domestic abuse commissioner

A Patchwork of Provision

How to meet the needs of victims and survivors across England and Wales

SUMMARY REPORT

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Contents

Acknowledgements

Thank you to the thousands of victims and survivors of domestic abuse who contributed to this research, and hundreds of specialist domestic abuse support services and commissioning bodies. Special thanks to those who provided in-depth reflections of their experiences in accessing support through interviews and focus groups, and for your advice and recommendations for how to improve the response to domestic abuse.

This would not have been possible without the support of specialist by and for and domestic abuse organisations, who facilitated our engagement with victims and survivors. Particular thanks must go to Imkaan, Us Too and Action for Real Change, the Divas, Respect, Sign Health, The Naz and Matt Foundation, Kanlungan, CHADD and Barnardo's.

Thanks to Women's Aid Federation England and Welsh Women's Aid for their work to identify and collate contact details for all specialist services across England and Wales, and to TONIC for their work in coding and cleaning data collected through surveys. Thanks must also go to Lindsay Hodgson of Catch Impact for her invaluable support, advice and complex analysis of data.

Introduction

'It's a postcode lottery: the area you live decides whether you get decent domestic abuse services.'

Victims and survivors have for too long borne the brunt of a 'postcode lottery' in the response to domestic abuse. Forced to navigate a complex patchwork of services, who, despite Herculean efforts, struggle to meet ever-increasing demand as we rightly improve our recognition and response to the public health crisis that is domestic abuse. While responsibility for ending domestic abuse must lie with those who perpetrate abuse, we must recognise that in the meanwhile there were over 2.4 million people subject to domestic abuse in the past year who need access to support and help.

Simply put, the specialist support that victims and survivors need to find safety, and to cope and recover from their abuse is unable to meet this demand. This is only compounded for victims and survivors from minoritised communities who face the greatest barriers to support, with specialist 'by and for' organisations increasingly de-funded despite being best placed to meet their needs.

The Domestic Abuse Commissioner was established through the Domestic Abuse Act as an independent voice to raise awareness of domestic abuse, stand with victims and survivors, and hold local and national government to account for their response to domestic abuse. Therefore, a key early priority for the Commissioner was to better understand what support victims and survivors wanted, and to map the provision of this support across England and Wales. We heard from over 4,000 victims and survivors, more than 500 service providers and over 150 local commissioners, in our efforts to do so. This summary represents just a snapshot of the information we received and is published alongside a full policy report and technical report.

Here we set out the key findings from that research, as well as the Commissioner's recommendations in how we might transform the availability of the life-changing and life-saving support that is so desperately needed. It is not impossible. We've seen examples of brilliant practice and with the right will and leadership these recommendations can become a reality. We call on national Government, local commissioners, public services and service providers to take heed and work collaboratively to meet the needs of victims and survivors, and ensure that anyone can access the support and help they need no matter who they are or where they live.

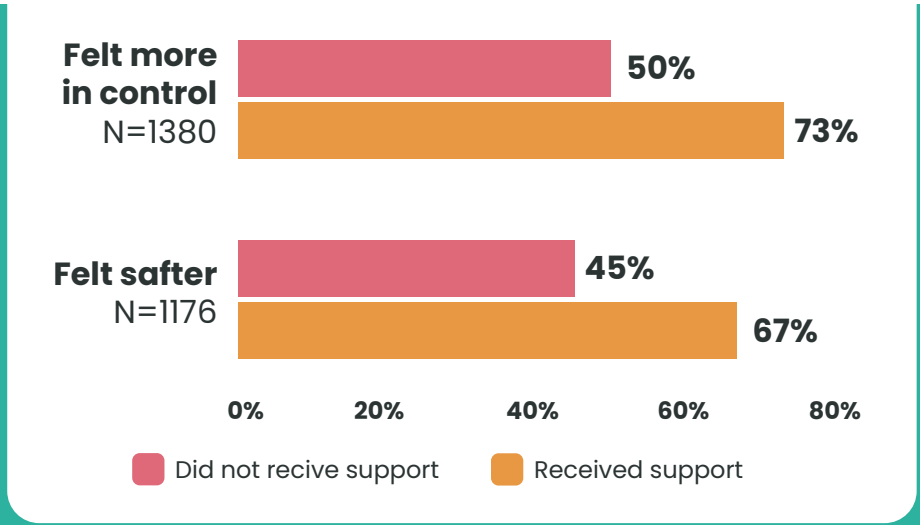
KEY FINDINGS

Needs of victims and survivors and the impact of support services

1. **Specialist services are effective in enabling victims and survivors to feel safer and more in control of their lives following abuse.**

Victims and survivors seek specialist help and support because it is effective. There was a significant difference in the outcomes for individuals who had been able to access support services compared to those who had not. Of those who expressed a view, 67% of victims and survivors who accessed support services said they now felt safer compared to 45% of survivors who had not, 73% who had accessed support felt more in control of their lives compared to 50% who had not (Figure 1). Survivors told us about tangible day to day differences in their lives as a result of accessing support, including feeling more confident, secure, and able to plan for their future in a way that was previously impossible.

Figure 1: Percentage of respondents who felt safer and more in control than when they first tried to seek support, according to whether they had received support.



'I wouldn't be here if it wasn't for them.'

2. **Victims and survivors need a range of types of support to help them find safety and to cope and recover from abuse.** Most victims and survivors wanted some form of community-based support, and a combination of practical support, such as helpline advice, or one-to-one advocacy or caseworker support, and longer-term therapeutic support, such as counselling or mental health support. Figure 2 below shows the percentage of victims and survivors who wanted different types of support, including an indication of whether such support would typically be covered by an Independent Domestic Violence Advocate or not. This is to demonstrate the range of support that is needed – incorporating, but not limited to, advocacy.

Figure 2: Percentage of respondents wanting support for domestic abuse during the previous three years, according to intervention type.

1 When reading this chart (and Figure 4 below), it is worth noting what the role of IDVAs or Independent Sexual Violence Advocates (ISVAs) might be in providing support in Family or Criminal Court. IDVAs and ISVAs can provide emotional and practical support before, during and after criminal and family law proceedings. However, IDVAs and ISVAs should not be put in a position of having to provide legal advice as they are not qualified to do so. Only lawyers can provide advice on the law and legal options specific to a survivors case, and the role of an IDVA/ISVA is very different to the role of a lawyer.

There were some differences in desire for particular services across demographic groups. Most notable were differences between men and women in the wish to access behaviour change programmes for their abusers (74% and 47% respectively) and support through the Family Court (83% and 66% respectively), and between disabled and non-disabled victims and survivors in desire for mental health support (88% and 67% respectively). Black victims and survivors were more likely than victims and survivors from other ethnic groups to want refuge (59%), particularly in comparison to White victims and survivors (25%). This also corresponds with Black respondents being more likely to be based in London, which was the region with the greatest desire for refuge, with 33% of respondents from London who wanted refuge, compared to 28% nationally.

3. **Most victims and survivors from minoritised communities want to receive support delivered 'by and for' their own community.** This is because specialist 'by and for' organisations are better able to understand the context and complexity of abuse faced by minoritised survivors, and build the trust critical to effectively assess risk and provide the right support. Sixty-seven per cent of Black and minoritised survivors, 68% of LGBT+ survivors, 55% of disabled survivors and 16 of 62 Deaf survivors wanted access to a specialist 'by and for' organisation to provide them with the help they needed. When looking at trans people specifically, a much higher proportion than the overall LGBT+ respondents wanted access to a specialist 'by and for' organisation – with 21 of 23 trans victims and survivors saying they wanted this.

Minority groups who wanted access to a specialist 'by and for' organisation to provide them with the help they needed needed.

67%
Black and minoritised survivors

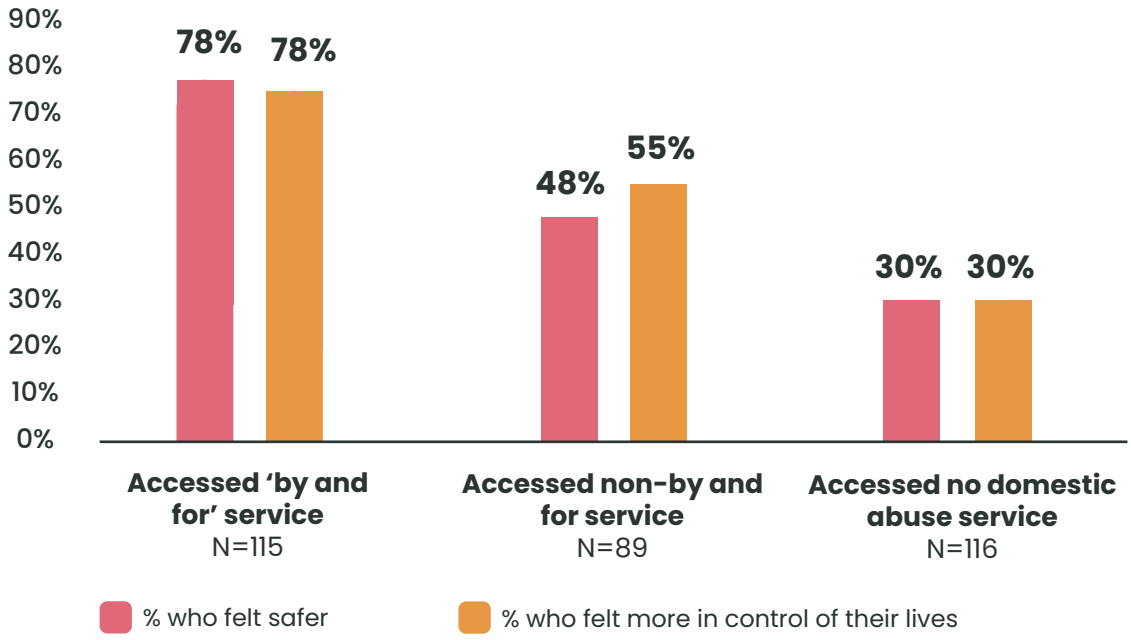
68%
of LGBT+ survivors

55%
disabled survivors

16 of 62
Deaf survivors

4. **This is because specialist 'by and for' organisations are far more effective in supporting minoritised victims and survivors than other types of services.** The impact of specialist 'by and for' services is clear to see. Our interviews with the most marginalised victims and survivors evidenced that tey already face structural inequality and the greatest barriers to support. We were able to compare the outcomes for victims and survivors who had accessed a specialist 'by and for' organisation with those who had accessed another type of support, and then with those who had accessed no support at all. The findings are stark. Of Black and minoritised survivors, 78% of those who had accessed a 'by and for' service felt safer, compared to 48% who had accessed another kind of service, and 30% who had accessed no support whatsoever (Figure 3). This represents a 48-percentage point difference between accessing specialist 'by and for' support and no support.

Figure 3: Percentage of Black and minoritised survivors who felt safer and more in control than when they first thought about accessing support, according to type of service accessed.



A similar pattern is seen for other minoritised groups who responded to our survey – notably LGBT+ and Deaf, and disabled survivors, but cannot be robustly reported on due to low sample sizes.2 The lack of a robust sample size to compare LGBT+, Deaf or disabled survivors who had accessed a 'by and for' service with other services is itself notable, and reveals the paucity of these services across England and Wales.

5. **The independence of services is critical to build trust, and is highly valued by victims and survivors accessing support**. Survivors told us about their fears of statutory services – particularly social services and the Family Court – and how important it was that they felt separated and protected from these bodies in their engagement with specialist support.

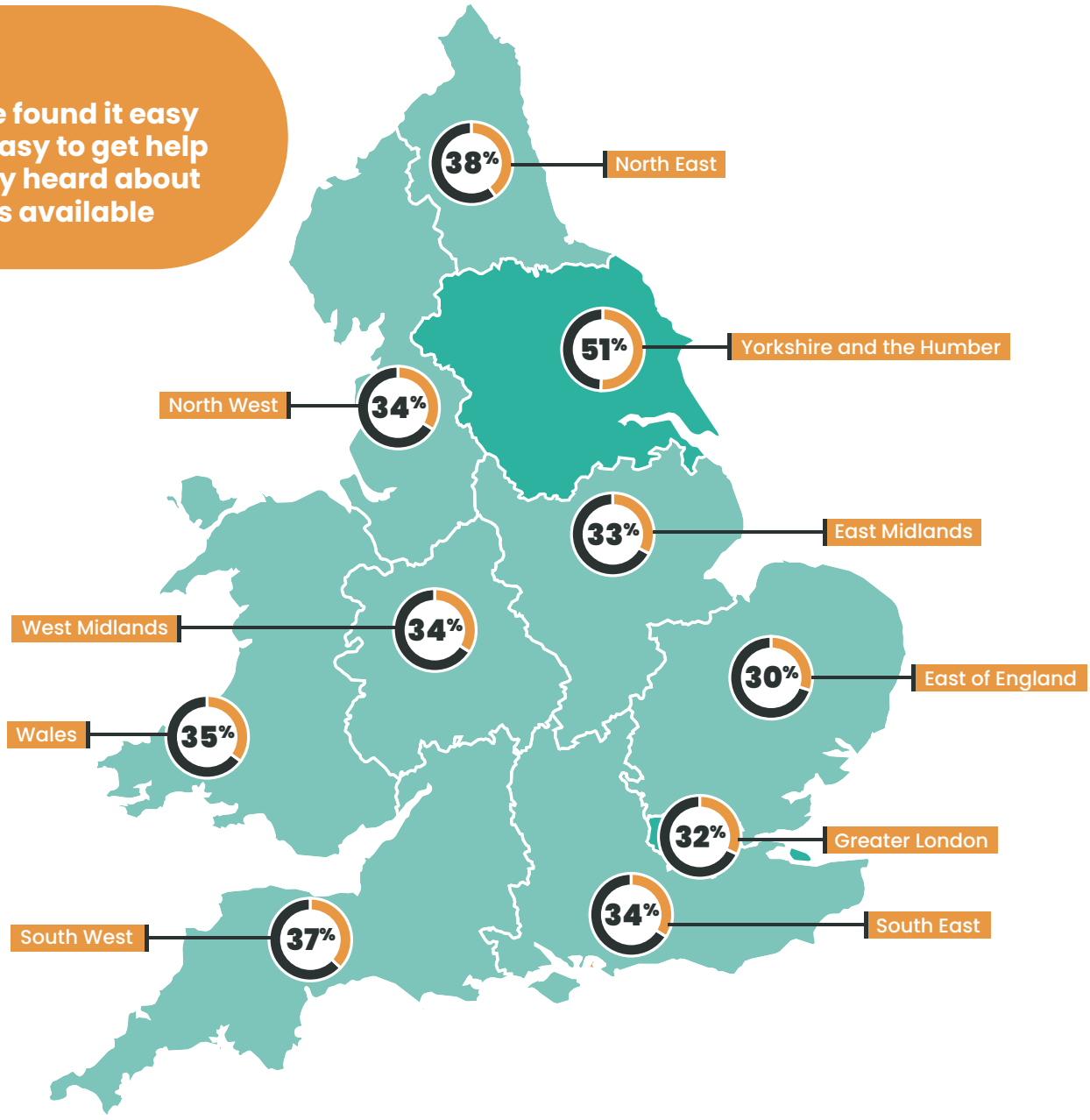
2 The sample sizes for LGBT+, Deaf and disabled survivors who accessed specialist 'by and for' support were too small to robustly report on, but information received indicates a very similar pattern, with specialist 'by and for' organisations being far more effective in supporting survivors to feel safe and more in control of their lives.

What support were victims and survivors able to access?

6. **Overall, most victims were not able to access the support that they wanted.** With the exception of helpline advice (where 64% were able to access it who wanted it) and one-to-one support such as a caseworker or Independent Domestic Violence Advocate (IDVA) (55%), only a minority of survivors were able to access the type of support that they wanted. This was mirrored by information received from services, who told us that overall, only one-third of referrals they received ended up receiving repeated support.

Figure 4: Response to question 'How easy was it to get help?', according to geographical area

35%
of people found it easy or very easy to get help once they heard about what was available



7. **existence of a 'postcode lottery' for accessing specific types of support.** This was also reflected in the funding provided by local commissioners – with almost all community-based services being funded on the basis of residency requirements. Concerningly, nearly a quarter of accommodation-based services were only funded by local commissioners for individuals who lived, worked, or studied in the local area. Given the very nature of accommodation-based support, and the need of victims and survivors to escape to a new area, this is deeply concerning.

   The biggest difference was in the ability of victims and survivors to access counselling support who wanted it – with a 21 percentage point difference between the highest area (58% in the North East of England) and lowest area (37% in Wales). Access to mental healthcare also demonstrated significant variation, with 47% of survivors able to access it in the North East compared to 31% in the South West. One-to-one support or advocacy had a 16 percentage point difference between the 66% of survivors in the North East who were able to access it compared to 50% in the South East, and support through Family Court had an 11 percentage point difference between the 42% of people in Yorkshire and the Humber who got it and 31% in London or the East of England. For behaviour change interventions, 16% of survivors in the North East told us their perpetrator was able to access support to change behaviour, compared to 3% in Wales.

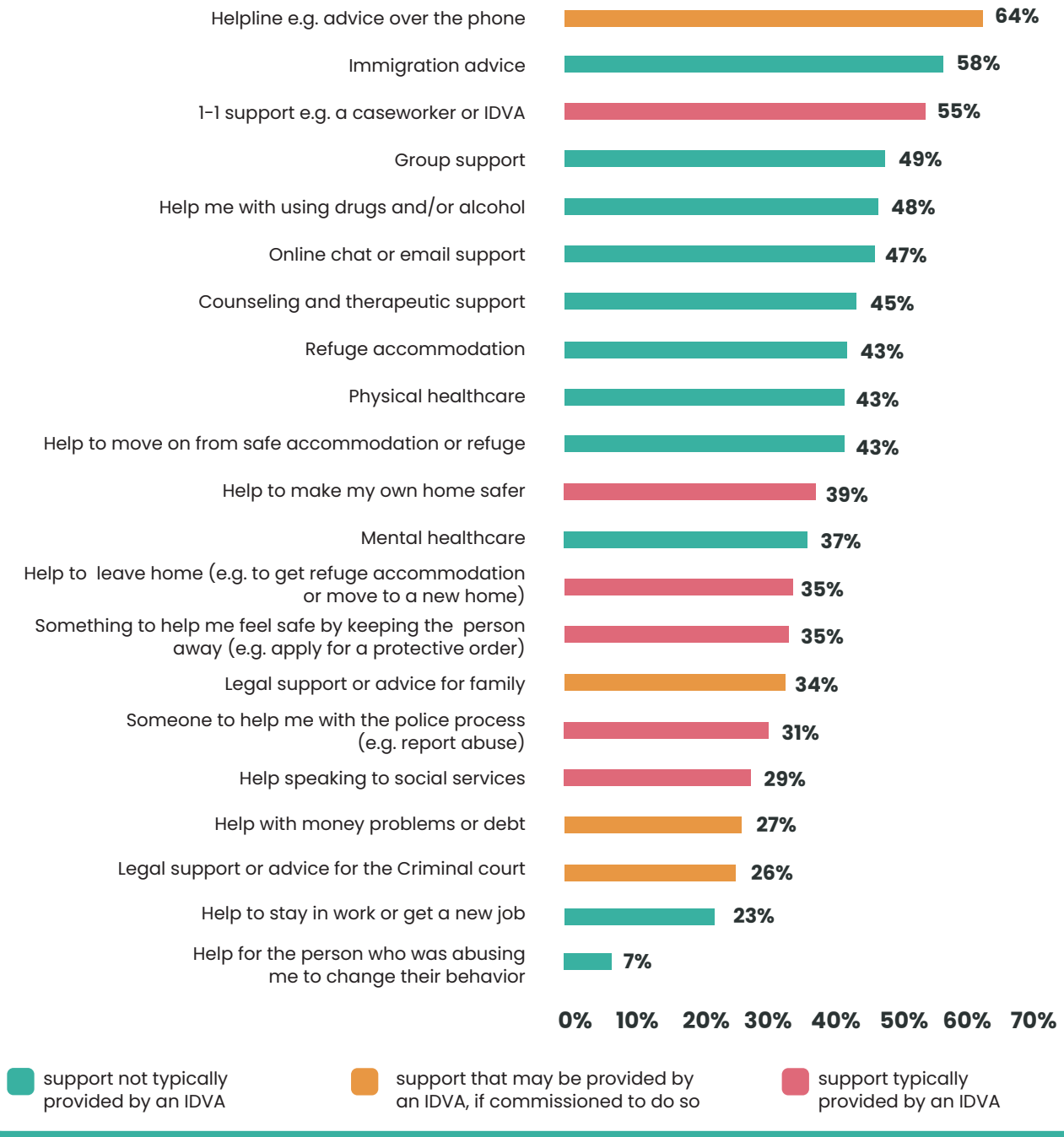
The biggest difference was in the ability of victims and survivors to access counselling support who wanted it

21%
difference between highest and lowest area

58%
in the highest area

37%
in the lowest area

Figure 5: Percentage of victims and survivors who were able to get support, of those who wanted it



Evidence from minoritised victims and survivors told us that they found it particularly difficult to access the support they wanted. Often, only when they were able to engage with 'by and for' organisations were they able to identify and get the support that they needed. However, there is a huge dearth in the provision of such services across England and Wales, with the majority of victims and survivors who wanted to access 'by and for' services unable to.

Just 51% of Black and minoritised survivors who wanted access to specialist by and for support were able to. Nineteen percent of LGBT+ survivors who wanted specialist by and for support received it, and for disabled survivors, just 14 of the 190 people who

wanted to access a specialist 'by and for' organisation were able to (7%). For Deaf survivors, only 2 of the 30 people who wanted to access specialist 'by and for' support were able to get it.

Survivors with learning disabilities particularly emphasised the barriers in accessing support, and lack of understanding of their experiences of abuse by service providers.

8. **Men also particularly struggled to access help and support, with 82% saying that accessing help was difficult or very difficult.** There was a notable disparity between the proportion of organisations who offered some kind of service that was accessible to men (75%) and what men told us about their experiences of trying to seek help, with many telling us that the services in their area appeared to only be for women. Of those organisations who answered the question about who they provided services for, 25% defined themselves as 'women-only' organisations; 2% as 'men-only'; 28% as 'mixture, but single gender/sex services'; 37% as non-gender specific; and 10% as a mixture of non-gender specific and separated gender/sex spaces.3

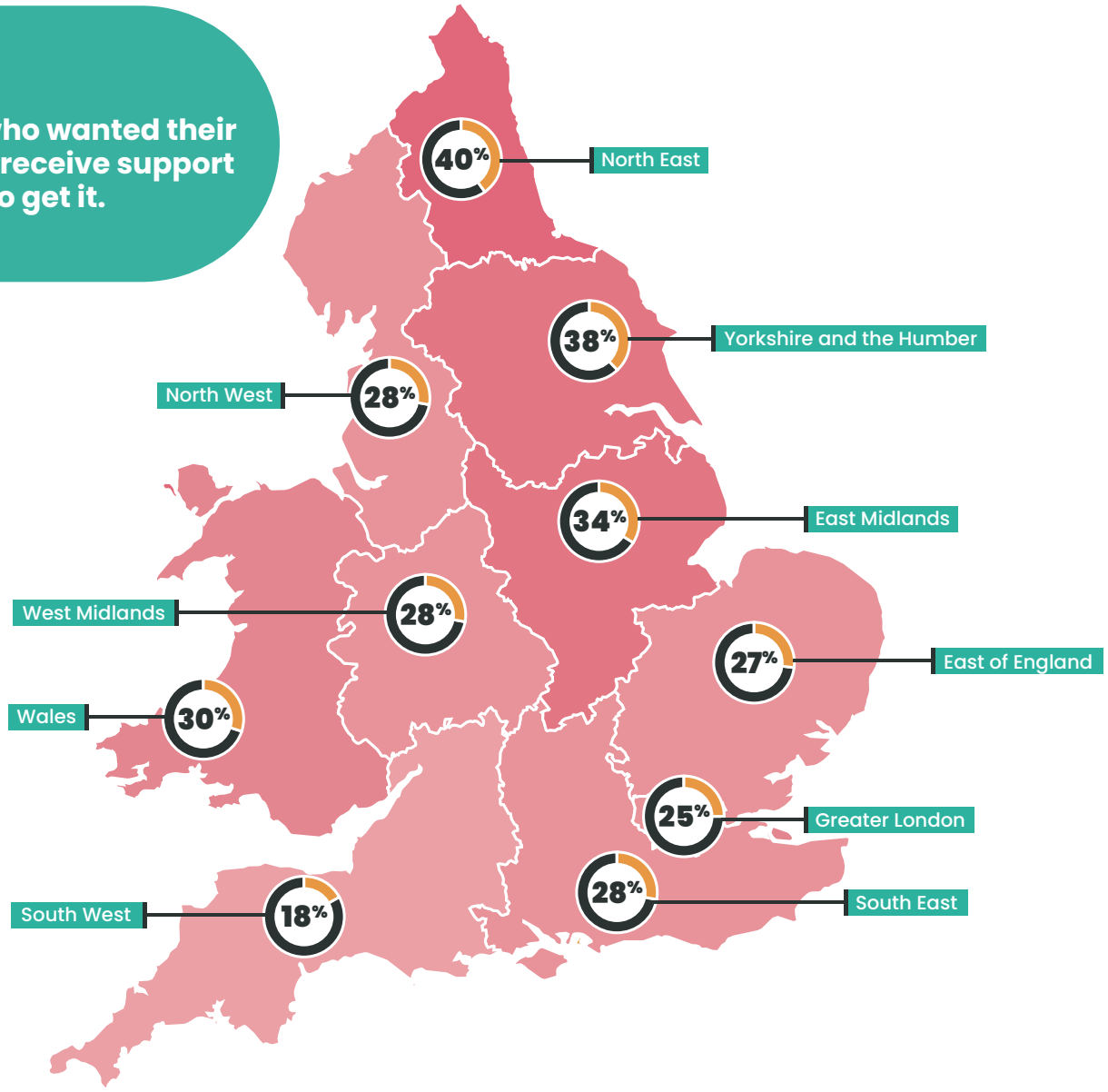
9. **Equally, there appeared to be a significant divergence between the proportion of organisations who said that they provided specialist support for children affected by domestic abuse in the home (85%) and the 29% of victims and survivors who told us they were able to get support for their children.** Even accounting for the 43% of victims and survivors who weren't able to access any support whatsoever, this indicates that the support available from specialist domestic abuse services for children needs to be significantly increased in order to meet demand (Figure 6).

3 From a sample of 519 organisations

"I was unable to find male-only services and was provided with no help when I spoke to female-only services asking for advice. One person even apologised and said they realised I needed support but knew of nowhere that provided it."

Figure 6: Parents whose children received support, according to geographical are

29%
of people who wanted their children to receive support were able to get it.



10. **Support provided for victims and survivors from minoritised communities varied, with services least likely to have specialist provision for Deaf victims and survivors or victims and survivors with learning disabilities.** Table 1 sets out the percentage of organisations who said that they provided some kind of specialist provision for different minoritised communities, by accommodation-based services and community-based services.

These figures should be read with some caution. Firstly, our survey of victims and survivors indicates difficulties in non-by and for organisations providing the support that marginalised and minoritised people need, but secondly, that services may have interpreted 'specialism' in slightly different ways. While a definition[4] was provided,

4 'Specialist support' was defined as support that was specifically provided for and tailored to the needs of these victims and survivors, rather than eligibility. The survey also clarified that specific support for Deaf or disabled victims and survivors should refer to support provided specific to their lived experiences, rather than just accessibility requirements.

some services may have interpreted 'specialism' as the provision of specialist training to staff members, compared to others who would have only counted bespoke, specialist projects or programmes specific to that population.

Further research is needed to better understand the degree of specialist support for minoritised communities provided outside of 'by and for' organisations.

Nevertheless, comparisons between groups indicate the degree of confidence that services have in supporting the specific needs of different communities.

Table 1: Percentage of service provider organisations providing accommodation based and community-based specialist support to different minoritised populations.

	Percentage of accommodation-based services who have specialist provision for this group	Percentage of community-based services who have specialist provision for this group
Black and minoritised victims / survivors	57%	54%
Deaf victims / survivors	14%	14%
Disabled victims / survivors	23%	26%
Victims / survivors with learning disabilities, autism or both	18%	25%
Elderly or older victims / survivors	25%	33%
LGB (Lesbian, Gay or Bisexual) victims / survivors	23%	32%
Trans victims / survivors	22%	24%
Young adult victims / survivors	30%	54%

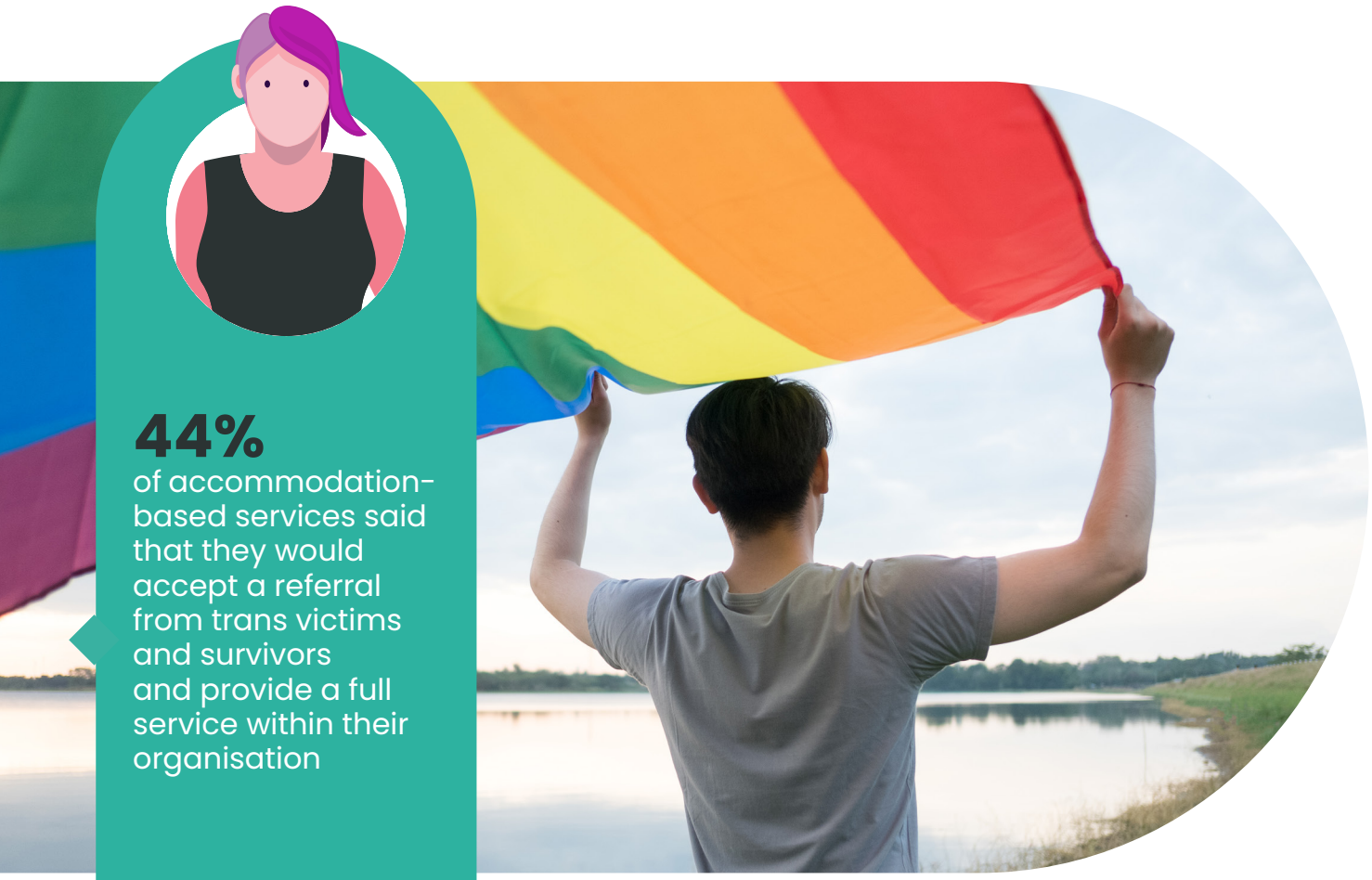
We also asked about how services would respond to a referral from particular minoritised groups. Options given were whether they would accept a referral and provide a full service, or whether they would signpost or refer onto a more specialist organisation. Services could also say that they would accept a referral or not depending on other factors such as clinical need.

The results reveal differences in services' ability and confidence to support victims and survivors from minoritised communities or who have additional needs. For most services, most survivors with protected characteristics would be accepted and a full service provided (as opposed to being signposted or referred on elsewhere), with the exception of trans survivors, where for accommodation-based support specifically just less than half (44%) of services said that they could provide a full service.

Table 2: Percentage of services reporting that they would be able to accept a referral and provide a full service for victims and survivors from minoritised populations.

Groups	Percentage of accommodation-based services who said that they would accept a referral from this group and provide a full service within their organisation	Percentage of community-based services who said that they would accept a referral from this group and provide a full service within their organisation
Deaf victims / survivors	70%	76%
Disabled victims / survivors	60%	84%
LGB (Lesbian, Gay or Bisexual) victims / survivors	89%	91%
Trans victims / survivors	44%	78%
Victims / survivors with learning disabilities, autism or both	63%	78%

11. **Support also varied by whether a victim or survivor was experiencing multiple disadvantage or had additional needs.** We asked services the same questions about how they would respond to a referral from a victim or survivor experiencing multiple disadvantage – whether they had created a specialist service for this group of victims and survivors, as well as how they would respond to a referral more generally (where they did not have specialist provision).



44%
of accommodation-based services said that they would accept a referral from trans victims and survivors and provide a full service within their organisation

Table 3: Percentage of accommodation based and community-based support services able to provide specialist support to victims and survivors experiencing multiple disadvantage

Survivors experiencing multiple disadvantage or have additional needs	Percentage of accommodation-based services who have a specialist service for this group	Percentage of accommodation-based services who would accept a referral and provide a full service to this group	Percentage of community-based services who have a specialist service for this group	Percentage of accommodation-based services who would accept a referral and provide a full service to this group
Victims / survivors experiencing homelessness[5]	61%	83%	49%	83%
Victims / survivors who have a history of offending	25%	31%	30%	66%
Victims / survivors with high mental health needs	39%	32%	51%	63%
Victims / survivors with support needs related to alcohol	40%	40%	38%	66%
Victims / survivors with support needs related to other substances	38%	39%	38%	66%

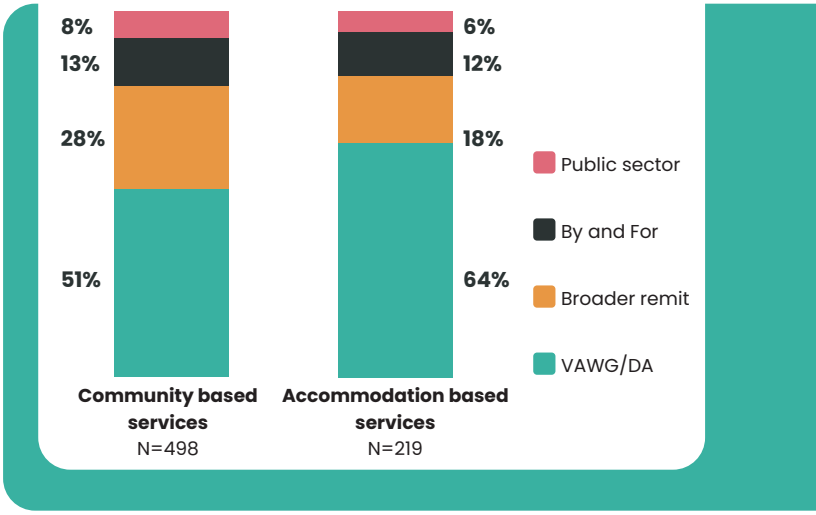
12. **There were also gaps in the ability of services to provide support to those with No Recourse to Public Funds (NRPF).** Accommodation-based services in particular struggled to provide support to migrant survivors with NRPF, but what was particularly concerning was the fact that nearly 15% of community-based services said that they wouldn't accept a referral and provide a full service to someone with NRPF on the basis of their NRPF status. Given that access to public funds plays no bearing on the ability to access support in the community, this represents a considerable concern.

5 Understanding of the group of 'victims and survivors experiencing homelessness' may have varied between organisations who responded to our survey, which makes these findings unclear. Services may have responded about support for victims and survivors who have been rendered homeless due to domestic abuse (which by definition would be almost all users of accommodation-based services), or alternatively focused on individuals who were previously experiencing street homelessness.

Organisations providing domestic abuse support across England and Wales

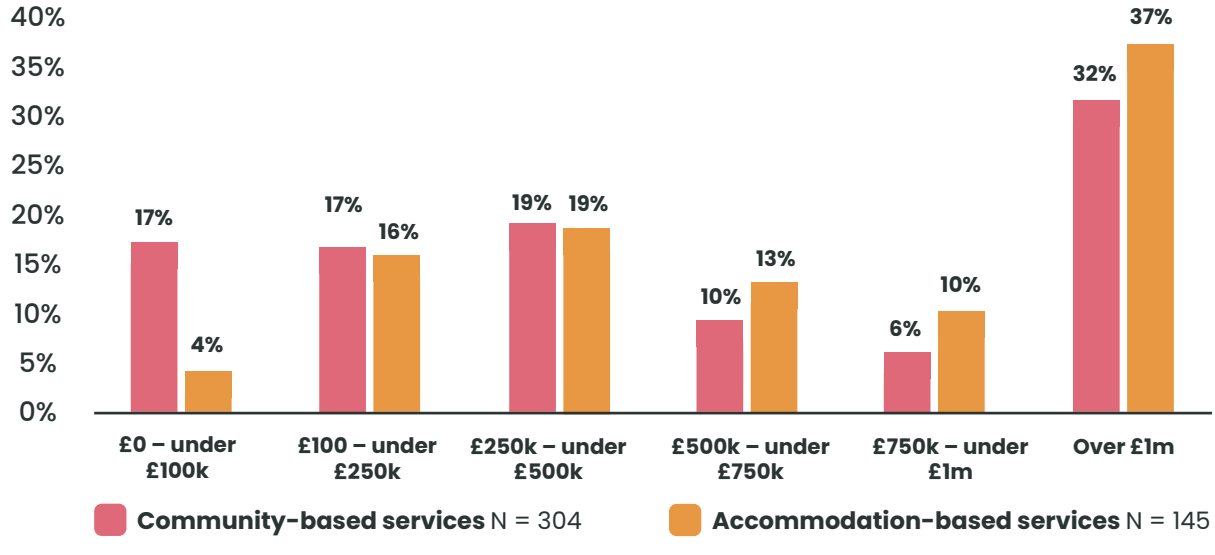
13. **Services are delivered from a range of different types and sizes of organisation, with around half of community-based services and nearly two-thirds of accommodation-based delivered by specialist domestic abuse and/or Violence Against Women and Girls organisations.** Other types of organisations included specialist 'by and for' organisations, organisations with a broader remit (such as those who support victims and survivors of other types of crime), and public sector organisations, where support services had been brought in-house.

Figure 7: Comparison of the types of organisations providing community-based and accommodation-based services.



14. **Most organisations who provide domestic abuse services (61%) have an annual income of less than £500,000.** Specialist 'by and for' services were most likely to be much smaller, and very small organisations with an annual income of less than £100,000 were less likely to provide accommodation-based services.

Figure 8: Comparison of annual income of community based and accommodation based domestic abuse support services



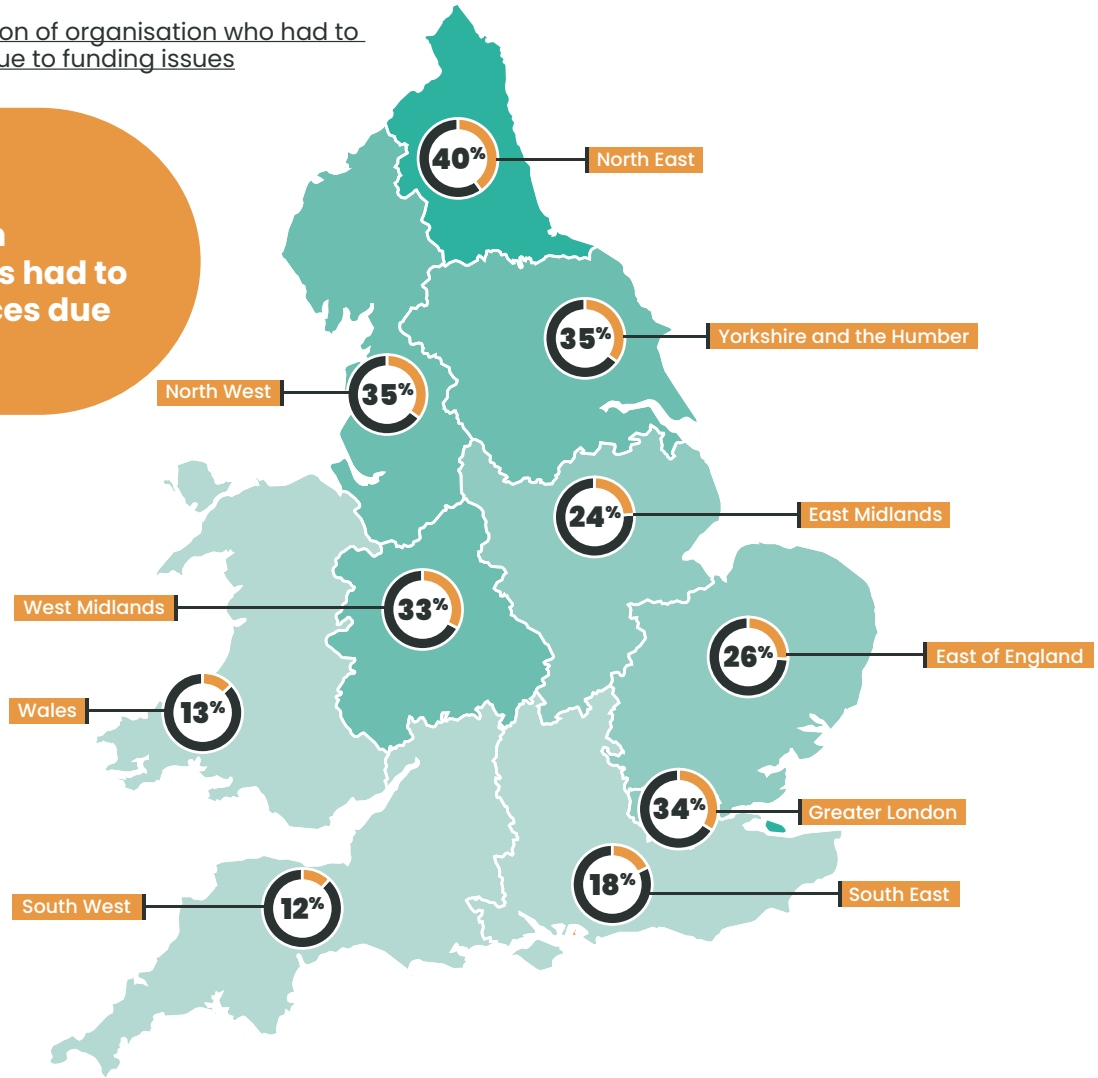
Current funding arrangement for domestic abuse support services

'Services are backlogged and understaffed. I've been waiting for counselling for nearly eight months.'

15. **A considerable injection of long-term funding is needed for services to meet the demand for support from survivors.** Victims and survivors consistently told us of their difficulties in accessing help and support, with just 35% saying that they found accessing help 'easy or very easy'.6 Services told us of struggling to meet demand, and constantly applying for new sources of funding to stay afloat. Thirty-four per cent of services told us that they were running services without any dedicated funding, and 27% that they had to cease services altogether due to lack of funding. This comes at a time of increasing demand, and victims and survivors continue to reach out for support following the Covid-19 pandemic, and as – rightly – we seek to bring domestic abuse out of the shadows and encourage victims and survivors to access help.

Figure 9: Proportion of organisation who had to cease services due to funding issues

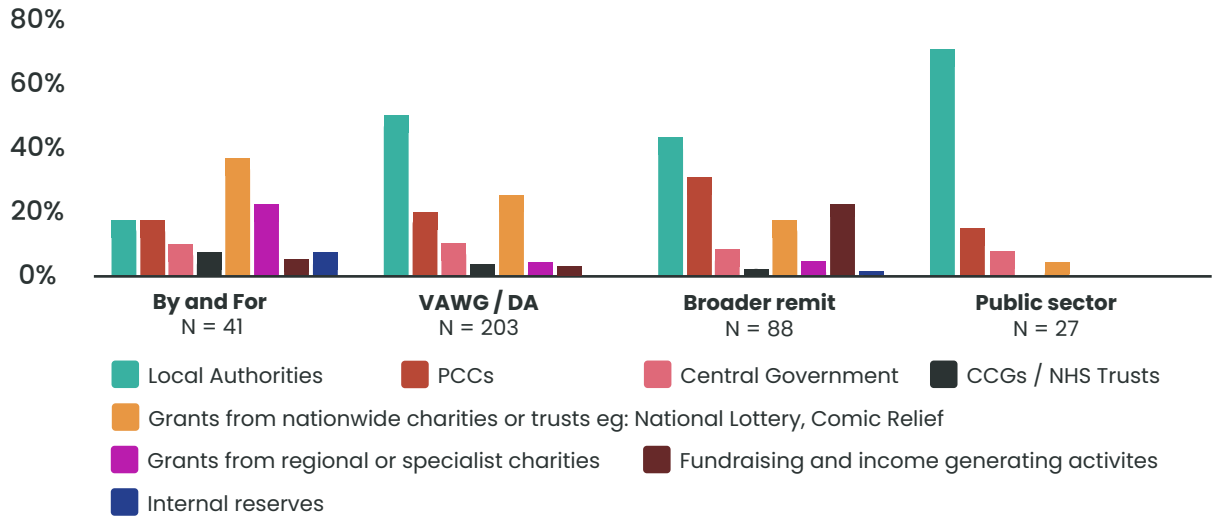
27%
of organisations in England and Wales had to cease some services due to lack of funding



6 This is likely to be a considerable over-estimation, given that survivors who found it hardest to access services or faced the greatest barriers are also likely to have had difficulty accessing our survey.

16. **Specialist domestic abuse services rely on funding from a broad range of funders, both statutory and non-statutory.** Independent specialist domestic abuse services are able to attract investment into a local area through fundraising and funding from non-statutory funders. The ability of independent organisations to invite funding from other funders also allows them to learn from more innovative projects often funded by charitable trusts, and apply this learning to the core services more likely to be funded by statutory bodies.

Figure 10: Main sources of funding for domestic abuse community-based support services, according to organisation type



Overall, most organisations (80%) received statutory funding as their main source of income, mostly from Local Authorities or Police and Crime Commissioners. A further 12% of organisations received some statutory funding (but not as their main source of funding), and 7% of organisations received no statutory funding whatsoever. This varies by size of income (Figure 11) which sex or gender support was provided to (Figure 12), and type of organisation (Figure 13). It is worth noting that 'main source' just meant the largest source of income into an organisation – not that it represented the majority of funding received.

Figure 11: Sources of funding for domestic abuse support service organisations, according to annual income

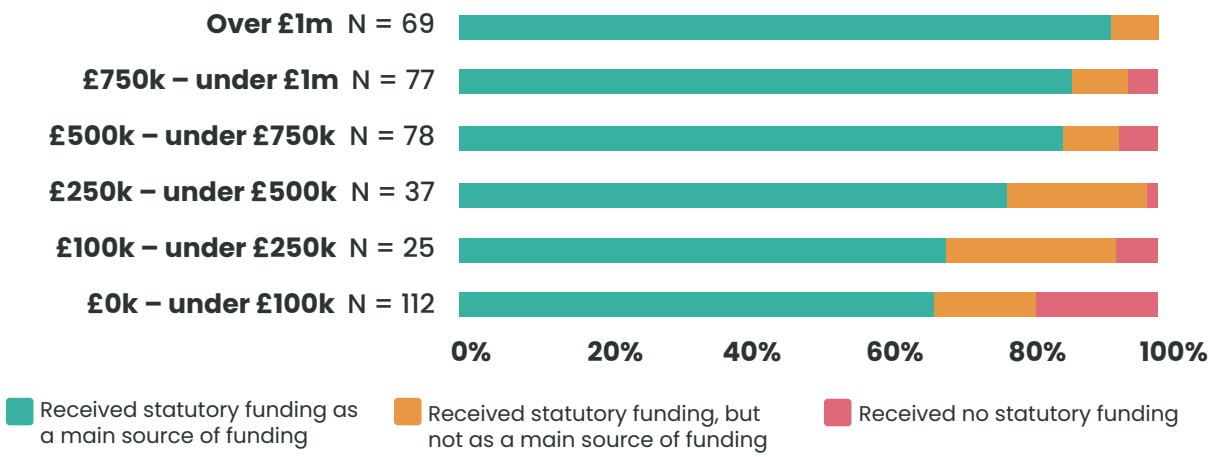
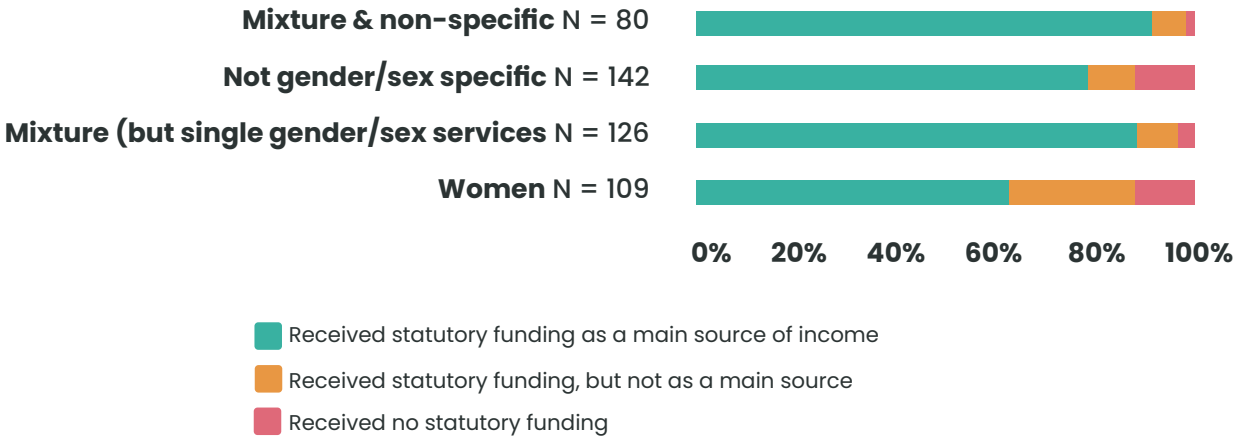


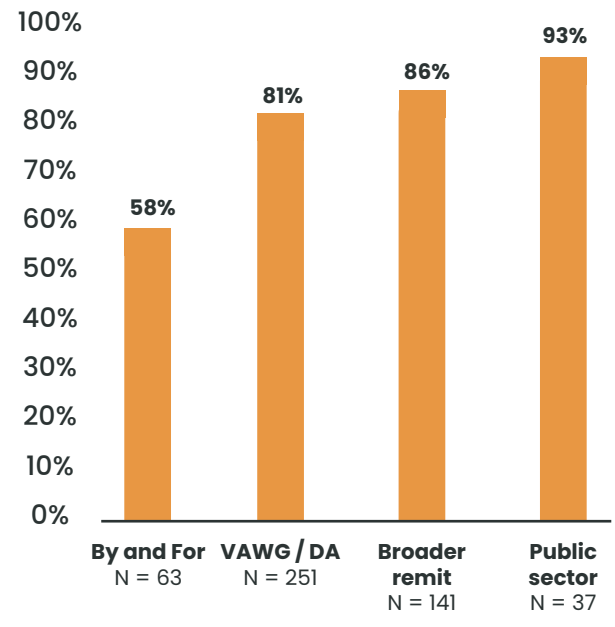
Figure 12: Sources of funding for domestic abuse support service organisations, according to the sex or gender of those who are supported7



While it is concerning to see how much less likely by and for organisations were to receive statutory funding – it also demonstrates further the considerable value they bring by drawing investment into a local area. However, this is clearly not enough given the considerable financial difficulties faced by 'by and for' organisations and national lack of services available.

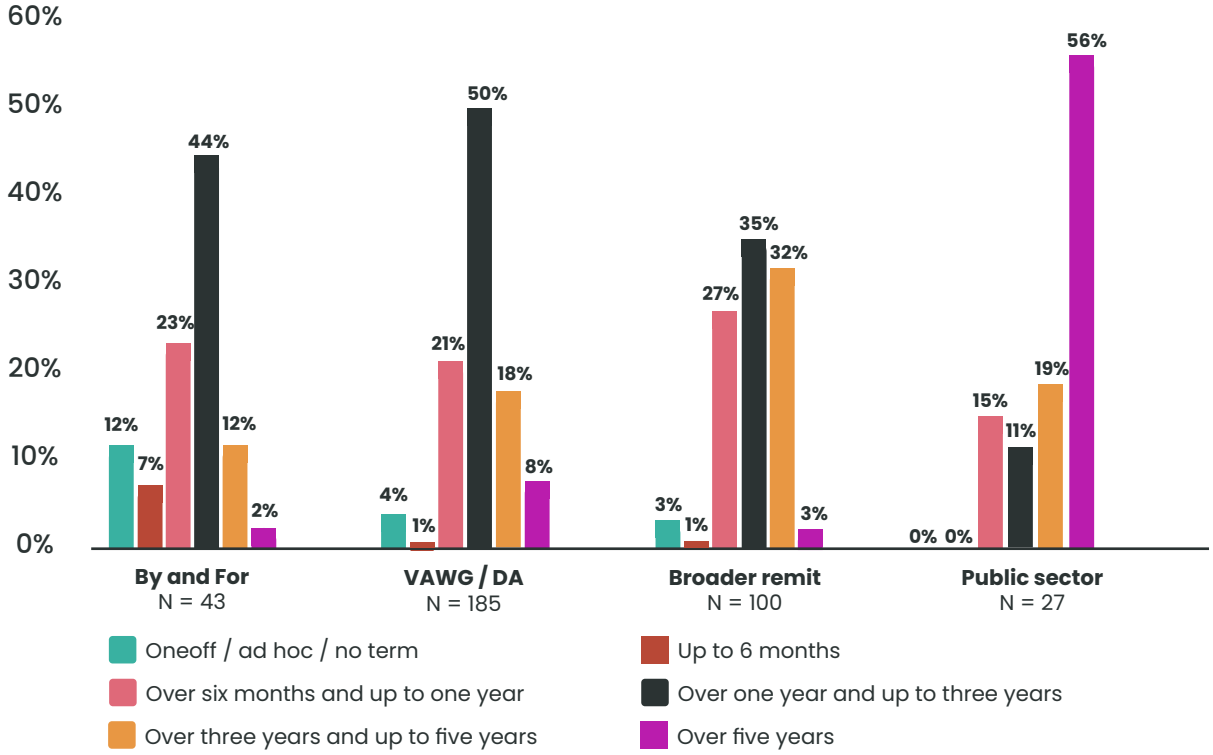
17. **Funding is often short-term and insecure, meaning services struggle to build capacity and plan for the future, affecting efficiency, service delivery, along with recruitment and retention of staff.** Most service providers (70%) relied on a main source of funding that was secured for less than three years, with over a quarter of organisations relying on a main source of funding that lasted than less than a year (Figure 14). This was particularly acute for 'by and for' organisations.

Figure 13: Percentage of services who received their main source of funding from a statutory body, by organisation type



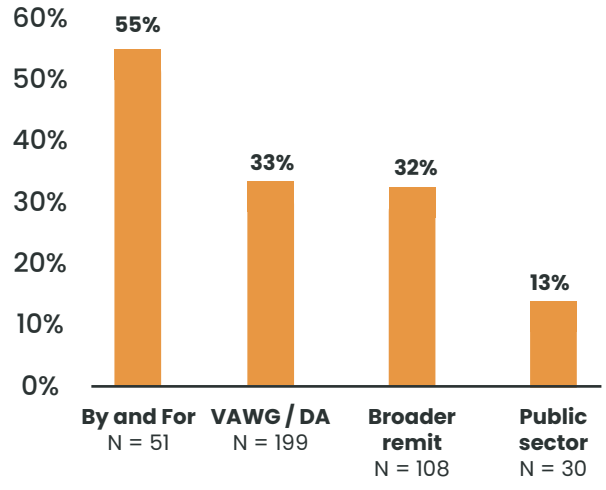
7 It is worth noting that 8 men-only services responded to this question, and 100% of them received statutory funding as their main source of income, however, these services were not included within the graph due to low sample size.

Figure 14: Length of time of the main sources of funding for domestic abuse support services, according to organisation type.



18. **Despite being more effective in supporting minoritised victims and survivors, there is a desperate lack of specialist 'by and for' support across England and Wales, with organisations critically and disproportionately underfunded.** 'By and for' organisations are six times more likely to not receive any statutory funding than specialist VAWG or domestic abuse organisations, and far more likely to be delivering support without any dedicated funding, as illustrated in Figure 15. Unsurprisingly, they are also more likely to have had to cease services due to a lack of funding – with 27% of domestic abuse or VAWG organisations having to cease services compared to 45% of 'by and for' organisations.

Figure 15: Percentage of domestic abuse support services delivering services without any dedicated funding, according to organisation type.



19. **Smaller organisations were far more likely than larger organisations to receive no statutory funding whatsoever.** This overlaps with specialist 'by and for' organisations who were more likely to have smaller annual incomes. However, even when just looking at non-by and for organisations, those with an annual income of less than £100,000 were three times more likely to receive no statutory funding than only slightly larger organisations with annual incomes of between £100,000 - £250,000.

Which professionals did victims and survivors first tell about their abuse, and how did they find out about services?

20. **We understand the critical role of friends and family, who victims and survivors are most likely to tell about the abuse they are experiencing,** and recognise the need to build confidence amongst friends and family in responding to disclosures and supporting their loved ones. We also wanted to know more about which professionals victims and survivors told about domestic abuse, and who they told first.

21. **Victims and survivors were most likely to tell a health professional about their abuse before other professionals, followed by the police.** We asked victims and survivors about who they told first about the abuse they had experienced, if they did disclose to a professional. There were a range of professionals that victims and survivors disclosed to first, representing the importance of good understanding of, and response to, domestic abuse from across different statutory agencies (Figure 16). There were also some variations in who victims and survivors disclosed to by gender (Figure 17) and ethnicity (Figure 18), but health and policing remained the most likely professionals to receive a first disclosure amongst professionals.

Figure 16: Professions and organisations that survivors of domestic abuse said that they told first (N=2019)

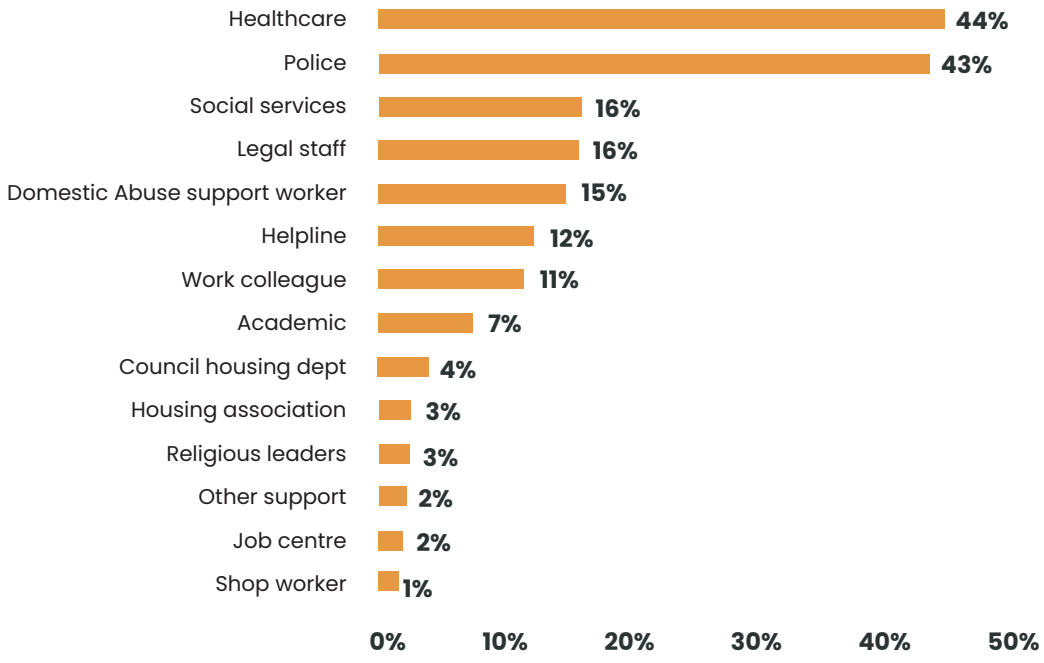


Figure 17: Professions and organisations that survivors of domestic abuse said that they told first, according to survivor's gender

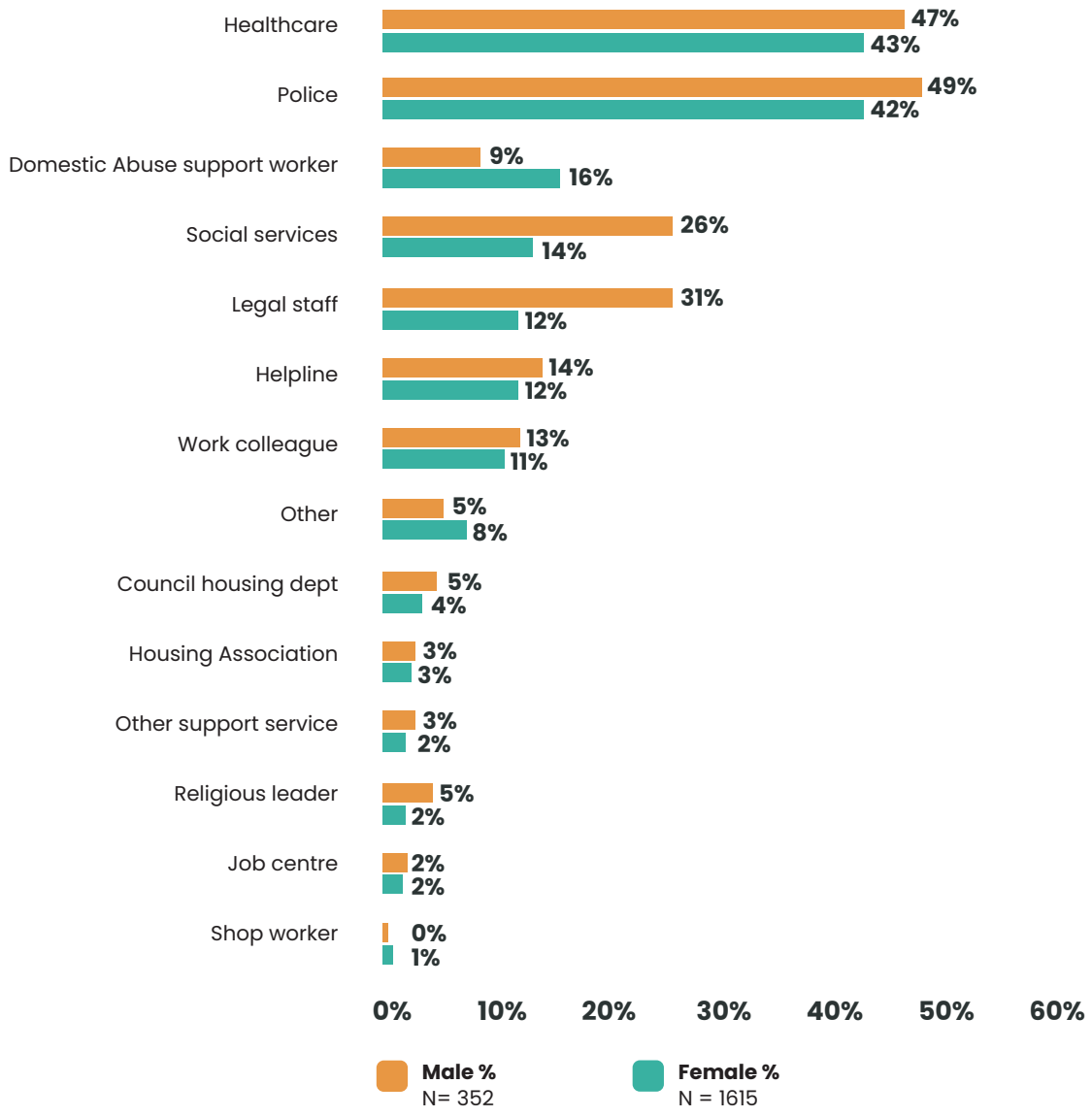
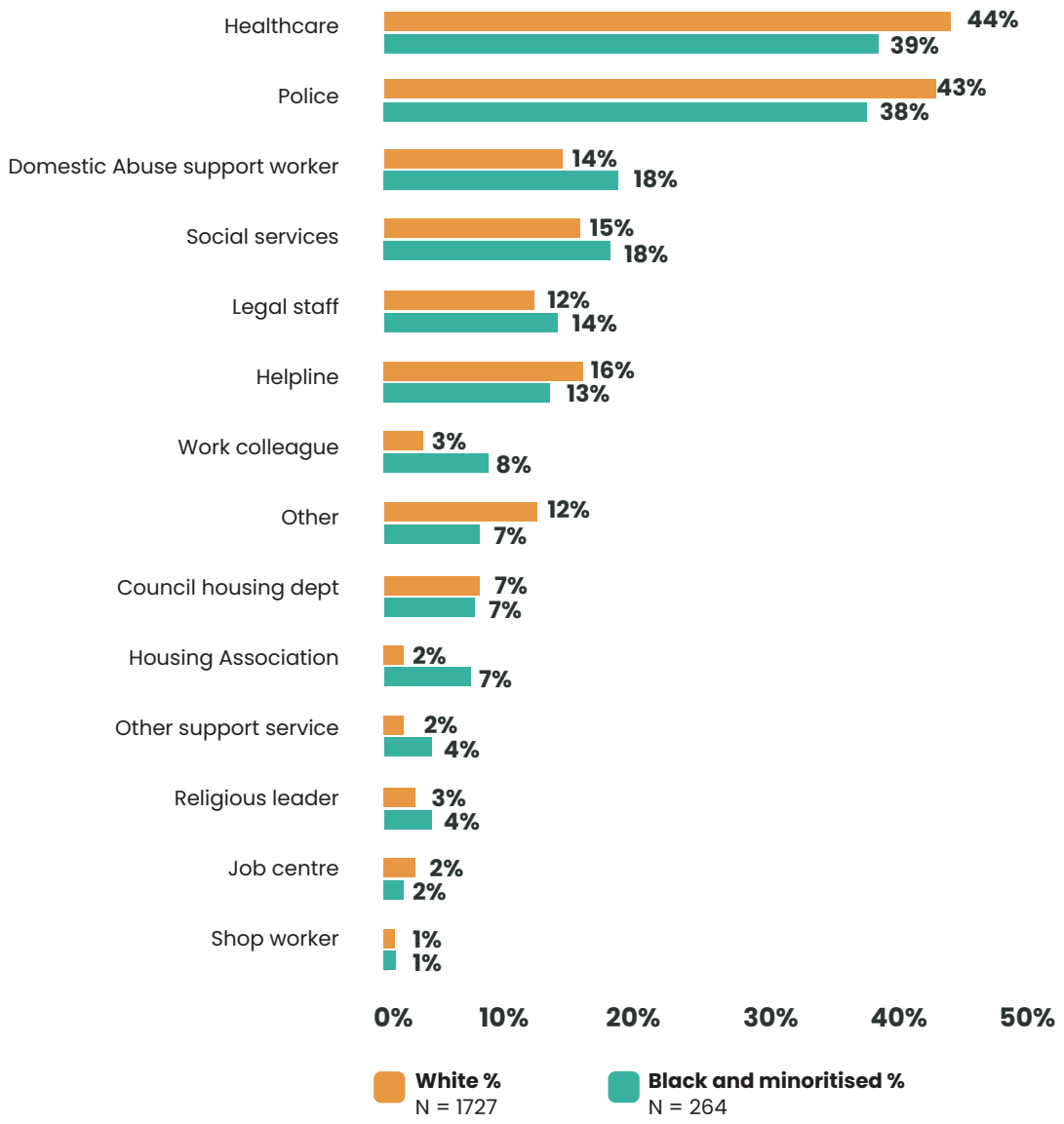


Figure 18: Professions and organisations that survivors of domestic abuse said that they told first,



Proactive outreach by domestic abuse services and by wider public services was critical in enabling victims and survivors to access support. Only one-third of victims and survivors found out about services from their own research, with most hearing about support from a combination of public services, friends, family, work colleagues or other organisations. Many victims and survivors reported being unable to consider how to access support, either because they were too traumatised, scared, or did not recognise that what was happening to them was abuse, or that they needed help. Therefore, it seems that those who were able to access help did so because services proactively engaged with them, and professionals identified domestic abuse effectively when they encountered it. This then enabled provision of support or referral onto specialist services as necessary.

22. **The Coordinated Community Response is therefore critical in an effective response to domestic abuse, and in the ability of victims and survivors to access the help and support that they need.** Health services in particular can play a critical role; while 44% of victims and survivors told a health professional about their abuse first, just 19% heard about domestic abuse support in their area from health.

RECOMMENDATIONS

How to meet the needs of victims and survivors across England and Wales

Additional funding is needed to meet demand

Recommendation 1:

The Ministry of Justice should introduce a duty on local commissioners to collaborate in the commissioning of specialist domestic abuse services, conduct joint strategic needs assessments, and this duty should be accompanied by a new duty on central government to provide funding to adequately meet this need. This should make use of the opportunity afforded by the upcoming Victims' Bill or identify a future legislative vehicle for such a duty. It will be particularly critical that needs identified locally include the needs of children and of migrant survivors including those with no recourse to public funds.

Recommendation 2:

Given the limitations of existing evidence, the Government, including His Majesty's Treasury, should develop the evidence and data necessary to enable a cost-benefit analysis of providing support to victims and survivors of domestic abuse, including children. This should estimate the cost of providing support to all victims and survivors who need it, and the benefits doing so would bring to society.

Recommendation 3:

The Ministry of Justice and the Department of Health, working closely with the specialist domestic abuse sector and relevant professional bodies, should develop plans to address the paucity of specialist counselling and therapeutic support available to victims and survivors, including children.

Recommendation 4:

The Department for Levelling Up, Housing and Communities should include the impact on community-based services in their evaluation of Part 4 of the Domestic Abuse Act.

Recommendation 5:

The Department for Education, working with the Department for Levelling Up, Housing and Communities, Home Office and Ministry of Justice, should develop a national strategy to address the lack of specialist support available for children affected by domestic abuse. They should work closely with the specialist domestic abuse, VAWG and 'by and for' sectors, as well as the children's sector, to ensure funding is available to meet the needs of children affected by domestic abuse.

Recommendation 6:

The Ministry of Justice should play a stronger role in monitoring demand on specialist domestic abuse services nationally, in order to assess the success of the Victims Funding Strategy and the Domestic Abuse Plan. The Victims Funding Strategy commits to a vision where 'the right support should be available to all victims of crime, when they need it', and the Domestic Abuse Plan to 'help all victims and survivors who have escaped from domestic abuse feel that they can get back to life as normal, with support for their health, emotional, economic and social needs.'

Recommendation 7:

Commissioning bodies at a local and national level, should increase the provision of behaviour-change interventions for perpetrators of domestic abuse. Funding should be directed towards robustly evaluated, evidence-based and quality-assured interventions, considering the needs of victims and survivors at every stage.

Recommendation 8:

In line with the commitment made in the Domestic Abuse Plan, the Government should set out how they will use the results of this mapping exercise to identify gaps and better target funding to local services.

National government should play a larger role in funding specialist 'by and for' services

Recommendation 9:

The Ministry of Justice, with the Home Office and Department for Levelling Up, Housing and Communities, should establish a £263m fund over 3 years to support specialist 'by and for' services.8 This should include a long-term programme of capacity building, to improve the provision and geographical spread of specialist 'by and for' services across England and Wales, and allow these specialist sectors to grow sustainably.

Recommendation 10:

The Home Office, coordinating across Government (particularly with the Department for Education, Department for Levelling Up, Housing and Communities, Ministry of Justice, and Department for Work and Pensions) should develop a strategy for improving the understanding of the intersectional needs of victims and survivors for frontline public sector staff. This should cover the specific needs of victims and survivors with protected characteristics and multiple disadvantage, and should be developed in partnership with specialist 'by and for' organisations. Priority should be given to professionals most likely to interact with victims and survivors, and outcomes of any strategy should be monitored closely, including through monitoring the protected characteristics of victims and survivors identified by statutory agencies and referred onto specialist services or bodies such as MARAC.

Recommendation 11:

The Ministry of Justice and the Home Office should jointly fund a specific programme of capacity building to help build partnerships between non-by and for services and specialist by and for services. This should include monitoring of how referrals are made between services, and the distribution of funding from local commissioners. It should work to enable non-by and for services to better identify and understand the intersectional needs of victims and survivors with protected characteristics, or who face multiple disadvantage, and to work better with the most appropriate 'by and for' organisation.

8 The breakdown of costs is detailed in the Domestic Abuse Commissioner's Spending Review submission in November 2021

More is needed to support victims and survivors facing multiple disadvantage

Recommendation 12:

The Department for Levelling Up, Housing and Communities should conduct a needs analysis of the provision of accommodation-based services for victims and survivors who may face multiple disadvantage. This should then be used to establish a funded programme of capacity and capability building, making use of examples of best practice already in place. This needs analysis should make use of the findings from this research, from their own evaluation of Part 4 of the Domestic Abuse Act, and work closely with the specialist domestic abuse sector.

Recommendation 13:

The Ministry of Justice should conduct a needs assessment of support available to victims and survivors with a history of offending, and take steps to address the lack of support available to this group of victims and survivors. This should strengthen commitments already made in the Female Offender Strategy and link up with work to coordinate and build capacity within Women's Centres, as well as provision already delivered within the prison estate.

Recommendation 14:

The Home Office should encourage Serious Violence Prevention Duty holders to ensure that domestic abuse is included within work to address a range of high-risk factors in the involvement of public space serious violence. This should be alongside a recognition that domestic abuse is itself a form of serious violence, as defined by the Policing, Crime, Sentencing and Courts Act 2022.

Local commissioners should fund services to deliver the full range of work that is needed, including to proactively market their services

Recommendation 15:

Commissioners should fund services using a model of full cost-recovery, including access to interpreters, communications support and clinical supervision. Any statutory or non-statutory guidance issued by Government should reflect this expectation.

Recommendation 16:

Commissioners should ensure services are funded to proactively raise awareness of their services and conduct outreach. Local commissioner websites should also be clear about what services are available in their area, and to whom.

Services available to men should be clear that men can access them

Recommendation 17:

Local commissioners, and commissioned services, should be clear on their websites who can access their services, and provide clarity about whether services are inclusive. Commissioners should also monitor who is accessing the services that they fund, by gender and protected characteristics, and work with a range of local services to ensure clear pathways of support for all victims.

Outreach and raising awareness of domestic abuse, and of what services are available is still needed, particularly for victims and survivors with learning disabilities

Recommendation 18:

The Home Office should consider how national communications campaigns can be linked with local campaigns, including to raise awareness of the availability of services locally.

Recommendation 19:

The Home Office and Department for Education, working with the Department for Health and Social Care, should conduct an awareness raising campaign focused on raising awareness of domestic abuse amongst people with learning disabilities. This should be developed and delivered in tandem with people with learning disabilities, and with the specialist 'by and for' sector.

Statutory agencies must improve their identification of and response to domestic abuse – to strengthen the Coordinated Community Response

Recommendation 20:

The Home Office should work with the Domestic Abuse Commissioner's Office to develop an agreed framework for assessing the training needs of public sector bodies with regards to domestic abuse, and Government Departments should conduct a training needs assessment of priority professions as identified by this mapping report. Priority should be given to professionals most likely to be told about domestic abuse, in particular healthcare staff, social workers, legal or court professionals, and DWP staff. This should incorporate existing work underway within the Domestic Abuse Commissioner's Office to map existing training provision across statutory agencies.

Recommendation 21:

Local commissioners should work with statutory agencies and services in their area to develop join-up and seamless pathways of support for victims and survivors with multiple needs, particularly for those facing multiple disadvantage. This should also be closely aligned with work to introduce an ambitious 'duty to collaborate' through the Victims Bill, and the new Serious Violence Prevention Duty.

Recommendation 22:

Funding bodies should consider the need for enhanced support through one-to-one caseworkers for victims and survivors who might not meet the threshold for an IDVA, in order to hold cases and coordinate the range of support and services needed by victims and survivors. In particular, the Ministry of Justice should consider this in the context of proposals to formalise the IDVA and ISVA roles through the upcoming Victims' Bill.

The healthcare sector must recognise its unique position of trust, and improve professionals' understanding of domestic abuse in order to identify abuse at an earlier stage and support survivors to access specialist support

Recommendation 23:

The Department for Health, with NHS England, should develop an ambitious programme of work to improve health professionals' awareness of and response to domestic abuse within healthcare settings, and to build partnerships between specialist domestic abuse services and health services. This should build on best practice as set out in the Pathfinder Toolkit, and other examples of close working between healthcare providers and domestic abuse services.

Recommendation 24:

The Department for Health should ensure the availability of timely and appropriate mental health interventions to support the mental health needs of victims and survivors of domestic abuse.

Recommendation 25:

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 for Health and Social Care, the VAWG Inter-Ministerial Group and the Domestic Abuse Commissioner in an annual report.

Commissioners should only bring services in-house in exceptional circumstances

Recommendation 26:

The Victims Funding Strategy, and national guidance for commissioners on the commissioning of services, should set out clearly the importance of independent services in any statutory or non-statutory guidance. Where services are brought in-house, this information should be shared with the Ministry of Justice, Home Office, Department for Levelling Up, Housing and Communities and with the Domestic Abuse Commissioner's Office to understand why and to monitor changes over time.

Recommendations for further research

While this research makes huge strides in our understanding of the provision of domestic abuse services across England and Wales, it also highlights some additional gaps in our understanding. More detailed suggestions for further research can be found in our Technical Report, but there are some key issues that warrant further examination:

1. **We need to better understand the experiences of minoritised and marginalised victims and survivors who access 'non by and for' services**. Our research demonstrates clear benefits to accessing 'by and for' services in comparison to accessing services that are not 'by and for'. However, we were unable to differentiate between the outcomes of victims and survivors who access specialist DA/VAWG organisations, organisations with a broader remit, or services that had been brought in-house by public sector bodies.

2. **While the impact of accessing support overall was clear, there would be benefits to a more detailed understanding of different outcomes for victims and survivors depending on what type of support they had accessed.** In this report we were able to show the differences between survivors who had accessed services and those who hadn't. Further analysis is needed to understand how these differences change depending on what type of intervention was accessed, such as counselling, IDVA support, refuge, or other provision. We will also need to better understand the types of support that victims and survivors wanted and accessed through both Criminal and Family Court, whether it was support through a specialist domestic abuse service or legal advice from a lawyer.

3. **Further examination is needed of what specialist services located outside of 'by and for' organisations look like.** Our research demonstrates a relatively high proportion of organisations offering specialist services for particular groups of victims and survivors. However, it was unclear what this specialism involved – and could range from provision of specific training to the delivery of a bespoke, tailored service. The mapping conducted by Galop on behalf of the Domestic Abuse Commissioner of LGBT+ support suggests a wide variation in understanding of 'specialism' amongst services. Equally, work by Stay Safe East and Sign Health on behalf of the Domestic Abuse Commissioner due to be published shortly shows a similar picture for services for Deaf and disabled survivors.

4. **More information is needed about who domestic abuse services supported nationally, and what support was provided.** While we asked about eligibility for support, and about the numbers of referrals received and engaged with, we did not ask for a demographic or any other breakdown of who received support from domestic abuse services. This will be crucial to understand the disparity between services who offered services to particular groups of people (such as disabled victims and survivors, LGBT+ survivors, or men) and what survivors told us about services being unavailable in their area.

Annex A: Glossary of Terms

Victims and survivors are defined as anyone who has been subjected to domestic abuse as defined by the Domestic Abuse Act 2021. The Act defines domestic abuse as behaviour of a person towards another person if they are each aged 16 or over and are personally connected to each other, and the behaviour consists of any of the following — physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct. Children are also included within this definition, in recognition of the damaging effect of domestic abuse on them, where they are a relative of someone over 16 who is subject to domestic abuse.

Violence Against Women and Girls (VAWG) refers to the definition that the Government adopted from the United Nations Declaration (1993) on the elimination of violence against women to guide activity across all government departments: "Any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public of private life." According to the Declaration, violence against women is rooted in the historically unequal power relations between women and men. It also explains that violence against women is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." It is used to describe violence and abuse that is disproportionately perpetrated against women, namely domestic abuse, sexual violence, so-called 'honour-based' abuse, and stalking.

Minoritised communities are those who have been othered and defined as minorities by the dominant group. They may face structural discrimination on the basis of protected characteristics, in particular race, religion, disability, sexual orientation, transgender identity or as part of the Deaf community. Those within these communities who hold multiple intersecting identities may face even greater marginalisation and further barriers to accessing support.

Black and minoritised – These terms consider a structurally intersectional approach to the naming and referring to communities that experience racism and marginalisation based upon (perceptions of) race and ethnicity, or they are communities that self-define in a myriad of ways outside of categories of 'whiteness'. Terminology to denote this is contentious, but we have chosen Black and minoritised rather than widely critiqued acronyms as it is the preferred term of the domestic abuse sector to acknowledge diversity and to refrain from cultural and racial profiling. For the purposes of this research, we have included Gypsy and Irish Traveller communities when reporting on the experiences of Black

and minoritised survivors, in recognition of the marginalisation faced by this community. We acknowledge that this language is complex and important and that the use of these terms may not be preferred in years to come.

Multiple disadvantage – Against Violence and Abuse defines multiple disadvantage as facing "multiple and intersecting inequalities including gender based violence and abuse, substance use, mental ill health, homelessness, being involved in the criminal justice system and the removal of children."

'By and for' - Our research defined 'by and for' organisations as organisations that are designed and delivered by and for people who are minoritised (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities they serve, and may include wrap-around holistic recovery and support that address a victim or survivor's full range of intersecting needs, beyond purely domestic abuse support. We considered separately services for women that are run by women.

'Specialist support' was defined as support that was specifically provided for and tailored to the needs of these victims and survivors, rather than eligibility. The survey also clarified that specific support for Deaf or disabled victims and survivors should refer to support provided specific to their lived experiences, rather than just accessibility requirements.

Coordinated Community Response – Standing Together Against Domestic Abuse defines the Coordinated Community Response (CCR) as "a whole system response to a whole person" which "shifts responsibility for safety away from individual survivors to the community and services existing to support them." More detail on the CCR can be found in their In Search of Excellence report.

Independent Domestic Violence Advocate (IDVA) – As defined in the Victim's Code, IDVAs work with victims of domestic abuse to understand their experiences and their risk of ongoing harm. They will develop an individual safety plan with a victim to ensure they have everything they need to become safe and start to rebuild their lives free from abuse. This plan may include supporting victims to access statutory services (such as health care and housing services), representing their voice at a Multi-Agency Risk Assessment Conference and accessing other voluntary services in their communities. Independent Domestic Violence Advisors are independent of statutory services and are able to provide victims with relevant information and advice tailored to their needs.

Independent Sexual Violence Advocate (ISVA) – As defined in the Victim's Code, an Independent Sexual Violence Advocate is an adviser who works with people who have experienced rape and sexual assault, irrespective of whether they have reported to the police.

Accommodation-based services – The Domestic Abuse Act (2021) defines accommodation-based services as "support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant accommodation." Regulations for the Act define relevant accommodation as "accommodation

which is provided by a local housing authority, a private registered provider of social housing or a registered charity whose objects include the provision of support to victims of domestic abuse" and is "refuge accommodation; specialist safe accommodation; dispersed accommodation; second stage accommodation; or other accommodation designated by the local housing authority, private registered provider of social housing or registered charity as domestic abuse emergency accommodation." The accommodation may not be bed and breakfast accommodation but may be part of a sanctuary scheme.

Community-based services are referred to in this report as services that are delivered to victims and survivors in the community; i.e. not in an accommodation-based setting. It can be used as an umbrella term to describe a number of intervention types, including advocacy, counselling and therapeutic support, or behaviour-change interventions for perpetrators of domestic abuse.

No Recourse to Public Funds (NRPF) – A person will have no recourse to public funds when they are 'subject to immigration control', as defined at section 115 of the Immigration and Asylum Act 1999. A person who is subject to immigration control cannot claim public funds (benefits and housing assistance) unless an exception applies. When a person has leave to enter or remain that is subject to the NRPF condition, the term 'no public funds' will be stated on their residence permit, entry clearance vignette, or biometric residence permit (BRP).

domestic abuse commissioner

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