

**Draft Domestic and Sexual Abuse Strategy**  
Consultation Summary Report

July 2023

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## **Executive Summary**

On 7 February 2023, the Department of Health and the Department of Justice jointly published for consultation, a new draft Domestic and Sexual Abuse Strategy which followed the direction of travel set by the former Health and Justice Ministers. The consultation period ran for 12 weeks and closed on 2 May 2023.

### **We asked**

The purpose of this consultation was to seek views on the content and format of the proposed new strategy for the period 2023 – 2030. Mindful of the extensive engagement already undertaken as part of the Call for Views in 2022, ten questions were asked to help focus attention on the critical aspects within the draft document. Those questions covered the following areas:

- The strategy's vision.
- Definition of domestic abuse.
- Definition of sexual abuse.
- The use of four strategic pillars (Partnership, Prevention, Support and Justice).
- The outcomes, key priority areas and indicators to measure success within each of the four pillars.
- Draft Rural and Equality Impact Assessments.

Respondents were also given the opportunity to provide any additional comments.

### **You said**

There were 90 written responses to the consultation from a wide range of organisations across the statutory, voluntary and community sectors and from individuals including those with lived experience. We would like to thank all respondents for taking the time to participate in this consultation exercise.

We are pleased that in general, respondents welcomed the publication of a new draft Domestic and Sexual Abuse Strategy. However, it was clear across the answers to all ten questions, that there is a real desire to see a robust, funded year one action plan with timescales, roles and responsibilities identified; along with a strategic performance framework and a strengthened cross-departmental governance structure to drive and measure progress.

Both departments agree that these are critical elements for effective implementation of the strategy and work is ongoing in parallel with finalisation of the strategy to develop these structures and processes. The strategy provides a high-level overarching framework setting out the key priority areas of work, while the detail on how these will be implemented will be included in annual action plans. Many of the issues and views that have been put forward will greatly inform the development of those action plans and we will be continuing that a conversation with our Stakeholder Assurance Group (associated with the current strategy) in the coming weeks.

Both departments also fully acknowledge the need for appropriate resourcing of the strategy and are committed to working with colleagues across government to seek opportunities to secure resources to support its ongoing implementation.

Consultation feedback suggested that respondents broadly agreed in principle with the **vision of the draft strategy**, that *domestic and sexual abuse is unacceptable within our homes and across all of society so that everyone can live without fear*. However, this was often accompanied by the view that the strategy's ambition is a long way from the realities of the prevalence of domestic and sexual abuse in Northern Ireland, again placing a strong onus on the need to develop a robust, cross departmental action plan. Conversely, there were some instances where respondents did not think the vision was ambitious enough. There were also concerns that the vision doesn't explicitly address victims. We welcome the suggestions that have been put forward and will revise the wording of the vision to address the comments raised.

Proposed **definitions of domestic abuse and sexual abuse** were also included within the draft strategy which the majority of respondents viewed positively. Those who were supportive also felt they aligned with definitions used by key delivery partners. However, there did appear to be some divergence of opinion on the factors within the definitions. We will therefore provide some additional context and background information in the final draft of the strategy to aid understanding and to clarify the strategy's remit.

Respondents' positive comments on the **four pillars** (Partnership, Prevention, Support and Justice) illustrated the value of including them as the main areas of action within the strategy.

Respondents reflected repeatedly on the need for an additional pillar specifically for **children and young people**. Both departments fully appreciate and recognise the impact of domestic and sexual abuse on children and young people and have sought to include them throughout the existing pillars as victims in their own right. However, we acknowledge and welcome the views shared during this consultation and we will strengthen the response to children and young people by adding an additional, dedicated fifth pillar to the final draft.

A small number of respondents also called for another pillar to take account of the **needs of different 'at risk' groups**, for example: women, recognising that they are disproportionately impacted; men; older people; LGBTQIA+ people; people from minority ethnic communities, including those with no recourse to public funds; and people with speech, language and communication difficulties. Others disagreed and reflected on the importance of this being a fundamental part of all work under each of the pillars, which also continues to be the view of both departments. However, whilst we are not minded to add a sixth pillar on the needs of different 'at risk' groups, it is clear from consultation feedback that the draft strategy should be strengthened in this area, to reach out to different groups, ensure their needs are addressed and barriers to reporting and accessing support are overcome. We will reflect this in the final draft.

## Partnership Pillar

We are pleased that in general, the majority supported the proposed outcomes, key priority areas and indicators within the **Partnership Pillar**. The key messages from respondents who added additional comments to this question, which often related to implementation, included:

- The need for joined-up working beyond health and justice to be improved, to more clearly include the Department for Communities and the Department of Education.
- Partnership requires resources. Organisations are stretched and should receive additional funding to facilitate their contribution and provide meaningful involvement in the design, delivery and review of policies.
- The strategy should better recognise local knowledge and that the Local Domestic and Sexual Violence Partnerships are fundamental to its delivery.
- A Coordinated Community Response is required.
- A robust governance structure and performance framework needs to underpin the strategy, with a review process built in.
- The importance of robust data, including disaggregated data on section 75 groups.
- Further detail is required on how Departments plan to engage directly with victims, including children and young people, throughout the strategy's lifetime.

Overall consultation feedback suggests that the outcomes and key priority areas set the right direction of travel with the majority viewing effective partnership working as key to success. However, we will revise the draft strategy to clarify further the role of the Department for Communities and the Department of Education. We will also better reflect the continuing need for a multi-agency approach to tackle domestic and sexual abuse as seen through the work of the Local Domestic and Sexual Violence Partnerships. We also fully recognise the need for victims' voices, including children and young people, to be at the centre of the strategy document and its delivery, and acknowledge that additional information is required to demonstrate how this will be delivered in practice. We would welcome further engagement on this with specialist organisations. More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

Please refer to section 3 of this report for a fuller analysis.

## Prevention Pillar

We are pleased that in general, the majority supported the proposed outcomes, key priority areas and indicators within the **Prevention Pillar**. The key messages from respondents who added additional comments to this question, which often related to implementation, included:

- The importance of public awareness and communication work using a variety of methods (both on and offline) tailored to the audience, including children and young people.
- More awareness is needed around how technology can be used to perpetrate abuse.

- Funding is needed to build capacity across services, to help them deal with increased referrals as a result of awareness raising.
- Bystander approach recommended.
- Calls for mandatory, standardised Relationship and Sexuality Education (RSE) along with guidance for schools and teachers.
- Outreach to parents so that they are equipped to help and support their children.
- There is a roll for all youth organisations.
- Further engagement is needed with students about consent.
- Ensure the right response, by the right people, at the right time, in the right way.
- The need for more specialist trauma-informed training for frontline services.
- The need to ensure service providers are aware of the potential barriers people face. For example, recognising abuse in victims with speech, language and communication difficulties where there is an elevated risk.
- Extending initiatives such as Ask for Ani and Ask for Angela.
- Placing a mandatory requirement on employers to have a workplace policy on domestic and sexual abuse and associated training.
- Commencement of statutory paid domestic abuse leave.

Overall consultation feedback suggests that this pillar sets the right direction of travel to strengthen our preventative work over the next seven years. We note that the majority of suggestions related to the pillar's implementation, particularly in relation to awareness raising and training, which will help to shape future action plans and the strategic performance framework, currently being progressed.

We also note the strength of feeling that respondents have in relation to Relationships and Sexuality Education (RSE). The need to support the education sector to build capacity, knowledge and skills to promote understanding about consent and healthy relationships and to teach about sensitive subjects such as domestic and sexual abuse, in an age appropriate and inclusive way, is a key priority area of the Prevention Pillar. We will work closely with partners in the Department of Education and the Department for the Economy (in relation to Further Education) to develop actions to progress this area. We will also continue to engage with the Department for the Economy in relation to the provision of safe leave and agree that safe leave should be referenced within the draft strategy. More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

Please refer to section 3 of this report for a fuller analysis.

## **Support Pillar**

We are pleased that in general, the majority supported the proposed outcomes, key priority areas and indicators within the **Support Pillar**. The key messages from respondents who added additional comments to this question, which often related to implementation, included:

- Greater focus is needed on tailored support for victims, including a trauma informed approach. For children this should include a 'Barnahus' type model and advocacy services.

- Domestic Abuse Safety and Support workers are needed in all Emergency Departments and Maternity Services, plus an expansion of the Identification and Referral to Improve Safety (IRIS) primary care project.
- Lived criminal justice system experience should inform best practice, with additional support needed particularly for different 'at risk' groups.
- Support services should be victim centred.
- There should be specialised mental health services and therapeutic interventions available for all of a victim's journey, including after court.
- Recognise that specialist support services are at capacity and need more funding.
- Address the intersectional needs of victims, including with specialised services.
- Improved protections needed so victims can stay in their own home, if they wish.
- Appropriate accommodation and accommodation-based services are required to meet the needs of victims, including those with no recourse to public funds.
- Increased information on, and awareness of, support services needed.
- The strategy should identify communication needs, as well as support accessibility, participation and recovery.

Overall feedback suggests that the outcomes and key priority areas set the right direction of travel but that the support needs of children and young people should be addressed in a separate pillar; and the wording in the strategy should be strengthened to recognise the support needs of different 'at risk' groups (as addressed in the paragraphs above). We note that the majority of respondents reflected on the importance of having tailored support for victims and support services that are victim centred, informed by lived experience. We also note the suggestions related to the pillar's implementation, particularly in relation to funding, awareness raising, and the need to evaluate and consider further roll out of pilots, for example, which will inform the development of future action plans.

In relation to accommodation-base services, we will engage further with the Department for Communities (and the Northern Ireland Housing Executive) to identify how the strategy can more clearly reflect their role and the link between homelessness and domestic abuse. More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

Please refer to section 3 of this report for a fuller analysis.

## **Justice Pillar**

We are pleased that in general, the majority supported the proposed outcomes, key priority areas and indicators within the **Justice Pillar**. The key messages from respondents who added additional comments to this question, which also related to future implementation, included:

- Increased focus needed on perpetrator programmes, including measures to address sexually abusive behaviours, with parallel support for partners of those undertaking the programmes.
- Multi agency risk assessment processes should focus on both victims and perpetrators, with Public Protection Arrangements (PPANI) considering the

- management of domestic abuse offenders.
- Multi-Agency Risk Assessment Conference (MARAC) processes should be based on early, rather than crisis, intervention.
  - Increased focus needed on existing and new protections, with robust monitoring.
  - Better understand factors contributing to high attrition levels and under-reporting, improve victim's criminal justice experience and increase confidence to engage.
  - More accessible and clearer information needed for victims, plus case updates.
  - Reduce delay and improve the speed at which cases proceed.
  - Introduce a specialist domestic abuse court and pre-recorded cross examination.
  - Specialist and tailored trauma informed training needed for legal professionals, first responders and jurors.
  - Independent review of the justice system, including the family court and child contact systems, with a trauma informed approach. Also ensure sufficient information sharing between civil, family and criminal courts so perpetrators cannot use child contact, for example, to continue abuse.
  - Clearer guidance on where Domestic Homicide Review recommendations and learning sits in the strategy (including general recommendations).

Overall consultation feedback suggests that the outcomes and key priority areas set the right direction of travel, in order to ensure that victims feel confident to report abuse, justice responses are effective and abusive behaviour is addressed. We note that the suggestions related to an increased focus needed on perpetrator programmes, risk assessment processes that focus on both victims and perpetrators, a better understanding of factors contributing to high attrition levels and under-reporting, as well as improving victim's criminal justice experience and increasing confidence to engage. More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

Please refer to section 3 of this report for a fuller analysis.

### **What we will do next**

Building on the insights received through the responses to this consultation and the Call for Views undertaken in 2022, we will now:

- **Refine and finalise the draft strategy to be ready for consideration by incoming Ministers and a Northern Ireland Executive.** It is important to note that the current [Stopping Domestic and Sexual Violence and Abuse Strategy](#) will remain in place until any new strategy is introduced with work continuing to be progressed under the Year 7 Action Plan - Addendum.<sup>1</sup>
- **Develop a Year One Action Plan** to lay the foundations and progress enabling actions to support future delivery, informed by available resources.
- **Develop a Performance Framework** with key indicators to monitor outcomes and impacts, building on and improving the initial indicators set out in the consultation exercise. We will also consider the approach adopted in other jurisdictions.

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<sup>1</sup> The Year 7 Action Plan - Addendum and material related to the *Stopping Domestic and Sexual Violence and Abuse Strategy* can be found at the [Department of Health](#) and [Department of Justice](#) websites.

- **Finalise proposals for a new governance structure**, including reporting arrangements, and further engage with specialist organisations to determine how best we can incorporate the voice of victims of domestic and sexual abuse within those arrangements.

Both departments recognise that further stakeholder engagement will be important, both with other government departments and our Stakeholder Assurance Group (associated with the current strategy) as we finalise the strategy. This will include rebalancing the narrative to send out a stronger message that victims of domestic and sexual abuse are being heard, listened to and that help and support is available. We also hope to frame the draft strategy as the continuation of an ongoing conversation about how we approach domestic and sexual abuse in Northern Ireland; what has been achieved already and what are the changes that we expect to see from the outcomes identified in the new strategy over the next seven years. We would hope to be in a position to publish the final strategy towards the end of 2023, subject to Ministers and a Northern Ireland Executive being in place to consider and approve the final draft.

## 1. Introduction

The Department of Health and the Department of Justice jointly published a new draft Domestic and Sexual Abuse Strategy, to cover the period 2023 – 2030, for public consultation on 7 February 2023. The draft strategy followed the direction of travel set by the former Health and Justice Ministers.

This report provides an analysis and summary of the comments made in response to the public consultation, both in the virtual consultation events and in the written responses submitted. All of the views, comments and suggestions made during the consultation period have been considered by both departments and will inform the final version of the new strategy which will be presented to incoming Ministers and a Northern Ireland Executive for their consideration.

### Pre-consultation engagement

Pre-consultation played an important part in the development of the draft strategy. An extensive **Call for Views** ran for a period of ten weeks, from 10 January to 21 March 2022, to provide an opportunity for as many people as possible to share their knowledge, experience and views on issues that could help inform the overall content and direction of the new strategy. A number of organisations requested further time to respond and were given until 1 April 2022 to do so.

The departments received 91 written responses to the Call for Views and 661 surveys were completed online (250 from victims of domestic and sexual abuse and 411 from members of the public). Views were also shared with the departments at 22 stakeholder engagement events and five public events. We listened to and spoke with victims, frontline and specialist services. A [Call for Views Summary Report](#) was published in July 2022. This helped us to identify the outcomes and key priority areas set out in the draft strategy.

A series of workshops also took place with our Stakeholder Assurance Group (associated with the current strategy), with early drafts of the strategy shared and discussed to inform its ongoing development during October 2022 – March 2023. Membership of the group represented a range of different organisations across the statutory, voluntary and community sectors.

## 2. Consultation Process

A 12-week **public consultation** on the new draft strategy launched on Tuesday 7 February 2023 and ran for 12 weeks until Tuesday 2 May 2023. Additional response times were also accommodated.

The purpose of the public consultation was to provide an opportunity for as many people as possible to share their views and feedback on the content and format of the proposed new strategy.

Mindful of the extensive engagement already undertaken as part of the Call for Views in 2022, ten questions were asked to help focus attention on the critical aspects within the draft document. Those questions covered the following areas:

- The strategy's vision.
- Definition of domestic abuse.
- Definition of sexual abuse.
- The use of four strategic pillars (Partnership, Prevention, Support and Justice).
- The outcomes, key priority areas and indicators to measure success within each of the four pillars.
- Draft Rural and Equality Impact Assessments.

Respondents were also given the opportunity to provide any additional comments.

Supporting documentation was provided in the form of:

- A consultation document and response form.
- An Easy Read version of the draft strategy.
- A Children and Young People's version of the draft strategy.

All documentation was published on Citizen Space and on both of the departmental websites. Alternative formats were available on request.

### Public Consultation Events

Five virtual consultation events took place on the following dates and times:

Monday 6 March 2023	6.00 – 7.30pm
Tuesday 7 March 2023	10.30 – noon
Thursday 9 March 2023	2.00 – 3.30pm
Tuesday 14 March 2023	2.00 – 3.30pm
Thursday 16 March 2023	2.00 – 3.30pm

All events were advertised on the departmental websites and were open to all on a first come, first served basis. Participants were asked to register in advance to confirm their place.

The Health and Justice strategy teams also met with individual stakeholders on request to discuss specific points of interest.

All views shared during public events and meetings were noted by the departments but not attributed to any individuals, to ensure people felt comfortable sharing their views in a public setting. These views have been invaluable and are reflected in the analysis in the following sections.

## Responses

In total, 90 written responses were received. Organisations that submitted a written response have been listed at **Annex A**. This is considered to be a significant response and reflective of the considerable interest and importance in tackling domestic and sexual abuse.

Some respondents provided more general written responses rather than using the consultation proforma. Where respondents did use the proforma, in some cases, questions were unanswered with only the additional comments box completed. In these cases, the response has been included as part of the qualitative analysis under the most relevant question.

The analysis does not aim to capture every point raised by respondents. It presents recurring themes and issues some of which have already been summarised as part of the Call for Views Summary Report published in July 2022.

The departments are grateful for the valuable contribution made and would like to thank all the individuals and organisations who took the time to respond.

Importantly, we want to extend our thanks to all those who shared their personal experiences through this consultation and the previous Call for Views and to all the organisations who hosted events and made sure as many victims' voices were heard and amplified as possible.

### 3. Analysis of Responses to the Consultation Questions

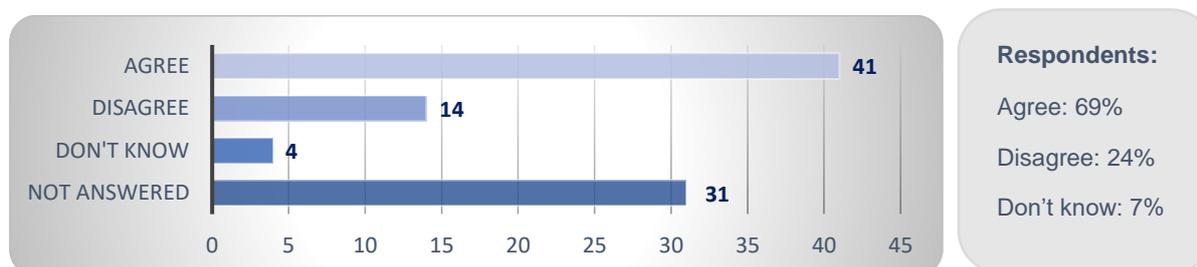
#### QUESTION 1

##### Is the vision of the draft strategy reflective of what we want to achieve?

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

In total, **59** respondents answered question 1(a). The majority of the 59 respondents, **69%**, agreed with the proposed vision.



The information below represents the qualitative analysis of the comments added to the text box provided for question 1(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the majority of the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments); as well as feedback received during the consultation events.

In general, respondents welcomed the overarching vision set out in the draft strategy. A majority felt it was ambitious and clear in its overall aim, agreeing that domestic and sexual abuse must be everyone's business, requiring a whole-of-society approach. However, this was often accompanied by the view that the strategy's ambition is a long way from the realities of the prevalence of domestic and sexual abuse in Northern Ireland, placing a strong onus on the need to develop a robust, cross departmental action plan. It was also noted that the draft vision was reflective of the ongoing vision within policing.

Approximately 24% of respondents disagreed with the draft vision. Some felt it wasn't ambitious enough and that the outcomes that follow lack robust, funded and measurable actions to demonstrate how the vision will be realised. It was noted that how the vision translates into everyday life, across organisations, sectors and professionals will be important for its effective implementation.

Some respondents thought that the vision should be more victim focused and send a stronger message upfront that victims will be heard, listened to and supported. There were also views that improvements could be made to ensure all victims/potential victims see themselves reflected in the vision and the strategy.

There were also some specific comments and suggestions about the wording. For example, there were views that:

- The word “unacceptable” is not ambitious enough and diminishes the seriousness of domestic and sexual abuse. Wording such as “zero tolerance”; “will not be tolerated”; and “eradicated” was recommended by some.
- The current wording implies that domestic and sexual abuse only happens in ‘our homes’ when it can also be experienced in public spaces, the workplace (with trade unions as key partners) and online.
- The ultimate goal should be that everyone can “live without fear”, “be safe” and have “hope”.
- The vision should reflect the need to “change cultural attitudes”.
- Wording should include “a criminal justice system that responds appropriately”.
- Dedicated and effective positive parenting support should be referenced as part of the vision.

### ***Joint departmental response***

Notwithstanding the majority support for the vision as currently drafted, we will revisit the wording and welcome the suggestions that have been put forward. This will include rebalancing the narrative to send out a stronger message that victims of domestic and sexual abuse will be heard and listened to and that help and support is available. Further stakeholder input to that work, through our Stakeholder Assurance Group, will be important.

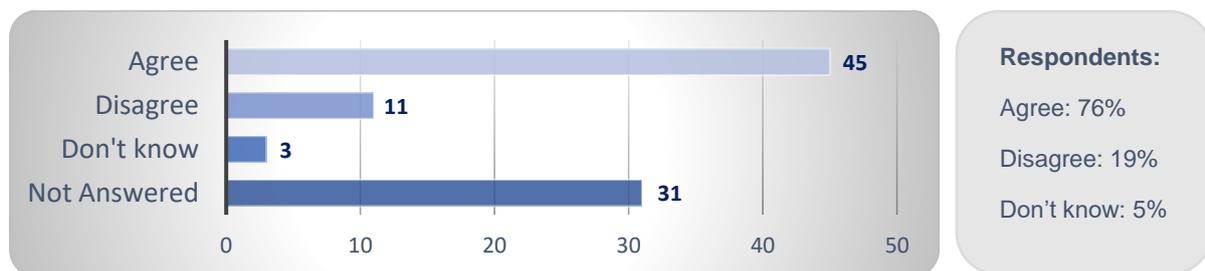
## QUESTION 2

### Does the definition of domestic abuse, as outlined in the draft strategy, reflect what you understand this to mean?

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

In total, **59** respondents answered question 2(a). The majority of the 59 respondents, **76%**, agreed with the proposed definition of domestic abuse.



The information below represents the qualitative analysis of the comments added to the text box provided for question 2(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is they did not select 'agree', 'disagree' or 'don't know' but provided comments)); as well as feedback received during the consultation events.

Those that agreed generally with the definition thought it was clear and concise and that it reflected the different types of domestic abuse. The inclusion of financial abuse and emotional abuse was particularly welcomed as was the recognition that domestic abuse can happen between family members as well as intimate partners. It was also noted that the Police Service of Northern Ireland and the Public Prosecution Service currently use this terminology when training and recording cases of domestic abuse on operational IT systems.

Whilst the broadness of the definition was generally welcomed, some respondents were concerned that it could result in important factors being missed with not enough focus on abuse between family members and the fact that domestic abuse can occur outside of the home. On the other hand, a number of individual points were raised about the need for additional factors to be included/made more explicit within the definition such as the trauma experienced; that domestic abuse can occur regardless of socio-economic class; marital status/rape; spiritual abuse; threatening messaging; stalking; cultural abuse and honour-based violence; abuse in group care settings; when one parent withholds a child from another parent; abuse between close acquaintances and those who are living at the same address (who are neither family or an intimate partner); and the need to address the mental capacity of the person causing the harm.

There was a suggestion that the term “financial” abuse should be changed to “economic” abuse, the concern being that people may not appreciate the breadth of financial abuse and that it can, for example, include the restricting of resources of food, transport, or clothes. The complexity of coercive control was also commented on with the suggestion that further explanation is needed within the strategy to explain what this is and that it is harmful, threatening, controlling coercive behaviour.

A number of respondents thought that it could be clearer within the definition that children and young people can be victims of domestic abuse with a need to also ensure that there are effective therapeutic interventions for those children and young people displaying harmful behaviours.

There were also a number of recommendations to adopt the definition used in the Istanbul Convention and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and to better understand gender inequality and power dynamics. More generally, there were views that the definition needs to be built upon within the strategy to reflect the experiences of different ‘at risk’ groups including, for example, disabled people, men and LGBTQIA+ people.

### ***Joint departmental response***

The departments note that the majority of respondents agreed with the draft definition of domestic abuse. However, there did appear to be some divergence of opinion on the factors within the definition. Both departments have carefully considered those comments but on balance, have decided not to change the current wording. We are also mindful that the definition proposed (which is used in the current strategy) aligns with the definition used by key delivery partners. However, the comments raised by respondents have been most helpful and we will provide some additional context and background information around the definition of domestic abuse within the final draft to aid understanding and to clarify the strategy’s remit.

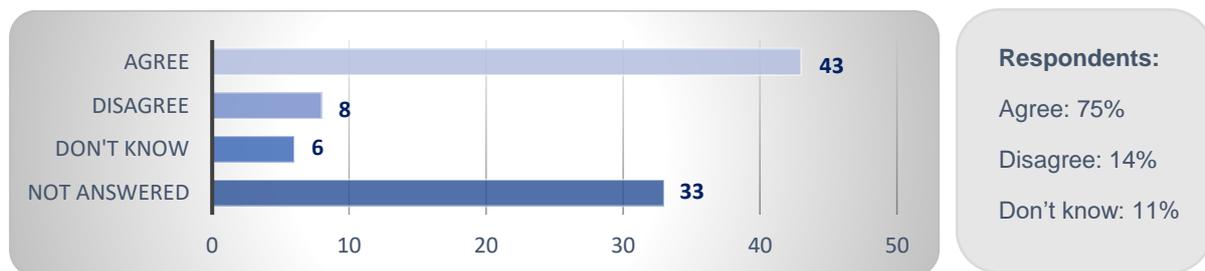
### QUESTION 3

*Does the definition of sexual abuse, as outlined in the draft strategy, reflect what you understand this to mean?*

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

In total, **57** respondents answered question 3(a). The majority, **75%**, agreed with the proposed definition of sexual abuse.



The information below represents the qualitative analysis of the comments added to the text box provided for question 3(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the including 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments)); as well as feedback received during the consultation events.

Those that generally agreed with the definition thought it was clear and reflected what they understood sexual abuse to mean. It was noted that a similar definition was used by the Police Service of Northern Ireland in both policies and training. The recognition that abuse can take many forms and knows no boundaries was also welcomed, as was the trauma-based approach to the supporting narrative.

Whilst the broadness of the definition was generally welcomed, a number of respondents were concerned that certain areas lacked a particular focus. Some highlighted the overlapping nature of sexual abuse within abusive relationships including in the LGBTQIA+ community. The need for greater clarity around sexual abuse within families was also noted and it was suggested that the term "sexual violence" rather than "sexual abuse" would better encompass where a stranger has been the perpetrator. Some also stated that the term sexual violence and abuse should be used.

A number of respondents called for a greater focus on child sexual abuse, including child sexual exploitation, and the need to better understand the scale and nature of harmful sexual behaviour in under 18s.

There were also some specific comments and suggestions about the wording. For example, there were views that:

- Virtual/online is a method/tool rather than a category of abuse.
- Reference should be made to “Any behaviour or threatened behaviour”.
- There is a need to clarify what “perceived” means.
- “Unwanted” may not sufficiently cover lack of consent.
- Amend “unwanted” to “threatening and unwanted”.
- Replace the term “gender” with “sex”.
- Include the term “culture”.

In relation to the section “what does sexual abuse look like”, some respondents were of the view that sextortion, female genital mutilation, forced marriage and human trafficking should be included.

Some were of the view that the definition should clearly recognise the gendered nature of sexual abuse with offences disproportionately perpetrated by men against women and girls. There were also some views that the strategy must address the needs of male victims.

### ***Joint departmental response***

The departments note that the majority of respondents agreed with the draft definition of sexual abuse. However, there did appear to be some divergence of opinion on the factors within the definition. Both departments have carefully considered those comments but on balance, have decided not to change the current wording. We are also mindful that the definition proposed (which is used in the current strategy) aligns with the definition used by key delivery partners. However, the comments raised by respondents have been most helpful and we will provide some additional context and background information in the final draft to aid understanding and to clarify the strategy’s remit.

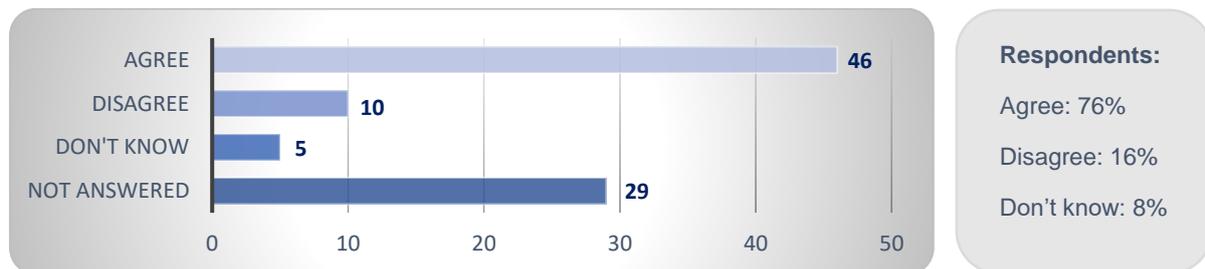
#### **QUESTION 4**

***Do you agree with the use of the four pillars in the draft strategy (Partnership, Prevention, Support and Justice) as levers for change?***

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

In total, **61** respondents answered question 4(a). The majority, **76%**, agreed with the four pillars.



The information below represents the qualitative analysis of the comments added to the text box provided for question 4(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments)); as well as feedback received during the consultation events.

Respondents' positive comments on the **four pillars** (Partnership, Prevention, Support and Justice) illustrated the value of including them as the main areas of action within the strategy. Many thought they were clear and represented the key areas of work that need to be delivered and provided an appropriate structure for the development of future action plans. The cross-departmental approach and partnership working with the statutory, voluntary and community sector was also welcomed. The inclusion of learning throughout the framework was considered to be important.

The overall approach of including outcomes and key priority areas within the pillars was viewed positively. It was also acknowledged that each pillar will be expanded on in future action plans with an overarching strategic performance framework to measure success. However, some respondents felt unable to comment without having sight of these documents alongside the draft strategy and without a multi-year budget in place.

The strategic focus on early intervention was noted and the references to children and young people throughout the framework welcomed. However, many respondents believed there should be a stand-alone pillar to address the specific needs of children and young people with a concern that they may be seen as an "add on" to the outcomes and key priority areas for adult victims. There was a clear message that children and young people need to be recognised as victims of domestic and sexual abuse in their own right.

Some respondents also suggested an additional pillar to consider the needs of different 'at risk' groups, for example, women, as disproportionately affected and to effectively implement the Convention on the Elimination of Discrimination Against Women (CEDAW); men; LGBTQIA+ people; people from minority ethnic groups; older people; people with speech, language and communication difficulties; and people who have a mental disorder or a learning disability.

Alternatively, there were views that this should not form a stand-alone pillar or separate agenda but be a fundamental part of all the work under each of the pillars listed. Similarly, one respondent suggested that Partnership should underline all of our work and could be dropped as a separate pillar with another suggestion that an infographic would help to show the interconnectedness between the four pillars.

A change to the wording of the Support pillar was also suggested, to become "Supporting Recovery" or "Supporting Recovery and Responsive Services" with further clarity on what will be addressed under "improve their health and well-being" and further detail on trauma-informed practice in both pillars 3 (Support) and 4 (Justice).

### ***Joint departmental response***

The departments note that the majority of respondents were broadly supportive of the four pillars. However, the qualitative analysis raised some important points.

In response, we will amend the draft to include an **additional, dedicated fifth pillar specifically for children and young people**. Both departments fully appreciate and recognise the impact of domestic and sexual abuse on children and young people and have sought to include them throughout the existing pillars as victims in their own right. Whilst an additional pillar was tested previously with the Stakeholder Assurance Group (associated with the current strategy), we believe that the comments submitted as part of this consultation merit a change of approach and both departments will undertake further stakeholder engagement to inform that work. We will also revise the material in the existing four pillars where children and young people are referenced.

The departments are not minded to introduce a sixth pillar, to take account of the needs of different 'at risk' groups. This was also tested previously with the Stakeholder Assurance Group. The general view at that stage was that the needs of different groups should not be a separate agenda but should be a fundamental part of all of the work that we do under Partnership, Prevention, Support and Justice. This view was also shared by some respondents to the consultation. Both departments remain of the view that this is the best approach. However, it is clear from the consultation feedback that the draft strategy should be strengthened in this area, to reach out to 'at risk' groups, ensure their needs are addressed and barriers to reporting and accessing support are overcome, and we will reflect this in the final draft.

## QUESTION 5

### Do you agree with the outcome and key priority areas identified under Pillar 1 (Partnership) and how will we know we are making a difference?

For each outcome, key priority area and initial indicator (how we will know if we are making a difference), respondents were asked to:

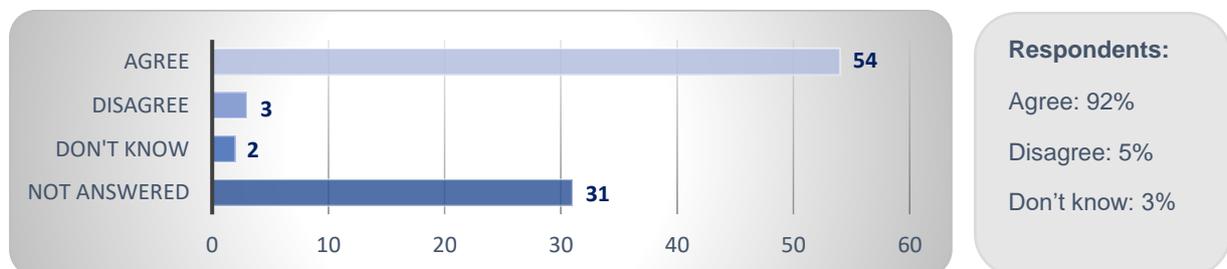
- Select one of the following options: Agree, Disagree, Don't know; and
- Add any comments in the text box provided.

This section looks at each in turn setting out the quantitative analysis (how many answered 5(a)) and the qualitative analysis of the comments added to the text box provided for question 5(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments)); as well as feedback received during the consultation events.

## OUTCOME:

### A coordinated response to domestic and sexual abuse informed by victims' voices and community engagement.

In total, **59** respondents answered part (a) with the majority, **92%**, indicating that they agreed with the proposed outcome.

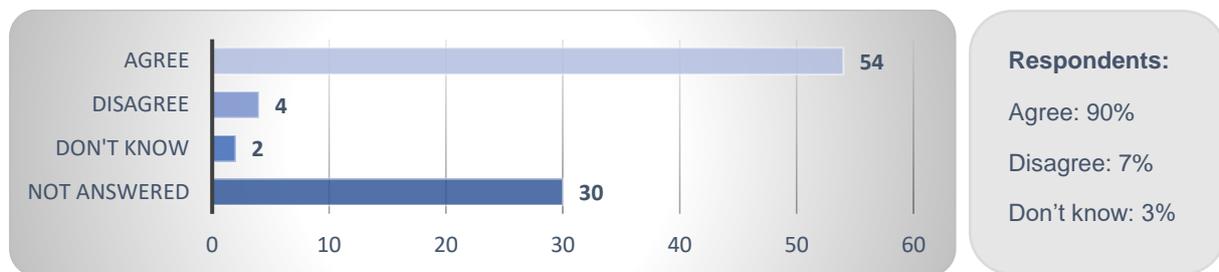


Overall respondents were generally pleased to see the inclusion of a Partnership Pillar and believed it to be an important part of the overarching framework for an effective strategy. Additional comments focused on the need for further clarity on how the pillar will be implemented with an emphasis on the need for genuine resourcing, action plans and clear lines of accountability and departments responsible for taking action.

## KEY PRIORITY AREAS:

### Working collaboratively across all government departments and with statutory, voluntary and community and faith organisations to tackle domestic and sexual abuse.

In total, **60** respondents answered part (a) with the majority, **90%**, indicating that they agreed with this key priority area.



Respondents broadly agreed with the need for a collaborative and joined up approach to tackling domestic and sexual abuse. The focus of a whole system approach working across government departments was generally welcomed but it was also noted that joined up working beyond Health and Justice could be improved, with the challenges too great to be tackled by a single organisation or department.

Some respondents wanted to see more emphasis placed on the role of the Department for Communities (and the Northern Ireland Housing Executive) in funding key frontline services including refuge, outreach and community-based support, noting that housing and the issue of homelessness is interlinked and a key part to the solution. It was also considered that the Communities and Education departments should be as responsible for the strategy as the Health and Justice Departments.

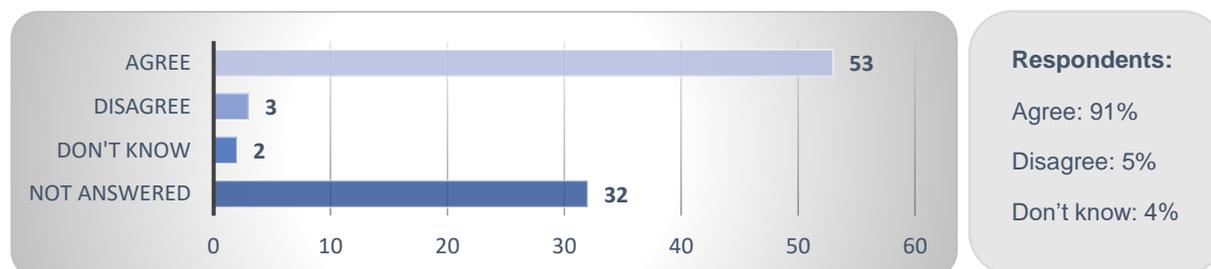
It was also agreed that the statutory, voluntary and community sectors are key partners and should be included within this key priority area. However, there was a consistent view that account must be given to the resources and capacity of partner organisations, with services already stretched and no additional funding to facilitate their contribution both in terms of their time and expertise. It was felt that genuine partnership required genuine resourcing, in order to provide meaningful involvement in the design, delivery and review of policies.

Some respondents expected to see more references to the Local Domestic and Sexual Violence Partnerships as integral and fundamental to the strategy's delivery. There was also a request for trade unions to be included and further information on the role of faith organisations within the draft strategy.

A Coordinated Community Response (CCR) was recommended with learning from models in place in other parts of the UK and with a responsibility on all agencies to achieve collaborative working. The Identification and Referral to Improve Safety (IRIS) primary care project and the dedicated COVID-19 partner meetings were noted as exemplars of good practice locally.

**Having effective governance structures underpinning the strategy's delivery with a performance framework to monitor outcomes and impact.**

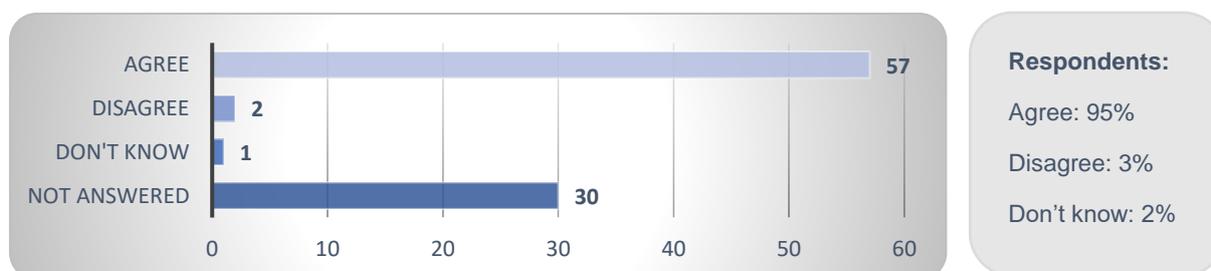
In total, **58** respondents answered part (a) with the majority, **91%**, indicating that they agreed with this key priority area.



There was broad agreement that a robust governance structure and performance framework needs to underpin the strategy with a review process that is both quantitative and qualitative, measuring outcomes rather than just outputs. Respondents want to see clear targets (including measurable indicators and SMART deliverables) with information on which department is responsible for delivering the work and how it will be resourced. It was also recommended that the creation of a Domestic Abuse Commissioner should be reconsidered, to provide an important scrutiny role.

**Informing policy, legislation and service development with better quality data, research and shared learning.**

In total, **60** respondents answered part (a) with the majority, **95%**, indicating that they agreed with this key priority area.



Respondents broadly agreed with the need to inform policy, legislation and service development with better quality data, research and shared learning.

The importance of having robust data on the prevalence of domestic and sexual abuse in Northern Ireland featured in many responses. Some called for a commitment to collecting disaggregated data including the reporting and monitoring of all section 75 groups, across the range of key priority areas. Many respondents noted the need for data around intimate partner sexual abuse; male victims and children as victims as well as in relation to harmful sexual behaviour. The need for key stakeholders to share data whilst protecting personal information and the rights and wishes of the victim was also noted.

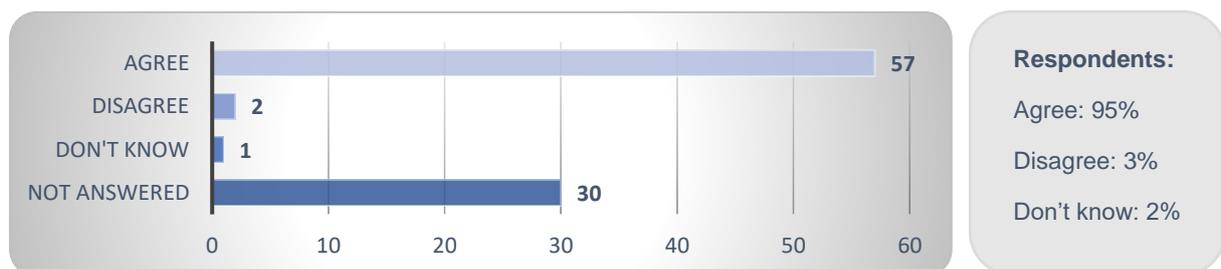
A number of respondents highlighted the need for dedicated research where there are gaps, with some focusing on the lack of information about the prevalence and experiences of male victims of domestic and sexual abuse, disabled people and those in the LGBTQIA+ community. Learning from other parts of the UK and Ireland was also noted, suggesting that consideration be given to benchmarking GB data.

Overall, it was agreed that the strategy needs to be evidence based to drive improvements in policy and services with data concretely utilised to accurately identify the needs of victims and the resourcing required, with further information needed about “how” this will be actioned.

Reference to other government strategies, legislation and international conventions was welcomed but with the need to ensure that the pillars/work streams are aligned and complementary.

**Having increased opportunities for victims’ voices to be heard and ensuring the strategy’s delivery is underpinned by intersectionality recognising that many people have multiple needs and face multiple barriers.**

In total, **60** respondents answered part (a) with the majority, **95%**, indicating that they agreed with this key priority area.



The experiences and voices of those affected by domestic and sexual abuse including children and young people are paramount. All victims who have experienced domestic and sexual abuse must feel empowered, supported and listened to. This was a key message.

There was significant support for increased opportunities for the voices of victims to be heard, to genuinely listen to their lived experience, to enable them to participate in the process and learn from and incorporate their experiences into policy and service development. It was also highlighted that this should include all victims’ voices, whether reported or unreported. It was suggested that a range of groups be engaged to ensure that legislation, policies and services address the range of needs of victims.

There was some disappointment that further detail was not provided on how victims would be engaged and what resources would be put in place to facilitate that engagement. Some respondents suggested an ‘advocacy forum’ or a ‘victims and survivors’ panel’ to give victims a direct means of contributing their views but only if the time and resources can be dedicated to not only running the groups but so that victims are supported to give their views, with a trauma-informed approach.

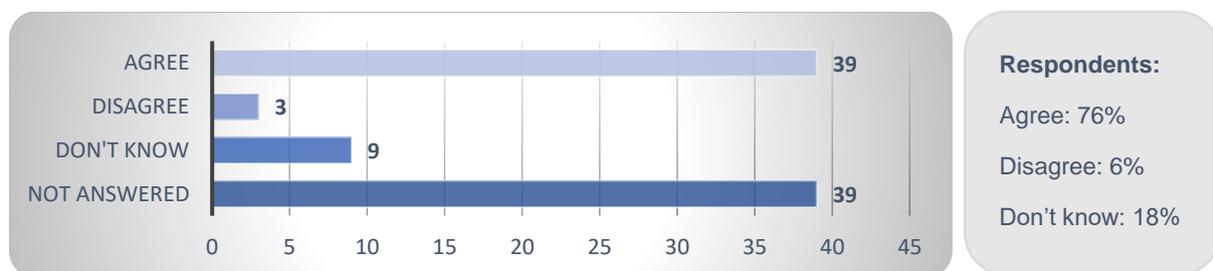
Whilst respondents welcomed the inclusion of intersectionality, there were views that this lacked specific commitments and some wanted to see a particular focus on reaching representatives of section 75 groups including those with no recourse to public funds, to ensure their needs are addressed and their barriers to reporting and accessing support are overcome.

The Lundy Model of Participation was also recommended for engagement with children and young people (Space, Voice, Audience, Influence) with reference to the Children’s Services Co-operation (Northern Ireland) Act 2015 in the strategy.

## HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?

### Listening to views of victims including children.

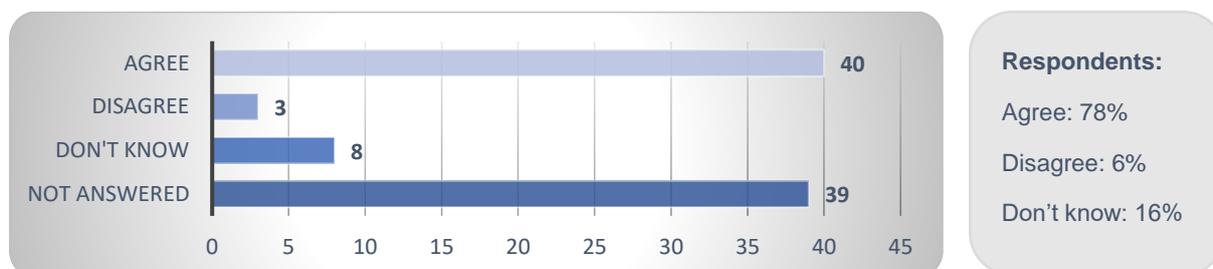
In total, **51** respondents answered part (a) with the majority, **76%**, indicating that they agreed with this as a potential indicator.



As outlined above, there was a consensus that listening to the views of victims including children was an important key priority area within the strategy. There was also a majority view that listening to those views will help us to better understand if what we are doing is making a real difference. It was also noted that this particular indicator may be difficult to measure and that holding meetings does not always equate to effective listening. The need for further detail about what an engagement model would look like, including what will be done with the information gathered from listening to victims, when and by whom, was highlighted.

### Ensuring joined up working on cross cutting projects.

In total, **51** respondents answered part (a) with the majority, **78%**, indicating that they agreed with this as a potential indicator.

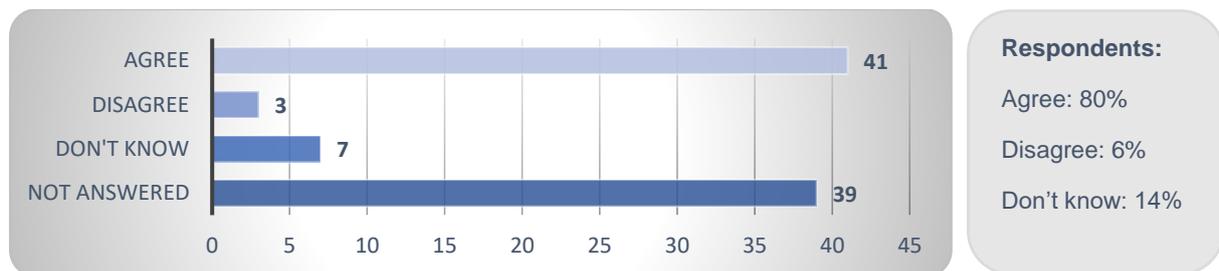


Ensuring joined up working on cross cutting projects was considered important. It was suggested that there should be markers/indicators of successful joined up working,

including who will be responsible for co-ordinating work and when. The Children’s Services Co-operation Act (Northern Ireland) 2015 was also referred to in this context and the need for policies/projects to clearly identify and monitor (i) where co-operation is working; (ii) where it is lacking; and (iii) where there are further opportunities for co-operation so that improvements can be made and progress tracked and then reported. It was also noted by many that funding will be key to making a difference in this area.

**Engaging regularly with key stakeholders at both a regional and local level.**

In total, **51** respondents answered part (a) with the majority, **80%**, indicating that they agreed with this as a potential indicator.

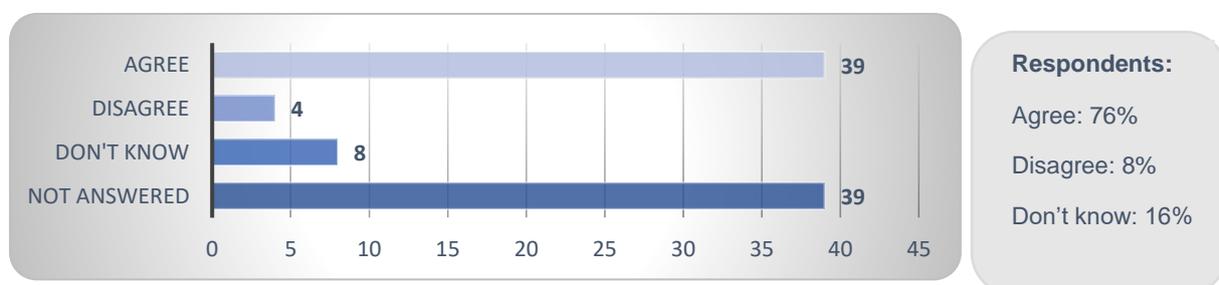


Where respondents commented on this indicator the main points were in relation to the capacity of organisations to engage without additional funding; and the need to not just engage but to listen and to demonstrate how actions flow as a result of engagement. It can't be tokenistic and is not just about how many times a year people meet in a room together.

Some respondents called for more acknowledgement of local knowledge and the need for more emphasis on the role and diverse membership of the Local Domestic and Sexual Abuse Partnerships within the strategy.

**Data from key stakeholders is shared, ensuring that as a system we understand and can respond to trends and emerging issues.**

In total, **51** respondents answered part (a) with the majority, **76%**, indicating that they agreed with this as a potential indicator.

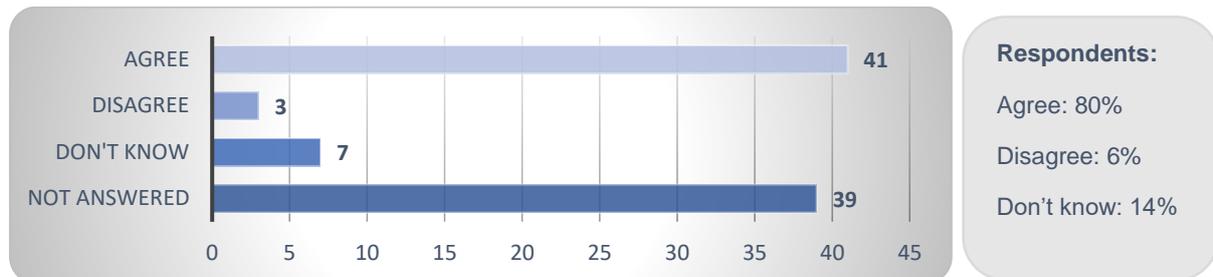


It was noted that this indicator would require the development of baseline data to get a clear picture of the prevalence of domestic and sexual abuse in Northern Ireland and to determine what impact the strategy is making. Many were also of the view that data needs to be published, in accordance with data protection requirements, to demonstrate whether this indicator is being met. There were specific calls for a

commitment to collecting new, disaggregated data including the reporting and monitoring of all section 75 groups.

**Review of action plans and performance indicators on a regular basis by all partners to ensure progress is made.**

In total, **51** respondents answered part (a) with the majority, **80%**, indicating that they agreed with this as a potential indicator.



This was considered to be an important indicator by many with the need for reviews of action plans to be published for transparency and evaluation.

Respondents were of the view that we cannot know we are making a difference without setting out a structured plan, identifying funding (multi-year budgets) and who has responsibility for taking forward actions as well as co-ordinating work.

***Joint departmental response***

The consultation exercise has confirmed that there is broad support for the Partnership Pillar. Overall feedback suggests that the outcomes and key priority areas set the right direction of travel with the majority viewing effective partnership working as key to success.

Both departments acknowledge and appreciate the important role the statutory, voluntary and community sectors play in tackling domestic and sexual abuse. We are cognisant of the challenges faced by organisations and very much appreciate their ongoing engagement.

We also fully recognise the need for victims' voices, including children and young people, to be at the centre of the strategy document and its delivery, and acknowledge that additional information is required to demonstrate how this will be delivered in practice. We would welcome further engagement on this with specialist organisations. This work will include rebalancing the narrative to send out a stronger message that victims of domestic and sexual abuse will be heard and listened to and that help and support is available.

We note the comments made about the need to be clearer on who our delivery partners are both within and outside government and to truly work collaboratively. We will revise the draft strategy to clarify further the role of the Department for Communities and the Department of Education. . Whilst it is the responsibility of different departments to address the issues that fall within their own remit, we

recognise the need to draw greater linkages and will set this out more clearly in the final draft. We will also better reflect the continuing need for a multi-agency approach to tackle domestic and sexual abuse as seen through the work of the Local Domestic and Sexual Violence Partnerships.

We also welcome the comments provided in the “How will we know if we are making a difference” section which will inform the development of a strategic performance framework, including a final set of indicators, with data to play an important role in that work.

More generally, we will review the pillar’s content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

## QUESTION 6

### Do you agree with the outcome and key priority areas identified under Pillar 2 (Prevention) and how will we know we are making a difference?

For each outcome, key priority area and initial indicator (how we will know if we are making a difference), respondents were asked to:

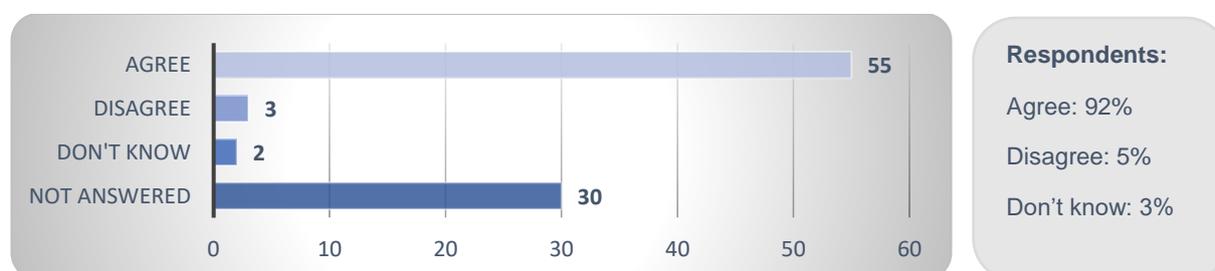
- Select one of the following options: Agree, Disagree, Don't know; and
- Add any comments in the text box provided.

This section looks at each in turn setting out the quantitative analysis (how many answered 6(a)) and the qualitative analysis of the comments added to the text box provided for question 6(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments); as well as feedback received during the consultation events.

## OUTCOME:

### The public is informed about the different types of domestic and sexual abuse and its impact on victims including children.

In total, **60** respondents answered part (a) with the majority, **92%**, indicating that they agreed with the proposed outcome.



The focus on prevention and early intervention was strongly welcomed in this pillar. Prevention was viewed by many as key to tackling domestic and sexual abuse requiring extensive public awareness and communication work to educate the public on its impact and to change attitudes. The need for new legislation and policy, to be more visible to the public was also noted.

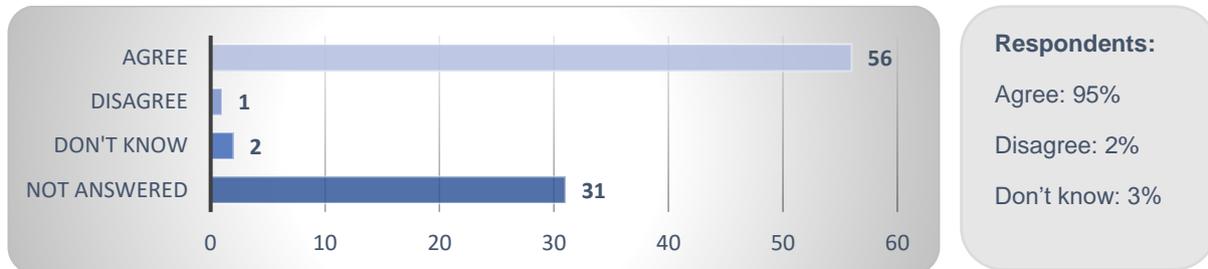
Some suggested changes to the wording of the outcome including:

- “Increased public awareness of domestic and sexual abuse, including an increased understanding of the varied forms that this can take.”
- “We will prevent domestic and sexual abuse from happening by challenging the attitudes and behaviours that foster it and intervening early where possible to prevent it.”

## KEY PRIORITY AREA:

### **Raising awareness, so that those experiencing, or at risk of experiencing domestic and sexual abuse, recognise it and know that help is available.**

In total, **59** respondents answered part (a) with the majority, **95%**, indicating that they agreed with the proposed key priority area.



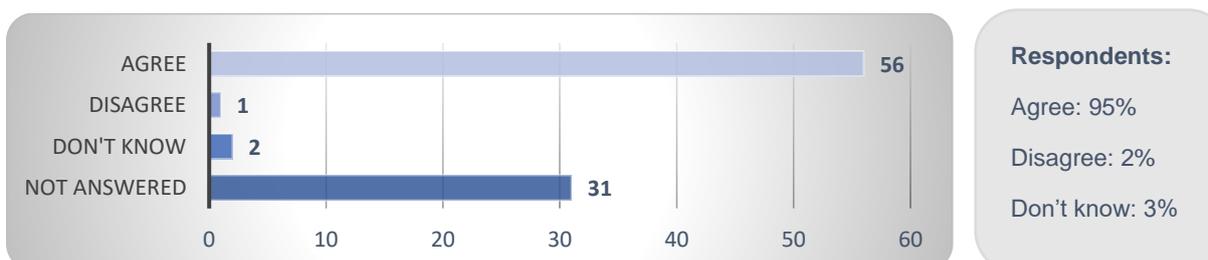
Respondents generally agreed with the need to raise awareness of domestic and sexual abuse, its impact and how to get help and support. There was a note of caution about the focus being mainly on web-based or digital information. Whilst an important vehicle, there were concerns that accessing information online could be more difficult for people with a disability, literacy difficulties, or unstable internet access. The use of trusted spaces, such as Women's Centres was recommended. There were also views that more awareness raising is needed around how digital technology can be used to perpetrate abuse.

Some respondents were of the view that campaigns should be co-developed with specialist organisations and tailored to represent the diverse backgrounds and experiences of domestic and sexual abuse, with consideration given to children and young people, the LGBTQIA+ community, male victims, minority ethnic communities older people and people with a mental disorder or learning disability.

A number advised that whilst raising awareness is important, it can also result in services seeing an influx of referrals. Without additional funding to build capacity, people are less likely to receive timely support and have less confidence about coming forward. There was also a view that resourcing should be made available to support groups who are working directly with the community on raising public awareness.

### **Empowering people to safely challenge attitudes, beliefs and behaviours that foster domestic and sexual abuse.**

In total, **59** respondents answered part (a) with the majority, **95%**, indicating that they agreed with the proposed key priority area.

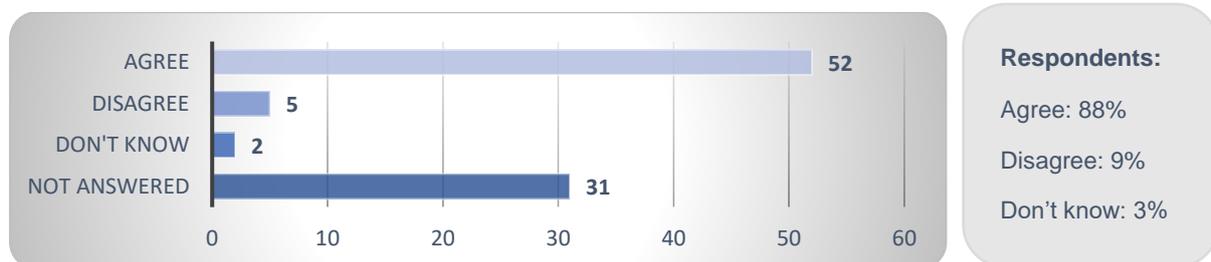


Again, there was broad support for this key priority area with views that public awareness is not enough on its own; and that attitudes of “best not get involved” and victim blaming must be changed. Some were disappointed that an action plan was not included to detail how this priority will be taken forward and what resources will be available. Others recommended the bystander approach as having potential to deliver in this area, strengthened with political and civil leadership.

## OUTCOME:

### *An increase in the knowledge and skills of children, young people and adults about forming healthy relationships.*

In total, **59** respondents answered part (a) with the majority, **88%**, indicating that they agreed with the proposed outcome.



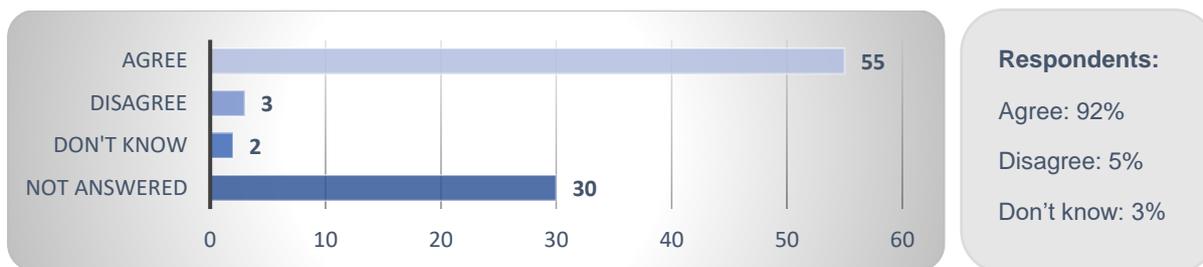
The majority of respondents were of the view that more needs to be done to help children, young people and adults understand what a healthy relationship looks like.

In relation to children and young people, the majority commented on the need for Relationship and Sexuality Education (RSE), which is covered in the next key priority area. Some were also of the view that more needs to be done to reach out to young people using communication channels they are familiar with (TikTok, Instagram, Snapchat etc.). In relation to adults, some thought there should be more investment in behavioural change programmes.

## KEY PRIORITY AREA:

### *Supporting the education sector to build capacity, knowledge and skills to promote understanding about consent and healthy relationships and to teach about sensitive subjects such as domestic and sexual abuse, in an age appropriate and inclusive way, across schools and other youth settings, training facilities, Further Education Colleges and Universities.*

In total, **60** respondents answered part (a) with the majority, **92%**, indicating that they agreed with the proposed key priority area.



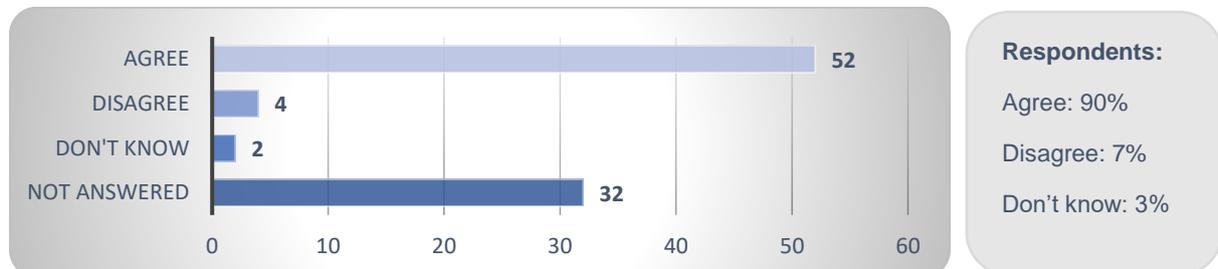
There was a wide range of comments in relation to this key priority area which often related to the strategy's implementation: For example:

- A bold education strategy is needed.
- Schools need guidance and teachers need skills and knowledge in this area.
- There should be comprehensive, high-quality, standardised RSE that takes account of the full range of relationships.
- Reform the Education (Minimum Content) Order (Northern Ireland) 2007.
- There is a role for all youth organisations. There are many children's activities that happen in and out of school settings, e.g. youth/community clubs, groups for primary age, sporting organisations, faith groups etc.
- Provide a safe space for young people and young adults to explore issues they may be experiencing.
- Outreach to parents is important so that they are equipped to help support their children and are trained in online safety.
- This discussion needs broadened to include issues such as the impact of substance misuse.
- The need to engage with students about consent.
- There is an insufficient focus on the experiences of and barriers faced by children and young people.
- The strategy should address harmful sexual behaviour in children and young people and record data on this.
- There needs to be full implementation of the recommendations contained within the Gillen Review, with a clear timeline.
- Consider the Barnahus model which could act as a centre of excellence for training professionals.
- Consider bystander training and peer to peer mentoring programmes.
- Training for justice professionals must include guidance on working with children.

## OUTCOME:

### *Domestic and sexual abuse is identified and responded to earlier.*

In total, **58** respondents answered part (a) with the majority, **90%**, indicating that they agreed with the proposed key priority area.

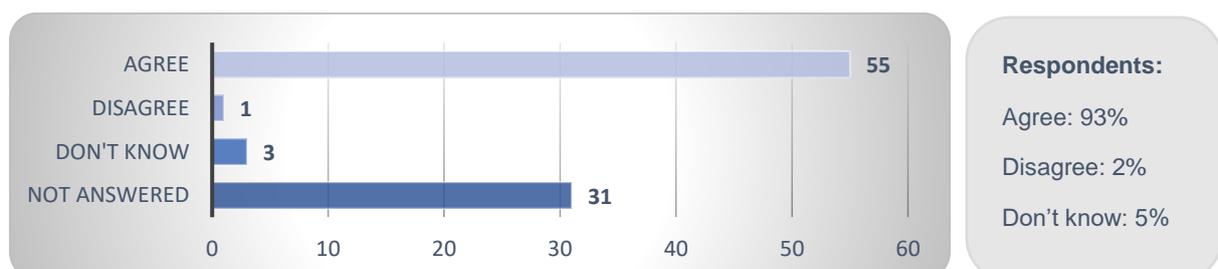


Respondents were generally in agreement that we must get better at identifying domestic and sexual abuse at the earliest opportunity. Many respondents highlighted how victims with protected characteristics can face additional barriers to identifying, disclosing, seeking help or reporting abuse. It is therefore important that a wide range of agencies and bodies are able to identify victims and know how to provide the right response.

## KEY PRIORITY AREA:

### *Enabling people working in frontline and public-facing roles to identify and respond effectively to domestic and sexual abuse at the earliest opportunity.*

In total, **59** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.



The majority of respondents felt that frontline and public facing roles must be supported to identify those at risk and offer an appropriate, safe and consistent response. A wide range of comments were provided in relation to this, for example:

- Ensure the right response, by the right people, at the right time and in the right way.
- The e-learning package developed by the Department of Justice (in conjunction with expert stakeholders) should be made available beyond the public sector.
- Specialist trauma-informed training across society, that recognises the barriers faced by different groups (including intersectional needs), could help to reduce barriers to disclosure. There were particular references to police, courts, social

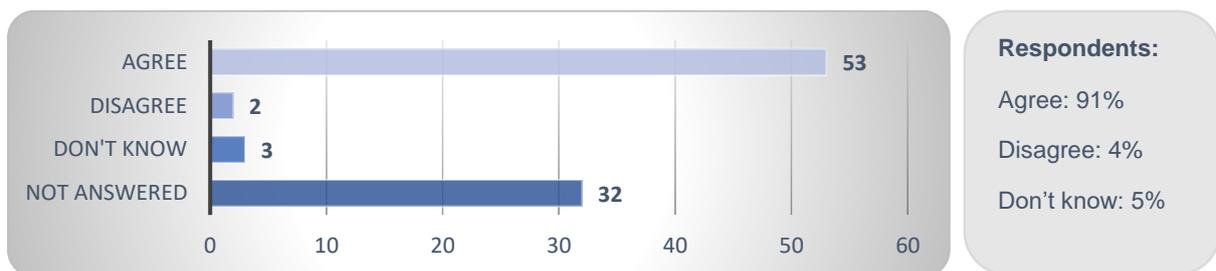
services, nurses, ambulance service, allied health professionals, mental health practitioners, primary care, workplaces, housing, faith-based organisations, sports clubs, the beauty industry and night-time economy.

- The need to educate those in front-line roles to recognise abuse in victims with speech, language and communication needs where there is an elevated risk.
- The need to provide funding for organisations to deliver and take part in training.
- Establish clear priorities for public sector agencies, including routine enquiry in health and social care settings.
- Introduce the Ask for Ani code word scheme in all pharmacies as well as the retail industry.
- Work with Hospitality Ulster to extend Ask for Angela across pubs and clubs in Northern Ireland and consider extending to taxi and bus drivers.

### KEY PRIORITY AREA:

**Supporting employers in the public, private and other sectors to make workplaces safer by raising awareness of domestic and sexual abuse and promoting workplace policies with effective measures to support staff.**

In total, **58** respondents answered part (a) with the majority, **91%**, indicating that they agreed with the proposed key priority area.



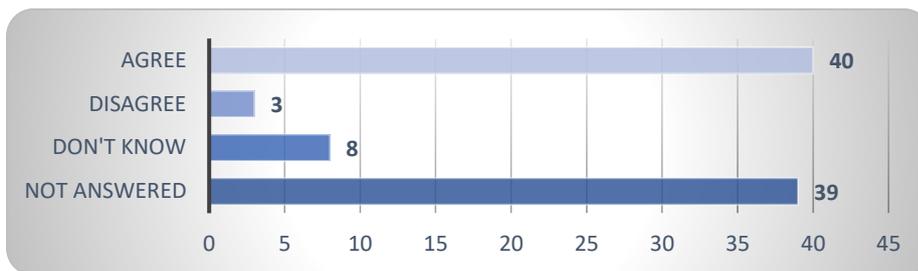
Many respondents recognised that domestic and sexual abuse can impact greatly on the working life of someone who is a victim and generally welcomed this key priority area, pointing to existing legislation and the duty of care placed on employers. However, some felt that it lacked focus and that it should be mandatory for employers to have a workplace policy on domestic and sexual abuse (replace “supporting” with “requiring”) with associated training. It was suggested that guidance for employers is introduced providing a template.

The introduction of statutory paid domestic abuse leave under the Domestic Abuse (Safe Leave) Act (Northern Ireland) 2022 was also welcomed but some respondents noted their disappointment that it hasn't come into force yet and recommended that it is referenced in the strategy, along with a commitment to ILO Convention No. 190 (Eliminating Violence and Harassment in the World of Work).

### HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?

**Public awareness of domestic and sexual abuse.**

In total, **51** respondents answered part (a) with the majority, **78%**, indicating that they agreed with the proposed key priority area.

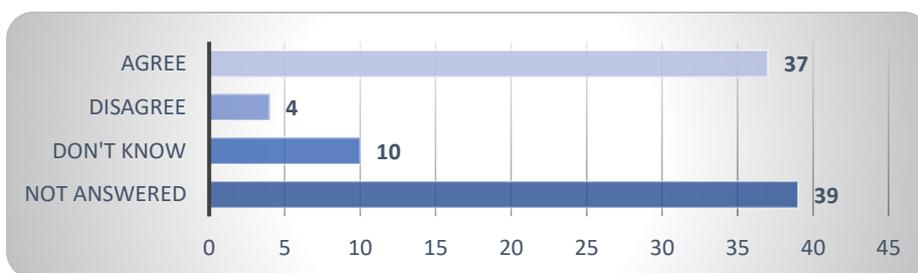


**Respondents:**  
 Agree: 78%  
 Disagree: 6%  
 Don't know: 16%

It was noted that this would require some measurement of current awareness levels followed by a dedicated public awareness programme, with another measurement at the end of the strategy's life. The Northern Ireland Life and Times Survey was suggested.

**Increased reporting of domestic and sexual abuse.**

In total, **51** respondents answered part (a) with the majority, **72%**, indicating that they agreed with the proposed key priority area.

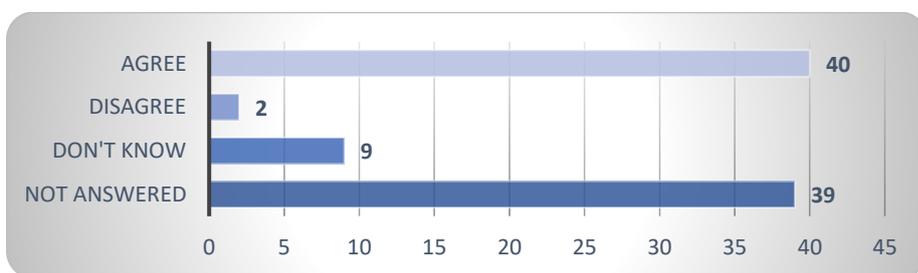


**Respondents:**  
 Agree: 72%  
 Disagree: 8%  
 Don't know: 20%

It was questioned whether the use of targets would be appropriate or if reporting could be measured against comparative levels in other parts of the UK.

**Prevention initiatives supporting individuals to develop healthy relationships.**

In total, **51** respondents answered part (a) with the majority, **78%**, indicating that they agreed with the proposed key priority area.



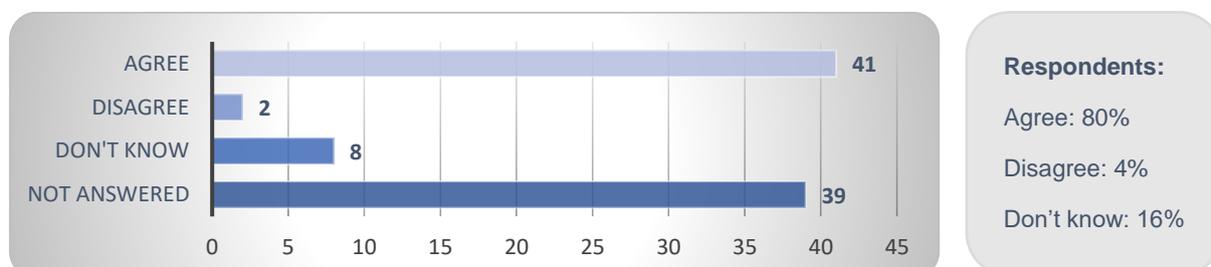
**Respondents:**  
 Agree: 78%  
 Disagree: 4%  
 Don't know: 18%

Additional measures were proposed:

- An increased number of students trained in healthy relationships.
- The introduction of mandatory consent training for students.
- Children and young people's access and participation in appropriate RSE programmes.

### Referrals from a wider range of agencies to MARAC and domestic and sexual abuse services.

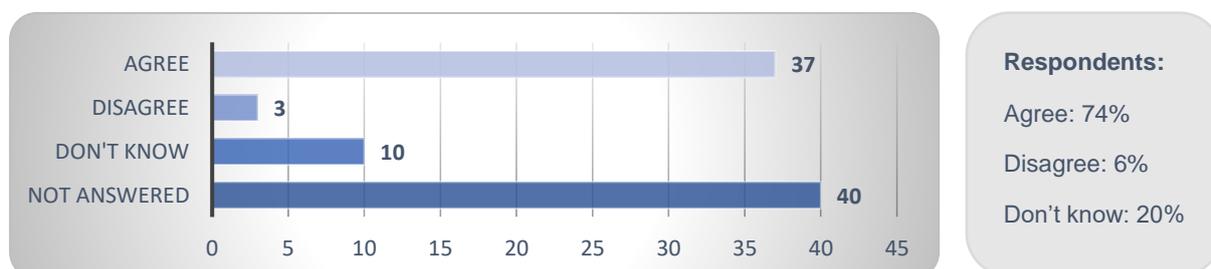
In total, **51** respondents answered part (a) with the majority, **80%**, indicating that they agreed with the proposed key priority area.



Additional comments largely related to concerns about the impact of increased referrals on services and the need for additional funding to build capacity (as noted previously).

### Domestic abuse is recognised as a workplace issue.

In total, **50** respondents answered part (a) with the majority, **74%**, indicating that they agreed with the proposed key priority area.



It was questioned whether this is an appropriate measure. An alternative suggestion was an increased number of workplaces providing training on domestic and sexual abuse and an increased number of workplaces that have a domestic and sexual abuse policy in place, in conjunction with trade unions. Another suggestion included an increased number of workplaces, schools and community centres providing education and bystander intervention sessions on domestic and sexual abuse.

### Joint departmental response

The consultation exercise has confirmed that there is broad support for the Prevention Pillar. Overall feedback suggests that the outcomes and key priority areas within this pillar set the right direction of travel to strengthen our preventative work over the next seven years.

We note the strength of feeling that respondents have in relation to Relationships and Sexuality Education (RSE) which will be shared with the Department of Education. The need to support the education sector to build capacity, knowledge and skills to promote understanding about consent and healthy relationships and to teach about

sensitive subjects such as domestic and sexual abuse, in an age appropriate and inclusive way, is a key priority area of the Prevention Pillar. We will work closely with partners in the Department of Education and the Department for the Economy (in relation to Further Education) to develop actions to progress this area.

We acknowledge the opportunity to support victims of domestic and sexual abuse in the workplace and will build on existing work in this area with the Department for the Economy. We will continue to engage with the Department for the Economy in relation to the provision of safe leave and agree that safe leave should be referenced within the draft strategy. We are grateful to those who have brought this to our attention.

The majority of other suggestions related to the pillar's implementation, particularly in relation to awareness raising and training, and possible indicators to help us measure if the strategy is making a difference. This feedback will help to shape future action plans and the strategic performance framework, currently being progressed.

More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

## QUESTION 7

### Do you agree with the outcome and key priority areas identified under Pillar 3 (Support) and how will we know we are making a difference?

For each outcome, key priority area and initial indicator (how we will know if we are making a difference), respondents were asked to:

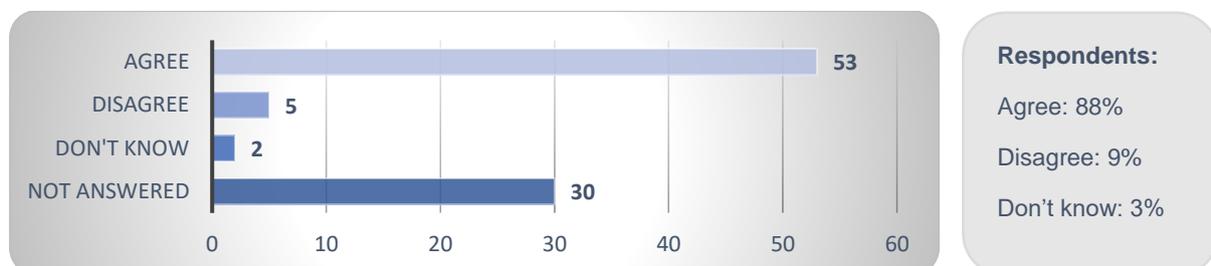
- Select one of the following options: Agree, Disagree, Don't know; and
- Add any comments in the text box provided.

This section looks at each in turn setting out the quantitative analysis (how many answered 7(a)) and the qualitative analysis of the comments added to the text box provided for question 7(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments); as well as feedback received during the consultation events.

## OUTCOME:

### Victims including children are supported and feel safe regardless of diversity of need.

In total, **60** respondents answered part (a) with the majority, **88%**, indicating that they agreed with the proposed outcome.



There was broad support for a pillar focusing on supporting victims of domestic and sexual abuse and support services. Most respondents welcomed children being named in the outcome and key priority areas.. It was considered that support for children should be timely, adequately funded and tailored. Many respondents suggested a separate pillar to address the impact of domestic and sexual abuse on children and young people (see analysis at question 4). It was also suggested that this pillar should include a commitment to identify communication needs, to support accessibility, participation and recovery.

A number of respondents identified a shared responsibility among all partners to provide support within the health and social care, and the justice sector. It was suggested that an assessment of current services be undertaken, including how they are interlinked. It was also suggested that victims should be provided with information about services in accessible formats.

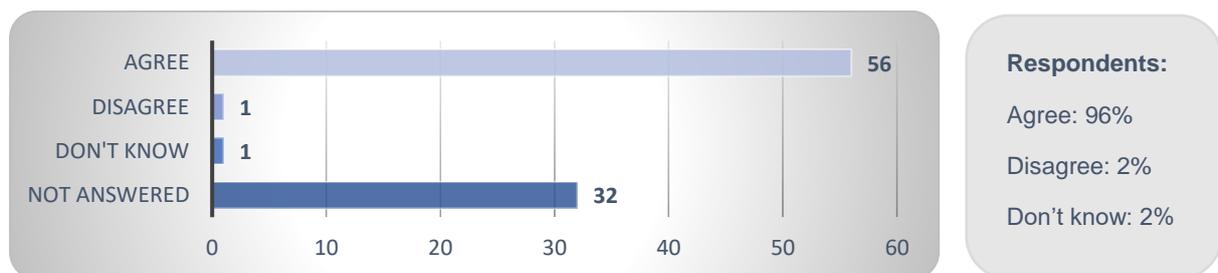
There were also individual suggestions to the wording of the outcome:

- “We will ensure all victims of domestic and sexual abuse, including children, can access services supporting them to recover and rebuild their lives.”
- “An integrated system of mainstream, specialist and third sector services that are high quality, continually improving, efficient and meet the intersectional needs of victims, including children”.
- The language of “including children” should be used throughout the strategy, rather than “and their children”.

### KEY PRIORITY AREAS:

**Providing support for victims, including children, as well as wider family, to reduce the risk and impact of abuse; recover from trauma and improve their health and well-being; and engage in the justice system in a way that ensures they feel protected and safe.**

In total, **58** respondents answered part (a) with the majority, **96%**, indicating that they agreed with the proposed key priority area.



There was broad agreement with a focus on support for victims, including a trauma informed approach and engagement in the criminal justice system. It was also considered beneficial that this would extend to wider family, given the impact on them as well.

A significant number of respondents recommended a trauma-informed child-centred approach to strategy development, implementation and delivery of support services. It was considered that clear trauma-informed practices should be outlined and implemented at the outset to avoid and limit re-traumatisation.

Many respondents expressed concern about time taken to access support, exacerbated by resource pressures and lack of funding. Respondents also noted a lack of information on available support and asked that awareness about support services be raised through media/social media.

A greater focus on tailored support for child victims was called for, including a Child House ‘Barnahus’ type model; advocacy services for children; plus increased funding for ASSIST NI. Other suggestions included referral pathways and piloting Domestic Abuse Safety and Support workers in all Emergency Departments and Maternity Services; expanding the Identification and Referral to Improve Safety (IRIS) primary care project; plus expanding Sexual Offences Legal Advisors remit to provide them

with a right of audience at court and the extension of the scheme to domestic abuse victims. Some respondents also highlighted the need to take account of lived experience of criminal justice system engagement to inform best practice. It was suggested that Operation Encompass, and in school support, needs to be appropriately provided within special educational needs settings.

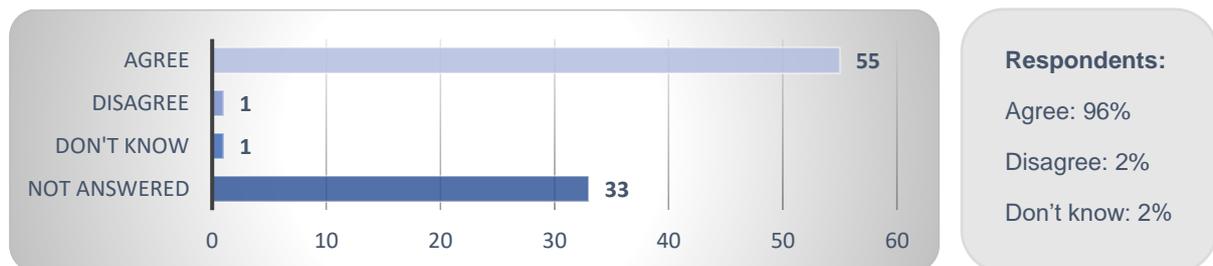
For victims and survivors to engage fully in the criminal justice system respondents stated that they need to have confidence in the system and feel supported. Many respondents thought additional support is needed during the criminal justice process for particular groups of victims, for example, older people, children, male and female, the LGBTQIA+ community, minority ethnic communities and disabled people.

The need for social, economic and trauma support services was noted as well as the need to include multi-disciplinary teams with specialised mental health services and therapeutic interventions. A number of respondents asked for wider support around substance misuse. Some asked that help is given to family and friends who support victims of abuse, as well as those linked to the abuser, and not just the 'direct' victims. It was also highlighted that services need to be victim-centred and should provide support for all of a victim's journey, including after court.

One respondent suggested that the wording of the key priority be revised to "Consider and identify the needs of victims including children, and provide accessible support for them, as well as wider family ...." It was also suggested that there should be a commitment to sustained and long-term support for all victims who require it.

**Ensuring there is a focus on tackling sexual abuse, including the sexual abuse of children and young people, and providing specialist support for victims.**

In total, **57** respondents answered part (a) with the majority, **96%**, indicating that they agreed with the proposed key priority area.



It was considered important that the strategy focus on tackling sexual abuse, as well as reflecting that this can form part of an intimate relationship in a domestic abuse context and can equally occur outside a domestic setting. There was a particular welcome for the focus on children and young people in tackling sexual abuse.

A number of comments were made in relation to this key priority area, including:

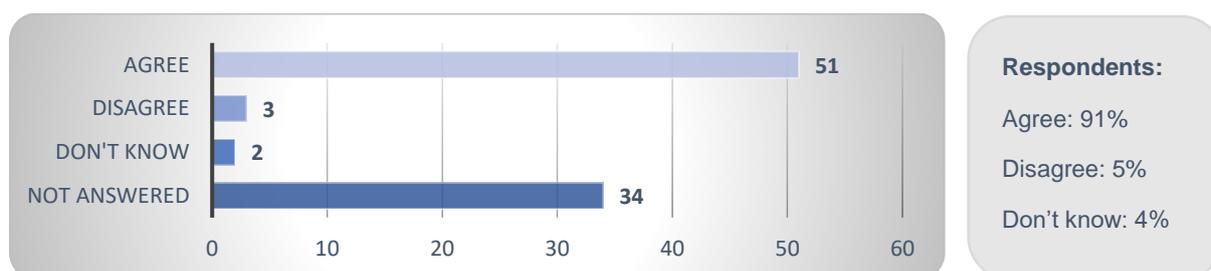
- Consider how best to provide specialist support to children and fully resource this.
- The need for long-term, sustainable funding to continue, develop and extend rape crisis support services.

- Due to stigma, men experiencing sexual abuse may be reluctant to come forward, and specialised support needs to be in place.
- A strategy tackling both domestic and sexual abuse together may mask opportunities to identify and support child victims.
- Specialist support services are already at capacity and need additional resources.

A similar key priority area was suggested for domestic abuse, with calls for an obligation on government to provide specialist domestic abuse support services. It was also suggested that “specialist support for victims” be expanded to specifically recognise children, migrant, ethnic minority, LGBTQIA+, disabled, elderly and rural communities. It was considered that there should be an additional priority area of “Providing a holistic package of support for victims’ health, emotional, economic, and social needs, including assistance with accessing housing, benefits, legal aid, healthcare and immigration advice”.

**Enabling services to better understand intersectional needs of individuals to ensure victims get the responses and support they need.**

In total, **56** respondents answered part (a) with the majority, **91%**, indicating that they agreed with the proposed key priority area.



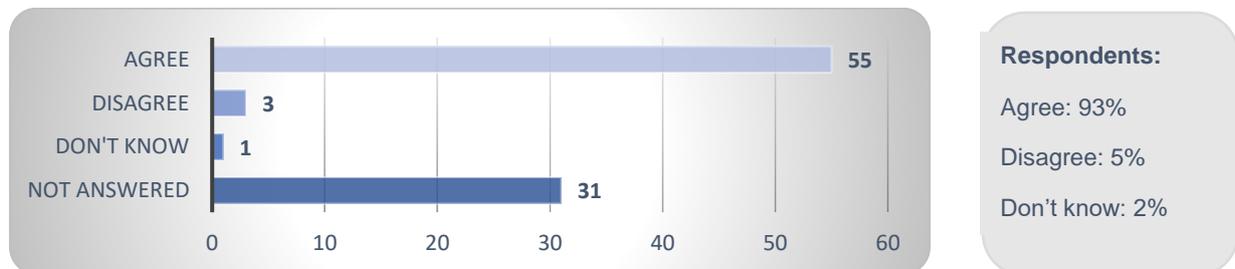
It was considered important that the strategy acknowledges the multiple needs of some victims with most respondents advocating for tailored provision of support services to meet the specific, intersectional needs for different ‘at risk’ groups including children, women, men, disabled people, minority ethnic groups, LGBTQIA+ individuals, immigrants and refugees. Some suggested independent advocates for these groups, to help facilitate their engagement with the justice system. Other groups identified as needing specialised support were disabled people, individuals with communication difficulties, older people and those living in rural areas.

Concern was expressed that the strategy does not effectively deal with the needs of women and girls, while others stated that it does not meet the needs of men and boys. A number of respondents highlighted gaps in the provision of mental health and trauma support, plus a need for support when one parent withholds a child from another parent regardless of gender (which some respondents referred to as parental alienation). Another additional priority area of “Achieving a regional balance in service provision” was suggested.

## OUTCOME:

### All victims of domestic abuse including children can access safe accommodation-based services.

In total, **59** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed outcome.

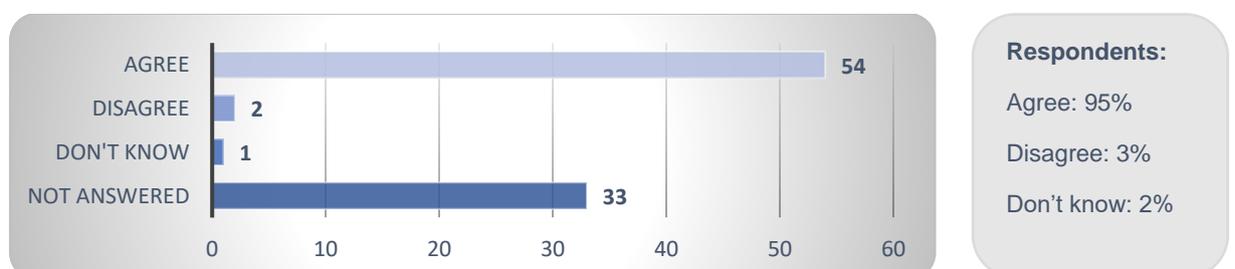


The focus on enabling access to accommodation-based services was welcomed. A number of respondents felt that there was a lack of provision for specific groups in society, particularly in relation to support for male and LGBTQIA+ victims of domestic abuse, those with intersecting section 75 needs and of older teenage male children. Some respondents stated that Supporting People funded services such as refuge and floating support should be available for all children and young people. Others stated that there was a need for increased services for women, while similar comments were made in relation to men. Respondents asked that the Department for Communities and the Northern Ireland Housing Executive work alongside key stakeholders, and have more strategic involvement in the strategy, with a call for substantial funding to address these challenges. A number of respondents did not appreciate that the Department for Communities is part of the current strategy's governance framework.

## KEY PRIORITY AREAS:

### Ensuring all victims and their children can access accommodation that is safe and appropriate to their needs and circumstances.

In total, **57** respondents answered part (a) with the majority, **95%**, indicating that they agreed with the proposed key priority area.



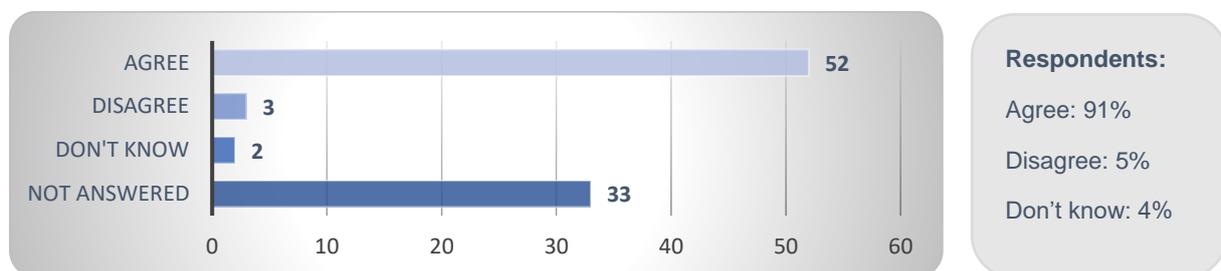
The responses for this question overlapped with the responses to the outcomes question, reflecting on the needs of different 'at risk' groups of victims. The comments made there are also relevant here. A focus on provision of accommodation meeting the needs of victims was welcomed.

However, a number of respondents thought there was a lack of funding for the provision of safe accommodation for victims and their children, and in particular male victims, highlighting the correlation between homelessness and domestic abuse. There were considered to be wider issues around access to affordable housing, sufficient social housing, secure tenancies, crisis accommodation and refuge services, each needing greater focus in the strategy. Respondents also stated a need for accommodation services and support for those with no recourse to public funds, with some stating that access to a crisis fund be maintained. Some noted that only around 10% of refuge spaces in the UK for d/Deaf and disabled people are accessible for disabled people with physical impairments. It was also suggested that there be crash facilities for those in the LGBTQIA+ community and appropriate longer-term support.

Some respondents were also of the view that the services provided to children need to be age appropriate and tailored to their needs. It was also considered by some that the scope of the Department for Infrastructure’s free public transport scheme<sup>1</sup> should be extended.

**Supporting victims of domestic abuse to remain safely in their home if they want to and it is safe to do so.**

In total, **57** respondents answered part (a) with the majority, **91%**, indicating that they agreed with the proposed key priority area.



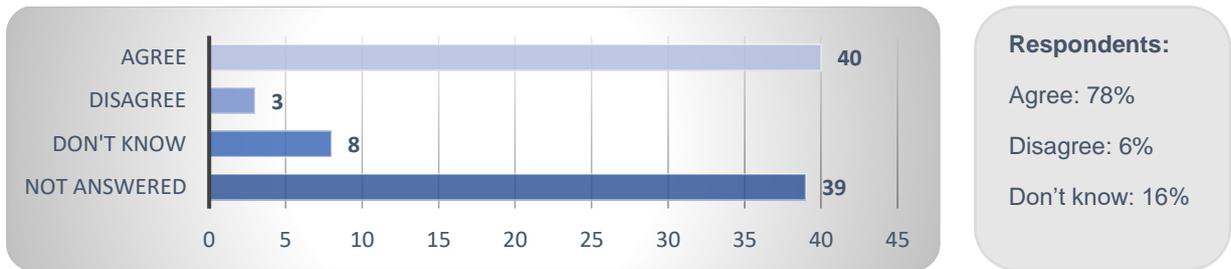
Respondents stated that the current law does not enable victims to stay safely in their own homes, with the victim (rather than the perpetrator) often having to leave their home (see also the Justice key priority area on protection). It was considered important that victims should be able to stay in their home when they want to, with support for additional, strengthened measures to do so, including being able to apply for protection orders.

**HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?**

**Victims of domestic and sexual abuse access support.**

In total, **51** respondents answered part (a) with the majority, **78%**, indicating that they agreed with the proposed indicator.

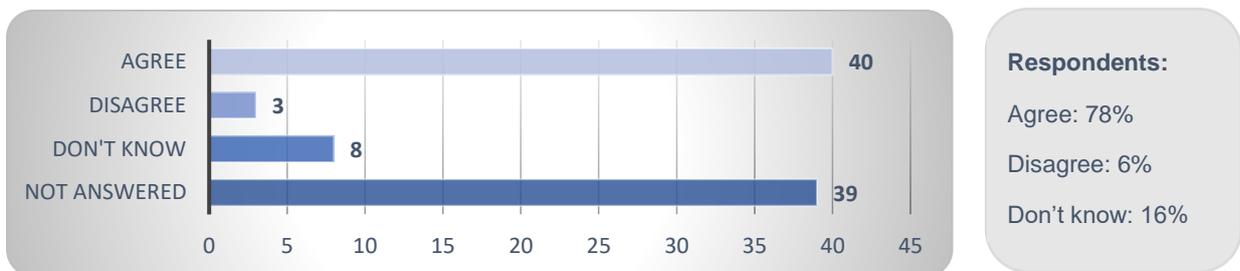
<sup>1</sup> Currently available in in cases where refuge or emergency accommodation has been arranged through the 24 Hr Domestic and Sexual Abuse Helpline, the Northern Ireland Housing Executive or Women’s Aid.



It was suggested that the term “access support” is too vague and should be strengthened. In addition, it was suggested that reference be made to “all victims” and “access quality services” rather than “access support”. Also that the indicator be “Increased number of victims of domestic and sexual abuse accessing support and report an increased satisfaction rate with support services”.

**Learning from the experience of victims to inform best practice.**

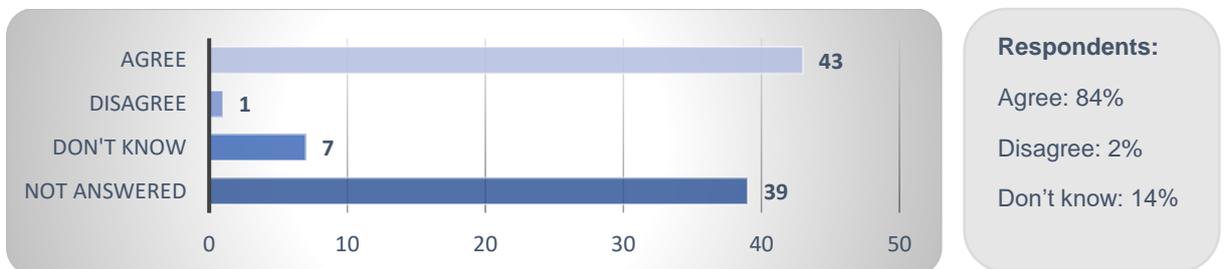
In total, **51** respondents answered part (a) with the majority, **78%**, indicating that they agreed with the proposed indicator.



One respondent questioned how learning from victims would be sought and subsequently used. It was suggested that a more suitable measure of success would be “Improved data collection around victim experience”.

**Provision of services.**

In total, **51** respondents answered part (a) with the majority, **84%**, indicating that they agreed with the proposed indicator.

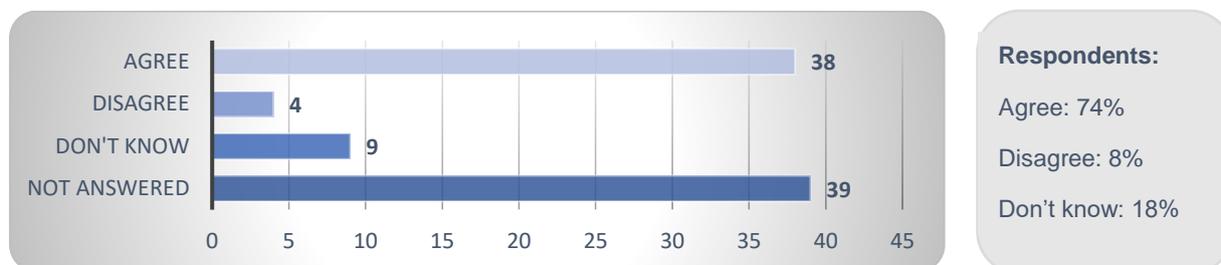


A number of respondents expressed concern around provision of services as a measure of success, noting the absence of a target. It was suggested that a more appropriate indicator would be the time taken to avail of support services. Alternative wording was suggested “Geographically equitable provision of services, including specialist services for children, migrant, ethnic minority, LGBTQIA+, disabled, elderly

and rural communities”.

### **Fewer victims of domestic and sexual abuse withdraw from the criminal justice process.**

In total, **51** respondents answered part (a) with the majority, **74%**, indicating that they agreed with the proposed indicator.



It was suggested that it would be helpful to understand the scale of the reduction in the rates of attrition. An additional measure of “A decrease in the numbers of victims and survivors turned away from refuges” was also suggested.

### ***Joint departmental response***

The consultation exercise has confirmed that there is broad support for the Support Pillar. Overall feedback suggests that the outcomes and key priority areas set the right direction of travel but that the support needs of children and young people should be addressed in a separate pillar; and the strategy should be strengthened to recognise the support needs of different ‘at risk’ groups (see analysis and joint departmental response at question 4).

We note that the majority of respondents reflected on the importance of having tailored support for victims; and support services that are victim centred, informed by lived experience. We also note the suggestions related to the pillar’s implementation, particularly in relation to funding, awareness raising, and the need to evaluate and consider further roll out of pilots, for example, which will inform the development of future action plans

In relation to accommodation-base services, we will engage further with the Department for Communities (and the Northern Ireland Housing Executive) to identify how the strategy can more clearly reflect their role and the link between homelessness and domestic abuse.

More generally, we will review the pillar’s content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

We also welcome the comments provided in the “How will we know if we are making a difference” section, which will also help to shape future action plans and the strategic performance framework, currently being progressed.

## QUESTION 8

***Do you agree with the outcomes and key priority areas identified under Pillar 4 (Justice) and how we will know we are making a difference?***

For each outcome, key priority area and initial indicator (how we will know if we are making a difference), respondents were asked to:

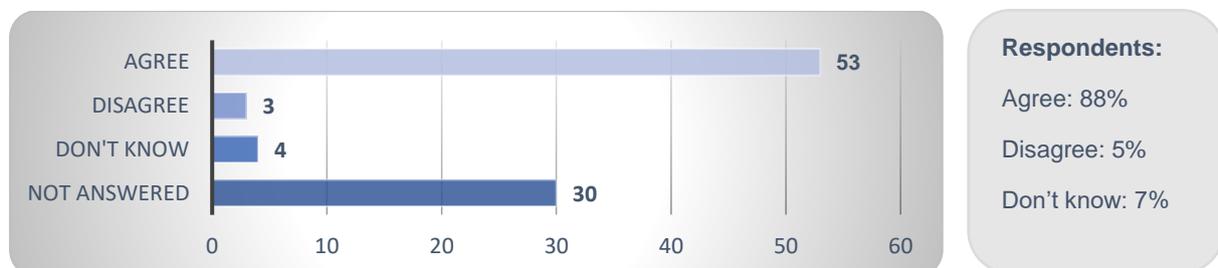
- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

This section looks at each in turn setting out the quantitative analysis (how many answered 8(a)) and the qualitative analysis of the comments added to the text box provided for question 8(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments); as well as feedback received during the consultation events.

### OUTCOME:

***Individuals are responsible for their abusive behaviour, are held to account and supported to change, with the risk of harm reduced and victim safety enhanced.***

In total, **60** respondents answered part (a) with the majority, **88%**, indicating that they agreed with the proposed outcome.

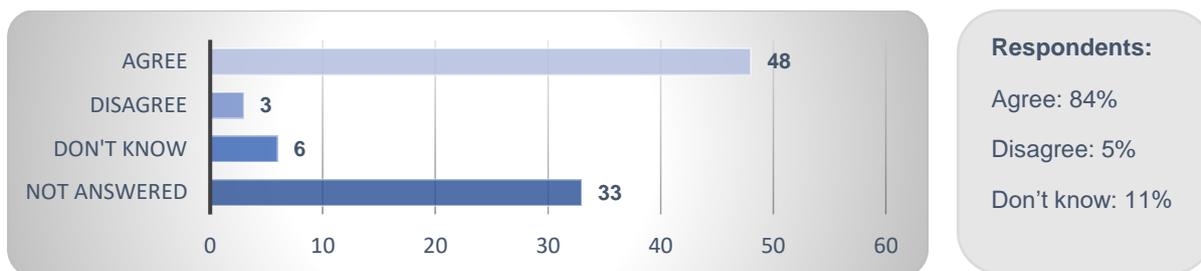


There was support for the pillar as well as concerns as to the extent to which it would be delivered, how attrition rates would be tackled and how victims would be supported to ensure their engagement in the criminal justice system.

### KEY PRIORITY AREAS:

***Supporting individuals to address and manage their abusive behaviours and sustain positive change.***

In total, **57** respondents answered part (a) with the majority, **84%**, indicating that they agreed with the proposed key priority area.



There was support for an approach to address abusive behaviours, with positive engagement in behavioural change programmes seen as key to a successful outcome.

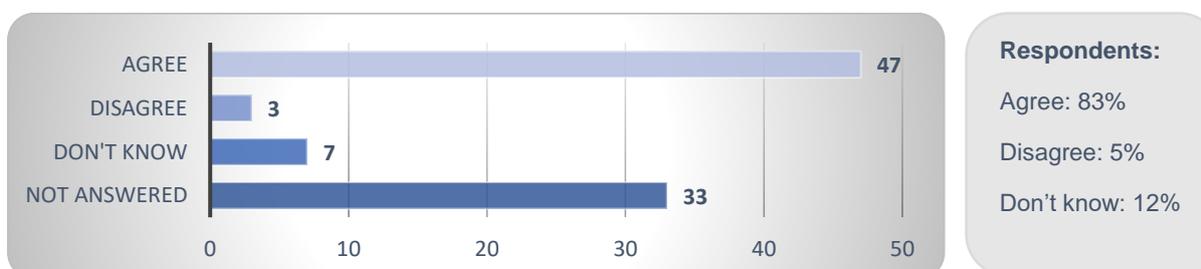
Comments made in relation to this key priority area included:

- A need for increased focus on perpetrator programmes in the draft strategy, with a change in attitudes, behaviours and beliefs of perpetrators key.
- Behavioural change programmes are needed for both males and females.
- Establish the scale of behavioural change programme numbers needed, with a commitment to a balance of service provision across Northern Ireland.
- Consider measures to address sexually abusive behaviours, including effective therapeutic and rehabilitative interventions for children.
- Support for the problem solving justice approach, which should be extended.
- Participation in programmes should not be a reward or be used to evade punishment.
- Courses/programmes should be undertaken at the earliest opportunity.
- A need for ongoing engagement with partners to manage risk.
- The benefit of pilot schemes, plus the need for resourcing and evaluation.
- Action needed to reduce harm by addressing alcohol and substance misuse.
- A need for services offering intervention, or helpline access, for abusers.

It was suggested that this key priority area reference “at the earliest opportunity”.

**Encouraging individuals to change their abusive behaviour by removing barriers to participation.**

In total, **57** respondents answered part (a) with the majority, **83%**, indicating that they agreed with the proposed key priority area.



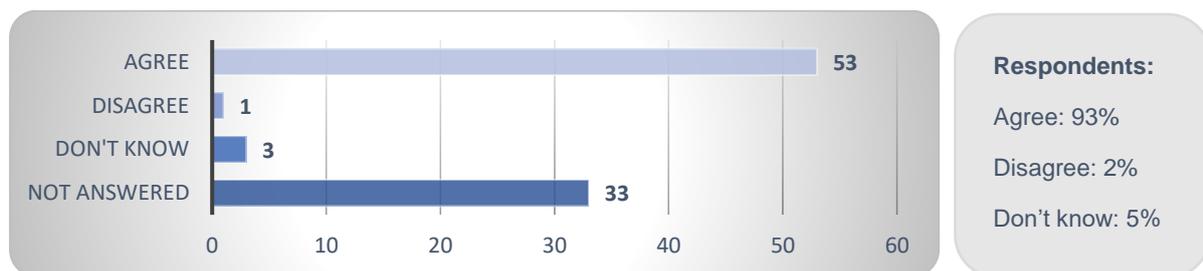
Some respondents called for clarity on this key priority area stating that barriers to participation should be named. Respondents felt that those demonstrating abusive behaviour must take responsibility for their actions however consideration should also

be given to those abusers with other needs, for example, learning difficulties. The range of factors should be considered in the provision of different types of education/prevention programmes.

It was suggested that this key priority area include reference to “identifying and supporting communication needs”.

**Working collaboratively to target the most prolific offenders, improving risk assessment and management.**

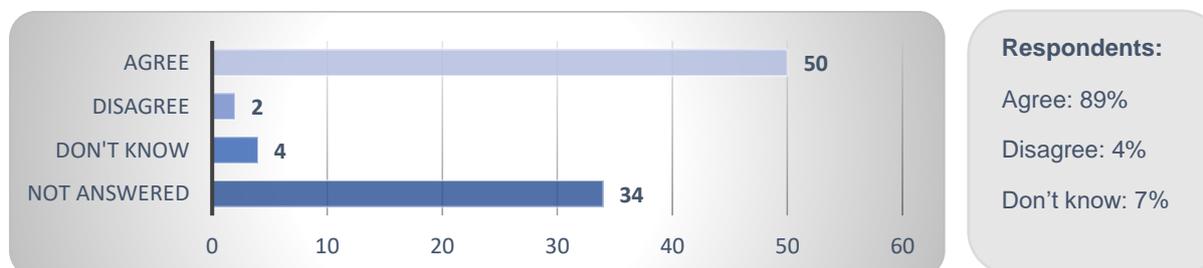
In total, **57** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.



Some questioned the use of the term prolific, which is intended to reflect a focus on the most serious and repeat offenders, and asked that domestic abusers be treated as high risk repeat offenders. It was suggested that Multi Agency Risk Assessment Conference (MARAC) processes should focus on both victims and perpetrators, plus Public Protection Arrangements (PPANI) should consider management of domestic abuse offenders. One response also noted that the DASH scale was developed to assess significant harm to women and that a more comprehensive risk assessment tool should be used to assess risk for all victims of domestic and sexual abuse.

**Providing integrated safety and support structures for victims where programmes to address abusive behaviours are undertaken.**

In total, **56** respondents answered part (a) with the majority, **89%**, indicating that they agreed with the proposed key priority area.

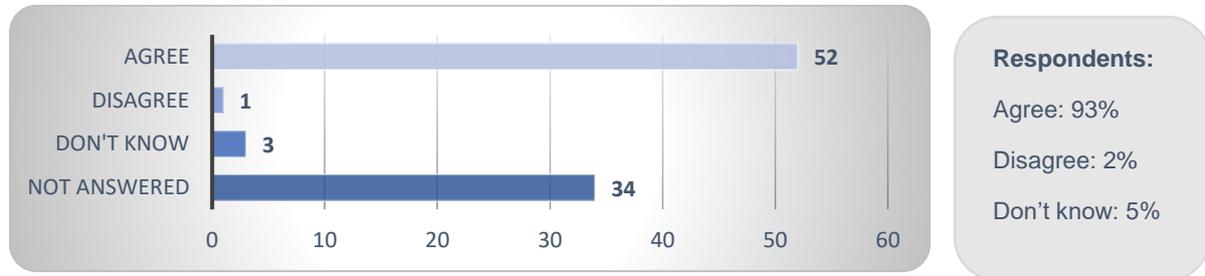


There was agreement for measures to support partners or ex-partners of those that are engaging in behavioural change programmes, ensuring that those impacted are supported and helped. Investment in specialist ‘perpetrator’ programmes and the provision of parallel support for partners/ex-partners, was recommended. Some asked for a clarity around the need for mental health interventions as well as the role of the voluntary sector and primary and secondary care services in identifying and

providing therapeutic interventions for victims.

**Improving protections for those at risk of abuse.**

In total, **56** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.



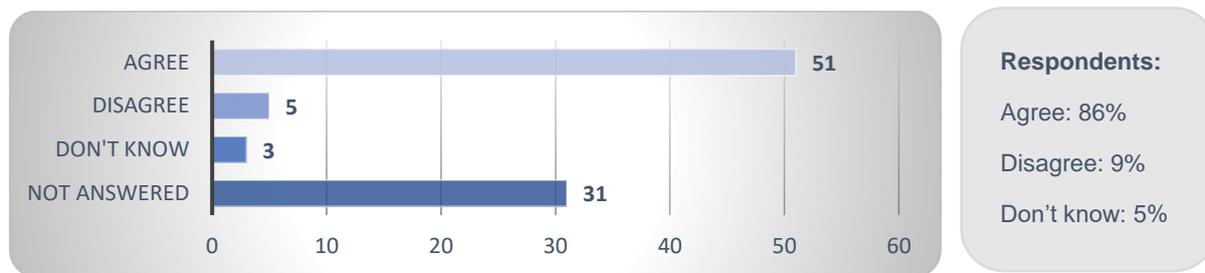
There was support for the introduction of new Domestic Abuse Protection Notices and Orders. These were viewed as a welcome addition to the protective measures that are available. It was suggested that there should be a clearer focus in the strategy on existing and new protections and that the time frames for the new Orders should be substantial rather than a number of weeks. Respondents also thought there was a need for robust monitoring around the use of these orders, including how often they are granted, refused or breached.

Respondents asked for an analysis of the effectiveness of the Domestic Violence and Abuse Disclosure Scheme, and for awareness raising and training. Some suggested that MARAC processes should be based on early intervention rather than crisis intervention, focusing on the abuser rather than the victim, as well as increased referrals. The need for a domestic abuse and stalking register was stated.

**OUTCOME:**

**Victims feel confident to report domestic and sexual abuse, barriers to participating in the justice system are reduced and justice responses are effective.**

In total, **59** respondents answered part (a) with the majority, **86%**, indicating that they agreed with the proposed outcome.



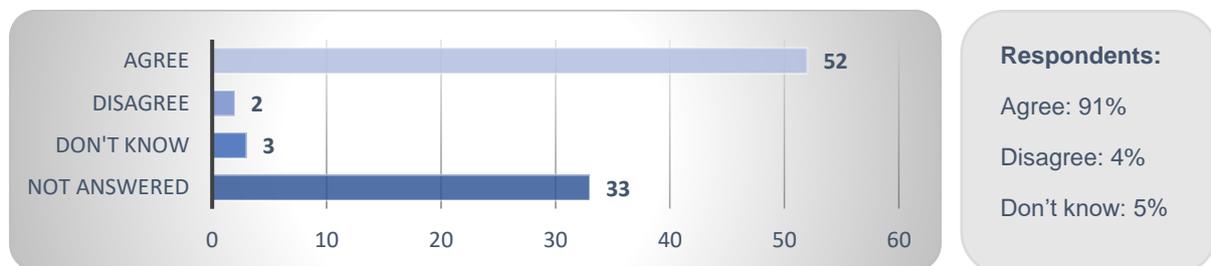
Of those that responded the majority agreed with the outcomes and key priorities around victim confidence and participation, as these were seen as beneficial in terms of helping people to recover and remain engaged in the criminal justice system. Many

respondents felt that the reasons why victims did not engage with the justice system needed to be addressed. This included the need to improve victim's courtroom and criminal justice experience. Respondents suggested there was a need to more effectively reflect intersectionality, the barriers to participation, and how to address these. It was highlighted that tailored support for individuals from particular groups is needed to ensure that barriers to reporting are reduced and that institutional barriers within the criminal justice system, that may create an unwelcoming and hostile environment, are addressed.

## KEY PRIORITY AREAS:

**Understanding better the factors contributing to high attrition levels (drop out of cases) and under-reporting in domestic and sexual abuse cases in order to improve these.**

In total, **57** respondents answered part (a) with the majority, **91%**, indicating that they agreed with the proposed key priority area.

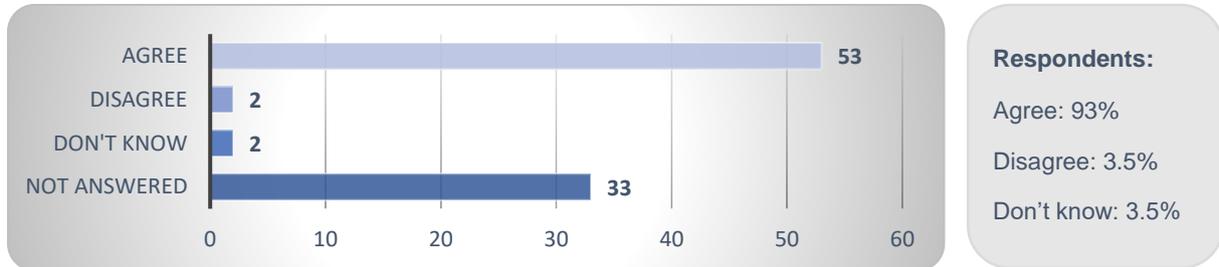


Respondents welcomed measures to address attrition, encourage reporting and ensure that those going through the criminal justice process can be effectively supported and engaged in the process. Comments made in relation to this key priority area included:

- The need for a clear commitment to holding perpetrators to account in judicial terms.
- Action to increase convictions and strengthen sentencing.
- The need for investment in judicial training and improving processes (given victim attrition) and monitoring change as a result of this.
- Acknowledge intersectional barriers and a commitment to dismantling these.
- Better understand factors contributing to high attrition levels and under-reporting, addressing gendered barriers.
- Consider how to reach out to those that don't report, why different groups don't report and ensure victims are confident to engage in the criminal justice system.
- Specific concerns about refugees, who may not want to engage due to their status, enabling perpetrators to weaponise immigration status.
- Expedite the discovery process, speed up the criminal justice system, and ensure victims' counselling notes are not disclosable.
- Consider the issues of attrition and delay in cases involving children.

**Providing victims of domestic and sexual abuse with information and services to support them through the criminal justice process.**

In total, **57** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.

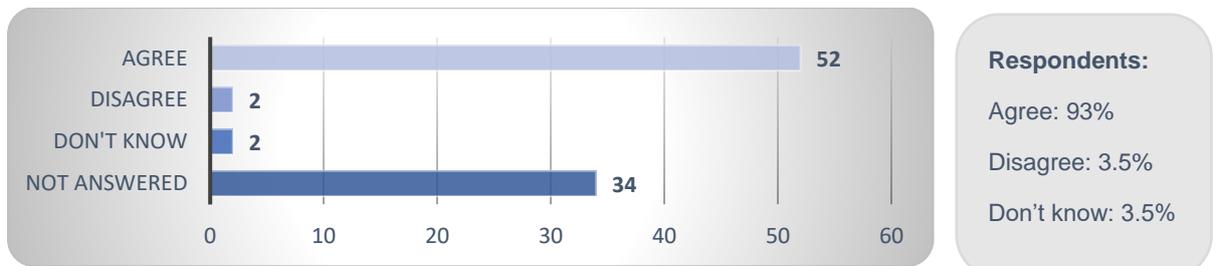


The information and services provided to victims was considered important in terms of supporting them through the criminal justice process. Respondents asked for more accessible and clearer information for victims, ensuring that they are clear on the progress of their case. The need for improved communications that take account of communication difficulties and support for BSL and hard of hearing services, as well as funding for translation services was also suggested. It was suggested that the strategy make reference to the challenges faced by disabled people, particularly in relation to information and communication. It was considered that information and access to support services should not rely on victims' willingness to engage with the criminal justice system.

A number of respondents noted the need for improved support services which is dealt with under the Support Pillar. It was considered that success of this key priority area, and the Justice pillar as a whole, is reliant on resources to support new projects and initiatives. Some respondents stated that services and support should also apply to those in detention. Access to healing therapies was also suggested, as part of the justice process. It was also suggested that the key priority area should have reference to "accessible and inclusive" information.

**Improving the efficiency of the justice system and how domestic and sexual abuse cases are dealt with in criminal, civil and family courts.**

In total, **56** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.

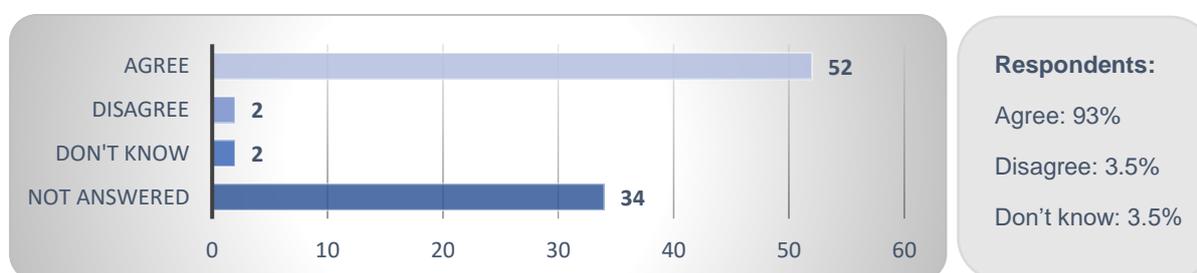


Suggestions made in relation to this key priority area included:

- Reduce delay and improve the speed at which cases proceed.
- Criminal justice system should be more timely, victim-focused and innovative.
- Consider measures brought forward in Scotland, including a specialist sexual offence and piloting single judge led trials.
- Full implementation of the recommendations contained within the Gillen Review, with a clear timeline.
- Recognise that the system itself generates some of the difficulties.
- Implement Justice Act 2021 provisions related to sexual offences.
- Introduce a specialist domestic abuse court and pre-recorded cross examination.
- Specialist and tailored trauma-informed training needed for all legal professionals, first responders and jurors, being mandatory and refreshed annually for courts, judiciary, police, the Northern Ireland Housing Executive and other statutory services. This should reflect the needs of particular groups and those with intersecting section 75 identities.
- Ensure the best interests of the child are a primary consideration; that the voices of children and young people are heard in court; and that their experiences are considered in proceedings and evidence gathering.
- Legal duty to monitor / report on operation of new legislation and offences.
- Legal sanctions for failing to comply with court orders or making false allegations.
- Commit to a full independent review of the justice system, including the family court and child contact systems, with a view to reducing further harm to victims.
- Research and action needed around the linking of family and civil courts.
- Ensure Family Courts are more trauma informed.
- Ensure sufficient information sharing between civil, family and criminal courts so perpetrators cannot use child contact, for example, to continue abuse.
- Consider restorative justice as a possible alternative criminal justice option.

### **Strengthening the police and criminal justice response to domestic and sexual abuse.**

In total, **56** respondents answered part (a) with the majority, **93%**, indicating that they agreed with the proposed key priority area.



Many respondents stated the need for greater support and specialist training that recognises the needs of different 'at risk' groups; ensuring first responders take victims seriously; and access to trauma specialists. As well as the need for reform in the judicial system, a number of respondents noted a need to implement training across all levels of the judiciary, including juries, on how domestic and sexual abuse presents, on harmful myths and internalised beliefs. Some suggested clearer guidance on

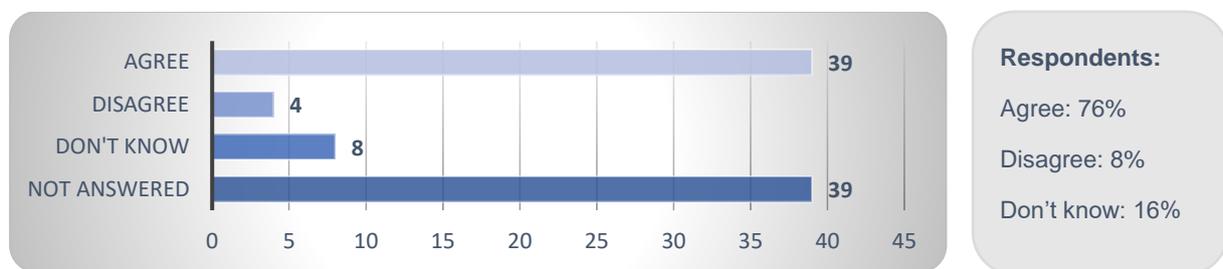
where Domestic Homicide Review recommendations and learning sits in the strategy (including recommendations that are not organisation specific) and how agencies and the judicial system are accountable for implementation. Also considered a need to address institutional barriers to reporting and access to help, as well as identify areas of development, learning and good practice.

**HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?**

Few respondents commented specifically on the indicators for this pillar. Similar to other pillars responses asked for identifiable and specific measurables, identifying the extent of change envisaged.

**A reduction in repeat incidents of domestic and sexual abuse.**

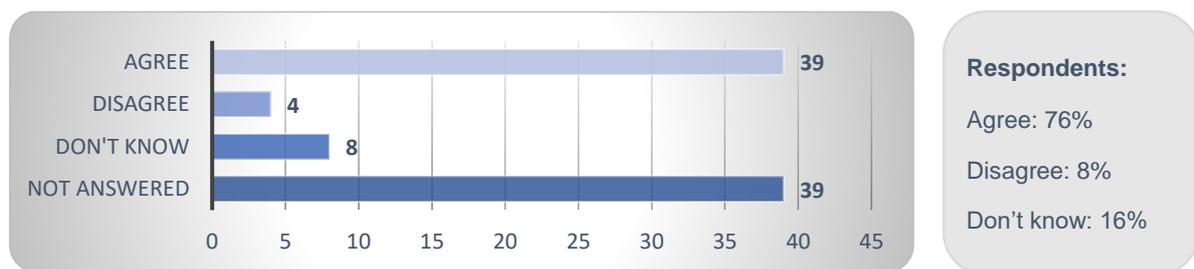
In total, **51** respondents answered part (a) with the majority, **76%**, indicating that they agreed with the proposed indicator.



It was suggested that to reduce repeat incidents there is a need to recognise the graduated nature of behaviours and intervene at the earliest possible opportunity.

**Increase in levels of convictions for domestic and sexual abuse offences.**

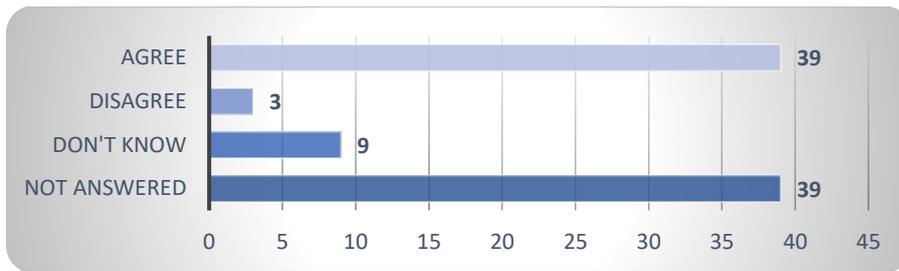
In total, **51** respondents answered part (a) with the majority, **76%**, indicating that they agreed with the proposed indicator.



There was support for this indicator, including for increased sentencing and conviction.

**Engagement in behavioural change programmes and associated reoffending levels.**

In total, **51** respondents answered part (a) with the majority, **76%**, indicating that they agreed with the proposed indicator.

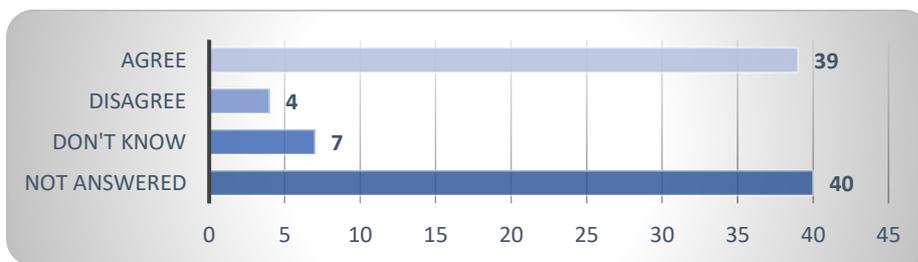


**Respondents:**  
 Agree: 76%  
 Disagree: 6%  
 Don't know: 18%

It was noted that a lack of repeat offending/convictions does not reflect increased protection due to low reporting levels and that there is not necessarily a linear relationship between programmes and subsequent behaviour (whether positive or negative). It was suggested that effective measurables, and an indication of the intended scale of reduction in reoffending, should be included.

**Increase in protection orders granted and reduction in associated breaches.**

In total, **50** respondents answered part (a) with the majority, **78%**, indicating that they agreed with the proposed indicator.

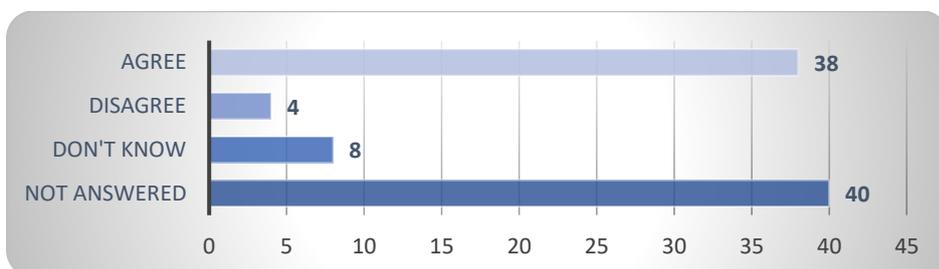


**Respondents:**  
 Agree: 78%  
 Disagree: 8%  
 Don't know: 14%

It was suggested that consideration be given to levels of refusal for protection orders, as well as breaches.

**Increased reporting of domestic and sexual abuse.**

In total, **50** respondents answered part (a) with the majority, **76%**, indicating that they agreed with the proposed indicator.

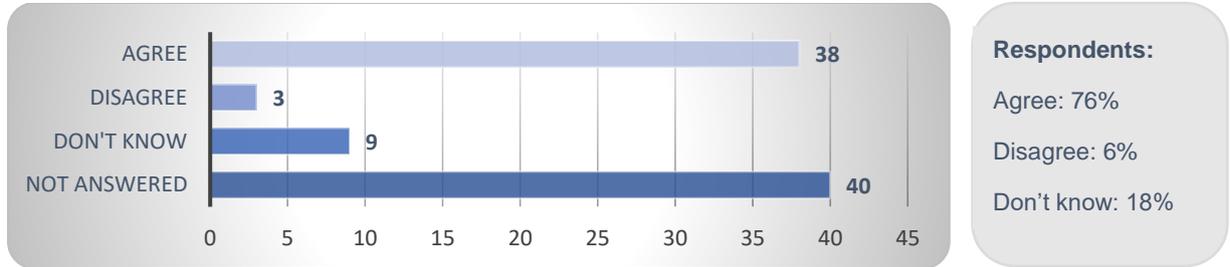


**Respondents:**  
 Agree: 76%  
 Disagree: 8%  
 Don't know: 16%

It was suggested that the way this indicator is drafted appears to place an onus on the victim to “stay the course”, when the criminal justice system should adequately support them to remain engaged. Also when introducing offenders back into communities the impact on victims should be considered.

**Fewer victims of domestic and sexual abuse withdraw from the criminal justice process.**

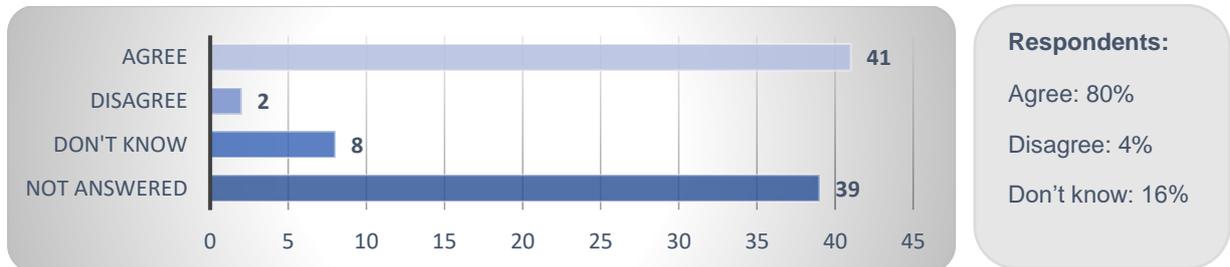
In total, **50** respondents answered part (a) with the majority, **76%**, indicating that they agreed with the proposed indicator.



It was suggested that this places responsibility on the abused person and victim or survivor to stay in the system rather than the focus on the system to support them to engage and should be reworked to “increased prosecution rates” or “increased attrition rates”.

**Time taken for domestic and sexual abuse cases to be completed.**

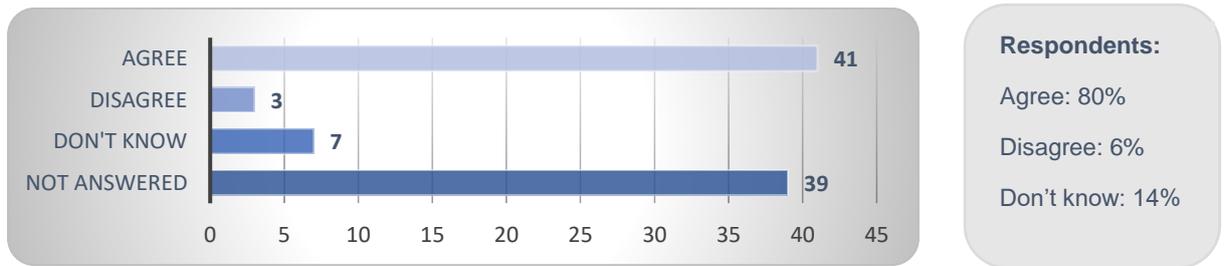
In total, **51** respondents answered part (a) with the majority, **80%**, indicating that they agreed with the proposed indicator.



It was suggested that cases should be heard within two years.

**Satisfaction with criminal justice system support.**

In total, **51** respondents answered part (a) with the majority, **80%**, indicating that they agreed with the proposed indicator.



It was questioned how this would be measured.

### ***Joint departmental response***

The consultation exercise has confirmed that there is broad support for the Justice Pillar. Overall feedback suggests that the outcomes and key priority areas set the right direction of travel, in order to ensure that victims feel confident to report abuse, justice responses are effective and abusive behaviour is addressed. Similar to other pillars the issue was raised as to how the strategy would be effectively measured, in terms of its impact. We will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

As regards suggested amendments to the key priority areas we will consider how best these can be reflected within the body of the draft strategy. We will change the key priority area around information and services to reflect 'accessible' information. We will also provide a clearer focus on existing and new protections for victims within the draft strategy and going forward how best the MARAC process and Public Protection Arrangements can be used.

Linked in with similar comments made about other pillars we will better reflect intersectional needs across the strategy (see the analysis at question 4).

We also welcome the comments provided in the "How will we know if we are making a difference" section, which will help to shape future action plans and inform the development of a strategic performance framework (including a final set of indicators) which is currently being progressed. That work will be progressed in the coming weeks with our Stakeholder Assurance Group.

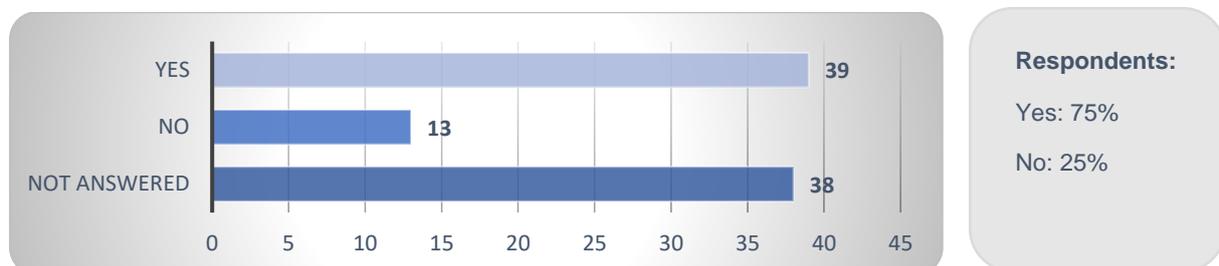
## QUESTION 9

### Do you have any further comments that you wish to make about the draft Domestic and Sexual Abuse Strategy?

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Yes or No; and
- b) Add any comments in the text box provided.

In total, **52** respondents answered question 9(a) with the majority, **75%** providing additional comments. A number of these dealt with issues covered in earlier questions and are therefore not repeated here whereas some of the comments provided for earlier questions are more appropriately captured here.



The information below represents the qualitative analysis of the comments added to the text box provided for question 9(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided provided comments); as well as feedback received during the consultation events.

A sizable proportion of respondents raised concerns around funding, stating the need for there to be increased, sustainable, long term multi-year dedicated funding for work in this area along with costed action plans. Many reflected on the lack of resource and capacity of partner organisations, with a need to recognise the value, support of, and reward from voluntary sector bodies and partners as experts in the field. There was concern that budget cuts could mean that services will be diluted and the strategy will not be delivered in a comprehensive and meaningful way. The need for funding to be provided to the Local Domestic and Sexual Violence Partnerships to help deliver the strategy was also noted. Some also felt there was a disparity in funding and resources for male and female support services.

Tied in with this, concern was expressed by a number of respondents that actions and recommendations provided as part of the earlier Call for Views were not reflected in the draft strategy and that key areas of work needing progressed were not included.

It was also felt important that the strategy consider other aligned strategies and work areas (such as Ending Violence Against Women and Girls) as well as a range of relevant international treaties and conventions.

In addition, across all four pillars, comments were made by respondents on the need

for there to be detailed action plans with timelines, measurable indicators (SMART), deliverables and assigned responsibilities with an additional focus on the 'How' rather than the 'What'. The indicators should be clearly linked to a specific action and should define measurements for progress, in order to achieve the vision and aim of the strategy and to measure success so that we know the strategy is making a difference. It was also recommended that as part of this, action plans and performance indicators should be reviewed regularly by all partners to make progress.

A range of **other** issues were raised by respondents. It has not been possible to reflect every single comment that was raised but examples of the salient points included:

- The need to clearly identify and monitor where co-operation is both working and not working.
- The need for a mid-term or ongoing review, as well as independent scrutiny and evaluation of the strategy.
- The need to review the previous 2016 – 2023 strategy.
- The need for a parallel strategy to the Ending Violence Against Women and Girls Strategy for men and boys or an Ending Intimate Violence Against Men and Boys Strategy.
- The overlapping nature of domestic and sexual abuse should be made clearer, rather than being treated as two separate entities. On the other hand, others felt that the two issues should be treated separately, with two separate strategies. It was also suggested by some that sexual abuse outside familial and intimate relationships be dealt with outside the strategy.
- There should be further consideration of the relationship between alcohol and domestic and sexual abuse.
- Ensure flexibility so that the strategy can respond to new technological advances.
- Remove the defence of 'reasonable punishment'.
- Develop a Child Sexual Abuse Strategy which includes all forms of abuse experienced by children, including Child Sexual Exploitation.
- Action is needed to address indecent exposure.
- There should be more effective incorporation of online abuse into the strategy.
- Interpreter provision should be available for service providers.
- Address mutual abuse.
- Facilitate outreach programmes.
- Make it clear that the strategy is adopting a human rights based approach.
- Consider abuse post separation (which some respondents referred to as parental alienation) and how this impacts on individuals and their families plus the need for awareness and training in this area.
- Re-consider the use of the term "victim", instead referencing "survivor" or "person with lived experience".
- Future work should take account of the risk of self-harm, suicidal ideation, suicide attempts and suicide.
- Further consideration of how this strategy will work alongside and complement the work of the Ending Violence Against Women and Girls Strategy. Reference was also made to the risk of overlap between the two strategies and that it may cause confusion.
- The need for safe, women-only spaces.
- Support for post abuse trauma.

- The current MARAC process should have a focus on perpetrator behaviour, with organisations funded to attend meetings.
- Sex workers experiencing sexual abuse should be covered by the strategy.
- Place a statutory duty on Health & Social Care Trusts to provide funding and services for children and young people affected by domestic abuse as well as introducing statutory guidance on the impact of domestic abuse on children.
- Highlight and address the grooming and coercion of both children and adults.

### ***Joint departmental response***

As part of the consultation exercise a range of wider issues were raised by respondents. It is considered that the majority of these comments relate to matters best considered in developing annual action plans. These will feed into work in this area and help shape the strategic performance framework, currently being progressed.

More generally, we will review the pillar's content and wording to reflect the comments raised, engaging with our Stakeholder Assurance Group.

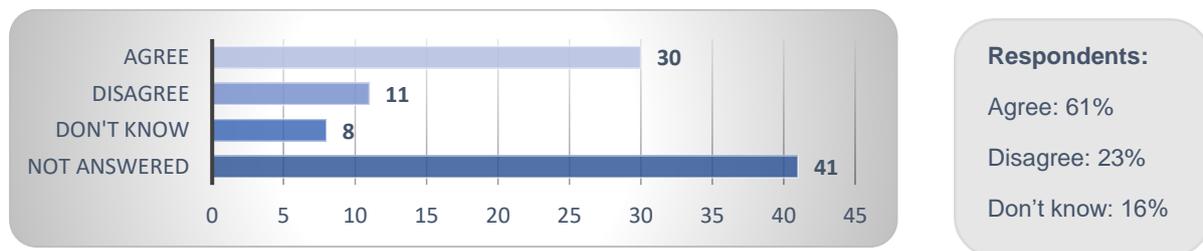
## QUESTION 10

### *Do you agree with the outcome of the Rural Impact Assessment and Equality Impact Assessment?*

There were two parts to this question. Respondents were asked to:

- a) Select one of the following options: Agree, Disagree, Don't know; and
- b) Add any comments in the text box provided.

In total, **49** respondents answered Question 10(a). The majority, **61%**, agreed with the outcome of the Rural Impact Assessment and Equality Impact Assessment.



The information below represents the qualitative analysis of the comments added to the text box provided for Question 10(b); comments made in the form of separate written submissions rather than using the consultation proforma provided (this accounts for the 'not answered' category – that is where respondents did not select 'agree', 'disagree' or 'don't know' but provided comments); as well as feedback received during the consultation events. For many of the respondents the issues raised were similar to those captured in response to earlier questions, particularly in relation to question five as regards barriers, which are not duplicated here.

### **Equality Impact Assessment**

Overall there were mixed comments in relation to the Equality Impact Assessment (EQIA). A number of responses stated that it was comprehensive, included a good range of evidence and was underpinned by extensive consultation and engagement. Others expressed concern that there was insufficient disaggregated data and evidence from which to ensure that impacts were fully assessed, the needs of various groups were adequately identified and barriers addressed. Some suggested that there should be a baseline of data from which to clearly show that the strategy will have a positive impact.

Some respondents noted that treating everyone in the same way would be unlikely to promote greater equality of opportunity for those groups that have particular needs and that information should be added to the strategy as to how positive action can take account of, and respond to, the way in which different groups may be impacted by domestic and sexual abuse. There was considered to be a need to take account of issues and barriers faced by those with multiple identities and section 75 categories, with specific measures (including support) for particular equality groups. It was felt that the strategy should also maximise equality of opportunity for all affected by domestic and sexual abuse, with positive action to ensure equality of provision.

A number of respondents were of the view that while the EQIA stated that it was likely to have an overall positive impact, and was not expected to have a differential impact on section 75 groups, this was contradicted by statements that certain section 75 groups faced additional barriers to accessing services and the impact of abuse on them (particularly with regard to gender, sexual orientation, disability, ethnicity and for rural victims). A number of respondents also felt that the EQIA had not adequately captured the impact across the range of section 75 groups, in particular in relation to gender, age, sexual orientation, disability and racial group. To address this, respondents stated that specific and targeted actions needed to be clearly set out for the particular section 75 groups, mitigating against any adverse impacts and monitoring the impact. As with other questions, concern was expressed about the absence of clear actions through which the impact of the strategy could be assessed.

In terms of **gender** a number of respondents noted that women are more adversely impacted by domestic and sexual abuse and this should be given more focus within the strategy, including taking account of their different needs. It was suggested that there be a section specifically related to the nature of gender based violence. These responses also noted the disproportionate impact on women and the need for clear targeted measures to address this and that gender neutral policies should not be adopted. It was also considered by some that women would be differentially impacted by the strategy in a positive way. Some also stated that, in terms of the impact on women, there is a need to understand gender inequality and gender based violence as a result of this and as a function of power based relationships. Similar comments were also made by some in relation to male victims. Reference was also made to the need to consider a range of conventions and treaties related to gender based violence, including the Istanbul Convention and CEDAW.

A number of responses stressed that that men can be victims too, that they face significant difficulties, are less likely to tell anyone about abuse, with the need for a gender sensitive approach in which there is a parallel recognition of the particular needs of both male and female victims. There was some concern in these responses about the use of gender neutral terminology.

A number of responses stated that the adverse impact on males (with some highlighting gaps in support services and differences in funding) must be addressed, enshrining the rights of men and maximising equality of opportunity for all, with gender specific actions in order to best address the needs of all. There was a concern, for example, that there is no dedicated refuge or floating support service for male victims, with a need for the same access to services for men. In addition, some stated that there is a need to address the impact (and consider potential gendered outcomes) arising from areas of work that they considered to be informed by gender biased strategies and international obligations. They considered that the strategy could better highlight the stigma of domestic abuse for male victims and promote inclusive messaging, paying attention to the needs of men.

As regards **age** a number of respondents stated that insufficient consideration had been given in the strategy to children and young people, including in relation to consideration of the available data, with the impact of the proposals in the strategy needing assessed in that context, as well as clear actions and mitigating measures in place to address this issue. Some respondents stated that adverse impacts should

have been considered for child victims of domestic and sexual abuse. More generally there was considered to be a need for clear actions and measurable targets as regard child victims in order to ensure equality of opportunity. A small number of responses also stated that there was a need for greater consideration of the needs of older people in relation to domestic and sexual abuse.

In terms of **dependents** some of the concerns raised in relation to domestic abuse related to the difficulties of finding suitable accommodation, as well as provision for teenage male children.

In terms of **sexual orientation**, it was noted that there is significant underreporting within the LGBTQIA+ community, that they face higher levels of domestic abuse and that they face additional barriers in reporting and accessing services. Concerns were expressed around the absence of data on sexual orientation and also that LGBTQIA+ victims experience unique forms of coercive control.

As regards **racial group** concerns were expressed about access to services, additional barriers faced as well as the particular difficulties for those with no recourse to public funds. This included access to accommodation, benefits, information and services. It was also noted that some racial groups will face increased risk from practices related to female genital mutilation, trafficking, forced marriage and honour based violence.

In terms of **disability** there was concern around the additional barriers that d/Deaf and disabled people face. This includes disproportionately higher rates of domestic and sexual abuse, that this occurs for longer and that there are increased difficulties in terms of access to appropriate support as well as accessible accommodation and information on services. It was also considered that coercion and control may be more severe and that they are more likely to report abuse from multiple perpetrators.

There was no material, or limited, comments in the consultation responses on the section 75 groups related to **religious belief, political opinion or marital status**.

It was suggested that the EQIA (and rural impact assessment) be reconsidered against an updated evidence base in order to ensure that impacts are fully assessed and the needs of section 75 groups are appropriately identified and responded to. There was also considered a need to monitor data around section 75 groups.

## **Rural Impact Assessment**

In terms of **rural** impacts a number of respondents noted that rural victims face distinct challenges in terms of limited access to services disproportionately located in urban areas. A number of respondents stated the need to examine the complexities of tackling domestic and sexual abuse in rural areas, and for this to be more effectively reflected in the strategy (including in terms of victims in rural areas experiencing increased and longer periods of harm due to more limited means of escape).

It was also suggested that there is a need to focus on achieving a regional balance in service provision as well as the funding that is located to this, in order to ensure that those living in rural areas are not disadvantaged.

A number of respondents were of the view that while the Rural Impact Assessment stated that the strategy was likely to have an overall positive impact and was not expected to have a differential impact on section 75 groups, this was contradicted by statements that those in rural areas faced additional barriers to accessing services, the impact of abuse on them and that there are distinct challenges faced by victims of domestic abuse.

It was suggested that in action plans going forward that there must be specific ways in which the success of this strategy in rural communities can be measured.

### ***Joint departmental response***

Both departments note the comments made in relation to the impact assessments undertaken. The qualitative analysis raised some important points. The comments made have been helpful and the impact assessments will be further reviewed in light of these. Where there is additional data available this will be considered, as well as addressing what was perceived as contradictory statements within the impact assessments. While recognising that domestic and sexual abuse has differential impacts, across a range of section 75 categories, we consider that the draft strategy, in and of itself, will have a positive impact and not adversely impact on particular groups, particularly where specific actions are taken to address their intersectional needs. However, we will review the strategy to consider if we can better reflect some of the barriers that may be experienced by different groups, as well as reflecting the need for actions going forward that are specific to particular groups of people, as appropriate.

## 5. Conclusion and next steps

Both departments would again like to thank all those who have taken part in the consultation on the draft Domestic and Sexual Abuse Strategy and who helpfully provided both their time and expertise, whether as someone with lived experience, from a sectoral perspective or with a general interest in this area. We hope that this engagement will continue as we embark on the next phase of this important area of work.

Building on the insights received through the responses to this consultation and the Call for Views undertaken in 2022, we will now:

- **Refine and finalise the draft strategy to be ready for consideration by incoming Ministers and a Northern Ireland Executive.** It is important to note that the current [Stopping Domestic and Sexual Violence and Abuse Strategy](#) will remain in place until any new strategy is introduced with work continuing to be progressed under the Year 7 Action Plan - Addendum.<sup>1</sup>
- **Develop a Year One Action Plan** to lay the foundations and progress enabling actions to support future delivery, informed by available resources.
- **Develop a Performance Framework** with key indicators to monitor outcomes and impacts, building on the initial indicators set out in this consultation exercise. We will also consider the approach adopted in other jurisdictions.
- **Finalise proposals for a new governance structure**, including reporting arrangements, and further engage with specialist organisations to determine how best we can incorporate the voice of victims of domestic and sexual abuse within those arrangements.

Both departments recognise that further stakeholder engagement will be important, both with other government departments and our Stakeholder Assurance Group to inform the final draft. This will include rebalancing the narrative to send out a stronger message that victims of domestic and sexual abuse will be heard, listened to and that help and support is available. We also hope to frame the draft strategy as the continuation of an ongoing conversation about how we approach domestic and sexual abuse in Northern Ireland; what has been achieved already and what are the changes and that we expect to see from the outcomes identified in the new strategy over the next seven years.

We would hope to be in a position to publish the final strategy towards the end of 2023 subject to Ministers and a Northern Ireland Executive being in place to consider and approve the final draft.

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<sup>1</sup> The Year 7 Action Plan - Addendum and material related to the *Stopping Domestic and Sexual Violence and Abuse Strategy* can be found at the [Department of Health](#) and [Department of Justice](#) websites.

## Annex A

### Organisations that submitted a written response to the Consultation

1	Aisling Centre
2	Action for Children
3	Alliance Party
4	Barnardo's Northern Ireland
5	Belfast Area Domestic & Sexual Violence and Abuse Partnership
6	British Association of Social Workers Northern Ireland
7	British Red Cross
8	Children in Northern Ireland
9	Commissioner for Older People for Northern Ireland
10	Commissioner for Survivors of Institutional Childhood Abuse
11	Commissioner for Victims of Crime's Office
12	Community Children's services Belfast Health & Social Care Trust
13	Disability Action
14	Environmental Health Service - Lisburn and Castlereagh City Council.
15	Equality Commission for Northern Ireland
16	Evangelical Alliance NI
17	Fermanagh and Omagh District Council
18	FNF Both Parents Matter Cymru
19	Here NI
20	Hourglass
21	Information Commissioner's Office
22	Institute of Alcohol Studies
23	Joanne Bunting MLA
24	La Dolce Vita Project
25	ManKind Initiative
26	Mid Ulster District Council
27	Mothers' Union
28	Newry Mourne and Down District Council and Armagh City Banbridge and Craigavon Borough Council
29	Nexus NI
30	NIACRO
31	NIPSA
32	Northern Domestic and Sexual Violence Partnership
33	Northern Ireland Commissioner for Children and Young People
34	Northern Ireland Council for Racial Equality
35	Northern Ireland Human Rights Commission
36	NSPCC
37	Office of the Mental Health Champion
38	Police Service of Northern Ireland
39	Presbyterian Church in Ireland
40	Probation Board for Northern Ireland
41	Public Prosecution Service

- 42 Rape Crisis Northern Ireland
- 43 Royal College of General Practitioners Northern Ireland
- 44 Royal College of Nursing, Northern Ireland
- 45 Royal College of Psychiatrists NI
- 46 Royal College of Speech and Language Therapists NI
- 47 Safeguarding Board for Northern Ireland
- 48 SE Area Domestic and Sexual Violence and Abuse Partnership
- 49 Sinéad McLaughlin MLA, SDLP Justice Spokesperson, on behalf of the SDLP
- 50 Sinn Féin
- 51 Southern Health and Social Care Trust and the Southern Area Domestic and Sexual Violence Partnership
- 52 Southern Local Adult Safeguarding Partnership
- 53 Split the Difference
- 54 The British Psychological Society
- 55 The Children's Court Guardian Agency for Northern Ireland (formerly NIGALA)
- 56 The Men's Federation Northern Ireland
- 57 The Men's Advisory Project
- 58 The Rainbow Project
- 59 Thirtyone:eight
- 60 Ugly Mugs Ireland (Safe IQ)
- 61 Unison
- 62 Victim Support NI
- 63 Violence, Health and Society (VISION) consortium
- 64 Western Domestic and Sexual Violence Partnership
- 65 Women's Aid Federation Northern Ireland
- 66 Women's Policy Group Northern Ireland
- 67 Women's Platform
- 68 Women's Regional Consortium