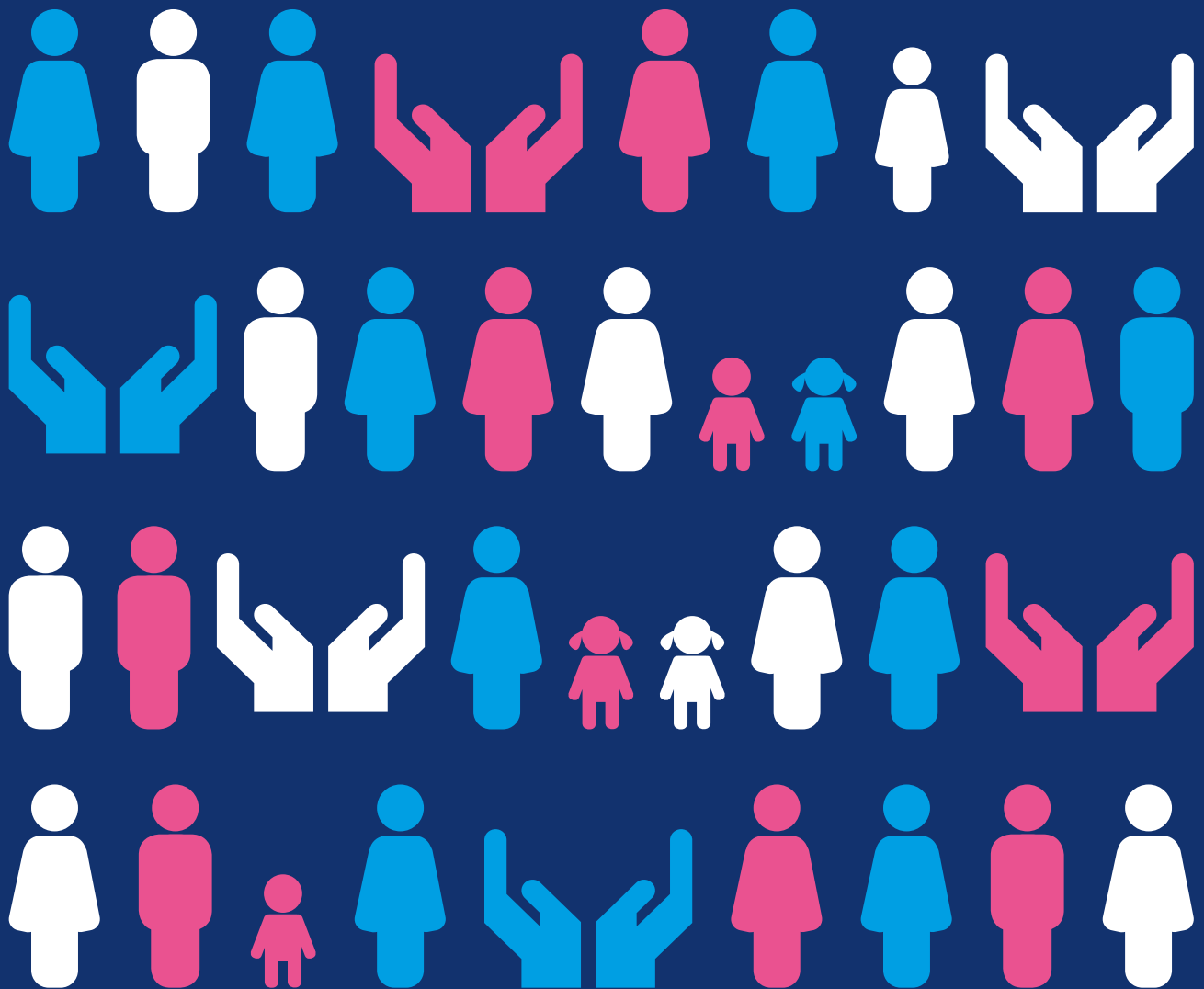

Whole Lives

Improving the response to domestic abuse in Scotland



the \mathbb{R}^n is a linear space over \mathbb{R} with the usual addition and scalar multiplication. The inner product is defined by

$$(x, y) = x_1 y_1 + x_2 y_2 + \dots + x_n y_n \quad (1)$$

where $x = (x_1, x_2, \dots, x_n)$ and $y = (y_1, y_2, \dots, y_n)$ are vectors in \mathbb{R}^n . The norm of a vector x is defined by

$$\|x\| = \sqrt{(x, x)} = \sqrt{x_1^2 + x_2^2 + \dots + x_n^2} \quad (2)$$

The distance between two vectors x and y is defined by

$$d(x, y) = \|x - y\| = \sqrt{(x - y, x - y)} \quad (3)$$

The angle between two vectors x and y is defined by

$$\cos \theta = \frac{(x, y)}{\|x\| \|y\|} \quad (4)$$

The orthogonal projection of a vector x onto a vector y is defined by

$$p_y(x) = \frac{(x, y)}{(y, y)} y \quad (5)$$

The orthogonal distance from a vector x to a vector y is defined by

$$d(x, y) = \|x - p_y(x)\| \quad (6)$$

The orthogonal distance from a vector x to a subspace S is defined by

$$d(x, S) = \inf_{y \in S} \|x - y\| \quad (7)$$

The orthogonal distance from a point x to a line L is defined by

$$d(x, L) = \inf_{y \in L} \|x - y\| \quad (8)$$

The orthogonal distance from a point x to a plane P is defined by

$$d(x, P) = \inf_{y \in P} \|x - y\| \quad (9)$$

The orthogonal distance from a point x to a sphere S is defined by

$$d(x, S) = \inf_{y \in S} \|x - y\| \quad (10)$$

Contents

Executive Summary - 8

The number of victims experiencing domestic abuse in Scotland - 8

Duration of abuse and hidden victims -8

Routes into services - 9

The multi-agency response - 10

The role of the Idaa and specialist support - 10

The national response- 11

Recommendations - 12

Domestic abuse in Scotland - The policy context - 15

The justice system and domestic abuse - 15

Key Findings - 17

Victims of domestic abuse in Scotland - 18

Victims experiencing domestic abuse in Scotland - 18

Number of children affected - 19

The duration of abuse - 20

Hidden victims - 21

The response to domestic abuse in Scotland - 22

Routes into services - 22

The multi-agency response - 23

The role of the Idaa and specialist support - 25

The national response - 27

Recommendations - 29



About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse, with over 60,000 victims at high risk of murder or serious harm now receiving co-ordinated support annually.

No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop.

Every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact.

Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody's business.

What would you want for your best friend?

- Help made available wherever they need it – whether from the police, their GP or hospital, or where they live
- Early, consistent and tailored support that makes them safe and meets their needs
- The choice to stay safely in their own home and community
- The perpetrator challenged to change and held to account
- A response that reflects the fundamental connection between the experience of adults and their children
- Agencies working together to meet the practical needs that people have, providing help on areas such as housing, money and access to justice

We want this for each and every person living with abuse. Wherever they live, whoever they are.



What we do

- Create a platform for victims, survivors and their friends and family to be heard and demand change
- Test innovative projects and replicate effective approaches that make more people safe and well
- Combine data, research and frontline expertise to help services improve and to influence policy makers (locally and nationally)
- Offer support, knowledge and tools to frontline workers and professionals

How we do it

- We are independent
- We focus on the practical: we believe in showing people what they can do, not telling them they should do
- We save time and money for local areas by solving common problems once and sharing the solutions
- We are informed by evidence of what really works
- We learn from local provision and respect local circumstances, but show how national replication can be achieved
- We work across organisational and sector boundaries



Glossary

Idaa (Independent Domestic Abuse Advocate) is a single specialist professional who works with a victim to develop a trusting relationship and who can help with everything they need to become safe. Since they work with the highest risk cases, Idaas are most effective as part of an Idaa service and within a multi-agency framework.

The Idaa's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. Studies have shown that when clients experiencing high-risk abuse engage with an Idaa, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse. This creates the context in which other needs can be met.

Marac (Multi Agency Risk Assessment Conference) is a regular, local, confidential meeting to discuss how to help victims and survivors at high risk of being murdered or seriously harmed. A domestic abuse specialist (Idaa), police, children's social services, health and other relevant agencies sit round the same table. They talk about the circumstances faced by the victim or survivor, perpetrator and their children, and share information. This information then informs an action plan which all agencies contribute to, with the Idaa acting as a vocal advocate for the victim's wishes and needs. The principal endeavour of the meeting is to help the victim become sustainably safe.

Insights is a 'whole family' outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have and/or are experiencing domestic abuse.

MATAC (Multi Agency Tasking and Coordination) is a Police Scotland initiative to identify and manage the most harmful domestic abuse perpetrators.

DASH is risk checklist for the identification of cases of domestic abuse, stalking and 'honour-based' violence. It is primarily intended for professional – both specialist domestic abuse workers and other professionals working for universal services.

About this report

Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse, with over 60,000 victims at high risk of murder or serious harm now receiving co-ordinated support annually.

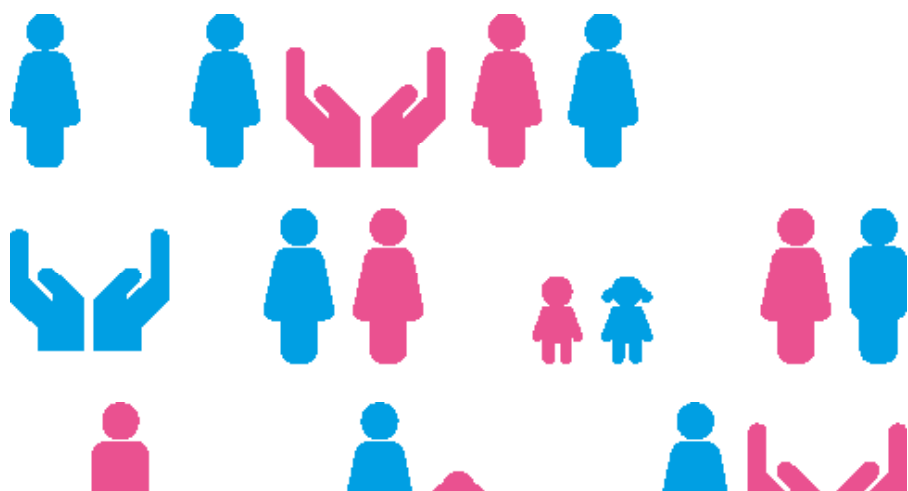
Together, we've achieved a lot. However, the response to domestic abuse is still uneven, despite huge efforts by many people. It remains piecemeal, underfunded, does not help all victims and their children effectively, and does not do enough to challenge the behaviour of perpetrators. This report will look at the current need and provision with regards to domestic abuse in Scotland, drawing on SafeLives' own relevant datasets, including service level data (Insights) and multi-agency level (Marac) data.

It will build on the knowledge and expertise of those who have worked or do work in frontline support roles, to get their practical perspective on service delivery. Finally, and vitally, it will amplify the voice of those who know best – victims and survivors with lived experience of domestic abuse.

Looking at the current situation and the context, we suggest practical ways of moving the response forward.

We definitely don't have all the answers, and there is much more to do to gather the required evidence to give us the full picture. However, this report provides us with the opportunity to understand what we know, what we don't, and what might need to happen next.

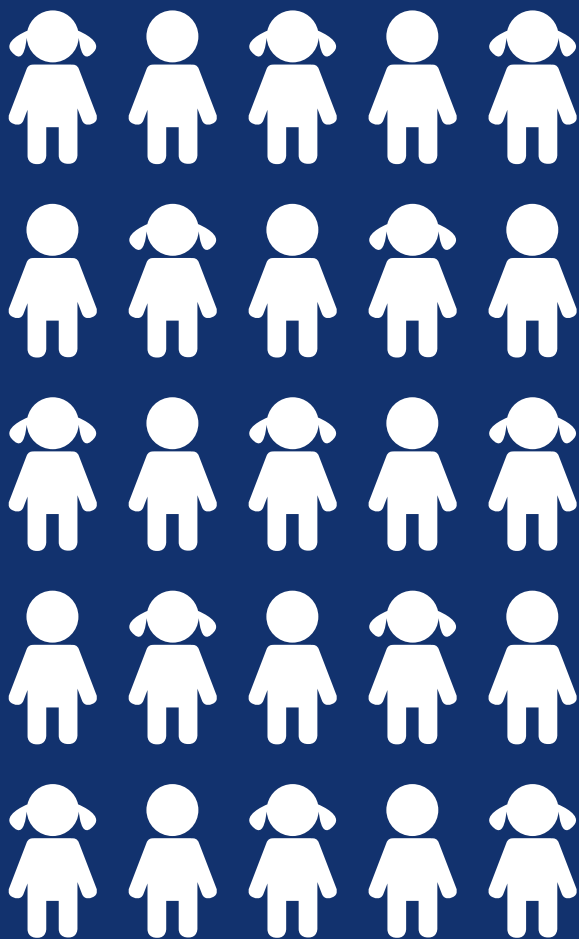
We are extremely grateful to all the contributors to this document, in particular those victims and survivors who have given their voice to call for change, and the frontline staff who support them.



Domestic abuse in Scotland

12,480

children in Scotland are estimated to be living with the highest-risk domestic abuse



4 years

is the average duration of abuse before effective support is sought



In 2015/16, Police Scotland recorded almost

60,000

cases of domestic abuse



More than

20%

of all operational police time is spent responding to domestic incidents



Over 100

Independent Domestic Abuse Advocates (Idaas) are needed to support victims at high risk of

serious harm or murder



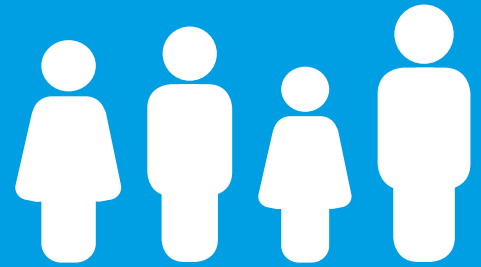
3%

of adults report having experienced partner abuse in the previous 12 months



14%

of adults (18.5% of women and 9.2% of men) report having experienced physical or psychological partner abuse since the age of 16



At least **39** Maracs are needed to support victims at high risk of harm or murder



The current number is 28

Executive Summary

“Being discussed at Marac was helpful, I felt I am not alone.” Domestic abuse survivor

Scotland's forthcoming Domestic Abuse Bill follows a period of unprecedented focus on challenging the violence against women and girls, which has been left unchecked for too long. Developments such as Violence Against Women Partnerships, Community Planning and new local Health and Social Care Partnerships all represent an opportunity for a step-change in the response to victims and perpetrators of domestic abuse.

The number of victims experiencing domestic abuse in Scotland

We know from police data and Scotland's national crime survey that high numbers of women, men and children across the country are experiencing, or are exposed to, domestic abuse. We have made estimates, based on our knowledge of high-risk domestic abuse, about how many of these victims are at risk of serious harm or murder:

- 14% of adults (18.5% of women and 9.2% of men) report having experienced physical or psychological partner abuse since the age of 16¹. **This means that almost one in five women in Scotland will experience domestic abuse in their lifetime.**
- Police Scotland recorded almost 60,000 incidents of domestic abuse in 2015/16, however only half of these led to the recording of a crime or offence (51%).²
- Based on the population and the prevalence of domestic abuse, SafeLives estimates that every year there are 9,360 victims at risk of serious harm or murder.³
- The number of domestic homicides committed in Scotland is not currently collected; Women's Aid hope that in future they might be able to fill this gap by extending their Femicide Census.⁴
- We estimate that 12,480 children in Scotland are living with the highest risk domestic abuse.⁵
- 39% of those suffering any form of partner abuse said that children were living in the household during the most recent incident. For 64% of these cases, the children were present or nearby at the time of the most recent incident.⁶

Duration of abuse and hidden victims

Our Scottish Insights data reveals that victims are experiencing abuse for long periods before getting specialist support, despite seeking help from other agencies and attempting to leave the perpetrator.

- The average length of abuse before seeking support was 4 years compared with 3 years in England and Wales.

¹2014/15 Scottish Crime and Justice Survey <http://www.gov.scot/Publications/2016/05/2505/4>

²Incidents of domestic abuse recorded by the police, Scotland 2015/16 <http://www.gov.scot/Publications/2016/10/2442/334228>

³Based on SafeLives recommendation that for every 10,000 of the adult female population 40 cases should be seen at Marac every year

⁴<https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census/>

⁵Based on the estimate that two thirds of the 9,360 victims that we believe should be seen at Marac have children (6,240) and these families have two children each.

⁶2014/15 Scottish Crime and Justice survey <http://www.gov.scot/Publications/2016/05/2505/5>

- A quarter of clients experienced abuse for more than 10 years before receiving support, and 10% experienced abuse for more than 18 years.
- At the point at which they accessed help, over half of victims (54%) said that the abuse was escalating in either in frequency or severity or both. Scottish Insights data also suggests that particular groups of victims may be less visible to services or be given less priority.

“In our rural community there is a lack of specialist support services e.g. to support LGBT+, BME clients”
Idaa

- More than two-thirds of victims accessing the specialist services⁷ (using our Insights tool) had children. By contrast, in the general population only a third of women live in households with dependent children, suggesting those without children are underrepresented in services.
- An estimated 5–7% of the population is lesbian, gay, bisexual or trans (LGBT)⁸, while only 1.2% of Marac cases in Scotland and 2% of cases in our Scottish Insights dataset identify as LGBT.
- SafeLives’ data from England and Wales found that victims aged 61 and over were most likely to be experiencing abuse from an adult family member. The current definition of domestic abuse in Scotland is limited to intimate partner violence, excluding many in this group of older victims from specialist support.
- Our Scottish dataset is still growing, and not yet large enough to identify all hidden groups, but previous research in England and Wales⁹ suggests that BME victims and male victims are also likely to be under-represented.

Routes into services

The services using Insights are particularly successful at promoting awareness of their support in the local community, securing a high rate of self-referrals from clients who might otherwise be difficult to reach. This may also mean there have been missed opportunities for other services to refer people for specialist support.

- The primary referral routes into specialist support services are through self-referrals (31%) and the police (28%).
- The percentage of self-referrals in our Scottish Insights-using services is higher than seen in our Insights services in England and Wales (23%).
- Clients who self-referred were less likely to have attempted to leave the perpetrator (54% compared with 71%) and less likely to have reported to the police (31% had reported compared to 67%), making them more difficult to identify.
- However, there may have been missed opportunities for some clients. Only 9% of all referrals were from children’s services, despite two thirds of clients having children with almost half of those (42%) known to children and young people’s services.
- Only 9% of referrals were from health, despite 23% of clients visiting their GP in the year before accessing services, and doing so more than four times on average.

⁷Scotland Census 2011 <http://www.scotlandscensus.gov.uk/ods-web/standard-outputs.html>

⁸Estimates from Stonewall, the lesbian, gay and bisexual charity. Accessed from www.stonewall.org.uk.

⁹Getting it Right First Time, available <http://www.safelives.org.uk/policy-evidence/getting-it-right-first-time>

The multi-agency response

A Marac is a regular, local, confidential meeting to discuss how to help victims and survivors at high risk of being murdered or seriously harmed. A domestic abuse specialist (Idaa), police, children's social services, health and other relevant agencies sit round the same table. They talk about the circumstances faced by the victim or survivor, perpetrator, and their children, and share information. This information then informs an action plan which all agencies contribute to, with the Idaa acting as a vocal advocate for the victim's wishes and needs. The principal endeavour of the meeting is to help the victim become sustainably safe.

A coordinated community response to domestic abuse, with all relevant statutory and voluntary agencies actively engaged, is growing. More Maracs are being established and becoming embedded in local communities. However, the model is fragile and needs to be universally accepted and properly, sustainably resourced.

“I think the introduction of Maracs in all areas of Scotland is essential.”
Previous Idaa now working as an Idva in England.

- Maracs are not currently operational across all areas of Scotland, with 28 Maracs currently running. SafeLives estimates that at least 39 Maracs are needed, meeting regularly, to ensure that those victims at the highest risk of serious harm or murder get the support they need to be safe.¹⁰
- Over half (56%) of Marac referrals are made by the police and referrals from many agencies are low, such as primary care (1%), housing (1%) and adult services (1%).
- SafeLives recommends that Maracs should be seeing 40 cases for every 10,000 of the adult female population. The number of referrals to Maracs in Scotland is variable, with some Maracs recording below half that number.
- However, the number of referrals is closer to our recommendation in those areas where the model is being appropriately resourced, considered to be a strategic priority and the ownership for the structure overall and individual agency membership is clear.

The role of the Idaa and specialist support

An Idaa (Independent Domestic Abuse Advocate) is a single specialist professional who works with a victim to develop a trusting relationship and who can help with everything they need to become safe. Since they work with the highest risk cases, Idaas are most effective as part of an Idaa service and within a multi-agency framework.

The Idaa's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. Studies have shown that when clients engage with an Idaa, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse. This creates the context in which other needs can be met.

The Idaa role is transforming domestic abuse support across Scotland, but more work is needed to maximise their impact.

¹⁰ Using SafeLives recommendation that for every 10,000 of the adult female population 40 cases should be seen at Marac every year, we estimate that Maracs across Scotland should see 9,360 cases per year; 39 Maracs are needed on the basis that each Marac meets monthly, discussing 20 cases at each meeting.

- Over 174 people have completed Idaa training in Scotland since 2013.¹¹ This training was initially funded by the Scottish Government and is delivered as a partnership between Scottish Women's Aid, ASSIST and SafeLives.
- When leaving specialist services, the vast majority of clients felt safer (84%) and said the quality of their life had improved (79%).
- After receiving specialist support from an Idaa there were large reductions in the abuse that victims were experiencing, including a 73% reduction in the number of victims experiencing physical abuse and a 73% reduction in those experiencing sexual abuse.

“Thank you so much for being there for me. There was so much going on and I was really struggling to make sense of things but talking to you always helped. You managed to help me understand systems and processes and were always there for support and reassurance for me.”

Survivor message to Idaa service

- More than half of clients (56%) experienced abuse in the month before leaving support. Some of these clients will have been referred on to longer-term support, but this is still too many. Idaa services need to be adequately resourced, trained and supported by other agencies to allow them to fulfil their role of helping a victim become safe.

The national response

As well as feedback from those working in the sector, our data suggests there is wide variation between local areas in the response to domestic abuse, creating a 'post code lottery' for victims.

“Consistency, that’s the thing that I’m banging on about all the time... that’s what we’re trying to push. Because there is such a difference and discrepancy....It shouldn’t matter where the victim is, they should get the same support wherever they are.”

Head of a domestic abuse support service

- SafeLives' Insights data shows that the response to victims at high risk varies across the country, with a high proportion being seen by support workers instead of trained Idaas. This could lead to less effective outcomes. This practice also puts the wellbeing of less qualified staff under pressure.
- SafeLives ran two focus groups with domestic abuse practitioners¹² who support victims and survivors. Use of the DASH risk assessment checklist, perceptions of risk, referrals to Marac and referrals to domestic abuse services were all identified as varying between geographic areas, services and individual professionals.

¹¹ From a SafeLives survey of Idaa training participants and from SafeLives information on training participants, both January 2017.

¹² Two focused groups took place in February 2017.

Recommendations

The findings above suggest a number of developments would help improve the response to victims and survivors of domestic abuse across Scotland.

1) *Idaas*

We need qualified Idaas, supported in their continuing professional development, securely funded and located in settings where they can be most effective.

- Although 174 people have completed Idaa training in Scotland, we know that many of them are not working as Idaas, or do not have a dedicated role as an Idaa. In order to adequately support victims across Scotland, SafeLives estimates that at least 100 Idaas are needed.¹³
- We know from the high level of self-referrals in Scotland and the length of time before support is sought, that many victims are being missed. Locating Idaas in a range of locations is important. For example, we know from our work in England and Wales that locating Idaas in hospital settings can help identify vulnerable victims earlier in their abusive relationship.¹⁴ Better trained police officers, health professionals and social workers also increases the rate of identification, disclosure and referral.
- The creation and maintenance of a register of Idaas and other specialist practitioners would raise the profile and status of the role, enable services to effectively make referrals and would support policy makers in tracking the coverage and capacity of Idaas in Scotland.
- We look forward to the publication of Blake Stevenson's report for the Scottish Government's Justice Directorate - a national scoping project of advocacy services across Scotland under the violence against women agenda. This should help us to understand in more detail how the current level of provision responds to the needs of victims. An annual survey of specialist practitioners, as has been conducted by SafeLives in England and Wales for the last three years, would enable commissioners and policy-makers to better understand staff numbers, the pressures they face, the risk to victims they work with and the factors which are most conducive to them being able to offer quality support at the right moment.



At least **39** Maracs are needed to support victims at high risk of harm or murder

The current number is 28.

2) *The multi-agency response:*

There should be complete Marac coverage in Scotland, with an accompanying quality assurance programme to ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population, that multi-agency professionals have a good understanding of domestic abuse and that outcomes for victims and survivors are improving.

- We estimate that at least 39 Maracs are needed across Scotland to hear victims' cases.¹⁵ Currently there are 28.

¹³ Calculated using SafeLives recommendation that for every 10,000 of the adult female population, 40 cases should be seen at Marac every year, and that one Idaa is required for every 100 cases.

¹⁴ SafeLives report 'Cry for Health' (2016) www.safelives.org.uk/sites/default/files/.../SAFJ4993_Themis_report_WEBcorrect.pdf

¹⁵ Using SafeLives recommendation that for every 10,000 of the adult female population 40 cases should be seen at Marac every year, we estimate that Maracs across Scotland should see 9,360 cases per year; 39 Maracs are needed on the basis that each Marac meets monthly discussing 20 cases at each meeting

- Maracs should have access to quality assurance processes to ensure they are responding effectively to all victims at high-risk of serious harm or murder.
- Domestic abuse training should be introduced for all professionals who may need to respond to victims and survivors of domestic abuse, particularly police first responders, health and social care workers and members of the judiciary.
- A more comprehensive roll out of the DASH risk measurement tool would enable consistency and accuracy across and between organisations, building a shared understanding of risk and allow agencies to more quickly and effectively tailor their response to the particular needs of the individual.

3) *Outcomes:*

Commissioners need to design agreements around measurable outcomes, outputs and impact which are, as far as possible, commonly shared across agencies.

- When commissioning domestic abuse services, commissioners need to be able to measure the effectiveness of the service being delivered to victims and their families. Developing agreements which robustly measure this, including ensuring that under-represented groups are accessing services, will help ensure good value in public funding and that service users are accessing good quality services which help them get safe, stay safe, and rebuild their lives.
- The continued and more widespread use of Insights or similar tool can help to achieve both a more granular picture of local work and outcomes, and also a more robust national picture.

Domestic abuse in Scotland – The policy context

The overall policy context for domestic abuse in Scotland is set out in two Scottish Government strategies - Equally Safe¹⁶ and Equally Well.¹⁷ Equally Safe is Scotland's strategy to take action on all forms of violence against women and girls while Equally Well is the report from the Ministerial Task Force on Health Inequalities. The forthcoming Domestic Abuse Bill¹⁸, which will create a new offence of domestic abuse, is an exciting development for the sector and should support agencies to improve the response to domestic abuse.

The latest iteration of the Equally Safe strategy¹⁹, (the detail of delivery of which is still in development), commits all local areas to establishing a Violence Against Women Partnership. It is intended that Violence Against Women Partnerships (VAW Partnerships) will be the multi-agency mechanism which will roll-out the deliverables in Equally Safe at a local strategic level. This new level of accountable governance is welcome. Partnerships are also tied in to the Community Planning Partnership structure, with a commitment to reporting to their local CPP.

Community Planning brings agencies together at a local level, with shared responsibility for delivering priorities. With the passing of the Community Empowerment (Scotland) Act 2015, Community Planning now has statutory powers and responsibilities. Local partners develop a shared Single Outcome Agreement, which must be agreed with the Scottish Government.

The national guidance for VAW Partnerships commits them to measuring how they are reducing and eradicating gender-based violence and explicitly refers to their role in Maracs and Matacs (Multi-Agency Tasking and Coordinating Groups) – a response to perpetrators. Going forward, these Partnerships may be the natural place to monitor Marac referral rates and local outcome measures, whilst ensuring the voice of the victim and their needs remains at the heart of their strategy.²⁰ In some areas, VAW Partnerships already have oversight of their local Marac.²¹

The nature of domestic abuse makes a multi-agency response vital. Increased integration of the objectives of individual agencies in Scotland creates opportunities to build a holistic approach to meeting the needs of victims and their families. However, the breadth of remit of Community Planning Partnerships, coupled with opaque decision making structures and a varying degree of buy in from partners, means that strong coordination and strategic development of local domestic abuse policy will be crucial.

Moreover, the range of different funding mechanisms for domestic abuse services across Scotland runs the risk of further exacerbating geographically variable access to quality services. Most funding is short-term which impacts on services' confidence and ability to provide continuous high quality provision. The recent announcement of a move to a three year rolling funding programme within the Equalities budget may ease this situation to some extent.²²

The Scottish Government has invested £11.8 million for 2016-17 from the Equalities budget in

¹⁶ Equally Safe (2016) www.gov.scot/Publications/2016/03/7926

¹⁷ Equally Well information on policy theme <http://www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well>

¹⁸ <http://www.gov.scot/Publications/2016/09/2860/3>

¹⁹ Equally Safe (2016) www.gov.scot/Publications/2016/03/7926

²⁰ National Guidance for Violence Against Women Partnerships www.cosla.gov.uk/sites/default/files/private/vawpartnershipguidance-aug-2016.pdf

²¹ East Lothian and Midlothian Maracs Opening Protocol emppc.org.uk/file/.../EMPPC_-_MARAC_Operating_Protocol_-_13-11-15_v1.doc

²² <http://news.gov.scot/news/three-year-funding-under-the-equality-budget>

projects and frontline services to support those affected by violence and abuse,²³ and funding for 2017-20 is estimated to be approximately £6.8 million per annum.²⁴

The creation of new local Health and Social Care Partnerships, with responsibilities including health, criminal justice and children and families social work, offers scope for a 'whole picture' approach to meeting the needs of victims and survivors of domestic abuse and their families. While HSCPs are still fledgling structures, there is an opportunity for a health-focused approach to domestic abuse to be adopted from the start and the potential for easier and more effective information sharing between previously separate agencies. If specialist services are given the opportunity to influence the development of these new structures will help to ensure provision for domestic abuse is seen as 'everybody's business'.

The justice system and domestic abuse

The Scottish Government has invested £20 million in VAWG services from the Justice budget for 2015-2018,²⁵ which sits alongside the larger allocation of funding from the Equalities budget. A specialist National Prosecutor for Domestic Abuse was appointed in 2013, responsible for co-ordinating the prosecution service's response to domestic abuse cases nationally. This also involves on-going review of prosecution policy on crimes of domestic abuse, stakeholder engagement to strengthen the collective response to domestic abuse cases, and raising awareness among prosecutors and the police.

Since 2015, SafeLives have been delivering risk training for prosecutors and VIA (Victim Information and Advice) staff as part of a domestic abuse quality assurance programme led by the National Prosecutor. In the period 2015- 2016, 63 legal staff and 73 VIA staff received this training. Anne Marie Hicks, National Procurator Fiscal for Domestic Abuse said this significantly improved the team's ability to respond effectively to domestic abuse.

The Domestic Abuse Coordination Unit (DACU) is responsible for ensuring that Police Scotland is fully sighted on all domestic abuse incidents on both a local and national level. The DACU role is to: provide support to Local Police Commanders; monitor and review practices and procedures; ensure consistency in service delivery; research, develop and establish best practice; and drive the domestic abuse agenda within Police Scotland.

Scottish Women's Aid commented that DACU "has helped establish a consistent and robust response to domestic abuse".²⁶

A National Domestic Abuse Task Force was established in 2013. Its main role is to target 'high tariff' perpetrators who are defined as posing the greatest risk of harm to victims and their families. Perpetrators are identified through engagement with divisional Domestic Abuse Investigation Units (DAIU) and the Matak process.

A Disclosure Scheme for Domestic Abuse Scotland was rolled out in 2015, allowing people to find out whether their partner has a history of domestic abuse offences. In the first year of national rollout, 1044 requests were made, with 371 people told about their partner's abusive past.²⁷

²³ <http://www.gov.scot/Publications/2015/03/4845/4>

²⁴ <http://www.voluntaryactionfund.org.uk/funding-and-support/violence-against-women/>

²⁵ <https://beta.gov.scot/policies/violence-against-women-and-girls/funding/>

²⁶ <http://www.scottishwomensaid.org.uk/node/5713>

²⁷ <http://www.scotland.police.uk/whats-happening/news/2016/october/first-anniversary-of-disclosure-scheme-for-domestic-abuse-scotland>

The Victims and Witnesses (Scotland) Act 2014 gave victims of domestic abuse automatic access to special measures, such as screens and video links, when giving evidence. The effectiveness of the service for victims and witnesses is monitored by a partnership of Police Scotland, the Crown Office and Procurator Fiscal Service, the Scottish Courts and Tribunals Service, the Scottish Prison Service and the Parole Board for Scotland. In a report reviewing standards of service in 2015-2016, the partnership announced that they have held a further Independent Review Panel regarding cases involving sexual offences and domestic abuse.²⁸ The panel allows stakeholders to make recommendations for improvement based on the review and scrutiny of randomly selected cases and to raise awareness and understanding of the decision making processes within COPFS.

The Abusive Behaviour and Sexual Harm (Scotland) Act²⁹ which will come into force in April 2017 creates a new criminal offence in Scotland of sharing images or film of a person in an intimate situation, without their consent. It will also be an offence to threaten to share such images.

Perpetrators of domestic abuse are targeted through the Caledonian System which focuses on abuse within heterosexual relationships where the man is the perpetrator. The men's programme requires court ordered participants to take part in one-to-one and group sessions with expert staff for a minimum of two years. Alongside that a service for women and children offers safety planning and support and assists women to make more informed choices about the future of their relationships.³⁰ Evaluation of the Caledonian System pilot highlighted a variation across areas in the effectiveness of partnership working. The evaluation cited the existence of an operational Marac, and adoption of a consistent measurement of risk, as important ways to facilitate greater partnership working.³¹

The programme is currently being adapted and will be re-evaluated with a roll-out decision being made in 2018. Part of that adaptation will be to give Women's Workers accredited training aligned to Idaa training delivered by SafeLives, ASSIST and Scottish Women's Aid which will be piloted in early 2018. This will ensure that local services have the right skills to provide support to partners of perpetrators, so that victim support goes hand-in-hand with perpetrator challenge.

Given that many of these innovations are still to embed, little evidence exists as to their impact. However, it is clear that there is momentum within Scottish political and policy world to keep making progress in developing an effective response to domestic violence and abuse. In parallel, reporting of domestic abuse in Scotland has been steadily rising, from 45,331 in 2004/5 to 59,882 10 years later, despite an overall fall in recorded crime rates.³² This could be an indication of increased confidence that the justice system is committed to tackling domestic abuse, and also a sign of rising awareness amongst those experiencing DVA of what it is and that it isn't inevitable or acceptable.

²⁸ <http://www.sps.gov.uk/nmsruntime/saveasdialog.aspx?IID=2347&sID=1004>

²⁹ <http://www.legislation.gov.uk/asp/2016/22/contents/enacted>

³⁰ Caledonian System Evaluation (2016) <http://www.gov.scot/Publications/2016/11/4240>

³¹ Caledonian System Evaluation (2016) <http://www.gov.scot/Publications/2016/11/4240>

³² Figures show 2.5% increase in reported domestic abuse <http://news.gov.scot/news/domestic-abuse-statistics-published>

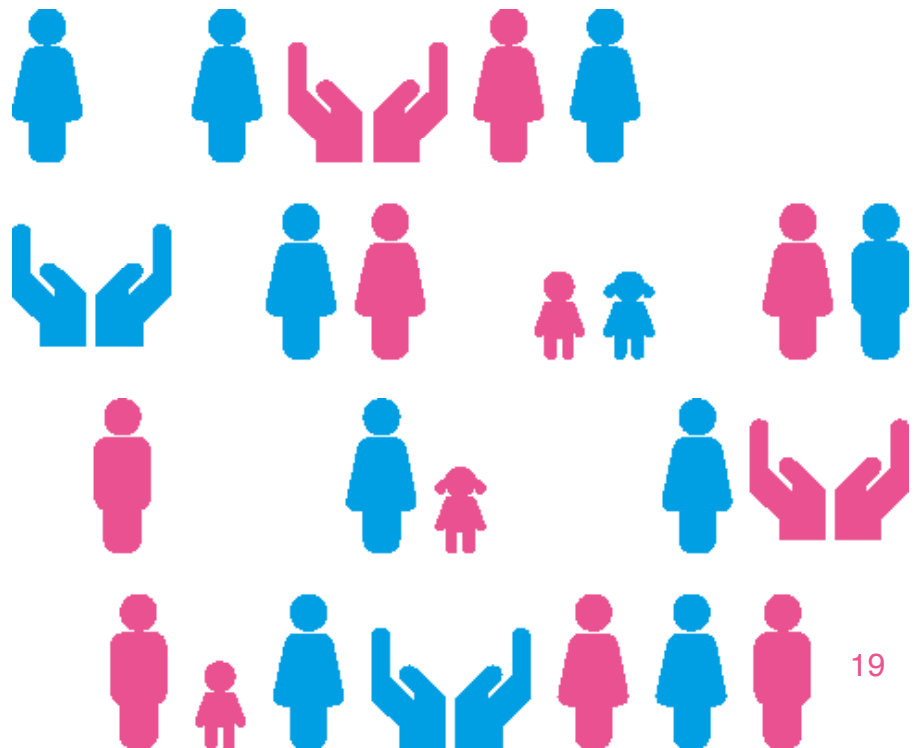
Key findings

SafeLives has used data from our Insights database, our Marac database and by surveying those who have undertaken the Idaa training in Scotland to gain a picture of current domestic abuse services across the country. This has presented a mixed report.

The Scottish data is based on analysis from SafeLives' Insights Scottish dataset 2016 (9 months to end of December 2016, all Idaa, outreach and refuge cases), from 226 cases across three services. Due to the small sample size, comparisons have been tested for statistical significance. The Scottish dataset can only be representative of the support provided by the three participating services. However, given that some of the key statistics about the type of abuse experienced align with our larger England and Wales dataset, this allows us to be confident that this dataset is representative of a cross section of victims and survivors. We also conducted two focus groups with practitioners who work across a wider range of geographic areas in Scotland to build on this data.

Marac data is from Safelives' Marac national dataset 2016. Data was submitted to SafeLives by 15 of the 28 Scottish Maracs. Data about Idaa numbers and experiences is from a SafeLives survey of Idaa training participants, conducted in February 2017 (receiving 41 responses) and from SafeLives' information on learners attending Idaa training between 2013 and 2017.

England and Wales data quoted is based on analysis from SafeLives' Insights national dataset 2016 (12 months to the end of December 2016, all Idva, outreach and refuge cases), based on 10,058 cases across 32 services.



Victims of domestic abuse in Scotland

Victims experiencing domestic abuse in Scotland

We know from police data and Scotland's national crime survey that high numbers of women, men and children across the country are experiencing, or exposed to, domestic abuse. We have also made estimates, based on our knowledge of high-risk domestic abuse, about how many of these victims are at risk of serious harm or murder.

- 14% of adults (18.5% of women and 9.2% of men) report having experienced physical or psychological partner abuse since the age of 16.³³ This means that almost one in five women in Scotland will experience domestic abuse in their lifetime.
- Police Scotland recorded almost 60,000 (actual figure 58,104) incidents of domestic abuse in 2015/16, however only half of these (51%) led to the recording of a crime or offence.³⁴ In England and Wales, 1.03 million incidents were recorded in 2015/16, and a criminal offence was recorded in 41% of incidents.³⁵
- 2.9% of adults (3.4% of women and 2.4% of men) report having experienced physical or psychological partner abuse in the past 12 months.³⁶ These figures are lower than in England and Wales, where 4.9% of adults had experienced any partner abuse (6.2% of women and 3.0% of men)³⁷
- The Crime Survey for England and Wales also reports an overall figure for domestic abuse that includes

abuse by family members: 6.1% of adults (7.7% of women and 4.4% of men) reported experiencing domestic abuse in the past 12 months.³⁸ There is no comparable figure available for Scotland, presumably due to the narrower definition of domestic abuse in Scotland which does not include abuse by family members other than a partner.

- On average two women are killed by their partner or ex-partner every week in England and Wales.³⁹ Figures in Scotland are unknown but Women's Aid hope to close this gap by extending their Femicide Census⁴⁰ to Scotland and Northern Ireland.
- Since the age of 16, 2.7% of adults have experienced at least

14%

of adults (18.5% of women and 9.2% of men) report having experienced physical or psychological partner abuse since the age of 16



In 2015/16, Police Scotland recorded almost

60,000

cases of domestic abuse



³³ 2014/15 Scottish Crime and Justice Survey <http://www.gov.scot/Publications/2016/05/2505/4>

³⁴ Domestic Abuse recorded by the Police in Scotland 2015/16 <http://www.gov.scot/Publications/2016/10/2442/334228>

³⁵ Crime survey England and Wales <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016>

³⁶ 2014/15 Scottish Crime and Justice survey <http://www.gov.scot/Publications/2016/05/2505/4>

³⁷ Crime Survey England and Wales 2015/16 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables>

³⁸ Crime Survey England and Wales 2015/16 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables>

³⁹ Office for National Statistics citing Homicide Index, Home Office 2015

⁴⁰ <https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census/>

one type of serious sexual assault (4.6% of women and 0.6% of men); 54.8% said the offender was their partner.⁴¹

- Victims in Scotland were less likely to report that the perpetrator had a criminal offence related to DA, with 31% of victims in Scotland reporting this, compared to 41% in England and Wales.

3%

of adults report having experienced partner abuse in the previous 12 months



Although our Scottish dataset is small, the profile of victims and survivors accessing support in Scotland is remarkably similar to the profile of victims seen in England and Wales.

- About half of clients in both datasets were at risk of serious harm or murder (Scotland 54%, England & Wales 57%), and the proportion of those meeting the threshold for having their case considered at Marac is similar (Scotland 49%, England and Wales 50%)
- The profile of abuse that clients experienced was also comparable:
 - o Physical abuse - Scotland 56%, England & Wales 58%
 - o Sexual abuse - Scotland 20%, England & Wales 22%
 - o Harassment & Stalking - Scotland 68%, England & Wales 65%
 - o Jealous & Controlling Behaviours - Scotland 68%, England & Wales 79%
- In both datasets over half said that the abuse was escalating (either in frequency or severity) Scotland 54%, England 56%
- 42% of victims in Scotland had mental health problems, with 5% having drug misuse issues and 8% alcohol misuse issues. In England and Wales, 40% of victims had mental health problems, 6% had drug misuse issues and 9% alcohol misuse.
- 12% of victims accessing domestic abuse services in Scotland had disabilities, similar to 15% in England and Wales.

These similar profiles makes it possible to draw from the wider SafeLives dataset, in addition to our Scottish-specific data, in order to identify trends.

Number of children affected

- SafeLives estimates that across Scotland 12,480 children are living with the highest risk domestic abuse.⁴²
- 39.4% of those suffering abuse said that children were living in the household during the most recent incident. For 63.7% of these cases, the children were present or nearby at the time of the most recent incident.⁴³
- In both our Scottish and England and Wales datasets two thirds of clients had children, with an average of 2 children per family. Just under half of these families (42% in Scotland & 50% in England & Wales) had involvement from a specialist children or young people's worker.

12,480

children in Scotland are estimated to be living with the highest-risk domestic abuse



⁴¹ 2014/15 Scottish Crime and Justice survey <http://www.gov.scot/Publications/2016/05/6129/328515>

⁴² Based on the estimate that two thirds of the 9,360 victims that we believe should be seen at Marac have children (6,240) and these families have two children each.

⁴³ 2014/15 Scottish Crime and Justice survey <http://www.gov.scot/Publications/2016/05/2505/5>

Our report *In Plain Sight*⁴⁴ which researched the effects of living with domestic abuse on children, found that almost two-thirds (62%) of the children exposed to domestic abuse were also being directly harmed (physically, emotionally or neglected) as well as witnessing the abuse of a parent. In almost all (91%) of our cases the direct harm was perpetrated by the same person as the domestic abuse: principally their father or mother's male partner. The research also found that children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Amongst other impacts, over half (52%) had behavioural problems, over a third (39%) had difficulties adjusting at school, and nearly two thirds (60%) felt responsible for negative events. Despite this, the response to an adult victim and their child(ren) is often treated separately, both at a point of crisis and also in longer term situations such as child custody and contact disputes.

The duration of abuse

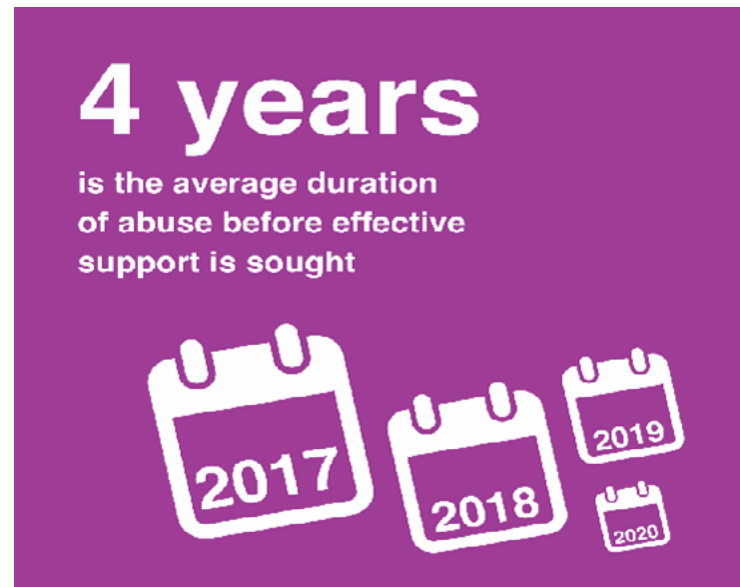
Victims are experiencing abuse for long periods before getting specialist support, despite seeking help from other agencies and attempting to leave the perpetrator.

- The average length of the abuse before seeking support was 4 years
- A quarter (25%) of clients had experienced abuse for more than 10 years before receiving support, and one in ten (10%) had experienced abuse for more than 18 years.
- At the point at which they accessed help, over half of victims (54%) said that the abuse was escalating in either in frequency or severity or both.
- Two thirds of clients (66%) had attempted to leave the perpetrator in the 12 months before accessing support.
- Over half of clients (56%) had reported the abuse to the police in the 12 months prior to accessing support, and had done so twice on average.
- One in ten (10%) had attended A&E as a result of the abuse in the previous 12 months.

At the point when a victim gets help, the abuse is likely to be escalating in either frequency or severity or both. Cutting the time it takes to find and help victims and their families is critical to stop murder, serious injury, and enduring harm.

Victims in our Scottish Insights services experience abuse for a year longer before accessing help than victims in our services in England and Wales, where the average is three years. This could be linked to a higher rate of self-referral in Scotland (31% vs 23%) as self-referring clients were more likely to be in the relationship for longer.

- Our Scottish dataset tells us that those who have self-referred to domestic abuse services have, on average, experienced abuse for 7 years before accessing effective support.
- 48% of victims who self-refer are living with the perpetrator at the time of accessing support, as compared to 20% who are referred by other routes.
- 31% of victims who self-refer had reported domestic abuse to the police in the previous 12 months.



⁴⁴ In plain sight: Effective help for children exposed to domestic abuse, SafeLives, February 2014 <http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20in%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

Hidden victims

“In our rural community there is a lack of specialist support services e.g. to support LGBT+, BME clients.”

Domestic abuse practitioner

As SafeLives’ research ‘All Welcome’ outlines, particular groups of victims may be less visible to services or be given less priority including older victims, victims from black and minority ethnic (BME) backgrounds, LGBT victims and disabled victims.⁴⁵ Services may miss victims who remain in a relationship with their abuser, with previous research indicating that a higher proportion may be from BME backgrounds.⁴⁶ Some of this group may later leave the relationship, but effective help should be available to those victims at the point they seek it.

Our Insights data shows that:

- The age group most likely to access services are those aged 31-40 (32%), followed by 21-30 (27%), 41-50 (19%), 18-20 (9%), 51-60 (8%), over 60 (3%) and those aged under 18 (1%).
- In terms of sexual orientation, 94% of victims accessing services identify as heterosexual, with 2% identifying as LGBT with 4% missing data.
- 12% of victims are living with a disability.

We recommend that services and the funders who support them consider how individuals in one or more of these categories can be better helped. This might, for example, mean making a service more accessible, either physically or online, removing barriers such as stigma for certain age groups or communities, using language that will resonate, including for those with learning disabilities, who are older, teenagers or LGBT, and creating links with services who specialise in responses for individuals who identify as being in one of those groups.

⁴⁵ http://safelives.org.uk/sites/default/files/resources/SAF4195_Conference_brochure_02.16_V5_WEB.pdf

⁴⁶ SafeLives Insights Idva National Dataset 2013–14, and Insights Outreach National Dataset 2013–14

The response to domestic abuse in Scotland

Routes into services

“There ... needs to be awareness-raising among professional agencies working with adults, so that everyone understands how manipulative and life destroying domestic abuse can be.”

Domestic abuse survivor

- The primary referral routes into services are through self-referrals (31%) and the police (28%)
- The percentage of self-referrals in Scottish services using Insights is higher than seen in our Insights services in England and Wales (23%).
- Clients who self-referred were less likely to have attempted to leave the perpetrator (54% compared with 71%) and less likely to have reported to the police (31% had reported compared to 67%), making them more difficult to identify.
- The victims who self-refer, 45% are in paid employment, in contrast to 27% of those who are referred by other routes.
- The higher rate of self-referrals might also be influenced by victims in Scotland having less contact with public services prior to accessing support, compared to those in England and Wales:
 - o Reported to police: 56% in Scotland v 70% in England and Wales
 - o Attended A&E: 10% in Scotland v 16% in England and Wales
- However, there may have been missed opportunities for some clients. Only 9% of all referrals were from children’s services, despite two thirds of clients having children with almost half of those (42%) known to children and young people’s services.
- Only 9% of referrals were from Health, despite 23% of clients visiting their GP in the year before accessing services, and doing so more than four times on average.

A range of professionals may suspect that domestic abuse is happening, but lack the training and referral pathways needed to effectively identify a victim, survivor or child who is living with abuse and refer them for support. For example, there is considerable potential in locating domestic abuse specialists in mainstream services, such as in hospitals, as advocated in SafeLives’ report *A Cry for Health*.⁴⁷ Women attending the GP surgeries which were taking part in IRIS (Identification & Referral to Improve Safety) practices, where GPs were supported by a specialist advocate, were 22 times more likely than those attending non-IRIS practices to have a discussion with their clinician about a referral to an advocate. In IRIS-participating GP surgeries, victims were six times more likely to be referred to a domestic abuse advocate.⁴⁸

These programmes may also reach a group of victims and families who are different to – and in some cases, more vulnerable than – those identified by other routes. Victims who are seen by a hospital IDAA service, for example, were more likely to be pregnant and have mental health, drug and alcohol difficulties compared with victims seen in a community setting. SafeLives’ DASH risk assessment tool is incorporated into the National Health Visiting pathway to follow up on routine enquiries and this may be useful learning for other health professions.

⁴⁷ http://www.safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

⁴⁸ <http://www.irisdomeesticviolence.org.uk/iris/about-iris/about/>

Four out of five victims of abuse don't call the police. Given the duration of abuse women and children are living with in Scotland, access routes into specialist services need to be significantly widened, with services supported to then deal with an increased demand for their help.

Question: *In your opinion, what needs to happen to make victims of domestic abuse across Scotland safer?*

Answer: *“Easy access to Women’s Aid support facilities and sufficient funding to enable those organisations to respond and offer support as appropriate.” - Survivor*

The multi-agency response

“Being discussed at Marac was helpful, I felt I am not alone.”
Survivor

A Marac is a regular local confidential meeting to discuss how to help victims and survivors at high risk of being murdered or seriously harmed. A domestic abuse specialist (Idaa), police, children’s social services, health and other relevant agencies sit round the same table. They talk about the particular situation of the victim, the family and perpetrator, and share information. This enables them to write a coordinated action plan to improve the safety of each victim, with the Idaa acting as a vocal advocate for that victim’s wishes and needs.

A research study into the Marac in Cardiff in 2006⁴⁹ found Maracs to be invaluable. Agencies assisted victims more efficiently, primarily through improved (timely and proportionate) information sharing. The research found that police and victim data revealed that 6 in 10 victims had not been revictimised. These positive results demonstrate the benefits of a coordinated community response.

The multi-agency response to domestic abuse in Scotland is developing, with examples of good practice in some areas. However, the model is fragile and needs strong and sustained commitment from Government, Police Scotland and other relevant agencies to ensure it delivers the benefits seen in other places where the model is properly and sustainably implemented and resourced.

Maracs are not currently operational across all areas of Scotland, with 28 Maracs currently running. Seven areas are in various stages of development and some should be up and running within the next few months.

We estimate that at least 39 Maracs are needed, meeting regularly, to hear victims’ cases⁵⁰.

Respondents to our survey of practitioners identified the consistent roll out and quality assurance of Maracs in every area, increasing the number of Idaas and basing Idaas in primary healthcare settings as ways to improve services for victims, survivors and their families.

⁴⁹ <http://journals.sagepub.com/doi/abs/10.1177/1077801206291477>

⁵⁰ Using the logic in footnote 9, we estimate that Maracs across Scotland should see 9,360 cases per year; 39 Maracs are needed on the basis that each Marac meets monthly discussing 20 cases at each meeting.

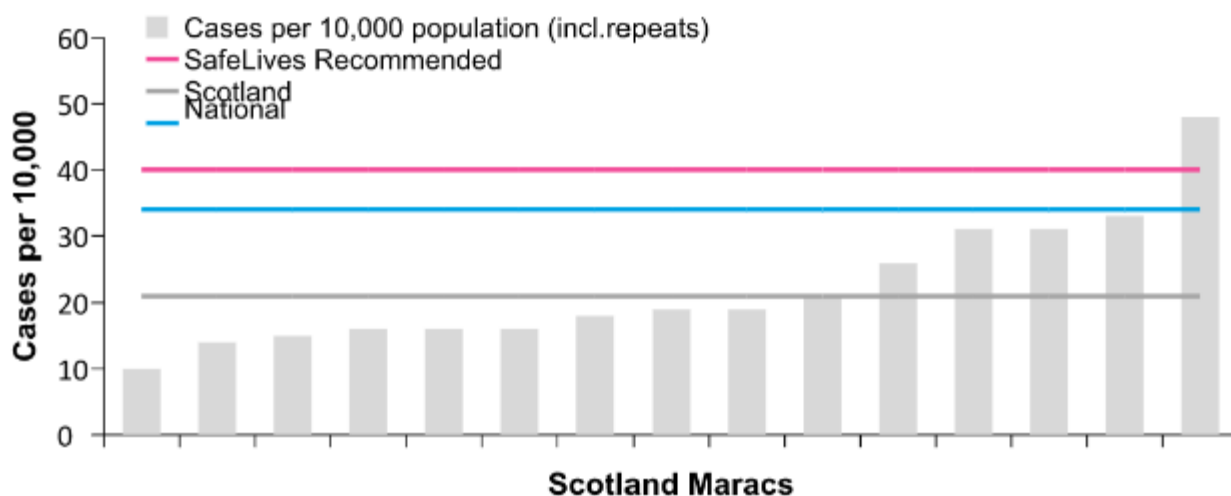
“I think the introduction of Maracs in all areas of Scotland is essential. Idaas within all services should be happening. I would also like to see the development of Idaa services based within hospital departments, which is seen in England and Wales.”

Previous Idaa now working as an Idva in England

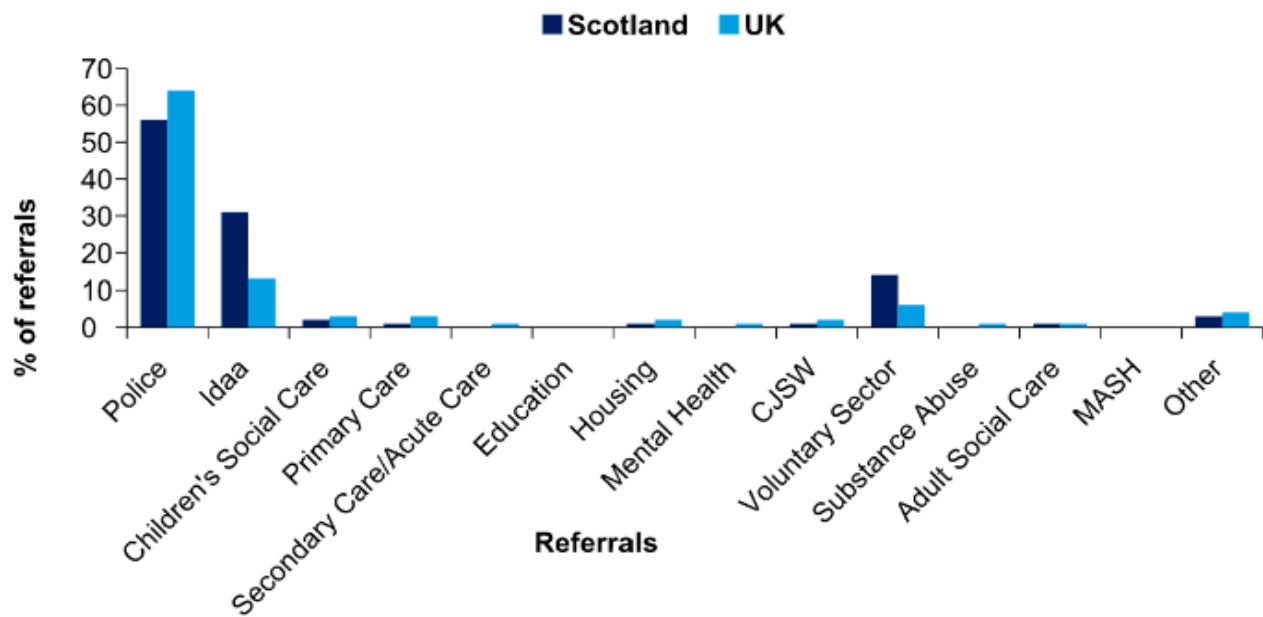
Data from Scottish Maracs shows:

- Like the rest of the UK, most Marac referrals are made by the police (Scotland 56%, UK 64%)
- Compared to the whole of the UK, referrals to Scottish Maracs are more likely to be made by domestic abuse professionals (Idaas) (31% of referrals v 13% across the UK)
- Scottish Maracs also receive more referrals from voluntary agencies (14% v 6%)
- However, like the UK as a whole, referrals from other agencies such as primary care (1%), housing (1%) and adult services (1%) are low.
- SafeLives recommends that Maracs should be seeing 40 cases for every 10,000 of the adult female population. The number of referrals to Maracs in Scotland is variable, with some Maracs seeing below half that number.
- However, the number of referrals is closer to our recommendation in those areas where the model is being appropriately resourced, considered to be a strategic priority and the ownership for the structure overall and individual agency membership is clear.

It is clear that at the moment, domestic violence and abuse is not seen as ‘everybody’s business’. Services which are well placed to identify abuse and facilitate disclosure and referral for help, such as housing, education, health and children’s services are leaving the responsibility for domestic abuse largely to the police and voluntary sector. This inevitably means multiple opportunities to help sooner and more effectively are being missed.⁵¹



⁵¹ <http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>



Our survey found that domestic abuse practitioners believe that more shared working between agencies and increased awareness of wider issues around domestic abuse would lead to better outcomes for victims and their families.

“There are barriers with multi-agency working whereby other agencies’ priorities and policies do not always align with our own.” – Domestic abuse practitioner

“A barrier is other agencies not understanding the dynamics of domestic abuse and how it impacts on women and their children.” - Domestic abuse practitioner

“A better understanding from third party agencies, in way of housing and benefits as to the impacts being a victim of domestic abuse has on the woman. A better understanding would help the woman become independent and not feel judged for her behaviour.” Domestic abuse practitioner

The role of the Idaa and specialist support

An Idaa (Independent Domestic Abuse Advocate) is a single specialist professional who works with a victim to develop a trusting relationship and who can help with everything they need to become safe. Since they work with the highest risk cases, Idaas are most effective as part of an Idaa service and within a multi-agency framework. The Idaa’s role in all multi-agency settings is to keep the client’s perspective and safety at the centre of proceedings. Studies have shown that when clients experiencing high-risk abuse engage with an Idaa, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse. This creates the context in which other needs can be met.

According to our Insights data:

- When leaving specialist services, the vast majority of clients felt safer (84%) and said that the quality of their life had improved (79%) and felt confident about accessing support again in the future (97%).

- After receiving specialist support from an Idaa there were large reductions in the abuse that victims were experiencing, including a 73% reduction in the number of victims experiencing physical abuse and a 73% reduction in those experiencing sexual abuse.
- Clients were supported with an average of 3.6 issues, with the most common being safety planning (85%), health and wellbeing (78%), housing (59%) and Marac (51%). These were also the top four areas in England and Wales: safety planning (89%), health and wellbeing (76%), Marac (48%) and housing (46%).

“Thank you so much for being there for me. There was so much going on and I was really struggling to make sense of things but talking to you always helped. You managed to help me understand systems and processes and were always there for support and reassurance for me.”

Survivor message to Idaa service

Across Scotland, it is hard to track where Idaas are currently based, but we do know that, of those who have participated in Idaa training, 68% have been based within voluntary organisations, such as refuges, with a minority from other statutory organisations, such as Local Authorities (21%), Police Scotland (2%) and the NHS (2%).⁵² Training participants report that their posts are funded through a range of mechanisms: charitable organisations such as the Big Lottery Fund; the Scottish Government’s Violence Against Women & Girls Fund; or a minority through Local Authority funding.

SafeLives established Idaa training with the aim of giving domestic abuse practitioners a recognised qualification and a common framework for their practice, alongside service standards. Over 174 people have completed Idaa training in Scotland since 2013. This training was initially funded by the Scottish Government and is delivered as a partnership between SafeLives, Scottish Women’s Aid and ASSIST.

“It was really brilliant training and I think very important for the domestic abuse sector in Scotland in professionalising this field of work. It gave me pride in my role and a really clear definition of the purpose of my job, and what I should be aiming towards. It also gave me the confidence to start talking to other agencies in the local areas about the benefits of having an IDAA service, and how we could work alongside them.”

Learner on SafeLives Idaa training course

“Given that Scottish government have funded the Idaa course...you really feel the difference there. Whenever you’re sharing information with other agencies or you’re handing over, I think it’s made the process a lot smoother. And there’s also more understanding for each other’s work and I would say safer practice.”

Domestic abuse worker, West of Scotland

We know from conversations with services that clients continue to be supported beyond the point of ‘exit’ recorded by Insights. For instance clients move on to outreach from Idaa support. We should be cautious about the way the data below is used; it does not necessarily suggest

⁵² Participants in Idaa training in Scotland between 2013 and 2017, representing 220 individuals

that large numbers are leaving support when unsafe to do so. Additionally, the lower reductions in Harassment and Stalking and Jealous and Controlling behaviours may reflect that these behaviours are more likely to start at the point of seeking support (i.e. if the victim leaves the perpetrator at that point) – we see the same trend in England and Wales. However, we know that the provision of intensive support and multiple interventions by Idaas increases the likelihood of positive changes in victims' safety and well-being, with those receiving intensive support and multiple interventions being much safer compared to those receiving less intensive support and access to none, or only a single type of intervention.⁵³

Idaa services must be supported to work in the way envisaged when the role was created and codified, as years of experience show that this is the safest practice. Funders of these services should consider the duration an Idaa can work with a client, the caseload each Idaa is carrying, and the concomitant quality of support that can be provided and how that impacts on a victim's safety and other outcomes.

- 44% said that all abuse had stopped at the time of exit.
- For those experiencing physical abuse, 73% said this had stopped at the time of exit; for those experiencing sexual abuse, the same percentage (73%) said this has stopped. Securing reductions in Harassment and Stalking and Jealous and Controlling behaviours was more difficult (45% and 49% respectively said the abuse had stopped).
- Our Insights data records that 36% of victims are perceived as having experienced either limited or no risk reduction when exiting domestic abuse services. This compares to 22% in England and Wales. Of the services submitting data, one in three services works with victims on a short-term basis before passing on their case, so this may have an impact on this particular figure. However, we would still expect to see a reduction in risk, even through short-term intervention. This is worth further investigation over a longer period and with a larger data set.

The national response

“Consistency, that’s the thing that I’m banging on about all the time... that’s what we’re trying to push. Because there is such a difference and discrepancy.... It shouldn’t matter where the victim is, they should get the same support wherever they are.”

Head of a domestic abuse support service

Our data, as well as feedback from those working in the sector, suggests there is wide variation between local areas in the response to domestic abuse, creating a ‘post code lottery’ for victims seeking support. We look forward to the publication of Blake Stevenson’s report for the Scottish Government’s Justice Directorate on a national scoping project of advocacy services across Scotland under the violence against women agenda. We are sure it will help us to understand in more detail how the current level of provision responds to the needs of victims.

SafeLives Insights data shows that the response to victims at highest risk varies across the country, with a high proportion of victims who are considered to be at high risk being seen by support workers instead of Idaas in some areas. SafeLives ran two focus groups with domestic

⁵³ Evaluation of the IDVA role (2009) http://www.safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_full_report.pdf

abuse practitioners who support victims in a range of geographic areas. These practitioners⁵⁴ discussed their concerns about the lack of consistent response across Scotland. The DASH risk assessment checklist, perceptions of risk, referrals to Marac and referrals to domestic abuse services were all identified as variable between areas, services and individual professionals.

- Financial barriers for victims are not always fully identified. Fewer than one in three of victims seeking support are in paid employment, with 18% struggling to pay for essentials and 34% just covering the bills, with nothing left over. Despite this, only 12% were identified as requiring support or an intervention in the area of finances or benefits. Creating stronger links between Idaa services and agencies which specialise in supporting people in financial trouble would be beneficial.
- The level and effectiveness of support and service delivery appears to substantially vary across the country. Our Insights data show that indicators such as the intensity of support provided, the reduction in risk and the duration of abuse occurring before effective support is accessed all fluctuate dependent on the geographic area.

A survey of those who completed Idaa training identified several ways to improve the Idaa service and domestic abuse services in Scotland more generally.

- Idaas identified improved access to funding and resources, both the level of funding available and increased certainty over whether existing funding would continue to be available as a key issue in enabling them to deliver their service effectively. This could impact positively not only on the depth of service it is possible to deliver to victims, the length of time support is offered for and the number of victims who are able to access that support, but would also help retain highly trained staff within the sector.

“Demand exceeds the capacity of my one Idaa post, in a large geographical area with high levels of deprivation.”

Idaa survey respondent

More widely, the positive step of providing more training and improving understanding of domestic abuse within the criminal justice system was repeatedly suggested. This is being addressed by the Crown Office and Procurator Fiscal Service. Police Scotland are also currently considering ways to change the culture and behaviour of their first responders.

The area of child contact was particularly flagged up by specialist services as being difficult. In general, better connecting the response to adults and children would have significant benefits. SafeLives is in the early stages of piloting work to do this in seven sites in England and hope to see similar developments in Scotland. There is an increasing recognition amongst those involved in child protection about the prevalence and impact of domestic abuse, and the need to better align the responses to parent and child. In this way, whole lives can be improved.

⁵⁴Two focused groups took place in February 2017.

Recommendations

It is clear from our data and evidence from practitioners and survivors that the response to domestic abuse in Scotland can be improved in three key areas – the continued professionalisation of and recognition for the role of Idaa; an improvement in coverage and effectiveness of the multi-agency response; and more comprehensive attention to outcome measurement and the quality of the response provided.

Idaas: we need qualified Idaas, supported in their continuing professional development, securely funded and located in settings where they can be most effective.

- Although 174 people have undergone Idaa training in Scotland, we know that many of them are not working as Idaas, or do not have a dedicated role as an Idaa. In order to adequately support victims at highest risk across Scotland, SafeLives estimates that at least 100 Idaas are needed to work with victims.⁵⁵
- We know from the high level of self-referrals in Scotland and the length of time before support is sought, that many victims are being missed. Locating Idaas in a range of locations is important. For example, we know from our work in England and Wales that locating Idaas in hospital settings can help to identify more vulnerable victims earlier in their abusive relationship.⁵⁶
- Continued training of Idaas will help to ensure continuous support for victims at the highest risk of harm and murder. Systematic, accredited training should also be considered for other practitioners, as a way of continuing to professionalise the sector and secure the highest quality response for service users.
- The creation and maintenance of a register for Idaas and other practitioners would raise the profile and status of the role, enable services to make effective referrals, and support policy makers in tracking the coverage and capacity of Idaas in Scotland.
- An annual survey of specialist practitioners, as has been conducted by SafeLives in England and Wales for the last three years, would enable commissioners and policy-makers to better understand staff numbers, the pressures they face, the risk to victims they work with and factors most likely to make their work successful.
- Celebrating the role of Idaas and what they can achieve is key. The dedicated event held by the Scottish Government in 2015 made specialist staff feel valued and respected, and better able to hold their own with statutory colleagues.
- We need to look more closely at the level of intensive support and interventions by Idaas to gain a better understanding of victim outcomes. Indicators such as the intensity of support provided, the reduction in risk and the duration of abuse occurring before effective support is accessed all fluctuate dependent on the geographic area.
- We recommend that links are strengthened between Idaa and other specialist services and those agencies who provide support with financial problems.

The multi-agency response: There should be complete Marac coverage in Scotland, with an

⁵⁵ Calculated using SafeLives recommendation that for every 10,000 of the adult female population, 40 cases should be seen at Marac every year, and that one Idaa is required for every 100 cases.

⁵⁶ SafeLives report 'Cry for Health' (2016) www.safelives.org.uk/sites/default/files/.../SAFJ4993_Themis_report_WEBcorrect.pdf

accompanying quality assurance programme to ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population and that multi-agency professionals have a good understanding of domestic abuse and that outcomes for victims are improving..

- We estimate that at least 39 Maracs are needed across Scotland to hear victims' cases.⁵⁷ Currently there are 28 Maracs, a number of which are fragile. A safe and sustainable number of Idaas is also required to ensure the victim's voice is heard and responded to in these forums.
- Maracs should have access to quality assurance processes to ensure they are responding effectively to all victims at high-risk of serious harm or murder.
- Domestic abuse training should be introduced for all professionals who may need to respond to victims of domestic abuse, particularly police first responders, health and social care workers and members of the judiciary. SafeLives' positive work with NHS Scotland in developing a Health Visitors' Pathway for victims of abuse shows the potential in increasing the awareness and confidence of health professionals in identifying and referring victims of domestic abuse.
- A roll out of the DASH risk measurement tool would enable consistency and accuracy across and between organisations, as it would build a shared understanding of risk. This should be accompanied by appropriate training on its use, helping staff tailor the response they provide to the particular circumstances faced by each victim or survivor.
- Across the country there is inconsistency in who can refer to where. In some areas Idaas can accept only police referrals, whereas in other areas referrals can be taken by a wider range of partners. We recommend that all agencies should be able to refer into Idaa services, and that those services are supported to respond to the resulting rise in referrals.
- Children living with domestic abuse must get high-quality services that help them be safe and develop their resilience.⁵⁸ Children and Families services must link to support for the primary victim as part of a whole picture, whole family model. At present there are too few referrals from children's services to Marac; this can be improved by ensuring children's social care workers understand domestic abuse and its impact on children, as well as establishing better referral pathways.

Outcomes: Commissioners need to design agreements around measurable outcomes, outputs and impact all of which need a comprehensive dataset from local services and a robust cumulative picture at the national level.

- When commissioning domestic abuse services, commissioners need to be able to measure the effectiveness of the service being delivered to victims and their families. Developing agreements which robustly measure this will help to ensure good value in public funding and that service users are accessing good quality services which are fit for purpose. Consistent service specifications and outcome frameworks would increase the ability of funders to understand the kind of service they are supporting, and what they expect it will achieve.
- Commissioners should ensure they are funding services to support hidden victims for example older, disabled, LGBT and BME victims.

⁵⁷ Using SafeLives recommendation that for every 10,000 of the adult female population 40 cases should be seen at Marac every year, we estimate that Maracs across Scotland should see 9,360 cases per year; 39 Maracs are needed on the basis that each Marac meets monthly discussing 20 cases at each meeting

⁵⁸ SafeLives report 'In Plain Sight' (2014) www.safelives.org.uk/sites/.../Final%20policy%20report%20In%20plain%20sight%20

- Ensuring commissioners support Idaa services to provide intensive support and multiple interventions, rather than short-term less intensive services is key to achieving better outcomes for victims.
- The expanded use of Insights or a similar tool can help to achieve both a more granular local picture and also a more robust national dataset. Both would enable improvements in practice by flagging good work and areas for development or further gaps to be filled. The supported expansion of the Femicide Census would also shine more light on those cases where opportunities to help women have been missed and a homicide has resulted.

“It’s great to see how everything is pulled together and the finished report is a really good document to share with our board and funders.”

Scottish Insights service





**Ending
domestic
abuse**

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