's recommendation that inspectorates should consult with their office annually on their programmes of inspection and that an advisory group should be established ahead of each programme of inspection made up of victims and representatives from specialist victim services.
30. We further add that consultation should take place with the Domestic Abuse Commissioner where any proposed consultation focuses on domestic abuse, sexual offences and violence against women and girls.
31. The inspectorates should consult with the Domestic Abuse Commissioner comprehensively on the scope of investigations, including the terms of reference, research methodology, stakeholder engagement plans and proposed recommendations.

**Question 12: Do you think that the current inspectorate arrangements allow sufficient collation of, and reporting on, victims' data and issues across the criminal justice system? Could they be utilised further for this?**

**As noted in the response to question 11 above, current inspectorate frameworks do not adequately focus on the experience of victims in the criminal justice system.** The process for choosing the programme of inspections requires more transparency and openness as to how the views of victims and victim support organisations are used to influence how the programme is developed.

**We support the Victims Commissioner's view that rolling inspections should take place on the Victims' Code, which should be carried out jointly by HMICFRS and HMCPSI, and where appropriate, with wider ombudsman and regulators such as the Parliamentary and Health Ombudsman and the Local Government and Social Care Ombudsman.** As noted in our response to question 15, a framework should also be developed as part of this which inspects and assesses how criminal justice agencies and other statutory agencies are working collaboratively to support victims and survivors of domestic abuse, manage perpetrator risk and prevent perpetrators from causing further harm.

**Whilst thematic reviews are effective in highlighting key issues in the criminal justice system, the implementation of recommendations made in the reports are not always monitored on a long-term basis, nor is there an obligation for agencies to report on their progress in implementing recommendations in the long-term.** Whilst it is recognised that the inspectorates do not have a power of implementation, transparency and accountability are key to building systematic change across the criminal justice system. Agencies should be required to regularly report on the actions they are taking to implement measures to drive improvement.

**We echo the submission made by Standing Together Against Domestic Abuse, which states that it is important to consider how victims define effectiveness and success across the criminal justice system rather than solely relying on agency metrics such as prosecution and conviction rates.** Victims' sense of procedural justice should be considered when establishing metrics against which to measure the performance of agencies when inspections are carried out to better understand where improvements are required across the system.

## Recommendations

32. The inspectorates should carry out open consultations on key issues being faced by victims across the criminal justice system to help inform their annual programmes of inspection.
33. We support the Victims Commissioner's recommendation that a rolling programme of inspections should be carried out on the criminal justice system's delivery of the victims' code.
34. As part of this, we further recommend that other statutory agencies be assessed on how they are working with the criminal justice system to drive improvements to the prevention of harm, management of perpetrator risk and support to victims of domestic abuse.
35. Agencies should be mandated to publish progress reports on the implementation of recommendations made in inspectorate reports, or give reasons as to why they will not be implementing recommendations.
36. We support the Victims Commissioner's recommendation that their office should be able to request that the inspectors inspect a geographical area where compliance is shown to be weak or failing. Where this relates to domestic abuse, sexual violence or violence against women and girls, this power should be extended to the Domestic Abuse Commissioner.
37. We support the recommendation made by Standing Together Against Domestic Abuse that victim feedback on an agency's performance should form part of the performance metric against which agencies are assessed for the purposes of inspections.

**The Domestic Abuse Commissioner is concerned by evidence which suggests that where a victim or survivor of domestic abuse with insecure immigration status reports abuse to a statutory agency, their information can be passed to immigration enforcement.** This practice undermines trust in the police and public services, deters victims with an insecure immigration status from coming forward for support, and allows abuse to continue and perpetrators to go unpunished. In December 2020, an investigation by Her Majesty's Inspectorate of Constabulary & Fire and Rescue Services (HMICFRS), found that victims with insecure or uncertain immigration status are fearful that if they report crimes to the police, their information will be shared with the Home Office.<sup>39</sup> This is reflected in evidence that more than half of police forces are sharing victims' details with the Home Office.<sup>40</sup> The Domestic Abuse Commissioner's report *Safety Before Status* found that perpetrators of domestic abuse are using victims and survivors' insecure immigration status as a tool of coercive control, defined in the report as immigration abuse.<sup>41</sup> According to Imkaan, 92% of migrant women have reported threats of deportation from the perpetrator.<sup>42</sup> Evidence from the Latin American Women's Rights Service found that more than half of migrant women feared that they would not be believed by the police because of their

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<sup>39</sup> HMICFRS (2020), Safe to share? Report on Liberty and Southall Black Sisters' super-complaint on policing and immigration status. Available here: <https://www.justiceinspectorates.gov.uk/hmicfrs/publications/liberty-and-southall-black-sisters-super-complaint-on-policing-and-immigration-status/>

<sup>40</sup> <https://www.bbc.co.uk/news/uk-44074572>

<sup>41</sup> The Domestic Abuse Commissioner (2021), *Safety Before Status* Available here: <https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf>

<sup>42</sup> Vital Statistics 2: Key findings report on Black, Minority Ethnic and Refugee Women's and Children's experiences of gender-based violence

immigration status and that the police or the Home Office would support the perpetrator over them.<sup>43</sup>

**Following their investigation, the HMICFRS recommended that the Home Office should undertake a review, the effect of which it stated “should be to establish safe reporting mechanisms for all migrant victims and witnesses”.**<sup>44</sup> The HMICFRS stated that the Home Office should consider the proposal of a Firewall as part of this review. Throughout 2021, the Home Office undertook a series of workshops with specialist domestic abuse services, services working to support victims and survivors of modern slavery, policing representatives and the Domestic Abuse and Independent Anti-Slavery Commissioners. Based on the evidence supplied in these workshops, and the findings of the HMICFRS report, the Domestic Abuse Commissioner concluded that the only data-sharing arrangement that would address the fear among victims and survivors of domestic abuse of coming forward to the police was a Firewall which prevented the sharing of victims and survivors’ data with immigration enforcement. With a Firewall in place, the Commissioner would anticipate more victims and survivors of domestic abuse would come forward to report domestic abuse, enabling perpetrators to be brought to justice.

**The Commissioner understands that in some cases, police may wish to ascertain a victim’s status to reassure them of their rights and entitlements, particularly where a perpetrator has misinformed the victim about their status.** Contacting Immigration Enforcement to find out about a victim’s status is unlikely to have the desired effect of safeguarding and reassuring the victim, and may in fact lead to them disengaging with the police and other public services and even returning to the perpetrator due to a fear that they will face enforcement action.

Following the review, the Home Office published their findings and conclusions in December 2021, deciding against the establishment of a Firewall and proposing instead that a protocol would exist between the police and immigration enforcement whereby no immigration enforcement action will be taken against the victim while investigation and prosecution proceedings are ongoing and the victim is receiving support and advice to make an application to regularise their stay.<sup>45</sup>

**The Domestic Abuse Commissioner was extremely disappointed by the decision not to introduce a Firewall and is very concerned that the measures put forward by the Home Office will be inadequate when it comes to addressing the fear victims and survivors face from reporting to the police and other public services.** The decision to establish a no enforcement protocol that is tied to the progress of criminal proceedings is likely to have limited impact for victims and survivors of domestic abuse, with evidence from the HMICFRS suggesting that a large proportion of VAWG offences are closed by the police as requiring no further action, with either outcome 15 (evidential difficulties) or outcome 16 (victim does not support further action).<sup>46</sup> In the year ending March 2020, 53 percent of domestic abuse crimes nationally were closed with the outcome 16 code. Evidence suggests that criminal proceedings are even less likely to succeed for migrant victims of domestic abuse. Of victims and survivors of gender-based violence who made a report to the police, just over half (56%) UK and EU nationals had an arrest made in the case; compared with just under half (45%) of the migrant women. The police were found to be much less likely to conduct a criminal investigation in the cases involving migrant women (32% compared with

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<sup>43</sup> [‘The right to be believed’ – Report launch – LAWRS](#)

<sup>44</sup> HMICFRS (2020), Safe to share? Report on Liberty and Southall Black Sisters’ super-complaint on policing and immigration status. Available here: <https://www.justiceinspectorates.gov.uk/hmicfrs/publications/liberty-and-southall-black-sisters-super-complaint-on-policing-and-immigration-status/>

<sup>45</sup> [Home Office and Police data sharing arrangements on migrant victims and witnesses of crime with insecure immigration status \(publishing.service.gov.uk\)](#)

<sup>46</sup> [Inspection into how effectively the police engage with women and girls: Final report \(justiceinspectorates.gov.uk\)](#)



66% for UK/EU nationals) and similarly less likely to bring a criminal charge in these cases involving migrant women (19% compared with 39%).<sup>47</sup>

**The Domestic Abuse Commissioner is also concerned that the protocol suggests that dedicated officers within immigration enforcement would “keep contact with the individual on the progress of support and advice being received.”** The knowledge that their information can be passed onto immigration enforcement, and that immigration enforcement may be in contact with victims and survivors of domestic abuse – regardless of whether enforcement action takes place – is harmful and can reinforce the impact of immigration abuse. Even a letter from Home Office is enough to seemingly confirm what perpetrators tell their victims: that if they report abuse, they will be reported to immigration enforcement.

**The Domestic Abuse Commissioner does however welcome the commitment by the Home Office to offer support to any migrant victim who comes forward to report police. It is vital that this commitment is properly funded so that victims and survivors of domestic abuse can access the accommodation, support and legal advice they need.** The Commissioner has called on Government to provide £18.7m over a three-year period for migrant survivors with no recourse to public funds and for further £262.9m over three years for a dedicated funding pot for specialist ‘by and for’ services including services for Black and minoritized victims which would go a long way in providing this support. Evidence also suggests that demand far outstrips supply for immigration advice, and there is an uneven geographical spread of free advice available. London has 40 per cent of the offices holding legal aid contracts in England and Wales, and more than half of the offices which are registered with the Office of the Immigration Services Commissioner to offer non-fee charging services at the highest level of advice and casework.<sup>48</sup> Yet recent research concludes that the total capacity for casework in London therefore appears to be no more than 4,000-4,500 pieces, compared with demand estimates in the hundreds of thousands, including approximately 600 people per year needing to apply under the domestic violence provisions. Without sufficient funding for legal advice and representation and specialist support to help migrant victims and survivors regularise their immigration status and escape domestic abuse, they will not be able to overcome the fear of reporting domestic abuse, which is perpetuated by perpetrators.

## Recommendations

38. **The Domestic Abuse Commissioner recommends that a Firewall be established between immigration enforcement and the police as well as other public services to enable victims and survivors to safely come forward to report domestic abuse and access support.**
39. In the interim, the proposed protocol between the police and immigration enforcement should ensure the no enforcement period is not tied to criminal proceedings but exists until a victim/survivor has regularised their immigration status. ‘No enforcement’ should include ensuring no contact from immigration enforcement with the victim or survivor.
40. **When victims and survivors come forward to the police, the Commissioner would recommend the Home Office fund and establish a safe referral protocol, whereby the police refer the victim/survivor straight into a local specialist domestic abuse service and signpost the victim/ straight to a specialist legal**

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<sup>47</sup> Bates, L., Gangoli, G., Hester, M. and Justice Project Team (2018), Policy Evidence Summary 1: Migrant Women. University of Bristol, Bristol. [Microsoft Word - migrant-women-policy-evidence-summary.docx \(bris.ac.uk\)](#)

<sup>48</sup> [PHF LondonImmigrationReport.indd \(justice-together.org.uk\)](#)

**advice helpline while they wait to access support.** In order to ensure that services are able to cope with the level of need, the Home Office must increase the funding available to these services. Further detail on the funding required for specialist by and for services which support victims and survivors with NRPF is set out in response to question 26.

41. The Home Office should work with the Ministry of Justice to extend access to legal aid to all victims and survivors of domestic abuse to ensure they can access the support and representation they need.

### **Question 13: What are the most critical functions to enable an effective Victims' Commissioner?**

The Domestic Abuse Commissioner strongly supports the role of the Victims' Commissioner in advocating the needs of all victims. A recent report published by the Victims' Commissioner examined the functions and current powers of the Victims' Commissioner in comparison to those of other similar commissioners, including the Domestic Abuse Commissioner, and the criminal justice inspectorates in England and Wales.<sup>49</sup> It reported significant gaps in the powers of the Victims' Commissioner in relation to the Victims' Code. It identified changes that could be made to close those gaps and enable the Commissioner to better fulfil her statutory duties to promote the interest of victims and witnesses, encourage good practice in the treatment of victims and witnesses, review the operation of the Code, publish an annual report; and give advice to ministers on particular issues when asked to do so.

#### **To strengthen the position of Victims' Commissioner, the Domestic Abuse Commissioner supports the following recommendations as set out in that report**

42. In line with the powers of the Domestic Abuse Commissioner, we recommend that the Victims' Commissioner not only have power to make formal recommendation to an authority within its remit, but that those public bodies are placed under an obligation to issue a formal response. This will help to ensure that these recommendations receive greater attention and take-up.
43. Powers relating to the Victims' Code should be strengthened to empower the Victims' Commissioner to undertake an effective review of the operation of the Code. This includes ensuring that the Victims' Commissioner is given adequate resources to monitor and review the operation of the Code and that the Victims' Bill places a statutory obligation on the Ministry of Justice to establish protocols for the data collection on Code compliance by agencies named in the Code.
44. The Victims' Commissioner should be given powers to identify weaknesses in the implementation of the Code by reviewing the operation and implementation of the Code (annually at first to establish a culture of compliance) and reporting directly to Parliament.
45. The Victims' Commissioner must be enabled to consult directly with victims on what constitutes good practice in the criminal justice setting. The Victims' Commissioner should also be enabled to consult with other bodies, and there must be a legal requirement for criminal justice agencies listed within the Code to comply with the

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<sup>49</sup> Victims' Commissioner (2020) [Constitutional powers of the Victims' Commissioner for England and Wales – Victims Commissioner](#)

Victims' Commissioners work in this respect, including, where available, providing data on request.

46. The Victims' Commissioner should be further empowered and resourced to commission research and run public consultations as part of her research function. This should ensure that the Victims' Commissioner receive adequate funding to undertake these activities.
47. A statutory requirement on the Victims' Commissioner to **publish an annual report directly to Parliament on her activities and the** engagement of service providers with the Victims' Code.

### **Question 15: Would a more standardised and consistent approach to oversight, and to incentivising and supporting agencies in relation to delivery of a quality service for victims across the criminal justice system, be beneficial?**

**The Domestic Abuse Commissioner supports the implementation of a standardised approach to oversight whereby the service that is provided to victims is monitored and published.** The implementation of a standardised oversight mechanism would help identify gaps in response delivery across England and Wales and can help to drive improvements in support.

**The prevalence of domestic abuse is consistent across England and Wales, however the response which victims and survivors receive from agencies is a postcode lottery which varies between police force areas.** Evidence supplied by Refuge shows that for calls and live chat conversations where the region has been recorded in the National Domestic Abuse Helpline database, the location of the chatters/callers is roughly equal between all 9 regions in England, when compared with regional populations. Most regions are within 0.01 percentage points of each other when comparing the regional population to the recorded location of live chatters and callers proportionally. The exception is London and the North East, which proportionally have the highest and lowest number of callers and chatters supported on the Helpline respectively, but still fall within 0.05 percentage points of each other.

**There are clear regional variations in the time taken to charge domestic abuse and in conviction rates for domestic abuse-related cases.** In the South West region, it takes 30 days longer than the Eastern region to charge domestic abuse cases, with it taking an average of 52.8 days for the CPS to bring a charge. Conversely, in the Wessex region, the average number of days taken to bring a charge is 11.<sup>50</sup> Conviction rates similarly differ by area, with London having the lowest conviction rate of 67.1%, whilst Merseyside and Cheshire had a conviction rate of 82.3% in the same period and the North East had a conviction rate of 76.3%.

**The inclusion of domestic abuse within the definition of serious violence for the purposes of the Serious Violence Prevention Duty in the Police, Crime and Sentencing Bill implements a duty for agencies to work together to implement strategies for the prevention of harm and develop strategic responses to these issues across England and Wales.**<sup>51</sup> In order to assess compliance with this statutory duty, agencies should be monitored on how effectively they are working collaboratively to support

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<sup>50</sup> Office for National Statistics (November 2021) [Domestic Abuse and the criminal justice system, England and Wales](#)

<sup>51</sup> [Domestic abuse and sexual offences to be treated as seriously as knife crime - GOV.UK \(www.gov.uk\)](#)

victims and survivors of domestic abuse, manage perpetrator risk and prevent perpetrators from causing further harm.

## Recommendations

48. In light of the implementation of the Serious Violence Prevention Duty, it will be important to monitor the extent to which agencies are complying with this statutory requirement and the measures which they are implementing as part of this work.
49. A standardised metric should be formulated of what good and effective working looks like, against which police force areas measure themselves against and publish, with the additional implementation of procedures of peer-assessment across areas to moderate the assessment framework. Metrics should be created to assess:
  - i. Collaborative working between agencies
  - ii. Effectiveness of referral pathways
  - iii. Data and information sharing
  - iv. Intelligence gathering and sharing
  - v. Levels of reporting and justice outcomes
  - vi. Victim satisfaction with outcomes
50. We support Standing Together Against Domestic Abuse's recommendation that funding should be made available to agencies and commissioned services for data provision and the development of data sharing agreements and protocols which lay out the data commitments which each agency has.

**Whilst this question relates more specifically to meeting the needs of victims, the Commissioner recommends that the scope is broadened to help ensure that there is a more consistent framework implemented across police forces and the wider criminal justice system with regards to perpetrator management.** There is currently a postcode lottery with regards to the provision of domestic abuse perpetrator programmes, with it being left to local authorities or police forces to decide whether they should commission specialist services or create internal mechanisms for managing perpetrators outside of the criminal justice system, based on local priorities. Outside of MAPPA, there is no statutorily mandated framework for multi-agency working to manage perpetrators of domestic abuse.

**Consequently, many local areas do not have formal structures for data and intelligence sharing, flagging individuals of concern or referral pathways.** This can cause individuals exhibiting problematic behaviours to fall through the cracks and move between victims without repercussion. The Commissioner considers the best approach to perpetrator management to be one that focuses on coordinated multi-agency responses with proven effectiveness, such as MATAC and DRIVE. Statutory agencies should be empowered to work together and use these structures to share intelligence, information and data with ease to ensure that perpetrators who come into contact with one of the agencies are referred for intervention. This can help identify perpetrators from an early stage and encourage interventions to prevent escalation of harm and risk. There is currently no programme of work in the College of Policing, National Police Chief's Council or the Home Office to promote the most effective ways to manage high harm perpetrators. The recent report from the HMICFRS on policing and VAWG found that "robust evaluation studies are needed on the different elements of the programmes to see what is most effective and how they should be implemented.

## Recommendation

51. **Work to evaluate perpetrator management programmes across the criminal justice system should be set out in the Government's forthcoming perpetrator**

**strategy** and used to develop a common commissioning framework for delivery across all polices and other agencies in the criminal justice system.

**Question 16: What should the consequences be for significant failures in relation to delivering a quality service for victims, including complaints relating to the Victims’ Code? Should those consequences be directed at criminal justice agencies as a whole and/or individuals responsible for the failure(s)?**

There are a number of different routes that could be taken to help address significant failures in addition to the recommendations put forward in response to question 12. The Commissioner supports further exploration of a number of options proposed by the Victims’ Commissioner.

**Recommendations**

- 52. The Urgent Notification system as a lever for specific change at various points above  
This may be one mechanism of redress that, being mindful of the findings above and so perhaps used sparingly, might yield benefits for victims.
- 53. Issuing a formal apology where culpability is found following a complaint. We find that an acknowledgement of a mistake and apology can be a powerful thing for a victim/survivor.

**Question 17: What do you consider to be the best ways for ensuring that victims’ voices, including those of children and young people, are heard by criminal justice agencies?**

Please see our response to questions 45, 46, 47 and 48 on how best to support children and young people who are victims and survivors of domestic abuse.

**Question 18: a) What data should criminal justice agencies collect about victims’ experiences, and at what key points in the process? b) Can you provide any examples – in the UK or elsewhere – of this being done effectively?**

We believe that it would be beneficial for the following data to be collected:

Stage	Data
At scene of call out	<ul style="list-style-type: none"> <li>• Is arrest being made? If not, why?</li> <li>• If incident is not being crimed – reasons to be recorded</li> <li>• If incident is not being crimed – have reasons been communicated to victim?</li> <li>• Has risk assessment been undertaken at the scene?</li> <li>• Scoring framework to be recorded (DASH/DARA) along with reasons behind the score</li> <li>• Does the victim wish to provide a statement?</li> <li>• If victim does not wish to support charges:               <ul style="list-style-type: none"> <li>○ Reasons given for this by victim</li> <li>○ Is investigation proceeding regardless?</li> </ul> </li> </ul>



Investigation stage	<ul style="list-style-type: none"> <li>• Was victim assigned main point of contact to liaise with regarding the case?</li> <li>• Where relevant, was victim's family assigned a Family Liaison Officer</li> <li>• If proceedings NFA'd: <ul style="list-style-type: none"> <li>○ How was this decision communicated to the victim?</li> <li>○ How soon after the decision was made was this communicated to victim?</li> <li>○ Was victim offered VRR?</li> <li>○ Was VRR pursued?</li> <li>○ Outcome of VRR request</li> </ul> </li> </ul>
Prosecution stage	<ul style="list-style-type: none"> <li>• Is victim supporting prosecution? If not, reasons given by victim for this</li> <li>• Has prosecutor spoken to the victim?</li> <li>• Has court process been explained to the victim?</li> <li>• Has the victim been offered special measures? <ul style="list-style-type: none"> <li>○ Were any special measures requested? If so, which?</li> <li>○ Were special measures complied with?</li> </ul> </li> <li>• What communication with the victim has taken place between decision to prosecute and the date of the hearing?</li> <li>• Did victim have any court support?</li> </ul>
Post-trial	<ul style="list-style-type: none"> <li>• Victim satisfaction with criminal justice outcome</li> <li>• Was victim offered referral to victim contact scheme? Was this referral accepted?</li> </ul>
General	<ul style="list-style-type: none"> <li>• Victim journey from call-out/reporting, to police and CPS involvement through to court outcome</li> <li>• Victim and perpetrator characteristics, including: <ul style="list-style-type: none"> <li>○ Age</li> <li>○ Race</li> <li>○ Sex/Gender</li> <li>○ Sexual orientation</li> <li>○ Disability or neurodivergence</li> <li>○ Complex needs</li> <li>○ Relationship between the parties</li> </ul> </li> <li>• Was victim support referral offered to victim? <ul style="list-style-type: none"> <li>○ If yes, at what stage?</li> <li>○ Type of referral offered (domestic abuse, specialist by and for service, sexual abuse)</li> <li>○ Was referral followed up?</li> </ul> </li> <li>• Was referral to another agency made? <ul style="list-style-type: none"> <li>○ If yes, at what stage in the CJS process?</li> <li>○ To whom was the victim referred? (health, housing, children's services)</li> <li>○ Was referral followed up? What were the outcomes?</li> </ul> </li> <li>• Were any complaints made by the victim during the process? <ul style="list-style-type: none"> <li>○ Reason for complaint</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Outcome of complaint</li> <li>○ Victim satisfaction with outcome</li> </ul>
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We would highlight the effectiveness of the approach which is taken by Standing Together Against Domestic Abuse as part of their work at the Specialist Domestic Abuse Court in West London. Data collection is integrated into their coordinated community response model, allowing them to bring together agencies such as policing, HMCTS, CPS and probation, to collect information, share key intelligence and respond by providing better support survivors based on this information. Victim feedback is collected through IDVAs using an exit assessment, however we believe that it would be possible and desirable to collect victim feedback throughout the process to better understand where key pressure points are in the criminal justice journey.

**Question 20: How do you think we could simplify the existing complaints processes to make them more transparent and easier for victims to use? How could we secure a swifter resolution while allowing for a more consistent approach?**

**The current process for submitting complaints against criminal justice agencies is complex, with individuals seeking to make a complaint being required to understand the difference between making complaints about the service they received and the legal decisions made by an agency and the different avenues for each of these.** Complainants must also be able to understand with whom they must lodge a complaint and to do this requires knowledge of the role of each agency within the criminal justice process, as well as how each of those bodies sit within the Independent Office for Police Conduct, the Independent Assessor of Complaints, Police and Crime Commissioners.

**The requirement to complain to the individual police force or CPS area can be onerous where individuals are unsure where to find information as to which area they sit in, with the contact details or complaints form varying across different areas and often being difficult to find on a website.** As outlined above, the DAC Office receives a considerable amount of correspondence relating to complaints to police forces or criminal justice agencies, with many expressing their concerns over the complexity of the process or not knowing where to start.

**Recommendations**

**54. A centralised website should be created, whereby individuals can find information regarding how complaints procedures work and the relevant agency against whom they need to lodge a complaint.** The website should provide a page whereby an individual can select the agency against whom they wish to complain and select the relevant police force or CPS area to whom the complaint should be referred by typing in their postcode. The website could act a portal on which individuals could follow the progress of their complaint and also allow for immediate escalation where they are dissatisfied with the response and wish to appeal to the next stage.

**55. The centralised complaints website should include an analysis function so that criminal justice agencies, central government and inspectorates and victims can understand common themes from complaints.** Having centralised data on

some of the most common issues and feedback from those who lodge complaints would be useful in helping inform learning which could be shared amongst agencies and drive training and improvements to the criminal justice system. Once the complaints process is exhausted, victim feedback could be retrieved using this portal.

## Chapter 3 – Supporting Victims of Crime

**Question 23: a) What legislative duties placed on local bodies to improve collaboration where multiple groups are involved (such as those set out above) have worked well, and why? b) What are the risks or potential downsides of such duties?**

### **Part 4 of the Domestic Abuse Act: the duty on local authorities to commission support within safe accommodation**

The Commissioner strongly welcomed the introduction of Part 4 of the Domestic Abuse Act (2021) which places a new duty on tier one local authorities to commission support within safe accommodation, alongside the funding commitment of £125 million in the one year Spending Review 2020 for local authorities to deliver this duty. This legislative duty is significant step forward in addressing the ‘postcode lottery’ of accommodation-based support for victims and survivors. The Domestic Abuse Commissioner co-chairs the National Expert Steering Group on Part 4, led by the Minister for Rough Sleeping in the Department for Levelling Up, Housing and Communities, Eddie Hughes MP, and has been monitoring the roll out of Part 4 across local authorities in England, with the support of her team of Practice and Partnership Leads across the country.

**a) What legislative duties placed on local bodies to improve collaboration where multiple groups are involved (such as those set out above) have worked well, and why?**

**Part 4 of the Domestic Abuse Act places a duty on tier one local authorities to assess the need for accommodation-based domestic abuse support within their area, convene and consult a domestic abuse local partnership board, and publish a strategy for the provision of domestic abuse support within safe accommodation in their area.** The domestic abuse local partnership board must include representation for a range of local groups: the tier one local authority, tier two local authorities within the area, victims of domestic abuse, children of victims of domestic abuse, voluntary domestic abuse organisations, health care services, and policing or criminal justice. The Statutory Guidance for the Part 4 of the Domestic Abuse Act includes quality standards for accommodation-based services from the Department for Levelling Up, Housing and Communities, Women’s Aid Federation England, and Imkaan. The Commissioner welcomes the inclusion of these standards within statutory guidance to underpin the importance of specialist domestic abuse services.

**For too long, there has been a postcode lottery in domestic abuse support across England and Wales.** More than 1 in 5 (18.5%) refuge services in England received no local authority commissioned funding in 2019/20 (60 out of 269 refuge services).<sup>52</sup> There were 18 refuge services run by specialist ‘by and for’ Black and minoritised women’s organisations running at November 2020. A much higher percentage, 57.5% (146 out of 254), of spaces in these 18 specialist ‘by and for’ refuges were non-commissioned, compared to the overall 18.5%. some areas, refuge bedspaces and other safe accommodation options are limited,

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<sup>52</sup> [Commissioned funding for refuge services in England \(womensaid.org.uk\)](https://www.womensaid.org.uk)

with victims and survivors of domestic abuse forced to stay in non-specialist supported accommodation which can be unsafe, for example hosting survivors in mix gender hostels alongside perpetrators of domestic and sexual violence.

**Since the introduction of the safe accommodation duty, the Commissioner has observed excellent examples of local authorities improving their awareness and understanding of the needs of victims and survivors of domestic abuse in their area and commissioning specialist services to address the gaps in accommodation-based support.** Particularly strong examples of strategies from local authorities include those who have adopted a Whole Housing Approach to domestic abuse which addresses victims and survivors needs across all tenure types<sup>53</sup>; local authorities using their new burdens funding to address funding gaps for services for marginalised victims and survivors such as LGBT+ survivors, migrant victims and survivors, Black and minoritised victims and survivors and Deaf and disabled survivors; and strong examples of local authorities co-producing their strategies with victims and survivors of domestic abuse in their local area.

#### **b) What are the risks or potential downsides of such duties?**

**While there are a number of significant benefits of the duty on local authorities to commission support within safe accommodation, there are some potential downsides which can be addressed through accompanying national policy measures.** The Commissioner is concerned, for example, that duties that sit with local commissioning bodies such as local authorities will not deliver significant improvements in every area in the commissioning of specialist by and for domestic abuse services for victims and survivors of domestic abuse with protected characteristics, including Black and minoritised, LGBT+ and Deaf and disabled victims and survivors.. Further information on the difficulties faced by specialised by and for services with regards to local commissioning processes are outlined in response to question 26.

**To address this, the Commissioner is recommending the development of a single dedicated cross-government funding stream for specialist by and for services for LGBT+, Black and minoritised and Deaf and disabled victims and survivors of domestic abuse (see recommendation 56).** Further detail on this recommendation is provided in response to chapter 3 of this consultation. The Commissioner also recommends further guidance in any local duties to ensure that specialist by and for services are included in all partnership boards and other decision-making processes. Guidance should also outline the requirement to take into consideration the needs of ‘those who share relevant protected characteristics’. This should include an explicit list which should include Black and minoritised, Deaf and disabled and LGBTQ+ survivors as well as examples of the barriers they might face and how local authorities might tailor or commission support to overcome these barriers.

**The Commissioner is also concerned that a duty on support for accommodation-based services alone may have unintended impacts on the commissioning of community-based services which do not have the same statutory underpinning.** This concern was recognised by the Government, who, during the final stages of the Domestic Abuse Act, included a duty on local areas to report on the impact of the provisions on wider domestic abuse support. The Commissioner recently conducted extensive engagement with five local commissioners of domestic abuse services and this concern was very much

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<sup>53</sup> The Whole Housing Approach (WHA) is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people experiencing domestic abuse to either maintain or access safe and stable housing. More information about WHA can be found here: [What is the Whole Housing Approach? - daha - Domestic Abuse Housing Alliance \(dahalliance.org.uk\)](https://dahalliance.org.uk)

shared at a local level. For victims and survivors of domestic abuse accessing support, 70% of them will do so via community-based services, with the vast majority never spending time in refuge accommodation.<sup>54</sup> Early indications from the Commissioner's survey of domestic abuse survivors support this finding. When asked, 25% of survivors stated that they wanted access to a refuge, compared to 75% who wanted 1-2-1 support from a support worker or IDVA, 56% who wanted group support, and 85% who wanted counselling or therapeutic support.<sup>55</sup> are considered to be unsafe, and 23% of these services operate without any local authority funding at all.<sup>56</sup> As highlighted in response to chapter 3 of this consultation, the Commissioner would strongly welcome a new duty within the forthcoming Victims' Bill on relevant public bodies (PCCs, CCGs and local authorities) to commission community-based services.

**The Domestic Abuse Commissioner has also highlighted the importance of further guidance to accompany the safe accommodation duty on how to consider the number and needs level of victims who need to flee the local authority area to access safe accommodation within a different area.** Around two thirds of survivors accessing refuge services are from a different local authority area,<sup>57</sup> so this assessment of need is vital. Any future duties on local bodies must include support to enable local areas to assess the provision of support for survivors fleeing a different local area.

**Part 4 of the Domestic Abuse Act is confined to the delivery of support within safe accommodation, however concerns have been raised by local authority areas that have faced difficulty in sourcing properties and housing management for such accommodation, and capital funding to cover the costs of refurbishing existing properties.** All statutory duties to commission domestic abuse support must include core and administrative costs, including the potential costs of properties and property refurbishment.

**The Commissioner has also highlighted concerns that the statutory guidance for part 4 of the safe accommodation duty did not require local authorities to follow a specific format in their strategies.** This may risk significant variation in quality and approach, as has been seen in similar local plans to tackle VAWG and domestic abuse: evidence from EVAW suggests that there are significant differences in PCC's approaches to addressing VAWG within their Police and Crime Plans, including 'gender-neutral' approaches and one area not including any reference to VAWG at all.<sup>58</sup> A number of welcomed examples of toolkits and guidance have however been developed by domestic abuse services to help local authorities understand their duties and develop a strategy which reflects the whole housing needs of victims and survivors in their area, such as the Part 4 Toolkit from the Domestic Abuse Housing Alliance.<sup>59</sup>

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<sup>54</sup> [SafeLives Briefing for Second Reading of DA Bill 28.04.20\\_0.pdf](#)

<sup>55</sup> This is based on unpublished initial findings from the Domestic Abuse Commissioner's online survey of victims and survivors, as of 2<sup>nd</sup> February 2022, based on the 1,940 responses to this question. Please note this will not represent the final findings of the survey, which remains open until 14<sup>th</sup> February. The survey uses a self-selecting sample, and is open to anyone who has used or thought about using domestic abuse services in the last three years.

<sup>56</sup> SafeLives (2021), *SafeLives Practitioner survey 2020/21*, Accessed: [2020\\_21 Practitioner Survey Final 2.pdf \(safelivesresearch.org.uk\)](#)

<sup>57</sup> Women's Aid (2018) *Survival and Beyond: The Domestic Abuse Report 2017* [Survival and Beyond Report - Womens Aid](#)

<sup>58</sup> EVAW (2019) *England and Wales Police and Crime Commissioners: Are they working for women and girls?*, <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/PCC-Report-2019-Final.pdf>

<sup>59</sup> DAHA, *Whole Housing Approach*, Accessed: [part-4-wha-strategy-template-guidance.pdf \(dahalliance.org.uk\)](#)



**Question 24: What works in terms of the current commissioning landscape, both nationally and locally, for support services for victims of: a) domestic abuse b) sexual violence (including child sexual abuse) c) other serious violence?**

**Question 25: How could the commissioning landscape be better brought together to encourage and improve partnership working and holistic delivery of victim services for: a) all victims of domestic abuse b) all victims of sexual violence c) all victims of other serious violence d) children and young people who are victims of these crimes?**

*To avoid repetition, we have grouped together our answers to questions 24 and 25. The section below sets out the following*

- The value of community-based services for victims and survivors of domestic abuse
- The gaps in funding for community-based services
- Recommendations

### **The value of community-based services for victims and survivors of domestic abuse**

**For victims and survivors of domestic abuse accessing support, 70% of them will do so via community-based services, with the vast majority never spending time in refuge accommodation.**<sup>60</sup> Women's Aid's annual survey reported that in a single year, 187,403 children and 156,169 women were supported by community-based services.<sup>61</sup> Community-based services play a significant role in preventing domestic abuse, as well as managing the far higher costs that would be incurred by Government if a survivor moves into refuge accommodation.

**By community-based services we refer to interventions aimed at preventing and tackling domestic abuse that are delivered outside of an accommodation-based service. These range from perpetrator behavioural change programmes, short-term intervention advocacy models for victims at high risk of harm (e.g. IDVA services) and specialist longer-term holistic, therapeutic services to help victims and their children to rebuild their lives and prevent further abuse.** These services have considerable value in preventing abuse from occurring in the first place and reducing future harm as well as allowing victims and survivors to remain living in their own homes and communities, and avoiding the need for high cost crisis accommodation-based support. They are therefore essential in reducing the personal human cost for individuals and the economic costs to the state. When well-resourced they provide a vital function for the wider Co-ordinated Community Response, by assisting frontline statutory services to spot the signs of domestic abuse and acting as a specialist service to which these agencies can refer victims and survivors into as quickly as possible.

The Government has recently amended the Police, Crime, Sentencing and Courts Bill to explicitly include domestic abuse and sexual violence within the definition of serious violence for the purpose of the Serious Violence Prevention Duty. This new duty will require a range of public bodies including the police, health authorities, schools and other criminal justice agencies to work together to prevent and tackle serious violence, with the aim of reducing the number of victims and perpetrators of crime. This represents a critical opportunity to implement an early intervention, public health focused approach to tackling serious violent crime, rather than relying solely on traditional criminal justice levers, which only come into

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<sup>60</sup> [SafeLives Briefing for Second Reading of DA Bill 28.04.20\\_0.pdf](#)

<sup>61</sup> Women's Aid (2020) ( [The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf](#) (womensaid.org.uk)

play in the aftermath of an offence. Specialist community-based domestic abuse services will be critical to the success of this duty, by helping to train these public agencies to help spot the signs of domestic abuse, as well as acting as a point of referral to ensure that there is a clear pathway to support.

Whilst there is much more that government<sup>62</sup> and the domestic abuse sector can do to evaluate the efficacy of these forms of interventions, there is a considerable body of evidence to demonstrate the value of community-based interventions which underline the need for a stronger statutory underpinning for their delivery to ensure consistency and access for victims and survivors of domestic abuse across the country.

## Early intervention and prevention

### *Perpetrator behaviour change programmes*

A 2012 study found that there were an estimated total of 400,000 perpetrators causing high and medium levels of harm across England and Wales, however fewer than 1% received specialist interventions for their behaviour.<sup>63</sup> There is no more up to date research with regards to these statistics. At present, the management of perpetrators of domestic abuse is left to the criminal justice system despite the fact that the majority of perpetrators will never be prosecuted for domestic abuse-related offences. There is also a lack of early interventions for young people exhibiting problematic behaviours and specialist interventions for women and LGBT perpetrators.

There is currently a postcode lottery on the provision of domestic abuse perpetrator programmes, with it being left to local authorities or police forces to decide whether they should commission specialist services or create internal mechanisms for managing perpetrators outside of the criminal justice system, based on local priorities.

There are a number of programmes that operate across England and Wales. A typical example of a domestic abuse perpetrator programme includes the following elements.<sup>64</sup>

1. An initial assessment to understand the perpetrator's history and needs to ensure they are suitable for the available interventions. This could be undertaken by a professional agency such as probation or CAFCASS.
2. Structured groupwork, individual work or a combination of both, where perpetrators are challenged to recognise abuse and reflect on their own behaviour and its impact.
3. One-to-one intensive case management.
4. The use of a disruptive approach, which is needed for perpetrators who are not willing to cooperate or whose abuse is continuing despite behaviour change work.

To provide an example of the cost effectiveness of greater statutory investment in perpetrator behaviour change programmes, the annual cost of delivering the Drive intervention model<sup>65</sup> is around £300,000 per year per police force area, with service provision for around 125 perpetrators per area. If this was rolled out nationally across

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<sup>62</sup> The Commissioner strongly welcomes the Home Office's plans look more specifically at the value of prevention-based programmes through the Youth Endowment Fund,

<sup>63</sup> Drive (2020), A Domestic Abuse Perpetrator Strategy for England And Wales, A Call to Action [Call-to-action2021.pdf \(hubble-live-assets.s3.amazonaws.com\) \[accessed 29/09/2021\]](#)

<sup>64</sup> Drive Programme (2020), A Domestic Abuse Perpetrator Strategy for England And Wales, A Call to Action, Accessed: [Call-to-Action-Final.pdf \(driveproject.org.uk\)](#)

<sup>65</sup> For more information see: [Drive Project](#)

England and Wales, the cost would be around £12.9 million per year. It is estimated that a fully implemented Drive model saves public agencies around £700,000 per year.<sup>66</sup>

*Domestic abuse awareness and prevention-based programmes working with victims (including children) and perpetrators of domestic abuse*

Far more evidence on the impact of early intervention and prevention work is needed. Early findings from the Commissioner's mapping suggest that there are a range of initiatives operating at a local level, but there is significantly more evidence needed on what helps constitute the most successful models and their outcomes. A recent evaluation of the Roadmap Programme (run as a collaboration with Women's Aid Federation and SafeLives), which aimed to transform the lives of women and girls through systemic change to policy, practice and commissioning by promoting early intervention, highlights the value of holistic support, rooted in community-based services.<sup>67</sup> The study highlights the strong need for these types of roles and helps begin wider work on building a more formal evaluation framework for them.

The evaluation focused on a number of different programmes run by Women's Aid and SafeLives. These included:

- Women's Aid's *Change that lasts programme* is aimed at developing a 'whole community response' that would increase responsiveness to domestic abuse services at three levels: i) the community ii) frontline professionals in organisations that were not specialist domestic abuse organisations and iii) services delivered by domestic abuse specialist organisations.
- Women's Aid *Ask me programme* is aimed at addressing cultural and attitudinal barriers through training and supporting Community Ambassadors who volunteer to increase awareness and responsiveness to domestic abuse in their local communities. This includes Trusted Professional combined training with organisational development to improve expertise and responsiveness among frontline professionals.
- The Women's Aid VOICES intervention was designed to re-connect specialist domestic abuse services to a strengths-based, needs-led, trauma-informed approach centred on the survivor for practitioners in specialist domestic abuse organisations.
- The SafeLives Programme, designed by SafeLives, alongside Pioneers (survivors and experts by experience) and specialist frontline domestic abuse partners, comprised an integrated suite of multiple interventions that would allow survivors and their families to access five different interventions within the same organisation. This programme was targeted at those assessed as at medium risk of harm; people who wanted to remain in their relationships; those facing multiple disadvantage; survivors recovering from abuse and children and young people. A wide range of individual and group interventions were utilised and training and skills development were provided to partner agencies.

**Key findings**

- In total, 404 professionals from children and families services, the Department of Work and Pensions (in Surrey) and housing completed the Trusted Professional training in the three sites. Fewer health professionals participated in the training. The evaluation found that the integration of local Women's Aid member services to co-deliver the intervention meant that local knowledge and networks maximised implementation opportunities. Post-training interviews provided early evidence of how

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<sup>66</sup> University of Bristol (2019), Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse, [DriveYear3\\_UoBEvaluationReport\\_Final.pdf \(driveproject.org.uk\)](#)

<sup>67</sup> [Roadmap-Evaluation-Report-280921-ExecSum.pdf \(womensaid.org.uk\)](#)

training translated into practice and showed it had the potential to increase practitioners' readiness to ask questions and respond appropriately.

- Women's Aid's OnTrack data showed that 2125 survivors across the three sites received the VOICES intervention. Most survivors who reported improvements in safety, coping and mental wellbeing attributed improvements to services, indicating a high level of satisfaction with VOICES
- With regards to the SafeLives Programmes, nearly all survivors had experienced domestic abuse in the past 12 months and roughly a third had experienced multiple forms of domestic abuse. Perpetrators were predominantly an ex-partner. The most common form of complex needs for survivors using the service were housing problems, mental health issues or a physical disability or illness. The Complex Needs IDVA role required particular expertise and skills to undertake outreach work with potential service users and to establish referral pathways. Where it was achieved, continuity of staff facilitated this work, particularly in the context of establishing a new service. The complexity of delivering multiple interventions was viewed as challenging and ambitious in the timeframe. This intervention reached fewer perpetrators than had been planned. Nevertheless, most staff reported that the ambition of creating an integrated, flexible service had been achieved. The variety of complimentary interventions and toolkits was considered to have facilitated tailoring and flexibility in meeting individuals' needs. Survivors identified that the opportunity to receive services for their children as well as parenting support were key reasons for using the service. Support for older children and work with perpetrators were also mentioned as motivating factors. Outcome measures completed by survivors showed improved safety 12 weeks from baseline and this was statistically significant for five out of six questions asked. Survivors' safety also increased further at six months, although changes were only statistically significant in respect of safety in the home and neighbourhood.

### *The role of community-based services in embedding wider preventative systems change within statutory services*

The Pathfinder project provides an excellent example of how to lay the foundations of a system-wide, sustainable response to domestic abuse within health systems, and this approach should be rolled out nationally, in collaboration with specialist community-based services. The project, led by Standing Together in partnership with four expert partners Against Violence and Abuse (AVA), Imkaan, IRISi and SafeLives ran from 2017-2020, and reached survivors who may not have been identified or supported otherwise.<sup>68</sup> The project focused on building good practice across eight sites by coordinating the work of local health partners (from acute health, mental health and primary care) with local specialist domestic abuse services by embedding governance and policies, coordination, data collection, specialist interventions and training to build the capacity of the local health systems to respond to survivors of domestic abuse. Over three years, the project engaged nine CCGs and 18 NHS Trusts across England to implement wide-ranging and sustainable interventions in eight local areas.

Despite the clear success of the programme, the Department for Health ceased funding in March 2020, arguably at a time when it was needed most. Approximately 2,738 health professionals have had domestic abuse training since the start of the Pathfinder project.<sup>69</sup> A total of 633 survivors were referred to a domestic abuse support service from a health care

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The Pathfinder Project (2020), *Pathfinder Key Findings*, Report [https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

<sup>69</sup> The Pathfinder Project (2020), *Pathfinder Key Findings*, Report [https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

setting and went on to engage with this service. Disclosure of sexual abuse was high in Pathfinder clients. It was particularly high for Pathfinder clients under 30 where disclosure was recorded for over a fifth of survivors (23%) and clients who were supported by a mental health service where disclosure was recorded for a quarter of survivors (25%). 91% of survivors reported that they felt safer as a result of the Pathfinder project. The Pathfinder project highlights the importance of dedicated expertise within healthcare settings, including the integration of the IRISi programme, which situates specialist support and advocacy training within GPs services, and health-based IDVAs.<sup>70</sup>

### Advocacy and longer-term holistic support for victims and survivors of domestic abuse

Of the evaluation work that has been conducted, there appears to be considerable benefits of specialist advocacy models (including IDVAs) in reducing rates of domestic abuse. *The Cost of Freedom*, a 2014 longitudinal study into the experiences of victims of domestic abuse and their children found that where women had the support of specialist advocate, responses from other agencies improved, enabling them to more successfully rebuild their lives.<sup>71</sup> Furthermore, in addition to the advice and advocacy of key workers, floating support, legal services and IDVAs to resolve practical matters, workshops addressing confidence, understanding domestic violence and self-help groups emerged as enablers in improving long-term outcomes for survivors. A key conclusion from the report was that holistic provision enabled women: to begin to 'feel' safe; to have support in complex negotiations with other agencies; and to deal with the legacies of abuse for themselves and their children.

### Children and young people's services

Analysis by the Children's Commissioner, pre-COVID-19, found that 831,000 children in England are living in households that report domestic abuse.<sup>72</sup> A survey of 13- to 17-year-olds found that 25% of girls and 18% of boys reported having experienced some form of physical violence from an intimate partner.<sup>73</sup> According to the Crime Survey for England and Wales, 14% of women aged 16 to 19 reported experiencing some form of domestic abuse in the last year, as did 5.3% of men in the same age group. For women, this is 40% higher than the next age group (20-24).<sup>74</sup> The Commissioner strongly welcomes the inclusion of children under the age of 18 as victims of domestic abuse in their own right, within the new statutory definition of domestic abuse. It is vital that we ensure that specialist services exist to meet their needs. There is strong evidence to show that community-based roles, such as Young People's Violence Advisor (YPVAs) Services improves children's safety and health outcomes.<sup>75</sup>

The value of dedicated community-based services tailored to the needs of children who are subject to domestic abuse is clearly evidenced in SafeLives' Beacons partnership, which includes training and guidance for professionals, enhancing skills and supporting agencies to work together to create a culture of engagement with the people and communities they serve, as well as commissioned services for the whole family. The partnership helps provide support for children and young people through specialist age-appropriate services. An independent evaluation of the partnership from the University of Central Lancashire reported

<sup>70</sup> The Pathfinder Project (2020), *Pathfinder Key Findings*, Report [https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

<sup>71</sup> Kelly, Sharp & Klein (2015) *Costs of Freedom Report - SWA.pdf* ([endviolenceagainstwomen.org.uk](http://endviolenceagainstwomen.org.uk))-

<sup>72</sup> Office of the Children's Commissioner for England, *Childhood vulnerability in numbers*

<sup>73</sup> Safe Young Lives: Young People and domestic abuse – [www.safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf](http://www.safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf)

<sup>74</sup> Office for National Statistics (2020), Domestic abuse in England and Wales overview: November 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

<sup>75</sup> Safe Young Lives: Young People and domestic abuse – [www.safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf](http://www.safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf)



an 80% reduction in children and young people witnessing abuse, a 42% reduction in children and young people experiencing direct abuse and 93% improved wellbeing following mental health support.<sup>76</sup>

### The gaps in funding for community-based services

Despite their clear value, community-based services have faced a fragile funding landscape. Community-based services consistently report caseloads that are considered to be unsafe, and 23% of these services operate without any local authority funding at all.<sup>77</sup> **Early evidence from the Domestic Abuse Commissioner's mapping research highlights the precarious funding position of community-based services and the need for a new legal duty in the Victims' Bill to address these gaps.** The Domestic Abuse Commissioner is conducting a large-scale and comprehensive research project, to map the provision of domestic abuse services in England and Wales. This is a significant step to addressing the postcode lottery in support for domestic abuse victims, their children, and interventions for perpetrators. As well as understanding the availability of services and the types of organisations that provide them, the research explores the financial sustainability and funding landscape.

While recognising that organisations and their services may not always discretely fall under single categories, the research broadly categorises services as:

- **Accommodation-based**, such as refuges and other forms of safe accommodation;
- **Community-based and recovery work**, including IDVA and other caseworker support, floating support and outreach, specialist counselling, and support groups;
- **Open-access services**, including helplines, drop-in centres and online webchat;
- **Behaviour-change interventions** e.g. perpetrator programmes; and,
- **Prevention and awareness**, such as educational work with schools.

This covers a broad range of services including support for other forms of VAWG (e.g. sexual violence services), as many victims who use these services do so in relation to experiencing these forms of VAWG as part of domestic abuse. Services specifically targeted at children and young people who have been affected by domestic abuse, either through their own intimate relationships or their own home / family, are also included within scope. While the research is ongoing<sup>78</sup>, this submission is supported by early findings from a survey sent out to organisations providing domestic abuse services in England and Wales. Reporting focuses on conclusions at the national level and priority areas, including the provision of community-based services and the important role of 'by and for' organisations in providing specialist support to marginalised victims.

The survey asked respondents to identify the main source of funding and any other sources of funding in either each of the local authorities where they provided services for domestic abuse victims, or the main (and other) sources of funding across all local authority areas. Options for statutory funding included funding from Local Authorities, Police and Crime Commissioners, Clinical Commissioning Groups / NHS Trusts, Central Government Grants, and the Criminal Justice / Probation services. Options for non-statutory sources of funding included charitable grants, fundraising and income generating activities, and internal

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<sup>76</sup>UCLAN (2021) [Roadmap Report 280921.pdf \(uclan.ac.uk\)](#)

<sup>77</sup> SafeLives (2021) [2020\\_21 Practitioner Survey Final 2.pdf \(safelivesresearch.org.uk\)](#)

<sup>78</sup> Over the coming weeks, the Commissioner's Office will undertake detailed analysis and assurance of responses to the service provider survey. This will include filling gaps where organisations did not respond to the survey in order to provide comprehensive regional comparisons. In parallel, the research will also move onto the victim engagement phase, capturing experiences of accessing domestic abuse services and the extent to which this varies by region



reserves. The survey also collated annual income for domestic abuse services in England and Wales. All funding questions were based on year ending March 2021.

While further work is needed to assure responses and to improve response rates to funding questions, **initial analysis suggests accommodation-based services were 14% more likely to receive their main source of funding from a statutory source, compared to community-based services.** Where services were in receipt of statutory funding as a main source, the majority of organisations identified their local authority as the main funding source. However, accommodation-based services were considerably more likely to be in receipt of local authority funding (as a main source) than community-based services. The main funding sources for community-based services, where statutory, came from a more diverse mix of PCC and local authority sources.

Organisation size (based on income received for domestic abuse services) is a considerable factor in determining whether services are likely to be in receipt of statutory funding. **Large organisations (income of £1m+ for domestic abuse services) were around 50% more likely to be in receipt of a statutory main funding source for their community-based services than small organisations (income of less than £250k for domestic abuse services).** Findings so far suggest that the discrepancy between organisation size and statutory funding is greater for community-based services than accommodation-based services. Initial findings from the Commissioner's mapping work suggest that only around half of organisations that provide DA support employ qualified IDVAs. Whereas 70% of organisations employ staff to deliver community-based services outside of IDVA provision. This can include support groups, specialised therapeutic support and counselling, or 1-1 support by non-IDVA qualified domestic specialists.

## Recommendation

### **56. The Domestic Abuse Commissioner recommends the creation of a new duty within the forthcoming Victims' Bill on relevant public bodies to collaborate and commission community-based services.**

This new duty would:

- a. Provide support to all victims and survivors, including children, no matter where they live and regardless of their status, through community-based services alongside accommodation-based services, including 'by-and-for' services. This would enable support for prevention, early intervention and crisis intervention.
- b. Provide programmes to challenge perpetrator behaviour and prevent abuse going forward
- c. Apply to all relevant public authorities in line with the current commissioning landscape, including PCCs, Local Authorities and NHS bodies, for example, Integrated Care Boards.
- d. Whilst the Commissioner strongly supports a new duty to ensure that all elements of domestic abuse provision are placed on a statutory footing, it will be important to ensure that any new legislation is crafted in such a way that captures important lessons learnt from the impact of Part 4 of the Domestic Abuse Act (as outlined above). This will include ensuring that local commissioners are required to commission specialist gender-informed, and specialist by and for provision to meet the needs of their local population. Commissioning specialist third sector support, as opposed to in-house commissioning not only brings in a range of additional value, but is critical to secure the independence of such provision. IDVAs and other advocates must remain independent of statutory services so that they are able to advocate

most successfully on behalf of victims and survivors and importantly build their trust in this process.

**Question 26: a) What can the Government do to ensure that commissioners are adequately responding and implementing the expertise of smaller, 'by and for' organisations in line with local need? b) Should national commissioning play a role in the commissioning framework for smaller, 'by and for' organisations? • Yes – please explain why • No – please explain why**

### The value of by and for services

**Specialist by and for services provide highly tailored support for groups of people with protected characteristics and those who experience the highest levels of exclusion from mainstream services.** This includes LGBT+, Deaf, disabled and Black and minoritized victims and survivors of domestic abuse as well as migrant victims. The term 'by and for' is used to refer specifically to organisations that are designed and delivered by and for people who are minoritized. These services will be rooted in the communities that they serve, and provide wrap-around holistic recovery and support that addresses a victim's full range of needs.

**It is well established that victims and survivors with protected characteristics, are best served by specialist "by and for" services.** As the Government's VAWG Commissioning Toolkit highlights, "investment in BME-led specialist organisations has been shown to deliver significant financial savings as well as a range of social benefits and outcomes for service users."<sup>79</sup> These services often provide additional support such as welfare advice, language interpreters, specialist counselling, and will work with victims and survivors for much longer periods of time. For example, Stay Safe East, a specialist by and for service working with disabled victims of domestic abuse, works with survivors on average at least four times longer, and usually eight times longer than standard IDVA services. Evaluation of services demonstrates that additional time is necessary in order to support disabled victims to cope and recover.

**These specialist holistic services provided therefore can incur higher running costs, and as a result are disproportionately disadvantaged by the local commissioning and funding process.** Too often local commissioners lack the understanding and capacity to commission multiple specialist services required to meet the needs of a diverse population, with many favouring fewer, more generic providers who deliver larger, cheaper contracts, but are unable to deliver the same level of tailored support. When there is a lack of a critical mass of service users within a defined geographical area, the commissioning structure often discourages specialist services from applying. The commissioning of one single service often means that specialist by and for services are ineligible to apply. A recent study from the grant maker Comic Relief also reported several key blockages to accessing funding. These included partnership and power dynamics at the local level, the cost-focused competitive tendering processes and challenges in communicating value, an overemphasis on project-and innovation-focused funding and a bias against smaller/less established organisations because of complex application processes and lack of support to complete these.<sup>80</sup>

**Women's Aid's report, *Fragile funding landscape*, found that specialist by and for services are far less likely to receive statutory funding than other providers of**

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<sup>79</sup> Home Office (2016), [VAWG commissioning toolkit \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/541212/vawg-commissioning-toolkit.pdf)

<sup>80</sup> University of Suffolk (2020), *Mapping the VAWG funding ecosystem in England and Wales* <https://www.uos.ac.uk/sites/www.uos.ac.uk/files/Mapping%20VAWG%20funding%20ecosystemFINAL.pdf>

**support.**<sup>81</sup> The report found that non-commissioned services ran 57.5% of all refuge spaces in specialist 'by and for' services, compared to the overall 18.5% of all non-commissioned refuge spaces, highlighting the particular challenges specialist by and for services encounter.<sup>82</sup> This is further supported by initial findings from the Domestic Abuse Commissioner's mapping research, which found that community-based services provided by specialist by and for organisations were five times more likely to not be in receipt of any statutory funding compared to other types of organisations.

**Difficulties accessing statutory funding through the local commissioning process has had a significant impact on the financial position of these sectors and the support they are able to deliver to survivors.** Women's Aid have reported that there are only 36 refuge services across England which provide specialist support for these groups of victims and survivors.<sup>83</sup> The majority of these services are based in London. For example, across England there are currently only five specialist domestic abuse services designed to meet the needs of LGBT+ survivors of domestic abuse.<sup>84</sup> Research undertaken by Galop and Durham University for the Domestic Abuse Commissioner shows that there are only seven LGBT+ by and for organisations who are funded to provide domestic abuse services, based in London, Manchester and Birmingham. For Deaf and disabled survivors, who are twice as likely to experience domestic abuse than non-disabled women,<sup>85</sup> there are only four by and for organisations providing domestic abuse support, based in London (Deaf and disabled), Kent (Deaf only), and Cambridgeshire (Deaf only). Forthcoming independent research on the impact of Covid-19, found that 75% of Imkaan members, who provide specialist by and for services for Black and minoritized women entered the pandemic with less than three months reserves. A 2016 report from Imkaan reported that in the space of a year, 50% of Black and minoritised women's specialist refuges were forced to close or were taken over by a larger provider due to lack of funding over the last decade, while others continue to operate without any local government support.<sup>86</sup> An FOI request to all London councils found that refuges led 'by and for' Black and minoritised women lost around half of their annual council funding between 2009 and 2016.<sup>87</sup>

**Whilst the problems of chronic underfunding are common across specialist by and for sectors, there are some groups of victims of survivors for whom access to this tailored support is almost impossible because of the limited number of services across the country. This is particularly the case for Deaf and disabled survivors and LGBT+ survivors.** For example, the Domestic Abuse Commissioner's mapping work has only so far identified three organisations that provide by and for support for Deaf victims, and three organisations that provide by and for support for Disabled victims, demonstrating the extent to which there are vast gaps in holistic provision across England and Wales. Early findings from the Commissioner's survey of survivors across England and Wales also reflects this. Of the 154 respondents who have so far stated that they wanted help from an organisation by and for disabled people, only 12% (18) of these respondents had this type of support available in their area and only 5% (8) of these respondents actually received this

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<sup>81</sup> Women's Aid. (2021) *Fragile funding landscape: the extent of local authority commissioning in the domestic abuse refuge sector in England 2020*, Bristol: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2021/02/Fragile-funding-landscape-the-extent-of-local-authority-commissioning-in-the-domestic-abuse-refuge-sector-in-England-2020.pdf>

<sup>82</sup> Women's Aid. (2021) *Fragile funding landscape: the extent of local authority commissioning in the domestic abuse refuge sector in England 2020*, Bristol: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2021/02/Fragile-funding-landscape-the-extent-of-local-authority-commissioning-in-the-domestic-abuse-refuge-sector-in-England-2020.pdf>

<sup>83</sup> Women's Aid (2021), *The Domestic Abuse Report*, <https://www.womensaid.org.uk/wp-content/uploads/2021/01/The-Domestic-Abuse-Report-2021-The-Annual-Audit.pdf>

<sup>84</sup> Women's Aid (2021), *The Domestic Abuse Report*, <https://www.womensaid.org.uk/wp-content/uploads/2021/01/The-Domestic-Abuse-Report-2021-The-Annual-Audit.pdf>

<sup>85</sup> End Violence Against Women and Girls (2021), *Violence Against Women and Girls Snapshot Report 2020/21*, <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Violence-Against-Women-and-Girls-Snapshot-Report-FINAL-1.pdf>

<sup>86</sup> Imkaan (2016). 'Capital Losses'. London: Imkaan

<sup>87</sup> <https://www.theguardian.com/society/2018/mar/23/council-funding-womens-refuges-cut-since-2010-england-wales-scotland>

type of help.<sup>88</sup> There is an urgent need to replicate the specialist services available in small pockets of England & Wales nationally, working with local partners, for example to give Deaf victims access to the right support in their own language. Further work commissioned by the DAC Office and conducted by Stay Safe East and Sign Health will identify what more bespoke support is available to Deaf and disabled survivors outside of these ‘by and for’ services and identify the gaps.

**These sectors not only require additional investment to increase the level of provision within their existing ‘by and for’ services, but also funding to help expand their own capacity across the country and develop specialist capacity within other organisations to ensure that there is a national network of support that can be accessed by survivors, wherever they live.** The Commissioner very much welcomes the recent funding of £1.7 million from the Ministry of Justice delivered directly to specialist by and for services from Comic Relief to help address these issues, but is concerned that it is only being made available to successful applicants at the end of September 2021 and for projects that must finish by the end of February 2022. The short-term nature of the funding means, and the lack of accompanying investment for direct service provision, that these vital skills are unlikely to be fully embedded within services representing a poorer return on investment for the Government.

**Initial findings from the Commissioner’s service provider survey demonstrates the important and unique role of by and for organisations.** Organisations that identified as being by and for Black and minoritised victims were three times more likely to say that they provided community-based support tailored to the needs of migrant victims and victims with no recourse to public funds than other types of organisations. The same organisations were also more likely to accept victims with no recourse to public funds into accommodation-based services. We also found that by and for services were more likely to have more inclusive eligibility criteria, and were more likely to support survivors with a wider range of intersecting needs.

**The mapping work has so far identified only two organisations that provide by and for support for Deaf victims (based in London, Kent and Cambridgeshire), and two organisations that provide by and for support for Disabled victims** (both based in London), demonstrating the extent to which there are vast gaps in holistic provision for Deaf and disabled victims and survivors across England and Wales. Previous mapping work by Galop and Durham University, on behalf of the Domestic Abuse Commissioner’s Office, identified that there is no funded by and for LGBT+ provision in the South West or North East of England, or in Wales.

**Organisations by and for Black and minoritised victims and survivors are also heavily concentrated in London.** Of the 58 organisations who self-identified as being by and for black and minoritised victims and provided location information, almost half (28) provide support in London and the South East. Outside of London and the South East of England, by and for provision; in both Wales and the South West of England, only one organisation provides specialist by and for support for black and minoritised victims.

**Despite the crucial role that by and for organisations play in providing specialist domestic abuse support, initial findings from the mapping work suggest that they are five times less likely to have received any statutory funding than other organisations.** Even where by and for organisations receive statutory funding, research from Imkaan shows that this funding is likely to be very small compared to statutory funding received from other

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<sup>88</sup> This is based on unpublished initial findings from the Domestic Abuse Commissioner’s online survey of victims and survivors, as of 2<sup>nd</sup> February 2022, based on the 1,622 responses to this question. Please note this will not represent the final findings of the survey, which remains open until 14<sup>th</sup> February. The survey uses a self-selecting sample, and is open to anyone who has used or thought about using domestic abuse services in the last three years.

organisations. Imkaan's research showed that a random sample of 10 England-based, non-BME leading VAWG organisations received 39.6% of their funding from local authorities, compared to 10.9% of the funding for BME organisations surveyed.<sup>89</sup> The National Commission on Domestic and Sexual Violence and Multiple Disadvantage by Agenda and AVA heard from specialist 'by and for' Black and minoritised services who described very poor experiences of having worked with larger mainstream organisations that benefited from their expertise in developing joint funding bids, but who then failed to properly bring them into partnership arrangements.<sup>90</sup> The Commission described this process as using smaller organisations as 'bid candy'.

## Recommendations

### 57. **The Commissioner recommends that the Government creates a single dedicated cross-government funding stream for specialist by and for services.**

The Commissioner specifically recommends that this dedicated pot be made available to specialist by and for organisations supporting victims and survivors with protected characteristics (including Black and minoritised, LGBT+ and Deaf and disabled survivors) as well as victims and survivors who have no recourse to public funds. This will be essential in helping to meet the higher running costs incurred by these services which provide the most suitable and holistic support to survivors, ultimately helping to end domestic abuse for good, and enabling them to successfully rebuild their lives.

- **The Commissioner strongly recommends that this pot should be administered directly from national government straight to frontline services to ensure that they are not disadvantaged by local commissioning structures which favour more generic providers.** We would recommend that the funding pot is administered by the Ministry of Justice based on its extensive experience of commissioning victims support services and in particular its experience of administering the Rape and Sexual Abuse Support Fund directly to 79 rape support centres across England and Wales, by passing local commissioning structures to ensure country-wide coverage of these vital services.<sup>91</sup> The Ministry of Justice should coordinate this work with relevant central government departments including the Home Office, the Department for Levelling Up, Housing and Communities and the Department for Health and Social Care. A key benefit of national government directly commissioning services itself is that it would be able to collect evidence from organisations on the outcomes and performance of services, both helping to improve the efficiency of future commissioning processes and ensuring evidence-based policy making within departments regarding the key issues facing these victims and survivors. Learnings from the dedicated funding stream could be used to help support the work of the VAWG What Works Centre. Plans for this Centre were outlined earlier in the year, in the Home Office's Violence Against Women and Girls Strategy.
- **The Commissioner strongly recommends that the funding stream is utilised as an opportunity to allocate longer term funding to organisations, with funding contracts of at least three years being awarded.** This will be essential in helping to ensure the sustainability of services as well as providing government with a stronger guarantee on return

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<sup>89</sup> Imkaan (2018), [From survival to sustainability: critical issues for the specialist black and 'minority ethnic' ending violence against women and girls sector in the uk.](#)

<sup>90</sup> AVA & Agenda (2019) Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage [Breaking-down-the-Barriers-full-report-FINAL.pdf](#)

<sup>91</sup> [Organisations awarded funding from the Rape Support Fund 2014–16 \(publishing.service.gov.uk\)](#)

on investment. Too often, funding is allocated to organisations to help build capacity and a subsequent inability to secure future funds, means that key learnings and skills are lost.

- **The Commissioner recommends that this funding stream should be used to help organisations to deliver front line support within existing services as well as helping organisations build capacity to expand the infrastructure needed across the country to deliver services to victims and survivors wherever they live.** This could include providing specialist training to other frontline domestic abuse services. The Commissioner would also envisage that in order to achieve national coverage of specialist support that a proportion of this funding stream is dedicated to innovative digital solutions including remote caseworkers and online and telephone support services, which can be accessed wherever a victim or survivor is based in the country.
- **The Commissioner has worked closely with specialist by and for services to calculate the level of investment required to meet current levels of demand and expand capacity across the country to meet the needs of victims and survivors who face the highest levels of exclusion in England and Wales**

Based on calculations from the specialist by and for sectors<sup>92</sup> we have estimated the following costs for delivering this fund over a three-year period.

	<b>Annual</b>	<b>3 years</b>
Disabled survivors	£30,209,187	£90,627,562
Deaf survivors	£1,325,000	£3,975,000
LGBT+ survivors	£1,000,000	£3,000,000
Black and minoritized survivors	£55,099,306	£165,297,918
<b>Total by and for pot</b>	<b>£87,633,493</b>	<b>£262,900,480</b>

**58.** To ensure victims and survivors with NRPF can access accommodation and subsistence, we recommend that the Home Office establish a clear, funded pathway to support for victims and survivors of domestic abuse following the support for migrant victims pilot. The Domestic Abuse Commissioner is preparing to commission research which will provide an estimate of the total number of victims of domestic abuse with NRPF, and better understand the cost and benefit of extending existing support to certain groups. This research will be published ahead of the evaluation of the Support for Migrant Victims Pilot in 2022, to inform Home Office policy solutions for this group. In the interim, we are recommending £18.7m over three years be distributed across local authorities to ensure that victims with NRPF can access accommodation and subsistence.

**59.** To end the process of smaller and specialist organisations being used as ‘bid candy’ or marginalised in large public service contracts, **lead contract holding organisations must be responsible for specifying the amount of funding partners will receive and for ensuring this is then allocated.** This must form part of the contract monitoring process, with penalties in place where this is not honoured.

<sup>92</sup> The Domestic Abuse Commissioner had worked closely with Galop, Imkaan, Sign Health and Stay Safe East to estimate these costs based on units costs taken from their own and member services.



## The need for specialist support for victims and survivors of domestic abuse facing multiple disadvantage – who are commonly excluded from mainstream provision

**People facing multiple disadvantage experience a combination of domestic abuse and other forms of gender-based violence, alongside overlapping issues including homelessness, substance use, contact with the criminal justice system, and complex mental health problems.** Victims and survivors experiencing multiple disadvantage are poorly served by ‘mainstream’ provision which is not set up with the tailored support to meet their needs – for example substance use support, mental health support, and support around contact with the criminal justice system. Like other marginalised victims and survivors, the Commissioner believes that victims and survivors facing multiple disadvantage are best served by specialist gender and trauma informed services that can meet their needs holistically.

**The impacts of trauma following domestic abuse can cause significant and complex problems for victims and survivors throughout their lives. Victims and survivors of domestic abuse experience high rates of poor mental health,**<sup>93</sup> and evidence suggests that women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than non-abused women.<sup>94</sup> More than half of women accessing support after sleeping rough from the charity St Mungo’s had experienced domestic abuse.<sup>95</sup> 60% of women in prison have experienced domestic violence, a figure which is likely to be an underestimate.<sup>96</sup> Many of these issues can overlap and compound in the lives of survivors of domestic abuse experiencing multiple disadvantage.

**Victims and survivors facing multiple disadvantage experience significant barriers in accessing domestic abuse services and support.** Evidence from Women’s Aid suggests just 10 per cent of refuges have specialist drug workers and 10 per cent have specialist alcohol workers.<sup>97</sup> Mental health support needs was one of the most common challenges for women seeking a refuge space who were supported by the No Woman Turned Away project.<sup>98</sup> Early findings from the Commissioner’s national mapping work support this evidence.

**The limited provision of tailored services, as well as the impact of siloed working and commissioning, means victims and survivors facing multiple disadvantage are often passed from service to service, unable to find the support they need.** For example, if they are using substances, victims and survivors are often unable to access refuge; but without a refuge space or safe housing it is very difficult to begin addressing substance misuse problems. The National Commission on Domestic and Sexual Violence and Multiple Disadvantage found that departmental silos at a national and local government level result in a disjointed approach to women experiencing multiple disadvantage. Specialist services supporting women experiencing multiple disadvantage also told the Commissioner that siloes between probation services and children’s services has led to schools not knowing when a child’s parent is in prison or has been convicted of domestic abuse, meaning support for children cannot be provided effectively by schools.

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<sup>93</sup> Women’s Aid & APPG on domestic violence and abuse (2022) [The Road to Recovery, Meeting the Mental Health Needs of Domestic Abuse Survivors](#)

<sup>94</sup> Crawford and Crome (2009) (PDF) [Co-existing Problems of Mental Health and Substance Misuse \('Dual Diagnosis'\) A Review of Relevant Literature \(researchgate.net\)](#)

<sup>95</sup> St Mungo’s ([Rebuilding Shattered Lives: the final report - St Mungo’s \(mungos.org\)](#))

<sup>96</sup> [Female Offender Strategy - GOV.UK \(www.gov.uk\)](#)

<sup>97</sup> Women’s Aid (2018), Nowhere to turn, 2018, findings from the second year of the No Women Turned Away project

<sup>98</sup> Women’s Aid (2021) [Nowhere-to-Turn-2021.pdf \(womensaid.org.uk\)](#)

**There are existing examples of the collaboration of services across areas to improve the provision of support for survivors of domestic abuse facing multiple disadvantage.** The Commissioner would welcome support from commissioners for this collaboration. In London, the London Women’s Service Alliance (LWSA) was launched in 2020. LWSA is a collaboration of organisations that have joined forces to provide co-ordinated specialist services and improve outcomes for women and girls in contact with the criminal justice system, or at risk of such contact, in London. LWSA is composed of ten organisations; seven women-led organisations who are committed to delivering enhanced services led by and for women and girls in London, namely Advance, Birth Companions, Clean Break, Hibiscus Initiatives, Housing For Women, Women in Prison and Working Chance and three affiliate members who share the same commitment and deliver women-specific specialist support programmes in existing partnership services, namely Inspirit, PECAN and SafeGround. The LWSA member organisations recognise the need for a joined-up, gender-informed approach to support services. The Alliance will enable them to share cross-sector expertise and information to improve services and empower women and girls in London.

In Greater Manchester, the Greater Manchester Women’s Service Alliance was borne out of work that was led by the Justice and Rehabilitation Executive in September 2013. This built on the network of local Women’s Centres already in place across GM by consolidating them and expanding their capacity to work with women at all stages in the Criminal Justice System through a process of co-design and co-commissioning. To deliver the model across GM costs £855,000 per annum. Funding is currently provided through: The Justice and Rehabilitation Executive, the Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC) and through the Alliance that is drawing down the largest percentage of funding through successful bids to Big Lottery and the Tampon Tax fund. In a briefing for decision makers in Greater Manchester, Agenda, the alliance for women and girls at risk, and AVA (Against Violence and Abuse) recommended that Greater Manchester Combined Authority should hold a stronger convening role across Greater Manchester to ensure local systems work for women facing multiple disadvantage, which they highlighted should take a ‘helicopter view’ of the system response, encourage collaboration and provide a platform for good practice.<sup>99</sup>

**Specialist, gender- and trauma-informed community-based services for survivors facing multiple disadvantage, such as women’s centres, are tailored to meet the range of women’s needs.** This includes holistic one to one support as well as bringing together support around drugs and alcohol, mental health, domestic abuse and contact with the criminal justice system. However, many Women’s Centres and other specialist services that are tailored to the needs and experiences of survivors facing multiple disadvantage are limited in number and face significant funding precarity, often running from multiple small grants, with persistent gaps in their core funding. Evidence from Agenda and AVA’s Mapping the Maze research found that support for women across substance misuse, mental health, homelessness, offending and complex needs was available in just 19 areas of England and Wales (out of 173).<sup>100</sup> Agenda’s *Voices From Lockdown* report found that pre-existing challenges for services have been exacerbated under the pandemic, with 76% of organisations supporting women experiencing domestic and sexual abuse and multiple disadvantage reporting an increase in demand among the existing women and girls they supported before the pandemic.<sup>101</sup> 100% of organisations reported an increase in complexity of need among their clients by January 2021.

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<sup>99</sup> Agenda (2021) [Tackling women’s multiple disadvantage in Greater Manchester Final21-1.pdf \(weareagenda.org\)](#)

<sup>100</sup> Ava (2017) [Mapping the Maze - Full Report - AVA - Against Violence & Abuse \(avaproject.org.uk\)](#)

<sup>101</sup> Agenda (2021) [Voices-From-Lockdown-A-Way-Forward-report.pdf \(weareagenda.org\)](#)

**Investing in this support has significant cost savings in the long term, with evidence from the Women’s Budget Group suggesting that the Women’s Centre model shows one centre making a saving of £18 million over a 5-year period.**<sup>102</sup> By contrast, a cross-government costing project led by the Ministry of Justice and HM Treasury estimated that women in contact with the criminal justice system cost the government £1.7 billion in 2015-16, including £1 billion in police costs.<sup>103</sup> As the Ministry of Justice’s Female Offender Strategy highlights, the majority of women in contact with the criminal justice system have experienced domestic abuse and other forms of violence against women and girls.<sup>104</sup> The National Audit Office report published in January 2022 looked into the Ministry of Justice’s Female Offender strategy, its progress and whether it is on track to achieve its aims. The report highlighted that despite its focus on the community, the Ministry of Justice has made limited progress on securing and expanding community options specifically for women. The report highlighted that further investment in the programme is necessary, and that the strategy’s aims require cross-government collaboration and cannot be addressed by the Ministry alone. It recommends that the Ministry of Justice make a full assessment of the funding required to meet its aims and explore ways that it can address any funding gap with other government departments, providers and other bodies.

## Recommendations

60. **The Commissioner recommends that the Ministry of Justice establishes a Ministerial Lead for survivors facing multiple disadvantage who reports into the VAWG Taskforce and brings together a cross-governmental working group of senior officials from the Home Office, the Department of Health and Social Care, the Department for Levelling Up, Housing and Communities, the Department for Education, the Department for Work and Pensions, and other relevant government departments. This group should encourage joined-up working on policy issues which affect victims and survivors facing multiple disadvantage**, such as the Women’s Health Strategy, the Female Offender Strategy, the Drugs Strategy, the Domestic Abuse Strategy and the VAWG Strategy, as well as working to implement the following cross-departmental recommendations.
  
61. **The Commissioner recommends that the government establish a national cross-departmental funding pot for gender-specific, trauma-informed community-based services supporting victims and survivors of domestic abuse experiencing multiple disadvantage.** This funding pot should be led by the Ministry of Justice and draw from relevant departmental budgets including the Department for Levelling Up Housing and Communities, Department of Health and Social Care, Department for Education and the Department for Work and Pensions. This fund should be provided over three years in line with the Spending Review allocations. This funding pot should cover the core and administrative costs of women’s centres as well as specific projects and should be delivered in the form of grants rather than contracts. The funding process should reduce the bureaucratic burden on smaller specialist led by and for services, building in learning from existing frameworks such as the Dynamic Purchasing System in the NHS which allows ‘pre-qualified suppliers’ to make applications for funding, reducing the need to complete multiple repeated applications each time a grant is open.<sup>105</sup> Funding should be sufficient to enable services to operate small case loads in order to be able to support victims and survivors with a range of complex needs.

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<sup>102</sup>Women’s Resource Centre (2020) [WBG-15-Womens-Centres-Report-v4.pdf](#)

<sup>103</sup> National Audit Office (2022) [Improving outcomes for women in the criminal justice system \(nao.org.uk\)](#)

<sup>104</sup> [Female Offender Strategy \(publishing.service.gov.uk\)](#)

<sup>105</sup> [Dynamic Purchasing Systems from NHS London Procurement Partnership \(lpp.nhs.uk\)](#)

62. **The Ministry of Justice in collaboration with the Home Office, the Department for Health and Social Care and the Department for Levelling Up, Housing and Communities should also establish a clear definition of multiple and complex needs in statutory guidance and in the refreshed National Statement of Expectations.** This definition should recognise that domestic abuse is just one of multiple experiences and needs for this group, and should ensure that services are not restrictive based on survivors' individual experiences such as contact with the criminal justice system, but are flexible enough to ensure services can be made available to survivors facing a range of overlapping challenges. The National Statement of Expectations should also highlight the importance of consulting and listening to victims and survivors of domestic abuse facing multiple disadvantage, and shaping services according to their needs.
63. **The Department of Health and Social Care and NHS England should work in close consultation with other government departments to develop a definition and benchmark of trauma-informed approaches for victims and survivors of violence against women and girls,** to enable further standardisation of services and a recognition of how services and commissioners can assess quality. This definition and benchmark should be implemented across all relevant public services including mental health, drugs and alcohol services, educational settings and prisons and probation, and should be monitored by all relevant inspectorate bodies, including the Care Quality Commission, Ofsted, HM Inspectors of Prisons and Probation.
64. **The Cabinet Office should improve promotion of the take up of the Public Services (Social Value) Act 2012,** which has a positive impact where used, to support local authorities to meet the needs of marginalised women in their area and ensure vital specialist provision, including specialist 'by and for' services, can thrive. Local and national government departments must commit to robust research and gender disaggregated data collection that allows for an intersectional analysis across equality characteristics.
65. **The Ministry of Justice and other central government departments should offer incentives to local authorities, Police and Crime Commissioners (PCCs), Clinical Commissioning Groups (CCGs) and other commissioning authorities** to encourage mainstream services to pool budgeting and work collaboratively to be responsive to survivors of domestic abuse facing multiple disadvantage.

### **Question 27: What can local commissioners (local authorities and PCCs) do to improve the commissioning of specialist 'by and for' services for their area?**

In addition to the creation of a national funding pot as outlined above, there are also a number of recommendations that the Commissioner wishes to make in relation to the Victims' Bill and any associated statutory guidance that will accompany the legislation to help ensure that specialist by and for services are commissioned at a local as well as a national level.

#### **Recommendations**

66. **To take work forward, the Commissioner recommends that The Ministry of Justice should develop a robust definition of specialist by and for provision, designed in collaboration with the specialist by and for sector and local areas, rooted in the needs of victims and survivors of domestic abuse. This definition should inform local commissioning guidance, including the refreshed National Statement of Expectations, and the funding of those services most needed.** The Commissioner is concerned that the consultation document does not provide a

clear definition of specialist by and for provision. This is essential in helping to properly understand the nature of the responses received. As stated above, we use the term specialist 'by and for' specifically to mean organisations that are designed and delivered by and for people who are minoritized (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities that they serve, and may include wrap-around holistic recovery and support that address a victim / survivor's full range of needs, beyond purely domestic abuse support. The Ministry of Justice should take a proactive role in ensuring that this definition is widely understood and implemented by local commissioners.

67. The Commissioner recommends, as outlined above, that any legal duty to deliver community-based services, should include **a requirement on local commissioners to conduct a full needs-based assessment, in which they must be able to demonstrate that they have undertaken specific consultation work with specialist by and for providers and survivors with protected characteristics.**
68. Further work should be undertaken by the Ministry of Justice, in collaboration with local commissioners, survivors, and specialist by and for domestic abuse services to develop a shared outcomes framework which helps to capture the tailored, holistic needs-led work provided by, by and for services. Whilst we see a role for the Ministry of Justice in helping to set a direction for this piece of work and playing a leadership role to ensure that it is undertaken by all local commissioners, the in depth detail of specific frameworks should be shaped locally.

## **Support for victims and survivors of domestic abuse facing multiple disadvantage**

### **Recommendations**

69. The Ministry of Justice and other central government departments commissioning services should offer incentives to local authorities, Police and Crime Commissioners (PCCs), Clinical Commissioning Groups (CCGs) and other commissioning authorities to encourage mainstream services to pool budgets and work collaboratively to be responsive to survivors of domestic abuse facing multiple disadvantage.
70. **Local commissioners should build incentives into contracts to encourage services to work collaboratively, and ensure thresholds and criteria for support do not exclude victims and survivors facing multiple disadvantage from being able to access support within their local area.** Commissioners should also ensure that specialist expertise of local domestic abuse and VAWG organisations is prioritised, and meaningful co-production with victims and survivors facing multiple disadvantage takes place at all stages, including in developing needs assessments, shaping service specifications, scoring service tenders and sitting on tender panels, evaluating existing services and contract monitoring.
71. Commissioners should ensure that services **provide disaggregated data** on which women are being turned away, and why, to allow robust data collection on service thresholds and provide clarity on local need. Local authorities should hold central responsibility for the collation and evaluation of this data, feeding it back into strategic decision-making.
72. Regional and local leaders should develop a **shared set of expectations for commissioning, which aligns with the National Statement of Expectations and national coordination (recommendations 66 and 91)** for gender and trauma-



informed services, establishing a shared approach across homelessness, health, drugs and alcohol and criminal justice.

73. To end the process of smaller and specialist organisations being used as ‘bid candy’ or marginalised in large public service contracts, **lead contract holding organisations must be responsible for specifying the amount of funding partners** will receive and for ensuring this is then allocated. This must form part of the contract monitoring process, with penalties in place where this is not honoured.
74. **PCC’s local plans should have a gendered lens that understands the connections between women’s offending and their experiences of domestic and sexual abuse and enables more holistic commissioning that addresses the risks that cause women to become involved in the criminal justice system.** Police and Crime Panels should scrutinise PCC decision making on the basis of how well they have achieved this. The Association of Police and Crime Commissioners should support the discussion and exchange of good practice in this area.
75. Commissioned services must be required to ensure that staff **make trained enquiries about domestic and sexual abuse** and respond appropriately with clear pathways into appropriate trauma-informed support.

### **Question 28: a) What challenges exist for victims in accessing integrated support across third sector and health service provisions?**

**The Commissioner welcomes the Government looking beyond statutory provision when it comes to domestic abuse and recognising the role of community-based services that are not in receipt of statutory funding. Survivors frequently find their best sources of support are provided through healthcare interventions and third sector services in the community.** There are some excellent examples of CCGs funding specialist third sector support within community-based health services, such as the IRIS intervention which is in place in around 12% of GP practices in England and Wales<sup>106</sup>. IRISi is a specialist domestic abuse training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial, cited as best practice in general practice for responding to domestic abuse by the Department of Health (2010, 2011, 2017), and has also informed the NICE guidance and standards on domestic abuse.<sup>107</sup> Furthermore, the cost effectiveness of the model was found to save £14 for each woman aged 16 or older registered in the IRIS trained general practice (Barbosa et al, 2018); the same study shows an increase in quality of life for each woman affected by domestic abuse.<sup>108</sup> A further excellent example includes co-located advocacy services that exist in health Trusts across the country<sup>109</sup>.

**Whilst, other necessary VAWG services, such as Rape Crisis, frequently receive referrals from NHS services, only a very small percentage of their funding comes from health commissioners.**<sup>110</sup> In 2018, just ten CCGs of over 200 provided funding to their local Rape Crisis Centre.<sup>111</sup> The total amount received was approximately £560,000 out of the overall income of £20 million across the network. Furthermore, Imkaan report that specialist-led ‘by and for’ services are best placed to support survivors where, for example, the understanding held by specialist workers in regards to the intersecting impact of

<sup>106</sup> [About the IRIS programme - IRISi](#)

<sup>107</sup> [Pathfinder Toolkit\\_Final.pdf \(safelivesresearch.org.uk\)](#) (p. 71)

<sup>108</sup> [Is it worth investing in IRIS Programmes? Here is everything you need to know - IRISi](#)

<sup>109</sup> SafeLives (2016) A Cry for Health. Available online

<sup>110</sup> Hawkins S, Taylor K. The Changing Landscape of Domestic and Sexual Violence Services [Internet]. Women’s Aid Federation of England; 2015. Available from: [https://rapecrisis.org.uk/media/1290/2308\\_appg-changing-landscape-report-2015.pdf](https://rapecrisis.org.uk/media/1290/2308_appg-changing-landscape-report-2015.pdf)

<sup>111</sup> [appgreportfinal.pdf \(rapecrisis.org.uk\)](#)



interpersonal and structural forms of violence, their language, cultural context, racism and immigration issues<sup>112</sup> was integral to accessing support.<sup>113</sup>

**Investing in integrated response to domestic abuse and health makes good business sense.** The Crime Survey for England and Wales suggests that nearly 500,000 survivors of domestic abuse use health services every year.<sup>114</sup> The Home Office estimates the annual cost of domestic abuse to the NHS is £2.3bn while its total cost to society is £66bn.<sup>115</sup> Yet SafeLives estimates the annual potential cost savings of Health Based IDVA provision to be £2,050 per survivor.<sup>116</sup> And for every £1 spent on MARACs and IDVAs, at least £2.90 of public money can be saved annually on direct costs to agencies such as public health services.<sup>117</sup>

## **b) What and how could practical measures or referral mechanisms be put in place to address these?**

**The Pathfinder project provides an excellent example of how to lay the foundations of a system-wide, sustainable response to domestic abuse within health systems, and this approach should be rolled out nationally.** The project, led by Standing Together in partnership with four expert partners: Against Violence and Abuse (AVA), Imkaan, IRISi and SafeLives ran from 2017-2020, and reached survivors who may not have been identified or supported otherwise.<sup>118</sup> The project focused on building good practice across eight sites by coordinating the work of local health partners (from acute health, mental health and primary care) with local specialist domestic abuse services. It achieved this through embedding governance and policies, coordination, data collection, specialist interventions and training to build the capacity of the local health systems to respond to survivors of domestic abuse. Over three years, the project engaged nine CCGs and 18 NHS Trusts across England to implement wide-ranging and sustainable interventions in eight local areas.

**Despite the clear success of the Pathfinder programme, we are concerned that the Department for Health and Social Care ceased funding in March 2020, arguably at a time when it was needed most.** Approximately 2,738 health professionals have had domestic abuse training since the start of the Pathfinder project.<sup>119</sup> A total of 633 survivors were referred to a domestic abuse support service from a health care setting and went on to engage with this service. Disclosure of sexual abuse was high in Pathfinder clients. It was particularly high for Pathfinder clients under 30 where disclosure was recorded for over a fifth of survivors (23%) and clients who were supported by a mental health service where disclosure was recorded for a quarter of survivors (25%). 91% of survivors reported that they felt safer as a result of the Pathfinder project. The Pathfinder project highlights the

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<sup>112</sup> Imkaan, Forward, Women's Health and Equality Consortium. The Road to Sustainability [Internet]. London: Imkaan; 2013. Available from: [https://drive.google.com/file/d/0B\\_MKSoEcCvQwRUVrNXpqREc2c1k/view](https://drive.google.com/file/d/0B_MKSoEcCvQwRUVrNXpqREc2c1k/view)

<sup>113</sup> Pirie, A. 2018. Building New Alliances to End FGM: A Guide. Midaye Somali Development Network, London.

<sup>114</sup> Office for National Statistics (ONS), Domestic abuse: findings from the Crime Survey for England and Wales 2018

<sup>115</sup> Home Office, The economic and social costs of domestic abuse – Rhys Oliver, Barnaby Alexander, Stephen Roe and Miriam Wlasny (2019)

<sup>116</sup> SafeLives, A Cry for Health (2016)

<sup>117</sup> Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. NICE public health guidance 50 (February 2014); [ask-and-act-case-for-change.pdf \(gov.wales\)](https://www.nice.org.uk/guidance/PHG50/resources/ask-and-act-case-for-change.pdf)

<sup>118</sup>

[https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

<sup>119</sup>

[https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

importance of dedicated expertise within healthcare settings, including the integration of the IRISi programme.<sup>120</sup>

**In order to respond to victims and survivors' experiences of domestic abuse, healthcare professionals must be equipped to identify signs of domestic abuse, and proactively and safely ask those difficult questions.** Survivors interviewed for Imkaan's Reclaiming Voice report (2020) stated that they wanted GPs to probe further and ask what might be the cause of their depression, demonstrating a desire for health professionals to routinely consider the possibility of domestic abuse as a cause of presenting symptoms.<sup>23</sup> The Ask and Take Action report (2019) produced by Agenda, the alliance for women and girls at risk, shows that public services are failing to pick up domestic abuse and respond appropriately.<sup>24</sup> For example, despite NICE guidelines that staff in certain health settings - including mental health services - should be routinely enquiring about domestic abuse, many mental health services have no policies on routine enquiry and of those that do, effectiveness hugely varies.<sup>25</sup> One trust with a policy asked only 3% of patients about their experiences of domestic abuse.<sup>26</sup> When experiences of domestic abuse are not routinely recognised by health services, many survivors are passed from service to service before finally getting the support they need, causing years of preventable hurt and putting lives at risk.<sup>27</sup> This is why the Welsh Government implemented its successful 'Ask and Act' Policy in 2015, for routine proactive enquiry by public services.<sup>28</sup>

**There must also be further guidance around data-sharing to ensure that vital opportunities are not being missed.** Analyses of domestic homicide reviews (DHRs) show that health professionals are often the only statutory service to come into contact with both the victim/survivor and perpetrator.<sup>121</sup> They hold critical information around the safety of the family and can make a significant difference in intervening earlier, and ultimately, preventing a homicide from happening. However, evidence shows that these opportunities are often missed, with health professionals not being empowered with the tools and resources to effectively respond, and life-saving information often not being shared across agencies.<sup>122</sup>

**Finally, it is vital an integrated approach to domestic abuse and health incorporates victims' voices and experiences in all their diversity, recognising the additional and intersecting barriers that Black and minoritised, migrant, Deaf and disabled, and LGBT+ victims face.** For example, victims with NRPF are being charged to access all NHS healthcare and hospital Trusts, even in cases where Regulation 9 (f) exemptions – which include domestic abuse – dictate they should not be.<sup>123</sup> This further exemplifies the need for routine enquiry to help identify survivors. However, this routine enquiry must be done in collaboration with a firewall, as those with insecure immigration status face additional barriers to accessing support due to the fear that their information will be shared with immigration enforcement at the Home Office<sup>124</sup>.

## Recommendations

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<sup>120</sup> The Pathfinder Project (2020), *Pathfinder Key Findings*, Report [https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report\\_Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35fc7d4c474437a774783/1593008073853/Pathfinder+Key+Findings+Report_Final.pdf)

<sup>121</sup>

Oram S, Khalifeh H, Howard LM. *Lancet Psychiatry*. 2017 Feb;4(2):159-170. doi: 10.1016/S2215-0366(16)30261-9. Epub 2016 Nov 15. [Violence against women and mental health](#).

<sup>122</sup> Oram S, Khalifeh H, Howard LM. *Lancet Psychiatry*. 2017 Feb;4(2):159-170. doi: 10.1016/S2215-0366(16)30261-9. Epub 2016 Nov 15. [Violence against women and mental health](#). [Violence against women and mental health](#).

Oram S, Khalifeh H, Howard LM. *Lancet Psychiatry*. 2017 Feb;4(2):159-170. doi: 10.1016/S2215-0366(16)30261-9. Epub 2016 Nov 15.

<sup>123</sup> Maternity Action, A Vicious Circle, 2019 <https://maternityaction.org.uk/wp-content/uploads/VAWG-report-November-2019.pdf> (p.2)

<sup>124</sup> Maternity Action, A Vicious Circle, 2019 <https://maternityaction.org.uk/wp-content/uploads/VAWG-report-November-2019.pdf> (p.2)

76. **DHSC should fund a ‘Whole Health Model’ in responding to domestic abuse to ensure that there is a clear pathway to long-term support, as set out in the Pathfinder Toolkit.** This includes a robust domestic abuse policy in every service that includes routine enquiry, specialist continual training for healthcare professionals, and the roll out of IRISi in every GP clinic. This model should be used across all acute health Trusts, mental health Trusts, dental clinics, and statutory and third sector community-based health settings. An annual report should be produced by the Department of Health and Social Care, with NHS England, to monitor the progress of implementation and its effectiveness.
77. **Specialist domestic abuse services, including services led ‘by and for’ Black and minoritised survivors, Deaf and disabled survivors, and LGBT+ survivors, should be represented in the Integrated Care Partnerships (ICPs) through membership, and through consultation on domestic abuse policies and training.**
78. **DHSC should fund a ‘Whole Health Model’ in responding to domestic abuse to ensure that there is a clear pathway to long-term support, as set out in the Pathfinder Toolkit.** This includes a robust domestic abuse policy in every service that includes routine enquiry, specialist continual training for healthcare professionals, and the roll out of IRISi in every GP clinic. This model should be used across all acute health Trusts, mental health Trusts, dental clinics, and statutory and third sector community-based health settings. An annual report should be produced by the Department of Health and Social Care, with NHS England, to monitor the progress of implementation and its effectiveness.
79. **Community-based services should be sustainably funded, and joint commissioning strategies should be used to ensure the ongoing provision of the specialist support that survivors need.** All CCGs should have a ringfenced pot of funding for specialist domestic abuse services and use their position as commissioners to incentivise NHS Trusts to provide effective domestic abuse support within their Trusts. Furthermore, every NHS Trust should employ at least two co-located Health Based IDVAs, depending on the size of the Trust.
80. **The Government should include a new statutory duty on public bodies to commission community-based services in the upcoming Victims’ Bill, to mirror the statutory underpinning of safe accommodation.** NHS bodies, including the new Integrated Pathways should come under this new duty.
81. **Health services should record and disaggregate domestic abuse data to capture key intersections with protected characteristics, region, and whether the abuse was perpetrated within an intimate partner relationship or familial abuse.** This will help Government and the DAC Office understand the extent to which domestic abuse is identified by different health Trusts and take action as needed.
82. **Health services should record referrals they make to MARAC in order to monitor health performance and response at Trust level.** This data should be made available to the Department of Health and Social Care, the VAWG Inter-Ministerial Group and the DAC Office in an annual report.
83. **A firewall between statutory services, including health services, and the Home Office should be maintained for survivors of domestic abuse with insecure immigration status to remove dangerous barriers to healthcare and domestic**

**abuse support.** Further detail on this recommendation is outlined in response to question 12.

## Chapter 4 – Improving Advocacy support

In order to inform the Commissioner's response to questions 31, 32 36 and 39, the Office of the Domestic Abuse Commissioner held two roundtable sessions with representatives from tier two specialist domestic abuse organisations from England and Wales and frontline advocates and IDVAs. These groups included representation of frontline workers from the North, South West, South East and Midlands areas of England and included those working in specialist, and specialist by and for services, as well as from in house local authority advocate teams.

**Question 31: How do IDVAs fit into the wider network of support services available for victims of domestic abuse?**

**Question 32: How might defining the IDVA role impact services, other sector workers and IDVAs themselves?**

**Question 36: What other advocacy roles exist that support victims of hidden crimes, such as forms of other serious violence? Please outline the functions these roles perform. To what extent are the challenges faced similar to those experienced by ISVAs and IDVAs? Are there specific barriers?**

**Question 39: Is more action needed to define standards for IDVAs and to ensure they are met? If yes, who is best placed to take this action?**

**Question 35: What are the challenges in accessing advocate services, and how can the Government support advocates to reach victims in all communities?**

**Question 41: How can we ensure that all non-criminal justice agencies (such as schools, doctors, emergency services) are victim aware, and what support do these agencies need in order to interact effectively with IDVAs, ISVAs or other support services?**

*To avoid repetition, we have combined our responses to questions 31, 32, 36, 39, 35 and 41*

**The role of the IDVA was originally designed to provide a short-term intervention to victims of domestic abuse at high risk of harm to help advocate on their behalf at Multi-Agency Risk Assessment Conferences (MARACs) and with statutory agencies, including health, housing and relevant criminal justice agencies.** Their independent nature is key to their ability to gain trust from survivors and advocate successfully to meet their needs.<sup>125</sup> Following this shorter-term intervention, IDVAs then hand a victim's case to another support/case worker within a specialist, or specialist by and for domestic abuse service to carry out the longer-term therapeutic recovery work required to help someone to rebuild their life. Depending on how a service has been commissioned and the specific needs of an individual victim/ survivor, it may be that an IDVA continues to provide support and then hands over to another team member or they will refer onto another local service for ongoing support. There is significant variation between services, with some that will be commissioned to provide follow on support and some with no other option but to close a case.

In 2008, the Home Office defined the key elements of IDVA schemes as:<sup>126</sup>

- independent, professional and trained;

<sup>125</sup> Kelly (2016) [Islands in the Stream: Final Report: An evaluation of four London independent domestic violence advocacy schemes](#)

<sup>126</sup> Kelly (2016) [Islands in the Stream: Final Report: An evaluation of four London independent domestic violence advocacy schemes](#)

- aware of all safety options;
- able to offer crisis intervention and risk assessment;
- work in partnership;
- delivery of measurable outcomes (e.g. reduced repeat victimisation, fewer withdrawals and increased reporting of children at risk from harm).

**Over the last twenty years, the role of the IDVA has become well understood by statutory services.** This has had clear benefits in helping them to advocate for people within those settings. More formal recognition of this role through training and accreditation has led to greater funding from central government and increased recognition from the statutory services that they interact with. This is reflected in the increased numbers of IDVAs based in a range of statutory settings, including within health facilities and the police.<sup>127</sup> Despite the growth in numbers, the most recent SafeLives Practitioner survey found that there were 803 IDVAs working with victims and survivors at high risk of harm across England and Wales, representing a 4% decrease from the 833 FTE IDVAs supporting those at high risk in 2019.<sup>128</sup> Safelives have calculated that the current number of IDVAs is 420 fewer than the minimum number required to meet the needs of victims and survivors at high risk of serious harm or murder, meaning there is only 66% of the total number required. This percentage coverage has decreased since 2019, when there was 74% of the total number of Idvas required across England and Wales, the change in percentage of coverage is due to a plateauing of the number of FTE IDVA alongside an increase in the required provision. In 2016 there was 67% of the required coverage for Idva provision, and this rose to 74% in 2017 and remained stable at 74% in 2019.

**Over time the role of the IDVA has changed. It is now the case that a significant proportion manage a much higher case load for longer periods of time as a result of the higher levels of demand for domestic abuse services, including from an increased number of victims and survivors presenting with multiple needs and disadvantage.** Data from the SafeLives IDVA dataset found that in 2020/21, 51% of victims presenting to an IDVA service reported a mental health support need, up from 44% in 2019/20.<sup>129</sup> As a result, fewer cases are being passed on to specialist domestic abuse workers to carry out the longer-term therapeutic recovery work. It might be the case that an IDVA is able to continue working with someone, or they might have to close their case. The average case length of IDVA cases closed in 2020/21 was 15 weeks, longer than the previous year (14 weeks) and the year before that (12 weeks).<sup>130</sup>

Initial findings from the Commissioner's mapping work suggest that only around half of organisations that provide domestic abuse support employ qualified IDVAs. Whereas 70% of organisations employ staff to deliver community-based services outside of IDVA provision. This can include support groups, specialised therapeutic support and counselling, or 1-1 support by non-IDVA qualified domestic abuse specialists.<sup>131</sup>

There are a number of factors which have contributed to this changing pattern in the way in which IDVAs conduct their role:

<sup>127</sup> Most recent SafeLives data reports that around 15% of IDVA 15% work, or worked, for statutory services such as the police, NHS & local authorities.

<sup>128</sup> SafeLives (2021) [2020\\_21 Practitioner Survey Final 2.pdf \(safelivesresearch.org.uk\)](https://safelivesresearch.org.uk/2020-21-Practitioner-Survey-Final-2.pdf)

<sup>129</sup> SafeLives (2021), [Insights IDVA dataset 2019-20: Adult Independent domestic violence advisor \(Idva\) services.](#)

<sup>130</sup> SafeLives (2021), [Insights IDVA dataset 2019-20: Adult Independent domestic violence advisor \(Idva\) services.](#)

<sup>131</sup> The survey has collated data on the number of funding sources organisations receive, the percentage of funding they receive from their main source, and the period of time for which this funding is secured. Responses to these questions will be analysed as part of the Domestic Abuse Commissioner's final mapping report and will provide considerable further context to the above findings



- ***Decline in funding for other specialist domestic abuse support roles leading to a reduction in available longer term holistic and therapeutic support for IDVAs to hand cases to***

The role of IDVAs within domestic abuse services has been impacted by the significant decline in the amount of statutory funding available for specialist domestic abuse services at a local level over the past ten years. Reductions in the overall funding envelope for domestic abuse services have meant that current commissioning structures place a high emphasis on the risk-led model to ensure that those facing the highest levels of danger are supported. As a result, there are relatively higher pots of funding available for IDVA posts compared to other specialist domestic abuse workers as commissioners are less focused on other community-based roles, such as longer-term recovery workers. It should be noted however, as outlined above, that whilst there has been a sharper focus on IDVA roles, that there remains a deficit in the number of posts to meet current levels of demand from services. Consequently, many IDVAs continue to hold onto cases for longer periods of time, particularly of those victims facing multiple disadvantage, in order to ensure longer-term, holistic support is provided. This then impacts on the number of new, high-risk cases they are able to receive, as well as drawing the focus away from their specialised skills set of shorter-term emergency advocacy.

- ***Current commissioning models are focused on delivering services to meet the immediate needs of those at the highest risk of harm***

Current commissioning models are predominantly focused on delivering interventions for victims of domestic abuse who are at highest risk of harm. The Commissioner understands that there are a number of concerns about the current model in delivering sufficient services for victims assessed as standard and medium risk. It is the Commissioner's view that good commissioning examples exist where IDVA roles are commissioned alongside other roles (see Annex 1 for more detail of best practice commissioning frameworks). Furthermore, the Commissioner is aware of concerns regarding the assessment of risk experienced by Black and Minoritized survivors. Recent work undertaken by the Angelou Centre on behalf of the Commissioner found that in comparing data with six northern agencies that over 80% of people referred who were identified as standard or medium risk and considered to have NRPF were reassessed by specialist agencies as high risk, and over 40% had to be referred to MARAC according to local safeguarding protocols.<sup>132</sup>

- ***Reductions in capacity for statutory services, which support victims and survivors of domestic abuse, resulting in IDVAs filling these gaps***

Reductions in capacity and funding to statutory services which provide other forms of vital support, including immigration advice, legal aid and mental health support has resulted in IDVAs carrying out a much more wide-ranging role, for longer periods of time. Where the response from other agencies is reported as "slow, inadequate or simply not forthcoming", this hampers the ability of IDVAs to deliver advocacy in practice.<sup>133</sup> This trend has been exacerbated during the Covid pandemic. During the pandemic the Commissioner has convened regular meetings to bring together frontline domestic abuse services, officials from central government departments, the police and local government in order to ensure that information from the frontline was being fed back to government as quickly as possible in order to help shape the emergency policy response. During these meetings we have consistently heard reports from domestic abuse services that other agencies, owing to the significant

<sup>132</sup> Domestic Abuse Commissioner (2021) [Safety-Before-Status-Report-2021.pdf](#) ([domesticabusecommissioner.uk](#))

<sup>133</sup> Kelly (2016) [Islands in the Stream: Final Report: An evaluation of four London independent domestic violence advocacy schemes](#)



demands for their support, are reportedly 'stepping back' from supporting victims of abuse, particularly mental health and drug and alcohol services. This leaves specialist domestic abuse services to 'pick up the pieces' and consequently their caseloads have become more complex, with lengths increasing as a result. Not only are IDVAs stepping in and providing the kind of support statutory agencies might once have done, the delays in accessing statutory support mean that cases remain high-risk for longer, and thus IDVAs are unable to hand over cases to a longer-term support service which are more heavily focused on recovery. This is supported by reports from domestic abuse helplines who have reported longer call times owing to the complexity of cases. The Agenda Alliance found that there are very few specialist trauma-informed mental health services in the UK for women.<sup>134</sup> Victims and survivors with mental health problems also face barriers accessing many other vital services due to strict eligibility criteria or not being able to engage in the way services require.

Longer waits in the criminal justice system have also resulted in difficulties reducing the risk posed by perpetrators and therefore IDVAs holding onto cases for far longer periods of time. This includes delays in cases being listed for court days as well as the increased work undertaken by IDVAs to follow up with police with regards to breaches of protection orders. There are also reports of IDVAs providing higher levels of support to victims and survivors in private law proceedings as a result of the cuts to legal aid and the increasing numbers of people representing themselves as litigants in person. As litigants in person, individuals can cause delays in proceedings due to misapplications of practice directions, lack of information as to how to make appropriate applications and lack of knowledge as to how to conduct proceedings. This means that basic applications can take much longer due to being incorrectly submitted, or individuals miss deadlines because they are unaware of how to comply with Court directions.

Another factor which prevents IDVAs from reducing risk in the short term are the delays in being able to access safe, move on accommodation for victims and survivors due to the lack of access to social housing and other forms of affordable accommodation. This also reduces the ability of IDVAs to lower the risk posed by perpetrators where a survivor does not need or seek refuge accommodation (or wishes to move on from refuge accommodation into settled housing).

## Recommendations

It is the Commissioner's view that the following model of advocacy and support provides the most effective way of preventing and ending domestic abuse for victims and survivors.

84. **Government should ensure that there is a tiered system within specialist domestic abuse services (including by and for services) whereby the IDVA role remains focused on providing a short-term, independent advocacy intervention to victims deemed to be at the highest risk of harm.** This allows these specialist roles to best utilise this specific skill set and training, ultimately reducing the risk of harm most effectively. A 2016 multi-site evaluation of the IDVA role found that victims who had more contact with an IDVA, along with access to more resources, were more likely to experience positive outcomes in terms of reported cessation of abuse, and perceptions of safety, relative to those receiving comparatively less contact and fewer resources. The study highlighted focused on IDVA services which worked with

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<sup>134</sup> Agenda (2016), [Mental-health-briefing-FINAL.pdf \(weareagenda.org\)](#)

victims in an 'intensive way', with the majority of women having five contacts or more with an IDVA over a median of 3.5 months.<sup>135</sup>

85. **The role of the IDVA must be supported by a well-resourced and respected second tier of specialist domestic abuse support workers, either in the same specialist service or within a specialist by and for service**, which are designed and delivered by and for people who are minoritized (including race, disability, sexual orientation, transgender identity, religion or age) - these services will be rooted in the communities that they serve. These workers are critical in providing longer-term therapeutic recovery work and reducing the risk of harm rising. This second tier of support workers are vital to ensure that IDVAs are not holding cases for long periods of time and that the demand for services can be most effectively met. It should be noted that there are currently IDVA roles that sit within by and for services
86. **A strong Coordinated Community Response from other essential statutory services that can partner with IDVAs** and other forms of specialist workers to help ensure that victims and survivors are able to most effectively navigate and access the criminal justice system, housing and healthcare to help reduce their risk of harm. A strong Coordinated Community Response is also essential in helping to identify victims and survivors who might not already be in contact with specialist services, linking them into this support and preventing future harm.
87. **A continuous, robust, and dynamic assessment of risk, including proactive work by Government and statutory agencies to address weaknesses in the risk assessment process will be essential**, particularly taking note of findings that risk can be inadequately assessed for marginalised victims and survivors, including migrant victims with No Recourse to Public Funds.
88. **Wider prevention initiatives such as perpetrator programmes to help manage risk and help reduce future harm.**
89. **This model should be underpinned by long-term sustainable funding and local commissioning frameworks** which incorporate a more sophisticated and dynamic understanding of risk and are designed in collaboration with local specialist services, and most critically survivors, to ensure that they are tailored to meet the needs of local populations. Annex 1 contains several examples of best practice commissioning frameworks which address the requirements of these recommendations.
90. In order to most effectively maintain this role, **it is essential that the independent role of the IDVA, which was designed to provide a short-term intervention to victims and survivors deemed to be at the highest risk, is well resourced and supported by a wider eco-system of domestic abuse support services.** This includes, those delivering longer-term, holistic and therapeutic recovery work to victims deemed to be at standard and medium risk, as well as services delivering preventative solutions such as perpetrator interventions. **The Commissioner therefore recommends that the Ministry of Justice lay out plans within the Victims Bill to place a statutory duty on relevant commissioners to deliver all forms of community-based services** as outlined in further detail in response to question 25. As part of the preparation for this new duty, the Ministry of Justice should undertake consultation work with the Domestic Abuse Commissioner, frontline specialist and specialist by and for services, and survivors to help better understand

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<sup>135</sup> Victims' Commissioner (2019) [Victim advocates: A rapid evidence assessment – Victims Commissioner](#)

the variety of specialist support workers which comprise a service and best support a victims/ survivor through their journey.

91. Alongside a new duty to deliver community-based services, **the Commissioner recommends that the Ministry of Justice, working in collaboration with other government departments, develops a new shared commissioning framework for local areas to deliver domestic abuse services.** This could be incorporated within the National Statement of Expectation, which we would recommend is placed on a statutory footing. This framework should ensure that services are commissioned based on a range of factors relating to risk (which we would expect to incorporate need), and places as heavier emphasis on prevention, as well as crisis-based interventions. As recommended above local commissioning strategies – working off of this framework- should be developed based on local need by local commissioners in collaboration with specialist services and survivors of domestic abuse.
  
92. **The Commissioner recommends that the Ministry of Justice conduct a review of the wider domestic abuse specialist sector to help determine whether any further qualifications should be developed to help recognise other roles,** including those focused on supporting victims and survivors deemed to be at standard and medium risk, and roles focused on prevention and long term recovery from domestic abuse. It is the Commissioner’s view that these other specialist roles should be better understood in their own right rather than incorporated into a wider understanding of the term IDVA. There should be a specific focus within this review on the current pay structures with domestic abuse services, with a view to ensuring that all specialist roles, including IDVAs, are delivered through longer-term sustainable funding. These roles have all been historically undervalued. It will also be critical that this review assesses the amount needed to sufficiently invest in workforce development to help ensure long-term sustainable and holistic services for victims and survivors.
  
93. As part of the work on the Victims’ Bill and provision of advocacy services for victims and survivors of domestic abuse, **it is essential that the Ministry of Justice works closely with other government departments to help understand the impact of changes to wider public services who perform a function in supporting victims and enabling them to rebuild their lives.** This is essential to ensuring that there is a wider Coordinated Community Response to Domestic Abuse. In terms of wider support, the Commissioner recommends the following
  - a. **That the Government establish a network of Whole Health Coordinators across England to facilitate the implementation of whole health best practice for local areas.** Further detail on this recommendation is outlined in our response to question 28 (recommendation 76).
  - b. **Additional investment is made in specialist mental health support. Timely and appropriate mental health interventions should be funded to address the rise in prevalence and complexity of women’s mental health needs.** These services should be trauma-, gender-, and culturally-informed, as set out in the Women’s Mental Health Taskforce’s recommendations (2018).<sup>136</sup> The Commissioner recommends that this work is coordinated with the Toolkit for mental health trusts established in the Pathfinder Project.
  - c. **The Commissioners recommends the establishment of a dedicated fund to enable victims and survivors to rebuild their lives by purchasing emergency items lost as a result of fleeing domestic abuse.** This fund should include support for a range of financial costs, including to pay off debts

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<sup>136</sup> Department for Health and Social Care (2018) [The Women’s Mental Health Taskforce report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744447/women-mental-health-taskforce-report.pdf)

incurred as a result of economic abuse and to replace immigration documents lost as a result of immigration abuse.<sup>137</sup> We would recommend that this pot be accessible to all survivors of domestic abuse, including those with No Recourse to Public Funds, a group who often face the greatest financial and practical barriers to accessing support. **We would recommend that this funding pot incorporates learning from the flexible funding model piloted in Cambridgeshire and London in 2019-2021 by the Domestic Abuse Housing Alliance as part of the Whole Housing Approach to domestic abuse.**<sup>138</sup> The flexible funding model is a dedicated funding pot that supports victims and survivors to achieve or maintain safe and secure housing. The fund is used to cover costs that are not covered by other sources of funding or where applications to other sources have been turned down. There is no set list of what will be funded and victim/survivors are encouraged to ask for what will make the most difference to their lives: costs covered by the pilots include educational costs, rental assistance, home essentials, moving costs and legal costs. The average payment in both pilot areas was between £500 and £600. Flexible funding is easy to access and requires no evidence of abuse, which reduces the stress that victim/survivors experience and helps ensure that support is available when it is needed. **Evidence suggests that early and rapid intervention can improve housing stability which can prevent victims from facing homelessness.** A longitudinal evaluation of flexible funding in Washington DC found that 94% of victim/survivors who accessed this fund were housed six months after receiving funding.<sup>139</sup> Over two years between April 2019-March 2021, Flexible Funding pilots in London (£36,782.56) and Cambridgeshire (£65,499) provided a total of £102,231.56 to victims and survivors of domestic abuse in need of emergency financial assistance.

**Question 33: How do ISVAs fit into the wider network of support services available for victims of sexual violence?**

**Question 34: How might defining the ISVA role impact services, other sector workers and ISVAs themselves?**

**Question 38: Is more action needed to define standards for ISVAs and to ensure they are met? If yes, who is best placed to take this action?**

**Question 42: What are the barriers faced by ISVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

*To avoid repetition, we have combined our responses to questions 33, 34, 38, and 42*

**ISVAs play a critical role in supporting victims and survivors of sexual violence.<sup>140</sup> They help advocate on their behalf by presenting a range of different options available to them in the criminal justice system empowering survivors to make the right decisions for them.** Whilst their role has been predominately focused on helping survivors navigate the criminal justice system, it also involves supporting them to access a range of statutory services such as housing and health.

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<sup>137</sup> A form of coercive and controlling behaviour whereby perpetrators use a victim's insecure immigration status as a tool for control. This can include threatening the victim with enforcement action if they come report the abuse, and controlling, withholding or destroying a victim's immigration documents.

<sup>138</sup> Domestic Abuse Housing Alliance (2021), [Whole Housing Approach](#): Year 2 Report April 2019 to March 2021. London: Domestic Abuse Housing Alliance.

<sup>139</sup> Sullivan, C., Bomsta, H. and Hacskaylo, M. (2016) Flexible Funding as a Promising Strategy to Prevent Homelessness for Survivors of Intimate Partner Violence. *Journal of Interpersonal Violence*, 34(14), 3017-3033. doi: 10.1177/0886260516664318.

<sup>140</sup> Hester & Lilly (2018) [More than support to court: Rape victims and specialist sexual violence services - PubMed \(nih.gov\)](#)

**The role of the ISVA has over time been developed and adapted to meet the needs of victims and survivors of sexual violence. Much like the role of the IDVA, the independence of this role is essential in helping to build the trust of victims and survivors and empowering them to advocate most successfully on their behalf.** Since the role was first introduced, we have seen the evolution of a number of specialist ISVA roles, including CHISVAs for victims of child sexual abuse and specialist ISVAs working with Black and minoritised survivors and disabled survivors of sexual violence. The distinction between these roles is essential to help provide tailored support to victims and survivors. **It should be noted that the roles of an IDVA and ISVA are very different and the Commissioner would warn against any attempts to merge the two.** It is possible that a shortened form of training for an IDVA on sexual violence would be beneficial for them to understand the dynamics of sexual violence. However, this type of training, would never be a substitute for the full training required to be an ISVA and we would not expect it to allow them to represent as one.

**It is also important to note that whilst ISVAs advocate for survivors in the broadest sense of the term, they are not legal advocates.** This is an important distinction to make because they do not provide legal advice, rather they support someone through the criminal justice process. Providing legal advice would compromise their independence from criminal justice agencies and ability to provide the emotional support required from the role. **The Commissioner would therefore resist any proposal to provide ISVAs with a formal legal role or responsibilities.** Furthermore, whilst the role of the ISVA has historically been more intrinsically linked to the criminal justice process, and their role in incredibly important one in supporting a survivor through that process and reducing attrition rates, **it should never be the case than an individuals' access to an ISVA service is linked to ongoing criminal proceedings.** Rather it should be based on a robust risk and needs assessment carried out by a specialist sexual violence service.

The consultation focuses very specifically on the role of the ISVA in supporting victims of sexual violence. The Commissioner would urge the Ministry of Justice to consider the wider set of support roles and statutory services that support victims of sexual violence, which are in significant demand, and an equal focus on solutions to increase their capacity. For example, of the 10,000 survivors of sexual violence waiting for Rape Crisis services, three quarters are waiting for counselling, compared to 8% who are waiting for an ISVA service.

With regards to the commissioning of services, the Commissioner has previously supported the establishment of the National Rape Support Fund. This is dedicated funding which goes straight from national government directly to sexual violence services. Whilst this does not cover the full cost of the service, it plays a vital role in helping to guarantee some core costs for services. The Ministry of Justice are currently testing the devolution of this rape support funding to five Police and Crime Commissioners offices (PCCs) for a three-year period. The Commissioner notes that whilst in some areas such as Essex, this has led to the commissioning of a holistic wrap around sexual violence service, which include ISVA provision, this pattern of commissioning specialist services across the five areas is not consistent.

## **Recommendations**

94. In determining whether the role of an ISVA should be further defined, the Commissioner recommends that the Ministry of Justice firstly carry out a comprehensive review of the current range of training and accreditation programmes, run by services such as Rape Crisis and Lime Culture.
95. The government should provide additional funding to specialist sexual violence services to enable them to help to promote the role of ISVAs among statutory



agencies. This would have the benefit of enabling schools, health care providers etc to spot the signs that someone might be a victim/ survivor of sexual violence and to better understand how to refer them into specialist services.

96. The Ministry of Justice should work closely with the Department for Health and Social Care to invest in specialist mental health services for victims and survivors of sexual violence.

97. In relation to the National Rape Support Fund the Commissioner urges the Ministry to Justice, when evaluating the impact of devolving this fund, to consider the impact on the commissioning of specialist sexual violence services. Evidence of decommissioning of specialist services should at the very minimum result in further training of PCCs in the value of these services or a reversal of the drive towards increased devolution of this funding.

### **Question 43: What are the barriers faced by IDVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

#### **IDVAs in the Family and Criminal Court**

**Recent research commissioned by the Commissioner, and conducted by Safe Lives, found that almost 90% of domestic abuse victims do not get any specialist support through the family courts.**<sup>141</sup>This is despite the fact that having specialist support in court was the most common answer given by survivors as to what improves their experiences of going through court.<sup>142</sup> There are very few specialist family court IDVAs, due to lack of specialist funding for these roles. IDVAs providing general support to survivors of domestic abuse will support clients through family court proceedings if their contract and time allows, but they are usually only funded to work with clients for short periods of time. Given what we know about IDVAs (usually) focusing on high-risk cases, by the time a case reaches Family Court, the IDVA will no longer be working with that survivor. That said, we know that court proceedings (including Family Court proceedings) can be a flash-point for risk, and so even cases that had been satisfactorily managed at 'standard' risk may suddenly escalate in and around Family Court proceedings. As shown in the Safe Lives research, the average length of support provided by general IDVAs to clients was 14 weeks (an increase from 12 weeks in 2019)<sup>143</sup>,<sup>1</sup> compared to family court proceedings that can go on for years.

**Moreover, generalist IDVAs in community-based settings may not always be best placed to advocate within the Family Court, and a more specialist role is warranted.**

Not only might a survivor have been moved on from their community-based IDVA onto longer-term support (even where Family Court could escalate risk once more), but a community-based IDVA may have more limited contact with the Family Court system – and therefore be unfamiliar with it. We know that building relationships with institutions and understanding the complexities of process and procedure are key requirements for effective advocacy, and a community-based IDVA may not interact with Family Courts regularly. Therefore, a dedicated, specialist Family Court IDVA would understand the complexities of proceedings, understand how the courts work in their area, and have good understanding of how proceedings can escalate risk for survivors.

**Even where survivors going through family court proceedings did have access to IDVA support, the Safe Lives research found that one in five IDVA services were prohibited from supporting victims in court.**<sup>144</sup> Whilst the research didn't distinguish

<sup>141</sup> Domestic Abuse Commissioner, Safe Lives (June 2021), [Understanding Court Support for Victims of Domestic Abuse](#).

<sup>142</sup> Ibid.

<sup>143</sup> Ibid.

<sup>144</sup> Domestic Abuse Commissioner, Safe Lives (June 2021), [Understanding Court Support for Victims of Domestic Abuse](#)



between those that had been prohibited from entering criminal or family courts, the Commissioner has repeatedly heard anecdotally of IDVAs being refused access to the family courts, and the Harm Panel also made similar findings.<sup>145</sup> The Commissioner continues to hear of this happening, despite a recent speech by the President of the Family Division in which he stated:

“To my mind, there are unlikely to be many cases where it is appropriate to refuse a party’s application to be supported by an IDVA at a hearing. In like manner to an application for special measures, a request for an IDVA should almost invariably be granted. The IDVA is simply in the room as a supporter to enable the party to participate effectively in the proceedings. In addition, specialist support can be essential where the party is a victim of abuse and where plans for their safety, both in and outside the courtroom, must be made.”<sup>146</sup>

### How do family court IDVAs or specialist by and for support workers help survivors?

**Family court IDVAs, or specialist support workers provided by specialist by and for services, are there to provide emotional and practical support to survivors of domestic abuse going through the family courts.** They understand the family court process, help explain this to survivors, and build up relationships with court staff so that they can liaise with them, request special measures or interpreters where needed and feed into risk assessments being made by Cafcass and Children’s Social Care professionals.

**Their job is to help survivors feel safe and confident at court, so that they can give their best evidence and feel better able to navigate proceedings.** The role is also to help keep survivors physically safe: for example, to ensure that survivors can get to court without bumping into the perpetrator, and then get home again safely.

**It is particularly important for a survivors with protected characteristics or migrant status to have access to a specialist support worker who understands their needs (ideally provided by a specialist by and for organisation), to help mitigate the trauma caused by the family court process.** This was a finding of both the Harm Panel Report and the Commissioner’s research commissioned by Safe Lives.<sup>147</sup>

The role of IDVA or specialist by and for support worker is particularly important because many survivors do not have access to a lawyer due to high legal aid thresholds, and, even when they do, many lawyers do not yet have a good understanding of domestic abuse. IDVAs do not replace legal advice but can at least help survivors feel supported.

### Recommendations

98. The Commissioner recommends that every survivor going through the family court should have access to a specialist family court IDVA or other specialist domestic abuse support worker. This must not come at the expense of general community-based services funding; rather, additional, long-term specialist funding is needed to provide these specialist IDVAs or other specialist support workers.
99. In addition, the Commissioner would like to see enshrined in the Family Procedure Rules and/or in a Practice Direction, a presumption that IDVAs or other specialist domestic abuse support workers should be granted access to court, save in exceptional circumstances.

### Family court domestic abuse best practice leads

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<sup>145</sup> Domestic Abuse Commissioner, Safe Lives (June 2021), [Understanding Court Support for Victims of Domestic Abuse](#)

<sup>146</sup> Sir Andrew MacFarlane (October 2021), [Supporting Families in Conflict: There is a better way.](#)

<sup>147</sup> Domestic Abuse Commissioner, Safe Lives (June 2021), [Understanding Court Support for Victims of Domestic Abuse](#)

The Harm Panel made clear that the failings it identified were systemic and part of a culture which permeated the family court – they termed this the ‘pro-contact’ culture, which, they said, results in “a pattern of minimisation and disbelief of allegations of domestic abuse and child sexual abuse.”<sup>148</sup> This finding is certainly borne out in the Commissioner’s engagement with survivors of abuse, both in person and through correspondence received.

To address cultural failings, wholesale cultural change is needed. This is especially so in a family justice system, made up of multiple institutions and agencies, which is under considerable pressure, in light of increases in private law proceedings, the impact of the pandemic,<sup>149</sup> coupled with serious under-resourcing, with one judicial respondent to the Harm Panel review describing the system as “crumbling...we just can’t cope with it.”<sup>150</sup> Whilst full implementation of the changes recommended by the Harm Panel will go a long way towards achieving the change needed, on their own they will not be enough. Change must be driven forward at a local level and embedded and sustained long-term. It is important that the government takes the opportunity the Victims’ Bill presents to put in place further ambitious, long-term plans that will lead to the changes that victims and survivors of domestic abuse going through the family court so desperately need.

**100. This is why the Commissioner is proposing the creation of a new role of DA Best Practice Lead in every court, as an important way to both help bring about, and sustain, change, and improve consistency nationally.**

Such a role would be a valuable additional resource for Designated Family Judges (the judges responsible for managing each geographical court area) in helping to bring about the improvements needed to achieve the vision for the family justice system set out in the Harm Panel report, as well as implementing improvements relating to potential findings of the new monitoring mechanism that is being established within the office of the Domestic Abuse Commissioner and Victims’ Commissioner. DA Best Practice Leads would also be crucial in feeding in learning into the current court system from the private law reform pilots (which are taking place in two pathfinder courts in Wales and North Dorset, and has been undertaken in response to the Harm Panel findings) – as well as in any future national roll out of private law reforms. They would also have a role to play in the implementation of the new overarching Statement of Practice for private law children proceedings, which is being developed by government and partners in fulfilment of Harm Panel recommendations, and which will build on “the foundational wording provided by the Panel [and] link into existing cross-system governance groups to ensure that this is effectively implemented and drives cultural change across the system as a whole.”<sup>151</sup> Further they would develop links with local domestic abuse support services, as well as with the new family hubs being developed by the government.<sup>152</sup>

### **What would the role consist of?**

The overarching purpose of the role would be to:

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<sup>148</sup> Ministry of Justice (June 2020), [Assessing Risk of Harm to Children and Parents in Private Law Children Cases: Implementation Plan](#), 43.

<sup>149</sup> The number of private law applications made in 2019/20 was 46,500, compared to 35,000 in 2007/08: see Nuffield Family Justice Observatory (February 2021), [Uncovering private family law: Who’s coming to court in England? Summary](#)

<sup>150</sup> Ministry of Justice (June 2020), [Assessing Risk of Harm to Children and Parents in Private Law Children Cases: Implementation Plan](#), 41.

<sup>151</sup> Ministry of Justice (June 2020), [Assessing Risk of Harm to Children and Parents in Private Law Children Cases: Implementation Plan](#), 4.

<sup>152</sup> Family hubs will be “a way of joining up locally and bringing existing family help services together to improve access to services, connections between families, professionals, services, and providers, and putting relationships at the heart of family help.” See: Department of Education (November 2021), [Family Hubs: Local Transformation Fund Application guide](#).

- Act as an expert who facilitates and monitors cases involving allegations of domestic abuse, including compliance with relevant legislation (such as the new Domestic Abuse Act measures), rules and guidance;
- Be a central point of contact and information for parties and professionals within the family justice system, local specialist domestic abuse support services, and the new family hubs,<sup>153</sup> as well as liaising with other agencies such as the police to reduce silo working
- Facilitate informal feedback from court users and local domestic abuse services; and
- Act as a champion for identifying and disseminating best practice (including around the specific issues facing survivors with protected characteristics and/or migrant status), enhancing understanding of domestic abuse locally and liaising with other DA Best Practice Leads, suggesting training and improvements for court staff and helping to ensure a trauma-informed family justice system.

Importantly these roles would not act as advocates for parties to proceedings or replace the IDVA role. Rather, they will be champions for fairness and ensuring all relevant rules and guidance are followed, and that domestic abuse is understood.

### What impact will this role have?

A key aim of the current President of the Family Division is to restore public confidence in the family justice system,<sup>154</sup> and this has been a long-standing aim of previous holders of this role.<sup>155</sup> Much of the focus in this respect has, understandably, been on improving transparency – something the Domestic Abuse Commissioner considers crucial, and to which the monitoring mechanism will significantly contribute. A further important element in improving public confidence, however, is to improve procedural justice, that is, the perceived fairness of court proceedings, and how people feel they have been treated (regardless of whether or not a case is decided in their favour). Natalie Byrom summarises the four key elements of procedural justice that emerge from the literature, namely: “whether there are opportunities to participate (voice); whether the authorities are neutral; the degree to which people trust the motives of the authorities; and whether people are treated with dignity and respect during the process.”<sup>156</sup> The DA Best Practice Lead role, if properly funded and embraced by court staff and judiciary, would significantly improve procedural justice for survivors of domestic abuse.

The role would facilitate, enhance and embed the changes that the government has committed to in their implementation plan following the Harm Panel Report, namely: implementation of a new overarching statement of practice “to drive cultural change across the system as a whole”; fundamental reform to private law children proceedings; enhancing the voice of child; safety, support and security at court; communication, coordination, continuity and consistency; resourcing; monitoring and oversight.<sup>157</sup> In doing so, DA Best Practice Leads would help address some of the issues that are raised over and over again by survivors with the Domestic Abuse Commissioner, including the lack of understanding of domestic abuse within the family justice system and the retraumatising nature of proceedings.

Importantly, the role would help ensure that the annual findings of the DAC and VC monitoring mechanism leads to real changes in the ground in each court area.

<sup>153</sup> Department of Education (November 2021), [Family Hubs: Local Transformation Fund Application guide](#).

<sup>154</sup> Sir Andrew McFarlane (October 2021), [Confidence and Confidentiality: Transparency in the Family Courts](#).

<sup>155</sup> See eg. Sir James Munby (May 2021), [Submission to the President's Transparency Review](#).

<sup>156</sup> Natalie Byrom (2019), [Developing the Detail: Evaluating the Impact of Court Reform in England and Wales on Access to Justice](#), 19.

<sup>157</sup> Ministry of Justice (June 2020) [Assessing Risk of Harm to Children and Parents in Private Law Children Cases Implementation Plan](#)

**Question 44: What are the barriers facing specialist or ‘by and for’ services preventing cross-agency working, and what steps could the Government take to address these?**

The answer to this question is addressed in our response to question 26.

**Question 45: Please comment on the training required to support advocates for children and young people. How do these differ to adult advocate training, and are there barriers that exist to accessing this?**

**Question 46: What are the barriers to effective work with children and young people in this area, and what action could the Government take to address these?**

**Question 47: What best practice is there on referral pathways for children and young people who are victims of crime looking for advocacy support, including interaction with statutory services? Are there barriers to these pathways?**

**Question 48: Would providing clarity on the roles and functions of children and young people’s advocates be helpful? In your experience, are these roles broad or do they focus on specific harms and crime types that children and young people have experienced?**

*To avoid repetition, we have combined our responses to questions 45, 46, 47, and 48*

**Domestic abuse service provision for children is patchy and underfunded.** Barnardos report that domestic abuse is the most common factor amongst children considered to be ‘in need’ of support from children’s social care, featuring in 50% of all assessments.<sup>158</sup> In addition, funding cuts and the impact of Covid-19 have had a severe impact on domestic abuse services which are now struggling to cope with demand.

**There is currently no set professional framework or provision in place for specialist practitioners who support children that are victims of domestic abuse or sexual violence, except for in limited settings such as sexual violence support in health settings.** The standard way to refer children and young people into advocacy services is through a Multi-Agency Safeguarding Hub (MASH), where the case can be presented to a group of different services who all have expertise in working with children and young people and can identify the support services available and what might be best appropriate. VAWG services are not always invited to these MASH meetings. It can be very difficult for children to access this limited support. While the number of IDVAs and ISVAs have increased with the MOJ’s funding, their training is adult specific. Our sector partners have fed back that while some courses include content for working with children, they are not the focus of the course and far more comprehensive training would be required if there was to be a professionalised child IDVA/ISVA or specialist child worker role. For example, there are different safeguarding duties and agencies involved for adults and for children.

**Furthermore, the way in which domestic abuse impacts children is different to adults.** Barnardo’s [Not Just Collateral Damage](#) report (2020)<sup>159</sup> found that many children continue to experience mental and physical health problems into adulthood. One study found that over half of children (52%) had developed behavioural problems, over a third (39%) had difficulties adjusting at school and nearly two thirds (60%) felt responsible or to blame for negative events.<sup>160</sup> Studies also show that in adolescence, children and young people who

<sup>158</sup> [‘Not just collateral damage’ Barnardo’s Report 0.pdf \(barnardos.org.uk\)](#)

<sup>159</sup> [‘Not just collateral damage’ Barnardo’s Report 0.pdf \(barnardos.org.uk\)](#)

<sup>160</sup> SafeLives (2014), In plain sight: The evidence from children exposed to domestic abuse

have been exposed to domestic abuse can experience higher rates of interpersonal problems with other family members, and have an increased rate of risk taking and anti-social behaviour, such as school truancy, early sexual activity, substance misuse, and delinquency.<sup>161</sup> Furthermore, domestic abuse can have a severe impact on child development, particularly for very young children. Research suggests the impact on neurological development can manifest itself in poor health, poor sleeping habits, excessive screaming, and result in disrupted attachment between child and mother.<sup>162</sup>

**The Victims Code mandates victims' referrals to support services but the lack of framework for child specialists means that this support is unfunded, inconsistent and often non-existent.** This does not mean that professionals are not allowed to operate using a 'Child IDVA' title, for example, or that organisations are not allowed to fund these roles. It means that there is no oversight, governance or set training standard as to what that role entails. This does not necessitate bad practice and the Domestic Abuse Commissioner's Office has heard examples of excellent localised practice. However, it means that there is not *consistency* in practice and highly specialised professionals are not being recognised, paid, provided with professional development opportunities and recourse if something were to go wrong. It also means that there is a risk that professionals could respond to domestic abuse in an inappropriate way, such as not taking a gender-informed approach or inadvertently victim-blaming.

**Equally, it is vital to recognise the different levels of support and risk that child specialists work to, and the harm that could be done by professionalising just one role (such as 'Child IDVA') above others.** IDVA and ISVA roles were designed to focus on high-risk, immediate interventions. There also needs to be funding and training for specialist children's workers who provide holistic support for children who are medium and standard-risk. An overly regulatory approach could have a detrimental impact on smaller organisations and professionals carrying out excellent, vitally important work. It is critical that these organisations are not forced to quickly go through a process that could stifle needs-led practice and may not be funded.

**Children who are victims of domestic abuse and sexual violence have specialist support needs that cannot be met by a general Child Advocate.** It is crucial that any specialist working with children who are victims of these crimes must be domestic abuse and sexual violence-informed and subject to robust specialist training. Furthermore, these specialist services for children should not simply be tacked on to adult services. A specialised role is required in which the focus is directly on the child in front of them. Meaningful consultation with the domestic abuse and VAWG sector is needed to ensure that any new funded training or framework works and is informed by good practice.

**Support for children should go hand-in-hand with support for the whole family.** Adult victims will nearly always be involved alongside a child and any expansion in specialist child workers must happen alongside support for adults. There should be holistic provision in place around the whole family, including specialist perpetrator intervention and recovery programmes. It is important to note that in addition to the more immediate advocacy that an IDVA might provide to victims and survivors, children will also require longer-term recovery support from a specialist worker such as a CHIDVA.

## **Recommendations**

101. **Within both national and local funding arrangements, the needs of children and young people must be considered as a central part of funding for domestic abuse services.** This is to ensure funding for children is not an 'optional

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<sup>161</sup> Stiles MM, (2002). Witnessing Domestic Violence: The Effect on Children. American Family Physician

<sup>162</sup> James M. (1994) Domestic violence as a form of child abuse: identification and prevention. Australian Institute of Family Studies



extra' but integrated as a core part of service delivery and should be acknowledged within the new National Statement of Expectations.

102. **In light of the new statutory definition of children as victims of domestic abuse in their own right, the Commissioner supports calls to ensure that specialist domestic abuse organisations are specified in secondary legislation under Section 27 of the Children Act 1989**, which imposes a duty on local authorities and other agencies and bodies to cooperate to support the local authority meet its duties for children and families under the Act.

**Question 49: Have we correctly identified the range and extent of the equalities impacts under this consultation in the equality statement? Please give reasons and supply evidence of further equalities impacts that are not covered as appropriate**

**The Commissioner is concerned that the consultation has not been accessible to key experts who support victims and survivors of domestic abuse and sexual violence, as well as experts who have lived experience of these crimes.** Whilst we believe that an eight week consultation would, under normal circumstances, potentially provide the time needed, the very rapid escalation of the Omicron Covid-19 variant has severely limited the ability of organisations, who inevitably have had to prioritise staffing frontline services during the busy Christmas period, to respond in the detail required. Furthermore, the increased number of people who have been required to self-isolate during this period, as a result of the very necessary public health measures, will lead to an increase in domestic abuse and sexual violence. These small and underfunded sectors have had to focus their resources and capacity on supporting victims who are in immediate danger during this period. Without the input of both these survivors and expert sector groups in this consultation, it will not fulfil its aims of ensuring that those who face the greatest barriers to accessing the criminal justice system are sufficiently supported.

**The Commissioner would also welcome further improvements to ensure that the consultation is accessible for Deaf and disabled respondents.** Large print or Easy Read versions are only available upon request, creating further barriers to responding. British Sign Language versions were only added on 19 January giving respondents an insufficient two weeks to respond. We have echoed similar concerns that have been raised by VAWG sector organisations, led by Stay Safe East and SignHealth, with the Home Secretary on the need for accessible and inclusive consultations to ensure that all expert voices are factored into government policy-making.

## **Recommendations**

103. **It is vital that all Government Departments meet their obligations under the PSED and publishing regular disaggregated data is key to ensuring this. The Commissioner recommends that disaggregated data is published with regards to police recorded data, access to IDVA services, access to other forms of specialist services and range of outcome measures (including criminal justice outcomes and service performance outcomes)** The disaggregation of recorded VAWG and domestic abuse data should capture key intersectionality with other protected characteristics.
104. **The MOJ should publish a demographic breakdown of who responded to the consultation.** Further work should be done with expert sector organisations to ensure that the voices of underrepresented victims are sufficiently captured.
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## Annex 1

### Best practice examples of local commissioning frameworks

#### London Borough of Sutton

In 2018, London Borough of Sutton set out to commission an integrated domestic abuse service to support all people affected by domestic abuse, that is needs-led, gender-informed and trauma-informed.

As part of a wider, multi-agency and co-produced, place-based plan, the domestic abuse transformation programme was established as a way of developing a Coordinated Community Response (CCR). A thorough needs assessment took place, taking into account multiple sources of data, engagement with specialist services, residents and professionals, and a comprehensive commissioning strategy was developed from these actions.

In 2019, a new 3 year +1 +1 service was commissioned. This was a consortium, lead-provider model, with 5 sub-contracted organisations, including 4 of 6 being local, small, specialist providers. There is an umbrella name, and a single point of entry/referral and smooth pathways for people accessing services. Services offered include:

- IDVA provision
- Coordination of One Stop Shop
- Refuge provision
- Freedom programme
- Peer befriending for survivors by volunteers with lived experience
- Parenting support for families with young children
- Recovery group work for children and young people who have witnessed domestic abuse
- Prevention group programmes for young men and young women
- Behaviour change programme for perpetrators of domestic abuse

The consortium model allows a more holistic and needs-led service through strengthened partnerships and collaboration, shared added value, and therefore better outcomes for people.

Sutton believes that the commissioning of services has to be based on an analysis of need and interventions which are evidenced-based and proven to deliver improved outcomes. The approach was clear that we would not be prescriptive about what services should look like, but rather what we expect from commissioned services based on evidence for improved outcomes in domestic abuse and, significantly, the outcomes key stakeholders have told us they want services to achieve.

#### Principles and Values

- The approach is designed to effect change **based on analysis of need**, evidence of what works, identified gaps in delivery and what key stakeholders have said
- Acknowledgement that domestic abuse can and does also affect men and boys, but also states a recognition that **DA is a gendered issue**, including a statement that Sutton aims to challenge and reject misogynistic attitudes and expects all services whether internal or externally commissioned to do the same.
- Notes the need to make tackling violence against women and girls **everybody's business** and recognises that domestic abuse can affect anybody.
- Key to the approach in achieving transformation is to **use the views and experiences of victims and those affected to influence what we do**.
- Opportunity to **significantly reduce the incidence of trauma** caused by DA and result in significant related benefits, such as reducing the burden on health, housing and social care interventions, reducing harm, reducing crime and ultimately cost
- Investment in a specialist, integrated service of DA will allow the Council and its partners to tackle the issues relating to DA in a more **tactical and preventative way**.

- Domestic abuse responses should **build on and nurture resilience**, reducing the chances of re-victimisation and longer-term need to draw on public resources.

### Outputs and Service Deliver

- Importance of **wrap around support services** beyond vital IDVA provision, highlighting that services are most effective when part of a wider coordinated response.
- The **flow between risk levels is not fixed and there is recognition that movement is fluid and unprescribed**, meaning that people affected by domestic abuse can be identified, helped and supported early, pathways for support between tiers are easily identified and understood by all, and appropriate information and support is available at the first point of contact and access to services.

### Model of Commissioning

- Children must be helped and supported to overcome the impact of abuse.
- **Perpetrators of domestic abuse are held to account** and provided with opportunities to change their behaviour

### Cornwall and the Isles of Scilly

Cornwall and the Isles of Scilly (CloS) commission an Integrated DASV Service, providing safety, support and recovery to people impacted by or experiencing DASV & people engaging in abusive behaviours and education & training to professionals and school/colleges. The service is gender informed but gender inclusive and caters to the needs of children, young people and adults.

The service is commissioned by the Safer Cornwall Partnership and is funded by a pooled budget; with a strategic commissioning team sat within the Community Safety team of Cornwall Council, leading on delivery.

The pooled budget and joint commissioning model ensures that the service meets the need of all key partners' strategic objectives and client demographics and has assisted Safer Cornwall in determining a very joined up approach to wider commissioning, procurement and spend. It has led to the creation of the Joint Strategic, Commissioning and Operational Group, which now informs all projects, procurement and strategies across Community Safety, Adult Social Care, Children's Social Care, Health and Housing in Cornwall; in turn reducing repeat spending, gaps in provision and more needs led, trauma informed strategies and services.

The success of the commissioning model and the Integrated DASV Services is underpinned by the focus on community engagement and the views and needs from members of the community who have lived experience in DASV, everything that is delivered is done so taking into account the recommendations and feedback from service users and the wider community.

In addition, all contract management focuses more intently on the feedback of service users and associated case studies, over and above the numerical KPIs and targets – this supports commissioners and service providers to reset the culture of support services within the framework of procurement; moving away from the cheapest provider to the most impactful provider for service users and wider community outcomes.

CloS are in the process of increasing their community engagement through a Lived Experience Strategy – developed to facilitate more accessible engagement with the community and robustly inform the next commissioning cycle and delivery plan. The project includes an online survey for those in the community that are less comfortable with direct contact and a county wide listening exercise, involving face to face discussions on a one to

one and group basis, dependent on a person's preference. The methodology is a qualitative unstructured interview with very open questions to prompt discussion. All sessions are delivered by DASV professionals – trained in qualitative enquiry, to ensure the safety of all respondents.

All responses will be anonymised, unless the person requests otherwise. There will then be a partnership wide listening activity, whereby people's lived experience will be read out to partnership leads – this may involve the person themselves narrating their experience or via a third party. The partnership will then need to jointly identify the gaps and issues by the highlighted community and to develop improved services, pathways and funding delivery. All proposed improvements and associated plans will be vetted by the Lived Experience Group.