

New duties on local authorities to provide domestic abuse support in safe accommodation in England: consultation

Are you happy with the level of clarity and detail within the Statutory Guidance?

Yes

Are there any areas within the Statutory Guidance that need further clarification?

Yes

If yes, please specify which areas and what you would like to see clarified?

We recommend amending the term “substance misuse” on pages 10 and 21 to the alternative term “alcohol and other drug use”.

Though the term “substance misuse” is preferable to “substance abuse”, it is still considered problematic and stigmatising by some. In its glossary of contested terms, the Scottish Drugs Forum notes that the term “substance misuse” can be considered “derogatory or stigmatising to people with substance problem as it promotes the idea that that kind of use is wholly distinct from other people’s use of the same substance”. They note the term can be inaccurate as it implies that the products are being used for a purpose other than that for which they are designed whereas, in the case of alcohol, some degree of intoxication is a natural and automatic consequence of consumption.[1]

Domestic abuse victims and people with alcohol use needs are both groups who experience stigma. Indeed, there is evidence that stigma can overlap for those who experience both: a report on intimate partner violence found that the context of alcohol consumption in relationships was viewed differently when men and women were concerned. Women who drank were held more accountable for relationship conflict (victim blaming).[2] The interplay of these types of stigma therefore makes it especially important that government language around these issues is as non-stigmatising as possible.

“Alcohol and other drug use” provides greater clarity than “substance use”. The term “substance” groups alcohol and other drugs together, which can be to the detriment of alcohol due to a tendency amongst local authorities to prioritise drugs - an inquiry by Public Health England found that a loss of focus on the specific needs of alcohol users led to a reduction in people accessing alcohol treatment[3]. It is important that alcohol use receives at least the same priority as drug use because prevalence of alcohol use is actually slightly higher amongst domestic abuse victims than drug use: ONS figures show that around 10% of those accessing domestic violence support services had an alcohol use need compared to around 6% for drug use needs.[4]

Furthermore, the list on page 21 is a list of victims “who identify as” a range of diverse characteristics. This may be problematic as not all of those with complex needs such as alcohol use needs will identify as such, due to stigma. This could also be true for other needs on the list, for example, having an insecure immigration status creates an additional need for the victim whether or not the individual identifies as having that status or not. We recommend amending the sentence that proceeds the list so that it reads “such as victims

who” and then use the word “identify” only for those characteristics where identification is a key aspect of the diverse need itself.

[1] Scottish Drugs Forum (2020) Moving Beyond ‘People-First’ Language
www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf

[2] Gilchrist et al (2014) Roles of Alcohol in Intimate Partner Abuse
alcoholchange.org.uk/publication/roles-of-alcohol-in-intimate-partner-abuse

[3] Public Health England (2018) PHE inquiry into the fall in numbers of people in alcohol treatment: findings

www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings

[4] Office for National Statistics (2018) Table 63: Personal characteristics of clients accessing Independent Domestic Violence Advisor (IDVA) services that use SafeLives' Insights tool
shorturl.at/j3489

Are there any areas within the Statutory Guidance that you think it would be helpful to have more detail?

Yes

If yes, please specify where it would be helpful to have more detail.

The focus on unmet needs is very welcome, in particular the guidance that the local needs assessment should seek to understand the barriers faced by victims with diverse needs and that strategies must set out how the local authority will address these barriers.

However, a small change in terminology would help to improve detail and remove potential ambiguity. Page 16 of the guidance states that the needs assessment “should take steps to understand the barriers that prevent victims with diverse needs from accessing support within safe accommodation”. This wording could potentially be read either as a. barriers that prevent victims who are in safe accommodation from accessing support, or b. barriers that prevent victims from accessing the safe accommodation and the support that becomes available to them in that accommodation.

Evidence indicates that those victims with complex needs due to their alcohol consumption can have difficulty in accessing accommodation. Victims may be turned away from refuges because of their alcohol use: a review of London refuges found that while almost all boroughs require refuges they fund to support women with alcohol, drug or mental health problems, two boroughs actively exclude them. Only 26% of refuges reviewed reported that they “always” or “often” accept women who use alcohol or other drugs.[1]

We therefore recommend rewording this section to make it clear that the local needs assessment should take steps to understand the barriers that prevent victims with diverse and complex needs from accessing safe accommodation and the support within it.

[1] Against Violence and Abuse (2014) Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health

problems, p.17. <https://avaproject.org.uk/wp-content/uploads/2016/03/Case-by-Case-London-refuge-provision-Full-Report.pdf>

Are there any areas missing from the Statutory Guidance that you think would be helpful to include?

No.

If yes, please specify which areas are missing that you think it would be helpful to include in the Guidance

Do you agree with the recommended terms of reference for Local Domestic Abuse Partnership Boards?

Yes.

Is there anything missing that you would like to see included?

An explicit reference to complex needs such as alcohol use needs would help to ensure that partnership boards are aware of this issue. There is no requirement for Local Domestic Abuse Partnership Boards to include a representative who has an understanding of complex needs and so an inclusion of complex needs within the terms of reference would help to ensure that the Board is able to better understand the needs of this group.

We recommend that the following paragraph setting out areas for joined up working be amended to include “alcohol and drug treatment services”:

[Members will] support in ensuring join up across other related areas such as housing, health, early years and childhood support, social services and police and crime services [not limited to]

Do you agree with the updated MHCLG Quality Standards?

Yes. We especially welcome the inclusion of a focus on partnership working and referral pathways with other services such as alcohol, drug and mental health services.

Is there anything missing that you would wish to see included?

No.
