Ask and Take Action

Why public services must ask about domestic abuse

A report by Agenda, the alliance for women and girls at risk

August 2019

Updated December 2020

“We remain clear that tackling VAWG is ‘everyone’s business’, and all government departments, local agencies, specialist third sector organisations and the public have an important role to play.”

HM Government, Refreshed Ending VAWG Strategy, March 2019[1]

“no one even bothered, even when I went to hospital when my tooth got knocked out, even then they never even bothered to refer you.”

Woman with lived experience[2]

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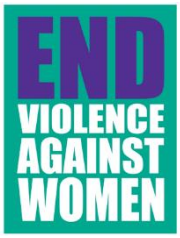

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Glossary

Domestic Abuse Bill	On 3rd March 2020, Government re-introduced its Domestic Abuse Bill, aimed at supporting and protecting victims and survivors of domestic abuse. The Bill will continue to progress through Parliament over the coming months, before it becomes law.
Domestic abuse	This report refers predominantly to domestic abuse, in reflection of its aim to influence the Domestic Abuse Bill. The Domestic Abuse Bill will introduce the first statutory definition of domestic abuse, which refers to: physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse, which is carried out from one person towards another, if they are aged 16 and over and 'personally connected' to each other.
VAWG	In this report, VAWG refers to violence against women and girls (VAWG) in all its forms, including: sexual violence, domestic violence, forced marriage, sexual exploitation, FGM, stalking and harassment.
Victims and survivors	In this report, the phrase 'victims and survivors' is used when referring to those who have experienced domestic abuse. This reflects the terminology used in the draft Domestic Abuse Bill, which refers to 'victims', whilst also recognising that many who have experienced domestic abuse prefer the term 'survivor'.
Routine enquiry	Routine enquiry refers to frontline staff asking all service users about their experience of domestic abuse regardless of whether or not there are any signs of abuse, or whether abuse is suspected.
Targeted enquiry	Targeted enquiry involves relevant practitioners applying a 'low threshold for asking' whether a service user is experiencing domestic abuse when the service user presents certain indicators of such abuse. 'Indicators' are used to describe all of the signs, symptoms, cues or settings through which domestic abuse can be identified. In some health settings, targeted enquiry is referred to as clinical enquiry. [3]

Mental health trusts	Mental health trusts provide health and care services for people with mental health problems. There are 58 mental health trusts in England.
NICE	The National Institute for Health and Clinical Excellence (NICE) is an executive non-departmental body of the Department of Health and Social Care in the UK. It provides Evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders.
Minoritised communities	This term is used to describe groups of people who are discursively constructed as 'minorities' through processes of marginalisation and exclusion; for example, Black, Asian and minoritised ethnic (BAME) women, LBTIQ women, disabled women and migrant women. We also recognise that it is a broad term that can overlook differences within minoritised groups.
Specialist 'by and for' services	This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for BAME women, LBTIQ women, disabled women and migrant women.
No Recourse to Public Funds (NRPF)	No Recourse to Public Funds (NRPF) refers to a visa condition that prevents most non-European Economic Area migrants from accessing most state-funded benefits, tax credits and housing assistance. These restrictions include migrant women not on a spousal visa who are fleeing abuse, limiting their ability to access financial support, legal aid and safe accommodation.
Domestic Violence (DV) Rule	This rule grants Indefinite Leave to Remain (ILR) to migrant survivors whose relationship breaks down as a result of domestic violence. This rule only applies if you are in the UK as the wife, partner or civil partner of someone who is British or has ILR.
Destitution Domestic Violence Concession (DDVC)	The Destitution Domestic Violence Concession enables those who might be able to apply for leave to remain under the Domestic Violence Rule access to public funds while they submit their application. Migrant women survivors who are not on a spousal visa are therefore excluded from this concession.

Executive summary

There is a growing political consensus that domestic abuse should be everyone's business.[4] The Domestic Abuse Bill, introduced in July 2019, is a once in a generation opportunity to make this a reality.

Victims and survivors of domestic abuse may access a range of public services – from the health system to social services. These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need.

Yet evidence shows that public services are failing to pick up domestic abuse and respond appropriately. This means many survivors are passed from service to service before finally getting the support they need, causing years of preventable hurt and even putting lives at risk.

It's clear that public services need to transform their approach to domestic abuse. Asking victims and survivors about their experiences of domestic abuse in a trained and compassionate way is crucial to ensuring they get the support they need at the earliest possible opportunity.

That's why we're calling for *Ask and Take Action* – a duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.

A range of research indicates that most survivors welcome being asked about their experiences of abuse,[5] and existing examples of good practice outlined in this report show that ensuring frontline staff ask about domestic abuse is possible. The IRIS programme in GP surgeries was evaluated to produce societal cost savings of £37 per woman registered in a general practice and through Citizen's Advice's ASK programme four out of five people were satisfied they had been asked.

This campaign builds on 'Ask and Act' in Wales, whereby frontline staff in public services are trained to ask about domestic abuse.

Attempts have been made to ensure staff in some public services ask about domestic abuse. National Institute for Health and Clinical Excellence (NICE) guidelines currently state that staff in all mental health services should be making trained enquiries into experiences of domestic abuse among all those accessing their service[6]– in recognition of the high rates of violence and abuse experienced by people who access mental health services.[7] This is especially true for women; 38 per cent of women who have a mental health problem have experienced domestic abuse.[8]

Yet evidence set out in this report highlights that despite these guidelines, in many mental health services patients are still not being asked about abuse.

We found:

- Of 42 trusts that responded to a Freedom of Information (FOI) request by Agenda, 15 had no policies on routine enquiry about domestic abuse. Twenty Five trusts which responded had a policy on routine enquiry.
- Where trusts do have policies on routine enquiry the effectiveness of these policies varies considerably with one trust asking just 3% of patients about experiences of domestic abuse – when they should be asking everyone.
- There is significant variation in the number of instances of domestic abuse flagged by mental health trusts – suggesting that trusts are not asking about domestic abuse or collecting data in a uniform way.
- The vast majority of trusts had no policies on offering proactive support within their services to patients who disclose domestic abuse with many depending on the support of specialist domestic and sexual abuse services in the voluntary sector to respond to patients identified as having experienced domestic abuse.

It's clear that guidelines are not enough. That's why we need a statutory duty on public authorities to ensure that staff are trained to enquire about domestic abuse – and to ensure enquiries are being made.

We want to see services **Ask** about domestic abuse – **and Take Action** upon the disclosures when they are made. We need to see substantial investment to accompany this duty, to ensure that staff are trained and confident to make enquiries, and survivors are able to access the right support. A properly resourced domestic abuse sector must include a full range of gender-specific and trauma-informed services for adult and child survivors, including specialist 'by and for' services.

This recommendation came through clearly in evidence from peer researchers for *Breaking Down the Barriers*, the final report of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage by Agenda and Against Violence and Abuse (AVA). This highlighted that countless opportunities to identify abuse were being missed and survivors were not getting the support they needed as a result.

We also need an approach tailored to each public service. Because of the prevalence of domestic abuse among the client group of some services – such as mental health or criminal justice - routine enquiry, whereby all service users are asked about their experiences of domestic abuse, in the right environment and by a trained and compassionate member of staff, may be appropriate. Other services will need to take a more targeted approach, for example only asking about domestic abuse where they notice signs and indicators.

Our proposal is that the Domestic Abuse Bill should open up a space for consultation with services and experts from the VAWG sector, including specialist 'by and for' services. This consultation should be used to inform robust and comprehensive guidance on implementing the duty in practice is introduced. The proposed Domestic Abuse Commissioner within the Domestic Abuse Bill should have the statutory powers to ensure that any duty is correctly implemented.

It is important to recognise that a duty to ask is not a duty to disclose, and this should never mean that any survivor - whether they disclose domestic abuse or not – should be left to cope alone. Context, environment, tone, and trust are all crucial to encouraging disclosure, but some women will not be ready to share their experiences or may not be asked at the right time for them.

Agenda is calling for:

- The Domestic Abuse Bill to be amended to implement a statutory duty on public authorities to ensure staff make trained enquiries about domestic abuse, and respond appropriately with proper pathways into support that takes into account the trauma they have experienced.
- Government to back this duty with sufficient funding. Any enquiries into abuse must be accompanied by robust training and support for staff to identify and respond to disclosures in a safe and supportive way. We need to see investment in referral pathways and specialist support so that staff are able to get survivors the support they need. We support calls from across the violence against women and girls (VAWG) sector for substantial investment in specialist services for victims, children and perpetrators of domestic abuse, as well as ring-fenced funding for services run by and for women from minoritised communities.
- All public services must respond appropriately to disclosures of domestic abuse, both on an individual level by ensuring survivors get the support they need, and on a strategic level, including through operating in a trauma-informed way.[9] Safe reporting mechanisms for survivors accessing vital public services must be established – so women can disclose without fear of immigration enforcement; NRPF conditions must be lifted; and the DV Rule and DDVC must be extended to ensure migrant survivors can safely report and access support.
- This must be accompanied by robust data collection on enquiries into domestic abuse and responses, collected and published by gender, race, ethnicity, age, ability and other relevant protected characteristics.

Endorsements

"I am pleased to support Agenda's campaign to ensure trained staff in our public services are asking about domestic abuse. As Chair of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage, I heard from women across the country about the devastating impact of domestic abuse. For far too many, the legacy that trauma leaves is poor mental health, problems with substance use, homelessness, or a criminal record. Women who shared their experiences as part of the Commission told me that services let them down. Time and again the signs of abuse were not picked up by professionals, and too often women were bounced around or even turned away from services. We need concerted action across public services so that trained staff are able to identify survivors and respond accordingly, ensuring they get support."
Baroness Armstrong of Hill Top

"We welcome this report from Agenda; we know that four out of five victims of domestic abuse don't call the police, so it's vital that the other professionals around them have the knowledge, training and confidence to be able to ask the right question at the right time. Survivors tell us every day about the difference it made to them when an empathetic, trustworthy professional asked the question and gave a supportive response. If a person is experiencing domestic abuse and takes the courageous step to tell someone – whether it's a GP, a social worker, a Housing professional or anyone else – they should be heard, believed and supported to become safe. We want that for everyone; whoever you are, wherever you live."
Jess Asato, Head of Public Affairs and Policy, SafeLives

"Centre for Mental Health strongly supports this report's call for routine enquiry about abuse to be in place in mental health services nationwide, backed up by adequate staff training and support, and resources to offer specialist help when it's needed. We want to see all mental health services become trauma informed and offer safe spaces for both staff and service users."
Andy Bell, Deputy Chief Executive, Centre for Mental Health

"It is hard for women to recognize when they have experienced domestic abuse. And it can be even harder to talk about it, or ask for help. Where women have experienced other forms of disadvantage, such as substance use, mental health or homelessness, this can make the problem worse. The only way to break this cycle of silence is to make sure that wherever a woman goes for help, she meets practitioners who are able to ask about abuse with skill and compassion. Only then can we begin to transform the response to domestic abuse in the UK."
Donna Covey CBE, Chief Executive, AVA (Against Violence and Abuse)

“Domestic abuse is everyone’s business, so it’s highly concerning that Agenda have uncovered a patchwork of practice by mental health services when asking about domestic abuse and responding to survivors. The landmark Domestic Abuse Bill must go beyond the justice system alone, and deliver the changes survivors and their children need across all public services. Asking about abuse is a critical first step, which must be underpinned by specialist training and systems change within all public services – from health to housing, immigration and welfare – to ensure every survivor gets the right response, first time.”
Lucy Hadley, Campaigns & Public Affairs Manager, Women’s Aid

“At the Domestic Abuse Housing Alliance (DAHA) we witness every day the vital role housing providers play in identifying and responding to domestic abuse. We are often out and about on estates and our front line staff are the eyes and the ears of the communities they are based in; often enabling them to identify and recognise domestic abuse earlier than other professionals. This report from Agenda is so important in recognising the need for a co-ordinated community response to domestic abuse which is embedded across the country. This co-ordinated response has the potential to save and improve so many lives, including children.”
Gudrun Burnet, Domestic Abuse Housing Alliance (DAHA)

“We support Agenda's call for amending the Domestic Abuse Bill to include a duty on public services to ask about domestic abuse. A coordinated community response to domestic abuse involves all public services working together in a strategic manner to change the climate of tolerance of domestic abuse. Introducing survivor-focused policies, directed from a senior lever and underpinned by a sustainable package of training and guidance for all staff members, enables services to support survivors in a consistent and safe way. Our belief is that this will bring forward the point at which domestic abuse is identified, helping survivors to access help and support earlier.”
Nicole Jacobs, CEO, Standing Together Against Domestic Violence

“Health staff see the impact of abuse on people experiencing mental distress every day, and it forms one of the hardest parts of our working lives. It’s easy to feel overwhelmed in the face of a public health crisis like domestic violence, but there are things that we can all do to turn the tide. We can celebrate colleagues who are getting this right and replicate their successes in our own areas. We can use research and national guidance to raise standards and can write better local polices to ensure that we actively promote the safety of everyone we work with. Most importantly of all - we can make sure that we have the skills to ask people about what’s happening in their lives in a respectful and compassionate way and take action to safeguard them and their families.”
Nicky Lambert, Assoc. Professor Middlesex University.

“As Women’s Lead for Camden and Islington NHS Foundation Trust over the past fifteen years I have seen a raft of initiatives from the Department of Health and the third sector aiming to embed routine enquiry of all forms of past and current trauma with varying success. There needs to be a national commitment from all the governing bodies to demand that this is core business for all human services but particularly those who provide services to vulnerable people. This report will push this agenda forwards and all services need drivers such as this to keep trauma informed approaches such as routine enquiry at the top of the agenda until it is built into the fabric of every service.”
Shirley McNicholas, Women’s Lead for Camden and Islington Foundation NHS Trust and founder of Drayton Park Women’s Crisis House and Resource Centre

“MEAM supports Agenda’s call for trained staff in public services to make routine enquiries about current and historic domestic abuse. We know that a high proportion of women facing multiple disadvantage are experiencing/have experienced extensive physical and sexual abuse. It is often the underlying cause of mental health problems, substance misuse issues as well as homelessness and contact with the criminal justice system. The more professionals know about a woman’s past history of trauma the better and more appropriate the support that they can be offered, provided sufficient resources are also put in place. This can lead to more trusting relationships and ultimately provide better opportunities to help women address their problems holistically.”
Stephen Moffatt, Senior Policy Manager, MEAM

“We have lots of evidence that women who experience violence and abuse from partners are more likely to have mental health issues than other women, and we know that women with a mental health diagnosis are at greater risk of domestic abuse. It can be very hard for women at risk to say that they are being hurt in this way - so it is vital that mental health workers ask people about their experiences sensitively and compassionately and then act to support and protect them. With this in mind, we believe Agenda’s work is critical and we are pleased to support it.”
Dave Munday, Lead Professional Officer, Mental Health, Unite the union

“Ask and Act in Wales is leading to significant positive changes and better general awareness of these type of abuse with public bodies. As laid out in this report by Agenda, Welsh Women’s Aid support the call for the UK Government to amend the Domestic Abuse Bill to extend this work further to make survivors safer, along with secure and sustainable funding for the specialist sector to support this and meet any increased demand.”
Tina Reece, Head of Engagement, Welsh Women’s Aid

“The evidence is clear of the link between abuse and mental illness and as Psychiatrists working with women we are all too aware of the devastating impact of abuse on all aspects of the lives of women and young girls. Routine enquiry about abuse in clinical practice is the first and vital step in identifying and providing support for victims of abuse. Only with this information can we as Mental Health Professionals have a chance to make a difference for victims of abuse. All Mental Health care providers need to step up to this challenge.”
Beena Rajkumar and Ruth Reed, co-chairs of the Women’s Mental Health Special Interest Group, Royal College of Psychiatrists

“Surviving Economic Abuse (SEA) backs Agenda's call for a duty on public services to routinely ask about domestic abuse. We know that many victim-survivors would welcome an 'invitation to tell' someone about their experience. We also know that professionals are better able to provide safe and useful support if they are aware of domestic abuse. For instance, routine enquiry about domestic abuse by Jobcentre staff would support victim-survivors to maximise their access to and ability to maintain economic resources. It would also lead to the effective challenge of abusers who use the welfare system to abuse, for example, through false allegations of benefit fraud.”
Nicola Sharp-Jeffs, Chief Executive, Surviving Economic Abuse

“Safer London fully supports Agenda’s campaign to encourage staff in public services, particularly in housing, to ask about domestic abuse. Housing officers might be the only professionals a survivor has contact with and being asked about abuse is often the first step to break the silence.”
Clementine Taynard, Domestic Abuse, Housing and Policy Manager, Safer London

Introduction

Some 1.3 million women, and 695,000 men, experienced domestic abuse in 2017/2018 in England and Wales alone.[10] Too many opportunities to help those struggling with such trauma are missed, often because the signs of domestic abuse are not picked up or domestic abuse is not asked about.[11] Many victims and survivors of domestic abuse have physical or mental health difficulties as a result; some experience homelessness or may turn to drugs and alcohol to cope. When they seek help, victims and survivors need to encounter staff that understand the impacts of violence and abuse and can provide timely, appropriate and adequate support.

As the UK Government has highlighted in the Violence Against Women and Girls Strategy (2016 - 2020), and in its response to the Joint Committee report on the Domestic Abuse Bill, **tackling domestic abuse is everyone's business** and should be embedded across agencies, services and the wider public.[12] To achieve this we need to transform the way our public services recognise and respond to domestic abuse.

Victims and survivors of domestic abuse come into contact with a wide range of services. They may go to A&E with injuries, or go to their local council for help with their housing because they are trying to get away from an abusive partner. Domestic abuse is everyone's business and these services – our A&Es, our mental health services, our housing services in local councils – can act as a vital gateway to support for survivors. They have a very important part to play in identifying and responding to abuse. All staff in these services should be asking about domestic abuse, and then offering the help and support that's needed.

At the moment, too many staff in public services are not asking the question.

Agenda and AVA's *Breaking Down the Barriers* report found that staff in public services are not asking women about their experiences of abuse, and vital opportunities to help are frequently being missed.

Women in contact with mental health services, for example, are especially likely to have experiences of domestic abuse. In these services, national guidance recommends that frontline staff should be routinely asking patients about domestic abuse[13] – this is known as 'routine enquiry'. But research laid out in this report shows that many mental health trusts in England do not even have policies on routine enquiry. For those that do have policies, the effectiveness in practice varies significantly and it suggests that many victims and survivors in mental health services **haven't been asked about domestic abuse**.

It is clear that guidance alone is not enough. Staff are not asking about domestic abuse in the services where it already should be happening, and there are many health services and other public services that are not even covered by existing guidance.[14] We need a duty on public authorities to ensure staff are making trained enquiries into domestic abuse. This duty should be accompanied by proper pathways into appropriate support, funding for services that can respond, and encourage better collection of data to inform our picture of the levels of abuse in this country and help our services adapt as a result.

Without asking people who access services if they have experienced domestic abuse, services risk missing vital opportunities to ensure victims and survivors get the support they need, when they need it. Asking at the right time can save lives.

The Domestic Abuse Bill – reintroduced in March 2020 - is a critical chance to make sure this happens. Alongside the many organisations across the voluntary and public sector which have come together in support of this campaign,[15] Agenda is calling on the Government to ensure all public services – from hospitals, to housing, to social services - ask about domestic abuse and take action accordingly.

For the purposes of amending the Domestic Abuse Bill, this report calls for a duty on public services to ask about domestic abuse. However, public services have an important role to play in meeting the needs of all survivors, and should be asking people using their service about their experiences of all forms of VAWG.

Chlo's story

Chlo is a survivor and campaigner. She was a peer researcher for the Commission on Domestic and Sexual Violence and Multiple Disadvantage and now works for a domestic abuse charity. She was a teenager when she first started to experience domestic abuse.

She says: "I was in mental health services when it started, but no one talked to me about my relationship or picked up the warning signs. It was police that first suggested what I was experiencing was domestic abuse. It hadn't even occurred to me that's what it was until then, I didn't know about emotional abuse or coercive control. After that, I was referred to victim support and eventually he was convicted."

"I know that for other women experiencing abuse, it doesn't always happen like that. The peer research showed that despite everything women are resilient and still try to engage with services, but often it's the services who are 'hard to reach' or difficult to engage with, not the women themselves."

This report sets out the case for having a duty to ask and take action across our public services to transform the way we respond to abuse. It looks at the impacts of abuse and the connections between abuse and a range of public services, showing why it's important for all of our public services to be making trained enquiries into abuse. The report reflects on the impact of current guidance in the NHS and specifically looks at how mental health trusts are implementing NICE guidance into routine enquiry. It shows that in many cases, despite clear guidance, enquiries are not being made and that current practice is inconsistent.

This report includes a call for a fully funded set of specialist services for all survivors and victims of domestic abuse, including services run by and for Black, Asian and minoritised ethnic women (BAME), LBTIQ communities, disabled women and migrant women, so that once women disclose they can be fully supported.

To ensure all survivors feel safe making disclosures, safe reporting mechanisms in public services must be established – so women can safely report abuse to the police, social services, health professionals and others, with confidence that they will be treated first and foremost as victims and without fear of immigration enforcement. To ensure there are appropriate referral pathways in place, NRPF conditions must be lifted and the DV Rule and DDVC must be extended to ensure migrant survivors can safely report and access support.

Finally, these calls must be accompanied by robust data collection on enquiries into domestic abuse and responses, collected and published by gender, race, ethnicity, age, ability and other relevant protected characteristics.

Transforming the response to domestic abuse will require a concerted effort – including this stronger duty on public authorities to ensure it happens.

If we do not do this, we are missing the opportunity to help thousands of victims and survivors at a time they need it most. With the right support in place at the right time, more women and girls will have access to the help they need to rebuild their lives and fulfil their potential

Mona's story

"I was scared that they might take my children, that's why I didn't want to call them [police]. Because my husband is British, my children are British, so I'm the odd one out, and this is what they made me feel."

- As quoted in *The Right to Be Believed*, a report by Step Up Migrant Women (2019)

Section One: Domestic abuse and public services

The legacy of abuse

Victims and survivors of domestic abuse can face a range of complex problems as a direct or indirect result of the abuse they faced. They may face physical injuries, poor mental health, poverty and debt, or homelessness. While this report focuses on the Domestic Abuse Bill, it is important to recognise that domestic abuse does not happen in isolation. Many survivors of domestic abuse will also face a range of other forms of violence against women and girls (VAWG) throughout their lives, with devastating and long-term impacts.

Previous Agenda research revealed one in 20 women in England have experienced extensive physical and sexual violence as both a child and an adult: that's 1.2 million women.[16] These women have been abused in childhood, many have been raped as adults and suffered severe physical abuse from a partner including being choked, strangled or threatened with a weapon.

For too many of these women, the legacy of domestic and sexual abuse means they face a number of complex and overlapping problems. Many are deeply traumatised and experience complex mental health problems; they may turn to drugs or alcohol to cope with the trauma they have faced; some may experience homelessness, and in turn be exposed to further violence on the streets. Of those 1.2 million women who have experienced extensive violence and abuse:

- One in five (21%) reported having been homeless at some point in their lives.
- Over a third (36%) have made a suicide attempt, and a fifth (22%) have self-harmed.
- They are more than twice as likely to have an alcohol problem (31% do so) and eight times more likely to be drug dependent than women in the group with little experience of violence and abuse.
- Half (52%) have a disability that means they need help with everyday activities.
- Just 6% described their general health as excellent, compared to 19% of women with little experience of violence and abuse, and 14% describe their health as poor compared with 5% of women with little experience of violence and abuse.

The role of public services

Victims and survivors coping with the legacy of domestic abuse are likely to come in to contact with a range of publicly funded services, from the health system to social services, throughout their lives – both while they are facing abuse and in the years

that follow. In particular, survivors experiencing multiple disadvantage – a combination of complex problems including poverty, poor mental health, addiction, contact with the criminal justice system and homelessness - do not typically present at specialist domestic and sexual violence services. Many will frequently come into contact with multiple services – from trips to A&E, contact with the police, drug and alcohol support - before finally getting the help they need.[17]

Previous research by Agenda and AVA and peer researchers for *Breaking Down the Barriers* laid bare this reality and recommended that all services routinely ask about abuse so that vital opportunities to provide support are not missed by public services.

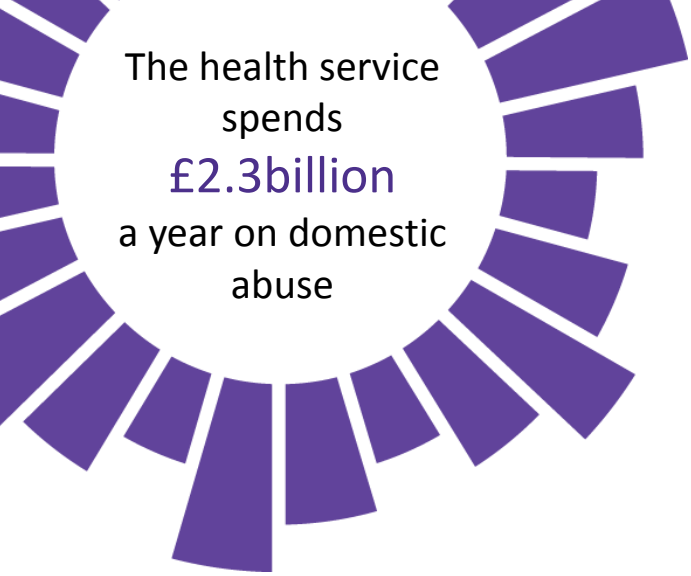
To truly achieve the UK Government's ambition of transforming the response to domestic abuse, staff in frontline public services must be required to play their part and be properly equipped to identify survivors of abuse in order to ensure they get the support they need.

Health

The health service is integral to identifying and responding to domestic abuse. Evidence from SafeLives highlights the frequency with which health services are in contact with survivors before they are able to access specialist support, with nearly a quarter (23%) of victims at high risk of serious harm or murder, and one in 10 victims at medium risk, going to accident and emergency departments because of their injuries.[18] A 2016 analysis of 24 Domestic Homicide Reviews by Standing Together Against Domestic Violence found just over half of interpersonal homicide reports note that the GP missed opportunities to ask the victim about abuse.[19]

There are certain health services that are likely to come in contact with victims and survivors at critical stages, such as mental health and maternity services. Thirty per cent of domestic abuse either begins or will intensify during pregnancy[20] meaning staff in maternity services have an important chance to identify and support survivors who access their services.

Thirty eight per cent of women with a mental health problem have experienced domestic abuse;[21] recognising and responding to such trauma is integral to providing effective therapeutic support.



We welcome the development at NHS England of a four-year action plan to tackle domestic abuse, which will include a training programme and awareness raising for all staff.[22] This must be accompanied by a commitment to culture change across the public service coupled with proper investment and resourcing to ensure such plans to address domestic abuse can be meaningful and effective in practice.

Responding to and providing care for physical and mental health harms of domestic abuse costs the health service £2.3billion a year.[23] Investing in identifying domestic abuse and supporting victims and survivors to access specialist support at the earliest possible opportunity could generate significant savings in the long term.

Housing and Homelessness

There are clear links between domestic abuse and homelessness, and housing can be a key barrier to a survivor's ability to escape abuse.[24] In 2018, 5,380 households were made homeless in England over a three-month period directly because of domestic abuse.[25]

Many survivors who are not able to access secure housing may end up rough sleeping, and in turn be exposed to further violence on the streets. A study by St. Mungo's found that 54 per cent of female clients that slept rough experienced abuse from a partner or family member, and 33 per cent said domestic abuse contributed to their homelessness.[26] Research by Crisis also found that 61 per cent homeless women have experienced violence or abuse from a partner at some point.[27]

Agenda welcomes the new provisions in the Domestic Abuse Bill which place statutory duties on local authorities to provide accommodation-based support. For this to truly transform the response to domestic abuse, however, Agenda supports calls from the VAWG sector for extending this duty to include vital community-based services for women and children.

Alison's story

After an abusive boyfriend set fire to her home, Alison spent time in a hostel, where she met another man who was abusive.

"Because I didn't want to be on the street, I ended up staying with him and moving in with him and his dad … One day he proper battered me, he had a knife, he was slashing me. I had to run out in my dressing gown and shoes. I ran into town and that's how I became homeless."

There are some existing examples of good practice in transforming the response to domestic abuse in the housing sector. The Domestic Abuse Housing Alliance's (DAHA) is a partnership between three agencies who are leaders in innovation to address domestic abuse within housing: Standing Together Against Domestic Violence (STADV), Peabody and Gentoo. DAHA embeds the best practice learned and implemented by its three founding partners and has established the first accreditation for housing providers.

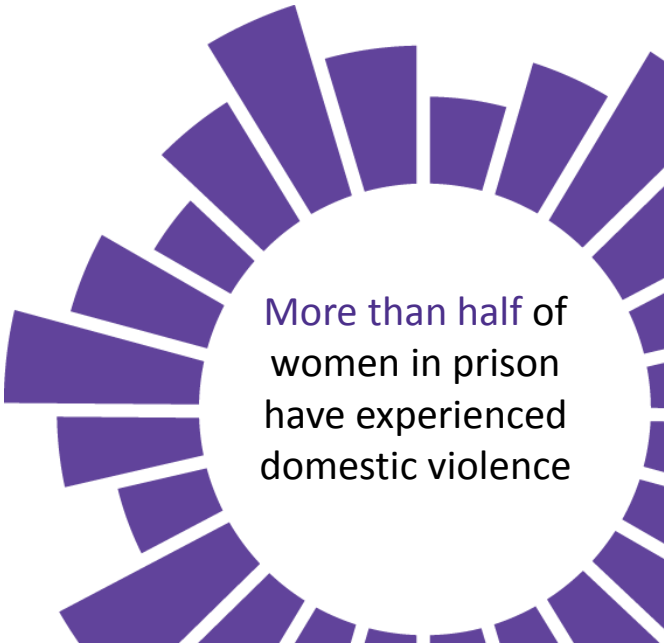
Evidence suggests that training and supporting housing providers to recognise and respond to domestic abuse can be effective in ensuring survivors get the right support. In research undertaken by Safelives, Gentoo tenants accessed support from Gentoo's specialist team one year earlier than the national dataset (made up of specialist domestic abuse services) demonstrating the unique role that housing providers can have with their customers.[28]

While this report refers to services that are publicly funded alone, the whole housing sector, including the private rented sector, has an important role to play in recognising and responding to domestic abuse. We support calls from the National Housing and Domestic Abuse Policy and Practice Group for a 'whole housing' approach to domestic abuse, including a full suite of housing options for survivors of domestic abuse and one which enables agencies and organisations to work together collaboratively, as well as investment in genuinely affordable accommodation and the provision of sufficient secure move-on accommodation.

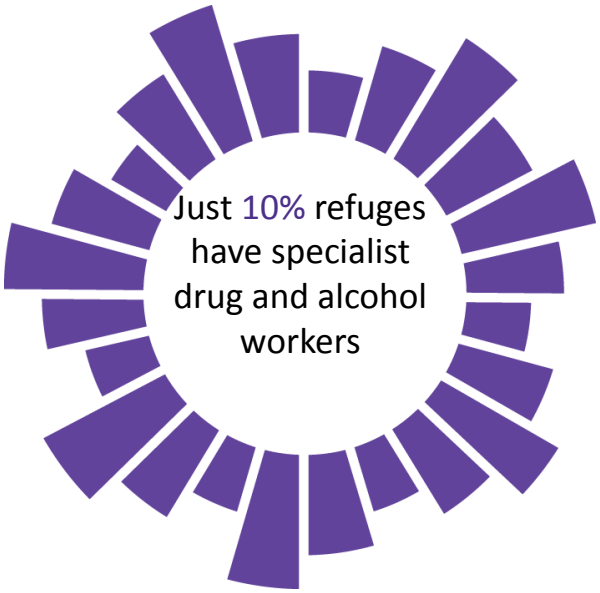
Criminal justice

The criminal justice system is a common point of contact for women who have faced abuse, violence and multiple disadvantage. More than half (57%) of women in prison report having suffered domestic violence[29] and 53 per cent report having experienced emotional, physical or sexual abuse during childhood.[30] Both of these figures are likely to be significant underestimates.

Yet evidence suggests that experiences of violence, abuse and coercion are rarely recognised as drivers of offending.[31] *'There's a reason we're in trouble'*, a report by the Prison Reform Trust (PRT), identified strong links between women's experience of domestic and sexual abuse and coercive relationships and their offending.[32]



The report found that women often encounter a culture of disbelief in the criminal justice system about the violence and exploitation to which they may have been exposed. Women who PRT spoke to for the research said they had been repeatedly arrested by the police in incidents of domestic violence where they had not been the primary aggressor.



Drugs and Alcohol services

Many victims and survivors coping with the legacy of domestic abuse turn to drugs and alcohol to cope with the trauma they have faced. Women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than non-abused women, for example.[33] However, many survivors with substance use support needs are unable to access refuges: just 10 per cent of refuges have specialist drug workers and 10 per cent have specialist alcohol workers.[34]

Many survivors of domestic abuse may access 'mainstream' drug and alcohol services – it is crucial that these services are properly equipped to respond to the needs of survivors of domestic abuse, and ensure they are able to access the support they need.

Social Services

Many mothers living with an abusive partner, or coping with the long-term legacies of abuse such as poor mental health or addiction will be in contact with social services. A recent report by the Children's Commissioner for England identified that 50,000 children aged zero to five are living in households where domestic violence, alcohol or drug dependency and severe mental health are all present.[35]

Many women describe the fear of losing their children to social services as a huge barrier to seeking support,[36] and the trauma of losing children as a result of domestic abuse can also be a major barrier to women being able to make a meaningful recovery.[37] Staff in social services must respond better to the needs of survivors of domestic abuse, and ensure decision-making about a child's welfare is based on a proper understanding of the family context. This starts with giving women the opportunity to share their experiences and offering them active support.

Jobcentres

Access to welfare can be vital for survivors of domestic abuse – particularly for survivors of economic abuse and for those who are forced to flee their homes. Research by Agenda shows 38 per cent of women in poverty have experienced violence and abuse,[38] and survivors of domestic abuse are more likely to have borrowed money from a pawnbroker, money lender, friends or family, and are more likely to be seriously behind with rent payments.[39]

We welcomed announcements from the Department for Work and Pensions (DWP) in July 2019 that every Jobcentre will have a dedicated domestic abuse point of contact from September 2019, trained by Women's Aid Federation England and Welsh Women's Aid.[40] Research from the Department for Work and Pensions (DWP) found that some claimants are reluctant to disclose abuse in a Jobcentre Plus context, with a lack of confidence that the information disclosed would remain confidential identified as a key barrier.[41] Without asking women about their experiences of abuse and enabling safe and confidential disclosures, Jobcentre Plus staff risk responding inappropriately to the realities of the lives of the women they work with. For example, women who are unable to attend appointments or comply with their conditions due to the abuse they are facing may end up being sanctioned, rather than referred onto the specialist support they need.

Failing to respond

At the moment public services are failing survivors of domestic abuse. Most staff do not have the required skills or training to recognise and respond to survivors of domestic abuse who are accessing their services. The *Breaking Down the Barriers* report by AVA and Agenda found that staff in public services are not asking women about their experiences of abuse, and vital opportunities to help are frequently missed.[42]

Women from minoritised communities

The *Breaking Down the Barriers* report also found that public services specialisms (in terms of understanding, as well as referral pathways and service provision) are lacking around supporting specific groups of minoritised women, for example Black, Asian and minoritised ethnic (BAME) women, LBTIQ women and disabled women.

Currently, public services are particularly poorly-equipped to respond appropriately to migrant survivors. A disclosure by migrant, refugee and asylum-seeking women with insecure immigration status to a public service could lead to their deportation. Women with NRPF do not have access to the same support pathways as women with access to public funds. For women whose first language is not English, interpretation and translation services may be neither available nor appropriate.

As one woman with lived experience who spoke to the Commission put it: “no one even bothered, even when I went to hospital when my tooth got knocked out, even then they never even bothered to refer you.”

This current failure to respond to domestic abuse is not just costly on a personal level, it is also costly to the public purse, with domestic abuse costing an estimate of £66billion a year.[43] Children being taken into care, use of A&E and other health services, interactions with the police and criminal justice system and other interventions all have significant financial implications. By investing in equipping frontline staff to recognise and respond to domestic abuse, public services could generate huge savings in the long term.

Section Two: More than guidance

Women's mental health is closely linked to gendered life experiences, including domestic abuse and violence. Previous research from Agenda shows 38 per cent of women with a mental health problem have experienced domestic abuse.[44]

Where mental health problems are linked to or rooted in gendered trauma, an awareness and understanding of that trauma and women's responses to it is essential for practitioners to deliver effective therapies and to avoid practice which may re-traumatise survivors.

That's why routine enquiry – whereby trained practitioners routinely ask patients about experiences of domestic violence and abuse - is vital in mental health services, to establish whether patients have faced traumatic experiences which should be taken into account in the care they receive.

According to National Institute of Health and Care Excellence (NICE) guidance, health and social care service managers and professionals should ensure trained staff ask people about domestic violence and abuse.

In particular, the guidance recommends trained staff in "antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services" ask all service users whether they have experienced domestic violence and abuse.[45] The guidance continues: "this should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse."[46]

In its response to the report from the Joint Committee on the draft Domestic Abuse Bill, which urged Government to consider training for front-line staff in publicly funded services, the UK Government stated:

> "in the NHS, routine enquiry is already in place in maternity and mental health services, to improve earlier disclosure and support people to get the care that they need."[47]

Building on previous Agenda research on the same issue[48] Agenda sent Freedom of Information requests to all mental health trusts in England to establish whether they were following NICE guidance on routine enquiry. This evidence suggests that in many areas routine enquiry isn't embedded into the plans and policies of trusts.

Even where trusts do have policies on asking about abuse, there is a lack of uniformity within those policies, and a significant variation in terms of how effective those policies are in practice. This demonstrates is a clear need for a stronger instrument than guidance, which ensures public services are meeting their responsibility to recognise and respond to domestic abuse.

There are close links between domestic violence, sexual violence and other forms of VAWG and mental health, and we believe mental health services should be asking about both domestic and other forms of VAWG. However, for the purposes of this report, which focuses on the Domestic Abuse Bill, we are reflecting primarily on routine enquiry into domestic abuse.

Key findings:

- Agenda sent Freedom of Information (FOI) requests to all 58 mental health trusts in England. Of the 42 trusts that responded, 15 had no policies on routine enquiry about domestic abuse which is contrary to NICE guidelines. 25 trusts who responded had a policy on routine enquiry.
- Where trusts do have policies on routine enquiry the effectiveness of these policies varies significantly with one trust asking just 3 per cent of patients about experiences of abuse – when they should be asking everyone.
- There is significant variation in the number of instances of domestic abuse flagged by mental health trusts – suggesting that trusts are not asking about domestic abuse or collecting data in a uniform way.
- The vast majority of trusts had no policies on offering proactive support within their services to patients who disclose domestic abuse with many depending on the support of specialist domestic and sexual abuse services to respond to patients identified as having experienced abuse.

Methodology

In February 2019, Agenda sent Freedom of Information (FOI) requests to all 58 mental health trusts in England, asking how they encourage and support disclosures of sexual and domestic abuse by patients.[49]

We received responses to these questions from 42 trusts. Twelve trusts did not reply within the allocated timeframe. Two trusts did not respond, applying section 12 of the Freedom of Information Act, that the cost of complying with the request would exceed the appropriate limit. Two further trusts responded to other questions in the FOI request, but did not respond to the questions about routine enquiry.

Total number of mental health trusts	**58**
Number of trusts which responded to the questions about routine enquiry into domestic violence and/or sexual abuse	42
Number of trusts which did not reply to any FOI questions within the allocated timeframe	12
Number of trusts which did not reply, applying section 12 of the Freedom of Information Act	2
Number of trusts which replied to other questions in the FOI, but did not reply to the questions on routine enquiry	2

Findings

Policies on routine enquiry

We asked trusts for their policy on routine enquiry about domestic violence and/or sexual abuse for patients in mental health services; on training and supporting staff to perform routine enquiry; and on providing follow up support where patients disclose previous or ongoing domestic violence and sexual abuse while in inpatient or community mental health services.

Total number of trusts which responded to the questions about routine enquiry	**42**
Number of trusts with no policies on routine enquiry into domestic violence and/or sexual abuse	15
Number of trusts with policies on routine enquiry into domestic violence and/or sexual abuse	25
Number of trusts whose policies were not shared because they are being updated	2

Twenty five mental health trusts had policies on routine enquiry into domestic abuse and 15 trusts had no policies on routine enquiry.

Of those trusts which didn't have a policy on routine enquiry, two trusts said in their FOI response that routine enquiry does take place in the trust. These trusts made no mention of how they ensure staff are trained to carry out routine enquiry or how they record whether routine enquiry takes place. One trust noted that its current policy is not compliant with existing guidance on routine enquiry but stated that this will be reviewed.

Two trusts said that their policies on domestic abuse and/or routine enquiry were currently being updated – so could not be shared under Section 22 of the Freedom of Information Act.[50] Two trusts did not respond to the question.

Quality of Policies

Of those trust that did have policies on routine enquiry the quality of those policies varied greatly. Just one mental health trust had a policy on routine enquiry into domestic *and* sexual abuse. While NICE guidelines on routine enquiry in mental health services do not apply to sexual abuse, this is concerning, with evidence suggesting almost a third (31%) of women with a mental health problem

have experienced sexual abuse.[51] The same trust was the only one to have a specific policy on disclosures of historical abuse.

There was significant variation in the quality of trust policies in terms of responding to disclosures of domestic abuse.

Total number of trusts with policies on routine enquiry	25
Policy refers only to risk and safety planning, and signposting service users on when they disclose	12
Policy refers to referring service users on to other support	8
Policy suggests staff can provide support within the mental health trust following disclosure	5

Twelve trusts had policies which referred only to risk assessment, safety planning, and signposting patients onto other services in response to disclosures of abuse, with some listing examples of local domestic and sexual abuse services, or suggesting that staff provide patients with a leaflet for those services.

Ensuring the safety is of survivors of course vital, but trusts that outline their approach to risk assessment and safety planning alone are failing to demonstrate how they will integrate an understanding of the impact of domestic abuse on the mental health of their services users into the care and treatment they receive. This is a key missing piece of providing effective mental health support.

Eight policies made some reference to referring patients on to other support outside the trust, with one trust even saying that:

> "it is not the role of Trust staff to offer in depth support regarding domestic abuse but to involve other agencies that have more experience in this area… staff do not have to become experts in domestic abuse but skilled at enquiring into abuse, brief safety planning and signposting to domestic abuse services."

Given the prevalence of domestic abuse among women using mental health services, and the well-evidenced links between domestic abuse and mental health, it is concerning that a trust does not consider supporting patients who are survivors of domestic abuse – which may well be an important cause of a patient's poor mental health - as within its role.

It is important to recognise and value the expertise of the specialist violence against women and girls sector. But it is concerning that mental health services are depending on domestic

abuse services to deliver support to survivors with poor mental health, particularly considering funding cuts faced by these services mean many will not be able to accommodate all referrals. With just 23% of refuges able to offer in-house specialist support around mental health,[52] depending on domestic abuse services to support survivors with mental health needs leaves survivors with mental health problems to fall through the cracks in support.

Just five trusts identified ongoing support needs that may be met within the trust itself, including one trust (Camden and Islington) which identified a range of specific treatment and interventions to support patients to address trauma.

Case study: Camden and Islington NHS Foundation

Camden and Islington's policy on routine enquiry is embedded in the 'Responding to Domestic and Sexual Abuse and Safeguarding Policy, December 2018'. This policy is reviewed annually, and considered relevant to all staff groups in the trust.

It recognises that a significant proportion of those who use the trust's services – particularly women - will have experienced domestic or sexual violence, and outlines the trust's commitment to "**ensuring that identifying the risk is core business for Trust staff."**

It states that "consideration of domestic and sexual abuse must take place at the point of referral and assessment, as a routine part of the clinical risk assessment," and outlines how to ensure privacy and confidentiality when asking the question.

It suggests that staff need to consider who is best placed to take forward interventions following the assessment, offering guidance on referral to specialist services, as well as a number of trust services and interventions available to the service user, including a gender specific worker, and the option of admission to the trust's women-only services such as Drayton Park Women's Crisis House if in acute mental health crisis.

Data collection on experiences of domestic and/or sexual abuse

We asked trusts to provide data for the financial year 2017-18 for the total numbers of patients seen across all services, the total numbers of patients asked about domestic violence and/or sexual abuse, and the total numbers of patients flagged as having reported incidents of domestic violence and/or sexual abuse.

Total number of trusts which responded to the questions about routine enquiry	**42**
Trusts which provided data on patients asked about domestic violence and/or sexual abuse AND the number flagged as having reported incidents of domestic abuse	11
Did not provide any data on patients asked about domestic violence and/or sexual abuse OR the number flagged as having reported incidents of domestic abuse	20
Trusts which provided data on patients asked about domestic violence and/or sexual abuse *only*	2
Trusts which provided data on numbers of patients flagged as having reported incidents of domestic and/or sexual abuse *only*	7
Trusts which provided data that we were unable to use for the purposes of this report	2

The majority of trusts (31) which responded did not provide data for all of these categories.

Just eleven trusts provided data both on whether patients were asked about domestic violence and/or sexual abuse, and where instances of domestic violence and/or sexual abuse were recorded. Almost half (20) of trusts which responded did not provide any data on the numbers of patients asked about abuse *or* the number flagged as having reported incidents of abuse. Of these, two trusts stated that they did not record this data.

Others did not collect or collate this data in a reportable way, or cited Section 12 of the Freedom of Information Act, on the grounds that it would be too costly or time-consuming to collate this data.

This indicates that trusts are not collecting data on prevalence of domestic abuse among their service users in a centralised way which will in turn hinder their ability to allocate resources and monitor the

effectiveness of their approach to patients who are survivors of domestic abuse.

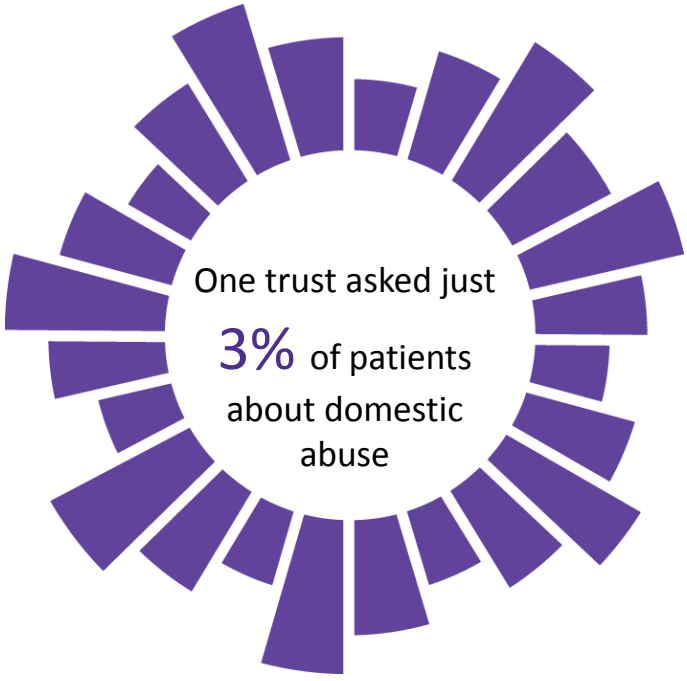
Two trusts provided data on the number of patients asked about domestic violence and/or sexual abuse only, but did not provide data on the number of patients flagged as having reported incidents of domestic violence and/or sexual abuse. Seven trusts provided data on the number of patients flagged as having reported incidents of domestic violence and/or sexual abuse, but did not provide data on the number of patients asked about domestic violence and/or sexual abuse.

Two further trusts provided data which we were unable to use for the purposes of this report, with one providing figures on reported incidents of domestic violence and/or sexual abuse as 'less than five' in order to protect patient identifiable data,[53] and another providing data which was identified as not reliable by the trust.[54]

The data suggests significant variation in the delivery of routine enquiry, even among trusts that have a policy on asking about domestic violence and/or sexual abuse. Some trusts suggested that all patients who were seen by the trust were asked about abuse in line with NICE guidance. However, others identified that more than half were asked about domestic abuse and in one trust less than three per cent of patients were asked.

Where trusts do ask patients about domestic abuse, there is a considerable variation in the number of patients asked. One trust asked just 3% of its patients about their experiences of domestic abuse (1536 of 52,024 patients), whereas other trusts provided data that suggested every patient had been asked.

Where patients are asked about domestic abuse, there is also significant variation in the response to this question. In one trust, less than one per cent (92 of 13,573) of patients who were asked the question were reported as having experienced domestic abuse. In another trust, 40% (3,004 of 7,529) of patients who were asked the question were recorded as having experienced domestic abuse.



In those trusts which didn't provide data on whether routine enquiry was carried out, there is also significant variation in the number of patients flagged as having reported incidents of domestic violence and/or sexual abuse. One trust identified that 23% of their patients were flagged as having reported incidents of domestic violence and/or sexual abuse (3,000 of 13,000 patients). Yet another trust identified just 10 patients which were flagged as having reported incidents of domestic violence and/or sexual abuse (where more than 70,000 patients were seen by the trust) – 0.01% of patients in their trust.

With research suggesting more than half of women with mental ill health have experienced some form of abuse,[55] these figures are implausibly low, suggesting that trusts are not recording data on domestic violence and/or sexual abuse in an effective way.

Beyond guidance

It is clear that existing guidance on routine enquiry is not enough. Despite NICE guidelines that routine enquiry should be happening in mental health services, the reality in practice sees survivors with poor mental health facing a postcode lottery of support. Some mental health trusts have thorough policies on asking and responding to domestic abuse but too many have no policies at all. Even where trusts do have policies on asking about domestic abuse, the quality of those policies varies significantly, and where data is collected it shows not all trusts are routinely asking, and fewer still are recording domestic abuse in an effective way. It is therefore concerning that the UK Government has stated that routine enquiry already takes place in maternity and mental health services.

These figures give just a snapshot of what guidance on routine enquiry looks like in one of our public services in England. With the links between women's mental health and experiences of domestic abuse well-evidenced and routine enquiry in mental health services acknowledged as a priority,[56] it is alarming that so little progress has been made in practice. It is clear that in order to truly transform the public service response to domestic abuse, we need stronger mechanisms and more meaningful investment in training, referral pathways, and specialist support.

Section Three: The solution

Ask and Take Action

We need to transform the public service response to domestic abuse, with a robust mechanism that ensures staff across all public services are asking service users about experiences of abuse and responding appropriately. The Domestic Abuse Bill is a vital opportunity to make this a reality, and ensure survivors of abuse can get the support they need to move on and thrive.

We are calling for:

- The Domestic Abuse Bill to be amended to implement a statutory duty on public authorities to ensure staff make trained enquiries about domestic abuse, and respond appropriately with proper pathways into support that takes into account the trauma they have experienced.
- Government to back this duty with sufficient funding. Any enquiries into abuse must be accompanied by robust training and support for staff to identify and respond to disclosures in a safe and supportive way. We need to see investment in referral pathways and specialist support so that staff are able to get survivors the support they need. We support calls from across the violence against women and girls (VAWG) sector for substantial investment in specialist services for victims, children and perpetrators of domestic abuse. This must include sufficient protected funding for all specialist women's services, including services run by and for women from minoritised communities. It must also include provision for access to services for migrant women with NRPF.
- All public services must respond appropriately to disclosures of domestic abuse, both on an individual level by ensuring survivors get the support they need, and on a strategic level, including through operating in a trauma-informed way.[57] Safe reporting mechanisms for survivors accessing vital public services must be established – so women can disclose without fear of immigration enforcement; NRPF conditions must be lifted; and the DV Rule and DDVC must be extended to ensure migrant survivors can safely report and access support.
- This must be accompanied by data, collected and published by gender, race, ethnicity, age, ability and other relevant protected characteristics, on enquiries into domestic abuse, and responses, to inform the picture of the levels of abuse in this country and help our services adapt as a result.

Why ask about domestic abuse?

The stigma many may face, as well as the negative past experiences many have with public services, means that many survivors are unable to, or do not know how to get help. Survivors may feel a deep sense of shame and responsibility for the abuse they face – feelings that can be encouraged by their abusers.[58] This may be compounded by unhelpful responses from professionals when they try to disclose. Survivors who are mothers may also be unable to ask for help with domestic abuse, for fear their children will be removed from their care.[59]

Without asking about domestic abuse, services risk missing vital opportunities to ensure victims and survivors get the support they need, and even to save lives. Failure to ask about domestic abuse also means the level of trauma women have experienced goes unacknowledged, making it difficult to deliver effective therapies – for example in mental health, or drug and alcohol support – and subsequent actions taken have the potential to re-traumatise women.[60]

Research also indicates that most survivors of domestic violence and abuse welcome being asked about their experiences: a systematic review of qualitative studies found that survivors of domestic violence want to be asked by health professionals, for example.[61] Peer researchers for the National Commission on Domestic and Sexual Violence and Multiple Disadvantage said that they wanted to be asked about their experiences of abuse and could not understand why there was so little professional curiosity.[62] Mental health professionals with expertise in this area also say the majority of women do disclose when asked, and for many of them, no one asked before.[63]

How should enquiries be made?

Types of enquiry

Different types of enquiry may be more effective or relevant in different services.

Because of the prevalence of domestic abuse among the client group of some services, simply accessing that service can be seen as an indicator for domestic abuse. Where accessing a service serves as a ‘gateway’, or ‘entry-point’ to treatment in that service or another, asking all service users about their experiences of domestic abuse is vital to ensure the pathway of the service user through that service is appropriately tailored to their needs and experiences.

Services in which routine enquiry should take place include those which are identified in NICE guidelines (antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services), as well as other public services such as criminal justice agencies and local authority housing teams.

Some services, however, do not provide appropriate settings in which to routinely ask service users about domestic abuse. Many may not provide environments which are conducive to a private conversation in which a survivor feels safe enough to disclose, for example Jobcentres. Other more 'generalist' services, which are accessed by a significant proportion of the population – such as GPs – may not be appropriate environments for all those who access them to be asked about domestic abuse.

Our proposal is that the Domestic Abuse Bill should allow consultation with services and experts from the VAWG sector to ensure robust and comprehensive guidance on implementing the duty in practice. This must include engagement with specialist 'by and for' organisations, to ensure this is intersectional and takes account of the different ways in which VAWG can be experienced and responded to. The proposed Domestic Abuse Commissioner within the Domestic Abuse Bill should have the statutory powers to ensure that any duty is correctly implemented.

Resources: Training, response, and specialist support

A duty to ask about domestic abuse must be accompanied by sufficient funding, including for training staff to ask and respond, and resourcing both public services and specialist services to support survivors who disclose domestic abuse.

We support calls from across the VAWG sector for substantial investment in specialist services for victims, children and perpetrators of domestic abuse. This must include specific funding for expert 'by and for' services for all women affected by domestic abuse including BAME and LBTIQ women, disabled women, and migrant women, especially those with NRPF.

Staff must be trained to ask and respond to disclosures in a safe, supportive and appropriate way. Context, environment, tone, and trust are all crucial to encouraging disclosure. Service users should be asked in an appropriate environment and by a trained and compassionate member of staff.

It is important to recognise that a duty to ask is not a duty to disclose, and this should never mean that any survivor – whether they disclose domestic abuse or not – should be left to cope alone. Some women will not be ready to share their experiences or may not be asked at a time that is right for them.

It is not enough just to ask about experiences of domestic abuse – staff must also be able to respond appropriately to disclosures. Without proper resourcing and availability of follow-on support, routine enquiry will be ineffectual at best – and may even result in re-traumatising and unhelpful experiences for survivors. There is substantial evidence that health professionals are not confident to ask about domestic abuse – reasons for which include a lack of confidence in how to respond and a lack of referral pathways.[64]

Staff who are survivors

An estimated 7.9% of women in the general population have experienced some form of domestic abuse.[65] Through the implementation of training and guidance on domestic abuse, there are likely to be a number of disclosures from staff working in public services themselves. Guidance on implementing the duty to ask must ensure steps are taken to support staff who disclose domestic abuse, including those who feel unable to enquire about domestic abuse themselves.

The Welsh example and other good practice

There are existing examples of good practice that highlight that benefits of asking about domestic abuse and the potential of a much more holistic cross public sector approach to tackling abuse.

Ask and Act in Wales

The 2015 Welsh Government Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act aims to improve the public sector response to abuse and violence in Wales through a range of measures including promoting awareness of, preventing, protecting and supporting victims of gender-based violence, domestic abuse and sexual violence (VAWDASV).

The Act places a duty to train all public sector staff on gender based violence and abuse by 2021. Within this, staff in all public services[66] are trained to carry out targeted inquiry, asking service users about their experiences of abuse when they present certain indicators of such abuse. Staff in some services such as maternal and midwifery services and mental health services, are trained to carry out routine enquiry whereby all service users are asked about their experiences of abuse. As of November 2018, 135,000 professionals have been trained using a Train the Trainer approach. Additional funding

from Welsh Government has helped to support specialist domestic abuse services which must be part of the local training groups.

Good practice in GPs: IRIS

The IRIS (Identification and Referral to Improve Safety) programme provides domestic violence training for GPs and other General Practice staff provided by a local clinical lead, and an advocate educator (AE) based in a third sector domestic violence service who survivors can be referred to, and supported by. The project offers support in how to recognise, ask and respond to abuse and a clear pathway when disclosures happen.

There is substantial evidence to suggest the effectiveness of IRIS in practice, both in terms of improved referrals to specialist support, and cost-effectiveness of the programme. A randomised controlled trial of practices in Hackney and Bristol found IRIS training and support intervention had a 'substantial effect' on recorded referrals and identification of survivors.[67] The number of referrals to domestic violence agencies made by clinicians in practices where IRIS was in place was 6 times greater than those made in the practices where IRIS was not implemented. The number of identifications recorded in the medical record was 3 times greater in practices where IRIS was in place than in practices where it was not implemented. A follow up cost effectiveness study, published in 2012, showed that IRIS would produce societal cost savings of £37 per woman registered in a general practice.[68]

As at March 2019, IRIS is commissioned by and running in over 30 areas of England and Wales. Over 1,000 general practice teams have been IRIS trained and over 15,500 women directly referred to local AEs for specialist support. At the end of the first quarter of 2020-2021, IRIS is up and running in a further eight areas.

Citizens Advice ASK Programme

Following a pilot project in 2013, Citizens Advice has rolled out its ASK programme across the service. In the ASK Programme, unaccompanied men and women clients seen in a face to face confidential advice session with housing, family, debt or benefits enquiries are asked a routine question about whether they are experiencing gender based violence and abuse, including domestic abuse, or whether they have in the past.

Local offices are trained and equipped to provide appropriate support and advice to clients arising from any disclosure. Over 60,000 clients have now been asked about abuse, with over one in five disclosing experiences of abuse.[69]

An evaluation of the programme in 2019 found that 72% of people who disclosed abuse were either very happy or happy they'd been asked.

Conclusion

The Domestic Abuse Bill provides a crucial opportunity to ensure those who experience abuse get the support they need, when they need it. While there are many welcome provisions in the Bill, it is currently missing an opportunity to ensure that our public services are doing more to support survivors of domestic abuse at the earliest possible opportunity. Domestic abuse is everyone's business, and our publicly funded services play a crucial role in recognition and response.

The evidence in this report shows victims and survivors of domestic abuse come into contact with a wide range of publicly funded services. Often they will present at mental health or addiction services rather than domestic violence services – and too often the signs of abuse go unrecognised, with victims and survivors bounced around or even turned away as result.

If we miss these opportunities to help, if domestic abuse isn't picked up, it can have devastating and lifelong impacts. Too many victims and survivors of domestic abuse are deeply traumatised and go onto face a combination of problems like very low self-esteem, poor mental and physical health and relying on drugs and alcohol to cope.

A key barrier to victims and survivors accessing help is being able to disclose their experience and get support from services as a result. The stigma many may face, negative past experiences with services, or a fear of having children removed from their care, means that many survivors of abuse find it difficult to ask for help. It should be the responsibility of the service they are accessing to ask – whether this be a Jobcentre, GP or housing teams team at a local council – so that they can be directed to, or offered, appropriate services as a result.

Women from minoritised communities, such as BAME women, migrant women, LBTIQ women and disabled women, face additional barriers to support – with the services they come in to contact with often not having the specialism or capacity to support them. To understand the distinct and often disproportionate ways minoritised women experience abuse, as well as the most appropriate referral pathways, the training must involve the expertise of service-providers run by and for the communities they serve. This must also be accompanied by a safe reporting mechanisms for survivors accessing vital public services – so women can disclose without fear of immigration enforcement; an end to NRPF conditions; and an extension in eligibility for the DV Rule and DDVC, so that all migrant women experiencing domestic abuse feel safe making disclosures, and there are appropriate referral pathways in place after a disclosure is made.[70]

As this report shows, guidance is not enough to ensure services are asking. Even if there is guidance for services to ask about experiences of abuse, it is often ignored or poorly implemented. More than a third of the mental health trusts we asked didn't even have a policy to ask patients about abuse. This

is just a snapshot of all our publicly funded services and it suggests we're missing thousands of opportunities to ask victims and survivors about their experience of domestic abuse and provide holistic and therapeutic and effective treatment as a result.

We need to see substantial investment to accompany this duty, to ensure that staff are trained and confident to make enquiries, and survivors are able to access the right support. A properly resourced domestic abuse sector must include a full range of gender-specific and trauma-informed services for adult and child survivors, including specialist 'by and for' services for women from minoritised communities.

This must be accompanied by robust data collection on enquiries into domestic abuse and responses, collected and published by gender, race, ethnicity, age, ability and other relevant protected characteristics. This is essential to inform the picture of the levels of abuse in this country and help our services adapt as a result.

The Domestic Abuse Bill is our chance to truly transform response to domestic abuse. If all publicly funded services had a duty to ensure people are asked about their experiences of abuse, then we would be able to support survivors at the earliest opportunity. The information and data collected would help us to better understand how this horrendous crime disproportionately affects certain groups of people, and to develop effective and appropriate gender and trauma-informed services for all survivors.

It is vital that we do not miss this opportunity to take the first critical step towards transforming community response to domestic abuse.

Appendix

Freedom of Information request

In February 2019, Agenda sent Freedom of Information requests to all 58 mental health trusts in England. Alongside other questions about trust policies on responding to female patients – which will be published at a later date – we asked the following questions:

Please provide information and responses to the following requests:

1. Patients histories of abuse: policies

Your policy on routine enquiry about domestic violence and/or sexual abuse for patients in mental health services.

Your policy on training and supporting staff to perform routine enquiry about domestic violence and sexual abuse;

Your policy for providing follow-up support where patients disclose previous or ongoing domestic violence and sexual abuse while in inpatient or community mental health services;

For each question please complete the following:

- Provide a copy of the relevant policy;
- Specify whether this information is available online;
- Specify how staff and patients are able to access the relevant policy, and any steps taken by the Trust to ensure they are able to access it.

Please respond to each question* with respect to:

i) Adult Mental Health Services

(1) Community;

(2) Inpatient services

ii) CAMHS**:

(1) Community;

(2) Inpatient services.

2. Patients histories of abuse: practice and recording

For the financial year 2017-18, please provide details of the following.

If this information is not collected for the financial year please provide for the latest 12 month period.

a) Total numbers of patients seen across all services.

b) Total numbers of patients asked about domestic violence and/or sexual abuse, by gender.

c) Total numbers of patients flagged as having reported incidents of domestic violence and/or sexual abuse.

Please respond to each question with respect to:

i) Adult Mental Health Services

(1) Community;

(2) Inpatient services.

ii) CAMHS**:

(1) Community;

(2) Inpatient services.

**If your trust does not provide a policy identified in a question, please specify in your response to each question where this is the case*

***If your Trust does not provide CAMHS services please make this clear*

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Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

Agenda

c/o Rich Mix Cultural Foundation

35-47 Bethnal Green Road

London E1 6LA

0203 883 7792

press@weareagenda.org

weareagenda.org