

No honour in abuse: harnessing the health service to end domestic abuse

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About the Centre for Social Justice

Established in 2004, the Centre for Social Justice is an independent think-tank that studies the root causes of Britain's social problems and addresses them by recommending practical, workable policy interventions. The CSJ's vision is to give people in the UK who are experiencing the worst multiple disadvantages and injustice every possible opportunity to reach their full potential.

The majority of the CSJ's work is organised around five 'pathways to poverty,' first identified in our ground-breaking 2007 report Breakthrough Britain. These are: educational failure; family breakdown; economic dependency and worklessness; addiction to drugs and alcohol; and severe personal debt.

Since its inception, the CSJ has changed the landscape of our political discourse by putting social justice at the heart of British politics. This has led to a transformation in government thinking and policy. For instance, in March 2013, the CSJ report 'It Happens Here' shone a light on the horrific reality of human trafficking and modern slavery in the UK. As a direct result of this report, the Government passed the Modern Slavery Act 2015, one of the first pieces of legislation in the world to address slavery and trafficking in the 21st century.

Our research is informed by experts including prominent academics, practitioners, and policy-makers. We also draw upon our CSJ Alliance, a unique group of charities, social enterprises and other grass-roots organisations that have a proven track-record of reversing social breakdown across the UK.

The social challenges facing Britain remain serious. In 2022 and beyond, we will continue to advance the cause of social justice so that more people can continue to fulfil their potential.



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Glossary

Term	Acronym
Adverse Childhood Experiences	ACEs
Advocacy After Fatal Domestic Abuse	AAFDA
Against Violence and Abuse	AVA
Ask for Action Needed Immediately	Ask for ANI
Black and Minority Ethnic	BME
Centre for Social Justice	CSJ
Child and Adolescent to Parent Violence Abuse	CAPVA
Clinical Commissioning Group	CCG
Coercive and Controlling Behaviour	CCB
Crown Prosecution Service	CPS
Department for Education	DfE
Department of Health and Social Care	DHSC
Domestic Abuse	DA
Domestic Abuse, Stalking, Harassment, and Honour Violence	DASH
Domestic Homicide Reviews	DHRs
Domestic Violence	DV
For Baby's Sake	FBS
Forced to Penetrate	FTP
General Practitioner	GP
Health Visitor	HV
Identification and Referral to Improve Safety	IRIS
Independent Domestic Violence Advisor	IDVA
Integrated Domestic Abuse Program	IDAP
Local Authorities	LAs
Ministry of Justice	MoJ
Multi-Agency Risk Assessment Conference	MARAC
National Health Service	NHS
National Institute for Health and Care Excellence	NICE
National Society for the Prevention of Cruelty to Children	NSPCC
Police and Crime Commissioner	PCC
Public Health England	PHE
Serious Case Review	SCR
Systematized Nomenclature of Medicine Clinical Terms	SNOMED CT
Termination of Pregnancy	TOP
Violence Against Women and Girls	VAWG
Was Not Brought	WNB

Foreword

Domestic abuse affects more than 2 million women men and their children. It is both a public health crisis – affecting mental and physical health – and a crime.

The sad reality is that still only one in five victims report abuse, and there are few prosecutions of this crime: treating this only as a criminal justice issue, therefore, fails to challenge the perpetrators and support their victims' (and children's) recovery to normal living. Survivors have informed this report, with a message that they do not want to get even -- they want to get better.

This is why the CSJ is calling on the Government to tackle domestic abuse as a public health issue. The authors of this report have, however, found that all too often health professionals lack the training to identify domestic abuse, or refer victims to the right services. Fearful of raising issues they can't resolve, a false perception that their role does not extend to supporting individuals experiencing abuse compounds this lack of action. As a result, women and men stay silent and trapped in abusive relationships.

This is all the more worrying when it comes to victims who belong to closed communities. Whether their community is defined by ethnicity, religion or culture, men and women suffering abuse feel unable to speak out because of the stigma of being a traitor. They also often do not identify with the label that government and health and social services have pinned on the abuse they are experiencing: "honour abuse."

Honour? Where is the honour in forcing an expectant woman to abort her baby because the 20-week scan reveals she is a girl? Where is the honour in forcing a gay son into marrying a girl to cover up his sexual orientation? Where is the honour in treating a daughter-in-law like free labour without rights?

The term honour risks legitimising this behaviour. It risks giving the perpetrator a way out – he or she is adhering to an honour code. Moreover, as one survivor explained, the distinction created by this term pushes victims into a "special" category. But victims do not want to feel they are "special," they just want to feel safe. And they deserve to.

Language matters. This report calls for banishing the misleading term, "honour abuse," from all government literature, as well as from the NHS and all statutory services catering for the survivors of domestic abuse.

Getting rid of the term does not erase domestic abuse. It will however recognise that abuse is abuse. There can be no sensitivities around calling it exactly what it is -- no matter who perpetrates it or why.

Baroness Verma

Executive Summary

Domestic abuse is a public health issue

It affects more than 2 million people's mental and physical health – 1.6 million women, 757,000 men.¹ It blights more lives every year than prostate cancer (52,254),² breast cancer (55,920)³ and dementia (209,600)⁴ combined.

The Serious Case Reviews (SCRs), established as a part of the Children Act (2004), investigate incidents where a child is killed or seriously injured under suspicious circumstances. The CSJ has analysed 46 SCRs published in 2021 and found that 80 per cent of cases contained elements of domestic abuse and within 70 per cent of these cases perpetrators or victims presented to health agencies with possible signs of domestic abuse but this was not recognized or explored further. Given that a 2009 analysis of SCRs had found domestic abuse was a factor in two-thirds of cases where a child had died,⁵ any sign of domestic abuse should have raised the alarm among health professionals. Greater medical vigilance, leading to the identification of violence in their families, could have spared dozens of children horrific, and in some cases fatal, mistreatment.

Insufficient vigilance by health services is the black hole at the heart of the safeguarding of children.

While the failure by social services in a number of Local Authorities (LAs) has been highlighted in reporting the deaths of Arthur Labinjo-Hughes and Star Hobson and other young children, medical professionals must be better equipped to identify and respond to these tragedies.

This report looks at domestic abuse from a health perspective

Domestic abuse is a serious crime to be prosecuted as well as a health crisis to be addressed. However, there have been serious problems with criminal enforcement.

The number of prosecutions is low — in the year 2020, the Crown Prosecution Service convicted 47,534 domestic abuse cases, compared with 758,491 domestic abuse related police recorded offences.⁶

Testimonies from charities and survivors point to a dismissive attitude pervading the criminal justice system when it comes to this type of violence. As a result of this, and other barriers, more than 8 in 10 victims do not report their abuse, resulting in a serious prosecution deficit.

Due to marginal reporting rates, this report relies heavily on case studies, survivor reports, and direct interviews with charities and stakeholders, conducted by the CSJ over the course of the last year.

Estimates suggest that more victims of domestic abuse disclose to their GP and other health professionals (nearly 500,000) than to the police (405,000). Female victims use health care services more than non-abused women and report that health care workers are the professionals they would be most likely to speak to about their abuse.⁷

The failure by health professionals to identify and refer victims of domestic abuse is driving serious health inequalities: patients affected are left to suffer in silence, with no support for their recovery.

1 Office for National Statistics, "Domestic abuse in England and Wales overview," November 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>.

2 "Prostate Cancer Statistics," Cancer Research UK, January 27, 2022, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer>.

3 "Breast Cancer Statistics," Cancer Research UK, January 27, 2022, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer>.

4 "Dementia: At a Glance," Social Care Institute for Excellence, March 2020, <https://www.scie.org.uk/dementia/about/#:%7E:text=there%20are%20209%2C600%20new%20cases,million%20new%20cases%20each%20year>.

5 Marian Brandon et al., "New Learning from Serious Case Reviews: A Two Year Report," 2009, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf.

6 Jacobs, Nicole. "Review of Written Evidence Submitted by the Domestic Abuse Commissioner (VAW0041)," UK Parliament, June 2021, <https://committees.parliament.uk/writtenevidence/37424/pdf/>.

7 "Ending Violence against Women and Girls Strategy 2016- 2020," HM Government, March 2016, p21.

So-called “honour abuse”

This is particularly true when health services are presented with survivors who belong to a socially closed community. “Honour Abuse” is the umbrella term for the abuse committed to defend the honour of an individual or family in these communities for alleged breaches of the community’s code of behaviour.⁸

This misleading term covers a range of horrific practices: female foeticide, forced marriage, forced abortion, rape, 24/7 monitoring, forbidding access to higher education, and other forms of social coercion.

With its implication that the victim has trespassed a traditional moral code, or “disrespected” a cultural legacy, the recognition of “honour abuse” in the public discourse risks legitimising these practices. Instead, they are forms of physical and / or mental violence that traumatise victims and their children.

Data on “honour abuse” is patchy because abuse is hard to identify and prove within closed communities or remains concealed. However, the Leeds-based national charity Karma Nirvana reports an 81 per cent increase in cases related to “honour abuse” during 2020, receiving 12,128 calls in the course of the year.⁹

Poor detection and enforcement leaves perpetrators to continue their abuse with impunity; one in four will go on to claim six more victims.

The pandemic, when perpetrators, victims and children were locked in together, has seen a surge in domestic abuse. Women’s Aid recorded a 50 per cent surge in users of their Survivors’ Forum in the year 2020 over 2019, while the Asian Women’s Resource Centre recorded 30 per cent increase in callers during the lockdowns.

Instead of acknowledging this crisis with its serious impact on physical and mental health, however, many health care professionals are failing to acknowledge the elephant in the room

This “fear to know” approach is, we suggest, due to a lack of training. Health professionals too often do not know how to identify abuse or invite disclosure, and a false perception that their role does not extend to supporting individuals experiencing abuse compounds this lack of reporting and proper response. This approach compromises their ability to adhere to the Hippocratic Oath: **“I will use my power to help the sick to the best of my ability and judgement; I will abstain from harming or wronging any man by it.”**

It is time to challenge the assumptions that lie behind this public health crisis. The survivors and specialist charities who have steered our research deserve a better strategy for recovery from domestic abuse and for preventing it in the first place.

This report draws on more than 45 on the record interviews the CSJ conducted with charities and experts, as well as on the testimonies of survivors of domestic abuse. The recommendations arising from this research are our own.

As part of a comprehensive health-based approach to tackling domestic abuse, the Centre for Social Justice makes the following recommendations:

8 “So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases,” September 2019. <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage-guidance-identifying-and-flagging>.

9 Karma Nirvana. “Written evidence submitted by Karma Nirvana (VAW0013)” UK Parliament, May 2021. committees.parliament.uk/writtenevidence/35610/pdf.

Summary of recommendations

1. Government should remove the term “Honour Abuse” from all official documentation, including police and medical records and correspondence, as this is not recognised by many victims or practitioners and risks legitimising the violent practices that it is supposed to define. “Honour” in this context only reflects the perpetrator’s rather than their victim’s viewpoint.
2. NHS England and the Department of Health and Social Care (DHSC) need to take a lead in combating this health crisis. They should drive home the point that health professionals have a duty of care for any individual affected by domestic abuse – no matter what community or ethnic minority they belong to.
3. The DHSC should introduce statutory training for all health professionals, including GPs, nurses, and Health Visitors, to train in identifying victims and perpetrators of domestic abuse and their children and offer referral them to appropriate services.
4. The DHSC should place a duty to report DA disclosure in ante-natal and post-natal cases as part of statutory guidance. There should be local and regional monitoring, with a review every six months of midwives and health visitors.
5. A SNOMED CT code, a coded term used in electronic health records, for domestic abuse must be established so that professionals can record and share aggregated data. Domestic abuse information should be recorded and shared in a way that protects patients and makes information visible and accessible to healthcare professionals to provide holistic care.
6. Domestic abuse is often cyclical: a child who has experienced domestic abuse has an increased risk of growing up into an abuser or a victim themselves. The Serious Case Reviews need to change their protocol to include questions about the perpetrator’s own family history of abuse.
7. Men and boys should be classed as victims of “intimate violence and abuse against men and boys” and have a parallel strategy, so it does not hinder the need for support for women and girls.
8. The Department for Education (DfE) should include in its statutory guidance for primary and secondary schools a sensitive discussion of abusive relationships.
9. The DfE should grant Ofsted permission to question pupils in a school during inspection – at present too many abuses are slipping under the radar because inspectors may only question those pupils whose parents have granted express permission.
10. The DfE should invest more in third sector perpetrator programmes, including customised programmes for perpetrators from closed communities, and in research into their effectiveness. It is only by engaging perpetrators that we can prevent the cycle of abuse.
11. The Department for Levelling Up, Housing and Communities (DLUHC) should issue guidance to Local Authorities (LAs) to commission ‘by and for’ services for victims from certain minority groups which report facing particular barriers to disclosure: language, racism, fear of being ostracised, special diet, etc. More investment in ‘by and for’ services will help provide for the needs of these victims and reduce this health inequality.
12. Commissioning of support services – community-based and refuges – is time and labour intensive, and invariably benefits the big organisations and charities. This fails to take into account that grassroots charities and groups are often best placed to meet the needs of local survivors. We recommend LAs collaborate and strategically target funding of organizations that support survivors from closed communities and marginalized groups.

13. Social Prescribing link workers should be trained to identify victims, perpetrators and children experiencing domestic abuse; and know where to refer them to local services.
14. The new Family Hubs announced at the last Budget and Comprehensive Spending Review should refer to, and where possible deliver, domestic abuse services.
15. The new Integrated Care Systems and existing Clinical Commissioning Groups should fund services dealing with complex trauma. We echo the Victims Commissioner in calling for a consistent definition for “trauma informed.”
16. The Royal College of Veterinary Surgeons should issue guidelines calling for training in identification and referral for domestic abuse victims, provided the connection between animal abuse and intimate partner abuse.
17. The government’s pledge to invest £33 million in extending the Parental Conflict programme is welcome and should be part of the Family Hub offer.

Why Health

The numbers make this a public health issue

Domestic Abuse is a public health issue. The impact on perpetrators, victims, and their children is both mental and physical, and ranges from psychological damage, through a battered body, to a murdered baby. Domestic abuse affected 2.3 million adults last year¹⁰ – with one in three adult victims being male. Domestic abuse blights more lives every year than prostate cancer (52,254)¹¹, breast cancer (55,920)¹² and dementia (209,600)¹³ combined. It leads to murder and suicide.

It has been estimated that nearly half a million victims of domestic abuse will seek support from medical professionals each year – across the full range of health services.¹⁴

To say domestic abuse is a public health issue is not to overlook its criminal status or to ignore that government must punish perpetrators through our criminal justice system. Indeed, this crime is ubiquitous, representing one-third of violent crime recorded by the police,¹⁵ and approximately one-fifth of all adult homicides (and half of adult homicides where the victim is female).

Victims disclose to health services

However, only 17.3 per cent of victims report DA to the police.¹⁶ Instead, many victims – male and female – who have experienced domestic abuse report disclosing to their GPs. Female victims use health care services more than non-abused women and report that health care workers are the professionals they would be most likely to speak to about their abuse.¹⁷ NHS Digital found 1,980 women in England had been admitted to hospital following abuse by a partner between 2015 and 2020. This is likely to be a significant underestimate as the figures only capture the cause of injury first recorded by staff.¹⁸

The health service therefore can play a crucial role in supporting victims by intervening early and referring them to specialist services. It also has a role in commissioning specialist support services such as ‘by and for services’ for minority communities. The health settings most commonly used by victims, including mental and sexual health services (including those aimed at teenagers), maternity and post-natal provision, and accident and emergency, should be well-equipped to deal with domestic abuse cases.

But, as we shall see, the health system has yet to fulfil its potential. Too many of its professionals fail to identify violence as the underlying cause of a victim’s health problems; and do not know how to refer victims (or perpetrators) to the right services, to ensure recovery.

This contributes to health inequality, as DA predominantly affects the lowest quintile: more than 1.6 million women are affected with those in households with an income of less than £10,000 – 3.5 times more at risk than those in households with an income of over £20,000.

10 Office for National Statistics, “Domestic Abuse Prevalence and Trends, England and Wales: Year Ending March 2021” (Office for National Statistics, November 24, 2021), ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2021.

11 “Prostate Cancer Statistics,” Cancer Research UK, January 27, 2022, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer>.

12 “Breast Cancer Statistics,” Cancer Research UK, January 27, 2022, [cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer)

13 “Dementia: At a Glance,” Social Care Institute for Excellence, March 2020, <https://www.scie.org.uk/dementia/about/#:~:text=there%20are%20209%2C600%20new%20cases,million%20new%20cases%20each%20year>.

14 Inter-Collegiate and Agency Domestic Violence Abuse Forum, “Domestic Abuse Bill,” www.parliament.uk (Standing Together Against Domestic Violence et al., June 11, 2020), <https://publications.parliament.uk/pa/cm5801/cmpublic/DomesticAbuse/memo/DAB57.htm>.

15 Office for National Statistics, “Domestic Abuse Prevalence and Trends, England and Wales: Year Ending March 2021” (Office for National Statistics, November 24, 2021), ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2021.

16 Office for National Statistics, “Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables” (Office for National Statistics, November 22, 2018), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixtables>, March 2018 Table 25.

17 “Ending Violence against Women and Girls Strategy 2016- 2020,” HM Government, March 2016, p21.

18 “Female Assault Suppressed,” Admissions and finished consultant episodes for maltreatment and sexual assault (NHS Digital, February 3, 2021), <https://digital.nhs.uk/supplementary-information/2021/admissions-and-finished-consultant-episodes-for-maltreatment-and-sexual-assault>.

Children most at risk

A lack of training and resources means health professionals are failing to safeguard children. The CSJ has analysed 46 Serious Case Reviews (SCRs) published in 2021 to find that 80 per cent of cases contained elements of domestic abuse and within 70 per cent of these cases perpetrators or victims presented to health agencies with possible signs of domestic abuse but this was not recognized or explored further. This failure is all the more shocking given that in 2009 a similar analysis of SCR found that DA was present in two-thirds of cases where a child had died.¹⁹

In terms of numbers and proportions, children are the biggest group affected by domestic abuse: three million, or one in five, children are affected; in comparison, 4 per cent of men, and 8.1 per cent of women (aged 16-59) are affected.²⁰ More than 60 per cent of women in refuges in 2017 had a child under 18. Over 40 per cent of victims of partner abuse have at least one child under the age of 16 years old living in the household.²¹

Many children on the “at risk” register live in households where domestic abuse is also occurring. Domestic abuse has been identified as a factor in a significant proportion of the cases of direct child maltreatment that have resulted in serious case reviews.²²

In the year ending March 2020 white people (5.7 per cent) were more likely to experience domestic abuse than black (3.7 per cent) or Asian people (3.6 per cent); BAME women were more likely to suffer abuse for longer periods of time and from multiple perpetrators.²³ The highest rates of domestic abuse are experienced by bisexual women (25.3 per cent) compared to bisexual men (5.7 per cent), gay men (8.2 per cent), lesbian women (10 per cent), heterosexual men (4 per cent) and heterosexual women (7.2 per cent).²⁴ Far more male (49 per cent) than female (19 per cent) victims do not disclose domestic abuse to anyone. Certain risk factors can increase the likelihood of being abused: motherhood; unemployment; and witnessing domestic violence as a child.²⁵

Support services can be broadly characterised as refuge based or non-refuge based (community) services. Access to these services is unequal, with the national charity SafeLives finding in 2019 that only London had the required number of Individual Domestic Violence Advisors (IDVAs) and that more than a third of LAs had no specialist domestic abuse provision.²⁶

There is even less provision across the UK specifically for minority ethnic women, with less than one in ten LAs providing any culturally sensitive services.²⁷

19 Marian Brandon et al., “New Learning from Serious Case Reviews: A Two Year Report,” 2009, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf.

20 Office for National Statistics, “Domestic Abuse Prevalence and Trends, England and Wales: Year Ending March 2021” (Office for National Statistics, November 24, 2021), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearending-march2021>.

21 Office for National Statistics, “Domestic Abuse in England and Wales Overview: November 2019,” (Office for National Statistics, November 25, 2019), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>.

22 “Working Together to Safeguard Children,” HM Government, 2006, pp. 1-262, <http://www.familieslink.co.uk/download/june07/working%20together%202006.pdf>.

23 “Domestic Abuse - Ethnicity Facts and Figures” (GOV.UK, February 26, 2021), <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/crime-and-reoffending/domestic-abuse/latest>.

24 Office for National Statistics, “Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables” (Office for National Statistics, November 22, 2018), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixables>, March 2018 Table 27.

25 Sarah Abramson and Cora Peterson, “You Know a Jewish Woman Suffering from Domestic Abuse”: Domestic Abuse and the British Jewish Community. A Research Report Prepared for Jewish Women’s Aid” (Jewish Chronicle, 2011), <https://archive.jpr.org.uk/download?id=1271>.

26 Melissa Macdonald, “The Role of Healthcare Services in Addressing Domestic Abuse,” House of Commons Library (UK Parliament, May 20, 2021), <https://commonslibrary.parliament.uk/research-briefings/cbp-9233/>.

27 Southall Black Sisters, “HRA0062 - The Government’s Independent Human Rights Act Review” (London, May 13, 2021).

Pandemic surge

The pandemic has seen a surge in the incidence of domestic abuse: national help lines reported a significant increase in calls – the National Domestic Abuse Hotline reports a spike of 65 per cent.²⁸ SafeLives surveyed front line workers who said their case load had increased by more than a quarter. Between April and December 2020, the average daily calls to the NSPCC more than doubled, reflecting the huge increase in the number of children affected.²⁹

Lockdowns also made supporting victims more difficult: domestic abuse services struggled under the increased caseloads; refuges were either shut or had to reduce their intake because of fear of infection; and school closures have deprived many children living with DA of counselling and other support.

Domestic abuse has far-reaching consequences beyond the men, women and children who are directly involved. As is true with some diseases and conditions, individuals have a higher risk of becoming either perpetrators or victims of domestic abuse if they have grown up with it. Perpetrators, survivors, and their children are more likely to experience homelessness and debt. They are likely to need intensive and expensive interventions, including mental health services,³⁰ A&E,³¹ youth offending institutions, and prisons.

This represents entrenched costs to the taxpayer –based on an assumed average number of police call outs, A&E attendances and GP support, the estimated direct public costs of high-risk domestic abuse is in the region of £2.4 billion per year to the taxpayer, and still more to the wider economy.³²

DA in the criminal justice system - gaps, challenges, and barriers to enforcement

Only 17.3 per cent of victims report DA.³³ This alarming statistic affects data collection and ultimately provides an innate challenge to an effective preventive strategy. As long as the number of incidents, victims, and perpetrators remains hidden, identification of victims, perpetrators, and their children, and hence the provision of funding of support and recovery services, can only be conducted on a highly imperfect basis. The scale of provision is hard to establish since the scale of need remains uncertain.

The Crime Survey for England and Wales is considered the best method of collecting statistics relating to domestic abuse – and police DO record domestic abuse cases and conduct useful mapping. In the health service, however, there is a dearth of data relating to domestic abuse. Police officers told the CSJ for the purposes of this report that too often health professionals are reluctant to share their patient data – even when called upon to do so by their local MARAC.

Reasons for this, according to charities and service providers we have consulted, include general practitioners' and other health professionals' fear that collecting data about victims could break the rules of confidentiality and even expose vulnerable victims to perpetrators' revenge. The present data collection system also is inconsistent and allows for silos rather than wide sharing of crucial datapoints.

Many victims and survivors, as the Victims' Commissioner survey of 2021 found, felt suspicious of the criminal justice system. Both male and female victims of domestic abuse felt their reports of crimes were not taken seriously. After reporting their abuse, 26.6 per cent of victims felt less safe.³⁴

28 Tirion Havard, "Domestic Abuse and Covid-19: A Year into the Pandemic," House of Commons Library (UK Parliament, May 11, 2021), <https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>.

29 "Calls to NSPCC about Children Living in Violent Homes Rise by over 50 per cent as We Urge Government to Support All Children," NSPCC, January 25, 2021, www.nspcc.org.uk/about-us/news-opinion/2021/calls-to-nspcc-about-children-living-in-violent-homes-rise-by-over-50-as-we-urge-government-to-support-all-children.

30 Diana Barran et al., "A Cry for Health Why We Must Invest in Domestic Abuse Services in Hospitals" (London, UK: Safe Lives, 2016), pp. 1-172.

31 Ibid.

32 "Saving Lives, Saving Money: MARACs and High-Risk Domestic Abuse" (Bristol, UK: CAADA, 2010), pp. 1-12.

33 Office for National Statistics, "Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables" (Office for National Statistics, November 22, 2018), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixtables>, March 2018 Table 25.

34 "Victims' Experience: Annual Survey" (London, UK: Victims Commissioner, 2021), pp. 1-10, https://s3-eu-west-2.amazonaws.com/jotwpublic-prod-storage-1c0x1dnrmkg14/uploads/sites/6/2021/12/VC-2021-survey-of-victims_-_amended-27_9_21-1.pdf.

Fear of perpetrators will have increased during lockdown: often victims live together with their tormentor, and, during the pandemic, they were locked in with them. Helplines recorded a surge in calls – increased suspicion and downright hostility of the criminal justice system also explain the victim’s failure to come forward to accuse the perpetrator: 24.3 per cent felt as though the police were not helpful at all.³⁵

By its very nature, as Gay Palmer a link worker working for Improving Health Ltd in Southwark, told the CSJ:

“Domestic abuse is about a breach of relational trust: to expect victims to trust adults is too much.”³⁶

Survivors report feeling belittled by police (viz. the highly publicised recent case at Charing Cross police station); anxious about the collection of personal data and its subsequent use; undermined during criminal court proceedings.

Lack of confidence in the criminal justice system is troubling – and dangerous. Survivors’ reluctance to blow the whistle allows too many perpetrators to walk free and target new victims. One in four high-harm perpetrators are repeat offenders and some have at least six more victims.³⁷

Government can and must improve detection, arrest, and prosecution within the context of the criminal justice system. Yet the present system is too often characterised by failure: three quarters of domestic abuse cases are closed early without the suspect being charged; and campaigners say that contact is rarely made with the perpetrator at all. Between April 2014 and March 2020, the annual number of domestic abuse flagged cases referred to the CPS by police fell by 37 per cent, with similar declines in prosecutions (34 per cent) and convictions (31 per cent). In the year ending March 2020, only 9 per cent of domestic abuse related crimes recorded by the police led to a charge or summons. The CPS convicted 47,534 domestic abuse cases, compared to 758,491 domestic abuse related police recorded offences.

Legislation

Significant progress has been made in the legislative framework for domestic abuse. The Domestic Abuse Act 2021 took a welcome step towards recognising that domestic abuse is not just physical violence, but also emotional, controlling, or coercive, abuse. It also provided for a statutory domestic abuse perpetrator strategy to include therapeutic interventions for the whole family. And crucially it recognised that children who experience DA are victims not just witnesses.

The Police, Crime, Sentencing and Courts Act included domestic abuse specifically in its definition of the serious violence prevention duty.

This should improve reporting of domestic abuse and therefore of data collection, affecting both the scale of the issue and strategies for its prevention, and recovery.

The Act also extended the time limit for prosecution of common assault or battery in domestic abuse cases.

The government’s landmark Victims Bill can play a crucial role in addressing health inequalities by eliminating the term “honour abuse.”

The label risks legitimising violence by presenting it as a traditional custom in particular cultures; and confusing victims in closed communities, who do not recognise its relevance to their own experience.

Victims of so-called “honour abuse” are often isolated, fearful of being ostracised by family and community, can suffer from language barriers and other forms of social disadvantage. It is vital that both our criminal justice system and our health infrastructure provide equality of provision and a guarantee of safety to vulnerable members of such communities.

35 Office for National Statistics, “Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables” (Office for National Statistics, November 22, 2018), ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixtables, March 2018 Table 25.

36 Gay Palmer, interview with CSJ, conducted March 2022.

37 “Latest Marac National Dataset,” Safelives, 2021, <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>. https://orca.cf.ac.uk/67542/1/Robinson%20Clancy%20%26%20Hanks%20%282014%29%20Serial%20perpetrators_Phase%20%20report_Final%20version.pdf.

The Whole Family Approach

DA affects every member of the family and is often part of an intergenerational cycle: a third of all parents (33 per cent) have experienced a partner using abusive behavior towards them, but this rises to 54 per cent for parents who had domestic abuse in their family home as a child.³⁸ 8 per cent of all parents have abused their partner, but this increases to 19 per cent for those who had experienced domestic abuse in their own family before they were 18.³⁹

Feelings of shame (40 per cent of parents surveyed) and fear (34 per cent) are common to those who have grown up with domestic abuse. Its impact on all the relationships in the family can mean siblings may find they draw closer, as they try to make sense of the violence between their parents; or can feel conflicted, or ambivalent, under pressure of the hostile home environment.⁴⁰

The “whole” family means engaging with the perpetrators – who can be women and children as well as men -- as well as both adult and child victims. This has proved a controversial point, with many in the sector challenging the notion of funds being diverted from supporting the victim to engaging with the perpetrator. As a consequence, interventions that engage the perpetrator have received a minimal proportion of government funding: fewer than one per cent of perpetrators, including repeat offenders, receive any kind of specialist intervention; no effort is made to explore the potential to change and break the cycle of abuse where applicable.

Yet survivors overwhelmingly agree that there can be no solution to abuse without dealing with perpetrators: “I’m not the problem. I want help for him to stop.”⁴¹ Because of the long-term impact of trauma, and the importance of parental modelling, the re-education of perpetrators, victims and children in a domestic abuse situation is a necessary part of any strategy to keep children from going into care.

Although Domestic Abuse is often interpreted as intimate partner violence, this is to overlook a significant proportion of incidents involving familial abuse. “Whole Family” also refers to the tragic fact that multiple family members -- including parents, parents-in-law, siblings -- may all engage in domestic abuse. Victims of this noxious familial dynamic experience complex trauma: in addition to being physically hurt, humiliated, coerced, they will also feel ostracized from their community and uprooted from their family.

This is all the more so in cases of so-called “honour abuse” when the abuse is committed to defend the honour of an individual and or family for alleged breaches of the family and/or community’s code of behaviour.

Children can be perpetrators too. The first-ever study focusing on child-to-parent domestic abuse, published last year,⁴² found that one in ten domestic abuse cases recorded in Lancashire were committed by people towards their own parents. Dr Nathan Birdsall, research fellow in policing at the University of Lancashire, claim that the 10 per cent figure “will be reflected nationally, and... the reality is that the percentage may be much higher.”⁴³

While 80.5 per cent of survivors report being abused by their partner, 51.8 per cent (48.2 per cent of men and 58.9 per cent of women) report being abused by their families.⁴⁴

38 “Press Release: New Research Highlights the Urgent Need to Help New Parents Break the Cycle of Domestic Abuse and Give Their Babies a Better Start in Life,” For Baby’s Sake, February 26, 2021, <https://www.forbabysake.org.uk/news/2021/02/26/new-research-highlights-the-urgent-need-to-help-new-parents-break-the-cycle-of-domestic-abuse-and-give-their-babies-a-better-start-in-life/>.

39 Ibid.

40 Jane E Callaghan et al., “Children’s Experiences of Domestic Violence and Abuse: Siblings’ Accounts of Relational Coping,” *Clinical Child Psychology and Psychiatry* 21, no. 4 (October 2016): pp. 649-668, <https://doi.org/10.1177/1359104515620250>.

41 “Seeing the whole picture: Our Impact in 2018-19” (Bristol, UK: SafeLives, 2019), pp. 1-45, <https://safelives.org.uk/sites/default/files/resources/SafeLives%20Annual%20Impact%20report%202018-19-web.pdf>.

42 Nicola Graham-Kevan, “One in ten domestic abuse crimes in Lancashire are committed by people towards their own parents, research finds,” University of Central Lancashire, 2021, <https://www.uclan.ac.uk/academics/nicola-graham-kevan>.

43 Ibid.

44 Office for National Statistics, “Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables” (Office for National Statistics, November 22, 2018), <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixtables>, March 2018 Table 12.

DA is an adverse childhood experience

Research on Adverse Childhood Experiences (ACEs) has shown that children exposed to adverse experiences such as domestic violence, parental separation, mental illness, or alcohol abuse have an increased likelihood of long-term health issues.

The early years of our lives are critical for brain development. If during this process children experience chronic stress and trauma, their brain can become 'locked' into "high alert" in readiness for future trauma. This can result in a "wear and tear" effect on their body, weakening the immune system and affecting their health outcomes.

ACEs are extremely common. A survey by Public Health Wales in 2016 highlighted that half the population of Wales had experienced one and 14 per cent had experienced four or more. These experiences can be traumatic either because the child is hurt directly (physical, sexual, or emotional abuse) or because they are affected through their environment (domestic violence, parental separation, an incarcerated parent).

Studies have shown that to counter these negative effects, the ACE survivor needs one continuous positive relationship with a caring adult.⁴⁵ Approximately 47 per cent of people in the UK have experienced at least one ACE and 9 per cent have experienced more than four.⁴⁶ Children exposed to domestic violence and abuse see this behaviour as normalized.⁴⁷

Viewing domestic abuse through the lens of ACEs is useful in the identification of a DA survivor, as well as in working out a strategy for their recovery: the ACEs framework places family relationships at its core which can be useful in designing and delivering interventions in children's services.

The devolved nations are ahead of England in adopting an ACEs framework. As of 2017 Scotland has embedded ACEs prevention across all areas of public service, including education, health, justice, and social work. It has committed £1.3 million to professional training and has convened a multi-sectorial ACE hub, to develop the public health approach to ACEs.⁴⁸ Public Health Wales has raised ACE awareness through the publication of six reports describing the prevalence of ACEs in England and Wales. The government is also currently offering trauma-informed training to many of its frontline workforces, including health visitors, the housing sector, and police force.⁴⁹

The Northern Ireland Executive also recognises children and young people's resilience to ACEs as a specific government goal. It too has implemented training in trauma informed care for a wide variety of frontline workforces. Some frontline agencies are using ACEs screening to increase public awareness of childhood adversity and to help individuals access appropriate support.⁵⁰ In some cases, this screening is used to produce an 'ACEs score,' which reflects the number of ACEs experienced before the age of 18.

45 Kathryn Ashton et al., "Adverse Childhood Experiences and Their Association with Chronic Disease and Health Service Use in the Welsh Adult Population" (- Cardiff, Wales: Public Health Wales, 2016), pp. 1-24.

46 Mark A Bellis et al., "National Household Survey of Adverse Childhood Experiences and Their Relationship with Resilience to Health-Harming Behaviors in England," 72nd ed., vol. 12 (London, UK: BMC Medicine, 2014), pp. 1-10, <https://doi.org/10.1186/1741-7015-12-72>.

47 Kat Ford, "Living with Domestic Abuse as an Ace (Adverse Childhood Experience)," Safelives, February 6, 2017, https://safelives.org.uk/practice_blog/living-domestic-abuse-ace-adverse-childhood-experience.

48 Kirsten Asmussen et al., "Adverse Childhood Experiences, What We Know, What We Don't Know, and What Should Happen Next" (London, UK: Early Intervention Foundation, 2020), pp. 1-129.

49 Samia Addis et al., "'Trauma-Informed': Identifying Key Language and Terminology through a Review of the Literature," (Wales: Public Health Wales NHS Trust, 2022), pp. 1-32.

50 Lisa Bunting et al., "Developing trauma informed practice in Northern Ireland: Key messages" (Belfast, Northern Ireland: Safeguarding Board for Northern Ireland, 2020), pp. 1-19.

Dr Louise Dalton and Dr Elizabeth Rapa of the Oxford University Department of Psychiatry tell us:

“It is vital that everyone working with children and families, including parents and frontline professionals understand the critical and dynamic relationship between the burden of adversity and the pivotal role of positive supports, skills, and abilities in contributing to resilience. These concepts should be adopted as core tenants of universal public health messaging in order to facilitate dissemination of this important knowledge across all sectors.” ⁵¹

In England, although the Department of Health and Social Care (DHSC) and the Department for Education (DfE) have acknowledged the “emerging evidence that Adverse Childhood Experiences (ACEs)...may have negative impacts on future mental health and wellbeing outcomes,” the government has yet to embrace a national policy on childhood adversity.

One reason is that practitioners in children’s social services do not always take a holistic approach that investigates parents’ needs as the cause of children’s developmental difficulties. But adopting a more united approach between organisations in assessing a child’s needs will in fact save time (and money) as it will prevent wrong diagnoses and missed opportunities for improvement.

Services, including health, routinely fail to ask questions about parents’ relationships. Yet when a child’s home is a battle-zone, interventions that do not address the parental relationship will fail.

⁵¹ Centre for Social Justice, “Safely reducing the number of children going into care” April 2021, <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJJ8864-Children-In-Care-INTS-WEB-210422v.pdf>.

Failing to Diagnose Domestic Abuse

Survivors seek recovery – for themselves and their children. They want to overcome their traumatic experiences and regain their mental and physical health; they want to ensure the same for their children. The role of healthcare professionals, including GP surgeries, hospitals, and mental health trusts, is therefore crucial.

Inadequate training and referral resources

Too many front-line workers are wary of addressing domestic abuse. A 2019 YouGov survey⁵² of healthcare professionals found half felt inadequately trained to identify or support victims of DA. The survey covered every area of healthcare services, from hospitals (44 per cent) to GP surgeries (12 per cent), community services (11 per cent), care homes (7 per cent) and mental health trusts (6 per cent). Only half (50 per cent) NHS patient-facing staff have received what they perceived as adequate training. One in nine NHS patient-facing staff say they have received training, but that it was inadequate (11 per cent).

Medina Johnson, CEO of the Identification and Referral to Improve Safety (IRIS) programme, told the CSJ:

“They can often keep their eyes closed because they are scared of the Pandora’s Box that is otherwise opened by asking about domestic abuse and not having the time or tools to deal with what comes out of it...”

“It’s a messy issue, and it can’t be fixed by them. And so, victims are missed and missed and missed. We know that when clinicians are supported by training and onward referral pathways through IRIS that both their practice and support for patients improve.”⁵³

Midwives do not always enquire about domestic abuse, even though NICE recommends (2014) routine enquiry in this setting.⁵⁴

There has been no academic research from UK maternity settings about domestic abuse since 2013: common barriers to routine enquiry include the presence of a partner and sometimes of in-laws; language barriers and lack of interpreters.⁵⁵

One in three GP staff and one in four hospital staff have not been trained to support victims of domestic abuse.⁵⁶ GP surgeries have expressed concern, Kenny Gibson, National Head of Safeguarding for the NHS, told us about putting patient files on handheld paper in case this record should end up in the hands of their abuser.⁵⁷ There is now a move towards electronic digital files however which should ensure greater safety.

CSJ engagement with the sector suggests that frontline workers frequently operate on a “fear to know basis,” with an aversion to asking questions that may lead to the discovery of DA because they do not know how to proceed, where to refer survivors or perpetrators, what language to use, what support they can offer, or whether to enquire about children.

52 Victoria Waldersee, “Half of UK Healthcare Professionals ‘Untrained’ to Spot Domestic Abuse,” YouGov, August 12, 2019, <https://yougov.co.uk/topics/health/articles-reports/2019/08/12/half-uk-healthcare-professionals-untrained-spot-do>.

53 Medina Johnson, interview with CSJ, conducted April 2022.

54 Sandi Dheesa, “Recording and sharing information about domestic violence/abuse in the health service”, (Bristol, UK: University of Bristol, 2020), pp. 1-113.

55 Ibid.

56 Ibid.

57 Kenny Gibson, CSJ interview, conducted April 2022.

Professor Gene Feder at the Centre for Academic Primary Care told the CSJ:

“It’s not that GPs don’t see DA, it’s that they don’t know what to do with disclosures. We need to train health practitioners not just to ask about abuse and signpost to services, but to actually refer into a specialist evidence-based support. That is difficult to do if you don’t have training and if you are now aware of the evidence that survivors benefit from that support when they are referred.

Health practitioners need to apply the professional curiosity that they use for all diagnoses and ask about domestic abuse in relation to a wide range of presentations, particularly depression and anxiety. If you don’t ask, patients will find it difficult to disclose.”⁵⁸

Not all health professionals feel obliged to identify or support victims of DA. A third (34 per cent) of NHS patient-facing staff felt supporting DA victims was not part of their role and one in four (26 per cent) said they did not regard identifying DA victims as “necessary for their role.”⁵⁹

The situation is even more disappointing among private sector professionals. Just one in three (31 per cent) say they have received adequate training to identify victims of abuse. Half (46 per cent) have not received training but do not think they need it to fulfil their role and responsibilities.⁶⁰

A 2021 London-wide survey⁶¹ by Safe Lives found 76 per cent reported that health professionals did not ask if ‘everything is ok at home’; 35 per cent of respondents suggested that health professionals did not understand the dynamics of domestic abuse; 24 per cent felt professionals were “uninterested”, showing no curiosity around symptoms, sometimes prescribing medication, or diagnosing a survivor with a personality disorder after limited contact.

“GPs look panic-struck at the thought of asking questions,” Bev Taylor of the Social Prescribing Academy said. However, she emphasises, *“every one of us has a duty of care.”⁶²*

Costs of poor communication

Health workers who operate on a ‘fear to know’ basis are letting down very vulnerable individuals and their children. They are also, ultimately, generating longitudinal costs to public services, and hence to the taxpayer.

Avoiding hospitalization represents an annual saving to the public purse of an estimated £2,050 per victim in health service use. This consisted of savings of £2,384 in hospital use balanced against rises of £98 in mental health service use, £64 in general practice use, and £74 in alcohol/drug service use.⁶³

In 2020/21, 18.7 per cent of victims seeking help from independent domestic violence advisors services had attended A&E (62.6 per cent did not; 18.7 per cent missing) and 15.4 per cent accessed other specialist domestic abuse services (74 per cent did not; 10.4 per cent missing) as a result of the abuse in the last 12 months.⁶⁴

58 Gene Feder, interview with CSJ, conducted April 2022.

59 Victoria Walderssee, “Half of UK Healthcare Professionals ‘Untrained’ to Spot Domestic Abuse,” YouGov, August 12, 2019, <https://yougov.co.uk/topics/health/articles-reports/2019/08/12/half-uk-healthcare-professionals-untrained-spot-do>.

60 Melissa Macdonald, “The Role of Healthcare Services in Addressing Domestic Abuse,” May 20, 2021, researchbriefings.files.parliament.uk/documents/CBP-9233/CBP-9233.pdf.

61 Victoria Walderssee, “Half of UK Healthcare Professionals ‘Untrained’ to Spot Domestic Abuse,” YouGov, August 12, 2019, <https://yougov.co.uk/topics/health/articles-reports/2019/08/12/half-uk-healthcare-professionals-untrained-spot-do>.

62 Bev Taylor, CSJ interview, conducted April 2022.

63 Punita Bassi et al., “A Cry for Health Why We Must Invest in Domestic Abuse Services in Hospitals” (London, UK: Safe Lives, 2016), p 9.

64 Office for National Statistics, “Domestic Abuse Victim Series,” Office for National Statistics, 24 November 2021 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusevictimservicesappendixables>, November 2021 Table 15b.

The survivor experience

85 per cent of women suffering violence⁶⁵ seek help on average five times from professionals in the year before they get effective support to stop the abuse.

Medina Johnson told us:

“Women affected by domestic abuse feel like they have lights flashing indicating that their clinician should be asking them about what is happening for them at home, in their relationship or affecting their health.

“A lack of professional curiosity or discomfort with the issue of domestic abuse means that they are often not asking questions of victims or perpetrators. But the GP should see that asking questions like, ‘how come you have been on anti-depressants for 20 years? Why are your teeth so bad? Why do you get migraines?’ – is the same as asking questions like can I take your temperature? and ‘can I take your blood pressure?’⁶⁶”

Unsurprisingly, survivors find disclosure incredibly challenging. Even though both female and male survivors first report abuse to their GP, 66 per cent of respondents told a Pathfinder Survey in 2020 they did not feel safe disclosing their abuse to general practices.⁶⁷ Men, in particular, fear that this disclosure will result in false allegations from their perpetrator.⁶⁸

When a consultation was conducted to see what survivors wanted from health professionals, the evidence was clear: health services and systems across England need to improve responses to domestic abuse.⁶⁹

Failing children in families with DA

Tragic cases such as Arthur Labinjo-Hughes and Star Hobson, referred to as “Baby Arthur” and “Baby Star” in the media, have highlighted the failures of social services, which did not intervene to safeguard the toddlers despite concern from family members. The CSJ has analysed the data in the 46 Serious Case Reviews published in 2021. The reviews cover incidents when a child is either seriously injured or dies in suspicious circumstances, ranging in date from 2015 to 2021. Of these, 4/5 identified domestic abuse as an issue: this is not surprising, as DA can act as a barrier to safe parenting, resulting in neglect or even abuse of the child.

In 70 per cent of the cases with DA, the victim or perpetrator had presented to health service with potential signs of domestic abuse, but this was not recognised or explored further. Had health professionals identified the violence in the home, and referred to specialist services, they could have spared the children horrific and sometimes fatal mistreatment. Medical neglect is the black hole in the safeguarding of children. These results echo findings from the Home Office’s analysis of the Domestic Homicide reviews: in 73 per cent of these reviews, communication between agencies, most of which were health related agencies, was an issue.⁷⁰

An American study⁷¹ observed 902 children with documented cases of maltreatment having occurred between 1967 and 1971, with a matched comparison group (n = 667). These participants were followed for a period of approximately 40 years, and the Child Protective Services (CPS) agency records of these individuals and their children were searched during this time.

65 “Whole Lives Scotland, National Survivor Survey,” Scotland: SafeLives, 2020, pp. 1-29.

66 Medina Johnson, interview with CSJ, conducted April 2022.

67 “Pathfinder Survivor Consultation: Key Findings Report,” (UK: Pathfinder, 2020), pp. 1-27.

68 Alyson Huntley et al. “Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis,” (BMJ Open, 2019), doi: 10.1136/bmjopen-2018-021960.

69 “Pathfinder Survivor Consultation: Key Findings Report,” (UK: Pathfinder, 2020), pp. 1-27.

70 “Domestic Homicide Reviews” (London, UK: Home Office, 2016), pp. 1-48.

71 Widom, Cathy Spatz et al. “Intergenerational transmission of child abuse and neglect: real or detection bias?” *Science (New York, N.Y.)* vol. 347,6229 (2015): 1480-5. doi:10.1126/science.1259917.

Using a multi-informant, multi-method approach to assessing maltreatment, the authors found that approximately 21 per cent of parents with documented histories of maltreatment perpetrated some form of maltreatment toward their own children, compared to 11.7 per cent of matched comparisons. They also found that parents with a history of maltreatment were approximately four times more likely than matched controls to have a child placed in the custody of the courts (4.8 per cent vs. 1.3 per cent).

Serious case review data

The following case summaries reveal the extent of health practitioners' roles. The case reviews analysed for this report were accessed through the NSPCC's National Collection of Case Reviews.⁷²

A summary of all domestic abuse related SCR included in this analysis can be found in Appendix A.

Of these recently published SCRs, 50 per cent of victims were male and the average age was 6 and a half years old. Twenty-two per cent of SCRs include evidence of intergenerational abuse. In cases where domestic abuse was included within the report, the perpetrator was most often the child's father (32 per cent) or both parents (30 per cent). Within 50 per cent of cases including intergenerational abuse, the child's father was the perpetrator.

2021, Dudley – Children Q and R

Serious injuries to two unrelated children, four-year-old Child Q, and seven-week-old Child R, whilst in their parents' care in December 2020. Both cases included recent and historic domestic abuse as several domestic abuse notifications had been received. One case had been discussed at MARAC but both victims (mothers to the children in both cases), were reluctant to disclose the extent of the abuse, declined support and minimised the level of abuse within their relationships.

In one case the mother stated to the GP that "although her partner was abusive, he was company." At the strategy meeting for Child R, some professionals accepted the father's explanation for the injury despite a differing medical opinion.

Studies demonstrate that often practitioners do not like to "think the unthinkable" and sometimes attempt to "fit" the injury to the explanation rather than to review the whole picture and review the case holistically. This suggests a 'bias' towards an optimistic interpretation of medical advice.

It would appear that sometimes if paediatricians cannot definitively identify an injury as non-accidental, then an accidental cause is often accepted.⁷³

2021, Anonymous – Family H

Chronic neglect, physical and sexual abuse of eight siblings and three older half siblings perpetrated by their parents and one sibling. Both parents and the eldest child of their relationship were convicted and sentenced for sexual offences and neglect.

The report said: "There were a number of concerns noted by health visitors (HV) as they attempted to complete new birth visits for the youngest children. There were nine 'no access' attempted visits for one child. None of the children appear to have had immunisations, children were not brought to appointments and when visited the home is described as chaotic to the point where the HV is unable to carry out her assessment....The HV and GP reported no concerns, although there was already a worrying pattern of "Was Not Brought"(WNB) for health appointments for many of the children but these were not picked up as indicating possible safeguarding concerns."⁷⁴

72 "Recently Published Case Reviews: Case Reviews Published in 2021," NSPCC Learning, April 19, 2022, learning.nspcc.org.uk/case-reviews/recently-published-case-reviews.

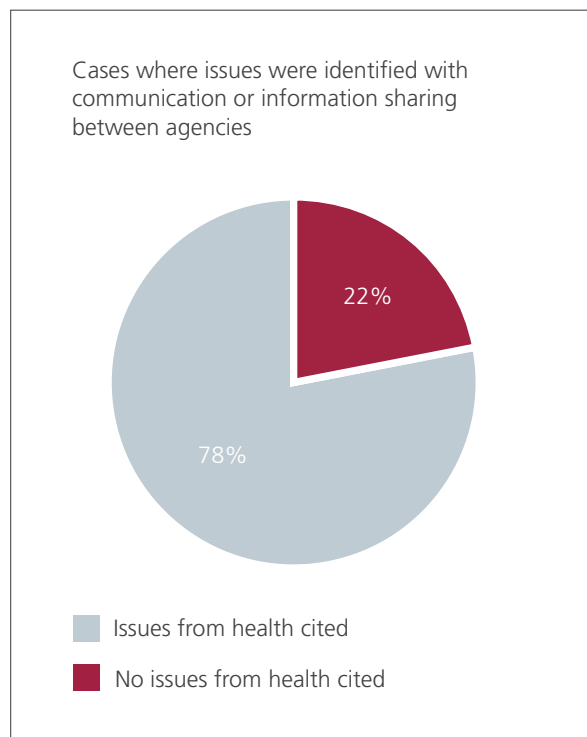
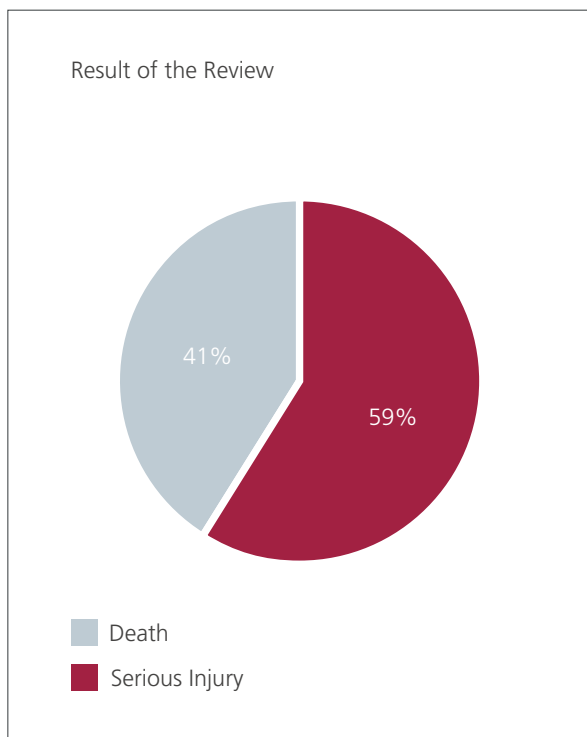
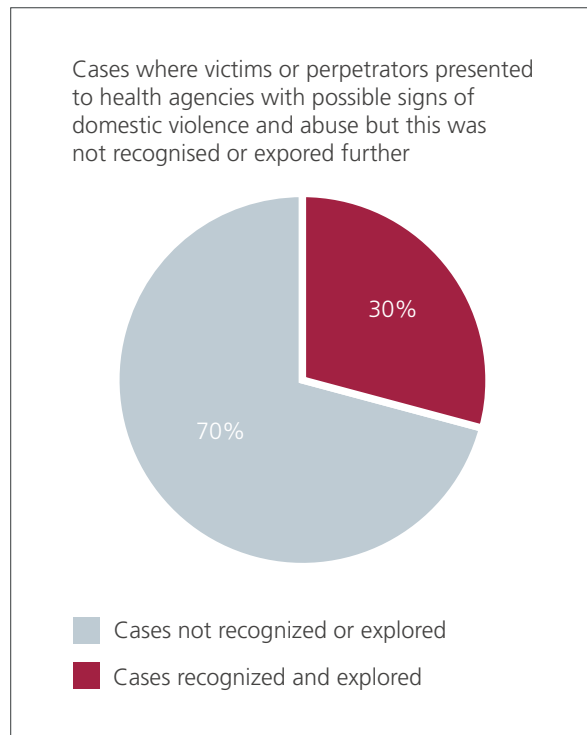
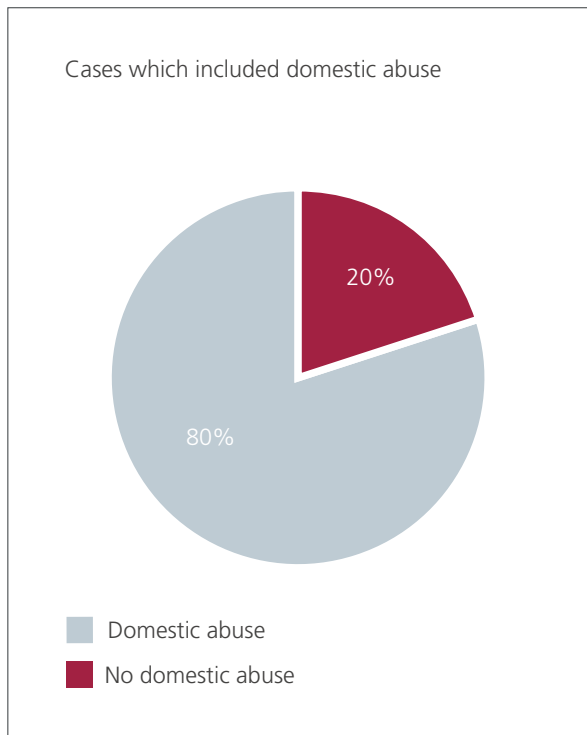
73 Su Vincent et al. "Local child safeguarding practice review report: Children: Q and R"(UK: Dudley Safeguarding People Partnership, 2021), pp. 1-12.

74 Alex Walters et al., "Serious case review: Anonymous Family: review report"(UK: NSPCC on behalf of an unnamed local safeguarding children board, 2021), pp. 1-20.

2021, Baby D Child Safeguarding Practice Review

Injuries to a 4-month-old baby boy in 2019 inflicted by his mother who was mentally unwell.

“Mental Health professionals working with the family, continued to have concerns regarding the mother’s deteriorating mental health in the community and the family agreed that she would not be left alone with the baby. Six weeks after the closure by County A CSC, the mother was alone with Baby D and dropped him on the floor.” “A case discussion between the Health Visitor and GP would have been helpful; this would have enabled discussion about the potential impact of the mother’s mental health on Baby D.”⁷⁵



75 Unnamed safeguarding children partnership, “Baby D child safeguarding practice review”(UK: NSPCC on behalf of an unnamed safeguarding children partnership, 2021), pp. 1-20.

The consequences for children living with DA are not always life-or-death; but failure to address the adversity of DA means that the child is more likely to repeat the abuse they witnessed at home.⁷⁶

The Victims' Commissioner reports that practitioners found that children who had experienced domestic abuse had suffered strained relationships with family, friends, and peers, felt it had had a negative impact on their experience of education, and were more likely to engage in risky and harmful behaviour.⁷⁷

ACEs can be a useful tool if front line workers including schools, GPs, social workers are willing to ask "why" and look into the individual's backstory. We have seen however that this is far from being the case among GPs and other health care professionals.

76 Kat Ford, "Living with Domestic Abuse as an Ace (Adverse Childhood Experience)," Safelives, February 6, 2017, https://safelives.org.uk/practice_blog/living-domestic-abuse-ace-adverse-childhood-experience.

77 Elain Wedlock, and Julian Molina, "Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner," 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

So-Called “Honour Abuse”

Survivor testimony: MERLYN

I was born in India of strict Catholic parents. I was 24 or 25 when I got married. At the age of 26 I had my daughter and after she was born my husband brought me to Wembley.

Right after the baby was born my husband told me, “You have to work, I will get my auntie to come and look after the baby.”

He found me a job in the same factory where he was a project manager. I was a quality controller at first. But I didn’t just work in the factory, I also had to do housework, all the shopping, all the cleaning.

But I was ambitious. I wanted to grow in my workplace, improve my position.

My husband however never wanted me to have a higher salary than him. I used to always tell him I wanted an office job, but he said no, “I brought you to this country you have to work here you have to die here.”

After a few months, I tried to get a supervisor position – and got the position. Suddenly, I was earning more than him. My husband didn’t like that I was working in a higher position than him and worse, that I had to speak to other men at work. If I saw anyone at work and smiled at him, he would question me.

It led to a lot of fights and arguments and triggered domestic abuse. He controlled everything. I needed permission to go shopping, to see my parents, to take the baby out for a stroll.

He started threatening me at home saying, “you can’t talk to anyone over there and you must step down from your position.” He didn’t like that I got calls from friends – he was suspicious that I was plotting something. The abuse had become physical by then but when I told my parents they said, “marriage is sacred, and you must just pray that he gets better.”

One day he started abusing me with a knife – and then, the worst moment was when he started shouting at me that he would kill our daughter.

“If you go to the police, I will not keep your daughter alive.”

When my daughter turned seven, I had one friend who told me to call Asian Women’s Resource Centre. When I called the charity, I met Suna and she’s the one who gave me the strength to call the police station. Before calling the police, I had moved out to stay with my parents while my husband cooled down, but he kept sending me threats saying, “I will break your head” “I’m going to kill your nephew” “I’m going to kill your sister-in-law.”

It was frightening and I developed depression. Once I contacted the police, the court orders began – it was difficult, I only won part time custody over my daughter.

Thankfully, the Asian Women’s Resource Centre helped me find a job and housing. I got over my depression and I’m planning on working full time.

Health care professionals fail to respond appropriately to disclosures of domestic abuse amongst adults and children. This is especially true when that adult comes from a “closed community” or minoritized group.

The Crown Prosecution defines “Honour based” abuse as “an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial, or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community’s code of behaviour.”⁷⁸

This misleading term covers a range of horrific practices: female foeticide, forced marriage, forced abortion, rape, 24/7 monitoring, forbidding access to higher education, etc.

With its implication that the victim has trespassed a traditional moral code, and “disrespected” a cultural legacy, “honour abuse” risks legitimising these practices, which inflict physical and/or mental violence and leave victims (and their children) traumatised. The term also singles out victims from closed communities as “different” and “outsiders.”

Police recorded 2,725 “honour abuse” related offences in year ending March 2021.⁷⁹

A recent analysis of 1,474 “honour abuse” cases classified them into three types. The first type, partner abuse, involves a single intimate partner perpetrator and rarely includes secondary perpetrators. The second type, family abuse, includes abuse from natal family members but not an intimate partner. The third type, partner, and family abuse, involves multiple familial perpetrators in addition to intimate partner abuse.⁸⁰

Victims of the first type are more likely to be white, female, and between 25 and 44 years of age. The second type, family abuse, is more likely to include victims under 25 years of age, male victims, forced marriage, and South Asian victims. Victims of the third type are more likely to receive death threats, physical abuse, and sexual abuse.

Challenging the term “honour abuse”

But survivors and charities the CSJ has spoken to contest the term “honour abuse.” Yehudis Fletcher, of the Nahamu think tank that addresses extremism in the Jewish community, told the CSJ that this does a disservice to the victims:

“Don’t look at us as part of a community but as individuals. Apply the same standards across the board. Why don’t we deserve to be safe?”⁸¹

Health care professionals (and often other services) are wary of criticising cultural perceptions of “honour” lest they invite accusations of racism, bias, and prejudice. One survivor, who went to see her GP twice for her symptoms of depressions, told us:

“I could see the GP didn’t want to go there. He wasn’t Asian, he didn’t know my context. He wanted me out of there as quickly as possible. He just wrote a prescription without asking me anything about my home life.”⁸²

78 “So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases,” September 2019. <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage-guidance-identifying-and-flagging>.

79 “Statistics on so called ‘honour-based’ abuse offences, England and Wales, 2020 to 2021”, Home Office, December 9, 2021, <https://www.gov.uk/government/statistics/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2020-to-2021/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2020-to-2021>.

80 Lis Bates, “Honor-Based Abuse in England and Wales: Who Does What to Whom?” *Violence against Women* 27 (10): 107780122095216, 2020, <https://doi.org/10.1177/1077801220952168>.

81 Yehudis Fletcher, interview with CSJ, conducted April 2022.

82 DA Survivor, interview with CSJ, conducted April 2022.

Health practitioners themselves struggle with this term. Professor Gene Feder at the Centre for Academic Primary Care, told us:

“The language is problematic... The very term honour abuse has something wrong with it. Representing it as an issue of honour gives it the wrong implication. I don’t like the term and I don’t use it.”⁸³

Meena Kumari, founder of H.O.P.E Training and Consultancy, said:

“When training health practitioners we see they do hold prejudices... They’ll say, ‘it’s a religious issue’ when no, it isn’t.”⁸⁴

Much of the shortfall in identification and responding to domestic abuse stems from a lack of training, Professor Feder said:

“I think GPs and health professionals do tread carefully around cultural sensitivity, because they may feel that they don’t understand the cultural context... It’s not about being afraid of being racist. This is fundamentally a training issue. Historically there has been an absence of undergraduate and postgraduate training around domestic abuse, including cultural sensitivity. This is now changing across medical education and commissioned training and referral pathways. I do not think that GPs consciously collude or ignore abuse, but they may lack confidence in asking and responding. Specialist abuse services, particularly those focused on the needs of ethnic minority communities understand how to address abuse in a culturally sensitive way.”

Many victims do not recognise that “honour abuse” applies to their own situation. “The term is wrong because in our community it denotes one thing only – honour killing,” Shaila Pervez of Roshni Birmingham told the CSJ.⁸⁵

Victims who call the charity’s 24/7 helpline are appealing for help to escape their domestic abuse or forced marriage – but “they never talk about honour abuse. The term is wrong, because in our community it denotes only one thing – an honour killing. These victims do not identify with the government definition of their suffering, and we should change it,” she said.

The charity Karma Nirvana is Leeds-based but training nationally with GPs. Natasha Rattu, its CEO, told us: “Our position is, honour abuse is DA. We hear women being told ‘you should be a better wife’ or ‘you must be an obedient daughter’ and punished if they fail to meet the family’s standards of behaviour.”⁸⁶

She noted that calls to the charity’s 24/7 helpline increased during the pandemic (from 3-4 contacts per day rose to 10-11 contacts) because victims were forced to present on their own during visits with midwives or in GPs surgeries – and that freed them from the monitoring presence of a parent/in-law/partner. “They could finally disclose the abuse they had been experiencing – sometimes for years,” she said.

LA social care does not usually capture data for this type of abuse. Some LAs include it in their case study notes but it is not retrievable.

Punita Chowbey, Research Fellow in Health and Social Care at Sheffield Hallam University, fears that “honour abuse” singles out one particular community: “Honour is a concept found in many different societies, not just the Pakistani or Afghan,” Chowbey told us, “We should ask ourselves what people mean by honour and who stands to gain from the honour code?”⁸⁷

83 Gene Feder, interview with CSJ, conducted April 2022.

84 Meena Kumari, interview with CSJ, conducted May 2022.

85 Shaila Pervez, interview with CSJ, conducted April 2022.

86 Natasha Rattu, interview with CSJ, conducted March 2022.

87 Punita Chowbey, interview with CSJ, conducted April 2022

Survivor testimony: FATIMA

Rohaan's family traditionally marry cousins. His sisters married two cousins in Pakistan who upon their marriage moved here to the UK.

One of his sisters, Fatima, wasn't getting on with her husband – he saw himself purely as an economic migrant and his marriage was purely for financial convenience. This caused friction in the marriage and created issues within the family because they were all related. Fatima started to withdraw from the family more and more, she felt unhappy and isolated in the marriage. She had a child with her husband but despite this told him she wanted a separation.

As the years passed, she began to become more and more vocal about how unhappy she was in the relationship, but her family pressured to stay.

One day last October her husband called Fatima to inform her that one of his relatives had died: "I will pay for a one-way ticket for you – I can't go because of work, but one of us must go."

Fatima felt obliged to honour the passing of her in-law and accepted the ticket. She told family and friends, and they had reservations: why are you going back to Pakistan, do you know what the family is really like? Fatima said that she felt excited, it would be a holiday and she was doing the right thing by her husband.

In Pakistan she stayed with the in-laws and attended the burial ceremony. Her in-laws took her to meet other family members. But when they were on their own with her, they kept asking her why she wasn't trying enough to keep the marriage going, what was wrong with their son, he was good enough for her, wasn't he?

Fatima remained adamant that she was going to file for a divorce.

A couple more days went by. Fatima started to feel unwell. She called her family back home in Birmingham and Rohaan her brother remembers her saying, "Maybe it's the water or the climate."

One morning after this had been happening for a few weeks, Rohaan's parents got a phone call: "Fatima's died unexpectedly." The in-laws said they were so saddened by the tragedy but insisted on burying her immediately according to our culture. "What happened to her, why did she pass?" Rohaan remembers his mother asking.

The family was in shock. They started asking questions, when they discovered that Fatima had died in the night and had been buried the following morning without seeing a doctor or any autopsy being carried out. Before she passed, her in-laws claimed, Fatima said "if I ever pass can you bury me in the cemetery next to my uncle." Rohaan couldn't believe that his healthy 30 something sister would ever consider being buried in a cemetery in Pakistan rather than at home in Britain.

Rohaan is convinced that his in-laws knew she was going to come home and divorce her husband. He believes they poisoned his sister using fertilizer. He told the in-laws that he wants to go back to Pakistan and have Fatima's body exhumed. The in-laws however maintained that it was a disgrace to ask for such a thing and that it was blasphemous to dig up a body. Moreover, they told him that now that Fatima was dead, he was no longer considered family and should stay away.

Fatima was 36 when she died.

“Violence is violence,” Janie Codona, who runs the One Voice 4 Travellers charity to address domestic abuse among the 300-400,000 Travellers in the UK, tells us.⁸⁸ “Honour abuse” honours the perpetrator not the victim. A cultural practice is acceptable when all parties agree to it but otherwise it is just violence.”

To challenge the term “honour abuse” is not to deny that a victim’s experience of violence may be influenced by their ethnicity, religion/belief, gender, identity and age. These aspects of their identity may create additional barriers to disclosing to services. For example, interpreting services are not always available for victims who speak little or no English; and some victims will feel as if they are re-living their trauma if they have to explain to an outsider the customs and mores practiced in their community.⁸⁹

In addition, many closed communities have an uneasy relationship with statutory services. Janie Codona at the One Voice 4 Travellers charity told us that members of her community see police as “the people who tell us to move on, to go on our way” and feel the subject “of prejudice that paints all Travellers as dirty roamers who bring trouble wherever they go”.

This means victims fear the police will be unsympathetic if they report abuse, while other services including GPs may take their children away. A particular barrier for the Traveller community lies in their peripatetic lifestyle, which precludes a regular GP: trust of the health professionals is hard to establish when they are seen as unfamiliar figures of authority.⁹⁰

The ‘closed’ nature of certain communities presents a barrier to identification of DA. In such a closed community, where adherence to a very strong code of values and behaviours, is commonplace, “speaking out is seen as contributing to outsiders’ prejudices,” according to Roshni Birmingham’s Shaila Pervez.⁹¹

For instance, it takes on average 11.5 years before a Jewish woman experiencing domestic abuse will seek help: there is evidence that Jewish victims can be reluctant to seek help from outside for fear of bringing their religion into disrepute, or for fear of inviting antisemitism.⁹²

Yehudis Fletcher, who with Eve Sacks founded the Nahamu think tank to address DA in the Jewish community, reports:

“[A] nervousness around antisemitism among police and health workers, and so we consistently see a lower threshold for intervention... because higher education is limited within the Haredi community, it is unlikely that the medical professional we see is familiar with our practices. But during the pandemic the NHS challenged the community over their failure to take up vaccinations; they need to challenge them over their failure to support domestic abuse victims’ health.”⁹³

Janie Codona reports identification and disclosure in the Traveller communities is low: 60 – 80 per cent of women from travelling communities experience domestic abuse during their lives.⁹⁴ Codona said: “victims brush off the impact on their mental health – depression, breakdown -- as “I am bad with my nerves.”

Natasha Rattu of Karma Nirvana, the charity that deals with “honour abuse” in the South Asian community, reports that “victims worry about every outside professional – GPs included. They often act as intermediaries but are seen as routinely breaching confidentiality.”⁹⁵

88 Janie Codona, interview with CSJ, conducted April 2022.

89 Boris Johnson et al., “The Way Forward, taking action to end violence against women and girls,” Greater London Authority, March 2010, ISBN: 978-1-84781-346-6.

90 Mary Marvel and Dada Felja, “How structural racism faced by Roma families in the child protection system can be tackled,” Community Care, October 21, 2020, <https://www.communitycare.co.uk/2020/10/21/structural-racism-faced-roma-families-child-protection-system-can-tackled/>.

91 Shaila Pervez, interview with CSJ, conducted April 2022.

92 “In the Jewish Community,” Jewish Women’s Aid, N.D., <https://www.jwa.org.uk/in-the-jewish-community>.

93 Yehudis Fletcher, interview with CSJ, conducted April 2022.

94 “Gypsies and Travellers,” First Light, N.D., <https://www.firstlight.org.uk/gypsies-and-travellers/>.

95 Natasha Rattu, interview with CSJ, conducted March 2022.

Although DA predominantly occurs between intimate partners, “honour abuse” also occurs between family members, and between generations. More than half (51.8 per cent) of DA victims (48.2 per cent of men and 58.9 per cent of women) report being abused by their families.⁹⁶ LA social care, unlike police, does not capture data as “honour abuse,” and though some refer to it in their case studies, these are not retrievable.

Kenny Gibson, MBE Safeguarding Lead of NHS England, told us that Health Visitors and midwives reported 30 per cent more disclosures during lockdowns because in-laws, relatives and partners were banned from tests and ante-natal visits.⁹⁷

Forced marriage as a form of DA

Forced marriages are also a feature of the coercive control practiced by some families in these communities. “I come across women who are 16/17 and are pulled out of school and forced into marriage. One 19-year-old who came to me had had 3 children already,” Janie Codona said.⁹⁸

“Arranged marriages are not unusual. Sometimes girls are disappeared from secondary school to go back home to marry,” Shaila Pervez said.⁹⁹

“We had a young girl here from India whose parents forced her to marry a man she met once, in their family home. The groom to be didn’t speak much at the meeting so she did not realise that he had severe mental disabilities. When she came to the UK, she lived in a “joint family” arrangement with her in-laws. They expected her to be their son’s carer and told her this was why they had forced the marriage on her: they were getting on, and worried about who would care for him once they had passed away. He was incapable of speaking properly and was incontinent. She was to be his 24/7 carer.

“We have also had several reports of families forcing young gay men into marriage with a girl -- they who won’t accept his sexuality,” Shaila Pervez claimed. Fear of being ostracised keeps them from disclosing, she explained. Codona counselled one young gay man in the Traveller community who decided to tell his father that he was gay:

“The father threatened to beat his mother if his son stayed under the family roof. He fled, set up home with his lover in a caravan site – but then was driven away by the other residents when they discovered he was a Traveller.”

Research from the East Midlands explored the experiences of male victims of forced marriages and found that these men are expected to comply with traditional gender roles.¹⁰⁰ Men often become victims of forced marriage to fulfil promises to marry relatives from abroad. Victims are coerced into marriage as this union assists claims to residency, strengthens family ties, and to break such promises would bring shame onto the family. Male victims are abused when resisting orders to marry. Almost half of these cases involved perpetration from mothers.¹⁰¹ ONS statistics suggest that 21 per cent of forced marriage victims are male.¹⁰²

96 Office for National Statistics, “Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables” (Office for National Statistics, November 22, 2018), ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesappendixables, March 2018: Appendix Table 12.

97 Kenny Gibson, CSJ interview, conducted April 2022.

98 Janie Codona, interview with CSJ, conducted April 2022.

99 Shaila Pervez, interview with CSJ, conducted April 2022.

100 Mohammad Mazher Idriss, “Abused by the Patriarchy: Male Victims, Masculinity, ‘Honor’-Honor-Based Abuse and Forced Marriages.” *Journal of Interpersonal Violence*, February, 088626052199792, 2021, <https://doi.org/10.1177/0886260521997928>.

101 Ibid.

102 Home Office, “Forced Marriage Unit Statistics 2020,” GOV.UK, July 1, 2021. [https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2020/forced-marriage-unit-statistics-2020#:~:text=in%202020%2C%20603%20cases%20\(79,men%20can%20also%20be%20victims.](https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2020/forced-marriage-unit-statistics-2020#:~:text=in%202020%2C%20603%20cases%20(79,men%20can%20also%20be%20victims.)

Survivor testimony: SARAH

"I was 19 when I met my husband. I knew little about sexual relationships and reproduction. My mother and other women I knew told me the pill gave you cancer and that family planning is for unbelievers, and we want G-d to plan our family for us. We saw each other only a few times before our wedding, as our families had arranged our union. It's expected of a couple to consummate their marriage on the night of their wedding. There is a commandment in Jewish law that says to the men 'be fruitful and multiply.'

My wedding night was traumatic -- and left me with a torn perineum. I rang my mother in the morning, and she instantly warned me not to tell anyone and under no circumstances should I attend a hospital. I was so ashamed. I phoned the wife of a Haredi GP. She told me to come to their house. He sewed me up on the couch in his sitting room. My husband was in the room with me the whole time - he didn't ask to speak to me on my own to see if I was safe. It was clear that the main concern was not my health but keeping the secret of my injury. The GP told my husband to put a cushion under my bottom in the future. For so many brides, this is a trauma they will have to repeat throughout their life. The framing of their sexual relationship, with the commandment "be fruitful and multiply" is coercive.

Married Jewish women are expected to be separate from their husbands when bleeding. At one point, I had some bleeding in the middle of my menstrual cycle and spotted my knickers. As is standard in my community, I was required to send my knickers to our rabbi for him to decide whether the blood was menstrual or not. He referred me to a Bodokes – this is a completely unregulated role filled by a woman who may be a qualified nurse but is not necessarily so, who carries out an internal exam in conditions that may be hygienic and disinfected – or may not. In my case, the woman saw me in her daughter's bedroom, I was stretched out on a child's bed, and she placed her daughter's pink lamp between my legs as she inserted the speculum to examine me.

My experience may not be universal – but I know that many other young women in my community don't know about contraception being available or sometimes, if the GP is a member of the Haredi community, they are asked if the rabbi has given them permission to take contraception. These practices are well-known to many in the medical profession. One GP told me that he had been asked for diazepam by a bridal teacher in the community – the other GP she usually saw would provide it for the brides on their wedding night."

Some minority communities feature tight-knit, insular and hierarchical families, living in multi-generational households. These "joint families" confer a sense of identity and belonging. They often adhere to a code of behaviour rooted in strong traditions and codes. Representatives of charities working in such communities gave evidence to the CSJ on their experiences.

"Victims grow up thinking your family can control every aspect of your life," explained Natasha Rattu, CEO of Karma Nirvana, a Leeds-based charity that works across the country addressing so-called "honour abuse."¹⁰³ The most common type of so-called "honour abuse" is emotional abuse (28.1 per cent) followed by coercive control (24.3 per cent) and physical abuse (15.1 per cent).

The charity's findings highlight the way a controlling familial dynamic can involve multiple perpetrators and be accepted by many victims because of a deep sense of conditioning, both cultural and religious.

103 Natasha Rattu, interview with CSJ, conducted March 2022.

Most referral cases (19.3 per cent) to the charity came from child social care services followed by the police (14.1 per cent) and voluntary domestic abuse services (9.2 per cent). The highest concentration of victim callers to Karma Nirvan's helpline are from the London Metropolitan area (14 per cent), followed by West Yorkshire (13.5 per cent). Their call records revealed that of all the groups reporting domestic abuse, victims with Pakistani heritage were the most commonly occurring group (25 per cent of callers).¹⁰⁴

Domestic abuse in minority ethnic households can be exacerbated by the experience of marginalisation in Britain. Poverty and social isolation are common among South Asian communities, Gypsy, Roma, Travellers and the Haredi Jewish community.¹⁰⁵ First generation immigrants in Britain often experience downward mobility in the labour market, facing barriers such as qualifications not being recognised or language barriers.¹⁰⁶

A serious and long-standing issue

Barriers to disclosure make it difficult to gauge whether the extent of domestic abuse is higher across 'closed' communities – but agencies and individuals report that this is a serious and long-standing problem.¹⁰⁷

Janie Codona of One Voice 4, a Travellers charity, has estimated such abuse was experienced by as many as 75 per cent of Gypsy, Roma, and Traveller women at some point in their lives. Win Lawlor of Irish Community Care spoke of abuse as the accepted norm in some Irish Traveller families.¹⁰⁸

In some cases, Codona told us, Traveller women and girls have been raised to believe that they are the property of their husband and therefore do not recognise abuse when it occurs -- which can begin early and last for years as very few women feel able to report: when a marriage breaks down, they can be ostracised not just from their family but from the wider community.

Traveller girls are taken out of school to get married as early as 16; many have a baby within the year. They are not allowed to go to work and are only allowed to go out when accompanied by their aunts, sisters, cousins, or husbands.

"They are prepared for marriage from the age of 8", Janie Codona told the CSJ. "By cleaning, cooking, ironing older brothers' shirts, babysitting the younger ones."¹⁰⁹

Child-parent abuse is also common: Codona told the CSJ that women who have an older son could encounter him adopting the view: "I am the head of the household and what I say goes."

Special Constabulary Inspector Moshe Rothstein, of Greater Manchester Police, told the Jewish Police Association in 2020 that domestic abuse was "rife" in Manchester's Haredi community.¹¹⁰

For members of highly religious communities, religious or spiritual abuse is reported as one of the most painful parts of their experiences of domestic abuse. A study by American academics¹¹¹ argues that belittling a woman's spiritual beliefs or deeds and preventing a woman from performing spiritual acts is mental abuse:

"[b]ecause for abused women spirituality may be an important, if not the only means, of giving meaning to a life otherwise perceived as chaotic and without significance, damaging their spiritual life or spiritual self means damaging their very identity and wellbeing."

104 Ann Bonner, "Centre for social justice request data request," 2022, Karma Nirvana.

105 Punita Chowbey, "Employment, Masculinities, and Domestic Violence in 'Fragile' Contexts: Pakistani Women in Pakistan and the UK." *Gender & Development* 24(3): 493–509, 2016, <https://doi.org/10.1080/13552074.2016.1233670>.

106 James Nazroo, and Dharmi Kapadia, "Ethnic Inequalities in Labour Market Participation? Dynamics of diversity from the 2011 CENSUS," 2013, <https://hummedia.manchester.ac.uk/institutes/code/briefingsupdated/Ethnic%20inequalities%20in%20labour%20market%20participation.pdf>.

107 Women and Equalities Committee, "Parliamentary Oral evidence to the Women and Equalities Committee Oral Evidence," 5 December 2018.

108 Ibid.

109 Janie Codona, interview with CSJ, conducted April 2022.

110 Francine White, "Child abuse in Charedi world rife, says Orthodox policeman" 2021, <https://www.thejc.com/news/news/child-abuse-in-charedi-world-rife-says-orthodox-policeman-1.522598>.

111 Nicole Dehan and Levi Zipi, "Spiritual abuse: an additional dimension of abuse experienced by abused Haredi (ultraorthodox) Jewish wives." *Violence against women* vol. 15, 11 (2009): 1294-310. doi:10.1177/1077801209347619.

Yehudis Fletcher of Nahamu think tank says that framing sexual relationships with biblical injunctions – such as, to men, “be fruitful and multiply” – ensures that the wife would never dare abstain, because to do so would be to break God’s law.¹¹²

Similarly, some individuals refuse to give their wives a ‘Get’ - a document of divorce in the Jewish community – because marriage is a sacred covenant.¹¹³ Divorce is stigmatised, which forces the couple to stay in a marriage they may have been forced into in the first place.

Roshni Birmingham is a charity delivering ‘by and for’ services to men and women in the South Asian community in the West Midlands and beyond. Shaila Pervez, the CEO, told the CSJ about the 500 mainly female victims whom the charity supports each year – either through the 13 bedrooms that make up their temporary refuge accommodations or through their “floating support”, which includes counselling and a 24-hour helpline.¹¹⁴

Survivors include Kurds, Afghans, Pakistani, Indians, and Bangladeshi who have survived domestic abuse, or a forced marriage, or other types of familial abuse. The services are delivered in Urdu, Mirpuri, and Hindi. Many survivors have No Recourse to Public Funds (NRPF) and are terrified of being sent back to their homeland where, because they are divorced or discarded by their husbands, they will bring shame upon their family of origin and cannot expect to be welcomed back home.

Roshni Birmingham also supports children with special counselling, placing them in local schools, and health care.

“Joint family” pattern of abuse

Pervez’s research among South Asian victims of domestic abuse found a “joint family” pattern involving the new couple (often the result of an arranged marriage) living with the husband’s family, which sometimes includes grown-up siblings and their spouses, cousins, uncles, and aunts, as well as his parents.

“The youngest daughter-in-law will be at the bottom of the hierarchy. Often, she will accept because the patriarchy is a system that protects as well as exploits you,” she said.

Punita Chowbey, Research Fellow in the College of Health Wellbeing and Life Sciences at Sheffield Hallam University, told the CSJ that sometimes the mothers-in-law will physically abuse the new wife (beatings with or without a weapon); but typically, the abuse is mental. They will control the domestic sphere by daily monitoring their daughter-in-law: “how are you sleeping? Why are you wearing that? What are you cooking?” etc.¹¹⁵

Chowbey reported that “the victims are bound to secrecy – don’t tell anyone about the beatings, protect the family’s image so don’t talk about the drinking or the money problems. This can become a serious mental health burden.”

Other forms of mental abuse include confiscation of the victim’s passport; not allowing the victim to have the house keys or to drive; insisting on a family member to chaperone the victim to and from work or whenever they use public transport.

“Partner plus family abuse is the most common reason our survivors come to Roshni,” Shaila Pervez told the CSJ.

112 Yehudis Fletcher, interview with CSJ, conducted April 2022.

113 Rosa Doherty, “Male domestic abuse victim to set up charity.” [Thejc.com](https://www.thejc.com/news/uk/male-domestic-abuse-victim-to-set-up-charity-1.518410). 2022. [thejc.com/news/uk/male-domestic-abuse-victim-to-set-up-charity-1.518410](https://www.thejc.com/news/uk/male-domestic-abuse-victim-to-set-up-charity-1.518410).

114 Shaila Pervez, interview with CSJ, conducted April 2022.

115 Punita Chowbey, interview with CSJ, conducted April 2022.

The female victims who engaged with the charity were living as servants in their husband's home with his family in situ. Sometimes they had to work as carers for the elderly parents, sometimes as cooks and cleaners for the extended family as well as their own family. Pervez explained that:

"Their in-laws will monitor everything she does, including phone calls home, to make sure she doesn't let them lose face. She is isolated from friends and usually she will not work outside the home. There is an understanding that 'marriage is for life' and that means 'consent is for life' – any time she dares to protest about her conditions or about her treatment by her husband the victim will be told that she must be a good wife, obedient and grateful. The perpetrator sees himself as the law enforcer in the family.

"But in professional couples there will be a different dynamic: the husband resents his wife's status, torments her with accusations that she is neglecting her children, her wifely duties for her job. There are working women, clever and professional, who tell me that they don't dare tell their husbands about their promotion because the man will take it so badly."¹¹⁶

Punita Chowbey's research investigated economic coercion and found that a woman's ability to earn – or her raised status because of a promotion at work – can trigger domestic abuse. Shifting responsibility from men as breadwinner to women as breadwinner, she found, can threaten marital power structures, and make women vulnerable to domestic abuse.¹¹⁷ Chowbey told us how professional women confess to her that they keep their promotions secret or keep some of their earnings in a separate bank account, lest their success stir their husband's envy and abuse.

Not all perpetrators are male, however.

Indeed, perpetrators in the context of family violence are often the family matriarchs who police their daughter in law and keep her under firm control. Beatings are a common form of abuse – which can also include reproductive coercion, which refers to any intentional attempt to impact or control an individual's reproductive choices.¹¹⁸ This includes pregnancy coercion, contraceptive sabotage, and controlling the result of a pregnancy.¹¹⁹

A 2017 analysis of "honour abuse" interventions and interviews with UK victims highlights the role played by mothers and in-laws in perpetuating abuse¹²⁰ -- including forcing the victim to have an abortion until the desired sex of the baby is conceived,¹²¹ also known as female feticide. The forced termination of the child includes cases where the victim is pushed down the stairs, physically beating the victim's pregnant stomach, and harming the victim with weapons.¹²²

Shaila Pervez of Roshni Birmingham tells us that family expectations, when disappointed, proved a motive for abuse: "My dad has never loved me because I am a girl. He wanted a son."¹²³ The same sentiments are shared by homosexual boys who can be physically abused and subject to forced marriages by disapproving family members.¹²⁴

116 Shaila Pervez, interview with CSJ, conducted April 2022.

117 Punita Chowbey, "Employment, Masculinities, and Domestic Violence in 'Fragile' Contexts: Pakistani Women in Pakistan and the UK." *Gender & Development* 24 (3): 493–509, 2016, <https://doi.org/10.1080/13552074.2016.1233670>.

118 Elizabeth Miller et al., "Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy." *Contraception* 81 (4): 316–22, 2010, <https://doi.org/10.1016/j.contraception.2009.12.004>.

119 Laura Tarzia and Kelsey Hegarty, "A Conceptual Re-Evaluation of Reproductive Coercion: Centring Intent, Fear and Control," *Reproductive Health* 18 (1), 2021, <https://doi.org/10.1186/s12978-021-01143-6>.

120 Rachael Alpin, "Exploring the Role of Mothers in 'Honour' Based Abuse Perpetration and the Impact on the Policing Response," *Women's Studies International Forum* 60 (January): 1–10, 2017, <https://doi.org/10.1016/j.wsif.2016.10.007>.

121 Ibid.

122 Ibid.

123 Shaila Pervez, interview with CSJ, conducted April 2022.

124 Ibid.

Impact on Adult Survivors

Fear of being branded racist or prejudiced may account for health services' reluctance to investigate possible cases of domestic abuse when victims are from a minority community; but this does not account for the continued failure to identify others trapped in domestic abuse situations. As a result, the abuse escalates and the impact on the victims' health requires a more intensive (and costly) intervention: three per cent of the total NHS budget goes to treating the physical health of victims of domestic abuse.¹²⁵

A fifth of survivors report visiting A&E as a result of physical abuse a year before receiving adequate support.¹²⁶ Physical injuries associated with domestic abuse severe bruising, scratches, cuts, broken bones, lost or chipped teeth, dislocated joints, and internal injuries.¹²⁷ Long-term effects include disordered eating, seizures, back and neck pain, digestive issues, hypertension, and sexual dysfunction.¹²⁸

Approximately one third of survivors had to receive medical attention because of partner abuse experienced in the year ending March 2018.¹²⁹ The Office for National Statistics has published a detailed breakdown of partner abuse findings from the Crime Survey for England and Wales for March 2017 to March 2018, which found one quarter of partner abuse victims (25.5 per cent) reported they sustained some sort of physical injury in the year ending March 2018.

Around one third (33.1 per cent) of victims reported they received medical attention because of physical injury or other effects. The majority (83.1 per cent) said they received medical attention from a GP, whilst 36.4 per cent went to a specialist mental health or psychiatric service and 12.2 per cent went to A&E.¹³⁰

DA as a maternal health issue

The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists issued a joint policy statement on domestic abuse in November 2020. It describes domestic abuse as a "maternal health issue."¹³¹

DHSC guidance recommends routine inquiries about domestic abuse in maternity services as almost a third of domestic abuse starts, and existing violence often escalates, during pregnancy. In addition, routine and clinical enquiry, support and referral mechanisms must take account of the needs of women who speak limited English. Informal interpreting arrangements by women's partners, children and friends can make it almost impossible for women to disclose violence.

The time from pregnancy until a baby's second birthday, known as a baby's first 1,001 days, is the most common time for domestic abuse to occur during parenthood: 40 per cent of parents who experienced domestic abuse said it occurred during their baby's first 1,001 days from pregnancy until the baby's second birthday. Abusers will often increase their controlling and emotionally abusive behaviours during this time, and there is also a higher risk of physical violence.¹³²

125 Walby, Sylvia, "The Cost of Domestic Violence." 2004, https://eprints.lancs.ac.uk/id/eprint/55255/1/cost_of_dv_report_sept04.pdf.

126 SafeLives, "Getting it right first time: policy report," 2015, <https://safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>.

127 Oliver Rhys et al., "The Economic and Social Costs of Domestic Abuse Research Report 107." 2019. https://www.basw.co.uk/system/files/resources/costs_domestic_abuse.pdf.

128 SafeLives, "A Cry for Health Why We Must Invest in Domestic Abuse Services in Hospitals," 2016. <https://safelives.org.uk/sites/default/files/resources/Cry%20for%20Health%20full%20report.pdf>.

129 Nick Stripe, "Partner abuse in detail, England and Wales: year ending March 2018, 25 November 2020." 2018. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/partnerabuseindetailenglandandwales/yearendingmarch2018>.

130 Nick Stripe, "Partner abuse in detail, England and Wales: year ending March 2018" Office for national Statistics, November 25, 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/partnerabuseindetailenglandandwales/yearendingmarch2018>.

131 Royal College of Midwives, "Royal College of Midwives and Royal College of Obstetricians and Gynaecologists joint policy statement on domestic abuse," The Royal College of Midwives, Joint Policy Statement on Domestic Abuse." November 2020. <https://www.rcm.org.uk/media/4522/rcm-and-rcog-joint-statement-on-domestic-abuse.pdf>.

132 For Baby's Sake, "Press Release: New Research Highlights the Urgent Need to Help New Parents Break the Cycle of Domestic Abuse and Give Their Babies a Better Start in Life," 2021, For Baby's Sake. February 26, 2021. <https://www.forbabysake.org.uk/news/2021/02/26/new-research-highlights-the-urgent-need-to-help-new-parents-break-the-cycle-of-domestic-abuse-and-give-their-babies-a-better-start-in-life/>.

Abusive partners can actively prevent women from spending the time they might want to with their babies or might stop them from picking up or breast-feeding their babies. They might become jealous of the baby, wanting the woman's attention only for themselves, and this can be expressed through an escalation of violence and control, and threats to the woman and the baby. Becoming a new parent can also increase the social isolation that is often associated with domestic abuse and can also increase financial dependency. The DA context can compromise the mother-infant bond.

The physical risks to pregnant women are significant: 40 per cent of pregnant abused women reporting to healthcare professionals had head and neck injuries and 28 per cent had broken bones or muscular injuries,¹³³ 34 per cent described being choked, and for many the pattern of attack changed, with an increase in blows to the stomach.¹³⁴ Findings from the Tommy's Maternal and Foetal Health Research Centre show a heightened risk of stillbirth for mothers subjected to domestic abuse in pregnancy.¹³⁵

Violence during pregnancy can also worsen pre-existing health problems, causing chronic pain conditions and gynaecological issues: anaemia, hypertension, dehydration, blood pressure difficulties, urinary tract infections, and bleeding.¹³⁶ Almost a quarter of maternal deaths in the UK included victims of domestic abuse.¹³⁷ Women who have endured violence during pregnancy are also at greater risk of early labour, being underweight when they deliver, and requiring intervention during labour.¹³⁸

The pandemic saw an increase in domestic abuse during pregnancy: 80 per cent of health visitors report experiences during the year of 2021.¹³⁹

Integrated sexual health services in London reported¹⁴⁰ an increase in the percentage of DA disclosures during appointments over 6 weeks of lockdown (06/04/2020–17/05/2020), compared with the 6 weeks prior to lockdown (10/02/2020–22/03/2020). This reflects an increase from 0.22 per cent to 0.57 per cent of appointments which included disclosures.

NICE guidelines provide a list of recommended actions which can be applied to pregnant women who experience domestic abuse. These include providing for flexibility in the length and frequency of antenatal appointments, over and above those outlined in national guidance to allow more time for women to discuss the domestic abuse they are experiencing. The guidance recommends that women should be offered a named midwife, who should take responsibility for and provide the majority of her antenatal care.¹⁴¹

133 Sonia Dosanji Mohit et al., "Musculoskeletal Manifestations of Physical Abuse after Intimate Partner Violence," *The Journal of Trauma: Injury, Infection, and Critical Care* 61 (6): 2006, pp. 1473–79. <https://doi.org/10.1097/01.ta.0000196419.36019.5a>.

134 Linda, Bullock et al., "Abuse Disclosure in Privately and Medicaid-funded pregnant women," *Funded Pregnant Women.* *Journal of midwifery & women's health*, 51(5), 2006, pp. 361–369. <https://doi.org/10.1016/j.jmwh.2006.02.012>.

135 Alexander Heazell et al., "Associations between Social and Behavioural Factors and the Risk of Late Stillbirth – Findings from the Midland and North of England Stillbirth case control study," *Case Control Study.* *BJOG: An International Journal of Obstetrics & Gynaecology*, 128(4), 2021, pp. 704–713, <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16543>. October. <https://doi.org/10.1111/1471-0528.16543>.

136 Jay G. Silverman et al., "Intimate Partner Violence Victimization prior to and during Pregnancy among Women Residing in 26 U.S. States: Associations with Maternal and Neonatal Health." *American Journal of Obstetrics and Gynaecology* 195 (1), 2006, 140–48, <https://doi.org/10.1016/j.ajog.2005.12.052>.

137 Lucy Bowyer, "The Confidential Enquiry into Maternal and Child Health (CEMACH). Saving mothers' lives: reviewing maternal deaths to make motherhood safer 2003–2005. The seventh report of the confidential enquiries into maternal deaths in the UK," "Saving Mothers' Lives: Reviewing Maternal Deaths to Make Motherhood Safer 2003–2005. The Seventh Report of the Confidential Enquiries into Maternal Deaths in the UK." *Obstetric Medicine* 1 (1): 2008, pp. 54–54, <https://doi.org/10.1258/om.2008.080017>.

138 Angie Boy and Hamisu M Salihu, "Intimate Partner Violence and birth outcomes: a systematic review," *Birth Outcomes: A Systematic Review.* *International journal of fertility and women's medicine*, 49(4), 2004, pp. 159–164. *Journal of Fertility and Women's Medicine* 49 (4): 159–64. <https://pubmed.ncbi.nlm.nih.gov/15481481/>.

139 Institute of Health Visiting, "State of health visiting in England," December 1, 2021. <https://ihv.org.uk/wp-content/uploads/2021/11/State-of-Health-Visiting-Survey-2021-FINAL-VERSION-25.11.21.pdf>.

140 Sophie Joanne Weller et al., "Increase in Reported Domestic Abuse in Integrated Sexual Health (ISH) Services in London and Surrey during COVID-19 'Lockdown': Successful Application of National Guidance on Routine Enquiry during Rapid Transition to remote telephone consultation (telemedicine)," *Remote Telephone Consultation (Telemedicine).* *Sexually Transmitted Infections*, 97(3), 2021, pp. 245–246, <http://dx.doi.org/10.1136/sextrans-2020-054722>.

141 National Institute for Health and Care Excellence, "Pregnancy and Complex Pregnancy and Complex Social Factors: A X Social Factors: A Model for Service provision for Pregnant Women with Complex Social Factors X Social Factors Clinical Guideline," 2010, <https://www.nice.org.uk/guidance/cg110/resources/pregnancy-and-complex-social-factors-a-model-for-service-provision-for-pregnant-women-with-complex-social-factors-pdf-35109382718149>.

Reproductive coercion

Reproductive coercion, also known as reproductive abuse, refers to any intentional attempt to impact or control an individual's reproductive choices.¹⁴² This includes pregnancy coercion, contraceptive sabotage, and controlling the result of a pregnancy.¹⁴³ The perpetrator may remove or tamper with contraceptives or deny access to family planning or emergency contraception.

"Access to contraception is strictly controlled in Haredi communities," Yehudis Fletcher of Nahamu think tank told the CSJ. "Sometimes GPs ask whether the girl or woman has received the Rabbi's permission to take birth control. This is given in six-month increments. The result is that we are the community with the highest birth-rate in the UK – 6.7 children per family. Some mothers will use delayed weaning to prevent getting pregnant. This practice is known as feeding clean."¹⁴⁴

Women who experienced reproductive control or sexual violence may view having a baby as something they have no choice in, and this can affect their bonding with the baby.

BBC Radio 4 commissioned a poll on reproductive coercion and found that half of women aged 18-44 reported experiencing at least one type of reproductive coercion. The most common type is forced to have sex without contraception, as reported by a fifth of respondents.¹⁴⁵ Approximately 15 per cent of respondents were forced to have an abortion.¹⁴⁶ Prior research suggests one in seven UK women are subject to pregnancy coercion as they are forced to either have a baby or terminate a pregnancy.¹⁴⁷

Dame Lesley Regan, professor of Obstetrics and Gynaecology at Imperial College, told the CSJ that "multiple unplanned pregnancies or abortions are linked to survivors of domestic abuse," and that sexual health clinicians, when properly trained, could prove key in the early identification of unidentified victims.¹⁴⁸

Research suggests that women with experiences of domestic abuse are 1.5 – 6.5 times more likely to request emergency contraception compared to other women.¹⁴⁹ The prevalence of domestic abuse amongst women requesting a termination of pregnancy (TOP) is six times higher than amongst those in antenatal clinics.¹⁵⁰

Among women attending TOP clinics, 5.8 per cent were victims of physical abuse in the current relationship, whereas it was 0.9 per cent amongst women attending antenatal clinics. Of the 274 women requesting a TOP, 10 (2 per cent) mentioned domestic abuse as a contributing factor.

Beyond pregnancy, domestic abuse can seriously damage a woman's physical health. Women affected by domestic abuse are three times more likely to have gynaecological and sexual health problems. This can include STIs, pain during intercourse, chronic pelvic pain, vaginal bleeding, and recurrent urinary tract coercion.¹⁵¹

142 Elizabeth Miller et al., "Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy," *Contraception* 81(4): 316–22, 2010, <https://doi.org/10.1016/j.contraception.2009.12.004>.

143 Laura Tarzia and Kelsey Hegarty, "A Conceptual Re-Evaluation of Reproductive Coercion: Centring Intent, Fear and Control." *Reproductive Health* 18(1), 2021, <https://doi.org/10.1186/s12978-021-01143-6>.

144 Jonathon Guy et al., "Early Intervention in Domestic Violence and Abuse," 2014, Early Intervention Foundation, <https://www.eif.org.uk/report/early-intervention-in-domestic-violence-and-abuse>.

145 Savanta ComRes. "Reproductive Coercion Poll – BBC Radio 4 – 8 March 2022 «Savanta ComRes." March 2022. [Comresglobal.com. https://comresglobal.com/polls/reproductive-coercion-poll-bbc-radio-4-8-march-2022/](https://comresglobal.com/polls/reproductive-coercion-poll-bbc-radio-4-8-march-2022/).

146 Ibid.

147 Maya Oppenheim, "One in Seven UK Women 'Forced to Have Either a Baby or an Abortion,'" *The Independent*, March 25, 2019, <https://www.independent.co.uk/news/uk/home-news/pregnancy-coercion-reproduction-abortion-a8834306.html>.

148 Jonathon Guy et al., "Early Intervention in Domestic Violence and Abuse," 2014, Early Intervention Foundation, <https://www.eif.org.uk/report/early-intervention-in-domestic-violence-and-abuse>.

149 Natalia V. Lewis et al., "Use of Emergency Contraception among Women with Experience of Domestic Violence and Abuse: A Systematic Review," *BMC Women's Health* 18 (1), 2018, <https://doi.org/10.1186/s12905-018-0652-7>.

150 Tonye Telema Wokoma et al., "A Comparative Study of the Prevalence of Domestic Violence in Women Requesting a Termination of Pregnancy and Those Attending the Antenatal Clinic." *BJOG: An International Journal of Obstetrics & Gynaecology* 121(5): 627–33, 2014, <https://doi.org/10.1111/1471-0528.12609>.

151 World Health Organization & Pan American Health Organization, "Understanding and Addressing Violence against Women: Intimate Partner Violence," 2012, [Apps.who.int. https://apps.who.int/iris/handle/10665/77432](https://apps.who.int/iris/handle/10665/77432).

Mental health

Dealing with violence and controlling behaviour also takes a toll on victim's mental health and wellbeing. One in four women in contact with mental health services are likely to be experiencing domestic abuse.

A victim's worries about their own safety are often compounded by concerns for their child. Anxiety, depression, post-traumatic responses, high levels of stress, and substance use are all common effects. A UK study interviewed 15 women who had experienced domestic abuse during pregnancy and found that the experience of intimate partner violence led to body dysmorphia.¹⁵²

Between 30 and 60 per cent of psychiatric in-patients had experienced severe domestic abuse.¹⁵³

Survivors with mental health needs were much more likely to experience barriers to service access compared to those without. They were three times as likely not to know what support was available and to feel shame or embarrassment. They were also three times as likely to say that professionals had not asked them about the abuse. They were four times as likely not to feel safe to access support and more than twice as likely to say they did not think they would be believed.¹⁵⁴

Male victims

Although one in three victims of domestic abuse is a man,¹⁵⁵ research has focused primarily on the experiences of female victims. Few policy discussions include male victims and as a result male-focused services and refuges are under-represented and under-funded.¹⁵⁶

A recent analysis of 22 Domestic Homicide Reviews¹⁵⁷ (DHR) found that services are often dismissive of women's abusive acts towards men. Moreover, research undertaken by Dr Elizabeth Bates found that male victims feared that they were more likely to be arrested than their partners.¹⁵⁸ Half of the DHRs stated that services had insufficient guidance regarding the identification and treatment of male victims, and there were a significant number of men whose injuries were dismissed by the police and other safeguarding services.

One of the leading barriers in seeking help for male victims is the stigmatization of gender.¹⁵⁹ In her research into male victims of DA, Dr Elizabeth Bates found that many male victims may not even recognise that they are being coercively controlled; and support agencies (including the police, social services, and the family courts) often fail to recognise men's victimisation, with the result that services addressing male DA victims are under-resourced.

Research on male survivors in the UK found that they encountered hostility and disbelief from police and social services when they reported their abuse:

"They did nothing. I reported abuse to police several times and they took no positive action. Social workers took matters very lightly and even took the perpetrators side, as if they didn't believe me." (Participant 90, 47 years old).

152 June Keeling, "Exploring Women's Experiences of Domestic Violence: Injury, Impact and Infant Feeding," *British Journal of Midwifery* 20(12): 843–48, 2012, <https://doi.org/10.12968/bjom.2012.20.12.843>.

153 Louise Howard et al., "Domestic violence and severe psychiatric disorders: prevalence and interventions in 'Psychological Medicine,'" 2010, 40 ,881-893. Cambridge: Cambridge University Press. <https://pubmed.ncbi.nlm.nih.gov/19891808/>.

154 Safelives, "Whole Lives Scotland National Survivor Survey," (p. 24). 2020. safelives.org.uk/sites/default/files/resources/Whole%20Lives%20Survivor%20Survey.pdf.

155 N. Stripe, "Domestic abuse in England and Wales overview - office for national statistics". GOV.UK, November 25, 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>.

156 Nicola Graham-Kevan, Deborah Powney, and Mankind Initiative, "Male Victims of Coercive Control Experiences and Impact," (University of Central Lancashire, 2021), <https://www.mankind.org.uk/wp-content/uploads/2021/07/Male-Victims-of-Coercive-Control-2021.pdf>.

157 Katie Hope et al., "What can we learn from domestic homicide reviews with male victims?" 4th ed., vol 12. *Partner Abuse*, 12(4), 384–408. <https://connect.springerpub.com/content/sgrpa/12/4/384>.

158 Elizabeth Bates, "Men's experience of Domestic Abuse in Scotland," University of Cumbria, 2019, insight.cumbria.ac.uk/id/eprint/4610/1/Bates_MensExperience.pdf.

159 Emily Douglas and Denis Hines, "The Helpseeking Experiences of Men Who Sustain Intimate Partner Violence: An Overlooked Population and Implications for Practice," *Journal of family violence*, 26(6), pp. 473–485, <https://doi.org/10.1007/s10896-011-9382-4>.

One male survivor reported:

"I first called a women's help line they listened and then rapidly the tone changed, and she told me I only thought I was being abused and that I was the abuser and that I needed help dealing with all of the anger and violent abuse I was causing and that I needed to turn myself in. I hung up, terrified!" (Participant 32, 41 years old).¹⁶⁰

Another said:

"People say men refuse to ask for help. But in my experience men do ask for help and are told to shut up." (Participant 73, 46 years old).¹⁶¹

A Bristol University survey of 1,368 men attending 16 general practices in the Southwest of England found men were most likely to seek support from family and friends than from GPs.

The study suggests that health-care practitioners in general, and family doctors in particular, have a role in asking male patients about the experience or perpetration of domestic abuse and need training to do so effectively and safely. Instead, participants reported that GPs rarely inquire about domestic relationships, even though male patients wished their GP had asked more questions.¹⁶²

Survivor testimony: JAMES

"I met my ex-wife in Japan in 2001 and we were together until her arrest for assault in 2015. Settled back in the UK, had our daughter in 2007 and our son in 2010. There have been multiple criminal court proceedings for the past 7 years and my time with family court only recently wrapped up.

When we were together, the abuse was insidious. People will ask 'why didn't you get out?' or why didn't you hit her back?' It doesn't escalate to the type of violence you think about straight away. She was my first long term relationship, so I was a little naive as to what a relationship should look like.

She justified the low-level violence with, 'it's because of my previous relationships, my family background,' or 'it's because we live in Japan which is a repressive culture.' It only got worse when we moved to the UK, where the excuses became 'I don't have a job or a friendship network.'

The mental and physical violence escalated so incrementally that a lot of it became acceptable. Being kicked was a daily occurrence, punches, slaps. A lot of being told that 'you're not good enough.' I started shutting off friend networks, leading to social isolation.

One time she knocked me about and knocked me onto my one-year-old daughter who was holding onto my leg. I rang my sister and asked what to do which led to a campaign from my ex to cut me off from my sister. She even started to drive a wedge between my mum and sister. I had to miss weddings, stag dos, and other social gatherings which meant the isolation increased. At the time it seemed normal, and I completely rationalized what was happening to me. Why wouldn't I spend a night in with her and the children?

160 Taylor Bates et al., "Barriers to men's help seeking for intimate partner violence," *Journal of Interpersonal Violence*, 2021, pp. 1-28, <https://doi.org/10.1177/08862605211035870>, p.10.

161 Ibid.

162 Karen Morgan et al. "Asking Men about domestic violence and abuse in a family medicine context," *School for Policy Studies, Centre for Gender and Violence Research, University of Bristol*, 2014.

In 2007 I realized I needed to get help. I rang a college pal who I knew had been through something similar. He said 'well, what will happen if you ring the police? they'll arrest you both and take the children into care' so I decided not to do anything. In retrospect, I know now that he was involved in bidirectional violence which is why he was also arrested but I was unaware of that at the time.

There was never any value in saying to her 'you've got a problem; your behaviour is out of control.' But I said we as a family unit have a problem, we as a couple have a responsibility to make this stop. This way I convinced her to see a doctor and talk about our situation.

I called the GP to set up an appointment saying that my partner was abusing me, and we went to see the doctor with our less than one-year-old daughter. I had bruising and welts on my body, but he just told us that 'some relationships have a push and pull, and some people have certain cultural values, so you need to just crack on.' Our daughter actually threw up.

I later asked for my GP notes and saw that they only said, 'call to report violence, daughter threw up because of stress.' That was in 2007.

In 2010 she was pregnant and I self-harmed because I was thinking of ringing a help line, but male helplines don't work on weekends. I rang a female helpline which told me that there was nothing they could do because they didn't have funding to help male victims so I self-harmed out of complete desperation.

We moved to a new village, things got worse, I persuaded my wife to get help together from a GP. They advised that she go to anger management CBT. It didn't work, it continued.

She drank a bottle of wine a night, was erratic and violent to the point I would dread evenings when kids were settled. One evening she became extremely violent, our daughter ran to neighbours to get help. She had a knife and was driving it at her own throat saying she would tell the police I'd done something to her.

The police arrived and the rest is a little muddy. She rang 999 and hung up. Our next-door neighbour was a police officer who had said 'do you want help?' to me at some point and I said 'no, I'll manage.' He said 'if I were on duty I would call. As a friend would you like me to make the call?' I said 'no,' but I feel as though he probably did call because, as my ex pointed out, a police response to a dropped call probably wouldn't bring three police members to our house.

One of the first things they said is 'do you want her taken in?' I said I don't know' but they looked at the bruises on back and bite marks on arms and said that she was so out of control. They handcuffed her to take her into station.

The kids were 4 and 7 at that point and I had to bring them up on my own. In some ways it was easier because I was already doing a lot of childcare but now without the abuse.

My daughter decided she didn't want to see her mother again and has maintained this to this day: she is 14 years old. My daughter shielded our son quite a bit. I found out later that my mom had been carrying around the number for DA helpline for months but didn't know how to have that conversation with me."

One in 10 men in contact with mental health services were experiencing, or had recently experienced, domestic abuse. The same research cited surveys estimating 69 per cent of women and 49 per cent of men in contact with mental health services for severe mental illness had experienced domestic and/or sexual abuse.¹⁶³

As a result of poor identification, children of male victims risk staying in an abusive household far longer. Men's relationship with their children is often exploited for coercive control, both within the relationship and post-separation. Half of male victims report receiving threats to take away their children, 54 per cent report being physically abused in front of their children, and 63 per cent report the use of their children to continue the abuse.¹⁶⁴ Male victims also report frequent threats of false allegations.¹⁶⁵

Official domestic abuse guidelines and government reports serve to reinforce the prevalent, sceptical, attitude many health and other professionals have to male victims: the Home Office's latest release on this issue is entitled *Supporting male victims of crimes considered violence against women and girls*.¹⁶⁶ Dr Elizabeth Bates at the University of Cumbria called the title "dismissive and problematic."

A survey found partner abuse and coercive control on male victims resulted in PTSD as a clinical concern in 8 out of 10 cases; 43 per cent had distress scores high enough to suppress the immune system. Male victims experienced many negative impacts including sleep deprivation, weight fluctuation, increased substance use and physiological stress reactions. Similar to the psychological impact reported by female victims, male victims experience devastating effects including anxiety, depression, PTSD, and suicide ideation.

One in five male survivors of DA was forced to penetrate (FTP) as an ongoing pattern of abuse. Male victims of FTP had substantial mental health impacts: depression, PTSD, suicidal ideation and attempts, guilt, shame, self-blame, and sexual dysfunction following the abuse.¹⁶⁷

Dr Siobhan Weare at Lancaster University interviewed 30 men who self-identified as having been FTP a woman. This includes non-consensual penile penetration of a woman's vagina, mouth, or anus. Participants' perpetrator was often their partner or ex-partner and their experiences of being FTP were elements of domestic abuse or post-separation abuse.

Participants often spoke to their GPs about abuse but did not always disclose FTP experiences. Not all participants were aware of male focused support services and most took several years to disclose their experiences to anyone. A majority did not disclose their experiences to the police. Of those that did have contact with the police, criminal justice system, and legal officials, an overwhelming majority reported negative experiences.

163 King's College London, "LARA-VP: A resource to help mental health professionals identify and respond to Domestic Violence and Abuse (DVA)," 2018, <https://www.kcl.ac.uk/mental-health-and-psychological-sciences/assets/lara-vp-online-resource.pdf>.

164 Nicola Graham-Kevan and Deborah Powney, "Male victims of coercive control: Experiences and impact," (p. 24), 2021, <https://www.mankind.org.uk/wp-content/uploads/2021/07/Male-Victims-of-Coercive-Control-2021.pdf>.

165 Elizabeth A. Bates, "'Walking on Egg Shells': A Qualitative Examination of Men's Experiences of Intimate Partner Violence," *Psychology of Men & Masculinities* 21 (1), 2019, <https://doi.org/10.1037/men000203>.

166 Home Office, "Supporting Male Victims," March 30, 2022. GOV.UK. <https://www.gov.uk/government/publications/supporting-male-victims-of-crimes-considered-violence-against-women-and-girls>.

167 Siobhan Weare et al. "Law School Experiences of Men Forced-To-Penetrate Women in the UK: Context, Consequences, and Engagement with the Criminal Justice System," 2019. <http://wp.lancs.ac.uk/forced-to-penetrate-cases/files/2019/07/BA-FTP-project-report-2019.pdf>.

Using children to control fathers

Additionally, some female perpetrators use children to control men in the relationship and post-separation with over 4 out of 5 in our data being threatened with having their children taken away and over half with having contact with children withheld if demands (for money, for example) were not met. Furthermore, as there is the assumption that women will more often be the primary carer, the loss of the relationship with their children is particularly impactful for male victims who are fathers and regularly used by their female abusers.¹⁶⁸

Two thirds, or more, of the men had children with their female perpetrator. Survey questions asked the male victims about how children were involved in the abuse:¹⁶⁹

- Make you feel bad about the children (88 per cent)
- Use the children to pass on messages (54 per cent)
- Threaten to take the children away from you (84 per cent)
- Argue in front of the children (85 per cent)
- Strike, push or kick you in front of the children (54 per cent)
- Uses the children to continue the abuse (63 per cent)

The study highlighted that men's relationship with their children is often exploited to coercively control men, both within the relationship and post-separation.¹⁷⁰

Evidence provided by victims in Taylor, Bates and Colosi (2021) by participants is powerful:

"I had both a fear of not seeing our son and for his safety"(Participant 25, 38 years), with the additional threat of a loss of contact. "Fear of being removed from their life and not being there for them was the thing that kept me in the relationship and kept me trying to fix it"(Participant 43, 42 years). "I tried so incredibly hard to make it work and be there for them. This is the number one reason why it took me so long to leave her"(Participant 49, 43 years).¹⁷¹ "I couldn't have her arrested ever, I only thought of my children and could not have their mother arrested..."(Participant 40, 42) years.¹⁷²

Longitudinally, women's coercive control predicted men's poor co-parenting, low perceived parenting competence, and perceptions of toddler problem behaviour suggesting that women's coercive relationship behaviour directly damages both men's parenting self-efficacy as well as their appraisal of their children's behaviour as problematic.¹⁷³ A sample of male victims reported their female partners targeted their children, and/or abused the man in front of the children.¹⁷⁴

"When you actually extend your hand for help, when you are at your most vulnerable—you are simply shut off and treated like a criminal piece of garbage. What else are you supposed to do? Commit suicide? Turn to the bottle?"(Participant 1, 27 years). "Like being scooped out emotionally, kinda thing. Stuck in a sticky tar when a monster chasing you in dreams kinda thing. I was 'stuck' emotionally for years. Really damaged me it did"(Participant 69, 46 years) "I nearly took my life"(Participant 63, 45 years).¹⁷⁵

168 Nicola Graham-Kevan and Deborah Powney, "Male victims of coercive control: Experiences and impact," (p. 24), 2021, <https://www.mankind.org.uk/wp-content/uploads/2021/07/Male-Victims-of-Coercive-Control-2021.pdf>.

169 Ibid.

170 Ibid.

171 Julie C. Taylor et al., "Barriers to men's help seeking for intimate partner violence," *Journal of Interpersonal Violence*, 1-28. (p.13), 2021, doi.org/10.1177/08862605211035870

172 Julie C. Taylor et al., "Barriers to men's help seeking for intimate partner violence," *Journal of Interpersonal Violence*, 1-28. (p.14), 2021, doi.org/10.1177/08862605211035870

173 Nicola Graham-Kevan and Deborah Powney, "Male victims of coercive control: Experiences and impact," 2021, <https://www.mankind.org.uk/wp-content/uploads/2021/07/Male-Victims-of-Coercive-Control-2021.pdf>.

174 Joshua L. Berger et al., "The Mental Health of Male Victims and Their Children Affected by Legal and Administrative Partner Aggression," *Aggressive Behavior* 42(4): 346–61, 2015, <https://doi.org/10.1002/ab.21630>.

175 Julie C. Taylor et al., "Barriers to men's help seeking for intimate partner violence," *Journal of Interpersonal Violence*, 1-28, 2021, <https://doi.org/10.1177/08862605211035870>.

Domestic Homicides and Suicides

A recent publication from the Home Office described 38 domestic abuse related suicides from August 2020 – August 2021. The majority were under 45 years of age and 90 per cent were female. Most domestic abuse hospital clients had mental health difficulties (57 per cent hospital, 35 per cent local Idva clients). More than twice as many hospital clients had ever planned or attempted suicide (36 per cent hospital, 16 per cent of local Idva clients), and nearly twice as many hospital clients had ever self-harmed, or planned or attempted suicide (43 per cent hospital, 23 per cent local Idva clients).¹⁷⁶

Suicidal ideation can occur simultaneously with homicidal ideation in perpetrators of high-risk abuse. In some cases, the perpetrator might encourage the victim to commit suicide.¹⁷⁷ In 2017-18, 11 per cent of male victims of partner abuse (7.2 per cent women) had tried to take their own lives.¹⁷⁸

Eighty per cent of perpetrators were male across all homicide types except for child homicide cases, where 59 per cent of perpetrators were female.¹⁷⁹ Although most of these victims were white, the percentage of BAME victims is higher than the previous 15-year average.

Fifty-two per cent of women killed by men in 2019 and 2020 died by the hands of a current or ex-partner.¹⁸⁰ A study in 2013 found that psychiatric symptoms are prominent in accounts of domestic homicide: among 1431 such cases in England and Wales, 23 per cent of perpetrators of family homicide had been in contact with mental health services in the year before the offence, and 34 per cent of family homicide perpetrators had psychiatric symptoms at the time of offence.¹⁸¹

Although not every abusive relationship results in the victim's fatality, there are risk factors associated with homicide that need to be recognized for identification.

A recent report from the University of Gloucestershire identified the eight stages towards domestic homicide:¹⁸²

1. History of perpetrator: a past including coercive control, stalking, or violence.
2. Early relationship: a relationship that starts and develops rapidly.
3. Relationship: a relationship led by controlling tactics and abuse.
4. Trigger: an incident that drastically tests control – separation is the most common trigger.
5. Escalation: an increase in controlling tactics and negative thoughts to reinstate control.
6. Homicidal Ideation: growing perception of homicide or homicide/suicide as the solution to the issues.
7. Planning: Preparation of the homicide through either intricate or broad plans.
8. Homicide: might involve the partner or others, and the perpetrator.

176 SafeLives, "A Cry for Health Why We Must Invest in Domestic Abuse Services in Hospitals," November 2016, <https://safelives.org.uk/sites/default/files/resources/Cry%20for%20Health%20full%20report.pdf>.

177 Jane Monckton Smith et al. "Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide," University of Gloucestershire, 2022, https://eprints.glos.ac.uk/10579/16/10579_Monckton-Smith_%282022%29_Home_Office_Report.pdf.

178 Office for National Statistics. "Domestic Abuse: Findings from the Crime Survey for England and Wales - Appendix Tables - Office for National Statistics." 2018. www.ons.gov.uk. Table 14-15. <https://bit.ly/2FY8UYc>.

179 Lis Bates et al., "Vulnerability Knowledge and Practice Programme (VKPP) Domestic Homicides and Suspected Victim Suicides during the Covid-19 Pandemic 2020-2021," 2021, <https://cdn.prgloo.com/media/02d412c416154010b5ceba8f8965030.pdf>.

180 "Femicide Census," femicidecensus.org, February 2022, https://www.femicidecensus.org/wp-content/uploads/2022/02/010998-2020-Femicide-Report_V2.pdf.

181 Siân Oram et al., "Mental illness and domestic homicide: a population-based descriptive study," *Psychiatric services (Washington, D.C.)*, 64(10), 2013, pp. 1006–1011. [//doi.org/10.1176/appi.ps.201200484](https://doi.org/10.1176/appi.ps.201200484).

182 Jane Monckton Smith et al. "Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide," University of Gloucestershire, 2022, https://eprints.glos.ac.uk/10579/16/10579_Monckton-Smith_%282022%29_Home_Office_Report.pdf.

All high-risk perpetrators reach the third stage. The minority progress to stages six and beyond.

The most frequent individual risk factors for domestic homicide perpetration are previous episodes of domestic abuse, mental illness, controlling and coercive behaviour, and drug and alcohol misuse.¹⁸³

The Home Office's analysis found almost half of domestic homicide suspects were previously known to the police for domestic abuse perpetration. More than one in four (28 per cent) domestic homicide suspects were previously known to the police for coercive and controlling behaviour. This increased to 56 per cent of suspects when examining intimate partner suicide cases.¹⁸⁴

The same report found mental health issues were present in over half of family homicide cases and almost a third of intimate partner homicides. The most common combined risk factors for intimate partner homicide are coercive control and non-fatal strangulation.¹⁸⁵

Suicides as a result of domestic abuse

There is no consistent data source for suicide as a result of domestic abuse. Analysis of domestic homicide reviews found that the most common risk factor for suspected victim suicide was previous partner perpetration and coercive control.¹⁸⁶

It has been estimated that between four and ten women took their own lives each week in the UK because of domestic abuse.¹⁸⁷ The Mayor of London's report heard from families bereaved by domestic abuse related suicide / unexplained death that most front-line responders were not well informed as to the incidence of suicides due to domestic abuse and had missed opportunities for intervention.

The report also found that many suicides following domestic abuse are not investigated with the same rigour as are suspected homicides. Frank Mullane MBE, CEO of Advocacy After Fatal Domestic Abuse (AAFDA), called for Police to record suspected domestic abuse suicides.

Research shows that 34 per cent of female suicides and attempted suicides are at least partly caused by domestic abuse, and around 13 per cent of suicides and attempted suicides may be attributed to domestic abuse. It found also that South Asian women were "less likely to seek medical attention with repeat episodes since they hold the view that mainstream services do not meet their needs. These deaths are avoidable, and we need systems that would enable lessons to be learned."¹⁸⁸

During the covid-19 lockdowns there were 38 suspected suicides from domestic abuse victims in England and Wales.¹⁸⁹ Despite the data gap, there is existing research on the stages leading up to intimate partner suicides.

183 Lis Bates et al. "Domestic homicides and suspected victim suicides during the covid-19 pandemic 2020–2021," Vulnerability Knowledge and Practice Programme (VKPP), August 2021, <https://cdn.prgloo.com/media/02d412c416154010b5cebaf8f8965030.pdf>.

184 Ibid.

185 Ibid.

186 Ibid.

187 Boris Johnson et al., "The way forward," The Mayor of London, 2010, https://www.london.gov.uk/sites/default/files/the_way_forward_-_strategy.pdf.

188 Ibid.

189 Lis Bates et al. "Domestic homicides and suspected victim suicides during the covid-19 pandemic 2020–2021," Vulnerability Knowledge and Practice Programme (VKPP), August 2021, <https://cdn.prgloo.com/media/02d412c416154010b5cebaf8f8965030.pdf>.

Intimate partner related suicide stages:¹⁹⁰

1. History: The perpetrator is likely past including coercive control, stalking, or violence. The victim may also have a history of abuse, neglect, sexual abuse, and/or eating disorders.
2. Early relationship: a relationship that starts and develops rapidly.
3. Relationship: the relationship is dominated by intimate partner violence, abuse, and intense, persistent control from the perpetrator.
4. Disclosure: the victim may disclose to friends, family, or a health professional that they are subject to intimate partner abuse.
5. Help-seeking: active help seeking through mental health services, a GP, and/or the police to alleviate stressed caused by the perpetrator.
6. Suicidal ideation: suicidal ideation from both or either the perpetrator or victim to escape the abuse.
7. Complete entrapment: victims feel as though they are trapped within their situation and there is no escape. Perpetrator behaviour can be described as obsessive and fixated on the victim.
8. Suicide: the victim commits suicide – most commonly by ligature.

“Honour suicide” and “honour killing”

Abuse from either an intimate partner or extended family can lead to what is being labelled “honour suicide.” In this case, the victim aims to preserve or reinstate honour via suicide or self-sacrifice.

According to Monckton-Smith, Siddiqui, Haile and Sandham (2022),¹⁹¹ this process occurs in stages:

“Honour Suicide” Stages:

1. History: the history of the perpetrators abusive behaviour may be undisclosed or overlooked. Both the victim and the perpetrator may have a history of internalization of conservative cultural and religious expectations of honour preservation.
2. Early relationship: daughters-in-law may be considered the lowest in rank within the family hierarchy. They may be isolated from others at the beginning of the relationship or soon after cohabiting.
3. Relationship: in the context of familial relationships, once victims reach sexual maturity, they expected to be submissive and may not have any agency in establishing intimate relationships. Within the context of an intimate relationship, the partner and/or their family may be extremely controlling.
4. Disclosure: victims may disclose aspects of their abuse to friends and family before any external agency.
5. Help-seeking: disclosing the abuse to outside agencies may be shameful but some victims may report the nature of their relationship to their GP, mental health services, or the police.
6. Suicidal ideation: victims feel hopeless and trapped within the abusive relationship(s). In some cases, victims will commit suicide at this stage.

190 Jane Monckton Smith et al. “Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide,” University of Gloucestershire, 2022, https://eprints.glos.ac.uk/10579/16/10579_Monckton-Smith_%282022%29_Home_Office_Report.pdf.

191 Jane Monckton Smith et al. “Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide,” University of Gloucestershire, 2022, https://eprints.glos.ac.uk/10579/16/10579_Monckton-Smith_%282022%29_Home_Office_Report.pdf.

7. Complete entrapment: concern of bringing shame and dishonour may be bolstered by perpetrators who may promote the victim's suicide.
8. Suicide: the victims commit suicide to escape the abuse and preserve honour within their family and community. The most common method is by hanging.

"Honour killing" stages:

1. Defining relationship: there may be cultural or religious expectations that victims can be killed to preserve the family and/or community's honour, but this stage does not include a definite plan to kill the victim. Perpetrators typically have conservative and traditional perceptions of gender.
2. Relationship with Perpetrator(s): Whether victims are compliant or not, they have little control over attitudes and behaviours of their perpetrator(s). If not from the start, victim-perpetrator relationships become increasingly controlling and abusive.
3. Trigger(s): There are two key triggers. First, the victim becomes less obedient or submissive and the perpetrators perceives them as becoming westernized. Second, if the victim fails to reform or submit.
4. Disclosure and Help Seeking: victims disclose to family and friends before outside agencies. Help-seeking: disclosing the abuse to outside agencies may be shameful but some victims may report the nature of their relationship to their GP, mental health services, or the police.
5. Escalation: the cyclical nature of abuse leads to periods of escalated danger where perpetrating families create the illusion that they have changed their minds but continue to plan the killing.
6. Decision/Homicidal Ideation: The perpetrator(s) decision to kill may manifest at the first major trigger but is confirmed at the final trigger when it becomes clear that the victim is no longer complacent.
7. Homicide: The perpetrator(s) murder the victim and take measures to evade the consequences. This might include fleeing the country, having an alibi, support from co-conspirators, and covering up the crime. The most common method of "honour killing" is by strangulation.

Children of Domestic Abuse

When risk indicators are ignored, support is postponed. Almost half (40 per cent) of children directly harmed by domestic abuse were not known to social care on intake to a specialist domestic abuse service. A study of 293 serious case reviews between 2011–2014 found that despite most families being known to children’s social care, often because of domestic abuse, only 20 per cent of the children had been the subject of a Child Protection Plan.¹⁹²

Yet analysis of the longitudinal Millennium Cohort Study shows that 3-year-olds whose parents reported experiencing domestic abuse were 30 per cent higher than average antisocial behaviours at age 14.¹⁹³

Using an ACEs framework would serve to improve identification of children victims (and perpetrators) of domestic abuse. However, as we have seen many professionals fail to ask basic questions about the home environment. Although teachers undertake safeguarding training every year, domestic abuse is not included in this; as a result, teachers often fail to recognise that pupils presenting with poor behaviour, lack of attention, Case Study Amelia, interview with Children Herd and Seen, 2022 could be victims of DA.

One in four children, who had socially unacceptable behaviour identified at assessment, also had concerns about domestic abuse.¹⁹⁴ Similarly, analysis from the Children in Need Census, Department of Education found that one in five children who had gang-identified at assessment also had concerns about domestic abuse.¹⁹⁵

Physical impact

The Children’s Insights Dataset run by the charity SafeLives showed that 28 per cent of children exposed to domestic violence were physically harmed.¹⁹⁶ Health care professionals report a rise in abusive head traumas during the pandemic. Between 23 March and 23 of April 2020, the number of babies coming into hospitals with blunt force trauma was 15 times higher than the same time period over the previous three years.¹⁹⁷

Between April and October 2020 Ofsted has received over 300 serious incident notifications; over 40 per cent were babies, more than 1/5 more than in the same period the previous year

Between April-September 2020 government’s serious incident notifications found a 30 per cent rise in incidents of serious harm or death of under one-year olds.¹⁹⁸

The risk that the baby will die during pregnancy or birth are between 2–2.5 times higher when domestic abuse occurs.¹⁹⁹ Common causes of death being blows to the abdomen, and soft tissue injury to the baby.

192 “Seeing the Whole Picture: An evaluation of SafeLives’ One Front Door,” SafeLives, 2019, <https://safelives.org.uk/sites/default/files/resources/Seeing%20the%20Whole%20Picture%20-%20An%20evaluation%20of%20SafeLives'%20One%20Front%20Door.pdf>.

193 “Patchy, piecemeal and precarious: support for children affected by domestic abuse,” Action for Children, 2019, <https://media.actionforchildren.org.uk/documents/patchy-piecemeal-and-precarious-support-for-children-affected-by-domestic-abuse.pdf>.

194 Elain Wedlock and Molina, Julian, “Sowing the Seeds: Children’s Experience of Domestic Abuse and Criminality – Victims Commissioner,” 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

195 Ibid.

196 SafeLives, “In plain sight: The evidence from children exposed to domestic abuse,” February 2014. https://safelives.org.uk/sites/default/files/resources/in_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf.

197 Jai Sidpra et al., “Rise in the Incidence of Abusive Head Trauma during the COVID-19 Pandemic.” *Archives of Disease in Childhood*, July, archdis-child-2020-319872, 2020, <https://doi.org/10.1136/archdischild-2020-319872>.

198 Child Safeguarding Incident Notification System, “Part 1 (April to September) 2020-21: serious incidents notifications,” <https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications>.

199 Lynn B. Meuleners et al., “Maternal and Foetal Outcomes among Pregnant Women Hospitalised due to Interpersonal Violence: A Population Based Study in Western Australia, 2002-2008.” *BMC Pregnancy and Childbirth* 11 (1), 2011, <https://doi.org/10.1186/1471-2393-11-70>.

Domestic abuse also causes a baby's developmental harm, because the violence raises women's stress levels so that they produce a high level of the 'stress hormone' cortisol. This is the hormone that triggers our 'fight or flight' response. Exposure to high levels of cortisol in the womb has been found to have significant effects on the developing child. Neuroscientific research suggests that when babies are exposed to high levels of cortisol in utero, their nervous system is compromised. This causes their cortisol levels to remain higher than average across childhood which explains why children exposed to violence in utero and in early childhood might have difficulty managing emotion, responding well in social interactions, and have a range of health issues including eating disorders, self-harming, heart issues, cancer.²⁰⁰

Mental impact

Research shows that living with domestic abuse between parents is as psychologically harmful to children as when they are direct victims of physical abuse themselves. Dame Vera Baird QC, Victims' Commissioner for England, and Wales, has found an overlap between children's experience of domestic abuse and their offending behaviour.²⁰¹

A meta-analysis of 118 studies found that 63 per cent of children witnessing domestic abuse fared more poorly on psycho-social measures than those who hadn't.²⁰² 58 per cent of children who have experienced DA were emotionally abused.²⁰³

A recent study of 3,153 mother-child pairs examined associations between intimate partner violence and offspring IQ found that the IQ scores of children born to mothers exposed to physical violence remained lower than those of maternally unexposed children.²⁰⁴

When babies experience traumatic events, they may not yet have words to tell you how they feel, but they let you know through their behaviours. Babies who experience domestic abuse might seem fearful around people. They might react in a very startled way to loud noise – or they might not react at all. They may lose interest in food or seem reluctant to feed. Sometimes they become fussy at the breast or when feeding from a bottle. They may cry a lot or seem more distressed than most babies.

Alternatively, they may seem quiet or withdrawn, not responding to the world around them. These are all coping responses infants develop to deal with the fear and stress that is evoked when violence occurs. These kinds of changes in babies' responses interrupt their usual repertoire of behaviours, and this can have an impact on mothers bonding with their babies.

Toddlers may start to show signs of difficulties in recognising and managing their emotional responses and may find it harder than most children of a similar age to soothe themselves or calm themselves down.²⁰⁵

Some children may behave in a way that is 'regressive,' or typical of a child much younger than them. Toddlers who experience domestic abuse are, understandably, more prone to night-time difficulties, such as poor sleep, nightmares, or regular night waking. They may be clingy and insecure, or they may seem distant and uninvolved with their parent or with others around them. They may seem more aggressive than typical toddlers, or they may seem withdrawn and very shy.²⁰⁶

200 Mariann A. Howland et al., "Developmental Origins of the Human Hypothalamic-Pituitary-Adrenal Axis." *Expert Review of Endocrinology & Metabolism* 12 (5): 321–39, 2017, <https://doi.org/10.1080/17446651.2017.1356222>.

201 Elain Wedlock, and Julian Molina, "Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner," 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

202 Jonathon Guy et al., "Early Intervention in Domestic Violence and Abuse," 2014, Early Intervention Foundation, <https://www.eif.org.uk/report/early-intervention-in-domestic-violence-and-abuse>.

203 Safelives, "In plain sight: The evidence from children exposed to domestic abuse," February 2014, https://safelives.org.uk/sites/default/files/resources/In_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf.

204 Kathryn M Abel et al., "Intelligence in Offspring Born to Women Exposed to Intimate Partner Violence: A Population-Based Cohort Study." *Wellcome Open Research* 4 (July), 2019, <https://doi.org/10.12688/wellcomeopenres.15270.1>.

205 Lynn Fainsilber Katz et al., "Traumatic Stress Symptoms in Children Exposed to Intimate Partner Violence: The Role of Parent Emotion Socialization and Children's Emotion Regulation Abilities." *Social Development* 25 (1): 47–65, 2015, <https://doi.org/10.1111/sode.12151>.

206 Women's Aid, "Supporting Women and Babies after Domestic Abuse a Toolkit for Domestic Abuse Specialists Contents," 2019, <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Supporting-women-and-babies-after-domestic-abuse.pdf>.

Domestic abuse, criminal justice, and the care sector

Domestic abuse is one of the biggest drivers into care and into crime. In 2020, half of the children assessed as in need of being looked after by their local authority had experienced domestic abuse.²⁰⁷ One in five children who had gang-identified at assessment also had concerns about domestic abuse. One in four children who had socially unacceptable behaviour identified at assessment, also had concerns about domestic abuse.

Barnardo's have also highlighted the 'hidden impacts' on children and young people, including on their mental health, development, harmful sexual behaviour, future cycles of abuse, and youth offending.²⁰⁸

Compared with children who have not been maltreated, maltreated children are significantly more likely to commit burglary (by 2.8 percentage points), assault by 5.2 percentage points), theft (by 2.7 percentage points), as well as to damage property (by seven percentage points) (significant at the 0.01 level, controlling for demographic, biological, and family factors). There are links between sibling violence, violence against women and girls (VAWG), childhood physical abuse, child to parent violence and witnessing domestic abuse, and involvement in youth offending.

For some children, the trauma continues beyond the home and into the courtroom. Here, the child may become the bone of contention between the perpetrator, who demands access, and the victim, who may fear for their child's welfare and long to sever all connection with their tormentor.

In many cases, domestic abuse may cause a child to lose their home and contact with grandparents and other relatives; it may also mean starting a new life in a refuge or another home. This will potentially mean a change of school, friendship groups, and neighbours. There is an added danger for older children, who may be placed in semi-independent accommodation.

According to the Sowing the Seeds report, these accommodations expose young people to an increased risk of criminal exploitation:

*"Young people who feel pushed out from the family home due to the domestic abuse, finding themselves increasingly on the street or in dangerous situations and looking for love and attention in proxy familial relationships such as gangs."*²⁰⁹

The imprisonment of a perpetrator parent

Many practitioners felt that children and young people's experience of domestic abuse served to normalise violent behaviour. They identified examples of young people who had experienced domestic abuse and who also used violence in their own relationships including romantic relationships, friendships with peers and within their communities.

Moreover, practitioners found that some young people took on the role of abuser when the abusing parent has left the household. Some children can feel their mother is to blame for the loss of their father and take out their anger and frustration on her. Children's experience of domestic abuse at home can lead to behavioural issues at school. Children may become disruptive or violent in school. This could be due to their inability to cope with their emotions, the normalisation of violence in the home."²¹⁰

207 Elain Wedlock, and Julian Molina, "Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner," 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

208 Emma James, "Not just Collateral Damage: The hidden impacts of domestic abuse on children - Barnardo's," January 2020, https://www.barnardos.org.uk/sites/default/files/uploads/%27Not%20just%20collateral%20damage%27%20Barnardo%27s%20Report_0.pdf.

209 Elain Wedlock, and Julian Molina, "Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner," 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

210 Elain Wedlock, and Julian Molina, "Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner," 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

The criminal justice system offers a significant insight into the impact of domestic abuse on young people:²¹¹

- Between three-quarters and 90 per cent of girls in the criminal justice system (under 18) have experienced abuse from a family member or someone they trusted
- Approximately 63 per cent of girls and young women (16–24) in contact with the criminal justice system have experienced rape and/or domestic abuse in their own relationships
- In 2017, HM Inspectorate of Probation examined the case files of 115 young people who had committed violent, sexual and/or other offences where there were potential public protection issues. 41 per cent of the total proportion of young people in the inspection sample who have been exposed to or have committed acts of domestic abuse.²¹²

Speaking to the CSJ, Jenny Holye, of the charity West London Zone, said that a common response among young people affected by domestic abuse is to spend as much time out of the home with its conflict as possible. But this can make the young person more vulnerable to gang involvement, criminal exploitation, and offending behaviour.²¹³ Violent behaviour learnt outside of the home can then lead to young people committing acts of violence in the home, so that the overlap between the two can work both ways.

Some young people may seek gang affiliation as a form of proxy family relationship with the gang providing care, support, and a sense of belonging: “We fully recognise the devastating impact that domestic abuse can have on children and young people, whether that is being exposed to it in their homes or through their own intimate partner relationships.”²¹⁴

The Croydon Safeguarding Children Board ‘Vulnerable Adolescents Thematic Review’²¹⁵ gives further evidence of this overlap. This thematic review found that all twenty-five children who were exposed to or suffered violence in the home had contact with the criminal justice system. Twenty-one children had been subject to criminal convictions and the remaining four had no convictions, although the other four received out of court diversions.

Domestic abuse was reported as a parental issue for 42 per cent of the children. About 38 per cent (23/60) of children came to the notice of police due to reports of domestic abuse (primarily from aged 1 year to 12 years old - 13 were boys and 10 girls). The review emphasizes that the failure to intervene early and effectively has a devastating impact on children’s lives. More than a third (37 per cent) were sexually exploited in their teens while more than a quarter (27 per cent) were exposed to criminal exploitation, including involvement with country lines network. Overall, 55 per cent were found to have links with gangs.²¹⁶

211 Agenda, “Young Women’s Justice Project Literature Review,” p. 21, 2021, <https://weareagenda.org/wp-content/uploads/2021/01/Young-Women%E2%80%99s-Justice-Project-Literature-Review.pdf>.

212 HM Inspectorate of Probation, “The Work of Youth Offending Teams to Protect the Public an Inspection by HM Inspectorate of Probation 1 the Work of Youth Offending Teams to Protect the Public,” 2017, https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2017/10/The-Work-of-Youth-Offending-Teams-to-Protect-the-Public_reportfinal.pdf.

213 Elain Wedlock, and Julian Molina, “Sowing the Seeds: Children’s Experience of Domestic Abuse and Criminality – Victims Commissioner,” 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

214 “Ministry of Justice written response to Vera Baird Review,” February 2020.

215 Croydon Safeguarding Children Board, “Croydon safeguarding children board vulnerable adolescents thematic review,” 2019, <http://croydonlcsb.org.uk/wp-content/uploads/2019/02/CSCB-Vulnerable-Adolescent-Thematic-Review-PUBLISHED-Feb-2019.pdf>.

216 Croydon Safeguarding Children Board, “Croydon safeguarding children board vulnerable adolescents thematic review,” 2019, <http://croydonlcsb.org.uk/wp-content/uploads/2019/02/CSCB-Vulnerable-Adolescent-Thematic-Review-PUBLISHED-Feb-2019.pdf>.

Fatalities

There has been an average of 58 child deaths by assault or undetermined intent a year in the UK.²¹⁷ These child homicides are most commonly carried out by a parent or stepparent.²¹⁸

DA was a factor in two-thirds of Serious Case Reviews (SCRs) where a child has died.²¹⁹ Incidents of serious harm or killing of children increased sharply during the pandemic: by one third among babies under the age of 1; by 50 per cent for children 1-5 years old.²²⁰

The number of assessments where domestic abuse was identified as a factor has increased from 197,700 in 2014-15 to 252,590 in 2018-19. These figures include concerns about the child being the subject of domestic abuse, the child's parent(s) / carer(s) being the subject of domestic abuse, and another person living in the household being the subject of domestic abuse.²²¹

Though the numbers are small, there are tragic cases of children and young people's death by suicide where domestic abuse or parental conflict are present.²²²

The imprisonment of a perpetrator parent

Current estimates suggest that as many as 312,000 children in the UK are separated from a parent by a prison sentence each year.²²³ Whilst this number is significant, the lack of any nationalised database means that the exact size of this group remains unknown; nor is it known how many of these parents are perpetrators of domestic abuse. Prisoners are not routinely asked when they enter prison whether they have children, and mothers in particular may wish to conceal the fact they have children in order to avoid social service interventions.²²⁴

This lack of identification translates into a lack of systemic support for the children. The children risk suffering psychological, economic, and social harms.²²⁵ Indeed, the imprisonment of a household member is one of the ten Adverse Childhood Experiences (ACE) known to cause significant trauma and harm. It is also associated with a fivefold increase in exposure to other ACEs, even after adjusting for demographic and socioeconomic characteristics.²²⁶

Children may suffer further trauma when a parent is incarcerated for perpetrating abuse. Their number however remains unknown – and “this means that the children slip through the net,” Sarah Burrows, CEO of the charity Children Heard and Seen told the CSJ. “Look no further for health inequalities: the child whose parent is in prison is likely not to be on the radar at all, so will find it difficult to access support. Recovery is slow if it ever happens.”²²⁷

217 NSPCC, “Statistics briefing: Child deaths due to abuse or neglect,” December 2021, NSPCC Learning, <https://learning.nspcc.org.uk/media/1652/statistics-briefing-child-deaths-abuse-neglect.pdf>.

218 Ibid.

219 Marian Brandon et al., “New Learning from Serious Case Reviews: A Two Year Report,” 2009, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf.

220 Nuffield Foundation. Protecting young children at risk of abuse and neglect. 2021. <https://www.nuffieldfoundation.org/publications/protecting-young-children-at-risk-abuse-neglect>.

221 Elaine Wedlock, and Julian Molina, “Sowing the Seeds: Children's Experience of Domestic Abuse and Criminality – Victims Commissioner,” 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

222 National Institute for Health and Care Excellence, “Crossing the Rubicon: From suicidal ideation to suicidal acts Thematic Review Briefing Paper,” 2019, https://www.kscmp.org.uk/_data/assets/pdf_file/0012/111504/CYP-Suicide-Thematic-Review-BriefingPaper-August-2020.pdf.

223 Sarah Kincaid et al. “Children of prisoners,” Centre for Health and Justice, February 2019, <https://www.nicco.org.uk/userfiles/downloads/5c90a660c3051-executive-summary-web-version.pdf>.

224 Lucy Baldwin and Rona Epstein, “Short but not sweet: A study of the impact of short custodial sentences on mothers & their children,” De Montfort University, 2017.

225 Daniel Mears, and Sonja Siennick, “Young Adult Outcomes and the Life-Course Penalties of Parental Incarceration,” *Journal of Research in Crime and Delinquency* 53, no. 1 (February 2016): 3–35, <https://doi.org/10.1177/0022427815592452>.

226 Kristin Turney, “Adverse childhood experiences among children of incarcerated parents,” *Children and Youth Services Review*, Volume 89, 2018, Pages 218–225, ISSN 0190-7409, <https://doi.org/10.1016/j.chilyouth.2018.04.033>.

227 Sarah Burrows, interview with CSJ, conducted March 2022.

Interviews carried out for the CSJ by the charity, which provides one on one and group support to children with a parent in prison, found that they felt conflicted: love for the incarcerated parent, grief, or anger at the violence that parents had inflicted on the family.

Case study: AMELIA

Amelia's Dad Kevin carried out an assault with a blade. There had been incidents of domestic abuse in the family. Kevin was released from prison on Licence however was recalled to prison shortly after release. He is now in HMP Bullingdon until his release December 2020.

There was media coverage of the original offence which led to some of the children's friends being told not to socialise with them, leaving them isolated. One child was not talking about their father, and one was disengaged from services. Kevin is being re-tried for another offence of arson. This went to trial on 20th Sept 2020.

By engaging with Children Heard and Seen the children were able to access one to one support, using the workbook to talk through their experiences and feelings. They also accessed the music project and activity days that allowed them to meet other children with a parent in prison, reducing their isolation.

Staff from Children Heard and Seen also supported the family at TAF meetings and Mum was able to join parent groups, giving her the opportunity to meet with others in a similar situation, thus reducing her isolation.

The interventions meant the stigma around parental imprisonment was reduced and saw an increase in confidence for mum and the children. They were also able to make new friendships without fear of judgement or having to hide that their dad was in prison.

Amelia Interview²²⁸

Interviewer: *Which family member of yours has spent time in prison?*

Amelia: *My dad*

Interviewer: *Do you remember how old you were when he went to prison?*

Amelia: *Yeah*

Interviewer: *How old?*

Amelia: *Um, I was eleven*

Interviewer: *You were eleven, and how old are you now?*

Amelia: *Twelve*

Interviewer: *Twelve, okay What – Do you remember when he first went to prison, do you remember how that felt?*

Amelia: *Um, I felt like really upset, like confused*

228 Case Study Amelia, interview with Children Heard and Seen, 2022

Interviewer: *Yeah, um, were you able to talk to anybody at the time, when he first went to prison were you able to talk to um – obviously, I know you spoke to Maria, but did you speak to anybody in school, any friends, or teachers?*

Amelia: *Um, I spoke to my deputy head of um year*

Interviewer: *Okay, and was that helpful?*

Amelia: *Yeah*

Interviewer: *Yeah, did they understand?*

Amelia: *Yeah*

Interviewer: *And did you raise that yourself or did they approach you?*

Amelia: *Um, I think it was a bit of both*

Interviewer: *Yeah, at the time when it happened is it because – was it impacting on you in school?*

Amelia: *Yeah*

Interviewer: *In what way would you say?*

Amelia: *Um, I got nervous a lot when anyone like tried to speak to me about family or anything*

Interviewer: *Yeah, did you tell any friends? Did you share with anybody?*

Amelia: *Um, I told three of my close friends*

Interviewer: *And how were they, were they understanding?*

Amelia: *Yeah, they helped me*

Interviewer: *Ah that's good, so it was good for you to talk to people?*

Amelia: *Yeah*

Interviewer: *Okay, fab When you remember – you were told that your dad had gone to prison, what was the hardest thing for you to deal with at the time?*

Amelia: *Um, I think it was the fact that I didn't see him as often because I normally saw him like two times a week and then it went from not seeing him for like months*

Interviewer: *Yeah, do you remember anything around the time just before he went to prison, like do you ever remember him being arrested or anything like that?*

Amelia: *No*

Interviewer: *No, so who told you then that he had gone to prison?*

Amelia: *My mum*

Interviewer: *Your mum did? Um, what did that feel like when she told you?*

Amelia: *Really sad cause I remember like I burst out crying and it was when I first woke up*

Interviewer: *Yeah. Have you, I know cause of COVID it made things very difficult but were you able to ever visit dad in prison?*

Amelia: *Yeah, I think I visited him around three times*

Interviewer: *Did you? And what was that like?*

Amelia: *Um, scary because like there was like police guards and that there and like the dogs*

Interviewer: *Yeah, I bet, yeah, and is it – what's the visiting centre like, is it a nice place to sit or?*

Amelia: *Um, it's like, it's alright, it's not bad but then it wouldn't be like one of the best places because it's like a massive hall with lots of other people in and then there are always like people watching you all the time*

Interviewer: *Mm, does it feel like you've got no privacy?*

Amelia: *Yeah*

Interviewer: *Lots of people there, yeah, is it a noisy environment or is it quiet?*

Amelia: *It's quite noisy*

Interviewer: *Yeah, and then obviously your dad came out of prison, um, how did you feel around that, how did you feel when he came out of prison?*

Amelia: *Um, I was excited because he came out of prison on probation and then we met up with him and then a few weeks later he went back into prison because he had missed a curfew and he'd got drunk and that*

Interviewer: *Right okay, and how did that feel then, when he went back in?*

Amelia: *It was sad but then me and my brother kind of like expected it*

Interviewer: *Right okay, that must be pretty tough though for you to have already sort of doubts in your mind that dad might do something –*

Amelia: *Yeah*

Interviewer: *That could get him put back into prison and so, where is he now? Is he back out again?*

Amelia: *Yeah, he's out, he's got a flat here*

Interviewer: *Do you see him much at the moment?*

Amelia: *Um, I mostly see him when my brother's round cause I don't really like speaking to him now*

Interviewer: *Right okay, during this whole process of dad going to prison, coming out, going back in again, um do you feel you've got support from anybody?*

Amelia: *Yeah*

Interviewer: *Who do you think you got the most support from?*

Amelia: *Probably Children Heard and Seen because in lockdown and that as well when you couldn't go to school and speak to people, like you had like the zoom meetings and that you could speak on*

Interviewer: *And did you find them useful?*

Amelia: *Yeah*

Interviewer: *Did it help?*

Amelia: *Yeah*

Interviewer: *That's good, helped me over lockdown I know that much, (laughs) being able to see everybody, um, is there anything now when you think and look back, that would have made it all so much easier for you?*

Amelia: *Probably not having like to do the calls, and to be in person*

Interviewer: *Having visits, you mean? Seeing your dad in person rather than phone calls, is that what you mean? Sorry, so it would have been much more - cause of COVID really the lack of visitation was disappointing, and it would have been – is that what you mean?*

Amelia: *Yeah*

Interviewer: *Yeah, okay, do you think now as well looking back, has the relationship you've got with your dad changed from before he went into prison to now?*

Amelia: *Yeah*

Interviewer: *Changed for the better or for the worse?*

Amelia: *Probably worst*

Interviewer: *Is that because you don't see him as often?*

Amelia: *Yeah, and like there isn't really like a routine where I see him whereas before I would see him on like the weekend and now whenever like he comes like round when he's sober*

Interviewer: *So, you- do you make sure he's sober when he comes to see you?*

Amelia: *Um, sometimes you can't tell over the phone, and then sometimes he'll turn up*

Interviewer: *Yeah, that must be quite upsetting for you when it's a bit unpredictable about how he's gonna be. Is there anything else you think, just for other children as well that might be going through this, is there anything else you think would be really useful and helpful?*

Amelia: *Probably like don't always expect the worst in everything because sometimes like no one like no one's story is the exact same so like just think for the best and if it changes then you can't really do anything about it*

The consequences of parental incarceration can be particularly severe for children of imprisoned mothers as they are often the primary and sometimes sole caregivers in the home. It is estimated that 17,000 children are affected by maternal imprisonment each year²²⁹. For many of these children, it will be the first time they will have been separated from their mothers for any significant length of time.²³⁰ The vast majority, some 95 per cent,²³¹ of children facing maternal imprisonment will have to move out of the family home. Only nine per cent will be cared for by their fathers while their mother is in prison²³², while 40 per cent will be looked after by their grandparents or other family members.²³³ A significant proportion will end up passing into local authority care.

Operation Paramount (for children with a parent in prison)

The incarceration of a parent compounds the terrible impact on children of domestic abuse.

Russ Massie is Lead for Child centred police in the Thames Valley Reduction Unit – one of 18 such units in the country.

Massie tells the CSJ, “We can ensure that when their parent is incarcerated for domestic abuse – which is one of the Adverse Childhood Experiences --a child is identified. There is currently no statutory mechanism to identify the children whose parents are incarcerated so there is no agency that has quantified the scale of the problem. We know an offender’s prisoner’s number, when they are to be released, and where they are in prison and what is their offence and where are they going to go (hostel etc) and conditions for release – so my ask was could we have data when they go into prison?”

Operation Paramount would establish links to the child in the “Prison Data on Entry” and contact SRT colleague to further check for suitability and risk assessment of the child: is that child in need, should there be specialist support put in place, etc. A police officer in plain clothes or a local police community officer follows up with a welfare, during which they consult the family about being put in touch with the charity Children Heard and Seen, which offers one to one support with trained staff, volunteer mentoring, parent support and peer to peer groups for both children and the parent.

Massie informed the CSJ that police can be part of the solution when domestic abuse is studied through a health lens. “Policing tactics can and should change to cause the least mental harm to the children of domestic abuse. The trauma of arrest, knocking on doors in the middle of the night, rows between police and their parents – we can change that.”²³⁴

“There is sometimes no need to involve social services,” Sarah Burrows, the CEO of Children Heard and Seen, told the CSJ. “We have helped over 700 children in this way – and when you remember that nation-wide, 65 per cent of sons with a father in prison will enter the criminal justice system, the fact that only two of our children went on to offend is evidence that our approach is effective.”²³⁵

Burrows has collaborated with Thames Valley police to pilot the process since September 2021. They aim to cover Thames Valley during 2022-23 following evaluation.

229 Sarah Kincaid, & Manon Roberts, “Children of prisoners: fixing a broken system,” Crest, April 10, 2019, <https://www.crestadvisory.com/post/children-of-prisoners-fixing-a-broken-system>.

230 “Why focus on reducing women’s imprisonment?,” Prison Reform Trust, 2017, pp. 1-11, <http://www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women%27s%20imprisonment%20BL.pdf>.

231 Ibid.

232 Jean Corston, “The Corston Report: A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system,” Home Office, March 31, 2007, <http://criminaljusticealliance.org/wp-content/uploads/2017/07/Corston-report-2007.pdf>.

233 “Why focus on reducing women’s imprisonment?,” Prison Reform Trust, 2017, pp. 1-11, <http://www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women%27s%20imprisonment%20BL.pdf>.

234 Russ Massie, CSJ interview, conducted November 2021.

235 Sarah Burrows, interview with CSJ, conducted March 2022.

Child and adolescent to parent abuse

Children can be perpetrators as well as victims of domestic abuse – although this is routinely ignored.²³⁶ The number of 20–34-year-olds living with their parents since 2012 has risen by a third and by March 2020, 28 per cent of people within this age group were sharing a home with their parents, grandparents, or stepparents.²³⁷ This trend has shone a light on the prevalence of child-on-parent abuse -- a parent is killed by their child every 19 days. Although most perpetrators are adult children, perpetrators are as young as 11 years old.²³⁸

Parents are reluctant to admit that they fear their child and disclosure is rare, according to Dr Amanda Holt, reader in criminology at the University of Roehampton. Social services have tended to focus on children at risk rather than children as perpetrators – but Dr Holt counters that a child abusing their parent is engaged in an unhealthy relationship and services should frame this as another type of “risk” for the child.

Instead, according to Stephanie Madeley, Chair for Surrey Police force, the “tendency is to dismiss this as a parenting issue: you were not strict enough. You were too strict.” The issue, Madeley points out, “is that you can leave a perpetrator, but you can’t leave your child.” She told the CSJ that the police do not understand or know how to deal with child to parent abuse: “The mechanisms aren’t in place for parent victims.”²³⁹

Barriers to disclosure may include shame or physical or cognitive disability. The majority of older victims of domestic homicide are female (68 per cent) and perpetrators are male (85 per cent).

Punam Kharbanda of the Asian Women’s Resource Centre reports that the number of victims of child to parent abuse who are appealing to her centre has noticeably increased over the past few years: “Money is often the cause – a will, the sale of the house, and the parents feel so humiliated they find it difficult to come forward about it.”²⁴⁰

Elderly victims called the Roshni Birmingham helpline to report their children forcing them to write a will and leave them all their money.

“They threaten to push me out onto the street. Ashamed to admit it – I wasn’t a good parent look at how they have turned out,” Shaila Pervez told the CSJ.²⁴¹

The first ever UK research focused specifically on child to parent domestic abuse, where the perpetrator was aged 16 or older, found that one in ten domestic abuse cases recorded in Lancashire are committed by people towards their own parents.

In collaboration with Lancashire Constabulary and the Lancashire Violence Reduction Network, the University of Lancashire Criminal Justice Partnership investigated 26 months of domestic abuse cases from November 2018 to February 2021 and found that of the 66,973 cases reported, 7,171 were committed by people over the age of 16 towards a parental figure.²⁴²

236 Amanda Holt and Sam Lewis, “Constituting Child-to-Parent Violence: Lessons from England and Wales,” *The British Journal of Criminology*, Volume 61, Issue 3, 2021, Pages 792–811, <https://doi.org/10.1093/bjc/azaa088>.

237 Amanda Sharfman and Pamela Cobb, “Families and Households in the UK,” Office for National Statistics, March 9, 2022, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/latest>.

238 Amanda Holt, “Parricide in England and Wales (1977–2012): An Exploration of Offenders, Victims, Incidents and Outcomes,” *Criminology & Criminal Justice* 17, no. 5, November 2017, pp. 568–87, <https://doi.org/10.1177/1748895816688332>.

239 Stephanie Madeley, interview with CSJ, conducted April 2022.

240 Shaila Pervez, interview with CSJ, conducted April 2022.

241 Shaila Pervez, interview with CSJ, conducted April 2022.

242 Nicola Graham-Kevan et al., “Understanding Child to Parent Domestic Abuse in Lancashire (Home Office Funded).” 2021, <https://www.gov.uk/government/news/new-laws-to-protect-victims-added-to-domestic-abuse-bill>.

Most research has explored adolescent child to parent domestic abuse, but this research suggests that it can, and does, happen at any age, and involves a complex range of perpetrator demographics. Findings uncovered perpetrators aged between 16 and 74 years with victims aged between 30 and 98 years. The average age of perpetrators was 27 years, while the average age of the victim was 54 years.

Older people are almost equally as likely to be killed by their (adult) children or grandchildren (44 per cent of victims) as they are a partner/spouse (46 per cent of victims).²⁴³ Therefore, it is especially important that the definition recognises the wide range of family relationships, as there are particular complexities and vulnerabilities that arise in these relationships, as someone ages and develops increased care needs.²⁴⁴

According to the Crime Survey for England and Wales for 2018/19, about 189,350 women and 91,137 men aged 60 to 74 experienced domestic abuse in England and Wales. Many of these victims may be dependent on their abuser for their financial security or for their care. Police officers reported an increase in child perpetration of homicides of elderly parents and grandparents during the pandemic. This may be due to mental health issues that were intensified by the 2020-21 lockdowns.²⁴⁵

A recent report from the Mayor of London's Violence Reduction Unit found that at least 40 per cent of child and adolescent to parent violence and abuse (CAPVA) go unreported.²⁴⁶ Most of these perpetrators are male and between the ages of 19 and 25 years old. Siblings of an abusive child are often forgotten by parents and guardians as well as by support services.²⁴⁷ Anecdotal evidence from practitioners working with children and young people known to criminal justice agencies indicates that financial abuse directed towards parents can correlate with the child owing money to gang members.²⁴⁸

Abuse against pets

Approximately nine in ten DA survivors said that the perpetrators also target pets.²⁴⁹

Types of animal abuse include physical violence, killing, and neglect. Findings indicate that survivors who experience all types of abuse (emotional, physical, coercive control, sexual abuse) are more likely to have their pet murdered by the perpetrator (85 per cent of cases).

Victims often delay leaving their partner for fear over their pet's safety. They often describe their animals as providing comfort, camaraderie, love, escapism, and a sense of purpose in the context of abuse; in some households, victims depict their animals as their only source of support throughout the abusive relationship.²⁵⁰

Victims who sought to protect their pets from abuse or wanted professionals to consider their animals as part of their safety plan to leave found that professionals working in domestic abuse services were unlikely to report animal welfare concerns to authorities. In addition, animal welfare professionals were unlikely to report safeguarding concerns about humans (adults and children).

243 Caroline Abrahams, "No Age Limit: The Blind Spot of Older Victims and Survivors in the Domestic Abuse Bill No Age Limit: The Blind Spot of Older Victims and Survivors in the Domestic Abuse Bill," 2020, ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_no_age_limit_sept2020.pdf.

244 Ibid.

245 Iain Brennan et al., "Comprehensive needs assessment of child/adolescent to parent violence and abuse in London." March 2022. London's Violence Reduction Unit. https://www.london.gov.uk/sites/default/files/comprehensive_needs_assessment_of_child-adolescent_to_parent_violence_and_abuse_in_london.pdf.

246 Ibid.

247 Ibid.

248 Sarah E. O'Toole et al., "A Qualitative Exploration of Practitioners' Understanding of and Response to Child-To-Parent Aggression." *Journal of Interpersonal Violence*, October, 088626052096714, 2020, <https://doi.org/10.1177/0886260520967142>.

249 Mary Wakeham (Bristol Doctoral College, School for Policy Studies, 2021), pp. 1-257, <https://research-information.bris.ac.uk/en/studentTheses/animal-abuse-as-a-strategy-of-coercive-control>.

250 Mary Wakeham, "Animal Abuse as a Strategy of Coercive Control," (University of Bristol: Bristol, 2021).

When trying to access support for their pets, survivors were turned away by local domestic violence and abuse services, social care, and the police because there was a lack of recognition of the significant relationship between animal and human abuse.²⁵¹

These findings were reflected throughout interviews with domestic abuse professionals as well. There is a clear lack of communication between animal welfare services and domestic abuse services: although domestic abuse professionals tend to acknowledge the relationship between animal and human abuse, they would not report or acknowledge the abuse if they did not consider it as a part of their speciality. Professionals interviewed agreed that the training received is inadequate in terms of identifying and understanding the dynamics of animal abuse and domestic violence.

A Bristol University study²⁵² into the link between domestic abuse and animal abuse highlighted the way perpetrators exploited the bond that participants had with animals to coerce, control, and entrap participants. Perpetrators threatened to harm pets if they tried to end the relationship, which prevented participants from leaving, delayed them from leaving, or meant that they returned. Out of the 94 households where animals were abused by the perpetrator, the animals were a consideration in 66 per cent (62/94) of participant's decisions about leaving. Participants also spoke about their problems accessing private rented accommodation with animals due to 'no-pet' policies.

Of the 107 participants 31 stated that animals were given as 'gifts' by the perpetrator to participants or children.

These animals were then abused by the perpetrator in 29 of the 31 (94 per cent) households and murdered in four of the households where animals were given as 'gifts' by the perpetrator. In 95 per cent (98/103) of these households the perpetrator was a previous, or current male partner. In five per cent (5/103) of households the perpetrator was a previous female partner.

Physical abuse and threats to harm animals were the most common forms of abuse. Animals were physically harmed in 70 per cent (66/94) of households and threatened in 63 per cent (59/94) of households. Animals were neglected in 24 per cent (23/94) of households. In 14 per cent (13/94) of households' animals were murdered by the perpetrator.

Perpetrators' abuse of family pets affects children as well. Animals can be threatened or abused as a form of punishment and coercive control over all family members. A qualitative investigation in the UK²⁵³ found similarities amongst relationships, incidents of abuse and the effect of abuse amongst surviving partners and children of perpetrators, highlighting how perpetrators often treat children and animals in similar ways.

Jealousy of the bonds between children and victim was often echoed in jealousy of bonds between pets and victim. Children would witness or hear abuse inflicted on the victim and on family animals. In one interview, the survivor revealed that the perpetrator would make the same threats towards her child as he would towards household animals.

251 Ibid.

252 Ibid.

253 Mary Wakeham, "Animal Abuse as a Strategy of Coercive Control," 2021. University of Bristol: Bristol.

Perpetrators – Physical and Mental Impact

Intergenerational abuse

“If Baby Arthur were alive today, he’d be a perpetrator”

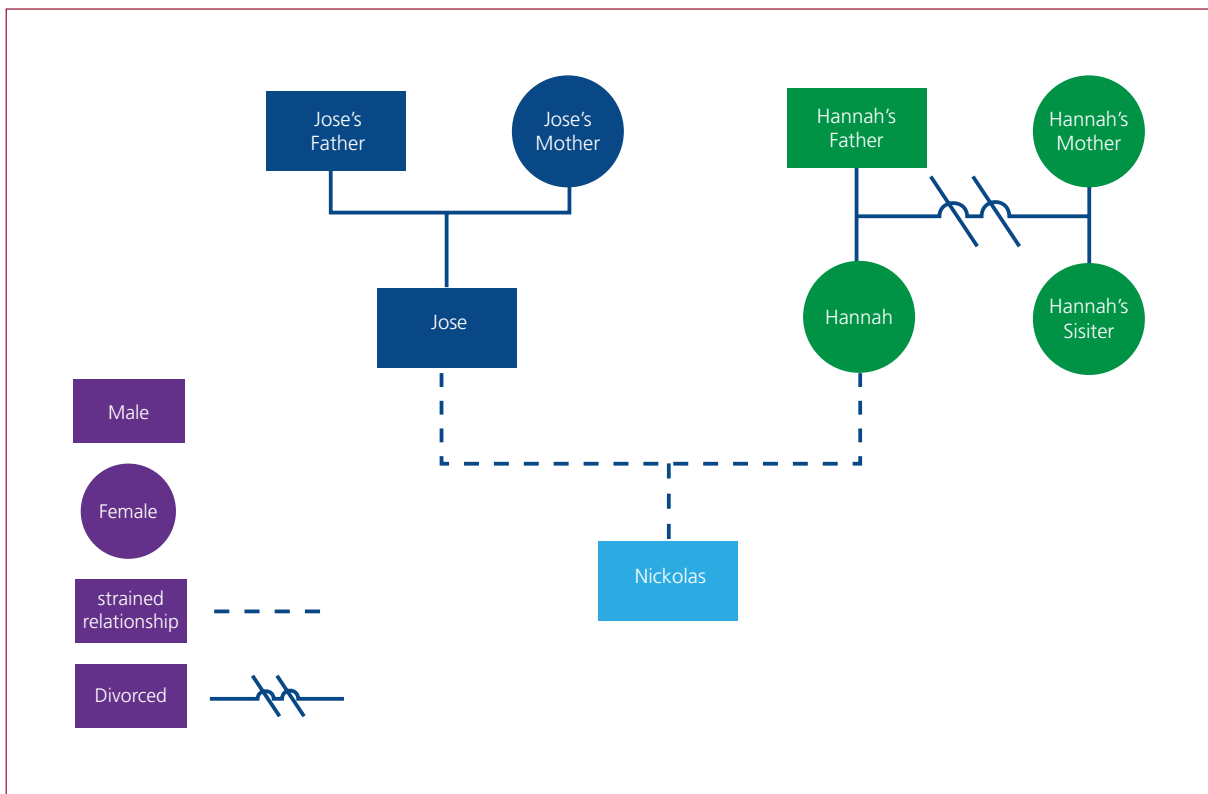
Stelio Stefanou, founder of For Baby’s Sake Foundation.

Written evidence from Redthread states that “Understanding violence as a health issue acknowledges that exposure to violence in formative years at home or in the community is a key indicator of becoming caught up in a cycle of violence later in life. Violence is contagious and should be treated as a contagious disease; analyse the causes, diagnose the problem, look at what works to treat the symptoms and develop solutions.”²⁵⁴

Practitioners have reported that an individual who has experience of domestic abuse as a child is at an increased risk of being caught up in a cycle of abuse that can be traced throughout a family’s history.²⁵⁵

Domestic abuse, like other public health issues, may result in a hereditary predisposition, for both victims and perpetrators. The Vale of Glamorgan Children Safeguarding Board recommended “genograms” as a way of tracking intergenerational patterns²⁵⁶ – such as mental health or drug abuse. We suggest its use for domestic abuse, to track the intergenerational patterns.

Example:²⁵⁷



254 Redthread, “Written Evidence Submitted to the Youth Parliament’s Select Committee on Knife Crime,” February 2019, <https://www.byc.org.uk/wp-content/uploads/2019/06/BYC012-RedThread.pdf>.

255 Elain Wedlock, and Julian Molina, “Sowing the Seeds: Children’s Experience of Domestic Abuse and Criminality – Victims Commissioner,” 2020, <https://victims-commissioner.org.uk/document/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>.

256 “Serious Case Reviews Guidance for Authors of Chronologies and Individual Management Review Reports,” 2016, <https://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Children%20and%20Family%20Services/Local%20Safeguarding/Serious%20Case%20Reviews%20-%20Guidance%20for%20authors%20of%20Chronologies.pdf>.

257 Image by Group C Walden, distributed under the [CC-BY-SA-4.0](https://creativecommons.org/licenses/by-sa/4.0/) International license.

A study from the United States shed light on the way domestic abuse in a perpetrator's past has provided the model for their own violent behaviour. The study on adolescent relationships in Kentucky, Illinois, in 2020,²⁵⁸ found that in terms of communication, violence, substance abuse subjects shared that they often repeated relationship patterns or behaviours they had observed from their parents in their own relationships. Although all adolescents were ideologically opposed to the idea of violent relationships, several participants explained how their family had normalised abusive behaviours.

Data from an unpublished SafeLives report found that 91 per cent of children and young people engaging with specialist children and young people's DA services had been exposed to DA. Almost 45 per cent had been direct victims and 10 per cent were beginning to show signs of developing harmful behaviour.²⁵⁹ Findings suggest that advocacy and parenting skills training may be the most effective intervention type for improving child behavioural outcomes. The most effective interventions were delivered to both parent and child.

Some preliminary findings from researching those on the verge of harming from SafeLives indicate that the perceptions of what is considered harmful behaviours are different across genders. Young people on the verge of harm lack models who practice healthy behaviours and relationships. Participants echoed sentiments from other survivors on the insidious nature of abuse.

Overall, findings emphasize the need for prevention rather than intervention. For children and young people without a model of healthy relationships/behaviours, education in schools might be the first time they are learning about what this looks like. In this way schools are not just reinforcing learning; they are imparting it for the first time – which suggests that schools are just one piece of the jigsaw puzzle.²⁶⁰

A Home Office study of domestic homicides found an intricate relationship between domestic abuse, substance misuse, and mental health. The study found "The consideration of these characteristics in this analysis does not imply that mental illness or drug/alcohol (mis)use in themselves cause, or in any way excuse, domestic abuse, or domestic homicide. However, the high rate of police identification of these factors as relating to suspects in these cases does suggest that these situational factors can exacerbate and escalate domestic abuse."²⁶¹

Child perpetrators

Where some perpetrators used intimidating behaviour and coercive control, causing the victims significant fear, other incidents appeared to centre around children struggling with substance use. In around a quarter of the cases, perpetrators appeared to struggle with their mental health and diagnosis, or behaviour consistent with, autism, ADHD, depression, Schizophrenia and psychosis, and emotionally unstable personality disorders were likely an important factor.²⁶²

Prevalence of mental health concerns support incorporation of mental health treatment throughout perpetrator intervention programmes.²⁶³ Other academic studies and literature reviews²⁶⁴ however, reinforce the failure of mental health services in engaging with some perpetrator programmes.²⁶⁵

258 Becky Antle et al., "Intergenerational Transmission of Intimate Partner Violence and Its Impact on Adolescent Relationship Attitudes: A Qualitative Study," *Journal of Loss and Trauma*, July 1–21, 2019, <https://doi.org/10.1080/15325024.2019.1634894>.

259 SafeLives, "Ending domestic abuse," March 2022.

260 Ibid.

261 Lis Bates et al., "Vulnerability Knowledge and Practice Programme (VKPP) Domestic Homicides and Suspected Victim Suicides during the Covid-19 Pandemic 2020-2021." 2021. <https://cdn.prgloo.com/media/02d412c416154010b5cebaf8f8965030.pdf>.

262 Lisieux Elaine De Borba-Telles et al., "Is Parricide a Stable Phenomenon? An Analysis of Parricide Offenders in a Forensic Hospital." *Revista de La Facultad de Medicina* 65 (1): 9–13, 2017, <https://doi.org/10.15446/revfacmed.v65n1.58829>; see also Regula Wick et al., "Matricides in South Australia – a 20-Year Retrospective Review." *Journal of Forensic and Legal Medicine* 15 (3): 168–71, 2008, <https://doi.org/10.1016/j.jflm.2008.01.002>.

263 SafeLives. "Safe and Well: Mental Health and Domestic Abuse." 2019. <https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf>.

264 Jasmin Isobe et al. "A Critical Interpretive Synthesis of the Intersection of Domestic Violence with Parental Issues of Mental Health and Substance Misuse." *Health & Social Care in the Community*, March 2020, <https://doi.org/10.1111/hsc.12978>; see also Danielle Stephens-Lewis et al., "Interventions to Reduce Intimate Partner Violence Perpetration by Men Who Use Substances: A Systematic Review and Meta-Analysis of Efficacy." *Trauma, Violence, & Abuse*, November, 152483801988235, 2019, <https://doi.org/10.1177/1524838019882357>.

265 Marianne Hester et al., "Evaluation of the Drive Project -A Three-Year Pilot to Address High-Risk, High-Harm Perpetrators of Domestic Abuse," 2019, http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf.

Mental health

Although most people with mental health needs will never be violent, evidence suggests having mental health problems is a risk factor for perpetrating domestic abuse. It is important to recognise that mental health problems can create additional vulnerabilities that people perpetrating abuse may seek to exploit, such as threats of institutionalisation, withholding medication, threats to have children taken away, or to 'out' their mental health problems to family and friends.²⁶⁶

Mental health issues are prevalent in perpetrators of domestic abuse who enrol in intervention programmes. Halfway through the programme, 62 per cent of perpetrators assigned to Drive were recognised as having an excessive or high degree of mental health issues.²⁶⁷ Of these individuals, 21 per cent had planned or attempted suicide. The hospital and costs of follow-up mental health interventions following perpetrator suicide attempts are assumed to be the same as for victims-survivors' use of services. Drive estimates the cost of mental health services use by perpetrators at £2,050 per perpetrator.²⁶⁸

Psychiatric symptoms are prominent in accounts of domestic homicide perpetration. Of 1431 domestic homicide cases in England and Wales, almost a quarter of perpetrators of family homicide had been in communication with mental health services during the year before the offence, and at the time of the homicide, 34 per cent of perpetrators exhibited psychiatric symptoms.²⁶⁹

Substance abuse

Like mental health issues, substance abuse is not exclusive to domestic abuse perpetrators and not all perpetrators will have substance abuse issues. However, an analysis of the domestic homicide reviews identified substance use as a common feature in cases of intimate partner homicide and family murders.²⁷⁰

An analysis of men receiving substance misuse treatment in England found that domestic abuse perpetration was common among them.²⁷¹ The Mayor of London's 2005 report found that 93 per cent of male domestic abuse perpetrators with substance misuse issues became perpetrators after their substance use became problematic. However, many of their female counterparts reported experiencing abuse while their partner was sober.²⁷²

In an analysis of domestic homicide reviews, AVA Project found alcohol use was mentioned in 69 per cent of reviews. Over half of these reviews report the perpetrator as having problems with alcohol and in 38 per cent of reports both the victim and the perpetrator were identified as having problems with alcohol.²⁷³

266 SafeLives, "Safe and well: Mental health and domestic abuse," May 2018, <https://safelives.org.uk/sites/default/files/resources/Spotlight%20-%20Mental%20health%20and%20domestic%20abuse.pdf>.

267 Marianne Hester et al., "Evaluation of the Drive Project -A Three-Year Pilot to Address High-Risk, High-Harm Perpetrators of Domestic Abuse," 2019, http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf.

268 Ibid.

269 Siân Oram et al., "Mental Illness and Domestic Homicide: A Population-Based Descriptive Study." *Psychiatric Services* 64 (10): 1006–11, 2013, <https://doi.org/10.1176/appi.ps.201200484>.

270 Nicola Sharps-Jeff and Liz Kelly, "Domestic Homicide Review (DHR) Case Analysis. London: Standing Together and London Metropolitan University," 2016, https://coercivecontrol.ripfa.org.uk/wp-content/uploads/standing_together_dom_homicide_review_analysis.pdf.

271 Gail Gilchrist et al., "Controlling Behaviours and Technology-Facilitated Abuse Perpetrated by Men Receiving Substance Use Treatment in England and Brazil: Prevalence and Risk Factors." *Drug and Alcohol Review* 36 (1): 52–63, 2017, <https://doi.org/10.1111/dar.12521>.

272 Equation, "Domestic Violence and Substance Use: Overlapping Issues in Separate Services?" 2005, <https://equation.org.uk/wp-content/uploads/2012/12/Domestic-Violence-and-Substance-Use-Overlapping-issues-in-separate-services.pdf>.

273 Against Violence and Abuse, "Domestic Abuse and Change Resistant Drinkers: Preventing and Reducing the Harm Learning Lessons from Domestic Homicide Reviews Part of Alcohol Concern's Blue Light Project in Partnership with AVA's Stella Project Improving Lives," 2016, <https://avaproject.org.uk/wp-content/uploads/2016/09/Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf>.

Very few cases made reports to alcohol specialist services when the perpetrator was identified as having problems with alcohol. The relationship between alcohol misuse and domestic abuse is not causal but complex. Even in situations where only one individual is recorded as abusive, the police are more likely to arrest both parties and perceive drinking couple as dual perpetrators.²⁷⁴ In cases with drinking couples, the police might do little beyond removing the perpetrator for a short amount of time. Perpetrators are rarely referred to alcohol services.²⁷⁵

Violence and abusive actions cannot be attributed to substance misuse alone. There are many accounts from victims where their perpetrators are sober and continue the abuse, or where the abuse stops but the substance abuse persists. Other factors such as power dynamics, normalisation of the abuse, intergenerational abuse, and coercive control should be considered.²⁷⁶ Evidence from the Drive program evaluation suggests health costs associated with perpetrators' substance use disorders is £3,400 per perpetrator.²⁷⁷

274 Marianne Hester, "Who does What to Whom? Gender and Domestic Violence Perpetrators." Bristol: University of Bristol in Association with the Northern Rock Foundation, 2013, <https://doi.org/10.1177/1477370813479078>.

275 Ibid.

276 Sarah Fox, and Sarah Galvani, "Substance use and domestic abuse," 2020, <https://www.basw.co.uk/system/files/resources/substance-use-and-domestic-abuse-pocket-guide.pdf>.

277 Marianne Hester et al., "Evaluation of the Drive Project -A Three-Year Pilot to Address High-Risk, High-Harm Perpetrators of Domestic Abuse," 2019, http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf.

Safeguarding Measures

NICE guidelines

Professor Gene Feder of the Society for Academic Primary Care explains that in the NICE guidelines specific recommendations were made for improving the response of the NHS to DA. However, NHS commissioners have generally not provided the resources to implement the training and support and referral pathways in general practices or trusts.²⁷⁸

As outlined on the NICE webpage,²⁷⁹ clinicians must:

- Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends, or family members may be colluding in the abuse).
- Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's, and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.
- Ensure staff know, or have access to, information about the services, policies, and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.

Professor Feder argues that although the NICE guidelines clearly define evidence-based good practice in addressing domestic abuse, resources are necessary to link the "DA sector to the health services. We need that connection. The research is there; the evidence is there. Now, the challenge is how we get it integrated into policy and resourced. If I didn't have training and I didn't know how to refer I would hesitate to ask patients about domestic abuse."

Significant measures have been introduced to improve safeguarding through the health system, but access to some remains patchy, while the success of others is compromised by a failure, on the part of health services, to collaborate with other stakeholders in adopting a multi-disciplinary approach.

Mental health

A national survey of 143 female survivors in 2020 found that only 23 per cent felt confident that mental health professionals are aware of and/or able to identify signs of violence and abuse.²⁸⁰ The same survey found 49 per cent of participants had accessed mental health services in the last 12 months²⁸¹. Only 39 per cent felt safe accessing mental health services; this was true for 66 per cent of respondents in relation to General Practices, and 67 per cent in relation to Acute health settings.²⁸²

Where mental health services were available, survivors across all sites had been made to jump 'through hoops' to get support, and many had been placed on long waiting lists. Furthermore, virtually no support was offered to survivors on waiting lists.²⁸³

278 Gene Feder, interview with CSJ, conducted April 2022.

279 "Domestic violence and abuse: multi-agency working," National Institute for Health and Care Excellence, Public health guideline [PH50], February 26, 2014, <https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse>.

280 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf, p. 32.

281 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf, p. 15.

282 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf, p. 32.

283 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf, p. 29.

A number of participants also highlighted concerns around the thresholds for accessing specialist mental health support. Survivors reflected how health services were being delivered, and the extent to which they were able to meet the needs of survivors. One woman, for example, had been told that her trauma was not recent enough for her to get help, another hadn't been able to access support because she was working and therefore not considered 'bad enough' for support.²⁸⁴

Although health services have a poor record in referring victims of DA, the Emergency Department played a key role, accounting for over half of all 198 hospital IDVA clients (54 per cent). This was followed by maternity and ante-/neo-natal units (16 per cent), then psychiatry/mental health departments (7 per cent), which often liaised closely with Emergency Departments, for instance in the case of drug overdoses.²⁸⁵

Impact of the MARAC

The highest risk DA cases are discussed in a Multi-Agency Risk Assessment Conferences (MARAC) – which draws representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. As well as safeguarding the adult victim, MARAC make links with others for safeguarding children and managing the behaviour of the perpetrator. The victim does not attend the meeting but is represented by an IDVA.

The IDVAs are qualified professionals who work with victims of domestic abuse to address safety concerns and signpost to relevant resources. They can help with anything from housing to navigating the criminal justice system.²⁸⁶ IDVAs were introduced in 2005 through the Domestic Violence National Action Plan.²⁸⁷ The 2021 SafeLives practitioner's survey found the current number of full-time equivalent IDVAs working in England and Wales was 420 fewer than the minimum requirement, 1,220, to support victims at risk of serious harm.²⁸⁸

The Ministry of Justice's (MoJ) December 2021 consultation on the proposed Victim's Bill called for a standardised training of the IDVAs: findings show that commissioning requirements vary by region, preventing a consistent quality of training across the service.²⁸⁹

Health services have been failing to refer to IDVAs – only 7 per cent of IDVA case load is referred in this way. However, 72 per cent of victims working with an IDVA say they went to A&E or a community service as a result of their abuse in the year before their referral.²⁹⁰ Once again, opportunities for identification are being missed by the health service.

The identification tool, DASH – Domestic Abuse, Stalking, Harassment, and Honour based Violence Assessment Tool -- is used to refer high-risk victims to IDVAs. Created by SafeLives for the MARAC,²⁹¹ DASH is a checklist comprising a series of simple questions. The main source of information is the victim.

284 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf, p. 30.

285 Diana Barran et al., "A Cry for Health Why We Must Invest in Domestic Abuse Services in Hospitals" (London, UK: Safe Lives, 2016), p. 40.

286 "What is an Idva?" SafeLives, N.D, <https://safelives.org.uk/what-is-an-idva>.

287 Maddy Coy and Liz Kelly, "Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes," The Henry Smith Charity, July 2016, <https://cwasu.org/wp-content/uploads/2016/07/IDVA-Main-Report1.pdf>.

288 "SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales," SafeLives, 2021, [2020_21 Practitioner Survey Final 2.pdf \(safelivesresearch.org.uk\)](https://safelivesresearch.org.uk).

289 Ministry of Justice, "Delivering justice for victims, a consultation on improving victims' experiences of the justice system" December 2021, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1039431/delivering-justice-fo-victims-consultation.pdf.

290 V. Waldersee, "Half of UK healthcare professionals 'untrained' to spot domestic abuse," YouGov, August 12, 2019, <https://yougov.co.uk/topics/health/articles-reports/2019/08/12/half-uk-healthcare-professionals-untrained-spot-do>.

291 "SafeLives Dash risk checklist for the identification of high-risk cases of domestic abuse, stalking and 'honour'-based violence," SafeLives, 2015. https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf.

The checklist enquires about the types of abuse, characteristics of the perpetrator, referral information, and if there are any children at risk. A high score (14 or more 'yes' boxes) indicates elevated risk of murder and/or serious harm. These victims should get help from an IDVA, who will become their first point of contact and will work with them to devise a safety plan. DASH is available in several languages.²⁹²

Early analysis shows that following intervention by a MARAC and an IDVA service, up to 60 per cent of domestic abuse victims report no further violence.²⁹³ This represents a significant saving to the taxpayer, as the average high risk domestic abuse case costs almost £20,000 in public money, based on an assumed average number of police call outs, A&E attendances, and GP support.²⁹⁴

This results in estimated direct costs of around £2.4 billion per year to the taxpayer, and still more to employers. For every £1 spent on MARACs, it is estimated that at least £6 of public money can be saved annually on direct costs to agencies.²⁹⁵

Trauma informed services

A consultation in 2021 of survivors' experience of health services found that a lack of understanding of abuse and trauma risked leaving them with misdiagnosis and inaccurate assessments—and feeling further stigmatised and traumatised.²⁹⁶ Many practitioners in statutory services dealing with victims of sexual violence, domestic abuse, so-called "honour abuse" and other highly traumatic crime call for trauma-informed training – as is already widespread in Scotland.

To effectively counter trauma, however, professionals in the care system need specialist training.

Adopting a trauma-informed approach means practitioners widen their lens in assessing the victim's needs, from focusing exclusively on the individual to considering their family circumstances and dynamics -- from "me" to "we;" and equip them with the necessary skills for forging positive relationships in the future.

In October 2020 Neil Harrison, of the Rees Centre at Oxford University, published a report that found attachment and trauma awareness training had enabled participants to understand the importance of relationships, and of "emotional coaching".

Harrison studied 24 primary schools across eight LAs before the Covid-19 pandemic. Data were collected prior to the school receiving attachment and trauma awareness training (in 2018 and early 2019) and then one year later. 494 school staff, spanning senior leaders, middle managers, teachers, teaching assistants and those fulfilling other roles (e.g., administrative) were involved.

Most respondents reported making changes to their everyday practice as a result of the training. These included "a new emphasis on relationship-building, revised responses to challenging incidents and the use of specific techniques such as 'emotion coaching'."

These results are encouraging, but at present there is no consistent definition of 'trauma-informed,' which creates confusion and inequalities in services. All agencies should be using the same definition.

292 "Resources for identifying the risk victims face," SafeLives, February 27, 2015, <https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face#:~:text=Dash%20stands%20for%20domestic%20abuse,they%20live%2C%20whoever%20they%20are>.

293 Emma Hogarth et al., "Safety in numbers," SafeLives, November 2009, https://safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_full_report.pdf.

294 "Saving Lives Saving Money," SafeLives, CAADA, 2010, safelives.org.uk/sites/default/files/resources/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf.

295 "Frequently Asked Questions (MARACs)," SafeLives, 2014, <https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>.

296 "Pathfinder Survivor Consultation," Pathfinder, 2020, https://avaproject.org.uk/wp-content/uploads/2020/06/Pathfinder-Survivor-Consultation-Report_Final.pdf.

Safeguarding in schools

Children disclose first to a teacher. But teachers do not always know how to signpost these children. Domestic abuse is not part of the routine safeguarding guidance that teachers receive on an annual basis.

Operation Encompass is a charitable organisation, set up in 2011 to help support children who experience domestic abuse by sharing information between the police and schools. The scheme operates in 43 police force areas across England and Wales. When the police attend a domestic abuse incident with children in the household, they report the incident to a trained Key Adult in the child's school.

This sharing of information helps teachers to become aware of the lived experience and domestic situation facing pupils who are either victims of or are at risk of domestic abuse. The aim is to secure a sympathetic reception for the child, including accompanying them to class or the playground, plus one-on-one conversations in which the broader context and issues facing the child can be addressed. The charity addresses children's safeguarding through information-sharing, multi-agency working and early intervention.

The organisation operates a free helpline for teachers, including providing access to clinical psychologists. Online training provided by the organisation has been accessed by over 10,000 teaching staff, according to Operation Encompass.

Practitioners are broadly supportive of this scheme, although some third sector practitioners have suggested that the scheme's success is reliant on what the schools actually do with the information when they receive it, and whether there is specialist support available within the school staff body.

Some schools report that the Operation Encompass scheme is not shared internally with teaching staff, so more awareness and training may be needed on the part of schools in order to make best use of its offer. Speaking to the CSJ, some schools suggested a "red flag" in the school register to alert teachers to the programme might be helpful.²⁹⁷

Angela Dickinson, Lead for Vulnerable Learners at Canterbury Academy, told us that in many schools there is very little training on DA's impact on the child who experiences this at home, and most teachers feel under-prepared for a pupil's disclosure.²⁹⁸

Nursery workers similarly feel under trained. A survey of 900 nursery workers conducted by the Anna Freud Centre in 2020 found many reported feelings underprepared and sought more training.²⁹⁹ Over 70 per cent of respondents reported working with children and babies who were affected by domestic violence. The majority (70 per cent) reported becoming stressed or upset when addressing these situations and 74 per cent said they were unsure of how to deal with these circumstances. Over half (53 per cent) said they had not received any additional training, alongside their standard training, that related to early years mental health.³⁰⁰

Equally unhelpful is signposting for the victims of child to parent abuse, with social service agencies pushing parents to the police, which ends up criminalising traumatised children. Instead, given that a recent study of child and adolescent to parent violence and abuse (CAPVA) in England found a link to adverse childhood experiences (ACEs), unsatisfactory relationships with parents, perceived emotional rejection from parents, and emotional dysregulation in young people, only tailored and evidence-based interventions could support families affected by this type of abuse.³⁰¹

297 Multiple interviews with primary and secondary schools conducted by the CSJ between November 2021 and April 2022

298 Angela Dickinson, interview with CSJ, conducted March 2022

299 Anna Freud Centre, "Their challenges are our challenges: A summary report of the experiences facing nursery workers in the UK in 2020," [Annafreud.org](https://www.annafreud.org/media/13013/their-challenges-are-our-challenges-survey-report.pdf), 2021, <https://www.annafreud.org/media/13013/their-challenges-are-our-challenges-survey-report.pdf>.

300 Ibid.

301 Alexandra Papatichail and Elizabeth Bates, "'I want my mum to know that I am a good guy...': A thematic analysis of the accounts of young people who exhibit Child-to-Parent Violence in the UK," *Journal of Interpersonal Violence*, 2020, [tps://doi.org/10.1177/0886260520926317](https://doi.org/10.1177/0886260520926317).

The Data Gap

Designing an effective preventative strategy for families affected by DA requires far more and far better data than is available now. “If inaccurate assumptions about violence between men and women are made, there could be serious, real-world consequences, such as miscalculating needs for resources and programming or making legal decisions based on incomplete or misleading conclusions.”³⁰²

Recording data should be seen as crucial to the diagnostic. Data is also needed to prove the scale of violence that does not enter the NHS— but is disclosed to professionals at the local level such as GPs, dentists, etc. In this way it is possible to establish a baseline from which services can improve their understanding of the scale of DA.

Stephanie Madeley MARAC Chair for Surrey Police force told us that patient confidentiality is a large stumbling block for data sharing. MARAC Surrey Police Force has been trailing a scheme whereby before they meet (which occurs every six weeks) to discuss their cases, they contact the victims’ GP surgery to find out any relevant information, including how often the victim consulted their GP, when was the last time, and whether they have ever made a direct disclosure about DA.

Dearth of health referrals

“Out of 19 requests to local GPs, only 2 bothered to send back the required information... We find in our MARAC that the fewest referrals come from health. And yet sharing of data is allowed if it helps safeguard the individual,” she said.

Madeley calls on services, including her force, to “be more professionally curious: for instance, of all our DA records only 40 per cent have the ethnic data.”³⁰³

Active Detective Sergeant Tess Snelgar, who works for the Thames Valley Police on Individual Management Reviews covering Domestic Homicides and Suicides, agrees, singling out in particular the health services as un-forthcoming:

*“All agencies that have had contact with the family will be asked to contribute to the Statutory (Serious) Case Reviews. The one that has made the least referrals concerning DA is inevitably health. They fear being intrusive and so they are failing to inquire. And victims will often be under-representing their issue – “I have it under control” “he loves me really” – so the end result is that violence stays hidden.”*³⁰⁴

Practitioners reported that the data gap was in part caused by the fear of exposing the identity of a victim or perpetrator; and of repercussions for a victim if the perpetrator were to discover they had disclosed to services.

The Royal College of Practitioners has introduced guidelines for recording incidents of domestic abuse which include hiding domestic abuse reporting from patient-accessible electronic medical records.³⁰⁵ Furthermore, anonymised aggregate data should reassure practitioners that their patient’s details remain confidential.

302 Karey O’Hara et al., “Measurement invariance across sexes in intimate partner abuse research,” *Psychology of Violence*, 8(5), 2018, p. 567 <https://www.ojp.gov/hcjrs/virtual-library/abstracts/measurement-invariance-across-sexes-intimate-partner-abuse-research>.

303 Stephanie Madeley, interview with CSJ, conducted April 2022.

304 Tess Snelgar, CSJ interview, conducted April 2022.

305 Royal College of General Practitioners. “Guidance on recording domestic abuse in the electronic medical record.” 2021. <https://selondonccg.nhs.uk/wp-content/uploads/2021/03/Guidance-on-recording-of-domestic-violence-June-2017-1.pdf>.

NICE guidelines recommend using a code or special mark to indicate domestic abuse.³⁰⁶ But SNOCODE CT Information sharing is not happening around primary care – police are mapping DA “but health is always a tricky partner in this,” Kenny Gibson of NHS England told us. Gibson also stated:

“There is not one single medical record system, which would ease sharing. Nor is there a clinical duty to code DA or to ensure that a consistent code (SNOMED CT Code) is attached to each DA victim; there are about 12 per DA victims, which makes it difficult for the practice to run a search on anyone “condition”. A CCG should have one person in charge of this. While there is a statutory duty on LAs to provide DA victims with safe accommodation, there is no duty to report at LA level the number of those who have reported being the victim of abuse.”³⁰⁷

IDVAs and MARAC are the only data sources on domestic abuse; but IDVA has no mandate to share their data base; and MARACs do not share their data. Most organisations in this sector operate under the Charity Commission Law which prohibits sharing of data. LAs that have a Domestic Abuse forum made up of health police education and social services could share data – but do not do so automatically.

Professor Ben Goldacre recently published an independent review into the NHS’s use of health data. He specifically suggests strengthening data analysis by establishing a shared library of analysis tools and investing in training to encourage opportunities for data collection and analysis.³⁰⁸

The Supporting Families programme has shown how data sharing could be improved: as part of the scheme councils share the personal information on individuals and families (such as names and dates of birth) who have been assessed as meeting criteria for the programme and those who have participated in the additional services with the government’s nominated evaluation partner, the Office for National Statistics. They link this with information routinely collected by government departments to develop a wider picture of the needs and progress families have made. The results are shared with central government and LAs, but in a de-personalised form to protect families’ privacy.

The Victims Commissioner points out that one issue is that data currently requested for monitoring and evaluation is onerous for small organisations.³⁰⁹ She calls for “flexibility” in data collection and “that the highly specific nature of for example VAWG is taken into consideration... ideally metrics should be co-produced with the specialist VAWG sector and survivors.”

306 “CKS is only available in the UK,” National Institute for Health and Care Excellence, July 2018, <https://www.nice.org.uk/cks-uk-only>.

307 Kenny Gibson, CSJ interview, conducted April 2022.

308 Ben Goldacre, “Better, broader, safer: Using health data for research and analysis,” April 2022. GOV.UK., April 2022, <https://www.gov.uk/government/publications/better-broader-safer-using-health-data-for-research-and-analysis/better-broader-safer-using-health-data-for-research-and-analysis>.

309 “Ministry of Justice. “Delivering justice for victims: consultation on improving victims’ experiences of the justice system,” December 2021. https://consult.justice.gov.uk/victim-policy/delivering-justice-for-victims/supporting_documents/deliveringjusticeforvictimsconsultation.pdf.

Commissioning

NHS England has introduced new integrated care systems to co-ordinate organisations providing health and care services. These would include community-based services, accessed by 70 per cent of victims and survivors of domestic abuse.³¹⁰ These services – in contrast to refuge services – deliver outreach, floating support, and advocacy (including IDVAs); dedicated support for child victims; therapeutic support services, such as formal counselling and support groups and education and training professionals.

A more co-ordinated response relies on better commissioning practice. At present, the commissioning process favours large organisations, is short term, and allows for a post code lottery of provision.

Commissioning services are subject to competitive tendering rather than needs-led grant making. This “shopping for services” approach relies on complex application processes – and smaller organisations lack the resources to devote to a tender bid. Representatives of the CSJ Alliance, which includes more than 420 grassroots charities, confirmed that this held true for all organisations, not just those addressing domestic abuse.³¹¹

Competitive tendering also emphasises efficiency savings, achieved by reducing the number of contracts and therefore the administrative costs. This disproportionately affects small grassroots service providers that lack capacity to bid for large, generic contracts.

As a result, large domestic abuse organisations (income of £1m) were around 50 per cent more likely to be in receipt of a statutory main funding source for their community-based services than small organisations (income of less than £250,000).

‘By and for’ services at a disadvantage

These risks depriving victims and their children of the expert knowledge (including linguistic, culturally specific) embedded in the specialist services. Understanding cultural and/or religious contexts is essential in understanding what protection women facing “honour abuse,” for example, will require.

Even where ‘by and for’ organisations receive statutory funding, it is likely to be very limited compared to statutory funding received by larger organisations. Research showed that funding from LAs represented 39.6 per cent of all funding for 10 leading, England-based, non-BME organisations addressing violence against women and girls; whereas funding from LAs was just 10.9 per cent of the funding for BME organisations surveyed.³¹²

Unequal funding of organisations represents a serious barrier to support for individuals from minoritized communities as well as male victims, given that this group of victims were 70 per cent more likely to seek support from specialist organisations.³¹³ Organisations that identified as being ‘by and for’ black and minority victims were three times more likely to say that they provided community-based support tailored to the needs of migrant victims and victims with no recourse to public funds than other types of organisations.

310 Jacobs, Nicole. “Domestic Abuse Commissioner submission to the HM Treasury Autumn Budget and Spending Review 2021 – Representations, “Domestic abuse commissioner,” 2021. <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/FINAL-2109-Spending-Review-submission-from-the-Domestic-Abuse-Commissioner-for-England-and-Wales.pdf>.

311 “Safely reducing the number of children going into care,” Centre for Social Justice, April 2021. <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJJ8864-Children-In-Care-INTS-WEB-210422v.pdf>.

312 “From survival to sustainability,” Imkaan, December 2018, https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf. Imkaan. “From Survival to Sustainability: Critical Issues for the Specialist Black and ‘Minority Ethnic’ Ending Violence against Women and Girls Sector in the UK.” 2018. https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf.

313 Against Violence and Aggression, “Tackling Violence against Disabled Women & Girls a User-Led Project by Vision Sense with Centre for Disability Funded by Big Lottery Fund through DRILL (Disability Research on Independent Living and Learning) Fast Track.” 2019. <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf>.

An FOI (freedom of information) request to all London councils found that refuges led 'by and for' black and minority women lost around half of their annual council funding between 2009 and 2016.³¹⁴ In the space of a year (2016), half of all black and minority ethnic women's specialist refuges were forced to close or were taken over by a larger provider due to lack of funding, while others continue to operate without any local government support.³¹⁵

There are only 36 refuge services across England which provide specialist support for black and minority groups of victims and survivors.³¹⁶ The majority of these services are based in London.

For deaf and disabled survivors, who are twice as likely to experience domestic abuse than non-disabled women,³¹⁷ there are only four 'by and for' organisations providing domestic abuse support. They are based in London (deaf and disabled), Kent (deaf only), and Cambridgeshire (deaf only).³¹⁸ The forthcoming (Spring 2022) Domestic Abuse Commissioner's final mapping report will provide considerable further context to the above findings.

Men who have experienced domestic abuse also frequently want a service tailored for them as they feel that existing services are 'for women only,' because of the widespread perception that DA is only considered a "violence against women and girls" (VAWG) crime.³¹⁹

Commissioners also need to consider the impact of specifications, for example, many tenders will now specify openness to both men and women. It must be recognized, however, that this presents particular challenges for certain DA services, most notably refuges.

Short termism

Charities we have spoken to during the course of this research agree with the Victims' Commissioner's response to the Victims' Bill Consultation:

"We are very strongly of the view that the short-term nature of much funding is counter-productive and can create damaging real workforce issues including trouble retaining staff, difficulties in long-term service planning and reduced opportunities for further development of services. Funding should also be, at least in part, unrestricted to provide a degree of flexibility, the need for this was well demonstrated by the unexpected pressures of the pandemic."³²⁰

Saskia Lightburn-Ritchie, CEO of My Cheshire Without Abuse, told the CSJ that government grants often have to be spent within a brief (for example, six month) time scale; this makes investment in long term programmes a risk for smaller charities like hers. Short termism, she said, also affects recruitment and retention of staff.³²¹

314 Nicole Jacobs, "Domestic Abuse Commissioner submission to the HM Treasury Autumn Budget and Spending Review 2021 – Representations," 2021. <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/FINAL-2109-Spending-Review-submission-from-the-Domestic-Abuse-Commissioner-for-England-and-Wales.pdf>.

315 "Capital Losses," Imkaan, 2016. <https://trustforlondon.fra1.digitaloceanspaces.com/media/documents/Capital-Losses-Imkaan-April-2016.pdf>.

316 Women's Aid, "The Domestic Abuse Report," 2021. <https://www.womensaid.org.uk/wp-content/uploads/2021/01/TheDomestic-Abuse-Report-2021-The-Annual-Audit.pdf>.

317 SafeLives, "Disabled survivors too: Disables people and domestic abuse," SafeLives, March 2017, <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>.

318 Nicole Jacobs, "Domestic Abuse Commissioner submission to the HM Treasury Autumn Budget and Spending Review 2021 – Representations," Domestic Abuse Commission, 2021. <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/FINAL-2109-Spending-Review-submission-from-the-Domestic-Abuse-Commissioner-for-England-and-Wales.pdf>.

319 Elizabeth Bates and Emily Douglas, "Services for Domestic Violence Victims in the United Kingdom and United States: Where are we today?" *Partner Abuse*, 11 (3), 2020, pp. 350-382. *Are We Today?* *Partner Abuse*, September, PA-2020-0019. <https://doi.org/10.1891/pa-2020-0019>.

320 Nicole Jacobs, "Victim Commissioner's Response to the Victim's Bill Consultation," 2022. Saskia Lightburn-Ritchie, interview with CSJ, conducted March 2022.

321 Saskia Lightburn-Ritchie, interview with CSJ, conducted March 2022.

Post code lottery

Poor quality and paucity of data has meant that many local areas lack domestic abuse services. Over a quarter of LAs have no DA services. Although all LAs are obliged to provide refuge for victims of DA and their children, access to community-based services is patchy.

The 2019-20 report, “Fragile Funding Landscape”, by Women’s Aid, found that one fifth of refuge services in England did not receive local authority commissioned funding.³²² Less than 20 per cent of commissioned services received enough funds to cover support staff costs and the commissioned refuge sector is endorsed by a substantial number of non-commissioned spaces.³²³

18.5 per cent of all refuge bedspaces running in November 2020 were not funded through local authority commissioning (788 out of 4251 bedspaces). There were 18 refuge services run by specialist ‘by and for’ black and minority women’s organisations running at November 2020.

A much higher percentage, 57.5 per cent (146 out of 254), of spaces in these services were provided by non-commissioned refuge services, compared to the overall 18.5 per cent.

Kenny Gibson of NHS England told us that the southwest of England had no Violence Reduction Units whatsoever; meanwhile Dr Amanda Holt at the University of Roehampton told us that only 19 of 43 police forces flagged child to parent violence as DA.³²⁴

322 Women’s Aid, “Fragile funding landscape,” 2021. <https://www.womensaid.org.uk/wp-content/uploads/2021/02/Fragile-funding-landscape-the-extent-of-local-authority-commissioning-in-the-domestic-abuse-refuge-sector-in-England-2020.pdf>.

323 Ibid.

324 Kenny Gibson, CSJ interview, conducted April 2022.

Recovery

As the first, and often only, contact survivors make with services, health professionals need to change their approach to domestic abuse.

The health service should recognise domestic abuse as a public health crisis and a clinical challenge, and those it affects as patients in need of physical and mental support. Health professionals need better training to identify victims, perpetrators, and their children in order to offer referrals and treat the health consequences of abuse.

However, they also need to understand that these individuals are their responsibility, not just the victims or perpetrators of a heinous crime. Only in this way can we disrupt the cycle of violence that ruins lives and leaves in its wake a predisposition to abuse or be abused.

A first step in contributing to a preventive strategy should be to recognise that “domestic abuse” does not apply exclusively to intimate partner violence but extends to cover the wide range of family relationships. It also covers abuse that takes place between two people who are no longer in a relationship – with the perpetrator continuing (on in some cases beginning) to engage in controlling behaviours such as stalking, monitoring phones calls, sending threats via text, email, phone, or social media. Research has also found child contact cases, and arrangements regarding the non-custodial parent’s visits, triggered domestic abuse.³²⁵

Health professionals can and must play a critical role in contributing to the safety and recovery of survivors. We outline the ways in which this can be achieved below.

Health visitors

Pregnancy, we have seen, is a trigger for many perpetrators. A GP or a health visitor will issue the pregnant woman with a Maternity Certificate form to fill – a MATB1 form. The practitioner should take this opportunity to ask, “do you feel safe at home?”

Health visitors (HVs) in particular could play a key role in identifying victims of DA. Popular with the public and not regarded as stigmatising, health visitors are an indispensable means of capturing crucial data about families.³²⁶ The 7000 HVs hold degree qualifications in specialist community public health visiting and are often also trained in midwifery or nursing.³²⁷

Locally commissioned, the HVs usually visit parents in their homes, though they may also deliver services in a family hub, GP surgery or children’s centre. They offer ante natal checks, when they weigh and measure the baby; immunisation; or assist the mother with breastfeeding. They can also identify parental conflict.³²⁸

The first visit from a Health Visitor occurs in pregnancy and then, in principle at least, the HV will return four more times through the Healthy Child Programme: from 24 weeks pregnancy; new birth 10-14 days; 6-8 weeks; 9-12 months; 2 years.

Ideally, all five mandated reviews should be completed by the same Health Visitor, as continuity of practitioner is important for the first 3 (antenatal, new birth and 6 weeks) to build relationships and, crucially, elicit disclosure.

There is evidence that HV are effective: when their number doubled, between 2010 and 2015, a review by Public Health England found that hospital admissions for injuries under 5 years³²⁹ were also lower, pointing to a possible reduction in parental abuse and neglect.

325 Maddy Coy et al., “Picking up the Pieces: Domestic Violence and Child Contact a Research Report Rights of Women and CWASU 2012,” 2012, Rights of Women, https://rightsofwomen.org.uk/wp-content/uploads/2014/10/Picking_Up_the_Pieces_Report-2012l.pdf.

326 Ibid.

327 House of Commons, “The reduction in the number of health visitors in England,” 2019, <https://www.local.gov.uk/sites/default/files/documents/LGA%20briefing%20-%20Reduction%20in%20the%20number%20of%20health%20visitors%20in%20England%20WEB.pdf>.

328 Institute of Healthy Visiting, “iHV launches ‘Health Visiting in England: A Vision for the Future,’” December 2019, IHV <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.

329 Public Health England. “Review of mandation for the universal health visiting service.” 2016. GOV.UK. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592893/Review_of_mandation_universal_health_visiting_service.pdf.

Taking advantage of their popularity and universal access, HVs could be better used to engage with hard-to-reach families who will otherwise avoid services. Visits should include information on whether women were subject to domestic abuse -- around a third of the records (30 per cent) fail to mention any questions on this, despite guidance to do so throughout pregnancy.³³⁰

A visit could include supporting children living in a home where there is parental conflict; and identifying signs of DA.³³¹ Expanding the Health Visitor's role to these areas would represent important savings in terms of DA accommodation and community services.

The HV system is under immense pressure, however. The Institute of Health Visiting's 2018 survey³³² found that one in five health visitors had caseloads of over 500 children – and some as much as 750 compared to the maximum of 333 children targeted by the Department of Health and Social Care. Moreover, not all health visitors feel adequately trained to deal with DA.³³³

The charity For Baby's Sake Foundation collaborated with the Institute of Health Visiting to create an online toolkit for health visitors and nurses to start conversations with victims of DA.³³⁴

The e-learning sessions are intended for use by health visitors and nurses. The programme consists of four new introductory modules which have been updated and added in April 2020 following a refresh of the evidence, policy, and legislation on domestic abuse. The content of these modules was co-produced with health visitors with lead roles for domestic abuse, researchers and safeguarding specialists, representatives from Women's Aid, the Family Nurse Partnership and GALOP, the UK's specialist LGBT anti-violence charity, as well as individuals who generously shared their first-hand experience of the effects of domestic abuse for the benefit of others.

The Royal College of Nursing similarly, has developed a single page pathway to help nurses and midwives better understand their responsibility in identifying a victim of domestic abuse.³³⁵ Their guidance package includes definitions, indicators for domestic abuse, help for nursing and midwifery staff concerned about domestic abuse (NICE guidelines and who to contact based on your geography), and links with further information such as helplines.³³⁶

The Royal College of Midwives offers tips on dealing with domestic abuse³³⁷ and the Royal College of Nursing provides information and resources for all nurses and midwives on their webpage.³³⁸

Family bonds can secure perpetrators' cooperation in transforming abusive behaviour. For instance, the For Baby's Sake programme for expectant parents starts in pregnancy and usually continues until the baby is two, covering the crucial time when a child's brain is developing, and bonds are forming. The charity works therapeutically by addressing trauma – historic and cyclical – with trained practitioners supporting parents to tackle often complex and daunting issues from their own lives

330 MBRRACE-U. "Saving Lives, Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2016-18." January 2021. <https://www.npeu.ox.ac.uk/mbrrace-uk/reports>.

331 Ibid.

332 Institute of Healthy Visiting, "Three years on from a move to local authority commissioning in England, what has changed?" 2018, IHV, https://cdn.ps.emap.com/wp-content/uploads/sites/3/2018/12/181205_Institute_of_Health_Visiting_survey_results_Dec_2018.pdf0.

333 Ibid.

334 Institute of Health Visiting, "HEE domestic violence and abuse e-learning," April 27, 2020, IHV, <https://ihv.org.uk/for-health-visitors/resources-for-members/resource/e-learning/hee-domestic-violence-and-abuse-e-learning/>.

335 "Professional resources | domestic abuse | royal college of nursing," January 2022, The Royal College of Nursing, <https://www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse/professional-resources>.

336 "Guidance to support those affected by domestic abuse | royal college of nursing," September 2020, The Royal College of Nursing, <https://www.rcn.org.uk/professional-development/publications/rcn-support-for-domestic-abuse-uk-pub-009301>.

337 Royal College of Midwives, "8 tips for responding to domestic abuse for maternity healthcare professionals." n.d., RCM, <https://www.rcm.org.uk/news-views/rcm-opinion/2021/16-days-of-activism-against-gender-based-violence-8-tips-for-responding-to-domestic-abuse-for-maternity-healthcare-professionals/>.

338 The Royal College of Nursing, "Professional resources | domestic abuse | royal college of nursing." n.d., <https://www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse/professional-resources>.

General practitioners

The Identification and Referral to Improve Safety (IRIS) programme was developed as a primary health care response, linking general practice to domestic abuse services. The training, support and referral pathway enables GPs to ask about domestic abuse, recognise the abuse in a woman's life, understand and be able to discuss with her the impact on her health whilst providing excellent clinical care. The GPs offer a referral to a named specialist within a domestic abuse support service.

Professor Gene Feder, one of the developers of the IRIS programme, emphasized that the answer lies in training GPs to ask about domestic abuse, respond supportively to disclosures and have a referral pathway:

"Imagine if we trained GPs to identify diabetes but had no specialist support? The programme has to have training and then resources. It's not just GPs, you could say the same for the whole health sector.

"The IRIS programme has been commissioned in 15 per cent of practices. Training itself isn't enough -- you need the training and referral pathway and the reinforcement behind it. You don't just do that training to medical and nursing undergraduates. It needs to be part of postgraduate and continuing professional development, as with other conditions for which you expect clinicians to be safe and competent. One off training won't change anything.

"The response from the health service needs more than training of clinicians, though that is important," Medina Johnson CEO of the IRIS programme tells us. "There needs to be a clear pathway, onward referral. We don't want the GP to have to go through 20 names on a list and wonder which one is best for the individual in front of them. We want the GP instead to have one name and one number – the IRIS worker – and then she will do the assessing, the referring to the right support, all the work in other words."³³⁹

IRIS increased identification of domestic violence and abuse in patient records 3-fold, discussion of referral 22-fold, and actual referral 6-fold.³⁴⁰

Medina Johnson, CEO of the IRIS programme, explained that the programme has been working with general practice in 40 areas in England and Wales with the aim to make disclosure easier. The scheme has helped 25,500 women.

"We work in a trauma informed way, and we want everyone in General Practice, from the GP to the receptionist, to work in this way. We know we are doing well. We want to extend our scheme from 15 per cent to 100 per cent coverage of GP surgeries.

"Commissioners should recognise that this programme is transformational and that after 24-36 months investment in our training, we can point to significant change. There is a real return on investment because once they engage with us, they will save on repeat consultations and on prescriptions, on the victims' productivity and their longitudinal outcomes."³⁴¹

Johnson told the CSJ that IRIS training meant that GPs understand that they have to "listen and believe the woman who discloses. They have understood that she is not guilty. They can refer her to the next step immediately."

She also suggested that the programme could be extended to sexual health clinics, in order to hit another demographic - young individuals.

The costs for covering a population of 200,000 patients amounts to £100,000 for one full time worker for the first year, and £80k in the second year and subsequent years.

³³⁹ Gene Feder, CSJ interview, conducted April 2022.

³⁴⁰ "Improving general practice response to domestic violence and abuse," 2020, <https://irisi.org/wp-content/uploads/2020/10/IRIS-National-Report-2020.pdf>.

³⁴¹ Medina Johnson, interview with CSJ, conducted April 2022.

The Pathfinder project

The Pathfinder project ran from 2017-20 to address the links between domestic abuse and health. The project aimed to improve health professionals' response in acute hospital Trusts, mental health Trusts and GP practices and engaged nine CCGs and 18 NHS Trusts across England to implement wide-ranging and sustainable interventions in eight local areas. A total of 633 survivors were referred to a domestic abuse support service. Pathfinder has found that health-based support would often identify survivors' other services missed.

A comprehensive toolkit for LAs, CCGs, commissioners and strategic leads in NHS Trusts, the Pathfinder 'Whole Health' model introduced health professionals to a DA policy template, a checklist from reviewing DA training and practical briefings on how to respond to BME, LGBT, older and disabled survivors of domestic abuse.

The project was led by Standing Together as part of a consortium of expert partners including SafeLives, IRISi, Imkaan and Against Violence and Abuse (AVA).

The Pathfinder Project's findings:

- 54 per cent of Pathfinder clients had needs recorded relating to mental health
- 3 per cent of all Pathfinder clients were recorded as at risk of so-called 'honour' based violence compared to 2 per cent of Community Independent Domestic Abuse Advisor clients

Some notable outcomes of the project:

- 50 per cent of clients reported that sexual abuse stopped
- 76 per cent of clients reported that physical abuse stopped
- 38 per cent of clients reported that jealous and controlling behaviour stopped and 68 per cent said this type of abuse was reduced
- 40 per cent of clients reported that harassment and stalking stopped
- 31 per cent reported that financial abuse stopped
- 91 per cent of clients felt safer
- 85 per cent of clients felt like their quality of life improved
- 95 per cent of clients felt their wellbeing improved
- 77 per cent of clients felt optimistic about the future
- 76 per cent of clients felt more confident

These key findings showed that health services offered clear referral pathways to survivors enabling them to disclose abuse and receive specialist support.³⁴²

A number of therapeutic interventions that work by engaging with perpetrators, victims, and their children, are also being piloted. My Cheshire Without Abuse also offers an educational program for health professionals who are working with victims and survivors of domestic abuse. Lunch & Learn aims to provide professionals with confidence in working with domestic abuse victims and perpetrators.³⁴³ Sessions elaborate on safety planning, talking about emotions, healthy relationships, and anger management.

Although it has had significant uptake with Health Visitors and social workers, GPs find the seven, 90-minute sessions too long and say they really only have five minutes to spare in a day. Hence, CWA created a shorter, more condensed version of Lunch & Learn specifically for GPs. At the end of the session, GPs are given cards they can hand out to perpetrators and survivors they are in contact with so that they can continue with a referral if the patient wishes.

342 SafeLives, "Pathfinder key findings report," June 2020,.

343 My Cheshire Without Abuse, "Lunch & Learn – FREE Support & Consultation," 2019, My CWA, Cheshire, www.mycwa.org.uk/professionals-lunch-learn.

Pharmacies

There are over 11,700 NHS community pharmacies in England, 90 per cent of whose income comes from the NHS. Technology has freed up pharmacists to deliver clinical services ranging from hyper-tension checks to Covid-19 vaccinations. Providing adequate training to pharmacists could have a huge impact on domestic abuse reporting.

Community pharmacies receive 1.2 million health-related visits every day.³⁴⁴ On average the number of items dispensed by each community pharmacy was 87,212, 64.9 per cent of which were dispensed by the electronic prescription service.³⁴⁵

Public Health England (PHE) recently produced a briefing on the roles community pharmacies can play in addressing health inequalities as they have the opportunity to work with LAs, faith leaders, and under-served communities.³⁴⁶ Some areas for where there is opportunity for intervention are check-ups for adult cardiovascular disease, stop-smoking interventions, provision of sexual and reproductive health services, provision of healthy ageing advice, addressing individuals who may be mentally ill, and when providing seasonal flu vaccines.³⁴⁷

The UK Says No More campaign worked with Boots, Superdrug, Morrisons, and independent pharmacies in May 2020 to provide Safe Spaces within their facilities for people experiencing domestic abuse to contact specialist services.³⁴⁸

In October 2020, Hestia published a report estimating that a quarter of pharmacies across the UK facilitated a Safe Space in their consultation rooms. Since the launch of the scheme, there have been at least 3,700 visits to a safe space.

The UK government launched the Ask for Action Needed Immediately (Ask for ANI) codeword scheme for domestic abuse victims to find support in their local pharmacies.³⁴⁹ When a domestic abuse victim is in need, they can discreetly use the codeword “ANI” so that pharmacy staff can contact the police or specialist services can be contacted. This scheme has provided support for at least 100 victims and is active in over 50 per cent of community pharmacies.³⁵⁰ There is a need for further research on developing a safe and effective pharmacy-based response.

Vets, when trained, can also refer DA victims to services. Researcher Mary Wakeham developed and disseminated training resources to veterinary practices around the country: between March 2021 and May 2021 800 veterinary practice staff have accessed the training and resources for identifying domestic abuse.³⁵¹

344 Gul Root, “Pharmacy playing a pivotal role in prevention and public health,” 2019, UK Health Security Agency, <https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/>.

345 NHS England, “General pharmaceutical services in England 2008/09 - 2018/19 [NS] [PAS],” November 2019, NHS Digital, <https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-2008-09---2018-19-ns>.

346 Public Health England, “Pharmacy teams – seizing opportunities for addressing health inequalities,” September 2021, psnc.org.uk. <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>.

347 Gul Root, “Pharmacy playing a pivotal role in prevention and public health,” 2019, UK Health Security Agency, <https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/>.

348 Hestia, “Domestic abuse in lockdown,” (p.4) 2020, <https://www.hestia.org/Handlers/Download.ashx?IDMF=b9974339-2982-40de-ac88-ed8a0de9a305>

349 HM Government, “Understanding domestic abuse for the ask for ANI codeword scheme,” December, 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939618/Understanding_domestic_abuse_for_the_Ask_for_ANI_codeword_scheme.pdf.

350 Home Office, “Pharmacies adopt government scheme to help domestic abuse victims,” January 14, 2022 <https://www.gov.uk/government/news/pharmacies-adopt-government-scheme-to-help-domestic-abuse-victims>.

351 Mary Wakeham, “Animal Abuse as a Strategy of Coercive Control,” 2021, University of Bristol: Bristol.

Schools

Communication between agencies is recommended in order to safeguard children in schools. Some youth support workers thought it would be helpful to extend the information sharing practice to specialist support workers who would be able to provide further support for children they are working with if they have up to date information about domestic abuse incidents.³⁵² Multi-agency communication is often a barrier for identifying and addressing domestic abuse.³⁵³

Ofsted inspections of schools should be more rigorous, according to Yehudis Fletcher of Nahamu:

“They need to ask the right questions. And they should ensure that any school that fails to roll out proper relationship education as part of the curriculum should be downgraded. They need more access, too. At present inspectors can only photograph evidence they can’t open cupboard doors, and they can’t question children without the express consent of their parents. This leaves the lid firmly on any issues there may be.”³⁵⁴

Access to data

Practitioners need to access data about the individual they seek to support.

The new electronic data base, and appropriate coding, should ensure patient confidentiality, and protect the victim from discovery by a perpetrator. Establishing a SNOMED CT code for domestic abuse would allow professionals to record and share aggregated data.

Knowing the scale of the problem is crucial for a national public health campaign to prevent DA.

The CSJ engaged with specialist ‘by and for’ services, which have been tasked with keeping data relating to their services – including number of callers/survivors; their ethnicity; which agency referred them; and their locality. But practitioners told us this data is not being collected or collated by any central body.

Punam Kharbanda of Asian Women’s Resource Centre said: “we are willing to share our aggregated data, but no one has asked us to.”³⁵⁵ Representatives of Health, Police, Education and Social Services who meet regularly as part of LA “Domestic Abuse” forums should be routinely collecting data from services such as the Centre. Similarly, the Office for National Statistics annual reports on domestic abuse does not include data from these ‘by and for’ services.³⁵⁶

One effective programme that has improved data collection and sharing is One Front Door. Designed by the Safe Lives charity, it brings together a multi-agency team that uses a whole family assessment system to quickly identify what level of information sharing is crucial and lawful. Information is shared within hours of the referral being made.

By collaborating, practitioners from different disciplines can understand different presentations of risk and need, and what that means for the entire family. Then, a plan of next steps can be created within 24 hours. Unlike a MASH, OFD sees key agencies coming together from the moment the referral comes in. Multiple experts from a wide range of statutory and non-statutory agencies work together and are equally responsible for the decision making.

Sharing data much sooner builds a picture of the whole family so that interventions can be offered earlier, before they escalate to the point of meeting statutory thresholds for social care intervention. Pilots have been developed in seven sites across England to trial this approach– Bexley, Norfolk, North Somerset,

352 Ibid.

353 Iriss, “Using evidence for change,” December 2016. https://www.iriss.org.uk/sites/default/files/2018-12/domestic_abuse_published_evidence.pdf.

354 Yehudis Fletcher, interview with CSJ, conducted April 2022.

355 Punam Kharbanda, interview with CSJ, conducted April 2022.

356 ONS, “Domestic abuse victim services,” November 2021, ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusevictimservicesappendixtables

Refuges

The first shelter for so-called ‘battered women’ known in the world opened in London in the 1970s. A refuge provides a safe space for women and children who are experiencing domestic abuse. Addresses and phone numbers of these homes are kept confidential so as to maximise protection of women. Children can usually stay with their mother at a refuge, although some refuges only take male children up to a certain age (this can be as young as eleven or twelve). Most refuges are run by support workers, who will be able to assist women with issues such as benefits claims, re-housing, legal issues, or accessing other services.

There are over 500 refuge services in the UK.³⁵⁷ Few cater to male victims.³⁵⁸ Survivors entering refuge spaces will be asked to sign a lease agreement including rules and policies such as alcohol consumption, are expected to cook for themselves, and may stay for days or months, depending on the refuge. In some instances, working victims who are subject to financial abuse cannot afford to pay for a refuge space and need to give up employment to claim state benefits to fund their space.

The latest ONS data revealed the high demand for support services resulted in 63 per cent of referrals of women to refuge services in England and 34 per cent in Wales being declined due to a lack of capacity and resources.³⁵⁹ Providing a safe space for victims and their children is a crucial service: upon exiting a refuge, 89 per cent of clients felt safer, 79 per cent felt as though their quality of life had improved, and 80 per cent felt more confident in accessing support going forward.³⁶⁰

In 2021, 36 of the refuges in England claimed to cater towards marginalised survivors and 11 per cent of these spaces were in London.³⁶¹ Only 18 of the 36 refuges are Imkaan members, catering to closed communities.

357 Women's Aid, "What is a refuge and how can I stay in one?" May 11, 2020, <https://www.womensaid.org.uk/the-survivors-handbook/what-is-a-refuge-and-how-can-i-stay-in-one/>.

358 The ManKind Initiative, "Emergency housing," May 2020, <https://www.mankind.org.uk/help-for-victims/emergency-housing/>.

359 Office for National Statistics, "Domestic Abuse Victim Services, England and Wales - Office for National Statistics," 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimservicesenglandandwales/november2021>.

360 SafeLives, "Insights Refuge Adult Refuge Services," 2014. <https://safelives.org.uk/sites/default/files/resources/Insights%20national%20dataset%20-%20Refuge%202014-17%20-%20Final.pdf>.

361 Women's Aid, "The Domestic Abuse Report 2021: The Annual Audit." Women's Aid, Bristol, England, (p.72), 2021. <https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf>.

The demand for specialized spaces is high as the first wave of the pandemic saw a 30 – 50 per cent increase in referrals to Imkaan members.³⁶² Imkaan reported that “on average, 1 in 5 referrals to women’s refuges are declined due to lack of space, whilst nearly 4 in 5 black and minoritised survivors are turned away from refuges, an inequality that increases in regions of the country where there are no remaining specialist black-led VAWG organisations.”³⁶³ This high demand for limited spaces is echoed throughout the LGBT domestic abuse sector.³⁶⁴ Overall, “the current commissioned refuge sector is supported by a significant number of non-commissioned spaces. Without these, the shortfall in spaces would increase from 24.5 to 42.5 per cent.”³⁶⁵

Perpetrator programmes

In August 2021, the Home Office awarded £11.3 million to 25 Police and Crime Commissioners (PCCs) in England and Wales, towards domestic abuse intervention programmes.

The programmes use different methods to encourage behaviour change, including 1-to-1 and group therapy and community-based activity. Key objectives of the programmes include reduction in the frequency and gravity of abuse, reduction in the risk posed by the perpetrator and improved safety and protection for victims.

Specific interventions and projects across the country which the funding will go towards include behavioural change courses for children and adolescents who are abusive, violent, or using self-destructive behaviour, often as a result of having been exposed to domestic abuse within their home environment; perpetrator support work in schools includes healthy relationships education, delivered by professionals as part of the relationship and sex education requirement of schools.

There is a need for perpetrator programs that specifically cater to perpetrators from closed off or tight-knit communities. Meena Kumari, founder of H.O.P.E Training and Consultancy said, speaking to the CSJ: “You are less likely to have a perpetrator of honour abuse pick up the phone and self-report to a rehabilitation program or to a national/ local helpline. There is so much more still to do.”³⁶⁶

Less than 1 per cent of perpetrators receive a specialist intervention to address their behaviour.

Ministry of Justice figures have shown that of the 4,927 people ordered to undergo a community-based perpetrator programme during 2007-2008, some 32 per cent failed to complete a programme and 11 per cent failed even to start one.

Measuring the success of perpetrator programmes is complex. Following a conviction and the completion of a programme an offender may not perpetrate violence against a woman for a substantial period of time, indicating a successful outcome. But this does not mean that other forms of abuse have stopped or that he will never be violent towards a partner in the future. On the other hand, by providing associated women’s support services, perpetrator programmes provide support to women who may not yet have accessed support services.

362 Imkaan, “The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls.” Imkaan, London, UK, p. 22, 2020. https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/2f475d_2c6797da42c6454f933837a7290ffe21.pdf.

363 Ibid.

364 Jasan Magi and Peter Kelley, “Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse.” Galop, LGBT+ anti-violence charity, (p.6), May 2019. <https://galop.org.uk/resource/resource-i/>.

365 Women’s Aid, “Fragile funding landscape: The extent of local authority commissioning in the domestic abuse refuge sector in England 2020,” Women’s Aid, Bristol, UK, 2021, <https://www.womensaid.org.uk/wp-content/uploads/2021/02/Fragilefunding-landscape-the-extent-of-local-authority-commissioning-in-the-domesticabuse-refuge-sector-in-England-2020.pdf>.

366 Meena Kumari, interview with CSJ, conducted May 2022.

For Baby's Sake

The For Baby's Sake programme focuses on disrupting the cycle of violence that too often means that abusers and abused inherit a tendency to repeat what they experienced in their family. The programme takes a whole-family approach that deals with the entire cycle and history of domestic abuse, identifying and directly addressing the trauma or traumas that lie at the heart of the problem. The programme highlights how the link between perinatal health and the baby's anxiety can begin at birth. It helps parents realise the impact their own toxic stress has on the baby, which can be as much a risk factor for a baby's neural development as consuming alcohol and smoking.

Many of the parents who come through Blackpool's FBS have experienced a high number of ACEs and have had little access to education. Rather than enrolling these parents in a neurodevelopment course, FBS aims to share this information via YouTube videos or phone applications.

Practitioners' most significant challenge lies in deciding whether the infant's parents have the will and ability to change their behaviour and circumstances to help their baby develop healthily.

Factors which have been shown to reduce the likelihood of significant harm include the presence in the household of a non-abusive partner; parents' recognition of their problems and willingness to take responsibility; their engagement with services; and their empathy for the child. For Baby's Sake found that many of the mothers and fathers, all of whom voluntarily participate in the programme, explain that their motivation for change stems from their desire to provide a better life for their children and to be different kinds of parents to prevent their children having the same upbringing as they did. The baby-centred approach, according to practitioners, is crucial in engaging service users and in facilitating healthy parenting behaviours, leading to secure attachments.

Many fathers in particular reported feeling supported by the programme.

Another key mechanism for change was identified as the ability to develop a close therapeutic relationship with a highly skilled practitioner over a long period of time. Practitioners reflected that they were able to focus in a detailed way on one member of the family, while working with their colleagues to develop a holistic picture of the issues for all members of the family.

A four-year evaluation of the programme, piloted in London and Hertfordshire, found that development outcomes for the babies, at one and two years, were in the normal range and that only a third of families needed any social care input at the two-year stage – in contrast to 70 per cent at baseline. FBS still receives some backlash from some DA campaigners and advocates for working with fathers: they challenge FBS practitioners for not using the term "perpetrator" and for having adopted a model that works with both parents rather than splitting them up.

Parents who engaged with For Baby's Sake programme reported that parenting support is of great value and learning about child brain development and attachment boosted their confidence as parents and improved communication within the family.

Case study: LOLA

Lola grew up in Surrey, where she was in and out of care. She and her ex-partners have histories of substance misuse and Lola was linked into services prior to falling pregnant with her most recent child. She had four children prior to her most recent baby, two from a previous partner, and two more from her most recent partner with whom she enrolled in the Blackpool For Baby's Sake programme. The eldest child predominantly grew up with his uncle and the subsequent children were placed into care while they were young.

At the age of 39, Lola discovered she was pregnant with her fifth child, Olivia. The pattern of children being placed into care drove Lola to join the FBS programme. She and her partner, David, booked themselves into the programme early on in her pregnancy.

"My ex-partner and I had a volatile relationship and because we had problems our children were adopted. We came to Blackpool from Surrey for a fresh start. Before I knew it, I got pregnant and wanted support and help for her and my partner. FBS was able to help us cope with the pregnancy and how to be healthy in our relationship. The entire time, we never felt judged."³⁶⁷

Only four weeks after the baby was born, Lola learned that David was abusing marijuana and borrowing money to support this habit. He started exhibiting coercive control over Lola and the two of them had a row. The birth of their daughter was a trigger for David's abusive behaviour which, in turn, prompted Lola to end the relationship and seek further support. She went through the court system and received a restraining order against David for two years, which will end this coming September. David moved back to Surrey but maintains virtual family time with his daughter. Although David left Blackpool and relapsed into an abusive state, FBS helped facilitate contact with behavioural change programmes in Surrey.

Since completing the FBS program, Lola has re-established a relationship with her older children. Often, these older children harbour resentment towards their parents for not recovering while they were young. In Lola's case, however, her older children adore Olivia, celebrate their mother's achievements, and they visit each other often.

"When my other children were going into placement, I wasn't focused on being a better parent, you have to really want to be on your own. If I were to speak to other parents, I would say that you really have to want to change."

Currently, Lola remains in the addresses she previously resided in with David. The deep, therapeutic relationship FBS established with Lola allows for a cleared image of the baby's life and wellbeing. Lola sends Ged and Karen (her FBS support team) pictures of her daughter and their life together. Practitioners can assess these pictures by the types of clothing the baby is wearing, the type of background they are in, the light of day, and any other factors included in images. Lola's comfortability with FBS therefore allows for a deeper understanding of the baby's welfare.

"At the end of the day, I always felt that FBS wanted mothers to succeed despite their pasts. Because I had so many people doubt me in the past, I used to doubt myself. I know that I will have to deal with David eventually, but I will do it. It'll be fine. He can see Olivia, but it has to be my way."

The Drive Programme

Drive is a perpetrator intervention that challenges and holds high-harm perpetrators – those who have been assessed as at risk of murdering or seriously harming their partners – to account. It has been developed by the Drive Partnership which brings together domestic abuse specialist organisations, SafeLives and Respect, with not-for-profit innovation organisation, Social Finance.

Recent data – including the independent evaluation of Drive – has shown that perpetrator interventions can be effective at changing behaviour and making victims safer. The Drive Project has been shown to reduce the number of perpetrators using physical abuse by 82 per cent and jealous and controlling behaviour by 73 per cent. It is similarly effective at reducing other types of abuse.³⁶⁸

³⁶⁷ DA survivor, interview with CSJ, conducted April 2022.

³⁶⁸ Marianne Hester et al., "Evaluation of the Drive Project – A Three-Year Pilot to Address High-Risk, High-Harm Perpetrators of Domestic Abuse," 2019, http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf.

Drive is cost-effective, too. Research by Bristol University has found that under the status quo, a perpetrator who has been assessed as high risk and whose case is heard at MARAC (a multi-agency risk assessment conference for victims), generates costs of £63,000 as a result of his/her DA behaviour. This cost is made up of costs to police, the justice system, health, and other public services. The average perpetrator was heard at MARAC over three times in a period of around two years.

Responding to perpetrators time and time again is very expensive. Drive – which has an operational cost of £1,800-£2,000 per perpetrator – reduces abuse and the number of times perpetrators are heard at MARAC. The study also found that Drive reduced the other (non-domestic abuse) offending behaviour of perpetrators.

In London, Probation runs the Integrated Domestic Abuse Programme (IDAP) for perpetrators. To date the government has not undertaken an independent evaluation of the effectiveness of the IDAP programme nationally. Following the independent evaluation of the IDAP programme in London to assess its effectiveness in reducing re-offending and enhancing victim safety and satisfaction, and to gauge value for money, the London Violence Against Women and Girls Panel will consider the implications for other community-based programmes and the policy implications for further interventions with perpetrators.

The vast majority of perpetrators remain outside of the criminal justice system and there is a shortage of voluntary perpetrator programmes across London.

Respect

Respect, the national umbrella organisation, has established accredited programmes comprised of violence prevention interventions with perpetrators and associated women's support services, both delivered to a set the way forward of minimum standards.³⁶⁹ Integrated support services are recognised internationally as best practice and are considered vital in promoting women's safety. These programmes are based in the community, allow for voluntary entry, and work with many men referred through child protection procedures.

London Violence Against Women and Girls Panel

The London Violence Against Women and Girls Panel will encourage London boroughs to develop a subregional commissioning model for community-based perpetrator programmes – including those for fathers who are perpetrators – and to ensure that such programmes have been accredited or are applying for Respect accreditation.³⁷⁰

The Choices program

Choices is a preventative program for young men on the verge of harming. The schools-based programme runs across Nottingham and Nottinghamshire. Boys elect to join, and programs usually have a high retention rate. Facilitators liaise with a school and safeguarding needs who can put forward any young men they know who historically live with DA or have harmful behaviour.

During eight weeks the boys are encouraged to consider the choices they make and what constitutes a healthy relationship.

Sessions include conversations around gender stereotypes and acknowledgement of male and female victimization under societal standards. Aspirations and role models are discussed as the boys hone in on people relatable to them -- religious community leaders or local boxing clubs.

³⁶⁹ Respect, "What we do" n.d. <https://www.respect.uk.net/pages/what-we-do>.

³⁷⁰ Mayor of London, "The Way Forward Taking action to end violence against women and girls," March 2010, https://www.london.gov.uk/sites/default/files/the_way_forward_-_strategy.pdf.

“This sows the seed,” said Anthea Tainton of Equation charity, speaking to the CSJ. “[A]fter the programme is completed; they won’t be there forever, but they can make those choices to engage with other things as well. At the end of the program, there’s a celebration event which can be artwork or rock climbing or groupwork – in the past we’ve done dance, drama and even gone to a graphic design studio. That’s the carrot we dangle at the beginning of the project.”

Approximately 150 boys complete the program a year. Program facilitators may complete a post project 1-1 to reflect on the program and encourage boys to engage with community services and link them up.

‘By and for’ services

Commissioners should pay attention to survivors and charities who agree that a culturally specific service makes disclosure easier for men and for individuals from closed communities. Professionals who understand the framework, the motivations and the barriers that promote or constrain certain behaviours help survivors overcome some of the barriers they otherwise face.

For instance, Jewish Women’s Aid provides the only secure refuge where Kashrut, Shabbat and festivals are fully observed. For observant survivors, this is an important asset. Punam Kharbanda at Asian Women’s Resource Centre stresses that ‘By and for’ services mean that the victim does not need to speak in English which may be a foreign language for them; they do not need to explain the cultural context of the abuse and of the perpetrator; they do not feel “odd outsiders whose practices are unfamiliar to the professional who is supposed to support them” .³⁷¹

Front line workers and survivors have told the CSJ that there is need of greater investment in ‘by and for’ services: there are currently only 36 specialist refuges for women from these communities around the country (mainly in London, mainly oversubscribed and often underfunded).³⁷² Meanwhile, men who have experienced domestic abuse also seek a service that is specifically for them as they feel that a gender-inclusive service may be too ‘feminised’ or may perceive it as ‘for women only’ because these are categorised as VAWG crimes.

Two weeks ago, the Home Office issued a policy document³⁷³ called “Supporting male victims of crimes considered violence against women and girls.” Its Violence against Women and Girls strategy classes **all** victims – men and boys included -- of sexual abuse/violence, domestic abuse, stalking, forced marriage and so-called “honour” based violence under the umbrella term “violence against women and girls” (VAWG).

The Home Office official definition of VAWG includes a boy who is sexually abused by a grooming gang; a man brought from abroad and forced to marry someone they do not wish to; a dad running from a violent wife and needing to take his children with him are all included in this official definition.

This has sparked opposition from charities and survivors, according to Mark Brooks, Chair of the ManKind Initiative Charity.³⁷⁴ Brooks’s helpline receives over 2000 calls a year – but he finds it challenging to signpost male victims to specialist support. Together with the National Centre for Domestic Violence Against Men, Brooks is calling for a parallel strategy for men and boys who have experienced intimate violence and abuse – including domestic abuse. This message is supported by the Victims Commissioner.³⁷⁵

371 Punam Kharbanda, interview with CSJ, conducted April 2022.

372 Lucy Mort et al., “Locked in Abuse, Locked out of Safety - the Pandemic Experiences of Migrant Women,” October 19, 2020, Safety4Sisters, <https://www.safety4sisters.org/blog/2020/10/19/locked-in-abuse-locked-out-of-safety-the-pandemic-experiences-of-migrant-women>.

373 Home Office, “Policy paper: Supporting male victims,” May 2022. <https://www.gov.uk/government/publications/supporting-male-victims>.

374 Mark Brooks, interview with CSJ, conducted April 2022.

375 Victims Commissioner, “Male Survivors Are an ‘Afterthought’ in Home Office Policy Document,” n.d. Victims Commissioner, <https://victimscommissioner.org.uk/news/male-survivors-are-an-afterthought-in-home-office-policy-document/>.

'By and for' services deliver training

Given the paucity of 'by and for' services, some 'by and for' staff are undertaking the training of health service professionals. Natasha Rattu of the Leeds-based charity Karma Nirvana is training GPs nationally. The charity is drafting guidelines for all frontline workers. They believe that midwives and HV are the best to identify and signpost victims because they can enter a home without suspicion.

Rattu warns that therapeutic counselling for familial abuse victims is even more complex as they have been disowned by family and community, so a bespoke service is needed. In her experience, however, "By and for services do not always appeal to this group – they are fearful of their community." Victims in predominantly South Asian communities will be reluctant to report to police too, "because they are bound to be South Asian too, and then will side with the family and the perpetrator."³⁷⁶

Janie Codona has also undertaken to train police and other statutory services in order that they may be able to identify a victim of DA in the Romani Traveller community. She says: "Because of their suspicion of services – the social worker may snatch their children away, the police have been offensive to their men -- the victim will often have to be drawn into disclosure. But that requires an understanding of their context that is not often evident among services."³⁷⁷

The Asian Women's Resource Centre (AWRC) is collaborating with the Advance Charity to inform the training carried out by IRIS. They focus specifically on training clinicians and GPs to recognise the very specific trauma that minority survivors will present with, according to Punam Kharbanda of the AWRC: "there are risk factors that should signal immediately that these individual needs safeguarding. In our experience, instead, women are going repeatedly to GPs and are in contact with social services without anyone asking if there is an issue at home."³⁷⁸

Natasha Rattu of Karma Nirvana agrees: "There is little professional curiosity. We ask that when a woman is accompanied by her husband or her mother-in-law to her scans during pregnancy, the health professionals should be studying the pregnant woman's demeanour at the 20-week scan. Have them on your radar." Expecting a girl or a child with disabilities may be a terrifying prospect, triggering familial violence and blame, she explains.

Healthy relationships courses

Relationship education must be a core part of any future DA preventative strategy. Abuse is the result of a toxic relationship that has no room for mutual respect; many of the perpetrators and victims of DA, however, have only ever witnessed this type of relationship growing up – and are condemned, as we have seen, to repeat the cycle. Education about healthy relationships is now a compulsory element of PSHE in UK schools. While this is welcomed by stakeholders and practitioners, it was pointed out in interviews the CSJ conducted that discussions of toxic relationships are not introduced until year 10 and 11.

At present the statutory guidance for relationships education calls for children at the end of primary school to know

*"How to recognise if family relationships are making them feel unhappy or unsafe, and how to seek help or advice from others if needed" and "that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including those in positions of authority."*³⁷⁹

376 Natasha Rattu, interview with CSJ, conducted March 2022.

377 Janie Codona, interview with CSJ, conducted April 2022.

378 Punam Kharbanda, interview with CSJ, conducted April 2022.

379 Department for Education, "Statutory guidance Relationships education (Primary)" September 2021. <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/relationships-education-primary>.

The CSJ suggest that these provisions are too general in nature. A peer-support group consisting of four survivors organised by My CWA told the CSJ that there is a need for education that specifically discusses abusive relationships: “I wish I could have known the signs. He started out charming and kind and the first time he does something, you’ll allow it, then another time, then it’s five times and where do you draw the line before it’s normal?”³⁸⁰

Another survivor wished for her own daughter to learn about domestic abuse in school; “she’s over there banging a triangle for an hour in music, why can’t she be learning about healthy relationships or finances? They get one discussion a year on bullying and that’s it.”³⁸¹

During the course of interviews conducted with the CSJ, survivors also expressed concerns around social media as children learn to normalize abusive relationships through media such as TikTok and online pornography.

Many of the charities the CSJ spoke to share the objective of seeking to introduce educational programmes in schools that focus on healthy relationships.

“This is crucial,” Puman Kharbanda of the Asian Women’s Resource Centre said. “Prevention is cost effective, and it is easy to roll out healthy relationship courses in a school setting. We address issues such as forced marriage, intimate partner violence, but also pornography. Families, especially when they are first- or second-generation immigrant families, are simply not in a position to monitor what their children are seeing on social media. They don’t have a clue about the pornography and violence children can easily access. And they don’t have the tools to counter it either.”³⁸²

Reset

My Cheshire Without Abuse, in partnership with the Cheshire police and Crime Commissioner, is developing Reset, a 12-week education program for schools and youth settings. Saskia Lightburn-Ritchie, CEO of My Cheshire Without Abuse, tells the CSJ that the aim of Reset is to educate teenagers on the development of abuse in relationships.³⁸³ It includes videos of an initially loving connection between teenagers and its gradual transition into a violently abusive relationship. Students address the changes in the relationship between clips and reflect on the gradual descent into an abusive situation.

The aim here is to disrupt the idea of people knowing when they are in an abusive relationship and to help teens recognise the warning signs throughout their own romantic connections. Attitudes and perceptions are measured at the beginning and end of the program, as well as in between sessions on via a shorter questionnaire.

The programme includes a representative from the forensic unit who explains the pornographic nature of sexual images and, if the person being photographed is underage, how images are deemed as child pornography.

380 Four DA Survivors, interview with CSJ, conducted March 2022.

381 DA survivor, interview with CSJ, conducted March 2022.

382 Punam Kharbanda, interview with CSJ, conducted April 2022.

383 Saskia Lightburn-Ritchie, interview with CSJ, conducted March 2022.

Think Equal

The charity was founded by Leslee Udwin, former film maker and human rights activist, and winner of the UN Women for Peace Prize 2019 and the Anna Lindh Human Rights Prize. When Udwin interviewed the perpetrators of the horrific gang rape and murder of a young girl on a bus in India in 2012 for her BBC documentary, *India's Daughter* (2015), she understood that they had been brutalised by their upbringing and were re-enacting a cycle of violence.

Inspired by this insight she co-designed and developed the Think Equal programme with leaders in education, psychology, neuroscience, and human rights (including Sir Ken Robinson and Yale's Center for Emotional Intelligence). The Early Years programme delivers 270 lesson plans, and 200+ accompanying resources across three age-appropriate levels (3-6 years of age). It requires 5 hours of training (digital online self-directed training or customised in person training whichever is needed), has animated story books and home-kits for parental engagement, a trauma-informed adaptation of the program for migrant and refugee communities, and a TV series co-produced with UNICEF, to reach lower-income households that do not have digital connectivity.

For children who are experiencing domestic abuse, My CWA charity has created the Monkey Bob toolkit. This enables young children (under eight years of age) to express their thoughts and feelings, talk about their parents, and develop behavioural and communication regulation strategies. The toolkit includes a Monkey Bob toy and workbook. Because the toolkit is largely visual, children who do not speak English are still able to successfully use it. Although this toolkit is intended for emotional expression, children experiencing domestic abuse have been able to communicate their abusive at home experiences through the toolkit. Approximately 500 children a year are engaging with the toolkit.

Community services

Family hubs, which focus on bolstering relationships, and are not seen as stigmatising, could deliver the Reducing Parental Conflict programme nationally, free of charge, so that key workers feel confident in identifying and acting on conflict between parents.³⁸⁴

The network of Family Hubs could deliver the Reducing Parental Conflict programme, run by the Department for Work and Pensions. The programme has received £33 million to work with councils across England to help them integrate services which address parental conflict into local provision for families. The programme has now trained over 23,000 front line practitioners in 31 LAs. The training supports workers in how to frame questions about family life, what to do if conflict emerges as an issue and how to help. In addition, the programme has funded digital projects and projects which support families with CIN, or where parents have physical or mental health problems.

Hubs can prove a key step in referral to other specialist DA services, too. Hubs' reliance on volunteers promotes community engagement and could deliver a local support network to victims/survivors and their children.

The introduction of Integrated Care Systems, with their stated purpose of encouraging greater collaboration between primary care and local community organisations, represents an opportunity for more inclusive commissioning. This would allow for more 'by and for' services, which we saw can meet the needs of ethnic minority victims; and small grassroots organisations that know their local community best.

384 Ben Lewing, "Why Reducing Parental Conflict Matters for Local Government," 2018, Early Intervention Foundation, <https://www.eif.org.uk/report/why-reducing-parental-conflict-matters-for-local-government>.

Social prescribing will be key to the new integrated care systems, allowing local agencies to connect people with link workers who take a holistic approach to the clients' health and wellbeing.³⁸⁵ Bev Taylor, from the new Academy of Social Prescribing, explained the pandemic had brought home how positive relationships beyond those with the immediate family can prove transformative.³⁸⁶ Covid-19 and its lockdowns have spurred community engagement, up and down the country: it is estimated that 4,000 'mutual aid groups' were set up during the lockdown, and some 83 per cent of people aged over 70 received an offer of support.³⁸⁷

When residents engage in their local community they benefit from a reduced sense of isolation and loneliness; lower mortality; less chance of developing heart disease and a lower risk of premature death.³⁸⁸

Link workers who accompany the domestic abuse victim and/or their child to specialist services can mitigate the mental and physical abuse endured. Their presence can reassure the victim and/or their child, after disclosure, that they will be heard, believed, and supported through a period of recovery.

385 NHS England, "Social Prescribing," 2017, <https://www.england.nhs.uk/personalisedcare/social-prescribing/>.

386 Bev Taylor, CSJ interview, conducted April 2022.

387 Danny Kruger, "Levelling up Our Communities: Proposals for a New Social Covenant a Report for Government by Danny Kruger MP," 2020, <https://www.dannykruger.org.uk/files/2020-09/Levelling%20Up%20Our%20Communities-Danny%20Kruger.pdf>.

388 Ibid.

Recommendations

Domestic abuse is a hidden epidemic. NHS England and the Department of Health must play a greater role in tackling what has traditionally been seen as a criminal justice issue. Health professionals must stop treating domestic abuse as the elephant in the room; they need to be given the training and confidence to call out this abuse, which has such an enormous mental and physical impact on survivors, perpetrators, and their children. The health service needs to improve its collaboration with third sector support services which can often be better at meeting the need of victims.

To boost identification of domestic abuse, and improve support to those affected by it, we recommend:

1. Government should remove the term “Honour Abuse” from all official documentation, including police and medical records and correspondence, as this is not recognised by many victims or practitioners and risks legitimising the violent practices that it is supposed to define. “Honour” in this context only reflects the perpetrator’s rather than their victim’s viewpoint.
2. NHS England and the Department of Health and Social Care (DHSC) should demonstrate leadership in tackling domestic abuse as a health crisis by emphasising health professionals’ duty of care to all domestic abuse victims, regardless of their community or ethnic background, and imbed this in all internal professional communications.
3. The DHSC should introduce statutory training for all health professionals, including GPs, nurses, and Health Visitors, to train in identifying victims and perpetrators of domestic abuse and their children and offer referral them to appropriate services.
4. The DHSC should place a duty to report disclosure in ante-natal and post-natal suspected DA cases as part of statutory guidance. There should be local and regional monitoring, with a review every six months of midwives and health visitors.
5. NHS England and the DHSC should establish and utilise a SNOMED CT code (a coded term used in electric health records) for domestic abuse patients so that professionals can record and share aggregated data. Domestic abuse information should be recorded and shared in a way that protects patients and makes information visible and accessible to healthcare professionals to provide holistic care.
6. Domestic abuse is often cyclical: a child who has experienced domestic abuse has an increased risk of growing up into an abuser or a victim themselves. The Home Office should amend the protocol on Serious Case Reviews to include questions about the perpetrator’s own family history of abuse.
7. Men and boys should be classed as victims of “intimate violence and abuse against men and boys” and have a parallel strategy, so it does not hinder the need for support for women and girls.
8. The Department for Education (DfE) should include in its statutory guidance for primary and secondary schools a requirement to hold sensitive discussions on abusive relationships.
9. The DfE should grant Ofsted permission to question pupils in a school during inspection; at present too many abuses are slipping under the radar because inspectors may only question those pupils whose parents have granted express permission.
10. The DfE should invest more in third sector perpetrator programmes, including customised programmes for perpetrators from closed communities, and in research into their effectiveness. It is only by engaging perpetrators that we can prevent the cycle of abuse.
11. The Department for Levelling Up, Housing and Communities (DLUHC) should issue guidance to Local Authorities (LAs) to commission ‘by and for’ services for victims from certain minority groups which report facing particular barriers to disclosure: language, racism, fear of being ostracised, special diet, etc. More investment in ‘by and for’ services will help provide for the needs of these victims and reduce this health inequality.

12. Commissioning of support services – community-based and refuges – is time and labour intensive, and invariably benefits the big organisations and charities. This fails to take into account that grassroots charities and groups are often best placed to meet the needs of local survivors. We recommend LAs collaborate and strategically target funding of organizations that support survivors from closed communities and marginalized groups.
13. Social Prescribing link workers should be trained to identify victims, perpetrators and children experiencing domestic abuse; and know where to refer them to local services.
14. The new Family Hubs announced at the last Budget and Comprehensive Spending Review should refer to, and where possible deliver, domestic abuse services.
15. The new Integrated Care Systems and existing Clinical Commissioning Groups should fund services dealing with complex trauma. We echo the Victims Commissioner in calling for a consistent definition for “trauma informed.”
16. The Royal College of Veterinary Surgeons should issue guidelines calling for training in identification and referral for domestic abuse victims, provided the connection between animal abuse and intimate partner abuse.
17. The government’s pledge to invest £33 million in extending the Parental Conflict programme is welcome and should be part of the Family Hub offer.

Appendix

SCR text

2021 – Anonymous – Child P1

This case includes multiple police reports and hospital visits from the mother as a result of abuse from the father. In early May 2009 mother was admitted to hospital after an assault by father. Midwifery made a referral to Children's social care. Later that year, mother's immigration solicitor advised IDVA that mother was self-harming (no details) and expressed concern for her mental health. IDVA appear to have considered a referral to mental health but there is no record of this being done. "In July 2017 six-week-old Child P1 was taken to A&E by their father and found to have sustained a fractured skull which was suspected to be the result of an impact injury. Child P1 was also found to have suffered a subdural haemorrhage, retinal haemorrhages and diffusion restriction, injuries which are characteristic of a shaking injury." On another occasion, mother was again admitted to hospital after an alleged assault by her mother-in-law, brother-in-law, and sister-in-law. Mother alleged that they had held a knife to her stomach and a scratch was noted. She alleged that the reason they had attacked her was because they were angry that she had reported father to the police for assaulting her. After the baby's birth, mother was in and out of refuges and had an on and off relationship with father until 2010... Also, in March 2010 father did not attend a mental health review with his GP. The role of GP practices in safeguarding children was weakened in this case by father being registered at different practice to mother and their children and father's practice being unaware of his children and the prior measures taken to safeguard Child 1 and Child 2. There is proposed updated guidance for GPs when registering new patients. Practices will be encouraged to accept new registration for whole families but not for an individual member of a family. At the proper time it may be prudent to monitor how successful this guidance is in preventing the circumstances which arose in this case where father was registered with a different GP than mother and their children. ³⁸⁹

2021 – Anonymous – Family H

The perpetrator (father) and victims (two siblings sexually and physically abused over a two-and-a-half-year period) were home educated and had little contact with outside agencies. "After mother died, the GP checked on how the family were with father and offered to make a referral to counselling. Father reported that he and the siblings were coping with support from the extended family and did not need any further help. There was nothing to indicate that this was not the case. The GP was unaware that the siblings were being home educated and were therefore not routinely in contact with any other services." This case emphasizes the poor communication between agencies. ³⁹⁰

2021 – Anonymous – Hatty and Jen

Sexual and physical abuse of two sisters aged 14-years-old and 13-years-old by their father over a period of six years. Both children were placed with a foster family, and a police investigation was initiated. Across agencies this was seen to be the cause of the anxiety and distress that Hatty and Jen experienced. This belief cast a long shadow, meant the children did not see their mother for many years and did not have the opportunity to have a relationship with her. Concerns about father's domestic abuse, physical punishment of the children, erratic behaviour and mental health difficulties were known, but not seen as the central issue having an impact on Hatty and Jen.

389 Mellor, David and Unnamed safeguarding children partnership (2021) Child P1 serious case review. [S.I.]: NSPCC on behalf of an unnamed Safeguarding Children Partnership.

390 Wiffin, Jane and Unnamed safeguarding children partnership (2021) Child safeguarding practice review: siblings from Family H. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.

2021 – Bexley – Baby R

This Child Safeguarding Practice Review was conducted in response to the death of a 4- week-old baby in 2020 who at the time of his death was subject to a Child Protection Plan in the London Borough of Bexley. Baby R's parents presented him to hospital with nonaccidental head injuries and he died a few days later. The family had been known to multi agency child protection services since the birth of Baby R's older sibling (known in the report as Child S), amid concerns around neglect. Better safeguarding could have been practiced in relation to Mother's suicide ideation. There was some confusion about which service to refer Mother to. This caused a delay to her having an immediate assessment. There was some liaison between Children's Services and Mental Health Services, but mental health professionals were not involved in the multi-agency meetings about the care of the children.

The current health policies in existence stress the high risks associated with bruising in babies but the evidence from this case indicates that the everyday application of this in practice needs to be developed. Regardless of the circumstances and the explanation (however plausible) there should be a standard response. The absence of consultations (through the process of s47 enquiries) with colleagues to check out the explanation given and treat the incidents with a degree of uncertainty was poor practice.³⁹¹

2021 – Bexley – Child O

Serious and potentially life-threatening incident to a 4-year-old boy in July 2019. Child O was taken to hospital after accidentally swallowing Gamma-Butyrolactone (GBL), a Class C drug commonly known as 'liquid ecstasy,' he found in his mother's handbag. It was apparent during the review that many practitioners (including key staff such as the health visitor) working with the family were either unaware of the Special Guardianship Order or unaware of the specific arrangements for contact.

In January 2019, the maternal grandmother of Child O (MGM) was taken to hospital (QEH) having taken an overdose of paracetamol and other medication. She disclosed that she was having problems in her relationship with her then partner, and with her daughter who she described as 'a drug addict.' Following the doctor's assessment, he recommended for her to be admitted and that a referral to children's social care should be made. During her treatment over the following few weeks MGM also mentioned domestic abuse associated with her other daughter. No referral to Bexley CSC was made.³⁹²

2021 – Birmingham – BSCB 2017-18/02

Death of a 21-month-old girl in November 2017 as a result of brain injuries following physical abuse by the partner of the child's special guardian. The perpetrator was found guilty of murder and sentenced to a minimum term of 20 years in prison.

There were sufficient clinical grounds for the GP to take prompt action to arrange urgent paediatric medical opinion, and both GPs did this. However, the simultaneous need for effective safeguarding was not fully recognised or acted upon. This was partly because the first GP was working under out-dated safeguarding procedures and assumed the hospital would explore safeguarding issues, and the second GP was reassured by the opinion of the BCH Consultant that there were no safeguarding concerns.

Following the referral by the GP Lilly was seen at the Clinical Decision Unit on the 2nd of October. She presented as unwell and vomiting and the referral was for unexplained bruising to her left ear and back. She was seen by the triage nurse, who noted the bruising and classified her as low priority. She was then seen by a junior doctor who assessed the marks as "non-blanching rash." She was then seen by a consultant paediatrician who made a diagnosis of "multiple petechial rash/viral illness" and discharged her. His notes document that he did consider non-accidental injury in respect of the marks but made a final diagnosis of rash. He later contacted the special guardian and asked her to return with Lilly the following day.³⁹³

391 Doherty, Jane and Bexley S.H.I.E.L.D. (2021) Baby 'R': local child safeguarding practice review. Bexley: Bexley S.H.I.E.L.D.

392 Doherty, Jane and Bexley SHIELD (2021) Child O - local child safeguarding practice review. Bexley: Bexley S.H.I.E.L.D.

393 Ranger, Hilary Corrick and Birmingham Safeguarding Children Board (2021) Serious case review: BSCB 2017-18/02 [full overview report]. Birmingham: Birmingham Safeguarding Children Board.

2021 – Blackburn with Darwen, Blackpool and Lancashire – Ava, Lucas, Harper, and Chloe

Chronic neglect of four siblings over several years. In 2019, two of the siblings aged 1.5-years-old and 2.5-years-old were reported to have been injected with heroin, which was confirmed by a child protection medical examination.

Concerns for the family are in agency records from 2006 (when the family appeared to move to the area where the review is hosted). The family were known to numerous services up to the significant incident in late 2019. Issues within the family included neglect, domestic abuse, parental mental health, and substance abuse. At GP appointments and with other professionals Mother in particular, appeared to be open about her own challenges, for example her drug use, including how and when she was using. The impact of this on the children through the timeframe was sometimes but not always considered. The GP did make a referral to children's social care in spring 2019 after Mother admitted using heroin. Whilst many GP practices now have safeguarding leads the wider awareness of specific drug related issues was generally not available.

2021 – Blackburn with Darwen, Blackpool and Lancashire – Child CD

Death of a 13-month-old child in February 2019. Ambulance services were called but Child CD did not show signs of life and resuscitation was not attempted. The ambulance crew expressed concerns about the home environment and circumstances in which Child CD was found. The child had been left unattended overnight in nothing but a nappy by the mother and was found dead the next morning.

The mother struggled historically to maintain her mental and emotional wellbeing, and this was well documented. As early as 2013 (aged in her early 20s), mother presented to a variety of NHS services with distressing symptoms related to fluctuating mental ill health (anxiety, depression, intrusive thoughts of self-harm, paranoid thoughts) and disclosed using alcohol and cannabis. There was no further evidence in respect to understanding her substance misuse behaviours. Maternity Services had robust systems in place to support domestic abuse enquiry however an omission still occurred. Therefore, maternity services should provide assurance to the safeguarding partnership that routine domestic abuse enquiry is effective, and this is not a widespread issue.³⁹⁴

2021 – Blackburn with Darwen, Blackpool and Lancashire – Child LO

Death of a 16-month-old child in December 2017. Child LO died due to an airway obstruction whilst sleeping unsupervised in an unsafe environment. The father had a history of domestic abuse perpetration with his ex-partner. Throughout pregnancy and the first year of Child LO's life neither the Midwife nor the Health Visitor asked any routine enquiry questions around domestic abuse. This was partly because father was present at several of the visits and when mother was alone the opportunity to ask relevant questions was not taken as would have been expected. The GP, Midwives and Health Visitors working closely with the child and family were not aware of father's past history of domestic abuse and were therefore, not able to factor these concerns into the care plans provided by the health services during the antenatal and postnatal period.³⁹⁵

394 Carwardine, Jane and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review Child CD: executive summary. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.

395 Webster, Kathy and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review: overview report: Child LO. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.

2021 – Blackburn with Darwen, Blackpool and Lancashire – Child LT

Injuries to a 3-month-old infant in June 2018 consistent with having been severely shaken and from impact with a firm surface. The father was arrested and made subject to a criminal investigation.

A community midwife/CFW key worker home visit took place. The booked interpreter had cancelled and so Language Line was used. Father was not present, having taken Child 1 to the park. Mother said that father had apologised to her and there had been no subsequent issues. She said she had no concerns, felt safe and was aware of the support available to her. Midwifery discharged mother and Child LT from the service and later telephoned the health visitor, who was due to visit on 23rd April 2018, to advise that there were no further concerns of domestic abuse.

Father's GP practice shared information about father's mental ill health with midwifery after mother's pregnancy with Child LT was confirmed but otherwise did not consider the impact of his mental ill health on the children he cared for.

Although practitioners did observe father behaving in an agitated and distressed manner several times the only occasion on which father's mental ill health was shared beyond primary care, acute care or mental health care was when the GP disclosed details of father's diagnosis to midwifery at the time that mother's pregnancy with Child LT was confirmed. The matter was appropriately referred to the enhanced support midwifery team (ESMT) who did not arrange to see mother on her own and did not consider all risks before stepping the case down to community midwifery.

2021 – Blackburn with Darwen, Blackpool and Lancashire – Holly

Death of an 8-month-old girl in 2016. Holly was found unconscious and not breathing in the family home and was pronounced dead at hospital. GP Practice identified that there was no communication between the practice and health visiting services during much of the review period.³⁹⁶

2021 – Blackburn, Darwen, Blackpool and Lancashire – Mia

Death of an 8-month-old girl in July 2020 after becoming submerged in the bath whilst unsupervised by her parents. Mia was treated in a hospital intensive care until her death three weeks later.

On 27th July 2018 Connor, an older sibling, was referred to CAMHS by a consultant paediatrician because of what were documented to be 'behavioural issues' ('behavioural issues' as a term is unhelpful as the behaviours he was displaying appeared to have arisen because he had witnessed domestic abuse) who subsequently referred him to Children's Psychological Services. Connor did not begin receiving a service from Children's Psychological Services until 14th August 2020. This was an unacceptably long delay for a child to wait for support in respect of their emotional wellbeing/ mental health. In all the delay amounted to 29 months because the hospital consultant paediatrician promised mother 2 that they would make a referral to CAMHS in March 2018 but there is no record of any referral at that time. Not having heard anything from CAMHS, mother 2 raised the issue with her GP who did not wish to duplicate the consultant's CAMHS referral. The GP practice did leave a message with the consultant's secretary but there is no indication that a reply to this was received. On 26th July 2018 Connor was seen by a different hospital paediatrician who noted that the CAMHS referral had not been completed in March 2018 and so this second paediatrician completed the CAMHS referral. However, CAMHS state that they did not receive the referral from paediatrics until 28th January 2019.

Notwithstanding the long delay in offering support to Connor, it may have been possible for his GP to posit a link between the emotional difficulties he was presenting with and the trauma he experienced witnessing domestic abuse between father and mother 2 and the emotional abuse arising from having no choice but to visit and stay with father when he became increasingly reluctant to do so.³⁹⁷

396 Colquhoun, Isobel and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review: overview report: Holly. Blackburn: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.

397 Mellor, David and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Local child safeguarding practice review: overview report: Mia. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.

2021 – Blackburn with Darwen, Blackpool and Lancashire – Ryan, Nathan, and Amelia

Serious persistent neglect of three siblings over a number of years by their mother. Ryan was born in 2004 and had global development delay, moderate learning disability and autistic traits. His school regarded him as very able. Nathan was born in 2007 and was autistic, had severe learning disability and was largely non-verbal. Mother has a self-disclosed slight learning difficulty and experienced low mood. She has also disclosed sexual assault and domestic abuse which is likely to have impacted on her wellbeing.

Until safeguarding issues began to escalate in August 2019, concerns that Amelia was experiencing parental neglect appeared to be managed on a 'separate track' to the ongoing involvement of agencies with Ryan and Nathan. Agencies had begun to notice that Amelia was experiencing neglect only when she started at Nursery 1 shortly after her second birthday (September 2018) although the family GP had documented 'poor interaction' between mother and the child a year earlier.³⁹⁸

2021 – Bradford – Emily

Potentially life-threatening non-accidental head injuries to a 6-week-old girl in August 2019. Neither the A&E discharge summary nor the orthopaedic clinic letters made any mention of the delay in presentation as a potential safeguarding red flag for neglect, nor made any mention of an assessment of parenting ability.³⁹⁹

2021 – City and Hackney – Child A

Child A was born by emergency caesarean section at 27-weeks-old and was diagnosed with a condition found in premature babies. There were concerns about suspected fabricated or induced illness, including the prescription of opioids for pain management, covering the period from birth to the age of 11-years-old. Throughout this time, Child A's reported symptoms were responded to without objective assessment. This led to unnecessary or inappropriate medical intervention being undertaken.

There has also been professional resistance to recognising the clustering of such cases around particular paediatric units (Child A was one of twelve children identified by the hospital (1)) and particular new diagnostic labels (Child A was misdiagnosed with Ehlers-Danlos Syndrome hypermobility type). There is a need for health services to have in place clear systems where such clusters or routine / frequent misdiagnoses can be promptly identified. Children in these contexts can potentially be at risk from extra-familial harm as a consequence of the treatment they are receiving.⁴⁰⁰

2021 – City and Hackney – Child B

Neglect of a 10-year-old child over a number of years. Child B was born with a disability and needed significant support from health specialists. The Hospital team dealing with Child B's toe amputation were unaware of the concerns in the community network of missed appointments and possible neglect. Erroneously, it was assumed that mother was a nurse and could appropriately dress the wound (and so may not attend the planned dressing clinic). Child B was not brought to the clinic.

Mother was seen by the GP and alleged that father had slapped her and that the police were involved. There is no evidence that they were, and subsequent social workers were unaware of these allegations.⁴⁰¹

398 Mellor, David and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Local child safeguarding practice review: Ryan, Nathan and Amelia. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.

399 Ward, Peter and Bradford Safeguarding Children Board (2021) Child safeguarding practice review concerning Emily: overview report. Bradford: Bradford Safeguarding Children Board.

400 Baker, Sarah and City and Hackney Safeguarding Children Partnership (2021) Serious case review: Child A [full overview report]. City and Hackney: City and Hackney Safeguarding Children Partnership.

401 City and Hackney Safeguarding Children Partnership (2021) Serious case review: Child B [full overview report]. City and Hackney: City and Hackney Safeguarding Children Partnership.

2021 – City and Hackney – Child R

Extensive physical injuries to a 2-year-old boy in April 2020. Child R was found unconscious by paramedics in the family home with bruising and injuries and was later found to have a bleed on his brain.

The delayed transfer of health records was a feature in the move of Child R and his mother from Croydon to Hackney. It was not until after Child R had been admitted to hospital that the Croydon Health Visiting service contacted its counterpart in Hackney. Indeed, despite the family moving a month before, the national NHS spine still showed Child R's address as being in Croydon. Whilst a handover report was completed, it took two to three weeks for the records to be finally transferred. The delay was reported as being caused by a backlog due to Covid 19. A swift transfer of records at this point is likely to have engaged Hackney practitioners much earlier, with opportunities created to see Child R and gain reassurance about his welfare and the circumstances in which he was living. As it was, health visitors in Hackney were not aware of the family's residence until the MARAC notification on or around 9 April 2020.⁴⁰²

2021 – East Sussex – Child W

Death of an 8-week-old infant girl in September 2018. The post-mortem revealed non-accidental head injuries and fractures. The father was subsequently convicted of murder and mother was convicted of allowing death. Mother saw doctors at her new GP surgery a number of times following Child W's discharge from hospital. During her 6-week check she stated that she was struggling at times, that she lacked patience, and said that she sometimes says she 'hates the baby' out of frustration. She had no thoughts of harming Child W. She said her partner was always around and supportive. The GP advised Mother to speak to the health visitor about providing support and if she felt she was struggling she should return to the GP.

2021 – Medway – Baby Harris

Death of a 15-day-old boy in June 2019. Baby Harris was found dead in the family home, after having been asleep in his parents' bed. The first domestic abuse incident happened between W (the perpetrator) and Baby Harris' mother on the 10th of June 2018. A verbal altercation happened on a street. Child A was not present at this incident. This is the first time that services were aware of the relationship between W and the mother. The support, time, and recover (STR) service informed the GP that W had been discharged from the STR Service. However, W's heavy alcohol use was not shared with any other agencies. The only source of support available to W for his mental health needs was from his GP. His unsafe use of alcohol since February 2018 did not trigger a referral to substance misuse services. W's mother contacted the mental health team and his GP to try to get some support for him. The GP referred W to the community mental health in August 2018. However, this referral did not trigger a new assessment as the records incorrectly showed that he was already open to the service.⁴⁰³

402 Baker, Sarah and City and Hackney Safeguarding Children Partnership (2021) Local child safeguarding practice review: Child R. City and Hackney: City and Hackney Safeguarding Children Partnership.

403 Burns, Siobhan and Medway Safeguarding Children Partnership (2021) Serious case review: Baby Harris [full overview report]. Medway: Medway Safeguarding Children Partnership.

2021 – Nottingham – Child R

Serious injuries to a 6-year-old child in 2018, which later required neurosurgery. The mother was charged with neglect and the mother's partner was sentenced to nine years imprisonment for grievous bodily harm against Child R.

Child R attended the Urgent Care Centre on 25th August 2018 with an ankle injury and multiple facial bruising. The GP was informed. The explanation that he had fallen from his bike was accepted. The urgent care worker had a very clear memory of Child R as he was limping badly and as his mother was heavily pregnant, the worker carried Child R down the corridor. The worker did not have any concerns about Child R's presentation, and he appeared happy and boisterous. In hindsight, the worker has reflected that bruising to both sides of his face would be unlikely after a bike fall. The urgent care worker also looked at the safeguarding note held on the system and saw that the case was closing to social care and felt reassured by this. The presentation was not referred to children's social care as would be expected practice.

Standard safeguarding procedures were not followed when Child R presented to the Urgent Care Centre and social care were not informed of his attendance. The GP who was in receipt of the information regarding the presentation did not inform social care either however the information would likely have been filed in the GP notes by an administrator and without reference to safeguarding concerns is unlikely to have been flagged with the GP.⁴⁰⁴

2021 – Oldham – Child P

Injury and mental trauma suffered by a 5-year-old child in September 2018 during a knife attack, including several family members. The father pleaded guilty to attempted murder.

The first reported domestic abuse incident in 2016 did not receive as robust a response as required. The delay in the information sharing between the police and CSC was a significant safeguarding concern and had the GP not been visited by the mother and subsequently referred the family then the delay may have been even greater. This was then compounded at the Strategy Meeting when all agencies assumed that the incidents were the same and GMP did not share the information regarding the knife, which was present in the initial call to the police from the mother. The police did not have knowledge of the allegation of physical abuse re: the children as this information were shared with the GP. The GP who could have provided context regarding this was not present at the meeting. The mother had disclosed to the GP DV and the concerns about being threatened with a knife and a child being slapped. Agencies did not appear to consider that Mother may have played down what had happened to the police as the consequences would have led to the arrest of her husband, which she had informed the GP she did not want.⁴⁰⁵

2021 – Sandwell – TS

Sudden unexplained death of a 5-month-old baby. An expert witness concluded that TS's death met the criteria for a sudden infant death syndrome, but no criminal charges were made. There were concerns about domestic abuse throughout both the mother and father's childhoods. There is no evidence that any routine questions about domestic abuse or mental health were undertaken in regard to the maternal great grandmother (GGM) herself, despite the plan for the baby to be living in her home and for her to be the main support to Mother.

During this key episode health professionals responsible for TS were working with the family in regard to the baby's weight, the GP was working with Father about his mood swings, and CSC had concerns about domestic abuse and the competing controlling influences and relationships in the family. At no stage were these issues considered together.⁴⁰⁶

404 Frame, Hayley and Nottingham City Safeguarding Children Partnership (2021) Serious case review: Child R [full overview report]. Nottingham: Nottingham City Safeguarding Children Partnership.

405 Hawkins, Sharon and Oldham Safeguarding Children Partnership (2021) Serious case review: Child P [full overview report]. Oldham: Oldham Safeguarding Children Partnership.

406 Pettitt, Nicki and Sandwell Children's Safeguarding Partnership (2021) Child safeguarding practice review: TS. Sandwell: Sandwell Children's Safeguarding Partnership.

2021 – Somerset – Child Alex

Serious injuries to a 10-week-old infant in early 2020. Medical examinations determined that the injuries were caused by inflicted trauma. Staff involved in the care of Alex at the hospital identified concerns about the parenting capacity of Alex's mother as well as concerns about her partner. The concerns centred around mother's ability to prioritise Alex's needs and indicators of controlling behaviour exhibited by her partner. Information available to the hospital also included that mother's partner had threatened to kill maternal grandparents and he was not ready for Alex to come home and wanted mother to 'give' the child away. Strategy discussions from Somerset Children's Social Care and a Child and Family Assessment for Alex's situation excluded GPs for both parents who could have shared information to support the ongoing assessment.⁴⁰⁷

2021 – Somerset – Child Charlie

Death of a 16-week-old infant in early 2020 whilst in the care of their father. The cause of death is the subject of ongoing criminal investigation. In terms of primary care, mother and Charlie were registered with the same GP practice. Mother attended the surgery for her six-week post-natal check, information about domestic abuse. Father was registered with a different practice and had visited his GP after the second incident of domestic abuse to discuss his alcohol use. He was advised to self-refer to local substance misuse services. Neither GP practice had any knowledge about the five incidents of domestic abuse reported to the Police and father's GP did not know he had become a parent. If GP surgeries were informed about these reports from other agencies, they might have been able to identify and signpost perpetrator and victims earlier.⁴⁰⁸

2021 – South Tees – Fred

Accidental overdose by an adolescent boy who subsequently recovered in June 2020.

On each occasion of self-harm Emergency Department staff completed a full discharge summary which was sent to the GP. However, the discharge notice for Mother went to the wrong GP. This could have been due to an out-of-date record which she was not fit to update at the time. The notice should have been returned to the hospital for redistribution but appears instead to have been linked to the old record. The discharge summaries included detail about the medication taken, some of which was only legitimately available by prescription, but which had not been prescribed for the person who has taken it.

The GP representative told this review that where GPs became aware that a patient had taken an overdose of medication prescribed for them it would be normal practice for them to restrict future supplies to a weekly script. If the overdose were by a patient registered with the local specialist GP practice for people misuse substances it would be routine practice to contact any patient who had taken an overdose.⁴⁰⁹

2021 – Sutton – Child V

Near-fatal knife injury to a 17-year-old boy in December 2020. Child V had been subject to a child protection plan until March 2020. For Child V, he needed a 'reachable, teachable moment' which was unlikely to be found until he was within the criminal justice system. Although, he had been seen during 2019-20 within hospital settings, it was not until after the stabbing, that he was seen a trauma centre where he would have had access to youth workers to talk to him. Had he had an opportunity for that moment when he might listen to trusted adults, within the local hospital or urgent care setting, he might have been 'reached' before the incident.⁴¹⁰

407 Murphy, Liz and Somerset Safeguarding Children Partnership (2021) Child safeguarding practice review (CSPR): Child Alex. Somerset: Somerset Safeguarding Children Partnership.

408 Murphy, Liz and Somerset Safeguarding Children Partnership (2021) Child safeguarding practice review (CSPR): Child Charlie. Somerset: Somerset Safeguarding Children Partnership.

409 Perry, Karen and South Tees Safeguarding Children Partnership (2021) Child safeguarding practice review: Fred. South Tees: South Tees Safeguarding Children Partnership.

410 Brownjohn, Nicola and Sutton Local Safeguarding Children Partnership (2021) Child V: child safeguarding practice review. Sutton: Sutton Local Safeguarding Children Partnership.

2021 – Torbay – C67 and C68

Non-accidental injuries to a 9-year-old girl in January 2018.⁴¹¹

Due to the dominance of the mother of the child, and her attitude to her husband, professionals suspected that there may have been domestic abuse occurring in the household. On the 22nd of January 2018 C67 presented at school with her mother saying that she had fallen and had bruised her genital area. When blood was seen on her underwear C67 was taken to hospital and following an examination it was identified that she had injuries to her bottom and vaginal area. Medical professionals conducting the examination concluded that the injuries were non-accidental and had been caused through blunt force trauma.

In this case the strategy discussion held at the hospital was ineffective and there was a failure to effectively share information. As a result, C67 could have placed at further risk through being returned home to her family

2021 – Wakefield – Jason

Death of a 3-month-old infant in August 2019. Jason had been co-sleeping with a sibling and his mother. Jason had already died when his mother contacted emergency services and he was taken to hospital. There were records of the mother having difficulty in regulating her emotions and can be overly aggressive and volatile at GP surgeries. Recognising the impact of domestic abuse on children and exploring it as part of assessments; Child 1's disclosures of drinking and fighting between the parents did not result in concerted follow-up; there were other occasions such as reports from the community to police and social care; there is no evidence of the GP considering domestic abuse as part of mother's presentation for low mood; the probation risk assessment was not factored into any other assessments of risk and was the only one to highlight coercion and control as a particular risk.⁴¹²

2021-Wirral-Liam

Ingestion of a potentially fatal amount of methadone by a 20-month-old boy in the autumn of 2018. Both parents were arrested on suspicion of child neglect. While still in the hospital where he was born, Liam was found to have suffered two skull fractures, with no explanation as to how they could have occurred. Medical evaluation was that such injuries were likely to have been caused by non-birth trauma. Care proceedings were initiated by the local authority

Police and CSC held information about FL's history of domestic violence in a previous relationship which included an incident in which two of his children were directly harmed. Within CSC, however, no link had been made between the children of FL's first family and Liam and his brothers. Practitioners were, therefore, unaware of this connection.

When care proceedings were current, however, there were few formal opportunities for information-sharing and case planning. Participants at the learning review described this as unsatisfactory but reported that it was consistent with their experience and preconceptions. There was an assumption that, in proceedings, the local authority and lawyers effectively 'own the case' and, as a result, there is little expectation of a multiagency approach.⁴¹³

411 Northcott, Paul and Torbay Safeguarding Children Board (2021) Serious case review C67 and C68: incident: 22nd January 2018 [full overview report]. Torbay: Torbay Safeguarding Children Board.

412 Maddocks, Peter and Wakefield Safeguarding Children Partnership (2021) 'Jason': the overview report. Wakefield: Wakefield Safeguarding Children Partnership.

413 Wirral Safeguarding Children Partnership (2020) Serious case review: Liam [full overview report]. Wirral: Wirral Safeguarding Children Partnership.

2021 – Anonymous – Child X1

Sexual abuse and sexual exploitation of a girl whilst she was looked after by the local authority. Child X1 was one of several victims and the evidence from the disclosures resulted in the successful convictions of the perpetrators. Child X1 and her family had been subject to a number of assessments and associated plans from as early as 20XX.⁴¹⁴

2021 - South Tees – Daniel

Life-changing injuries to a 17-year-old boy who was the victim of a shooting in March 2020. Daniel was a child in care at the time of the incident. There are some references in agency records, which suggest that the family were reluctant to share any detailed information about Daniel's childhood history and there are also references in agency records linking both Daniel's parents to drug misuse and that Daniel witnessed domestic violence in the home as he was growing up.⁴¹⁵

2021 – Richmond Upon Thames – Maria, Luis, and Carlos

Death of 10-year-old and 7-year-old boys and their mother and father in March 2018. The children, Luis and Carlos, and their father were found dead at the foot of cliffs in Sussex and their mother was found dead at the family home in London.

Prior to this incident there had been three reported domestic abuse incidents spanning a two-year period. Only two of these incidents were recorded as domestic abuse incidents on the police systems. In the first incident which came to agencies attention in 2016; Mother informed the GP that the father had a knife in his hand whilst shouting at her. The police had recorded an incident in which Mother informed the response officer that he was shouting whilst washing up. At a subsequent multi-agency meeting, practitioners assumed that these incidents were one and the same.⁴¹⁶

2021 - Hertfordshire - Child L

Serious injuries to a 20-month-old boy in 2018. Child L and his half-brother were made subject to an interim care order. The mother of Child L had a history of mental health concerns (depression and suicidal thinking) during her first pregnancy and some learning needs identified during her adolescence. She also had a history of domestic abuse (victim and perpetrator) from both Child L's father and the father of Child L's half-brother.

2021 – Anonymous – PS

Serious assault of a child in care by an adult in 2019, resulting in life-changing injuries. The perpetrator was the son of a member of the residential unit staff where PS lived.

As a child PS experienced a high number of 'Adverse Childhood Experiences' (ACEs) in his life. His birth parents were both young and are believed to have lived together briefly before separating when PS was under 2 years old. During this time, it is recorded the Police attended the home due to reports of incidents of domestic abuse. The report from Children's Social Care (CSC) records state that PS, although no older than 8 years himself, took responsibility for caring for the younger siblings in the family.⁴¹⁷

414 Unnamed safeguarding children partnership (2021) Child X1 serious case review [full overview report]. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.

415 South Tees Safeguarding Children Partnership (2021) Child safeguarding practice report: Daniel. South Tees: South Tees Safeguarding Children Partnership.

416 Griffiths, Bill and London Borough of Richmond Upon Thames Community Safety Partnership (2021) Joint domestic homicide review and serious case review: overview report: Maria aged 47: Luis aged 10: Carlos aged 7: found murdered by Juan aged 57 who also took his own life. London: London Borough of Richmond Upon Thames Community Safety Partnership.

417 Pickles, Jan and Unnamed local safeguarding children board (2021) Child safeguarding practice review: PS. [S.I.]: NSPCC on behalf of an unnamed local safeguarding children board.

Data spreadsheet

SRC Title	Page count	# of children	Age (years)	Gender (boy=1; girl=2)	Ethnicity	Fatal? (y=1; n=0)	Intergenerational abuse?	DA present	Health involvement	Type of health involvement	Perpetrator Characteristics	Perp/vic presented DA to health practitioner
2021 – Anonymous – Hatty and Jen	30	2	14, 13	2	Dual heritage (Black and Asian)	0	1	1	1	GP, CAMHS	Father	1
2021 - Bexley -Baby R	17	1	0.08	1	-	1	1	1	1	GP, HV, CAMHS	Both	1
2021 - Blackburn with Daren, Blackpool and Lancashire - Child CD	16	1	1.08	-	-	1	1	1	1	GP, perinatal mental health team, HV	Mother	1
2021 - Dudley - Children Q and R	12	1	4, 0.16	-	Mixed-other mixed background, mixed black and white	0	1	1	1	GP	Father	1
2021 - East Sussex - Child W	19	1	0.1	2	-	1	1	1	1	GP, MH, Hospital	Father	1
2021 - Hertfordshire - Child L	22	1	1.7	1	-	0	1	1	1	HV, GP, Hospital	Both	0
2021 - Medway - Baby Harris	31	1	0.04	1	White British	1	1	1	1	GP	Father	0
2021 - Sandwell - TS	17	1	0.4	-	-	1	1	1	1	A&E, HV	Father	1
2021 - Somerst - Child Alex	30	1	0.2	-	-	1	1	1	1	Hospital, HV, GP	Other	1
2021-Wakefield-Jason	23	1	0.4	1	-	1	1	1	1	GP, HV, MH, hospital, MW	Both	1
2021 – Anonymous – Anonymous Family	20	8	-	-	-	0	-	1	1	GP, HV	Both + other	1
2021 – Anonymous – Baby D	29	1	0.33	1	White European	0	-	1	1	GP, Hospital, HV, MH	Mother	1
2021 – Anonymous – Child P1	50	1	0.16	-	South Asian	0	-	1	1	GP, MW, A&E, MH	Both	1
2021 – Anonymous – Child X1	33	1	-	2	-	0	-	1	1	GP	Mother + Other	0
2021 – Anonymous – Family H	19	-	-	-	-	0	-	1	1	GP	Father	0
2021 – Anonymous – PS	24	1	-	1	-	0	-	1	1	Nurse, CAMHS, A&E	Both + other	0
2021 - Bexley -Child O	26	1	4	1	-	0	-	1	1	GP, HV, MH, hospital	Both	1

Example	Poor communication	Example2	Citation
Concerns about father's domestic abuse, physical punishment of the children, erratic behaviour and mental health difficulties were known, but not seen as the central issue having an impact on Hatty and Jen.	0	Father reported concerns about his mental wellbeing to his GP and he was referred to the local psychiatric community mental health team	Wiffin, Jane and Unnamed safeguarding children partnership (2021) Child safeguarding practice review: Hatty and Jen: Family J. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.
The current health policies in existence stress the high risks associated with bruising in babies but the evidence from this case indicates that the everyday application of this in practice needs to be developed.	1	There was some liaison between Children's Services and Mental Health Services, but mental health professionals were not involved in the multi-agency meetings about the care of the children.	Doherty, Jane and Bexley S.H.I.E.L.D. (2021) Baby 'R': local child safeguarding practice review. Bexley: Bexley S.H.I.E.L.D.
There was no further evidence in respect to understanding her substance misuse behaviours.	1	Maternity Services had robust systems in place to support domestic abuse enquiry however an omission still occurred. Therefore, maternity services should provide assurance to the safeguarding partnership that routine domestic abuse enquiry is effective, and this is not a widespread issue.	Carwardine, Jane and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review Child CD: executive summary. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
In one case the mother stated to the GP that "although her partner was abusive, he was company". domestic abuse didn't appear to have been considered by professionals.	1	An SCIE analysis of SCR reports found several examples in which agencies such as social care and the police wrongly interpreted medical advice about cause of injury as being definitive, when in fact it was only one of a range of possibilities.	Vincent, Su and Dudley Safeguarding People Partnership (2021) Local child safeguarding practice review report: Children: Q and R. Dudley: Dudley Safeguarding People Partnership.
The GP advised Mother to speak to the health visitor about providing support and if she felt she was struggling she should return to the GP. Child W was also seen for a postnatal check, and the examination was normal.	0	-	Pettitt, Nicki and East Sussex Safeguarding Children Partnership (2021) Serious case review: Child W: review report [full overview report]. East Sussex: East Sussex Safeguarding Children Partnership.
-	0	In December 2017 there was a domestic incident in the family home (between the mother and father of Child L) which resulted in the mother attending a local hospital where a head injury required stitches.	Duncan, Ann and Hertfordshire Safeguarding Children Partnership (2021) Report of the serious case review regarding Child L [full overview report]. Hertfordshire: Hertfordshire Safeguarding Children Partnership.
The only support available to W for his mental health needs was from his GP.	1	W's mother contacted the mental health team and his GP to try to get some support for him. The GP referred W to the community mental health in August 2018. However, this referral did not trigger a new assessment as the records incorrectly showed that he was already open to the service.	Burns, Siobhan and Medway Safeguarding Children Partnership (2021) Serious case review: Baby Harris [full overview report]. Medway: Medway Safeguarding Children Partnership.
The mental health and emotional wellbeing of the father should be considered alongside the mother's, as this can have an impact on their care of a baby.	1	"During this key episode health professionals responsible for TS were working with the family in regard to the baby's weight, the GP was working with Father about his mood swings, and CSC had concerns about domestic abuse and the competing controlling influences and relationships in the family. At no stage were these issues considered together."	Pettitt, Nicki and Sandwell Children's Safeguarding Partnership (2021) Child safeguarding practice review: TS. Sandwell: Sandwell Children's Safeguarding Partnership.
Hospital staff involved in the care of Alex at the hospital identified concerns about the parenting capacity of Alex's mother as well as concerns about her partner. The concerns centred around mother's ability to prioritise Alex's needs and indicators of controlling behaviour exhibited by her partner. Information available to the hospital also included that mother's partner had threatened to kill maternal grandparents and he was not ready for Alex to come home and wanted mother to 'give' the child away.	1	The hospital escalated their concerns about the decision not to conduct a s47 enquiry using the 'Resolving Professional Differences' protocol	Murphy, Liz and Somerset Safeguarding Children Partnership (2021) Child safeguarding practice review (CSPR): Child Alex. Somerset: Somerset Safeguarding Children Partnership.
Mother has difficulty in regulating her emotions and can be very aggressive and volatile; this occurred for example at GP surgeries	1	There were other occasions such as reports from the community to police and social care; there is no evidence of the GP considering domestic abuse as part of mother's presentation for low mood	Maddocks, Peter and Wakefield Safeguarding Children Partnership (2021) 'Jason': the overview report. Wakefield: Wakefield Safeguarding Children Partnership.
None of the children appear to have had immunisations, children were not brought to appointments and when visited the home is described as chaotic to the point where the HV is unable to carry out her assessment.	0	The HV and GP reported no concerns, although there was already a worrying pattern of "Was Not Brought" (WNB) for health appointments for many of the children but these were not picked up as indicating possible safeguarding concerns.	Walters, Alex and Unnamed local safeguarding children board (2021) Serious case review: Anonymous Family: review report. NSPCC on behalf of an unnamed local safeguarding children board.
The Mental Health Teams seem to have asked family members to ensure that the mother was not alone with Baby D and to have informed them when her health declined. This did not fully take place. The father seems to have been unaware of his rights as a parent, and as Nearest Relative to the mother as a mental health patient.	1	A case discussion between the Health Visitor and GP would have been helpful; this would have enabled discussion about the potential impact of the mother's mental health on Baby D.	Unnamed safeguarding children partnership (2021) Baby D child safeguarding practice review. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.
The perpetrator's GP practice shared that he had a 'longstanding' history of mental health but had 'failed to engage' with services	1	The role of GP practices in safeguarding children was weakened in this case by father being registered at different practice to mother and their children and father's practice being unaware of his children and the prior measures taken to safeguard Child 1 and Child 2.	Mellor, David and Unnamed safeguarding children partnership (2021) Child P1 serious case review. [S.I.]: NSPCC on behalf of an unnamed Safeguarding Children Partnership.
The GP contacted the CSE worker in the other Local Authority who advised that Child X1 should be seen at the local Sexual Health Clinic due to the presence of nurses with expertise in safeguarding	0	" It should be noted that the GP followed good practice by seeking consultation and ensuring the child was seen by the most experienced and CSE sensitive practitioners. "	Unnamed safeguarding children partnership (2021) Child X1 serious case review [full overview report]. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.
-	1	The GP was unaware that the siblings were being home educated and were therefore not routinely in contact with any other services.	Wiffin, Jane and Unnamed safeguarding children partnership (2021) Child safeguarding practice review: siblings from Family H. [S.I.]: NSPCC on behalf of an unnamed safeguarding children partnership.
-	0	PS was referred to CAMHS following an attendance at A&E in 2017 due to further aggressive behaviour at home.	Pickles, Jan and Unnamed local safeguarding children board (2021) Child safeguarding practice review: PS. [S.I.]: NSPCC on behalf of an unnamed local safeguarding children board.
During her treatment over the following few weeks MGM also mentioned domestic abuse associated with her other daughter. No referral to Bexley CSC was made.	1	It was also apparent during the review that many practitioners (including key staff such as the health visitor) working with the family were either unaware of the SGO or unaware of the specific arrangements for contact	Doherty, Jane and Bexley SHIELD (2021) Child O - local child safeguarding practice review. Bexley: Bexley SHIELD.

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2021 - Birmingham - BSCB 2017-18/02	47	1	1.75	2	White British	1	-	1	1	GP, Hospital	Other	1
2021 - Blackburn with Darwen, Blackpool and Lancashire, Ava, Lucas, Harper and Chloe	38	4	1.5, 2.5, 9, 16	1, 2, 2, 2	-	0	-	1	1	GP, HV, MW	Both	1
2021 - Blackburn with Darwen, Blackpool and Lancashire - Child LT	47	1	0.25	-	-	0	-	1	1	MW, HV, GP, Hospital	Father	1
2021 - Blackburn with Darwen, Blackpool and Lancashire - Mia	34	1	0.7	2	-	1	-	1	1	CAMHS, GP, Children's Psychological Services	Other	1
2021 - Blackburn with Darwen, Blackpool and Lancashire - Ryan, Nathan, and Amelia	34	3	-	1, 1, 2	-	0	-	1	1	HV, CAMHS and School Nurse, GP	Mother	1
2021 - Blackburn with Darwen, Blackpool, and Lancashire - Child LO	29	1	1.25	-	White British	1	-	1	1	HV, Nursery workers, GP	Father	0
2021 - Blackburn with Darwen, Blackpool, and Lancashire - Holly	32	1	0.7	2	-	1	-	1	1	GP, HV	Both	0
2021 - Oldham - Child P	29	1	5	2	Bangladeshi	0	-	1	1	GP, HV, School nursing, MW	Father	1
2021 - South Tees - Daniel	44	1	17	1	-	0	-	1	1	GP	Mother + Other	0
2021 - Bradford - Emily	45	1	0.16	2	-	0	-	1	1	GP, A&E, CAMHS	Both	0
2021 - City and Hackney - Child A	50	1	11	0	-	0	-	1	1	neonatal nurse, health visitor, community children's nursing team, portage, physiotherapy, occupational therapy, wheelchair services and dietetics. Child A was seen by over 150 health care professionals.	Mother	1
2021 - City and Hackney - Child B	32	1	10	-	-	0	-	1	1	Neurosurgeons, Orthopaedic Surgeons, Plastic Surgeons and Urologists at different hospitals and from community paediatrics, therapists and nursing, as well as Emergency Department care and GP primary care	Father	1

Example	Poor communication	Example2	Citation
A junior doctor who assessed the marks as "non-blanching rash". She was then seen by a consultant paediatrician who made a diagnosis of "multiple petechial3 rash/viral illness", and discharged her. His notes document that he did consider non-accidental injury in respect of the marks but made a final diagnosis of rash	1	the first GP was working under out-dated safeguarding procedures and assumed the hospital would explore safeguarding issues, and the second GP was reassured by the opinion of the BCH Consultant that there were no safeguarding concerns	Ranger, Hilary Corrick and Birmingham Safeguarding Children Board (2021) Serious case review: BSCB 2017-18/02 [full overview report]. Birmingham: Birmingham Safeguarding Children Board.
Concerns for the family are in agency records from 2006 (when the family appeared to move to the area where the review is hosted). The family were known to numerous services up to the significant incident in late 2019. Issues within the family included neglect, domestic abuse, parental mental health and substance abuse.	1	The GP did make a referral to children's social care in spring 2019 after Mother admitted using heroin	Clarke, Amanda and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Child safeguarding practice review: overview report: Ava, Lucas, Harper and Chloe. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
This missed opportunity when father was admitted to hospital and the repeated missed opportunities to explore father's parental responsibilities when presenting as mentally unwell, indicate that awareness of the importance of safeguarding children amongst adult facing services may be a weakness in the 'whole system' for safeguarding children locally. Father's GP practice shared information about father's mental ill health with midwifery after mother's pregnancy with Child LT was confirmed but otherwise did not consider the impact of his mental ill health on the children he cared for.	1	Midwifery discharged mother and Child LT from the service and later telephoned the health visitor, who was due to visit on 23rd April 2018, to advise that there were no further concerns of domestic abuse.	Mellor, David and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review: overview report: Child LT. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
Notwithstanding the long delay in offering support to Connor, it may have been possible for his GP to posit a link between the emotional difficulties he was presenting with and the trauma he experienced witnessing domestic abuse between father and mother 2 and the emotional abuse arising from having no choice but to visit and stay with father when he became increasingly reluctant to do so. There may have been opportunities for contact between the GP, Connor's school and the consideration of Early Help	1	Not having heard anything from CAMHS, mother 2 raised the issue with her GP who did not wish to duplicate the consultant's CAMHS referral. T	Mellor, David and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Local child safeguarding practice review: overview report: Mia. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership
Mother has a selfdisclosed slight learning difficulty and experienced low mood. She has also disclosed sexual assault and domestic abuse which is likely to have impacted on her wellbeing.	1	Agencies had begun to notice that Amelia was experiencing neglect only when she started at Nursery 1 shortly after her second birthday (September 2018) although the family GP had documented 'poor interaction' between mother and the child a year earlier.	Mellor, David and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Local child safeguarding practice review: Ryan, Nathan and Amelia. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
-	1	Throughout pregnancy and the first year of Child LO's life neither the Midwife or the Health Visitor asked any routine enquiry questions around domestic abuse	Webster, Kathy and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review: overview report: Child LO. Blackburn, Darwen, Blackpool and Lancashire: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
No concerns were identified about domestic abuse, alcohol misuse or MH's mental health.	1	GP Practice 2 has identified that there was no communication between the practice and health visiting services during much of the review period.	Colquhoun, Isobel and Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (2021) Serious case review: overview report: Holly. Blackburn: Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership.
CSC had arranged the Strategy Meeting on the back of the referral from the GP, this was a written referral which included disclosures around DV and the mother's concerns about being threatened with a knife and a child being slapped.	1	The police did not have knowledge of the allegation of physical abuse re: the children as this information was shared with the GP.	Hawkins, Sharon and Oldham Safeguarding Children Partnership (2021) Serious case review: Child P [full overview report]. Oldham: Oldham Safeguarding Children Partnership.
-	0	Daniel was referred to CAMHS by his GP when he was around 11 years old following concerns by his mother about his aggressive and out of control behaviours at home and his pending school exclusion.	South Tees Safeguarding Children Partnership (2021) Child safeguarding practice report: Daniel. South Tees: South Tees Safeguarding Children Partnership.
-	1	Neither the A&E discharge summary nor the orthopaedic clinic letters made any mention of the delay in presentation as a potential safeguarding red flag for neglect, nor made any mention of an assessment of parenting ability.	Ward, Peter and Bradford Safeguarding Children Board (2021) Child safeguarding practice review concerning Emily: overview report. Bradford: Bradford Safeguarding Children Board.
There has also been professional resistance to recognising the clustering of such cases around particular paediatric units (Child A was one of twelve children identified by the hospital (1)) and particular new diagnostic labels (Child A was misdiagnosed with Ehlers-Danlos Syndrome hypermobility type)	1	Child A's reported symptoms were responded to without objective assessment. This led to unnecessary or inappropriate medical intervention being undertaken	Baker, Sarah and City and Hackney Safeguarding Children Partnership (2021) Serious case review: Child A [full overview report]. City and Hackney: City and Hackney Safeguarding Children Partnership.
Mother was seen by the GP and alleged that father had slapped her and that the police were involved	1	The Hospital team dealing with Child B's amputation were unaware of the concerns in the community network of missed appointments and possible neglect.	City and Hackney Safeguarding Children Partnership (2021) Serious case review: Child B [full overview report]. City and Hackney: City and Hackney Safeguarding Children Partnership.

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2021 - City and Hackney - Child R	29	1	2		Dual heritage (White and Black Caribbean)	0	-	1	1	HV, IDVA	Mother + Other	0
2021 - Nottingham - Child R	21	1	6	1	-	0	-	1	1	GP, Nottingham Emergency Medical Services, Hospital, Ambulance	Other	1
2021 - Richmond Upon Thames - Maria, Luis, and Carlos	33	3	10, 7, 47	1, 1, 2	Latin American	1	-	1	1	GP	Father	1
2021 - Somerst - Child Charlie	30	1	0.3	-	-	1	-	1	0	GP	Father	1
2021 - South Tees - Fred	25	1	-	1	-	0	-	1	1	GP, self-harm Emergency Department	Both	1
2021-Sutton-Child V	44	1	17	1	Dual heritage (White and Black)	0	-	1	-	GP, A&E	Mother + Other	0
2021-Torbay-C67 and C68	52	1	9	2	-	0	-	1	1	A&E, GP, CAMHS	Both	1
2021-Wirral-Liam	31	1	1.6	1	-	0	-	1	1	Hospital	Both	1
2021 - Ealing - James	30	1	10	1	-	1	0	0	-	-		0
2021 - Oxfordshire - Jacob	40	1	16	1	White British	1	0	0	-	-		-
2021 - Anonymous - Anonymous victims of FC1	17	-	-	-	-	0	-	0	-	-		-
2021 - Anonymous - Child E	26	1	6	2	-	1	-	0	-	-		-
2021 - City and Hackney - Child I	23	1	16	1	Black	1	-	0	-	-		-
2021 - Harrow - Child M	18	1	12	1	Pakistani	1	-	0	-	-		-
2021 - St Helens - Charlie	20	1	-	2	-	0	-	0	-	-		-
2021 - Surrey - Child B	51	1	15	1	-	0	-	0	1	GP		0
2021-Thurrock-Leo	41	1	9	1	Dual heritage	1	-	0	-	GP, A&E		-

Example	Poor communication	Example2	Citation
-	1	It was not until after Child R had been admitted to hospital that the Croydon Health Visiting service contacted its counterpart in Hackney.	Baker, Sarah and City and Hackney Safeguarding Children Partnership (2021) Local child safeguarding practice review: Child R. City and Hackney: City and Hackney Safeguarding Children Partnership.
In hindsight, the worker has reflected that bruising to both sides of his face would be unlikely after a bike fall. The urgent care worker also looked at the safeguarding note held on the system, and saw that the case was closing to social care, and felt reassured by this. The presentation was not referred to children's social care as would be expected practice.	1	The GP who was in receipt of the information regarding the presentation did not inform social care either however the information would likely have been filed in the GP notes by an	Frame, Hayley and Nottingham City Safeguarding Children Partnership (2021) Serious case review: Child R [full overview report]. Nottingham: Nottingham City Safeguarding Children Partnership.
Mother informed the GP that the father had a knife in his hand whilst shouting at her.	0	The final situation was not known to the school, GP or any other agency.	Griffiths, Bill and London Borough of Richmond Upon Thames Community Safety Partnership (2021) Joint domestic homicide review and serious case review: overview report: Maria aged 47: Luis aged 10: Carlos aged 7: found murdered by Juan aged 57 who also took his own life. London: London Borough of Richmond Upon Thames Community Safety Partnership.
Father was registered with a different practice and had visited his GP after the second incident of domestic abuse to discuss his alcohol use. He was advised to self-refer to local substance misuse services.	1	Neither GP practice had any knowledge about the five incidents of domestic abuse reported to the Police and father's GP did not know he had become a parent.	Murphy, Liz and Somerset Safeguarding Children Partnership (2021) Child safeguarding practice review (CSPR): Child Charlie. Somerset: Somerset Safeguarding Children Partnership.
The GP representative told this review that where GPs became aware that a patient had taken an overdose of medication prescribed for them it would be normal practice for them to restrict future supplies to a weekly script. If the overdose were by a patient registered with the local specialist GP practice for people misuse substances it would be routine practice to contact any patient who had taken an overdose.	1	On each occasion of self-harm Emergency Department staff completed a full discharge summary which was sent to the GP. However, the discharge notice for Mother went to the wrong GP	Perry, Karen and South Tees Safeguarding Children Partnership (2021) Child safeguarding practice review: Fred. South Tees: South Tees Safeguarding Children Partnership.
-	1	Although, he had been seen during 2019-20 within hospital settings, it was not until after the stabbing, that he was seen at a trauma centre where he would have had access to youth workers to talk to him	Brownjohn, Nicola and Sutton Local Safeguarding Children Partnership (2021) Child V: child safeguarding practice review. Sutton: Sutton Local Safeguarding Children Partnership.
Due to the dominance of the MOC, and her attitude to her husband, professionals suspected that there may have been domestic abuse occurring in the household.	1	In this case the strategy discussion held at the hospital was ineffective and there was a failure to effectively share information.	Northcott, Paul and Torbay Safeguarding Children Board (2021) Serious case review C67 and C68: incident: 22nd January 2018 [full overview report]. Torbay: Torbay Safeguarding Children Board.
While still in the hospital where he was born, Liam was found to have suffered two skull fractures, with no explanation as to how they could have occurred. Medical evaluation was that such injuries were likely to have been caused by non-birth trauma. Care proceedings were initiated by the local authority	1	When care proceedings were current, however, there were few formal opportunities for information-sharing and case planning. Participants at the learning review described this as unsatisfactory but reported that it was consistent with their experience and preconceptions. There was an assumption that, in proceedings, the local authority and lawyers effectively 'own the case' and, as a result, there is little expectation of a multiagency approach.	Wirral Safeguarding Children Partnership (2020) Serious case review: Liam [full overview report]. Wirral: Wirral Safeguarding Children Partnership.
*mother killed son but had no prior history of DA. She suffered from depression.	0	The GP wrote to CWDS on the same day and his letter was immediately acknowledged.	Dickinson, Rachel and Ealing Safeguarding Children Partnership (2021) Child safeguarding practice review: Child 'James': 3 January 2010 - 16 August 2020. Ealing: Ealing Safeguarding Children Partnership.
-	-	-	Holtom, Sarah and Oxfordshire Safeguarding Children Board (2021) Child safeguarding practice review: Jacob. Oxfordshire: Oxfordshire Safeguarding Children Board.
-	-	-	Unnamed local safeguarding children board (2021) Response to significant incident notification: [anonymous victims of FC1]. [S.I.]: NSPCC on behalf of an unnamed local safeguarding children board.
-	-	-	Weir, Amy and Unnamed local safeguarding children board (2021) Serious case review overview report: Child E. [S.I.]: NSPCC on behalf of an unnamed local safeguarding children board.
-	-	-	McCallum, Rory and City and Hackney Safeguarding Children Partnership (2021) Serious case review: Child I [full overview report]. City and Hackney: City and Hackney Safeguarding Children Partnership.
-	-	paediatrician or GP Practice might have had some potential value at the coordinator of child M's multitude of mostly health-related needs, the more obvious candidate for this unfilled role was the Disability Service within Children's Social Care.	Smith, Fergus and Harrow Safeguarding Children Partnership (2021) Child safeguarding practice review: 'Child M'. Harrow: Harrow Safeguarding Children Partnership.
-	-	-	Colquhoun, Isobel and St Helens Safeguarding Children Partnership (2021) Child safeguarding practice review: Charlie. St Helens: St Helens Safeguarding Children Partnership.
-	1	GP referred him to CAMHS	Mainstone, Fiona and Surrey Safeguarding Children Partnership (2021) Learning review: Child B. Surrey: Surrey Safeguarding Children Partnership.
-	-	-	Walker-Hall, Nicki and Thurrock Local Safeguarding Children Partnership (2021) Local child safeguarding practice review: Leo. Thurrock: Thurrock Local Safeguarding Children Partnership.

No honour in abuse:

Harnessing the health service to end domestic abuse

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The Centre for Social Justice
Kings Buildings
16 Smith Square
Westminster, SW1P 3HQ
t: +44 (0) 20 3150 2326

Twitter: [@csjthinktank](https://twitter.com/csjthinktank)

www.centreforsocialjustice.org.uk

