



Department  
of Health &  
Social Care

*From Nadine Dorries MP  
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Ms Suzanne Jacob  
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By email to: [suzanne.jacob@safelives.org.uk](mailto:suzanne.jacob@safelives.org.uk)

2 July 2020

Dear Suzanne

Thank you for your correspondence of 9 June to Matt Hancock about the healthcare response to domestic abuse.

I understand your and your co-signatories' concerns about the response to domestic abuse from health services and I am thankful for your continued support to those who have suffered from domestic abuse.

The Government has been working day and night to battle against the coronavirus (COVID-19), delivering a strategy designed at all times to protect our NHS and save lives. However, we recognise that some of these measures may place some people in an even more vulnerable, isolated and dangerous situation, including those suffering from domestic abuse, and this deeply saddens me. We are working together across Government and with delivery partners and the domestic abuse sector to prevent domestic abuse and support victims, survivors and their children during COVID-19. Domestic abuse is a terrible crime and there is no excuse for it. I want to ensure no one suffers from domestic abuse, and that we provide the best possible support in the NHS for victims, survivors and their children.

Tackling domestic abuse and supporting victims, survivors and their children is a key priority for Government, now more than ever. The Domestic Abuse Bill and wider action plan will help to protect and support victims and their children. We are working across Government to support the Bill and surrounding actions. The Prime Minister also hosted a hidden harms summit from Downing Street on May 21, which I attended, focussing on how to tackle these crimes, including domestic abuse, which may have been impacted by the COVID-19 lockdown.

It is important that victims, survivors and their children receive care and support that is person-centred and recognises their specific circumstances and challenges. We must work with survivors, their families and communities across all agencies, including the voluntary sector, and across Government to support them and to prevent abuse. I have therefore included information on cross-Government work in this response.

We have announced £76million of funding to support survivors of domestic abuse, sexual violence and modern slavery as well as ensuring that vulnerable children and young people continue to get the help they need.

We will continue to work across agencies to ensure that support is available and encourage joined-up working and commissioning that can meet the person's needs in a trauma-informed way. The Ministry of Justice will be developing a cross-Government victim funding strategy to ensure a strategic and joined-up approach to funding at both national and local level to maximise the impact of support we provide to victims and witnesses.

The Home Secretary has launched a new campaign to signpost victims and concerned friends, family and neighbours to the support services available. The campaign, under the hashtag #YouAreNotAlone, aims to reassure those affected by domestic abuse that support services remain available during this difficult time.

The Government is also developing a codeword for domestic abuse victims to use to discreetly signal they need immediate support. We are working closely with pharmacies and supermarkets as well as domestic abuse organisations on the codeword and further information will be released shortly.

We will continue to work with you to ensure clear advice to the public, victims, survivors and perpetrators on how they can seek support.

Regarding healthcare services, during the COVID-19 outbreak, many NHS services including GPs, Sexual Assault Referral Centres (SARCs) and mental health services are continuing to provide support, maximising the use of digital and virtual channels. In some cases, new arrangements such as one-to-one healthcare appointments have offered victims a safe space to disclose the abuse they are facing. NHS England and NHS Improvement (NHSE&I) has been working alongside the voluntary sector to bring the voices of those with lived experience to shape and guide how healthcare professionals can safely ask appropriate questions that support disclosure. NHSE&I is also working with local areas on plans to meet demand for support as restrictions ease.

Beyond the immediate response to COVID-19, healthcare services have a key role to provide care and support to victims, survivors and their children as well as providing opportunities for safe disclosure and to safeguard against harm. We want to ensure healthcare professionals are trained to spot the signs of domestic abuse and those at risk; make sensitive, safe enquiry of the issue; know where to refer victims, and perpetrators, to get further support; and know when and how to share information appropriately with colleagues and other organisations to ensure appropriate support is given.

All NHS staff must undertake mandatory safeguarding training which includes a focus on domestic abuse. NHSE&I and Health Education England are reviewing mandatory safeguarding training for all health professionals to ensure that they are fully equipped with the key skills, knowledge and principles to protect all citizens. The Department published an online domestic abuse resource for health professionals and have developed a number of e-learning and training modules with the Institute of Health Professionals and the Royal

Colleges of Nursing and GPs. We encourage all healthcare staff to use their professional curiosity. Safe, routine enquiry should be in place in maternity and mental health services, to improve earlier disclosure and support people to get the care that they need.

NHSE&I is developing an action plan specifically on Domestic Violence and Abuse. This will both raise awareness amongst NHS staff, ensure that staff have the skill to identify and refer, and address the issue of NHS staff who are themselves victims, or perpetrators.

NHSE&I has advised that they are planning on having access to Independent Domestic Abuse Advisors as an integral part of every NHS Trust Domestic Violence and Abuse Action Plan, as part of the NHS Standard Contract. This will help to join-up community and healthcare services.

We also recognise the importance of other NHS services which may play a particular role in supporting some victims and survivors. SARCS have seen an increase in their funding from £27million in 2017/18 to £35million in 2019/20. NHS England's five-year Strategic Direction for Sexual Assault and Abuse Services aims to ensure victims receive joined-up pathways of care over the course of their lifetime whenever they need it. The development of trauma-informed commissioning and practice across the pathway will enhance the healthcare response to victims and survivors, to help them recover, heal and rebuild. The Department has also overseen £2million for the expansion of a pathfinder programme, which will create a model health response for survivors of domestic abuse in acute, community and mental health services. The *NHS Long Term Plan* commits at least a further £2.3billion a year to mental health services by 2023/24, giving 380,000 more adults access to psychological therapies and 345,000 more children and young people greater support.

Regarding programmes to tackle perpetrators, the Government recognises that to tackle domestic abuse effectively we need to target perpetrators and the Home Office has been leading work on perpetrator programmes. We want to ensure that there are a range of high quality, evidence-based interventions available to support behaviour change and prevent re-offending. The Government has provided significant investment in innovative approaches to managing domestic abuse perpetrators including the Drive Project, the Whole Systems Approach to Domestic Abuse in Northumbria and Women's Aid's 'Make a Change' programme. The Home Office has now committed a further £10million this year for perpetrator interventions and will work with Police and Crime Commissioners to expand projects like the Drive Project and other innovative approaches. As part of this work, the Government will continue to work with specialist domestic abuse organisations and the Domestic Abuse Commissioner to assess the range of interventions currently available to local agencies to refer perpetrators into. It will use this information to identify gaps in provision and identify how this funding can be used most effectively to support the provision of safe, effective interventions to meet the needs of a range of different perpetrators.

With regard to the membership of the Domestic Abuse Commissioner's advisory board, you may be aware that the Domestic Abuse Bill provides for a board comprising of at least six and not more than ten members. The Commissioner is required to appoint members of the advisory board who represent a range of different sectors who have responsibilities for responding to domestic abuse, including a representative from the health care sector

(such an individual may have a background in the provision of mental or physical health services, or indeed both). It is important that the provisions in the Bill relating to the membership of the advisory board are not too proscriptive so that the Commissioner has sufficient latitude to establish a board comprising of a diverse mix of individuals which can best advise her on the exercise of her functions. We are satisfied that the Bill affords the Commissioner the appropriate flexibility to do this.

We strive to prevent domestic abuse and provide holistic support for victims, survivors and their children, as well as appropriate support for perpetrators. To do so, we must work together across sectors. We will continue to work across Government and with support from key partners, such as yourselves, to achieve this. Together we can put an end to abuse so that no one has to suffer the devastating harm it causes.

I hope this reply is helpful, and would be grateful if you can share it with your co-signatories.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'NADINE DORRIES', with a long horizontal flourish extending to the right.

**NADINE DORRIES**