

Advance charity

Domestic Abuse Bill Consultation Submission

Advance welcomes the opportunity to contribute to this consultation on the proposed Domestic Violence and Abuse Bill.

About Advance

Advance, founded in 1998, is an award-winning charity working to tackle issues affecting women and girls, enabling them to lead safe, violence-free and crime-free lives, so they are able to actively engage with society. Based in London, we are **a women-only organisation delivering services for women by women**, those experiencing domestic violence to be safe and take back control of their lives and those who have committed crime are supported to break the cycle of re-offending.

We work with statutory, voluntary sector and other **partners across London and on national projects, sharing our best practice and learnings**, including leading and coordinating the VAWG Angelou Partnership in three West London boroughs, the pan-London Minerva WrapAround partnership service for women who have committed crime and the step-down and recovery strand of the Penta Project.

Since our inception we have **led the way in innovation** in the sector. We created the first IDVA service and the first specialist domestic abuse court. We trail-blazed having IDVAs collocated in statutory settings and creating a specialist service to support women who had been convicted or were at risk of offending. We are currently delivering the first domestic abuse Housing First pilot and have specialist IDVAs in new settings such as a mental health ward in a hospital. We are also leading a partnership delivering trauma-informed wrap-around specialist support to women and girls who have committed crime across London.

Advance's Violence against Women and Girls services

Advance has three main strands to the Violence Against Women and Girls (VAWG) services:

- The **core crisis intervention** services include coordinating and leading the Angelou partnership, a referral and assessment line, and core IDVA services.
- The specialisms and **"whole system change" co-located support** include new interventions and programs with mental health services, housing, social care and the police.
- The **community work focused on long-term recovery** and research includes leading the Meeting Survivors Where They Are step-down and recovery work, delivering long term support and groups/workshops, operating a dedicated women's centre, and being the lead delivery partner in MOPAC's alcohol abstinence monitoring requirement.

The **Angelou Partnership** is a 10 organisations partnership working across all forms of VAWG. Advance not only leads the partners, but also capacity builds the partners by sharing

best practice, providing training and upskilling in areas such as monitoring and reporting. The Angelou services are available for women and girls 13+ living in the Tri-borough which have been experiencing VAWG including domestic abuse, sexual abuse and female genital mutilation. The aim of the programme is to support women and girls to overcome their experiences of violence, improve their safety and increase their well-being and self-confidence. In the financial year 2017/18, we received referrals for 3754 women and girls experiencing VAWG for our Tri-borough service and as a result of our work to support them

- 95% reported a reduction in abuse
- 88% reported reduced risk
- 81% reported an increased quality of life

As a result of the success and oversubscription of the Angelou Partnership, we began the **Meeting Survivors Where They Are** project. This is a partnership of 5 of the Angelou partners and the aim of the new project is to provide longer term more intensive support to those with multiple disadvantage namely those with complex needs, Arabic speaking and Moroccan women, and LGBTQ survivors, and to provide step down and recovery groups and workshops.

Advance also has **specialisms and co-located projects** which has the main aim to improve statutory services response to domestic abuse while being in locations to access survivors immediately to advocate and support women and girls. A key component to these projects is both formally and informally training professionals on domestic abuse in both general classroom based training and one to one bespoke training and upskilling on specific cases; in quarter two 2016 we trained over 300 police officers in one of our criminal justice collocated projects, Impact. In the financial year 2017/18 as a direct result of our work to support them, women reported:

- 100% increase in safety
- 91% reported being at reduced risk
- 87% reported improved confidence and well being

Advance's community education and research work has included being the Front door/Penta project's **lead on step down and recovery services** for women and girls experiencing VAWG identifying the need for a woman's centre with groups work options on practical and creative topics to supplement their individual casework, and being a lead delivery partner developing the Ask me project that trains Domestic Abuse ambassadors in the community.

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1: Do you agree with the proposed approach to the statutory definition?

There many aspects to the consultation and Advance welcomes a clear wider definition for domestic abuse, but the proposed new definition is still not broad enough.

We would however welcome a number of changes to the bill which include a wider expanse including the **differences between intimate partner violence and family violence** which have different dynamics, the **gendered nature of domestic abuse**, and the extension of the bill's scope to **include all forms of violence** against women and girls.

Difference between intimate partner and family violence

It would be helpful to treat intimate partner and family violence separately to enable greater understanding of the motivation for and possible prevention of both as seen in Standing Together Against Domestic Violence's (STADV) findings from domestic homicide reviews. Intimate partner violence is not the same as violence between siblings, or between children and parents, these have their own dynamics as does elder abuse and child abuse. It is also different if a survivor flees and permanently cuts off contact with their partner versus cutting off contact with their parents. When these forms of abuse are conflated, it becomes harder to perceive and understand coercive and controlling behaviour in intimate relationships, as 'domestic violence' appears to be a catch all for all abusive behaviour behind a front door. This has been shown in Standing Together Against Domestic Violence's finding related to domestic homicide reviews. There is no form of words which could properly cover all of these in a single definition; multiple definitions are needed which clarify rather than conflate.

Gendered nature of domestic abuse

It is important to acknowledge the gendered aspect to domestic abuse so as to ensure that it is properly identified, understood and resources are spent appropriately. By not acknowledging it,

- statutory agencies are unclear who is the victim and who is perpetrator and as a result domestic abuse services spend large amounts of time unpicking the case and gathering information so as to ensure that they support the right support goes to the right person (even if this is not the person who was initially referred) and to ensure that a perpetrator's abuse is not exacerbated by knowing safety planning and support options.
- it is harder for survivors to identify and understand the dynamics so that they can recover, and also creates barriers for society to eradicate it.

Inclusion of all forms of abuse

Many organisations including statutory organisations provide services for all forms of violence against women and girls. While it is good that the definition of domestic abuse is widened, it would have been good for this bill to cover all strands of violence against women and girls in line with the practice of the majority of organisations. Movements such as

Metoo# are encouraging more disclosures of all forms of violence against women and girls and increasing the need for more support services that cover more and wider forms of VAWG.

The addition of economic abuse to the definition is positive and opens the door to work with new agencies which thus far may not have recognised where domestic abuse overlaps with their business, and Advance welcomes this opportunity for the sector. With the addition these aspects to the definition comes a need to upskill and train not only workers new to the sector such as workers in banks, but also the need to upskill and train professionals already working with in the sector such as Department of Work and Pensions officers, Social Workers, and the police.

3: How can we ensure that the definition is embedded in the frontline practice

Professionals should have **mandatory domestic abuse training and re-fresher/next level training** much like London Safeguarding Board Safeguarding training. This training should be delivered by local specialist domestic abuse services who are the experts in the field, understand the nuances and best practice, and facilitate building closer relations between specialist services and the statutory sector.

Advance trains hundreds of professionals every quarter primarily in our Whole Systems Change Collocated projects. From experience we know that one off training is not enough and hence we are asked continually by the same workers who attended our training for bespoke individual training on both general related topics and specific issues in cases. We also offer refresher and next level training as a few hours training provides basic knowledge but does not satisfy all of their queries or needs to provide basic level (non expert) best practice care for survivors.

In addition to training by specialists organisations, **non specialist services need a named domestic abuse lead to embed 'buy in'** and create an environment for institutional change to work towards eradicating domestic abuse. Without top level 'buy in' training is only effective on an ad hoc level based on the desires of the individual worker. Domestic abuse training and policies should be in an organisation's mandate and should be mandatory or at the very least incentivised, especially for human resources staff.

Training also needs to emphasize that perpetrators must be held to the same standards as victims. At Advance we find that professionals hold women who are survivors to a higher standard than perpetrator fathers e.g. a mother who sees her children once a week is considered a bad mother while a father who sees his children once a week is considered a good father. This imbalance is then often used to offset any negative things a perpetrator has done such as by being abusive, as instead a professional, such as social care, is so pleased that he is seeing the child once a week that they then do not hold him accountable for the abuse that he has perpetrated against the mother.

We find that schools and those who work with young people in particular have limited knowledge around social media, different types of abuse, and safety planning in regards to online and social media. **Training and early intervention covering social media and**

young people is key to safeguarding against it and protecting survivors. In particular, schools and the police need training on this and how to use it as evidence in control and harassment.

To address the need for **training and upskilling professionals**, Advance delivers **Whole Systems Change Collocated Projects** where a significant part of our IDVAs/ workers' time is spent training and upskilling professionals both formally in classroom settings and informally in briefings, consultations (appointment based hour long meetings) and ad hoc one to one requests. On average we found that after receiving initial training from us that professionals felt their confidence levels increased to 90% in regards to initial basic knowledge around dynamics of domestic abuse, carrying out risk assessments, safety planning with survivors e.g. in terms of child contact, their understanding of the impact of the perpetrators behaviour on children, and understanding of coercive control. While they found the training very necessary and helpful they also recognised their need for more training to have an adequate level of basic knowledge.

Following our training of Social Workers, we received very positive feedback:-

'Excellent, very helpful in the context of many cases I am working with domestic violence. Often you glance over the main issue of domestic violence to try and keep the case going. Very helpful to reflect on your cases'

These projects have a very high service-user engagement rate of 90-95% and outcomes include:

- 97% service users reported feeling safer at case closure
- 97% service users reported improved health and well being, trust and independence
- 100% of Social Workers believed that the child was in a safer environment at case closure (with the IDVA's support)

Changing the definition is not enough as it must be implemented and embedded across organisations for it to be effective. To ensure this, it should be **enshrined in a statute with consequences for statutory services and other professionals if it is not adhered to**, not merely guidelines that are unenforceable.

The **status of the voluntary sector should also be elevated to the same level as the statutory organisations** as experts and partners to delivering effective change by being part of an expert specialist services steering group who advise and is overseen by the DA Commissioner.

Survivors at all levels of risk, not only high risk, should benefit from agencies sharing information and so agencies such as GPs should have the obligation to share information even if a case does not reach the MARAC threshold.

5: We are proposing to maintain the current age limit of 16 years in the statutory definition- do you agree with this approach?

Advance has found it encouraging and beneficial that the age of survivors has been lowered to 16 years.

In regards to **young people under the age of 16, there is also a need to highlight the different forms of abuse** that young people experience such as child sexual exploitation/abuse, gangs, peer on peer abuse and teen relationship abuse.

There is also a need for **schools and education to be more actively involved and there to be resourced domestic abuse workers or links in schools** to identify and support these young people and all subjects to discuss equality not just PHSE. When changes in the definition happen or a cross governmental definition changes then there is a need for resources to match that change and to support additional people now included in the definition, and for agencies to be trained on the changes and their different intersectional needs.

To address this, Advance has children and young people's workers both in the Angelou Partnership and in other projects such as another domestic abuse advocacy project and young women who have or are at risk of committing a crime project. The support delivered varies substantially when working with children and young people as opposed to supporting adults. There is a greater need to use different tools to engage them, such as utilising tools such as WhatsApp as opposed to calling a young teenage survivor or meeting with them several times discussing different things to build a rapport before getting into the crux of the work. Meanwhile to address further differences with children's learning and needs, Advance has been creating a programme of group work for young school age children. Advance also spends time training professionals in education so that they better identify, respond and more quickly refer children and young people into our services. There is a need to expand upon these projects to cover more children and young people, and to address peer on peer abuse and child to parent abuse as we have seen an increase in both of these.

6. In addition to the changes being made to how relationship education will be taught in schools, what else can be done to help children and young people learn about positive relationships and educate them about abuse?

Advance welcomes the upcoming changes to Relationships Education in schools.

Young people in schools and education

Good quality Relationships Education needs to be delivered as one linked up part of a "Whole School Approach" to ending and preventing domestic and sexual violence. There is a lot of work to ensure that the curriculum links to the wider coordinated community response activity in local areas. Schools must be supported to understand the multi-agency approaches and specialist's services beyond their school gate. And there needs to be commitment to the coordination of work in and between schools to ensure this worked is

joined up with the LSCB and the DVA or VAWG strategic boards in local areas. The quality of RSE and PSHE delivered in schools needs to be monitored effectively through OFSTED inspections. All school staff also need regular training in DA and the effects on children and young people so that they are equipped to recognise DA in a child's life and take steps to support the child.

Community settings for young people

Outside the education system, work with young people in all settings such as youth groups, specialist youth services, youth offending projects, etc. are important and perhaps the most likely first ports of call for those experiencing abuse. The challenge is that while understanding of DVA and VAWG needs to run through all of the services, they are often focuses largely on other activities.

The wider culture of sexism, sexualisation of women and hyper-masculinity, needs to be challenged and young people provided with spaces in and out of education settings to scrutinise these harmful practices and cultures.

Young people's diverse voices and experiences to be included

To address this, Advance has children and young people's workers both in the Angelou Partnership and in other projects such as another domestic abuse advocacy project and young women who have or are at risk of committing a crime project. The support delivered varies substantially when working with children and young people as opposed to supporting adults. There is a greater need to use different tools to engage them, such as utilising tools such as WhatsApp as opposed to calling a young teenage survivor or meeting with them several times discussing different things to build a rapport before getting into the crux of the work. Meanwhile to address further differences with children's learning and needs, Advance has been creating a programme of group work for young school age children. Advance also spends time training professionals in education so that they better identify, respond and more quickly refer children and young people into our services. There is a need to expand upon these projects to cover more children and young people, and to address peer on peer abuse and child to parent abuse as we have seen an increase in both of these.

10: We are in the process of identifying priority areas for central Government funding on domestic abuse. Which of the following areas do you think the UK Government should prioritise?

Commissioning principles and approach

The proposals include ratifying the Istanbul Convention, and so it is important to note the Convention requires **adequate provision of support services and advocacy both of which are continually coming under pressure and a vast increase in them is required.** Survivors are coming forward and referrals are increasing while resources are decreasing.

At Advance we are already receiving 25% more referrals than we are commissioned to receive and the MARAC cases have more than doubled in two years. Yet as a result of funding cuts to local government budgets, **Commissioners are passing these on and reducing even core domestic abuse services**, including to those women and girls at high risk of domestic abuse.

Commissioning is creating a competitive environment where short term unstable contracts are the norm and organisations have to decrease prices to remain afloat. The current **commissioning environment creates competition amongst organisations for ever reducing funding** and programs, rather than working together to end VAWG.

It also means that services are always unstable with only 1 or 2 years funding at a time, thus **a lot of resources are spent to maintain funding** instead of developing services and focusing on the service users, including resulting in staff feeling insecure and worried, as opposed to fully focused on supporting women. **Domestic abuse services, particularly for core support to women survivors, should be commissioned for a minimum of 5 years at a time.**

Central government has a key role to play in setting minimum standards and levels of services, particularly for core domestic abuse services, by each borough, particularly in London, so that survivors do not experience the postcode lottery in getting the necessary support to be safe. Central government VAWG strategy should have clear expectations of the levels of support provided to survivors, and an expectation that all local authorities provide these minimum levels of services consistently across England and Wales.

Due to the **limited period of funding for innovation**, which is often no more than 1 to 2 years, it makes the effectiveness quite challenging to prove, given that as soon as a project gets embedded it needs to consider closing down. Innovation needs to be given sufficient time to develop learnings and generate improvements which are tested and evaluated, which often requires 3 years to assess impact.

While there is a need for **innovation, it should not be at the expense of the core domestic abuse services which are already critical and over-subscribed, as both is needed**. Domestic abuse services complement one another and require one another to be effective. High risk IDVA services need to be complemented by refuges, outreach services, specialised and colocated services, and step down and recovery services.

Each service provides survivors with crucial support at different stages in their journey and depend upon the existence of one another to work towards eradicating domestic abuse. The IDVA service accesses the highest risk survivors with crisis intervention, the refuges provide a safe house for a survivor to escape the abuse and start their recovery, outreach services provide support for those at medium and standard risk so that it does not become high risk, specialised and colocated services reach the harder to reach who are some of the most disadvantaged and need an adapted non generic service, and step down and recovery women's centres, groups, workshops and programmes provide longer term support for women to dip in and out of to break isolation, build confidence, and develop skills to provide women with the tools and self esteem to lead a life continuing to be free of violence and abuse.

Long term support for recovery

Due to the success and oversubscription of the Angelou Partnership, we identified that survivors needed more intensive and longer term support to be able to recover and move forward in their lives for sustained change. Survivors have told us that they need more support after the crisis the intervention support (3-6 month) has finished and that they need activities and support to combat isolation, gain more skills and recover. As a result, Advance began the **Meeting Survivors Where They Are** project. This is a partnership of 5 of the Angelou partners and the aim of the new project is to provide longer term more intensive support to those with multiple disadvantage namely those with complex needs, Arabic speaking and Moroccan women, and LGBTQ survivors, and to provide step down and recovery groups and workshops. The project includes one to one intensive longer term support for survivors who have complex needs, are BME, or are LGBTQ; as these groups face multiple barriers to get support. In addition the project also includes extensive group work on both emotional and practical topics such as post traumatic stress, confidence building, coping strategies, moving forward, dealing with suicidal feelings, budgeting, and child contact and the law. The groups also cover creative topics to promote confidence, break isolation and help survivors to heal; these sessions include using photography through healing and music therapy.

Multiple and complex needs services

Research shows that survivors with multiple disadvantages can face particular difficulties finding settled, appropriate housing. 'Access to safe accommodation is crucial for women affected by gender-based violence and abuse. Women affected by multiple disadvantage often face barriers to accessing suitable housing, and therefore safety'¹.

Research into Housing First in England² has found there is the potential to use it as a preventative model, 'targeted on vulnerable individuals who are assessed at heightened risk of long-term homelessness'. This plan therefore suggests by creating clear referral routes into appropriate accommodation for survivors of domestic violence and abuse with multiple disadvantages, it can begin to work towards better outcomes for women facing long-term homelessness. The Housing First model works on the principal that once the chaos of homelessness or insecure housing is eliminated stabilisation will occur faster. By providing 'ring fenced' properties Registered social Landlords can be part of better outcomes for residents and the wider community as well as cost to the public purse. To engage and support this vulnerable client group Advance works more intensively with each service user for a longer period of up to 18 months. This project is already proving successful as the engagement rate of this hard to reach group is already 83%.

¹ ibid

² Housing First in England – Research Executive Summary, Homeless Link

Safe women-only spaces and centres

Women's centres and safe women-only spaces provide the infrastructure for long term support for survivors. They provide partners with a space to collaborate to provide different services including groups and workshops of a wider variety including creative, emotional and practical topics for a longer term recovery and healing. They also provide a safe space for women to come in crisis to meet professionals and their own worker in a confidential setting that is designed to make them feel welcomed and contributes to their healing by being a trauma informed and designed space.

Health, including acute and mental health

Our services have seen, an increasing number of **survivors needing support with their mental health**. We also know that for every referral with high intensity mental health needs this requires the same amount of support as 3 referrals with low intensity needs.

To address this, Advance has a specialised collocated mental health IDVA project in St Charles hospital. This project is onsite where survivors with mental health needs go and they directly upskill and consult with professionals to identify domestic abuse and refer the person to our service. In one our training of mental health practitioners we found that prior the training 51% said that they had poor knowledge and confidence around domestic abuse dynamics and identification of it and how to respond versus after the training 83% reported having good or very good knowledge and confidence on domestic abuse. From this small project of one person we have seen an increase in mental health referrals triple, and we have identified that this project needs to be rolled out across more wards in the hospital, more hospitals, and in community settings where there are community mental health practitioners.

We have seen **an increasing demand for domestic abuse services based in health settings** such as accident and emergency, maternity and sexual health. To address this we believe that there is a need for IDVAs based in those locations who can train health professionals on how to 'ask the question', deal with a disclosure, recognise signs of abuse and refer survivors on to the right agencies. Research has shown that health settings are good locations to access the 'hard to reach' survivors who will not use other services or are not identified through other services; thus this provides an earlier intervention service. We are in the initial stages of setting up such as project based on our previous experience working accident and emergency and maternity wards.

Women experiencing domestic abuse linked to offending behaviour

To escape from the effects of the abuse and to cope with the abuse some women turn to offending, for example some women have to resort to shoplifting to feed their children and their perpetrator withholds all money from them. Many female offenders both in custody and in the community have experienced trauma such as childhood neglect or abuse, domestic abuse and sexual violence and exploitation, and this trauma often results in interlinked issues such as mental and physical health problems, misuse of drugs and alcohol, relationship difficulties, debt, poverty and homelessness. In a recent report by Prison

Reform Trust, “There’s a reason we’re in trouble”, domestic abuse was highlighted as a key driver to women offending. The impact of the experience of trauma and these resulting issues is low self-confidence, poor self-esteem and lack of self-efficacy, and women therefore find it hard to make the changes necessary to their lifestyle and behaviour to avoid re-offending.

To address this Advance’s Minerva Wraparound Programme supports women, including young women transitioning into adulthood, who have committed crime by supporting them to break the cycle of re-offending. These services are available across 22 London boroughs and include one-to-one support across the nine pathways of offending and groups for longer term support.

12: What more can the government do to better support victims who face multiple barriers to accessing support.

Advance considers that **to best access survivors, all of their intersectional and multiple needs need to be taken into consideration and addressed.** We do this through a number of projects providing support across multiple needs. We address accessing those with multiple barriers in a variety of ways;

Specialism IDVAs: Mental Health IDVA

This project collocates a Mental Health IDVA in St Charles hospital where she supports clients, consults with mental health practitioners and upskills mental health practitioner. In one our training of mental health practitioners we found that prior the training 51% said that they had poor knowledge and confidence around domestic abuse dynamics and identification of it and how to respond versus after the training 83% reported having good or very good knowledge and confidence on domestic abuse.

‘I have a better understanding of when to raise a safeguarding issue and how to safeguard from domestic abuse’

‘I plan to change the way I approach and speak to people and further understand people’s situation’

Every year of the project increased the number of referrals to the extent where after only 1.5 years of the project the identification of domestic abuse cases at St Charles hospital increased by 61%.

From our mental health IDVA project where we have a specialist collocated mental health IDVA at St Charles hospital, we know that for every referral with high intensity mental health needs this requires the same amount of support as 3 referrals with low intensity needs. We also know that by collocating we increase access to survivors by being onsite where they go and by directly upskilling the professionals to identify domestic abuse and refer the person to our service.

Advance found of the 417 referrals into the service in one quarter;

- 44 clients identified as having alcohol support needs
- 26 clients identified as having substance use support needs
- 89 clients identified as having mental health support needs
- 13 clients had a combination of alcohol and substance support needs
- 16 clients had a combination of alcohol and mental health support needs
- 13 clients had a combination of substance and mental health support needs
- 8 clients had a combination of all 3

Multiple support Housing First project

Research indicates survivors with multiple disadvantages can face particular difficulties finding settled, appropriate housing. 'Access to safe accommodation is crucial for women affected by gender-based violence and abuse. Women affected by multiple disadvantage often face barriers to accessing suitable housing, and therefore safety'³.

Research into Housing First in England⁴ has found there is the potential to use it as a preventative model, 'targeted on vulnerable individuals who are assessed at heightened risk of long-term homelessness'. This plan therefore suggests by creating clear referral routes into appropriate accommodation for survivors of domestic violence and abuse with multiple disadvantages, it can begin to work towards better outcomes for women facing long-term homelessness. The Housing First model works on the principal that once the chaos of homelessness or insecure housing is eliminated stabilisation will occur faster. By providing 'ring fenced' properties Registered social Landlords can be part of better outcomes for residents and the wider community as well as cost to the public purse.

To engage and support this vulnerable client group Advance works more intensively with each service user for a longer period of up to 18 months. This project is already proving successful as the engagement rate of this hard to reach group is already 83%.

Housing IDVA collocated within Housing Office

Advance has a Housing IDVA who collocates in Hammersmith Housing. This project is onsite to advocate and support vulnerable survivors of domestic abuse, while also improving the housing professionals' response to domestic abuse and knowledge of it. The success of this project:

- 95% engagement rate
- 98% of survivors at case closure reported knowing how to and feeling confident to access support
- 100% of survivors reported a positive improvement in their support needs
- 97% of survivors reported that their risk had reduced at case closure

³ ibid

⁴ Housing First in England – Research Executive Summary, Homeless Link

Meeting Survivors Where They Are

Due to the success and oversubscription of the Angelou Partnership, we identified that survivors needed more intensive and longer term support to be able to recover and move forward in their lives for sustained change. Survivors have told us that they need more support after the crisis the intervention support (3-6 month) has finished and that they need activities and support to combat isolation, gain more skills and recover. As a result, Advance began the **Meeting Survivors Where They Are** project. This is a partnership of 5 of the Angelou partners and the aim of the new project is to provide longer term more intensive support to those with multiple disadvantage namely those with complex needs, Arabic speaking and Moroccan women, and LGBTQ survivors, and to provide step down and recovery groups and workshops. The project includes one to one intensive longer term support for survivors who have complex needs, are BME, or are LGBTQ; as these groups face multiple barriers to get support. In addition the project also includes extensive group work on both emotional and practical topics such as post traumatic stress, confidence building, coping strategies, moving forward, dealing with suicidal feelings, budgeting, and child contact and the law. The groups also cover creative topics to promote confidence, break isolation and help survivors to heal; these sessions include using photography through healing and music therapy.

Minerva WrapAround programme

The service aims to achieve the objectives set out in the Police and Crime Plan, namely to **reduce offending behaviours** (including frequency and severity of offending); focus on “**continuing and integrating services** to minimise risks at the transition point between youth and adult services”; offer a focus on addressing victim issues through **a trauma-informed approach**, as many women who have committed crime have been victims of crime themselves; and safeguarding children, young people and vulnerable adults in order to reduce the impact of crime on families and prevent family break-down, which is a key element of all services in Advance.

The service will address the **complex and multiple needs of women** in a holistic wraparound approach, across the pathways to offending including mental health and well being, substance misuse, domestic abuse and violence, accommodation, parenting and families, finance and debt management, employability, offending behaviours.

The Advance Minerva Wraparound service, in partnership with 9 other VCS organisations will

- support women offenders with holistic tailored and consistent **one-to-one advocate outreach support** long term (for up to 18 months) using a “whole system” approach,
- enable to access **regional women’s centres and local women-only safe spaces** (hubs) across 15 boroughs, with another 6 boroughs supported through a partner
- **Housing Co-ordinator** offering in-depth knowledge of legislation and housing options in each borough, in partnership with Housing for Women;
- **Young Woman’s keyworker for 15-24 year olds** addressing issues such as emotional management, healthy relationships and self-esteem

- **Additional support for women working in prostitution** / exploitative offending lifestyles through joined-up working with existing outreach services
- **New tailored groups/workshops with 8 VCS partners in Women's Centres**, addressing the needs of women that are linked to offending, including financial management, employability, mental health and domestic abuse;
- **Promotional work with the judiciary** to strengthen public accountability and promote gender-informed community sentencing options by delivering awareness-raising workshops for Court staff and NPS.

The outcomes include:

- An overall reduction in re-offending and in the numbers of women in prison;
- A reduction in women's children in care;
- Women offenders being able to improve and change their lives and the lives of people around them
- Women feeling safer from domestic abuse and improved well being and health

Measures of specific outcomes include women reporting improved well-being, increased self-confidence and motivation, and improved physical/mental health.

13: How can we better work with female offenders and vulnerable women at risk of offending to identify their domestic abuse earlier?

"Labelling" of a woman who has committed crime

The language of a woman who has committed crime as "female offender", including in government strategy, underlines the offence but does not reflect the victimisation and trauma experienced by between 60-80% of women who are also domestic abuse survivors.

Government and specialist services need to raise awareness of the link between domestic abuse, including coercive control, and women's offending behaviours, including within statutory services that will often provide limited if any support to the women, due to the stigma of the "offender". Training for statutory services and professionals is required for a trauma-informed approach and ensure that women are viewed holistically and there is better understanding of the complex and multiple needs of women who have offended.

Community based services for women who have committed crime

Advance's Minerva Programme supports women who have committed crime supports them to break the cycle of re-offending; currently the service available for women aged 18+ and living across London, who are involved in the criminal justice system as a result of having committed a crime. Women are referred directly from prison (Through the Gate) and probation services (London CRC) and we provide the support they need to move on at our

women-only Minerva Centre in Hammersmith and in their communities across 16 London boroughs.

Our goal is to divert women from the Criminal Justice System at the earliest opportunity, reduce re-offending among women, reduce the number of custodial sentences imposed on women by the Courts and prevent families breaking down, as a result of offending.

In the year to October 17, we received referrals for 742 women in the criminal justice system across 17 boroughs from London CRC. Of those women, as a result of our work to support them,

- 95% of the women reported improved physical/ mental health,
- 90% reported feeling safer and
- 86% reported being able to access services independently as a result of our interventions.

The women supported through our programme reduced re-offending by 39% according to the independent MOPAC interim evaluation report in July 2017 (final report of the 18 month programme is due in July 2018 – contact niki.s@advancecharity.org.uk).

Services from voluntary sector, as funded by London CRC and other CRCs in England and Wales, is limited and based on which borough the women offender will be released to. As the services are borough specific, it results in unequal access to support, with women from certain boroughs getting support and others not offered the support at all.

Voluntary sector specialist services need to be provided to women offenders being released into the community on a pan-London basis and across England and Wales.

The evidence of the current Minerva programme by Advance (and others) shows that effective support of women from custody to community reduces re-offending and empowers women to change their lives and participate positively in society.

Many **women who have committed crime both in custody and in the community have experienced trauma** such as childhood neglect or abuse, domestic abuse and sexual violence and exploitation. The response in prison to domestic abuse and sexual violence/ exploitation support is sporadic at best and not available in most instances, due to funding.

We propose **domestic abuse support in every women's prison** which can then be continued in a coordinated way in the community, through integrated services and even the same advocate/support worker if possible. This will allow women to tell their story only once and to get the support they need, to be safe and even avoid needing to return to an abusive environment on release.

Women tell us that if they are ever arrested or charged for a crime that they are then labelled an offender, and they are not believed or treated as a victim when they report a domestic abuse crime perpetrated against them. When investigating cases against women who have allegedly committed a crime, the police should have to look at their entire history to see if they have ever been a victim of domestic abuse to see if this impacted on the current investigation. Likewise the police should give **equal credit and deference as a professional** to female offender caseworkers and domestic abuse workers who inform them

that the woman is a victim and the crime is related, and so the woman needs to be treated and viewed in light of this and any coercion she has experienced to commit the crime.

Diversion of women and girls from offending

Diverting adult women at point of arrest away from custodial sentences would enable a reduction in crime and re-offending, improve public confidence in the criminal justice system, remedy the social exclusion of women offenders and the impact on their families, and drive organisational performance delivery improvement.

Referrals to this service would be from Police Officers at point of arrest, and the work to address their needs would be delivered by Community Advocates at regional Women's Centre, offering safe, women-only spaces for appointments and access to a range of specialist groups and workshops, addressing their needs and diverting them from offending at the earliest point. It has been identified that there are likely to be 3 diversion points: Signposting, Community Resolution on the street or in Police Custody and Conditional Caution in Police custody

A 12-month pilot was delivered by Advance in the 3-borough area in 2015, in conjunction with the IOM team at the Metropolitan Police and agreed by the 3-borough Reducing Re-offending Board. This pilot involved two main areas of work; training Police Officers about the differences between male and female offending, the vulnerabilities of women who have offended and the benefits of a different approach to working with them, particularly young women (in conjunction with the Young Women's Service at Advance's Minerva service at that time) and direct referrals from Police to Minerva for women who had been dealt with by way of a Community Resolution, a Caution, a Fixed Penalty Notice or those who had been charged and bailed to Court. A total of 15 training sessions were delivered to Police Officers and 26 referrals were received; 21 women engaged (81%) and the main issues identified as support needs were Health, Thinking & Behaviour, Experiences of Abuse/violence and Accommodation.

The service proposed would include

- A dedicated, named female Community Advocate offering consistent 1-1 contact, tailored to the woman's needs in a trauma informed approach;
- An assessment of risk and need, and an outline support plan offering women an individual service tailored to their needs and risks;
- Working in partnership with other professionals where necessary to enable information sharing and effective, joined-up working;
- Access to high quality women-specific interventions including groups and workshops to further address key issues such as ETE, Health (physical, mental and sexual health), substance misuse, Parenting and Debt;
- Working with the Police and judiciary to promote gender informed community sentencing options, where necessary;

In terms of reducing offending, early intervention and diversion of women at the earliest opportunity is recognised as important in the Police and Crime Plan. The main outcomes will be:

- Reducing re-offending and encouraging desistance amongst repeat offenders;
- Diverting women from the Criminal Justice System at the earliest opportunity;
- Offering holistic, safe, targeted support and advocacy that addresses complex needs which lead to re-offending.
- Decreased use of custodial sentences for women via advocacy at sentencing hearings at Court by keyworkers;
- Improved outcomes for children of women via parenting groups and support for women in navigating Social Care procedures;
- Supported integration of women into society via peer mentoring scheme and additional specialist support by partnership agencies around substance misuse, employability, debt, health and housing;

Women reporting feeling safer, more motivated and healthier, with a reduction in substance misuse, enhanced parenting skills, more confidence in gaining employment, increased emotional control, improved finances, raised self-confidence and higher levels of motivation.

Young women offender specialist services

In terms of **young women offenders 17 to 24** who engaged with the Young Women's pilot project at Advance:

- 63% of young women aged 17-24 had experienced abuse, rape or domestic violence, and
- 15% had been involved in sex work.⁵

The report on this 3 year pilot found that the **highest needs** for young women who have committed crime were relationships (particularly family), health, accommodation, and attitudes, thinking and behaviour and employability (ETE). The report highlighted the **benefits to young women of the distinct approach adopted**, including:

- greater access to accommodation and maintenance of tenancies;
- improved engagement with mental health services;
- being able to keep their children;
- improved relationships with family;
- reductions in reoffending;
- increased engagement with other services;
- enhanced self-esteem and greater self-confidence.

The House of Commons Justice Select Committee's **inquiry on Young Adult Offenders** concluded in 2016 that there is "overwhelming evidence" in support of a distinct approach to young adults throughout the criminal justice system. Max Rutherford at Barrow Cadbury

⁵ Hallam Centre for Community Justice (2016) Transition to Adulthood Pathway Programme Evaluation: Second interim report Advance Minerva

Trust states “**Commissioning services for 16-25 year olds that enable them to address their behaviour and turn their lives around ... is a high-return investment.** No other age group is more likely to desist from crime, and no other group of adults has as much life still ahead of them”.

The commitment from **the Police and Crime Plan** is “*to expand access to specialist women’s centres so that female offenders across London have access to gender-appropriate provision designed to tackle reoffending*”.

Tackling re-offending through women’s centres shows many benefits in terms of finances and re-offending, but also tangible long-term benefits to the women, their children, their victims and wider community.

To address this

- **Young Woman’s keyworker for 15-24 year olds** addressing issues such as emotional management, healthy relationships and self-esteem, based on a successful Advance 3-year pilot;
- Promotional work with the judiciary to strengthen public accountability and promote gender-informed community sentencing options by delivering **awareness-raising workshops for Court staff** and NPS.

There is **significant demand for specialist intervention by the women offenders.** At a recent Open day at the Minerva Centre, 100% of those attending sessions on parenting and changing behaviour said that they wanted to attend the full groups. One third came from North/East London, where we do not offer specialist groups currently.

This model builds on best practice and current service learnings, **co-designed with Advance’s Service Users and Peer Mentors**, who believe it, includes all the elements required to support women to avoid re-offending, including much needed specialisms such as the Housing Co-ordinator and a specific service for young women.

16-17: Domestic Abuse Protection Orders

Advance believes that all breaches of protection orders should be able to be prosecuted through the criminal justice system where real consequences for breaches can be put into practice and enforced.

To effectively and safely increase protective order, there is also a need to increase resources to train professionals on them but also to **increase resources by increasing domestic abuse caseworkers/IDVAs to support the increased number** of survivors who will come forward and require additional support in the way of these protective orders.

Advance also believes that protective orders need to be carefully monitored and not have them become performance indicators as this would make them unsafe as they would be put in cases where women did not want them and thus the women would go ‘underground’ not report the abuse and be closer to being potential homicide victims.

26: Do you agree that courts should be given an express power to impose electronic monitoring as a condition of a Domestic Abuse Protection Order?

Advance has **serious concerns and disagrees with having electronic monitoring tags** such as alcohol abstinence monitoring requirements as part of a protection order, **as these are unsafe**. These tags increase a woman's risk and make her less safe.

Advance were part of a pilot on alcohol abstinence monitoring tags for domestic abuse perpetrators, and we found that this was not safe. Tags were put on perpetrators without the consent of a woman to see if she would be blamed and her risk would increase, checks were not completed to see if other women or victims would be effected with increased risk, and the amount of extra resources for IDVAs to try to contact the women and consult with agencies to advise if it was safe or not for a woman was exorbitant as it required days of work to compile one line of advice. From the pilot we determined:

- IDVAs would need to keep cases open up to 70% longer which means that they would be able to support substantially less survivors
- For every case an IDVA would have to spend an extra 20 days on each case to assess its appropriateness and try to overcome adverse issues with safety that the tag creates
- The electronic tag was unsafe e.g. we had cases where CRC recommended a tag without consulting the survivor and without consulting the perpetrator's new partner who he lived with which drastically increased his new partner's risk of homicide and abuse
- Perpetrators could blame the victim for the case going to court and resulting in a tag and further isolate the victim from ever calling the police
- The tag could further isolate victims as the perpetrator does not allow her to go out and socialise with friends where alcohol is involved as he has the tag
- The wrong message can be given as the perpetrator, victim and professionals can blame the domestic abuse on alcohol as opposed to it being a choice of the perpetrator

Professionals, such as Family and Children's services, misunderstand how the tag operates and think that it makes the victim safer as opposed to being punitive condition on the perpetrator

37. Question: How can we continue to encourage and support improvements in the policing response to domestic abuse across all forces and improve outcomes for victims?

- Partnership working is essential for the police and they should be encouraged to open the door to working with partners and be accountable to partners;

- Supervision needs to be more robust, so that officers are fully aware and working alongside policies. Implementation of policies and SLAs need to be more robust and officers need to be accountable to them;
- Value based recruitment into CSU;
- Officers need specialist training from subject matter experts;
- Time must be given to officers to properly investigate the history of domestic abuse issues;
- Police should be fully aware of referral pathways and not just close cases – details of support services should be given.
- Police to be supported to adopt a person centred approach. The police culture itself can be based on power and control, it is vital that this is not replicated when working with survivors.

38: Do you think creating a legislative assumption that all domestic abuse victims are to be treated as eligible for assistance on the grounds of fear and distress (if the victim wants such assistance) will support more victims to give evidence?

Advance believes that there should be a **presumption for special measures** so that it should be opt out. This would remove the onus on the woman.

Women tell us that going through the criminal justice system is distressing and every additional statement adds in more distress and implies that they are either at fault or not believed which sets them back in their recovery.

Many women also report not wanting to attend a trial as they do not want to see the perpetrator, and sometimes they are not aware that special measures has been granted until the last minute which makes unnecessary stress.

42: Do you think extending the prohibition on cross – examination in criminal proceedings would support more domestic abuse victims to give evidence?

By being part of specialist domestic abuse courts then perpetrators do not cross examine victims, but at Advance we know that this is an exception. Most areas do not have specialist domestic abuse courts or specialist criminal justice IDVAs like we have as part of the Impact Project. **By default no perpetrator should be able to cross examine a victim**, and hence this should not be something that needs to be applied for as this puts the onus on the victim yet she has not committed any crimes.

By continually putting the onus on the victim and CPS to submit different applications such as for special measures and for a perpetrator not to cross examine a victim this provides the message to the victim that she is not believed and does not deserve protection while the perpetrators rights (not the victims) needs to be protected.

43: What more can the police, witness care units, and the Crown Prosecution service do to support victims through the justice process from the point of report onwards?

Advance has 20 years of experience supporting survivors of domestic abuse through the criminal justice system and women who have committed an offence; and while the system has improved there is still a long way to go. From our focus groups and one to one feedback (for further information and reports contact melissa.a@advancecharity.org.uk) women have told us that the criminal justice system:

- feels like a postcode lottery as to the response that they get from different police officers as despite training their approach is inconsistent and often deters women from reporting further incidents especially as many felt the police had little understanding and empathy
- the varied experiences of professionals within a service, particularly first response police officers, left lasting impressions which continue to impact on the safety of the women involved
- feels impersonal with the Crown Prosecution Service seeming to have no accountability and with the criminal justice system failing to be able to adapt to their complex needs

“They were very nice to me but they just don’t know what domestic violence is – you can tell they don’t know what you are talking about. You don’t feel you can open up to them as don’t feel they are very interested.”

“The police made me feel like I was the criminal sometimes and they didn’t keep me updated.”

“Every time I go to the police I just get ignored - to be honest I just stopped going there. I also feel like I’ve been blamed, for example they would said ‘why didn’t you say before’, and the reason is because I am never believed. He [perpetrator] is a known criminal and has been to prison for sex with someone under age.”

“It was very impersonal, you feel treated like an object or worse a criminal.”

“I initially went to Holborn police station, where all the doors are locked. They have a phone outside to get in contact with the PCs inside. This phone is within the police station perimeter area, but outside where other people are waiting hence hearing your conversation. When I called them using that phone, they asked to explain the reasons behind by call. I refused to talk to them on the phone as it was a private matter, then two PCs came out the building after 1 hour to address my case.”

- the limited extent of evidence gathering for their case was largely limited to the statements of victim and suspect

- breaches of bail felt frustrating due to the limited repercussions for breaching which made women lose faith in the system

One woman said she felt that there was little effort made to locate her ex-partner following a breach which left her feeling 'very vulnerable and unable to leave her home'

Another woman voiced concerns that her ex-partner would always 'push the limits of bail conditions and injunctions' i.e. sit at the end of her road which was the end of exclusion zone.

- giving evidence in court felt distressing and there was little attention to minimise re-traumatisation that a survivor could feel by giving evidence

"Replacing a bully for a bully....the defence lawyer is replacing the bully that you've got away from and he is in your face, and because he is the lawyer and your cornered - you've lived that life, and now you've got an official doing it, and that is hideous. It should not be allowed."

"I try to hide my emotions so I seem stern...because my reaction is not what they want, it's my fault."

The **Crown Prosecution Service (CPS)** often is not familiar with the case that they are prosecuting and often only sees the case the day that the trial begins. CPS also often has **very limited domestic abuse knowledge and awareness**, and they rarely speak to victims or their children before the trial despite it being in their guidance. This suggests to survivors that they are pawns, that the government does not care about them or domestic abuse, and that they system prioritises perpetrators over victims. Further training for CPS from a specialist service is essential. Advance has addressed this by training the London CPS on domestic abuse, the role of the IDVA and the needs of victim survivors. But training alone is not enough as more specialist domestic abuse courts and criminal justice IDVAs are needed to improve practice and the response to survivors by training informally through collocation and inducting officers and formally in classroom settings.

Advance also has **concerns under the Police's use of "released under investigation"**. In released under investigation, custody officers very rarely release a perpetrator with bail conditions. When the case is transferred to another police officer they also do not apply for bail conditions. Hence there is nothing protecting the victims while the case is going through the system, and this also gives the message that victims do not deserve protection and that if they report an incident it can increase their risk as the criminal justice system puts nothing in place to protect them.

Likewise women often tell us that the **Police have a hard time arresting a perpetrator for breaching a restraining order** as it has not been uploaded onto their system. This is suggesting to women that they do not deserve protection and the system protects perpetrators and so there is no point in disclosing abuse.

To overcome this, Advance addresses challenges in the criminal justice system via the Impact Project in Hammersmith. This is a specialist project that addresses every aspect of the criminal justice system for a victim by having specialised criminal justice IDVAs, a specialist domestic abuse court, and domestic abuse court coordination. Advance's criminal

justice IDVAs collocated in Acton police station induct the police, brief and train the police, train CPS, support victims and advocate on their behalf, attend the specialist domestic abuse court to support victims and liaise with criminal justice agencies, as well as Advance proactively contributes to specialist domestic abuse court meetings and project steering groups. As a result of the Impact project,

- 75.41% is the conviction rate for Hammersmith which is one of the highest conviction rate in the Metropolitan London
- 95% is our engagement rate with survivors
- 97% of service users reported feeling safer at case closure
- 97% of service users reported being at reduced risk at case closure

Feedback from one of the service users;

“Really appreciate all your efforts throughout this difficult time. You have shown more concern and support than the people I have known, for over 20 years. I shall remember the help I received by yourself and others in order to stay strong and move on in the right direction. None of this action was done in vain. The cycle of woman and child abuse in this family stops here. Job well done.”

44: Are there other aspects of the criminal court treatment of vulnerable people which the family court could learn from?

In focus groups survivors have told us that one of largest barriers to moving forward and recovering from domestic abuse are the civil courts. Child contact cases can go through the civil courts for years, meanwhile domestic abuse support from IDVAs and Outreach workers is usually for a matter of months and thus survivors get no support for most of the civil case. Survivors told us (In our Focus Group on Civil Justice autumn 2017) that their perpetrators were using the civil courts as an excuse to contact them and they felt re-victimised and like they could never escape as they or their lawyer kept getting contact and paperwork from the perpetrator and his lawyer.

“There is nothing in the system that stops them [perpetrator] from coming back to court. There’s an economic constraint and you are trying to take care of your family. You have to put all this work into defending yourself. It’s another form of abuser. The abusers use the court as a way to abuse you.”

They were not properly informed by their solicitor what to expect:

“I didn’t know to expect. I spoke to the solicitor on the phone. I just answered their questions without knowing that this would become my statement. When they showed me my statement, it wasn’t correct due to my English. They told me to sign it and that they would correct it later but they never did.”

Survivors could not get legal aid

“I was in a catch 22. I was financially abused and so had no cash or money but unfortunately because I owned property I wasn’t eligible for legal aid.”

The criminal justice system stopped survivors from getting civil justice support

“My abuser had not been interviewed by the police (despite my already having reported the assault) or charged at the time of applying for a non-molestation order. Because I required proof of domestic violence, I could not get legal aid at the time. If I had waited until he was convicted, I would have gotten legal aid but then I would have been without a non-molestation order for at least 6 months.”

Advance believes that to overcome this, the civil courts should have:

- special measures
- separate waiting rooms for complainants and respondents
- back/side entrances so that survivors can enter and leave without using the same doors as the perpetrator
- perpetrators should not be allowed to question/cross examine a survivor
- non molestation order should be for a longer duration
- operate like specialist domestic abuse courts including fast tracking cases so that the whole case is heard much quicker and specialist training of court personnel
- specialist civil justice IDVAs

46. Do you think the current approach of using sentencing guidelines, as per guidelines issued in February 2018 is effective in ensuring sentences imposed reflect the seriousness of offences involving domestic abuse and children in sentencing?

At Advance we welcome that the government wants to include the lasting impacts of domestic abuse on children in the sentencing, yet the lasting impact of domestic abuse on a victim also needs to be taken into account throughout the duration of the prosecution. There is a difference between a stranger common assault and a domestic abuse common assault, and so we believe that an added charge of misogyny should be added to domestic abuse a common assault charge to address this.

59: Do you agree with the proposed model for a Domestic Abuse Commissioner outlined above?

Advance believes that for the **Domestic Abuse Commissioner to be effective, that they need to have powers of enforcement, there needs to be consequences** if their direction is not adhered too, and they must have power over localism but they also must listen to local nuances and protect locally what is working well and best practice.

The Domestic abuse Commissioner should **have the same resources** as the GDPR Commissioner and there needs to be a team, not an individual, as this role is large and needs a team if it is to be effective.

The commissioner needs to have experience and qualifications, and needs to oversee a panel of expert voluntary sector specialist domestic abuse organisations. The **commissioner should also be independent from the government** so that they do not have competing demands and can champion best practice unequivocally.

The commissioner should **create a directory of domestic homicide reviews** (DHRs), collate national recommendations and learning from different areas, and should have the powers to enforce that areas implement their actions from DHRs and that their actions are meaningful. This can be reinforced by the Home Office performing spot checks to ensure that actions are being implemented and change is happening as a result of the DHR review. The commissioner should also oversee and ensure that national recommendations are translated into actions and completed by national providers.

Case Studies: Women survivors of domestic abuse in statutory settings

Case study: Mental health

Part of Advance Mental Health IDVA (MH IDVA) role includes attending a mental health professionals' handover meeting in St Charles Hospital.

In a handover meeting, a mental health professional shared that a perpetrator was attempting to kill one of their patients diagnosed with paranoid schizophrenia by overdosing her medication, but this mental health professional was not sure what they could do about it. The MH IDVA met with the patient/survivor that day and learned that the perpetrator had previously been in prison for an incident with a machete and he had previously assaulted her with a belt. The MH IDVA spoke to the survivor about basic safety planning as her capacity was limited.

The MH IDVA then liaised with the survivor's care coordinator to provide more in depth safety planning including ensuring that adult safeguarding were aware and took note of the fact that the perpetrator was the client's carer, that the police were aware and marked it on their system, that a MARAC referral was made, that housing options were discussed with her including letting the housing association know that the anti social behaviour was due to the perpetrator, and that there was an option to make other mental health practitioners on the ward aware as the perpetrator would visit the client in hospital even though he was already banned.

Case Study: Social care

A social worker was allocated a case where they wanted to assess the situation right away including talking to the perpetrator and alerting him to the fact that the survivor was disclosing the abuse and he was therefore not in control. The social worker referred the case to Advance.

Our social care IDVA spoke to the survivor and identified that talking to the perpetrator right away could drastically increase her risk of further harm and homicide to the survivor. The survivor reported that she did not trust the social worker, did not feel that she was being listened to, and felt that the social worker was placing her in greater danger due to their approach.

The social worker also told the social care IDVA that the survivor was not engaging with the social worker. The social care IDVA then consulted and trained the social worker on domestic abuse dynamics, risks and how to safety plan with the client, and how to work in a client centred way that would promote her and her children's safety. As a result the social worker decided to hold off assessing the perpetrator until after she spoke to the survivor and understood more about her risks and what would put her and her children in more danger.

The social care IDVA then arranged for a three way meeting with the social worker, social care IDVA and survivor to explain the role of the social worker and facilitate them engaging with one another. This proved fruitful whereby the survivor and the social worker started to develop a rapport, the survivor decided to no longer make a complaint against the social worker, and a safety plan was put in place to improve the survivors' safety.

Case study: Multiple support/complex needs

A high risk of further domestic abuse survivor was referred to Advance's multiple support outreach project by the MARAC.

This survivor had been referred to adult social care, mental health services, and substance misuse services; but none of them had accepted her case as they felt that she was not suitable and did not meet their remit. Her perpetrator had used lighter fluids as a weapon against her, had been in prison for assaulting her, and was threatening to send people to burn down her house while he was in prison. As a result of this and her complex and multiple needs she fled her home and was staying in a hostel.

Once Advance's multiple support outreach worker started to support her we were able to re refer her to adult social care and advocate for her to get a mental health coordinator, help her to create her own safety and risk management plan, support her to attend appointments with health professionals to address her physical and emotional needs, and to we supported her to move into accommodation unknown to the perpetrator.

Case study: Women's offending and domestic abuse

Advance were referred a woman into the women who committed a crime service. The woman suffered from post traumatic stress disorder, depression and anxiety as a result of being in an abusive relationship for 2.5 years. Her ex partner had been convicted of offences against her and an indefinite restraining order was granted to stop him from contacting her, but her perpetrator continued to threaten to harm her if she did not drive him around.

The abuse resulted in her suffering insomnia so she smoked cannabis to help her relax and sleep. This led to her smoking cannabis while driving on a disqualified licence so as to chauffeur him around. She was then stopped by the police and later charged with committing a crime. Advance's women who committed a crime services were then referred this woman and supported her to engage with domestic abuse services to understand that there was support out there and that she could be supported to move towards a life free from violence.