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Warrington Joint Strategic Needs Assessment (JSNA) 2011 - Domestic Violence Chapter



The Joint Strategic Needs Assessment (JSNA) considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The objective of the JSNA is to involve partner organisations, such as the local NHS, local authorities, Police, Fire and third sector organisations in order to provide a top level, holistic view of current and future need within the borough. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities at the same time as reducing health inequalities.

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Executive Summary

Introduction and Overview

Domestic abuse is widespread and affects women, men and children as victims and perpetrators of violence. According to the **British Crime Survey (BCS) 2008/09** (Home Office, 2009), gender plays a significant role for those who are victims/survivors of domestic abuse, affecting **one in four women** (25%) and **one in six men** (16%) over the age of 16 in their lifetime. The 2009/10 BCS suggests that 7% of all women aged between 16 and 59 in the UK have suffered from domestic abuse in the previous 12 months and that around one in three (31%) violent incidents against women were domestic violence, compared with one in twenty of incidents against men. In over **three-quarters** (77%) of incidents of domestic violence the victims were **women**.¹

Domestic violence represents at least 16% of violent crime (Home Office, 2004). It is also widely recognised as a crime with a high incidence of repeat victimisation, where people experience domestic violence more than once in their lifetime. Research shows that repeat victimisation for domestic violence can be as high as **44%**. (Dodd et al., 2004). On average, 2 women a week are killed by a male partner or former partner in the UK (Povey, 2005). This constitutes around one-third of all female homicide victims.

The Government defines domestic abuse as;

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality," (Home Office, p6, 2011). This includes issues of concern to black and minority ethnic (BME) communities, such as so-called 'honour-based violence'.

In December 2011, the government launched a public consultation about whether the current definition of domestic abuse is working and should remain. The consultation highlights incidents of coercive control as a complex pattern of abuse using power and psychological control over another that may vary in seriousness and may be repeated over time (Home Office, 2011). The Warrington Domestic Abuse Forum (WDAF) Strategy Group acts as an executive body for the WDAF Partnership and sets the strategic direction for the Partnership by:

- Identifying the key challenges and priorities for Warrington.
- Directing and co-ordinating domestic abuse prevention activity through the work of the WDAF.
- Commissioning and performance managing specialist domestic abuse support services.
- Developing formal strategic and operational links to other strategic bodies to ensure consistency of approach and to avoid unnecessary duplication.
- Ensuring direct formal reporting mechanisms to the Local Strategic Partnership via the Community Safety Partnership.

This chapter provides an overview of the national and local picture of domestic abuse and supports the rationale for domestic abuse as a priority strand for the JSNA², Warrington's Health and Wellbeing Strategy, the Local Safeguarding Adults Board and Safeguarding Children Board, the Community Safety Partnership and the Children and Young People's Partnership. Key issues and gaps are identified and plans to address each area are set out through clear commissioning priorities, performance management and governance procedures for domestic abuse. The terms 'domestic abuse' and 'domestic violence' are used interchangeably throughout this document.

Key Issues and Gaps

The Co-ordinated Community Response³ (CCR) is a best practice model for response to domestic abuse. Areas of further development of this model in Warrington include:

Prevention

- Broadening activities which challenge social tolerance of domestic abuse and raise awareness amongst the general public.
- Developing the focus on awareness raising and information provision, particularly in respect of alcohol or substance misuse.
- Developing the focus on early identification and early intervention.

Protection

- Reducing the number of victims experiencing repeat incidents of domestic abuse.
- Improving levels of practitioner referrals to Multi-Agency Risk Assessment Conferences (MARAC⁴).
- Increasing the rates for arrest and conviction of domestic abuse offenders.

Provision

- Augmenting services for victims at high risk of harm.⁵
- Providing community based services for victims/survivors at medium or standard risk of harm, including services able to meet the needs of people from minority groups.
- Augmenting specialist recovery programmes for children and young people affected by domestic abuse.
- Developing peer support services for victims/survivors of domestic abuse.
- Enhancing support for frontline practitioners to develop their skills and confidence in responding to domestic abuse.

Participation

- Encouraging the participation of victims/survivors in the design and delivery of services.

Partnership

- Broadening agency involvement in the partnership response to domestic abuse.

Performance management

- Improving data collection, analysis and information sharing.

Recommendations for Commissioning

Key issues and gaps will be addressed by the further development of the CCR model for Warrington. Key priorities for 2012-13:

- Commission a refreshed Independent Domestic Abuse Service.
- Improve joint working on domestic abuse through WDAF and the Domestic Abuse Co-ordinator role.

Footnotes

¹ 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.

² *Protecting victims of domestic abuse is highlighted as a planning priority within the Warrington JSNA Draft Priorities and Engagement Report, Appendix 1.*

³ *The Co-ordinated Community Response Model (Pence and McMahon, 1999) was a central focus of the Home Office National Domestic Violence Delivery Plan (2007). It highlights the need for cooperation amongst local services in order to prevent duplication, bring synchronisation of funding and to ensure effective inter-agency management of risk.*

⁴ *In a MARAC, local agencies will meet to discuss the highest risk victims in their area and consider other family members, including any children. Information about the risks faced by those victims, the actions needed to ensure safety and to manage the behaviour of the perpetrator is shared. Information to ensure the resources available locally is also shared and used to create a risk management plan involving all agencies.*

⁵ *The Co-ordinated Action Against Domestic Abuse (CAADA) Domestic Abuse, Stalking and Honour-based violence (DASH) Risk Identification Checklist, identifies visible high risk when domestic abuse, 'honour-based violence' and/or stalking are disclosed.*

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1) Who's At Risk and Why

According to the Home Office BCS (2004), domestic abuse remains largely under-reported but is widespread and can affect anyone, regardless of social group, class, age, gender, race, **disability, sexual orientation or lifestyle**. Important policy initiatives, including Every Child Matters (Department for Education and Skills, 2003), The Children Act (Department for Education and Skills, 2004) and Together We Can End Violence Against Women and Girls; A Strategy (Home Office, 2009), firmly establish that domestic violence is a major cause of vulnerability for women and children and that it has a negative impact on their ability to achieve their full potential.

1.1) Gender: The Women's National Commission (2010) stated that domestic abuse is a gender issue with the gender of both victim and perpetrator influencing the behaviour and the severity of risk and harm caused. According to BCS data (2004), "...of those women who have been subject to domestic force, half (48%) have also been subject to frightening threats and nearly half (41%) to emotional or financial abuse. However, men's experiences are much less nested, that is, of those subject to domestic force, only 9 per cent had also experienced frightening threats and 28 per cent emotional or financial abuse." (Walby & Allen, p18, 2004). The researchers commented that "the context of fear is an important element in the understanding of domestic violence as a pattern of coercive control." (Walby & Allen, p19, 2004).

Gender is a significant risk factor as women are more likely than men to experience interpersonal violence, especially 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 violence from the perpetrator of the worst incident (since age 16) 89 per cent were women". (Walby & Allen, Summary, p vii, 2004). Research conducted with male respondents to the 2000 Scottish Crime Survey (Scottish Executive, 2001) found that men were less likely to have been repeat victims of domestic assault, less likely to be seriously injured and less likely to report feeling fearful in their own homes. The research also indicates that men who report that they are victims of domestic violence are also more likely to be perpetrators of domestic violence. However, some studies suggest that men are less likely to report domestic abuse than women for example, George (1999) found that women were twice as likely as men to report injury in the previous year and virtually no male victims/survivors considered assaults against them to be a crime.

McWilliams and McKiernan (1993) found that 30% of domestic violence cases start during pregnancy and Farmer and Owen (1995) showed that 52% of child protection cases involve domestic violence. Issues such as forced marriage, female genital mutilation and so-called 'honour-based violence' mainly concern women from minority ethnic backgrounds. However, women from minority groups who are experiencing domestic abuse may find it more difficult to access help.

This data underlines a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control, with women being considerably more likely to experience repeated and much more severe forms of abuse than men.

The 2010/11 Cheshire Police Data Pack for Partner Agencies¹ records the following figures for Warrington:

- 990 female victims/survivors of domestic abuse incidents, compared with 189 male victims/survivors.
- 951 perpetrators of domestic abuse incidents were male, compared with 129 females.
- 228 cases concerning female victims/survivors accessed the MARAC compared with 12 male cases.

1.2) Age

1.2.1) Children and young people can be perpetrators, victims or witnesses of domestic abuse. Evidence on the prevalence of domestic violence has shown that it is associated with an increased risk of all forms of abuse and, when witnessed by children, increasingly is seen as a form of emotional abuse in itself (Royal College of Psychiatrists, 2004). Research indicates that in up to 90% of incidents of domestic violence, children are in the same or next room (Jaffe et al., 1990; McGee, 2000; Mullender, 2004). There were 284 children identified through the 2010/11 Warrington MARAC process as being at risk of living in an environment where there was a risk of domestic abuse. The Audit Commission (2007) cites successful outcomes for children and young people affected by domestic violence who have been supported to deal with their experiences through Children's Programmes that offer a concurrent component for mothers to attend. **Mothers are supported to understand how the violence has impacted on the child and how best to help them through recovery from the impact of domestic abuse.** Exploring the effectiveness of evidence-based group programmes for those affected by domestic abuse is an area for development in Warrington.

There is growing recognition that such violence does not stop when parents separate. The British Crime Survey (2001) reported that, when women continue to see a violent ex-partner after separating (usually in order to maintain his relationship with children), contact visits have involved threats, abuse or violence in over a third of cases. Women are most at risk of serious violent assault when separating or after separating.

1.2.2) 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." (Women's Aid Report, p4, 2007).

1.3) Demographic Profile: According to the Warrington JSNA Priorities and Overview Report (2011), Warrington Borough Council serves a population of approximately 198,900 people with a small but increasing black or minority ethnic (BME) population. Women in affluent families are less likely to report domestic abuse, suggesting that the stigma of domestic violence is more acute for these women (House of Commons Justice Committee, 2011). The most deprived areas of Warrington are Bewsey and Whitecross, the Oakwood area within Birchwood, Fairfield and

Howley, Latchford East, Orford, Poplars and Hulme, Poulton North. This maintains the pattern of inner-Warrington being relatively more deprived than outer-Warrington and reporting of domestic abuse correlates closely with this pattern according to early findings of the Warrington Safeguarding Project (2011).²

1.4) Ethnicity: Warrington JSNA Priorities and Overview Report (2011) states that 6.9% of the resident population belong to an ethnic minority group compared to 11.6% regionally and 17.2% in England. The CAADA Quality Assurance Report (2010) observed 15 Warrington residents referred to MARAC from black and minority ethnic (BME) communities, representing 6.4% of cases.

1.5) Sexual Orientation: No exact figures are available for Warrington in terms of prevalence or actual incidence of domestic abuse for lesbian, gay, bisexual and transgender (LGBT) individuals, but it is recognized as an area of potential significant under-reporting. MARAC referrals from victims/survivors who identify themselves as LGBT account for 1.6% of cases. This is above the national average of 0.6%. (CAADA, 2011).

1.6) Alcohol and Substance Misuse: Domestic abuse and alcohol / substance misuse often co-exist. This is reflected in the Cheshire Police Domestic Abuse Data for Warrington 2010/11, which states that MARAC related reports note alcohol (28%) and substance misuse (13%) as a significant contributory factor.

A study of 336 convicted offenders of domestic violence found that alcohol was a feature in 62% of offences and 48% of offenders were alcohol dependent (Gilchrist et al., 2003). One study of 60 women using crack cocaine in London found that 40% reported regular physical assaults from their current partner, rising to 70% if past partners were included. (Bury et al., 2009).

Alcohol consumption increases during major sporting events and is a significant factor in the rise in reported domestic abuse incidents. Greater Manchester Police reported a record day for reports of intimate partner violence on the day England were defeated 4-1 by Germany in the football World Cup in South Africa (Palmer, 2011).

1.7) Mental Health: Research shows that rates of depression are much higher among women experiencing domestic abuse than the general public (Helfrich et al., 2008). Domestic abuse is also likely to be the most common, single, background factor for female patients in mental health settings (Sutherland et al., 2002). ([Mental health data, charts and maps available here.](#))

1.8) Disability: Of 2010/11 MARAC cases, 2.5% identified the victim as having a disability. This is an over-representation of people with a disability accessing the MARAC when compared to the national average of cases of 1.7% (CAADA, 2010).

Footnotes

¹ Cheshire Police Data Pack for Partner Agencies illustrates a breakdown of data for domestic abuse categories and profiles across the four Cheshire local authorities.

² Warrington is involved in a Safeguarding Pilot exploring early intervention through a community-based, family approach to improve multi-agency approaches to frontline practice in child protection and safeguarding where families are experiencing domestic violence and the additional risk factors of mental illness and substance misuse.

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2) The Level of Need in the Population

The House of Commons Justice Committee (2011, p1) highlights that under-reporting of domestic violence to the police is high, with less than one in four women reporting, even after an incident of serious injury. "Under-reporting of sexual violence (half of which involves partner or ex-partner sexual violence) is even higher with less than one in seven reporting to the police according to British Crime Survey data." Further, "there is a large minority of victims who tell no one about their experiences of domestic violence. This under-reporting therefore affects substantiation of allegations in the family courts, particularly where there is no police evidence".

The British Crime Survey (2009) found that 1.2 million adults (780,000 women and 463,000 men) had been the victim of domestic violence in 2008-09, around 4.4% of women and 2.7% of men in the UK. Based on Warrington's current population of 198,900 (JSNA Draft Priorities and Engagement Report, p4, 2011), this equates to over 14,000 people (5370 males, 8752 females). According to the Cheshire Police Data Pack for Partner Agencies, numbers of domestic abuse incident reports stay fairly consistent throughout the year in Warrington. In total, there were 1132 domestic abuse incidents recorded in Warrington between April 2010 and March 2011, 236 of which were assessed as high risk of serious harm or death.

Key issues highlighted by the Warrington MARAC Report (CAADA, 2011) and the Cheshire Police Domestic Abuse Data for Warrington 2009-2011 include:

- Reported domestic abuse incidents of repeat victimisation increased from 25% in 2009/10 to 31% in 2010/11.
- 25.7% of MARAC cases were referred back to MARAC within a 12 month period compared to 21.7% nationally.
- Alcohol is a significant contributory factor (28% of MARAC related reports 2010/11).
- Drugs are a contributory factor (13%).
- Offenders are likely to be male aged 25-39. Younger perpetrators 16-24 are a growing perpetrator group.
- Between April and September 2010, 302 arrests were made. This fell by 17% between October 2010 and March 2012 to 250 arrests.
- Reduction in successful prosecution rates.
- Higher incidence of reporting in economically deprived areas.
- MARAC LGBT cases are higher than the national average.
- Children reported to be present in over half of MARAC cases.
- Low level of referrals to MARAC across the Partnership from agencies other than Police.
- Lack of specialist services for people from minority groups affected by domestic abuse.

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3) Current Services in Relation to Need

WDAF commissions specialist domestic abuse services through the Supporting People Programme and other local commissioning frameworks in Warrington. There is a range of established forums that also contribute to the delivery of domestic abuse support, services and activities. The appointment of a permanent Domestic Abuse Co-ordinator is planned early in 2012 to assist the WDAF in the delivery of a Co-ordinated Community Response.

3.1) Domestic Violence Refuge – Warrington Women’s Aid: The Refuge is commissioned through the Warrington Supporting People Programme to provide 13 units of supported accommodation and support for women and their children, from Warrington or other locations, who are at high risk of domestic violence. The service provides access to support staff Monday to Friday, 8am-6pm and has dedicated out of hours support at all other times.

During 2010/11 referral sources were as follows:

- 30% Local Authority Housing Department
- 23% Self-referral
- 20% relocated through National, Regional or Sub-Regional Housing Scheme
- 15% Social services
- 5% Police
- 3% Voluntary Agency
- 2% Nominated by Local Housing Authority
- 1% GP/Health Service
- 1% Other

Overall, 87 women at risk were accommodated; 36% aged 16-25, 33% aged 26-35, 31% aged 36+. The service had an average occupancy of 90%.

Warrington refuge does not accept teenage boys aged 16 and older. This limits the choice of emergency accommodation for some families.

3.2) Independent Domestic Violence Advisors (IDVAs) are independent professional advisors that work with victims from the point of crisis to assess the level of risk, discuss the range of suitable options and develop co-ordinated safety plans. IDVAs focus on working predominantly with high risk victims, i.e. those most at risk of death or serious harm. They work within a well-defined role, underpinned by an accredited training programme, and offer intensive support work with service users to reduce risk. The work of IDVAs has clear and measurable outcomes in terms of improved safety and a reduction in repeat offences. A multi-site evaluation of Independent Domestic Violence Advisors (Howarth et al., 2009) found that this abuse stopped completely in two-thirds of cases where there was intensive support from an IDVA service including multiple interventions.

Commissioned through the Warrington Domestic Abuse Commissioning Framework, the IDVA service is currently delivered by the National Society for the Protection of Cruelty to Children (NSPCC) and provides two Independent Domestic Violence Advisors. The MARAC reviewed 236 cases in 2010/11 but CAADA recommend an increase in the number of referrals to MARAC based on the population of Warrington, and a corresponding increase in the number of IDVAs from 2 to 3-3.5, in order to fully meet the level of local need for supporting victims of domestic abuse who are considered high risk. CAADA has stated that Warrington might expect up to 400 MARAC referrals per annum based on its current population. There is also a need to address the gap in Tier 2 services, enhancing prevention and support for victims at medium/ standard risk of harm.

3.3) The Multi-Agency Risk Assessment Conference (MARAC) invites key agencies to meet formally on a fortnightly basis to ensure measures are taken to reduce harm to high risk victims/survivors of domestic abuse aged 16 years and above on a case by case basis. The CAADA Quality Assurance Report 2010 details:

- 236 cases were reviewed, of which, 9 women were pregnant.
- 277 children were linked to the cases discussed by the MARAC. 49% of these children were aged 0-5.
- 25% of cases were examples of repeat victimisation.
- 6.4% were from BME communities.
- 8.5% involved male victims.
- 1.6% identified themselves as LGBT.
- 2.5% identified themselves as having a disability.

MARAC referrals are received from a wide range of agencies but are disproportionately dominated by police referrals in Warrington. CAADA performance results for the 12 month period from 1st October 2010 to 30th September 2011 state that Warrington non-police referrals accounted for 20.5% compared to 43.1% across Cheshire and 37% nationally. The WDAF Partnership will increase support to frontline practitioners to develop their skills and confidence in responding to domestic abuse through training in the DASH Risk Identification Checklist.

3.4) The Warrington Specialist Domestic Violence Court (SDVC) was established to tackle the problem of low levels of prosecutions for domestic violence cases and aims to provide an increased level of support to victims to address the issue of victims withdrawing from the criminal justice system. Warrington Court heard 424 cases between January and December 2011. There are no figures available at present to measure trends in the number of cases being heard, but there is a declining caseload across Cheshire. Between 2008 and 2011, the number of cases reduced by 9% from 1508 to 1379. This does not reflect the national picture, where the caseload is increasing year on year. Local data is being reviewed by the Warrington SDVC Operational Group in order to better understand the reasons for the decline and to improve performance.

3.5) Cheshire Constabulary Public Protection Unit (Warrington): The Public Protection Unit (PPU) manages some of the most sensitive and high risk matters of policing. The (PPU) supports the Police response to domestic abuse in the following ways:

- Operational policing and investigation of all matters of domestic abuse.
- Taking effective action against offenders and, where appropriate, the subsequent management of those offenders through Multi-Agency Public Protection Arrangements (MAPPA).
- Representation at domestic abuse forums across the Force Area.

Detective sergeants supervise and have specific responsibility for domestic abuse at the Public Protection Unit in Warrington.

3.6) Warrington Safeguarding Adult Board (WSAB): The local authority adult social care department plays a lead role in co-ordinating and developing local arrangements for safeguarding adults. All partner agencies, however, play a vital role in ensuring the best possible outcomes for those people in our community who are vulnerable to abuse and those who have experienced abuse. The role of the WSAB is to deliver an effective and consistent multi-agency response to adult abuse.

3.7) Warrington Safeguarding Children Board (WSCB): WSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

3.8) WBC Children and Young People's Services: The Common Assessment Framework (CAF) team leads on the integrated working agenda across Warrington and has responsibility for the implementation and operation of Warrington's Family Support Model. The CAF team plays a key role in supporting the domestic abuse agenda in Warrington with a focus on the early identification of children and young people with additional support needs and provide appropriate, timely and co-ordinated interventions.

Warrington is involved in the planning stage of a Department for Education Safeguarding Pilot exploring early intervention through a community-based, family approach to improve approaches to frontline practice in child protection and safeguarding where families are experiencing domestic violence and the additional risk factors of mental illness and substance misuse. In 2012, the pilot will commence multi-agency training for managers in supporting frontline practitioners to develop their skills and confidence in responding to domestic abuse.

3.9) Independent Sexual Violence Advisor (ISVA) Service: The Rape and Sexual Abuse Support Centre (RASASC) provides practical and emotional support to individuals who have experienced sexual violence, including support in accessing health services and the criminal justice system. Counselling and support is available to women, men and young people over the age of 13. Self-referrals and referrals from other agencies are accepted by telephone through the RASASC central office.

3.10) Registered Social Landlords (RSLs): Golden Gates Housing Trust (GGHT) is the main registered provider of social housing in Warrington and has an officer identified as the main contact for domestic abuse cases in order to prevent homelessness where possible.

3.11) The Sanctuary Scheme provides a secure and safe environment so that victims/survivors (and their children) can be protected from a violent partner, or ex-partner, **within their own home.** The service includes a full crime-prevention, home safety assessment and a range of security measures including reinforced doors, door and window locks, outside security lights and, where necessary, the construction of a secure Sanctuary Room within the existing home. Out of 80 referrals received between April 2009 and March 2010, home safety assessments resulted in safety measures being put in place for 35 households.

3.12) The Cheshire Probation Service has a major role to play in changing the behaviour and reducing the risk posed by perpetrators of domestic violence as well as responding to victims under their supervision. It delivers a compulsory Community Domestic Violence Programme, which offers rehabilitation opportunities for offenders who are convicted for offences related to domestic abuse. The programme was completed by 18 male offenders the in Warrington in 2009/10.

3.13) Warrington Magistrates Witness Service (Victim Support) provides emotional and practical support for victims and witnesses of crime through trained volunteers to support both victims and witnesses. The Witness Service operates from both Crown and Magistrates courts and offers support before, during and after the trial. This includes a pre-trial visit at the court, sitting in the court room with the victim/witness whilst they give evidence and supporting them before they leave.

3.14) The Cheshire Fire and Rescue Service provide post-incident response and technical fire advice to the Sanctuary Scheme and to people at risk of domestic abuse.

3.15) Voluntary Sector Providers: NSPCC, Warrington Children's Society and St. Joseph's Family Centre all provide a wide range of services related to the needs of adults and children who are coping with family breakdown, domestic abuse and other complex pressures within their family.

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4) Projected Service Use and Outcomes in 3-5 Years and 5-10 Years

Substantive, robust data to accurately indicate the likely service use and associated outcomes for the next 3 -10 years will be considered as part of the further development of the Warrington Domestic Abuse Strategy.

Data from British Crime Surveys suggest a small decline in domestic violence over the last decade in Britain, although the extent of this is difficult to assess. Wider social changes associated with the increasing number of policies developed to combat this form of abuse may be a contributory factor. While the rate of domestic violence has been falling, the use and costs of public services have not declined (Walby, 2009). Locally, the number of recorded domestic violence crimes reduced by 11.2% (225 fewer offences) in 2010/11 compared to 2009/10.

According to Office of National Statistics' projections (2008), the number of people aged 65-74 will continue to grow ([data and charts for population projections are available here](#)). Better understanding of the specific needs and risks to this group in relation to domestic abuse will inform planning for potential future services.

Against a backdrop of increased economic hardship and reduced funding to voluntary agencies it should be noted that current levels of universal provision are likely to be put at risk.

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5) Evidence of What Works

5.1) The SIM Model is a combination of **S**pecialist Domestic Violence Courts, **I**ndependent Domestic Violence Advisors and **M**ulti-Agency Risk Assessment Conferencing.

- **Specialist Domestic Violence Courts:** SDVCs have been associated with a high level of arrests, successful prosecutions and referrals to support services and an increase in guilty pleas, case attrition and feelings of protection and safety (Home Office, 2008).
- **Independent Domestic Violence Advisors:** There is growing evidence of the effectiveness of IDVAs (Department of Health, 2010). A multi-site evaluation of Independent Domestic Violence Advisors (Howarth et al., 2009) found that this abuse stopped completely in two-thirds of cases where there was intensive support from an IDVA service including multiple interventions. An earlier systematic review (Ramsay et al., 2009) concludes that it is possible that intensive advocacy for women in domestic violence shelters or refuges reduces physical abuse one to two years after the intervention.
- **Multi-Agency Risk Assessment Conferencing:** The MARAC was established originally in Cardiff in 2003 and evaluations have demonstrated that, at six months, 63% of people were living free from violence and harm and that, at the twelve month stage, this figure had fallen to 42% (Robinson, 2005).

5.2) The Co-ordinated Community Response Model (Pence and McMahon, 1999) considers the risks posed by or presented to the victim/survivor, any children of the family and the perpetrator of the abuse. It considers the role of a wide range of agencies and partners in relation to the 5 P's of response: Provision, Protection, Prevention, Participation and Performance.

The model's core elements can be summarised as:

- Tier 3/4 services for people at high risk of harm (Specialist Courts, Independent Domestic Violence Advocates, Multi-Agency Risk Assessment Conferencing) together with Refuge accommodation.
- Tier 2 services for people at standard or medium risk of harm (specialist services (outreach

- or floating support) for victims in the community or resettling from Refuge).
- Training for universal services to identify domestic abuse and intervene appropriately to prevent escalation.
- Publicity/awareness raising for communities to recognise and respond appropriately.
- Statutory interventions with children across the risk spectrum.
- Specialist children's interventions to promote change and recovery.
- Individual and multi-agency interventions to hold perpetrators to account and promote change.
- Close links between domestic and sexual violence provision.

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6) (Target) Population/Service User Views

Capturing the views of the target population is a sensitive and complex issue. It has been prioritised by WDAF through a new service specification for the augmented Domestic Abuse Service and WDAF has invited victims/survivors of domestic abuse to take part in the current commissioning of a new service provider.

National research (Department of Health, 2010) shows that women think that the health services (health visitors, GPs, hospitals, dentists, sexual health services, practice nurses) have a vital role in early identification and response to violence, particularly for those who are isolated and therefore more vulnerable. They also felt that the health services should have a key role in supporting and safeguarding women and children, particularly some groups of women who might have difficulty in communicating with them: older women, women with learning disabilities or mental health issues, and women with language barriers, particularly if dependent on violent partners for translation.

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7) Unmet Needs and Service Gaps

Prevention

- Broadening activities which challenge social tolerance of domestic abuse and raise awareness amongst the general public.
- Developing the focus on awareness raising and information provision, particularly in respect of alcohol or substance misuse.
- Developing the focus on early identification and early intervention.

Protection

- Reducing the number of victims experiencing repeat incidents of domestic abuse.
- Improving levels of practitioner referrals to Multi-Agency Risk Assessment Conferences (MARAC).
- Increasing the rates for arrest and conviction of domestic abuse offenders.

Provision

- Augmenting services for victims at high risk of harm.¹
- Providing community based services for victims/survivors at medium or standard risk of harm, including services able to meet the needs of people from minority groups.
- Augmenting specialist recovery programmes for children and young people affected by domestic abuse.
- Developing peer support services for victims/survivors of domestic abuse.
- Enhancing support for frontline practitioners to develop their skills and confidence in responding to domestic abuse.

Participation

- Encouraging the participation of victims/survivors in the design and delivery of services.

Partnership

- Broadening agency involvement in the partnership response to domestic abuse.

Performance management

- Improving data collection, analysis and information sharing.

Footnotes

¹ *The Co-ordinated Action Against Domestic Abuse (CAADA) DASH Risk Identification Checklist identifies visible high risk when domestic abuse, 'honour-based violence' and/or stalking are disclosed.*

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8) Recommendations for Commissioning

Prevention

- Broaden focus on awareness raising and information provision, particularly for those who misuse alcohol or substances.
- Develop focus on early identification and early intervention.

Protection

- Address high level of repeat cases.
- Improve levels of practitioner referrals to MARAC.
- Address low perpetrator arrest and conviction rates.

Provision

- Commission an augmented Independent Domestic Abuse Service from an external provider to increase the IDVAs from 2 to 3 and appointing a full time Specialist Outreach Support Worker to enhance Tier 2 services for people at standard and medium risk.
- Enhance alcohol and substance misuse services for victims/survivors of domestic abuse.
- Enhance services for people from minority groups.

Participation

- Develop an effective consultation and engagement process across domestic abuse frameworks and services.
- Develop targeted strategies to engage minority groups.

Partnership

- Secure long term funding for the augmented role of Domestic Abuse Co-ordinator.
- Performance management
- Improve data collection, analysis and information sharing.

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9) Recommendations for Needs Assessment Work

- Conduct an Equality Impact Needs Assessment in relation to the MARAC to identify the profile of the local population (including age, disability, race, belief, sexual orientation, gender and gender identity).
- Explore effectiveness of evidence-based group programmes for those affected by domestic abuse.
- Consider the outcome of the Safeguarding Project as a Cheshire-wide model upon which to work with perpetrators who wish to change their behaviour.

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