

'Early intervention is key to reducing domestic abuse'

Diana Barran details how far her charity has progressed in just over a decade, supporting victims of domestic abuse and influencing policy and practice. While more needs to be done, she acknowledges the integral role health care professionals play in the early identification of 'hidden' victims who desperately need support but may not want to contact the police

Diana Barran
CEO, SafeLives



The law and abuse

From 29 December 2015, 'controlling or coercive behaviour in an intimate or family relationship' is illegal. It does not need to be physically violent; it does not even need to be physically threatening, but it is abuse. From now, perpetrators can be tried in a criminal court and face up to five years in prison if found guilty.

Setting up a national charity was never part of the plan. I was a hedge fund manager, interested in social issues, with a head for numbers. It seemed like a logical step for me to join the team at New Philanthropy Capital (NPC), a charity that ensures funding and fundraising is as effective as possible in creating long-term social change.

I took on a large piece of research at NPC: looking at our national response to domestic abuse. The results were stark - it was a problem that ran through so many other issues such as mental health, substance misuse, child poverty - and abuse at home was often a common factor. And yet it was the hardest issue to raise money for. It was a hidden problem affecting thousands of families, yet its many isolated victims were suffering in silence.

Establishing SafeLives

SafeLives (then known as CAADA) was conceived and set up almost 11 years ago, on my kitchen table. I wanted to approach domestic abuse with evidence underpinning the forefront. The funding that was available back then was largely being spent on refuges - a crucial part of the response to domestic abuse - but one that was only helping a small minority of victims. It seemed that we were missing valuable opportunities to intervene earlier and with more effective methods, to get people safe. Surely our starting point should be to try and keep women safe in their own homes?

It was also clear that that the response to domestic abuse was very siloed, with little joint work between the police, children's services and health practitioners and the specialist charities working supporting women. This limited the impact of their efforts, all too often leaving practitioners feeling defeated and victims in unsafe situations.

I asked myself: 'What would I want for my best friend? How could we increase her choices?'

Responding to risk - the first decade

We began by establishing the following:

- **Creating the role of an Idva (independent domestic violence advisor)**
This single practitioner provides one point of contact for victims to navigate the various services and steps to being free from abuse. We created the first formal qualification to reduce the postcode lottery of services for victims and give practitioners the skills and confidence that they needed.
- **Getting local services talking to one another and sharing information.**
There are many services a victim may come into contact with in their pathway to safety, many within the health sector. To make interventions more effective, professionals need to view the whole picture. In response, we set up Maracs (multi-agency risk assessment conference) for agencies to come together to work through the issues. These include mental health workers, substance misuse workers, social workers, housing officers, probation staff and many more. There are now 270 Maracs in England and Wales who supported over 80,000 cases last year, involving over 100,000 children.
- **We established a risk identification tool called Dash.**
This helps professionals quickly understand the situation and be more confident in their response ensuring that resources followed risk.
- **We started collecting national and regional data and evidence to inform policy and practice.**
There are so many brilliant charities and services

across the UK, working tirelessly to help and their insight wasn't being utilised. We collect data from these services and feed it into the national narrative.

We also felt that it was important to have a risk-led response, prioritising those 100,000 victims who are suffering serious harm or even murder, and their children. This means every high-risk victim should be assigned a dedicated domestic violence professional (an Idva) supporting them to live in safety. And it means frontline services must work together to protect them and their family.

The future

And now we look forward to the next 10 years. A lot has been achieved, with the invaluable support from numerous local services and agencies. No one organisation can tackle domestic abuse in isolation; partnerships will make a better future possible.

Our aim for the next decade is about getting it right first time for every member of the family where there is domestic abuse. Our research shows that victims disclose abuse on average five times before they get an adequate response and on average, live with abuse for almost three years – with many suffering for a far longer time. We want to address the gaps in services for those living with medium risk abuse, for those who are still in relationships with the perpetrator, for those with complex needs (substance misuse and mental health) and ensuring we have an effective response for children and young people. We are testing a new initiative to challenge perpetrators to stop their abusive behaviour. Over the past 10 years, we have done a better job of keeping a current partner safe, but little to prevent abusive men from repeating their behaviour with a new partner. If we are ever to reduce the number of victims, we must reduce the number of perpetrators: getting to the root of the problem.

Early intervention hubs

We are also going to pilot some early intervention hubs, which will look at all safeguarding risks across a whole family – breaking down the silos that exist today. We hope that these will give us the opportunity to intervene as early as possible to address not just domestic abuse, but wider safeguarding issues for adults and children. We believe that health professionals have an important role to play in these, both in terms of the links they can make between, for example, mother and child, and also between substance use and mental health problems. This will be crucial in developing better safety plans for vulnerable families.

We all have points of contact with the NHS, whether it be a nurse, a GP, a midwife - the public trusts health care professionals. Victims have poorer health than the average person, be that physical health or mental health complications. They tell us that they want to disclose, but they don't know where to turn. We believe there is great opportunity for the health sector to help fill this gap and identify those victims who might not want to contact the police. In recognition of this close relationship between the victim and the health sector, we want all health workers to be trained to spot the signs of abuse. Health care professionals need to make sure they make the link between the risk to the adult and the risk to the child, and that they act upon it. And children need to receive specialist

How to identify individuals and families at risk of abuse

Step 1: identify who is most at risk? Domestic abuse can happen to anyone. Things to look out for that may indicate domestic abuse:

- injuries without explanation (normally people will volunteer an explanation)
- injuries which are minimised or concealed
- a partner who is unwilling to allow a patient or client to be alone with professionals
- a patient or client who appears passive and dominated by their partner
- anxiety, depression and being withdrawn, particularly if this is not usual for the patient or client.

Step 2: ask, find out more. If you have concerns, always try to find out more from the patient or client. Make sure the person you are concerned about is on their own, without children, partner or other family members present. And if you are talking through an interpreter, make sure they are independent of the family. Ways to start the conversation:

- are you happy?
- how are things in your relationship?
- is anybody hurting you? (don't refer to 'partner' as it could be someone else)
- are you or your children scared or upset?
- do you feel safe at home? Don't be tempted to ask too much or feel that you have to ask everything at once as this might be overwhelming. Be prepared for the answers and don't express shock or disgust. Treat people with respect even if you think they are putting themselves at risk or denying that abuse is happening.

Step 3: act. Based on what you have seen and heard, make a judgment about what you should do next. Think about whether the abuse is current, how urgent the situation is, and whether there are children involved. If the situation is urgent, ie: there are injuries or risk of immediate harm, call 999. If children are at risk call your local authority children's service or follow your own organisations' child protection policy.

domestic violence support, tailored to their needs and linked to the help their parents are getting.

Early intervention on the frontline

We also want to advocate for Idvas to be placed in all hospitals and maternity units, not just some. We are carrying out a comprehensive study on the impact of hospital-based Idvas and the profile of the victims that they support. We look forward to this being published and working with policy makers and frontline staff to create a more coherent, joined up response to get victims the help they deserve and need to be safe.

We know resources are stretched, time and money are tight. Early intervention – with victims, children and perpetrators – is key to reducing domestic abuse: from a human perspective and an economic one. This is where our focus lies for the next 10 years – making sure we respond to each member of the family in a coordinated way. Health care professionals and health practitioners working on the frontline will be crucial in making this happen.

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Further information

<http://www.safelives.org.uk/training/if-youre-frontline-professional>

The SafeLives website provides more information on the training and support services available.

The charity's response to future challenges is detailed in their strategy report for 2015-18: <http://www.safelives.org.uk/sites/default/files/resources/>

