



## Victims' Bill consultation response Ministry of Justice – February 2022

### 1. Introduction

Solace Women's Aid (Solace) was established over 45 years ago and is one of the single largest providers of services for victim/survivors of violence against women and girls (VAWG) in the UK. In 2020/21 we worked with 23,461 women and children across our prevention and support services.

Solace's services are concentrated in London, and our services include refuge and move on accommodation; community-based services; therapeutic services; North London Rape Crisis Centre; specialist provision for children and young people who have experienced domestic abuse or sexual violence; accommodation and support for victim/survivors who have experienced multiple forms of disadvantage; advice lines; prevention work with children and young people; and bespoke training for statutory agencies, third sector organisations and corporations. In 2020/21, Solace supported over 1,000 victim/survivors in refuges, and nearly 7,000 in community-based services. We also worked with over 400 victim/survivors and their families through the North London Rape Crisis Centre, providing counselling, advocacy and group work.

The Victims' Bill is a seminal opportunity to shape the way advocacy services for victim/survivors of VAWG and children who are victim/survivors of domestic abuse and sexual violence are designed, commissioned and delivered. Solace welcomes the opportunity to input into the Government's policy proposals at this early stage, and supports the five critical elements identified by Rt Hon Dominic Raab MP, Secretary of State for Justice, to deliver a world-class service to victims, particularly the need to amplify victims' voices in the criminal justice process and support victims to rebuild their lives through accessible services.

This response has been developed following consultation with frontline Solace staff delivering community-based services for women and children.

### 2. Background

Just as the Domestic Abuse Act 2021 recognised that desperate improvements needed to ensure adequate provision of safe accommodation for victim/survivors and their children, the Victims' Bill must appreciate the crucial, and often lifesaving, role community-based services play in the experience of victim/survivors of domestic abuse, sexual violence and other forms of VAWG, and place these on a similar statutory footing. The Istanbul Convention stipulates this, calling for an "adequate geographic distribution of immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence" covered by the Convention.<sup>1</sup>

Community-based support includes specialists and advocates such as Independent Domestic Violence Advocates (IDVAs), Independent Sexual Violence Advocates (ISVAs), Independent Stalking Advocates (ISACs), outreach workers, caseworkers, and children and young people's workers. In 2019-20, community-based services in England supported 103,969 women and 124,762 children

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<sup>1</sup> <https://rm.coe.int/168008482e>

according to Women's Aid,<sup>2</sup> with SafeLives reporting that nearly 70% of victim/survivors who seek help remain at home, so only access services that are provided in the community.<sup>3</sup>

Victim/survivors with insecure immigration status or no recourse to public funds are particularly vulnerable to domestic abuse, with many perpetrators exploiting their immigration status to abuse them further. They have been excluded from the progress made through the Domestic Abuse Act and face further barriers to freedom from abuse if the Nationality and Borders Bill is enacted unamended.<sup>4</sup> Being ineligible for local authority housing support and with many refuges not able to provide support, victim/survivors are left to face the choice between sleeping rough and returning to their abuser. In 2019-20, it was estimated that 3.3% of service users awaiting an asylum decision were doing so in the care of community-based services rather than in refuge (0.5%).<sup>5</sup>

While refuge and accommodation-based support is crucial for women at high risk of serious harm or murder in their homes and those facing homelessness, many of the women supported by community-based services and remain in their home are also at a high risk level. SafeLives estimated in 2020 that more than 65,000 adults and 85,000 children at the highest risk of serious harm or murder were being supported by community-based services.<sup>6</sup>

Despite more victim/survivors seeking help through community-based services than accommodation services, community-based services tend to be commissioned with insufficient funding to meet demand for services and to cover all elements of service delivery. Women's Aid's annual survey of organisations that provided community-based services in 2019-20 found that 10% of organisations indicated that the funding from commissioning only covered half of support staff costs or less (e.g. staff salaries and employment costs); 30% said it covered half or less of their central costs (e.g. contribution to management, finance and premises); and 22.5% responded that it covered none of their activity costs (e.g. direct delivery costs such as interpreters, service user welfare, childcare). Only 35% of organisations felt commissioning covered all of their staffing costs.<sup>7</sup>

### 3. Summary and recommendations

Solace welcomes the Victims' Bill as an opportunity to strengthen community-based services, recognise the huge role these services and their advocates play in supporting victim/survivors, and address the many issues service providers, advocates and victim/survivors face in providing and accessing these services. We also welcome the opportunity to improve victims' experiences of the criminal justice system and ultimately improve justice outcomes for victim/survivors of all forms of VAWG.

In order to develop more robust proposals for the upcoming Victims' Bill and produce the most effective legislation to support victim/survivors of VAWG, Solace recommends the following:

#### Meeting victim's expectations

- The police should ensure every victim/survivor of VAWG is referred to an independent advocate specialising in the form of abuse they have experienced at the point of reporting.

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<sup>2</sup> <https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf>

<sup>3</sup>

[https://safelives.org.uk/sites/default/files/resources/SafeLives%20Briefing%20for%20Second%20Reading%20of%20DA%20Bill%2028.04.20\\_0.pdf](https://safelives.org.uk/sites/default/files/resources/SafeLives%20Briefing%20for%20Second%20Reading%20of%20DA%20Bill%2028.04.20_0.pdf)

<sup>4</sup> <https://www.refugeewomen.co.uk/campaign/borders-bill/>

<sup>5</sup> <https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf>

<sup>6</sup> <https://safelives.org.uk/new-domestic-abuse-bill>

<sup>7</sup> <https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf>

- Police and the Crown Prosecution Service (CPS) should be trained in how to communicate with victim/survivors in a trauma-informed way and always include advocates in their communications where requested by the victim/survivor.
- Prosecutors should meet victim/survivors and their advocates before a charging decision is made and before a case proceeds to trial to help prosecutors understand exactly what has happened and the impact this has had on the victim/survivor.
- The CPS should ensure cases reviewed under the Victims' Right to Review Scheme are reviewed by an individual with relevant experience and complete independence from the case and the team who carried out the investigation, and should publish more information and guidance for victims on the review process.

## **Supporting victims of crime**

### Commissioning services

- The Government should include in the Victims' Bill a new statutory duty on relevant bodies (including PCCs, Clinical Commissioning Groups (CCGs) and local authorities) to commission community-based services, similar to Part 4 of the Domestic Abuse Act 2021 for accommodation-based support.
- The Government should provide sustainable, multi-year funding settlements for all forms of service provision for victim/survivors, children and young people and perpetrators. All public funding for VAWG support should promote women-centred, trauma-informed, needs-led, holistic, accessible and wraparound support services.
- Alongside crisis support currently provided by IDVAs, commissioners should routinely fund ISACs, legal advisers, counselling and therapeutic services, step down support, wellbeing support and parenting workshops.
- The number of cases and the length of time advocates are commissioned to work with victim/survivors should be reviewed as part of a Government review of national standards.
- The Government should review how short-term funding opportunities for innovative pilot projects, such as those previously funded through the tampon tax funding, can be replicated at a smaller scale on an ongoing basis to allow for continuous learning and improvement in the way we support victims/survivors and implement interventions to prevent and end VAWG.
- The Government should issue statutory guidance clarifying that commissioners should move away from competitive tendering processes for services for victims/survivors, prioritising quality of service over cost of delivery, and renewing contracts of effective services instead of re-tendering to allow for a continuity of service. Secondary legislation under the Victims Bill should prevent VAWG services from being commissioned on a payment by results model.
- Commissioners should give service providers ample notice of contract extension or termination to improve service delivery staff retention and wellbeing. Commissioners should also periodically review contracts to assess caseloads and whether the funding remains sufficient.

### Sustainable funding for 'by and for' organisations

- National, regional and local commissioners should ring-fence funding through a new statutory duty for community-based services for specialist led 'by and for' organisations working with Black and minoritised women, women with no recourse to public funds and insecure immigration status, Deaf and disabled women and LGBT+ survivors. Led by and for organisations often work with women who need longer term support and face increased barriers, and so commissioners should set up funding processes for this ringfenced funding that recognise this.
- Funding through a new statutory duty for victims' services from the Ministry of Justice should be discharged through the Mayor's Office for Policing and Crime (MOPAC) disaggregated by specialism, to allow specialist and 'by and for' VAWG services to bid for and provide services so victim/survivors have more options when the police make referrals.

- As part of a new statutory duty to commission community-based services, national commissioners should conduct a needs assessment to see where the gaps are geographically for specialist provision, and commission specialist organisations to provide training to local and regional specialist VAWG organisations to embed in existing services where there aren't existing 'by and for' services, for example a national LGBT+ abuse organisation training LGBT+ IDVAs.
- Local commissioners should encourage partnerships between specialist and led 'by and for' VAWG organisations to provide a comprehensive range of specialist support to meet local need.

### Training on domestic abuse and VAWG

- NHS England should ensure that all parts of the healthcare system have access to advocates and IRIS Advocate Educators.
- The Government should consider a statutory duty on public authorities to train frontline health staff to make enquiries into domestic abuse.

## **Improving advocacy support**

### Cross-agency working

- The Government should establish additional courtroom capacity in London to tackle the huge backlog in cases in the Crown Court. To ensure that victims remain supported, the Government should increase the number of ISVAs as the backlog of court cases means existing ISVAs are therefore holding cases for longer, reducing their capacity to support new victim/survivors.
- Advocates should be commissioned to be co-located in police stations and family courts and non-criminal justice agencies, such as local authority housing departments and hospitals.
- The Government should roll out the Sexual Violence Complainants' Advocate scheme, piloted in Northumbria in 2016, across England and Wales to provide legal advice and support to victim/survivors pursuing police complaints.

### Support for minoritised groups

- The Government should ensure appropriate language and BSL interpretation services are available to all victim/survivors who need them.
- Commissioners should fund specialist VAWG and led 'by and for' services to develop outreach and referral routes and build trust in minoritised communities to reduce barriers to victim/survivors accessing support.
- The Government should fund all local authorities to commission wraparound holistic services and specialist legal immigration advice through community-based services for victim/survivors with no recourse to public funds or insecure immigration status.
- A firewall between all statutory services and partnerships and the Home Office should be established alongside safe reporting mechanisms and funded pathways to provide support and legal advice for victim/survivors with insecure immigration status.

### Training and qualifications

- The Government should review the current structures of accrediting and training, including for working with children and young people, to increase the number and variety of training providers and specialisms. Commissioners should build training and accreditation costs into their budgets and tenders.
- Specialist training on all forms of domestic abuse should be made mandatory for social work qualifications and included in safeguarding training in schools. Safeguarding leads in schools should be kept informed of all other statutory agencies' involvement with their pupils.

- The Government should fund a comprehensive, nation-wide communications campaign to raise awareness and improve understanding of stalking.

### Children and young people

- Children and young people's advocates should be commissioned in every community-based VAWG service, and the Government should assess the feasibility of introducing children and young people's sexual offences investigation trained officer (SOITs).
- The Government should work with specialist VAWG services, children and young people's charities, schools and statutory agencies to develop age-appropriate programmes for young men and boys on VAWG and their responsibilities, particularly those who are already enacting harm.

## **4. Meeting victims' expectations**

### **4. Do the current procedures around timing and method of communication between the police/CPS and victims about key decisions work for victims? Are there any changes that could be beneficial?**

Between 500 and 600 of our service users report incidences to the police each year and around 200 of those result in a charge. Their experiences of initial police response and ongoing communications vary. We recently surveyed our service users about their experiences of telling the police about the domestic or sexual violence they had experienced. Of the 134 service users who responded to the survey, 100 had had contact with the police, and of those, less than half (46%) said they were helpful.

According to point 6.3 of the Victim's Code, where the police investigate a case they should discuss with the victim/survivor how often they would like to receive updates and their preferred method of contact. However from conversations with our frontline staff supporting and advocating for victim/survivors, in their experience none of their clients had been offered this.

ISVAs provide completely impartial but expert support, talking women through the process of reporting and what is likely to happen at each stage thereafter; informing them of their rights and – because of their independence – providing much-needed belief in them and the abuse they experienced. The earlier victims are able to access support from ISVAs, the better the outcomes for victims and for justice. Of the number of incidences reported to the police by women being supported by ISVAs over the last three years, 36% resulted in a charge and 93% who went through any part of the CJS said that having an ISVA alongside them improved their experience of the process.

Victims should be offered independent specialist support from the moment they encounter or consider reporting to the police and every victim who reports a rape or serious sexual violence crime should be offered support from an ISVA. When the police communicate with advocates as well as victim/survivors (whether copied into emails or presence at meetings), advocates play a critical role in ensuring that victim/survivors understand the information they're given, their rights and what they can expect from the process. The impact of trauma is well documented and can make it hard for victim/survivors to take in all the information they are given.

### **5: a) Should the police and CPS do more to take victims' views into account in the course of their duties, particularly around decisions to proceed with cases?**

The police should take victim/survivors' views into account and they should also take into account the impact the way they communicate decisions not to investigate or take no further actions can have on victim/survivors. Our advocates have worked with victim/survivors who have been phoned directly by police officers in the evenings or weekends when they have requested information about their case be communicated through their advocate. This can be a re-traumatising experience particularly if they are – with good reason – in fear of their perpetrator, and can mean they do not take on board any other information given at that point, including their rights on having the decision reviewed.

For between two thirds and three quarters of the victim/survivors we support whose cases the police take no further action (NFA) on the reason given is insufficient evidence. Around 13% are dropped because the victim/survivor withdraws their evidence, and this decision should always be respected. However, we have experienced within some police units an attitude of victim-blaming or being dismissive when women do withdraw their testimony, which could affect the way they respond if police do take their views into account. If it would a tick-box exercise this could risk further re-traumatisation and disempowerment. So we would urge some caution over how the police take victim/survivors' views into account. Done in a trauma-informed and effective way, talking the options through with victim/survivors would potentially lead to better evidence as there are often additional evidence sources and third-party witnesses who, in our experience, the police do not always speak to when investigating a case.

**5: b) Should there be an explicit requirement for the relevant prosecutor in a case or types of cases to have met with the victim before the charging decision, and before a case proceeds to trial?**

Having the relevant prosecutor meet the victim/survivor before the charging decision and before a case proceeds to trial would be warmly welcomed and hugely beneficial for a victim/survivor. To meet before the charging decision could help the prosecutor to ensure that the police have not missed anything and have gathered the right evidence to proceed with a charging decision. Meeting with the primary source will help the prosecutor understand exactly what has happened and the impact this has had on the victim/survivor, which can get lost or not come across fully in a victim statement. This is particularly important for victim/survivors of crimes that have been recently recognised in law like coercive and controlling behaviour and stalking where evidence can be overlooked or misrepresented as they are not single incidents.

It would be useful for the relevant prosecutor to meet with the victim/survivor before the case proceeds to trial to give the victim/survivor an opportunity to understand in more detail what will happen at the trial and what questions will be asked. It is important that any meetings are made accessible for victim/survivors and are held in a trauma-informed manner, for example not using legal jargon which could make the victim/survivor feel more anxious or disempowered. Where appropriate, advocates should be included in meetings to support the victim/survivor. It may be a lot to take in for the victim/survivor, and there may be points they wish to confirm or clarify later on which they can do with the advocate if they are present.

**5: c) What changes, if any, could be made to the Code in relation to information about the Victims' Right to Review Scheme?**

The Victims' Code could provide more information on the Victims' Right to Review (VRR) Scheme, making clear what the review process is.

Research carried out by our clinical lead for stalking, Alison Bird, with Dr Katherine Allen, Dr Olumide Adisa and the University of Suffolk using FOI requests from police forces and qualitative interviews with stalking victims/survivors found that out of 386 VRR requests related to stalking and harassment offences between 2015 and 2020, only 1% resulted in the original decision to take no further action being overturned and proceedings started against the suspect, while just over 4% were referred to CPS for a charging decision.<sup>8</sup> Survivors in the qualitative research reported that they were not always informed about their right to review when their cases were dropped.

Cases reviewed under the Victims' Right to Review Scheme should be reviewed by an individual with relevant experience and complete independence from the case and the team who carried out the investigation, and more information and guidance for victims should be published on the review process. The current lack of transparency on how cases are reviewed and who is reviewing them does

not, from our experience working with victim/survivors, instil confidence and therefore discourages victim/survivors from asking for cases to be reviewed.

## 5. Supporting victims of crime

### **24. What works in terms of the current commissioning landscape, both nationally and locally, for support services for victims of: a) domestic abuse; b) sexual violence (including child sexual abuse); c) other serious violence?**

The current commissioning landscape for domestic abuse and sexual violence support and advocacy services at a local level usually involves a fairly long procurement process which is helpful for specialist service providers as it allows providers sufficient time to effectively respond to the tender. Contracts commissioned by local authorities also tend to be for a minimum of three years, which is helpful in order to build a good team, establish a service within a local area, create wide referral pathways and local partnerships, and provide a degree of job security for staff.

A lot of the focus on domestic abuse tends to be on crisis point and safety. While having services in place to support women and children to safety is crucial, local authorities do not always commission counselling and therapeutic services as part of their core offer. It is imperative that victim/survivors are able to access counselling and therapeutic services considering the toll VAWG has on mental health. Women who have experienced domestic abuse are three times more likely to develop mental illness, including severe conditions such as schizophrenia and bipolar disorder, compared with those who have not.<sup>9</sup> 63% of victim/survivors of sexual assault said it had an impact on their mental or emotional wellbeing, with 10% of victim/survivors attempting suicide as a result.<sup>10</sup> Since the onset of the pandemic, Solace has seen an increase in suicidal ideation from service users and callers to our helplines.

However we have seen at a local level when therapeutic services are incorporated into the community services, survivors have less work to do to navigate complex referral pathways and have holistic support services to aid their recovery. For example in Waltham Forest, the council now commission us to run a 'marketplace' which provide access to a range of therapeutic support services via one referral route. It is made up of a number of approved providers and aims to help those affected by domestic abuse, sexual abuse and harmful practices to recover and continue with their lives. Services include counselling, group work and a range of creative therapies. This has been working well at a local level and we would like to see other councils commission similar models.

Another example of successful commissioning include the London Councils grants programme which is funded through contributions from each London local authority. One of the three priorities for this funding is tackling sexual and domestic violence. As this funding has been for four years it has allowed for more longer-term projects to be set up and implemented, like an advice line, which wouldn't be feasible for a shorter contract length.

Our advice line is one of two in a partnership of fourteen specialist VAWG organisations including those run 'by and for' particular communities coordinated by the London VAWG Consortium, where calls into the advice lines can be referred to the appropriate specialist service across London. Extending this and local authorities' contracts to five years would be hugely advantageous for service providers to better embed in the local community as it takes time to do the groundwork and become known and trusted in a community to make a service successful. This would also support better investment and progression opportunities for staff.

We are supportive of the Government's decision to place the duty to provide safe accommodation for victims of domestic abuse on tier one authorities, which in London is the Greater London Authority, as

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<sup>9</sup> <https://www.bmj.com/content/365/bmj.l4126>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/natureofsexualassaultbyrapeorpenetrationenglandandwales/yearendingmarch2020>

this has resulted in a pan-London needs assessment and the ability for the GLA to seek to commission services where there are gaps in provision for particular communities and needs. It has also allowed for specific funding to be reserved for led 'by and for' organisations which should be encouraged across commissioning, as well as considering how commissioning can remove barriers to funding for these organisations.

Sustainable multi-year funding settlements are crucial for survivors accessing the best support for their safety and recovery. However, some of the short-term funding pots provided by central Government departments such as the tampon tax have been effective in encouraging innovative, short term pilot projects and we would welcome a review of how that funding could be replicated at a smaller scale on an ongoing basis. We would also welcome consideration of how such innovative pilots can be funded long term if successful.

**25. How could the commissioning landscape be better brought together to encourage and improve partnership working and holistic delivery of victim services for: a) all victims of domestic abuse; b) all victims of sexual violence; c) all victims of other serious violence; d) children and young people who are victims of these crimes?**

### Funding

The commissioning landscape could be hugely improved by providing multi-year settlements for the specialist VAWG sector which ensures all forms of service provision for victim/survivors, children and young people and perpetrators; equity of provision for victim/survivors regardless of location; and is delivered by all agencies responsible for VAWG, including ring-fenced funding for specialist services led 'by and for' Black and minoritised women, women with no recourse to public funds and insecure immigration status, Deaf and disabled women and LGBT+ victim/survivors. Properly funded services which include longer term therapeutic support will help to prevent the cycle of re-victimisation, supporting victim/survivors to rebuild their lives and no longer require community-based services.

From a broader funding perspective, we would like to see funding for victims' services from the Ministry of Justice discharged through MOPAC allocated by specialism, to allow specialist and 'by and for' VAWG services to bid for and provide some of these services so that victims and survivors who report to the police as their first engagement with a statutory agency or support service have more options when the police make referrals.

### Commissioning process and governance

Commissioners should move away from competitive tendering processes as default. Where a service is already being delivered to a high standard and meeting reporting requirements, the contract should be renewed rather than going out to re-tender at the end of the contract to allow for a continuity of service. When coming to the end of a contract, commissioners should give ample notice of contract extension or termination communicating a decision at least three months before the end of the contract. Poor and late communication on these decisions impacts staff wellbeing and talent retention. This risks breaking the continuity of the service if it is extended, and means new staff need to be hired and trained which takes resources away from supporting victim/survivors. Legally, service providers also need time to run redundancy processes if needed.

Commissioners should periodically review contracts to assess caseloads and whether the funding remains sufficient. For example, in one London borough, Solace is commissioned by the local authority to work on 200 cases per year for five years, but, in part because of Solace's good outreach in the local area, it is now working on close to 600 cases a year currently with no additional funding to reflect the local need and positive community work.

### Addressing the needs of victim/survivors

All public funding for VAWG support should promote women-centred, trauma-informed, needs-led, holistic, accessible and wraparound support services as the sustainable way of addressing intersecting need and preventing repeat victimisation and exposure to additional risk. This requires moving away



from a focus on funding assessed by reducing risk and increasing criminal justice outcomes, instead valuing women and children's needs, and their healing and recovery more holistically and comprehensively, and ensuring women have a voice in the support they can access.

A needs analysis of community-based services and support for survivors of sexual violence should be conducted by commissioners at a local level to see what services are required in the area, and services should be commissioned in a way that prioritises the quality of service over cost of delivery. The Government should include in the Victims' Bill a new duty on relevant bodies (including PCCs, Clinical Commissioning Groups (CCGs) and local authorities) to commission community-based services to support women, children and young people experiencing domestic abuse and VAWG. This would help to address the demand for service provision, reduce the unsafe workloads of advocates and caseworkers in community-based services and support the 70% of victim/survivors who only access support through community-based services.

### Service provision

All victim/survivors have different journeys into abusive relationships, with many victim/survivors enduring abuse for years before seeking help. The average time our service users take to reach out for help is 6.5 years, so it is crucial they feel confident proper support services are available to them if they are to minimise the risk of increasing harm and longer term trauma to them and any children by seeking help. However, the standard model for those deemed 'high risk' is a 12-week referral to an IDVA who is expected to hold around 30 cases each at any one time. Only giving services 12 weeks to work with victim/survivors to get them to a point of safety, stop or reduce their abuse and give them all the advocacy and wellbeing support they need, including engaging with the civil and/or criminal justice system and getting safe accommodation, if needed, is not sufficient. In accommodation-based services, victim/survivors are supported for an average of 21 weeks, but in the community services are only commissioned to provide support for 12 weeks. The short term support also leads to women returning to the support as their needs have not been met - 7% of referrals to community-based advocacy and support services were repeat referrals within a six-month period from 2018 to date, which is over 300 people a year, compared to less than 1% of accommodation-based services. Ensuring IDVAs have smaller caseloads would also help to reduce staff burnout, leading to better staff retention and better service continuity.

After the initial 12 weeks of intense support, there is a need for step down support to continue to help with wellbeing needs and support to transition out of the service, though this is not generally commissioned. Solace has found that service users feel their support needs are routinely met around domestic abuse after 12 weeks, but not always their mental health needs, which has been further exacerbated as a result of the pandemic. Commissioning step down, wellbeing support as part of the service and giving advocates the flexibility to work with victim/survivors for 12 weeks or longer, depending on the needs of the individual, would be hugely beneficial for victim/survivors to ensure they receive all the support they need and do not have to re-refer into the service.

For victim/survivors of domestic abuse specifically, IDVAs are only one part of a coordinated community response as they usually focus on high risk individuals. Without the other components – especially the voluntary women's sector – the diverse needs among victim/survivors cannot be adequately responded to, and changes in risk may not be picked up. Local wraparound specialised domestic violence provision, including safe and suitable accommodation, is essential. Effective IDVA services depend on the availability of other specialised services to refer on to.

### Children and young people

With the Domestic Abuse Act 2021 rightly recognising children who see, hear and experience the effects of the abuse and are related to either the victim/survivor or the perpetrator as victims of domestic abuse, it is important that specialist services are commissioned to support them in this position. Commissioners of domestic abuse services should budget for specialist support for children and young people in the services they commission and the Government should recognise and provide for that need.

In 2020/21, Solace supported close to 500 children and young people aged 17 and under in our services, and around 40% had children's services involvement. Of those, around 400 were supported in accommodation-based services and only 25 in community-based services. In addition, for young people who are the primary victim/survivors of domestic abuse, it is important that community-based services are equipped and trained to support their specific needs. Outcomes for children and young people we worked with in 2020/21 included 15% with improved positive social networks, 13% improved confidence, and 13% improved attainment at school.

### Victim/survivors with multiple disadvantage

We run several projects working with women who have experienced multiple forms of disadvantage including VAWG, street homelessness, problematic substance use, and complex mental health needs. Our specialist advocates use assertive outreach and trauma-informed practice to build trust with women who have often completely disengaged with other services. Through their work survivors are able to access housing, health, and welfare support and address current abusive relationships. These are some of our most precarious services because they are not funded as part of core services so we have tended to look to central Government grants for opportunities, which has meant year on year uncertainty for the staff and for the women with whom it can take months or years to build trust with.

The Women's Safe Engagement and Recovery (WiSER) project targets women who find it very hard to access or engage with support and who are facing severe and multiple disadvantage. The project is delivered in partnership with Against Violence and Abuse (AVA), Fulfilling Lives Islington and Camden (FLIC), Hopscotch, IMECE Women's Centre, Nia and Women at the Well using assertive outreach in a trauma- and psychologically-informed way. This means, for example, that support workers will go to wherever the women are to work with them, at times that are suitable for them. That could be a café in the evening or on a bus at the weekend. They also tend to hold much smaller case loads for allow for the intense work needed, requiring a significant investment but achieving incredible outcomes and reducing costs in other services through engaging with some of the most marginalised and vulnerable women in communities.

Across the first two years of the project, WiSER supported 54 women, nine of whom were supported for two years and the rest for up to a year. All of the women had experienced at least three of the following forms of severe and multiple disadvantages in addition to VAWG:

- Homelessness;
- substance misuse;
- mental ill-health;
- physical health issues;
- insecure or uncertain immigration status;
- affected by or at risk of prostitution;
- history of offending behaviour; and
- history of children being removed from her care and/or at risk of further removals.

In total, 78% of the woman supported by WiSER over the two years were supported into safe housing; 37% were supported to access mental health or counselling services; and 72% were supported to access drug and alcohol services. In addition, the number of women who reported self-harming at least some of the time reduced from 41% to 29% in the first year, and from 27% to 9% in the second year. The number who were in contact with a perpetrator fell from 83% to 38% in the first year, and from 52% to 27% in the second year. Across both years, the number of women able to set boundaries in their relationships increased from 38% to 69%.

A statutory duty to provide community-based services including a needs assessment parallel to the safe accommodation duty requirements would identify this group as not having their needs met through standard services, and - we would recommend - result in more sustainable funding for this group. Projects which work with women who are frequently excluded from mainstream services, find it hard to engage with support and are facing severe and multiple disadvantage should be routinely commissioned as part of wider community-based services.

### Case study – longer term IDVA support

Solace was supporting a 73-year-old woman subjected to coercive control, emotional abuse and financial abuse by her son who lived with her and was an alcoholic. She had accrued £5,000 of debt trying to repay his loans as he became increasingly violent towards her and caused damage to the home. She referred herself into Solace's service for help with her son as she was reluctant to make him leave the home and remained hopeful he would seek help in rehab for his alcoholism. Solace supported her for nine months, helping her to understand and recognise that she was suffering from domestic abuse. The service user would always call Solace when she was at crisis point. Her case was closed when the risk had reduced and her son was waiting to go to rehab, but she remained in the care of Solace's Silver Project for older victim/survivors, who provided her with ongoing support as the son returned to abusing her.

Over a year after she first contacted Solace, she called her IDVA again and asked for help to get her son removed from the property after he had kicked a door off, smashed her phone, was making threats to her and using her bank details without permission. The IDVA called the police on her behalf as she was too scared, and the police attended her home immediately to remove him from the premises. He was bailed but the police took no further action, and he now resides with other family. The service user is pleased with the outcome as she didn't want him to obtain a criminal record, and is happier than she has ever been after over a year being supported by Solace.

#### **26. b) Should national commissioning play a role in the commissioning framework for smaller, 'by and for' organisations? Yes/No, please explain why.**

National commissioners should conduct a needs assessment to identify the gaps in service provision geographically. For example, there is currently a lack of provision for specialist domestic abuse support for LGBT+ individuals and Deaf and disabled people which would benefit from national or wider regional commissioning. Funding for led 'by and for' organisations should be ring-fenced to ensure that this specialist funding is only used by these organisations. National organisations could be commissioned by the Government to provide training to local and regional specialist VAWG organisations to embed in existing services, for example a national LGBT+ abuse organisation training LGBT+ specialist IDVAs.

#### **27. What can local commissioners (local authorities and PCCs) do to improve the commissioning of specialist 'by and for' services for their area?**

The current competitive funding and commissioning landscape needs reforming to ensure specialist 'by and for' organisations can fairly access funding. Solace supports the reforms recommended by the Women's Resource Centre, including:

- Returning to long-term grant funding for VAWG provision;
- Ending competitive tendering where it is not required;
- Ensuring all funding and commissioning processes for VAWG recognise and value specialist support provision, as required under the Istanbul Convention;
- Adopting established quality standards in the VAWG sector as the basis for funding; and
- Covering core costs in funding settlements so that service providers are able to fully recover their costs in service delivery and wider costs such as premises, management and finance.

At a local level, local authorities and PCCs should conduct needs analyses to identify what kind of service provision is needed and by which types of specialist led 'by and for' organisations, and commission led 'by and for' organisations according to this need.

Local commissioners should encourage partnerships between specialist and led 'by and for' VAWG organisations to provide a comprehensive range of specialist support to meet the needs of local women

and children. This should be based on the findings from needs analyses so that organisations can leverage their joint and complementary expertise to best support victim/survivors.

### **28. a) What challenges exist for victims in accessing integrated support across third sector and health service provisions?**

Victim/survivors accessing healthcare support are not always recognised as being victim/survivors as a result of poor victim awareness and understanding of domestic abuse across third sector and health agencies.

More needs to be done to improve victim awareness in maternity units considering domestic violence is the leading cause of foetal death. NHS trusts should ensure staff in maternity units receive regular training on routine enquiry and support for domestic abuse victims/survivors. Though maternity services are required to make routine enquiries, Solace has found from our service users that mandatory routine enquiry is still not being done correctly.

There is a real gap in trauma-informed specialist mental health services for survivors of VAWG with high mental health needs, problematic substance use and/or complex mental illnesses and more research should be done to identify the treatments and therapies that work best to fill the gap.

We provide counselling and therapeutic services for survivors of rape, sexual violence and domestic abuse, mainly through borough commissioned VAWG counselling, our pan-London advice and counselling partnership or through our North London Rape Crisis centre. One-to-one counselling and group work supports women to explore the impact VAWG has had on their emotional and mental health, and to begin to recover from those experiences. In order to access this type of support, women need to be at a point where they are able to open up to a counsellor or group and talk about their experiences safely. The services are generally unsuitable for victim/survivors who are currently self-harming, living with serious eating disorders or self-medicating with drugs and alcohol. Similarly, victim/survivors who need treatment for more complex disorders such as Borderline Personality Disorder or schizophrenia often need specialist mental health treatment before they can safely and effectively talk about their experiences of abuse.

However, specialist mental health services are not necessarily trauma-informed or trained in VAWG despite the causal relationship between trauma and mental illnesses and experiences of male violence and abuse.<sup>11</sup> We support recommendations put forward in 2018 by Professor Kathryn M. Able and Dr Karen Newbigging and the British Medical Association, calling for a gender-informed approach to mental health policy and practice, taking into account gender-based violence.<sup>12</sup> The Women's Mental Health Taskforce has begun the work needed to improve the response to women's needs, the women's health strategy should ensure that trauma-informed and gender-informed practice is embedded across services and develop an evidence base for specialist mental health services where there are gaps.<sup>13</sup>

### **28. b) What and how could practical measures or referral mechanisms be put in place to address these?**

NHS England should ensure that all parts of the healthcare system have access to Independent Domestic Violence and Sexual Violence Advocates (IDVAs and ISVAs) and IRIS Advocate Educators. Where health professionals including GPs, major trauma centres, sexual health services and maternity units have access to trained independent advocates, professionals feel more confident and disclosures increase. We support SafeLives' recommendations on the number of IDVAs needed for Acute Trusts, Mental Health Trusts and GP practices as a minimum.

We would recommend a statutory duty on public authorities to train frontline healthcare staff to make enquiries into domestic abuse, as recommended by the Agenda Alliance. NICE recommendations on routine enquiry in maternity, mental health, sexual health and drug and alcohol services are not

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<sup>11</sup> <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-domestic-violence>

<sup>12</sup> <https://www.bma.org.uk/media/2115/bma-womens-mental-health-report-aug-2018.pdf>

<sup>13</sup> <https://www.gov.uk/government/publications/the-womens-mental-health-taskforce-report>

consistently followed and research by Agenda in 2019 found 15 out of 42 mental health trusts had no policy on routine enquiry.

Our Rape Crisis Centre is currently piloting a safeguarding hub where we can assess potential high risk referrals – risk of suicide or self-harm, use of alcohol or drugs as coping mechanisms or where there are complex mental health support needs. We work with survivors through the hub to link them into specialist support services to stabilise before accessing full therapy with us, which means we remain in contact and on the referral pathway, so do not have to start again when they are ready to access our therapeutic support.

### **Case study – Rape Crisis Hub**

Mary experienced child sexual abuse and rape as an adult and was referred to rape crisis for counselling. She has complex PTSD, physical paralysis and pains, dyslexia, and is awaiting test results for Huntington's disease related to memory loss she is experiencing. Mary was initially offered six sessions of one-to-one counselling through Rape Crisis; however, it quickly became clear that the multiple difficulties she was experiencing including dyslexia and memory issues were affecting her ability to stay engaged in the session.

Through the safeguarding hub, Mary was referred to a counselling advocate who supported Mary to register with a new GP practice and mental health referral. The Counsellor Advocate spent a long time engaging with Mary and with the GP and attended her appointment with Mary while she had part one of her two-part psychiatric assessment. Mary's communication difficulties could have been a barrier to her assessment and the relationship her Counsellor Advocate had built with her was key to the successful assessment. Mary has also been supported with her housing issues and is now awaiting part two of her assessment.

## **6. Improving advocacy support**

### **31. How do IDVAs fit into the wider network of support services available for victims of domestic abuse?**

IDVAs are integral to the wider network of support services available for victim/survivors of domestic abuse, and are often the central link in domestic abuse cases, performing a core function in ensuring all other agencies deliver the support they are supposed to deliver. IDVAs are dependent on other agencies fulfilling their roles and functions in order to get the best outcomes for the victim/survivors. In this multi-agency working, IDVAs often have to challenge myths around domestic abuse and the experience of women that may exist in other organisations which can act as a barrier to the victim/survivor getting the help they need. IDVAs play a vital advocacy role, challenging decisions that are not appropriate. For example, local authorities placing a victim/survivor in a mixed hostel, rather than a hostel for women only, with the IDVA challenging this and pushing for the right accommodation.

As IDVAs generally only work on high risk cases, there is still a need for advocacy support for victim/survivors whose cases are not deemed to be high risk. In several boroughs we provide a mix of IDVA and case work support, with the latter able to support cases deemed medium or low risk. Ideally, we would aim for case workers to provide a step down service to IDVAs, in reality however, they usually have a full case load of direct referrals themselves.

In the London borough of Waltham Forest, Solace is the commissioned service provider for domestic abuse support and has set up an alternative model which incorporates many more functions than an IDVA only model, and provides more holistic, longer-term support for victim/survivors. We would recommend that this is a model that is sought to be replicated by other local authorities and seen as best practice for commissioning of community based services.

Within the Waltham Forest model, the duty worker is the first port of call for all referrals, triaging and processing these, carrying out risk assessments and safety planning. The duty worker can also give any standard advice or guidance to victim/survivors. They allocate cases either to an IDVA, if the case is high risk, or to a case worker if the case is deemed lower risk. For high risk cases, they refer this directly to the Multi-Agency Risk Assessment Conference (MARAC). Case workers provide support with managing daily occurrences, like issues with housing maintenance or welfare, to ensure victim/survivors deemed lower risk and not eligible for an IDVA are still able to get help. Once the victim/survivor has completed their 12 weeks with the IDVA or case worker, they are referred on to a wellbeing worker for emotional support to taper off the service, whilst still having someone to check in with and get ad hoc support from, particularly around mental health. Unfortunately, despite the essential support the wellbeing service provides victim/survivors transitioning out of community-based services, this is ending in the coming weeks due to a shortage of funding and staffing.

Another successful element of the Waltham Forest model is a Daily Risk Management Meeting is held, initiated by the Multi-Agency Safeguarding Hub (MASH) team at the local authority. Every day, the meeting goes through all high risk cases that would ordinarily be discussed at the MARAC on a monthly basis, with MARAC meetings then being used to share information. Solace staff running the Waltham Forest service have found this way of working to be much more effective than the normal MARAC system, as issues are escalated daily, action plans get drawn up quicker and meeting daily successfully highlights the urgency in many high risk cases. The IDVA remains the central link in domestic abuse cases but is able to provide more effective advocacy and better support as they are in constant contact with different agencies.

#### **Case study – wellbeing and step down support**

In Waltham Forest, Solace's wellbeing service was supporting a service user who had left an abusive relationship and had all practical support needs met prior to accessing this service. The service user was still impacted by her trauma which caused her psychological distress and low self-esteem. This impacted how she interacted with others and her ability to ask for support. She struggled with anxiety specifically around contact issues and co-parenting with an abuser.

The wellbeing worker provided one-to-one support and an opportunity to explore and reflect on the changes that had occurred, and to develop coping strategies. Through weekly discussions, they looked at the context of her behaviours, thoughts and feelings when being controlled and living in fear of abuse. The wellbeing worker was able to help her to understand how all decisions being made at the time were based on trying to keep her and her children safe. By understanding this, she was able to reduce the feelings of guilt and self-blame. Together, they have been practicing scenarios in which the service user is assertive, helping her to increase her self-esteem and ability to stand up for her rights safely.

The service user states that the sessions have enabled her to explore and understand the long-term effects of her abuse and how she adapted in order to stay safe, and better understands now the need for her to focus on her rights and her voice.

### **32. How might defining the IDVA role impact services, other sector workers and IDVAs themselves?**

Defining the IDVA role would help other agencies to better understand the remit of an IDVA, which could help them to know when to refer a victim/survivor to an IDVA service or not. By defining the role and clearly stating what an IDVA is responsible for, it would also make clear what an IDVA is not responsible for, and so help IDVAs to protect their role and their time and push back onto different agencies when needed. Defining the role would also help to standardise support provision which can vary in London from borough to borough and between specialist VAWG agencies delivering IDVA services. This could also address the issue of advocates being denied attending courts to support

victim/survivors which occurs in some London boroughs due to a lack of clarity around the role of IDVAs.

### **33. How do ISVAs fit into the wider network of support services available for victims of sexual violence?**

Much like IDVAs, ISVAs are the central link in sexual violence cases, coordinating a range of agencies to ensure the victim/survivor gets the appropriate help and support they need. Reporting rape and sexual violence and going to court can be a long, complicated and traumatic experience for victim/survivors. ISVAs play a crucial role in supporting victim/survivors through this as well as trying to ensure necessary arrangements are made for the reporting and court proceedings to be as manageable for the victim/survivor as possible. When reporting the crime to the police, this could be supporting the victim/survivor to report it through a sexual offences investigative trained officer (SOIT), and with court proceedings, this could be ensuring the court implements special measures, like a screen to shield the victim/survivor from the defendant or letting the victim/survivor pre-record their cross-examination to be shown in court.

Unlike IDVAs, ISVAs tend to hold cases and work with victim/survivors for much longer, particularly if the case is going through the criminal justice system which tends to take a long time. For victim/survivors of sexual violence, the risk is not ongoing like with many victim/survivors of domestic abuse (unless there is overlap), so there doesn't tend to be a need for ISVAs to carry out risk assessments or safety planning in the same way as IDVAs. ISVAs tend to be more flexible in the way they work with victim/survivors because of their differing needs. Some might need frequent calls and a level of emotional support, while others only want to hear from their ISVA when there is an update on the case, for example.

### **34. How might defining the ISVA role impact services, other sector works and ISVAs themselves?**

Defining the ISVA role would have all the same benefits as discussed in answer to question 32 with regards to IDVAs. On cases where ISVAs and IDVAs are both involved, having clear definitions of the different roles would be helpful for all involved, particularly the victim/survivor. For example, the IDVA would conduct the crisis intervention work needed for high risk victim/survivors to reduce the risk and get them to a place of safety, and the ISVA would provide more long-term, holistic support and advice to deal with the impact of the sexual violence, particularly if they were pursuing a criminal justice outcome.

### **35. What are the challenges in accessing advocate services, and how can the Government support advocates to reach victims in all communities?**

The main challenge in accessing advocate services is the huge demand for specialist VAWG services which far outstrips supply. SafeLives has reported a fall in IDVA provision in England and Wales for the first time in five years. Their research found that there is currently only 66% of the required number of FTE IDVAs in England and Wales to meet the needs of victims at the highest risk of serious harm or murder. In July 2021, Solace's advice line saw a 67% increase in demand compared to July 2020. Similarly, SafeLives reports almost nine out of ten services in England and Wales had seen an increase in demand since the start of the pandemic.<sup>14</sup>

With regards to led 'by and for' services, as these organisations are smaller they can often be undercut by bigger organisations and may lose out on bids, resulting in less provision from led 'by and for' women support services which are vital for supporting minoritised communities. Women's Aid found that specialist led 'by and for' VAWG services are far less likely to receive statutory funding than other providers of support. As of November 2020, there were 18 refuge services run by led 'by and for'

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[https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales\\_0.pdf](https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf)

organisations with a total of 254 spaces. 12 of these services were operating without being contracted by the local authority, running 57.5% of all refuge spaces in 'by and for' services.<sup>15</sup>

Many victim/survivors also face a challenge in accessing services in their native languages. Some specialist language roles tend to be available across London, like Solace's Specialist Bangladeshi Advocate, but provision of this needs to be more consistent across England. These projects tend to only be funded in the short term, so need longer, more robust funding. Appropriate interpretation services need to be available alongside British Sign Language interpretation, to ensure services are accessible to all those who need them. This can be addressed by improving the commissioning of these services at both a national and local level, as set out in answer to questions 26 and 27.

There remain significant gaps in statutory support for victim/survivors of domestic abuse with no recourse to public funds who do not have children in their care and who do not have care needs arising from disability, illness or a mental health condition. This is despite domestic abuse often presenting as a key feature in causing homelessness for victim/survivors with no recourse to public funds. Providing access to safe accommodation and specialist services for women with insecure immigration status or no recourse to public funds remains a barrier to the UK signing the Istanbul Convention. This can be addressed by the Government funding all local authorities to ensure that victim/survivors with no recourse to public funds can access safe accommodation and subsistence, alongside additional funding for wraparound holistic services and specialist legal immigration advice to enable victim/survivors to regularise their immigration status.

The Government's Domestic Abuse Draft Statutory Guidance Framework recognises that perpetrators routinely use a victim/survivor's immigration status as a tactic of coercive control,<sup>16</sup> with victim/survivors then risking immigration enforcement by reporting their abuse to the police due to the data sharing agreements between the Home Office and the police. The Latin American Women's Rights Service (LAWRS) has even found that perpetrators are empowered by immigration laws and the heightened collaboration that exists between Immigration Enforcement and the police.<sup>17</sup> As such, Solace continues to call for data sharing to be suspended between the police and the Home Office on victim/survivors with insecure immigration status to stop perpetrators from being able to use this to abuse women and to enable victim/survivors to get the help and support they need. This was also recommended by HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) but rejected by the Home Office. Solace supports the recommendation by the Domestic Abuse Commissioner for the Home Office to use the Victims' Bill as an opportunity to establish a firewall between all statutory services and partnerships and the Home Office alongside safe reporting mechanisms and funded pathways to support and legal advice. LAWRS has also found a complete firewall would make victim/survivors and witnesses feel confident in approaching the police to report crimes and more likely to engage in criminal proceedings, which will in turn allow the police to hold perpetrators to account.<sup>18</sup>

Through Solace's work, we have found some statutory agencies showing a concerning lack of understanding about the dynamics of domestic abuse, women's decision-making processes and the impact of coercive control and trauma. This can present as a barrier for victim/survivors looking to access advocate services if the abuse they have faced and the impact of this is not properly understood by the agencies they first turn to for help. Better training is needed for statutory agencies who might come into contact with victim/survivors of domestic abuse to ensure they understand the complexities

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<sup>15</sup> <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>

<sup>16</sup> <https://www.gov.uk/government/consultations/domestic-abuse-act-statutory-guidance/domestic-abuse-draft-statutory-guidance-framework>

<sup>17</sup> <https://lawrs.org.uk/blog/2022/02/01/joint-response-to-the-home-office-and-police-data-sharing-arrangements-on-migrant-victims-and-witnesses-of-crime-with-insecure-immigration-status-review/>

<sup>18</sup> <https://lawrs.org.uk/blog/2022/02/01/joint-response-to-the-home-office-and-police-data-sharing-arrangements-on-migrant-victims-and-witnesses-of-crime-with-insecure-immigration-status-review/>



of domestic abuse and are equipped to help victim/survivors and point them in the direction of the right support.

**36. What other advocacy roles exist that support victims of hidden crimes, such as forms of other serious violence? Please outline the functions these roles perform. To what extent are the challenges faced similar to those experienced by ISVAs and IDVAs? Are there specific barriers?**

### Stalking

One key area that needs significant improvements to victim support is stalking. According to the 2019/20 Crime Survey for England and Wales, 3.6 per cent of adults aged 16-74 are estimated to have experienced stalking in the last year – equivalent to 1.5 million people. In 2020, more than 80,000 incidents of stalking were recorded by police officers in England and Wales.<sup>19</sup> In June last year, forces responding to a BBC FOI requests reported just 294 successful applications for Stalking Protection Orders.<sup>20</sup> Despite the clear need, Independent Stalking Advocacy Caseworkers (ISACs) are not routinely commissioned. ISACs have in-depth knowledge and understanding of stalking and can support stalking victims to get an SPO just as IDVAs often support survivors of domestic abuse with non-molestation orders.

The role of an ISAC is similar to that of IDVAs and ISVAs but with expertise in the particular risks to safety posed by stalkers. Their role is to identify and assess the risk of harm of victim/survivors from intimate partners, ex-partners or family members. ISACs also support victim/survivors in non-domestic related situations, for example if the stalker is a colleague or stranger. As stalking is serial in its nature and takes place over a longer period with fluctuating risk levels, ISACs hold cases for up to a year, compared to IDVAs who generally only hold cases for 12 weeks. Once the ISAC has undertaken a risk assessment, they can develop a safety plan. All stalking victim/survivors live in fear and with trauma, and many cases go under the radar. The role of the ISAC is also to work alongside the police and other agencies to help ensure the correct charge is put in place, to empower the victim/survivor and to work in a multi-agency capacity. The ISAC can also support at court as a McKenzie friend, attending court with victim/survivors who do not have a lawyer to provide support and assistance. ISACs can also supply advocacy to the victim/survivor's workplace, to police, the court and provide guidance throughout the criminal justice process.

There are a number of barriers faced by ISACs. The lack of understanding within criminal justice agencies around the nature of stalking is a huge barrier to victim/survivors getting the help and support they need. In our experience common misconceptions include it being treated as one-off events, organisations not recognising that stalking doesn't happen continuously and appreciating that a stalker can, and often does, stop for periods and then start again. This presents ongoing safety issues for the victim/survivor, and requires the ISAC to regularly re-risk assess and adapt safety plans. Stalking cases are also increasing in complexity due to the increased cyber element (100% of calls to the National Stalking Helpline now involve some form of a cyber element, which has increased from 80% in 2019 pre-pandemic)<sup>21</sup> which is leading to longer police investigations due to the complexities in analysing all of the evidence.

From Solace's experience, the Protection from Harassment Act 1997, which makes stalking a specific offence, isn't being used correctly to prosecute cases of stalking and there is insufficient training for criminal justice agencies to properly support victim/survivors of stalking. This lack of recognition of the huge problem of stalking leads to a lack of recognition of the need for ISACs, which means they are not regularly commissioned and are rarely in place to be able to support victim/survivors.

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<sup>19</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/stalkingfindingsfromthecrimesurveyforenglandandwales>

<sup>20</sup> <https://www.bbc.co.uk/news/uk-57384615>

<sup>21</sup> <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=fcb781a-f614-48c8-adcf-4cfa830c16a7>

## Legal support

There is also a distinct role for lawyers and legal advisers to play in providing advocacy support. Alongside ISVA support, lawyers provide independent legal advice, and in some cases legal representation, to sexual violence survivors. Solace supports the recommendation by the Centre for Women's Justice for the Government to extend community-based advocacy services to include independent lawyers with the relevant expertise to be based within ISVA services. This would not be to provide legal representation, but to field enquiries and provide legal advice on their case and how the system works.

The Centre for Women's Justice has been providing free legal advice to ISVAs and their clients for over three years and has seen a steady increase in requests, indicating a widespread need for this service. Between 2019 and 2021, the Centre for Women's Justice received 689 legal enquiries from ISVA services and dealt with further enquiries from victim/survivors directly. The organisation has identified patterns in the legal issues arising, including:

- Disproportionate requests for third party materials;
- Inappropriate intrusive requests for downloads of victim/survivors' mobile phones and other digital data;
- Requests for assistance with VRR;
- Issues arising during the investigation process;
- Re-opening investigations;
- Unduly lenient sentencing referrals to the Attorney General; and
- Victims' rights in the parole process.

### **40. What are the advantages and disadvantages of the current qualifications and accreditation structures? Are there any changes that could improve it?**

Accreditation is important to ensure advocates are capable of performing their role, understand their remit and have a baseline, standardised understanding of VAWG and its impact. It also helps to standardise the approach to providing advocacy services between both advocates themselves and service providers, which is important to ensure that victim/survivors receive consistent support to a high standard wherever they seek help. Qualifications and accreditation helps to professionalise the workforce and to recognise the specialist skills advocates have.

The main disadvantage is the cost and the time this takes. Training and accreditation is often expensive in a sector that is chronically underfunded and takes time to complete. When services are commissioned, training and accreditation costs should be built into the funding package and commissioners should take into account that service delivery will not be possible until advocates are hired and appropriately trained, which often takes a number of months.

We would also recommend reviewing the current structures of accrediting and training to increase the number and variety of training providers and specialisms they can support (for example Housing IDVAs, Multiple Disadvantage IDVAs, Health IDVAs etc.). We would support the development of specialisms for marginalised groups where there are currently gaps. In Manchester for example, the LGBT Foundation provide a specialist IDVA service but there isn't an equivalent in London. Providing specialised training and accreditation would enable commissioners to fund a mixed community-based provision and would allow services like ours to employ those specialists to sit within our local teams and work in partnership with 'by and for' organisations to support the development of provision for communities where there are current gaps.

Accreditation and training for IDVAs and ISVAs should also incorporate stalking, as many will be working on cases which involve stalking, often without realising, as the behaviours are post-separation. IDVAs and ISVAs should be properly trained in this in order to be able to advocate for stalking cases, sufficiently assess risk and empower clients.

**41. How can we ensure that all non-criminal justice agencies (such as schools, doctors, emergency services) are victim aware, and what support do these agencies need in order to interact effectively with IDVAs, ISVAs or other support services?**

Co-locating advocates in hospitals works well to improve victim awareness and for hospital staff to have someone specialised to help immediately. Solace has found having hospital-based IDVAs has led to more referrals to specialist support services, faster identification of vulnerable 'hidden' groups of victim/survivors and quicker links with specialist services.

Service managers from our multiple disadvantage services told us that drug and alcohol services often fail to see or understand the dynamics of abuse, for example when women present at their services with perpetrators, they are seen as 'equally bad'. In addition, mental health services generally will not treat people who are still using, or perceived to be using, substances. This puts survivors in a vicious circle: they use substances to self-medicate because they have not had treatment for their mental health needs or trauma but cannot access services unless they have stopped using substances. Then there is often a long wait for treatment. In some areas there are dual diagnosis workers who can diagnose and support patients with both mental health needs and problematic substance use, which reduces the different agencies women must engage with and means they can access support for both. Of the eight London boroughs we run one of our multiple disadvantage programmes in however, only two have dual diagnosis workers.

Schools are often best placed to support children on a day-to-day basis but aren't required to be informed if their pupils have been assessed as being in need. Operation Encompass is a welcome measure to join up the police with schools, but the vast majority of domestic abuse survivors do not report to the police. Schools' designated safeguarding leads, which every school should have, should be kept informed of all other statutory agencies' involvement with their pupils as part of existing structures such as MARACs and MASH conferences. At present, schools' safeguarding training, which is statutory, does not have to include training on domestic abuse yet teachers can (and often do) play a crucial role in identifying the signs of abuse and intervening. We would like to see mandatory training on domestic abuse and other forms of VAWG as part of school safeguarding training, which should be delivered by specialists.

On the specific issue of stalking, we have found a distinct lack of awareness and understanding amongst non-criminal justice agencies around stalking, how serious and high risk it can be, and how it differs from harassment. As with the concept of coercive control when it was first introduced in legislation in 2015, appropriate training, advertising, and central sign-posting is needed within agencies to improve their understanding of this. For example, Essex County Council ran a communications campaign on stalking in 2019, spearheaded by Southend, Essex and Thurrock Domestic Abuse Board to help people recognise the signs of stalking both if they believe they are a victim or suspect someone else may be.

### Case study – police and victim awareness

Solace's Housing First project offers holistic, intensive, trauma-informed support in line with Housing First principles, providing advocacy services around housing settlement, risk assessment and safety planning in Westminster and Islington. In 2021, advocates had a number of issues with the police not working in a victim-informed manner with service users who have histories of previous offending or have been targeted by the police for street homelessness, leading to mistrust in the police and a reluctance to report domestic abuse to the police.

One service user continues to live with the perpetrator but has never wished to make a statement to the police after incidents of domestic abuse, and advocates often have to call the police to conduct welfare checks when they are concerned about her safety. Knowing her high risk situation and her feelings about the police, police continuously break down her door when doing welfare checks, leading to the housing association needing to repair the door and the service user being locked out of the flat. The housing association installed a key safe for the police to use without needing to break down the door, and the police were instructed to not break down the door and to leave if she didn't answer. At a recent welfare check, the police turned up at an unexpected time and were about to break down the door when she answered the phone. They also asked her on the phone whether anyone had been hurting her, without checking whether it was safe to do speak. The service user has said she has previously told the police that if the perpetrator wakes up, "he will get angry", but they did not question this and presumed it was safe.

## 42. What are the barriers faced by ISVAs preventing effective cross-agency working, and what steps could the Government take to address these?

At present a key barrier faced by ISVAs is the court backlog caused by COVID-19 restrictions. As of June 2021, there were 16,021 outstanding cases in London's Crown Courts, a 72% increase compared with March 2020. For alleged rape and sexual offence cases, there were 940 outstanding cases in London's Crown Courts in June 2021, compared with 551 in June 2020, a 71% increase in the backlog of trials for rape and serious sexual offences.<sup>22</sup> According to the National Audit Office, London is the hardest hit by this backlog, with the average length of cases increasing 63% to 266 days throughout the pandemic, more than any other region.

This seriously impacts rape and sexual offence cases, as defendants in these cases are typically more likely to plead not guilty compared with other offences. Cases with not guilty pleas generally take much longer to complete in the courts than cases where a defendant has pleaded guilty.<sup>23</sup> For rape and sexual offences, the longer it takes for a case to be heard, the more likely it is that complainants and witnesses will withdraw from proceedings. Data from the Ministry of Justice confirmed the median time between offence and completion through the courts in rape cases was 1,020 days, or over two and a half years, in the first nine months of 2021, up by more than a quarter from the previous year.<sup>24</sup>

Though hugely exacerbated by the pandemic, prior to this there were still lengthy waiting times. ISVAs then have to hold cases for much longer, preventing the number of new cases they're able to take on. They also have to then dedicate resource to chasing up the courts and other agencies to try and speed up the process and support the victim/survivor through the emotional impact of having to wait so long for cases to be heard.

To address this huge backlog in cases, Solace supports the call by the London Assembly's Police and Crime Committee for the Government to consider establishing additional courtroom capacity, including

<sup>22</sup> London Assembly [20 October 2021 Police and Crime Committee meeting](#) October 2021

<sup>23</sup> <https://www.nao.org.uk/wp-content/uploads/2021/10/Reducing-the-backlog-in-criminal-courts.pdf>

<sup>24</sup> [https://www.theguardian.com/society/2022/jan/31/1000-days-between-offence-and-case-completion-in-uk-data-shows?CMP=Share\\_AndroidApp\\_Tweet](https://www.theguardian.com/society/2022/jan/31/1000-days-between-offence-and-case-completion-in-uk-data-shows?CMP=Share_AndroidApp_Tweet)

super courtrooms, as it has done in Manchester and Loughborough.<sup>25</sup> We would also recommend, along with other measures to reduce the backlog, expanding ISVA services to support more victims and reduce attrition. Whilst the Ministry of Justice has recently announced Magistrates' Courts will have their sentencing powers increased in order to reduce the pressure on Crown Courts and speed up justice, it is imperative that a longer-term solution is sought to address the chronic issues of delays within the courts system. If Magistrates Courts are to be hearing cases related to domestic abuse and violence against women and girls, they must have the appropriate training to hear these cases and make informed judgements. Special measures that victim/survivors of VAWG are entitled to must also be applied in the Magistrates Court.

Another barrier which prevents effective cross-agency working is the blanket approach to digital data and the length of time it takes for police to complete mobile phone downloads. Despite CPS guidance that victims' records should be requested only to follow up a reasonable line of enquiry, we are still finding that the police routinely request victims' mobile phones and digital data, and often all of their notes and records. Women are told that if they do not agree to hand over their phone their rape will not be investigated.

In 2016, the Sexual Violence Complainant's Advocate (SVCA) scheme was piloted in Northumbria to engage local solicitors to provide legal advice and support to local rape complainants, primarily related to the complainants' rights to privacy and advising on digital download requests. Evaluation of the scheme found poor practice around victim/survivors' privacy rights, with some police officers believing there was no need to seek consent from victim/survivors. The scheme proved to be overwhelmingly positive, with advocates challenging data requests in 47% of cases and victim/survivors' confidence and understanding of the criminal justice system improving alongside their ability to cope with the mental health impact of dealing with the system. Solace supports the recommendation made by the Victims' Commissioner to roll out this scheme across the country, and to enshrine this entitlement as a right in the Victims' Code,

It is not safe for victim/survivors to be left without a phone for any amount of time, particularly an extended amount of time, and this, coupled with the intrusive nature of focusing on the victim/survivor rather than the alleged perpetrator, prevents many victim/survivors from wanting to continue through the criminal justice system. Solace supports the Metropolitan Police's new commitment to establish teams of Digital Media Investigators and Digital Forensic staff in each Borough Command Unit to improve timeliness so victim/survivors are not left without a phone for more than 24 hours.

The police should only request third party material including school records, medical records and counselling notes if they are following a reasonable line of enquiry. Our ISVAs reported however that again, the police routinely request third party material assuming that the CPS will require them to press charges, and if victims/survivors refuse it can delay cases further. These disclosure requests include blanket requests for ISVAs case notes, resulting in police and ISVA time being used ineffectively and delays to investigations as they go back and forth to establish if there is reasonable line of enquiry and what specifically the police need.

We offer pre-trial and full counselling and therapeutic sessions to victims/survivors, which are all gender- and trauma-informed. Pre-trial counselling provides support for victims/survivors without addressing the incident/s of rape or sexual violence directly because the notes can be requested and there is a risk they could be used to undermine victims/survivors' credibility as witnesses. There is also a perceived risk that counsellors and therapist could influence or coach victims/survivors for the trial.

It is always the choice of victims/survivors as to what kind of counselling, if any, they want to access – as long as it is available - and our ISVAs talk them through the options and the risks. The fact that their notes could be requested limits the safety and confidentiality of the counselling and leaves victims/survivors unable to fully face and process their experiences until after the trial, which also contributes to victim/survivors withdrawing from cases. We support the recommendation made by the Centre for Women's Justice, EVAW, Imkaan and Rape Crisis England and Wales in their November

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<sup>25</sup> <https://www.london.gov.uk/press-releases/assembly/courts-backlog-unacceptable-and-unsustainable>

2020 report on the decriminalisation of rape, calling for counselling and therapy notes to be non-disclosable giving them the same status as professional legal advice. Any risks around coaching can be mitigated by the accreditation and regulation of counsellors providing this support to victims/survivors.

For victim/survivors of sexual violence, it can sometimes be difficult to access support from local authority housing departments when they need to be moved to different accommodation but they aren't victim/survivors of domestic abuse. For example, victim/survivors living in a house share where the perpetrator is connected to the house through other residents, but not living there themselves, or where a victim/survivor has been raped by a stranger in her home. In such situations, Solace ISVAs have found local authority housing departments do not prioritise the victim/survivors for new accommodation because they are not in an ongoing abusive situation, despite the living arrangements being inappropriate and traumatic. The priority need for asking for homeless help should be expanded to include homelessness where this is caused by sexual violence and other forms of VAWG.

### **43. What are the barriers faced by IDVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

One key barrier identified by IDVAs at Solace preventing them from effective cross-agency working is when agencies fail to attend and actively participate in multi-agency meetings which are important opportunities to address issues with different cases and get victim/survivors the help and support they need. Solace IDVAs have found agencies are not always committed to these meetings, like MARACs and MASHs, and despite some services having more resources they can use to support victim/survivors, they are not always forthcoming where support could be offered and shared.

The housing system can often present as a barrier to women being able to leave abusive relationships, with Solace frontline staff increasingly finding the victim/survivors they are supporting experiencing gatekeeping from housing departments. In March 2021, we surveyed frontline staff about how frequently they or their clients had experienced some of the most common forms of gatekeeping when making homelessness applications in the three months prior to this, and found:

- 37% said proof of physical violence was requested in most or all applications.
- 50% said victim/survivors were told there needed to be a police report or the police were called to corroborate in at least half of all applications.
- 20% of respondents said the perpetrator had been called to corroborate.

These forms of gatekeeping victim/survivors experience can retraumatise them and put them and their children at risk of greater danger. While we welcomed the priority need amendment to the Domestic Abuse Act 2021, we are still finding gatekeeping behaviour from housing officers is common.

Effective cross-agency working could be improved by co-locating IDVAs in different settings. Solace has a number of co-located IDVAs, including in police stations, local authority housing departments and major trauma centres in four key London hospitals. Co-locating IDVAs allows for the advocate to advise the agency on how best to deal with domestic abuse cases and coordinate better partnership working between the agencies and the service providers.

#### **Case study – effective cross-agency working**

As part of the 16 Days of Activism in November 2021, IDVAs from Solace joined colleagues from Victim Support to work in partnership with the Police Community Safety Unit Domestic Violence Investigation Unit on a 2-week joint operation to improve victim/survivor engagement and experience of the criminal justice process.

IDVAs paired up with detectives and would deploy in unmarked vehicles to incidents of domestic abuse but only engaged with the victim/survivors once the scene had been made safe. The operation proved to be an excellent partnership opportunity for shared learning and exchanges of information which will continue to help inform practice going forward with the overall aim of better supporting victim/survivors. It was noted by several police officers involved in the operation that they had not realised the extent of the practical and emotional support that can be provided by IDVAs.

The operation is still to be reviewed in full, but outcomes identified to date have highlighted that there were 50 detections as a result of the partnership work; significant on-going IDVA engagement with victim/survivors seen immediately after an incident; and increased communication and requests for support and information between the respective teams involved.

#### **44. What are the barriers facing specialist or ‘by and for’ services preventing cross-agency working, and what steps could the Government take to address these?**

Specialist VAWG and led ‘by and for’ organisations are recognised for the crucial role they play in supporting victim/survivors in trauma-informed and culturally competent ways. Despite the important role they play, these organisations tend to be chronically under-funded and under-resourced, so are unable to take on new service users in need, and often mean staff are juggling high caseloads which can easily lead to burnout and stress. Limited resources also means limited capacity to collaborate more widely with other organisations and agencies, for example to submit joint bids to deliver new services.

The Government should consider ring-fencing funding for led ‘by and for’ organisations to ensure that services from these organisations are always commissioned to support different minority groups. Funding should be long-term and sustainable, and on a grant basis where possible, taking into account the time it takes to recruit and train advocates, to prevent resources having to be diverted to submit regular funding bids.

#### **45. Please comment on the training required to support advocates for children and young people. How do these differ to adult advocate training, and are there barriers that exist to accessing this?**

Working with children and young people requires a different approach to working with adults and will also vary depending on who the primary victim/survivor and perpetrator or person causing harm is and whether they are adults or children. The legislation around safeguarding and child protection differs from adult safeguarding, and the power dynamics at play for children and young people are different from adults because to them, almost every adult is in, or feels like they are in, a position of power or authority, including – initially – advocates. This dynamic and the legislative framework require

understanding, training, and practice to build trust with children and young people that is different to adult advocate training.

There are only two accredited training courses for advocates working on domestic abuse and sexual violence and children and young people, both which carry significant costs, making them less accessible for specialist VAWG and particularly led 'by and for' organisations to send their advocates on. General IDVA training does not go into detail on working with children and young people as primary victim/survivors and tends to focus on their experiences where the adults are the primary perpetrators and victim/survivors. These courses also tend to have long waiting lists because they are the only courses available, meaning advocates can sometimes be in the role for over a year before being able to access the training. Children and young people who are victim/survivors can also have multiple complex needs and are impacted by trauma in different ways to adults. Children and young people are as diverse as adults, but there is a lack of training and recognition of advocating for children and young people in a way that takes into account minoritised background, disability, or sexuality etc.

Children and young people at different ages have different needs and require different types of support but this nuance is not accounted for in the training. For children aged 6 and under, it is extremely difficult to find appropriate support because the reliance is on the parent to provide this safeguarding and help, even if the parent is not in the right position to do so. Likewise, women aged 21-25 are still young people but are unlikely to be able to access support tailored to this age range which may need to be more intensive than standard support.

The Government should review the current structures of training for working with children and young people to increase the number and variety of training providers. Specialist training is also needed to work with boys on preventing harm, and more men are needed to deliver this. It is important to provide young people with role models who they can trust and look to for examples of navigating healthy relationships.

One resource that is useful for advocates supporting children and young people is the DASH risk assessment for young people in intimate partner relationships, developed by SafeLives, but is very specific and does not support advocates working with children and young people experiencing domestic abuse more broadly. More resources and training options should be developed to support IDVAs working with children and young people.

#### **46. What are the barriers to effective work with children and young people in this area, and what action could the Government take to address these?**

With the Domestic Abuse Act 2021 now recognising children and young people as victims of domestic abuse in their own right, it is unclear what support infrastructure will be developed, commissioned and provided to underpin this change.

In addition to the issues with training for advocates and community-based service providers on working with children and young people, there is a significant lack of adequate training for social workers and safeguarding designates in schools on domestic abuse, which needs to be urgently addressed. Training on all forms of domestic abuse should be mandatory for social work qualifications and periodically updated through continuing professional development. Domestic abuse is the most common factor identified in assessments of children in need of children's social care services, but training is variable and can lead to social workers putting children at risk because of a lack of understanding about perpetrator behaviour.

Safeguarding training in schools, which is statutory, does not have to include training on domestic abuse, yet teachers can (and often do) play a crucial role in identifying the signs of abuse and intervening. Safeguarding training in schools should include mandatory training on domestic abuse, and safeguarding designates should be informed of children's social care safeguarding cases. Operation Encompass is an improvement on communication between the police and schools, but is insufficient as most domestic abuse cases are not reported to the police.



From Solace's work with children and young people, we have found that they tend to mistrust people in authority positions, particularly in the criminal justice system. Many young people who are victim/survivors already have social workers involved, but tend to fear disclosing abuse and escalating to the police and triggering further safeguarding processes. There is a concern around getting into trouble and having their choices removed from them. Statutory agencies, due to a lack of specific training on domestic abuse and children and young people, can then struggle to deal with these cases and not always know how best to support young people. Solace has found poor handling of young victim/survivors of domestic abuse by police, not keeping the victim/survivor updated with the progress of their case, not understanding the emotional impact abuse has had on them, and in some cases brought to the attention of Solace, not checking with a female victim/survivor whether she would feel comfortable with a male social worker or police officer. All of these issues can deter young people from engaging with criminal justice system and lead to victim attrition.

Advocates play an important role here, establishing a long-term partnership with the victim/survivor, guiding them through the process and helping them to feel empowered but not forcing decisions upon them. Because children and young peoples' advocates are not widely commissioned, there is a lack of understanding about the role they play and even that young people experience domestic abuse directly in their intimate or family relationships. Children and young people's advocates should be commissioned more widely, and Solace would welcome the Government assessing the feasibility of introducing children and young people's SOITs where young people are victims of rape and sexual assault. SOITs can have a significant impact on improving victim engagement as they have a better understanding of how to investigate sexual offences and can therefore help victims feel supported through the process of reporting, which is particularly important for young people.

To address many of these barriers, including low levels of funding and inconsistent commissioning across England, a new statutory duty on relevant bodies to commission community-based services should include support for children and young people experiencing domestic abuse and other forms of VAWG. In many cases where a woman is accessing community-based support, there will be a child or children who is also a victim/survivor of this domestic abuse that also needs tailored, specialist support. Children and young people's services should be routinely commissioned alongside community-based services for women.

Funding settlements should be multi-year settlements and should avoid the competitive tendering process, as explained in answer to question 24. Short-term funding impacts the relationships advocates build with young people. Putting a timeframe on the support available doesn't engender trust and can lead to the young person feeling abandoned when the support comes to an end if their needs persist.

**47. What best practice is there on referral pathways for children and young people who are victims of crime looking for advocacy support, including interaction with statutory services? Are there barriers to these pathways?**

Children and young people who are victim/survivors are usually already in contact with statutory services, but there is a lack of awareness amongst statutory services and social workers in local authorities about the advocacy services available to children and young people. Statutory services are often under resourced and overcapacity without sufficient time to spend finding the right advocacy services for the children and young people they are supporting. The standard way to refer children and young people into advocacy services is through a MASH, where the case can be presented to a group of different services who all have expertise in working with children and young people and can identify the support services available and what might be best appropriate. VAWG services are not always invited to these MASH meetings and – now that children and young people are recognised as victims of domestic abuse - we would like to see specialist domestic abuse organisations specified in secondary legislation under Section 27 of the Children Act 1989, which imposes a duty on local authorities and other agencies and bodies to cooperate to support the local authority meet its duties for children and families under the Act.

**48. Would providing clarity on the roles and functions of children and young people's advocates be helpful? In your experience, are these roles broad or do they focus on specific harms and crime types that children and young people have experienced?**

We have children and young people's IDVAs (CIDVAs) in two of the eight London boroughs that commission our support and advocacy services, who supported 17 children and young people between the ages of 7 and 19 in 2021-22 (to date), most of whom had experienced domestic abuse directly from a current or ex-intimate partner, father, brother or sister. As with adult services, the role and remit of the advocate is specific to what has been commissioned, and for children and young people, the role and remit can focus on a particular age range or experience, rather than the type of service to be delivered. Defining the kind of support advocates should deliver would enable other professionals and agencies to make meaningful referrals to the right people who can help the victim/survivor. Any definition should focus on the role of empowering the victim/survivor and highlight the importance of providing intensive, long-term advocacy and preventative work, ensuring there is time for the advocate to teach the victim/survivor about healthy relationships and processing feelings of blame and guilt.

The harm or abuse is not necessarily different, although for some young people the abuse happens in the context of gangs and in those cases it is important for specialists to be joined up. We work in partnership with the youth violence charity Redthread in London supporting young people identified in the major trauma centres of four hospitals.

Where the abuse happens in intimate or family relationships and the person causing harm is a child or young person (aged under 18), the response is different to where they are adults and often both young people will have social workers assigned to them and be under child safeguarding measures. One of the key measures our adult IDVAs will routinely consider is a non-molestation order or other protection measures provided through the civil courts or police. These measures are not available or appropriate for young people and this is one reason why building up trust with the victim/survivor is vital for understanding the risks to them and how to work with them to keep them safe.

There are currently no programmes available to refer young men or boys to that would be the age-appropriate equivalent to a perpetrator programme, despite evidence that early intervention can be effective at changing behaviours and stopping harm. The Government should work with specialist VAWG services, children and young people's charities, schools and statutory agencies to develop such programmes.

### Case study – young people’s advocates

Solace’s Children’s IDVA (CIDVA) worked with a service user who was experiencing abuse from her ex-boyfriend whilst living with her mum. She was finding it difficult to go into school due to the trauma of the abuse as well as suffering a recent bereavement. She was feeling very low and isolated, had trouble sleeping, dealing with anxiety and controlling her anger. She felt scared to leave the house.

She was experiencing physical and verbal abuse, as well as stalking, harassment and coercive control. Her ex-boyfriend had become controlling after their relationship began. He would threaten to kill himself when she tried to break up with him. He began to hit her and burn her with his lighter. When they broke up, he demanded to look through her phone and assaulted her when she wouldn’t give it to him. A few months later, she saw him on the street and he physically attacked her. He would turn up at her house at night, put things through the window or shout abuse. He would frequently call her on No Caller ID and shout abuse at her.

The CIDVA met the service user at her school, as it was a space she felt safe in. She said that she blamed herself for the abuse and often found it hard to trust professionals and build a relationship. As well as supporting her with her emotional needs, the CIDVA worked with the local council housing team and the housing association to transfer them to another home. The CIDVA worked closely with Children’s Social Care around safety planning and third-party police reports.

The service user has been supported in reporting to the police and there have been fewer serious incidents since working with Solace. She has built a trusting relationship with the CIDVA and was comfortable working with a new advocate when her case was moved over. She no longer feels fearful to tell professionals what had happened in case she got into trouble, and is feeling more optimistic about the future.

### **49. Have we correctly identified the range and extent of the equalities impacts under this consultation in the equality statement? Please give reasons and supply evidence of further equalities impacts that are not covered as appropriate.**

The equalities statement, and the proposals for the Victims’ Bill more broadly, do not address the issue of individuals with insecure immigration status and those with no recourse to public funds, who can be extremely vulnerable and at risk of abuse but often left with very little support and help.

Equality impact assessments must recognise the deep levels of mistrust in the criminal justice system in certain sections of society, particularly within Black, Asian and other minoritised communities, religious minorities, asylum seekers, people with insecure immigration status, those with no recourse to public funds, LGBT+ groups, Deaf and disabled individuals and those who have experienced multiple forms of disadvantage including VAWG, street homelessness, and problematic substance use. These lower levels of trust are down to historic and current mistreatment and disproportionate discrimination of minorities and marginalised groups by policy and the criminal justice system more broadly, and the over-policing of certain communities which has led to a culture of suspicion and mistrust. The onus is often placed on these communities to rebuild their trust in the criminal justice system, rather than on the criminal justice system to work to address the issues that cause this mistrust.