Nottinghamshire Health & Wellbeing Board

Topic information	
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Executive summary

Introduction

Domestic abuse is defined as 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 psychological, physical, sexual, financial and emotional abuse. The definition also includes domestic abuse stalking and so-called 'honour-based' abuse (HBA), which includes female genital mutilation (FGM) and forced marriage (FM).

The most common type of violence in the UK is domestic (intimate partner) violence. Domestic abuse represents at least 20% of violent crime Nature of Violent Crime in England & Wales March 2017. It is also widely recognised as a crime with a high incidence of repeat victimisation, where people experience domestic abuse more than once in their lifetime. Key points from this JSNA are:

- 20,464 people in Nottinghamshire will have experienced domestic abuse in the previous 12 months and 79,362 persons will have experienced domestic abuse over their lifetime, 56,756 women and 22,606 men
- Whilst men do experience domestic abuse, it is a gendered crime, with women much more likely to experience abuse than men. An estimated 4.6m women (28% of the adult population) have experienced domestic abuse at some point since the age of 16
- There have been 13 Domestic Homicide Reviews (DHRs) in Nottinghamshire between 2015-2018
- Approximately 75% of children living in households where domestic abuse occurs are exposed to actual incidents[1]. These children have an increased risk of developing acute and long term physical and emotional health problems[2].

- Domestic abuse recorded crime increased from 5,808 between July 2016 – June 2017 to 6,645 between July 17 and June 18 equating to a 14.4% increase in reporting.

Unmet needs and gaps

A number of areas remain of concern and further investigation of local data and emerging evidence will be required to inform future decision making. The following is in no particular order and is not conclusive:

- Research suggests that children and parents value outcomes that focus on safety and wellbeing, the ability to express feelings, increased school performance and having positive peer relationships[3]. Locally Hands are not for Hurting uses this approach, however there are gaps in the range and capacity of services for children.
- More preventative approaches to domestic abuse including early intervention for young people
- Effective responses from health services, including in mental health and a model to capture the benefits of IRIS (Identification and referrals for Safety) in General Practice
- Teenagers perpetrating abuse on parents/family members (adolescent to parent violence and abuse)
- Ways of addressing increasing volume and complexity of demand, including referrals to Multi-agency Risk Assessment Conferences (MARACs)
- Maintaining the number of refuge spaces in Nottinghamshire and developing a whole housing approach, for example, assisting in obtaining a secure tenancy
- Addressing emerging issues especially stalking and harassment, use of technology, knife crime, economic abuse etc.

Recommendations for consideration by commissioners

Domestic abuse is a pervasive and enduring problem which Nottinghamshire is committed to addressing. A key feature of these recommendations is to ensure, at the least, that current partnership arrangements, services and interventions are sustained to continue to reduce and repair the harm caused by domestic abuse. There are a significant number of recommendations and the Domestic and Sexual Abuse (DSA) Exec will need to prioritise.

The recommendations are set out in line with the *Nottinghamshire Framework for Tackling Domestic & Sexual Abuse in Nottinghamshire 2016-2020*. The recommendations will inform a new strategy and a new delivery plan.

	Recommendation	Responsibility
	Partnership working	
1	Maintain the Nottinghamshire Domestic and Sexual Abuse Executive Group, ensuring broad representation, including the specialist DSA voluntary sector; to ensure partners are working to an over-arching strategy with an action plan and analysis.	Domestic and Sexual Abuse Executive with support from the Safer Notts Board and Health & Wellbeing Board
2	To maintain a co-ordinated commissioning approach to Domestic Abuse across Nottinghamshire	Statutory bodies with responsibility for commissioning e.g. Nottinghamshire County Council and Police and Crime Commissioner
3	All agencies to develop and promote policy and procedures for work with survivors, children and perpetrators, including workforce training and employee domestic violence policies	All public sector agencies alongside voluntary and community sectors
4	Agencies to acknowledge the importance of maintaining provision of refuge and other specialist services and work with the Safer Nottinghamshire Board to address sustainability	Local Authorities with support from Safer Notts Board
5	Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.	DSA Exec
6	Assess the implications of the Domestic Abuse Bill published January 2019	DSA Exec
	Prevention	
7	Continue to support and promote campaigns to promote healthy relationships, gender equality and raise awareness of domestic abuse.	All public sector agencies alongside voluntary and community sectors
8	Encourage more schools to take up specialist early intervention and prevention programmes for children and young people, building on mandatory healthy	DSA Exec with support from Safer Notts Board and Notts County Council

	relationships and sex education (RSE) from September 2020.	
9	Develop targeted interventions to support at risk victims and young people that harm	DSA Exec with support from Safer Notts Board
10	Programme to ensure a mixed economy of risk and needs based services and approaches, for example through Change that Lasts	All public sector agencies alongside voluntary and community sectors
Provision		
11	Support and promote awareness of access to Women's Aid Nottinghamshire 24 hour Freephone Helpline and other local services	All public sector agencies alongside voluntary and community sectors
12	Ensure maintenance of, at least, essential specialist community-based Domestic Abuse services in line with NICE PH50 guidance, including for women, men, teenagers and children.	Nottinghamshire County Council and Police and Crime Commissioner
13	Professionals and specialist services respond effectively: for example, professionals to be trained to identify Domestic Abuse, utilise the DASH RIC to identify levels of risk and referral routes	All public sector agencies alongside voluntary and community sectors
14	Improve identification and response across healthcare settings, including mental health (women, men, teenagers and children) e.g. therapeutic counselling	NHS Commissioner and Provider agencies
15	Access to specialist housing, refuge and post-refuge support	District Councils, Notts County Council and specialist providers
16	Develop support for survivors of harassment & stalking	Police alongside public and voluntary sector
17	Increase capacity for support for children affected by domestic abuse, both in the community and in refuge	DSA Exec
Protection		
18	Ensure decision making about undertaking of DHR's and the learning from DHR's is shared across Nottinghamshire through the development of a process that is both consistent and best value	Domestic Homicide Review Assurance, Learning and implementation Group (DHR ALIG) Community Safety Partnerships with DSA Exec
19	Identify effective and evidence based ways of working with perpetrators, ensuring programmes are aligned with the RESPECT guidelines and running in parallel with specialist women's services.	DSA Exec

Nottinghamshire Health & Wellbeing Board

Full JSNA report

What do we know?

1) Who is at risk and why?

1.1 Definition of domestic abuse

The Government definition of domestic abuse is:
"any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional abuse."

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 definition also includes so called 'honour- based' abuse (HBA), which includes female genital mutilation (FGM) and forced marriage (FM), and it is clear that victims are not confined to one gender or ethnic group.

So-called 'Honour-based' abuse - HBA is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. There is no specific offence of 'honour-based' crime. It is an umbrella term to encompass various offences covered by existing legislation. HBA can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. Specifically HBA includes:

- **Female Genital Mutilation** - FGM is a form of child abuse and is illegal in the UK; the Serious Crime Act 2015 extends this illegality beyond the UK, prohibiting acts of FGM committed abroad by a UK national or someone who is resident in the UK. FGM is described by the World Health Organisation as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.
- **Forced marriage** - A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is illegal in Great Britain. It is recognised as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Children and Young People - Technically the government definition relates only to people aged 16 and over however, the impact of domestic abuse on children is within the scope of

this JSNA chapter. Children and young people exposed to domestic abuse may suffer significant long term effects and the definition of chid emotional abuse includes "seeing or hearing the abuse of another" Working Together to Safeguard Children 2018

Terminology in the literature does vary between domestic abuse and domestic violence and between victim and survivor. For the purpose of this JSNA, the terms 'domestic abuse' and 'survivor' will generally be used.

1.2 Drivers for Change

1. New legislation since the 2014 JSNA has included specific offences of: stalking, forced marriage, FGM, revenge pornography, the Modern Slavery Act, coercive and controlling behaviour and the Domestic Abuse Disclosure Scheme.

2. The government strategy Ending Violence against Women and Girls 2016-2020 sets out a framework for working towards this based on:
   a. Preventing violence and abuse
   b. Provision of services
   c. Partnership working
   d. Pursuing perpetrators

3. The *Nottinghamshire Framework for Tackling Domestic & Sexual Abuse in Nottinghamshire 2016-2020*[4] builds on the government's strategy. This is supported by a Delivery Plan structured around the objectives of:-
   a. Preventing abuse and changing attitudes
   b. Protecting and supporting vulnerable people
   c. Reducing the risk of offending and re-offending

4. The National Statement of Expectations 2016 expects local strategies and services will:
   1. Put the victim at the centre of service delivery
   2. Have a clear focus on perpetrators to keep victims safe
   3. Take a strategic approach recognising the gendered nature of domestic abuse
   4. Be locally led and safeguard individuals
   5. Raise local awareness and involve and engage communities to prevent violence against women and girls

5. The government published its Draft Domestic Abuse Bill in January 2019. This builds on the consultation which took place in 2018 and proposes a range of changes based around:
   a. Promoting awareness
   b. Protecting and supporting victims
   c. Tackling perpetrators
   d. Improving data collection

   This is further considered in Section 6 What's on the Horizon?

6. The Homelessness Reduction Act 2018 - Guidance for local authorities explains local authorities' duty to help people stay in their home or find alternative accommodation. There is also a responsibility to refer for support, including support for survivors of domestic abuse. This is likely to increase demand for community-based services and for refuge.

7. Nottinghamshire is participating in Change that Lasts , one of 3 pilots in the country, led by Women's Aid England. The aim is to move the focus from identifying risk towards providing resources and support for victims. The project is based around 3 themes:
   - *Ask Me* which aims to raise awareness in the community about domestic violence and encourage victims to disclose.
   - *Trusted Professionals* i.e. those who refer people to specialist services
   - *Expert Support* working with women's aid services across the county

8. Nottinghamshire DPH Report 2018 includes recommendations to:
   - Improve the response to domestic abuse by promoting awareness and training to help communities, professionals and specialist services respond effectively, for example through the Change that Lasts programme
   - Reduce the incidence of domestic abuse by improving early intervention and prevention, for example by working with the Tackling Emerging Threats to Children team to enhance prevention

1.3 What causes domestic abuse?

Nottinghamshire subscribes to the Duluth Power and Control model. This model describes how domestic and sexual violence and abuse are caused by the abuser's belief in the benefits of behaviour which exerts power and control over their partner, ex-partner, children or other family members. The Duluth Model

There are many myths surrounding domestic abuse, including that it is caused by:
- alcohol or drug misuse
- mental illness
- earlier experiences of violence or abuse
- social and economic deprivation

Whilst such circumstances may be present in domestic abuse, the Duluth model emphasises that behaviour is always a choice and such misfortunes are not an excuse. The Duluth power and control wheel (Figure 1) helps to explain the multiple ways in which abuse is inflicted.

Figure 1: Duluth Power and Control Wheel



1.4 The impact of domestic abuse on health and wellbeing

- **Physical injuries** - 42% of women who experience intimate partner violence report an injury as a consequence of this violence WHO factsheet: Violence against Women. In extreme cases this results in homicide. Evidence presented to the Home Affairs Committee found that, on average, two women are killed by their partner or ex-partner every week in England and Wales. Home Affairs Committee: Report on Domestic Abuse 2017-19
- **Physical health** - survivors are at increased risk of chronic health problems including: gynaecological disorders, chronic pain, neurological symptoms, gastro-intestinal disorders, and self-reported heart disease[5]. Health effects can also include headaches, back pain, abdominal pain, gastrointestinal disorders, limited mobility and poor overall health.
- **Mental Health** - domestic abuse can also lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. Women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking.

- **Pregnancy** - intimate partner violence in pregnancy increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies. Women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth WHO factsheet: Violence against Women.

  Reproductive coercion impacts on reproductive choices, when someone else controls a woman's use of contraception, choice to become pregnant, or continue with a pregnancy Reproductive Coercion
- **Frequency of health service use** - the impact on health means that women who experience domestic abuse present more frequently to health services. They are admitted to hospital more often than their non-abused counterparts and are issued with more prescriptions. There is evidence of a linear relationship between severity of domestic abuse and the use of health services[6]. Women who have suffered domestic abuse have approximately twice the level of usage of general medical services and between three and eight times the level of usage of mental health services.
- **Children who are exposed to domestic abuse** - approximately 75% of children living in households where domestic abuse occurs are exposed to actual incidents[7]. These children have an increased risk of developing acute and long term physical and emotional health problems[8]. Many will be traumatised by what they witness, whether it is the abuse itself or the emotional and physical effects the behaviour has on someone in the household. It is also associated with an increased risk of abuse, deaths and serious injury for children and young people[9].

In addition to the physical and psychological effects there are further consequences for victims of domestic abuse such as:

- **Homelessness -** Research carried out by the homeless charity, Shelter; found that domestic abuse is "the single most quoted reason for becoming homeless"[10]. The study found that 40% of all homeless women stated domestic abuse as a contributor to their homelessness[11]. Data from Women's Aid's Annual Survey in 2017 shows that over two thirds of women (68.4%) in refuge had crossed local authority boundaries to access this accommodation. After receiving support survivors of domestic abuse are unlikely to be living in sustainable housing, with 87% of women leaving refuges for continued temporary accommodation according to research by Solace Women's Aid. SafeLives Report: Homelessness and Domestic Abuse
- **Loss of income or work** - The British Crime Survey showed that more than one fifth of women (21%) who were employed and who had suffered domestic abuse took time off work as a result of the worst incident[12].
- **Isolation from friends and family -** Feelings of isolation can also occur having left a violent relationship since victims might have had to move to a new area away from friends and family. Building new social networks and pursuing new work or educational opportunities whilst recovering from the effects of a violent relationship can be very hard especially where the victim has experienced mental health issues.

1.5 Who is at risk of domestic abuse?

An estimated 2 million adults aged 16-59 experienced domestic abuse in the UK in the year ending March 2018, 1.3 million women and 695,000 men ONS: Domestic Abuse in England & Wales March 2018. This equates to around 5% of the adult population, or 1 in 20. This section describes the risk factors for domestic abuse and it is important to note that the risk increases where there is a combination of factors. The following risk factors are cited by National Institute of Health and Care Excellence (NICE) 4 and the World Health Organisation NICE PH50 and WHO: Understanding and addressing violence against women

- Gender, female
- Younger women in particular aged 16-24
- Older people
- Long term illness or disability
- Mental health problems
- Pregnant or has recently given birth
- Marital status, separated
- Previous abuse
- Alcohol and substance misuse
- Low education
- Children living in a household with domestic abuse
- Trans - (80%) experience emotional, physical or sexual abuse[13]

Gender - Whilst men do experience domestic abuse, it is a gendered crime, with women much more likely to experience abuse than men. An estimated 4.8m women have experienced domestic abuse at some point since the age of 16 Crime Survey England & Wales March 2018 (CSEW). Women are also much more likely to experience high risk, ongoing domestic abuse and be referred to MARAC (multi-agency risk assessment conference). Figures also show that the majority of victims of domestic homicide recorded between April 2013 and March 2016 were female (70%) and over three-quarters were killed by a male partner or ex-partner. Approximately 42% of victims are victimised more than once. Victims experience an average of 20 incidents of domestic abuse in a year, which can often increase in severity each time Walby & Allen: Findings from the British Crime Survey 2004

BMER - Some forms of violence and abuse against women are more likely to be experienced by particular sub groups of the population e.g. Black and Minority Ethnic and Refugee (BMER) women are more likely to experience so-called HBA.

Alcohol use is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred[14]. Alcohol is a situational factor that contributes to domestic and sexual violence increasing the severity rather than a primary cause[15]. Alcohol use and dependence can arise as a result of abuse and may be used as a coping mechanism.

Drugs - Some victims are introduced to illicit drugs by their abusive partners as a way of increasing control over them[16]. In addition to this partner assaults are 4 to 8 times higher among people seeking treatment for substance dependency[17]

Children exposed to ACEs - Adverse childhood experiences (ACEs) comprise experiences that directly hurt a child (e.g. physical, sexual or emotional abuse) or affect them through the environment in which they live, including domestic abuse[18]. They include verbal, physical and sexual abuse, physical and psychological neglect, parental death, divorce, substance misuse, mental health and attempted suicide, and incarceration.

In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic abuse during their childhood. Around 3% of those aged under 17 reported exposure to it in the past 12 months rising to 12% for 18-24 year olds[19]. Another study estimated that 25.8% (around 3 million) of children aged 0-17 lived in a household where an adult has at some point experienced domestic abuse[20]. Nationally, 104,985 children lived in households where a case was referred to a MARAC in the year ending March 2017[21]. Children who have experienced, or even witnessed, domestic violence and abuse in the home, display increased fear, inhibition and depression, as well as higher levels of aggression and antisocial behaviour, which can persist into adolescence and adulthood. Early intervention in domestic violence and abuse

1.5 The cost of domestic abuse

The economic and social costs of domestic abuse have been analysed and updated as part of the Domestic Abuse Bill. The details is available at The economic and social costs of domestic abuse. Building on the work done by Walby[22] this latest analysis estimates the cost for England and Wales as £66 billion. While by far the biggest proportion is the estimated physical and emotional costs associated with the harms borne by the victims themselves following their abuse, lost output also represents a significant element of these costs.

Table 1: Total cost of domestic abuse in England & Wales for 2016/17 (£ millions)

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	£11m	£66,192m

Source: The economic and social costs of domestic abuse 2019

Table 2 from the same paper estimates the typical cost of one case of domestic abuse over a 12 month period. This is a total of £34,015

Table 2: The cost of one case of domestic abuse over one year

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal Legal	Civil legal	Other	
£5	£24,300	£7,245	£1,200	£370	£645	£170	£70	£5	£34,015

Source: The economic and social costs of domestic abuse 2019

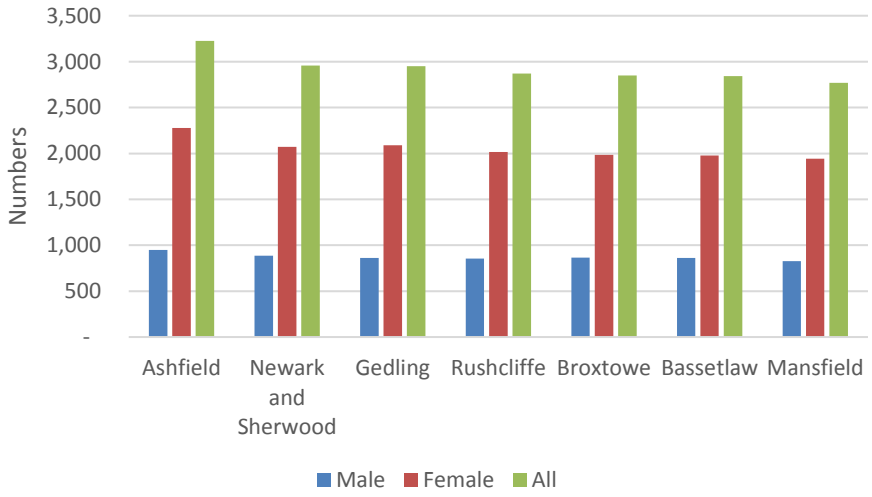
2) Size of the issue locally (based on national estimated prevalence)

Experiencing domestic abuse in last 12 months

Prevalence figures for domestic abuse are based on the Crime Survey England & Wales March 2018 (CSEW). These are based on a random sample of about 35,000 people. Due to the nature of domestic abuse, in particular, self-disclosure surveys such as CSEW, tend to indicate higher figures than police incident reports. The findings of the CSEW are used to estimate national prevalence and have been applied at District level, and give an indication however local figures are likely to be more accurate.

Evidence shows that domestic abuse is predominantly committed against women. According to new figures from the Crime Survey for England and Wales (CSEW) for the year ending 31 March 2018, 6.3% of women and 2.7% of men aged between 16 and 59 have experienced partner abuse once or more in the last year (Office for National Statistics, 2018). This equates to 20,464 persons or 14,360 women and 6,104 males experiencing domestic abuse in the previous 12 months in Nottinghamshire. Figure 2 illustrates numbers by district.

Figure 2: Estimated numbers (age 16-59) prevalence of domestic abuse by District in previous 12 months

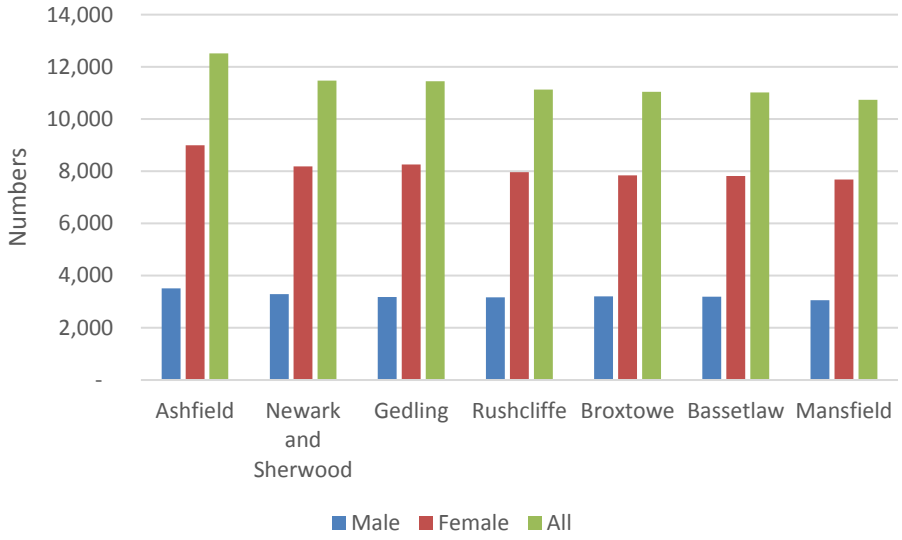


Source CSEW and ONS mid-year population estimates 2018

Experiencing domestic abuse in lifetime

The CSEW figures show that domestic abuse affects 24.9% of women and 10% of men between the age of 16 and 59 in their lifetime. For Nottinghamshire this equates to 79,362 persons, 56,756 of whom are female and 22,606 are male. This is an underestimate as it does not include those aged 60+ years. Figure 3 illustrates the estimated numbers of people who have experienced domestic abuse over their lifetime (16-59 years) by district.

Figure 3: Estimated numbers (age 16-59) subject to domestic abuse by District based on national prevalence



Source: CSEW 2017 and ONS mid-year population estimates 2017

Domestic Homicides

Current Domestic Homicide Reviews (DHRs), including those completed and submitted to the Home Office Quality Assurance Panel, but not yet responded to, number 14 in Nottinghamshire. Of these, 13 homicides took place between 2015-2018 and the majority of victims were women.

Homelessness - The 2015 Homeless Watch survey is the last one available and established that 25% of homeless women reported domestic abuse as the most common need, this is in line with all previous years the survey ran (since 2009). Homeless Watch Nottinghamshire survey findings 2015

3) Performance Measures

The Public Health Outcomes Framework shows outcomes and indicators that will assist in understanding how well public health is being improved and protected. Domestic abuse is one of the wider determinants of health (Domain 1) and the indicator is measured as the **rate of domestic abuse incidents recorded by the police per 1,000 population**. Data became available in February 2014 enabling comparison between local authorities, regions and England for Domestic Abuse Public Health Outcome Indicator 1.11 Domestic Abuse

These figures are unreliable since they conflate incidents and crimes (which are different but overlap) and are rather out of date. Please see the next section for more local, up to date information about domestic abuse recorded by the Police.

Table 3: Rate of domestic abuse recorded by the Police per 1000 of population for England and the local authorities in the East Midlands region 2016/17

1.11 - Domestic abuse-related incidents and crimes - current method 2016/17 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	1,000,072	22.5	22.5	22.6
East Midlands region	–	77,524	20.3	20.2	20.5
Derby	–	-	21.7*	-	-
Derbyshire	–	-	21.7*	-	-
Leicester	–	-	18.7*	-	-
Leicestershire	–	-	18.7*	-	-
Lincolnshire	–	-	16.7*	-	-
Northamptonshire	–	-	27.3*	-	-
Nottingham	–	-	18.6*	-	-
Nottinghamshire	–	-	18.6*	-	-
Rutland	–	-	18.7*	-	-

Source: Office for National Statistics (ONS)

Note: Local authorities are allocated the crude rate per 1000 for the police force within which they sit, as such some authorities will have the same rate as they sit within the same authority, e.g. Nottingham and Nottinghamshire, Derby and Derbyshire.

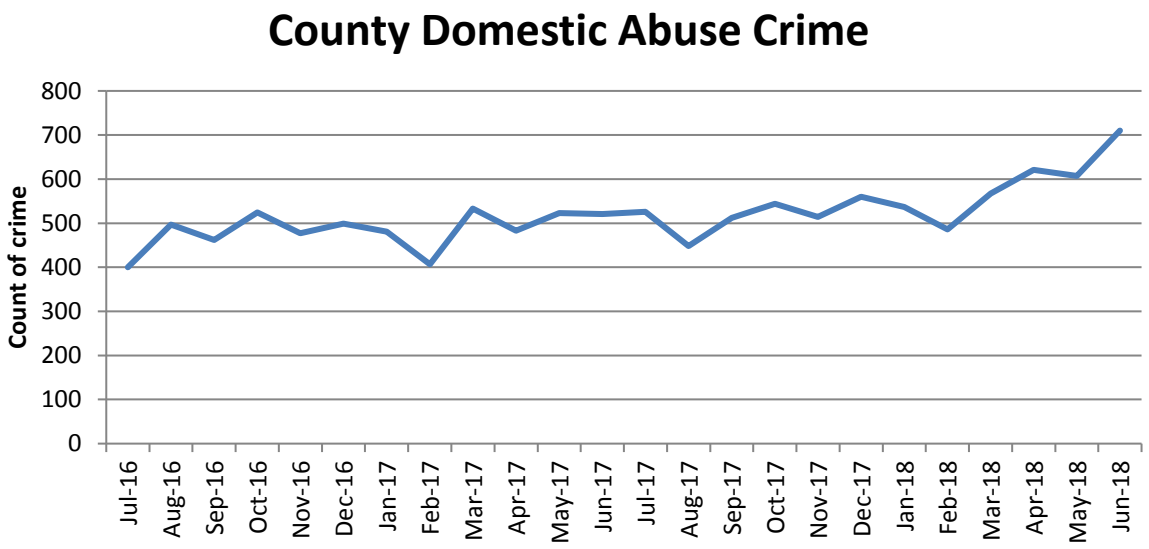
3.1 Domestic Abuse reported to the Police

Domestic abuse is under-reported to the Police however reported crime shows trends over time and by District. A domestic abuse crime can include any crime with a domestic abuse 'tag' (according to the Government definition of domestic abuse), such as violence against the person (including violence with/without injury, harassment and stalking, coercive control), burglary, criminal damage etc.

The information in this section relates to crimes in Nottinghamshire County only.

Domestic abuse recorded crime increased from 5,808 between July 2016 – June 2017 to 6,645 between July 17 and June 18 equating to a 14.4% increase in reporting. Figure 4 shows the trend of increasing numbers of domestic abuse crimes recorded across the County. It should also be noted that these figures are for individual crimes and include repeat survivors.

Figure 4: Number of domestic abuse crimes reported to Nottinghamshire Police 2016-18



Source: Nottinghamshire Police

Table 4 compares the same period by District. Mansfield and Ashfield have the highest number reported and Rushcliffe the least. Domestic abuse is known to be under-reported and attitudes to reporting may vary across different localities.

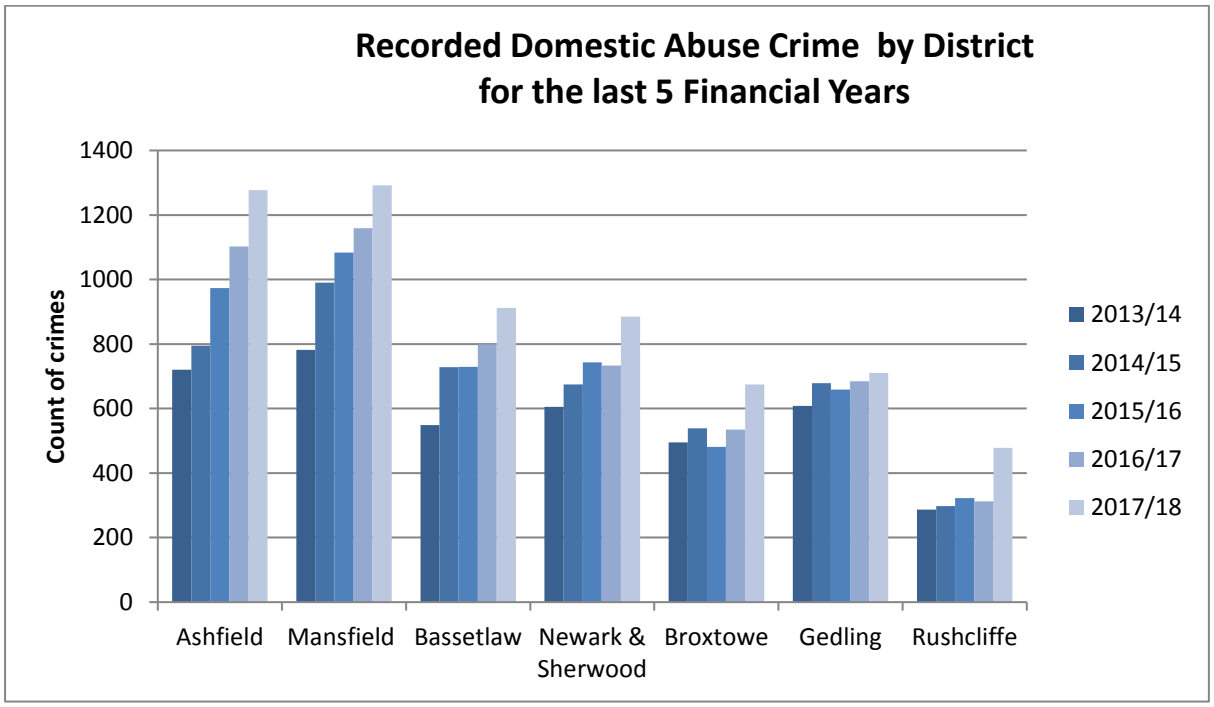
Table 4: Domestic Abuse crimes by district, comparison over time

	Jul to Jun 2018		July to June 2017			
All Domestic Abuse	Domestic Abuse Crime	County %	Domestic Abuse Crime	County %	Volume Change	% Change
County	6,645		5,808		837	14.4%
Ashfield	1,367	20.6%	1,224	21.1%	143	11.7%
Mansfield	1,370	20.6%	1,245	21.4%	125	10.0%
Bassetlaw	997	15.0%	836	14.4%	161	19.3%
Newark & Sherwood	947	14.3%	785	13.5%	162	20.6%
Broxtowe	695	10.5%	601	10.3%	94	15.6%
Gedling	743	11.2%	747	12.9%	-4	-0.5%
Rushcliffe	526	7.9%	370	6.4%	156	42.2%

Source: Nottinghamshire Police

Figure 5 below shows the increase in reported domestic abuse crime by District over the last financial 5 years. Overall across Nottinghamshire there has been a 54% increase, from 4046 in 2013/14 to 6,229 in 2017/18. There are significant differences between individual Districts.

Figure 5: Number of domestic abuse crimes by district over time, 2013/14- 2017/18.

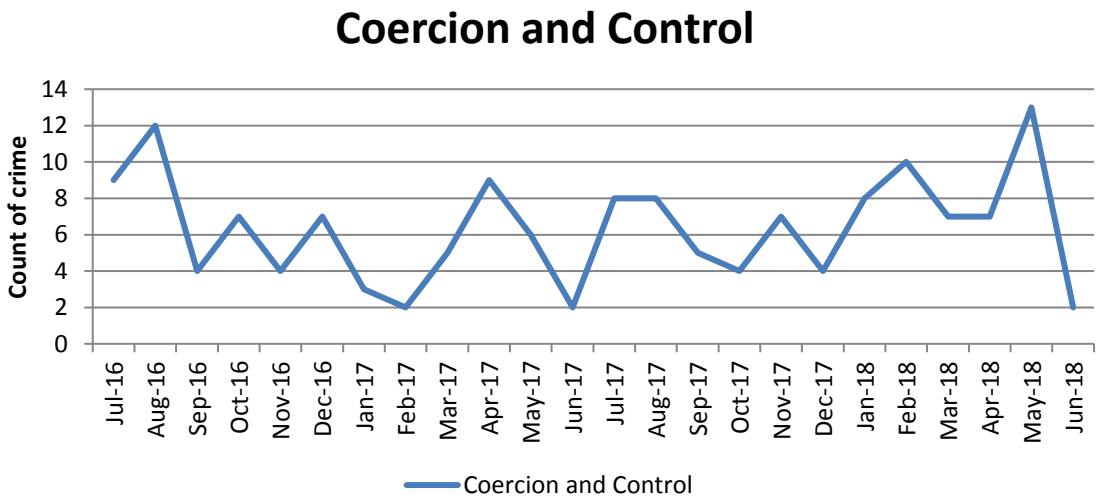


Source: Nottinghamshire Police 2018

3.1.2 Reporting Controlling and Coercive behaviour

According to the Government definition of domestic abuse 83 offences were recorded in Nottinghamshire in the 12 months to June 2018, this is a 15.7% increase from 70 crimes in the previous 12 month period to June 2017.

Figure 6: Number of domestic abuse coercion and control crimes by district 2016-18

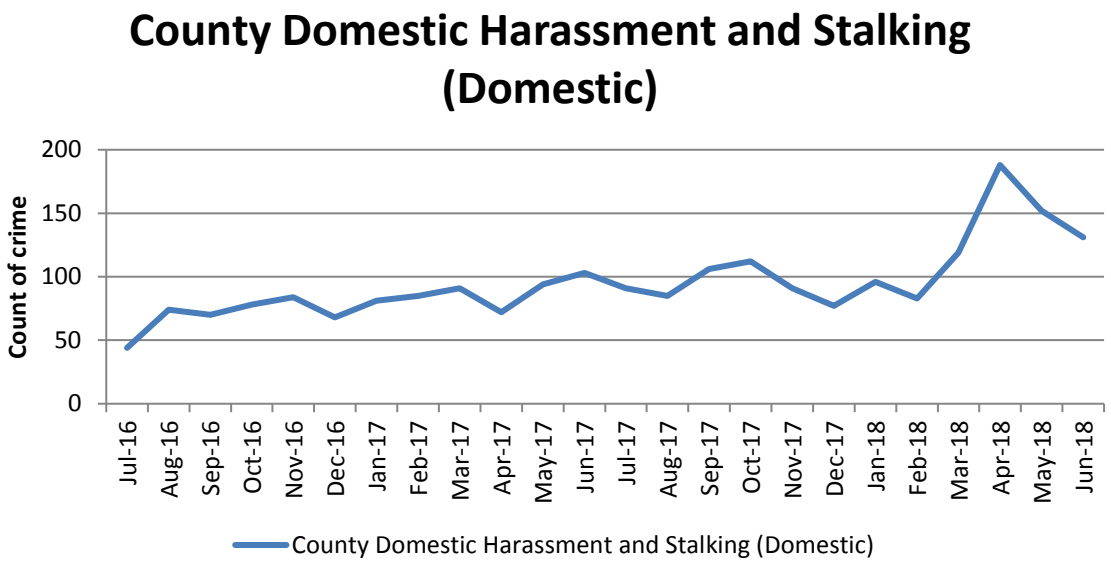


Source: Nottinghamshire Police

3.1.3 Reporting Domestic Stalking and Harassment

Figure 7 shows a 29% increase (387 cases) in reports of domestic harassment and stalking in Nottinghamshire between July 2016 and June 2018. This is largely attributable to a change in the way the police record stalking and harassment offences Stalking and Harrassment

Figure 7: Number of Domestic Abuse Harassment and Stalking Crimes 2016-18



Source: Nottinghamshire Police

3.1.4 Reporting so-called 'honour-based abuse': FGM and FM

Table 5 shows crimes and safeguarding referrals for HBA (a range of crimes including FGM and FM). This shows an increase in forced marriage crimes and a reduction in FGM although the numbers for FGM are very low.

Table 5: HBA crimes and safeguarding reports 2016-18

	2016/17	2017/18	Volume Change	% Change
Honour based abuse	45	49	4	8.9%
Female Genital Mutilation crime	2	0	-2	-100.0%
Forced Marriage Crime	6	44	38	633.3%
HBA Safeguarding	62	23	-39	-62.9%
Female Genital Mutilation safeguarding	24	11	-13	-54.2%
Forced Marriage Safeguarding	54	29	-25	-46.3%

Source: Nottinghamshire Police

3.1.5 Repeat domestic abuse survivors

Many survivors are repeat survivors of domestic abuse. Police data over three years in Table 5 shows around 30% of all survivors known to police each year are repeat survivors. This means that they would have experienced domestic abuse within the preceding 12 months.

Table 6: Repeat survivors of domestic abuse known to Nottinghamshire Police 2015-18

	15/16	16/17	17/18
Survivors	7677	8042	8449
Repeats	2204	2511	2520
% repeats	29%	31%	30%

Source: Nottinghamshire Police 2018

High risk survivors' cases heard at a MARAC, show patterns of repeat victimisation are similar to those in the whole survivor population, with 26% of the MARAC population being repeat survivors (see Table 7).

3.2 Multi-Agency Risk Assessment Conferences (MARAC)

MARAC is a multi-agency meeting which aims to reduce risk for high risk survivors. Police referrals made up 41% of MARAC referrals in 2017/18. Table 7 shows an increase since 2015 in cases going to MARAC and the number/proportion of cases heard at MARAC for repeat survivors (26%). In addition to the survivor, domestic abuse has a significant impact on children and young people.

Numbers of referrals have shown an increase in 2018/19, these are at 487 at the end of Quarter 2 which predicts an outturn of 992. This level of referrals is a concern.

Table 7: Profile of high risk MARAC cases time period April 15 - March 18

	2015/16			2016/17			2017/18			2018/19 est.
	North MARAC	South MARAC	Total	North MARAC	South MARAC	Total	North MARAC	South MARAC	Total	Total
Number of high risk cases discussed at MARAC	414	397	811	383	418	801	440	443	883	992
Number of repeat cases (% of MARAC cases)	102 25%	80 20%	182 22%	102 26%	91 22%	193 24%	126 28%	100 23%	226 26%	
Number pregnant	32	27	59	33	28	61	38	20	58	
Number of children 0-4 yrs	189	208	397	172	258	430	188	186	374	
Number of children 5-11 yrs	223	195	418	197	240	437	218	261	479	
Number of children 12-16 yrs	71	106	177	70	107	177	71	127	198	
Number of children 17-18 yrs							18	27	45	
Total number of children and unborn	515	536	**1051**	472	633	**1105**	533	621	**1154**	

Source: Nottinghamshire MARAC

3.7 Maternity services

From April 2013 maternity services are required to establish whether a range of social factors affect all pregnant women before and after birth. One of the social factors now recorded by midwifery is experience of domestic abuse.

A small number of women disclose domestic abuse within midwifery services. Hospitals are also made aware via MARAC, where pregnant women have been identified and are referred by other agencies. The County MARAC referrals in Table 7 show up to 61 referrals where the woman was pregnant in a single year.

4) Current service provision

In line with the government's strategy *'Ending Violence against Women and Girls'* 2016-2020, current service provision is described under the following 4 headings:

- Partnership working
- Prevention
- Provision
- Protection

Services are funded and or commissioned in a variety of ways and exist in both the statutory and voluntary sectors. It is important to note that some aspects of support cross over between prevention, provision and protection in order to respond to or reduce risk.

4.1 Partnership working

Effectively addressing domestic abuse requires commitment from a wide range of agencies across the County. Domestic abuse is a priority for action for the Safer Nottinghamshire Board (SNB), the Nottinghamshire Health & Wellbeing Strategy, and the Police and Crime Commissioner. Leadership across the sector is provided through the Nottinghamshire Domestic and Sexual Abuse Executive and its sub-groups, which include:

- District-led Community Safety Partnerships
- MARAC Steering Group
- DHR ALIG (Domestic Homicide Review Assurance Learning and Implementation Group)
- City, County and Criminal Justice Steering Group
- Third Sector Forum (currently not meeting - this needs to be strengthened)
- Task & Finish Groups including: Nottinghamshire Refuge Provision Sustainability Steering Group, Change that Lasts Project Group, Integrated Offender Management Project Group

Where appropriate, agencies also link with the Nottinghamshire Multi Agency Safeguarding Hub (MASH) and Multi-agency Public Protection Arrangements (MAPPA) and the City-led FGM Steering Group.

4.2 Prevention

Primary prevention involves addressing domestic abuse before it happens, through awareness campaigns and work in schools. General awareness campaigns such as Equation's Help a Friend Campaign and promotion of survivor information by cards and posters are part of the local preventative approach.

4.2.1 Non-specialist Primary Prevention work in schools is delivered through universal services by a range of agencies. Specialist domestic abuse prevention work is led by Equation who provide the Good Relationships are Equal and Trusting (GREAT) project The GREAT Project in Primary schools and EQUATE, Choices and Know More in a small number of targeted secondary schools. These are highly regarded, targeted programmes with small groups of young people and the aspiration is to reach more schools.

4.2.2 Secondary Prevention acknowledges domestic abuse is taking place and aims to reduce its impact and prevent and reduce harm. Secondary prevention takes place in the community to help people who are experiencing domestic abuse or wish to find out more about it and what can be done. This is done locally through the provision of programmes such as the Freedom Programme and Hands are not for Hurting run by Nottinghamshire Women's Aid Nottinghamshire Women's Aid and Women's Aid Integrated Services

4.2.3 Workforce development and training is available to professionals to enable them to understand more about domestic abuse and improve the way they and their organisations respond. A comprehensive multi agency approach to training professionals in various aspects of domestic abuse from Basic Awareness to more specific targeted approaches are in place, alongside a best practice library. Equation Training

4.3 Provision

A range of services supporting victims of domestic abuse are mainly provided by the third sector through local Women's Aid organisations including:

- Women's Aid Integrated Services WAIS
- Nottinghamshire Women's Aid NWA
- Equation Equation
- Broxtowe Women's Project BWP
- Nottinghamshire Independent Domestic Abuse Services NIDAS
- Midland Women's Aid MWA
- Newark Women's Aid NWA

These agencies provide a range of services and emotional support including refuge, counselling, advocacy, information and legal advice, children's support services, floating support and outreach work, supported housing, pets fostering and access to other services.

4.3.1 Access

Access to services is available through the Women's Aid Integrated Services (WAIS) **Nottinghamshire 24 hour Freephone Helpline (0808 800 0340)**, which acts as the 24 hour gateway into service provision. The helpline also offers advice to professionals who may be

supporting women and children experiencing domestic abuse. Individuals can also contact provider agencies direct, via their websites or telephone. The helpline receives an average of 10,000 calls per year, 2,086 (20%) of which are from Nottinghamshire County residents and workers (2017/18). Bassetlaw and Newark and Sherwood residents are more likely to contact local services direct[23].

Agencies assess and refer people using the DASH (Domestic abuse, stalking and harassment risk checklist). People assessed as high risk must be referred to a MARAC (Multi-Agency Risk Assessment Conference) and offered support by an Independent Domestic Violence Advocate (IDVA). There is a separate Male IDVA who supports male victims of domestic abuse. Most high risk MARAC referrals are from the Police. MARAC standards are nationally defined by SafeLives and local IDVAs are SafeLives accredited.

4.3.2 Specialist Community based services:
Community-based services include commissioned services funded by the County Council and the Police and Crime Commissioner and non-commissioned services (full list and web links are at **4.3**).

Services are provided separately for women and men.

- IDVAs support adults at high risk (often where children are involved) going through the MARAC
- Court IDVAS to support survivors whose partners are being prosecuted through the courts or through the family court
- MARACs are held fortnightly in the north and fortnightly in the south of the County
- One-to-one support for women assessed as medium or standard risk including co-located support workers at Ashfield and Mansfield Integrated Services Hub, the Family Service, Mansfield court and probation
- One to One support for men assessed as medium or standard risk
- Drop-ins for information, advice and support
- Freedom Programme - domestic abuse awareness programme for women
- Children and Young People's workers offering one to one support and group work for children 'Hands are not for Hurting'
- Prevention work in schools
- Multi-agency training
- 24/7 helpline for female survivors and professionals (including a pet fostering service)
- Dedicated service for teenagers experiencing domestic abuse within their own relationships

Table 8 below shows the number of people supported by commissioned domestic abuse services in Nottinghamshire between 2016/17 – 2018/19. This shows an increase from figures presented in the 2014 JSNA when an incomplete picture was available due to lack of data. Improvements to the reporting of gender are being made and will give a better understanding of the need for male services in future. In the meantime men are included in overall adult figures.

Table 8: Numbers of persons accessing commissioned domestic abuse services in Nottinghamshire (2018/19 is an estimate)

	2016/17	2017/18	2018/19 Qtr 1&2	Projected 2018/19
Adults	1940	1881	1004	2008
Children & Young People	514	510	288	516
Total	**2454**	**2391**	**1292**	**2584**

Source: Nottinghamshire County Council

4.3.3 Refuge

Women's Aid England (WAE) advise that the Council of Europe recommend there should be one refuge unit (woman and child/children) per 10,000 population Survival and Beyond 2017. Nottinghamshire has 40 refuge units available.

Nottinghamshire has two commissioned refuges, two non-commissioned refuges, and a number of dispersed units with support. By its nature access to refuge may be outside the local area, therefore approximately two thirds of people accessing refuge may be from outside Nottinghamshire and women from Nottinghamshire may access refuge outside the County.

277 women and 489 children were accommodated in this system of refuge provision over 18 months, a total of 767 individuals, up to two thirds of whom were from outside Nottinghamshire. The continuation of these refuges has been enabled by funding from the Ministry of Housing, Communities and Local Government (MCHLG) *(Report to DSA Exec, December 2018)*.

Table 9: Refuge beds in Nottinghamshire

	No. of units	No of beds	% of capacity
Nottinghamshire Women's Aid Ltd (commissioned refuge)	17	87	42%
Midlands Women's Aid (independent)	10	53	26%
Newark Women's Aid (independent)	7	32	15.5%
WAIS (grant award funded)	6	34	15.5%
Total	**40**	**206**	**100%**
Potential loss of accommodation space without MHCLG fund	25	128	62%

Source: Report to DSA Exec, December 2018

Refuges are funded through a) Housing benefit/universal credit which covers the accommodation costs and b) support costs funded variously by the County Council, the Ministry of Housing, Communities and Local Government (MHCLG - formerly DCLG) and voluntary sector fund-raising. MHCLG funding expires at the end of March 2020. Table 9 shows demand placed upon current provision and highlights the potential impact of the loss of funding would have on that provision.

4.4 Other key partners (in addition to IDVAs) supporting domestic abuse and identified as core agencies to attend MARACs are:

- Police (who are the main referrers to MARAC)
- Housing (statutory responsibility)
- Children's services (statutory responsibility)
- Adult social care
- Probation
- Health services
- Mental health service
- Drug and alcohol services

Further information about their roles is provided below:

4.4.1 Housing related support

Housing related support provided by District Councils includes the Sanctuary Scheme which provides security items and support to enable survivors and their children to remain in their own homes. District Councils also provide alternative housing for survivors of domestic abuse. Anyone approaching the Council who is fleeing domestic abuse is offered support or advice in line with Homelessness Reduction Act 2018. Where appropriate temporary accommodation can be offered to anyone fleeing as an emergency measure. Nationally violent relationship breakdown accounts for 12% of all those accepted as being owed a statutory rehousing duty.

4.4.2 The health service has specialist roles in relation to domestic abuse at Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare NHS Trust, Doncaster and Bassetlaw Hospitals and within the Community Services Health Partnerships. It is important to note that in addition to the presentation of physical injuries resulting from domestic abuse in primary and secondary care especially at Accident and Emergency departments, mental health issues will arise in general practice and mainstream mental health services many years after abuse may have ceased.

NHS Mansfield and Ashfield and Nottingham West Clinical Commissioning Groups invested in Identification and Referral to Improve Safety (IRIS), a practice based training and support programme which has now been de-commissioned. Mid-Notts CCGs have reinvested in an alternative model, the Domestic Abuse Referral Service (DARS) across Mansfield & Ashfield and Newark & Sherwood. All GP Practices have also been offered specialist training in Domestic Abuse. A large number of survivors also report mental health problems and need access to mental health services which are trauma-informed and understand the negative impact of domestic abuse. Approaches to mental health support varies across the County.

4.4.3 Overlap of mental health problems, alcohol and substance misuse are closely linked with domestic abuse. Both perpetrators and survivors are more likely to use drugs and alcohol and substance misuse services are consistently engaged in MARACs.

4.5 Children's services

4.5.1 Nottinghamshire operates Encompass, a process that informs schools of reported domestic abuse incidents, where a child has been in the same household or is affected by the incident, during the next school day. There were 1,036 calls were made to schools in 2017, and increase from 706 in 2016. Notifications for under-5s are managed by Healthy Families Teams.

Table 10: Calls made by Encompass Jan-Dec 2017

Primary Schools	723
Secondary Schools	285
Special Schools	5
Colleges	11
Independent Schools	12
Total	**1,036**

Source: Nottinghamshire MASH

Encompass is managed and run in the MASH (Multi-Agency Safeguarding Hub) which is able to link Police, Social Care and Health information about children and vulnerable adults.

4.5.2 Children's Social Care provide assessment and care planning for Looked After Children (children in care of the Local Authority), Children in Need (those at risk of significant or further harm to their health or development) and children subject to Child Protection Plans. Assessment Services deal with initial assessments following a referral and Section 47 Child Protection enquiries.

Specialist domestic abuse providers work closely with Children's Social Care and NWA have co-located support workers at Ashfield and Mansfield Integrated Services Hub, the Family Service.

Table 11 reflects the proportion of referrals, initial assessments and child protection plans where domestic abuse is documented as present. The proportion of children on a Child protection Plan with DV is high (58%). There are close links with Domestic Abuse services and some specialist workers are co-located with Children's Social Care.

Table 11: Prevalence of domestic violence documented in referral, assessment and Child Protection Plans in Nottinghamshire 2013 - 2018

Prevalence of domestic violence documented in referral, assessment and Child Protection Plans in Nottinghamshire					
	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Total number of referrals started	10009	8957	10448	11628	12930
Total number of referrals started with domestic violence	1873	2432	2771	2712	2539
% of referrals with domestic violence	**19%**	**27%**	**27%**	**23%**	**20%**
Total number of initial assessments/child and family assessments started	8868	7615	7879	8972	9739
Total number of initial assessments started with domestic violence	982	2745	2674	3301	3031
% of initial assessments with domestic violence	**11%**	**36%**	**34%**	**37%**	**31%**
Number of children subject to a Child Protection Plan*	587	697	703	867	818
Number of Children subject of a Child Protection Plan with DA*	338	421	472	557	477
% of children on a Child Protection Plan with DV	**58%**	**60%**	**67%**	**64%**	**58%**

**Snapshot as at the end of the financial year*

DA = domestic abuse

Source NCC - Children's, Families and Cultural Services

4.6 Other Specialist Services

4.6.1 Men – the specialist service for men experiencing domestic abuse in the County is provided by Equation. National and local evidence indicates that up to half of men who identify as victims may be primary perpetrators, therefore good practice is to screen male referrals to ensure they are genuine survivors before proceeding. Providers work closely together to ensure the safety of women and children at all times.

4.6.2 Other specialist groups (BMER, Lesbian, Gay, Bi-sexual and Transgender (LGBT), Disabled and Older People) - Discrete specialist services are not provided for protected groups in the County however commissioned providers produce an annual report incorporating their updated policies and actions plans to ensure that services are accessible to everyone. Specific actions are being undertaken, for example: to ensure that LGBT people believe that domestic abuse services can help them, and in Newark and Sherwood services target older women. This is implemented via promotional material, staff training, audits and other efforts to increase take-up of services.

4.6.3 Stalking Clinics - Nottinghamshire has established a Stalking Clinic which includes high risk perpetrators and survivors at the greatest risk. In addition, at the time of writing, the Police and Crime Commissioner is developing options to provide stalking advocacy for survivors of non-domestic stalking. The specialist DVA agencies support survivors who are being stalked within a domestic abuse context.

4.7 Protection

4.7.1 A range of measures exist in order to protect the public and enhance the support available to those experiencing domestic abuse. Overall strategic responsibility for reduction and prevention of domestic abuse is jointly held between the Nottinghamshire Health and Wellbeing Board and the Safer Nottinghamshire Board through the Domestic & Sexual Abuse Executive. The partnership wide risk assessment process through referral to MARAC is described in paragraph 3.3.1 above

4.7.2 Nottinghamshire Police provide a Domestic Abuse Support Unit (DASU) based in Public Protection. The Police's principal role is in protecting survivors by responding to incidents of domestic abuse, investigating incidents and crimes and using their powers to prevent and disrupt abuse. Police powers include:

- Non-Molestation Orders – injunction which aims to prevent known perpetrators from harassing or abusing survivors
- Domestic Violence Protection Orders – a police civil power to remove an alleged perpetrator from a survivor's home
- Domestic Violence Disclosure Scheme – allows the Police to disclose historical abuse to current partners in certain circumstances. The number of disclosures in Nottinghamshire was 97 in 2017 and 147 up to 30.11.18
- Forced Marriage Protection Orders – protect potential victims from being harassed or taken out of the country

- Stalking and Harassment Act – Civil and criminal basis for conviction for stalking and harassment

4.7.3 Specialist domestic abuse courts have been in operation since 2008 to tackle the problem of low levels of prosecutions for domestic abuse cases. An important role for the IDVAs is to support survivors through this process. The specialist domestic abuse courts aim to increase prosecutions, reduce the numbers of victims withdrawing from the criminal justice system and improve victim satisfaction. Nottinghamshire's courts are based at Mansfield and Nottingham. Survivors are supported through the process by a court IDVA and this has been recognised as good practice across the Criminal Justice System.

4.7.4 Perpetrator Programmes in Nottinghamshire are managed by Probation:

- Building Better Relationships and
- Integrated Offender Management (IOM) Pilot, multi-agency criminal justice process for managing high risk serial perpetrators, with specialist IDVA support to survivors funded by the Police and Crime Commissioner. Early indications are that the approach has reduced offending. Further evaluation is required.

Lack of evidence about what is effective has hampered the development of perpetrator programmes and this is currently a significant gap. This is discussed further in the evidence section 5.2 below.

5) Evidence of what works

An extensive literature search has updated the evidence and addressed new issues requested by Health and Wellbeing Board members, specifically around perpetrators, children, and links with substance misuse and knife crime.

5.1 NICE Guidance

The National Institute for Health and Care Excellence (NICE) published Public Health Guidance on Domestic Abuse (PH50) in 2014 on how health, social care and those they work with can identify, prevent and reduce domestic abuse between intimate partners. This was reviewed in 2018 and no new evidence was found that changed the recommendations. PH50 covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people. Its principal recommendations include:

- **Participating in multi-agency strategic partnerships** which will develop a local integrated strategy and pathways
- **Ensure frontline staff are trained** and able to respond appropriately
- **Refer to specialist services** including people who may find this difficult (e.g. no recourse to public funds) and children and young people
- **Commission specialist support services including:**
    - **IDVAs,** specialist case workers who focus on working with victims who have

been assessed as high risk i.e. those at most risk of harm and or homicide SafeLives recommend 4 IDVAs per 100,000 adult female population for high risk.
    - **Multi-Agency Risk Assessment Conference (MARAC)** following disclosure of domestic abuse a risk assessment (DASH-RIC form) is undertaken and all those who are deemed high risk are referred to MARAC
    - **Advocacy** - the provision of advice, safety planning, support, information and liaison between survivors, statutory agencies and other organisations to negotiate access to and use of community resources (including the police, health, criminal justice, housing and legal services)
    - **Helpline** - a qualitative study[24] revealed that a 24-hour helpline service helped abused women understand abuse, make changes to their lives, and provided links to available support and service provision
    - **Refuge** is a critical feature of the service providing a safe place for women and children escaping domestic abuse
- **IRIS (Identification and Referral to Improve Safety)** - an education and advocacy intervention for general practice staff which includes a training and support programme focused on the identification of women experiencing domestic abuse, an appropriate initial response by clinicians, and referral to a specialist advocacy service
- **Provide treatment for people with mental health problems who experience domestic abuse** including trauma-focused psychological therapy
- **Commission robust evaluations of perpetrator programmes.**

NICE Guidance PH50 2014 Recommendations
NICE QS Domestic Abuse 2016

5.2 Perpetrator programmes

Current guidance on what services are effective in supporting perpetrators to positively change their behaviour remains unclear. Whilst NICE PH50 recommends that tailored interventions for people who perpetrate domestic violence and abuse are commissioned, evidence on what works remains limited.

Domestic violence perpetrator programmes (DVPPs) are characterised by a wide range of approaches subscribing primarily to a cognitive behavioural or psycho-educational model or a combination of approaches, influenced by The Duluth Model. This model was one of the first to operationalise work with perpetrators advocating a victim-safety centred and co-ordinated community approach, holding perpetrators to account while offering them an opportunity to change. Anger management programmes, educational programmes for men, awareness raising short courses and couples counselling services are not classed as domestic violence perpetrator programmes as they do not include the full range of service necessary to provide a safe and meaningful opportunity for domestic violence perpetrators to stop being violent. Reducing the Risk

5.2.1 Criminal Justice Perpetrator Programmes

Until recently, services offered to DVA perpetrators tended only to be court mandated, with less provision on a voluntary basis for those outside the criminal justice system. These

programmes aim to deter high risk perpetrator behaviour through intensive case management to create change. This approach relies on effective local multi-agency working, such as a solid MARAC process and coherent, quality care pathways. Nationally the Drive Project is a response to domestic abuse that aims to reduce the number of child and adult victims of domestic abuse by deterring perpetrator behaviour. Drive combines intensive case management with perpetrators and local multi-agency work to create change (Drive One Year On). The programme runs to April 2020.

A summary of initiatives being trialled by Police and Crime Commissioners, including Drive is set out in Spotlight on violence against women and girls 2018. A similar approach, based on Integrated Offender Management and incorporating support for survivors, is being piloted in Nottinghamshire. So far Nottinghamshire police have reported that disruption and safeguarding have been successful which in turn has led to a reduction in offending. This pilot will be fully evaluated with support from local academic institutions.

5.2.2 Community-based Perpetrator Programmes

Project Mirabel (2015) Project Mirabel investigated a range of RESPECT accredited (The Respect Standard) community-based perpetrator programmes and attempted to identify what works. The study presented findings on 6 measures of success. It concluded that the men who changed did so by: *'developing different ways of being men in relationships with women and children'*.

In summary, Project Mirabel concludes that:

- Group work is effective
- Programmes must be long enough and well-run to deliver change
- Most men did change to a greater or lesser degree
- Ending physical and sexual violence is not enough for women to feel 'at ease'.

5.2.3 Discussion

There is continued debate about the type of intervention which is effective in changing domestic abuse perpetrators. Measurement of outcomes ranges from reducing or eliminating violence and abuse, attitudinal and behavioural changes, decreased isolation, enhanced parenting and partner's increased understanding of the impact of violence and abuse[25]. Some of the most up to date research suggests that interventions are often inconclusive in terms of effectiveness of any one type of domestic violence perpetrator programme in reducing further abuse or any one model being more effective than another. One systematic review found that perpetrator drop-out rates were high and programme non-completers had consistently higher reoffending rates than programme completers[26].

It is unlikely that a universal, one-size fits all programme will be found that meets the needs of survivors, perpetrators, commissioners and Police. RESPECT, a third sector organisation which supports survivors of domestic abuse, has established a set of principles and standards to ensure that perpetrator interventions are delivered professionally and competently. Most importantly, the standard ensures that further harm is not inflicted on survivors or their children. The Respect Standard 2017 goes a long way towards ensuring that DVPPs operate safely

and within a service integrity framework and this is important given the budget pressure on such programmes.

5.3 Children

There is a lack of research, especially UK based research, on what interventions can help protect children from the effects of domestic abuse. From the small body of trial and qualitative evidence a systematic review found six types of intervention (1) psychotherapy; (2) psychoeducation; (3) advocacy; (4) guided self-help; (5) parenting skills training plus advocacy; and (6) advocacy plus psychoeducation[27]. However, it is uncertain if the types of support offered are helpful and well received (acceptable), or whether or not they represent good value for money.

Locally, Equation have sought a longitudinal study on the impact of their work with children and young people in schools to support the positive response they have from schools where the programmes are delivered. Recently the University of Nottingham has agreed to undertake a study and this will be available in 2022.

A NICE review of the evidence into responding to domestic violence suggested that there is moderate to strong evidence that therapeutic interventions aimed at both mother and child are effective[28]. Also a more recent systematic review found that interventions with a psychoeducational component and that were delivered in a group had the highest chance of being effective[29]. The Domestic Abuse, recovering together programme (DART) is one example of a group programme for mothers and children. A condition of participating in DART is that the child no longer lives with the abuser. Domestic abuse, recovering together (DART): evaluation report

There is still debate around what constitutes success relating to outcomes for children who are exposed to domestic abuse. Outcomes in studies tend to be health-orientated and focus on symptom reduction, however research suggests that children and parents value outcomes that focus on safety and wellbeing, the ability to express feelings, increased school performance and having positive peer relationships[30]. Locally Hands are not for Hurting uses this approach.

5.4 Links with mental health, alcohol and substance misuse

Overlap of mental health problems, alcohol and substance misuse are closely linked with domestic abuse. Both perpetrators and survivors are more likely to suffer mental health problems and more likely to use drugs and alcohol Stella Project.

A study learning lessons from Domestic Homicide Reviews by Alcohol Concern and AVA 2016 Domestic abuse and change resistant drinkers found that *'whilst there is evidence that alcohol use by perpetrators, and to a lesser extent by victims, increases the frequency of violence and the seriousness of the outcomes, this does not mean that alcohol use causes domestic abuse. It is neither an excuse nor an explanation.'*

A UK paper reviews the evidence on mental health service responses to domestic abuse, including identifying, referring, and providing care for people experiencing or perpetrating

violence. This review also highlights the need for further research into mental health service users who perpetrate domestic violence and abuse. Improving mental health service responses to domestic violence and abuse

The Stella Project developed a model of integrated partnership working to address the combined issues of domestic abuse, substance misuse and mental health problems. Shared Learning Stella Project . Key learning points from the Stella Project are:

- Mental health services can improve their response through specific training, information sharing protocols and clear referral pathways
- Clients with intersecting issues are often seen as 'difficult' and 'hard to reach'. Engaging clients with intersecting needs as stakeholders is a strategy for challenging them
- Strategies and policies need to develop the ability of services to work together to address the intersectionality of women's needs
- The role of GPs in identifying and referring women with intersecting issues was recognised and should continue to be prioritised through the development and implementation of protocols and training for GPs
- Drug and alcohol treatment and mental health services are also key partners in working with perpetrators

5.5 Complex needs/multiple disadvantage

A Nottingham-based study has aimed to develop effective ways of working with survivors of domestic abuse who experience multiple disadvantage (which may include mental health and substance misuse as discussed in section 4.5 above). These survivors require a person-centred, trauma-informed approach but may experience barriers and challenges in accessing services. Response to Complexity: Notts OPCC

The paper considers definitions of ‘complex needs’ and ‘multiple disadvantage’ and the rationale for using them. The project identifies what works well including:

- Effective multi-agency partnership working so that survivors are not passed around the system
- Services are responsive to survivors’ needs
- Dedicated complex needs specialist workers
- Refuge provision for survivors with complex needs
- An appropriate time limit to service provision

5.6 Knives

Evidence specifically about knife crime and domestic abuse and interventions to address it, is limited. However, a Home Office analysis of Domestic Homicide Reviews (2016) found that in evidence from 2007/8 to 2014/15, the most common method of killing for both male and female domestic homicide victims aged 16 and over was by a knife or other sharp instrument, with 73 such homicides (46% of the total) recorded in 2014/15. Key Findings from an Analysis of DHRs 2016

The most promising way of identifying what works to combat knife crime is addressed in reports such as Public Health Approaches to Reducing Violence published by the Local Government Association, July 2018. This report aims to provide an introduction to the subject and asks three key questions:

- What is a public health approach to reducing violence?
- What does a public health approach tell us about violence?
- Which public health interventions are promising in reducing violence?

Interventions include:

- Support for children and families such as the Family Nurse Partnership
- Identification and Referral for domestic abuse
- Role of Domestic Violence Advocates

This approach is also addressed in the next section 5.7 Early Intervention and Prevention

5.7 Early intervention and prevention

Evidence from the Early Intervention Foundation supports three key forms of preventive measures that address the specific challenges of domestic violence and abuse:

- Universal services in embedding an understanding of good relationships in childhood and adolescence (primary prevention)
- Specialist early intervention and activity to support social and emotional skills and provide other support to at risk groups (secondary prevention)
- Work to support survivors, safeguard children and reduce re-offending by perpetrators (tertiary prevention). This category of services would all be classified as late activity because costs at this point tend to be large and problems substantially more irreversible, but these services can nonetheless include preventative elements that aim to prevent recurrence. Early intervention in domestic violence and abuse 2014

An analysis of interventions in the Lancet identifies several studies which show effective programmes to combat violence against women and girls. Prevention of violence against women and girls: what does the evidence say? Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour.

5.8 Domestic Abuse Stalking

Research in the US indicates that most stalking victims are harassed by a prior intimate partner and that this group of victims is at a higher risk for violence than other stalking victims. Furthermore, many researchers found a relationship between prior intimate partner stalking (IPS) and intimate partner violence (IPV). The study below focused on identification of overlapping and unique risk factors among IPS and IPV offenders and attempted to identify tools to predict reoffending. Evaluating risk assessment instruments for intimate partner stalking

Technology is an emerging means of perpetrating domestic abuse. A further study comprising surveys with 152 domestic violence advocates and 46 victims show that technology - including phones, tablets, computers, and social networking websites - is commonly used in intimate partner stalking. Technology was used to create a sense of the perpetrator's omnipresence, and to isolate, punish, and humiliate domestic violence victims. Effective responses need to be developed. The Abuse of Technology in Domestic Violence and Stalking

5.9 Other Specialist Domestic Abuse services in health services

SafeLives recommends introducing independent domestic violence advisers (IDVA) in hospitals to help the significant numbers of people who experience domestic abuse each year, A Cry for Health. In Nottinghamshire, the health service has invested in Emergency Department Domestic Abuse Nurses in its local hospitals.

A 2013 study to identify domestic violence victims attending Emergency Departments, found that:

- A significant number of female assault patients who were DV victims were repeat victims and had not called the police.
- Overall figures acknowledged some DV victims treated in ED were not involved in the data collection. This is attributed to the victim refusing to implicate the assailant.
- Those that participated had the most significant injuries – suggesting they were subject to extended cycles of abuse and were reaching out for help.

Tacking Knife Crime - a Joint Venture between ED and Police in Redbridge

6) What is on the horizon?

6.1 Draft Domestic Abuse Bill

The government published its Draft Domestic Abuse Bill in January 2019. This builds on the consultation which took place in 2018 and explores ways to:

- promote awareness – to put domestic abuse at the top of everyone's agenda, and raise public and professional awareness
- protect and support – to enhance the safety of victims and the support that they receive
- transform the justice process – to prioritise victim safety in the criminal and family courts, and review the perpetrator journey from identification to rehabilitation
- improve performance – to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors

Nine measures were identified that require primary legislation to implement. These will now be taken forward in the draft Domestic Abuse Bill and be subject to pre-legislative scrutiny.

- Provide for a statutory definition of domestic abuse to include economic abuse
- Establish the office of Domestic Abuse Commissioner and set out the commissioner's functions and powers
- Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order

- Prohibit perpetrators of domestic and other forms of abuse from cross-examining their victims in person in the family courts (and prevent victims from having to cross-examine their abusers) and give the court discretion to prevent cross-examination in person where it would diminish the quality of the witness's evidence or cause the witness significant distress
- Create a statutory presumption that complainants of an offence involving behaviour that amounts to domestic abuse are eligible for special measures in the criminal courts.
- Enable high-risk domestic abuse offenders to be subject to polygraph testing as a condition of their license following their release from custody
- Place the guidance supporting the Domestic Violence Disclosure Scheme on a statutory footing
- Ensure that, where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured short hold tenancy), this must be a secure lifetime tenancy
- Extend the extra-territorial jurisdiction of the criminal courts in England and Wales to further violent and sexual offences

The programme of work also includes a wide range of cross-government commitments which will be taken forward and are listed in the Consultation Response and Draft Bill

The All Party Parliamentary Group on Domestic Violence and Abuse made 6 recommendations based on the Bill. These are:

1. A sustainable funding model for domestic abuse services, most urgently refuges (see Section 3.3.3 above)
2. A Violence against Women and Girls (VAWG) commissioner
3. Support for migrants, including women with no recourse to public funds
4. Priority for housing under the Homelessness Reduction Act
5. Domestic abuse a priority within health and social care, including staff training
6. Relationships education to tackle gender stereotypes and be delivered in partnership with specialist domestic abuse providers

Creating a truly transformative Domestic Abuse Bill: recommendations from the All-Party Parliamentary Group on Domestic Violence and Abuse, 2017-18

6.2 Other issues on the horizon

- Technology/cyber stalking/sexting/revenge porn/staff knowledge
- Increasing number and complexity of referrals to services
- Mandatory relationships and sex education April 2020
- Impact of the local ICS
- The Stalking Bill had its second reading in the House of Lords on 18th January 2019 and is likely to receive Royal Assent in April 2019 with a delivery date of end of 2019. This is likely to drive an increase in reported crime and demand for service.

7) Local Views

Themes highlighted from survivors' views collected by service providers:

a) People particularly valued:
   a. Support finding legal aid and going through the court process
   b. All kinds of practical support including dealing with the Police, Social Services and finding housing and a school
   c. Greater self-confidence and awareness of what is a normal relationship
   d. Feeling safe, better mental health, knowing that there is support
   e. Some people had moved out, got a job and/or a new place to live

b) Improvements suggested included:
   a. Support for longer, follow-on after Freedom Programme
   b. Greater visibility of the dedicated service for men
   c. Better coverage in some areas
   d. Waiting to get help
   e. Cultural sensitivity

Nottinghamshire Police and Crime Survey – this annual survey is commissioned by the Police and Crime Commissioner to find out about local people's experience of crime and contact with the Police. Of residents questioned, 2% said that they had experienced domestic abuse over the last year. This survey is ongoing and it will be helpful to use it to determine how often people reported to the Police and if not, reasons why they may not have.

Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.

What does this tell us?

8) Unmet needs and service gaps

A number of areas remain of concern and further investigation of local data and emerging evidence will be required to inform future decision making. The following is in no particular order and is not conclusive:

- Research suggests that children and parents value outcomes that focus on safety and wellbeing, the ability to express feelings, increased school performance and having positive peer relationships[31]. Locally Hands are not for Hurting uses this approach, however there are gaps in the range and capacity of services for children.
- More preventative approaches to domestic abuse including early intervention for young people
- Effective responses from health services, including in mental health and a model to capture the benefits of IRIS (Identification and referrals for Safety) in General Practice across the County

- Teenagers perpetrating abuse on parents/family members (adolescent to parent violence and abuse)
- Ways of addressing increasing volume and complexity of demand, including MARACs
- Maintaining the number of refuge spaces in Nottinghamshire and developing a whole housing approach, for example, assisting in obtaining a secure tenancy
- Addressing emerging issues especially stalking and harassment, use of technology, knife crime, economic abuse etc.

9) Knowledge gaps

Knowledge about domestic abuse is expanding however there are still significant gaps which it is important to address.

- Prevalence data for domestic abuse is applied from the annual Crime Survey of England and Wales (CSEW). The CSEW asks people aged 16 and over living in households in England and Wales about their experiences of crime in the last 12 months. These experiences are used to estimate levels of crime in England and Wales. Due to the nature of domestic abuse, in particular, self-disclosure surveys such as CSEW, tend to indicate higher figures than police incident reports. The survey is based on a random sample of about 35,000 people therefore figures are not reliable.
- The DSA Exec is working with partners to agree a data set to report on and understand local trends for domestic abuse to include Police data, Helpline, MARAC and other data. This will be informed by SNB work to develop analytical products for its priority areas
- Ability to predict and manage increasing numbers of people especially those presenting with more complex needs/multiple disadvantage
- Map the pathway and services for children affected by domestic abuse and identify gaps
- Evidence for effective interventions in working with families with children subject to a child protection plan as a result of DV.
- Cost and effectiveness of perpetrator programmes (RESPECT accredited)
- Outcome measures for domestic abuse
- Evidence for what works to reduce and repair harm for survivors of domestic abuse
- Extent and impact of domestic abuse and support needs of diverse groups such as:
    a. lesbian, gay, bi-sexual and transgender (LGBT)
    b. BMER
    c. older women and men and disabled people, especially those reliant on an abusive partner for their care needs
    d. Gypsies and Travellers
    e. men
- Specific information, for example, number of women disclosing domestic abuse within midwifery services from all three Nottinghamshire hospitals
- Possible value to county residents of aligning County commissioning with that of City

Nottinghamshire Health & Wellbeing Board

What should we do next?

10) Recommendations for consideration by commissioners

Domestic abuse is a pervasive and enduring problem which Nottinghamshire is committed to addressing. A key feature of these recommendations is to ensure, at the least, that current partnership arrangements, services and interventions are sustained to continue to reduce and repair the harm caused by domestic abuse. There are a significant number of recommendations and the DSA Exec will need to prioritise.

The recommendations are set out in line with the *Nottinghamshire Framework for Tackling Domestic & Sexual Abuse in Nottinghamshire 2016-2020*. The recommendations will inform a new strategy and a new delivery plan.

	Recommendation	Responsibility
Partnership working		
1	Maintain the Nottinghamshire Domestic and Sexual Abuse Executive Group, ensuring broad representation, including the specialist DSA voluntary sector; to ensure partners are working to an over-arching strategy with an action plan and analysis.	Domestic and Sexual Abuse Executive with support from the Safer Notts Board and Health & Wellbeing Board
2	To maintain a co-ordinated commissioning approach to Domestic Abuse across Nottinghamshire	Statutory bodies with responsibility for commissioning e.g. Nottinghamshire County Council and Police and Crime Commissioner
3	All agencies to develop and promote policy and procedures for work with survivors, children and perpetrators, including workforce training and employee domestic violence policies	All public sector agencies alongside voluntary and community sectors
4	Agencies to acknowledge the importance of maintaining provision of refuge and other specialist services and work with the Safer Nottinghamshire Board to address sustainability	Local Authorities with support from Safer Notts Board
5	Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.	DSA Exec
6	Assess the implications of the Domestic Abuse Bill published January 2019.	DSA Exec
Prevention		
7	Continue to support and promote campaigns to promote healthy relationships, gender equality and raise awareness of domestic abuse.	All public sector agencies alongside voluntary and community sectors

8	Encourage more schools to take up specialist early intervention and prevention programmes for children and young people, building on mandatory healthy relationships and sex education (RSE) from September 2020.	DSA Exec with support from Safer Notts Board and Notts County Council
9	Develop targeted interventions to support at risk victims and young people that harm	DSA Exec with support from Safer Notts Board
10	Programme to ensure a mixed economy of risk and needs based services and approaches, for example through Change that Lasts	All public sector agencies alongside voluntary and community sectors
Provision		
11	Support and promote awareness of access to Women's Aid Nottinghamshire 24 hour Freephone Helpline and other local services	All public sector agencies alongside voluntary and community sectors
12	Ensure maintenance of, at least, essential specialist community-based Domestic Abuse services in line with NICE PH50 guidance, including for women, men, teenagers and children.	Nottinghamshire County Council and Police and Crime Commissioner
13	Professionals and specialist services respond effectively: for example, professionals to be trained to identify Domestic Abuse, utilise the DASH RIC to identify levels of risk and referral routes	All public sector agencies alongside voluntary and community sectors
14	Improve identification and response across healthcare settings, including mental health (women, men, teenagers and children) e.g. therapeutic counselling	NHS Commissioner and Provider agencies
15	Access to specialist housing, refuge and post-refuge support	District Councils, Notts County Council and specialist providers
16	Develop support for survivors of harassment & stalking	Police alongside public and voluntary sector
17	Increase capacity for support for children affected by domestic abuse, both in the community and in refuge	DSA Exec
Protection		
18	Ensure decision making about undertaking of DHR's and the learning from DHR's is shared across Nottinghamshire through the development of a process that is both consistent and best value	Domestic Homicide Review Assurance, Learning and implementation Group (DHR ALIG) Community Safety Partnerships with DSA Exec
19	Identify effective and evidence based ways of working with perpetrators, ensuring programmes are aligned with the RESPECT guidelines and running in parallel with specialist women's services.	DSA Exec

Glossary

ACEs - Adverse Childhood Experiences
BMER - Black and Minority Ethnic and Refugee
CCGs – Clinical Commissioning Groups
CSEW - Crime Survey for England and Wales
DARS - Domestic Abuse Referral Service
DART - Domestic Abuse, recovering together programme
DASU - Domestic Abuse Support Unit
DHR - Domestic Homicide Review
DHR ALIG - Domestic Homicide Review Assurance Learning and Implementation Group
DASH-RIC - Domestic abuse, stalking and harassment risk checklist
DSVA – Domestic sexual violence and abuse
DVPPs - Domestic violence perpetrator programmes
ED – Emergency Department
FGM - Female Genital Mutilation
FM - Forced Marriage
GREAT - Good Relationships are Equal and Trusting
HBV/A - Honour-based violence/abuse
IDVAs - Independent Domestic Violence Advocates
IOM Integrated Offender Management Project
IRIS - Identification and Referral to Improve Safety
IPS - Intimate Partner Stalking
IPV - intimate partner violence
JSNA – Joint Strategic Needs Assessment
LGBT - Lesbian, Gay, Bi-sexual and Transgender
MARAC - Multi Agency Risk Assessment Conference
MASH - Nottinghamshire Multi Agency Safeguarding Hub
MAPPA - Multi-agency Public Protection Arrangements
MCHLG - Ministry of Housing, Communities and Local Government
NCC – Nottinghamshire County Council
NHS - National Health Service
NICE - National Institute of Health and Care Excellence
NUH – Nottinghamshire University Hospitals NHS Trust
ONS – Office of National Statistics
OPCC – Office of the Police & Crime Commissioner
SNB - Safer Nottinghamshire Board
VAWG - Violence against Women and Girls
WAE – Women's Aid England
WHO – World Health Organisation

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