 

**The Cost of**

**Domestic Abuse: the financial cost to Local Government**

**Briefing Report**



**The Safer Portsmouth Partnership (SPP) is responsible for reducing crime and substance misuse in Portsmouth, making the city a safe place to live, visit and work.**

**The partnership has a commitment to evidence based practice and invests in research and analysis to inform decision-making.**

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**Introduction**

Domestic abuse damages lives; 'the impact on the victim and children - even once they have achieved safety - is severe and long lasting'.[[1]](#footnote-1)

It is a priority for local authorities to prevent domestic abuse and improve the lives of people in their communities. However, domestic abuse also has a significant financial cost through the impact on local authority services such as housing, education, community, adult social care and children's social care.

This briefing document has been produced by the Safer Portsmouth Partnership[[2]](#footnote-2) on behalf of the Local Government Association (LGA) to provide an overview of the extent of domestic abuse across England and Wales; the impact and cost to local government; and the effectiveness of support and prevention services, both in terms of offering the best support and outcomes for those experiencing domestic abuse but also in reducing costs. It provides a summary of the research and analysis available to show the impact on local government.

**Background**

Over the last three decades, there has been a growing body of research on domestic abuse, increasing understanding of the issues and the impact on individuals who experience abuse, their families and the wider community. More recently, there has also been research and analysis on the costs of domestic abuse incurred by public services and the value in investing in education, support and prevention services.

The Crime Survey for England and Wales[[3]](#footnote-3) (formerly the British Crime Survey) has shown an on-going reduction in violent crime since the early 1990's. However, a research study published earlier this year by Professor Sylvia Walby[[4]](#footnote-4) shows, that since 2008/09, there has been an increase in violence primarily driven by domestic abuse. The research includes a detailed and full review of the Crime Survey for England and Wales since 1994. In summary, by removing the cap on numbers of crimes counted per victim; by making the analysis gender specific and by counting incidents rather than victims, the analysis suggests that following a period of reduction between 1994 and 2008, violent crime has gone up primarily driven by an increase in domestic abuse. The timeline for the increase in domestic abuse correlates with the economic down turn. One of the possible reasons for this could be cuts in services that support people experiencing domestic abuse.

This research is significant for local authorities when considering the impact of reducing funding for specialist support services and the costs to statutory local government services.

**Methodology**

This briefing paper provides a summary of research relating to the cost of domestic abuse (across England and Wales) specifically the 2004 and 2009 research studies conducted by Sylvia Walby[[5]](#footnote-5). This paper concentrates on the impact of domestic abuse on local government services. In focusing on the fiscal costs to local government, it is not the intention of this report to detract from the vast human and emotional costs of domestic abuse.

In order to demonstrate the impact, seven local authorities agreed to share data relating to domestic abuse in their locality. New Economy Manchester[[6]](#footnote-6) has set unit costs to local authority housing and children's social care in relation to domestic abuse. Previous studies have not included adult social care services. However, domestic abuse can impact on mental health and substance misuse and we also know that some of our most vulnerable adults have a higher risk of domestic abuse[[7]](#footnote-7). In order to include adult social care, we have worked with New Economy Manchester to agree an appropriate unit cost for our calculations.

Whilst we concentrate on the costs of domestic abuse to three key local authority services: housing, children’s social care and adult social care. It should be noted that other services, such as education, community and youth services, will also incur costs.

A major challenge in presenting this work has been identifying an accurate figure of the extent of domestic abuse and service take up across the three key services that we are assessing.

*Extent of domestic abuse*: Even with recent improvements in reporting and recording of domestic abuse across public services, it remains an under reported crime[[8]](#footnote-8). As a result, incident and crime figures do not fully reflect the extent and incidence of domestic abuse. Further, people accessing local authority services will not always disclose domestic abuse from the outset and therefore records will not always reflect this. In other words, local authority data sets are also likely to under estimate the extent of domestic abuse. For the purpose of this analysis, we have used the 2015 Crime Survey for England and Wales (conducted by the Office for National Statistics - ONS) to identify an estimated number of people that have experienced domestic abuse in the previous twelve months[[9]](#footnote-9) and used this to provide a proxy figure for the extent of victimisation (not incident rates) across each local authority area.

*Service take up*: Data on service take up within the Crime Survey for England and Wales is limited and may not accurately reflect the take up of local authority services[[10]](#footnote-10). We also found that none of the seven local authorities working with us were able to provide accurate data on how many 'service users' access services because of domestic abuse or how many 'service users' are experiencing domestic abuse. This is primarily because domestic abuse may not be the presenting factor and because data records completed at the point of presentation are not updated when a later disclosure of domestic abuse is made. (This may be on case files but is rarely added to the main data systems).

In agreeing a methodology, we know that the New Economy unit cost data base has drawn up an accurate unit cost working on an estimate of how many cases known to particular services are likely to include domestic abuse. In discussion with New Economy Manchester, we settled on using police recorded domestic abuse incident data as a proxy for service take up. (We also show how this compares to expected overall experience of domestic abuse within the local authority locality). We are, however, clear that any estimate of domestic abuse or service take up is a proxy and will likely be an under-estimate of actual experience and service take up. The proxy figures will be the best measure at present. We are, therefore also confident that in producing this data the costs presented will be an under estimate of actual cost.

It should be noted that the findings are limited to domestic abuse and do not extend to all forms of gender based violence[[11]](#footnote-11). If these wider forms of violence were to be included, the costs would rise. The costs in this report include only those that can be robustly estimated with verifiable data. This means that many costs (such as those incurred to respond to long-term effects of domestic abuse) are not included, and thus that all estimates are conservative.

To put these costs into some context, we have included a case study that shows the human and fiscal cost of not addressing domestic abuse in a cohesive and holistic way.

The concluding section focuses on the impact of support and prevention services both in terms of effective practice, reducing costs and long term impact.

**Challenges to the analysis**

*Data on Core Local Authority Services:*As before, the main challenges to this brief analysis are data availability and accuracy. As a briefing paper requires a simple data collection and analysis, it is dependent on accurate, robust and comparable data being available.

In many cases the data requested about the way domestic abuse impacts on the services simply wasn't routinely available for collection. The primary issue was that if domestic abuse wasn't the initial reason for referral to a service, but was later disclosed, the data systems did not record domestic abuse as a factor[[12]](#footnote-12). For this reason, any data sets on the extent of domestic abuse in the case records of particular services was a substantial underestimate of the true figures. For example Adult Social Care services in one area recorded that 28 out of 1,391 clients referred in the previous twelve months had experienced domestic abuse. Latest CSEW figures show that just over 6% of the general population experienced domestic abuse in the last year and over 20% at some point in their lives. We also know that individuals referred to adult social care have greater vulnerabilities than the general population and are at greater risk of domestic abuse. It is clear therefore that 28/1391 or 2% of clients recorded as experiencing domestic abuse is likely to be a considerable under-representation of the problem.

Further, where data was available, it was often recorded differently by different local authorities. This might be due to different data systems or terminology regarding different processes. Therefore, although data was available, it was not comparable across areas and could not be used for analysis.

One example is housing service data. Housing services do routinely collect data on domestic abuse but substantial data variations highlighted some anomalies; primarily around what data is collected and how it is reported. For example, in one area, 150 people were recorded as being accepted as homeless on the grounds of domestic abuse and they spent an average of 7.27 weeks in emergency accommodation, compared to another area (with a similar population size) where records show only 16 people were accepted as homeless due to domestic abuse spending a total of 153 weeks in temporary accommodation. This anomaly may simply have been explained by different approaches to assisting people experiencing domestic abuse and different service provision. For example, one area may have less available housing stock to move people on to or it may be that the other area has more people staying with friends and family or in the private sector and therefore not taking up local authority emergency accommodation. This level of detail was not readily available. Regardless, this data does not reflect how many housing service users overall have experienced domestic abuse, how many have been rehoused, how many have stayed in some form of temporary or emergency accommodation and the cost of this to the housing service.

In summary, data collected across the seven local authorities could not be used to assess an accurate figure relating to service take up and domestic abuse. For this reason, we have chosen to use police incident data as a proxy measure[[13]](#footnote-13).

However, to help demonstrate the impact of domestic abuse on local authority services, we have included a case study that illustrates the complexity of the issue. This case study tracks a family that experienced domestic abuse, and its impact, over 16 years and shows the costs to services including the local authority.

*What needs to change*? In order to fully understand the impact of domestic abuse on the local population and in particular the impact on service delivery, local government services would need to ask the question about domestic abuse and ensure data recording systems record this. Data records also need the facility to be updated if domestic abuse is reported at a later stage. Further, domestic abuse should be routinely monitored. It may not be the 'presenting factor' but should be seen as an important factor and recorded as such. For example, Portsmouth City Council reviewed 50 conferences involving 103 children (5 unborn) where the children were subject to Child Protection Plans to identify any specific contributory features. Domestic abuse was a specific factor in 72% (n36) - this was the single most prevalent factor in the analysis. This has been the case since the review process started[[14]](#footnote-14).

**The Extent of Domestic Abuse**

Despite recent improvements, domestic abuse remains an under reported and under recorded crime. We know that at least 1.9 million people[[15]](#footnote-15) across England and Wales experienced domestic abuse in the previous year (2014/15 year ending - ONS 2016[[16]](#footnote-16)). Police recorded crime statistics for the 6 month period to September 2015[[17]](#footnote-17) recorded 207,514 offences (equating to around 415,000 offences over twelve months)[[18]](#footnote-18). The most recent report on Intimate Personal Violence (IPV) as part of the Crime Survey for England and Wales[[19]](#footnote-19) finds that:

* Women are twice as likely as men to have experienced domestic abuse since the age of 16
* 27.1% of women and 13.2% of men had experienced domestic abuse at some point since the age of 16; this equates to 4.5 million women and 2.2 million men aged 16 to 59
* Women were also twice as likely as men to have experienced domestic abuse in the previous twelve months
* 8.2% of women and 4.0% of men had been the victim of domestic abuse in the previous twelve months. This equates to an estimated 1.3 million women and 600,000 men aged 16 to 59 across England and Wales
* Overall, this shows that 6.1% of adults aged 16 to 59 have experienced domestic abuse in the last twelve months
* The latest CSEW show that the previous twelve months record the lowest estimate since the ONS started to track domestic abuse through a specific survey. However, the analysis by Walby et al (2016)[[20]](#footnote-20) finds that the CSEW does not reflect the real extent (or number of) incidents which her study (using CSEW data) finds to be increasing
* The CSEW found a statistically significant reduction in victims of domestic abuse between 2005 and 2015, down from 8.8% to 6.5% of adults and a reduction in incidents. However, Walby finds that since 2008/09 the number of incidents of domestic abuse has increased and the impact on women is greater. This study ran a more in-depth and detailed analysis counting all incidents of domestic abuse rather than victims and not capping the number of repeat incidents at five as the CSEW does. In simple terms by counting all incidents of domestic abuse, it is shown to be increasing not decreasing. This finding is relevant to local authorities that are seeking to ensure that services are offering the right support to reduce repeat victimization and support women and children experiencing domestic abuse.
* In the year ending March 2015, police forces across England and Wales recorded 943,628 domestic abuse incidents which is a 6% increase on the previous year (year ending March 2014)[[21]](#footnote-21). This increase is likely to be a reflection of both improved recording and reporting and the actual increase in incidents identified by Walby et al in the 2015 research.

In summary, domestic abuse is a crime experienced by a substantial number of people (6.5% of the population, 8.2% of women and 4% of men) and this will impact directly on local government services. For example housing services are affected by the number of people presenting as homeless because of domestic abuse[[22]](#footnote-22); children’s social care services are affected by domestic abuse where there are concerns about the well-being of children living in the household; adult social care are affected where vulnerable individuals are living with domestic abuse or where previous experience has had a substantial impact on the health and well-being of the victim.

These services will not only be affected by current domestic abuse incidents but many people they work with will have previously been victims of domestic abuse and the impact of this may last for many years. For some this may be on-going health issues (including physical injury, mental health or learning disability following brain injury). For others it may be the impact of relocating and the responsibility of local authorities in settling individuals and families into a new area with associated housing, education and social care needs.

**The Cost of Domestic Abuse**

One of the first UK studies to consider the cost of domestic abuse to public services was undertaken by Debbie Crisp and Betsy Stanko (1998; update 2000)[[23]](#footnote-23). Whilst there has been subsequent criticism of the cost calculations, this was a ground breaking piece of research in its attempt to quantify the costs of domestic abuse to the individual, public services, employers, benefit payments, friends and family. Stanko and Crisp found that women who experience domestic abuse will seek help from a wide range of agencies and that providing this service will have a cost. Most importantly, it reported that a purely reactive service response will never reduce the number of women and children who experience violence within the home for the first time. Nor will a reactive service response effectively reduce repeat victimisation as the service deals with the immediate presenting issues (such as homelessness or education needs) and does not necessarily work in co-ordination with other services to lower repeat incidents. As a consequence, they concluded that without investing in prevention and support to reduce repeat victimisation, or stop people experiencing domestic abuse for the first time, the costs to public services will not reduce.

In 2004, Sylvia Walby produced a seminal report on the financial costs of domestic abuse. This drew from a wide range of studies relating to impact and service involvement including the Home Office Research Study that first looked at producing a framework for costing crime (Brand and Price 2000[[24]](#footnote-24)) and later updates.[[25]](#footnote-25) From the work undertaken, Walby produced an estimate for unit and total costs to specific public services. In relation to local government, she identified a robust cost analysis relating to housing services and children’s social care as a proportion of total costs based on predicted take up of services[[26]](#footnote-26). This has formed the foundation for later cost benefit analysis and underpins the New Economy Manchester calculation on unit costs for domestic abuse.

In her 2008 up-date, Walby found that domestic abuse costs public services across England and Wales £3.856 billion each year; £479 million of which was spend from local government on housing and children’s social care. The costs are significant and demonstrate the importance of working to reduce domestic abuse and decrease the impact on individuals and families and the wider community.

**The core services provided by local government**

*Housing:* Domestic abuse is intrinsically linked to the home and many incidents take place within or near to where the person experiencing the abuse lives. For many people, this means they have to relocate to escape the abuse or feel free from the associations of the abuse. For others staying in their home is important, but repairs may be needed following damage caused by the perpetrator and security improvements (target hardening) may also be required. This can range from provision of simple alarm systems through to building a safe room[[27]](#footnote-27). Much of this will be a cost to local authority budgets.

A study by the charity Shelter found that 40% of all homeless women stated that domestic abuse was a contributory factor to their homeless status and was "the single most quoted reason for becoming homeless" for women[[28]](#footnote-28). The options on leaving an abusive relationship are usually refuge accommodation, bed and breakfast, or a property from either the local authorities' stock, that of a registered social landlord, or one which is privately owned. All of these represent varying costs to the local authority including rental costs and the administration costs attached to relocation. Some people may also be eligible for emergency funds to assist them in setting up a new home.

For some, leaving their home to move to alternative accommodation has additional complexities and therefore additional costs. For example, if the person relocating has a disability, they may require adaptations to their new property to accommodate their needs and they may need to spend a longer period of time in specialist temporary / emergency accommodation whilst this takes place. People with a disability are at greater risk of experiencing domestic abuse and therefore it is probable that at least some domestic abuse housing cases will need specialist housing support.

While some people will need or wish to relocate due to domestic abuse, some do not leave their property on separation from the perpetrator. Many wish to remain in their own homes, close to their friends, family and community, including places of work and schools for children. However, in many cases to enable them to do so, additional security measures may need to be installed in the property (target hardening). Usually, this will be a lower cost than relocation but local authorities still need to provide a budget that enables tenants that are experiencing domestic abuse to remain safe in their own home.

However, some people may not be at the stage in the relationship where they are able to or wish to leave. In these cases, although a local authority is therefore not being asked to support a move or target hardening, there can still be costs such as damage caused to the property that the victim, perpetrator, or both reside in. These costs are especially hard to quantify as many victims will not disclose to the housing office the reason for the damage.

Although these represent the main expenditures of most local authority housing services in relation to domestic abuse, as each case of domestic abuse is unique, so are the costs linked to each case. In addition, due to the nature of domestic abuse, some people / families may need to be moved more than once should they return to the perpetrator or if their abuser learns of their new location. Without a coordinated multi agency and community response aimed at reducing the levels of repeat victimization, all of these costs can be repeated several times, potentially spanning years or even decades.

*Children's social care* will become involved with a family when they believe a child is at risk of harm. Where there is domestic abuse present in a household, the harm it causes is not restricted to the adult experiencing abuse, but encompasses the whole family, in particular, children and young adults.

The NSPCC (2016) finds that domestic abuse seriously harms children and young people and witnessing domestic abuse is a form of child abuse[[29]](#footnote-29). They find that 1 in 5 children in the UK have been exposed to domestic abuse and a third of children witnessing domestic violence also experienced another form of abuse[[30]](#footnote-30). Living in a family where there is domestic abuse also exposes children to the risk of personally experiencing violence; domestic abuse was a factor in 60% of all serious case reviews across England and Wales between 2009 and 2011[[31]](#footnote-31).

As a result of the links between domestic abuse and harm to children, the presence of domestic abuse in a family is a point of concern for children's social care. Therefore, if a partner agency has knowledge or concerns that there is domestic abuse in a household, they will refer to children's social care for the case to be assessed and action taken if necessary. There will also be other cases where there are concerns about a child for other reasons and upon exploration of the issues; the existence of domestic abuse will become apparent.

*Adult Social Care* supports adults who need assistance to live independently and those who are in need of care and protects vulnerable adults from abuse. This includes working with older people, people with learning disabilities, mental health needs and physical disabilities and those with substance misuse needs. Adult social care services, therefore, provide and commission a wide range and variety of services in conjunction with health providers. Although these may vary from area to area, they can include some mental health services, substance misuses services, occupational therapy, support to live independently, safeguarding of vulnerable adults, residential care and advice and information.

There are links established between domestic abuse and issues such as substance misuse and mental health. In some cases, the experience of domestic abuse impacts on the health and wellbeing of the person experiencing the abuse; in other cases poor health and wellbeing or disability may make someone more vulnerable to being the victim of domestic abuse.

There is growing understanding of the impact of domestic abuse on older people and people with disabilities; people with disabilities are more at risk of experiencing domestic abuse and have greater support needs[[32]](#footnote-32). Available research shows that older victims experience domestic abuse at a similar rate to younger victims; however, they are less likely to report the abuse and access specialist services to get help[[33]](#footnote-33).

Numerous studies have shown a robust link between domestic abuse and mental health[[34]](#footnote-34). Depression, anxiety and post-traumatic stress disorders (PTSD) are the problems most commonly linked to domestic abuse, with an article from the British Medical Journal stating that victims of domestic abuse experience higher levels of depression than those who do not; 67% compared to 33%[[35]](#footnote-35). In addition, in the UK in 2000, it was estimated that 188 women committed suicide as a result of domestic abuse and another 10,000 attempted to[[36]](#footnote-36).

Although the links between substance misuse and domestic abuse are not yet fully understood, the research which does exist shows a strong connection between the issues for both victims and perpetrators. Golding found that women experiencing domestic abuse are six times more likely to use alcohol and five times more likely to use both licit and illicit drugs to help them cope[[37]](#footnote-37). These findings are supported by a study conducted by the Mayor of London's office in 2005. This study found that almost two-thirds of the women known to domestic abuse services who also had issues with substance misuse, reported that their problems with substances began following the commencement of domestic abuse[[38]](#footnote-38).

Perhaps the biggest challenge to adult social care service is identifying that domestic abuse is an issue for their clients and providing the correct support. Domestic abuse is not often the presenting factor but if services focus only on the presenting issue without factoring in the impact of domestic abuse or building in coordinated support for the person experiencing the abuse, the impact and costs will be on-going. Given the increased risk of domestic abuse for some service users and the difficulties that they face, routinely asking the question about domestic abuse and linking in with appropriate support services may have an impact in reducing long term costs.

The ONS used the Crime Survey for England and Wales from 1st April 2012 to 31st March 2015 to identify heavily victimized groups of partner abuse. This found that ‘women with a long term illness or disability were more likely to experience non-physical abuse and serious sexual violence than women without a disability’. The report also finds that 30% of male victims and 47% of female victims of domestic abuse reported experiencing mental or emotional problems. Whilst this cannot yet be quantified, some of these will be significant enough to trigger thresholds for support and care from adult social care services.

Nicola Sharp-Jeffs at the Child and Adult Abuse Centre (London Metropolitan University) has reviewed 32 Domestic Homicide Reviews (DHRs) conducted by the charity Standing Together against Domestic Violence[[39]](#footnote-39). One research strand has considered adult safeguarding drawing on guidance developed by the Association of Directors of Adult Social Services (ADASS 2015). This relates to the overlap between domestic violence and adult safe-guarding in relation to five groups: older people, people with mental ill health, people who misuse substances; people with learning disabilities and carers who harm or who are at risk of harm.

Despite the size of the sample, the findings are important. 24 of the DHRs related to Intimate Partner Homicide (IPH) and 8 related to Adult Family Homicide (AFH). In summary:

* In 23% (n5) IPH cases, the victim was aged over 58 years. In over 75% (n 6) of AFH cases the victim was aged over 56.
* 63% (n15) of the IPH had support needs related to their mental health. Four referenced safeguarding issues. One AFH victim had a mental health need.
* Just over 20% (n5) IPH victims and 25% (n2) of the AFH victims had substance misuse issues
* 25% (n6) of the IPH victims had a known disability. None of the AFH cases had a disability.
* In six cases, the perpetrator was also a ‘carer’.

Whilst the numbers are small, these are the highest risk cases as they ultimately resulted in homicide. The issues link clearly to the remit of adult social care services and it is possible that many of the victims would have been known to adult social care at some point in their lives.

**Reviewing the cost of domestic abuse to local government services**

The evidence exists to show the strong relationship between domestic abuse and key local government services and as such there will be a fiscal cost to local government. This suggests a need to focus on domestic abuse and invest in a coordinated multi agency and community response[[40]](#footnote-40) that focuses on people's experience of domestic abuse and supports the individual and their families. It will also reduce costs in the long term.

To demonstrate this more effectively, this review has worked with seven local authorities to assess the potential costs to three of their key services: housing, children and adults social care. The table below uses the data supplied by the seven local authority areas. All of these areas had provided some data on service take up - however this was not consistent across all localities and often did not reflect the true extent of service take up (refer to the section on 'challenges'). For this reason we are using incident data as a proxy for service levels - as previously stated, this is likely to be an under estimate of actual costs. The unit costs[[41]](#footnote-41) are taken from the New Economy Manchester Unit Cost Database.

The first section shows that the calculations using our methodology are an under estimate of actual costs - this is shown by comparing our total figures for England and Wales with that of Sylvia Walby's research. Therefore although costs for each local authority area are substantial, it is assessed that this will be an under estimate of the actual costs incurred because of domestic abuse.

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| --- | --- | --- | --- | --- |
| **Locality (population taken from ONS 2014 midyear estimates)** |  | **Unit cost (2015/16)[[42]](#footnote-42)** | **Recorded Incidents (2015/16)** | **Total Cost** |
| **England and Wales - Mid-year population estimate 2014/15: England 54.3 million and Wales 3.1 million = 57.4 million****Proxy population aged 16 to 59 year experiencing domestic abuse in previous 12 months (ONS): 1.9 million** |
| **Fiscal Cost to housing (Walby estimate = 160million)** |  | **110.00** | **943,628** | **103.8 million** |
| **Fiscal Cost to children’s social care (Walby estimate = 250million)** | **193.00** | **943,628** | **182.1 million** |
| **Fiscal cost to adult social care (Not included in Walby's analysis)** | **193.00** | **943,628** | **182.1 million** |
| **Total**  |  |  | **468 million** |
| **Council A - Population: 374,200****Unitary council** **Proxy population experiencing domestic abuse in the previous 12 months: 22,826** |
| **Fiscal cost to housing services**  |  | **110.00** | **2892** | **318,120** |
| **Fiscal cost to children’s social care** | **193.00** | **2892** | **558,156** |
| **Fiscal cost to adult social care** | **193.00** | **2892** | **558,156** |
| **Total** |  |  | **1,434,432** |
| **Council B - Population 289,800****Metropolitan council****Proxy population experiencing domestic abuse in previous 12 months: 17,678** |
| **Fiscal cost to housing** |  | **110.00** | **7196** | **791,560** |
| **Fiscal cost to children’s social care** | **193.00** | **7196** | **1,388,828** |
| **Fiscal cost to adult social care** | **193.00** | **7196** | **1,388,828** |
| **Total** |  |  | **3,569,216** |
| **Council C - Population: 209,100****Unitary council****Proxy population experiencing domestic abuse in previous 12 months: 12,755** |
| **Fiscal Cost to Housing** |  | **110.00** | **5,053** | **555,830** |
| **Fiscal cost to children’s social care** | **193.00** | **5,053** | **975,229** |
| **Fiscal cost to adult social care** | **193.00** | **5,053** | **975,229** |
| **Total** |  |  | **2,506,288** |
| **Council D - Population: 316,700****Metropolitan council****Proxy population experiencing domestic abuse in previous 12 months: 19,319** |
| **Fiscal cost to housing** |  | **110.00** | **6539** | **719,290** |
| **Fiscal cost to children’s social care** | **193.00** | **6539** | **1,262,027** |
| **Fiscal cost to adult social care** | **193.00** | **6539** | **1,262,027** |
| **Total** |  |  | **3,243,344** |
| **Council E - population 108,000****District council****Proxy population experiencing domestic abuse in previous 12 months: 6,588** |
| **Fiscal cost to housing**  |  | **110.00** | **2490** | **273,900** |
| **Fiscal cost to children’s social care** |  | **193.00** | **2490** | **480,570** |
| **Fiscal cost to adult social care** |  | **193.00** | **2490** | **480,570** |
| **Total** |  |  |  | **1,235,040** |
| **Council F - Population: 245,300****Unitary council****Proxy population experiencing domestic abuse in previous 12 months: 14,963** |
| **Fiscal cost to housing** |  | **110.00** | **6122** | **673,420** |
| **Fiscal cost to children’s social care** |  | **193.00** | **6122** | **1,181,546** |
| **Fiscal cost to adult social care** |  | **193.00** | **6122** | **1,181,546** |
| **Total** |  |  |  | **3,036,512** |
| **Council G - Population 253,000****Metropolitan council****Proxy population experiencing domestic abuse in previous 12 months: 15,433** |
| **Fiscal cost to housing** |  | **110.00** | **3740** | **411,400** |
| **Fiscal cost to children’s social care** |  | **193.00** | **3740** | **721,820** |
| **Fiscal cost to adult social care** |  | **193.00** | **3740** | **721,820** |
| **Total** |  |  |  | **1,855,040** |

**The personal cost of domestic abuse**

A Portsmouth based project is trying to redesign the way public sector agencies work with families, by identifying and engaging with them at the earliest point of concern rather than waiting for individuals and families to reach set thresholds for intervention. Identifying people who are not at a 'threshold' where interventions usually start, misses those who present with risk factors and lack of protective factors that mean they are likely to increase risk and have future problems. We know that earlier interventions may prevent that happening.

The Portsmouth project starts by running a comprehensive analysis of all contact and interaction each family has with agencies and from this have produced some detailed and costed case studies[[43]](#footnote-43). The case study below was provided by them. Looking at the costs of domestic abuse as a series of figures is a sterile way of considering the impact; the case study below of a family known to services for sixteen years shows more clearly the individual impact and cost of domestic abuse.

**Case study 1:**

*Jane[[44]](#footnote-44) was in her late teens and pregnant with her first child when she first had contact with the local authority via Housing Services. At the point of setting up her first tenancy no concerns were identified or raised. Later her partner moved in and the family went on to have another child. No significant issues were raised with housing at this point or with health visitors meeting the young family.*

*When the children were both still pre-school age, Housing Services were contacted with regard to repairs. These were duly recorded. The project now knows that these repairs were caused by the violent behaviour of Jane's husband. Over the next ten years, there were numerous missed appointments, specifically with health services as the children were not taken to routine health development checks or for immunisations. As the two children got older there were some education concerns relating to minor attendance and behaviour issues. The children also came to attention for their low level involvement in anti-social behavior. There were referrals to Children's Services but these 'did not warrant' any further action at that time. Whilst all of these concerns triggered some level of intervention, this was below threshold and each 'action' was concluded and the case at that time closed. For example, education services raised concerns about attendance and things improved for a period of time. This therefore closed the case at the time and there were no further interventions.*

*By the time the eldest child was ten years old, it became apparent that there were numerous issues of concern. During an interview, Jane informed Housing Services about her experience of domestic abuse and the case was quickly assessed as high risk and went to MARAC. The children had a Child Protection Plan put in place. The father was later convicted for a domestic abuse offence and received a substantial custodial sentence.*

*This may have been seen as a conclusion to the family case history, however the missed opportunities and earlier lack of service intervention because of low threshold status, preceded an escalation of problems for the family. The children were missing school; there were increasing anti-social behaviour reports and poor health outcomes. Jane was in financial difficulty, lost her tenancy and was evicted. The children were given Special Education Provision and remained on Child Protection Plans.*

The personal and emotional cost to this young woman and her family is immeasurable. The potential long term impact remains unclear. The estimated cost of service provision from the start point of being housed in 1996 through to the end point of this study in 2012 (16 years) was £794,716.

This is one of many similar cases and strongly supports the argument for a coordinated multi agency and community response and early intervention, training agencies to ask the right questions about domestic abuse and to ensure early support that is not linked to thresholds. It also highlights that removal of the perpetrator and even custodial outcomes, is not the end point; on-going support for the person experiencing the abuse and their families is needed.

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**Investing in prevention and support**

Domestic abuse is a substantial, but still under reported and under recorded crime. We know at least 1.9 million people[[45]](#footnote-45) across England and Wales experienced domestic abuse in the previous year[[46]](#footnote-46). However, this figure does not take into account people over the age of 59 or the children in families affected by domestic abuse. Nor does this figure take into account the true extent of repeat victimisation or the gender imbalance of domestic abuse. Corresponding police recorded crime statistics for the 6 month period to September 2015[[47]](#footnote-47), found that 11% of all police recorded crime and 33% of all violence against the person offences were flagged as domestic abuse; the highest proportion for any offence group. These statistics alone justify policy and service interventions for domestic abuse but the significant costs to public services further highlight the importance of making domestic abuse a focus for both national and local government.

Many of the costs incurred by local government are reactive costs and not part of a coordinated response to address domestic abuse. As such these services and related costs will do little to prevent new experiences of domestic abuse or reduce repeat victimisation. It is specialist support services such as IDVA's, MARACs and specialist courts as well as education and training programmes that will have a greater impact on reducing repeat incidence and prevention.

There are numerous evaluations that evidence the impact of specialist domestic abuse interventions and champion the need for earlier intervention[[48]](#footnote-48). For example, a recent report by SafeLives[[49]](#footnote-49) found that where there had been intervention by a MARAC (Multi Agency Risk Assessment Conference) and an IDVA (Independent Domestic Violence Advocacy) service, 60% of domestic abuse victims reported no further violence. The cost benefit analysis found that for every £1 spent on a MARAC at least £6 of public money was saved annually on costs to agencies including police, health and local government services. This equates to a £740million saving across England and Wales.

If we know these interventions work, why isn't repeat victimisation reducing? The reality is that most people experiencing domestic abuse do not get access to these specialist services and because most services provided only deal with the highest risk cases. If adequate levels of support were provided and support was also available at a lower level of risk, we might expect to see a reduction across the board in repeat victimisation rather than the increase that Walby's research suggests[[50]](#footnote-50).

The most comprehensive evaluation of IDVA services was undertaken by Maddy Coy and Liz Kelly of the Child and Women Abuse Studies Unit (London Metropolitan University)[[51]](#footnote-51). The ‘Islands in the Stream’ report found:

* The vast majority of service users are female – reflecting the findings of the ONS and evidencing the gender inequality of domestic abuse.
* All of the four IDVA schemes evaluated demonstrated success in enhancing safety and reducing level of repeat referral. Further incidence of violence recorded by IDVA’s was low.
* Effective MARACs were valuable but the evaluation had some concerns about the function and contribution of some local MARAC’s primarily through the co-ordination and administration of their work; if delivered well, they are effective.
* IDVA Services and MARACs focus on higher risk cases and this is only one part of an effective, coordinated community response. Effective support and prevention services that will have the most impact on reducing repeat and first experience of domestic abuse need other components to provide a local wrap around service that includes safe shelter and other early intervention and prevention services. The effectiveness of IDVA’s is dependent on the availability of these and other specialist services to boost the impact they can deliver.

A report by Standing Together (STADV)[[52]](#footnote-52) 'A guide to effective domestic violence partnerships: in search of excellence’ recognizes that domestic violence is a ‘complex social problem’ and the ‘*outcomes are the responsibility of all the agencies with a remit for health, social care and crime’*. This guide outlines the full range of support services that will have most impact on reducing domestic abuse and reducing the cost to the victim, their family and the wider community therefore also saving costs to public services. It also highlights the importance of ensuring that statutory services 'ask the question', making sure that staff such as social workers, housing support workers, health care provider know how to ask someone if they are experiencing domestic abuse in the most appropriate way (and ensuring their safety). Staff members need training to do this and to know how to respond to disclosure. A coordinated and consistent response to identification, recording and disclosure of domestic abuse is likely to have a greater impact on reducing prevalence and supporting people experiencing it[[53]](#footnote-53).

With evidence that domestic abuse has been increasing since 2008/09 (Walby et al[[54]](#footnote-54)), costs to local government will continue to increase unless there is a coordinated response to prevent domestic abuse and reduce repeat victimisation. We also know that specialist domestic abuse intervention as part of a strategy to reduce domestic abuse has an impact and will reduce reactive costs to local government.

**Conclusions**

Sylvia Walby's re-analysis of the data from the British Crime Survey published earlier this year is an important study[[55]](#footnote-55). Walby finds that since the economic down turn in 2008, violent crime has increased and that this is primarily driven by an increase in domestic abuse. Whilst more work is needed to fully understand the underlying causes, the timing of the increase corresponds with the economic crisis in 2008/09. One reason for this may be related to recent austerity measures leading to reductions in support services and less coordination of existing services to provide a rounded response; it may also be linked to reductions in personal financial independence making it more difficult for those experiencing domestic abuse to escape the violence.

Local councils (and other public services) may feel reducing funding to specialist services is a necessary or unavoidable cost saving. However, the findings of this briefing paper are that this would be a false economy, not just in terms of the quality of the service and support that is offered to our local communities but also in financial cost to local government.

Domestic abuse already presents a significant cost to local government services in particular housing, adult and children's social care services. It is likely that these costs would continue to increase if local and national government does not focus on reducing first time experience and repeat incidence of domestic abuse.

The existing evidence, summarised in this report, makes a strong financial case for the need to continue to invest in specialist support services[[56]](#footnote-56), in order to reduce the extent of domestic abuse. This will ultimately reduce the pressure on, and costs to, statutory public services. If support services are reduced and domestic abuse continues to increase the demand for services such as housing, adult and children’s social care will increase in direct proportion.

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9. The Crime Survey for England and Wales self-completion survey directly asks whether the respondent has experienced domestic abuse in the last twelve months. [↑](#footnote-ref-9)
10. This is because respondents may refer to just one agency that they have made contact with and / or may not include an agency where the first contact was not about domestic abuse. For example, a local authority housing service or social services even though those agencies may work with them on domestic abuse issues [↑](#footnote-ref-10)
11. Sexual violence offences [↑](#footnote-ref-11)
12. This may have been recorded on individual case files but this would require a detailed and one off trawl of files to extracts which was not the purpose of this briefing analysis. This also means that local authorities cannot routinely monitor and track the impact of domestic abuse on services. [↑](#footnote-ref-12)
13. Although this will include repeat incidents, it is considered that the amount of under reporting will counter balance this. [↑](#footnote-ref-13)
14. Details are held by the Safer Portsmouth Partnership research and analysis team. [↑](#footnote-ref-14)
15. ONS (February 2016) the survey only relates to people aged 16 to 59 so this figure does not include children and young people or older people. [↑](#footnote-ref-15)
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22. Later sections show this is the most common cause of homelessness across England & Wales. [↑](#footnote-ref-22)
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26. For example, from a systematic study of existing research on children and domestic abuse and assessing probability from statistical analysis previously undertaken, she identified that the most robust figure wold be that 40% of all children referred to children's social care would have experience of domestic abuse and that 50% of costs attached would be a response to domestic abuse. [↑](#footnote-ref-26)
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40. A coordinated community response or CCR refers to an approach that engages the entire community including public and voluntary sector service in efforts to develop a common understanding and response to violence against women. [↑](#footnote-ref-40)
41. New Economy Manchester has developed a cost benefit analysis and unit cost data base to assist public sector work (such as the Troubled Family Programme) to identify costs and savings. It brings together over 600 different unit costs in one place. For example the team has developed a single cost estimate for a housing case which compiles an average cost for the range of services offered. It is regularly updated to take account of inflation. <http://neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database> [↑](#footnote-ref-41)
42. This figure is taken from the New Economy Foundation Unit Cost Calculator for the year ending 31st March 2016 and is calculated as a cost per incident. To date this has not included a specific cost to adult social care. In agreement with the NEF team in May 2016, the Children’s Social Care cost has been used for calculating costs to adult social care as it is comparable. [↑](#footnote-ref-42)
43. The project works with the whole family and starts by mapping all interaction with different agencies (involving the family in this process). They will then use multi agency navigators to identify need and pull on existing services and resources to meet these specific needs using a coordinated approach. This has an impact of building a team around the worker rather than a team around a family. This is intended to reduce the amount of varied responses and interaction the family has with agencies and to offer a more comprehensive response. Promising data is emerging about the impact and improved cost effectiveness. This project started by reviewing some local cases (involving the families in the process). [↑](#footnote-ref-43)
44. Not her real name [↑](#footnote-ref-44)
45. ONS (February 2016) the survey only relates to people aged 16 to 59 [↑](#footnote-ref-45)
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56. As well as targeted training and resource for staff in key local authority services [↑](#footnote-ref-56)