Men's Health Strategy for England: call for evidence
Domestic Abuse Commissioner response

Role of the Domestic Abuse Commissioner

The Domestic Abuse Act establishes in law the Office of the Domestic Abuse Commissioner for the purpose of providing public leadership on domestic abuse issues and to 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 and improve the protection and provision of support to people affected by domestic abuse, by holding agencies and Government to account. The Domestic Abuse Commissioner welcomes the opportunity to feedback on the Governments open call for evidence on a Men's Health Strategy and would be open to discussing the contents of this response further, if requested to do so.

Men's Health: a domestic abuse issue

Domestic abuse is a public health issue that is estimated to cost the health service over £2.3 billion each year.[1] Healthcare settings provide one of the earliest and most trusted places for victims and survivors to access support. In the Commissioners mapping research, it found 47% of male victims and survivors disclosed abuse to a healthcare worker first. [2]

In the year ending March 2024, 6.5% of men (1.5million) aged 16 years and over experienced domestic abuse, and since the age of 16, it is estimated almost 22% of men (5.1million) have experienced domestic abuse. In 2023-24, 128,596 cases were discussed at MARAC (Multi Agency Risk Assessment Conference), with 6.5% of these cases relating to male victims[3]. In 2022/23 Respect's Men's Advice Line received 33,906 calls and 6,602 emails from male victims and/or their concerned loved ones.[4]

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[1] The economic and social costs of domestic abuse
[2] DAC_Mapping-Abuse-Suvivors_Long-Policy-Report_Nov2022_FA.pdf
[3] Our quarterly Marac data - SafeLives
[4] Impact 2023/4

It is important to acknowledge there are additional barriers that GBT+, deaf and disabled, black and minoritised and migrant male survivors face. Between January and June 2020, 40% of the men supported by the Men's Advice Line identified as BAME, with data findings this cohort of victims experienced abuse at higher frequencies and increased severities with one in three experienced controlling behaviour, and 10.5% experienced physical violence five times more than men from other communities[5]. A survey of LGBT+ domestic abuse survivors conducted by YouGov on behalf of Galop found 61% of LGBT+ survivors did not seek support from services following their experiences of abuse and trans, non-binary and gender diverse, and pan/queer survivors reported high levels of concern about being mistreated by services, or that services may not understand their identities[6]. It is crucial that all survivors of abuse have are provided with pro-active and equitable opportunities to identify abuse and access specialist support.

In developing the Men's Health Strategy, the Department of Health and Social Care should draw upon data collected by Respect's Male Victims Helpline—funded by the Home Office—to ensure a comprehensive understanding of the specific needs, challenges, and emerging trends affecting male victim-survivors of domestic abuse are represented.

Standing Together Against Domestic Abuse's Whole Health approach[7] recognises that domestic abuse is not just a criminal or social issue, but a profound public health concern that affects every aspect of a person's wellbeing. This approach emphasises the importance of a coordinated response across the healthcare system, ensuring that survivors receive holistic, trauma-informed care. Crucially, it also highlights the need for perpetrators to be held accountable for their actions, reinforcing that abuse is never acceptable. Healthcare professionals play a vital role in this framework—they are often the first point of contact for survivors and are uniquely positioned to identify signs of abuse. By being trained to recognise these indicators and intervene appropriately, from both a victim and perpetrator perspective, healthcare professionals can create opportunities for lifesaving and life-changing support and behaviour change interventions delivered by specialist domestic abuse services. Early intervention in healthcare settings can break the cycle of abuse and lead to safer, healthier futures for victim-survivors whilst building a greater recognition of those who cause harm, holding perpetrators to account.

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[5] Ippo Panteloudakis discusses male victims from Black and minoritised communities with HOPE Training | Respect

[6] 67e6a5384fd512c5b6f15052_Galop_A4_IsolatedPlace_Report_2023_Final.pdf

[7] STADA Crossing Pathways report (summary) A4 Portrait

Male victims of domestic abuse remain an underrepresented group within public health and safeguarding frameworks and the Commissioner would like to see a dedicated and integrated approach to male victims of abuse within the national Men's Health Strategy. This must be led with a public health approach as evidence has suggested that for every £1 invested in public health an average of £14 will subsequently be returned to the wider health and social care economy[8] and the Commissioner's response speaks directly to the ambitions outlined within the 10-year health plan's strategic shifts moving from hospital to community and sickness to prevention.

To achieve this, the Department of Health and Social Care must ensure that the unique health and social care needs of male survivors are recognised, resourced, and addressed.

Question 1: Understanding and identifying areas where we can improve support for healthier behaviours.

In 2021, children were for the first time recognised in law as victims of domestic abuse in England and Wales. Section 3 defines a child victim as any child who 'sees or hears, or experiences the effects of, the abuse[9]. Placing child victims of domestic abuse at the heart of a national Men's Health Strategy is essential for driving long-term improvements in health outcomes and tackling entrenched inequalities.

Childhood and adolescence represent pivotal stages where early support can shape lifelong habits, promote emotional resilience, and challenge the social norms that often deter boys from seeking help. By focusing on this formative period, this strategy can lay the ambitious groundwork for healthier futures and more equitable access to care across the male population.

Early, trauma-informed support helps boys make sense of their experiences, develop healthy coping mechanisms, and build resilience. As a trusted point of contact for children and families, healthcare professionals are uniquely positioned to intervene with victims at the earliest opportunity, provide trauma-informed care, and coordinate with other services to support recovery and long-term well-being. These interventions are critical in fostering emotional recovery, promoting mental well-being, and guiding them toward healthier relationships

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[8] *BMJ* 2017;356: j1606

[9] Domestic Abuse Act 2021

and life outcomes along with preventing potential long term physical and mental health conditions.

Research evidenced within the Commissioners policy report on babies, children and young people affected by domestic abuse[10] highlights that early experience of domestic abuse can impact on boys' sense of masculine identity.[11] Dr Jade Levell's research has found that boys can be overwhelmed by the "pressure to protect, provide, and be strong, against the experience of being victimised and subordinated through abuse."[12] This experience can create complex conflicts for some boys, where vulnerability and violence coexist. Whilst this may not the case for all young boys, there is a correlation that must be acknowledged in policy and practice.[13]

Whilst it is important for child victims of domestic abuse to be recognised with the national men's health strategy, the Department for Health and Social Care's ambitions to improve healthier behaviours must go further. To achieve this, in practice, Integrated Care Boards (ICB's) must be given the capacity, funding and resources to embed a preventative response to child victims of domestic abuse within their own local strategies. The prominence of this can be evidenced from the Commissioner published research on domestic abuse related deaths, conducted by the HALT research team at Manchester Metropolitan University. One DHR recommended that the Local Safeguarding Children Board "consider identifying working with adolescent boys as a thematic priority in its strategic plan,", in response to a gap in provision, where teenage boys were not viewed as "children who might need a safeguarding or other protective response.[14]

One of the most notable impacts on children and young people who have experienced domestic abuse is that on their mental health.[15] Being subject to domestic abuse among patients in Child and Adolescent Mental Health Services (CAMHS) is at least twice of that in the general population, with almost 50% of the patients in CAMHS reporting exposure to domestic abuse or child abuse, and 22% reporting double victimisation.[16]

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[10] dac_bcyp_main-report_FINAL-DIGITAL.pdf
[11] Levell, J. (2022).
[12] Levell, J. (2022).
[13] dac_bcyp_main-report_FINAL-DIGITAL.pdf
[14] Chantler, K. et al (2023a)
[15] dac_bcyp_main-report_FINAL-DIGITAL.pdf
[16] Hultmann, O. et al (2022).

Chronic exposure to environments dominated by coercive and controlling behaviour creates an ongoing stress response in the child's brain, thereby increasing the risk of physical and psychological illness[17].

Furthermore, the Commissioner would like to strongly suggest Men's Health strategy include reference the following interventions to create tangible change for young male victims who experience domestic abuse so that they receive a response that meets their unique needs.

Routine Screening: The NHS must integrate domestic abuse screening into paediatric teams, GP practices and mental health, and school health assessments.

Training: Health care professionals must be equipped with the knowledge and skills to recognise and respond to signs of abuse and trauma in male victims of domestic abuse of all ages.

Use of Digital Health Records: Children may often attend various appointments through the NHS, and it is vital that there are confidential indicators such as domestic abuse flags or alerts in electronic health records to ensure any safeguarding concerns can be appropriately recorded and addressed so risks surrounding information sharing can be appropriately managed.

Child-Centred Consultations: Consultations with children must be conducted in a safe, confidential, and age-appropriate manner, allowing boys to speak freely about their experiences, while still complying with relevant safeguarding duties.

Mental Health: Direct access to CAMHS (Child and Adolescent Mental Health Services) for boys identified as victims must be prioritised for those exposed to domestic abuse. To support the current demand on CAMHS, The Department of Health and Social Care should commit to funding counselling and therapeutic support for child victims of domestic abuse within specialist community-based services.

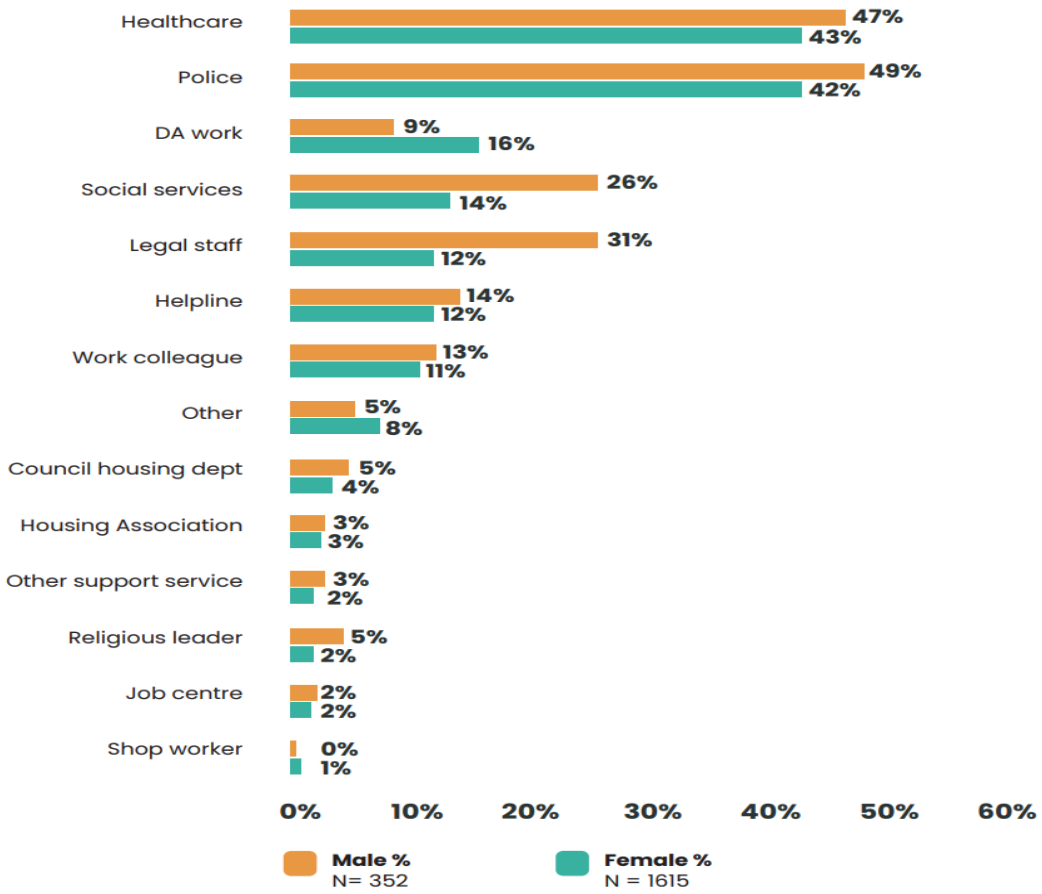
Question 2: Improving outcomes for health conditions that typically, disproportionately or differently affect men.

Research has shown that male victims of domestic abuse tend to not report abuse for a multitude of reasons such as fear of not being believed, shame and

[17] Juruena, M.F. et al (2020)

embarrassment[18]. Statistics from the ManKind Initiative found 58.9% of the men who had called their helpline have never spoken to anyone before about the abuse they are suffering and 64% would not have called if the helpline was not anonymous.[19]

Findings from the Commissioners 'Patchwork of Provision' report[20] (highlighted below) shows the professions and organisations that survivors of domestic abuse said that they told first, according to survivor's sex/gender. The Commissioner's survey of over 4,000 survivors of domestic found that 47% of male respondents first disclosed their experiences of domestic abuse to a healthcare professional.



Negative stereotypes about male victims can create additional obstacles to reporting abuse and seeking support. For instance, traditional views of masculinity can deeply influence how male victims recognise and disclose

[18] Shuler, C. (2010). Male Victims of Intimate Partner Violence in the United States: An Examination of the Review of Literature through the Critical Theoretical Perspective. International Journal of Criminal Justice Sciences, 5(1), 163-173.

[19] Statistics on Male Victims of Domestic Abuse - Mankind

[20] DAC_Mapping-Abuse-Suvivors_Long-Policy-Report_Nov2022_FA.pdf

domestic abuse. Male victims might hesitate to come forward or may not even name their experiences as abuse, as they might associate the term domestic abuse exclusively with women. This is why it is critical that a public health approach is required to ensure all professionals across the whole health care system are trained to ensure they can confidently identify domestic abuse and effectively respond.

Health professionals hold a unique position of trust that can facilitate disclosures. Domestic Homicide Reviews also consistently find that one of the only services in touch with both the victim and the perpetrator is a local health service. In the Commissioners HALT findings, one study, which consisted of 59 DHR's published between 2017-2019, analysis found that routine inquiry in a range of health settings is absent, with lost opportunities for intervention. Improving the response to domestic abuse must be tackled by improved risk assessments across all healthcare settings which are crucial to ensuring safety for domestic abuse victims at their first disclosure.[21]

In research specifically focused on domestic homicide reviews and male victims, it found from reviews, there was a lack of exploration around the origins of the men's injuries by statutory services. Half of the male victims had presented injuries to either the police, hospital staff or a safeguarding service which were not investigated. Additionally, 5 of the 22 male victims had been to hospital on more than one occasion with injuries, however no information was logged about the origin of these injuries, and no follow ups were conducted to explore the possibility of there being abuse.[22]. This is supported more broadly by Standing Together Against Domestic Abuse (STADA) recent report 'Never Again. Again', which found 89% of Domestic Abuse Related Death Reviews had a least one recommendation for health professionals or the health system[23].

All healthcare care services must strengthen their capacity to identify and support male victim-survivors of domestic abuse, including both adults and children into long-term recovery services. Evidence from Standing Together found 22.5% of all 316 recommendations made in Domestic Homicide Reviews related to the need for 'training and learning' related to domestic abuse amongst healthcare professionals[24]. Currently, these individuals are frequently overlooked, resulting in a significant gap in referrals to specialist services. To address this,

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[21] Briefing-Paper-Health-Services-Domestic-Homicide-Oversight-Mechanism-2023.pdf

[22] Katie Hope, Bates, Bates, Mark Brooks, Julie Taylor: (2021) What can we learn from Domestic Homicide Reviews with male victims? Partner Abuse DHR paper final accepted.pdf

[23] Health/DHR Report FINAL Version

[24] Health/DHR Report FINAL Version

healthcare departments should implement targeted training and screening protocols that recognise the unique experiences of male survivors. Furthermore, the mental and physical health consequences for male victims-survivors must be fully integrated into the primary care response to ensure comprehensive and equitable response.
The IRIS+ training and support intervention[25] was built on and expanded the IRIS training and advocacy support programme. The adapted IRIS + intervention was reconfigured to enhance the identification and referral of men and children directly and via reports received from other agencies. Research by the University of Bristol evaluation the IRIS+, found the most frequently discussed barriers to overcome during the process of disclosure included the erosion of continuity of care and the strong societal perceptions about masculinity. Continuity of care for adult male survivors participating in the study was typified by an ongoing trusting doctor-patient relationship with the same general practitioner, highlighting the time needed to develop rapport with a clinician and build trust and courage to disclose.[26]

A comprehensive men's health strategy must prioritise the training of General Practitioners (GPs) to identify and respond effectively to domestic abuse. Routine safe enquiry into domestic abuse during consultations is essential for earlier identification, enabling timely referrals to specialist domestic abuse services for victim-survivors and support into behaviour change programmes for those who are demonstrating harmful behaviour. This proactive approach supports early intervention and prevention, reducing the risk of long-term harm. By equipping GPs with the skills to recognise signs of abuse and respond appropriately, this will inevitably improve patient outcomes, and significantly reduce repeat hospital visits related to untreated trauma or injury. Embedding this approach within the Men's health strategy is a critical step toward a more responsive, preventative, and inclusive healthcare system.

Furthermore, to ensure all forms of domestic abuse are better identified and responded to throughout all health care settings, there is significant value in having domestic abuse specialists, such as Independent Domestic Violence Advisors (IDVAs) co-located within departments. Integration of IDVA's within a healthcare department allows staff to build good working relationships with local

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[25] IRIS+ Programme: amplifying the healthcare response to Domestic Abuse; £2.2M for clinical trial to improve general practice response to men and children affected by domestic abuse - IRISi

[26] Feasibility of a reconfigured domestic violence and abuse training and support intervention responding to affected women, men, children and young people through primary care | BMC Primary Care | Full Text

specialist services and helps to create an environment for disclosures to be made and ensure effective referral routes for holistic support.[27]

At present, IDVA provision across healthcare settings England is piecemeal. Much of this provision is not funded within core commissioning contracts from Integrated Care Boards (ICB's) and is often only implemented through grant-based funded pilots. This can be supported by evidence from Standing Together Against Domestic Abuse, whose research found significant gaps in mental health interventions, with only 13.6% of areas across England and Wales having a Mental Health IDVA in place.[28]

Healthcare based IDVA's have the potential to reduce both short- and medium-term future costs to the healthcare system, such as repeat visits for untreated or escalating abuse related issues, by reducing the risks faced and improving the safety of the victim. Furthermore, timely intervention by IDVAs can bridge the gap in the prevention of long-term health issues by helping to prevent potential longer-term physical and mental health conditions caused and exacerbated by domestic abuse.

Question 3: Men's access, engagement and experience of the health service

The Commissioner's mapping report[29] indicates the way in which survivors with mental health needs can be caught in a trap unable to access any support. Specialist domestic abuse services are not funded or equipped to meet specific mental health needs, while simultaneously these needs are determined 'too specialist' for mainstream mental health services.[30]

Making explicit the links between domestic abuse and suicide prevention is vital. In a survey by Safe Lives with 200 male victims of domestic abuse, nearly 64% of male victims said that the behaviours experienced lead to them feeling suicidal or having suicidal thoughts, 33% had self-harmed and 80% said that the behaviour they experienced affected their mental health a lot.[31]

Moreover, research from 2018 estimated 1 in 10 men in contact with mental health services were experiencing, or had recently experienced, domestic abuse and 49% of men in contact with mental health services for severe mental illness had

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[27] Health-and-Care-Bill_health-Idva-briefing.pdf
[28] Map — Standing Together
[29] DAC_Mapping-Abuse-Suvivors_Long-Policy-Report_Nov2022_FA.pdf
[30] dac_bcyp_main-report_FINAL-DIGITAL.pdf
[31] Men-and-boys-experiences-of-domestic-abuse.pdf

experienced domestic and/or sexual abuse.[32] More concerning is that men who have experienced domestic abuse are at a significantly higher risk of suicide, with some studies reporting that up to 87% have experienced suicidal thoughts.[33]

The role of traumatic life experiences, such as being subjected to domestic abuse, as a precursor to suicidality has already been formally recognised both nationally (Department of Health, 2012) and internationally (WHO, 2014).[34] More recently, The Department of Health and Social Care, for the first time identified domestic abuse as a risk factor in the 2023-2028 National Suicide Prevention Strategy.[35] Despite growing recognition of domestic abuse as a public health issue, male survivors remain significantly underrepresented in data collection, policy frameworks and referral pathways often leaving them without the support they need.

Timely access to mental health support, therapeutic interventions, and recovery services through the NHS is essential for male victims of domestic abuse. It has never been more critical to do so especially as in 2023, the VKPP project, run by the National Police Chiefs' Council report highlights that the number of suspected victim suicides following domestic abuse has overtaken intimate partner homicides.[36]

While early identification of abuse is critical, it must be accompanied by clear, accessible pathways to therapeutic support and long-term recovery and the NHS is uniquely positioned to provide inclusive, trauma-informed care that addresses the specific needs of male survivors at the earliest opportunity. Ensuring that these services are adequately resourced, visible, and responsive is not only a matter of health equity but a necessary step toward a more effective coordinated community response to domestic abuse response.[37]

There is much still to do across health responses, education, criminal justice system and social care to ensure that the risk of suicide is explored alongside domestic abuse within routine enquiry. With this, the Commissioner strongly recommends the Department of Health and Social Care considers taking learnings and embed recommendations from Tim Woodhouse's research which

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[32] The role of healthcare services in addressing domestic abuse

[33] McGlinchey, E., Spikol, E., & Armour, C. (2023). Experiences and mental health impacts of intimate partner violence against men and boys: a rapid review.

[34] From hoping to help: Identifying and responding to suicidality amongst victims of domestic abuse

[35] Suicide prevention strategy for England: 2023 to 2028 - GOV.UK

[37] What is a CCR? — Standing Together

highlights 66 ways to reduce domestic abuse related suicides.[38] This report provides a comprehensive examination of domestic abuse related suicides with both strategic and preventative recommendations. The Commissioner fully supports the final recommendation to see a national task force to explore every aspect of domestic abuse related suicides followed by a national action plan.

Summary of the Commissioner's recommendations

1. DHSC should draw upon data collected by Respect's Male Victims Helpline—funded by the Home Office—to ensure a comprehensive understanding of the specific needs, challenges, and emerging trends affecting male victim-survivors of domestic abuse.

2. DHSC should inform the Men's Health strategy utilising Standing Together Against Domestic Abuse's Whole Health approach.

3. DHSC to ensure Integrated Care Boards are provided with capacity, funding and resources to embed a preventative response to child victims of domestic abuse within their own local strategies.

4. DHSC should encourage the NHS to integrate domestic abuse screening into paediatric teams, GP practices and mental health, and school health assessments.

5. DHSC should ensure health care professionals are be equipped with the knowledge and skills to recognise and respond to signs of abuse and trauma in male victims of domestic abuse of all ages.

6. DHSC to provide safeguarding guidance regarding the use of digital Health Records when domestic abuse has been identified.

7. DHSC must ensure the Men's Health Strategy recognises children as victims of domestic abuse in their own right.

8. DHSC should commit to funding counselling and therapeutic support for child victims of domestic abuse within specialist community-based services.

[38] Woodhouse_T_Report_2023_Final.pdf

9. DHSC should prioritise the training of General Practitioners (GPs) to identify and respond effectively to domestic abuse, through tested models such as IRIS+.

10. DHSC should consider piloting Independent Domestic Violence Advisors (IDVAs) across all health care settings.

11. DHSC should address the importance of accessible pathways to therapeutic support and long-term recovery for male victims of domestic abuse.
12. DHSC to consider taking learnings and embed recommendations from Tim Woodhouse's research which highlights 66 ways to reduce domestic abuse related suicides.