

Questions to address if providing a consultation response:

1. Are you responding as an individual or as an individual on behalf of, or as part of, an organisation?

An individual as part of an organisation

2. If you are responding on behalf of or as part of an organisation, what is the type of organisation?

Other

3. What is the name of the organisation?

This is a joint submission from the Royal College of Speech and Language Therapists and the Association of Youth Offending Team Managers.

4. From the list below, where are you or your organisation based?

London

5. Do you have any comments on Chapter 1 ('Objectives') in terms of content or clarity?

We have no specific comments on Chapter 1.

6. Do you have any comments on Chapter 2 ('Understanding Domestic Abuse') in terms of content or clarity?

1. We welcome the direct reference to speech, language and communication needs as an intersectionality which increases vulnerability to domestic abuse and creates barriers to accessing support services.
2. We also welcome the reference to exploitation of communication difficulties as a tactic of domestic abuse.
3. Public Health England's [*Disability and domestic abuse – risk, impacts and response*](#) (2015) reported that disabled people – including those with communication needs – experience disproportionately higher rates of domestic abuse more severely and for longer periods of time. Additionally, they face more barriers to accessing support.
4. To strengthen the guidance so that that communication needs are addressed as a risk factor and a barrier to accessing support services

whenever relevant, we would recommend the following edits and additions:

- a. In paragraph 6, adding “women with communication difficulties, whether diagnosed or undiagnosed” to the list of victims experiencing multiple disadvantages.
 - b. In paragraph 80, adding “disability” to the list of characteristics.
 - c. In paragraph 85, clarifying “language barriers and/or speech, language and communication difficulties” rather than just the term ‘language’. This would ensure that barriers faced as a result of both limited English fluency and communication difficulties are recognised, given that these barriers, though potentially co-occurring, are different.
 - d. In paragraph 93, adding “speech, language and communication difficulties” to the list of disabled victims who may face additional forms of abuse.
5. Additionally, to ensure that speech and language therapists are embedded in teams and services that support children who are victims of or have witnessed domestic abuse, we would recommend the addition of a direct reference to speech and language therapists in addition to educational psychologists in paragraph 27. Speech and language therapists can play a key role in supporting people affected by domestic abuse by identifying communication needs and advising on the appropriate response, training and advising other relevant professionals, and advising on how support services can be made communication accessible.
6. Finally, to clarify the impact of speech, language and communication needs on vulnerability to domestic abuse, we would recommend the following edits:
- a. Editing the first sentence of paragraph 100 to read as follows:
“People with speech, language and communication needs are at increased risk of domestic abuse. They may be actively targeted by perpetrators, because of the difficulties they face in understanding and explaining what has happened to them, and may face barriers to asking for help and accessing the support available.”
Evidence to support this suggested amend
 1. *Evidence shows that people with communication difficulties may experience abuse at higher rates of invasiveness and severity. Additionally, they may struggle to communicate about abuse and lack the support in their personal lives to cope with problems related to abuse and the justice system. (Brownlie, E. et al, 2017; Collier, B. et al, 2006)*
 - b. Editing the first two bullet points in paragraph 100 so that they are combined to read “the links between domestic abuse and speech, language and communication needs.”
 - c. Adding direct reference to communication accessibility of support services in paragraph 100, so that the sentences directly preceding the bulleted list read as follows: “Local authorities should ensure that good practice includes the identification of, and appropriate support for, communication needs. They should also ensure that

support services are accessible to people with communication difficulties and aware of the intersection between communication needs and domestic abuse, including”. This point is illustrated by the story of a young neurodiverse woman who explains the difficulties faced by people with communication difficulties when sharing their stories and accessing support services. She notes that because people with communication difficulties may exhibit behaviours that could indicate lying (e.g. overly monotonous or conversely overly exaggerated tone of voice, inability to remember key details, providing too many details), they risk not being taken seriously in their reports. She also points out that when support staff are not trained to recognize indicators of neurodiversity, services are inaccessible and accessing them can become a traumatizing experience. Therefore, it is vital for local authorities to ensure that professionals working with victims are trained in recognizing, understanding and supporting people with communication difficulties.

Evidence to support this suggested amend

1. *Evidence shows that language and social skills in maltreated children can be poor, but may be improved with changes in environment and additional support. (Lum, J.A.G. et al, 2018)*
- d. Adding a new paragraph before existing paragraph 100 which reads as follows: “Speech, language and communication needs are domestic abuse risk factors in their own right. They are also highly prevalent – often hidden and unidentified – within some other vulnerabilities and domestic abuse risk factors. These include mental health, substance misuse, literacy difficulties, learning disability, brain injury, neurodiversity, cognitive issues, and homelessness. Speech, language and communication needs can result from lifelong or acquired conditions and for children and young people they may be part of a special educational need or disability. They may also be associated with certain environmental factors. For example, there is a high prevalence of communication needs amongst children starting school in areas of social disadvantage.”
- e. Changing the terminology in paragraph 101 to read as follows: “Speech and language therapy services for children and young people with special educational needs and disabilities (SEND) are covered by joint commissioning arrangements set out in the [Special Educational Needs and Disabilities Code of Practice](#), which requires local authorities and health bodies to make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEND. In considering the educational, health and care provision required in a local area, agencies should take into account the wider factors and interdependencies, such as domestic abuse, and design services accordingly. For more information on special education needs and disabilities, and the impact on children expressing their feelings, please see paragraph 190.”

- f. Editing paragraph 169 to read “exploiting the communication support needs of the victims or manipulating the victim’s knowledge of what support is available, and making professionals believe that the victim does not have capacity to report accurately or that reports are not credible due to communication difficulty.”
7. Do you have any comments on Chapter 3 (‘Impact on Victims’) in terms of content or clarity?
1. We welcome the references to the impact of domestic abuse on children, and in particular on children with special educational needs and disabilities (SEND).
 2. However, particularly for children and young people who witness domestic abuse, references to the links to and impact on their speech, language and communication are vital to ensuring that they receive the proper support. To strengthen the guidance, we would recommend the following edits and additions:
 - a. In paragraph 186, adding “delayed development or deterioration in speech, language and communication” to the list of effects of experiencing domestic abuse.

Evidence to support this suggested amend

 1. *Research conducted by domestic violence charity Refuge has found that pre-school children exposed to domestic violence are likely to be at risk of developing significant speech and language problems and showed a significant difference in hearing and speech development. (Refuge, 2005)*
 2. *Evidence shows that domestic violence can impact on children’s educational attainment and children who have experienced domestic violence can have difficulty with expressive language which can impact on cognitive development, especially reading and writing. (Cobos-Cali, M. et al. 2018)*
 3. *Evidence also suggests that maltreated children are likely to have poor language and social communication skills. (Van de Kolk, B., 2015)*
 4. *Evidence has found that flashbacks and chronic stress shut down language areas and language skills may be diminished or lost in the longer term. (Yehuda, N., 2016)*
 5. *Finally, evidence shows that high-risk young people, such as those who are subject to child protection orders because of suspected or confirmed maltreatment, face an elevated risk of communication needs. (Snow, P.C. et al., 2012)*
 - b. In paragraph 190, adding “speech, language and communication needs” to the list of conditions which may make it difficult for a child to express themselves, and adding “speech and language therapists” to the professionals who should be included to support the needs of the child.

Evidence to support this suggested amend

1. *Evidence suggests that children in abusive or neglectful situations are likely to develop insecure attachment to their caregivers which can lead to difficulties in social communication, reduced language skills, an impaired ability to feel and express emotions, and a limited vocabulary for thoughts and feelings. (Sadiq F.A. et al., 2012; Beeghly, M. and Cicchetti, D., 1994; Barlow, J. and Schrader McMillan, A., 2010; Lemche, E. et al., 2004)*
 - c. Inserting a new paragraph between existing paragraphs 191 and 192, which reads as follows:
 “Experiencing and/or witnessing domestic abuse can also have a huge impact on children and young people’s speech, language and communication development. This can impact their education, relationships outside the home, employment prospects and mental health and wellbeing. Research has shown that children whose mothers experienced intimate partner violence (IPV) during the child's first four years had poorer language skills in middle childhood than children whose mothers did not experience IPV. Research conducted by Refuge indicated that children’s development in the pre-school years is significantly affected by domestic violence, particularly speech and language development.” (Conway, L. J., Cook, F., Cahir, P., Brown, S., Reilly, S., Gartland, D., Mensah, F., & Giallo, R., 2021; Refuge, 2004).
 - d. In paragraph 195, adding “speech and language therapy” to the list of support services and specialised help which children and young people should be offered.
8. Do you have any comments on Chapter 4 (‘Agency Response to Domestic Abuse’) in terms of content or clarity?
1. We welcome the inclusion of recommendations for special provision to support children who have communication difficulties to share their views and experiences.
 2. However, we would hope to see clearer reference to the role of communication needs and barriers in the lives of both perpetrators and victims, and how these could be mitigated. To strengthen the guidance, we would recommend the following edits and additions:
 - a. In paragraph 241, adding “speech, language and communication needs” to the list of underlying issues which ought to be addressed to break cycles of disengagement and reoffending. Some perpetrators of domestic abuse may have unidentified speech, language and communication needs. Speech and language therapists have reported working with young people who have been perpetrators in adolescent-to-parent violence and abuse, as well as with adult perpetrators who have significant communication needs.
 - b. In paragraph 306, adding “communication difficulties” to the list of barriers in point 2 that may prevent victims from disclosing information or accessing support services. Additionally, amending point 14 to read “provide the victim with accessible information about the criminal

justice process and their rights under the Victims' Code." Finally, amending point 16 to read "ensure victims of domestic abuse have an interpreter (including BSL for Deaf victims) or other communication accessibility support where required."

9. Do you have any comments on Chapter 5 ('Working Together to Tackle Domestic Abuse') in terms of content or clarity?

1. Tackling domestic abuse is of course not only about supporting victims, but also preventing perpetrators. In order to address the behaviour of the perpetrator, it is vital that any speech, language and communication needs that they may have are properly identified and treated.
2. To strengthen the guidance, we would recommend the inclusion of "speech, language and communication needs" to the list of additional barriers in the first bullet point of paragraph 401, and the addition of a specific aspect of multi-agency safeguarding team staff training which covers "the presentation and identification of speech, language and communication needs in order to improve the accessibility and efficacy of perpetrator programmes and reduce the risk of reoffending" in paragraph 407.

10. Do you have any comments on Chapter 6 ('Commissioning Response to Domestic Abuse') in terms of content or clarity?

1. To strengthen recognition of speech, language and communication needs as a specific intersectionality, we would recommend the addition of "victims with speech, language and communication needs" to the list of diverse groups with complex needs in paragraph 429.
2. Related to comments on chapter 5, addressing communication needs of perpetrators is vital to ensuring efficacy of rehabilitation programmes and preventing reoffending. Therefore, in the section entitled "Perpetrator programmes" (paragraphs 432-435), we would recommend a new paragraph emphasizing that all perpetrator programmes ought to be communication accessible, and where relevant speech and language therapy assessment should be provided to ensure identification of, and appropriate response to, any speech, language and communication needs including through differentiating assessments, interventions and treatment programmes.

11. Are there any overarching ways you think the guidance could be improved? Please provide comments.

Broadly speaking, we welcome the inclusion of speech, language and communication needs as a recognized risk factor for domestic abuse and that victims with communication needs face barriers to access for support services. As specified in the section-by-section comments, to strengthen the guidance, we would hope to see speech, language and communication needs referenced at any points in the guidance where disadvantages, risk factors, and barriers to access are listed to strengthen support for people with those needs and their

children. Additionally, we would hope to see a stronger emphasis on the importance of ensuring that all support services are communication accessible, that speech and language therapists are either embedded in support teams or support teams have access to their own dedicated speech and language therapy, and that support staff are trained to understand and work with people who have communication difficulties.

12. Do you think the case studies are helpful? If there are any case studies which you did not find helpful, please provide additional comments ensuring you refer to the case study to which your comment relates.

Yes, the case studies were helpful. We would recommend the inclusion of two additional case studies: Faisal's story, regarding the impact of witnessing domestic abuse on children, and Danny's story, regarding the importance of speech and language therapy in perpetrator programmes.

Faisal's Story

Faisal was taken into care as a young teenager after observing domestic abuse between his parents for years. At the age of 15 years, Faisal's social worker wished to commence life story work with Faisal.

Speech and language assessment had shown that Faisal had a language disorder associated with learning difficulties and attachment difficulties. The social worker and speech and language therapist worked together using Talking Mats and narrative grids to devise a method for Faisal to construct his life narrative in an accessible format.

The outcome was that Faisal was able to more successfully access the life story sessions after previously finding it difficult and disengaging with the work.

Danny's Story

Danny had received a community court order for an aggressive episode involving his partner and family. He had not been in trouble with the police before and was generally regarded as well-liked on his college course and with his friends. He was referred to the Speech and Language Therapist within the Youth Offending Team due to concerns around his expressive language.

Assessment showed that whilst Danny could engage well in surface level conversation, he struggled with emotional vocabulary and expressing his opinions in a non-aggressive style. Danny shared that he had learnt this aggressive style from observing his parents growing up.

Sessions were conducted initially with Danny on his own, working on emotional vocabulary (understanding and use) and how to share what he was feeling and thinking using an assertive communication style. Danny and his partner also requested that sessions be conducted jointly so they could practice key topics and how Danny might safely share his thoughts and feelings.

The outcome was that both Danny and his partner felt they had improved communication and could move forward with their lives.

13. Is there anything missing in the guidance that you would like to see included?

No, there is nothing that has been categorically missed.

Consultation responses are to be sent to:

DomesticAbuseConsultation@homeoffice.gov.uk