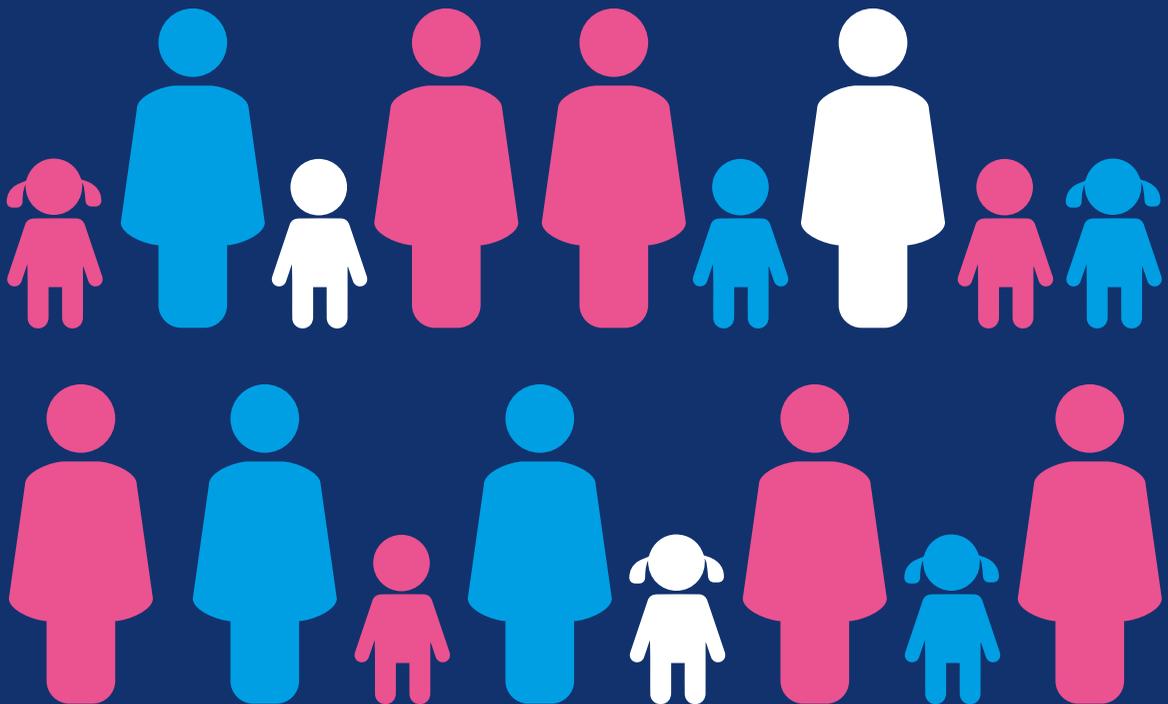




Ending domestic abuse

Getting it right first time





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Executive summary

From a response to high-risk victims to a response for all victims and children

The SafeLives approach has transformed how high-risk domestic abuse is addressed in the UK. Last year our work supported more than 50,000 adults parenting around 70,000 children all of whom were living with high-risk abuse. More than 60% of victims receiving support through this approach reported that the abuse stopped.

But, of course, this system is effective only for victims of high-risk domestic abuse. It is not – nor was it intended to be – a response to all victims and their families. The clarity of the national approach to high-risk victims has not been matched by a similar focus on other victims and family members. And few areas take a strategic overview of how they respond to domestic abuse.

SafeLives is starting a programme to understand how to create the full system change we need to stop domestic abuse and save lives. We will start by looking at how we can identify every family where there is domestic abuse as quickly as possible – the topic of this paper.

We have to find every family where there is domestic abuse much more quickly

Why do we need to find families earlier?

The impact of domestic abuse on the victim and on children – even once they have achieved safety – is severe and long-lasting. And families live with domestic abuse for too long before getting effective help – on average 2.6 years for abuse, and three years for medium-risk. Given that many children living with domestic abuse are very young, the impact on them is severe.

At the point when a victim gets help, the abuse is likely to be escalating in either frequency or severity or both. Cutting the time it takes to find and help victims and their families is critical to stop murder, serious injury, and enduring harm. As the cost per family where there is domestic abuse is £18,730, it is also expensive for the taxpayer.

Many victims do try to get help, but don't get the right help

It is not inevitable or acceptable that victims should try repeatedly to stop the abuse before they get the help they need. There are still far too many missed opportunities to get help for families experiencing domestic abuse.

In the year before they got effective help:

- Four in five high-risk victims (78%) and two-thirds of medium-risk victims (62%) reported the abuse to the police
- Nearly a quarter of high-risk victims (23%) and one in ten medium-risk victims went to an accident and emergency department because of their injuries. In the most extreme cases, victims reported that they attended A&E 15 times.

New SafeLives data shows that 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse. Regardless of whether the contact was about the abuse, each contact represents a chance for us to help the victim disclose and get help – a chance that was missed, leaving the family to live with abuse for longer.

How can we find families sooner?

All agencies must proactively identify families living with abuse

In recent years, an increasing number of victims and families have been identified by other agencies such as health and children's social services. But still too many families are only getting help when the abuse reaches crisis point and the police are called – and not every family gets the right help then.

Other professionals may also suspect that domestic violence is happening, but not know what to do

There are likely to be many more victims and families in contact with other statutory agencies, but they are not identified as living with domestic abuse. There is considerable potential in locating domestic abuse specialists in mainstream services, like hospitals. Programmes in GP surgeries and advice agencies have shown that it is possible to significantly increase identification. And these programmes may also reach a group of victims and families who are different to – and in some cases, more vulnerable than – those identified by other routes.

Children and adult risk are not linked together– so we don't find and stop domestic abuse

Four in five of the families where a child is exposed to domestic abuse are known to at least one public agency. But too often agencies do not link up what they know about risks to each individual in a family, so other children or adults at risk of domestic abuse are not identified. Children's services must actively link the risks between mother and child in cases of domestic abuse. And agencies focussed on adults – whether the victim or on the perpetrator – must make sure that they consider the risks to any children in the family.

Some victims of domestic abuse are not identified as readily

Particular groups of victims may be less visible to services or be given less priority. These include young people, victims from black, Asian and minority ethnic (BAME) backgrounds, male victims and LGBT victims. Services may miss victims who remain in a relationship with their abuser, a higher proportion of whom may be BAME. Some of this group may later leave the relationship, but effective help should be available to those victims at the point they seek it. Services may also not identify victims who do not have children living with them.

Significant numbers of victims have high levels of complex or multiple needs related to mental health, drugs and alcohol: specialist mental health and substance misuse services should be proactive in identifying them.

Friends and family are often the first people to whom victims or children disclose abuse, but they may not know what to do

Although friends and family may be the first to know about abuse, they may not know how to get help. And if they do use local or national websites or helplines to seek support, these may not be linked to local systems of support, so they might not get the right response.

Recommendations

We need to create the system to find every family as quickly as possible, and get the response right, first time, for every family.

- All mainstream services should create an environment where any member of the family can tell someone about domestic abuse, and know that it will be acted on appropriately.
- Services should make identifying domestic abuse part of their everyday practice.
- Services should proactively seek out victims from diverse backgrounds – by locating support in the community for example.
- Early identification of victims and families from diverse backgrounds needs specific approaches.
- We should judge the success of local domestic abuse strategies on whether they have cut the duration of domestic abuse.
- There should be meaningful ways to seek help for individuals and for friends and family if they are worried about someone else.
- Services must see and respond to the whole family – the child, the victim and the perpetrator.
- Identifying abuse must result in action that helps the family become safe. And every area should have enough capacity to respond to every identified victim and family living with abuse.
- SafeLives will investigate the potential of a One Front Door approach to increase identification.

Introduction: why we need a full-system response to domestic abuse

SafeLives: the first ten years

SafeLives was founded in 2005. At that time, there were only a handful of isolated charities giving wraparound support to victims of domestic abuse, reaching only a few hundred women locally.

SafeLives (then Co-ordinated Action Against Domestic Abuse – CAADA) developed this into a new systematic care pathway for high-risk victims. High-risk victims are a subset of those experiencing domestic abuse: those who are at imminent likely risk of being murdered or seriously harmed. The large majority (88%) of high-risk victims experience at least one type of severe abuse including injuries, strangulation, rape, stalking and extreme controlling behaviour such as threats to harm children.¹

Our aim when we started was to transform the response for these victims, to cut murders and serious injury. And to do so, we did not set out to create isolated interventions that stand alone. Instead, SafeLives set out to create a new care pathway from identification to safety for high-risk victims and their children. This comprises three steps:

- Comprehensive, systematic and consistent risk assessment using the Dash risk identification checklist. The Dash risk checklist is used by police and other services to identify victims who are at high risk of murder or serious injury. This means that victims get the right help – and high-risk victims get priority.
- Detailed safety planning with an independent domestic violence advisor (Idva). Idvas are specialist trained professionals who work with the victim to make them safe. The idea was that the victim would only have to deal with one person who could help with everything, rather than having to liaise with multiple agencies.
- A multi-agency response, co-ordinated by an Idva at a Marac meeting. The Idva, police, children's social services, health, housing and other relevant agencies share information and write a safety plan for each victim. Everyone present commits to take the actions they have agreed. The Idva represents the victim to make sure her needs are met and the risks she faces are addressed.

In the past 10 years SafeLives has trained more than 1800 Idvas and set up 288 Marac teams – one in every area of England and Wales, and many elsewhere in the UK too. We have made sure practitioners, commissioners and policymakers have everything they need to implement the model – from one-to-one advice through to practical tools, training and resources. Last year our work supported more than 50,000 adults parenting around 70,000 children all of whom were living with high-risk abuse.² More than 60% of victims receiving Idva support through this approach reported that the abuse had stopped at the point of case closure.³

SafeLives' model is successful, because

- it is victim-focussed, practical and clearly aims to meet a visible need;
- it is a whole-system care pathway for a specific group of victims (those at high-risk), rather than being a single intervention struggling in an unreformed system, or an intervention presumed to work for all victims of domestic abuse;

- in SafeLives there is a single independent organisation whose job it is to support the model, train the workforce, judge the quality of delivery, oversee consistent collection and analysis of data and ensure all the learning is implemented locally.

The SafeLives approach has transformed how high-risk domestic abuse is addressed in the UK.

But, of course, the system we set up is effective only for high-risk victims. It is not – nor was it intended to be – a response to all victims and their families. There are long-established interventions for particular groups of victims, such as refuge for those needing a safe place to live following abuse. But it is clear that the clarity of the national approach to high-risk domestic abuse victims has not been matched by a similar systematic focus on other victims – especially the 130,000 children living in high-risk domestic abuse households, the emerging group of young people experiencing violence including child sexual exploitation, and the wider group of families living with other levels of domestic abuse.

Most of the systems work relatively smoothly where victims are at high-risk, but there is no equivalent system for other groups of victims, nor for perpetrators, and there is still significant fragmentation, with few areas taking a strategic overview of what needs to be available to make victims and families safe.

Changing the system to help all families living with domestic abuse – the next ten years

SafeLives' medium-term goals are to halve the time it takes victims of abuse to seek help, and to halve the number of high-risk victims. These will contribute to our overall aim – to end domestic abuse. But when we analysed our progress towards these goals, after ten years' work, we found that our current approach, focussed purely on high-risk victims, would not get us to the target. So now we think the time is right to look at how we can build on our work to date, and transform the system further.

Once again, we propose an end-to-end approach: early identification, high-quality support, multi-agency working and longer term recovery. Our expertise is not primary prevention. Nor is it the achievement of justice for victims and punishment for

perpetrators. Others are better placed than us to lead on these areas. Our focus is how we achieve sustainable safety from domestic abuse for all victims and all children.

To help high-risk victims, every area still needs well-embedded risk assessment and referral routes, enough Idvas working in co-ordinated community teams, and a strong sustainable Marac. However, to build a systematic response to all domestic abuse, the approach needs to be wider. Developing this wider approach will be the work of SafeLives' second decade.

What needs to change to make sure every victim and every family gets the right support to stop domestic abuse and live a life that is sustainably safe:

- We need to identify all victims, their children and perpetrators earlier. This identification should be alongside rather than separate to the process for identifying and referring children where there is a safeguarding concern. The two issues are often linked, yet the connections are not made often enough. In time, domestic abuse and child safeguarding identification should also be alongside systems for identifying adults who need support with mental health and substance misuse.

-
- The clarity of the national approach to high-risk domestic abuse victims has not been matched by a similar focus on other victims. So we will examine what is currently on offer for medium- and standard-risk victims, for victims with complex needs, and for children, and design a system to help them become safe.
 - Once families are safe, there should be a clear pathway of support to recover from the abuse and live a life sustainably in safety.
 - There needs to be robust work to prevent perpetrators from moving on to abuse future victims – whether they are willing to change or not. This has to complement existing interventions that rely on voluntary or court-mandated engagement.
 - To support this systematic response, we need a supportive policy and funding environment. Politicians should set the right policy framework and commissioners should pool their budgets and fund services according to jointly-agreed outcomes that address risk and need in their local population.

- Victims and their families need to be at the heart of the system change we propose. They need to know how to get help, and what to do if someone tells them about domestic abuse.

Over the coming months and years, SafeLives will be undertaking a programme of pilot projects, consultation with victims and research to understand how to create the full-system change we need to stop domestic violence as quickly as possible, and save lives. Everything we do is in partnership with others who are leading innovation in practice to help families become safe, whether in the voluntary or statutory sector.

We will follow the same approach as we did when beginning the transformation of the response to high-risk victims in 2004–2005:

- Find great local practice, and understand what makes it great.
- Pilot the intervention in a few more places, run by local partners with support from SafeLives.
- Identify the key principles of the intervention, and collect and analyse data to understand its impact.

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- Influence policy and commissioning practice using this evidence, to attract further funding and support
 - Scale and replicate the intervention, so that more families become safe

This year, we will start by looking at how we can identify every family where there is domestic abuse as quickly as possible through a single referral point – known as One Front Door. And we will begin to develop an intervention to challenge those perpetrators involved in high-risk domestic abuse who would not seek a place on a voluntary perpetrator programme nor are subject to criminal justice action.

We will publish reports and thinkpieces as we go along: do keep an eye on our website for our latest thinking, and get in touch if you're interested in becoming involved. This report represents the first in the series of thinkpieces, and is on the topic of how we find every family where there is domestic abuse as quickly as possible.

A note on data

SafeLives runs the largest national database of domestic abuse cases in the UK. Our Insights database has records of over 35,000 unique cases of adults experiencing domestic abuse from 2009 to date, and a further 1,500 unique cases of children in domestic abuse households from 2011 to date. Many services around the country working with victims and children use our database to record their work and evidence the impact they are having. Idva and outreach services make up the majority, but some refuge, helpline, male worker and other specialist domestic abuse services also use it. We also run the national Marac dataset, which is a record of the cases discussed at every Marac in England and Wales, and some in Scotland, Northern Ireland and the Channel Islands. Together, these two datasets give us an unparalleled overview of the national picture of domestic abuse, and enable us to draw conclusions.⁴

A note on language

SafeLives works to make all families safe from domestic abuse – regardless of the gender or sexual orientation of the victim. We acknowledge the specific gendered dynamics of domestic abuse: our own analysis shows that women make up 94% of victims of high-risk domestic abuse, and 92% of those at medium-risk.⁵ Throughout this paper, though, we use ‘victims’ to mean the group of those subject to domestic abuse, both women and men, heterosexual and LGBT, unless we specify otherwise. We use the word ‘victim’ in preference to other terms for clarity and ease of understanding for a wide audience. We work from the government definition of domestic abuse, which encompasses behaviours wider than intimate partner abuse;⁶ the terms ‘domestic abuse’ and ‘domestic violence’ should be read as referring to this wider, more inclusive definition.

A note on the victim stories

We have changed victims’ names to protect their identity.

**We have
to find every
family where
there is
domestic
abuse much
more quickly**

Why do we need to find families earlier?

Every day hundreds of thousands of domestic abuse victims and their families are living in fear.⁷ We estimate that around a quarter of victims suffering domestic abuse are experiencing medium- or high-risk abuse – more than 100,000 of whom are at imminent risk of being murdered or seriously injured. In these high-risk households, we estimate there are up to 130,000 children affected, and many more will be living in medium or lower risk households.⁸ The impact of domestic abuse on the victim and on children – even once they have achieved safety – is severe and long-lasting.

Families live with domestic abuse for a significant period before getting effective help – on average 2.6 years for high-risk abuse, and three years for medium-risk.⁹ But the range is wide: some victims live with abuse for as long as 70 years.

There are many reasons why victims live with domestic abuse for a significant period of time, or return to their abuser after attempting to leave. It may not be apparent to the victim that a relationship is abusive. They may be afraid of the abuser, and fear the consequences for themselves, their children

“For no reason, he came into the kitchen where I was cooking dinner, and he started to beat me up really badly in front of the children. The attack seemed to go on and on. He strangled me and kept telling me that he was going to kill me. My eldest child also got hurt in the incident. One of the children ran to get help from the neighbours. Luckily I managed to grab the remaining children and escape out of the front door.” Hannah

“I decided to stick it out for the sake of my son, but after seven years of us being together, I decided I’d had enough and that’s when he started becoming really dangerous. He stalked me obsessively – I’d receive 30 or 40 texts per day, and at least once per day he’d threaten to kill either me or himself.” Melanie



A quarter of the children living with high-risk domestic abuse are



under 3 years old



of children are also directly harmed

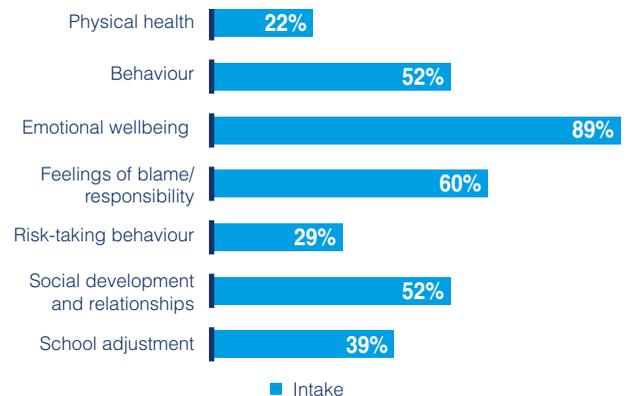
or family and friends if they disclose the abuse. The abuser may have taken action to isolate the victim and make them dependent on the relationship. The victim may not know where to turn for help – or may have had bad experiences of support services in the past. Support for families who are still living with the abuser may not be available.

The moment of ending a relationship or disclosing abuse is one of very high risk for the victim. During and after separation is a high risk time for domestic abuse, with marital rape and murder more likely to occur when a relationship is breaking up or shortly afterwards.¹⁰ Victims may have survival strategies in place to manage the risk – and they may fear that disrupting these will increase the risk of further or more serious abuse.

However, SafeLives' evidence shows that in eight in ten (79%) high-risk cases, the abuse is escalating in either frequency or severity or both. For medium-risk cases, half of victims report escalation in frequency or severity, or both.¹¹ So remaining in an abusive situation is not a safe or manageable course of action without an intervention to guarantee safety. Cutting the time it takes to find and help victims and their families is critical to stop murder, serious injury, and enduring harm.

In particular, living with abuse has a significant impact on children. A quarter of the children living with high-risk domestic abuse are under 3 years old.¹² The average length of abusive relationship before getting help is 2.7 years. So, many of these children have been living much of their life around severe parental abuse – a crucial period for early development which influences life chances. And of these children exposed to abuse, 62% are also directly harmed in addition to the experience of witnessing the abuse of a parent or other family members (which is, in itself, abuse). So finding families where there is abuse earlier is also crucial to safeguard children.

Negative impacts on children's health and wellbeing from exposure to domestic abuse



Data from SafeLives Children's Insights National Dataset 2011–14, drawn from 877 unique cases of children exposed to domestic abuse and supported by children's workers, from 4 projects around England. See www.safelives.org.uk for full dataset

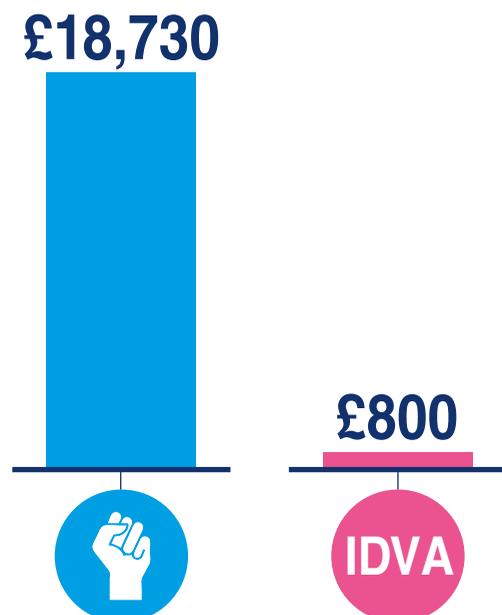
As well as the impact on the family, domestic abuse is costly for the taxpayer. The cost to public services of domestic abuse (uprated to 2013 prices) is £4.3bn. The majority of costs fall to health services (£1.9bn) and the criminal justice system (£1.4bn), about half of which is the cost to police (£700m).¹³ The cost per family where there is domestic abuse is £18,730¹⁴ – and this is likely to be an underestimate as it only includes the cost to the police, criminal justice system and NHS, and excludes other agencies (including children’s services). It also excludes the economic and human cost to the family – for example, help for victims who can’t work because of domestic abuse. Considering that families on average live with abuse for two or three years, and that most high-risk victims experience multiple, severe forms of abuse, in many cases this cost per family will be much higher.

By contrast, the cost per year of effective Idva support to end domestic abuse for a high-risk victim is £800.¹⁵ So there are significant financial, as well as human, savings possible from investing in effective specialist support for families.

“As our relationship developed he became more and more controlling and paranoid. I wasn’t allowed to visit my family or friends and I wasn’t allowed to work. I only had £70 a week to live off and this had to pay for everything: food, electricity, bills and clothes for the baby. I had to wear my long hair short, I wasn’t allowed to use makeup and I had to have baggy, loose fitting clothes. I wasn’t even allowed to answer the door.”

Karen

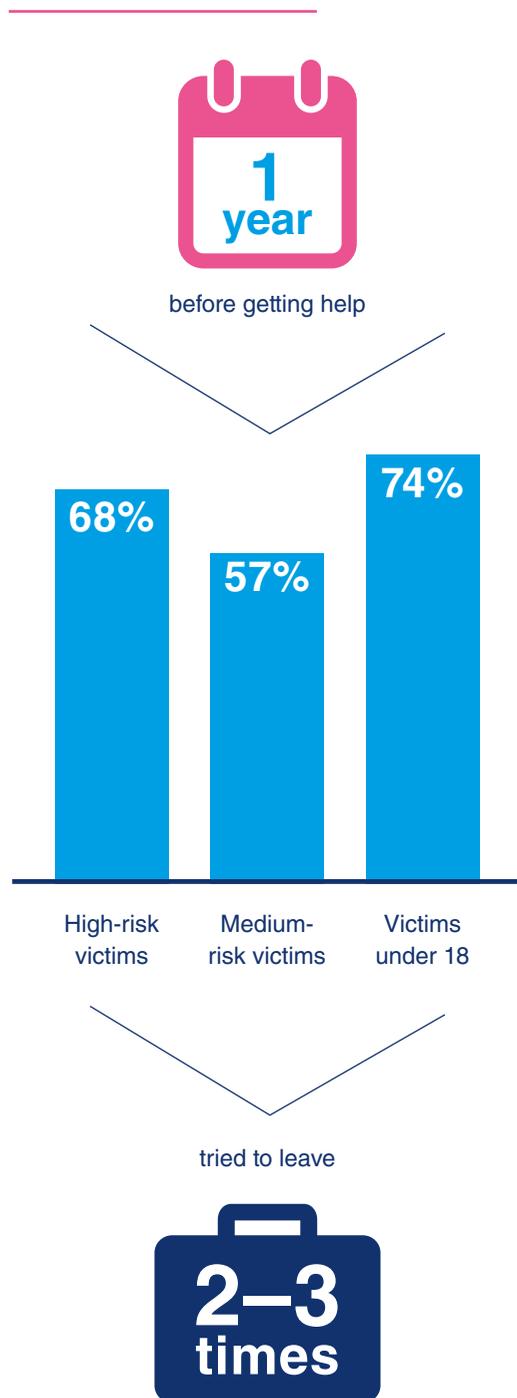
“Over the years we had a total of four kids together, and I also had a son from a previous relationship. This made it much more difficult for me to leave as I just couldn’t leave the kids.” Louise



Many victims do try to get help, but don't get the right help

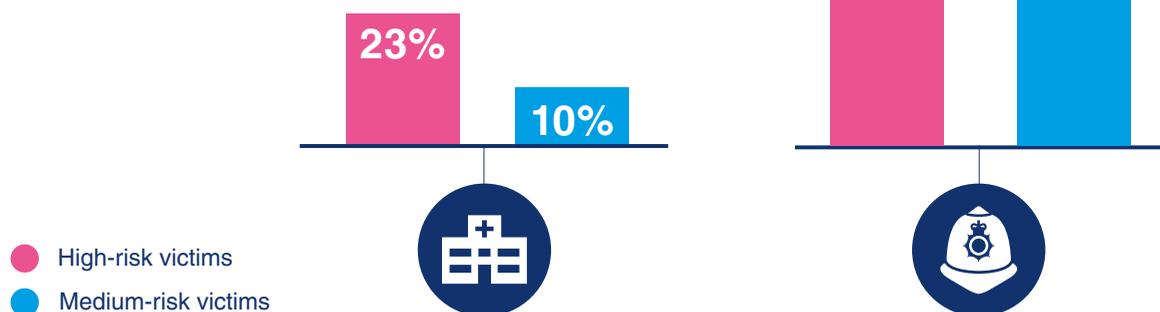
Victims often seek help a number of times before they achieve safety.¹⁶ Often there may be many failed attempts to seek help before there is any outcome. But it is not inevitable or acceptable that victims should have to experience repeated unsuccessful requests for help before they get the help they need.

SafeLives has found that in the year before getting support from a specialist domestic abuse service, nearly seven in ten (68%) high-risk victims and more than half (57%) of medium-risk victims attempted to leave the perpetrator. On average they tried to leave either two or three times – showing that many were ready to take action to stop the abuse well before they got the right help.¹⁷ This was even higher for younger victims: three-quarters (74%) of victims under 18 tried to leave, an average of 2.6 times each. We need to get services alongside victims at the victim's first attempt to stop the abuse, rather than leaving them to attempt action (often at great personal risk, given that separation is a moment of significant danger) a number of times.



There are still far too many missed opportunities to get help for families experiencing domestic abuse.

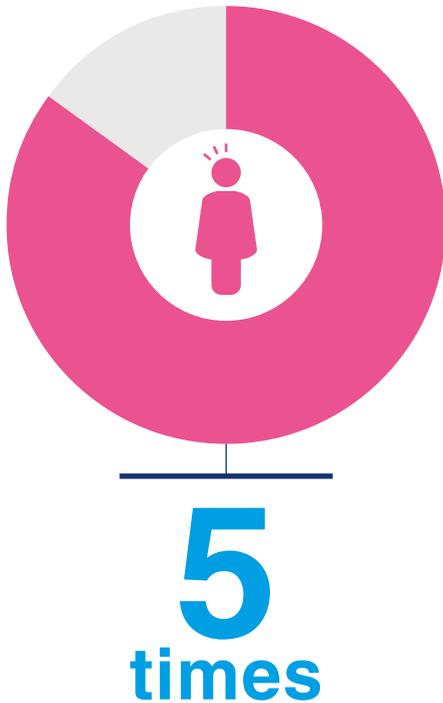
Many victims ask repeatedly for help. Four in five high-risk victims (78%) and two-thirds of medium-risk victims (62%) reported the abuse to the police in the year before getting effective help – an average of 2.8 times each for high-risk and 2.3 times for medium-risk victims. In the most extreme cases, victims reported that they had gone to the police 50 times. In the year before they got effective help, nearly a quarter of high-risk victims (23%) and one in ten medium-risk victims went to an accident and emergency department because of their injuries.¹⁸ In the most extreme cases, victims reported that they attended A&E 15 times during that year.



“Soon after the physical abuse started, he began raping me. He told me that if I ever told anyone what was going on, he would sexually abuse my two nieces. I was terrified that he would do to them what he was doing to me, so I didn’t say anything and the abuse went on.” Maria

“I was made to feel like our problems were just marital tiffs, that it was six of one and half a dozen of the other because I didn’t have the bruises to show anyone. The police would never do anything, they wouldn’t listen and they wouldn’t see it as abuse.” Debbie

85% of victims sought help from professionals on average



in the year before they got effective help to stop the abuse



New SafeLives data shows that 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.¹⁹ And these figures are likely to be an underestimate, as they do not include contact with children's services and voluntary agencies. This is supported by evidence from SafeLives' 2014 in-depth investigation into two local areas: counting a wider set of contacts with agencies, this study showed that families came into contact with professionals ten times in the year before they got effective help from a Marac.²⁰ Regardless of whether the contact was related directly to the abuse, each contact represents a chance for us to help the victim disclose and get help – a chance that was missed, leaving the family to live with abuse for longer.

What public services do families experiencing abuse use?

In 2014, SafeLives worked with all the relevant agencies in two local areas to look at how families experiencing high-risk domestic abuse used public services in the twelve months before and after their situation was discussed at a Marac meeting. We were able to look at information from the police, probation, children's social care, housing, mental health and substance misuse services, although unfortunately data from GPs and hospitals was not available.

During this whole two-year period, families (victims, perpetrators and children) were supported by around three different agencies, on average 17 times each. The majority of these contacts (60%) took place in the 12 months prior to the Marac meeting – there were on average 10 interventions per family in this period. Most commonly the agencies involved with families were police or children's social care. Where the primary victim was younger (age 18–25), there was higher service use than where they were aged 26 or over.

“Two years after my daughter was born I gave birth to a little boy. Things continued much as before. The police were never called and I tried to keep things covered up for the sake of the children. I didn’t know that there was any help out there and I was too ashamed to let people know. I went to hospital a few times but he always accompanied me and I’d had to lie about my injuries. I wanted the nurses to cotton on and to help me, but no one noticed what I was going through.” Julie

“The first police officer to arrive on the scene was a young man. He seemed friendly to start with but soon went onto making inappropriate comments and even suggested that one of his friends would take me out! He didn’t think to take photos of my injuries and wounds until I prompted him to do so. As I was giving evidence he refused to write down many of my points, for example the history of controlling behaviour and previous abuse, suggesting that they wouldn’t help prosecution and weren’t worth mentioning. Even though I was in shock I knew that this wasn’t quite right.” Kimberly

What's missing? How can we find families sooner?

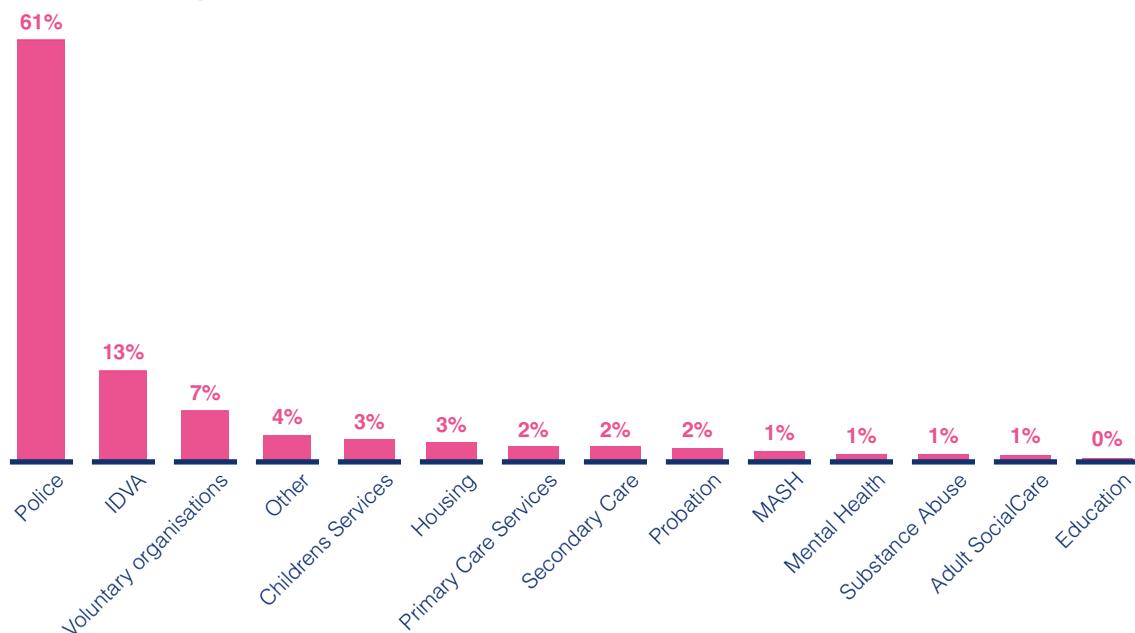
We need to continue to widen who identifies victims and families living with domestic abuse, making it everyone's responsibility.

All agencies must proactively identify families living with abuse

In the past, the vast majority of domestic abuse was identified by the police. We need to continue to widen who identifies victims and families living with domestic abuse, making it everyone's responsibility. Significant numbers of victims do not approach the police – the police inspectorate found that almost half of all victims did not contact the police at all.²¹ In recent years,

an increasing number of victims and families have been identified by other agencies such as health and children's social services – two in five (39%) high-risk cases discussed at Marac are now identified by other agencies, compared to 61% identified by the police.²² But still too many families are only getting help when the abuse reaches crisis point and the police are called – and this means that for too many families the response to abuse remains an emergency one, focussed on criminal justice action rather than becoming safe from abuse.

Who identifies high-risk victims and refers them to Marac?



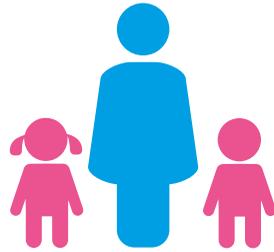
Other professionals may also suspect that domestic violence is happening, but do not know what to do

There are likely to be many more victims and families in contact with other statutory agencies, but they are not being identified as living with domestic abuse, despite often being in touch with many public services – whether universal services like schools, nurseries and healthcare or specialist ones like probation, family support, mental health or drug and alcohol services. Where they are, this is ad hoc rather than in response to a proactive drive on the part of an agency to identify and get help for their clients and their wider family. And in particular, it is clear that agencies working with perpetrators in non-domestic abuse settings do not routinely take action to identify family members who may be living with abuse.

However, there is considerable potential to identify domestic abuse – particularly that which is not visible to the police. Locating domestic abuse services in health settings may help identify victims more quickly. First results from SafeLives' research into the impact of Idvas based in hospital settings shows that victims identified through this

“At the time, it didn’t occur to me that I was experiencing domestic abuse. I just thought I was in the relationship from hell. It was like a never-ending bad dream and I was really, really depressed. A couple of months ago he committed a really serious assault on me and the police were called. I was taken to a local hospital where I was risk assessed and received help from an Idva.” Suzanne

“If someone else asks you about abuse, like at a hospital or something, it might make you think about it, and if they tell you where the support is it might make you think about leaving the relationship.” Janet



route have been experiencing abuse for less time than those identified in other ways, are more likely to still be in the abusive relationship, are experiencing more severe abuse and the perpetrator is more likely to have previously abused another partner.²³ This implies that if victims were routinely identified in accident and emergency departments and by maternity and sexual health services, we may be able to reach a larger proportion of this more vulnerable and higher-risk group.

Specialist input into mainstream services may also help identify more victims and families. The Iris project, which trains GPs and their staff teams and sets up clear links to specialist domestic abuse services, found that women who went to the participating GP practices were three times more likely to have a recorded identification of domestic abuse in their medical record.²⁴ And a pilot by Citizens Advice in nine local offices found that equipping staff to ask about domestic abuse when they saw clients with a debt, benefits or housing problem increased disclosures of abuse from 0.8% of clients to 27% of clients – and 7% of these were living with ongoing abuse.²⁵

Children and adult risk are not linked together – so we don't find and stop domestic abuse

Connections are not always routinely made between risk to children and risk to adult victims in households where there is domestic abuse. SafeLives data shows that four in five of the families where a child is exposed to domestic abuse are known to at least one public agency,²⁶ but too often agencies do not link known risks to each individual in a given family, so children or adults at risk are not identified. This can mean that help to stop domestic abuse is not offered or is not successful.

Agencies that have a particular focus on children (for example, children's services) may not always identify how the adults' risks and needs impact on their ability to safeguard their children. Services must recognise both the safeguarding and domestic abuse risks in cases involving children. Otherwise there are gaps for both groups – that is to say, services working with children may overlook the risks to the adult and those working with adults may not recognise the risk to children.

“I could just imagine him driving off a cliff-edge with the children in the back. His attitude was: if I can’t have them, no one will.” Emily

Agencies focussed on the child must make sure their staff understand domestic abuse. It is easy to assume that the victim and perpetrator separating will reduce the risk to children. However, risk to the victim and children often increases at the point of separation and in the following months, particularly where there are ongoing child contact issues or when the victim has a new partner.

Agencies focussed on domestic abuse – whether focusing on the victim or on the perpetrator – must make sure that they consider the risks to any children in the family. Currently, no agency assesses the risk posed to adult victims and children jointly. This means that opportunities to ensure that children get the help they need are missed.

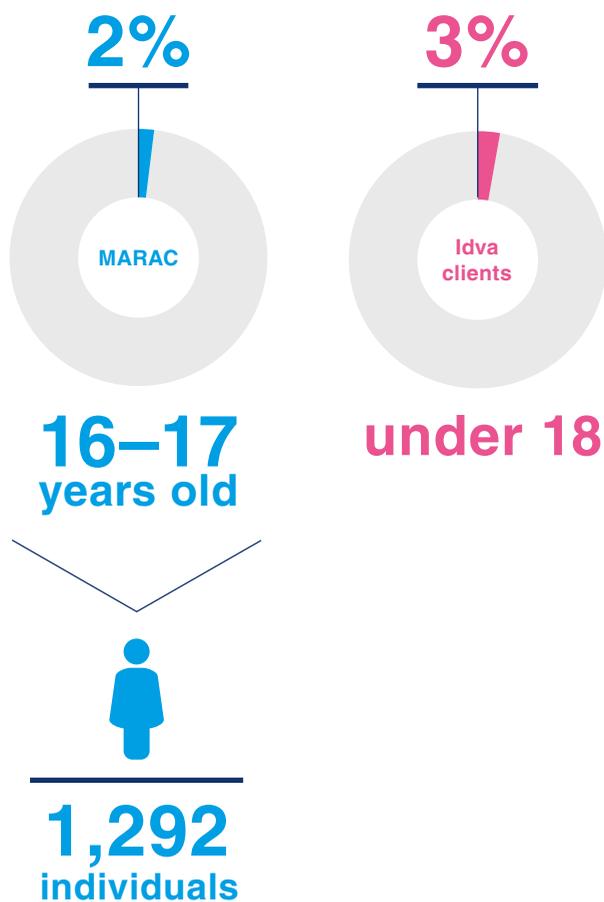
Some victims of domestic abuse are not identified as readily

Many victims of domestic abuse do not meet the common image of who experiences domestic abuse. Particular groups of victims have been less visible to services or been given less priority. And some groups may have specific needs that are not catered for by mainstream domestic abuse services.

In particular, services need to be aware of the wider definition of domestic abuse – including that perpetrated by family members who are not current or former intimate partners of a victim, and so-called ‘honour’-based violence.

Until the change in the law in 2013, **young people aged 16 and 17** did not meet the definition for domestic abuse so their cases were often not discussed at Marac and they were not supported by specialist domestic abuse services. Following the revised definition, young people are increasingly being seen at Marac – 2% of all cases (1,292 individuals) in the last year were 16- and 17-year-olds. In the last year, 3% of Idva clients were aged under 18.²⁷ But this is still low compared to the number of victims in this age group.

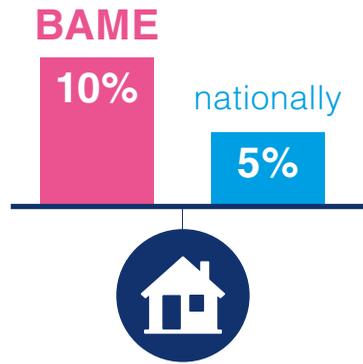
Many teenagers experience abuse in their own intimate partner relationships (as opposed to in their wider family). An NSPCC survey of 13–18 year olds in 2011 found that a quarter of girls reported having experienced physical abuse in this context, three-quarters emotional abuse and one-third sexual abuse.²⁸ SafeLives’ work with young people shows high levels of intimate partner violence amongst under-18s. These victims are very vulnerable to multiple risks.



Yet they frequently fall through the cracks between children’s and adult services.

One particular challenge is helping **victims who remain in a relationship with their abuser**. Our evidence shows that 75% of victims supported by an Idva have already separated and are no longer in the relationship at the point they engage with support. The rate is similar – about 4 in 5 – amongst victims accessing a range of domestic abuse support, including outreach services and refuges.²⁹ Of the quarter who are still together when they access support, about half separate during the Idva intervention: only 14% remain together following support. Interestingly, a higher proportion of BAME clients report that they are still living together when they access support: 31% as compared to 21% overall.³⁰

There are, then, a significant group of victims still in the relationship who do not engage with support, which suggests that services are not currently getting it right for them. Some, if not most, of this group may, of course, later leave the relationship, but effective help should be available to those victims in a continuing relationship at the point they seek it.

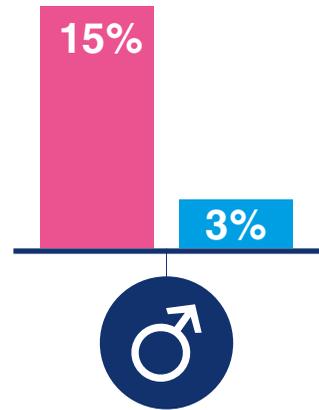
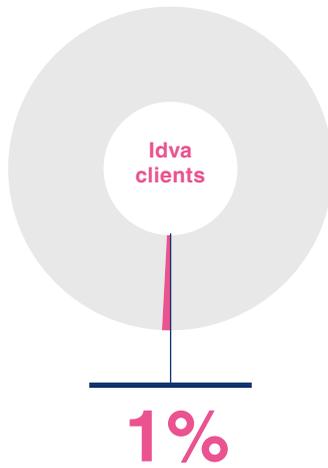
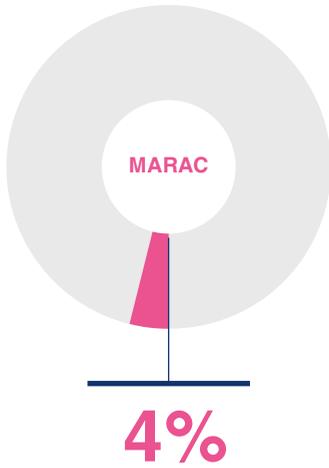


We do know that this group may be more likely to access and accept support in particular locations, especially places where they go for other services. For example, evidence from our Themis study shows that victims who are still in a relationship with the perpetrator are more likely to access support in a hospital setting if a specialist can proactively contact them when they attend for injuries. 42% of victims supported by Idvas in accident and emergency departments are still living with the perpetrator compared to 28% in a local community Idva service ³¹ Similarly, 57% report that the abuser is their current intimate partner, compared to 29%.

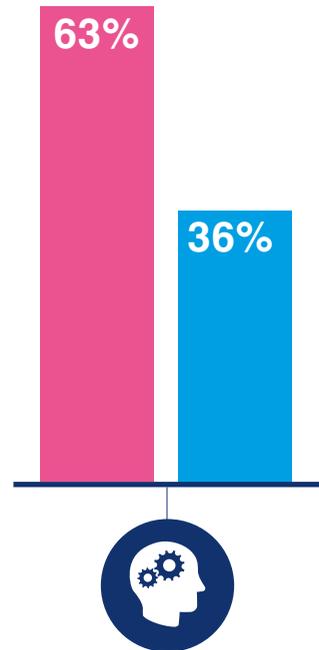
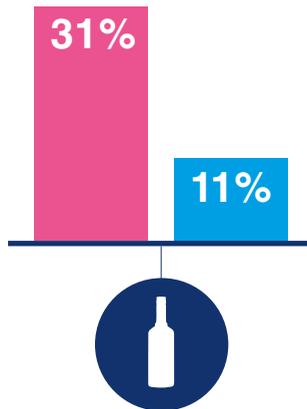
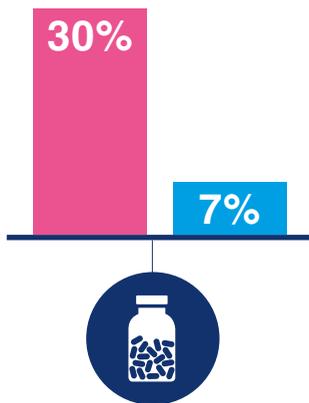
Victims without children are consistently less represented in services than those with children, who may be more visible. More than two-thirds of victims accessing Idva and outreach services had children.³² By contrast, in the general population only a third of women live in households with dependent children.³³ In a specific study of two local authority areas, high-risk families without children had significantly less service use – on average ten interventions overall, compared to twenty for those with children.³⁴

Victims from **black, Asian and minority ethnic backgrounds** are harder to identify and are under-represented taking into consideration the size of the BAME population. Almost 20% of the population in England and Wales is BAME ³⁵ – however, on average only 15% of victims whose cases are heard at Marac and 16% of high-risk victims are BAME. Victims from black, Asian and minority ethnic backgrounds tend to seek more support with housing – especially refuge interventions, which 10% of BAME victims accessed, compared to 5% nationally.³⁶

An estimated 5–7% of the population is **lesbian, gay, bisexual or trans (LGBT)**.³⁷ However only 4% of Marac cases and 1% of Idva-supported victims identify as LGBT.³⁸ Of those LGBT victims who get help from an Idva, more are likely to be men – 15% compared to 3% overall. Interestingly, LGBT victims accessing Idva support are significantly more likely to disclose drugs issues (30% compared to 7% overall), alcohol issues (31% compared to 11% overall) and mental health issues (63% compared to 36% overall).

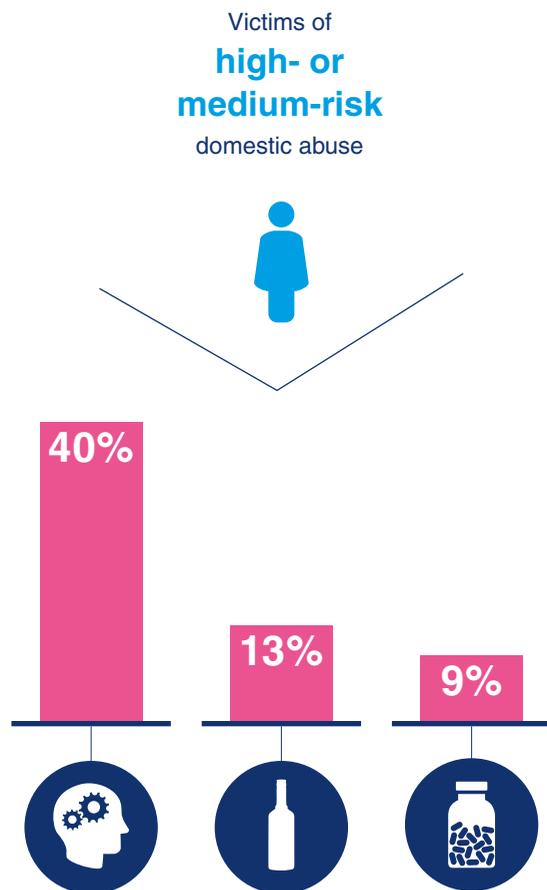


- LGBT victims accessing Idva
- Overall



SafeLives believes that in order to ensure that Maracs are supporting high-risk victims of abuse who are **male** (whether in heterosexual or LGBT relationships), 4–10% of cases discussed at Marac should involve male victims. On average 4% of Marac cases and 6% of Idva-supported victims are male. Male victims are less likely to call the police – only 10% of men compared to 27% of women said they would tell the police about domestic abuse – so other agencies need to be proactive in identifying them.³⁹

Significant numbers of victims have high levels of **complex or multiple needs** related to mental health, drugs and alcohol. Victims also often report additional vulnerability related to financial problems. Forty per cent of victims of high- or medium-risk domestic abuse have mental health problems, with 13% having substance misuse issues and 9% drug misuse issues.⁴⁰ However, the rates of identification of complex needs are variable. In some areas, there is screening for domestic abuse at assessment by substance misuse and mental health services. However, this is not routine across the country, and not always supported by strong referral pathways and domestic abuse protocols to inform workers what to do if victims disclose.



Friends and family are often the first people to whom victims or children disclose abuse, but they may not know what to do

Often, victims tell their friends and or family members about the abuse they are suffering long before they reach out for help from specialist services or the abuse reaches a crisis point. Nearly eight in ten victims (79%) tell someone about the abuse – but this is most likely to be someone they know personally (71%), either a family member (51%) or a friend or neighbour (35%).⁴¹ Only a third of victims tell someone in an official position, and only a quarter of victims will reach out to specialist services.^{42, 43}

Although friends and family may be the first to know about abuse, they may not know how to get help for the victim. There are significant numbers of local and national helplines and websites which enable self-referral or public referral, but link from these to the right services for victims can be unclear – often they are not meaningfully connected into local systems of support.

Recommendations

The case for finding every family where there is domestic abuse as quickly as possible is compelling. Finding families earlier will save lives. It will prevent continued harm, safeguard children and start families on the process of recovery and getting back their lives more quickly. It will reduce the overall number of families experiencing domestic abuse.

The case for finding every family where there is domestic abuse as quickly as possible is compelling. Finding families earlier will save lives. It will prevent continued harm, safeguard children and start families on the process of recovery and getting back their lives more quickly. It will reduce the overall number of families experiencing domestic abuse. It will also save money for the taxpayer – money that can be used to make sure the response to every family is high-quality and immediate.

It's often said that stopping domestic abuse is everyone's business. To make this real, we – all of us working in voluntary and statutory organisations – need to create the system to find every family as quickly as possible, and get the response right, first time, for every family.

All mainstream services should create an environment where any member of the family can tell someone about domestic abuse

Getting it right first time is everyone's job – in specialist and universal services. Commissioners should work with the leaders of mainstream and universal services

to unlock the potential of the hundreds of thousands of professionals who work every day directly with families. One way to do this is to create a champions network so that staff are part of a system to respond to domestic abuse, with strong referral pathways, and colleagues with more expertise readily available. With the confidence that comes from training, from knowing they have the support of managers, and from understanding what to do if someone discloses abuse, these professionals will find far more families and get them help far more quickly.

And every service should create a welcoming and safe environment, where continuing domestic abuse is not accepted. Victims and their families should feel safe to disclose abuse, should know that action will follow, and should be able to play a full role in making decisions about how services will help them become safe.

Specific services should make identifying domestic abuse part of their everyday practice

Innovative programmes in GP practices and Citizens Advice bureaus have shown the potential of identifying domestic abuse as part of the everyday service offer to

groups of clients. Other specific services should learn from these pilots, and work out how to integrate this into their standard practice, perhaps through the extension of routine enquiry approaches supported by a clear referral route with enough capacity. This will be particularly relevant for mental health and substance misuse services.

There should be more specialist services based in the community

Idvas working in the community identify victims who may be more vulnerable, and who may not come to the attention of the police and other services. Accident and emergency departments and maternity and sexual health services should employ more Idvas co-located in health settings. These Idvas will also reinforce champion networks and provide a source of expertise to colleagues. It would be worth trialling co-locating Idvas, as part of a wider Idva service, in other community locations such as advice services, housing associations and housing options teams.

Early identification of victims and families from diverse backgrounds needs specific approaches

All services should ensure that their staff understand the diversity of victims of domestic abuse and their children. They should proactively seek out victims who are aged 16–17, and consider employing specialist young people’s Idvas to raise their identification rates and deliver an age-appropriate response. Victims who are still in a relationship with their abuser still need help to become safe: services should not all be predicated on victims leaving their relationship. Given that victims from black, Asian or minority ethnic backgrounds access housing support at a higher rate than other services, housing associations and housing options departments should make specific efforts to increase identification of BAME victims and families. Services should also consider how they identify victims who are men, those who are LGBT and those who do not have children living with them.

We should judge the success of local domestic violence strategies partly on whether they have cut the duration of domestic abuse

Locally, commissioners should seek to understand the length of abuse, and any patterns in the opportunities missed to identify victims and families earlier. SafeLives recommends a snapshot analysis – a specific timeframe within which each victim disclosing abuse is asked about the duration of the abuse and any missed opportunities where someone could have helped them stop it earlier. Decreasing the length of time that victims live with abuse should be a key measure of success.

There should be meaningful ways to seek help for individuals and for friends and family if they are worried about someone else

Every local area should have public information about what to do if you are being abused, or you suspect that someone close to you is. This should link to a central triage to ensure that concerns result in action,

explained where possible to the person who raised it. Existing websites and helplines (local and national) should also link into local systems of support for all types of victims and families. And, in the longer term, there needs to be a national resource to enable people to understand healthy and unhealthy relationships, check the risk of their own relationship and self-refer to existing local systems if necessary.

Services must see and respond to the whole family – the child, the victim and the perpetrator

Identifying risk from domestic abuse for one member of the family should trigger a risk assessment for all members of the family – adults and children. Children's services should recognise both the safeguarding and domestic abuse risks in cases involving children, and be part of a multi-agency response to the whole family. Adult services – whether working with the victim or perpetrator, and whether or not they are specialist domestic abuse settings – should make sure risks to other adults and to children are flagged and acted on. Children's and adults' risks must be linked, and a response to all members of the family, simultaneously and informed by the family situation, should be available. Services

should also make sure they consider other forms of abuse wider than intimate partner abuse, such as abuse by groups and by other family members, and that they link all the relevant individuals, including those outside the family.

Identifying abuse must result in action that helps the family become safe – and every area should have enough capacity to respond to every victim and every family living with abuse

Agencies who identify abuse must be part of a local system to make sure victims and families get the right help. Every agency needs a clear referral route for all victims and families, no matter what their risk. Ideally agencies should complete a Dash risk assessment and then refer to the Idva service and Marac, or to another local specialist agency, depending on the risk.

Identifying more victims and families will mean more demand on services to help them get safe and stay safe. The right services – funded at the right capacity – must be in place to respond effectively. We currently have just 50% of the Idva capacity needed to help victims of high-risk

abuse⁴⁴ – and too many Idvas are working at more than double the recommended caseload. So local areas must fund enough Idvas to help every high-risk victim. And, given how many victims have mental health and substance misuse needs, commissioners must make sure that these services are accessible to clients referred from the Idva service. In the coming years, SafeLives will examine what systems are needed to effectively help other groups – victims at medium- and standard-risk, children, and victims with complex needs.

SafeLives will investigate the potential of a One Front Door approach to increase identification

Over the coming years, SafeLives and our partners will develop a One Front Door approach. This will be a single place for all referrals of adults and children where there are concerns about domestic abuse, child safeguarding, substance misuse and mental health. It will help ensure the right response from the right agencies as swiftly as possible. Crucially, it will make the links between members of the same family visible, and thus provide a better service so that they can be made safe more quickly.

Become a SafeLives pilot partner area

Over the coming months and years, SafeLives will work with a range of partners – both voluntary and statutory – to make some of the ideas in this report into concrete, deliverable interventions as part of a whole system and whole family response to domestic abuse. And we'll publish what we learn throughout the programme. If you are looking to up your game and help more victims and families become safe, get in touch. Everything we do is in partnership with other people who are as passionate as us about ending domestic abuse. We'd love to hear from you.

Endnotes

1. Analysis from SafeLives Insights National Dataset (12 months to 31 March 2014). Analysis of all high risk cases in the Idva and outreach datasets 2013–14 (n=3869).
2. SafeLives National Marac Dataset, 12 months to 30 September 2014. There were 71,000 adult cases with 90,000 children's cases seen in Maracs in England and Wales, at a repeat rate of 24%, which equates to 54,000 adult individuals with 68,000 individual children. A further 2,819 adult cases (2,134 individual adults net of repeats) with 3,461 children's cases (2,600 individual children net of repeats) were seen in Maracs in Scotland, Northern Ireland and the Channel Islands.
3. SafeLives Insights Idva National Dataset 2013–14 (12 months to 31 March 2014). Accessed from www.safelives.org.uk. 65% of clients reported a cessation of abuse at case closure.
4. SafeLives publishes annual Insights national datasets via our website. We published the first national dataset 2011–12 (Idva data) as an annex to our 2012 policy report, *A Place of Greater Safety*. Alongside this policy report we are publishing two further years' datasets, the Insights Idva National Dataset 2012–12 (12 months to end March 2013) and the Insights Idva National Dataset 2013–14 (12 months to end March 2014). Later this year we will for the first time publish Insights data from outreach services for 2012–13 and 2013–14. Through this report we also refer to other, bespoke, analysis from the combined Idva and outreach datasets (for example, looking at all high-risk cases, or all medium-risk cases), and for specific groups (e.g. BME, men). We refer to these as analysis from the SafeLives Insights national database, indicating date ranges and sample sizes.
5. Data from SafeLives Insights national database (12 months to 31 March 2014). Analysis of all high-risk cases in the Idva and outreach datasets 2013–14 (n=3869) and all medium-risk cases in the Idva and outreach datasets 2013–14 (n=2268).
6. www.gov.uk/domestic-violence-and-abuse
7. Prevalence data from Crime Survey England and Wales 2012–13, 'any domestic abuse' in the last year amongst adults aged 16–59, and includes both men and women. Office for National Statistics (2015), *Chapter 4 – Violent Crime and Sexual Offences, Intimate Personal Violence and Serious Sexual Assault*, 12 February 2015
8. SafeLives Insights Idva National Datasets (2011–12, 2012–13, and 2013–14) consistently show that two-thirds of high risk victims of domestic abuse have children, on average 2 each.
9. Analysis from SafeLives Insights national database 2013–14 (all Idva and

Outreach cases, 12 months to end March 2014) shows that the median average length of abusive relationship before getting help from an Idva or Outreach service is 2.6 years for high-risk abuse and 3 years for medium risk abuse. Since 2014 SafeLives has used median rather than mean averages as abusive relationships vary considerably in duration and this is considered to be a more accurate reflection of common experiences.

10. Humphreys, C. & Thiara, R. (2002) *Routes to Safety: Protection issues facing abused women and children and the role of outreach services*. Women's Aid Federation of England: Bristol, UK, and Lees, S. (2002) *Marital rape and martial murder*. In Hamer, J. and Itzin, N. (Eds). *Home truths about domestic violence: Feminist influences on policy and practice: A reader*. Routledge: London, UK.

11. Analysis from SafeLives Insights national dataset 2013–14 (12 months to end of March 2014, all Idva and Outreach cases). Assessments about risk, escalation and severity are made and recorded by the specialist domestic abuse service at the point that the victim first engages with the service.

12. SafeLives Insights Idva National Dataset 2013–14 (12 months to end of March 2014). 65% of IDVA clients have children, on average 2 each. 25% of these are under 3 years old.

13. Walby, S. (2004), *The Cost of Domestic Violence*, and Walby, S. (2009) *The Cost of Domestic Violence Update 2009*. Costs have been updated to 2013 prices using HM Treasury GDP deflators (December 2013).

14. Troubled families cost database: Domestic violence (fiscal cost per incident (full range of severity) to the police, CJS and NHS) *The Cost of Domestic Violence Update 2009* (Walby, S., Lancaster University, 2009), Accessed from www.local.gov.uk. This cost calculator estimates an average cost per 'incident' of domestic violence (any severity, up to and including homicide). It represents the fiscal cost to the police, CJS and NHS, but excludes economic costs (e.g. to employers due to absence) and social costs (e.g. human suffering).

15. An Idva costs approximately £50,000 per year (including salary, overheads and infrastructure). The recommended annual caseload for a full time equivalent Idva is 65–70 clients each year. The estimated cost per client of £800 may be an over-estimate, since most Idvas support a further 30–35 clients with one-off advice or support.

16. For example, Pakieser, R. A., Lenaghan, P. A., and Muelleman, R. L. (1998). *Battered women: where they go for help*. *Journal of Emergency Nursing*, 24(1), 16–19. Also Hanmer, J. & Saunders, S. (1993) *Women, violence and crime prevention: A community*

study in West Yorkshire, Gower, London found that women contacted eleven agencies before they receive the help they need – and for black women this rose to 17 agencies.

- 17.** Analysis of SafeLives Insights national database (12 months to 31 March 2014). Analysis of all high risk cases in the Idva and outreach datasets 2013–14 (n=3869).
- 18.** Analysis of SafeLives Insights national database 2013–14 (12 months to 31 March 2014), looking at all high risk cases, and all medium risk cases across the Idva and outreach datasets. When they first engage with a service, clients are asked about their use of A&E, calls to the police, and GP attendances in the past 12 months.
- 19.** 85% of all victims (5,358 individuals) accessing Idva support in the 12 months to end of March 2014, as measured by SafeLives Insights data tool, had either reported the abuse to the police, attended A&E as a result of the abuse and/or visited their GP at least once in the previous 12 month period. These clients had had an average of 5 interactions each across one or more of these three services. This is likely to be an underestimate of help-seeking and of public service use by victims, because it only counts police, A&E and GP use, and victims may well access other public services, including housing, health and children's services. Idva support is currently

the most effective intervention in stopping domestic abuse for high risk victims, with 65% reporting that the abuse has stopped at case closure.

- 20.** SafeLives (2014) Unpublished case study: Use and cost of public services by 70 families seen at Marac, 12 months before and 12 months following Marac, in two local authority areas. It found that on average each family used public services 10 times in the 12 months before their case was discussed at Marac. This included a wider range of services: police, probation, children's social care, housing, mental health and substance use.
- 21.** HMIC (2014), *Everyone's business: improving the police response to domestic abuse*. 46% of those responding to HMIC online survey said they had never reported abuse to the police
- 22.** SafeLives Marac National Data – 12 months to end September 2014. Accessed from www.safelives.org.uk.
- 23.** Caada (2013) *Themis Research Briefing #1* and SafeLives (2014) Unpublished data from Themis study.
- 24.** www.irisdomesticviolence.org.uk/iris/about-iris/about/
- 25.** www.citizensadvice.org.uk/index/policy/policy_publications/er_credit_debt/controlling-money-controlling-lives.htm

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- 26.** Caada (2014) *In Plain Sight: Effective help for children exposed to domestic abuse: 2nd National Policy Report* (February 2014)
- 27.** SafeLives Insights Idva National Dataset 2013–14 (12 months to 31 March 2014)
- 28.** www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-summary.pdf
- 29.** SafeLives Insights Idva National Dataset 2013–14, and Insights Outreach National Dataset 2013–14. Clients are asked about their relationship and living arrangements with the abuser when they engage with the support service. For Idva clients, 75% reported that they were not living together with the abuser, compared to 21% who were living together and 3% who were living together on-and-off. ‘Living together’ is seen as the most reliable indicator of whether a relationship is current or not, because it indicates a more stable arrangement than just asking about the relationship status. Insights data also asks about the relationship status. 60% of Idva clients reported that the perpetrator was an ex-partner, 28% a current partner, 8% a family member and 3% an on-and-off partner. SafeLives Insights data from Outreach and Refuge services show similar rates. For BAME clients, 31% report that they are still living together when they access a service.
- 30.** Ibid.
- 31.** SafeLives (2014) Unpublished data from Themis study.
- 32.** SafeLives Insights Idva National Dataset 2013–14 and Outreach Insights National Dataset 2013–14 (12 months to 31 March 2014).
- 33.** DC1109EW – Household composition by age by sex, Census 2011, ONS. There are 8.2 million adult females living in households with dependent children.
- 34.** SafeLives (2014) Unpublished case study: Use and cost of public services by 70 families seen at Marac, 12 months before and 12 months following Marac, in one local authority area. This excluded service use relating to the children, to ensure a fair comparison.
- 35.** Office for National Statistics (2011), *2011 Census for England and Wales*.
- 36.** Bespoke analysis from SafeLives Insights national database 2013–14 (12 months to 31 March 2014), comparing use of services by BME groups compared to the national average.
- 37.** Estimates from Stonewall, the lesbian, gay and bisexual charity. Accessed from www.stonewall.org.uk. The figure of 5–7% of the population is used by government too:

census and population-based survey data is assumed to under report.

- 38.** Bespoke analysis from SafeLives Insights national database 2013–14 (12 months to 31 March 2014).
- 39.** Crime Survey England and Wales 2012–13 (February 2014). Analysis of data on help-seeking by different groups.
- 40.** Bespoke analysis from SafeLives Insights national database 2013–14 (12 months to end March 2014)
- 41.** Crime Survey England and Wales data – *Focus on violent crime and sexual offences 2012/13 – Chapter 4: Intimate Personal Violence and Partner Abuse*. Office for National Statistics, 2014. Accessed from www.ons.gov.uk/ons/dcp171776_352362.pdf
- 42.** Crime Survey England and Wales data – *Focus on violent crime and sexual offences 2012/13 – Chapter 4: Intimate Personal Violence and Partner Abuse*. Office for National Statistics, 2014. Accessed from www.ons.gov.uk/ons/dcp171776_352362.pdf
- 43.** <https://beta.citizensadvice.org.uk/policy/domestic-abuse-empowering-society/>
- 44.** SafeLives (2014) Unpublished submission to the HMIC Domestic Abuse Review National Oversight Group



We are SafeLives, a national charity dedicated to ending domestic abuse. Previously called Co-ordinated Action Against Domestic Abuse (CAADA), we chose our new name because we're here for one simple reason: to make sure all families are safe.

Our experts find out what works to stop domestic abuse. Then we do everything we can to make sure families everywhere benefit. It works: after getting the right help more than 60% of victims tell us that the abuse stops.

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