# Domestic Abuse 2014

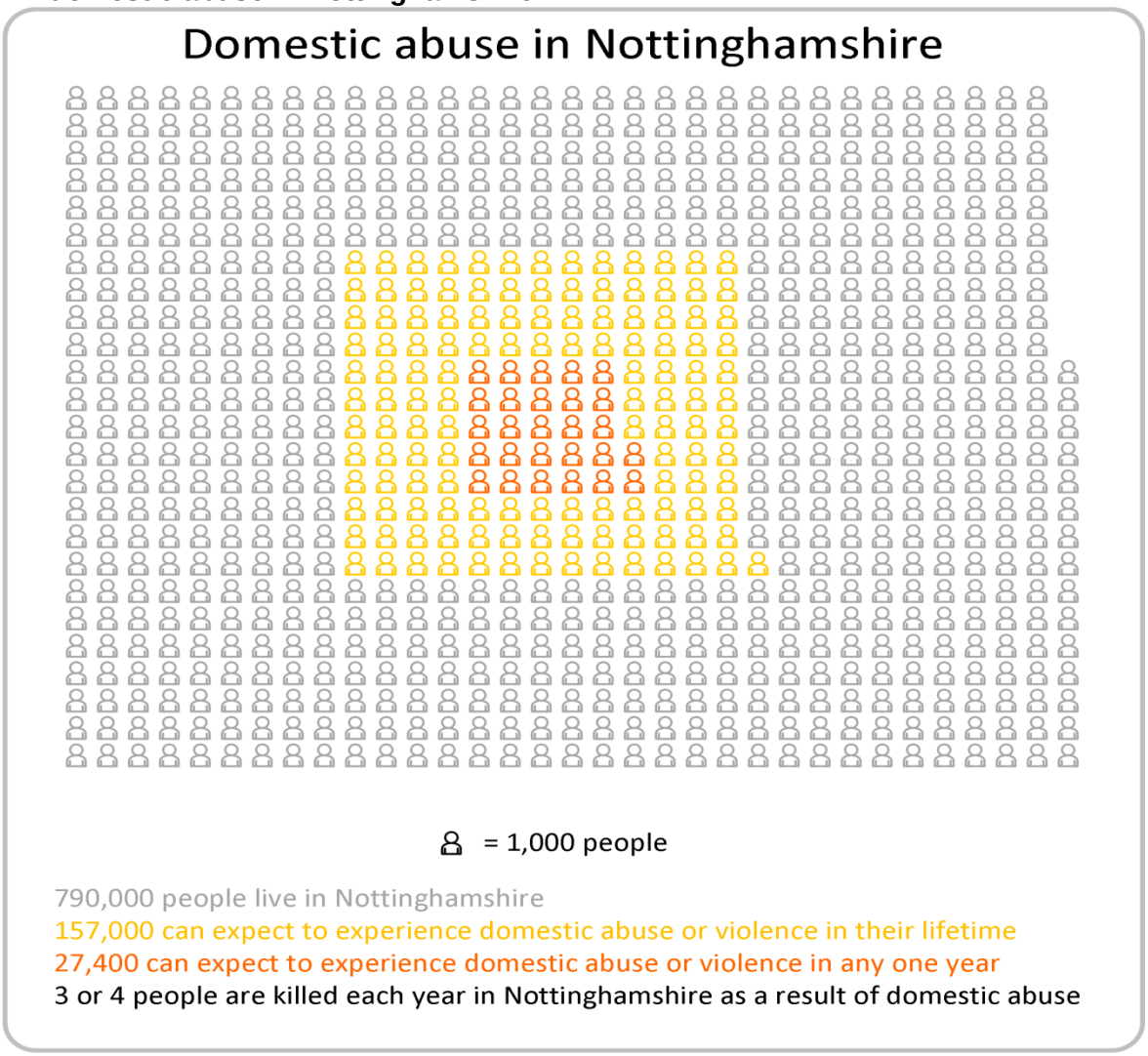
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## Executive summary

### Introduction

- Over 27,000 people experience domestic abuse in the previous 12months and more than 156,000 people do so across their lifetime (16-59 years)
- There have been 11 domestic homicides in Nottinghamshire between 2011 and 2013
- 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].
- Reporting of domestic abuse incidents to Nottinghamshire Police has increased from approximately 6,000 in 2009 to 10,000 in 2013
- Recording of domestic abuse crimes by Nottinghamshire Police has increased gradually from 2009 to 2013

**Figure 1 Info-graphic showing estimated numbers of people experiencing domestic abuse in Nottinghamshire**



**Recommendations for consideration by commissioners**

1. Commission sufficient numbers of Independent Domestic Violence Advocates (IDVAs) to at minimum meet the Co-ordinated Action Against Domestic Abuse (CAADA) recommended coverage of 4 IDVAs per 100,000 adult female population
2. Enhance the Multi Agency Risk Assessment Conference (MARAC) process through improved engagement and information sharing between MARAC and GP practices
3. Clinical Commissioning Groups (CCGs) to commission Identification and Referral to Improve Safety (IRIS) in accordance with recommendation 16 in NICE Public Health Guidance (PH50 published February 2014)
4. Investigate the possible reasons why there is a lower rate of recording of domestic abuse (6.4 per 1000 population) by Nottinghamshire Police than other local authority areas and the regional(16.4 per 1000) and national (18.2 per 1000) average.
5. Workforce to implement training in line with NICE PH50 guidance level 1-4
6. Improve data collection and reporting of outcomes in relation to domestic abuse and abuse across Specialist Domestic Violence and Abuse Services
7. Extend midwifery reporting of domestic abuse to all three Acute Hospital Trusts
8. Implement the recommendations outlined in the Domestic Violence and Abuse review (2014) and NICE PH50 guidance

## Full JSNA report

### What do we know?

### 1) Who is at risk and why?

### 1.1 Definition of domestic violence and abuse

The Government defines domestic violence and abuse 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 the following types of abuse: psychological, physical, sexual, financial and emotional".

This definition includes so called 'honour' based violence, Female Genital Mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Although the terminology does vary in the literature about domestic violence and abuse for the purpose of this JSNA the term 'domestic abuse' shall be used throughout.

### 1.2 Drivers for Change

In 2010 the coalition government launched a cross government strategy A Call to End Violence against Women and Girls[3]. The strategy emphasises four distinct themes:

A. **Prevention** of violence against women and girls by challenging the attitudes and behaviours which foster it and intervening as early as possible
B. **Provision** of adequate levels of support where violence does occur
C. Action to **reduce the risk** to victims and ensure that perpetrators are brought to justice.
D. **Partnership work** to obtain the best outcome for victims and their families.

In 2012 the first National Public Health Outcomes Framework for England[4] was published. The framework has four domains, and the first *improving the wider determinants of health* includes domestic abuse. Further to this the Mandate[5] from the government to NHS England cites the broader role of the NHS in society which is to work in partnership to contribute to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners and supports victims of crime.

The high profile of domestic abuse nationally is reflected in the fact that the National Institute for Health and Care Excellence (NICE) has developed public health guidance (PH50) on

how health services, social care and those they work with can identify, prevent and reduce domestic abuse between intimate partners.

Domestic abuse has been identified as a priority for action both for the Safer Nottinghamshire Board (SNB), the Nottinghamshire Health & Wellbeing Strategy, and the Police and Crime Commissioner. Locally, a Domestic Abuse Strategic Framework has been organised around the same four key areas as the national strategy.

### 1.3 The cost of domestic abuse

The estimated[6] cost of domestic abuse in Nottinghamshire per year based on the 16-59 years old population is £79m. This figure comprises of £23.7m spent on physical and mental healthcare, £17.2m on criminal justice, £3.9m on social care, £2.9m on housing, £5.3m on civil legal services and £26.3m on lost economic output. This figure is an extensive underestimate of the true costs as it omits a proportion of the population (those aged 60+) who are no less likely to experience domestic abuse and also it does not report the full human and emotional costs (based on the notion that people would pay something in order not to suffer the human and emotional costs of being injured).

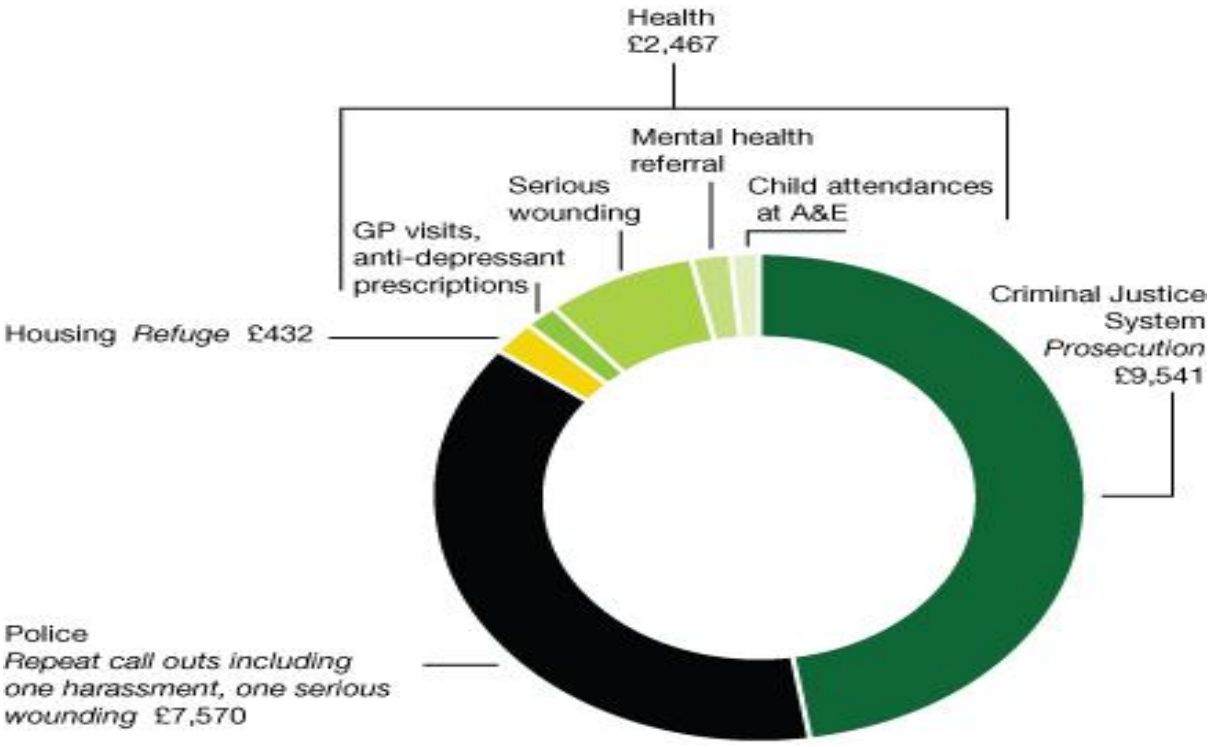
**Table 1 Estimated costs associated with domestic abuse in Nottinghamshire per year**

| Category of Cost | £m |
|---|---|
| Physical and mental healthcare | 23.7 |
| Criminal justice | 17.2 |
| Social care | 3.9 |
| Housing | 2.9 |
| Civil and legal | 5.3 |
| Loss of economic output | 26.3 |
| **Total** | **79.3** |

Source Walby (2009)

Figure 2 from the Audit Commission[7] outlines the typical cost of one case of domestic abuse over a 12 month period. This is a total of £20,000.

**Figure 2: The cost of one case of domestic abuse over one year**




Source: Audit Commission (2011)

### 1.4 The impact of domestic abuse on health and wellbeing

- **Frequency of health service use** 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[8]. 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.
- **Health issues** survivors can have chronic health problems including: gynaecological disorders, chronic pain, neurological symptoms, gastro-intestinal disorders, and self-reported heart disease[9]. The most prevalent effect is on mental health, including post-traumatic stress disorder, depression, anxiety, suicidal thoughts, and substance misuse[10].
- **Witnessing domestic abuse** approximately 75% of children living in households where domestic abuse occurs are exposed to actual incidents[11]. These children have an increased risk of developing acute and long term physical and emotional

health problems[12]. Many will be traumatised by what they witness, whether it is the violence 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[13.]

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". The study found that 40% of all homeless women stated domestic abuse as a contributor to their homelessness[14].
- **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[15].
- **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 and why?

The following risk factors for becoming the victim of domestic abuse are cited by the National Institute of Health and Care Excellence (NICE) and the World Health Organisation (WHO)[16]. It is important to note that the potential to become a victim of domestic abuse is likely to increase where combinations of risk factors occur for an individual:

- **gender** – being female is a significant risk factor as women are more likely than men to experience domestic abuse, sexual violence and to experience severe and/or repeated incidents of violence and abuse. "Women are the overwhelming majority of the most heavily abused group. Among people subject to four or more incidents of domestic abuse from the perpetrator of the worst incident (since age 16) 89 per cent were women[17]. Single mothers, separated women, women living on a low income are at a greater risk to be victims of domestic abuse in the UK[18].
- **age** - women in younger age groups, in particular in those aged 16–24 years are at greatest risk of experiencing domestic abuse. Partner violence is also prevalent in young people's relationships. In the UK in 2009, 72% of girls and 51% of boys aged 13 to 16 reported experiencing emotional violence in an intimate partner relationship, 31% of girls and 16% of boys reported sexual violence, and 25% of girls and 18% of

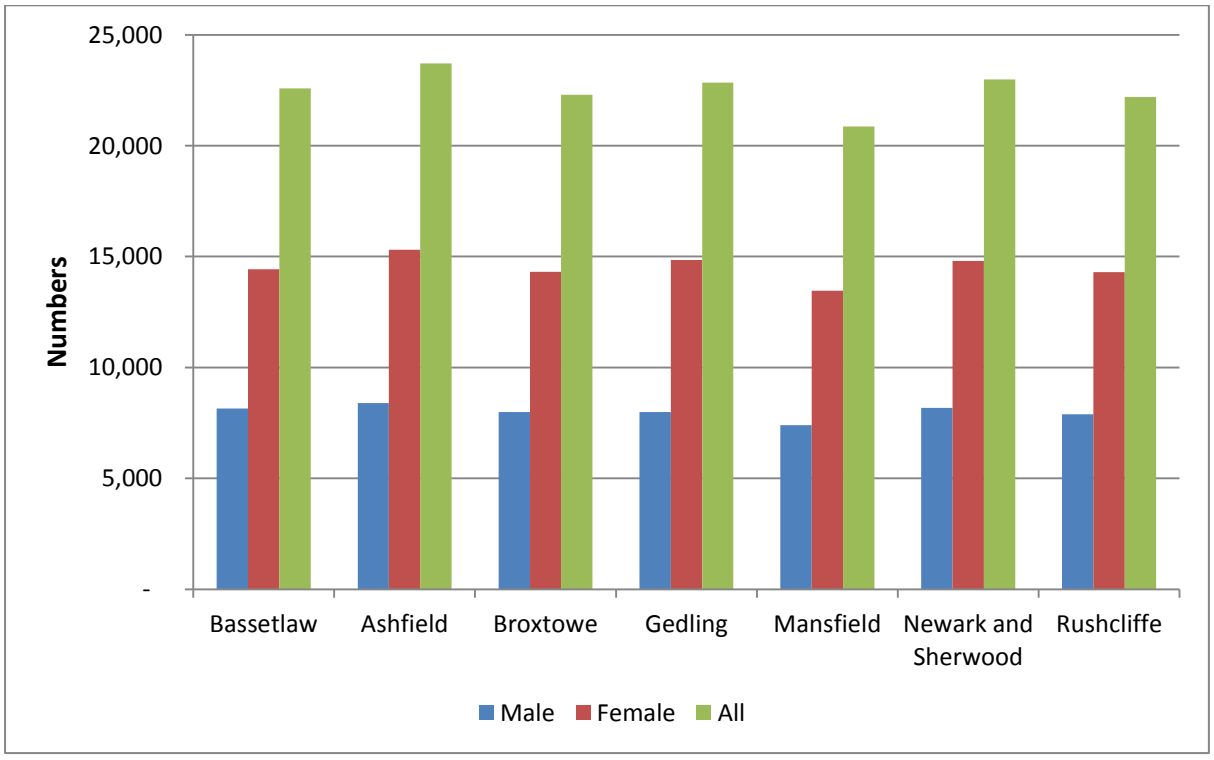
boys experienced physical violence[19]. One in six girls reported some form of severe domestic abuse inflicted on them by a partner[20].

- **children** - In addition to young people experiencing domestic abuse in their own relationship domestic abuse between parents is the most frequently reported form of trauma for children. 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[21].
- **older people -** A clear picture of the prevalence of domestic abuse in the lives of older people is largely unavailable, yet they are a population at risk because of their increased dependency on others to meet basic needs. "It is clear that older women - just as younger women - experience physical, sexual, emotional and financial abuse, and neglect, from their partners and other family members, and that the dynamics of power and control are the same. It seems, however, that it may be harder for older women to seek help; and that when they do, the services available do not always meet their needs."[22]
- **pregnancy** – pregnancy offers protection for some women but increased risk for others. Domestic abuse pre-pregnancy is associated with it occurring during pregnancy. The greatest risk is for teenage mothers and during the period just after a woman has given birth[23].
- **previous abuse** – or violence is associated with an increased risk of experiencing and / or perpetrating further violence and abuse.
- **long-term illness or disability** - women and men with a long-term illness or disability are almost twice as likely to experience domestic abuse as others.
- **marital status** - married people have the lowest risk, while those who have previously been married have the highest risk. The risk of experiencing domestic abuse is increased if a woman is separated[24] and there is an elevated risk of abuse around the time of separation[25].
- **alcohol consumption** - alcohol use is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred[26]. Alcohol is a situational factor that contributes to domestic and sexual violence increasing the severity rather than a primary cause[27]. Alcohol use and dependence can arise as a result of abuse and may be used as a coping mechanism.
- **substance misuse** – some victims are introduced to illicit drugs by their abusive partners as a way of increasing control over them[28]. In addition to this partner assaults are 4 to 8 times higher among people seeking treatment for substance dependency[29]

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

The British Crime Survey[30] (BCS) identifies that gender plays a significant role for those who are victims/survivors of domestic abuse owing to it affecting just under one in three women (30%) and one in six men (16%) between the age of 16 and 59 in their lifetime. For Nottinghamshire this equates to 157,464 persons, 101,438 of whom are female and 56,026 are male who have experienced domestic abuse over their lifetime. This is an underestimate of the total number of people who have experienced domestic abuse throughout their lifetime as it does not include those aged 60+ years. It is important to note that women are more likely to experience repeated and severe forms of domestic abuse, including sexual violence and are also more likely to have sustained psychological or emotional impact or result in injury or death[31]. Figure 3 illustrates the estimated numbers of people who have experienced domestic abuse over their lifetime (16-59 years) by district.

**Figure 3 Estimated lifetime prevalence of domestic abuse by district for 16-59 year olds**




Source: BCS and 2012 mid-population estimates

The BCS suggests that between 7-11% of all women aged between 16 and 59 in the UK have suffered from domestic abuse in the previous 12 months and between 4-6% of men[A]. Calculating a mid-percentage point for both of these ranges this equates to 27,431 persons or 16,344 females and 11,087 males experiencing domestic abuse in the previous 12 months in Nottinghamshire. Figure 4 illustrates the estimated numbers for each district.

**Figure 4 Estimated prevalence of domestic abuse in previous 12 months by district for 16-59 year olds**




Source BCS and 2012 mid population estimates

### 2.1 Targets and Performance

The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. 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

[A] BCS estimates are based on people reporting actions against them perceived as crimes. Since not all people regard domestic abuse against them, even if serious, as a crime and therefore may not report it (or wish to admit it) to crime surveys, these Home Office crime estimates are likely to significantly under-estimate the actual extent of domestic violence. Due to the nature of the crimes, self-disclosure surveys such as BCS, tend to indicate higher figures than police incident reports.

available in February 2014 enabling comparison between local authorities, regions and England for Domestic Abuse Public Health Outcome Indicator 1.11 Domestic Abuse

Table 2 shows that for 2011/12 Nottinghamshire Police had a significantly lower rate of recording domestic abuse (6.4 per 1000 population) than other local authorities in the East Midlands. Although the rate of 6.4 per 1000 population is an estimate we can be 95% certain that the true rate of domestic abuse incidents recorded by Nottinghamshire Police lies between 6.3 and 6.6 per 1000 population. It is not clear from this data alone why the rate of recording domestic abuse by Nottinghamshire Police is lower than other areas. It is recommended that the reasons why the rate per 1000 population is so much lower in Nottinghamshire than in other local authority areas and the regional and national average is investigated.

**Table 2 Rate of domestic abuse recorded by the Police per 1000 of population for England and the local authorities in the East Midlands region 2011/12**

| Crude rate - per 1000 | | | |
|---|---|---|---|
| **Area** | **Value** | **95%Lower CI** | **95%Upper CI** |
| **England** | 18.2* | 18.2 | 18.3 |
| East Midlands | 16.4 | 16.2 | 16.5 |
| Derby | 18.5 | 18.2 | 18.8 |
| Derbyshire | 18.5 | 18.2 | 18.8 |
| Leicester | 21.7 | 21.4 | 22.1 |
| Leicestershire | 21.7 | 21.4 | 22.1 |
| Lincolnshire | 15.3 | 15.0 | 15.6 |
| Northamptonshire | 22.3 | 21.9 | 22.7 |
| Nottingham | 6.4 | 6.3 | 6.6 |
| Nottinghamshire | 6.4 | 6.3 | 6.6 |
| Rutland | 21.7 | 21.4 | 22.1 |

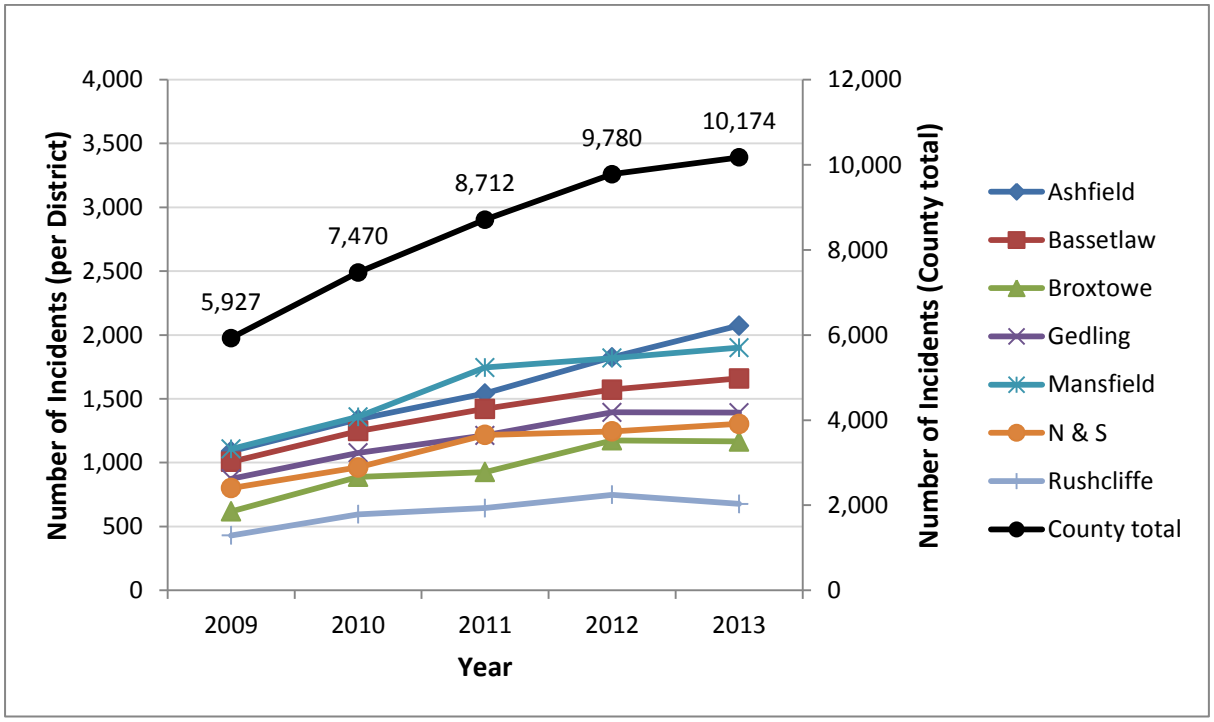
Source: Office for National Statistics (ONS) *There is a data quality issue with this value

### 2.2 Reporting of domestic abuse

Domestic abuse represents at least 16% of violent crime[32]. 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. Research shows that repeat victimisation for domestic abuse can be as high as 44%[33]. On average, 2 women a week are killed by a male partner or former partner in the UK[34]. This constitutes around one-third of all female homicide victims.

The majority of domestic abuse incidents and victims remain hidden, i.e. they are not disclosed to authorities. Although there is a significant gap between the estimated numbers of people experiencing domestic abuse (shown in figures 3 and 4 ) and the number of reported incidents (figure 5) and the actual number of recorded domestic abuse crimes (figure 6 ). There is a trend over the last 5years of increased numbers of reported incidents and recorded crimes of domestic abuse within Nottinghamshire.

**Figure 5 Number of Domestic Abuse Incidents reported to Nottinghamshire Police 2009-2013**

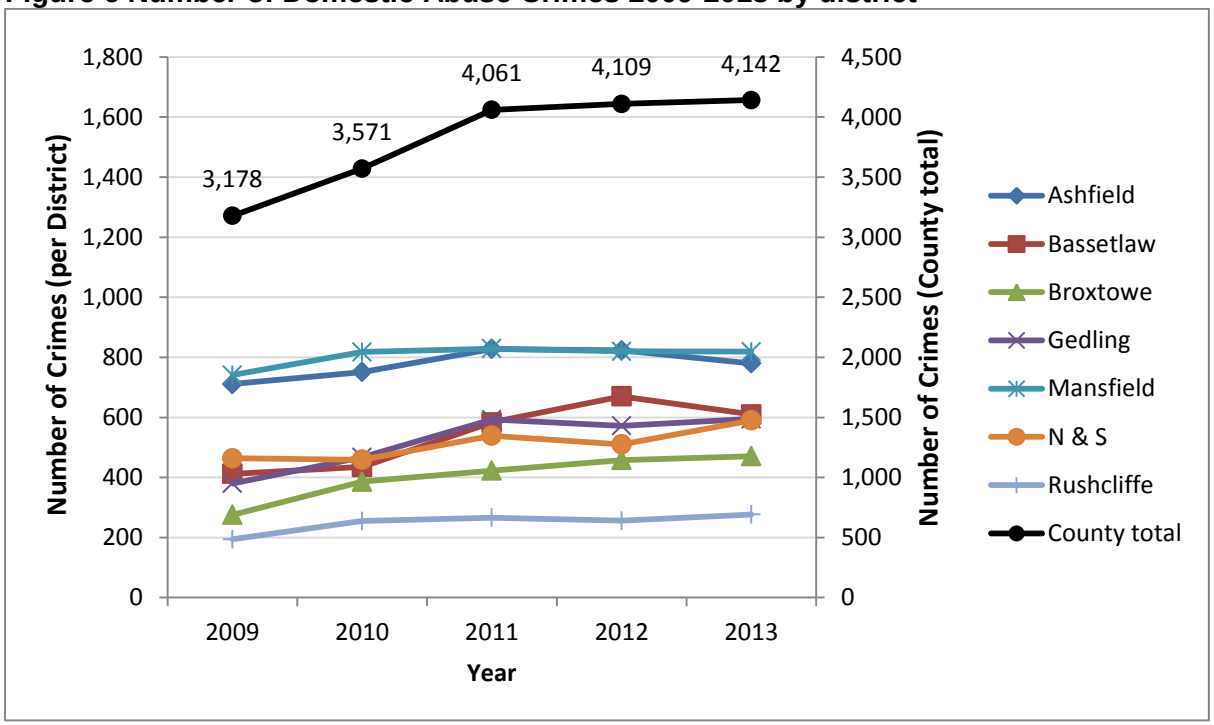



Source: Strategic Analytical Unit, Nottinghamshire County Council

Figure 5 shows the number of reported incidents of domestic abuse to Nottinghamshire Police from 2009-2013. A domestic abuse 'incident' is when a something has been reported to Nottinghamshire Police and logged as domestic abuse but has not been confirmed as a crime.

Across Nottinghamshire as a whole there has been an increase in the number of reported incidents of domestic abuse to Nottinghamshire Police from 5,927 in 2009 to 10,174 in 2013. A similar pattern, although smaller numbers, can be seen across the individual districts. It could be argued that the increased reporting is due to an increase in confidence in Nottinghamshire Police rather than actual increase in the prevalence of domestic abuse in society.

**Figure 6 Number of Domestic Abuse Crimes 2009-2013 by district**




Source: Strategic Analytical Unit, Nottinghamshire County Council

Figure 6 shows that across Nottinghamshire the number of domestic abuse crimes has increased by just less than 1,000 between 2009 and 2013 with greatest increase occurring between 2009 and 2011. The overall trend at district level is similar to that of the county as a whole but has increased less dramatically with some fluctuation between 2009 and 2013.

### 2.3 Repeat domestic abuse crimes

**Table 3 Repeat domestic abuse crimes by district 2009-2013**

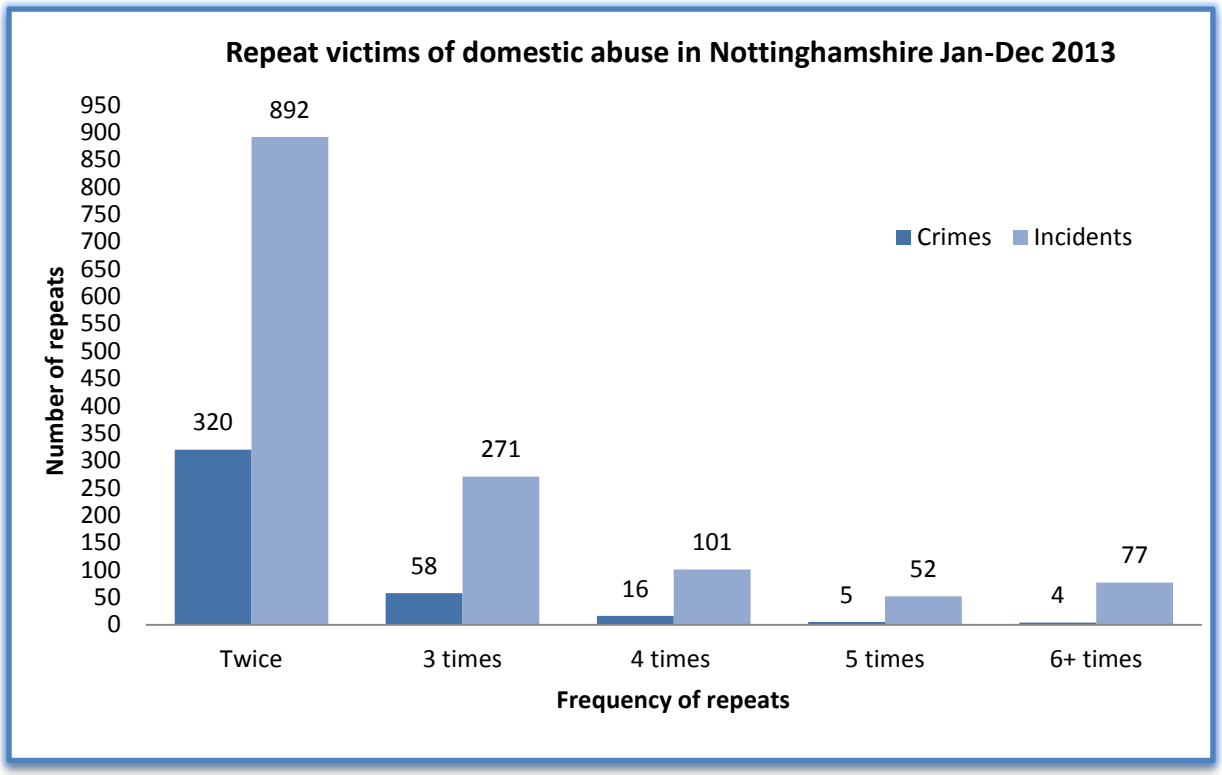
| District / Year | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|
| Ashfield | 244 | 182 | 218 | 212 | 230 |
| Bassetlaw | 117 | 84 | 147 | 195 | 133 |
| Broxtowe | 72 | 83 | 70 | 101 | 98 |
| Gedling | 112 | 144 | 150 | 150 | 132 |
| Mansfield | 301 | 202 | 217 | 228 | 200 |
| N & S | 160 | 83 | 117 | 100 | 163 |
| Rushcliffe | 45 | 50 | 74 | 57 | 56 |
| County | **1,051** | **828** | **993** | **1,043** | **1,012** |

Source: Strategic Analytical Unit, Nottinghamshire County Council

Numbers of domestic abuse crimes are recorded by Nottinghamshire Police by postcode. Where the same postcode is documented twice (or more) in a 12 month period the crime is recorded as 'repeat'. Although technically this could be a different perpetrator and or a different victim with the crime taking place at the same location, this data provides, at a district level, the number of repeat domestic abuse crimes in each year.

Table 3 shows that over the 5 year period 2009-13 repeat domestic abuse crimes have reduced slightly across Nottinghamshire from 1,051 to 1,012 – a reduction of 39 crimes. However, the greatest reduction occurred between 2009 and 2010 – a reduction of 223. Consequently from 2008 to 2013 repeat domestic abuse crimes have seen an overall increase of 184 from 828 to 1,012. The greatest reduction in repeat domestic abuse crimes has occurred in Mansfield – a reduction of 101 crimes over the 2009-2013 5 year period. In addition to this Ashfield has also seen a reduction however the other districts have all seen slight increases.

**Figure 7 Repeat crimes and incidents of domestic abuse in Nottinghamshire 2013**




Source: Strategic Analytical Unit, Nottinghamshire County Council

In addition to the number of one off incidents and crimes relating to domestic abuse that are reported to Nottinghamshire Police figure 7 identifies that in cases certain victims (or at least someone at the postcode) are repeatedly victims of domestic abuse.

The greatest number of repeat crimes (320) and incidents (892) occurred twice in Nottinghamshire in 2013. However it is evident that in a smaller number of cases the police are contacted about some people on 3, 4, 5 and even 6 times or more occasions.

### 2.4 Domestic Homicides

Over the three years 2011-2013 there have been 11 domestic homicides in Nottinghamshire. Of the 11 who have died 6 were female, 5 of who were killed by their male partner/ex-partner/husband and one woman was killed by her son whilst still a child (under 18). A further 5 domestic homicides were male of who 2 were fathers killed by their adult son; one male was killed by his female ex-partner, another by ex-partner accompanied by other men. One male was killed by other males.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under the Domestic Violence, Crime and Victims Act of 2004. This provision came into force on 13th April 2011. Of the 11 domestic homicides in Nottinghamshire 7 have been subject to a local domestic homicide review with other cases having Serious Incident Reviews undertaken and or DHRs being completed by other areas of the country depending on where the perpetrator came from.

The key learning from the 7 DHRs to date informs us that:

- there are gaps in information sharing,
- levels of training and awareness of domestic abuse vary
- all agencies need to ensure personnel follow existing procedures fully and effectively.

### 2.5 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’. Table 4 accounts for the number of women disclosing domestic abuse within midwifery services at Nottingham University Hospital by CCG. Data has only been obtained from one of Nottinghamshire’s three hospitals on this occasion however this does clearly illustrates an increase in identification of domestic abuse across the maternity pathway from 22 cases at antenatal appointments rising to 45 cases postnatal cases upon discharge. The key message from this data is not the difference between the CCGs as geographically each will be served by different hospitals. Rather it is local affirmation that ‘pregnancy’ is a high risk time for women and that patients are being identified whilst in NHS care. Data on domestic abuse from midwifery services needs to be obtained from all three hospitals in future.

**Table 4 Numbers of women disclosing domestic abuse within Maternity Services at Nottingham University Hospital NHS Trust by CCG April-December 2013 (9 month period)**

| | Antenatal | Postnatal |
|---|---|---|
| NHS Rushcliffe CCG | 3 | 2 |
| NHS NW CCG | 4 | 8 |
| NHS NNE CCG | 14 | 33 |
| NHS M&A CCG | 0 | 0 |
| NHS NS CCG | 1 | 2 |
| **Total** | **22** | **45** |

Source Nottingham University Hospital NHS Trust

### 2.6 Multi-Agency Risk Assessment Conferences (MARAC)

MARAC is a multi-agency meeting to reduce the risks of harm to victims of domestic abuse. Cases are referred to MARAC when they are identified as 'high risk' using a common risk assessment. The MARAC aims to reduce the risk in cases of serious domestic abuse by sharing information across agencies about victims, alleged perpetrators and other family members affected or involved. MARACs are held bi-weekly. There is one for the north (Bassetlaw, Newark and Sherwood and Mansfield) and one for the south (Ashfield, Broxtowe, Gedling and Rushcliffe). Each MARAC is attended by statutory and voluntary sector agencies with responsibility for domestic abuse reduction.

**Table 5: Profile of 'high risk' MARAC cases April 2013- March 2014**

| | North MARAC | South MARAC | Total |
|---|---|---|---|
| **Number of high risk cases** | 530 | 521 | 1051 |
| **Number of high risk cases discussed at MARAC (% of high risk cases)** | 341 (64%) | 385 (73%) | 726 (69%) |
| **Number of repeat cases (% of MARAC cases)** | 78 (23%) | 90 (23%) | 168 (23%) |
| **Number pregnant** | 18 | 32 | 50 |
| **Number of children 0-4yrs** | 164 | 192 | 356 |
| **Number of children 5-11yrs** | 203 | 167 | 370 |
| **Number of children 12-18yrs** | 71 | 83 | 154 |
| **Total number of children and unborn** | 456 | 474 | 930 |

Source Nottinghamshire MARAC

In Nottinghamshire between April 2013 and March 2014 there were 1051 cases of domestic abuse assessed as 'high risk'. 726 (69%) of these were discussed at a MARAC. There were

a higher proportion of cases discussed in the south MARAC (73%) than the north MARAC (64%). The proportion of repeat MARAC cases (cases that have been discussed at MARAC in the previous 12 months) was the same in the north as in the south. Across the county as a whole 23% of MARAC cases were repeat cases. In addition to the victim, domestic abuse has a significant impact on children and young people. There were substantial numbers (930) of children involved with or belonging to those victims discussed at MARAC in the 12 month reported period. This is inclusive of 50 pregnant women/unborn children across the county. The true picture of the number of children witnessing or effected by domestic abuse is likely to be more than a third greater than this (as overall only 69% of all high risk cases were actually discussed at MARAC and children will live in households where the victim is assessed as low or medium risk).

### 2.7 Homelessness

Homeless Watch Nottinghamshire is a snapshot survey of homelessness carried out across Nottingham and Nottinghamshire in the same two week period every year. The survey defines a homeless person as any person sleeping rough, sleeping somewhere not designed for habitation (e.g. in a vehicle, or squatting), living in insecure accommodation where they may have to leave within 28 days, or living in a state of dispossession (i.e. they cannot have their belongings in the same place where they sleep). It does not include people living in hostels or other temporary accommodation. The 2013 Homeless Watch survey established that 24% (n=61) of homeless women reported domestic abuse as the most common need Homeless Watch survey findings 2013

## 3) Current service provision

There are a range of services working to prevent, reduce and respond to domestic abuse across Nottinghamshire. The commissioning of services is complex, comprises of short and medium term funding from central and local government, NHS and charitable funds.

Aspects of service provision are explained here in some detail but this is not designed as a contacts directory or comprehensive service profile. Service 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.

### 3.1 Prevention

Primary prevention involves addressing domestic abuse before it happens. Work takes place in primary and secondary schools to improve children and young people understanding of healthy relationships. An example of primary prevention work that is currently commissioned

is the Good Relationships are Equal and Trusting (GREAT) project run by Equation (formerly Nottinghamshire Domestic Violence Forum) http://www.thegreatproject.org.uk/ . General awareness campaigns such Man Enough and the White Ribbon Campaign are part of the local media profile to our preventative approach.

Secondary prevention is about acknowledging domestic abuse is taking place and trying to reduce its impact and prevent it further. 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; Hands are Not for Hurting and the Stronger Families programme run by Nottinghamshire Women's Aid and Women's Aid Integrated Services (WAIS). Professionals who wish to understand more about domestic abuse and improve the way they can or their organisation can respond to domestic abuse can access training run locally. A comprehensive multi agency approach to training professionals in various aspects of domestic abuse from Basic Awareness to more specific targeted approaches is in place.

**3.2 Provision**

Services supporting victims of domestic abuse are largely provided by the voluntary sector via a number of Women's Aid organisations, Victim Support and Equation. These agencies provide a range of services and emotional support through which access to 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. People who are deemed to be at 'high risk' of domestic abuse and are discussed at MARAC are supported by an Independent Domestic Violence Advocate (IDVA). There is a separate Male IDVA who supports male victims of domestic abuse. There is a local 24 hour free phone helpline (0808 800 0340) and a sanctuary scheme which provides security items and support. The term 'helpline' is slightly misleading as locally this also acts as a 24 hour gateway into service provision. The helpline also offers advice to professionals who may be supporting women and children experiencing domestic abuse. Table 6 shows an under recording of the numbers of people supported across domestic abuse services in Nottinghamshire between 2010-13. These data underestimate the total numbers accessing support services in these timeframes owing to incomplete returns from services where some elements of provision are not accounted for and some agencies not able to respond to the request for data on this occasion.

**Table 6 Numbers of persons accessing domestic abuse (non-statutory) support in Nottinghamshire**

| | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| **Males** | 59 | 25 | 32 | - |
| **Females** | 1316 | 1048 | 1195 | 1588 |
| **Total** | **1375** | **1073** | **1227** | **1588** |

Statutory agencies provide a combination of approaches including specialist workers and standardised care pathways and assessments. The health service has specialist roles in relation to domestic abuse at Nottingham University Hospitals NHS Trust, Sherwood Forest Hospital Trust, Nottinghamshire Healthcare NHS Trust 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 and psychological issues will arise in general practice and main stream mental health services many years after abuse may have ceased. NHS Mansfield and Ashfield Clinical Commissioning Group is now addressing domestic abuse through a practice based training and support programme called Identification and Referral to Improve Safety (IRIS). NHS Nottingham West CCG is currently in the process of commissioning IRIS in 2014.

### 3.3 Protection

A range of measures exist in order to protect the public and enhance the support available to those experiencing domestic abuse. These approaches are described in more detail in the evidence of what works section. The 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. There is a partnership wide risk assessment process (referred to as the DASH or RIC form). MARACs are multi agency conferences that take place to plan for reducing the risk in 'high' risk cases of domestic abuse. Similar panels called Vulnerable People Panels meet to plan support for medium risk cases. Independent Domestic Violence Advocates (IDVAs) support those who are deemed 'high' risk. The principal role of Nottinghamshire Police is to respond to incidents of domestic abuse, investigate all incidents or crimes and protect the public. Police officers have chaired both of the County MARACs. The sexual assault referral centre (Topaz Centre) forms part of the service provision in response to sexual violence (this is covered in a separate section of the JSNA).

Specialist domestic abuse courts have been in operation since 2008 to tackle the problem of low levels of prosecutions for domestic abuse cases. With increased support for victims through the provision of IDVAs and swifter prosecution times specialist domestic abuse courts aim to increase prosecutions, reduce the numbers of victims withdrawing from the criminal justice system and improve victim satisfaction. The Nottinghamshire Multi Agency Safeguarding Hub (MASH) is a central point for safeguarding concerns for children and adults. Information from different agencies is collated and used to decide what action to take. Currently all police and social care risk assessments are reviewed by MASH and provision of support is allocated following a daily meeting.

The Integrated Domestic Abuse Programme (IDAP) is the only perpetrator programme currently in operation in Nottinghamshire. IDAP is a group work programme for men who have abused their female partner/ex-partner. The programme is only available by order of the court as part of a community sentence or a condition of a prison licence.

Children's Social Care encompasses the reception of referrals, assessment of need/risk and care planning of services 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. Section 47 enquiries are initiated when there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.

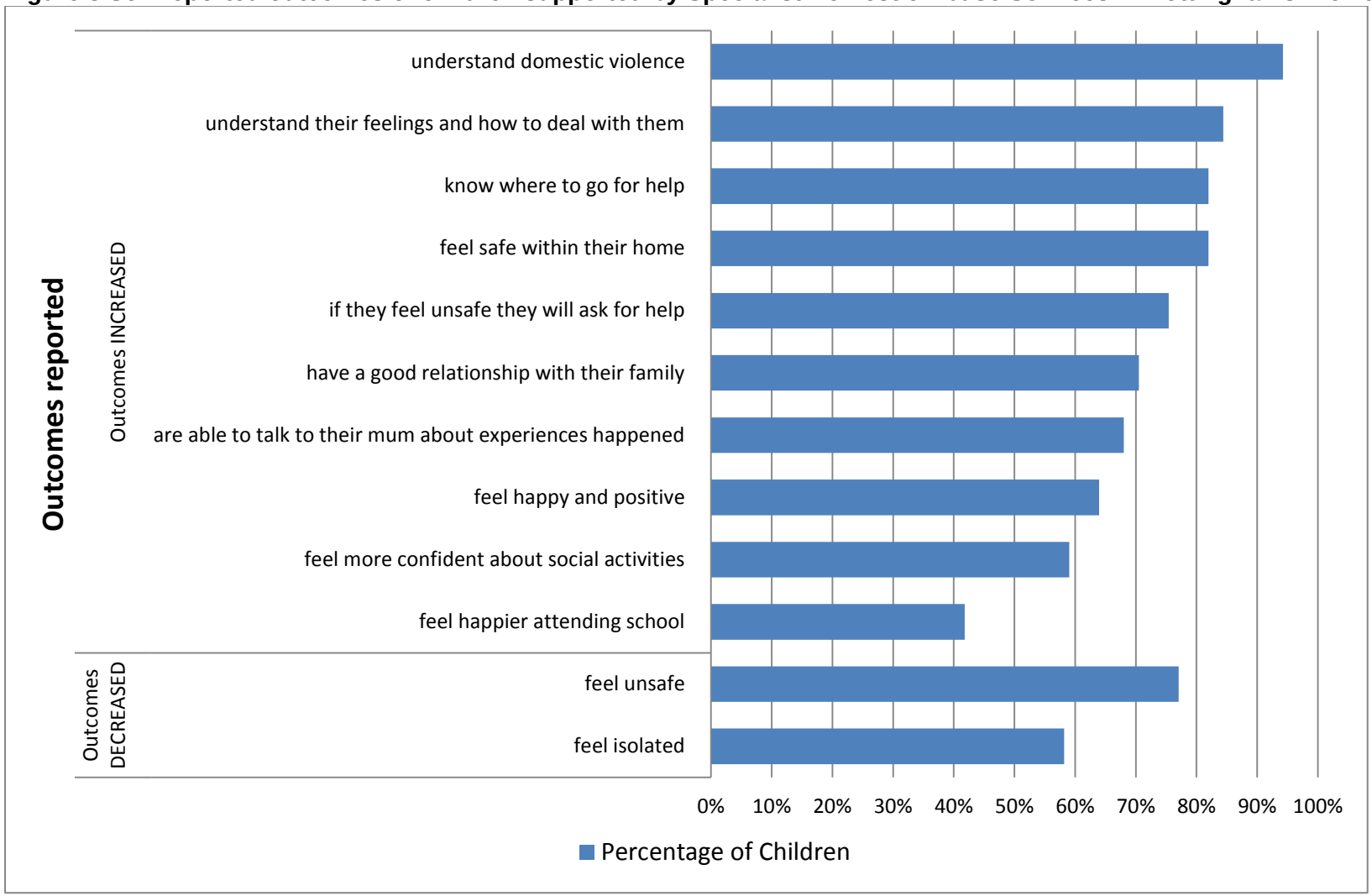
**Table 7 Prevalence of domestic abuse documented in referral, assessment and Child Protection Plans in Nottinghamshire 2010-2013**

| | **2010/11** | **2011/12** | **2012/13** |
|---|---|---|---|
| Total number of referrals started | 9657 | 6800 | 7009 |
| Total number of referrals started with domestic abuse | 1005 | 1629 | 1276 |
| **% of referrals with domestic abuse** | **10%** | **24%** | **18%** |
| Total number of initial assessments started | 7596 | 6430 | 6252 |
| Total number of initial assessments started with domestic abuse | 1880 | 1721 | 1383 |
| **% of initial assessments with domestic abuse** | **25%** | **27%** | **22%** |
| Number of children subject to a Child Protection Plan* | 765 | 729 | 793 |
| Number of Children subject of a Child Protection Plan with DA* | 359 | 421 | 470 |
| **% of children on a Child Protection Plan with DA** | **47%** | **58%** | **59%** |

*Snapshot as at the end of the financial year
DA = domestic abuse
Source NCC - Children's, Families and Cultural Services

Table 7 reflects the proportion of referrals, initial assessments and child protection plans where domestic abuse is documented as present. The proportion of re-referrals with domestic abuse (data not shown) is similar to that of referrals for each year. Overall domestic abuse is more prevalent in Child Protection Plans than in the initial referral and assessment stages. Fewer children are subject to Child Protection Plans however the proportion with domestic abuse is high (>50% 3 year average).

**Figure 8 Self-reported outcomes of children supported by Specialist Domestic Abuse Services in Nottinghamshire 2012-13**




Source: Nottinghamshire Women's Aid and Womens Aid Integrated Services (WAIS)

Figure 8 shows that of 122 children and young people accessing two specialist domestic abuse services over a 12 month period in 2012-13 the clear majority report a range of improved outcomes following their support. Each individual is asked a set of questions before and after the support they receive. 94% reported that their understanding of domestic abuse has increased. Further to this a broad range of outcomes are reported by this group to have increased e.g. 82% reported an incease in feeling safe within their home and knowing where to go for help. 84% reported an increased understanding of their feelings and how to deal with them. A lower proportion (64%) reported increased feelings of happiness and positivity along with 59% reported an increase in their confidence about social activities. The lowest reported increase (42%) was for feeling happier at school. However, it is important to note that participants were not necessarily unhappy at school in the first place. Two outcomes focused on whether participants' feelings decreased at all after the period of support. 77% and 58% respectively reported a reduction in feeling unsafe and isolated.

**4) Evidence of what works**

The following list of evidence based interventions has been compiled from a literature search of what works to prevent and reduce domestic abuse. Where the intervention is also identified in the new NICE Public Health Guidance on domestic abuse (NICE PH50) this is acknowledged.

**4.1 Independent Domestic Violence Advocates (IDVAs)** are 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. IDVAs work in partnership with other agencies to secure the safety of the survivor and their children providing emotional and practical support to reduce further risk. In 2009, a large scale multi-site evaluation[35] of the IDVA services across England and Wales reported that of the 2,500 women studied over a 2 year period domestic abuse stopped completely in over two thirds of cases where there was intensive support from an IDVA and for those where abuse continued levels were considerably reduced. The report recommends that the number of IDVAs needs to double to achieve national coverage and that the cost of providing an IDVA to a high risk victim per successful outcome is cost effective. Co-ordinated Action Against Domestic Abuse (CAADA) a leading national charity recommends a ratio of 4 IDVAs per 100,000 adult female population[36]. IDVAs are included in NICE PH50.

**4.2 Multi-Agency Risk Assessment Conference (MARAC)** - following disclosure of domestic abuse a risk assessment (RIC / DASH form) is undertaken and all those who are deemed high risk are referred to MARAC. A 2011 review[37] of existing literature on the effectiveness of MARACs found emerging evidence that MARACs have the potential to improve victim safety and reduce re-victimisation and therefore may be a highly cost-effective measure. The three

areas perceived as core to MARACs effectiveness are - enhanced information sharing; appropriate agency representation and the role of the Independent Domestic Violence Advocate (IDVA) in representing and engaging the victim in the process. Factors which were seen as supporting effective practice included: strong partnership links (including a commitment from agencies to tackle domestic abuse in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator); and the availability of training and induction to the MARAC process.

The Department of Health guidance on commissioning cervices for women and children who experience violence or abuse highlights a report by CAADA[38] that estimates the MARAC process saves public services, on average, £6,000 per case in direct costs (i.e. excluding emotional costs to victims, the costs to employers etc). The NHS receives 20% of this cost saving, with the police and the wider criminal justice system receiving 32% and 40% respectively. Without a MARAC process, the most complex cases can cost £43,000 per annum, and even the lowest risk cases that go to MARACs cost public services £4,000 per annum. MARACs are included in NICE PH50.

**4.3 Refuge** is a critical feature of the service providing a safe place for women and children escaping domestic abuse. Refuge offers safe 24 hour emergency accommodation for women and children escaping domestic abuse. They have specialised staff that help and support women and children to deal with their practical needs. Evaluations of Refuge (referred to as Shelter in the literature) indicate that a stay in a Refuge can reduce the frequency and intensity of new violence[39], increase victims feeling of being safe[40] and that after two weeks of living in a Refuge women were less depressed and more hopeful[41]. A study[42] of women using substances who used Refuge showed that Refuge use decreased various stressors e.g. partner, housing, legal, mental and physical health related stress. Refuge is referred to throughout NICE PH50 as being one of a number of components of support alongside advocacy that survivors may require.

**4.4 Advocacy** - usually accompanies Refuge use but is also available to victims without them leaving their own home (in Nottinghamshire this is via outreach, floating support, supported accommodation and drop-in sessions). Advocacy involves the provision of advice, safety planning, support, information and liaison between victims and institutions and organisations to negotiate access to and the use of community resources (such as police, health, criminal justice, housing and legal services). Evidence from a review[43] of randomised controlled trials concluded that intensive advocacy (12 hours or more duration) can help reduce physical abuse one to two years after the intervention and that brief advocacy (less than 12 hours duration)

increased the use of safety behaviours both up to and beyond one year after the intervention. NICE PH50 recommends advocacy is provided tailored to the level of risk and specific needs of the individual.

**4.5 Identification and Referral to Improve Safety (IRIS)** - A UK-based cluster randomized controlled trial examined the effectiveness of the IRIS programme on the identification and referral of domestic abuse cases from general practice. IRIS is an education and advocacy intervention for general practice staff and 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 to assist with non-medical needs and issues for victims of domestic abuse aged 16+. The intervention had a substantial effect on increasing the referrals to an external specialist domestic abuse service. Within the practices that received the intervention, there were 223 referrals compared to the 12 referrals in the control group. The results indicate the intervention group was 22 times more likely to make a referral than the control group. Cost effective analysis identifies that IRIS is likely to be cost effective and possibly cost saving for society[44]. NICE PH50 recommendation 16 is attributable to the components of IRIS without specifically being referred to by name.

**4.6 Helpline** - a qualitative study[45] identified in NICE PH50 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. Another US based evaluation[46] of a domestic abuse helpline demonstrates victims gain important information and access increased levels of support through their use of domestic abuse helpline services.

**4.7 Perpetrator programmes** - NICE's PH50 states that there is insufficient evidence on effective interventions for people who perpetrate abuse. The current evidence base available is of relatively small in scale, lacking in control or comparison groups and have high rates of attrition and lack appropriate follow up beyond the completion of the programme.

## 5) What is on the horizon?

Domestic abuse is common and has a significant impact on the health and social circumstances of both the victims and their children. The estimated numbers experiencing domestic abuse annually and across their lifetime are high and through increased identification the actual number of people requiring support likely to increase. Demands on statutory and voluntary services are consequently only going to increase. This JSNA plausibly presents the tip of the iceberg with under reporting and recording being present throughout these data.

## 6) Local Views

At national level there are published reports into the views of survivors of domestic abuse and their experience of services. Such reports translate to local circumstances and consequently are of value to local smaller scale consultations. In 2009 the Department of Health commissioned the Women's National Commissions to organise and facilitate a series of focus groups across England with women who are survivors of violence. They produced two reports one that focused on health service provision and the other on the community and school. These can be found at a bitter pill to swallow and still we rise .

Locally, Nottinghamshire Healthcare NHS Trust was part of the multi-site Stella Project for survivors of domestic abuse who have experienced mental health issues and substance use. Part of which focus groups were undertaken and the results reported by Holly and Scalabrino (2012) Treat me like a Human Being-Survivor consultation .

The Listening and Learning Report (2012) was commissioned by the Victims Commissioner for the arrival of the Police and Crime Commissioner in 2013. The report seeks to represent the views of victims and service providers in Nottinghamshire.

- Victims wanted to be supported by people who have empathy, knowledge and understanding of their needs and situation.
- Commissioning to provide an overarching service delivery framework where the victim is at the heart of the services being provided for them both by the police, criminal justice agencies and by support service providers.
- Victims overwhelmingly wanted their safety and wellbeing to be the primary focus.
- Consider longer-term funding when commissioning support services in line with the five year policing plan, to allow support providers to develop both their own service and their co-operation within the inter-agency landscape of service provision.
- Victims were consistently clear about the value of independent support in helping them cope with the emotional, practical and financial impacts of being a victim of crime. Having independent support while engaging with the police, and in particular giving a documented statement, was important.
- Stakeholders commented on the need for a more co-ordinated approach to victims with the sharing of information, risk assessments and information on vulnerable victims being important to the quality and assessment of service needs and provision by the right agency.

- A greater involvement by health organisations, particularly mental health services, in assessing and meeting vulnerable victim and perpetrator needs was identified, to provide a rounded support solution.
- Overwhelmingly, female victims were positive about the voluntary sector provision, the understanding, empathy, support and help received. Similar comments were also made about many police officers: “They contacted me to build the case and were very good, followed up and were supportive.
- Gaps identified concerned specialist areas, for example support for children, and identification and support for those suffering honour based violence. And there needs to be more acknowledgment that there are male victims of domestic abuse so that male victims are signposted accordingly.
- There remains a constant need to maintain training of police officers and other local organisations, particularly around identifying domestic abuse and first response and knowledge of support agencies that victims can be referred onto.
- There are no organisations set up to specifically support lesbian, gay, bisexual and transgender (LGBT) victims, although a local LGBT switchboard operates and there are some self-help groups operating in Nottingham City.

**7) What does this tell us?**

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:

- Extent and impact of domestic abuse on older people
- Extent and impact of domestic abuse on lesbian, gay, bi-sexual and transgender (LGBT) people
- Support requirements of diverse groups such as older people, disabled people and LGBT people
- Teenage abuse both within teenage relationships and teenagers perpetrating abuse on family members
- Cost and effectiveness of perpetrator programmes
- Support for male victims
- Honour based violence
- Outcomes in relation to domestic abuse and difference in outcomes between groups of people
- Preventative approaches to domestic abuse

## 8) Recommendations for consideration by commissioners

- Commission sufficient numbers of Independent Domestic Violence Advocates (IDVAs) to at minimum meet the Co-ordinated Action Against Domestic Abuse (CAADA) recommended coverage of 4 IDVAs per 100,000 adult female population
- Enhance the Multi Agency Risk Assessment Conference (MARAC) process through improved engagement and information sharing between MARAC and GP practices
- Clinical Commissioning Groups (CCGs) to commission Identification and Referral to Improve Safety (IRIS) in accordance with recommendation 16 in NICE Public Health Guidance (PH50 published February 2014)
- Investigate the possible reasons why there is a lower rate of recording of domestic abuse (6.4 per 1000 population) by Nottinghamshire Police than other local authority areas and the regional(16.4 per 1000) and national (18.2 per 1000) average.
- Workforce to implement training in line with NICE PH50 guidance level 1-4
- Improve data collection and reporting of outcomes in relation to domestic abuse and abuse across Specialist Domestic Violence and Abuse Services
- Extend midwifery reporting of domestic abuse to all three Acute Hospital Trusts
- Implement the recommendations outlined in the Domestic Violence and Abuse review (2014) and NICE PH50 guidance

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