



**domestic
abuse
commissioner**

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Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
39 Victoria Street, London, SW1H 0EU

Dear Secretary of State,

I would like to warmly welcome you to your new role as Secretary of State for Health and Social Care. Since my appointment as the first Domestic Abuse Commissioner for England and Wales in September 2019, I have had the privilege to act as an independent voice for victims and survivors of domestic abuse, drawing on my 30 years' experience in domestic abuse services, policy and intervention. I have used my statutory powers, as set out in the Domestic Abuse Act 2021, to hold both agencies and the previous government to account in tackling domestic abuse, as well as working collaboratively wherever possible to help improve the support provided to the 2.1 million victims and survivors of domestic abuse every year and to hold perpetrators to account.

I am aware that you have spoken candidly about your own experiences of domestic abuse growing up, and wanted to firstly take this opportunity to thank you for your openness. In order to effectively tackle domestic abuse, it must be recognised and brought out from the shadows. I know that your experiences will resonate with many victims and survivors; hearing these reflected at the highest levels of Government will help to show that they are not alone and that domestic abuse can happen to anyone.

Health: a domestic abuse issue

The critical role of the health system in responding to domestic abuse has long been recognised, including through the existing 10-year plan for the Women's Health Strategy. But we must go further and faster. Domestic abuse is estimated to cost the health service over [£2.3bn in a year](#). Fundamentally, domestic abuse is a public health issue that can have serious impact on a person's physical, emotional, mental and sexual health. From your Department's own [research](#), 80% of women in an abusive relationship seek help from health services, usually GPs, at least once. In my mapping [report](#), over 44% of victims and survivors told us that health care workers the first professional that they chose to disclose their abuse to – the most common professional group. Despite this, only 19% of survivors found out about domestic abuse support available to them from healthcare workers. Domestic Homicide Reviews (now called Domestic Abuse Related Deaths Reviews) [consistently find](#) that one of the only services in touch with both

the victim and the perpetrator is a local health service. The effectiveness of the health intervention is therefore critical.

Health is an important partner within the Coordinated Community Response (CCR). The CCR enables a whole system response to a whole person and their immediate family, shifting the onus off victims and survivors to seek support, and putting it on the systems which ought to be supporting them. A successful CCR requires health systems and interventions to collaborate across their local area from needs assessments, prevention and early identification. The new Duty to Collaborate, introduced by the Victim and Prisoners Act, provides a critical opportunity for health to strengthen its role in the local CCR.

The role of the Department for Health and Social Care

An effective national response to domestic abuse requires a multi-disciplinary approach which utilises the whole of the government's apparatus. As set out in your Manifesto's 'mission led' approach, tackling domestic abuse must be a genuine cross-Departmental priority for this new Government - working together to fully harness levers of change, overseen by robust governance and accountability and driven from the very heart of Government.

Your department has a critical role to play in improving the response for victims and survivors, including children. The Department of Health and Social Care has a unique opportunity to protect victims and survivors to prevent the escalation of abuse. However, this cannot be achieved without long term sustainable funding for interventions.

In the face of the many health challenges facing domestic abuse survivors, the [Whole Health Approach](#) has been developed by Standing Together Against Domestic Abuse. This project saw the 'Whole Health' model rolled out in 8 sites across the UK, in partnership with other specialist domestic abuse organisations. As set out in the [Pathfinder Toolkit](#), it aims to transform the healthcare response to domestic abuse by ensuring a coordinated and consistent approach across the local health system including acute, mental health and primary care services. Despite the clear success of the project, its funding ended in March 2020. I would strongly support the resumption of funding and wider roll-out of the model and call on you to consider this as you define the role that your Department has to play in achieving the Government's commitment to halving VAWG in a decade.

Opportunities for change

I would like to take this opportunity to draw your attention to the recent briefing I shared with Officials, which sets out in more detail my key issues and priorities for your Department. This is attached to this correspondence for your reference. In this briefing I put forward a number of recommendations, including:

- Investing in the mental health support offer for victims, including determining need where counselling support is provided across health and sector organisations;
- Through Integrated Care Boards, auditing the training offer across all Trusts, and taking action where training falls short;

- Requiring all healthcare settings, including Women's Health Hubs, to maintain clear referral pathways to domestic abuse services locally, including behaviour change programmes;
- Improving accountability for health commissioning across health settings that supports the domestic abuse response, including through the new statutory Duty to Collaborate;
- Supporting initiatives and policies that recognise and support victims and survivors of domestic abuse within the healthcare workforce, as well as taking a safe and robust approach to employees found to be perpetrating abuse;
- Introducing confidential pathways for disclosure to ensure a robust response to when a patient is a suspected perpetrator of abuse;

May I please urge you to read this document in full and give my recommendations your careful consideration. I believe that they are an imperative step towards achieving and delivering truly ambitious change in the health response to domestic abuse. Furthermore, I welcome your recent announcement of an independent report into the state of the NHS and I stand by to assist in any recommendations regarding improving health's response to domestic abuse.

Working together

My Office works independently of any organisation or political party to amplify the voices of victims and survivors of domestic abuse. My small team of domestic abuse experts develop policy, conduct research, and collect practitioner insight to ensure that we remain at the forefront of understanding of what victims and survivors need, and are well placed to offer solutions. We remain available to you and your colleagues across Government to engage and advise on all issues relating to domestic abuse - as well as to facilitate, wherever needed, invaluable connections to the specialist sector and to victims and survivors themselves.

I would very much welcome the opportunity to build a strong collaborative relationship with you in your new role, beginning with a discussion at your convenience on the important issues set out in this letter and attached briefing. If your team could please advise my Office of your upcoming availability, I would look forward to starting this conversation with you.

Yours sincerely,

Nicole Jacobs



Domestic Abuse Commissioner for England and Wales