Rt Hon Matt Hancock MP Secretary of State for Health and Social Care Department of Health and Social Care 39 Victoria St Westminster London SW1H 0EU

21st May 2020

Dear Secretary of State,

Prioritising the healthcare response to domestic abuse

We are writing to you representing organisations from across the health and domestic abuse sectors calling for an effective response from health services to ensure adult and child victims of domestic abuse are supported to be safe, and access the help they need to recover from their trauma.

We are pleased to see the reintroduction of the Domestic Abuse Bill and share the government's ambition to transform the national response to this public health epidemic - an epidemic which has heightened during the current pandemic. Anecdotally we know that with few other outlets to disclose, victims are using their interactions with health professionals to disclose domestic abuse, but without effective training and pathways into health-based specialist domestic abuse services, these crucial opportunities during COVID-19 to provide safe access to support are being missed.

With the progress of the Domestic Abuse Bill we would like to see a commitment from the Department for Health and Social Care to increased provision and investment to prevent abuse and ensure those who are affected receive the urgent specialist support they need. Domestic abuse costs health services £2.3bn every year according to government figures, yet there is no national dedicated funding to ensure the NHS is able to respond to the thousands of victims and perpetrators who could be supported, if only health professionals were trained so that they are confident to ask, respond safely and knew how to refer to specialist services. This situation is only likely to become more urgent as we know that the pandemic is increasing the number of victims and perpetrators seeking support, with a likely surge of help-seeking predicted to occur when the lockdown ends.

We would like to see the following five elements prioritised and fully funded alongside the Domestic Abuse Bill:

- Funding for high-quality, specialist training of all healthcare professionals, including online resources that can be easily accessed during the current crisis.
- Provision of specialist domestic abuse services co-located in GP, acute and mental health settings with sustainably funded support for child and adult support services
- An increase in funded quality-assured programmes for health professionals to refer perpetrators into underpinned by research and evidence

- A long-term public health campaign to challenge public attitudes to domestic abuse.
- Representation from mental health services on the Domestic Abuse Commissioner's advisory panel, in addition to the wider health service representation.

Every year nearly half a million victims of domestic abuse seek assistance from medical professionals. Given that just one in five victims call the Police, it is vital that victims can access a non-criminal or justice-based route to effective support. It is essential that health professionals are given adequate support to properly spot the signs, and deal with the impact, of domestic abuse. Health professionals need clear referral pathways and support systems for adults and children affected by domestic abuse.

Funding for training programmes for NHS staff and healthcare professionals are essential to tackling the problem of domestic abuse, alongside funding for onward referrals to specialist domestic abuse services. This would benefit NHS staff too – estimates by SafeLives suggest over 50,000 staff experience abuse each year. Investment in a cultural change programme as suggested by Agenda's "Ask and Take Action" campaign would help to ensure that any victim or perpetrator accessing health services are given an appropriate and safe response.

Evidence based domestic abuse provision in the NHS has grown in recent years, through successful programmes such as IRIS (Identification and Referral to Improve Safety), a general practice-based intervention, and through hospital-based IDVAs (Independent Domestic Violence Advisors) who help to make victims safe. There is huge regional variation in where patients can access programmes such as IRIS and hospital-based IDVAs, and many women struggle to access the specialist mental health support they need to recover from trauma. Sustainable national investment is required to ensure these programmes are available across all health settings and not dependent on your postcode.

The Domestic Abuse Bill's impact will be most effective if it raises this issue in public consciousness. More awareness of the problem should be encouraged through a public health campaign to challenge public attitudes and institute a societal shift in attitude. Evidence from during the current pandemic has shown domestic abuse to be another huge public health emergency which left unchecked could create an untold burden for healthcare in the decades to come.

We would be happy to meet with you to discuss these matters and would be grateful if you would consider a non-legislative package of provisions around this bill to accommodate these concerns.

Yours sincerely,

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