

Written evidence submitted by SafeLives (VIC0054)

Executive summary

1. The draft Bill certainly goes some way to delivering much needed improvements in the response to domestic abuse and the experiences of victims of violence against women and girls (VAWG). However, we have set out several recommendations around how to strengthen and build upon the provisions already in the Bill to ensure that the Government's aims are truly met, including:
 - With regard to the definition of 'victim', we believe bereaved families (for example, the families of victims of domestic homicide) should be explicitly mentioned on the face of the Bill;
 - On the Inspectorates, we recommend a greater focus on preventative action and consideration of non-CJS inspectorates (CQC and Ofsted) being added to this list;
 - We would like to see further measures to hold those responsible for acting on the Inspectorates' recommendations to account;
 - We query the exemption of the judiciary from compliance with the Victim's Code and the oversight of its application in practice;
 - On the duty to collaborate, we support calls from the Domestic Abuse Commissioner that Education should also be included in the duty;
 - We also recommend that this duty extend to Whitehall departments and their Welsh counterparts to model collaborative and joined-up working at a national level;
 - We do not believe the duty to collaborate will improve the commissioning of support services unless there is a duty on relevant local bodies to commission community-based services, with a funding package provided alongside it;
 - We recommend a national commissioning framework and a ringfenced funding pot for 'by and for' services;
 - Whole-family commissioning should be explicitly included as part of any duty in the Victims Bill;
 - It is crucial that survivors and victims are heard in the commissioning process, in a meaningful way;
 - On the statutory definition of Idvas, we have updated our longstanding definition of the Idva role in line with its evolution over the years since it was introduced; we recommend that this expanded definition be made statutory in the Victims Bill;
 - Alongside the definition, there must be sustainable funding for Idvas to increase coverage across England and Wales;
 - We recommend the implementation of a firewall between statutory services and Immigration Enforcement to ensure safe reporting for migrant survivors of domestic abuse and Violence against Women and Girls (VAWG);
 - Children and young people who experience traumatic crimes must have timely access to effective pre-trial therapeutic support and the Victims Bill should seek to address the gap in support for child victims of abuse. Child victims should be named as such, rather than 'victims and their children' as currently included.

About SafeLives

2. We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

3. We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’ This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.
4. Last year alone, 8,577 professionals received our training. Over 75,000 adults at risk of serious harm or murder and more than 95,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last six years, almost 3,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start.
5. Together we can end domestic abuse. Forever. For everyone.

Does the Bill, as drafted, meet the Government’s aim of delivering a cultural shift in victims’ experiences by putting their interests at the heart of the justice system?

6. The draft Bill certainly goes some way to delivering much needed improvements in the response to domestic abuse and the experiences of victims of violence against women and girls (VAWG). However, we have set out, below, several recommendations around how to strengthen and build upon the provisions already in the Bill to ensure that the Government’s aims are truly met.
7. Most fundamentally, as the Victims’ Commissioners for England and Wales and the London Victims’ Commissioner both pointed out in their oral evidence to the Justice Committee, there is no recognition in the draft Bill that currently our justice system treats victims of crimes as ‘bystanders’ in the state’s prosecution of offenders. Without recognition that is the victim of crime who is central in receiving justice, rather than the state, there is an insurmountable structural barrier to creating a system in which victims’ needs have truly been met. These issues are explored in a helpful way in the work by Clare McGlynn and Nicole Westmarland from 2018, which focuses on victim/survivors of sexual offences: '[Kaleidoscopic justice](#).'
8. We agree with the point made by the Domestic Abuse Commissioner, Nicole Jacobs, that it is important for the draft Bill to recognise the improvements required to CJS infrastructure, as well as remediation methods. As she alluded to, Specialist Domestic Violence Courts have a proven track record of improving the flow of justice. The Government is also piloting the better integration of criminal and civil proceedings, which is a huge issue for victims of domestic abuse. Currently, the criminal and family courts are very poorly connected and, at times, mandate completely contradictory action on the part of an adult or child victim of abuse. If the Bill does not make reference to these issues, it will be a significant missed opportunity.
9. We welcome the Government’s recognition of the huge value of Independent domestic violence advisors (Idvas) to the victims of domestic abuse they support to get safe and recover from the abuse, in line with the finding in the recent Tackling Domestic Abuse Plan that of any specialist or statutory support they received, victims were most satisfied (85%) with their Idvas.¹ A statutory definition of the Idva role will put these

crucial professionals on a firmer footing and create a shared language and quality assurance across agencies and local areas. However, we have included below an expanded definition which we feel will more effectively achieve the aims of the Bill and accurately reflect the work that Idvas do, updated from the original codified definition of an Idva as we first created it, in line with the evolution the role.

10. We are concerned that the drafted ‘duty to collaborate’ (s.6) will not go far enough to ensure that vital, community-based, specialist support services are available for the vast majority (at least 70%) of the survivors of domestic abuse who seek help. This duty must be strengthened to be a duty to commission, accompanied by a funding package, so that community-based services are commissioned with sustainable and multi-year funding, and victims of domestic abuse can get safe and access support. This need is especially acute for services run by and for marginalised communities, such as LGBT+ survivors, D/deaf and disabled survivors, and Black, Asian and racially minoritised survivors. We have set out below our recommendations to ensure that any duty in the Victims Bill around victim support services achieves the aim of delivering a cultural shift in victims’ experiences once harm has occurred.
11. It is crucial that the voices of survivors and victims of domestic abuse and VAWG are heard in the commissioning process. Without listening to survivors, the Government and commissioners will not be able to put victims’ interests at the heart of the domestic abuse response. Engagement with survivors must be meaningful and include survivors from marginalised communities who face extra barriers to accessing support services and the justice system. To avoid tokenism, there must be authenticity and a genuine will to listen to survivors and act on their ideas and feedback. Survivors must be believed and validated when they explain what they need from frontline services and statutory agencies. We have detailed key principles around listening to survivors’ ‘Authentic Voice’. We recommend that a set of standards and guidance are developed to facilitate local commissioner’s engagement with victims of domestic abuse.
12. Finally, some of the current problems for victims of crime in the criminal justice system may not be addressed by legislation alone. Parts of the Victim’s Code, such as the Victim Impact Statement, are very important and were a positive innovation when they were introduced. However, we regularly hear of instances where a Victim Impact Statement is either disregarded, not afforded respect, or refused a hearing by the defendant/offender. We hope the Government will be brave in tackling some of the issues with existing and new provisions for victims in terms of implementation by judges, courts or others.

Definition of ‘victim’ in Clause 1

13. We believe the definition of victim on the face of the Bill should be expanded to explicitly included families bereaved by domestic homicide. We also believe, per Rachel de Souza’s evidence, that the wording ‘victim of domestic abuse and their child(ren)’ should in Clause 1, 9 and elsewhere in the draft Bill, be replaced with ‘adult and child victims of domestic abuse’, which would be the proper recognition of provisions in the DA Act 2021.

¹ Home Office (2022), Tackling Domestic Abuse Plan, p29. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064427/E02735263_Tackling_Domestic_Abuse_CP_639_Accessible.pdf

Proposals on the role of the inspectorates, including an improved focus on victims, and a new power for the Government to direct aspects of their work

14. At the point that an Inspectorate is able to investigate victims' experiences, we are effectively 'too late' to stop harm happening. **We recommend a greater focus on preventative action** to ensure that we are not only acting to improve victims' experiences after harm has occurred but acting to prevent harm occurring in the first place, looking at primary and secondary prevention, and a robust and creative use of enforcement powers.
15. In 2017, Joint Targeted Area Inspections were run between multiple CJS and non-CJS inspectorates, to explore domestic abuse response in local areas. This was a highly valuable process, and we suggest that the Bill would be improved if the CQC and Ofsted were also in scope for inspectorate collaboration.
16. A difficulty faced by Inspectorates is the lack of levers available to them to ensure the recommendations from each inspection are applied, no matter how many times they may repeat the same findings and recommendations.
17. **We would like to see further measures to hold those responsible for acting on the recommendations to account. For example, we note the positive benefits of the former National Oversight Group, whose quarterly meetings were chaired by the Home Secretary.** This was an example of effective collaboration in which representatives from the Police, Inspectorates, Commissioners and third-sector victims' services were brought together to hold the police to account to deliver the recommendations of HMIC's reports. The meetings sent a vital signal that the Inspectorate's recommendations and the Police's application of them were a priority for Government. The last time this group met, it was chaired by a mid-ranking official. **We recommend the reinstating of this Group or a similar pan-Government task force, chaired at Secretary of State level, to raise the profile of the recommendations from Inspectorates' reports and oversee their implementation.**

Will the legislative steps proposed by the Government lead to an improvement in the commissioning of support services?

18. We welcome the duty on Local Authorities, PCCs, and health bodies to collaborate and are hopeful that this will improve integration in commissioning community-based services for victims of domestic abuse. We know that 4 in 5 survivors do not call the police, so the involvement and investment of the public sector beyond criminal justice bodies is vital. Victims of domestic abuse access GPs, mental health services, community pharmacies and hospitals every day, and health services are currently missing vital opportunities to identify and support victims before serious harm occurs; as such, we welcome the explicit recognition that health agencies need to be engaged in local commissioning of domestic abuse specialist services. **We support calls from the Domestic Abuse Commissioner that Education should also be included in the duty to collaborate.**
19. The possible costs of mandated collaboration between different local commissioners are identified in the Government's published materials. We strongly believe current problems in coordination of commissioning services are largely due to cultural and structural problems, not budget constraints. In many pieces of work SafeLives has done

around England and Wales, we have found that the integration (or, at a minimum, better coordination) of local budgets to provide responses to victims of crime would lead to much more efficient use of existing budgets, with no material extra cost and potentially even some savings. These savings should then be recycled back into service provision.

- 20. We do not believe the duty to collaborate will improve the commissioning of support services unless there is a duty on relevant local bodies to commission community-based services, with a funding package provided alongside it.**
21. Clear commissioning – based on an effective assessment of local needs and a good understanding of the full range of local provision and services available for adult/child victims and perpetrators of domestic abuse, with a long-term strategic view – can provide excellent quality support services to meet the needs of victims and survivors of domestic abuse, both accommodation based and community based, providing sufficient funding is made available.
22. The creation through the DA Act 2021 of a duty to provide accommodation-based domestic abuse services was well intentioned and a welcome first step but, in light of the absence of a duty to provide community-based services, it is already having the unintended consequences we warned about during the passage of the legislation. Although too recent to have been fully evaluated, anecdotal data from frontline community-based services has highlighted that our fears of a two-tier system are coming to light. When asked in a call in October 2021, the majority (53%) of frontline practitioners stated that community-based services do not have parity with accommodation-based services (for example, refuges and safe accommodation) in their local area; three quarters (75%) did not feel that funding is as secure and sustainable for community-based services as it is for accommodation-based services in their local areas. With the vast majority (at least 70%) of adult and child survivors and victims of domestic abuse, and their perpetrators, using community-based responses to their situation, we want to see a duty on local bodies to provide community-based services. This must be accompanied by an assurance that such a duty would take an equitable approach which ensures that those with protected characteristics receive specialist, tailored support, and do not find that discrimination bars their access to life-saving services.
- 23. Without adequate funding, adult and child victims of domestic abuse will fall through the gaps when they should be receiving help to get safe and recover, and perpetrators of domestic abuse will continue on to their next victim.** We know that a quarter of high-risk perpetrators are repeat offenders. Some have at least six different victims.²
- 24. CEOs of services in different local areas who have positive relationships with commissioning teams report that good commissioning for frontline domestic abuse services looks like long-term funding, often “3+2” (year) contracts with the built-in opportunity to extend funding on the basis of positive outcomes.** In securing this sustainable, long-term support, services have the time to develop referral pathways and close working relationships with statutory agencies, recruit great staff members and invest the time training them to a high standard. Moreover, staff are then freed from the

² Robinson, A. et al. (2014), *Prevalence and Characteristics of Serial Domestic Abuse Perpetrators: Multi-Agency Evidence from Wales*. Available at: https://orca.cardiff.ac.uk/67542/1/Robinson%20Clancy%20%26%20Hanks%20%282014%29%20Serial%20perpetrators_Phase%20%20report_Final%20version.pdf

cycle of bidding for and implementing short-term funding streams and can give extra focus to innovation and expansion to ensure they are meeting the needs of all victims of domestic abuse.

25. Community-based domestic abuse services are essential for supporting adults, children and young people who are experiencing domestic abuse in their own relationships or at home, and preventing abuse by working with those who are abusive in their relationships. Community-based support in response to domestic abuse includes specialists such as Idvas, outreach workers, helplines, counselling services, and young people and children's workers. Last year alone, over 75,000 adults (96% women) and more than 95,000 children received support through dedicated multi-agency support via Maracs. Around 11,000 bed spaces were used in a refuge (it isn't clear how many individual women and children this represents). Specialist support led 'by and for' D/deaf and disabled, LGBT+, older, Black, Asian, and racially minoritised, and migrant and refugee victims is also essential in responding to the additional barriers such groups face and to meeting their specific needs. Community-based services also provide a critical pathway for victims who need to move into refuge, and long-term 'step down and recovery' support when women and children leave refuge and resettle into the community.
26. **It is vital that community-based services are placed on the same statutory footing as accommodation-based services. We recommend the Victims Bill strengthens the current duty to collaborate so that it requires local bodies to commission specialist domestic abuse support services for all persons affected by domestic abuse, with an accompanying package of appropriate funding.**
27. **In order for the Victims Bill to improve the commissioning of services for all survivors of domestic abuse, including those holding marginalised identities, there must be ringfenced funding for 'by and for' services.** We warmly welcomed the Home Office's recognition of the value of 'by and for' support in the recent Tackling Domestic Abuse Plan, along with ringfenced funding for local area commissioning. It is well established that victims and survivors of domestic abuse with protected characteristics are best served by specialist by-and-for services. As the Government's VAWG Commissioning Framework highlights, "investment in BME-led specialist organisations has been shown to deliver significant financial savings as well as a range of social benefits and outcomes for service users."³ These services often provide additional support such as welfare advice, language interpreters, specialist counselling, and can work with victims and survivors on a longer-term basis.
28. These specialist, holistic services providers can incur higher running costs and, as a result, are disproportionately disadvantaged by the local commissioning and funding process. Too often, local commissioners fail to commission multiple specialist services required to meet the needs of a diverse population, with many favouring more generic providers who deliver larger, cheaper contracts, but are unable to deliver the same level of tailored support. When there is a lack of a critical mass of service users within a defined geographical area, the commissioning structure often discourages specialist services from applying. The commissioning of one single service often means that specialist by-and-for services are ineligible to apply.

³ Home Office (2016), *Violence Against Women and Girls Services: Supporting Local Commissioning*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf

29. We recognise the challenges for local commissioners in identifying and funding small, hyperlocal or highly specialist services, **so recommend a national commissioning framework with a national, ring-fenced funding pot to ensure these vital services are supported.** This fund should not remove the current responsibility of PCCs, health and local authorities to commission ‘by and for’ services.
30. Earlier this year, the Domestic Abuse Commissioner shared initial findings from her mapping research highlighting that community-based services provided by specialist ‘by and for’ organisations were five times more likely to not be in receipt of any statutory funding compared to other types of organisations. In order to ensure that ‘by and for’ services are available for victims of domestic abuse and wider VAWG crimes, commissioners must be encouraged to see the value in commissioning culturally informed, specialist services. **Funding streams should be specifically established nationally and locally to ensure the – often intersecting – needs of victims with protected characteristics are met.**⁴
31. Much research has been undertaken to assess the costs of domestic abuse to victims, the state and wider society.^{5,6} What is less well understood is how much it would cost to provide specialist domestic abuse services for the whole family – adult and child victims of abuse, as well as people using abusive behaviours.
32. SafeLives’ *A Safe Fund* costings exercise calculated the cost of providing specialist domestic abuse services to *all* victims in England and Wales – including adults, teenagers and children, alongside provision for perpetrators of abuse, and with significant investment in cultural change training programmes for frontline professionals. We also included costs for a public health campaign and funding for helplines/online support.
33. We estimate that £2.2bn of spend would be required to transform the response to domestic abuse in England and Wales.⁷ In particular, we estimated a cost of £30m per annum to fund specialist regional by-and-for hubs with specific expertise to support Black, Asian and racially minoritised survivors, LGBT+ survivors, and D/deaf and disabled survivors. Crucially, this is in addition to, not instead of, population-based provision which means that everyone with a need can get a service. In *A Safe Fund*, we suggested this baseline need for minoritised survivors should be met, *plus* additional regional hubs which would add further funding and capacity on top of the ‘by and for’ elements of frontline provision, securing specialist response even in parts of the country which might be struggling to provide fully representative provision for very small minority communities in their area.

⁴ Galop’s research, *Recognise & Respond*, suggests that among those accessing LGBT+ specialist services, at a minimum one in three discloses one form of disability or a health problem and around 40% identify as Black, Asian or racially minoritised.

Galop (2020), *Recognise and Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse*. Available at: https://galop.org.uk/wp-content/uploads/2021/05/Galop_RR-v4a.pdf

⁵ Walby, S. (2009), *The Cost of Domestic Violence: Up-date 2009*. Available at: https://eprints.lancs.ac.uk/id/eprint/88449/1/Cost_of_domestic_violence_update_4_.pdf

⁶ Home Office (2019), *The economic and social costs of domestic abuse: Research report 107*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf

⁷ SafeLives (2020), *A Safe Fund: costing domestic abuse provision for the whole family*. Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf

34. There is an urgent need to develop provision in every region for specific groups of victims. However, more detailed work is still required to do justice to this area of provision. Having explored the issues with a number of ‘by and for’ services, we created the same nominal amount of £10m for: Black, Asian and racially minoritised survivors; LGBT+ survivors; and disabled survivors. £1m would be allocated per English region, plus Wales. As above, this is *as well as* localised frontline provision from by-and-for services, these hubs would be a means of securing specialist input even to parts of England and Wales where minority communities might be very small in number. This figure has not been disaggregated on the basis of prevalence or regional population data. Instead, we have sought to provide baseline funding to reflect the need for regional hubs for these services, who would provide a frontline service for some clients who cannot access any other by-and-for service in their area. The hubs would also act as specialist centres providing training to other domestic abuse services and multi-agency partners in their region, ensuring that staff understand the needs of their survivor group and can respond appropriately. They could also act as representatives on commissioning and strategic groups and help to support other more local ‘by and for’ services to set up their service and flourish and raise the profile of those specialist services. At the moment, by-and-for services are being asked to do all of these things, but without adequate recognition and remuneration.
- 35. We recommend that the specialists in these areas are funded to undertake further exploration of these costs and needs, and also that attention is paid to their existing research and analysis on this subject.**
36. Furthermore, **whole-family commissioning needs to be explicitly included as part of any duty in the Victims Bill.** In order to properly address victims’ experiences of domestic abuse, all parts of the issue need to be tackled, responding to the needs of the individual and the whole family – whatever ‘family’ means in that instance, including extended family members who are often drawn into abuse through contact with the primary perpetrator or primary victim. This entails:
- seeing and responding to the whole person, understanding linked adverse experiences and individual characteristics and situations;
 - wrapping around all family members involved, so the responses provided are coordinated and sustainable;
 - ensuring appropriate roles are taken on by the community, and society as a whole;
 - acting at each opportunity for change and intervention, from before harm happens to after the most imminently dangerous moments have passed and people are trying to rebuild.
37. One case study showing effective commissioning is the ground-breaking work in our ‘Beacon sites’ in Norfolk and West Sussex which tailored responses to all family members whose safety was at risk, and individuals who posed a risk by perpetrating domestic abuse. The ambitious partnership brought together SafeLives, survivors, five specialist domestic abuse organisations, and local service commissioners, to develop a completely new way of working. The interventions wrapped around the needs of the whole family and work with children focused on very young children aged 0-5, in families staying together and where domestic abuse is impacting on parenting. Exit reports for this whole family approach showed an 80% reduction in children and young people (CYP) witnessing abuse; a 42% reduction in CYP experiencing direct abuse and a 43% reduction in CYP demonstrating harmful behaviour, as well as 95% improved safety following safety support and 93% improved wellbeing following mental health support. These findings were supported by an independent evaluation by the University

of Central Lancashire.

Commissioning of domestic abuse services which recognises the critical links and integration of the lives of different family members is vital (and is also evident in some of the mini case studies we provide, above).

38. **The duty to collaborate should include coordinating local budgets.** Our work in local areas in the past has shown Local Authorities, PCCs and other partners sometimes operating with dozens of individual budget lines which relate to domestic abuse, without a joint understanding of what impact that cumulative funding should have or how it could go further if tiny, short-term budgets were built into more strategic pots of money.

In one area where we worked, we found that governance structures were not in place to effectively plan, commission and evaluate services for domestic abuse. This meant that the area was lacking a coherent commissioning framework which might foster wider participation. The result was that domestic abuse services were chronically underfunded:

- Comparative data from a number of local areas found that spending per police incident, at £120 per police incident, was the lowest we had seen and well below the range of £146 to £236 per police incident that we had found in other areas;
- Idva funding was at the lower end of the £27 to £102 per police incident rate that we had found elsewhere;
- The funding per service user for domestic abuse fell well short of that for other cross-cutting social issues at £820 per victim. The comparable figures for drug and alcohol services were £2,600 per service user, and mental health services at £17,000 per service user.

39. Moreover, there was very little funding or provision from public health, the CCGs or council services for children. This left providers patching together multiple insecure and fragmented funding streams. We found that there were too many small grants for individual posts or projects which were awarded in isolation, rather than planned within the context of the whole system, and the needs of the whole family.

40. In another area, we found *almost 50 separate and uncoordinated funding streams*, which we believe dilutes the potential impact of the funding. Additionally, there were marked variations in levels of expenditure for community-based domestic abuse services, from £31 per police incident in one borough to £79 in another. Local authority funding for domestic abuse refuges and some outreach services ranged from 100% of the total spent in one borough, to 34% in another. The remaining funding for other domestic abuse services was piecemeal and insecure.

41. **The duty to collaborate should extend to the operational decisions which secure or put at risk someone's safety.** We have seen numerous examples of dangerous offenders being released from prison without their former partner being warned or supported in any way. We have even seen examples of the Probation Service expecting that the best way to prevent reoffending will be to return that individual to 'the family home,' without seeking information from other agencies about the risk this could pose. Because so few domestic abuse offenders are prosecuted for offences which are obviously domestic abuse (the most likely charge is Actual Bodily Harm or Criminal

Damage), the operational decision making between agencies to safeguard victims needs to be robust.

42. **The Government should incentivise more coordination between the budgets of LAs, PCCs, local health and education bodies, and – importantly – role model this at the national level. We recommend that statutory collaboration between commissioning bodies extends beyond local areas to include Whitehall departments and their Welsh counterparts.** We frequently encounter a lack of join up between Governmental departments; too often, departments which should be engaged in tackling domestic abuse are absent from the conversation, notably the Department for Health and Social Care. The UK Government must model the collaborative working that they are seeking to mandate in local areas if this duty is to have the desired outcome.
43. **Commissioning of specialist ‘by and for’ services will be most effective if there is investment in a process of cultural learning and change.** Local commissioning agencies will ideally develop a deeper and richer understanding of the breadth of local community needs, including people who are currently using services differently or less often. This could be matched with development and reflection about the different nature of ‘by and for’ services – for example, their need to often act more spontaneously, and to be fully holistic because they are one of the few organisations some community members will trust. One practical example of this change is set out in the call for [Valerie's Law](#), through which all relevant agencies would be required to undergo training to understand the specific needs of domestic abuse victims of Black African and Caribbean heritage.
44. Finally, **it is crucial that survivors and victims are heard in the commissioning process, in a meaningful way.**
45. When we consulted SafeLives’ Pioneer survivors (experts by personal experience) for our response to the Victims Bill consultation, they told us they want commissioners to listen to what survivors actually want and need, rather than taking a paternalistic approach and ‘deciding for them’. One Pioneer who is a Victims’ Representative in a local body explained that commissioners should “want to build the services victims are asking for,” and called for co-creation with survivors.
46. Where survivor voice is represented in the commissioning process, it too often depends on the personality of individuals who have the time and energy to fight for their voice to be heard. Instead, survivor voice should be built in, at the ‘heart and start’ of commissioning. To avoid tokenism, there must be authenticity and a genuine will to listen to survivors and act on their ideas and feedback. Survivors must be believed and validated when they explain what they need from frontline services and statutory agencies. We recommend that principles, standards and good practice case studies for victim involvement are developed by the Government alongside the legislation. This is a process that would usefully be led by victims of crime, including domestic abuse, themselves.
47. People who speak about their experiences should be believed, validated and their experience valued as expertise and a method of creating societal change. Hearing survivors’ ‘authentic voice’ means giving them the power to co-create service design and delivery, represent their lived experience and that of other survivors in their own right, rather than being mediated through national or local partners. It means ensuring

their experiences are valued by being listened to and leading to change at the very top of our decision making. Too often, survivors are asked to ‘rate’, not ‘create’, services and responses, and their experiences are side-lined in policy-making when they should be central to it. Even where there have been excellent examples of government agencies and local commissioners inviting survivors to participate in policy-making or service design, survivors are often unremunerated, or they find that the space to engage fails to acknowledge their histories of trauma. This can lead to survivors feeling used, dismissed or, in the worst-case scenarios, re-traumatised. Survivor engagement must be conducted with the recognition of the additional barriers survivors might have, through providing creative ways of engaging and speaking out without being identified, or recognising other access issues such as having mental health concerns, not having English as a primary language, or being disabled or D/deaf.

48. It's clear to us that hearing directly from people with lived experience helps to break the silence about domestic abuse and remove the stigma associated with it; it builds powerful communities of survivors and their families - who may also reach out to services for help - and helps to turn the public and statutory response away from victim-blaming and ‘why doesn't she just leave?’ There is growing awareness across sectors and statutory teams that leadership, participation and co-production from people with lived experience cannot be a ‘nice to have’ but is absolutely critical if high-quality, effective responses are to be developed.
49. **A trauma-informed approach would include recognition of elements such as:**
- **using lived experience to advocate for change can be emotionally draining and challenging**, and that in open discussion contributions and questions from other people might be triggering for survivors, so a dedicated support person must be present;
 - **control and choice are important**. For example, creating space for survivor participation in the early stage of a schedule both creates a boundary and allows freedom for comments and contributions at different points later in the discussion - without any need to explain why this is relevant each time;
 - **there may be risks involved in survivors' participation**, not only regarding the impact on mental health, but also to a person's physical safety;
 - **appropriate safeguards must be in place** to ensure that participation does not impact negatively on a person's emotional and physical wellbeing;
 - **there is inclusive representation to ensure that no one person or organisation is speaking on behalf of others**, whose experience they may not know or understand. Survivors whose experiences are layered with additional marginalisation, discrimination and disadvantage should be central to debates, to ensure these are more representative of the full range of communities across the UK;
 - **individual needs around recording and storing information must be considered** when organisers plan to film, record or transcribe events. This is not only to comply with legal standards under the General Data Protection Regulations 2018 (GDPR), but also to be sensitive to sharing of what is highly personal information – regarded as ‘personal data’ under GDPR – especially as wider dissemination of material means survivors lose a sense of who their audience is, and their control over their own story is reduced.

Will the steps outlined by the Government lead to increased awareness and effectiveness of Idvas?

50. As highlighted above, we welcome the introduction of a statutory definition of Independent domestic violence advisors (Idvas) to reflect the professionalism and quality assurance of this crucial and life-saving role. A key barrier facing Idvas and specialist domestic abuse support services is the lack of understanding and recognition given to the Idva role in certain areas. A former Pioneer (survivor of domestic abuse working with SafeLives) told us about her experience where, in one local area, the Idva was entirely disregarded and their professional judgement questioned and undermined. As a result, the multi-agency response the survivor received was very poor. After moving to a new area where the Idva was seen on a level with the statutory agencies, the survivor received a much better response. A statutory definition will create a shared language and understanding across the country so that future victims of domestic abuse do not face similar experiences. We welcome the flexibility included in the draft definition as any statutory definition will need to encompass the various specialisms which Idvas may hold, including Family Court Idvas, health-based Idvas, Idvas working in 'by and for' services, LGBT+/Trans+ Idvas, and Ypvas (Young people's violence advisors). In addition, we have developed, alongside Dewis Choice, the Opva (Older people's violence advisor) role; [our Beacons work](#) demonstrated the value of domestic abuse specialists working with child victims of domestic abuse, and we look forward to working closely with the Children's Sector to develop the role of Children's Idvas.⁸
51. **The most crucial tenet of the Idva role is their independence and this must be central to any definition.** No matter who the role is commissioned by and where it is hosted, the Idva acts in the best interests of their client: the victim/survivor of domestic abuse. **An Idva's 'key performance indicator' centres on the victim's safety, rather than on any criminal justice or social care outcomes.**
52. In order that the definition fully achieves the potential benefits outlined above, we would urge the Government to support and bolster our definition of the Idva role (below), developed over many years through our work with thousands of domestic abuse survivors, and updated in light of the evolution of the role since its inception.
53. *An Independent Domestic Violence Advisor (Idva) is a specialist professional who works with a victim of domestic abuse to understand and address their risk of being harmed.*
54. *Idvas receive specialist, accredited training and hold a nationally recognised qualification. They are independent and this independent status allows them to advocate for a victim of domestic abuse.*
55. *Idvas provide a primary point of contact for a victim of domestic abuse, developing relationships built on trust and accountability to pro-actively create and implement plans which address immediate safety concerns for victims of domestic abuse. These plans include practical steps, information and actions from-multi agency meetings to protect victims of domestic abuse and their family, as well as any sanctions and remedies available through the criminal, family, and civil courts, housing options, and services available through other organisations. Idvas support victims of domestic abuse and work to put them on the path to long-term safety, including coordinating the response of a multi-agency system to the victim's needs.*

⁸ SafeLives (2021), *What Does Good Look Like? Responding to Domestic Abuse*. Available at: <https://safelives.org.uk/da-response-beacon-sites-blog>

56. *They are usually based within Domestic Abuse services, including ‘by and for’ services, or other specialist victim support and safeguarding services, or co-located in frontline agencies.*
57. **We recommend that this definition is made statutory in the Victims Bill.**
58. We know that Idvas themselves are already very effective in supporting victims of domestic abuse to get safe and recover following harm. According to our Insights data, the majority of Idva clients saw a cessation for each type of abuse after receiving support from an Idva, with 85% experiencing a cessation in sexual abuse, 84% in physical abuse, and 64% in jealous and controlling behaviour.⁹ Almost three quarters (74%) of cases saw a reduction in Dash Risk Indicator Checklist score between intake and exit and, at exit, 9 out of 10 clients said they felt safer. Very few victims who access an Idva service will go on to use a refuge, meaning they can stay connected to their job, housing/tenancy, school, friends/family network, familiar surroundings and independent living.
59. **A key barrier to Idvas is a lack of coverage and of funding for the roles. Therefore, in order for the Victims Bill to increase the effectiveness of Idvas, it must be accompanied by sustainable funding.** Our most recent data highlights that there is only 66% of the required number of FTE Idvas in England and Wales to meet the needs of victims at the highest risk of serious harm or murder.¹⁰ *This level has fallen for the first time since 2016.*
60. Our practitioner survey from 2020-21 shows the number of Idvas is 400+ fewer than the minimum number required (at least 1,200) to meet the needs of victims and survivors at high risk of serious harm or murder. In 2016, there was 67% of the required coverage for Idva provision, this rose to 74% in 2017 and remained stable at 74% in 2019.
61. At the same time, there has been a 30% increase in the number of cases heard at Marac in 2021 compared to 2017 to 111,787.¹¹ The increase in Marac cases across England and Wales means that the recommended number of Idvas required to support victims at the highest-risk of serious harm or murder also needs to increase to meet the demand.
62. We welcome the MOJ’s recent investment in Idvas and Isvas, with the ambition to recruit at least another 400, and look forward to seeing the impact of this additional funding, and confirmation that it has provided new *additional* posts, as opposed to funding existing provision as annual funding cycles concluded. We want to see Idva provision for victims at the highest risk maintained at a minimum number of 1,200+ per year in England and Wales, *in addition to* provision for victims and survivors at the other risk levels.
63. Our practitioner survey showed only three police force areas have the minimum required number of Idvas.¹² In 2019, ten areas had 90% or more of the recommended

⁹ SafeLives (2021), *Insights IDVA dataset 2019-20: Adult Independent domestic violence advisor (Idva) services*. Available at: <https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920.pdf>

¹⁰ SafeLives (2021). *SafeLives’ 2020/21 Survey of domestic abuse practitioners in England and Wales*. Available at: https://www.safelivesresearch.org.uk/Comms/2020_21%20Practitioner%20Survey%20Final%202.pdf

¹¹ These data cover England and Wales, using figures from January-December 2021, compared with January-December 2017

¹² SafeLives (2021), *SafeLives’ 2020/21 Survey of domestic abuse practitioners in England and Wales*. Available

coverage, so the number of areas with this better level of coverage has decreased. There are 14 police force areas with less than 50% of the recommended Idva coverage, four of which have less than a third. These numbers have increased since 2019, when nine police force areas had less than 50% and three had less than a third of the recommended Idva coverage. To reiterate, Idvas are separate to any criminal justice agency or the criminal justice system; we use ‘police force area’ to distinguish geographically.

64. We also estimate that a minimum of 7,000 outreach workers / Idvas working with victims at medium risk, holding a caseload of 100 per year, are needed to support victims and survivors below the high-risk threshold for Marac in England and Wales. There are currently no reliable figures available for the number of frontline workers in this category.
65. We believe that our proposed statutory definition of Idvas will improve awareness of the role across frontline agencies. There is more work to be done, however, for commissioners and victims of domestic abuse to be aware of the full range of work Idvas do. There is no ‘typical’ profile of an Idva client: Idvas work with clients across different communities and with a range of protected characteristics; many ‘by and for’ organisations are proud to employ trained Idvas, including Idvas working with Black, Asian and racially minoritised women, and LGBT+ Idvas / Trans+ Idvas.
66. As the leading trainer and accreditor of Idvas, we know that many specialist ‘by and for’ services are keen to ensure their frontline practitioners are trained to the same high standard as mainstream services and, crucially, that the survivors they work with receive the same high-quality service as survivors accessing mainstream services. These services are incredibly proud of the life-saving work their Idvas do every day with marginalised survivors, tailoring support to the victim’s specific needs and experiences; as highlighted above, the Tackling Domestic Abuse Plan stated that Idvas were the service most valued by victims of domestic abuse (85%).¹³

Should there be any further measures included in the Bill?

Safe reporting for migrant victims of VAWG

67. To ensure that all victims of domestic abuse and VAWG can safely disclose their experiences and access support, it is essential that the Victims Bill provides a guarantee that any victim with an insecure immigration status can report without their data being shared with Immigration Enforcement. We support the calls of the Domestic Abuse Commissioner, by and for services including Latin American Women’s Rights Service (LAWRS) and Southall Black Sisters (SBS), and the Step Up Migrant Women’s Campaign for **the implementation of a firewall between statutory services and Immigration Enforcement**. This firewall would ensure that the personal data of a victim – or a witness – of crime when they report or access support is not used for immigration control purposes, and migrant victims of domestic abuse do not face the threat of deportation if they disclose the abuse.

at: https://www.safelivesresearch.org.uk/Comms/2020_21%20Practitioner%20Survey%20Final%202.pdf

¹³ Home Office (2022), *Tackling Domestic Abuse Plan*, p29. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064427/E02735263_Tackling_Domestic_Abuse_CP_639_Accessible.pdf

68. As highlighted by LAWRS in their submission to the Justice Committee, a safe reporting mechanism is likely to improve reporting rates among migrant victims of VAWG and increase trust in police and the criminal justice system. It is crucial that migrant victims are not faced with a choice between remaining in their abusive relationship and accessing the support they need to get safe. Research by the Step Up Migrant Women Campaign shows that half of migrant victims with insecure immigration status do not report domestic abuse to the police for fear of disbelief, destitution, detention and deportation.¹⁴ Perpetrators can exploit victims' insecure status, holding the risk of detention or deportation over them. Evidence shows that 62% of migrant women had specifically been threatened in this manner by their perpetrators.¹⁵ By adding to the barriers faced by migrant victims, perpetrators will go unidentified and unchallenged, and continue to perpetuate abuse.

Access to pre-trial therapy

69. Historically, legal processes have restricted access to pre-trial therapy, founded on the view that discussing details about the sexual assault could damage the quality of evidence and lead to a miscarriage of justice. Consequently, children and young people are often left without mental health support while their case awaits trial. On average, this wait is two and a half years; however, for some, it is much longer.¹⁶
70. The Bluestar Project sought to understand barriers to providing effective pre-trial therapy at a time that's right for child victims of sexual abuse, and found:
- Therapy services for people experiencing child sexual abuse are stretched and inconsistent, leaving many with little or no support.
 - Current guidance from the Crown Prosecution Service (CPS) has led to the mistaken belief that accessing therapy before the criminal justice process finishes will cause the criminal case to fail. Therapy can, in fact, benefit the criminal case by helping the child or young person to give their best evidence in court.
 - The lack of clarity or shared understanding of what constitutes pre-trial therapy results in inconsistent support to families and professionals working with families. Support that is available within the limited specialist sector is often invisible to families.
 - Children and young people are wrongly being advised that they should not access therapy until the criminal justice process has ended. This advice often comes from the police, and prioritises the needs of the criminal justice system above the needs of the child or young person.
 - When pre-trial therapy takes place, children and young people are often told not to talk about the abuse. This approach can be damaging to the child or young person, especially as it can echo the secrecy of the abuse and the perpetrator's behaviour.
 - Therapists are working within a culture of fear that their involvement could damage the criminal case for their clients, preventing them from effectively advocating for their clients within the criminal justice response.
71. The project developed a set of recommendations to remedy the current situation and ensure that children and young people have access to the therapeutic support that they need, calling for:

¹⁴ Step Up Migrant Women (2019), *The Right to be Believed: Migrant women facing Violence Against Women and Girls (VAWG) in the 'hostile immigration environment'*. Available at:

<https://stepupmigrantwomenuk.files.wordpress.com/2019/05/the-right-to-be-believed-key-findings-final-1.pdf>

¹⁵ *Ibid.*

¹⁶ Bluestar Project (2022), *Keeping Secrets: childhood sexual abuse and pre-trial therapy*. Available at: https://the-green-house.org.uk/wp/wp-content/uploads/2022/03/Bluestar_Policy-Report-2.pdf

- More capacity must be created in the therapy sector to enable children and young people to receive support when they need it. This requires more funding and better commissioning frameworks.
 - All agencies working with the child or young person and their family need a shared understanding of the role and benefits of therapy to prevent the current confusion that is causing barriers.
 - Non-abusive parents and carers provide the best and most consistent support for children and young people. Parents and carers continue to offer support long after the criminal justice process and therapy services end. We need a holistic pathway of support for the whole family to help parents and carers to manage this role.
 - The pathway of support must recognise the role of all agencies that are involved with the family. Children's Independent Sexual Violence Advisors (CHISVAs) and school provide vital support but are often unrecognised within the system.
 - All agencies that support the child or young person must work more closely together as part of an effective family-focused system to enable consistent and effective care for families.
72. **Children and young people who experience traumatic crimes must have timely access to effective pre-trial therapeutic support. In order to effectively achieve its aims, the Victims Bill should seek to address this gap in support for child victims of abuse, in concert with the Children's and VAWG sectors.**

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