

Bath and North East Somerset

Domestic Abuse Strategy 2017 – 2020

Contents

Executive summary.....	4
Key national guidance includes:	4
Foreword.....	6
1. Purpose of this strategy.....	7
1.1 Strategic objectives	7
1.2 Scope	7
1.3 Local partnership.....	7
1.4 Guiding principles.....	7
2 National context.....	9
2.1 Definitions.....	9
2.2 Terminology.....	9
2.3 Policy and guidance.....	10
2.4 Key statistics	11
2.4 Survivor profile - nationally.....	12
2.5 Perpetrator profile – nationally	13
2.6 Children exposed to domestic abuse	14
2.7 Toxic Trio/Complex Trio	14
3 Local context.....	15
3.1 Joint Strategic Needs Assessment.....	15
3.2 Key statistics	15
3.3 Survivor profiles.....	16
3.4 Perpetrator profile.....	17
3.5 Children exposed to domestic abuse	17
3.6 Toxic Trio/Complex Trio	18
4 Strategic objectives	19
4.1 A strong multi-agency approach	19
4.2 Encourage disclosure and early help	19
4.3 Improve support for victims of domestic abuse	19
4.4 Ensure confidentiality and information sharing.....	20
4.5 Develop a skilled workforce to respond to domestic abuse.....	20
4.6 Work with perpetrators to reduce re-offending	20
5 Tackling domestic abuse in Bath and North East Somerset: Examples of work to date	
21	

5.1	Developing a strong multi-agency approach.....	21
5.2	Encouraging disclosure and early help.....	21
5.3	Improve support for victims of domestic abuse	22
5.4	Ensure confidentiality and information sharing.....	23
5.5	Develop a skilled workforce to respond to domestic abuse.....	24
5.6	Work with perpetrators	24
6	Achieving our vision	25
6.1	A strong multi-agency approach	25
6.2	Encourage disclosure and early help	25
6.3	Improve support for victims of domestic abuse	25
6.4	Ensure confidentiality and data sharing.....	25
6.5	Develop a skilled workforce to respond to domestic abuse.....	25
6.6	Work with perpetrators to reduce re-offending	26
7.	Developing a domestic abuse action plan.....	27
	References.....	29

Executive summary

Our vision is of a Bath & North East Somerset free from domestic abuse. This will be achieved through a robust, coordinated response to domestic abuse to permanently break the cycle of relationship violence and abuse. Women, Men, children and young people will have the essential tools and services needed to prevent, eliminate and recover from domestic abuse in their lives.

Violence and abuse can happen to people of all ages, sexualities, cultural, social and ethnic backgrounds, which is why it is imperative for services to meet the diverse needs of victims and survivors.

Definition:

Domestic abuse can be defined as:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexual orientation.

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional.

Home office (2015)

Key national guidance includes:

- Ending violence against women and girls strategy (Home Office, 2016(i))
- National statement of expectations (Home Office, 2016 (ii))
- Domestic violence and abuse: multi-agency working (NICE, 2014)

National data:

It is widely accepted that domestic abuse is a much bigger issue than the official statistics reflect. The main reason for this is that many victims and children don't tell anyone about the abuse, and therefore they are not recorded as crimes. Nevertheless, even the official statistics present a challenging picture.

Nationally, it is estimated that each year 8.5% of women and 4.5% of men experience some form of domestic abuse. 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse (SafeLives, 2016).

Local data:

There were 1,110 domestic abuse crimes recorded by the police in the financial year

2015/16 in Bath and North East Somerset, an average of 93 per month. This is an increase of 24.7% (220 crimes) compared to 2014/15, when there were 890 domestic abuse crimes recorded (B&NES Council, 2016).

Strategic objectives:

Based on the local audit of current practice against the NICE (2014) *Domestic violence and abuse: multi-agency working* guidance, the Bath and North East Somerset Domestic Abuse Partnership (DAP) agreed the following objectives:

- A strong multi-agency approach
- Encourage disclosure and early help
- Improve support for victims of domestic abuse
- Ensure confidentiality and information sharing
- Develop a skilled workforce to respond to domestic abuse
- Work with perpetrators to reduce re-offending.

Foreword

Our vision is of a Bath & North East Somerset free from domestic abuse. This will be achieved through a robust, coordinated response to domestic abuse to permanently break the cycle of relationship violence and abuse. Women, Men children and young people will have the essential tools and services needed to prevent, eliminate and recover from domestic abuse in their lives.

By producing this strategy, Bath and North East Somerset Responsible Authorities Group (Our Community Safety Partnership) aims to send out a clear message that: *“Domestic violence and abuse must not be tolerated under any circumstances, we will work together to do all that we can over the next three years to raise awareness, prevent abuse, protect and support victims, and challenge perpetrators. Victims are humiliated, repressed and disproportionately affected by it. Unbelievably one in four women in the UK will experience domestic abuse at some time in their life. It could be both physical and psychological and often starts with bullying. Worst of all many victims suffer in silence and in fear, hiding in the shadows, unable or afraid to speak out. No-one should suffer an existence like this.”*

Councillor Martin Veal (Conservative, Bathavon North),
Bath & North East Somerset Council Cabinet Member for Community Services.

Domestic abuse happens in all cultures and social groups, regardless of age, ethnicity, religion, gender, disability, sexual orientation, education and employment. Domestic abuse can have an overwhelming effect not only on victims also their families, workplaces and the communities where they live.

Our aim is to make prevention and early intervention the core of our work so that no one will experience an abusive relationship. Often hidden by victims and perpetrators domestic abuse is a crime, and it is unacceptable at any level. It is characterised by patterns of coercive, controlling or threatening behaviour, and can involve physical, psychological, financial, emotional and sexual abuse. These patterns can be intergenerational and require specialist and sustainable support services to break cycles of relationship violence within whole families.

Tackling domestic abuse effectively requires a multi-agency response across both adult and children’s services. All local agencies have a vital part to play in supporting victims, bringing perpetrators to account and raising awareness of the issues. Many local agencies are already undertaking significant and valuable work to promote safety and provide effective interventions; however, we know there is still much more for us to do, this strategy will ensure that all partners are clear about our agreed priorities for the next three years and embed these within their own organisations and strategic plans, including joint plans. This document sets out the vision, objectives to be delivered alongside key strategies and achievements.

1. Purpose of this strategy

1.1 Strategic objectives

Based on the local audit of current practice against the NICE (2014) *Domestic violence and abuse: multi-agency working* guidance, the Domestic Abuse Partnership (DAP) agreed the following objectives:

- A strong multi-agency approach
- Encourage disclosure and early help
- Improve support for victims of domestic abuse
- Ensure confidentiality and information sharing
- Develop a skilled workforce to respond to domestic abuse
- Work with perpetrators to reduce re-offending

1.2 Scope

Violence committed in the name of honour, female genital mutilation, forced marriage and child sexual exploitation are linked to domestic abuse as clearly recognised within the national *Ending violence against women and girls* strategy (Home Office, 2016). Perpetrators may use a range of techniques to subjugate victims including physical and emotional as well as other forms of abuse. This strategy focuses on domestic violence and abuse whilst recognising the work of local partnerships and boards in delivering the wider linked agenda.

1.3 Local partnership

The Domestic Abuse Partnership (DAP) is the strategic arm of the Responsible Authorities Group and works to:

- promote co-ordination education about healthy relationships,
- encourage disclosure and early help
- protect victims of domestic abuse,
- provide support for survivors of domestic abuse
- work with perpetrators to disrupt cycles of abusive behaviour

1.4 Guiding principles

In line with the national Violence Against Women and Girls (VAGW) action plan, we will adopt the following principles:

- **Prevent** domestic abuse from happening in the first place by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it. Prevent abusive behaviour becoming entrenched and perpetrators moving from one victim to another.
- **Provide timely and adequate levels** of support where abuse occurs reducing the need for crisis intervention. A fully rounded approach which makes the links with wider vulnerabilities including child sexual exploitation, substance misuse and mental health. This should include addressing the

immediate safety and longer-term therapeutic needs of children who live in or visit households where there is domestic abuse

- Work in **partnership** with the Domestic Abuse Partnership providing leadership to obtain the best outcomes for victims and their families.
- Take action to prevent **perpetrators** from abusing in the future and ensuring the effectiveness of rehabilitation programmes.

2 National context

2.1 Definitions

The cross-government definition of domestic violence and abuse was revised in 2015 to include:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexual orientation.

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Home office (2015)

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

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

The change in definition has also been accompanied by the introduction of new legislative powers making coercive and controlling behaviour, stalking and forced marriage criminal offences, in addition new statutory duties have been placed on agencies to tackle Female Genital Mutilation and Modern Slavery.

2.2 Terminology

We recognise that the terms domestic violence and domestic abuse are used interchangeably. Victims who have been abused through coercive control may not feel that word 'violence' reflects their story whilst others believe that the term 'abuse' softens the impact of non-physical violence which is no less damaging than physical violence.

'Victim' or 'survivor' is used to describe the person who experiences the abuse. Victim is considered by some to be disempowering but survivor is not always applicable to those who continue to experience abuse on a regular basis. The main characteristics of domestic abuse are that perpetrators choose to behave abusively to get what they want and gain control, their behaviour is intentional and is calculated to induce fear, and involves the misuse of power to control how the victim thinks, feels and acts.

2.3 Policy and guidance

2.3.1 Ending violence against women and girls

National government has increasingly recognised the complex issues relating to domestic abuse and the devastating impact it can have on the lives of survivors, their families and communities.

In March 2016, the Home Office published a refreshed cross-government strategy for tackling violence against women and girls: *Ending Violence against Women and Girls 2016-2020*. The refreshed strategy aims to achieve real and sustainable progress by ensuring national and local government, local partners and agencies, and communities work together to prevent women and girls from becoming victims in the first place and ensuring those who experience abuse receive the support they need to recover.

The strategy and subsequent action plan sets out the government's approach and framework, focussing on four key priorities;

Box 1: Violence against women and girls: four key priorities

Prevention of Abuse	Provision of Services
Prevent violence and abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.	Transforming the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services that respond to the needs of victims and their families
Partnership Working	Pursuing Perpetrators
Make awareness of and responses to victims 'everyone's business' across all agencies, professionals and the wider public. Whilst supporting local areas to develop new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcomes for victims and their families.	Improving criminal justices responses, promoting the use of new technology to support prosecutions, tackle offenders and protect victims; and supporting the delivery of interventions that lead to sustainable behaviour change in perpetrators.

2.3.2 Guidance from NICE (National Institute for Health and Care Excellence)

NICE (2014) have published *Domestic violence and abuse: multi-agency working guidance* based on their 2013 systematic review. The guidance provides wide-ranging

recommendations for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. The recommendations include: effective strategies for commissioning and the development of integrated care pathways; how to create environments which support safe and appropriate disclosure; improving access to services which improves a comprehensive referral pathway; the provision of tailored services which take account of the needs of different population groups including those with existing mental health conditions.

2.3.3 National statement of expectations

The *National statement of expectations* (Home Office, 2016(ii)) sets out what local commissioners need to put in place to ensure their response to *Violence against women and girls* (VAWG) strategy is collaborative, robust and effective. The expectations challenge commissioners to ensure that local strategies and services:

- Put the victim at the centre
- Have a clear focus on the perpetrators in order to keep victims (and those at risk) safe
- Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG
- Are locally-led and safeguard individuals throughout
- Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

The Government states that whilst the *National statement of expectations* is 'directed at commissioners of services, it is important for third sector partners to engage with it and support their local commissioners in delivering against these standards.'

2.4 Key statistics

It is widely accepted that the domestic abuse problem is much bigger than shown in official statistics, as many victims and children don't tell anyone about the abuse, and they are not recorded as crimes. Nevertheless, even the official statistics present a challenging picture.

Box 2: Key statistics

- An estimated **2.1 million people** suffer some form of domestic abuse every year in the England and Wales.
 - 1.4 million women (8.5% of the population) and
 - 700,000 men (4.5% of the population).
- 130,000 **children** live in homes where there is high-risk domestic abuse.
- More than 100,000 people a year in the UK are at **high and imminent risk** of being murdered or seriously injured as a result of domestic abuse.
- **Women** are much more likely than men to be the victims of high risk or severe domestic abuse with 95% of those going to Multi-Agency Risk Assessment Conference (MARAC) or accessing an Independent Domestic Violence Advisor (IDVA) service are women.
- **7 women a month are killed** by a current or former partner in England and Wales
- 40% of high-risk victims report having **mental health issues**
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others
- 85% of victims **sought help five times** on average from professionals in the year before they got effective help to stop the abuse
- The estimated **average public cost is £20,000** for a high-risk domestic abuse victim – this estimate includes Emergency Department (ED) visits, although some high risks victims report having visited ED up to 15 times.

SafeLives (2016) [Link](#)

2.4 Survivor profile - nationally

i. Gender

It is believed that the key reason why recorded cases of male victims of domestic abuse across most agencies dealing with victims of domestic abuse do not reflect the true extent of the problem amongst men is that they are far less likely to report it. Thus, underreporting is an even greater issue amongst men, than it is amongst women. Analysis of the British Crime Survey 2010/11 shows in comparison to female victims of domestic abuse, men are three times more reluctant to tell the police. The British Crime Survey also indicates that only 19% of male victims have told someone in authority compared to 44% of women.

ii. Age

We know nationally and locally we have a growing elderly population, however the number of older people reporting that they have experienced domestic abuse is low compared to other age groups. There is research to suggest that older people are more likely to believe that abusive behaviour within relationships is the norm and socially acceptable. Many older people are economically dependent on their abuser and also may rely on them for care and support. They may find it more difficult to access information and support aimed at people who are victims of abuse.

iii. Ethnicity

The issues facing women and girls from ethnic minority backgrounds are quite complex and they may find it difficult to leave an abusive situation due to cultural beliefs, or concerns such as; pressure to remain in relationship as leaving will bring shame on the family, the abuse is viewed and accepted by some as normal behaviour, and in some cases they do not have sufficient trust in authorities to seek help. There may also be language barriers, lack of community contact, and uncertainty around immigration status or access to public funds. They may not know who to talk to or go to for help.

Other issues that young people may face, is that of being 'forced' into marriage against their will and without their permission. This is not the same as an arranged marriage where families take a role in choosing and introducing the marriage partners and the marriage is entered into freely by both people.

iv. Sexual orientation

Domestic abuse occurs in lesbian, gay; bisexual, and transgender (LGBT) relationships. National research shows that many lesbian, gay and bisexual people who have experienced domestic abuse from family members or partners rarely report these incidents to the police, of those that do, more than half were not happy with the response they received. This means that other agencies need to be proactive, with clear referral pathways into support.

Additionally, research indicates that domestic abuse is a common experience for people who identify themselves as transgender. One study in 2010 found that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviours by a partner or ex-partner.

v. Ill health and disability

Female survivors of domestic abuse are at least three times more likely to experience depression or anxiety disorders than other women. 40% of high-risk victims report having mental health issues (SafeLives, 2016).

2.5 Perpetrator profile – nationally

Haringey Community Safety Partnership (Haringey Council, 2016) states that their data has consistently shown that men are more often than not the perpetrator.

‘Despite an increase in female perpetrators, that 93% of domestic abuse defendants were men. Research has also shown that in cases where the offender was female, only 5% were in heterosexual relationships (Hester, 2013). The vast majority of incidents of female perpetrated domestic violence were within the context of lesbian relationships.

2.6 Children exposed to domestic abuse

Domestic abuse and violence harms children and young people as they are affected directly and indirectly by witnessing it, or through the negative impacts on the family unit. Nationally, three quarters of children living with domestic abuse witness it personally, and half are directly abused. Children exposed to domestic abuse are at increased risk of behavioural problems, having their education disrupted, emotional trauma and mental health issues that may continue into adulthood. In extreme cases children can be seriously injured or die as a direct result of domestic violence and abuse, national research indicates that domestic violence and abuse was a factor in more than 60% of serious case reviews.

A strong relationship has been shown between the maltreatment of children in the home and domestic abuse of a parent. Many children also suffer from severe mental health issues as a result of exposure to domestic abuse. SafeLives found that two thirds of children living with and exposed to domestic abuse were also directly harmed, emotionally (58%), physically (28%), and/or by neglect (18%). Only 54% of these children were known to statutory children’s social care prior to intake to domestic abuse specialist services. Domestic abuse is a key factor in children entering the care system, and there is a correlation with an increased risk of youth offending.

2.7 Toxic Trio/Complex Trio

In their review of Serious Case Reviews, Ofsted (2010) noted that: The most common issues [relating to the children’s families] were domestic violence, mental ill-health and drug and alcohol misuse. As ‘*Working Together*’ (DfE, 2015) notes these issues rarely exist in isolation. There is a complex interaction between the three issues. In one situation domestic abuse may be the result of women who use drugs being more likely to be in relationships with volatile men. In another situation maternal drug misuse may be a consequence of their experience of domestic abuse. Maternal mental ill health may be a result of violence or abuse that they have experienced or depression may lead a parent to misuse drugs or alcohol.

SafeLives highlights that there is a clear co-occurrence between the ‘toxic trio’ risk factors of domestic abuse, substance misuse (alcohol and/or drugs) and parental mental ill health, with nearly a third of mothers (31%) and a third of fathers (32%) in these families experiencing domestic abuse disclosed either mental health problems, substance misuse, or both.

3 Local context

3.1 Joint Strategic Needs Assessment

The Bath and North East Somerset Joint Strategic Needs Assessment (JSNA) is designed to be the single portal for facts, figures and intelligence about our local area, its communities and its population. It has been developed to be used by anyone who has an interest in or makes decisions about Bath and North East Somerset.

The Joint Strategic Needs Assessment has the following sections on Domestic Abuse:

- Domestic Abuse
- Children Exposed to Domestic Abuse
- Domestic Abuse Characteristics
- New Ways Families Profile
- Domestic Abuse Offenders
- Domestic Abuse Victims
- Recording and Understanding Domestic Abuse

These sections include data from local services and agencies such as Avon and Somerset Police, Adult Safeguarding, Children's Social Care, Southside's Independent Domestic Violence Advisers (IDVAs), Identification and Referral to Improve Safety Programme (IRIS) and Julian House Freedom Programme. The Joint Strategic Needs Assessment can be found at - www.bathnes.gov.uk/jsna

3.2 Key statistics

Box 3: Key statistics for Bath and North East Somerset

- 5,936 women aged between 16-59 in Bath and North East Somerset have been a victim of domestic abuse in the past year.
- There were 1,110 domestic abuse crimes recorded by the police in the financial year 2015/16 in Bath and North East Somerset, an average of 93 per month. This is an increase of 24.7% (220 crimes) compared to 2014/15, when there were 890 domestic abuse crimes recorded.
- 90% (1,327 incidents) of the 1,474 domestic abuse incidents recorded by the police in Bath and North East Somerset between May 2013 and April 2014 were categorised as low (58% 858 incidents) or medium (32% 469 incidents) risk, compared to the 10% (147 incidents) who were categorised as high risk.
- The cost of domestic abuse in Bath and North East Somerset is estimated to be over £17 million per annum, (using the tool developed by Walby 2008/09). This includes £3.6 million in health services for physical and mental health treatment.

(Source: Joint Strategic Needs Assessment, www.bathnes.gov.uk/jsna)

3.3 Survivor profiles

i. Gender

Southside's Insights data for 2015/16 shows 94% of victims supported by Southside domestic abuse service were female.

ii. Age

12% of survivors supported by Southside domestic abuse service in 2015/16 were under 21 years old.

iii. Ethnicity

10% of survivors supported by Southside are from Black minority ethnic backgrounds.

iv. Sexual orientation

According to Insights data for 2015/16, 4% of survivors supported by Southside were Lesbian, Gay, Bisexual or Transgender.

Public Health England estimates an overall proportion of 2.5% of the population self-identifying as LGB. This would equate to nearly 3,900 persons aged 16+ in B&NES. (Public Health England, 2017).

v. Ill health and disability

Women who experience ill-health and disability in Bath and North East Somerset are almost twice as likely to experience domestic abuse as those who do not.

50% survivors presented with mental ill health with 18% having planned or attempted suicide.

18% of survivors of domestic abuse presented with substance misuse problems according to Southside's Insights data.

From April 2016 onwards, in accordance with the Care Act 2014, domestic abuse, sexual exploitation and modern slavery will be recorded by Adult Safeguarding services by individual abuse categories.

vi. Economic status and deprivation

54% of survivors were not in employment or training according to the Insights data for 2015/16 from Southside.

vii. Level of risk

62% high risk and 64% in Southside's Insights data met the MARAC threshold with the average length of abuse reported by the victim being 3 years.

viii. Characteristic of abuse

Southside's Insights data for 2015/16 shows that:

- 61% reported physical abuse,
- 28% sexual abuse,

- 84% harassment and stalking,
- 84% jealous and controlling behaviour.

3.4 Perpetrator profile

i Gender

79% of all recorded perpetrators of domestic abuse crimes in Bath and North East Somerset were male.

ii Age

Over half of the domestic abuse crimes recorded between 2010 and 2012 were perpetrated by people 33 years old and under.

In 2016/17, 8% of clients seen by Southside's IDVA service were over 60, double the percentage seen in 2015/16 which was 4%.

iii Risk factors

- 44% of the perpetrators of the clients of Southside's IDVA Service over the six month period between 1st April 2015 and 30th September 2015 were thought to have had issues with alcohol in the past 12 months, and 46% issues with drugs.
- Of the 95 domestic abuse offenders supervised by the probation teams as of 15th February 2013, 64% of these had risk linked to alcohol use and 19% linked to drug use.

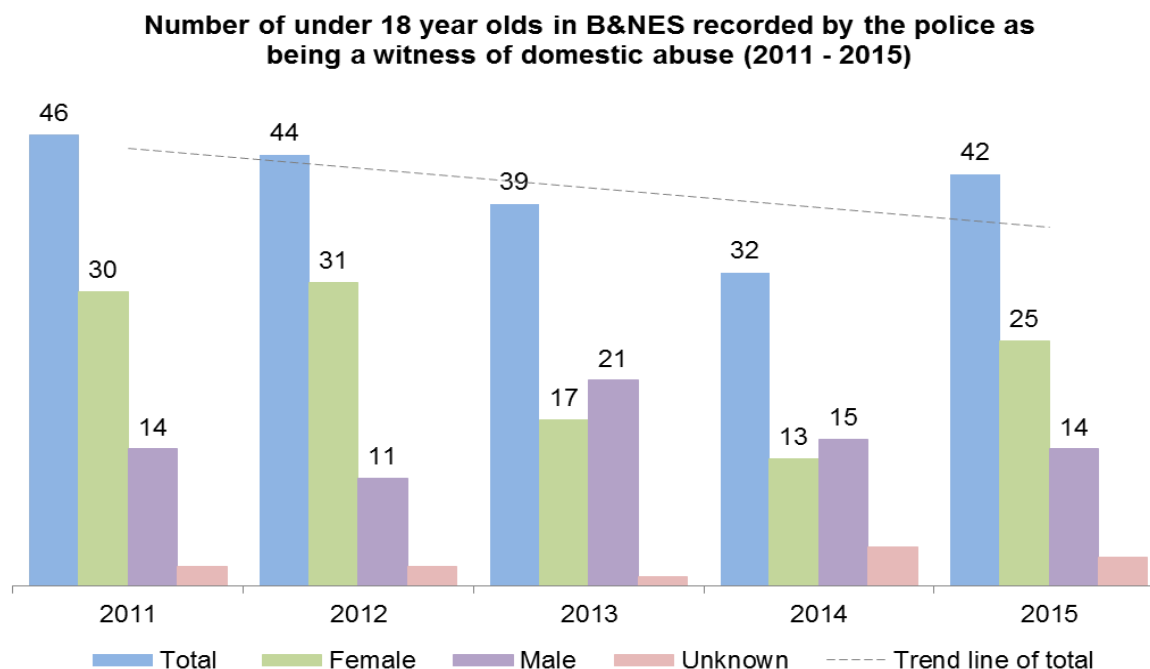
3.5 Children exposed to domestic abuse

Southside's Insights data for 2015/16 shows:

- 69% of survivors had children within the household
- 25% of victims had children young people services involved
- 66% of child protection cases in Bath and North East Somerset in 2014-15 cited domestic abuse as a risk factor

In Bath and North East Somerset during the 5 year period between 2011- 2015 the police recorded 203 under 18 year olds as being a witness of domestic abuse. In 2015 the police recorded 42 under 18 year olds as being a witness of domestic abuse in Bath and North East Somerset, this was a similar number to in 2011, 2012 and 2013, but a 31.3% increase compared to 2014 when there were 32 (see fig.1).

Figure 1.



Source: Joint Strategic Needs Assessment, www.bathnes.gov.uk/jsna

3.6 Toxic Trio/Complex Trio

Bath and North East Somerset Council is leading a research project to develop a better understanding of the support and safeguarding being provided to B&NES families with children where at least one parent/carer is experiencing one or more of the Toxic/Complex Trio issues. The aim is that this information will identify strengths and weaknesses within the system to help develop more effective, coordinated and targeted support and interventions. This is in line with Ofsted requirements and the Local Safeguarding Children's Board's (LSCB) commitment to keep children in B&NES safe.

A summary of the key findings of this questionnaire can be found on the [Toxic/Complex Trio and Parental Needs](#) section of the Joint Strategic Needs Assessment.

The second stage of the work will be to request data from relevant services to identify individual households in B&NES with children, where a parent/carer is experiencing all three of the Toxic/Complex Trio issues, their level of risk, the services they are accessing and the support they and their children are receiving. This information will help us to ensure that these families receive the coordinated targeted support and interventions they need.

4 Strategic objectives

4.1 A strong multi-agency approach

We recognise that we cannot work in isolation to tackle domestic abuse as the effects are so wide ranging and varied and it affects people in different ways. We will develop multi-agency initiatives aimed at prevention, early identification, advice and support for victims, and working with perpetrators, including awareness raising and provision of information.

4.2 Encourage disclosure and early help

We commit to creating a culture within Bath and North East Somerset in which disclosure is encouraged through:

- Increased awareness of what types of behaviours are abusive
- Re-iteration that abuse in any form is unacceptable
- Creating safe opportunities and environments for disclosure
- Ensuring all relevant staff are trained to the minimum appropriate level

Many victims of domestic abuse will not approach agencies and it is vital that when help is sought it is offered in an appropriate and consistent manner. We are committed to ensuring that their services we deliver or commission are proactive at identifying domestic abuse early and can provide or refer to high quality care from a trained and competent workforce. We will raise awareness to ensure that all staff fully understand the role they play in tackling domestic abuse to develop a consistent approach across Bath and North East Somerset. Contract monitoring arrangements will ensure that all commissioned services include performance indicators on identification and risk assessments for domestic abuse and that staff policies support staff who may be experiencing domestic abuse.

Our services should ensure that they can provide a safe and private environment in which people feel able to disclose that they are experiencing domestic abuse. We need to transform the way local services are commissioned and delivered in order to break intergenerational patterns of abuse and prevent re-occurrence through clear alignment of preventative whole family support and IDVA services.

4.3 Improve support for victims of domestic abuse

It is important that people who disclose that they are experiencing domestic abuse can access appropriate support. This should include support for any children who are affected. Specialist support services can help to address the emotional, psychological, physical and sexual harms arising from domestic abuse. They can offer advice, help to develop plans for the future and increase the safety of those affected.

We will ensure there are clear referral pathways based on an understanding of local

need and evidence of best practice.

We will ensure that sufficient specialist support is available to victims of domestic abuse and staff working with them to provide advice and training on working with people suffering from domestic abuse or the threat of domestic abuse.

4.4 Ensure confidentiality and information sharing

We will ensure robust information sharing protocols in line with the Care Act and Data Protection Act.

The Crime and Disorder Act 1998 allows for the exchange of information where it is for the prevention or detection of crime or for the apprehension or the prosecution of offenders.

We will only share information with other agencies with written consent unless we are required to do so for safeguarding reasons. We will explain to victims the importance of the processes in dealing with domestic abuse and that it may be necessary to disclose information to other agencies that may be able to offer help and support.

4.5 Develop a skilled workforce to respond to domestic abuse

People experiencing domestic abuse should expect staff to respond consistently and appropriately. They should be questioned sensitively and responded to with empathy and understanding. Private discussion with trained staff should allow assessment of the person's immediate safety in order to prevent further incidents.

Frontline staff should be trained and able to respond to disclosures of domestic violence and abuse to a level appropriate to their role.

We will ensure staff receive appropriate training and guidance to ensure that they fully understand the role they play in tackling domestic abuse and to provide a consistent approach across services.

We will ensure staff are aware of services available to adults, young people and children experiencing domestic violence and or abuse.

4.6 Work with perpetrators to reduce re-offending

Providing support for perpetrators can reduce the incidence of domestic abuse. People who disclose that they are perpetrating domestic abuse should be referred to evidence-based specialist services. Health and social care practitioners should identify available local services and know how to access these.

5 Tackling domestic abuse in Bath and North East Somerset: Examples of work to date

Bath and North East Somerset Domestic Abuse Partnership (DAP) (formerly Interpersonal Violence and Abuse Strategic Partnership - IVASP) has supported and delivered a number of projects and initiatives to tackle domestic abuse.

5.1 Developing a strong multi-agency approach

- **The Domestic Abuse Partnership (DAP)** is the strategic arm of the Responsible Authorities Group, promoting partnership co-ordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adults and children. It was formed in 2017 building on the previous Interpersonal Violence and Abuse Strategic Partnership (IVASP) with a review of the membership to establish with stronger links to a wider range of partners including Public Health, Children and Families.
- **Developed an agreed domestic abuse consensus statement** for Bath and North East Somerset setting out the key principles organisations are expected to adhere to.
- **Delivered a multi-agency response to high-risk victims** through the Multi-agency Risk Assessment Conference (MARAC) a range of agencies including the Independent Domestic Violence Advisor (IDVA) work together to ensure the safety of high risk victims and their family.
- **Reviewed domestic homicides** - During the last 3 years, the Partnership has undertaken two domestic homicide reviews, to identify what lessons could be learned with a view to preventing and reducing incidents of domestic abuse and ultimately homicides that occur in a domestic setting
- **Audited current approach** against the NICE (2014) domestic violence and abuse baseline tool.

5.2 Encouraging disclosure and early help

Bath and North East Somerset Early Help Strategy (2016) identifies key priorities relating to tackling domestic violence and abuse including;

- **Developing stronger links with adult services**, housing, health, schools, early years provision and the police to identify opportunities to respond earlier where children's needs are first emerging relating to parental substance misuse, mental

ill health and domestic abuse.

- **Improving systems for directing families to appropriate early help services** where needs don't meet the threshold for social care – development of an Early Help App and Early Help Allocation Panel.
- **Improving the quality of early help assessments** to include risk assessments for domestic abuse and identification of SMART action plans and reviews.
- **Ensuring on-going strategic links** between the Early Help Board and the Domestic Abuse Partnership.
- **Delivery of 4 “Crush” programs for 13-19 year olds** - reaching 35 young people who have witnessed, experienced or are at risk of domestic abuse. A 12 week evidence based programme designed to complement information on relationships given in Personal Social Health Education (PSHE) lessons, delivered through partnership between YouthConnect and Julian House.

5.3 Improve support for victims of domestic abuse

- **Improved refuge provision** - Secured funding to expand refuge services to deliver an increased provision to the 10 beds of refuge space. Provide refuge for up to 6 more families through a dispersed property scheme that is flexible to allow support for women, men and large families and/or those with more complex needs or reduced mobility who would not find it easy to access the other refuge accommodation.
- **Independent Domestic Violence Advisors (IDVAs)** are specialist case workers based at Southside. They focus on working predominantly with high risk victims (those most at risk of homicide or serious harm). They work from the point of crisis on a short to medium term basis and have a well-defined role underpinned by an accredited training programme. They offer intensive short to medium term support. They also mobilise multiple resources on behalf of victims by coordinating the response of a wide range of agencies who might be involved with a case, including those working with perpetrators and children. Additionally, there is an IDVA specifically to work with cases at the RUH.
- **Identification and Referral to Improve Safety Programme (IRIS)** is a primary care based domestic abuse training support and referral programme. It is delivered by Southside and primary care services. The IRIS Advocate/Educator works closely in partnership with GP surgeries supporting practice staff and clinicians to identify domestic abuse and raise awareness and refer to the IRIS Advocate for support.

- **Lighthouse** work with victims of crime who are entitled to an enhanced service in accordance with the Victims Code of Practice guidelines. This includes survivors of domestic abuse.

All cases are referred into the service through the police and allocated to our Victim and Witness Care Officers (VWCO). The role of the VWCO is to

- Compile background checks to ensure safeguarding needs are met
- Make contact with the victim via the phone to complete a needs assessment to establish any vulnerability they may have, and any support networks already in place.
- Coordinate referrals to support services
- Act as a single point of contact
- Ensure support requested is being received

If the survivors case proceeds into the court process the VWCO will remain with them throughout the Criminal Justice Process. In addition, Lighthouse provides on-going support, updates and information to all survivors and witnesses going through the court system.

- **Specialist court** - Supporting victims through the challenging and often distressing process of bringing an offender to justice remains one of our main priorities. During 2016 the Council led a successful challenge against the proposed closure of Bath and North East Somerset Magistrates Court (including the Specialist Domestic Violence Court) which was planned to take place during 2017. Provision of a local specialist court enhances the effectiveness of the process and promotes better victim participation and support as cases are fast tracked more readily.
- **Violence Against Women and Girls Transformation Fund** – We have been successful at securing Home Office funding through the transformation fund for three years to develop and provide the following:
 - Community prevention work
 - Single point of access
 - CRUSH youth programme
 - IDVA plus for complex needs
 - IDVA and IRIS support worker

5.4 Ensure confidentiality and information sharing

The Toxic/Complex Trio Profile work currently underway in Bath and North East Somerset is an important example of information sharing around cases of domestic abuse where there are also issues with mental health and substance misuse. This contributes to safeguarding.

5.5 Develop a skilled workforce to respond to domestic abuse

- **A training needs survey** was conducted in July 2016. This showed that local agencies are keen to participate in developing a joint approach to training, based on clear and agreed quality standards
- **A training task and finish group** has been established and is developing a Bath and North East Somerset training strategy and plan.

5.6 Work with perpetrators

Alongside providing vital support to victims and survivors of domestic abuse, we believe that it is necessary to work with perpetrators to address the social, cultural and attitudinal issues that cause these behaviours. The alternative is risking that they go on to reoffend and create further suffering and disadvantage. Many perpetrators of domestic abuse can change their behaviour, reduce the impact on their partners and children and improve the relationships in their families and within their communities.

Five years ago, the local charity Developing Health and Independence (DHI) piloted an innovative 'Resolve to Stop the Violence' Programme (RSVP), working with perpetrators in Bath. The pilot was a ten-week course, where clients were offered the tools and techniques to manage feelings of anger and to communicate positively with loved ones, without using violence or aggression. Programme was subsequently further developed and is now in partnership with Southside in Bath as well as being delivered in Bristol.

6 Achieving our vision

We know that there is a great deal more to be done to tackle the challenges of reducing domestic abuse in Bath and North East Somerset.

Prevention and early intervention remain the foundation of our approach to tackling domestic abuse. Once patterns of abuse are entrenched the harder it is to break the cycle of abuse, support victims to recovery and independence, and deter perpetrators. To do this we will:

6.3 A strong multi-agency approach

We cannot tackle the issue of domestic abuse in isolation. We know partnership working is effective in helping victims, but we must continue to increase opportunities for victims to come forward and receive help, by working together, sharing information through Multi-agency Risk Assessment Conferences (MARAC's) and the development of a local Multi Agency Safeguarding Hub (MASH).

6.4 Encourage disclosure and early help

The age at which an individual starts to experience or witness abuse that may influence behaviour and beliefs as an adult is crucial. Promoting healthy relationships and challenging abuse in teenage relationships is critical, therefore the continued delivery and expansion of healthy relationships programmes such as CRUSH with children young people forms a core element of our strategy.

6.5 Improve support for victims of domestic abuse

We recognise that domestic abuse can happen at any stage of life; therefore it is essential that all victims and families affected by domestic abuse in Bath and North East Somerset have access to the right support at the right time to help them live free from abuse. In an aim to achieve this, we will seek providing support at an earlier stage to aid in preventing victims reaching crisis point, as well as providing better access to integrated pathways of support to meet the needs of victims experiencing multiple disadvantages including substance misuse and mental health issues.

6.6 Ensure confidentiality and data sharing

There is the need to ensure that there are clear protocols methods of information sharing in place. Domestic abuse training will be a priority for reinforcing messages around confidentiality and data sharing.

6.7 Develop a skilled workforce to respond to domestic abuse

We know a wide range of staff including GP's, midwives, health visitors, mental health, drug and alcohol services, sexual health, housing, social care and the voluntary and community sector are well placed to identify domestic abuse. They

have the opportunity to intervene early and direct victims to the most appropriate statutory and non-statutory services. Therefore we need to continue our work with health professionals, raising awareness of domestic abuse and referral pathways into services.

We will develop a clear training plan to ensure all relevant staff have access to the right level of domestic abuse training so they feel confident and competent to identify and work with survivors of domestic abuse

6.6 Work with perpetrators to reduce re-offending

While we want to stop abuse happening in the first place, where it does happen, perpetrators must be brought to justice. We will continue to ensure that effective sanctions are taken against perpetrators and that they are prevented from influencing children and other vulnerable people from becoming perpetrators in turn. We will use the learning and implement recommendations from HMIC inspections (2014 and progress report 2015) to improve the police response to domestic abuse.

Key areas of the inspection included:

- how well the police identify repeat and vulnerable victims of domestic abuse
- how officers and staff assess and respond to the risks faced by victims
- the training and support that officers and staff receive and; the standard of investigations of domestic abuse incidents

Traditional responses to domestic abuse focussed on the victim's behaviour even forcing them to make a new life in a new community, causing major disruption and taking them away from their support network of family and friends. Often the perpetrator is left to continue their life as normal and frequently repeats the same behaviour with new partners, creating more victims. Providing an extensive system of support for victims and their children is essential, but on its own it will not stop domestic abuse. We need to develop effective interventions for perpetrators that minimise repeat and serial patterns of abuse. And a sustainable approach to preventing abuse is dependent on changing the attitudes and behaviours of perpetrators to complement support for victims and children. We will work together to ensure that evidence based perpetrator programmes are available to address the needs of offenders and that their behaviour is not seen as acceptable by the communities of Bath and North East Somerset.

7. Developing a domestic abuse action plan

The Bath and North East Somerset Domestic Abuse Partnership's aim in 2017-20 is to build on current progress towards six strategic objectives. This will be achieved using recent research, national policy, local consultation and developmental work.

Table 1 provides details of the main actions which need to be achieved under each of the objectives. The Domestic Abuse Partnership will further develop this into an action plan.

	Objectives	Link to NICE recommendation no.
1	Multi-agency working	
1.1	Senior officers participate in a local strategic partnership to prevent domestic violence and abuse, along with representatives of frontline practitioners and service users or their representatives.	2.1
1.2	A local domestic abuse strategy is based on NICE principles	3
2	Encourage disclosure and early help	
2.1	Focus on developing and embedding practices for prevention and early intervention across all agencies in order to reduce the impact domestic abuse has on children, families and communities	8.1, 8.2 6
2.2	Awareness of domestic abuse and victims have the confidence to report:	
	(i) Deliver a robust and collaborative communications plan	5
	(ii) Information in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse.	5.1
	(iii) Information on where to get support is available in a range of formats and locally used languages.	5.2
	(iv) Pathways and referral systems clearly communicated to commissioners, services providers and service users.	
3	Support for victims of domestic abuse	
3.1	A clear understanding of need, service provision and referral pathways locally	
	(i) Services and referral pathways are clearly mapped.	1
	(ii) Data is summarised with a clear narrative for the DAP to understand the meaning and implications.	1
3.2	Services meet local needs	
	(i) Specialist support services meet national standards of good practice. The Home Office have issued 'Violence Against Women and Girls National Statement of Expectations' (Dec 2016).	12.3
	(ii) A clear plan to help people who find it difficult to access services. Barriers are identified in consultation with local groups that have an equality remit (including organisations representing the interests of specific groups), and in line with statutory requirements.	9.1 -9.3
	(iii) Children and young people are involved in developing and evaluating local policies and services dealing with domestic violence and abuse.	10.7
3.3	Services are easily accessible	
	(i) Integrated care pathways for identifying, referring (either externally or internally) and providing interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it.	4 6.5 8.1 – 8.5
	(ii) Age-appropriate options and options for groups that may have difficulties accessing services, or are reluctant to do so. This includes clear referral pathways that can support children and young people affected by domestic violence and abuse.	5.3 10.4
	(iii) Feasibility of developing a one access portal explored.	6.5
3.4	A focus on the complex trio	
	(i) People who misuse alcohol or drugs or who have mental health problems and are affected by domestic abuse are also referred to the relevant health, social care and domestic abuse services.	4.2
	(ii) If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services	8.5
	(iii) Where people who experience domestic violence and abuse have a mental health condition	13.1

	(either pre-existing or as a consequence of the violence and abuse), provide evidence-based treatment for the condition.	
	(iv) Mental health interventions are provided by professionals trained in how to address domestic violence and abuse.	13.2
	(v) Any treatment programme includes an ongoing assessment of the risk of further domestic abuse, collaborative safety planning and the offer of a referral to specialist domestic violence and abuse support services. It must also take into account the person's preferences and whether the violence and abuse is ongoing or historic.	13.3
3.5	Children and young people affected by domestic violence and abuse are identified and, where necessary, referred	
	(i) Staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people. They are trained and confident to discuss domestic abuse with children and young people who are affected by or experiencing it directly.	10
	(ii) Specialist domestic abuse services for children and young people are available. There is a co-ordinated package of support which takes into account individual preferences and age. Interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer.	11
4	Training and guidance for Staff	
4.1	Frontline staff are trained to an appropriate level to recognise the indicators of domestic violence and abuse and can ask relevant questions.	
	(i) A rolling training programme that recognises the turnover of staff and the need for follow-up being clear about the level of competency needed for each role.	15 16 17
	(ii) Frontline staff in all services are trained to recognise the indicators of domestic abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse. Training covers criteria in <u>recommendation 6</u> of NICE guidance.	6.1
	(iii) Ongoing training and regular supervision for staff who may be asking people about domestic violence and abuse.	5.5
	(iv) Frontline staff know about the services, policies and procedures of relevant local agencies in relation to domestic abuse.	5.4
	(v) Key contacts responsible for advising on the safe sharing of domestic abuse-related information are identified and trained.	7.5
	(vi) Staff trained in direct contact with people affected by domestic abuse to understand equality and diversity issues. This includes those working with people who perpetrate this type of violence and abuse.	9.4
	(vii) Staff are aware of how discrimination, prejudice and other issues, such as insecure immigration status, may have affected the risk that people using their services face.	12.2
	(viii) Staff can recognise the indicators of domestic abuse and understand how it affects children and young people. They are trained and confident to discuss domestic abuse with children and young people who are affected by or experiencing it directly. The abuse may be happening in their own intimate relationships or among adults they know or live with	10.1 10.2
	(ix) Staff know about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic abuse.	10.6
4.2	Clear policies and procedures for staff who have been affected by domestic abuse. Staff have the opportunity to address issues relating to their own personal experiences, as well as those that may arise after contact with patients or service users.	5.7
5	Confidentiality and Information Sharing	
5.1	Clear protocols and methods for information sharing (establish how this is addressed in YCYW. Clarify current protocols and include in training).	7 10.3
5.2	All staff who need to share information are trained to use the protocols so that they do not decline to cooperate because of being overcautious or for fear of reprisal.	7.6
6	Work with perpetrators	
	Tailored interventions for people who perpetrate domestic abuse are commissioned and evaluated.	14

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