

# **Domestic Abuse JSNA**

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**Community Safety Intelligence (CSI)**

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## **Introduction**

Tackling domestic abuse is a priority for a number of partnership strategic groups in Lancashire, such as the Health and Wellbeing Board, safeguarding boards, children's trusts and the Lancashire Community Safety Strategy Group. This joint strategic needs assessment (JSNA) looks at all the evidence available both nationally and locally that can inform decision making around the provision of services by statutory and voluntary, community and faith sector (VCFS) agencies for domestic abuse within Lancashire.

There are four supplementary reports to this JSNA. The evidence base (technical report 1) looks at current literature and Lancashire partnership intelligence about the prevalence and trends in reported domestic abuse in the county. It explores the characteristics of known victims and perpetrators and discusses the factors which can make the problem worse. It also looks at policy changes and their implication for all services dealing with domestic abuse. The service user experience consultation (technical report 2) gives the qualitative view of domestic abuse in the county through in-depth interviews with a number of survivors of domestic abuse. The service mapping review (technical report 3) looks at current domestic abuse service provision across the Lancashire County Council area. The good practice report (technical report 4) looks at national and local good practice.

Dealing with domestic abuse has historically been the responsibility of community safety partnerships which, whilst leading a multi-agency response and prioritising domestic abuse, has emphasised the development of good practice predominantly in the criminal justice sector. However, domestic abuse impacts across many partnership outcomes, in particular: improving health and well-being; reducing crime and improving safety; promoting enterprise and learning; strengthening communities and involving people; improving housing and its affordability; and providing quality advice and information services. Therefore, reducing and preventing domestic abuse is essential if we are to make any progress on: achieving equality in Lancashire; reducing homelessness; improving people's physical and mental health; reducing the harm caused by alcohol and substance misuse; reducing the number of children in care and living in poverty; reducing the levels of offending in the county; and minimising its impact on employers and on the local economy.

The cost of domestic abuse to Lancashire residents is significant. It has a serious and lasting impact on a victim's sense of safety, health, well-being and autonomy, and can severely restrict victims' ability to fully participate in society.

## **Summary of the research**

Understanding what domestic abuse is and how it impacts on individuals, families and communities, is crucial to ensuring that high-quality and cost-effective services are delivered in Lancashire. Domestic abuse is a term that describes intentional, ongoing, controlling and coercive behaviours by one person, using emotional, financial, physical and sexual violence, stalking and harassment, to ensure power and control over another, with who they have, or have had, an intimate or family relationship.

The scope of this needs assessment is informed by this understanding and adheres to the national definition of domestic violence:

*“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial; emotional.*

*Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

*Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”*

The needs assessment also extends to children and young people affected by domestic abuse, and looks at what we are doing to stop perpetrators of domestic abuse continuing to abuse.

### **Evidence Base**

Domestic abuse affects a large proportion of the population. It is prevalent in every socio-economic group and occurs countywide across all neighbourhoods and communities. Research shows that 1 in 4 women and 1 in 7 men experience domestic abuse in their lifetimes, with significantly higher levels of harm being experienced by women.

Most domestic abuse is experienced by women and perpetrated by men; however a significant minority of men also experience domestic abuse. It is experienced across heterosexual, lesbian, gay, transgender and bisexual relationships. If not prevented, it often escalates in intensity and severity, and can lead to the victim's death. On average in the UK, 1 woman is killed every 3 days and 12 men are killed every year, by a partner or former partner. Factors that increase risks include the gender of the victim and perpetrator; the occurrence of rape and sexual assaults, stalking and controlling behaviour; the co-occurrence of child abuse; isolation and barriers to accessing services; separation; and child contact disputes.

Domestic abuse also presents a risk of harm to children and young people, either witnessing domestic abuse whilst growing up, being directly abused themselves, or by experiencing domestic abuse in their relationships as teenagers. Girls experiencing teen relationship abuse experience greater incidence rates, more frequent sexual violence and severe abuse, and suffer more negative impacts including higher levels of coercive control, compared with boys.

Between April 2011 and December 2012, Lancashire Constabulary received 52,841 calls relating to domestic abuse. Over 23,000 calls were made to domestic abuse service provider helplines in the county. There were at least 736 attendances at accident and emergency departments within Lancashire due to assaults that took place in the home. 3,178 high risk cases warranted a MARAC (multi-agency risk assessment conference).

Domestic abuse continues to be under-reported. Research suggests that only 21% of victims report their domestic abuse to the police and those that do are, on average, abused 35 times before reporting. Disclosure of the abuse victims experience presents a challenge for support services. Even interview based surveys such as the British Crime Survey have difficulty getting

victims to disclose their experiences of domestic and sexual violence although they have more success with self-completion (i.e. anonymous, non-face-to-face) methods. Of all respondents who stated they were a victim in the past year in the self-completion module, only 5% had reported this in face-to-face interviews.

Although national research shows that the incidence of domestic abuse varies only marginally when analysed by geography, class, age, ability, sexuality, ethnicity and nationality, such issues do affect risk and the severity of violence, and the experience of survivors from these groups is compounded by additional barriers to seeking help. There are inequalities which can be seen when looking at 'reported' domestic abuse in the county.

*Gender* - 4 out of 5 victims who report domestic abuse are female in Lancashire, mirroring national studies. In 96% of MARAC cases (high risk), the victim is female. Domestic abuse forms part of a continuum of violence that many women and children experience at some point in their lives, including rape, sexual violence, stalking, sexual harassment, trafficking and sexual exploitation, and these experiences also need to be considered when commissioning and delivering services.

*Age* – although domestic abuse can occur at any age, almost half of all reported domestic abuse victims in Lancashire were in the 18-31 age groups. 58% of service users for Lancashire County Council's Supporting People Service were also in the 18-31 age groups.

*Ethnicity* – there is no statistically significant difference by ethnicity in the risk of being a victim of domestic abuse either nationally or locally within Lancashire. However, rules and expectations of behaviour in specific cultural or social groups can support violence and maintain harmful traditional practices such as domestic abuse and other violence against women and girls, such as forced marriage, female genital mutilation and honour-based violence.

*Socio-economic status* – domestic abuse occurs in all communities and economic groupings. However, reported domestic abuse is more closely correlated with those in the more deprived communities. 54% of Lancashire's reported domestic abuse crime victims lived in the most deprived 20% of lower level super output areas. A geo-demographic analysis of victims of reported domestic abuse crimes has shown that residents in "transient singles, poorly supported by family and neighbours", "young people renting flats in high density social housing" and "families in low rise social housing with high levels of benefits need" areas are more than twice and, in the case of transient singles six times, as likely to suffer domestic abuse as the Lancashire average.

*Repeat victimisation* – this is a key characteristic of domestic abuse. The pattern of abusive behaviour increases over time. National studies have found that 44% of victims of domestic abuse are involved in more than one incident. In Lancashire, between April 2009 and August 2012 the rate of repeat victimisation was 17%. This is lower than the rates outlined in national studies because it does not look at repeat victimisation over the lifetime of the victim, only over 3 years. Domestic abuse victims can suffer abuse for decades.

*Alcohol and drug misuse* – victims of domestic abuse may misuse alcohol and other substances as a way of coping with their situation. 57% of the 122 attendees at Preston and Chorley accident and emergency departments between January 2011 and March 2012 who were assaulted in the home and answered a survey about drinking alcohol in the 3 hours previous to the incident, said that they had been drinking.

*History of abuse* - two of the biggest predictors of both perpetrating and being a victim of domestic abuse as an adult are exposure to domestic abuse and physical abuse in childhood. In 2011/12, nearly 12,000 children were present in households where the police were called to a domestic abuse incident in Lancashire in the nine months between April and December 2012.

*Marital separation* – the national research suggests that at the point of separation and the following two years after separation, are the highest risk times to the victim due to the perpetrator's loss of control; increasing violence and abuse are attempts to regain it.

*Children and pregnancy* – national research shows that 30% of reported domestic abuse starts or escalates during pregnancy. Women with children may be more vulnerable to staying in an abusive relationship because of their reluctance to disrupt the children and limited opportunities to gain financial independence and the ability to support an independent household. Over 2,000 children were present in households where a MARAC took place between April and December 2012.

*Disability* - being disabled significantly increases the susceptibility of being a victim of domestic abuse.

Issues which influence the start and degree of perpetrating domestic abuse have also been explored. A history of repeat perpetration, gender (males represent 87% of detected perpetrators in Lancashire), age (predominantly 18-31 for detected perpetrators, similar age to that for victims), alcohol and drug misuse (31% of reported domestic abuse crimes were alcohol related), mental disorder and specific events (for example Christmas or significant football matches).

The impact of domestic abuse is far reaching. Domestic abuse causes significant health problems, like physical injuries, self-harm, eating disorders, attempted suicide, depression, anxiety and other mental health problems, sexually transmitted infections and substance misuse. The consequences of domestic abuse also include poverty, unemployment and homelessness, youth offending and teenage pregnancy. It impacts on employers and on the local economy by limiting victims' ability to access education, training and employment, it decreases the productivity of employees and increases absenteeism and staff turnover.

*Health* – Nationally domestic abuse accounts for approximately 8% of the total burden of disease in women aged between 18 and 44 years and is a larger contributor to ill health in the age group than high blood pressure, smoking and obesity. Both the victims and their children have an increased risk of severe short term and long term health consequences, both physical and mental. Accident and emergency data from Preston and Chorley show that 10% of assault victims, where the assault took place at home, were admitted to hospital and a further 35% required some follow-up treatment.

*Homelessness* – the British Crime Survey found that 43% of domestic abuse victims that lived with their abusive partner had left home for at least one night due to abuse. 30% of people who accessed a service from the local authority supporting people services, because they were at risk of domestic abuse, stated homelessness as a secondary need. The housing benefits changes which came into place on 1 April 2013 might increase this need.



**Employment** – women with a history of partner violence are reported to be more likely to have experienced spells of unemployment, have a high turnover of jobs and have suffered more physical and mental health problems that could affect job performance.

Planned policy changes will affect the scope of, and service provision for domestic abuse. The government definition of domestic abuse includes coercive behaviours and applies from age 16 years. There are also widespread changes to the benefits system which may adversely impact on those in a lower socio-economic group. The population of Lancashire is growing, particularly in the age groups which are over-represented in the reported figures. Domestic Violence Disclosure schemes (Clare's Law) may also increase reporting in the future.

There are a number of national and local drivers encouraging statutory and other partners to take more proactive action on domestic abuse, including the Working Together With Families initiative, the Munro report and Lancashire's Safeguarding Ofsted report.

### **Service User Experience Consultation**

#### ***Findings***

This service user research has been developed to both look at life experiences of domestic abuse victims, in addition to whole-system approaches to the services across Lancashire. This has presented a predictably varied range of responses down to an individual service, and even individual interviewee level, which identifies with the complexity of the matter. Those interviewed in this research show remarkable inner courage and resilience in their lives, although some who had experienced domestic abuse still had a reluctance to approach services for information or help.

Many participants had lived in more than one abusive relationship, and felt that society's acceptance and tolerance of violence in relationships was the main cause of domestic abuse being so widespread. The *'it's just a domestic'* attitude was felt to be still prevalent in society. However, participants who had attended recovery type programmes said they now felt able to identify the signs of coercion and control that led to violence; and they would be more able to identify this type of behaviour in the future, at an earlier stage.

Even though each participant's experience of both domestic abuse and service provision available differs, all participants felt frustrated by a lack of awareness and understanding by statutory services (criminal justice agencies, police, social services, health services) towards the dynamics involved in a domestic abuse relationship. They felt they had received little support or conflicting advice by these services, and may themselves be seen as culpable because they have not found their own way out of the damaging situation. Many felt silenced, and 'done unto' by these statutory agencies they rely on for help and safety. They also felt that statutory agencies (unwittingly) collude with abusers, thereby escalating the abuse, through a combination of authority, unawareness and of not listening and responding to the victims' needs. These discriminatory and judgemental responses, in addition to the partner abuse they are already experiencing, all adds significantly to the victims' burden of distress, and was seen to be damaging to their ability to cope and respond positively to the situation. In some cases, it often meant that service users colluded with their primary abuser to avoid any additional harm being caused by statutory agency involvement.

Time constraints of agencies were also mentioned as a key factor of non-disclosure to all services, but they particularly mentioned where there was a safeguarding risk and in a health setting. All services need to be aware of the impact their haste has on the relationship and development of trust between service and service user and treat them as an individual, not another case to get through as quickly as possible. However, this trust level between service users and statutory agencies was higher with health services, than other statutory services.

The majority of service users had a reluctance to seek help or discuss the issues with the statutory services for fear of being judged, especially where children were involved. The truth was often hidden from these agencies because interference was seen to make the situation worse for the whole family. Most women are able to parent well despite the toll the abuse has taken on them, but not all are able to. In addition, some victims have vulnerabilities that if left unaddressed leave them at risk of being further abused and this has implications for both them and their children's future safety and wellbeing.

Committed staff was mentioned as one of the best things about services on a number of occasions. This suggests that, although the attitude or personality of members of staff is not a consideration prior to using the services, it contributes significantly to a positive user experience. Being able to build and develop trust with services was thought to enable swifter responses to change, therefore improving outcomes for all.

Service users viewed voluntary sector services e.g. refuge projects, women's aid and outreach services, most favourably. Users requested that the specialist services should be expanded rather than reducing them, have longer opening hours, more availability and publicity. Feedback from the service users also shows that they previously had been unaware of the specialist services existence.

Views of social services, health services, police and housing responses were very mixed, but generally there were low levels of satisfaction from these statutory agencies. Participants felt criminal justice agencies were pushed by targets, not real life situations. Courts emerged as a poor service for the needs of victims and as the organisations least likely to respond appropriately to or to understand the reality or dynamics of domestic abuse.

Language barriers left many black and minority ethnic (BME) service users feeling out of control of their situation unless they received specialist, culturally specific support. Care must be taken that organisations who support these individuals don't add to the feelings of abuse or being done to. For this client group, in particular, it is seen to be very important to have discreet ways of accessing services, practical advice and information.

A recurring negative was dissatisfaction with the lack of accountability placed on perpetrators for their offending behaviour. The criminal justice system was seen to be risk averse, with threats and living constantly in fear not taken into account, when the courts considered appropriate sentences. The majority of participants mentioned living in fear was as significant to their health and wellbeing as being physically abused. Many mentioned that they chose not to report subsequent abuse, as it made things worse.



## **Conclusions**

The services and participants visited during this piece of research were varied, ranging from participants at the high-risk end of abuse who needed absolute discretion and hidden identity through to participants who have put their lives back together often after decades of abusive relationships; and also through to culturally supportive projects. This has led to an equally wide variety of responses.

This research has some obvious limitations based on the non-randomised way that participants were recruited and the small sample size involved. However, theme saturation on particular topics has been achieved even with the small numbers involved. There were consistencies within and between accounts provided by service users, supported by the research in the wider Lancashire domestic abuse JSNA. Consequently, it is possible to draw some tentative conclusions about the services being offered to domestic abuse victims in Lancashire.

The main conclusion is that the services received from a specialist service provider, generally VCFS organisations, were valued and perceived by service users as having made a significant contribution in making them feel safe and able to adjust to life after experiencing domestic abuse. If this were translated into fewer instances of victims returning to abusive relationships then considerable health, criminal justice and social care savings would be likely to occur. This was particularly relevant in the hard-to-reach communities (minority groups and rural areas), where the specialist provision may be their only appropriate source of support and advice.

However, whilst the feedback received was consistently positive of specialist services, the only negative mentioned of these specialist organisations was insufficient availability of support. This lack of provision at all levels of risk may mean services find themselves unable to refer victims to other agencies/support.

This contrasts with the recurring theme across all the differing groups of disappointment, lack of understanding and judgement from statutory services, especially if there were safeguarding aspects. Positive responses to statutory services were infrequent, and often down to an individual in that service "going the extra mile".

Overall it can be concluded that there are high levels of satisfaction amongst those who are accessing the services provided by specialist services. The social interaction between survivors of abuse and peer support aspect of group work was also highly valued by users of the service. Given the choice, participants would prefer not to involve statutory provision for the reasons mentioned above and would prefer a more helpful approach from services, especially in health settings, and independent advocacy and support was deemed to be best.

From this research, the following challenges exist with the current service delivery:

- Insufficient specialist service provision available across all levels of risk.
- Statutory services need to improve their approach to dealing with domestic abuse.
- Not enough services specifically for children who have experienced domestic abuse.
- There is little connection between services for adults and service for children. A holistic approach is needed that addresses the issues of perpetrators and victims – both children and young people, and adults.

- There is a lack of parenting support offered that incorporates a domestic abuse context for those who live with or have lived with domestic abuse.
- There is a lack of understanding of the negative consequences of sharing information. Staff working with domestic abuse, need to understand the personal nature and the relationship dynamics, especially when dealing with contact arrangements for children.
- Safety does not appear to be paramount in decision-making responses of organisations which leads to an increased risk factor that agencies unwittingly collude with.
- A more joined-up approach that moves from target focused to victim focused is needed, using expertise from specialists in the field.
- Stronger evidence base is needed of 'what works' and a need to understand the precise needs and issues of the victims/service users to develop an approach that moves towards positive outcomes, based on enabling, empowering and building resilience.
- Practitioners need to develop awareness to ensure referrals that take place are *safe*, effective and appropriate.

Whilst all participants were informed that the research was being completed as part of a commissioning strategy, many participants thanked the interviewers for asking them to be involved in this consultation. Victims themselves have great knowledge in how services do or could work more effectively, and where there could be significant improvements in the way that services handle future victims of domestic abuse. The challenge is to provide this opportunity and engage with the messages from this type of research and future service consultation work in order to address the weaknesses in the system. This needs to lead to concrete action and policy change in order to be effective and worthwhile, not just 'ticking a box' rhetoric.

### **Stakeholder Consultation**

A key element in the development of the commissioning framework was consultation with stakeholders including officers working within both statutory and specialist provision. Over 80 participants attended two sessions held in October 2012, with the opportunity to share their views on what the framework needs to achieve and what future provision should look like. Participants were assured of the commitment to ensure that stakeholders and service users would be able to contribute to the new framework for core service delivery.

Stakeholders felt strongly that current commissioning arrangements were not helpful to service providers as it put them in competition with each other to secure funding for their area, thereby leaving gaps in support for victims where they were not successful. This was exacerbated by the short-term nature of funding with services repeatedly at risk of closure. Many stakeholders felt that statutory authorities had a perception that they were not professional organisations and that they had to prove their ability to deliver services. In contrast many statutory organisations were happy to refer victims to their services without providing any financial support for the service. There was widespread support for the joint commissioning approach and commitment to securing a core offer across the county, as this demonstrated that public sector partners were serious about tackling domestic abuse.

The consultation sessions included an overview of the current understanding of domestic abuse, including incidence, patterns and impact. This was followed by workshops which developed service mapping and gap analysis, followed by identification of which activities were essential to the core

offer. The service mapping conversations reinforced the findings from the desk research that provision across the county was inconsistent, that resource was heavily weighted towards support for high-risk victims rather than prevention, and there was little investment in changing the behaviour of perpetrators. Stakeholders identified the following need for improved and consistent future services.

### **Children and Young People**

- Increased and timely access to counselling and specialist support including through CAMHS.
- Additional support available to schools supporting children and young people living in refuges.
- Workforce development, including school-based staff in order to ensure that frontline workers are able to identify the signs of domestic abuse, the potential impact on children and young people and make appropriate referrals for support.
- The definition of domestic abuse has been changed to incorporate young people aged 16 and 17. Services need to be developed that both respond to their needs and support them in forming healthy relationships.
- A consistent approach to promoting 'healthy relationship' messages across all age groups as a means of preventing abuse.
- Appropriate, timely and consistent information sharing between schools, children's centres, children's social care and police.
- Services should consider and address the needs of the whole family, if appropriate in order to break the cycle of abuse leading to future victims and perpetrators.
- Therapeutic group work should be available to young people and must avoid stigmatising those who might engage.

### **Victims**

- Expand safe routine questioning in primary care and community settings to ensure early identification of domestic abuse as evidence shows that women want to discuss domestic abuse when they are directly questioned rather than bringing it up themselves.
- Maximise opportunities to intervene early when victims attend accident and emergency departments as presenting health needs often mask domestic abuse.
- Improve functions to ensure Independent Domestic Violence Advocates (IDVA) are linked into the Specialist Domestic Violence Court process to avoid missing opportunities to support victims.
- Agencies to understand the increased demand on services that might arise due to the changes in the benefits system and how this might impact on the risk to victims seeking to leave an abusive relationship.
- Ensure provision takes account of the different needs for support within affluent communities.
- Improved approach to risk assessment to ensure that victims are confident in disclosing the actual level of harm being caused as many cases initially assessed as standard risk are re-graded with further information.
- Services need to be more responsive and flexible to provide the right support along the continuum of need, including step down provision (where victims have been high risk and needed intensive support but will continue to need ongoing but less intensive support as they become lower risk and so move down the continuum).

- Refugees currently safeguard high-risk victims but need to become therapeutic communities, supporting victims with their emotional and psychological needs as well as their physical needs, in order to ensure victims recover from the effects of the abuse and become resilient to further occurrences when becoming more independent and moving into their own homes.
- Personal development programmes may help to build victim resilience, particularly where changes to the benefit system may make financial independence more difficult.
- Many victims don't know what support is available, therefore all agencies need to ensure all pathways are promoted and provide a holistic approach.
- There is inconsistent coverage of sanctuary schemes to support victims to remain in their own homes

### **Perpetrators**

- There needs to be a consistent, early intervention approach to preventing children and young people becoming future perpetrators. This would include both 'healthy relationship' messages in schools and a whole family approach where domestic abuse is present in households with children.
- Consistent provision of voluntary programmes for perpetrators outside of the statutory criminal justice system. Programmes need to be evidence-based and link in with other agencies to address the wider needs contributing to abusive behaviour.
- Agencies need to challenge perceptions of domestic abuse as 'normal' and include financial abuse in the definition of behaviours to be addressed.
- Interventions should not only be in place early to stop abusive behaviour by a perpetrator within their current relationship, but should also address the potential for repeat or serial offending across a number of relationships.
- Programmes should take account of the range of pathways which may contribute to behaviour including educational attainment, learning and mental health needs, accommodation, finance, etc.

### **Service Mapping**

Getting a comprehensive picture across Lancashire remains a challenge, as the types of services available vary across the districts at any one time, creating an inconsistency of service provision across the county.

### ***Provision for Victims***

The majority of specialist provision for domestic abuse victims are provided by VCFS organisations, but often their funding is not long term nor secure.

Services are mainly open during regular office hours Monday – Friday. The only exceptions being some Lancashire organisations providing 24 hour helplines, the National Domestic Violence helpline and the Woman's Trust emergency line, along with shelters from Eaves Women's Aid and Women's Refuge.

Most are women-only services. Providers give a good balance of services such as counselling, advocacy and outreach. A few providers offer their services in a variety of community languages, with trained translators available. Specialist services are available in some areas of the county to

those from specific black and minority ethnic (BME) backgrounds, as well as a specialist service for male victims of domestic abuse.

Demand for services over the past three years is increasing, and demand is likely to continue to grow as services are more effectively promoted. With the adult female population expected to grow by 2% over the next five years in Lancashire, maintaining the current services is a bare minimum.

### **Children and Young People Provision**

Services specifically to support children and young people experiencing domestic abuse vary considerably across Lancashire, even more so than for services for victims. In some areas support is non-existent. This inconsistency is seen at all levels of need and across all service areas.

### **Work with Perpetrators of Domestic Abuse**

While it is a goal to change the attitudes of those who abuse, the ultimate goal of the domestic abuse approach has always been to ensure that victims are safer by intervening to stop the abuse. Changing offenders' attitudes about domestic violence is extremely difficult. Perpetrator work is predominantly supplied by Lancashire Probation Trust and the Prison Services and is based on assisting those who use violence and abuse in their intimate relationships to take responsibility for, as well as change, their behaviour and underlying attitude towards women. Perpetrator programmes, at whatever level, work best when provided alongside specialist proactive supportive programmes for the victim and children.

### **Good Practice**

Both national and local interventions focusing on victims, children and young people or perpetrators have been explored to further understanding of their effectiveness.

## **Recommendations**

It is essential that any recommendations for reducing the harm caused by domestic abuse in Lancashire should take a whole family approach to preventing abuse, protect victims including children and young people, challenge the behaviour of perpetrators and enhance partnership working and practice to deliver positive outcomes. The following recommendations are based on the evidence presented above.

### **1. Prevention**

**Children and young people living in households where domestic abuse is present are at greater risk of becoming victims and/or perpetrators in the future.**

- a. Work with children and young people should be undertaken to change attitudes towards violence and unacceptable behaviours in order to break the cycle of abusive relationships which may include therapeutic, one-to-one and group work interventions.
- b. Good quality personal, social and health education (PSHE) programmes should be developed that enable children and young people to develop healthy relationships.
- c. Public awareness campaigns need to be developed that challenge the social attitudes towards domestic violence itself

### **2. Early identification and disclosure**

**Victims are unlikely to disclose domestic abuse unless given a safe environment in which to do so.**

- a. NHS trusts and other relevant bodies should mandate skill-based group training of at least one day for the health professional groups most likely to come into contact with victims of domestic abuse, such as midwives, health visitors, GPs and clinical staff in substance misuse, community mental health and emergency department services.
- b. All partners, particularly health, education and social care, need to embed 'routine enquiry' into their service provision in order to give victims an opportunity to disclose harm within a safe setting.
- c. Professionals should be able to recognise the signs of domestic abuse in children and young people.
- d. Agencies must be able to make earlier referrals to IDVA so that interventions and support can be offered at the earliest opportunity in advance of consideration MARAC.

### **3. Early intervention**

**Early intervention is successful in reducing the risk to victims and their families. A consistent core offer of service provision across the county based on evidential need is necessary to ensure that victims can access appropriate support at a time when it can be most effective and for a length of time appropriate to the complexity of their need.**

- a. Develop a consistent approach to IDVA provision to ensure the service is located in the most effective locations for victims to access it. Evidence suggests this should include health settings such as accident and emergency departments and maternity units.
- b. Services need to be available across the continuum of need for medium and low-risk victims and witnesses in order to reduce the number escalating into high-risk cases.
- c. Specialist support services should be available throughout the week and at key times when victims are most likely to need them.
- d. A consistent, coordinated approach to medium and low-risk cases will support early intervention and reduce the number of cases escalating to high risk.
- e. An online directory of service and referral mechanisms for both victims and professionals will enable a joined up approach to support.
- f. Ensure that services for victims take account of contributory factors, in particular significant drug or alcohol misuse problems, mental health and accommodation needs.
- g. Provide access to counselling and specialist support for children and young people to minimise the impact of living with domestic abuse and increase resilience.
- h. Develop a holistic 'whole family' approach to interventions which enables parents to recognise the impact of domestic abuse on their children and emphasises their responsibility to take up support that will reduce the harm caused.

### **4. Early intervention with perpetrators**

**In order to protect victims and prevent future victimisation, there needs to be a focus on addressing the abusive behaviour of perpetrators. The effectiveness of working with perpetrators can be found in reducing reoffending and increases the safety of children.**



- a. Provide programmes for perpetrators in community, civil court and criminal justice settings which challenge unacceptable behaviours and encourage them to acknowledge and accept the impact of violence on their victims and their children.
- b. Ensure that assessment processes take account of fathers as well as mothers not just where the contact and custody arrangements are being discussed.
- c. Support for victims should be provided at the same time as the perpetrator's behaviour is being addressed.
- d. Provide services and support for 16 to 18 year olds displaying perpetrator behaviour in order to educate them about healthy relationships and challenge behaviour before it becomes entrenched.
- e. Ensure that services for perpetrators take account of contributory factors in particular significant drug or alcohol misuse problems, mental health and accommodation needs.
- f. Interventions with perpetrators should aim to break the cycle of behaviour in order to prevent serial offending within a number of relationships.

#### 4. Commissioning

**Getting it right for victims and witnesses (Ministry for Justice 2012), suggests: 'Services should receive funding depending on whether they are able to achieve outcomes, based on evidence and the outcomes should be reflected in a consistent commissioning framework'.**

- a. Statutory organisations should support the provision of core specialist services which reduce harm and promote resilience, recovery and independence.
- b. The design of future services, policies and procedures for domestic abuse should be co-produced with service users.
- c. Robust contract monitoring arrangements must ensure that enhanced services are effective across the county.
- d. Appropriate inclusion of 'payment by results' arrangements within commissions should encourage effective delivery of outcomes.

#### 5. Workforce development and strengthening practice

**Professionals should be able to recognise the signs of domestic abuse, understand the potential impact on families and be confident in making referrals to the range of service provision that can offer support, specifically:**

- a. Statutory agencies should have a consistent approach to responding to domestic abuse, reflected in all relevant policy and practice.
- b. Frontline professions including teachers, doctors, health and social workers, PCSOs, police, court services, substance misuse services, parenting services and working together with families' teams, should participate in training which equips them with the skills to spot the signs of domestic abuse in order to enable victims, perpetrators and their families to access support earlier and ensure that disclosure leads to a reduction in harm.
- c. Practitioners should take part in multi-agency, specialist training which addresses the different approaches and objectives across organisations in order to establish routine screening, referral protocols and a whole family approach to support.

- d. All responsible authorities and VCFS providers should receive awareness training on the role and function of IDVAs and support services.
- e. Utilise nationally available training such as that available through CAADA (Coordinated Action Against Domestic Abuse), Respect and the IRIS project in addition to local models such as the NHS East Lancashire MARAC training provided to GPs.
- f. Improved multi-agency work with the opportunity to utilising the specialist domestic abuse sector to deliver appropriate training with a victim focused approach.

## 6. Develop an approach to build resilience and independence

**Many victims have lived in more than one abusive relationship, and feel that society's acceptance and tolerance of violence in relationships was the main cause of domestic abuse being so widespread.**

- a. Asset based approaches should be utilised in encouraging victims to access help from the community and public services to report abuse earlier.
- b. Asset based approaches can also be used to support the challenge of cultural and social norms which discourage disclosure of abuse.
- c. Improved access to therapy for victims will help to address psychological difficulties following abuse.
- d. Promote positive outcomes achieved through prosecution in order to build confidence in the criminal justice system.
- e. Targeted advertising should be undertaken to raise awareness of services available to victims. Service users should be involved in the design of publicity or campaigns to ensure the right message is put across, through the right channels.
- f. Refuges should be modelled along the principles of therapeutic communities with all refuge workers given training, both at the start of their work and at regular intervals, that enables them to understand the social and psychological influences on domestic abuse, its interpersonal dynamics and its impact upon victims and children.

## 7. Developing inter-agency collaboration

- a. The MARAC system is central to coordinate partnership working with high-risk victims. As such there should be adequate resourcing available to enable multi-agency coordination, effective record keeping and accountability of partners to deliver action.
- b. Partner agencies need to provide consistent engagement with MARACs and should ensure that support for children and young victims is considered.
- c. Arrangements between IDVA and the Specialist Domestic Violence Courts (SDVCs) should be reviewed to ensure effective information sharing and support for victims takes place. This could be incorporated into a refresh of the SDVC protocol.
- d. Regular and sustained communication between community health and social care teams, specialist domestic abuse provision including refuges and the police would enable families to access support and maximise the information shared between agencies.
- e. Clear information sharing guidance which includes VCFS organisations would increase confidence in agencies to appropriately share data.
- f. There should be ongoing engagement and research with domestic abuse service users to develop an increased understanding of impact, needs and assets to inform future service development.

- g. Further research is recommended to understand what happens in relationships where criminal justice proceedings have not resulted in sanctions.
- h. Social marketing techniques should be used to increase awareness of the impact of behaviour and to promote healthy relationships, in conjunction with support services for both victims and perpetrators.

## **Next Steps**

A further piece of work will be undertaken by the policy and commissioning teams to prioritise these recommendations and identify who will take responsibility for taking the relevant action.