



**domestic
abuse
commissioner**

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Maria Caulfield MP
Parliamentary Under Secretary of State (Minister for Mental Health and Women's Health Strategy)
Parliamentary Under Secretary of State (Minister for Women)
39 Victoria St
London SW1H 0EU

CC: Helen Whatley MP
Minister of State (Minister for Social Care)
39 Victoria St
London SW1H 0EU

15 June 2023

Dear Maria Caulfield MP,
CC: Helen Whatley MP

I am writing to you today to share my views on how the health and social care system can play a leading role in the response to domestic abuse. In my previous role as CEO of Standing Together Against Domestic Abuse, I was heavily involved in work to improve the healthcare response to domestic abuse, in part by championing the role of health in the tri-borough response to domestic abuse, and nationally through work on the Pathfinder project to pilot specialist domestic abuse interventions and embed a Whole Health response to domestic abuse. In my current role as the Domestic Abuse Commissioner for England and Wales, I look forward to building on that experience and working with you closely through the VAWG Inter-Ministerial Group and other forums to highlight good local work and scale these best practice interventions up to a national level.

Domestic abuse is a critical public health issue that affects at least 2.4 million adults every year. As part of the Coordinated Community Response to domestic abuse, health services provide one of the earliest and most trusted places for victims and survivors to access support. My office's recent mapping, [A Patchwork of Provision](#), showed that health professionals were the most likely professional that survivors disclosed to – more than police. The effectiveness of this intervention is vital – not only does it have immense impact on the quality of safety and support received by the survivor, it has tangible impacts on the wider healthcare system too.

I was pleased to see that as part of the 10-year plan for the Women's Health Strategy, there is an ambition for there to be a wider acknowledgement and understanding that violence and abuse is a public health issue, as well as for the healthcare system to take an increased role in prevention, early identification and provision of support for victims. I also very much

welcome the commitment to ensure that NHS services and staff are able to support victims of violence and abuse.

Achieving these ambitions will require an injection of sustainable funding into the system to support interventions aimed at addressing domestic abuse. I would like to take this opportunity to detail some of the key issues I would like to work with your Department on and encourage you to prioritise and appropriately fund, in order to capitalize on the important opportunity that the healthcare system has to prevent and reduce domestic abuse – both for service users and staff across the health and care sector.

Tackling domestic abuse through the healthcare system

Health professionals hold a unique position of trust that can facilitate disclosures of domestic abuse. As part of my office's mapping work, we heard positive experiences that victims and survivors had with healthcare professionals, and the opportunities that both routine and ad-hoc appointments provided to disclose abuse, and the appropriate referrals to be made to the right local services. Health services also have a particularly high level of contact with the public – Domestic Homicide Reviews consistently find that one of the only services in touch with both the victim and the perpetrator is a local health service.

It is therefore critical that health professionals have a strong understanding of domestic abuse, particularly insidious and subtle forms of abuse such as coercive control, in order to identify abuse at an earlier stage and support victims and survivors to access specialist support. All staff must be prepared to refer disclosures of domestic abuse to the right local services, and be aware of the services in the area that are most appropriate for the survivor and any children they may have.

However, this is currently not the case. Whilst disclosures to health services are high, referrals to local domestic abuse services are alarmingly low. My office's mapping work showed that although survivors were most likely to tell health professionals about their abuse first, only 19% first heard about domestic abuse services from health services.

Despite the vital importance of routine inquiry in facilitating disclosures of domestic abuse, a roundtable run by the Maternal Mental Health Alliance found that only half of all health professionals felt comfortable asking about domestic abuse. In some cases, this is likely to be due to the lack of a clear referral pathway and lack of effective training on domestic abuse, so clinicians may not feel comfortable beginning the conversation without having the right resources nor services to recommend.

I have been very pleased to see the progression of research through both NHS England and the Home Office to better understand the landscape of healthcare interventions for domestic abuse. I would hope to see continued investment to fill the gaps identified by these projects as well as broader work undertaken to implement a Whole Health Approach to tackling domestic abuse, which safeguards both staff and patients.

Supporting victims and survivors with mental health needs

Your Department has recently made a commitment to publish a Major Conditions Strategy, which will include plans to prevent, diagnose, treat and manage mental ill health. Mental ill health can be both a risk factor for and consequence of domestic abuse. It may be created or exacerbated by experiences of domestic abuse, whilst also being a significant barrier to accessing support services. In 2020-21, 45.6% of women in refuge services reported feeling depressed or having suicidal thoughts as a direct result of the domestic abuse they had

experienced, and research has shown that women who have experienced domestic abuse are three times more likely to be diagnosed with a mental health problem. In some cases, perpetrators weaponise survivors' mental ill health as part of their coercive and controlling behaviour and as a way of discrediting survivors' disclosures of what is happening to them.

It is critical that survivors of domestic abuse are able to access mental health support. My office's mapping work showed that 77% of survivors, and in particular disabled survivors, wanted mental healthcare, but only 37% were able to access it. Existing structural oppressions create barriers to survivors accessing mental health support, and the underfunding of specialist domestic abuse services – particularly 'by and for' services, which are critical in responding to survivors' mental health needs – impacts access to critical services.

Survivors with high mental health needs can find themselves caught in a trap entirely unable to access support. They are often unable to be supported in safe accommodation; the 2021-2022 annual progress report from the Domestic Abuse Safe Accommodation National Expert Steering Group showed that mental health was the most reported reason why a household's need could not be met. Survivors are therefore reliant on support from community-based services – however, specialist domestic abuse services are unable to respond to their more complex mental health needs, and their needs are determined 'too specialist' for mainstream mental health services as a result of their experience of domestic abuse. These victims and survivors were least likely to be able to access support, with only 63% of domestic abuse services saying they would accept a referral and be able to provide full support. This keeps some of the most vulnerable victims in a devastating cycle of being unable to access appropriate support.

I would hope to see the Major Conditions Strategy highlight the connections between mental health needs and domestic abuse and include measures to prevent, identify, and manage mental ill health by preventing and addressing domestic abuse and funding services to support all victims, no matter the complexity of their needs.

Supporting health and social care staff experiencing domestic abuse

While it is important that victims and survivors of domestic abuse who are accessing healthcare services are identified and supported, as highlighted in the Women's Health Strategy, it is also absolutely paramount that health and social care staff who are victims of domestic abuse are supported in the workplace.

However, failure to ensure that health and social care employers are able to support their staff who are experiencing domestic abuse may lead to high levels of staff turnover and poor performance for those who remain employed. If staff who are victims of domestic abuse go unidentified and unsupported, they may be dismissed for reasons resulting from their experience of domestic abuse which have not been identified as such, they may be coerced by the perpetrator into leaving work, or they may elect to leave their role due to other pressures such as criminal or family justice processes taking priority. In any of these cases, the health and social care workforce loses a valuable member, and a victim of domestic abuse goes unsupported.

It is critical that health and social care services are supported to prioritize initiatives to improve the recognition of and support for survivors of domestic abuse within their own staff. I am very pleased to see that some trusts are already achieving this, but would hope to see it prioritized nationally so that all staff, no matter where in the country they are or what type of health setting they work in, are able to access support in the event that they are experiencing domestic abuse.

I would welcome the opportunity to meet with you to further discuss the priorities outlined above, and would like to extend an offer for your Department to reach out to my office at any time for advice and support on any aspect of the Department's work which may relate to and affect victims and survivors of domestic abuse. In particular, my office would be happy to provide your Department with examples of best practice across England and Wales so that we can work together to develop a consistent, high level of support and intervention for victims and survivors across the country.

I look forward to continuing to work with you and your Department to ensure that that all victims and survivors, no matter who they are or where they live, can find safety and support in our health and social care system.

Yours sincerely,

Nicole Jacobs

A handwritten signature in black ink that reads "Nicole Jacobs". The signature is written in a cursive style with a long horizontal stroke at the end.

Domestic Abuse Commissioner for England and Wales