

## Written evidence submitted by Agenda

### Ask and Take Action: Submission for Committee Stage in the House of Commons June 2020

*“The question was life changing.” – Andrea*

#### Summary

1. Agenda, the alliance for women and girls at risk, are calling on Members of Parliament to grasp the opportunity at Committee Stage to raise the issue of amending the Domestic Abuse Bill to require public authorities to make trained enquiries about domestic abuse.

2. We are calling for the Government to amend the Domestic Abuse Bill to:

- a) Ensure there is a statutory duty on public services to ensure relevant staff make trained enquiries about domestic abuse.
- b) Support this duty through appropriate training and funding so that staff are equipped to ask the question, and there are services available and ready to support survivors when they do disclose.
- c) Accompany the duty with robust data collection and training standards, which allow regulation and reporting of the success of the policy.

#### Ask and Take Action is supported by:



## About the campaign

3. The Ask and Take Action campaign is led by Agenda and supported by over 20 charities, practitioners and other leading experts. It is calling for the Domestic Abuse Bill to **place a duty on public authorities to ensure frontline staff in public services are making trained enquiries into domestic abuse.**

**4. Survivors of domestic abuse are likely to come into contact with a range of public services**, from the health system to social services, as a result of both the current and historic abuse they have experienced throughout their lives. The impact of abuse on the lives of survivors will mean that they are frequently in contact with multiple public services. Research shows that **while four out of five victims never call the police, many will visit their GP because of the abuse they experience.**<sup>1</sup> These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need.<sup>2</sup>

5. Yet despite this robust evidence, Agenda's research, [available here](#), has found that **public services are failing to pick up domestic abuse and respond appropriately.**<sup>3</sup> 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.

6. This research builds on the findings from the final report of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage, *Breaking Down the Barriers*, by AVA (Against Violence and Abuse) and Agenda, which found that **staff in public services aren't asking women about their experiences of abuse**, and vital opportunities to help are frequently being missed.<sup>4</sup>

## Our research

7. Agenda's report, *Ask and Take Action: Why public services must ask about domestic abuse*, found **staff in mental health services across England are failing women by not asking about experiences of domestic abuse.**

8. Routine enquiry - whereby trained practitioners routinely ask patients about experiences of abuse - is already required by NICE guidance in services including mental health, drug and alcohol treatment, and maternity.

**9. Yet our research found that this often doesn't happen in practice: a third of mental health trusts who responded to an FOI did not even have a policy on routine enquiry.** Where trusts did have policies on routine enquiry the effectiveness of these policies varied considerably with one trust **asking just 3 per cent of patients about experiences of domestic abuse** – when they should be asking everyone.

10. The previous Joint Committee on the Draft Domestic Abuse Bill urged the Government to consider how there might be a greater consistency in approach across the UK, particularly in terms of the provision of early interventions and training for frontline staff in publicly funded services in order to transform the public sector's response to domestic abuse.<sup>5</sup> The Government's response to these recommendations, stated that routine enquiry was already taking place in maternity and mental health services.<sup>6 7</sup> **Agenda's evidence shows this isn't the case in mental health services, despite over 38 per cent of women who have a mental health problem having experienced domestic abuse.**<sup>8</sup>

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<sup>1</sup> SafeLives (2016) [A Cry for Health](#)

<sup>2</sup> The real-life example of 'Yasmin's Journey', produced by Welsh Women's Aid (2018) in [Change that Lasts: Preventing violence against women](#), slide 7, shows an example of system costs of £13,700 if services ask early about abuse, as opposed to £2,018,943 if the situation escalates.

<sup>3</sup> Agenda (2019) [Ask and Take Action: Why public services must ask about domestic abuse](#)

<sup>4</sup> Agenda and AVA (2019) [Breaking Down the Barriers: The National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

<sup>5</sup> Joint Committee on the Draft Domestic Abuse Bill (2019) [Other issues - Wales](#), paragraph 268

<sup>6</sup> HM Government (2019) [The Government Response to the Report from the Joint Committee on the Draft Domestic Abuse Bill Session 2017-19](#) 164

<sup>7</sup> HM Government (2020) [Further Government Response To The Report From The Joint Committee On The Draft Domestic Abuse Bill, Session 2017-19](#) 14

<sup>8</sup> DMSS Research for Agenda (2016) [Hidden Hurt – violence, abuse, and disadvantage in the lives of women; Data tables appendix](#), table 35 page 43.

11. **We also need to go further than health services.** The *Breaking Down the Barriers* report warned of the devastating consequences for women and their families if services don't ask about abuse and respond appropriately.<sup>9</sup> **All public services, from GPs to Jobcentres, should be asking about domestic abuse.**

12. *Breaking Down the Barriers* also shows that **women from minoritised communities, such as Black, asian and minority ethnic (BAME) women, migrant women, LGBTIQ women and women with disabilities, 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 minoritised communities.** If not, vital opportunities to help survivors are being missed.

**Chlo's story:** Chlo is a survivor and campaigner, a peer researcher for the National 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."*

## Building on good practice

13. Evidence suggests **victims and survivors want to be asked about their experiences of abuse,**<sup>10 11</sup> and existing examples of good practice outlined in the *Ask and Take Action* report show that ensuring frontline staff ask about domestic abuse is possible.

14. For example, **'Ask and Act'** in Wales, a duty introduced to implement the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, has resulted in over 3,300 frontline services professionals being trained to ask about domestic abuse.<sup>12</sup>

15. This campaign builds on evidence from the Citizen's Advice **ASK programme** which provides training and support to local advisers to enquire about domestic abuse. An evaluation of the programme found that 86% of 957 clients were satisfied or very satisfied about being asked the question, and the recorded disclosure rate of domestic violence increased from under 0.5% before the programme, to 24% in the final quarter of the evaluation. Women were nearly twice as likely to make disclosures than men.<sup>13</sup>

16. Furthermore, an evaluation of **the IRIS (Identification and Referral to Improve Safety) programme,** a training and support intervention delivered in primary care to improve the service-level response to disclosure of abuse, found that 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.<sup>14</sup> The programme has been evaluated to produce societal cost savings of £37 per woman registered in a general practice.<sup>15</sup>

<sup>9</sup> Agenda and AVA (2019) [Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

<sup>10</sup> Balderston, S. (2018) Citizens Advice 'ASK Routine Enquiry in Gender-Based Violence and Abuse' Programme: Independent Research Evaluation Final Report by Lancaster University, 14, page 10.

<sup>11</sup> NatCen (2015) [Guidance for Trust managers Responding effectively to violence and abuse \(REVA project\)](#), page 4.

<sup>12</sup> Welsh Government (2019) [Violence against women, domestic abuse and sexual violence: Progress report for the period 1 April 2018 to 31 March 2019](#)

<sup>13</sup> Balderston, S. (2018) Citizens Advice 'ASK Routine Enquiry in Gender-Based Violence and Abuse' Programme: Independent Research Evaluation Final Report by Lancaster University, page 6.

<sup>14</sup> Feder, Gene & Agnew-Davies, Roxane & Baird, Kathleen & Dunne, Danielle & Eldridge, Sandra & Griffiths, Chris & Gregory, Alison & Howell, Annie & Johnson, Medina & Ramsay, Jean & Rutterford, Clare & Sharp, Debbie. (2011). [Identification and Referral to Improve Safety \(IRIS\) of women experiencing domestic violence with a primary care training and support programme: A cluster randomised controlled trial](#). Lancet. 378.

<sup>15</sup> Devine, Angela & Spencer, Anne & Eldridge, Sandra & Norman, Richard & Feder, Gene. (2012). [Cost-effectiveness of Identification and Referral to Improve Safety \(IRIS\), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial](#). BMJ open. 2.

## The case for a duty

17. The Government have made a commitment to make domestic abuse everyone's business and called for Parliamentarians, services, and other organisations to do all we can to protect and support victims of domestic abuse. **The evidence in *Ask and Take Action* shows that guidelines aren't enough to achieve this.**

**18. We need the Domestic Abuse Bill to place a statutory duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.**

## The cost of the duty

19. Agenda anticipates the cost of this amendment to be **£3.6 million**. This cost is based on the cost of a Train the Trainer model, with domestic abuse specialists training local trainers at senior management level within a public service, who then deliver training to a critical mass of 75% of frontline staff. A full breakdown of the methodology and details of the training programme is available upon request.

## Campaigns Agenda supports

20. Alongside opportunities to disclose abuse it is vital that appropriate and meaningful support is provided. This means that women must be able to disclose abuse and seek help regardless of their immigration status. Agenda supports calls for the Bill to include a provision establishing safe reporting mechanisms and ensure all survivors of domestic abuse have equal access to welfare systems and legal tools, regardless of their immigration status. We support calls for a firewall separating migrant women survivors' rights from immigration enforcement. We support campaigns to extend eligibility for the Domestic Violence (DV) Rule and Destitution Domestic Violence Concession (DDVC) to all migrant women experiencing domestic abuse, and an end No Recourse to Public Funds conditions, which exclude migrant women from accessing support. Where survivors choose to make disclosures it is vital that there are properly funded gender and trauma-informed local services that women can be referred to. This includes specialist services run by and for the communities they serve.

21. Agenda supports the following campaigns:

- [Age UK's](#) call for data collection about domestic abuse for adults aged 74 and over.
- The [Violence Against Women and Girls Sector's joint calls](#) for the Bill.
- SafeLives [#Invest2EndAbuse](#) campaign which calls for a fully funded range of domestic abuse support services for children, adults and perpetrators.
- The [joint children and domestic abuse sector's calls](#) for children affected by domestic abuse.
- The [Step Up! Migrant Women Coalition](#), led by the Latin American Women's Rights Service (LAWRS).
- Imkaan's '[Alternative Bill](#)', which outlines a response to VAWG that is gendered and intersectional.
- [Prison Reform Trust's](#) call for legal protection for those driven by domestic abuse into offending.

**One survivor said:** *"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."*

## About Agenda

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. [www.weareagenda.org](http://www.weareagenda.org)