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**South Tyneside Domestic Violence Needs Assessment**

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**September 2011**

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## Executive summary

### *The aim*

This domestic violence needs assessment for South Tyneside aims to:

- Explore the policy and research literature context underpinning intelligence and action around domestic violence.
- Develop a detailed understanding of domestic violence in South Tyneside by profiling the characteristics of perpetrators, victims and affected children, using this information to determine the extent and nature of health and welfare need.
- Examine the economic case for action on domestic violence in the context of competing local health and welfare priorities and finite resources.
- Map the extent and nature of current service provision for perpetrators, victims and affected children in South Tyneside.
- Identify gaps in current service provision by comparing local need to current service provision and also by comparing local action to models of best practice identified in the literature.
- Recommend next steps to address gaps and enhance action around domestic violence in South Tyneside.

### *The need*

- The true extent of domestic violence is hidden; the British Crime Survey shows that only one in five female victims and one in ten male victims tell the police. Only around a quarter of victims who suffered injuries or emotional effects as a result of domestic violence had seen a healthcare worker about their problems in the last year.
- It is estimated that as many as one in eight women (13%) in South Tyneside may be the subject of Domestic Violence each year – nearly double the number reported in a representative sample of people from England and Wales (British Crime Survey, 7%).
- Instances of domestic violence are infrequently ‘one-off’ events and a pattern of repeat and persistent abuse with escalating severity is common. 41% of incidents attended by the police in South Tyneside in 2010/11 were repeat attacks.
- Domestic violence is more common in our community than heart disease or cancer and ranks alongside other major public health concerns such as smoking and excess drinking (one in four

women smoke, one in six drink excessively). Furthermore, domestic violence can be a root cause of risky behaviours such as smoking and excess drinking.

- Domestic violence is a major contributor to child safeguarding concerns within South Tyneside:
  - Half of all domestic violence incidents reported to police involve children. The police attend 142 incidents on average each month involving children. It is estimated that in 30-60% of these cases the children are also being directly abused (43-85 South Tyneside children each month).
  - 70% of families presenting for initial child protection conference in South Tyneside in 2008 had domestic violence raised as a concern, making it the most common risk factor for child abuse seen within the family.
  - Child to parent domestic violence does occur and is likely to be underreported. One in 14 female victims of domestic violence crimes in South Tyneside were abused by their son.
- 18% of domestic violence victims in 2010 were male and 5% were from the Black and Minority Ethnic (BME) community. Whilst male victims and BME victims are in the minority, nevertheless it is essential that their specific health and welfare needs are considered in order to ensure services meet the needs of all groups and that inequalities in service provision do not exist.
- The distribution of reported domestic violence crimes in South Tyneside mirrors the distribution of socioeconomic disadvantage found within the borough.
- A significant number of South Tyneside victims and perpetrators were 15-19 years old, demonstrating the current focus of national policy on this younger age group is warranted within South Tyneside.
- Of the male perpetrators of domestic violence crimes in South Tyneside 59% had alcohol issues and 3% were drug users demonstrating the often complex health and welfare context of these individuals.
- Domestic Violence costs South Tyneside somewhere in the region of £34 - £47 million per year.

### ***The services***

Services to tackle domestic violence are considered in relation to the 'model of prevention' used more widely within Public Health:

- **Primary prevention** (preventing domestic violence from happening in the first place). Prevention in this broad sense includes pressure to shift societal attitudes (for example addressing pejorative views of women held by some sectors of society) and includes 'grass roots action' in schools and youth settings to promote positive relationships and working with families to foster constructive and supportive relationships within the home setting.
- **Secondary prevention** (early detection of domestic violence and swift intervention to stop the violence escalating and support for victims and children to minimise the adverse consequences of abuse). Routine enquiry by midwives and health visitors about domestic violence is an example of secondary prevention to *detect* domestic violence. The South Tyneside Domestic Abuse Perpetrator (STDAPP) programme is an example of action to *stop* the violence escalating. The Sanctuary scheme which provides target hardening within the home is an example of a service to *minimize the adverse consequences* of violence.
- **Tertiary prevention** (dealing with the negative impact of severe and often long-standing abuse on victims and children). Highly specialised domestic violence services designed to support victims (for example, the refuge, rape crisis service, Options service) and affected children (e.g. social services, Barnardos). It also involves the work of the police, law courts, probation and Multi-Agency Risk Assessment Conference (MARAC) in preventing violence reoccurring and action to challenge and address the behaviour of seasoned perpetrators (STDAPP and the Community Domestic Violence Programme [CDVP] run through probation services).

### ***Main areas of strength***

- **Strong partnership working between agencies.** For example, the South Tyneside Domestic Abuse Perpetrator Programme works with Options victim support service to provide a co-ordinated service for perpetrators and victims within South Tyneside.
- **Action in South Tyneside is closely aligned to the government's Violence Against Women and Girls Strategy (VAWG) direction of travel.** For example, the VAWG strategy promotes exploring with partners how the Integrated Offender Management (IOM) approach to drugs and alcohol interventions might include awareness raising of the prevalence of domestic violence in these cases. The IOM approach adopted within South Tyneside already has domestic violence embedded within it.

### ***Main areas for improvement***

- **There is no domestic violence strategy** for South Tyneside and a lack of joint ownership for overall strategic direction.
- **Tertiary and secondary prevention services only reach a fraction of people** perpetrating or experiencing domestic violence within South Tyneside.
- **Domestic violence training** tends to reach the interested and informed minority rather than being on a scale to cover all those who should know about domestic violence. There is no central evaluation of the impact of training on practice.
- **There is very little activity or resource focused on primary prevention** as the balance of domestic violence action within South Tyneside is heavily weighted towards secondary and tertiary prevention.
- **Lack of early intervention.** Currently, for incidents that are assessed as ‘low risk’, no specialist domestic violence support is offered and there is no intervention tailored to ‘low risk’ perpetrators to address their damaging behaviour before the situation escalates.
- **Lack of services for teenage perpetrators and their victims.**
- **Lack of provision for male victims.**
- **Only limited specialist domestic violence support available within South Tyneside for children.**
- **The close links between the substance misuse agenda and domestic violence are not recognised explicitly** in substance misuse needs assessments or strategy and the potential for partnership working between substance misuse and domestic violence services is not fully capitalised upon.

### ***Key recommendations***

The needs assessment makes 41 recommendations in total, 17 of the key recommendations are outlined below.

#### ***Strategic direction***

2	Develop a cross-cutting Domestic Violence Strategy and accompanying action plan. Strategy to be agreed and jointly owned by the Child and Adult safeguarding boards as well as the Community Safety Partnership board.
4	Fill the current 21 hours vacancy in Domestic Violence coordinator role in

	order to address the capacity issue.
6	Integrate intelligence on domestic violence within South Tyneside into the Joint Strategic Needs Assessment.

***Unmet need***

8	Develop a business case to enable a planned expansion in the capacity of STDAPP to cope with more referrals to increase the number of men attending and successfully completing the programme.
11	Continue to support the role of secondary and tertiary prevention services including the specialist domestic violence court, Independent Domestic Violence Advisors (IDVA) service and other specialist support services for victims, Multi Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangement (MAPPA) and Integrated Offender Management (IOM) procedures to ensure the safety of victims and that perpetrators are brought to justice and prevented from reoffending.
12	Promote specialist services for perpetrators, victims and children to increase signposting/referral from partner agencies. For example, increase awareness of the directory of services.

***Domestic Violence training***

13	Put mechanisms in place to ensure comprehensive training of all members of relevant agencies with a role in the detection and onward referral of individuals perpetrating/experiencing domestic violence.
14	Evaluate the impact of domestic violence training on practice.

***Primary prevention***

16	Integrate positive relationships/domestic violence education into the mainstream primary and secondary school curriculum across South Tyneside through the Personal, Social Health and Economic (PSHE) programme, possibly looking to deliver this through the support of volunteers.
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**Early intervention**

21	Explore the possibility of commissioning an early intervention service for perpetrators.
23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as 'low risk'.

**Teenage perpetrators and victims**

24	Explore the possibility of commissioning a perpetrator programme / extending existing programmes for perpetrators under the age of 18.
25	Consider the availability of support services for those experiencing child to parent domestic violence.
26	Review the pathways of support and provision of specialist services for victims of domestic violence under the age of 18 (for example, girls experiencing violence from a current partner).

**Male victims**

27	Consider commissioning additional support services for male victims of domestic violence to address the current gender inequity in victim support services offered within South Tyneside.
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**Child victims**

28	Appoint a Domestic Violence link worker for children
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**Domestic violence and substance misuse**

41	Enhance links between domestic violence and alcohol and substance misuse services. For example, developing screening of individuals attending alcohol services for the issue of domestic violence to enhance detection of unmet need and onward referral to specialist services such as Options and STDAPP.
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## Abbreviations

BCS	British Crime Survey
BME	Black and Minority Ethnic
IDVA	Independent Domestic Violence Advisor
IOM	Integrated Offender Management
LGTB	Lesbian, Gay, Transgender, Bisexual
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangement
MARAC	Multi-Agency Risk Assessment Conference
NICE	National Institute for Health and Clinical Excellence
PCT	Primary Care Trust
PSHE	Personal, Social, Health and Economic education programme
SDVC	Specialist Domestic Violence Court
SoTW	South of Tyne and Wear
STDAPP	South Tyneside Domestic Abuse Perpetrator Programme
VAWG	Violence Against Women and Girls

## 1. Introduction

### 1.1 Aim

This domestic violence needs assessment for South Tyneside aims to:

- Explore the policy and research literature underpinning intelligence and action around domestic violence.
- Develop a detailed understanding of domestic violence in South Tyneside by profiling the characteristics of perpetrators, victims and affected children, using this information to determine the extent and nature of health and welfare need.
- Map the extent and nature of current service provision for perpetrators, victims and affected children in South Tyneside.
- Examine the economic case for action on domestic violence in the context of competing local health and welfare priorities and finite resources.
- Identify gaps in current service provision by comparing local need to current service provision and also by comparing local action to models of best practice identified in the literature.
- Recommend next steps to address gaps and enhance action around domestic violence in South Tyneside.

### 1.2 Scope of needs assessment

This needs assessment was commissioned by the Director of Public Health in response to concerns about the impact of domestic violence within South Tyneside and a desire to develop a detailed understanding of the scale and nature of domestic violence and associated services. The needs assessment was carried out by a Specialty Registrar in Public Health following the framework for a health needs assessment used widely within Public Health (for further details see methods section, Chapter 2). The work contributed to the portfolio of competence which must be demonstrated by a Registrar in order to qualify to become a Public Health Consultant.

This needs assessment focuses specifically on domestic violence. There are many issues closely related to domestic violence including child abuse, elder abuse, honour-based abuse/killing and forced marriage. Whilst all of these issues feature as part of the

picture of domestic violence they are complex areas in their own right and it is beyond the scope of this needs assessment to examine the causes, patterns and services relating to these specific issues at length. Similarly, whilst the interrelationship between domestic abuse and substance misuse is mentioned, there are separate substance misuse needs assessments<sup>12</sup> and so this needs assessment will link to but not replicate information contained within this.

### **1.3 Definition of domestic violence**

The definition shared by the Home Office, the Association of Chief Police Officers and the British Medical Association for domestic violence is:

*‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality’*

This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily.

Domestic violence is described by South Tyneside Domestic Violence Forum as:

*‘Any use of or threat of physical, emotional, verbal, economic, and/or sexual abuse or any other behaviour that results in an individual living in fear and/or feeling abused through the use of power and control by an individual (usually a man) against another (usually a woman) with who they have or have had an intimate (though not necessarily sexual) relationship with. Where these behaviours are present there is the increased possibility that children, pets and/or other family members are also experiencing violence.’*

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<sup>1</sup> South Tyneside Young People's Substance Misuse Needs Assessment 2011-2012.

<sup>2</sup> South Tyneside Adult Drug and Alcohol Treatment Needs Assessment 2009-2010.

The behaviours listed below are frequently harnessed in a larger pattern of abusive and controlling behaviours.

***Physical Tactics***

- Pushing and shoving, restraining, pinching or pulling hair, slapping, punching, biting, kicking, suffocating, strangling, using a weapon, kidnapping, physically abusing or threatening to abuse children.

***Sexual Tactics***

- Raping or forcing the victim into unwanted sexual practices, objectifying or treating the victim like a sexual object, forcing the victim to have an abortion or sabotaging birth control methods, engaging in a pattern of extramarital or other sexual relationships, sexually assaulting the children.

***Verbal, Emotional, and Psychological Tactics***

- Using degrading language, insults, criticism, or name calling, screaming, harassing, refusing to talk, engaging in manipulative behaviours to make the victim believe he or she is "crazy" or imagining things, humiliating the victim privately or in the presence of other people, blaming the victim for the abusive behaviour, controlling where the victim goes, who he or she talks to, and what he or she does, accusing the victim of infidelity to justify the perpetrator's controlling and abusive behaviours, denying the abuse and physical attacks.

***Threats and Intimidation***

- Breaking and smashing objects or destroying the victim's personal property, glaring or staring at the victim to force compliance, intimidating the victim with certain physical behaviours or gestures, instilling fear by threatening to kidnap or seek sole custody of the children, threatening acts of homicide, suicide, or injury, forcing the victim to engage in illegal activity, harming pets or animals, stalking the victim, displaying or making implied threats with weapons, making false allegations to police, social services and GP.

### ***Economic Coercion***

- Preventing the victim from obtaining employment or an education, withholding money, prohibiting access to family income, or lying about financial assets and debts, making the victim ask or beg for money, forcing the victim to hand over any income, stealing money, refusing to contribute to shared or household bills, neglecting to comply with child support orders, providing an allowance.

### ***Entitlement Behaviours***

- Treating the victim like a servant, making all decisions for the victim and the children, defining gender roles in the home and relationship.

Other terms for domestic violence which are often used interchangeably include domestic abuse, intimate partner violence, 'battered women' (used predominantly in the US and Canada) and 'Violence Against Women and Girls' (VAWG)<sup>3</sup>. The latter term has been used recently by the coalition government in the 2010 strategy and accompanying 2011 action plan to refer to crime types that disproportionately (but not exclusively) affect women. Domestic violence is therefore one category of VAWG. The term 'domestic violence' will be used throughout this needs assessment because it is the most commonly used term. However, it must be stressed that the needs assessment considers 'violence' in its broadest sense (psychological, physical, sexual, financial or emotional violence) and hence is not restricted to a consideration of physical violence alone.

Intimate violence is the collective term used for partner abuse, family abuse, and sexual assault, reflecting either the intimate nature of the victim-offender relationship or of the violence or abuse (see Figure 1). This definition is used for analysis of the British Crime Survey statistics<sup>4</sup> (see Chapter 3).

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<sup>3</sup><http://www.homeoffice.gov.uk/crime/violence-against-women-girls/> [accessed 30/08/11]

<sup>4</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. Homicides, Firearm Offences and Intimate Violence 2009/10, January 2011 <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

**Figure 1 Definitions of abuse used in the British Crime Survey**

**Partner abuse (non-sexual):** physical force, non-physical emotional or financial abuse or threats to hurt the respondent or someone close to them carried out by a current or former partner.

**Family abuse (non-sexual):** physical force, non-physical emotional or financial abuse or threats to hurt the respondent or someone close to them carried out by a family member other than a partner (father/mother, step-father/mother or other relative).

**Sexual assault:** rape or assault by penetration including attempts ('serious'), indecent exposure, sexual threats or unwanted touching ('less serious') carried out by any person.

**Stalking:** two or more incidents causing distress, fear or alarm of obscene/threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property carried out by any person.

**Any domestic abuse:** this category combines partner abuse (non-sexual), family abuse (non-sexual) and sexual assault or stalking carried out by a current or former partner or other family member/relative).

### ***Link between domestic violence and safeguarding definitions***

There is a close overlap between the definition of an 'adult at risk' used for adult safeguarding across South Tyneside and the definition of those who are victims of domestic violence<sup>5</sup>. As such domestic violence is frequently an adult safeguarding issue. Within the Safeguarding Adults Policy a vulnerable adult is defined (in accordance with the Department of Health's, 'No Secrets' guidance document, 2000) as someone 18 years of age or over:

- Who is or may be in need of community care services by reason of mental or other disability, age or illness **and**
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation

Abuse is defined within Adult Safeguarding as<sup>6</sup>:

*"a violation of an individual's human and civil rights by any other person or persons". Abuse may be physical or sexual, it may involve people taking money*

<sup>5</sup> <http://www.southtyneside.info/article/8549/Who-is-a-vulnerable-adult> [accessed 20/07/2011]

<sup>6</sup> <http://www.southtyneside.info/article/8549/Who-is-a-vulnerable-adult> [accessed 20/07/2011]

*without permission, or not looking after someone properly It may include poor care practices, bullying or humiliating, or not allowing contact with friends and family Abuse can be a single act or may continue over a long period It can be unintentional or deliberate, but will result in harm to the victim, either physically, emotionally or in its effect on the person's wellbeing or development*

Children witnessing domestic violence or being directly abused directly as part of the violence is a child safeguarding issue. As such the definition of domestic violence links closely with definitions of a child in need used within child safeguarding. The legal definition of a 'Child in Need' is given in section 17 of the Children Act 1989<sup>7</sup>: For the purposes of Part III of the Act a child is deemed to be in need if;

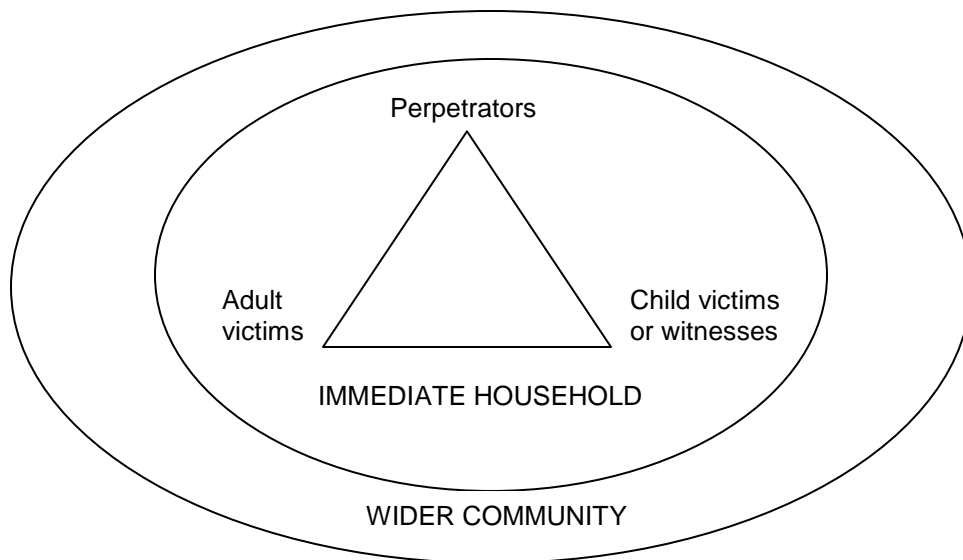
- He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;
- His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- He is disabled.

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<sup>7</sup> 2010. South Tyneside Safeguarding Children Board. Children and Young People with Additional Needs Threshold Criteria.

### **1.4 Definition of population – ‘who’s need and what need?’**

This needs assessment examines health and welfare need from the perspective of adult victims of abuse, child witnesses/victims of abuse and the perpetrators themselves. Domestic violence occurs across society, regardless of age, gender, ethnicity, sexuality, income and geography. The needs of those in the immediate household are set within the context of the wider community because the behaviour of an individual and indeed a family unit is inextricably linked to the cultural, environmental and economic circumstances of the wider community and society as a whole. Hence, efforts to deliver primary prevention to stop domestic violence happening in the first place need to engage the wider community, whereas specialist services aimed at secondary and tertiary prevention will be focused in the immediate household and relevant to adult and child victims as well as perpetrators (see chapter 5 for definitions of primary, secondary and tertiary prevention in this context).



**Figure 2 Perspectives used to assess ‘need’ in the context of domestic violence**

As well as defining the perspective from which need will be examined it is also useful to articulate what is meant by ‘need’. In public health terms, need is often defined in terms of ‘capacity to benefit.’ It therefore requires there not only to be a presenting health

problem but also an intervention that works to address that health need<sup>8</sup>. Therefore this needs assessment will consider if there is evidence of effectiveness of interventions to tackle domestic violence (see section 1.6). Need can also be defined in terms of the distinction between felt, expressed and normative need<sup>9</sup>. For example, in the context of domestic violence:

- Felt needs – what people consider and/or say they need.
- Expressed needs – needs expressed by action. For example, people self-presenting to the Options women's support service because they are experiencing domestic violence and want help and support. Victims who visit their GP with physical and mental health concerns as a result of domestic violence.
- Normative needs – what health professionals define as need. For example, a person who is subject to severe and persistent financial and emotional abuse may be viewed in the eyes of a professional (such as a health visitor when routine enquiry is undertaken) as suffering negatively from the effects of domestic violence and therefore requiring service support. However the victim may not see themselves as a 'victim' hence not see themselves as having a health or welfare need. As chapter 2 explains, according to the British Crime Survey the most common reason for not reporting partner abuse to the police was that it was viewed as 'too trivial or not worth reporting to the police.'

## ***1.5 Policy context***

### **1.5.1 National policy**

Effective action on domestic violence requires involvement from a range of government departments and agencies including the Home Office, Department of Health, Department for Work and Pensions, Department for Education, Department for Communities and Local Government, Ministry of Justice, Crown Prosecution Service and UK Border Agency. However, the danger with a cross-government approach is that the issue does not become the primary focus of action for any one department and as a result the issue does not always get the platform and attention it deserves given the financial, health and welfare impact of the issue.

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<sup>8</sup> Pencheon et al (eds) 2004, Oxford Handbook of Public Health Practice

<sup>9</sup> Pencheon et al (eds) 2004, Oxford Handbook of Public Health Practice

Over the past decade the Government has implemented a number of policy interventions, aimed at tackling domestic and sexual violence (Figure 3)<sup>10</sup>. The 2010 Strategy 'Call to End Violence Against Women and Girls' and the accompanying action plan published in March 2011 by the coalition government has recently raised the prominence of this issue and horizon scanning suggests a range of centrally driven work around tackling domestic violence is to follow.

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<sup>10</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. 2011. Homicides, Firearm Offences and Intimate Violence 2009/10. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

**Figure 3 Government action on domestic and sexual violence**

- The National Domestic Violence Delivery Plan was first published in 2005 and then updated annually.
- The first cross-government Action Plan on Sexual Violence (published in 2007) included a range of measures aimed at preventing sexual violence, supporting victims and improving the criminal justice response to sexual violence.
- In 2009, the cross-government Action Plan for Tackling Violence was refreshed, with a key commitment to address domestic and sexual violence. In this, action against four key objectives is reviewed:
  1. Increase early identification and intervention with victims of domestic violence
  2. Build capacity within the domestic violence sector to provide advice and support to victims
  3. Improve the criminal justice response to domestic violence
  4. Support victims through the Criminal Justice System and to manage perpetrators to reduce risk
- In November 2010, the coalition government launched a strategy to end violence against women and girls. This covers the types of violent crime, such as domestic and sexual violence, where women are the predominant victims. The principles of the vision outlined in the strategy are to:
  1. prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it
  2. provide adequate support where violence does occur
  3. work in partnership to obtain the best outcome for victims and their families
  4. take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/>
- In February 2011 the Department of Health published 'Commissioning services for women and children who experience violence or abuse – a guide for health commissioners'. This provides examples of good practice and clarification of relevant legal and other issues, to support health commissioners in commissioning services for women and children who are victims of violence or abuse during transition to the new NHS and public health system.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125900](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125900)
- In March 2011, an action plan to support the violence against women and girls strategy was published. <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary>

### 1.5.2 Local policy and context

On a local level partnership working across statutory and voluntary agencies is vital for effective, joined-up action on domestic violence. Since April 2004, Primary Care Trusts have had a statutory duty to work with other local agencies to reduce crime (in Crime and Disorder Reduction Partnerships under the Crime and Disorder Act 1998)<sup>11</sup>. PCTs therefore have a key role to play in supporting crime reduction work including domestic violence, and this crime reduction work contributes to public health objectives.

South Tyneside's definition of domestic violence is as follows: *Any violence between current or former partners and/or other family members in the same household*<sup>12</sup>.

Domestic violence comes under the theme 'Reducing violent crime' within the South Tyneside's Community Safety Partnership Plan 2011/2014.<sup>13</sup> As part of this there is an action plan which lists specific actions around domestic violence (see Appendix A).

South Tyneside Domestic Violence Forum is a multiagency group that was set up in 1994 to bring together different agencies who provide services to those affected by domestic violence. The remit of the group is coordinating action on domestic violence and the aims of the group are:

- To improve the quality of protection, support and services for those who have or are experiencing domestic violence.
- To ensure the use of existing services and the effective use of resources.
- To encourage all agencies involved to take all reasonable steps to protect the confidentiality of clients where appropriate.
- Promoting the fact that domestic violence is a crime.
- To increase awareness of domestic violence in the community and organisations.
- To improve the quality and accessibility of information and advice for those who have or are experiencing domestic violence.

The group feeds into the South Tyneside Community Safety Partnership via the Violent Crime sub-group (see Figure 4) reflecting the fact that action around domestic violence is situated within the 'violent crime' theme of the Community Safety Partnership plan.

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<sup>11</sup> Responding to Domestic Abuse: a handbook for health professionals, Department of Health, 2005

<sup>12</sup> South Tyneside Domestic Violence Forum Principles and Terms of Reference

<sup>13</sup> Making Communities Safer. South Tyneside's Community Safety Partnership Plan 2011/2014.

Scott Bentley is the Domestic Violence Co-ordinator within the council, part funded by the Primary Care Trust, and is a key link between the work of the forum and the violent crime group. Domestic violence features within the areas of activity outlined in 'Working Together to Safeguard Children' and hence is within the scope of the role of the South Tyneside Safeguarding Children Board<sup>14</sup>:

*“Responsive work to protect children who are suffering or at risk of suffering harm, including children abused and neglected within families, including those harmed in the context of domestic violence...”*

At present there are links to the Children's Safeguarding Board but as chapter 6 explains the strategic direction and links into adult and child safeguarding could be strengthened in future.

The South Tyneside children and young peoples plan 2010-2013<sup>15</sup> highlights concern around the number of children in the borough affected by domestic violence and explains that children who witness severe domestic violence will demonstrate significant behavioural and/or emotional problems. The key Strategic Actions for 2010/11 identified in the South Tyneside children and young people's plan 2010-2013<sup>16</sup> relating to tackling the impact of Domestic Violence are as follows:

- Implement new referral processes and wellbeing panels to improve early intervention
- Develop and implement Young Person's Multi-Agency Risk Assessment Conferences
- Identify the level of need and regional commissioning opportunities for specialist safeguarding services
- Secure long-term sustainability for the UK Resilience programme

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<sup>14</sup> <http://www.southtyneside.info/CHttpHandler.ashx?id=3311&p=0> [accessed 20/07/2011]

<sup>15</sup> South Tyneside children and young peoples plan 2010-2013  
<http://www.southtyneside.info/CHttpHandler.ashx?id=6666&p=0>

<sup>16</sup> South Tyneside children and young peoples plan 2010-2013  
<http://www.southtyneside.info/CHttpHandler.ashx?id=6666&p=0>



## 1.6 Tackling domestic violence

### 1.6.1 Evidence review

A September 2010 review<sup>17</sup> of evidence for prevention of intimate partner violence summarised the successful or promising interventions as follows:

- School-based **education programmes** that promote healthy relationships have been successful in reducing violence towards current dating partners.
- **Routinely enquiring** about intimate partner violence (IPV) in health care settings and **training health professionals** to deal with cases of IPV can be effective in increasing disclosure and identification of IPV. However, less is known about their ability to protect against future violence by partners.
- The use of **protection orders** (e.g. an order to stop abuse or contact with the victim) can be effective in reducing re-victimisation.
- Additionally, use of **specialist domestic violence courts** has been associated with increased levels of arrests and prosecutions of perpetrators. There is also some evidence that advocacy services (that offer help and support to victims) can reduce some forms of physical abuse in the medium, but not longer term.
- Among offenders, **treatment for substance misuse** has been successful in reducing future IPV.

A review has estimated that perpetrator programme interventions designed to change perpetrator behaviour may reduce re-victimisation rates by around 5%<sup>18</sup>. As chapter 5 outlines, there is potential for effective perpetrator programmes to deliver considerable cost savings to a local economy. However, in general there is a lack of data available documenting the success of perpetrator programme interventions. This is in part down to the difficulty in defining what 'success' of a perpetrator programme should look like.

<sup>17</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>18</sup> Babcock, J.C., Green, C.E., Robie, C., (2004). 'Does batterer treatment work?: A meta-analytic review of domestic violence treatment'. *Clinical Psychology Review*, 23; (8): 1023-1053.

After researching the views of victims, men who had been on a perpetrator programme, service commissioners and providers, Westermaland et al.<sup>19</sup> conclude that success should be seen in much broader terms than simply 'ending the violence'. They argue that it would be quite possible for the physical violence to stop but at the same time for women and children to continue to live in unhealthy atmospheres which are laden with tension and threat. Instead, they propose a nuanced understanding of success in which the more subtle, though ultimately life enhancing, changes are recognised. They suggest success should be measured against 6 key criteria:

1. An improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication.
2. For partners/ex-partners to have an expanded 'space for action' which empowers through restoring their voice and ability to make choices, whilst improving their well being.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men on programmes, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about.

### **1.6.2 Theoretical underpinning**

One of the main theoretical viewpoints underpinning action to tackle domestic violence is known as 'the Duluth model.' This framework underpins the STDAPP and Options programmes running within South Tyneside (see chapter 5 for more details of these programmes). The Duluth Model was conceived and implemented in a small working-class city in northern Minnesota in 1980-1981 and is credited as the first multi-disciplinary programme designed to address the issue of domestic violence<sup>20</sup>. The 'Power and Control' wheel is central to conceptualising violence in the Duluth model and the 'Equality' wheel provides a focus for efforts to challenge violent behaviours and address domestic violence situations (see Figure 5 and Figure 6).

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<sup>19</sup> Westermaland, N., Kelly, L. and Chalder-Mills, J. (2010) *What Counts as Success?* London: Respect.

<sup>20</sup> [www.theduluthmodel.org](http://www.theduluthmodel.org) [accessed 02/08/2011]

Figure 5 Duluth 'Power and Control' Model

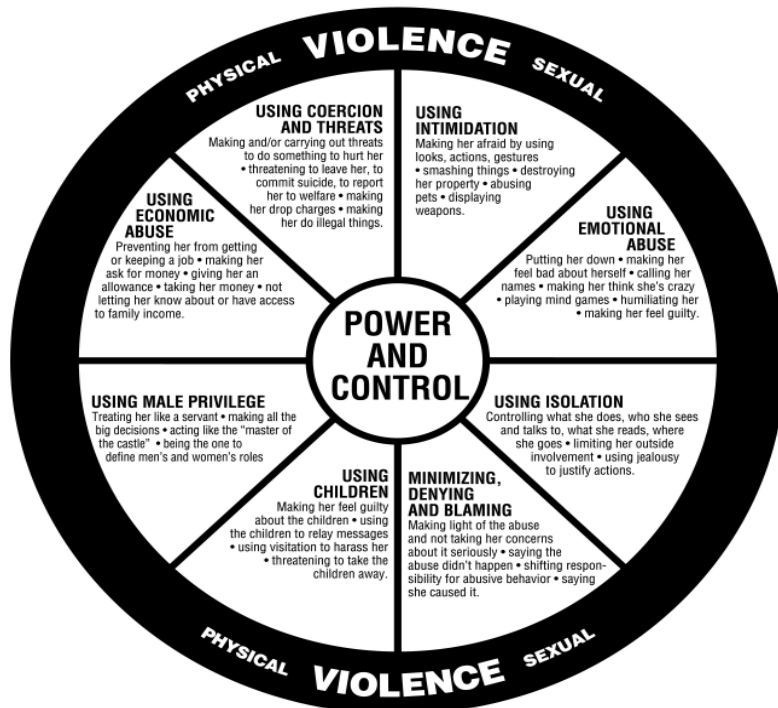
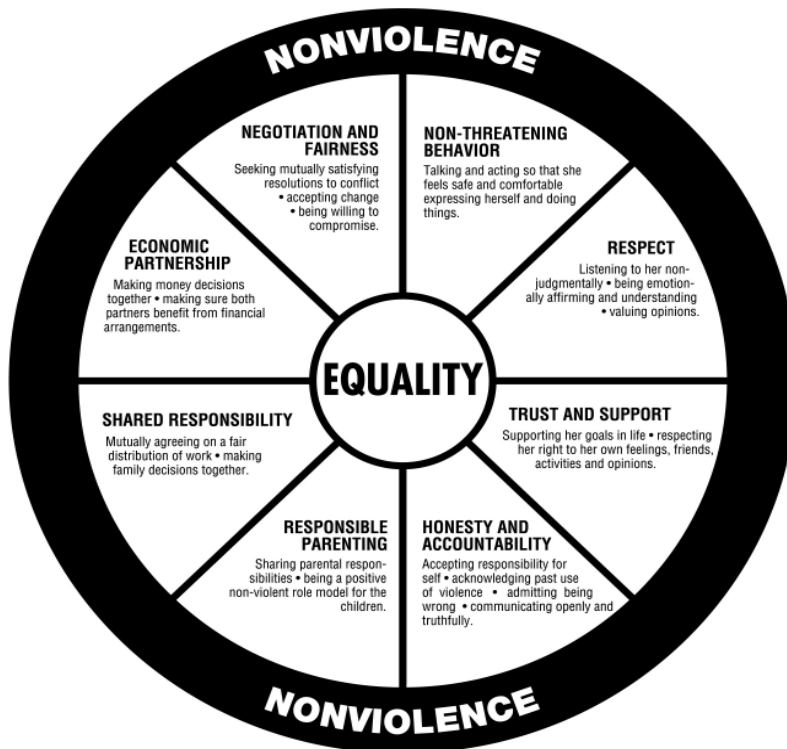


Figure 6 Duluth 'Equality' model



Source: Domestic Abuse Intervention Project [www.theduluthmodel.org](http://www.theduluthmodel.org)

The Duluth framework is predicated upon a 'patriarchal model' of violence and carries the assumption that all violence in the home has a male perpetrator and female victim so it is not applicable for all domestic violence situations. Nevertheless its use is widespread in perpetrator programmes and allied support services for victims.

### 1.6.3 Horizon scanning

In the strategic vision to end violence against women and girls<sup>3</sup>, the government supports the maintenance and development of the role of Independent Domestic Violence Advisors (IDVA) and the role of the Multi Agency Risk Assessment Conference (MARAC) coordinators. The government is also committed to maintaining levels of funding support for specified national functions including national helplines.

The accompanying March 2011 action plan<sup>21</sup> recognised that domestic violence is a key issue in families with multiple problems. It goes on to explain that evaluation has shown that family intervention services can reduce the number of families suffering the ill affects of domestic violence as well as issues such as drug and alcohol misuse. As part of this national government campaign there will be:

- an Early Intervention Grant of £2.2 billion per year from April 2011 to bring together funding for early intervention and preventative services including support for families with multiple problems (this is existing funding which will be reorganised);
- community budgets, allowing areas to pool funding, focused on provision of integrated family intervention and a key worker approach; and
- funding for exemplar projects in community budget areas which test new approaches to supporting families, for example, by improving access to domestic violence and substance misuse services.

The action plan also outlines more support for health visitors. The proposal is to develop training for health visitors to provide support to families when they suspect violence against women or children may be a factor, the target being for this to be completely embedded in Health Visitor training by 2015. The government is also planning to launch in 2011 an e-learning tool for GPs on violence against women and children.

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<sup>21</sup>Call to end violence against women and girls action plan, Home Office, March 2011  
<http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan> [accessed August 2011]

In February 2011 The Health Foundation published a case study about a promising innovative programme to help GPs to identify victims of domestic abuse and ensure that they get the support that they need. The programme aims to provide training and support for staff to bridge the gap between the voluntary sector and primary care to provide an improved domestic violence service<sup>22</sup>.

The action plan<sup>21</sup> outlines work with the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on preventing domestic violence. This guidance will be directed at commissioners and frontline professionals including the NHS, the Police and social services. It will provide information for professionals dealing with domestic violence and will include evidence-based interventions that can be used by professionals to identify and support victims, including children; enforce the law; and respond to perpetrators. The target date for completion of this guidance is 2015.

The action plan<sup>21</sup> includes an action to share with partners and local areas best practice in the use of integrated offender management (IOM) to tackle domestic violence related offending. The government will explore with partners how the IOM approach to drugs and alcohol interventions might include awareness raising of the prevalence of domestic violence in these cases. They will also support partners and local areas to identify and share effective practice in this.

The Department for Work and Pensions plans to introduce an automatic 13 week deferral period for victims of domestic violence who claim Jobseeker's Allowance in autumn 2011. This will ensure that victims have financial support during a period of instability.

There is an action to develop an effective and sustainable funding solution for victims of domestic violence with no recourse to public funds (the Sojourner Project). From April 2012, migrant spouses fleeing domestic violence will be given access to benefits while their indefinite leave to remain claim is being considered by the UK Border Agency.

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<sup>22</sup> Case study: Identification and Referral to Improve Safety (IRIS), Health Foundation, February 2011, <http://www.health.org.uk/publications/identification-and-referral-to-improve-safety/>

The Ministry of Justice/Home Office plans to conduct a 12 month evaluated pilot of Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs). The rationale behind these is that the period between an incident of domestic violence being reported to the police and the point at which prosecutions are brought into place is often the most dangerous for a victim. DVPNs (issued by the police) and DVPOs (issued by the courts) will require a perpetrator to vacate the residence of the victim for a maximum of 28 days, to provide victims with immediate protection in the aftermath and provide time and space to make a decision about their longer term protection.

In Spring 2011 section 9 of the Domestic Violence, Crime and Victims Act (2004) was implemented. This has put in place a statutory requirement to conduct a domestic violence homicide review. In the aftermath of a domestic homicide, these reviews will support all agencies involved to identify the lessons that can be learned from domestic homicides, with a view to improving practice and preventing future homicide. In addition to implementation of the provision, the Home Office will provide statutory guidance for relevant agencies and practitioners, as well as an e-learning training package.

The Ministry of Justice, Crown Prosecution Service and Home Officer are also considering how Specialist Domestic Violence Courts (SDVCs) systems may be developed further, including a review of guidance to local areas on establishing one.

Following a recommendation from the Home Affairs Committee report in 2008, the Government is considering and consulting on a revised definition of domestic violence to include victims under 18 years of age. In February 2011 the Home Office launched a £2 million TV, radio, internet and poster campaign in response to NSPCC research indicating that a quarter of girls aged 13 to 17 have experienced physical violence from a boyfriend and a third have been pressured into unwanted sexual acts.

## 2. Methods

The needs assessment has involved:

- A literature review using NHS evidence to obtain current policy literature (see appendix B).
- Identifying key sources of routine information (British Crime Survey, Hospital Episodes statistics) in order to build a profile of Domestic Violence within South Tyneside.
- Liaising to gain access to other sources of information – for example Northumbria police data, information from the courts, probation and social services.

The methods used to conduct this needs assessment combine two common approaches for health needs assessments<sup>23</sup>.

### **2.1 Epidemiological health needs assessment:**

This method aims to establish prevalence rates and to provide information about service provision. At a national level the prevalence and pattern of domestic violence was assessed primarily using information from the British Crime Survey. Information from the police and hospital data was used to assess the scale and pattern of *reported* domestic violence within South Tyneside. Extrapolation from the national BCS data was also used to understand the likely 'hidden need' within South Tyneside as the majority of domestic violence goes unreported. Information collected by statutory and voluntary agencies was used to assess current service provision within South Tyneside and the level of local service engagement.

### **2.2 Corporate needs assessment**

Corporate needs assessment involves canvassing the views of professionals and other stakeholders<sup>24</sup>. Discussions were undertaken with key informants from range of agencies to learn about current action on domestic violence and local services, identifying gaps in service provision and ideas for service development. There was also input from the Domestic Violence Forum and STDAPP commissioning group. In addition

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<sup>23</sup> Wright J. Assessing health needs. In: Pencheon D GC, Melzer D, Muir Gray JA,, editor. *Oxford Handbook of Public Health Practice*. Oxford: Oxford University Press, 2004:38-47

<sup>24</sup> Wright J. Assessing health needs. In: Pencheon D GC, Melzer D, Muir Gray JA,, editor. *Oxford Handbook of Public Health Practice*. Oxford: Oxford University Press, 2004:38-47

I attended a training course on Domestic Violence to understand the subject further and to listen to the views of a victim of domestic violence.

## **2.3 Data sources for domestic violence**

### ***The British Crime Survey***

The British Crime Survey (BCS) is a large, nationally representative victimisation survey of approximately 47,000 adults living in private households in England and Wales. Presented in the following section are key findings from the self-completion module in the BCS which relates to experiences of intimate violence (the collective term used to describe domestic violence and sexual assaults – see Figure 1) among men and women aged 16 to 59. Each year the Home Office produces in-depth analysis of information from the BCS self-completion module on intimate partner violence and each year the exact focus of this analysis differs. Therefore, in order to provide a complete picture as possible in term of the prevalence and nature of domestic violence in England and Wales, information from the 2008/09, 2009/10 and 2010/11 reports is included.

### ***Advantages of self-complete survey information over other data sources***

Figures on prevalence of domestic violence based on face-to-face BCS interviews are regularly published<sup>25</sup> but the issue of willingness to disclose incidents in face-to-face interviews means that this crime type is particularly liable to under-reporting using this method. Prevalence rates for domestic violence from the self-completion module are around five times higher than rates obtained from face-to-face interviews on the BCS therefore the self-completion figures provide a more complete measure of intimate violence victimisation<sup>26</sup>.

The self-complete module figures from the BCS are not affected by levels of reporting to the police, which is particularly important for domestic violence. According to the 2008/09<sup>27</sup> BCS:

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<sup>25</sup> Flatley, J., Kershaw, C., Smith, K., Chaplin, R. and Moon, D. (Eds.) 2010. *Crime in England and Wales 2009/10*. Home Office Statistical Bulletin 12/10. London: Home Office. <http://www.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf>

<sup>26</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. 2011. *Homicides, Firearm Offences and Intimate Violence 2009/10*. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

<sup>27</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. *Homicides, Firearm Offences and Intimate Violence 2008/09*. Home Office. <http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

- Around one-fifth of victims thought that what had happened was ‘a crime’ (19%), about one third (30%) thought that ‘it was wrong, but not a crime’, and another one-fifth (21%) thought it was ‘just something that happens’.
- In three-quarters of cases the victim of partner abuse told someone about what had happened, although a relatively small proportion reported the abuse to the police.
- Three-quarters (74%) of people who had experienced partner abuse in the last year had told someone about the abuse. Over half (59%) of the victims had told their friends, relatives or neighbours, 16% told the police and 12% told someone at work.
- Women were significantly more likely to tell someone about the abuse than men (81% of women compared with 59% of men), including telling the police. One in five (20%) female victims of partner abuse in the past year had told the police about the abuse compared with one in ten (10%) male victims.
- In addition to the 16% of victims of partner abuse (in the last year) who had personally reported the abuse to the police, the police came to know about a further 4% of victims in some other way (e.g. reported by someone else).
- The most common reason given for not reporting partner abuse to the police was that it was ‘too trivial or not worth reporting to the police’ (51%). More than one-quarter (28%) of the victims had not reported partner abuse because they thought it was a ‘private matter or family matter, or not police business’, and a further 13% ‘didn’t think the police could help’.
- Women were also more likely than men to not involve the police because of the following reasons they ‘feared more violence as a result of involving police’, ‘didn’t want more humiliation’, or ‘didn’t think the police would believe them’.

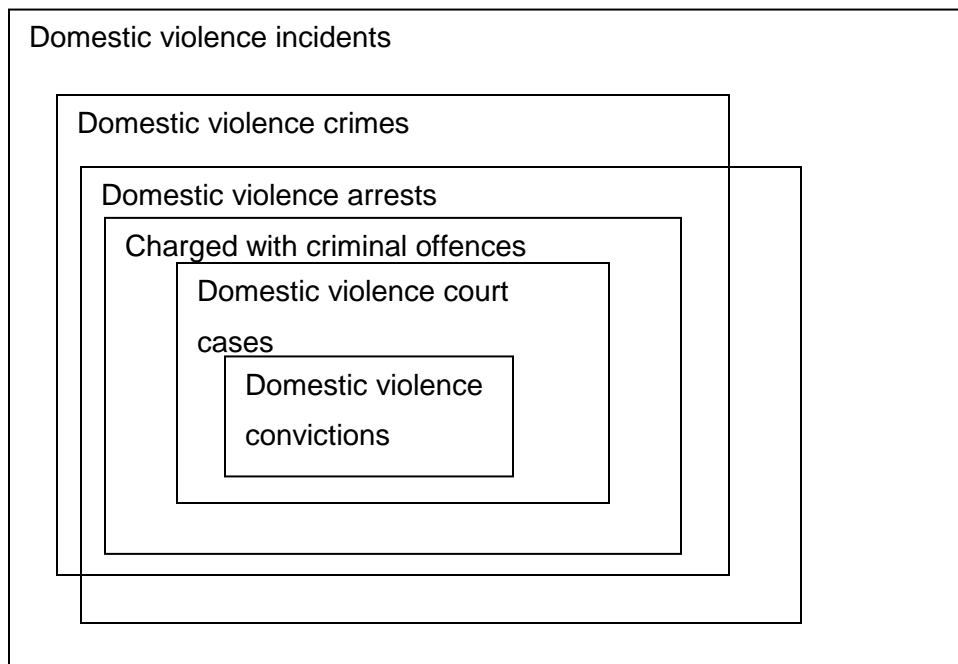
### ***Police data on domestic violence***

Aside from the issue explained above of incomplete information on the extent of domestic violence from police records alone, recording of information on domestic violence by the police is also problematic because ‘domestic violence’ is an umbrella term for a range of acts, and there is no one offence called ‘domestic violence’. Charges can include common assault, actual bodily harm, grievous bodily harm, grievous bodily harm with intent, possession of an offensive weapon, rape or other sexual offence,

breach of a non-molestation order, breach of the peace and criminal damage. Incidents of domestic violence can be defined as any report of a disturbance rung into the police where an officer is sent to attend. At this stage only limited information is collected in terms of the address of the disturbance, who reported the incident and who was involved. If on attendance by the police officer there is sufficient evidence / witness statement for an officer to record an offence as being committed (for example, an act of criminal damage such as kicking a door down) the incident is 'crimed', given a crime number and is recorded as 'a crime.'

To record an event as a crime more detailed information about the victim and offender (if known) is required. As a result, information on domestic violence crimes (which are a subset of all domestic violence incidents) is more comprehensive than information held about domestic violence incidents. A person can be arrested – either before or after an incident is crimed so information on arrests is again a subset of incident data but it is not identical to crime information as crimes may not always lead to arrests and visa versa. For example, a perpetrator can be arrested for a breach of the peace but this is not a crime. Figure 7 summarises the relationship between domestic violence incidents, crimes, arrests, charges, court cases and convictions. Chapter 5 of the needs assessment contains further information about the courts system and the attrition of cases from initial incident through to convictions.

**Figure 7 Domestic violence terms**



### ***Accident and emergency data***

Evidence on trends in violent crime involving injury (a subset of these will be domestic violence cases) is available from administrative data collected from health services. This is an important source of data as it includes incidents not reported to the police. The Violence and Society Research Group at Cardiff University conduct an annual survey covering a sample of Emergency Departments and Walk-in Centres in England and Wales.

### ***Other data sources***

As the definition of domestic abuse outlined in chapter 1 explains, abuse can be in the form of economic, emotional or verbal abuse and not just physical abuse. It is unlikely the police would be called to a non-violent incident, and as such information on the prevalence of these other forms of abuse within the South Tyneside community is almost impossible to capture. For this reason the needs assessment has examined other sources of information on domestic abuse as well as the police figures (social services and third sector agencies) in order to attempt to build up an understanding of the context and impact of domestic abuse within the community and the level of service engagement.

## **3. Determining Need**

### ***3.1 Domestic violence: the national picture***

#### **3.1.1 Prevalence**

According to the 2009/10 BCS:

- More than one in four women (29%) and around one in six men (16%) had experienced any domestic abuse since the age of 16. These figures are equivalent to an estimated 4.8 million female victims of domestic abuse and 2.6 million male victims.
- 7% of women and 4% of men reported having experienced any domestic abuse in the past year, equivalent to an estimated 1.2 million female victims and 700,000 male victims.

- Levels of domestic violence have generally declined for both men and women since 2004/05. Domestic violence is a subset of all violent crime. The Violence and Society Research Group at Cardiff University 2010 report<sup>28</sup> showed that 11% fewer males and 8% fewer females were injured in violence and received hospital treatment in 2010 compared to 2009. Longer-term trends from this study have reflected the downward trends in violence in the BCS since 2002.

### 3.1.2 Type of violence experienced

Detailed analysis of the type of violence (see Figure 1) experienced was undertaken for the 2007/08 BCS<sup>29</sup>. This showed that:

- A significant minority of men and women who had experienced intimate violence since the age of 16 had experienced more than one type of intimate violence (any combination of non-sexual family abuse, non-sexual partner abuse or sexual assault).
- Over a quarter (27%) of female victims of intimate violence had experienced two types of intimate violence while 6% had experienced all three types of intimate violence.

### 3.1.3 Repeat victimisation

Victims of partner abuse and sexual assault in the past year were asked how many times they had experienced the abuse in the past 12 months<sup>30</sup>.

- 39% of victims of partner abuse in the past year were repeat victims.
- Women were more likely than men to be repeat victims of partner abuse and to experience more frequent levels of abuse.
- 18% of female victims of any partner abuse reported experiencing six or more instances of abuse in the past 12 months compared with 11% of male victims.
- Levels of repeat victimisation for less serious and more serious sexual assault were similar.

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<sup>28</sup> Sivarajasinghaam et al. 2011 [http://www.vrg.cf.ac.uk/nvit/NVIT\\_2010.pdf](http://www.vrg.cf.ac.uk/nvit/NVIT_2010.pdf) [accessed 21/07/2011]

<sup>29</sup> Povey (Ed), Coleman, Kaiza, and Roe. 2009. Homicides, Firearm Offences and Intimate Violence 2007/08. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs09/hosb0209.pdf>

<sup>30</sup> Povey (Ed), Coleman, Kaiza, and Roe. 2009. Homicides, Firearm Offences and Intimate Violence 2007/08. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs09/hosb0209.pdf>

### 3.1.4 Length of abuse

Victims who had experienced partner abuse in the last five years were asked how long the abuse lasted. According to the 2008/09 BCS<sup>31</sup>:

- Women were more likely than men to have experienced longer periods of partner abuse. 14% of female victims had experienced partner abuse for six years or more, compared with 4% of male victims. Conversely, 48% of men experienced abuse for one month or less, compared with 29% of women.

### 3.1.5 Who is the abuser?

According to the 2008/09 BCS<sup>32</sup>:

- The majority of victims of partner abuse since the age of 16 suffered abuse by one partner only: 64% of people had been victimised by one partner, 10% by two partners, 2% by three partners and 1% by more than three partners.

It is worth noting that abuse does not occur exclusively between partners. Child to parent domestic abuse can also occur; most typically the perpetrators are sons and the victims mothers<sup>33</sup>.

Bristol University conducted research in 2006 in the North East of England to profile the characteristics of perpetrators of domestic violence. This research used the computer system of Northumbria Police (including, but not restricted to South Tyneside) to identify perpetrators and follow these perpetrators over time (2001/2002 to 2005). This resulted in a longitudinal sample of comparative perpetrator behaviour<sup>34</sup>. As well as using the police database to profile perpetrators, the research also involved interviews with perpetrators. This analysis identified four types of offenders categorised on the basis of nature and frequency of incident rather than on sociodemographic characteristics of the perpetrator:

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<sup>31</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.

<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

<sup>32</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.

<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

<sup>33</sup> Galvani, S. May 2010 Supporting families affected by substance use and domestic violence

<http://www.avaproject.org.uk/media/35237/families%20substance%20use%20and%20dv%20report.pdf>

<sup>34</sup> Hester, M. 2009 Who does what to whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with the Northern Rock Foundation

1. **Perpetrator of one incident** – only one domestic violence incident recorded on the police database (n=112).
2. **Perpetrators of mainly non-domestic violence** – only one domestic violence incident recorded on the police database, but had also been arrested for other non-domestic offences (n=62)
3. **Perpetrators of repeat domestic violence** – a number of domestic violence incidents but had not been arrested for other offences (n=62)
4. **All-round repeat offenders** – a number of domestic violence and non-domestic violence offences (n=120)

### ***One incident offenders***

- Average age 35 years (range 16-61).
- 86% male (96/112)

Offenders convicted in this group were most likely to receive a low sentence in the form of a discharge and/or fine.

Eric and his wife had separated but he tried to break into the house, frightening her, the children and her elderly father. Eric was subsequently arrested and charged with criminal damage. The charge was withdrawn but he was 'bound over' to prohibit him coming near the house for six months, after this his wife obtained an injunction through the courts to further prohibit Eric from coming near the house.

### ***Mainly non-domestic violence***

- Average age 31 (range 17-58)
- 90% male (56/62)

Offenders convicted in this group were most likely to receive a low sentence in the form of a discharge and/or fine, there were four custodial sentences.

In 2001 Gerry was involved in a domestic violence incident with power of arrest attached but was not arrested. Over a four year period, he had been arrested for drug offences, burglary, violence against the person, sexual offences, handling stolen goods as well as other offences such as breach of bail.

***Dedicated repeat domestic violence***

- Average age 36 years (range 17-62)
- 97% men (60/62)

Some of the men in this group appear non-violent to friends or professionals even though they use extreme violence against their partners. Of those with charges brought (18), seven were convicted of a criminal offence, two were bound over to keep the peace and most ended up with a discharge and/or fine. There was one custodial sentence.

Sid had been violent to Beatrice during most of their relationship, his violence increasing even further after the birth of their daughter. At the time of the sample incident the police were called and he was arrested and charged with actual bodily harm and threats to kill. Sid was soon violent again to Beatrice, despite being bound over from the previous incident. Sid was charged with harassment for this attack. He then carried out a further, very severe attack on Beatrice and charged with grievous bodily harm with intent and sentenced to 27 months imprisonment. Ten months later upon release from prison he was charged again with being drunk and disorderly.

***All-round repeat offenders***

- Average age 33 years (range 17-64)
- 97% men (116/120)

The perpetrators in this group were involved in 95 initial domestic violence incidents and a further 771 incidents in the observation period and were arrested for 687 non-domestic violence offences across the rest of the sample period.

Lucas had initially seemed nice at the start of their relationship but became increasingly violent towards Celia and isolated her from friends and family. Celia began to report the incidents to the police although no charges resulted. After a particularly extreme assault the police arrested Lucas and he was found guilty of actual bodily harm and criminal damage and sentenced to a community rehabilitation order and attendance at the probation perpetrator programme and fined. Celia however voiced her concern that this had no impact on Lucas and he was continuing to harass her as well as being violent to his new partner. Following his conviction for the domestic violence incident, Lucas was also arrested on six further occasions in relation to non-domestic violence offences. For example, he was arrested and charged with grievous bodily harm and obstructing a police officer.

The 2006 Bristol research identified that the vast majority of domestic violence perpetrators recorded by the police were men (92%) and their victims mainly female (91%)<sup>35</sup>. Further research in 2009 of the Northumbria Police database identified three comparative samples (men as sole perpetrator, women as sole perpetrator and cases where both men and women were recorded in separate incidents as perpetrator) followed over 6 years (2001 to 2007)<sup>36</sup>. The research found that the intensity and severity of violence and abusive behaviours from men was much more extreme than from women, as men were significantly more likely than women to use physical violence, threats and harassment. Men's violence tended to create a context of fear and related to that, control. This was not the case where women were perpetrators. There were more arrests overall of men than women but women were arrested to a disproportionate degree given the fewer incidents where they were perpetrators. Women were three times more likely than men to be arrested. Men were arrested once in every ten

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<sup>35</sup> Hester, M., Westmarland, N., Gangoli, G., Wilkinson, M., O'Kepply, C., Kent, A & Diamond, A., Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention, Bristol: University of Bristol in association with the Northern Rock Foundation and the Home Office. 2006.

<sup>36</sup> Hester, M. 2009 Who does what to whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with the Northern Rock Foundation

incidents and women arrested once in every three incidents over the six year tracking period<sup>37</sup>.

### **3.2 Risk factors**

#### **3.2.1 Risk factors associated with being a victim of domestic violence**

Domestic violence occurs across society, regardless of age, gender, ethnicity, sexuality, income and geography. The figures show however that the risk of domestic violence does vary according to a range of personal and household characteristics.

Certain groups of the population are more likely to experience a recent episode of partner violence than others<sup>38</sup>. These include: women compared to men; younger (e.g. 16-24) compared to old age groups; those with less rather than more household income; and those living in areas of high physical disorder (with vandalism of public amenities, environmental degradation, litter and graffiti) compared to those in areas with lower levels of physical disorder. Conversely, the BSC shows there seems to be little difference in the prevalence of recent intimate partner violence between different ethnic groups or area type (between urban and rural areas). Experience in the past year of partner abuse is lower for those who are married than those who are single, co-habiting, separated or divorced<sup>39</sup>. Table 1 presents data from the BCS on the characteristics of women experiencing domestic violence<sup>40</sup>:

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<sup>37</sup> Hester, M. 2009 Who does what to whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with the Northern Rock Foundation

<sup>38</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>39</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>40</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. 2011. Homicides, Firearm Offences and Intimate Violence 2009/10. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

**Table 1 Characteristics of women experiencing domestic violence in the past year**

<b>Characteristic</b>	<b>Examples of extremes (range)</b>
Age	12.7% 16-19 years old 4.8% 55-59 years old
Marital status	22.3% separated 3.7% married 10.8% single
Long-standing illness/disability	13.8% limiting long-term illness/disability 6.6% no illness/disability
Household structure	20.5% single adult and child(ren) 6.7% no children
Markers of socioeconomic status	
<i>Occupation</i>	11% never worked/long-term unemployed 10.3% routine and manual occupations 5.3% managerial and professional occupations
<i>Qualifications</i>	9.2% no qualifications 5.7% degree or diploma
<i>Income</i>	16.9% less than £10,000 4.3% £50,000 or more
<i>Housing tenure</i>	14.5% socially rented 4.4% owner occupier
<i>Employment deprivation index</i>	10.7% living in the 20% most deprived output areas 6.1% living in the 20% least deprived output areas

Source: British Crime Survey 2009/2010

Logistic regression was used to estimate how much the risk of victimisation is increased or reduced according to different characteristics or behaviours, taking into account the fact that some variables may be interrelated (Table 2). However, caution is needed in interpreting data. Although logistic regression can be used to explore associations

between variables, it does not necessarily imply causation and the results should be treated as indicative rather than conclusive<sup>41</sup>.

**Table 2 Logistic regression analysis of BSC 2009/10 indicating characteristics strongly associated with increased risk of domestic abuse<sup>42</sup>**

Being female
Having a long-term illness/disability
Being separated, divorced or widowed
Having used any drug in the last year
Being younger

In addition to those outlined above, the following factors have been previously shown to be associated with experiencing domestic violence:

- **Having children.** Children in the household may double the risk of domestic violence for women; for women aged 30 or over, the risk trebles<sup>43</sup>.
- **Pregnancy.** Pregnancy has been shown to be a time of extreme vulnerability for both mother and baby (particularly if unplanned or resented by the man)<sup>44</sup>. There is an increased risk that domestic violence will begin and/or intensify in pregnancy, and can lead to miscarriage, premature birth and low birth weight infants.
- **Experiencing physical or sexual abuse as a child.** Risk may be up to six times higher for women sexually abused in childhood, and up to four times higher for physical abuse<sup>45</sup>.
- **Witnessing domestic violence as a child.** Women may be up to three times more at risk of domestic violence through conditioning to family violence in childhood<sup>46</sup>.

<sup>41</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. 2011. Homicides, Firearm Offences and Intimate Violence 2009/10. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

<sup>42</sup> Kevin Smith (Ed.), Kathryn Coleman, Simon Eder and Philip Hall. 2011. Homicides, Firearm Offences and Intimate Violence 2009/10. London: Home Office. <http://rds.homeoffice.gov.uk/rds/pdfs11/hosb0111.pdf>

<sup>43</sup> Walby, S, Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. Home Office Research Study 276. London: Home Office Research, Development and Statistics Directorate.

<sup>44</sup> Mezey, G.C., Bewley, S. (1997). 'Domestic violence and pregnancy'. *British Medical Journal*. 314: 1295.

<sup>45</sup> Coid, J. (2000). 'A survey of women's experience of domestic violence attending primary care in East London'. In *Conference report: Domestic violence a health response – working in wider partnership*. London: Department of Health.

<sup>46</sup> Hotaling, G.T., Sugarman, D.B. (1986). 'An analysis of risk markers in husband-to-wife violence: The current state of knowledge.' *Violence and Victims*. 1(2): 101-124.

- **Previous history of assaults or violence by partner.** There is evidence that the risk is greatest in the first 24 hours after an attack, and remains high for 30 days following the last attack. Previous assault by partner is one of the strongest predictors of future violence. As the section on repeat victimisation above shows, many domestic violence victims experience repeated assaults.
- **Leaving the place of violence.** Women are at greatest risk of homicide at the point of separation or after leaving a violent partner<sup>47</sup>. There is some evidence that women who leave and then return to abusive partners are at increased risk of escalation in violence<sup>48</sup>.

### 3.2.2 Risk factors associated with being a perpetrator of domestic violence

Male perpetrators often show more dysfunctional psychological symptoms than non-violent men, with '*anti-sociality, narcissism, avoidant, dependent and psychopathic personality traits*'<sup>49</sup>. Several factors are known to be associated with the perpetration of domestic violence including interpersonal dependency or jealousy, attitudes that excuse violent behaviour, and lack of empathy<sup>50</sup>. Cultural and social norms that tolerate or excuse violent behaviour are also important influences. A number of factors increase the risk of being a perpetrator of domestic violence, such as the use of alcohol, especially at hazardous or harmful levels<sup>51</sup>. This does not mean that alcohol is a reason or excuse for carrying out domestic violence, just that those who abuse alcohol are more likely to be perpetrators of domestic violence than those who do not. The BCS asks respondents whether they thought the offender was under the influence of alcohol or drugs and whether they, as victims, were under the influence of alcohol or drugs at the time of the incident. In 2008/09<sup>52</sup>:

- Around one in four (27%) victims of partner abuse in the past year reported that the offender was under the influence of drink at the time of the (most recent)

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<sup>47</sup> Lees, S., (2000). Marital rape and marital murder. In Hanmer, J and Itzin, N (ed.s). "*Home Truths about Domestic Violence: Feminist Influences on Policy and Practice: A Reader*". Routledge: London, England.

<sup>48</sup> Anderson, D., (2003). 'The impact on subsequent violence of returning to an abusive partner'. *Journal of Comparative Family Studies*. 34 (1): 93-112.

<sup>49</sup> Barnish, M. (2004). '*Domestic Violence: A Literature Review*.' HM Inspectorate of Probation, Home Office, London.

<sup>50</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>51</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>52</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.

<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

incident compared with one in ten (10%) who reported the offender to be under the influence of drugs.

- Only one in 50 (2%) victims reported that they were under the influence of drugs at the time of the incident compared with around one in ten (11%) who were under the influence of drink.

Evidence indicates that reporting of domestic abuse escalates around periods when certain major sporting events take place and there is a close interrelationship between sport, alcohol and domestic violence<sup>53</sup>.

In addition to alcohol, witnessing or experiencing violence in childhood has been associated with perpetration later in life, highlighting the cycle of violence that can often be passed from one generation to the next<sup>54</sup>.

### **3.3 Health and welfare needs**

#### **3.3.1 Health and welfare needs of victims of domestic violence**

##### **Health needs**

Women experiencing domestic violence access health services more frequently than women who do not<sup>55</sup>. Domestic violence can have both short-term and long-term effects on physical and mental health. It can lead to acute and chronic physical injury, miscarriage, and loss of hearing and vision, physical disfigurement, depression, alcoholism and sometimes suicide<sup>56</sup>. Women experiencing domestic violence have been found to be 15 times more likely to abuse alcohol, 9 times more likely to abuse drugs, 5 times more likely to attempt suicide and 3 times more likely to be diagnosed with depression or psychosis<sup>57</sup>. The health needs of victims of domestic violence need to be seen from the perspective of 'periods of vulnerability', as a combination of low self-

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<sup>53</sup> It's only a game? Domestic abuse, sporting events and alcohol, Alcohol Concern, May 2010 <http://www.alcoholconcern.org.uk/assets/files/Publications/World%20Cup%20briefing%20-%20AC%20Cymru%20May%202010.pdf>

<sup>54</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>55</sup> Ratner, P.A., (1993). The incidence of wife abuse and mental health status in abused wives in Edmonton, Alberta. *Can J Pub Health* 1993;84: 246-9).

<sup>56</sup> Abbott, P., and Williamson, E., (1999). 'Women, Health and Domestic Violence'. *Journal of Gender Studies* 8(1):83-102.

<sup>57</sup> Stark, E.; Flitcraft, A.; Zuckerman, B.; Grey, A.; Robinson, J.; Frazier, W. (1981). 'Wife Abuse in the Medical Setting: An Introduction for Health Personnel.'

esteem with other physical, emotional and mental health needs makes a person susceptible to the negative impact of domestic violence.

A September 2010 review of evidence for prevention of intimate partner violence summarised the health and social effects of intimate partner violence (IPV) as follows<sup>58</sup>:

*“The health and social effects of IPV can be severe and wide-ranging. Health consequences can include injuries, particularly head, neck or facial injuries, or even death. Where sexual abuse has taken place, there may be gynaecological problems such as vaginal bleeding or infection, or transmission of sexually transmitted infections. Among pregnant women, experience of violence has been associated with low birth-weight babies, pre-term delivery and neonatal death. Emotional consequences can be severe and enduring, including anxiety, depression or post traumatic stress disorder. Those experiencing abuse are more likely to report suicidal thoughts or attempts as well as longer term general health problems such as migraines, chronic pain, gastro-intestinal disorders and sexual dysfunction. In addition, experience of IPV is linked to current risky behaviours such as tobacco, alcohol or illicit drug use, often as a way of coping.”*

Just over half (54%) of victims of partner abuse in 2008/09<sup>59</sup> BCS suffered some injuries or emotional effects as a result of the abuse:

- The most common effects were mental or emotional problems (26%), minor bruising or a black eye (20%), scratches and stopping trusting people or having difficulty in other relationships (14% for each).
- Women were more likely (59%) than men (45%) to have experienced injuries or emotional effects as a result of the abuse.
- Around one-quarter (27%) of those who had suffered injuries or emotional effects as a result of the partner abuse had seen a doctor, nurse or other health worker because of their injuries or problems in the last year.
- The majority of the victims who had sought medical help had seen a GP or gone to a doctor's surgery (77%). Over one-quarter of the victims (27%) had been to a

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<sup>58</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>59</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.  
<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

hospital casualty or accident and emergency department, and 11% had been to specialist mental health/psychiatric services.

### **Wider welfare needs**

Victims may need support in many aspects of life, including employment and housing.

According to the 2008/09 BCS<sup>60</sup>:

- One in ten people (10%) who had experienced partner abuse had to take time off from work in 2008/09 due to the abuse.
- Six in ten (60%) victims who had taken time off from work had taken less than a week off in the last year, but about two in ten (22%) had taken a month or more off in the last year due to the partner abuse.
- 4% of victims had lost their job or had to give up working as a result of partner abuse in the previous year.

Housing needs of victims of domestic violence are critical as victims (and children) are often forced to move out of the family home to escape the abuse and need appropriate and safe alternative accommodation.

### **3.3.2 Health and welfare needs of children affected by domestic violence**

The NSPCC has called on the UK Government and devolved administrations in Wales and Northern Ireland to see domestic violence from a child's point of view. Every year, an estimated 750,000 children witness domestic violence<sup>61</sup>. Although not every child is affected in the same way, this can cause serious emotional harm in both the short and long term. In families where there is domestic violence, children may also be physically and sexually abused. Researchers estimate that in 30-60% of domestic violence cases, the abusive partner is also abusing children in the family<sup>62</sup>. A family experiencing

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<sup>60</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.

<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

<sup>61</sup> Department of Health, (2002), *Women's Mental Health: Into the mainstream*, London, DH cited in NSPCC Domestic Violence Campaign Briefing 1

[http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1\\_wdf63296.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1_wdf63296.pdf) [accessed August 2011]

<sup>62</sup> Edelson J.L., (1999) *Violence Against Women*, Vol. 5 No.2. cited in NSPCC Domestic Violence Campaign Briefing 1 [http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1\\_wdf63296.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1_wdf63296.pdf) [accessed August 2011]

domestic violence is 23 times more likely than a family without that characteristic to abuse their child in the first five years of life<sup>63</sup>.

A September 2010 review of evidence for prevention of child maltreatment summarised the effects of child maltreatment, which is integrally linked to domestic violence, as follows<sup>64</sup>:

“Aside from physical injuries, violence can contribute to poor emotional health such as feelings of abandonment, fear, anxiety, depression, self-harm or even suicide. In the longer term, child maltreatment has been associated with a range of health and social outcomes, including: substance use; depression; aggression; chronic ill health such as heart disease, cancer, chronic obstructive pulmonary disease or stroke; and lower educational achievement. Experiencing maltreatment as a child has also been associated with being a victim and/or perpetrator of violence in later life. A number of factors are thought to increase the risk of perpetrating child maltreatment, including: an unplanned pregnancy; premature birth; having a child that suffers from severe behavioural problems; and the use of alcohol or drugs. Having young, poor, socially isolated or controlling parents, having a history of domestic violence in the home, living in a single parent family and living in an overcrowded household are also risk factors for being a victim of child maltreatment.”

Children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children<sup>65</sup>, and they are also more likely to be perpetrators or victims of domestic violence as adults<sup>66</sup>.

So, the health and welfare needs of children may include:

- Emotional, psychological and behavioural support and counselling
- Safe housing

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<sup>63</sup> Wood S., Bellis M.A., Browne V., Jackson E., Friedman E. Sept 2010, Child maltreatment: a review of evidence of for prevention from the UK focal point for violence and injury prevention  
[http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child\\_maltreatment.pdf](http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child_maltreatment.pdf)

<sup>64</sup> Wood S., Bellis M.A., Browne V., Jackson E., Friedman E. Sept 2010, Child maltreatment: a review of evidence of for prevention from the UK focal point for violence and injury prevention  
[http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child\\_maltreatment.pdf](http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child_maltreatment.pdf)

<sup>65</sup> Wolfe, D., Zak, L., Wilson, S., and Jaffe, P., *Child Witnesses to Violence between Parents: Critical Issues in Behavioural and Social Adjustment*, Journal of Abnormal Child Psychology 14 (1), 95–104, 1986 cited in ‘Evidence for Think Family’ <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

<sup>66</sup> Whitfield, C., Anda, R., Dube, S., and Felitti V., *Violent Childhood Experiences and the Risk of Intimate Partner Violence as Adults*, Journal of Interpersonal Violence 18 (2), 166–185, 2003 cited in ‘Evidence for Think Family’ <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

- Substance misuse support
- Educational support

### **3.3.3 Health and welfare needs of perpetrators of domestic violence**

As outlined earlier, the following emotional, psychological and social factors are associated with perpetrating domestic violence (but should not be seen as a reason or excuse for perpetrating violence):

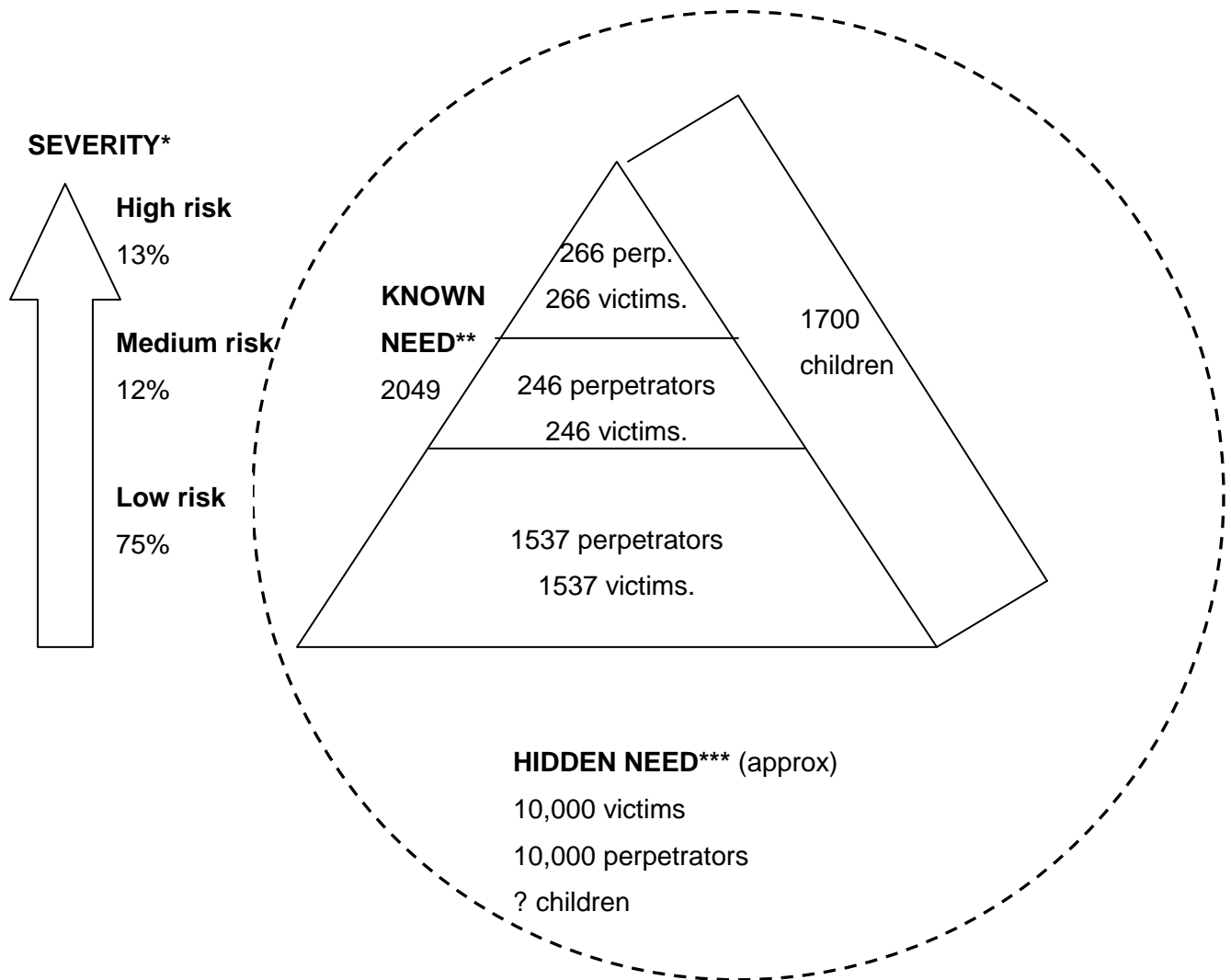
- Experience of witnessing domestic abuse/violence in childhood
- Disruptive attachment patterns
- Attitudes condoning domestic violence
- High levels of anger
- High levels of jealousy
- Low levels of empathy
- High levels of dependency
- Generally anti-social
- Narcissistic – low self esteem
- Likely to have previous convictions
- Drug and/or alcohol dependent
- Poor view of women generally

This list indicates that many perpetrators will have severe emotional and mental health issues and many are likely to have drug/alcohol addictions. Negative attitudes must be challenged and emotional and mental health issues addressed if perpetrators of domestic violence are to be rehabilitated. Wider welfare issues such as employment and housing also need to be considered.

### 3.4 Domestic violence: the local picture

#### 3.4.1 Summary overview

Figure 8 The scale of domestic violence within South Tyneside



\*Severity of incidents attended by police - as defined by risk indicator checklist, see appendix B

\*\*Known need - incidents reported to Northumbria Police in 2010. The figure excludes repeat incidents and represents the maximum number of individuals (see Table 3 for further explanation). It assumes that for every victim there is one perpetrator (likely to underestimate the number of perpetrators). The distribution of victims/perpetrators across severity categories is derived using the proportions of incidents attended by the police in each risk category (see Table 6).

Number of children is an estimate based on incidents attended by police involving children. From the data available it is not possible to assign affected children to a severity category.

\*\*\*Hidden need – estimated from a combination of incidents reported to police and statistics from the British Crime Survey about proportion of victims reporting domestic violence to the police (12,130 (estimated total need) – 2049 (known need) =10,081 (hidden need) see Table 3)

### 3.4.2 South Tyneside Profile

- There are 152,000 people living in South Tyneside<sup>67</sup>.
- Nearly half of the population of South Tyneside (46%) live in areas that are among the 20% most disadvantaged areas across England, measured across a range of indicators of social and economic disadvantage<sup>68</sup>.
- Over half the children in South Tyneside (25,000 children under 16 years) live in low-income families who are either claiming workless benefits or receiving tax credits<sup>68</sup>.
- The health of the people in South Tyneside is generally improving, but is still worse than the England average<sup>69</sup>.
- There are inequalities within South Tyneside. For example, life expectancy for men living in the most deprived areas is nearly 8 years lower than for men living in the least deprived areas. For women it is over 5 years lower<sup>69</sup>.

### 3.4.3 Prevalence

- The rate of violent crimes against the person in South Tyneside has fallen consistently over the past three years and is now lower than the England and North East averages<sup>70</sup>.
- Between October 2009 and September 2010 there were 1814 violent crime offences in South Tyneside compared to 2118 the previous year, a reduction of 14%. Of these, 453 were domestic violence related crimes<sup>71</sup>.
- The South Tyneside Area Command Public Protection Unit of Northumbria Police dealt with 3463 reported incidents (note, not crimes, see chapter 2 for explanation of difference) of Domestic Violence in 2010, an increase of 7.3% from the previous year (Table 5).

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<sup>67</sup> Office for National Statistics 2009 mid-year population estimate quoted in South Tyneside Joint Strategic Needs Assessment, 2011 data annex

<sup>68</sup> South Tyneside Joint Strategic Needs Assessment, 2011 data annex

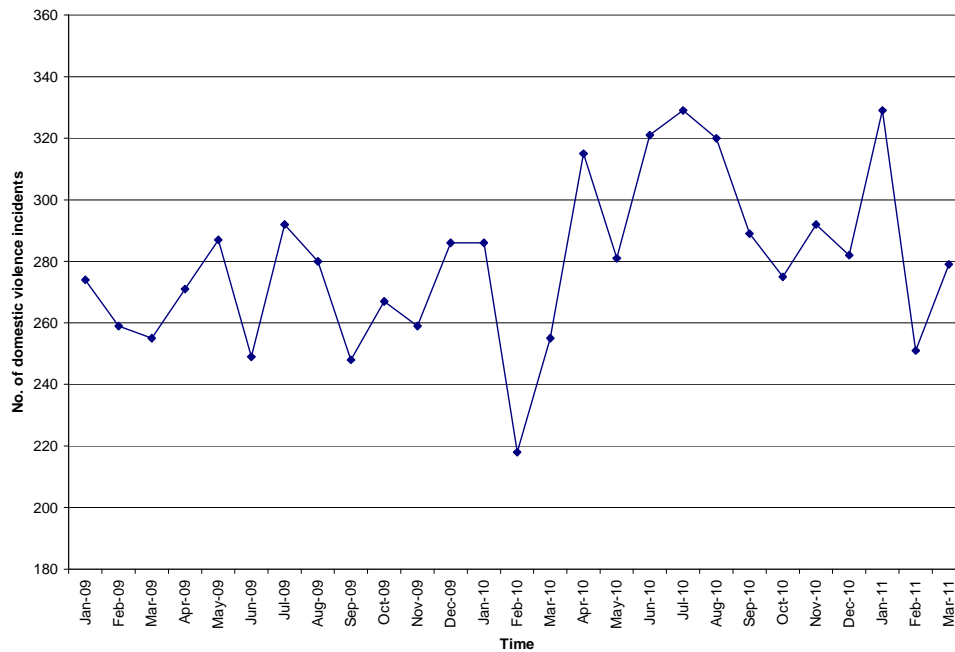
<sup>69</sup> South Tyneside Health Profile 2010, Association of Public Health Observatories and Department of Health. © Crown Copyright 2010

<sup>70</sup> South Tyneside Joint Strategic Needs Assessment, 2011 data annex

<sup>71</sup> South Tyneside Community Safety Partnership Strategic Assessment 2010: Technical analysis. Data from Tyne and Wear Research and Information, originally from police.

- The number of domestic violence incidents the police respond to each month ranges between 218-329 (Table 4). There is no discernable seasonal pattern of incident reporting examining 27 months worth of data (Figure 9).

**Figure 9 Number of domestic violence incidents in South Tyneside reported to the police**



Source: Northumbria Police Public Protection Unit via South Tyneside Council Community Safety Analyst

### ***Reported incidents ‘the tip of the iceberg’ – quantifying hidden need within South Tyneside***

#### ***Estimating the number of victims of domestic violence within South Tyneside***

As explained in Chapter 2, according to the 2008/09<sup>72</sup> British Crime Survey only 16% of people who had been the victim of partner abuse in the last year had told the police about it. Women were significantly more likely to tell the police about the abuse than men. One in five (20%) of female victims of partner abuse in the past year had told the police about the abuse compared with one in ten (10%) male victims. This shows the extent to which domestic violence is a ‘hidden problem.’ Furthermore, as the definition

<sup>72</sup> Smith (Ed), Flatley (Ed), Coleman, Osborn, Kaiza, and Roe. 2010. Homicides, Firearm Offences and Intimate Violence 2008/09. Home Office.  
<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

of domestic abuse outlined in chapter 1 explains, abuse can be in the form of economic, emotional or verbal abuse and not just physical abuse. It is unlikely the police would be called to a non-violent incident, and as such information on the prevalence of these other forms of abuse within the South Tyneside community is almost impossible to capture.

Table 3 combines information from police reported incidents with statistics from the British Crime Survey on underreporting of incidents in to order to estimate the likely real extent of the problem of Domestic Violence within South Tyneside. This shows that, whilst the 'known' picture of domestic violence (from police records) is that it affects around 1.8-2.6% of women living in South Tyneside each year, the actual figure is likely to be much higher, and may be as high as 13%. This equates to more than one in eight women in South Tyneside experiencing at least one incident of domestic violence within the last year. This is similar to the estimated prevalence of domestic violence in South Tyneside calculated in 2001(13%)<sup>73</sup> suggesting the experience of domestic abuse within the South Tyneside community may not have reduced over this period.

According to the British Crime Survey, 7% of women (1 in every 14 women) experienced domestic abuse in the past year. In South Tyneside, it is estimated the figure may be almost double this (13% or more than 1 in every 8 women). Therefore, domestic violence appears to be far more prevalent in South Tyneside than it is in a representative sample of people from England and Wales overall, underlining the importance of tackling this issue locally. The adjustment of the number of police incidents reported locally using the BCS figures to estimate the extent of unreported domestic violence within the South Tyneside population has not been replicated in other local authority areas and so there is no corresponding data of unreported domestic violence from other local areas to compare South Tyneside against.

A 'Ready Reckoner'<sup>74</sup> provided by the government in association with the Violence Against Women and Girls Strategy estimates that 5892 of women in South Tyneside aged 16-59 have been a victim of domestic violence in the past year. This figure is

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<sup>73</sup> Hester, M., Westmarland, N., Hughes, J., 2001. Domestic Violence in South Tyneside: Incidence, Provision and Good Practice

<sup>74</sup> <http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> [accessed 26/07/2011]

towards the lower end of the range of figures presented in Table 3 (5795-8,360) which is extrapolated from a combination of two sources, the British Crime Survey (BCS) and police report incidents. The reason for the discrepancy is likely to be two-fold:

- Firstly, the 'Ready Reckoner' is limited to using only one data source, the BCS, so must assume that the prevalence of domestic violence in South Tyneside is consistent with the rest of the country as reported in the BCS (around 7%). The combination of police and BCS used in Table 3 indicates that the prevalence in South Tyneside may be significantly higher (13% not 7%).
- Secondly, the figure for the 'Ready Reckoner' is calculated using a different population (16-59 year olds as opposed to those aged 18 and over).

### ***Estimating the number of domestic violence perpetrators in South Tyneside***

Assuming that for every victim there is one perpetrator of domestic violence, there may be as many as 2049 known perpetrators of domestic violence within South Tyneside (see Table 3). As section 3.1.5 explains, in some instances women are abused by more than one perpetrator at a time and so assuming a one-to-one correspondence between victim and perpetrator is likely to provide an underestimate of the actual number. Including unreported incidents of domestic violence the number of perpetrators in South Tyneside may be in excess of 12,000.

**Table 3 Estimated number of victims of domestic violence in South Tyneside each year**

	South Tyneside population* (adults aged 18 and over)	Reported victims of DV in South Tyneside in one year (2010)**	Repeat victims of DV <sup>^</sup>	Estimated number of victims in a year who report to the police (excluding repeat incidents) <sup>^^</sup>	% South Tyneside population who are victims of reported DV incidents	Experiencing domestic violence attended by the police each year in South Tyneside	% of all domestic abuse victims who report the abuse to the police***	Range of estimated number of victims of DV in South Tyneside (including those who did not report to police)	Estimated actual % of South Tyneside population who are victims of DV (including those not reported to the police)	Experiencing DV each year in South Tyneside
Female	63,235	2831	1159	1159-1672	1.8%-2.6%	Between 1 in 38 and 1 in 55 South Tyneside women	20%	5795-8,360	9.2-13.2%	Between 1 in 8 and 1 in 11 South Tyneside women
Male	58,746	631	254	254-377	0.4%-0.6%	Between 1 in 156 and 1 in 231 South Tyneside men	10%	2540-3770	4.3-6.4%	Between 1 in 16 and 1 in 23 South Tyneside men
<b>Total</b>	<b>121,981</b>	<b>3462</b>	<b>1413</b>	<b>1413-2049</b>	<b>1.2%-1.7%</b>	<b>Between 1 in 60 and 1 in 86 South Tyneside residents</b>		<b>8335-12130</b>	<b>6.8-9.9%</b>	<b>Between 1 in 10 and 1 in 15 South Tyneside Residents</b>

\*Source: ONS 2009 mid-year population estimates

\*\*Source: Northumbria police

\*\*\*Source: British Crime Survey 2009/2010. If in South Tyneside the proportion of people experiencing domestic violence who report this violence to the police is higher than 20% for women and 10% for men, using these proportions from the British Crime Survey will overestimate the total number of people experiencing domestic violence within South Tyneside.

<sup>^</sup> The police do not breakdown the repeat incidents by gender. Therefore, for the purpose of this analysis it is assumed that the gender breakdown of repeat incidents is the same as the gender breakdown of incidents overall (i.e. 82% female, 18% male). This will introduce a degree of error into the analysis as national data from the British Crime Survey indicates that women are more likely to be repeat victims of domestic violence than men.

<sup>^^</sup> A range of values is provided for the estimated actual number of victims in a year reporting to police. This is because the police data is collected on the basis of incidents rather than individuals. The lower number of the range assumes that every victim has a repeat incident and there are numerous repeat incidents per victim (and hence the number of victims is equal to the number of repeats). This will underestimate the true number of victims as some victims will be the subject of one off incidents. The upper number of the range assumes that there is only one repeat incident per victim. It is likely that in some instances the police may be called more than twice to an address in the given year and as such this will represent and overestimate of the number of victims. Therefore, the true number of victims will lie somewhere between 1413 (assumes every incident is a repeat which will underestimate the no. of victims) and 2049 (assumes a maximum of two incidents per victim which is likely to overestimate the no. of victims). As we have no way of knowing how many of the repeats there are per victim the upper estimate of number of victims has been quoted in the main text.

### **3.4.4 Comparing the scale of domestic violence to other public health priorities**

Figure 10 compares the prevalence of domestic violence within South Tyneside to other public health issues. It sets in stark context the scale of the problem of domestic violence within South Tyneside relative to other prominent public health concerns and hence the importance of addressing the issue of domestic violence in order to improve the health and welfare of the South Tyneside population. For example, domestic violence is a far more common in the local community than cancer or heart disease, but this is not necessarily the public's or professional's perception of the situation. The issues of smoking and problem drinking receive far greater prominence than the issue of tackling domestic violence, and yet they are all very common problems. Furthermore, as the earlier section on health needs explains, a home landscape involving domestic violence can involve reliance on risky behaviors such as smoking or substance misuse by victims/children as coping mechanisms, and alcohol/substance misuse often goes hand in hand with perpetrating domestic violence. Hence, action to curb domestic violence within South Tyneside may have an impact on the prevalence of other key public health indicators within the community such as smoking and harmful drinking and levels of depression. Domestic violence as such may in many situations operate as the 'root cause' of other behaviours, and therefore 'upstream thinking' to tackle this issue will impact upon other indicators of population health and wellbeing.

**Figure 10 Domestic violence in South Tyneside set in context**

1 in 4 women smoke



Source: 2008 South of Tyne and Wear lifestyle survey, presented in South Tyneside JSNA

1 in 6 women drink excessively



Source: 2008 South of Tyne and Wear lifestyle survey, presented in South Tyneside JSNA

More than 1 in 8 women suffered from domestic violence in the past year (includes an estimate of domestic violence which is not reported to the police)



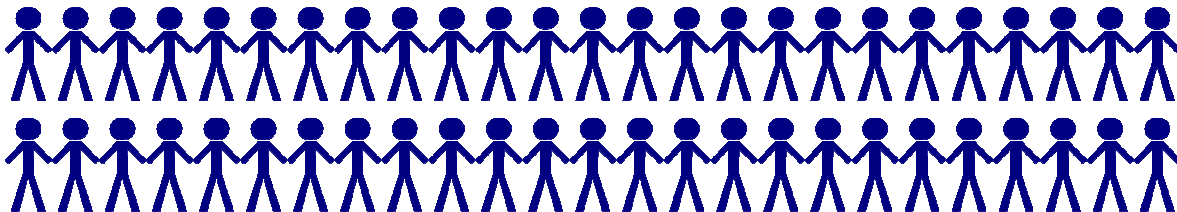
Source: Northumbria Police and British Crime Survey

1 in 20 people have coronary heart disease



Source: Quality and Outcomes Framework information, presented in South Tyneside JSNA

1 in 50 people have cancer



Source: Quality and Outcomes Framework information, presented in South Tyneside JSNA

### **3.4.5 Domestic violence and socioeconomic deprivation**

The hot spot map (Figure 11) shows the distribution of domestic violence crimes (as opposed to incidents) April 2010-January 2011. This shows the distribution of domestic violence follows the distribution of deprivation found more generally within South Tyneside (see Figure 12 for comparison). This finding is consistent with the national picture as represented by the British Crime Survey because, as the earlier section and Table 1 demonstrates, those from more disadvantaged backgrounds are more likely to report experiencing domestic violence. However, whilst *reported* domestic violence does appear to be socioeconomically patterned this doesn't necessarily mean the occurrence of domestic violence is necessarily higher in disadvantaged areas; it may simply be more hidden in other areas. For example, the socio-demographic patterning of crimes found within South Tyneside may reflect that people from disadvantaged communities are more inclined to involve the police when disturbances occur. In more socioeconomically advantaged areas because of the social stigma surrounding the subject victims/witnesses may not inform the police and as a result there is a higher degree of hidden abuse occurring.

Figure 11 Hotspot map showing distribution of reported domestic violence crimes across South Tyneside (April 2010-January 2011)

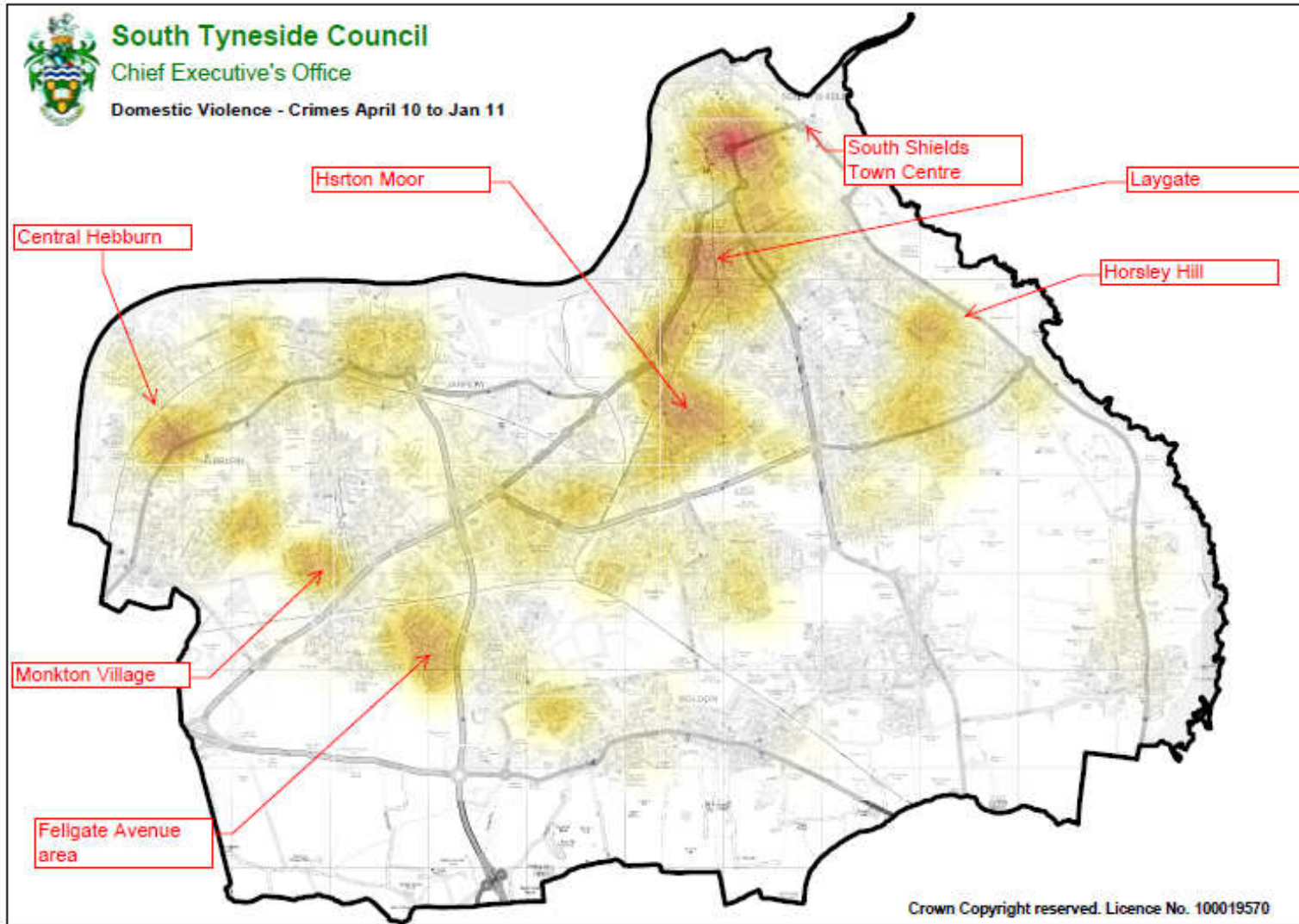
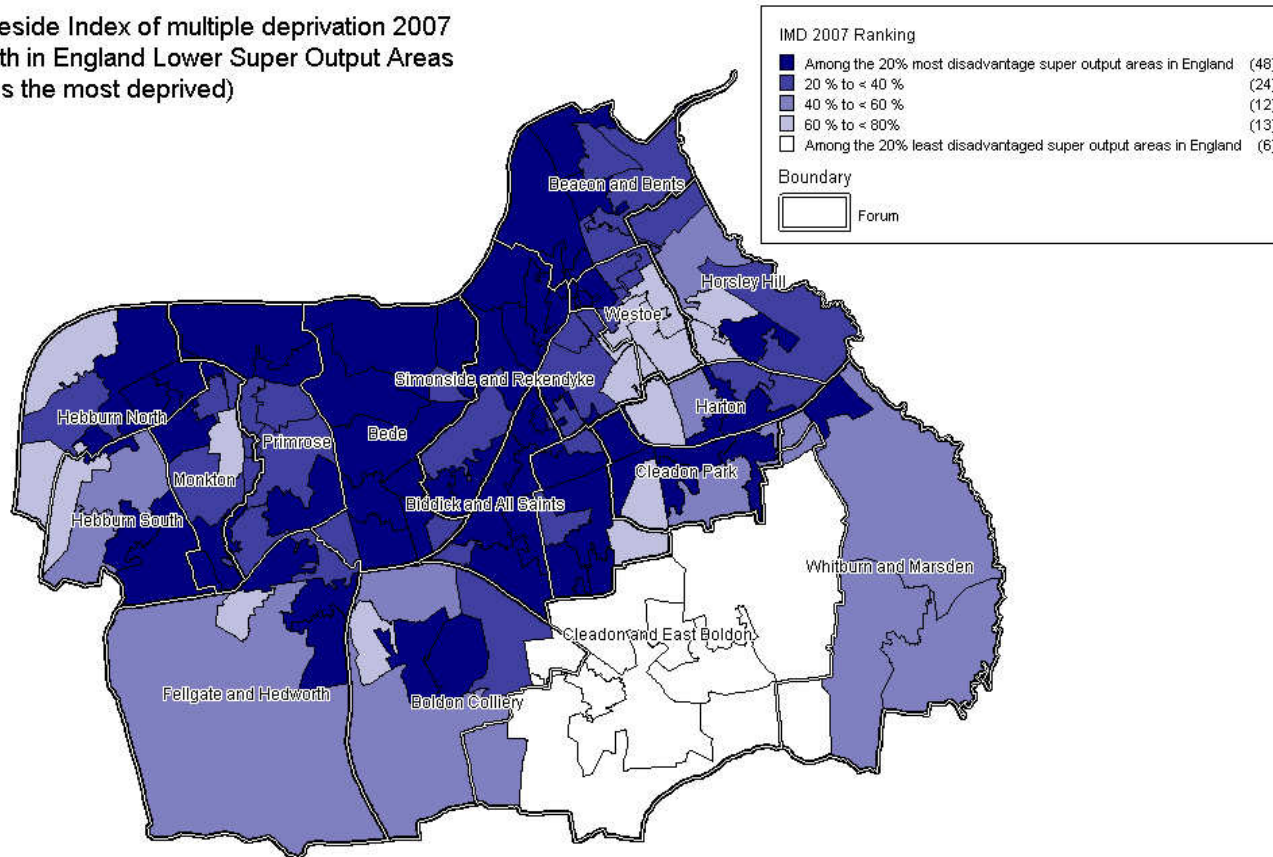


Figure 12 Distribution of socioeconomic deprivation across South Tyneside

South Tyneside Index of multiple deprivation 2007  
Ranked with in England Lower Super Output Areas  
(Where 1 is the most deprived)



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### 3.4.6 Profile of victims of domestic violence

In 2010 there were a total of 3463 victims of domestic abuse incidents (Table 4). The gender of victims has been reported by the police Public Protection Unit since December 2009. Whilst domestic abuse is seen predominantly as involving female victims, between 40-62 victims per month are male, and in 2010 18% of all victims were male (631 male of 3462 victims) (Table 4). In 2010 5% of all incidents reported involved black and minority ethnic (BME) victims (174/3463), slightly less than in 2009 (Table 5). Around 6.8% of the South Tyneside total population are from BME groups<sup>75</sup>.

Profiling of domestic violence crimes (as opposed to domestic violence incidents) between April 2010 and January 2011 indicates there were 494 victims of domestic violence crimes: 421 (85%) were female and 73 (15%) were male. Of the female victims, 97% were White English.

The implications of these findings for services are that, whilst male victims and BME victims are in the minority, nevertheless it is essential that their specific health and welfare needs are considered in order to ensure services meet the needs of all groups and that inequalities in service provision do not exist.

Of the female victims of domestic violence crimes, 50% were identified as being assaulted by their partner, 7% by their husband, 13% by an ex partner and 7% by their son. The fact that one in 14 female victims of domestic violence crimes in South Tyneside were abused by their son demonstrates that child to parent domestic violence does occur. Speaking to people working in youth services within South Tyneside it is felt that this form of abuse is likely to be underreported to police, and this view is echoed nationally<sup>76</sup>.

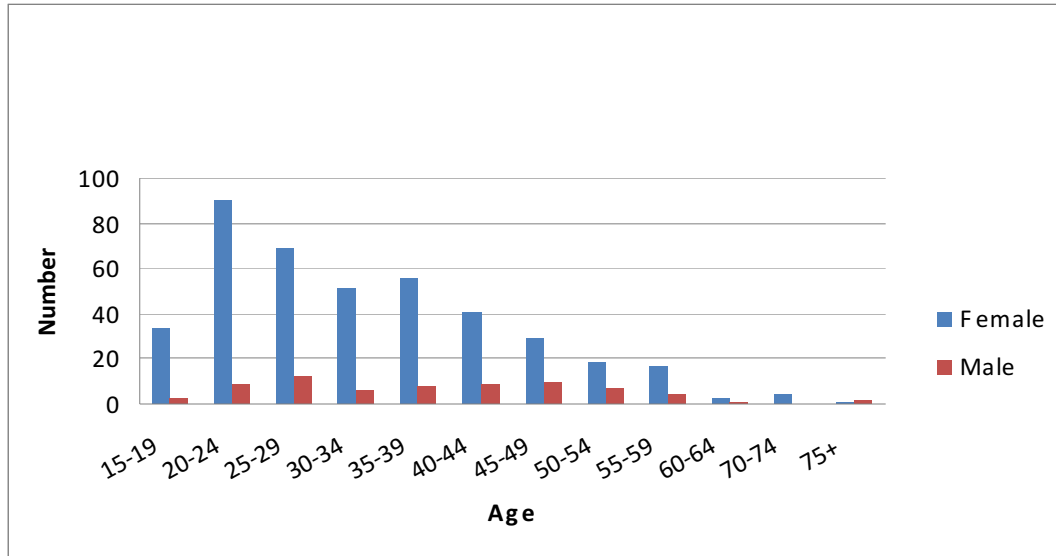
Figure 13 shows that a significant number of victims of domestic violence crimes were in the 15-19 year old category, and the highest number were in the 20-24 year old category. The current focus of national policy on this younger age group therefore also seems warranted within South Tyneside.

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<sup>75</sup> South Tyneside Joint Strategic Needs Assessment, 2011 data annex (2007 data, Office for National Statistics)

<sup>76</sup> <http://www.communitycare.co.uk/Articles/2003/11/20/42887/Teenage-kicks.htm> [accessed August 2011]

Figure 13 Age profile of victims of Domestic Violence Crimes (April 2010-January 2011)



Source: Northumbria Police via South Tyneside council.

**Table 4 Incidents of domestic violence in South Tyneside January 2009 – March 2011**

	Reported Incidents	Arrests made	Involving children	Repeat victims*	BME victims	Referrals	Very High Risk Incident**	High Risk Incident	Medium Risk Incident	Standard Risk Incident	Male victims^	Female victims^
January 2009	274	86	138	n/r	14	74	30	29	n/a	36	n/r	n/r
February 2009	259	81	133	n/r	23	59	13	32	n/a	46	n/r	n/r
March 2009	255	91	138	n/r	14	63	10	18	n/a	61	n/r	n/r
April 2009	271	83	140	74	20	48	18	18	n/a	51	n/r	n/r
May 2009	287	100	157	79	16	62	16	34	n/a	41	n/r	n/r
June 2009	249	85	120	67	8	74	15	17	n/a	43	n/r	n/r
July 2009	292	93	154	75	9	78	14	28	n/a	38	n/r	n/r
August 2009	280	92	164	61	13	66	15	23	n/a	47	n/r	n/r
September 2009	248	53	136	70	29	67	17	26	n/a	49	n/r	n/r
October 2009	267	53	151	84	18	57	11	28	n/a	86	n/r	n/r
November 2009	259	85	139	99	19	78	13	28	n/a	71	n/r	n/r
December 2009	286	96	139	96	8	64	19	41	n/a	86	50	233
<b>TOTAL 2009</b>	<b>3227</b>	<b>998</b>	<b>1709</b>	<b>705</b>	<b>191</b>	<b>790</b>	<b>191</b>	<b>322</b>	<b>n/a</b>	<b>655</b>	<b>n/a</b>	<b>n/a</b>
January 2010	286	87	139	99	11	78	13	37	n/a	71	54	231
February 2010	218	85	106	85	8	37	22	28	n/a	48	40	178
March 2010	255	87	107	101	12	52	n/a	24	41	188	48	207
April 2010	315	98	160	126	12	85	n/a	36	38	240	55	260
May 2010	281	79	130	125	19	67	n/a	36	33	211	46	235
June 2010	321	72	162	123	23	78	n/a	17	40	263	65	256
July 2010	329	90	161	142	7	91	n/a	25	52	251	67	262
August 2010	320	80	155	133	12	88	n/a	33	43	243	57	263
September 2010	289	77	164	119	21	89	n/a	40	23	223	47	242
October 2010	275	90	140	118	21	85	n/a	34	24	213	46	229
November 2010	292	71	136	118	17	90	n/a	66	36	189	46	246
December 2010	282	74	145	124	11	102	n/a	46	39	196	60	222
<b>TOTAL 2010</b>	<b>3463</b>	<b>990</b>	<b>1705</b>	<b>1413</b>	<b>174</b>	<b>942</b>	<b>n/a</b>	<b>422</b>	<b>369</b>	<b>2336</b>	<b>631</b>	<b>2831</b>

	Reported Incidents	Arrests made	Involving children	Repeat victims*	BME victims	Referrals	Very High Risk Incident**	High Risk Incident	Medium Risk Incident	Standard Risk Incident	Male victims^	Female victims^
January 2011	329	91	173	128	16	99	n/a	45	33	248	58	271
February 2011	251	58	122	98	11	86	n/a	49	20	181	62	189
March 2011	279	72	117	121	14	77	n/a	43	30	203	48	231

Source: Northumbria Police Public Protection Unit via South Tyneside council

\*Repeat victims: victims who have had an incident this month who have also suffered a previous incident within the past year. (n/r=not recorded)

\*\*The risk categories changed in March 2010 from very high, high and standard risk to high, medium and standard risk.

^victim gender was only recorded from December 2009 onwards. (n/r=not recorded)

BME – Black and Minority Ethnic

**Table 5 Comparison of domestic violence incidents in South Tyneside 2009 and 2010\***

	Reported Incidents	Arrests made	Involving children	BEM victims
2009	<b>3227</b>	<b>998</b>	<b>1709</b>	<b>191</b>
2010	<b>3463</b>	<b>990</b>	<b>1705</b>	<b>174</b>
% change	<b>7.3%</b>	<b>-0.8%</b>	<b>-0.2%</b>	<b>-8.9%</b>

Source: Northumbria Police Public Protection Unit via South Tyneside council

\*Due to changes in how risk is categorised between 2009 and 2010 and the fact that victim gender was only included from December 2009 these fields have been omitted from the comparison

### ***Repeat victims***

Repeat victims are defined as those who have had an incident this month who have also suffered a previous incident within the past year. This information has been reported by the police Public Protection Unit since April 2009. Comparing the 2009/2010 financial year to 2010/2011 financial year, repeat victims have increased by nearly 50% (990 in 2009/10 compared to 1475 in 2010/11). This increase is in part down to a change in the police database to more systematically record incidents as domestic violence, so more repeat victims are detected but this may not represent an actual increase in the frequency of repeat victims. In 2009/10 31% (990/3198) of all incidents attended were repeats and in 2010/11 this had risen to 41% (1475/3563) of all incidents. These figures for South Tyneside are consistent with the national picture because, as the earlier section identified, the British Crime Survey reported that 39% of victims of partner abuse in the past year were repeat victims. In 2010/11, with the exception of February, the police attended over 100 incidents a month where they had previously attended for the same victim in the past year (Table 4). Instances of domestic violence are infrequently 'one-off' events and a pattern of repeat and persistent abuse is common. The implication of this for service provision is that there is a need to examine the opportunities for early intervention to prevent repeat attacks and equally a need for sustained support for victims and children.

### ***Severity and risk escalation***

The risk to the victim of serious harm/death is assessed by the police using the Risk Indicator Checklist (see appendix C) at each incident attended. The risk categories changed in March 2010 which makes comparison over time problematic. Examining data from March 2010-April 2011 indicates that in three quarters of all incidents attended the risk is assessed as standard (Table 6).

**Table 6 Risk assessment profile of domestic violence incidents attended by the police**

Month	High Risk		Medium Risk		Standard Risk		Incidents where risk recorded**
	N	%*	N	%*	N	%*	
Mar-10	24	9	41	16	188	74	253
Apr-10	36	11	38	12	240	76	314
May-10	36	13	33	12	211	75	280
Jun-10	17	5	40	13	263	82	320
Jul-10	25	8	52	16	251	77	328
Aug-10	33	10	43	13	243	76	319
Sep-10	40	14	23	8	223	78	286
Oct-10	34	13	24	9	213	79	271
Nov-10	66	23	36	12	189	65	291
Dec-10	46	16	39	14	196	70	281
Jan-11	45	14	33	10	248	76	326
Feb-11	49	20	20	8	181	72	250
Mar-11	43	16	30	11	203	74	276
<b>TOTAL</b>	<b>494</b>	<b>13</b>	<b>452</b>	<b>12</b>	<b>2849</b>	<b>75</b>	<b>3795</b>

Source: Northumbria Police Public Protection Unit via South Tyneside Council

\*% of total incidents where risk is recoded

\*\*23 incidents did not have a risk level recorded, resulting in a total of 3818 incidents.

Whilst this cross-sectional information provides an understanding of repeat victimisation within the past year, and also of the level of risk of serious harm, longitudinal data is needed to illustrate the complexity of domestic violence cases, the cycle of domestic violence and escalation of severity. It is difficult to interrogate the police database to extract this form of longitudinal data. However, an anonymised case study (see Figure 14) has been used to illustrate the relationship between repeat incidents and risk escalation.

The case study illustrates the situation for one female victim and her child. There were five separate incidents assessed as standard risk in the two and a half years prior to the situation escalating to a high risk incident in 2010. The perpetrator described in the case study in Figure 14 would fit into the 'dedicated repeat domestic violence' category of perpetrator described by the Bristol University research (see section 3.1.5). The case study clearly illustrates how the severity of incidents can escalate overtime. Taking this information, in combination with the fact that three quarters of incidents attended by the police are classified as 'standard risk' illustrates the importance of planning a service model to include early intervention to prevent repeat and more severe incidents

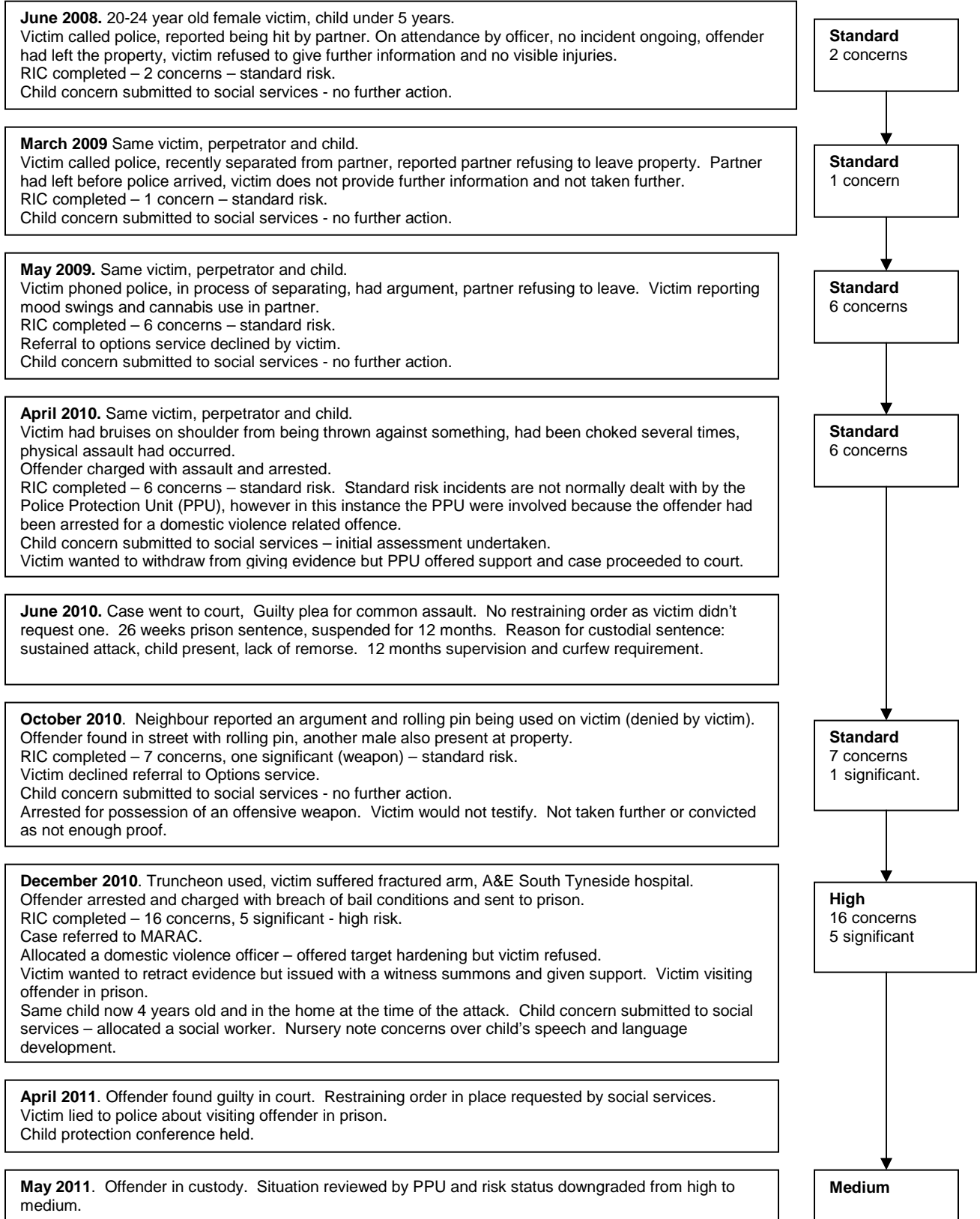
occurring. Services tailored to low, medium and high risk situations are required to ensure the different health and welfare needs of victims, children and perpetrators according to the type of incident occurring are adequately met. This will be discussed in greater depth in chapter 6.

The case study also illustrates however the complexity of domestic violence situations and the difficulties experienced when a victim refuses to engage with support services or cooperate with efforts to prosecute.

**Figure 14 Case study illustrating escalation of domestic violence situation over time**

Source: Northumbria Police, South Tyneside, Public Protection unit.

RIC= risk indicator checklist.



***Accident and emergency data on victims of domestic violence***

As chapter 2 explains, evidence on trends in violent crime involving injury is available from administrative data collected from health services. This is an important source of data as it will include domestic violence incidents not reported to the police. However, it is important to remember that the majority of victims of domestic violence will not attend hospital. As section 3.3.1 explains, according to the British Crime Survey only around a quarter of victims will seek medical help and of these the majority go to their general practice surgery rather than to a hospital accident and emergency department.

The data flow from the A&E department at South Tyneside hospital on those with injuries resulting from violence collected as part of the Cardiff model has been intermittent but has recently been reinvigorated. Information from February-June 2010 provides a snapshot of the types of incidents seen in South Tyneside hospital (see Table 7 and Table 8). Out of the 25 incidents recorded, only 36% (9/25) were reported to the police. In 60% (15/25) of incidents the patient had been drinking alcohol (a higher figure than the 11% of victims questioned in the British Crime Survey who reported being under the influence of drink at the time of the incident). This illustrates the relationship between alcohol and domestic violence may be present for the victim as well as the perpetrator.

**Table 7 Age of patients attending A&E department  
for violence which occurred at home\* (February –June 2010)**

<b>Age group</b>	<b>Total</b>
Under 24	7
25-34	7
35 and over	11
<b>Total</b>	<b>25</b>

Source: Accident and emergency, South Tyneside General Hospital via South Tyneside council  
 \*Not all violence which occurred 'at home' will fall under the definition of domestic violence.

**Table 8 Body part/object used during assault at home**

<b>Body part/object used during assault</b>	<b>Total*</b>
Fist or head (sometimes in combination with other implement)	20-24
Other object (hammer, knife, mobile phone, table)	<6
<b>Total</b>	<b>25</b>

Source: Accident and emergency, South Tyneside General Hospital

\*Exact figures have been suppressed to avoid disclosure by subtraction

A further source of hospital data is the routine information collected about hospital episodes which is taken from coding of clinical notes. There are a range of codes which relate to 'assault' which are consistent with domestic violence. Analysis of five years worth of data (2006/07-2010/11) shows there were 466 South Tyneside residents presenting at hospital with injuries/impairments coded as assault which could potentially be the result of a domestic violence situation (Table 9). This figure is likely to be an underestimate of the actual numbers of patients seen. This will in part be due to patients' reluctance to disclose the source of their injuries, but will also be down to the quality of information recorded in the clinical notes, and also the depth and thoroughness of clinical coding from these notes. These assault codes will be used infrequently by the coders so may not always be applied when and where applicable.

**Table 9 Hospital episodes data for South Tyneside residents 2006/07-2010/11**

<b>Diagnosis Breakdown</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<b>Assault by parent</b>			10
<b>Assault by spouse or partner</b>			<5
<b>Assault by unspecified person</b>			<5
<b>Assault which has occurred at home</b>			102
<b>Assault which has occurred at an unspecified place</b>			352
<b>Total</b>	<b>88</b>	<b>378</b>	<b>466</b>

Source: Hospital Episodes Statistics, NHS South of Tyne and Wear Business Information Team via Secondary Users System (SUS)

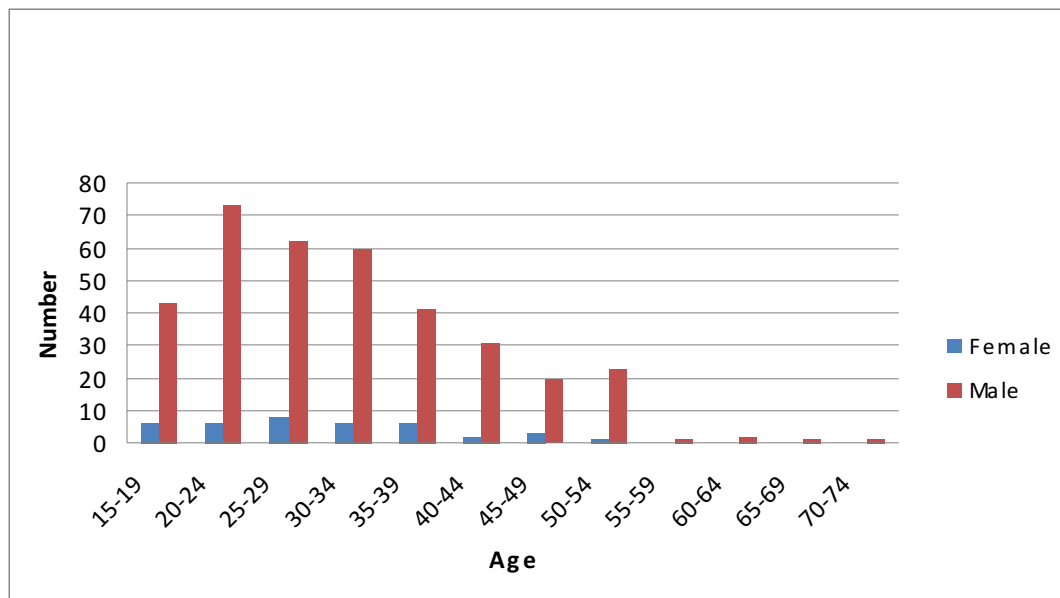
Due to small numbers only the total by male and female has been presented

### 3.4.7 Profile of perpetrators of domestic violence

No information on the demographic characteristics of perpetrators is available for police reported domestic violence incidents. However, as explained in chapter 2, when an incident results in a crime being committed (crimes being a sub-set of all domestic violence incidents, see Figure 7) more comprehensive information about the perpetrator

is collected. Profiling of offenders of domestic violence crimes between April 2010 and January 2011 indicates there were 399 perpetrators of domestic violence crimes in South Tyneside, and nine out of ten perpetrators were male (359 men). Of the male offenders, 98% were White English, 54% were aged 20-34, with the highest number in the 20 to 24 age group (see Figure 15), and 72% had committed a physical assault. 63% were unemployed, 59% had alcohol issues and 3% were drug users demonstrating the often complex health and welfare context of these individuals.

**Figure 15 Age profile of perpetrators of domestic violence crimes (April 2010-January 2011)**



### 3.4.8 Profile of children affected by domestic violence

In both 2009 and 2010 approximately half of all incidents reported to police involved children (Table 5). This equates to the police attending on average 142 domestic violence incidents each month that involved children. As the section earlier on health needs explains, it is estimated that in 30-60% of domestic violence cases a child will also be being directly abused<sup>77</sup>. Taking the average number of incidents the police attend each month involving children in South Tyneside (142), this equates to anywhere

<sup>77</sup> Edelson J.L., (1999) *Violence Against Women*, Vol. 5 No.2. cited in NSPCC Domestic Violence Campaign Briefing 1 [http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1\\_wdf63296.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/policysummaries/DomesticViolence1_wdf63296.pdf) [accessed August 2011]

between 43 and 85 children being directly abused, in addition to the health and welfare implications for the rest who are likely to be suffering indirectly through the harmful effects of witnessing/living with violence even though the violence is not directed at the child themselves. This figure of 142 is not exact because it is based on 'incidents' not 'children' and as such:

- Some incidents involving children will be repeat incidents concerning the same child (resulting in an overestimate of the number of children affected).
- Some incidents involving children will have more than one child at the property (resulting in an underestimate of the number of children affected).

It is impossible to determine the relative influence of repeat children versus multiple children at an address on the figure so 142 per month should be seen as an approximate estimate.

### ***Domestic Violence and Child Safeguarding***

A needs assessment conducted in 2009 of families presenting for initial child protection conference in South Tyneside illustrates how domestic violence is inextricably linked to the issue of child safeguarding<sup>78</sup>. In this needs assessment minutes and reports from service providers were reviewed for all initial child protection case conferences occurring in South Tyneside over a six month period (1<sup>st</sup> April 2008 – 30<sup>th</sup> September 2008). The review found that, of the risk factors for child abuse within the family, domestic violence was the most prevalent, concerns about which were raised in relation to 70% (33/47) of families. The information relating to domestic violence contained in the child protection case conference notes was largely documented on the basis of police call outs to arguments or un-witnessed allegations of violence. In 26 of the 33 families (79%) police information was provided for at least one family member in connection with violent or sexual offences.

Twenty one children appeared to have been at risk of witnessing domestic violence during the six month period. Two of these children who disclosed witnessing violence were made subject to a plan under the category of physical abuse and one under the category of neglect. Two further children who appeared to mimic or be pre-occupied with violent behaviour were referred under the category of neglect, one consequently

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<sup>78</sup> Dolan, G. 2009 A needs assessment of families presenting for initial child protection conference in South Tyneside

being made subject to a plan and the other not. Of the remaining 17 children alleged to have witnessed maltreatment, one was referred under the category of physical abuse, a further 13 under the category of neglect, two under a mixed category of physical abuse and neglect and one under a mixed category of sexual abuse and neglect. Three further children from one family were considered at risk as a result of exposure to gross animal neglect, but were made subject to a plan under the category of neglect.

The implications of these findings for services within South Tyneside are clear: domestic violence is a severe child safeguarding issue and as such services must be in place to address the scale and specific nature of the health and welfare needs of affected children.

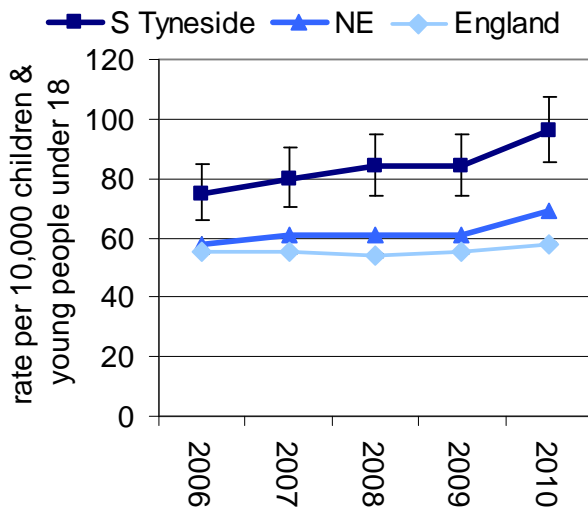
This is a salient issue within South Tyneside, given that the number of looked after children in South Tyneside between 2006-2010 was statistically significantly higher than England and the North East as a whole<sup>79</sup> (see Figure 16). South Tyneside has had a relatively high level of looked after children compared to other areas of the country with a similar economic, social and demographic makeup<sup>80</sup>.

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<sup>79</sup> South Tyneside Joint Strategic Needs Assessment, 2011 data annex

<sup>80</sup> South Tyneside Joint Strategic Needs Assessment, 2011 data annex

Figure 16 Rate of Looked After Children in South Tyneside, the North East and England



### ***Contacts and referrals to social services***

Table 10 summarises the notifications made to social services about children during the 2010/11 financial year and the proportion which are specified as being the result of domestic violence. It also summarises referrals for initial assessment made to social services and the proportion which are categorised as being the result of domestic violence. It is recognised by Children's Services that these figures are an underestimate of the actual proportion of notifications/referrals to social services where domestic violence is part of the home landscape. Cases of domestic violence may be classified as child neglect concerns rather than domestic violence concerns and as such the true extent of the problem is not reflected accurately in the figures. Work is ongoing to improve the capture of information on domestic violence within the social services referral and assessment team and the family support team. Table 11 shows the number of children with a Child Protection Plan in place in South Tyneside 2010/2011.

**Table 10 Contacts and referrals made to social services 2010/2011**

	<b>Total Contacts</b>	<b>Reason for contact: domestic violence (% of all contacts)</b>	<b>Total Referrals</b>	<b>Reason for referral: domestic violence (% of all referrals)</b>
<b>Jan-March 2010</b>	<b>4143</b>	<b>50 (1.2%)</b>	<b>327</b>	<b>8 (2.4%)</b>
<b>April-June 2010</b>	4426	43 (1.0%)	240	<b>13 (5.4%)</b>
<b>July-Sept 2010</b>	4798	31 (0.6%)	279	<b>11 (3.9%)</b>
<b>Oct-Dec 2010</b>	4189	8 (0.2%)	337	<b>15 (4.5%)</b>
<b>Jan-March 2011</b>	3529	3 (0.1%)	351	<b>20 (5.7%)</b>

Source: South Tyneside Council

**Table 11 Children with a Child Protection Plan 2010/2011**

	<b>Jan-March 2010</b>	<b>April-June 2010</b>	<b>July-Sept 2010</b>	<b>Oct-Dec 2010</b>	<b>Jan-March 2011</b>
Number of children with a Child Protection Plan (CPP) at the end of the period	<b>161</b>	<b>135</b>	<b>105</b>	<b>96</b>	<b>117</b>
Number with a Child Protection Plan per 10,000 children	<b>52.1</b>	<b>43.7</b>	<b>34.4</b>	<b>31.5</b>	<b>38.4</b>

Source: South Tyneside Safeguarding Children Board report

## 4. Financial cost of domestic violence

### 4.1 National figures

In 2004, the cost of domestic violence in England and Wales was estimated to be £23 billion per year, including costs to criminal justice systems (£1 billion), health and mental health services (£1.4 billion), employers (e.g. lost output; £1.3 billion) and victims (£18.6 billion)<sup>8182</sup>. Table 12 provides a breakdown of the estimated costs of domestic violence in England and Wales.

**Table 12 Breakdown of cost of domestic violence in England and Wales**

	£billions
Type of cost	Cost
Criminal Justice System	1.017
Of which police	(.49)
Health care	1.396
Of which physical	(1.22)
Of which mental	(.176)
Social services	.229
Emergency housing	.158
Civil legal	.312
Economic output	2.672
Human and emotional	17,086
<b>Total</b>	<b>22,869</b>

Source: Walby 2004<sup>83</sup>. Costs are estimated for one year and are centered on 2001

The 2004 Walby<sup>84</sup> report provides further detail on the healthcare costs associated with physical injuries resulting from domestic violence (see Table 13). It is estimated that

<sup>81</sup> Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

<sup>82</sup> Walby, S. 2004. The Cost of Domestic Violence. University of Leeds. <http://webarchive.nationalarchives.gov.uk/20100104215220/http://www.equalities.gov.uk/PDF/Cost%20of%20domestic%20violence%20%28Walby%29%20Sep%202004.pdf> [accessed 26/07/2011]

<sup>83</sup> Walby, S. 2004. The Cost of Domestic Violence. University of Leeds. <http://webarchive.nationalarchives.gov.uk/20100104215220/http://www.equalities.gov.uk/PDF/Cost%20of%20domestic%20violence%20%28Walby%29%20Sep%202004.pdf> [accessed 26/07/2011]

<sup>84</sup> Walby, S. 2004. The Cost of Domestic Violence. University of Leeds. <http://webarchive.nationalarchives.gov.uk/20100104215220/http://www.equalities.gov.uk/PDF/Cost%20of%20domestic%20violence%20%28Walby%29%20Sep%202004.pdf> [accessed 26/07/2011]

around 3% of the NHS expenditure is due to the physical injuries associated with domestic violence.

**Table 13 Estimated total cost of health care for physical injuries due to domestic violence in England and Wales**

			£'000s
	NHS/State	Patient	Total
Hospital and ambulance	1,158,053		1,158,053
GP visits	24,672		24,672
Prescriptions	25,779	1,463	27,242
Travel and lost wages for GP visits		10,280	10,280
<b>Total</b>	<b>1,208,504</b>	<b>11,743</b>	<b>1,220,247</b>

## 4.2 South Tyneside figures

It is difficult to quantify the exact cost of domestic violence to South Tyneside. However, based on figures from the report 'The Cost of Domestic Violence' by Sylvia Walby<sup>85</sup> the 'Ready Reckoner'<sup>86</sup> produced to accompany the Violence Against Women and Girls (VAWG) strategy suggests that the indicative cost of domestic and sexual violence in an area the size of South Tyneside is over £34 million each year, split as follows:

- Physical and mental health care costs of £7,349,719. (In relation to the health-care costs of intimate partner violence only a few rigorous cost analyses have been carried out. In a well designed comparison of health plans, women experiencing intimate partner violence generated around 92% more costs per year than those who did not, with mental health services accounting for most of the increased costs<sup>87,88</sup>).
- Criminal justice costs of £4,629,335
- Social services costs of £871,794
- Other costs (including housing, civil legal and employment) of £21,256,820

<sup>85</sup> Walby, S. 2004. The Cost of Domestic Violence. University of Leeds.

<http://webarchive.nationalarchives.gov.uk/20100104215220/http://www.equalities.gov.uk/PDF/Cost%20of%20domestic%20violence%20%28Walby%29%20Sep%202004.pdf> [accessed 26/07/2011]

<sup>86</sup> <http://webarchive.nationalarchives.gov.uk/20100104215220/http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> [accessed 26/07/2011]

<sup>87</sup> Campbell JC. Health consequences of intimate partner violence. Lancet 2002; 359: 1331-36.

<sup>88</sup> Wisner CL, Gilmer TP, Saltzman LE, Zink TM. Intimate partner violence against women: do victims cost health plans more? J Fam Pract 1999; 48: 439-43.

In addition, there is an estimated “human and emotional” cost of £108,898,853.

As section 3.4.2 explains, the VAWG ‘Ready Reckoner’ uses a lower estimate of the likely number of South Tyneside victims affected (5892 women aged 16-59 years) than extrapolations done for this needs assessment based on a combination of police reported incidents within South Tyneside and the British Crime Survey. As a result the costs outlined above are likely to be an underestimate. Furthermore, the costs described in the ‘Ready Reckoner’ are based on women alone, and as section 3.4.4 outlines, 18% of all domestic violence incidents reported to the police within South Tyneside involved male victims. Once the costs associated with these male victims are also taken into account the figure is likely to be considerably higher. Indeed, analysis done for the South Tyneside Community Safety Partnership Strategic Assessment Technical Analysis 2010 puts the cost of Domestic Violence to South Tyneside somewhere in the region of £47 million per year<sup>89</sup>. This calculation drew on the study into the costs of domestic violence carried out by Lancaster University in September 2004 and refreshed in 2009<sup>90</sup>. This estimated that in 2001 the cost of Domestic Violence in England and Wales was £440 per head of population. The results of the 2008/09 British Crime Survey indicated that the rate of Domestic Violence had decreased between 2001 and 2008 resulting in a reduced cost of £304 per head of population. The figure of £47 million is based on the 2008 estimate figure.

### **4.3 Cost per domestic violence case**

The Family Savings Calculator is a tool developed by the Department for Education (Families with Multiple Problems Division) to quantify the cost benefits saved by services and agencies from a family at risk undergoing and completing an intensive intervention<sup>91</sup>. Data from 27 authorities was collected and used to estimate net costs, savings and who benefited. Table 14 lists the estimated cost of responding to one domestic violence incident.

**Table 14 Cost of responding to one domestic violence incident**

Sector	Cost of responding to one domestic
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<sup>89</sup> South Tyneside Community Safety Partnership Strategic Assessment 2010: Technical analysis

<sup>90</sup> South Tyneside Community Safety Partnership Strategic Assessment 2010: Technical analysis

<sup>91</sup> Family Savings Calculator, Department for Education  
<http://www.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx> [accessed 26/07/2011]

	<b>violence incident</b>
Society	£19,707
Health sector	£1610
Criminal Justice	£1173
Police	£562
Social Services	£263
<b>Total</b>	<b>£23,315</b>

Source: Family Savings Calculator, Department for Education

#### ***4.4 Intervention is cost-effective***

The most recent data on the costs and benefits of intervention in domestic violence cases are provided by CAADA (co-ordinated action against domestic abuse)<sup>92</sup>. They estimate that the MARAC (Multi-Agency Risk Assessment Conference) process (see chapter 5 for further details of this service) saves public services, on average, £6,000 per case in direct costs (i.e. excluding emotional costs to victims, the costs to employers etc). The NHS receives 20% of this cost saving, with the police and the wider criminal justice system receiving 32% and 40% respectively. Without a MARAC process, the most complex cases can cost £43,000 per annum, and even the lowest risk cases that go to MARACs cost public services £4,000 per annum<sup>92</sup>. Running at South Tyneside's current volume of 169 MARAC cases per year, it is estimated that MARAC is making net savings of just over £710,000 in South Tyneside each year.

There is anecdotal evidence that other types of local specialist services can also be cost-effective. For example, data on 6 perpetrators who successfully completed the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) (see chapter 5 for further details of this service) has been used to provide a very crude representation of the possible cost saving of specialist services within the South Tyneside. In the year prior to being referred onto the STDAPP programme these 6 perpetrators on average were responsible for 1.5 domestic violence incidents attended by the police (range 0 incidents to 4 incidents per perpetrator). Whilst enrolled on STDAPP and in 7 months following completion of the programme (Jan-Aug 2010) the same 6 perpetrators were on

<sup>92</sup> Commissioning services for women and children who are victims of violence – a guide, Department of Health, 2011 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125900](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125900) [accessed August 2011]

average responsible for 0.5 domestic violence incidents attended by the police (range 0 incidents to 2 incidents per perpetrator). This represents a reduction on average of 1 domestic violence incident during, and in 7 months after, completion of the programme compared to the year prior to referral onto the programme. As Table 15 shows, one perpetrator successfully completing the STDAPP programme may *possibly* represent a net cost saving to the South Tyneside economy overall of £15,815. In 2010/11 17 men completed the STDAPP programme resulting in a possible cost saving to South Tyneside of £268,855. Using the figures outlined in Figure 8 if the STDAPP programme could be expanded to receive referrals of 75% of perpetrators of medium risk incidents (75% of 246 = 185 men), assuming half the men who are referred go on to successfully complete the programme (50% of 185 = 93 men) this may translate into a sizable cost saving to the South Tyneside economy of over £1 million a year (93x£15,815-(£460,000; a conservative estimate that two thirds of the service cost will be incurred for every man who does not complete the programme)=£1,010,795).

**Table 15 Financial impact of the STDAPP programme**

Average no. of incidents prevented per perpetrator	Estimated cost of delivering the STDAPP programme per participant	Money not needing to be spent because incident was prevented (see Table 14)	Net cost saving (saving from incident prevented minus cost of delivering the programme)
1	£7500	£23,315	£15,815

This analysis is very crude and the estimated cost saving must be viewed with a high degree of uncertainty and caution. There are many caveats to this crude analysis including:

- The exact cost of delivering the STDAPP programme is unknown
- The actual cost of responding to a domestic violence incident is unknown
- Whilst it may be plausible that the reduction in domestic violence incidents over this period is a direct result of being involved in the STDAPP programme there are many other explanations, so whilst here we attribute this cost saving to the programme, it may well have been seen without the intervention.

- This analysis only looked at a small number of perpetrators (6) so it is impossible with such a small sample to say anything with confidence as these differences may well have occurred by chance.
- This analysis only looked at incidents up to 7 months following completion of the STDAPP programme, evidence of long-term effectiveness would be required.
- Post intervention data was only available from January-August 2010. However, three of the perpetrators completed the programme at the beginning of November 2009 rather than January 2010. For these three there may have been incidents in the two months for which data is missing (November and December 2009) and as a result the post-intervention number of incidents may be artificially low.

## 5. Services and action

### 5.1 Overview

This chapter focuses on action to tackle domestic violence in South Tyneside and specialist domestic violence services for adult and child victims and perpetrators living within South Tyneside. The 'Call to End Violence Against Women and Girls' strategy sets out four guiding principles for action:

1. **Preventing violence** - prevent violence from happening in the first place by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it
2. **Provision of services** - provide adequate levels of support where violence does occur.
3. **Partnership working** - work in partnership to obtain the best outcome for victims and their families.
4. **Justice outcomes and risk reduction** - take action to reduce the risk to victims and ensure that perpetrators are brought to justice.

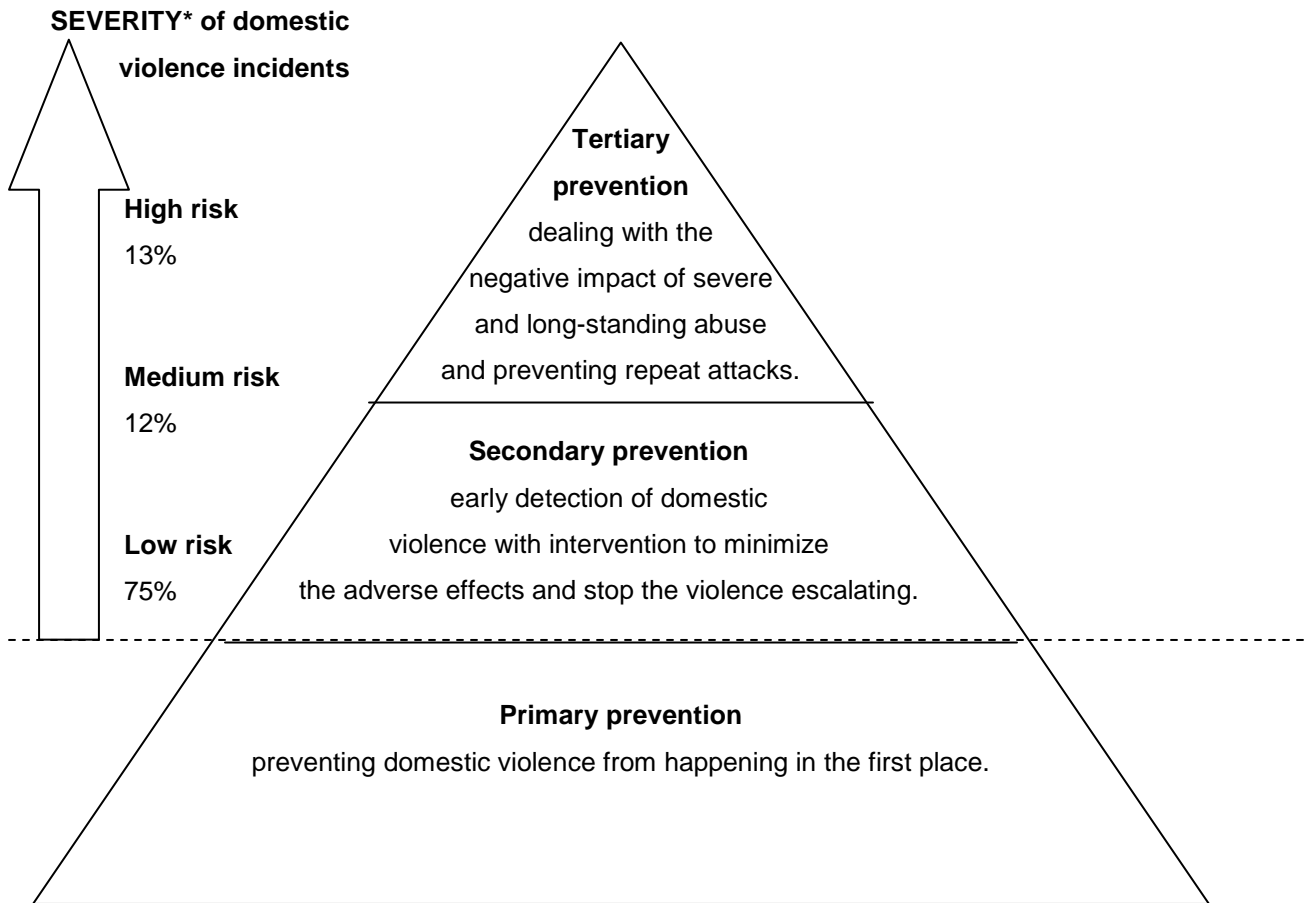
To examine action and services in relation to these principles this needs assessment will structure the discussion around the 'model of prevention' used more widely within Public Health (see Figure 17):

- **Primary prevention** – aims to avoid the development of a 'disease' which translates in this context to preventing domestic violence from happening in the first place. Prevention in this broad sense includes pressure to shift societal attitudes (for example addressing pejorative views of women held by some sectors of society) and 'grass roots action' in schools and youth settings to promote positive relationships and working with families to foster constructive and supportive relationships within the home setting.
- **Secondary prevention** – aims to diagnose and treat an existing disease in its early stages before it results in significant ill-health. In this context this translates into early detection of domestic violence and swift intervention to stop the violence escalating and support for victims and children to minimise the adverse consequences of abuse. Secondary prevention should be in place to address low to medium risk domestic violence incidents (see section 3.4.6 for explanation

of different severity of domestic violence incidents). Routine enquiry by midwives and health visitors about domestic violence is an example of secondary prevention to *detect* domestic violence. The South Tyneside Domestic Abuse Perpetrator (STDAPP) programme is an example of action to *stop* the violence escalating. The Sanctuary scheme which provides target hardening within the home is an example of a service to *minimize the adverse consequences* of violence.

- **Tertiary prevention** – aims to reduce the negative impact of established disease by restoring function and reducing disease-related complications. In the context of domestic violence this involves dealing with the negative impact of severe and often long-standing abuse on victims and children. Tertiary prevention is needed to address medium to high risk domestic violence incidents. It includes the work of highly specialised domestic violence services designed to support victims (e.g. the refuge, rape crisis service, Options service) and affected children (e.g. social services, Barnardos). It also involves the work of the police, law courts, probation and MARAC in preventing violence reoccurring and action to challenge and address the behaviour of seasoned perpetrators (STDAPP and the Community Domestic Violence Programme (CDVP) run through probation services).

Figure 17 Primary, Secondary and Tertiary Prevention of Domestic Violence



\*Severity of incidents attended by police - as defined by risk indicator checklist, see appendix C

Figure 18 provides an overview of action within South Tyneside to tackle domestic violence mapped across the three prevention domains. Many of these services feature in the South Tyneside Domestic Violence Help Directory which is available in paper and electronic formats. Figure 18 demonstrates that currently action on domestic violence within South Tyneside is centred around secondary and tertiary prevention with very little activity on the primary prevention agenda. Figure 19 provides an overview of the impact of services in South Tyneside set within the context of the scale of the problem. This demonstrates that the specialist services currently operate on a relatively small scale and there is considerable unmet need within the community at all levels. The following sections provide detail about services/activity within the three prevention domains (primary, secondary and tertiary) starting with the specialist services relating to tertiary prevention. Due to time limitations and the fast array of services which have a role

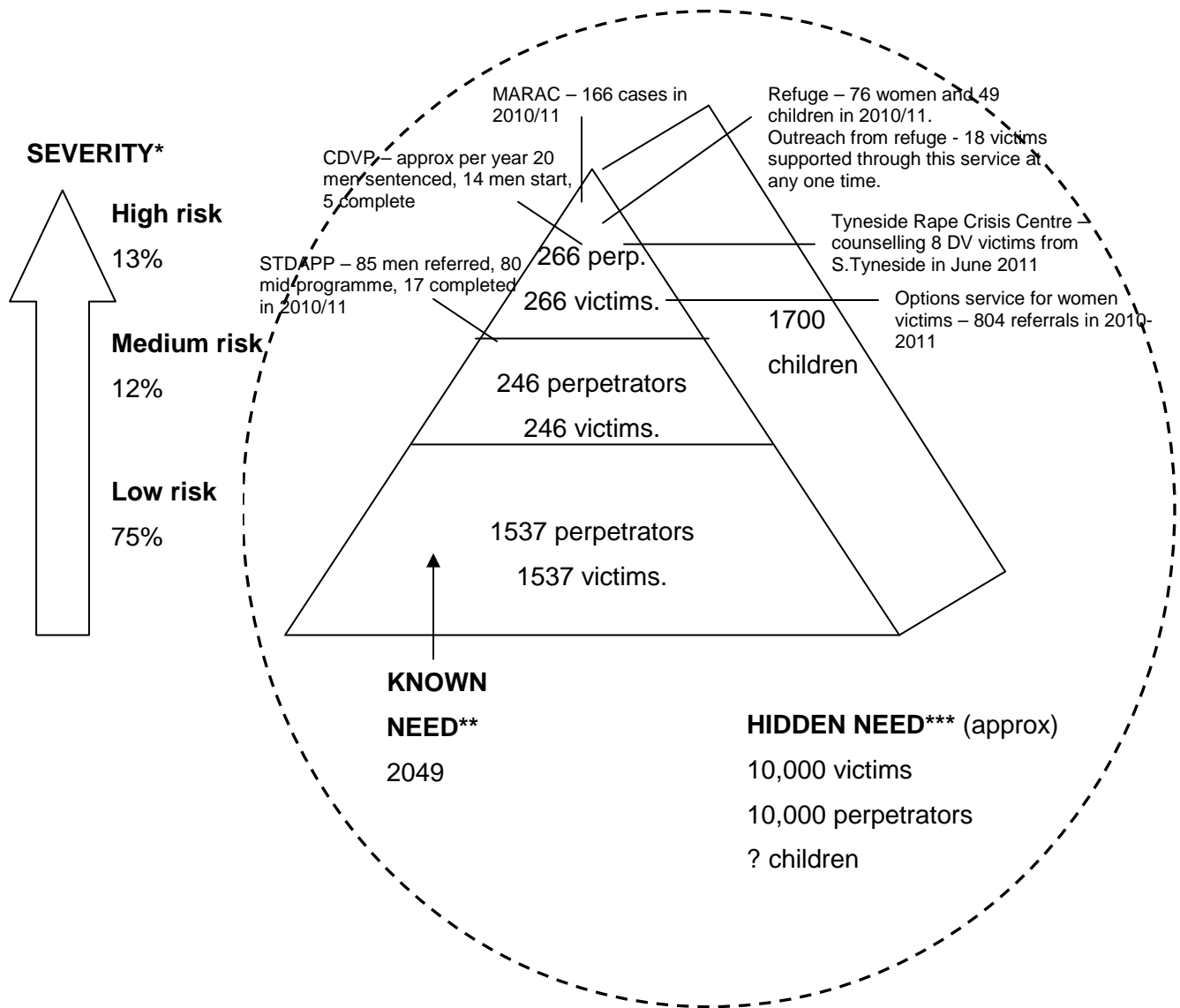
within domestic violence prevention it has not been possible to write in detail about each service listed in Figure 18. Instead, the following sections focus on tertiary prevention services for perpetrators, victims and children and provide detail of some secondary prevention services including the role of routine enquiry. Current work around primary prevention is also briefly mentioned.

**Figure 18 Overview of domestic violence activity across primary, secondary and tertiary prevention**

	<b>Primary prevention (preventing domestic violence in the first place)</b>	<b>Secondary prevention (detection and early intervention – low to medium risk situations)</b>	<b>Tertiary prevention (specialist services – medium to high risk situations)</b>
<b>Victim</b>	White ribbon campaign	Barnardos Streetlevel Family Services, Apna Ghar, Citizen’s Advice Bureau, S.Tyneside Council Community Learning Disability Team, Women’s Health in South Tyneside (WHIST), Hindu Nari Sangh, North East Council on Addictions (NECA), Family Nurse Partnerships, midwives, health visitors, S.Tyneside Council Protection of Vulnerable Adults, Relate, Sexual Health Services, S.Tyneside Central Organisation on Disabilities, S.Tyneside Family Mediation, S.Tyneside Council Welfare Rights, Mental Health in South Tyneside (MHIST), STAG gay men’s support group, MESMAC	Places for people (refuge and outreach) S.Tyneside council homelessness service Options Panah (black women’s refuge and outreach) Reach (Rape, Examination, Advice and Counselling Help) Tyneside Rape Crisis Centre S.Tyneside Victim Support Northumbria Police: S.Tyneside Public Protection Unit S.Tyneside District Hospital
<b>Perpetrator</b>	White ribbon campaign	Barnardos Streetlevel Family Services North East Council on Addictions (NECA) Relate S.Tyneside Family Mediation S.Tyneside Council Welfare Rights Mental Health in South Tyneside (MHIST)	S.Tyneside council homelessness service South Tyneside Domestic Abuse Perpetrators Programme (STDAPP) Community Domestic Violence Perpetrator Programme (CDVP)
<b>Child</b>	Work in schools on positive relationships	S.Tyneside Council Education Welfare Service Family Links Impact Family Services Matrix Escape intervention service Child and Adolescent Mental Health Services (CAMHS) South Tyneside Connexions	Barnardos Mosaic Project S.Tyneside Council Children’s Service S.Tyneside District Hospital Places for people (refuge and outreach) NSPCC Brighton Grove

National helpline services include: *M.A.L.E (Men’s Advice Line Enquiries), Respect, Broken Rainbow, Childline, Chinese Information Advice Centre: Women Support project, Connexions Direct, Elder Abuse Response Line, Freephone Domestic Violence Helpline, Forced Marriage unit, Jewish Women’s Aid, National Centre for Domestic Violence, NSPCC, NHS Direct, Reunite, Samaritans, Shelterline*

Figure 19 Summary overview of service impact within South Tyneside



\*Severity of incidents attended by police - as defined by risk indicator checklist, see appendix B

\*\*Known need - incidents reported to Northumbria Police in 2010. The figure excludes repeat incidents and represents the maximum number of individuals (see Table 3 for further explanation). It assumes that for every victim there is one perpetrator (likely to underestimate the number of perpetrators). The distribution of victims/perpetrators across severity categories is derived using the proportions of incidents attended by the police in each risk category (see Table 6). Number of children is an estimate based on incidents attended by police involving children. From the data available it is not possible to assign affected children to a severity category.

\*\*\*Hidden need – estimated from a combination of incidents reported to police and statistics from the British Crime Survey about proportion of victims reporting domestic violence to the police (12,130 (estimated total need) – 2049 (known need) =10,081 (hidden need) see Table 3)

## ***5.2 Tertiary prevention***

### **5.2.1 Tertiary prevention for perpetrators**

Perpetrator programmes provide structured group work for male perpetrators of domestic violence. They support perpetrators to address the attitudes and beliefs which underpin their abusive behaviour to challenge, stop and prevent further violence and hold perpetrators to account for their actions. There are two kinds of programme running simultaneously in South Tyneside; one based on compulsory attendance run by the probation service (Community Domestic Violence Programme, CDVP) and one based on voluntary attendance run from Barnardos Street Level in South Shields (South Tyneside Domestic Abuse Perpetrator Programme (STDAPP)).

#### ***South Tyneside Domestic Abuse Perpetrator Programme***

South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) is a multiagency service that is funded by South Tyneside Primary Care Trust (£68,876 in 2010/2011) and by charitable funds obtained through Barnardos and Impact Family Services. STDAPP currently receives no funding from South Tyneside council. The programme is for any man who is concerned about his behaviour towards his partner or ex-partner and wants to change. Perpetrators can self-refer into STDAPP and the programme also takes referrals from the police, social services and other statutory and voluntary agencies. The programme starts with four one-to-one sessions which cover risk assessment, motivational enhancement, assessment of suitability, facilitating behaviour change, assessment of treatment need, challenging abusive behaviours and familiarisation with the programme concepts. Assessment of suitability is undertaken to minimise attrition from the programme. To be eligible for STDAPP a man must be aged 18 or over, agree voluntarily to attend and recognize that they have a problem in their relationship with their partner/ex-partner. If admitted onto the programme the man attends four intensive pre-group sessions followed by a core programme of 26 group work sessions. Support for women partners and ex partners is provided throughout the programme by Options (see section on services for victims for further details) and STDAPP has strong partnership working with the police, children's services, probation and other voluntary agencies to ensure a coordinated response. The STDAPP commissioning group which oversees the programme has diverse membership and is chaired by the Primary Care Trust.

STDAPP Practitioners have all completed the 'Action for Change' Perpetrator Programme training. STDAPP is to be awarded accreditation from Respect which is The National Association for Domestic Violence Perpetrator Programmes and Associated Support and sets out service standards to be followed by programmes.

**Table 16 Summary of services users of STDAPP programme 2008/09-2010/11**

	2008/2009	2009/2010	2010/2011
Referrals	87	50	83
Pre-group	31	34	35
Core-group	56	23	45
Completed	9	14	17

The number of men completing the STDAPP programme has increased steadily over the three years which is encouraging. Nevertheless, the number of men completing the programming is small in relation to the scale of the problem of domestic violence in South Tyneside. The STDAPP coordinator reported that men of medium risk domestic violence incidents were more likely to complete/have a successful outcome from the STDAPP programme compared to men classed as high risk. In 2010/2011 17 men completed which represents 0.8% (17/2049) of known perpetrators of domestic violence within South Tyneside, and 0.1% of the estimated total number of perpetrators (17/12128).

As outlined in section 4.4 and Table 15, even operating on this a relatively small scale the programme may still *possibly* be providing a cost saving to the South Tyneside economy in the region of £268,855 a year. Using the figures outlined in Figure 8, if the STDAPP programme could be expanded to receive referrals of 75% of perpetrators of medium risk incidents (75% of 246 = 185 men), assuming half the men who are referred go on to successfully complete the programme (50% of 185 = 93 men) this may translate into a sizable cost saving to the South Tyneside economy of over £1 million a year (93x£15,815-(£460,000; a conservative estimate that two thirds of the service cost will be incurred for every man who doesn't complete the programme)=£1,010,795).

### ***Evaluation of STDAPP***

Research was undertaken by the University of Bristol in 2006-2008 to evaluate the STDAPP programme<sup>93</sup>. The research involved analysis of relevant documentary evidence, interviews with key stakeholders, practitioners, perpetrators and partners as well as analysing monitoring/output data and outcome data from the police. The clients interviewed were generally positive about their experience of the STDAPP programme and felt that it had helped them. Equally the women interviewed welcomed the support they had received from the women's support service. The research identified that children were not being provided with a specialised service. The research spoke highly of the level of multi-agency cooperation in the project and sited it as an excellent model of multi-agency working to be championed locally and nationally. The research made several recommendations, progress against which was reviewed in 2011:

1. The maintenance of a strong Commissioning Group with appropriate representatives who have the power to make funding and other commissioning decisions. Progress: STDAPP is continuing to ensure that the governances are led from a commissioning perspective and not purely steered as a programme.
2. The regular collation of police data to continue to monitor all STDAPP clients and ex-clients (either once or twice yearly). Progress: Some headway has been made in the final quarters of 2010/11 but this needs some reinforcement.
3. It was felt that wider dissemination about the purpose and aims of the programme to potential referring organisations was crucial. There had been delays in this dissemination due to changes in staffing. Organisations would include GPs, Health Visitors, local private counsellors etc. Progress: This recommendation still needs to be fully undertaken, or at best revisited.
4. Additional local advertisement based on testimonies of previous clients would ensure the continued flow of clients into STDAPP. Progress: Discussions between the STDAPP Co-ordinator and Public Health recognise the value of completing clients to introduce user led practices incorporating the above recommendation and a wider package of participation within and outside the programme.

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<sup>93</sup> Williamson, E. and Hester, M. (2009) Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme 2006-2008: Final Report, Bristol: University of Bristol

5. On-going review of the implementation of the inclusion criteria. Progress: Ways of 'capturing' early clients falling out of the core element of the programme need to be explored.
6. Restriction of the number of referrals from Social Services regarding child protection. While this appeared to have stabilised, measures should be put in place to ensure that the STDAPP is not overwhelmed from any one service in future. Progress: This recommendation still needs to be fully understood and undertaken.
7. Need regular training to replenish the practitioner group (possibly including volunteers) and more formalised commitment from organisations to ensure regular contribution to the STDAPP programme. There is also need to screen potential practitioners to ensure that people do not drop out during training due to the impact of the content of the material. Progress: This recommendation still needs to be fully undertaken and coupled to a discussion about lines of management and accountability between the host organisation, the co-ordinator and the contributing agencies supplying the practitioner group.
8. It would be useful to collect data on an on-going basis about current and previous drug and alcohol abuse to examine whether this influences the retention of clients on the programme. Review of reasons why so many clients are making contact and not attending initial assessment sessions. This might include having a more comprehensive message on the answer machine outlining what they can expect, and a time they can call for information when someone would be there. Progress: STDAPP staff already in the process of gathering more extensive data on clients, including:
  - A list of other services involved (e.g. Streetlevel, NECA, NHS, probation etc).
  - Number of times the man has been referred to STDAPP.
  - Risk information (the number of Domestic Violence offences recorded and the number of victims recorded from information from the Police Public Protection Unit).
  - Disability.
  - Economic Status – employment and benefits
  - Language spoken.

- Social Services involvement (e.g. Child Protection/Child In Need/Common Assessment Framework).
9. Monitoring of the communication between STDAPP and Women's Support services. Progress: This recommendation still needs to be fully introduced and moved from monitoring to wider engagement to accommodate new shifts driven by family-focused interventions.

### ***Community Domestic Violence Programme (CDVP)***

The Community Domestic Violence Programme (CDVP) is run by Northumbria Probation Trust. CDVP is a nationally accredited programme which is delivered, monitored and evaluated in line with stringent Home Office criteria. Content and delivery methods reflect the findings of research into what works to effectively reduce offending. CDVP is available to the courts to be given out as a Programme Requirement of a Community Order or a Suspended Sentence Order in accordance with the Criminal Justice Act 2003. The programme is for male offenders who:

- Have committed at least one offence linked to domestic violence of a female partner
- Are assessed as medium to high risk for relationship violence as indicated by severity and/or pattern of abuse
- Have basic literacy, language competency and comprehension skills
- Are not actively psychotic or suffering from a severe mental illness
- Are willing to sign a consent form which will include sharing of relevant information with the offender's spouse/partner

CDVP aims to eliminate the physical, sexual, emotional, psychological and financial abuse of intimate partners. As a secondary aim, the programme aims to eliminate all violence and abusive behaviour in the family. The programme has four main elements:

- **Interagency risk management** (involving police, probation, victim partnership, social services and health as appropriate). Regular meetings are held with all relevant agencies for each offender sentenced to CDVP. There is also a multiagency meeting to confirm the suitability of the client for the programme. For example, if the client has a disruptive life event, has alcohol issues to sort out etc. entry to the CDVP programme maybe delayed until the issue is resolved.

Less frequently, ‘bus stopping’ may also occur where an individual’s participation on the programme is temporarily suspended until they have sorted out issues which interfere with their successful participation on the course.

- **Women Safety workers** - provide support for victims/new partners of men on the programme if they wish to receive this. Participation on the CDVP programme has implications for the family as well as the perpetrator. Therefore, running alongside the CDVP programme there is a dedicated women’s support service (commissioned by the probation service and delivered by Barnardos) for partners of men participating in the programme.
- **Active case management** – the Probation Officer (Offender manager) is at the ‘hub’ of all information on assessment of risk and maintaining regular contact with other agencies and the CDVP programme staff.
- **Group work programme for offenders** – including pre and post group work. The core group work consists of 26 sessions of approximately two hours covering motivational enhancement, awareness and education, managing thoughts and emotions related to abuse, social skills, relapse management and healthy relationships.

**Table 17 Number of offenders engaging with the CDVP programme in South Tyneside\***

Quarter	No of offenders with community sentence with domestic abuse programme requirement	No of offenders with community sentence with other supervision requirement	No of offenders starting domestic abuse programme	No of offenders completing domestic abuse programme
April-June 2010	<6	14	<6	<6
July-Sept 2010	<6	11	<6	0
Oct-Dec 2010	N/R	N/R	N/R	N/R
Jan-March 2011	<6	20	<6	<6

Source: Northumbria Criminal Justice Board. N/R=not reported

The data provides a snapshot of activity in the period and does not follow a cohort, for example, those starting a domestic abuse programme in the period will not correspond to those completing.

The first two columns relate to orders made by South Tyneside magistrates’ court. The second two columns relate to offenders who live in the South Tyneside area.

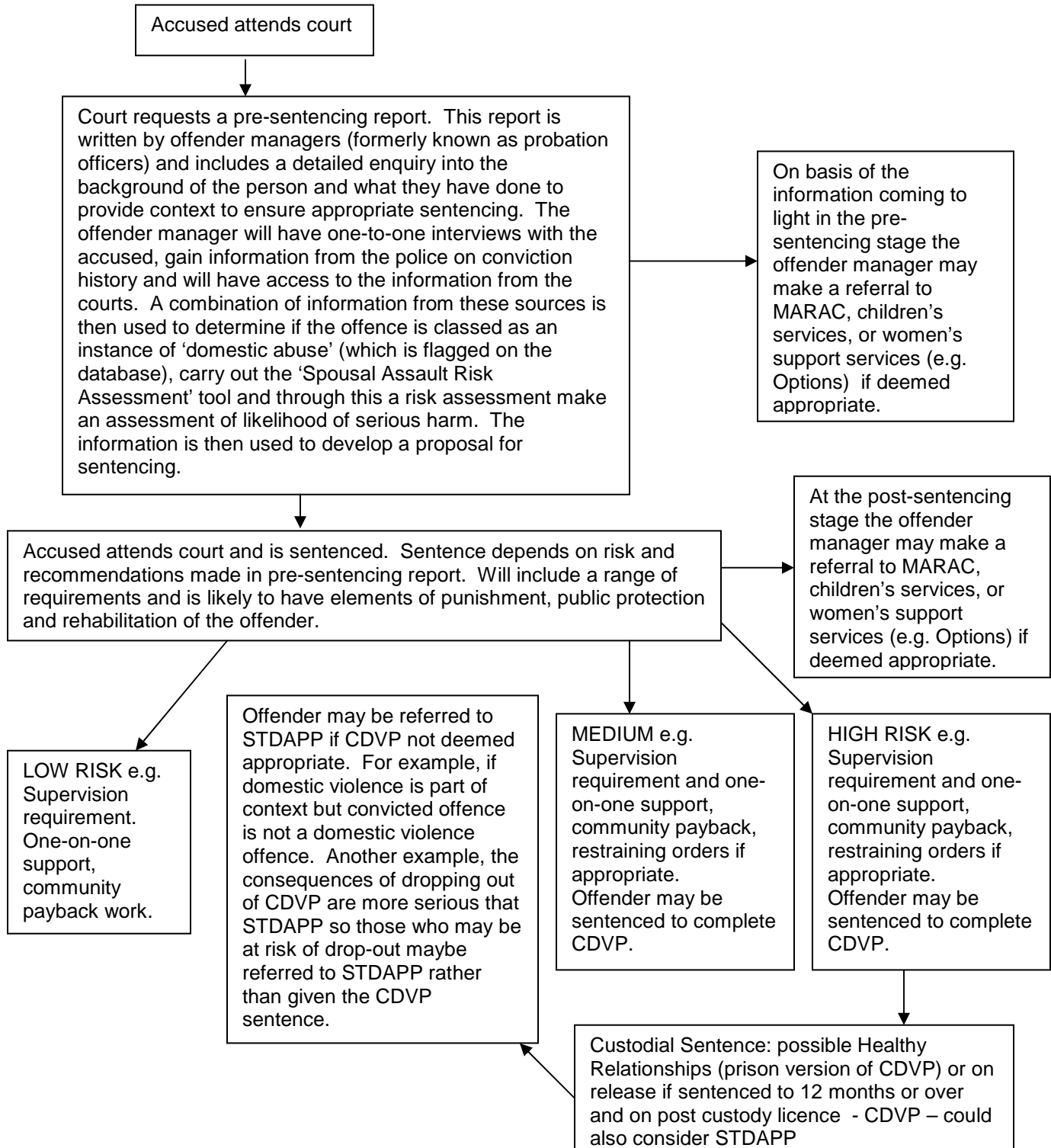
\*Where values are <6 the actual value has been suppressed in accordance with the Office for National Statistics

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Table 17 shows that less than 6 offenders are sentenced each quarter to the CDVP programme within South Tyneside and less than 6 offenders complete the programme each quarter. As section 3.4.7 explains, between April 2010 and January 2011 there were 359 male perpetrators of domestic violence crimes in South Tyneside, so the numbers going through the CDVP are extremely low compared to the number of men who commit domestic violence offences. However, talking to the Probation manager these low numbers do not necessarily imply that opportunities to address violent behaviour are being missed, rather that CDVP isn't recommended as the most appropriate mechanism to address the behaviour on many occasions.

Access to CDVP is carefully controlled such that only those offenders who are deemed likely and able to benefit are mandated to carry out the programme. The probation service is performance managed and has a target of 90% of men completing the programme. Unlike the STDAPP programme CDVP is compulsory for anyone who is sentenced to this by the courts. Failure to attend the programme can result in the offender back in court or potentially sent to prison for breaching the conditions of the mandatory sentence requirement. Therefore it is in both the service and the offenders' interests that the course is completed and a key role for probation is to screen for suitability for CDVP to inform the presentencing report to ensure high completion rates. The CDVP is not appropriate for those with low self esteem who would be unable to engage proactively in group work. If deemed unsuitable the offender will be supported instead on a one-to-one basis to address their behaviour through Supervision with offender managers. A new individual-based domestic abuse programme (SOLO) is also being piloted across the Northumbria probation trust. Similar to the CDVP, SOLO is a national programme and is in the process of gaining accreditation and the evidence based around the effectiveness of this programme is being developed through the pilots. The flow chart in Figure 20 summarises the role of probation in dealing with cases of domestic violence which go to court.

**Figure 20 Role of probation in domestic violence cases – pathway for perpetrator who go to court**



### ***Integrated offender management (IOM) to tackle domestic violence***

As section 1.6.3 explains, the VAWG strategy talks about exploring with partners how the Integrated Offender Management (IOM) approach to drugs and alcohol interventions might include awareness raising of the prevalence of domestic violence in these cases. The IOM approach adopted within South Tyneside already has domestic violence embedded within it. The IOM meeting in South Tyneside is chaired and coordinated by Northumbria Police with representation from local agencies including probation, youth offending service, mental health, drug and alcohol services and STDAPP. The focus is to bring agencies together to identify and prioritise interventions with the most prolific offenders. The IOM operates on a monthly basis so any actions from one month would be discussed at the next meeting and if the offender is not participating with local voluntary agencies then the police would look at further statutory reinforcement, for example an ASBO or serving eviction notices. The IOM has different cohorts and domestic violence is one, they also focus on youth crime, prison releases and those offenders who are drunk or under the influence of drugs when arrested.

### ***The courts and domestic violence***

29% of incidents attended in 2010 resulted in arrests (990/2463). Whilst the number of incidents has increased between 2009 and 2010, the number of arrests has not (Table 5). The Northumbria Criminal Justice Board (NCJB)<sup>94</sup> produces quarterly statistics on incidents of domestic violence and outcomes across the Northumbria police force area. As Table 18 shows, between January 2011-March 2011 21% of all incidents in South Tyneside resulted in arrest (the lowest percentage across the police force area). Of these arrests, nearly half (48%) were charged to court (the highest percentage across the police force area). Some of this variation across the Northumbria force area will be random on account of the relatively small numbers dealt with each quarter. The Deputy Justices' Clerk (Northumbria) responsible for South Tyneside also explained that the information from the NCJB is a relatively new data stream and as such there may be a degree of reporting error also occurring. However, some of the variation may also be the result of service factors and as such indicates there may be examples of successful models of working in some areas that could be shared with others.

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<sup>94</sup> Northumbria Criminal Justice Board, Domestic Violence Performance report, Jan-March 2011

**Table 18 Comparing domestic violence incidents and arrests across the Northumbria Police Force area**

	Sunderland	South Tyneside	Gateshead	North Tyneside	Newcastle	Northumberland
Number of DV incidents	1518	863	1068	987	1403	940
Number of incidents resulting in arrest	479	185	274	273	359	250
Percentage of incidents resulting in arrest	32%	21%	26%	28%	26%	27%
Number charged to court*	137	88	63	106	148	106
Percentage of arrests charged to court**	29%	48%	23%	39%	41%	42%

Source: Police data via Northumbria Criminal Justice Board

\* Number charged to court: total number of defendants, from DV incidents, arrested in the quarter and the arrest resulted in a charge (irrespective of court date)

\*\* Percentage of arrests charged to court: percentage of arrests, resulting from DV incidents, where defendant has been charged to appear before court

### ***Attrition in domestic violence cases***

As Figure 7 illustrates there is considerable attrition in domestic violence cases such that only a small proportion of domestic violence incidents result in a conviction. In research conducted in 2001 and 2002 in 3 Northumbria police force command areas (Newcastle West, South Tyneside and North Northumberland) the overall attrition pattern was as follows<sup>95</sup>:

- 869 domestic violence incidents recorded by the police
- 222 incidents resulted in arrest (26% of incidents)
- 60 individuals were charged for criminal offences (27% of those arrested, 7% of incidents)
- 31 individuals were convicted (52% of those charged, 14% of arrests, 4% of incidents)
- 4 convictions were custodial sentences (13% of convictions, 0.5% of incidents)

<sup>95</sup> Hester, M. 2005. Making it through the Criminal Justice System: Attrition and Domestic Violence

This situation is reflected locally to some extent. As Table 18 shows, around half (48%) of arrests for DV in South Tyneside are charged to court. In terms of outcome from arrest Table 19 shows the number of arrests resulting from DV incidents, categorised by the four offence types most frequently used for DV incidents: Breach of the Peace; s47 assault; s39 assault and Criminal Damage and those arrests which resulted in a positive outcome. Other arrest categories can be used, therefore the sum of these four categories will not be the same as the total number of incidents resulting in arrest shown in Table 18. A positive outcome from arrest can be defined as anything where the offender has been held to account for their actions. This includes escort to court; any caution or reprimand; charge to court; penalty notice; summons.

**Table 19** Positive outcome from Arrest Jan-March 2011

	Sunderland		South Tyneside		Gateshead		North Tyneside		Newcastle		Northumberland	
	Arrests	+ve	Arrests	+ve	Arrests	+ve	Arrests	+ve	Arrests	+ve	Arrests	+ve
Breach of the Peace	139	16	24	9	86	15	112	31	87	39	52	22
s47 Assault	125	68	48	26	68	42	46	27	73	43	51	26
s39 Assault	105	57	47	30	36	18	35	21	60	25	40	19
Criminal Damage	59	29	30	23	34	19	28	21	42	28	35	19

Source: Northumbria Criminal Justice Board

### ***Specialist Domestic Violence Court***

The Specialist Domestic Violence Court represents a partnership approach to domestic violence by the criminal justice agencies, magistrates and specialist support services for victims to provide a specialised way of dealing with domestic violence cases in magistrates' courts. The aim is to work together to identify; track and risk assess domestic violence cases to better support victims of domestic violence through the justice process and to bring more perpetrators to justice through the Criminal Justice System. As section 1.6.3 explains SDVCs are strongly endorsed by the government.

The SDVC in South Tyneside has been running since 2009 and has received accreditation from the Home Office. There is an operational group which oversees the

running of the SDVC and ensures that all magistrates are trained about the SDVC. The group meets monthly at South Tyneside Magistrates Court and meetings are chaired by the Deputy Justice's Clerk.

As section 1.6.1 explains there is research indicating the benefits of a SDVC. A review in 2007/2008 by the Home Office, CPS (Crown Prosecution Service) and the HMCS (Her Majesty's Court Service) revealed from the 10 SDVC evaluated 70% achieved successful prosecution and fewer cases were discontinued. One of the courts achieved over 80% successful prosecution predominately down to an increase in guilty pleas. This was purported to be exceedingly high for domestic violence cases in non SDVC areas.

The Northumbria Criminal Justice Board provide data to compare the proportion of successful domestic violence cases before and after the instigation of SDVCs in the region (see Table 20). This analysis does not appear to show any increase in the proportion of successful cases heard within South Tyneside (74% at baseline compared to 67% in Jan-March 2011). However, it must be stressed that this data collection stream and the SDVCs themselves are still in the relatively early stages of development. Furthermore, the success of the SDVCs should be assessed on broader grounds than positive prosecutions including the experience of victims.

**Table 20 Comparison of outcomes in domestic violence cases before and after the instigation of Specialist Domestic Violence Courts**

	Sunderland	South Tyneside	Gateshead	North Tyneside	Newcastle	Northumberland
<b>Baseline Period*</b>	<b>Apr – Jun 08</b>	<b>Dec 08 - Feb 09</b>	<b>Apr - Jun 07</b>	<b>Dec 08 - Feb 09</b>	<b>Jan – Mar 09</b>	<b>Dec 08 - Feb 09</b>
DV Cases**	127	94	63	104	158	58
Proportion of successful cases***	66%	74%	68%	80%	65%	76%
Proportion of unsuccessful cases****	34%	26%	32%	20%	35%	24%
<b>Current Quarter</b>	<b>Jan-March 2011</b>					
DV Cases	170	104	97	108	161	142
Proportion of successful cases	61%	67%	62%	72%	61%	71%
Proportion of unsuccessful cases	39%	33%	38%	28%	39%	29%

\*Baseline Period: the top section of this table shows the number of Domestic Violence (DV) cases going through the relevant magistrates court in the quarter directly before the SDVC began to operate in that court. This is when the SDVC began to operate and not necessarily the date that it achieved accreditation. It should be noted that the baseline period differs from area to area.

\*\*DV cases: total number of DV cases finalised in the period.

\*\*\*Successful cases: The proportion of DV cases which resulted in conviction in the period. At magistrates' court convictions are the sum of guilty plea dismissed after full trial; guilty plea no case to answer; guilty plea; conviction after trial and proof in absence.

\*\*\*\*Unsuccessful cases: The proportion of DV cases which did not result in a conviction in the period. Unsuccessful outcome is the same as 'attrition', which at magistrates court is the sum of - admin finalised; discharged committal; discontinued offered no evidence; prosecution stayed; withdrawn; dismissed after full trial and no case to answer. Reasons for unsuccessful outcomes in South Tyneside included; victim does not support case, victim refuses to give evidence or retracts, victim fails to attend court unexpectedly.

### 5.2.2 Tertiary prevention for victims

The police routinely make notifications/referrals to children's services/victim support services if they attend a domestic violence incident. Table 21 shows the number of referrals made to victim support services (Independent Domestic Violence Advisors, Options, Victim support) which were accepted by the victim. Table 22 shows that domestic violence incidents increased by 7.3% between 2009 and 2010 however,

referrals to victim services increased by 19.2% demonstrating a higher proportion of victims were successfully being referred into support services in 2010 compared with 2009.

**Table 21 Referrals of women to support services for victims of domestic violence made by the police**

	Reported Domestic Violence Incidents	Referrals of women to victim support services
January 2009	274	74
February 2009	259	59
March 2009	255	63
April 2009	271	48
May 2009	287	62
June 2009	249	74
July 2009	292	78
August 2009	280	66
September 2009	248	67
October 2009	267	57
November 2009	259	78
December 2009	286	64
<b>TOTAL 2009</b>	<b>3227</b>	<b>790</b>
January 2010	286	78
February 2010	218	37
March 2010	255	52
April 2010	315	85
May 2010	281	67
June 2010	321	78
July 2010	329	91
August 2010	320	88
September 2010	289	89
October 2010	275	85
November 2010	292	90
December 2010	282	102
<b>TOTAL 2010</b>	<b>3463</b>	<b>942</b>
January 2011	329	99
February 2011	251	86
March 2011	279	77

Source: Northumbria Police Force, Public Protection Unit via South Tyneside Council

**Table 22 Percentage change in reported domestic violence incidents and referral to victims support services between 2009 and 2010**

	Reported Incidents	Referrals
2009	<b>3227</b>	<b>790</b>
2010	<b>3463</b>	<b>942</b>
% change	<b>7.3%</b>	<b>19.2%</b>

*Source: Northumbria Police Force, Public Protection Unit via South Tyneside Council*

### **Multi-Agency Risk Assessment Conference (MARAC)**

A multi-agency risk assessment conference (MARAC) is convened to deal with high risk incidents of domestic violence (approximately the top 10% of cases) i.e. those victims of domestic violence who are most at risk of experiencing violence in the future. In a single meeting a MARAC combines up to date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a Domestic Violence case: victim, children and perpetrator. By using the knowledge and expertise of different agencies the identified risks will be either reduced or managed in the most appropriate and effective way<sup>96</sup>. As discussed in section 3.4.6 the risk assessment is made using the risk indicator checklist (see appendix C) and has three main objectives:

- To gather detailed and relevant information from victims, which can be shared with other agencies
- To identify those victims who will need more intensive support
- To make agencies aware of the most dangerous offenders

Information gathered during these risk assessments is shared amongst relevant agencies at the MARAC to promote the safety of abused women and their children. The aims of a MARAC are:

- To share information to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;

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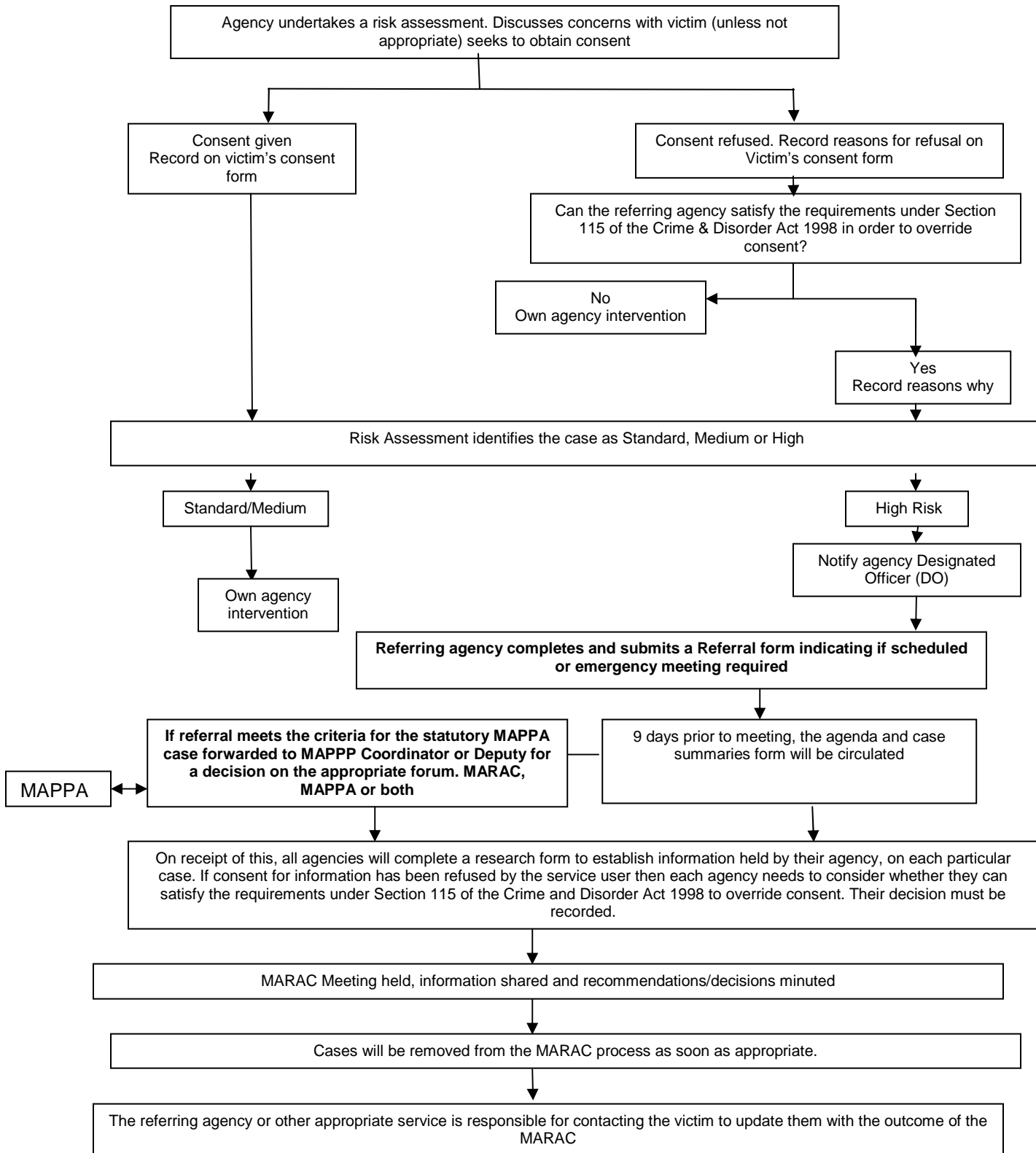
<sup>96</sup> South Tyneside MARAC operating procedures protocol 2011

- To reduce repeat victimisation;
- To improve agency accountability; and
- Improve support for staff involved in high risk domestic abuse cases.
- To identify those situations that indicate a need to for the Local Safeguarding Children Board's Child Protection Procedures to be initiated

Northumbria Police have a MARAC coordinator and as section 1.6.3 explains MARACs are recognised nationally as best practice for addressing cases of domestic abuse and there is government support for the continuation of MARAC and the role of the coordinator. Figure 21 shows the process undertaken for a MARAC assessment. It also demonstrates the close link between MARAC and MAPPA (Multi-Agency Public Protection Arrangement). For MAPPA a panel consisting of Police, Local Authority, Prison Service (as appropriate), Health and other relevant agencies contribute to drawing up a risk management plan for offenders (registered sex offenders; violent offenders; other offenders). This plan is reviewed at regular intervals. There are three levels of risk:

1. Ordinary risk management - one agency is responsible for the management of the case;
2. Local inter-agency risk management - the active involvement of more than one agency is required;
3. Where a MAPPA panel is required for the "critical few" who pose a significant risk of causing harm to others.

**Figure 21 Multi-agency risk assessment conference procedural flowchart**



Source: South Tyneside MARAC operating procedures protocol 2011

The number of cases referred to MARAC in South Tyneside increased from 145 to 162 over the period of October 2009 to September 2010 compared to the same period the previous year<sup>97</sup>. This is an 11.7% increase in the number of cases discussed. 87% of all cases were referred by the police. Other referring agencies include Independent Domestic Violence Advisors (IDVA), children’s social care, primary care services, housing, mental health services, probation, substance abuse services and the voluntary sector. In 2009-2010 out of the 162 cases discussed 3 involved males victims and 2 involved the BME community. None were LGBT cases or involved victims with a registered disability.

Information provided by the Northumbria Criminal Justice Board shows the volume of cases going through the MARAC process across the Northumbria Police Force area on a quarterly basis (April 2010-March 2011). The impact on victims’ safety is tracked through the repeat victimisation rate. The data shows that the percentage of repeat victims varies significantly both across quarters and between areas. In January to March 2011 38% of MARAC cases heard in South Tyneside were repeat victims compared to only 5% in North Tyneside. These wide fluctuations are in part due to the relatively small numbers going through the MARAC process. However, there are some systematic differences between areas which do not appear to be down to chance. Table 23 shows that Northumberland had a statistically significantly higher proportion of repeat victims going through the MARAC process in 2010/11 compared to Sunderland, North Tyneside and Newcastle respectively.

**Table 23 MARAC cases across Northumbria Police Force Area April 2010-March 2011**

Area	No. of cases	No. of repeat victims	% repeat victims	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Sunderland	220	46	20.9%	16.1%	26.8%
South Tyneside	166	43	25.9%	19.8%	33.1%
Gateshead	252	56	22.2%	17.5%	27.8%
North Tyneside	179	29	16.2%	11.5%	22.3%
Newcastle	375	79	21.1%	17.2%	25.5%
Northumberland	218	72	33.0%	27.1%	39.5%

Source: Northumbria Criminal Justice Board.

<sup>97</sup> South Tyneside Community Safety Partnership Strategic Assessment 2010: Technical analysis

\*No of Cases: total number of cases discussed at MARAC in the period, (whether new or repeats). A case at MARAC is defined as a case between a victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area.

\*\*Repeat Victims: number of cases seen at MARAC in the quarter which have been previously referred to a MARAC and at some point in the 12 months from the date of the last referral a further incident is identified. The definition does not include cases which are being referred for a second time for any other reason than where there has been a repeat incident. Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident. The percentage rate is based upon the number of cases in the quarter.

Wilson Score method has been used to calculate 95% Confident Intervals for the proportions in accordance with the Association of Public Health Observatories Guidance <http://www.apho.org.uk/resource/item.aspx?RID=48457>

### **Options service**

Options provides confidential advice to women over 18 in South Tyneside on domestic violence issues. Options is hosted by South Tyneside Council for Voluntary Service (CVS). In 2010-2011 South Tyneside PCT paid £53,536 to support the Options Service. Options links closely to other agencies and programmes such as STDAPP, the police and children's services. Options receives referrals from a range of agencies (including the police, social services, children and family services, drug and alcohol agencies, health visitors, the refuge, STDAPP, victim support, WHIST and self/family/friend referrals). Following referral each women has an initial meeting where her needs are assessed. Options can provide one-to-one or group support and offer the 'Freedom programme', a 12 week course around addressing the negative impact of domestic violence and empowering women to make informed choices about their futures. The programme aims to reduce isolation, raise women's confidence and self-esteem and encourage them to make new friends. Weekly support groups provide opportunities for women to meet other survivors of domestic violence and to make friends and women can have an informal chat on a one-to-one basis to discuss specific issues. Options can also assist women by:

- Contacting agencies on the women's behalf including the police, refuge, benefit agency, court welfare, legal services.
- Providing safety planning and advice
- Providing escorts to court, solicitors, doctors or other stressful appointments
- Providing details of local solicitors with a special interest in domestic violence

There are two further specialist services managed and run out of Options:

- The Black and Ethnic Minority Options service (Options BME). This provides specialist support to black and ethnic minority women in South Tyneside.

- The Independent Domestic Advisors (IDVA) service. IDVAs receive special training so that they can support victims as they proceed through the criminal justice process, and act as an advocate/advisor on court processes and agency responsibilities. IDVAs work closely with the Specialist Domestic Violence Court in South Tyneside. There are two full-time IDVA posts within South Tyneside. In addition there are a number of people who have received the national IDVA training but are not employed specifically as IDVAs. During 2008/09 (the service began in January 2009), 2009/10 and 2010/11 the £70,000 cost of the IDVA service has been funded by the Area Based Grant via the Local Strategic Partnership. Funding of £100,000 (£50,000 each from the Police Authority and South Tyneside Women's Aid) has now been secured to continue the service from 1<sup>st</sup> April 2011 to 31<sup>st</sup> August 2012.

Between April 2010 and March 2011 Option received 804 referrals in total (299 to the core Options service, 14 referrals to the BME service and 491 referrals to the IDVA service).

### ***Places for People Women's Refuge***

A 12 unit, purpose built refuge was commissioned in 2004 and opened in 2005, this supports women at risk of Domestic Violence, provided through Places for People who work in partnership with South Tyneside Women's Aid. The refuge is staffed 24 hours a day, 7 days a week and offers advice, support and safe and secure temporary accommodation for women with or without children who are experiencing domestic abuse from all parts of the country. The refuge facilities comprise eight houses (three which accommodate two women without children, with separate bedrooms and five 3 bedroom houses for women with children) and one self-contained 3 bedroom, purpose built bungalow for women with or without children, with mobility issues and full wheelchair access<sup>98</sup>.

In 2010-2011 South Tyneside Women's Aid, in partnership with Places For People, received a total of 420 referrals for women, with or without children at risk of domestic abuse who have required temporary accommodation and support at the refuge. This is an increase of 21% compared to 2009-2010. Of the 420 referrals, over half (297) were

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<sup>98</sup> Shields C., Sept 2008, Commissioning Manager. Briefing note to Helen Watson on Joint Area Review of Childrens Services – Supporting People Update on Domestic Violence.

declined, the reasons for decline are listed in Table 24. Of the 123 accepted referrals, 47 failed to arrive leaving 76 women who stayed at the refuge during 2010-2011. Staff always try to find safe alternative accommodation for those families who have been declined space. The Refuge holds a waiting list and families either choose to stay at home and have their own coping methods in place or move to alternative accommodation until a tenancy becomes available. In addition to referrals for accommodation, the refuge also received a total of 743 calls for advice on issues relating to domestic violence in 2010-2011.

**Table 24 Reasons for decline from South Tyneside Refuge 2010-2011**

Scheme Full	201
Required Bungalow and was occupied at the time of the referral	<6
Only single occupancy accommodation available	37
Not at risk of domestic abuse	6
Alcohol/drug dependency in shared accommodation	33
Intravenous drug user	<6
No recourse to public funds and the service was already supporting a client in a similar situation	<6
Other*	13
<b>Total</b>	<b>297</b>

\*Includes unable to live independently, too far to travel to place of work, on a methadone programme, transgender and no gender recognition certificate

Where values are <6 the actual value has been suppressed in accordance with the Office for National Statistics Disclosure Guidance

Referrals to the refuge come from a number of agencies, including South Tyneside Homes, Social Services and the Police (see Table 25).

**Table 25 Agencies referring to South Tyneside Refuge 2010-2011**

<b>Agencies</b>	<b>Total referrals</b>	<b>Accepted</b>	<b>Declined</b>	<b>Didn't arrive</b>	<b>Took place</b>
South Tyneside Housing	37	14	23	7	7
Other LA Housing	69	12	57	8	<6
Places For People	9	<6	5	<6	<6
Other Housing Associations	<6	0	<6	0	0
Other Refuges	61	21	40	7	14
Self	50	18	32	<6	14
South Tyneside Social Services	30	<6	25	<6	<6
Other Social Services	21	7	14	<6	<6
Police	36	9	27	<6	7
Hospital	7	<6	<6	<6	<6
Options	15	6	9	<6	<6
Women's Aid Helpline	<7	<6	<6	<6	0
Other*	77	20	57	7	13
<b>Total</b>	<b>420</b>	<b>123</b>	<b>297</b>	<b>47</b>	<b>76</b>

\*includes voluntary and statutory agencies such as Barnados, Solicitors, Victim Support, Night Stop, Safer Families, Shelter, Citizens Advice, and N.E.C.A.

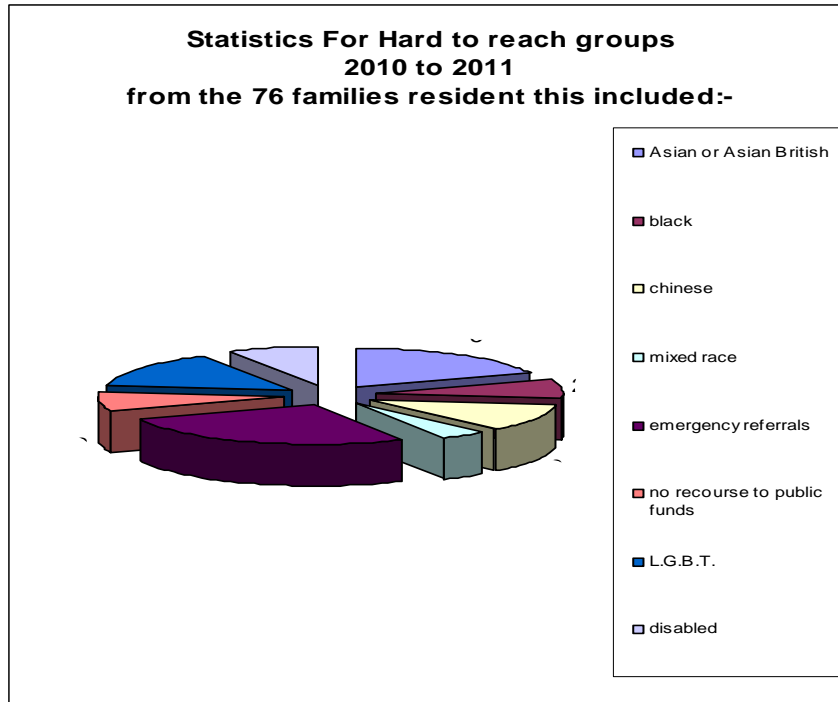
Where values are <6 the actual value has been suppressed in accordance with the Office for National Statistics Disclosure Guidance

Most referrals are received during working hours but the refuge received 27% of referrals in 2010-2011 outside of core hours including weekends and bank holidays. Over half (53%) of clients arrived at the scheme outside core hours. This highlights the importance of 24 hours staff cover to support women and children at risk of domestic violence.

A total of 76 clients and 49 children stayed at the refuge during 2010 – 2011. 27 clients and 8 children were from the South Tyneside area. Before the new purpose built accommodation opened in 2005 a smaller proportion of residents came from within the local area. A large proportion of clients were aged 17-25 years old. The refuge caters for those from the BME and LGBT communities. It also supported two women

with no recourse to public funds (funding for which came from the South Tyneside Women's Aid Management Committee, costing £975.00 in 2010-2011).

**Figure 22 Attendance at the Refuge: Hard to reach groups 2010-2011**



Staff work hard to provide numerous meetings and activities throughout the year in order that clients can work towards addressing their support needs identified within their support plan. An important weekly session includes the Freedom programme which aims to provide an opportunity for women to increase their ability to take control of their lives, make positive use of social provision, recognise the abusive behaviour of the perpetrator and the beliefs held by them.

In addition a new programme of support was introduced during 2010/2011 named the "Pattern Changing Course." This is specifically for survivors of domestic abuse and is designed to provide an understanding of domestic abuse, a safe space in which to explore past patterns of behaviour, learn the techniques and skills to change these patterns and to offer education and support to survivors who would like to make positive

changes in their lives. Following client feedback, this has been very well received and has proved beneficial and in particular has increased their confidence and social skills.

**Table 26 Destination of women on leaving the refuge**

<b>Destination on leaving</b>	<b>Total</b>
Returned home in safety	7
Went to live with relatives	<6
Asked to leave	19
Still resident at 31 <sup>st</sup> March 2011	12
Left without informing staff	<6
Secured tenancy with Other L.A. Authorities	7
Returned to partner	6
Moved to other refuge for safety reasons	<6
Internal move	<6
Secured tenancy with South Tyneside Council	8
Private Let	<6
Secured tenancy with Places For People	<6
Secured tenancy with other Housing Association	<6
Hospital	<6
<b>Total</b>	<b>76</b>

Where values are <6 the actual value has been suppressed in accordance with the Office for National Statistics Disclosure Guidance

The majority of unplanned moves were due to rent arrears and staff continue to work closely with clients to address any issues with managing on a budget and the scheme has recently introduced new procedures to try and prevent clients from falling into arrears.

### ***Outreach service from the Refuge***

In addition to the refuge accommodation, an outreach service provides one to one appointments and the development of support plans. In 2010-2011, Places for People Individual Support received 34 referrals for outreach support for people, with or without children at risk of domestic abuse and residing within South Tyneside. The number of referrals received has increased by 26% since the previous financial year. During 2010-2011 the service changed its referral criteria to offer support for male in addition to female clients. This includes men in heterosexual and same sex relationships. This development goes some way to address a gap in service provision within South Tyneside for these groups.

**Table 27 Agencies referring to the Places for People Outreach service**

Agencies	Total referrals	Accepted referrals
South Tyneside Housing	<6	<6
Internal Transfer	11	10
Self	6	<6
Other Refuges	<6	<6
South Tyneside Social Services	<6	<6
Probation	<6	<6
Hospital or GP	<6	<6
Options	<6	<6
Other Agencies*	<6	<6
<b>Total</b>	<b>34</b>	<b>30</b>

\*"Other" includes voluntary and statutory agencies such as Barnardos, Family Intervention Project, Youth Offending Team, Shelter, Citizens Advice, and N.E.C.A.

Where values are <6 the actual value has been suppressed in accordance with the Office for National Statistics Disclosure Guidance

Eighteen clients can receive support from the outreach service at any one time. During 2010-2011:

- 14 clients commenced support
- 14 clients left the service
- <6 clients were in receipt of support from the previous financial year

Of the 14 clients who commenced support there were also 11 resident children and 9 non-resident children. Four of these children were residing with relatives and 5 were with their other parent.

### ***Housing services***

As the earlier discussion of health and welfare needs of victims and perpetrators of domestic violence indicates (see sections 3.3.1 and 3.3.3), safe and appropriate housing is frequently a welfare issue in domestic violence cases. Escaping domestic violence is one reason given by people presenting in need of re-housing. Equally, the complications of housing arrangements can serve as a deterrent to victims to leaving the family home. South Tyneside homes has a 'concern matters' referral form which is used

to record issues relating to safeguarding children, safeguarding adults and domestic abuse. South Tyneside homes record information about victims who present with housing concerns on account of domestic violence. In 2010/2011 South Tyneside homes worked with 33 victims of domestic violence (see Table 28). 32 of these victims classified themselves as 'White British' (the 33<sup>rd</sup> person did not answer the question). 28 of the domestic violence victims were females and 5 were male. The most common age group for victims was 16-25 years.

Table 29 demonstrates that in the majority of cases, victims are being abused by either a current or ex-partner. As Table 30 illustrates many victims experience more than one form of domestic violence, and the violence experienced isn't always physical.

**Table 28 Number of domestic violence cases dealt with by South Tyneside homes (April 2010-March 2011)**

<b>Number of cases</b>	
<b>Month</b>	<b>Number of cases</b>
April 2010	7
May 2010	<6
June 2010	<6
July 2010	<6
August 2010	<6
September 2010	<6
October 2010	<6
November 2010	<6
December 2010	<6
January 2011	<6
February 2011	<6
March 2011	<6
<b>Total</b>	<b>33</b>

Source: South Tyneside Homes

**Table 29 Client's relationship with alleged perpetrator in domestic violence cases dealt with by South Tyneside homes (April 2010-March 2011)**

<b>Client's relationship with alleged perpetrator</b>	
Partner / married	9
Ex partner	18
Family member	<6
Same sex relationship	0
Other	<6

Source: South Tyneside Homes

**Table 30 Type of abuse experienced by the victims of domestic violence who approached South Tyneside homes (April 2010-March 2011)**

<b>Type of abuse</b>	
Physical abuse	25
Verbal abuse	30
Sexual abuse	<6
Intimidation / threatening behaviour	31
Emotional / psychological abuse	26
Harassment	19
Isolation	16
Damage to property	20
Damage to vehicle	<6
Economic / financial abuse	8
Abuse of pets	<6

**Please note:** many victims have been subject to more than one type of abuse

Source: South Tyneside Homes

### ***Tyneside Rape Crisis Centre***

Tyneside Rape Crisis Centre is a women-only organisation that provides free information, support and counseling for women aged 16 and over who have been raped or sexually abused. In June 2011 the total number of counseling clients accessing the service (around sexual violence issues) was 54. 21 (39%) of these women had

experienced domestic violence at some point in their lives. Of these, there were 8 domestic violence victims from the South Tyneside area.

### ***WHIST (Women's Health in South Tyneside)***

This service provides support for women in South Tyneside, including a range of activities, courses and counselling. WHIST run the Freedom Programme; a 12 week course around addressing the negative impact of domestic violence and empowering women to make informed choices about their futures.

### **5.2.3 Tertiary prevention for children**

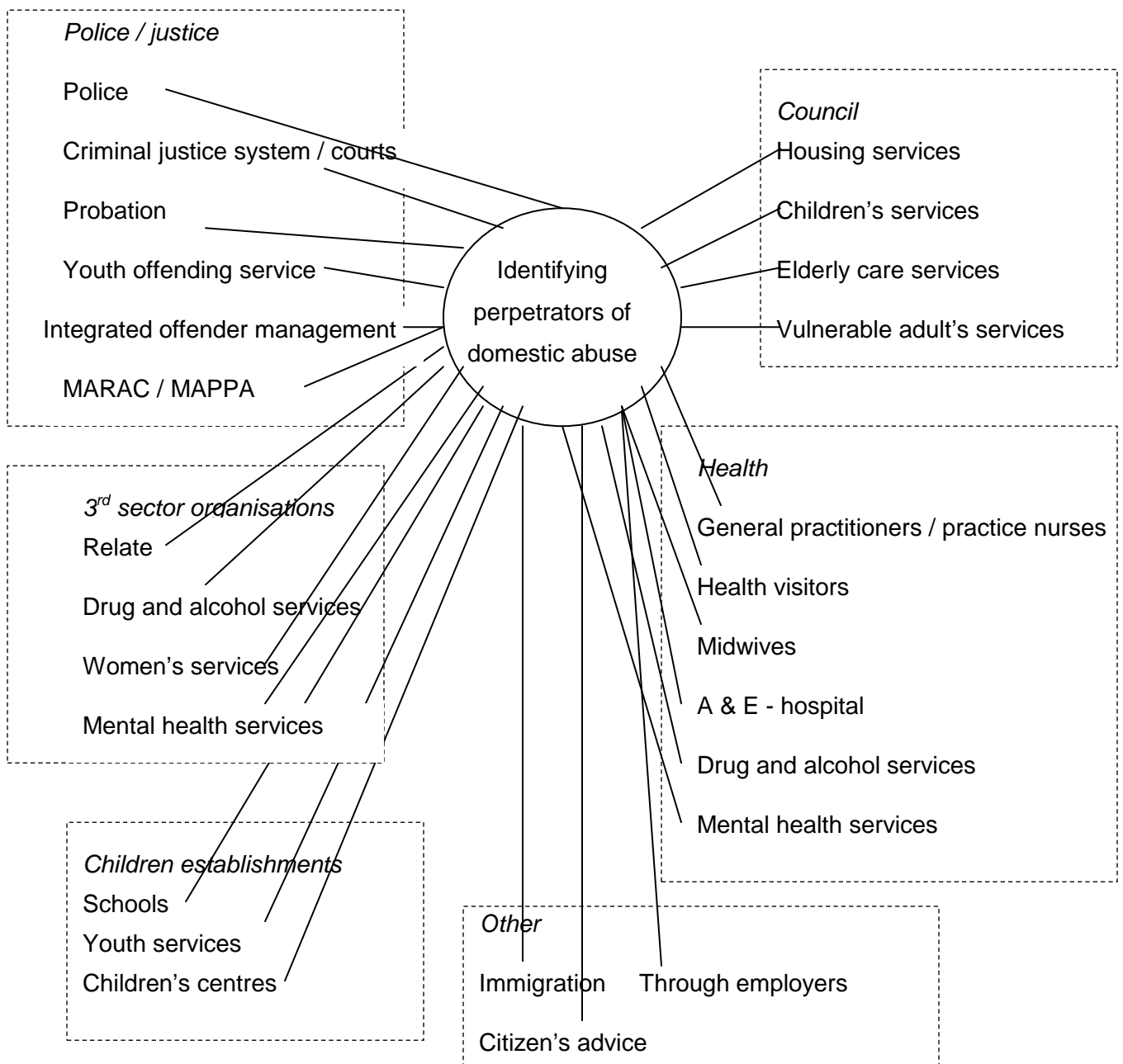
Specialist tertiary prevention services for children in South Tyneside covering domestic violence are limited and include:

- NSPCC Brighton Grove, Newcastle - Offers a therapeutic (assessment & counselling) service for children and young people aged between 4-18 who have suffered harm and abuse. Brighton Grove works across three local authority areas – Newcastle, North Tyneside and South Tyneside.
- Places for People Women's Refuge, South Tyneside - The service offers advice, support and safe and secure temporary accommodation for women with or without children, who are experiencing domestic abuse, from all Boroughs. A total of 76 clients and 49 children stayed at the Refuge during 2010 – 2011. The refuge has an Ofsted registered crèche, dedicated children's support workers and an attached health visitor. In September 2010 a dedicated counsellor position for children aged 4-10 years at the refuge was created. In 2010-2011 the crèche was used by children ranging from newborn through to aged 14. 63% of resident children were school aged.
- Barnardos Matrix project, Newcastle – works with young people who have experienced sexual abuse.

### 5.3 Secondary prevention

#### 5.3.1 Secondary prevention for perpetrators

Secondary prevention is defined as early detection of domestic violence with intervention to minimise the adverse effects and stop the violence escalating. A round table discussion of the STDAPP commissioning group highlighted the large number of potential avenues through which a perpetrator of domestic abuse might be identified.



There was agreement in the STDAPP commissioning group that all those who could be a first point of contact for domestic abuse should:

- have received appropriate training
- know how/where to signpost people to or how/where to refer into specialist services as appropriate

It was acknowledged that different agencies have variable levels of engagement with specialist domestic abuse services currently. Some agencies do very little signposting/referring into specialist services currently (GPs) whereas others do more (police, children's services). Health visitors were cited as an example, in the past they had been one of the main sources of referral into the STDAPP programme but now virtually no referrals come via this route. It was also acknowledged however that specialist services are already running at capacity and could not cope with a major surge in referrals generated through publicising the availability of these services to those agencies who currently do not refer. Therefore, any move to promote and publicise specialist services would need to be carried out in a planned, phased and systematic way, alongside a business case justifying why more resources are required to support the service.

### 5.3.2 Domestic violence training

The Local Safeguarding Children Board (LSCB) training programme 2011-2012 includes five domestic violence training events;

- **Recognising domestic abuse.** Full day training event, and is Core Level 2 training. The LSCB recommends that this course is undertaken within two years into employment and is relevant to those in groups 2-5 (see Table 31 for group definitions). This training needs to be completed prior to Specialist level 3 training. The aim of the training is to promote effective safeguarding practice through developing knowledge and skills in relation to domestic abuse.
- **Understanding Domestic Abuse and its Impact on Children and Young People.** Full day training event, and is Specialist level 3 training for groups 3-5. The aim of the training is to promote effective safeguarding practice through developing knowledge and skills in relation to domestic abuse and its impact on children and young people.

- **Domestic Abuse: Focusing on the Perpetrator.** Half day training event, and is Specialist Level 3 training for groups 3-5. The aim of the training is to inform participants of the voluntary and statutory domestic violence perpetrator programmes running in South Tyneside.
- **Forced marriage and honour based violence.** Full day training event, and is Specialist level 3 training for groups 3-5. The aim of the training is to raise awareness and identify best practice around the subject of forced marriage (FM) and honour based violence (HBV).
- **Making the Links between Animal Abuse, Child Abuse and Domestic Abuse.** Full day training event, and is Specialist level 3 training for groups 3-5. The aim of the training is to raise awareness and explore the links between animal abuse, child abuse and domestic abuse.
- **Multi-Agency Public protection Arrangements (MAPPA).** Half day training event, and is Specialist level 3 training for groups 3-5. The aim of the training is to ensure that staff are aware of the principles, purpose and procedures of MAPPA, and roles and responsibilities within the process.
- **Multi-Agency Risk Assessment Conference (MARAC).** Half day training event, and is Specialist level 3 training for groups 3-5. The aim of the training is to ensure that staff are aware of the principles, purpose and procedures of MARAC, and roles and responsibilities within the process.

**Table 31 Target groups for Safeguarding Children Training**

Group	Definition	Examples
1	Those who have infrequent contact with children, young people and/or parents/carers who may become aware of possible abuse or neglect.	Librarians, GP receptionists, community advice centre staff, groundsmen, recreation assistants, environmental health officers.
2	Those in regular contact or have a period of intense but irregular contact, with children, young people and/or parents/carers, who may be in a position to identify concerns about maltreatment, including those that may arise from the use of Common Assessment Framework.	Housing, hospital staff, Youth Offending Teams in secure settings and in community, the police other than those in specialist child protection roles, sports development officers, allied health professionals, disability specialists, faith groups, community youth groups, play scheme volunteers, school support staff (administration / site maintenance).

3	Members of the workforce who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child and parenting capacity where there are safeguarding concerns. Members of the workforce who have particular responsibilities for undertaking/co-ordinating section 47 enquires, and those who work with complex cases.	Paediatricians, GPs, social workers, youth workers, those working in the early years sector, residential staff, midwives, school nurses, health visitors, sexual health staff, teachers, Connexions personal advisers, probation staff, sports club welfare officers, those working with adults in, for example, learning disability, mental health, alcohol and drug misuse services, those working in community play schemes, school support staff (learning and behaviour).
4	Professional advisors, named and designated lead professionals.	Operational managers at all levels including: practice supervisors; frontline managers and managers of child protection units.
5	Senior managers responsible for the strategic management of services.	Board members from individual agencies and the Local Safeguarding Children Board.

Attendance at the Children Safeguarding training relating to domestic violence by Primary Care Trust staff is outlined in Table 32 (training period April 2009 – January 2011). 86 staff in total received domestic violence related training between April 2009 and January 2011. The majority of participants worked in children’s centres, for the community learning disability team, general practices/health centres or based at Monkton Hall hospital. There was one attendee from the Special Care Baby unit of South Tyneside District Hospital.

**Table 32 Attendance at Safeguarding Children Board training relating to domestic violence by South Tyneside Primary Care Trust staff (period April 2009 - January 2011)**

<b>Course title</b>	<b>No. of attendees</b>
Advanced Domestic Abuse	6
Domestic Abuse and Its Impact on Children and Young People	12
Understanding Domestic Abuse and Its Impact on Children and Young People (2)	7
Domestic Abuse: Focusing on the Perpetrator	3
Forced Marriage and Honour Violence	2
Making Links between Animal, Child and Domestic Abuse	7
MAPPA and MARAC	26
Recognising Domestic Abuse	23
<b>Total</b>	<b>86</b>

In addition to the LSCB training, the domestic violence forum runs a half day domestic abuse awareness training each session each month. This course is designed to give delegates an awareness of the issues they might come across in relation to domestic abuse.

Between September 2009 and May 2011 189 people attended this training in total. Analysis of attendance at training events (see Table 33 and Table 34) shows wide multiagency representation with people from a range of professional backgrounds.

**Table 33 Organisations of those who attended the domestic abuse awareness training run on behalf of the domestic violence forum (September 2009 – May 2011)**

<b>Organisation</b>	<b>No. of attendees</b>
Adult Mental Health Team	2
Barnardos Streetlevel Family Services	1
Bede Children's Centre	1
Biddick Hall and Whiteleas Children's Centre	2
Boldon Children's Centre	3
BT South Tyneside	2
Central Library	1
Community Family Support Services	4
Crown Prosecution Service	1
East Older Person's Team, Flagg Court	1
Extended Services	1
Family Support	1
Fostering service	3
Henderson Road Residential Home	1
Jarrow Children's Centre	1
Lukes Lane Community Primary School	2
Making Headway	8
Matrix	2
National Probation Service Northumbria	1
NECA	1
NHS SOTW Community Healthcare Services	1
Norcare Ltd	1
Options	3
Places for People	1
Primrose Children's Centre	2
Ridgeway Children's Centre	1
South of Tyne and Wear NHS Community Health Services	1
South of Tyne and Wear NHS Dental Health Services	3

South of Tyne and Wear NHS / South Tyneside PCT	27
South Tyneside Council	17
South Tyneside Council (Adult Mental Health)	2
South Tyneside Council/Adult Duty Team / Safeguarding adults	5
South Tyneside Council (ASB Unit)	3
South Tyneside Council (Parenting Team)	1
South Tyneside Foundation Trust, NHS	6
South Tyneside Homes	1
South Tyneside Magistrates Court	1
South Tyneside PCT, Cleadon Park Primary Care	1
South Tyneside Witness Support Service	5
South Tyneside Council/Children, Family and Young People	5
South Tyneside Council/Children with Disabilities Team	1
South Tyneside Council/Children's Referral & Assessment	3
South Tyneside Council/Connexions	3
South Tyneside Council/East Community Mental Health	3
South Tyneside Council/West Community Mental Health	2
South Tyneside Council/East Older Persons Team	2
South Tyneside Council/Legal Services	2
South Tyneside Council/Mental Health Team	7
South Tyneside Council/Perth Green House	3
South Tyneside Council/Poppyfields Children's Centre	1
South Tyneside Council/Resilience	1
South Tyneside Council/Riverside Children's Centre	7
South Tyneside Council/Perth Green House	1
STEPP	4
STMBC	6
Hebburn Health Centre	1
Turning Point	6
Victim Support	4
WHIST	2
Whitburn and Marsden Children's Centre	2
Youth Service	1
Not specified	1
<b>Total</b>	<b>189</b>

**Table 34 Job titles of those who attended the domestic abuse awareness training run on behalf of the domestic violence forum Sept 2009 – May 2011**

<b>Job Title</b>	<b>No. of attendees</b>
Administration Assistant	1
Adviser	2
Adviser Manager	1
Anti-Social Behaviour Caseworker	6
Anti-Social Behaviour Support Officer	1
Anit-Social Behaviour Manager	1
Assistant Care Manager	4
Assistant Dental Nurse Manager	1
Asylum Support Officer	1
Care Manager	7
Care, Support & Guidance Officer	1
Community Children's Nurse	1
Children's Community Team Leader	1
Children's Support Worker	1
Communications Officer	1
Community Development Worker	2
Community Engagement Assistant	3
Community Family Support Worker	2
Community Learning Disabilities Nurse	1
Community Nurse	1
Community Nursery Nurse	4
Community Partnership Officer	4
Conference Minute Taker	1
Connexions Adviser	1
Contact Officer	1
Counsellor/Structured Day Care Worker	1
Court Administrator	1
Creche Manager	1
Customer Service Advisor	2
Customer Service Officer	1
Designated Nurse	1
Education Welfare Officer	1
Emergency Planning and Response Co-ord	1
Enforcement Officer – Under-age Sales	1
Environmental Health Officer	1
Family Support and Childcare Co-ordinator	1
Family Support Worker	2

Foster Carer	3
Health Care Support Worker	1
Health Visitor	13
High Intensity (CBT Therapist)	1
Information Officer	1
Keyworker	2
Lead PA	1
Mentor	1
Night Porter	1
Nursery Assistant	2
Nursery Officer	8
Oral Health Promoter	3
Oral Health Promotion Lead Manager	1
Outreach Family Support Worker	1
Outreach Nursery Officer	1
Outreach Worker	2
Parent Carer Support Advisor	3
Personal Adviser	1
Podiatry Clinical	1
Probation Service Officer	1
Project Mentor	1
Project Worker	1
Residential Worker	1
Safe Care Lead	1
Safeguarding Manager	2
Safer Neighbourhood Officer	1
Senior Crown Prosecutor	1
Senior Customer Service Advisor	1
Senior Support Services Officer	1
Senior Youth Worker	1
Social Work Assistant	4
Social Worker	10
Solicitor	3
Staff Nurse/School Nursing	4
STEPP Key Worker	2
Student Health Visitor	1
Support Services Officer	1
Support Worker	1
Support, Time and Recovery Team	7
Teacher	1

Teaching and Learning Adviser	1
Team Leader – Women Safety Workers	1
Technical Officer	1
Volunteer	9
Volunteer Mentor	5
Witness Support Volunteer	1
Young Parents Advisor	1
Young Person's Substance Misuse Worker	2
Not specified	11
<b>Total</b>	<b>189</b>

It appears however that whilst training attendance is multi-agency, neither the training run through the LSCB or that run on behalf of the domestic violence forum is on a large enough scale to ensure all those working in relevant organisations with a role in detection/onward referral of domestic violence cases are covered.

The STDAPP commissioning group believed that not all relevant agencies were accessing the domestic violence training events coordinated by the domestic violence forum<sup>99</sup>. Furthermore, the impact of training in terms of how it influences practice / helps practitioners to better deal with disclosures of domestic abuse has not been evaluated. Whilst there was agreement that training should be expanded, it was noted by the STDAPP commissioning group that the current programme coordinated by the domestic violence forum is popular and would struggle with a large increase in demand for the training in its current form so if the training is promoted more actively the programme would need to be expanded or altered.

In additional to training of personnel currently working within South Tyneside, for the past three years Impact Family Services have run training twice a year for Junior Doctors and Medical Students studying at Newcastle University. The students/trainees spend one study day at the University looking at literature, websites and information related to domestic violence. They then visit Impact Family Services and are provided with a presentation on how Domestic Violence impacts on both physical and mental health and the role of health professionals. The junior doctors and medical students are

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<sup>99</sup> View of attendees at the STDAPP commissioning group workshop meeting held 31/03/2011

taken to the Refuge to meet residents, the Options project and also receive a presentation about the STDAPP project. The junior doctors and medical students are then given a week to prepare a presentation to give to fellow students and their tutors. Impact Family Services attend the presentation and help to grade the students' work.

### 5.3.3 Secondary prevention for victims

#### *Sanctuary service*

The Sanctuary Scheme is a multi-agency victim centred initiative which aims to enable households at risk of violence to remain safely in their own homes by installing a 'Sanctuary' in the home and through the provision of support to the household<sup>100</sup>. In 2009 the Sanctuary scheme carried out 76 actions to make victims of Domestic Violence safer in their homes. Of these 45 were South Tyneside Homes properties, 16 private landlords and 8 privately owned<sup>101</sup> homes. A national evaluation of the Sanctuary scheme was carried out in 2009 - 2010 and involved interviews with national stakeholders, local case studies (interviews with service providers, support providers, local stakeholders, and service users), and a cost-benefit analysis<sup>102</sup>. It shows that overall Sanctuary Schemes were thought to have been successful in their main aim of providing a safe alternative for households at risk of domestic violence, and preventing the disruption associated with homelessness. It also highlights that there are different types of installation and security measures and also variation in the way schemes operate post installation across the country. Nevertheless, respondents in all areas reported similar outcomes and, for the most part, service users reported positive experiences.

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<sup>100</sup> Effectiveness of schemes to enable households at risk of domestic violence to remain in their own homes. Communities and local government, August 2010.

<http://www.communities.gov.uk/publications/housing/sancturyschemesreport>

<sup>101</sup> Crime and Disorder Reduction Partnership Strategic Assessment 2009

<sup>102</sup> Effectiveness of schemes to enable households at risk of domestic violence to remain in their own homes. Communities and local government, August 2010.

<http://www.communities.gov.uk/publications/housing/sancturyschemesreport>

### ***Mainstream health services and routine enquiry***

Many mainstream health services are essential for secondary prevention of domestic violence<sup>103</sup>:

- **Primary care services** – Primary healthcare is often the first point of contact for people seeking help.
- **Ambulance services, A&E departments and dentists** all deal with the physical results of domestic and sexual violence.
- **Community services** – Health Visitors see all families with a new baby and support families with children under 5 years old. Health Visitors can build up a relationship with families that need additional support.
- **Maternity services** - Midwives work with pregnant women – and pregnancy is a risk factor for domestic and sexual violence. Midwives are trained in routine enquiry and screening for domestic violence.
- **Children’s services**, including school nurses and Children’s Centres.
- **Mental health services**, including Child and Adolescent Mental Health Services (CAMHS), deal with many women, young people and children who currently are, or have been, victims of violence or abuse – and are rolling out routine enquiry into experiences of past and current violence or abuse in all mental health assessments.
- **Sexual and reproductive health, genitourinary medicine (GUM) and community contraceptive services (CCS)** – provide contraception, emergency access to contraception, Post-Exposure Prophylaxis (PEP) for HIV, testing and treatment for sexually transmitted infections and termination of pregnancy for victims of acute and/or historic abuse.
- **Specialist gynaecology services** for the management of complications affecting victims’ e.g. reproductive potential
- **Prison health services** for female and young offenders
- **Specialist alcohol and drug treatment services**

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<sup>103</sup> Department of Health, Commissioning services for women and children who experience violence – a guide for health commissioners, February 2011.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125900](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125900) [accessed August 2011]

### ***Routine enquiry***

Home Office and the Department of Health guidance has recommended Routine Enquiry as standard practice for health professionals since 2000<sup>104</sup><sup>105</sup><sup>106</sup>. The Department of Health's: *Responding to domestic abuse: a handbook for professionals* (2005)<sup>107</sup> highlighted the importance of routinely asking if a woman is experiencing abuse and providing information (once staff have received appropriate training) to assist the victim in their situation. The handbook also stated that victims of domestic abuse want timely and proactive interventions such as routine enquiry and the provision of information. The information within this handbook has been reinforced within the 2010 Working Together to Safeguard Children<sup>108</sup> and the 2011 commissioning services for women and children who experience violence guidance<sup>109</sup>.

Routine enquiry is the practice of asking all clients direct questions about domestic violence which increases the chance of disclosure. Routine enquiry is not screening, as specific procedures and/or questions are not strictly scripted or adhered to. Routine enquiry is more flexible, and allows the practitioner to adapt the encounter according to each situation<sup>110</sup>. In interviews and focus groups, women in situations of abuse say they find enquiry beneficial, *even if they are not yet ready to disclose abuse*. Informants perceived this as a method of raising awareness rather than eliciting disclosure of abuse.

A single approach to routine enquiry across all health staff groups will mean a better response to the victim's situation by professionals, and ultimately a reduction in the prevalence of domestic abuse and changing attitudes around domestic abuse. The South of Tyne and Wear domestic abuse policy includes a procedure which applies to all staff employed or commissioned by NHS South of Tyne and Wear (appendix D). It also

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<sup>104</sup> South of Tyne and Wear Domestic Abuse Policy, July 2010

<sup>105</sup> Home Office (2004) *Tackling Domestic Violence: the role of health professionals. Second Edition*. London: Home Office.

<sup>106</sup> Department of Health (2000) *Domestic violence – a resource manual for health care professionals*. London: The Stationary Office.

<sup>107</sup> Department of Health (2005) *Responding to domestic abuse: a handbook for health professionals*.

<sup>108</sup> Working Together To Safeguard Children, DCSF, 2010

<sup>109</sup> Department of Health, Commissioning services for women and children who experience violence – a guide for health commissioners, February 2011.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125900](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125900) [accessed August 2011]

<sup>110</sup> South of Tyne and Wear Domestic Abuse Policy, July 2010

includes a specific procedure for routine enquiry for midwives and health visitors to follow (appendix E).

Routine enquiry is a skill in which all frontline staff should be trained. This includes any clinical and non-clinical staff who have direct contact with potential victims (and their families) of domestic abuse. This is the vision for NHS SoTW, however, this policy acknowledges that a systematic staged approach to training staff groups should be taken initially. According to the South of Tyne and Wear Domestic Violence Policy, training will initially be rolled-out within Midwifery and Health Visiting (as levels of domestic abuse are known to increase or commence during pregnancy). The next stage of training will be directed towards other primary care workers, sexual health workers and Accident and Emergency practitioners. Eventually all staff groups will be included in the routine enquiry training process. As explained in section 5.3.2 domestic violence training coordinated through the LSCB and via the Domestic Violence forum is currently not delivered on a scale to ensure comprehensive coverage of all relevant staff listed in the South of Tyne and Wear Domestic Abuse policy.

#### **5.3.4 Secondary prevention for children**

Domestic violence forms the backdrop to a significant number of referrals in South Tyneside to a range of services including Connexions, homelessness services, Barnardos Street Level, Matrix, Child and Adolescent mental health services (CAMHS) and Acute Health services<sup>111</sup>. These services also represent opportunities for children to disclose domestic violence.

- CAMHS - Child and adolescent mental health services (CAMHS) promote the mental health and psychological wellbeing of children and young people.
- The Community Family Support Service (CFSS) – After an initial assessment of a child's level of need the CFSS provides preventative strategies to families and young people to avert family breakdown.
- Connexions - Connexions offers advice and support on a wide range of lifestyle issues including education, training, careers, employment, health and personal development opportunities.

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<sup>111</sup> Moffat, 2008. A paper to aid discussion on the commissioning and development of services for children who experience Domestic Abuse in the Borough of South Tyneside

- Matrix - is a multi-agency drug and alcohol service for young people under the age of 18, with support for their families and carers. Matrix works in collaboration with CAHMS and Adolescent Mental Health Services to support young people who present with complex needs. The service consists of a service Manager managed by South Tyneside Council Young Peoples specialist support manager and a partnership of ten workers from both voluntary and statutory services including Foundation Healthcare Trust, North East Council on Addictions and Turning Point. Matrix staff work to specific remits providing holistic interventions that reflect the needs of targeted groups such as Looked After Children, Young Offenders and those deemed at risk of substance related issues. Services provided by Matrix include:
  - Advice and information.
  - Comprehensive Assessment/treatment options
  - Counseling
  - Family support/Therapy
  - Health assessment
  - One to one or group work
  - Comprehensive care plan
  - Relapse prevention
  - Youth Justice Interventions
  - Drug/alcohol education in universal and targeted settings
  - Training to professionals
- Escape Intervention Services – provides counseling and complementary therapies for 11 to 18 year olds and their families. The service provides one-to-one counseling to address bereavement/loss, domestic violence, abuse, substance misuse or gambling within families, bullying and family relationships.
- Impact Family Services – provides family mediation, child contact and family support, children’s advice and support services. The focus is on resolving conflict, building relationships and empowering individuals to make informed decisions about their life choices.

## **5.4 Primary prevention**

Primary prevention involves action to stop domestic violence happening in the first place.

#### 5.4.1 Primary prevention with adults

The 'white ribbon' campaign aims to promote awareness of domestic violence by the public and lobby to reduce the level of violence against women. In November 2010 (the national White Ribbon Day) an information stand was set up in Asda, South Shields, giving out White Ribbons and taking donations. A march through the town was also organised with volunteers from Options, Women's Health in South Tyneside (WHIST) and Places for People wearing masks showing the effects of domestic violence and the recovery from domestic violence. Activities planned for 2011 include a half day event to promote interventions with perpetrators, the launch of a domestic violence service users forum and a pledge to be promoted to local businesses to raise awareness and demonstrate a stand against domestic violence.

#### 5.4.2 Primary prevention with children

There are several domestic violence related teaching resources available to schools:

- The 'One life' resource for teachers is suitable for secondary school pupils (years 7-11). This features risk and resilience teaching and includes domestic violence and relationship issues. The resource was developed locally by the Primary Care Trust and South Tyneside council.
- The 'Expect Respect' Educational Toolkit<sup>112</sup> developed by Women's Aid consists of one core lesson for each year group from reception to year 13 and is based on themes that have been found to be effective in tackling domestic abuse.

Partnership work with South Tyneside schools to promote the inclusion of teaching on domestic violence and positive relationships within the curriculum is currently on a small scale and opportunistic rather than systematic.

### 5.5 Main areas of strengths in current services

- **Strong partnership working between agencies.** For example, the South Tyneside Domestic Abuse Perpetrator Programme works with Options victim support service to provide a co-ordinated service for perpetrators and victims within South Tyneside.

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<sup>112</sup> <http://www.womensaid.org.uk/page.asp?section=0001000100280001&sectionTitle=Education+Toolkit> [accessed August 2011]

- **Action in South Tyneside is closely aligned to the government's Violence Against Women and Girls Strategy (VAWG) direction of travel.** For example, the VAWG strategy promotes exploring with partners how the Integrated Offender Management (IOM) approach to drugs and alcohol interventions might include awareness raising of the prevalence of domestic violence in these cases. The IOM approach adopted within South Tyneside already has domestic violence embedded within it.

## 6. Areas for improvement and recommendations

### 6.1 Areas for improvement

Areas for improvement will be considered in relation to:

- Strategic direction
- Unmet need – small scale of secondary and tertiary services
- Domestic violence training
- Primary prevention
- Intervening early to prevent reoffending
- Teenage perpetrators and victims, child to parent domestic violence
- Male victims
- Child victims
- Hospital data
- Links between domestic violence and substance misuse

#### ***Strategic direction***

There is currently no domestic violence strategy for South Tyneside. Domestic violence comes under the theme 'Reducing violent crime' within the South Tyneside's Community Safety Partnership Plan 2011/2014.<sup>113</sup> As part of this there is an action plan which lists specific actions around domestic violence. The domestic violence forum through the domestic violence coordinator updates this action plan on an ongoing basis and as such there is a largely 'bottom up' approach to determining the direction of travel in relation to action to tackle domestic violence within South Tyneside.

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<sup>113</sup> Making Communities Safer. South Tyneside's Community Safety Partnership Plan 2011/2014.

The domestic violence co-ordinator is a key role. The post is jointly funded by South Tyneside Council and the PCT. Of the 37 hour post, 21 hours have been unfilled since one of the job-share post-holders left the local authority in March 2010 representing a considerable gap in provision.

Domestic violence is more common in our community than heart disease or cancer and ranks alongside other major public health concerns such as smoking and excess drinking (one in four women smoke, one in six drink excessively). Furthermore, domestic violence can be a root cause of risky behaviours such as smoking and excess drinking. Despite its importance, domestic violence is not currently included within the Joint Strategic Needs Assessment (it only features in the sense of being a sub-set of violent crime). The JSNA is an increasingly prominent tool and will shape the priorities for the health and wellbeing board so it is important that domestic violence features within this in order to ensure it is on the policy agenda.

***Recommendations***

1	Review the strategic arrangements for domestic violence.
2	Develop a cross-cutting Domestic Violence Strategy and accompanying action plan. Strategy to be agreed and jointly owned by the Child and Adult safeguarding boards as well as the Community Safety Partnership board.
3	Review the membership, aims and objectives of the South Tyneside Domestic Violence Forum. This should be done by an independent party. (Recommendation from South of Tyne and Wear Domestic Violence review, 2008).
4	Fill the current 21 hours vacancy in Domestic Violence coordinator role in order to address the capacity issue.
5	Strengthen the post of the Domestic Violence Coordinator (South Tyneside Safeguarding 2011 peer review recommendation).
6	Integrate intelligence on domestic violence within South Tyneside into the Joint Strategic Needs Assessment.

***Unmet need overall***

Domestic violence costs South Tyneside in the region of £34-47 million per year. There is evidence that specialist intervention can deliver considerable cost savings. For example, MARAC saves public services £6000 on average per case in direct costs, STDAPP may possibly represent a cost saving to the South Tyneside economy overall of £15,815 per perpetrator who successfully completes the programme and reduces reoffending. Domestic violence is a largely hidden problem and there is a significant degree of unmet need within South Tyneside. It is estimated there are around 2000 known perpetrators and victims of domestic violence within the community, and there may be as many as 10,000 more not known to the police. Tertiary and secondary prevention services currently operate on a relatively small scale and only reach a fraction of people perpetrating or experiencing domestic violence within South Tyneside. Examples of unmet need include:

- 201 women were declined entry from South Tyneside refuge in 2010/11 because it was full.
- In 2010/2011 17 men completed STDAPP which represents 0.8% (17/2049) of known perpetrators of domestic violence within South Tyneside, and 0.1% of the estimated total number of perpetrators (17/12128).

***Recommendations***

7	Continue the Commissioning Group for STDAPP with appropriate representatives who have the power to make funding and other commissioning decisions (recommendation made in 2006-2008 Bristol research).
8	Develop a business case to enable a planned expansion in the capacity of STDAPP to cope with more referrals to increase the number of men attending and successfully completing the programme.
9	Publicise the STDAPP programme to referring agencies to raise awareness of the service and encourage referrals (recommendation made in 2006-2008 Bristol research).
10	Encourage self-referral to the service: Develop a 'credit card' which could include details of STDAPP which could be given to perpetrators by police when they attend a disturbance.

	Local advertisement based on testimonies of previous clients to ensure the continued flow of clients into STDAPP (recommendation made in 2006-2008 Bristol research).
11	Continue to support the role of secondary and tertiary prevention services including the specialist domestic violence court, IDVA service and other specialist support services for victims, MARAC, MAPPA and IOM procedures to ensure the safety of victims and that perpetrators are brought to justice and prevented from reoffending.
12	Promote specialist services for perpetrators, victims and children to increase signposting/referral from partner agencies. For example, increase awareness of the directory of services.

***Domestic violence training***

There are programmes of domestic violence training coordinated by the Domestic Violence Forum and the Safeguarding Children’s Board. In addition Impact Family Services deliver training for junior doctors on domestic violence. Analysis of attendance at training events shows wide multiagency representation with people from a range of professional backgrounds. However, the training isn’t on a scale to ensure all those working in relevant organisations are covered and that training is refreshed in a timely manner. The challenge is to ensure training reaches the uninformed majority as well as the interested minority. There is also currently no central evaluation of the impact of training on practice.

***Recommendations***

13	Put mechanisms in place to ensure comprehensive training of all members of relevant agencies with a role in the detection and onward referral of individuals perpetrating/experiencing domestic violence.
14	Evaluate the impact of domestic violence training on practice.

***Primary prevention***

Given the scale, cost, health and welfare implications of the problem ‘upstream thinking’ focused on primary prevention of domestic violence (stopping it happening in the first place). Currently the balance of domestic violence action within South Tyneside is

heavily weighted towards secondary and tertiary prevention with very little activity or resource focused on primary prevention. Work with South Tyneside schools to include teaching on domestic violence and positive relationships within the curriculum is piecemeal and on a small scale.

***Recommendations***

15	Develop and deliver a resourced work programme around primary prevention across a range of settings (schools, youth centres, work places, community venues).
16	Integrate positive relationships/domestic violence education into the mainstream primary and secondary school curriculum across South Tyneside through the Personal, Social, Health and Economic (PSHE) programme, possibly looking to deliver this through the support of volunteers.

***Early intervention to prevent reoffending and support victims***

Concerted action to stop reoffending by perpetrators is essential. Instances of domestic violence are infrequently ‘one-off’ events and a pattern of repeat and persistent abuse with escalating severity is common and so early intervention to stop escalation is essential. 41% of incidents attended by the police in South Tyneside in 2010/11 were repeat incidents. In the case study presented in chapter three there were three separate incidents assessed as standard risk spanning several years where no intervention to address the perpetrator behaviour was undertaken before the situation escalated, ultimately being referred to MARAC when the victim suffered a fractured arm two and a half years after the first reported incident.

Three quarters of incidents attended by the police are classified as ‘low risk’ highlighting the potential for early intervention to stop repeat and more severe incidents occurring. However, currently for incidents that are assessed as ‘low risk’ no specialist domestic violence support is offered for victims or and there is no service designed for ‘low risk’ perpetrators to address their damaging behaviour before the situation escalates. All incidents attended by the police involving children are notified to social services but in general a low risk incident will not meet the threshold to trigger action from social services and currently no other support services, statutory or voluntary, take action to support the child in low risk situations.

**Recommendations**

17	Commissioners to set targets and evaluate the effectiveness of STDAPP in reducing reoffending by use of police data (recommendation made in 2006-2008 Bristol research).  Commissioners to specify a range of outcome as well as output measures of performance for STDAPP to monitor the effectiveness of the service.
18	Commissioners to specify outcome as well as output measures of performance for victim support services in order to enable commissioners to monitor the effectiveness of services.
19	Position STDAPP as a service predominantly for medium risk perpetrators to focus limited resources where they will have the biggest impact / be most effective.
20	Explore available service models and examples of effective interventions in the literature for an early intervention programme designed to address behaviour for perpetrators of 'low risk' incidents.
21	Explore the possibility of commissioning an early intervention service for perpetrators.
22	Enhance links between STDAPP and Probation (CDVP programme and one-to-one support) in order to effectively rehabilitate offenders and prevent reoffending.
23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as 'low risk'.

***Teenage perpetrators and victims, child to parent violence***

A significant number of South Tyneside victims and perpetrators were 15-19 years old (see Figure 13 and Figure 15), demonstrating the current focus of national policy on this younger age group is warranted within South Tyneside. Feedback from youth services explained that child to parent domestic violence does occur but that it is likely to be underreported. One in 14 female victims of domestic violence crimes in South Tyneside were abused by their son. Perpetrators under the age of 18 fall under the category of child safeguarding but there is no dedicated service or programme in place which agencies can refer to in order to address young perpetrators' behaviour, nor is there a dedicated support service for victims (either parents, siblings or partners) of teenagers

who perpetrate domestic violence. As the April 2010-January 2011 review of the Community Family Support Service explains<sup>114</sup>:

“Referrals are frequently received into CFSS where violence from young people is demonstrated as they move into adolescence towards their (often lone) parent. Parents can be supported to manage such behaviour and are referred to the Tulip Group; however there are no group interventions available to address this behaviour with young adolescent males in South Tyneside. The gap in provision has been highlighted and discussion is in progress with other agencies regarding service development to meet this need.”

***Recommendations***

24	Explore the possibility of commissioning a perpetrator programme / extending existing programmes for perpetrators under the age of 18.
25	Consider the availability of support services for those experiencing child to parent domestic violence.
26	Review the pathways of support and provision of specialist services for victims of domestic violence under the age of 18 (for example, girls experiencing violence from a current partner).

***Male victims***

Nearly one in five (18%) of domestic violence victims in 2010 in South Tyneside were male and 5% were from the BME community. Whilst there is a specific BME victim support and counseling service run through the Options service there is extremely limited local support services to address the needs of male victims of domestic violence. Options only take referrals of female clients, as does the South Tyneside refuge. Only the outreach service from South Tyneside refuge offers any support for men because during 2010-2011 the service changed its referral criteria to offer support for male in addition to female clients. This includes men in heterosexual and same sex relationships. This development goes some way to address a gap in service provision within South Tyneside for these groups but the outreach service can only support 18 clients at a time and covers both genders. Hence, there is currently an inequity in service provision by gender for victims of domestic violence within South Tyneside.

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<sup>114</sup> Community Family Support Service Review Report April 2010-January 2011

## Recommendations

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- 27 Consider commissioning additional support services for male victims of domestic violence to address the current gender inequity in victim support services offered within South Tyneside.
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### Child victims

Domestic violence is a significant child safeguarding concern. Half of all domestic violence incidents reported to police involve children; the police attend 142 incidents on average each month involving children. It is estimated that in 30-60% of these cases a child will also be being directly abused themselves (43-85 South Tyneside children each month). The 2009 needs assessment of families presenting for initial child protection conference<sup>115</sup> found that 70% of families presenting for initial child protection conference in South Tyneside in 2008 had domestic violence raised as a concern, making it the most common risk factor for child abuse seen within the family. Despite this, services offering support to families in relation to domestic violence appeared to be discussed relatively infrequently in child protection conferences<sup>115</sup>.

Children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children<sup>116</sup>, and they are also more likely to be perpetrators or victims of domestic violence as adults<sup>117</sup>. Avoidance of domestic violence is considered to be the most effective measure to prevent child maltreatment and associated impairment<sup>118</sup>.

In 2008 the STDAPP commissioning group commissioned a piece of research from Carole Moffat to propose a model for the development of services for children who experience Domestic Abuse in South Tyneside to compliment the current Options service for victims and STDAPP programme for perpetrators<sup>119</sup>: The Regional Director of Barnardo's North East, Director of Children's Services and Head of Safeguarding within South Tyneside supported this work. This research paper summarised the

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<sup>115</sup> Dolan, G. 2009 A needs assessment of families presenting for initial child protection conference in South Tyneside

<sup>116</sup> Wolfe, D., Zak, L., Wilson, S., and Jaffe, P., *Child Witnesses to Violence between Parents: Critical Issues in Behavioural and Social Adjustment*, Journal of Abnormal Child Psychology 14 (1), 95–104, 1986 cited in 'Evidence for Think Family' <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

<sup>117</sup> Whitfield, C., Anda, R., Dube, S., and Felitti V., *Violent Childhood Experiences and the Risk of Intimate Partner Violence as Adults*, Journal of Interpersonal Violence 18 (2), 166–185, 2003 cited in 'Evidence for Think Family' <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

<sup>118</sup> MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Lenethal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. *Lancet* 2009; 373:250-66

<sup>119</sup> Moffat, 2008. A paper to aid discussion on the commissioning and development of services for children who experience Domestic Abuse in the Borough of South Tyneside

findings of other recent mapping exercises of children’s services across South Tyneside and reported that several services were available for children, these were all well intentioned, but mostly fragmented and uncoordinated. The current needs assessment established that there are a range of agencies providing support for children when there are safeguarding concerns however only limited specialist domestic violence support available within South Tyneside for children. For example, for children with mothers in the refuge there is an on-site crèche with staff trained to work with children who have experienced domestic violence.

The recommendations made in the 2008 Carole Moffat<sup>120</sup> research report were reviewed as part of the needs assessment. After speaking with key individuals including the Early Intervention and Safeguarding manager in South Tyneside it was decided that many of the recommendations made in this report are still applicable to the current situation in 2011. In addition, the recommendations made by the South Tyneside Safeguarding 2011 peer review in relation to domestic violence are also considered.

***Recommendations***

23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as ‘low risk’.
28	Appoint a Domestic Violence link worker for children (2008 Moffat recommendation)
29	Create a discreet children and young people’s sub-group within the Domestic Violence Forum (2008 Moffat recommendation)
30	Provide a therapeutic group-work service. Develop therapeutic services located within South Tyneside. (2008 Moffat recommendation)
31	Expand the current parenting and strengthening families’ programmes. (2008 Moffat recommendation)
32	Expand supervised contact centres. (2008 Moffat recommendation)
33	All commissioning bodies to have a scrutiny/overview role in respect of all Domestic Violence services commissioned across South Tyneside in order to prevent the continued development of overlap and ad hoc response (links to

<sup>120</sup> Moffat, 2008. A paper to aid discussion on the commissioning and development of services for children who experience Domestic Abuse in the Borough of South Tyneside

	recommendation re. Domestic Violence strategy). (2008 Moffat recommendation)
34	Enhance the participation agenda through bringing the proposals for consultation to the Children and Young People's Forum. (2008 Moffat recommendation)
35	Police should include health agencies when they send domestic violence notifications (2011 Safeguarding peer review recommendation).
36	Consider a multi agency child focused risk assessment tool for domestic violence (2011 Safeguarding peer review recommendation).
37	Improve CAF engagement with domestic violence (2011 Safeguarding peer review recommendation).

***Hospital data***

Information collected by hospitals is an important source of data as it will include domestic violence incidents not reported to the police. The data flow from the A&E department at South Tyneside hospital on those with injuries resulting from violence collected as part of the Cardiff model has been intermittent. A further source of hospital data is the routine information collected about hospital episodes which is taken from coding of clinical notes. Analysis of five years worth of data (2006/07-2010/11) shows there were 466 South Tyneside residents presenting at hospital with injuries/impairments coded as assault which could potentially be the result of a domestic violence situation. This figure is likely to be a gross underestimate of the actual numbers of patients seen. This will in part be down to the quality of information recorded in the clinical notes, and also the depth and thoroughness of clinical coding from these notes. These assault codes will be used infrequently by the coders so may not always be applied when and where applicable. This represents a current shortcoming in this potentially useful source of information on domestic violence.

***Recommendations***

38	Audit of the use of assault codes in hospitals.
39	Improve the quality of hospital data to improve the usefulness of this data in providing insight into domestic violence patterns within South Tyneside.

***Link between domestic violence and substance misuse***

Of the male perpetrators of domestic violence crimes in South Tyneside 59% had alcohol issues and 3% were drug users demonstrating the often complex health and welfare context of these individuals. For victims, domestic violence can be a root cause of risk taking behaviours such as smoking and excess drinking. Child maltreatment, which is integrally linked to domestic violence<sup>121</sup> has been associated with a range of health outcomes including substance misuse. Despite the strong links between substance misuse and domestic violence, domestic violence does not feature prominently within the adult or young people’s substance misuse needs assessments<sup>1,2</sup>. Alcohol and substance misuse services provide an opportunity for detection and onward referral of domestic violence cases to specialist agencies.

40	Include reference to domestic violence within alcohol and substance misuse needs assessments (young people and adults) and strategy.
41	Enhance links between domestic violence and alcohol and substance misuse services. For example, developing screening of individuals attending alcohol services for the issue of domestic violence to enhance detection of unmet need and onward referral to specialist services such as Options and STDAPP.

**6.2 Summary of recommendations**

***Strategic direction***

1	Review the strategic arrangements for domestic violence.
2	Develop a cross-cutting Domestic Violence Strategy and accompanying action plan. Strategy to be agreed and jointly owned by the Child and Adult safeguarding boards as well as the Community Safety Partnership board.
3	Review the membership, aims and objectives of the South Tyneside Domestic Violence Forum. This should be done by an independent party.  (Recommendation from South of Tyne and Wear Domestic Violence review, 2008).
4	Fill the current 21 hours vacancy in Domestic Violence coordinator role in

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<sup>121</sup> Wood S., Bellis M.A., Browne V., Jackson E., Friedman E. Sept 2010, Child maltreatment: a review of evidence of for prevention from the UK focal point for violence and injury prevention  
[http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child\\_maltreatment.pdf](http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/child_maltreatment.pdf)

	order to address the capacity issue.
5	Strengthen the post of the Domestic Violence Coordinator (South Tyneside Safeguarding peer review recommendation)
6	Integrate intelligence on domestic violence within South Tyneside into the Joint Strategic Needs Assessment.

***Unmet need***

7	Continue the Commissioning Group for STDAPP with appropriate representatives who have the power to make funding and other commissioning decisions (recommendation made in 2006-2008 Bristol research)
8	Develop a business case to enable a planned expansion in the capacity of STDAPP to cope with more referrals to increase the number of men attending and successfully completing the programme.
9	Publicise the STDAPP programme to referring agencies to raise awareness of the service and encourage referrals (recommendation made in 2006-2008 Bristol research).
10	Encourage self-referral to the service: Develop a 'credit card' which could include details of STDAPP which could be given to perpetrators by police when they attend a disturbance. Local advertisement based on testimonies of previous clients to ensure the continued flow of clients into STDAPP (recommendation made in 2006-2008 Bristol research).
11	Continue to support the role of secondary and tertiary prevention services including the specialist domestic violence court, IDVA service and other specialist support services for victims, MARAC, MAPPA and IOM procedures to ensure the safety of victims and that perpetrators are brought to justice and prevented from reoffending.
12	Promote specialist services for perpetrators, victims and children to increase signposting/referral from partner agencies. For example, increase awareness of the directory of services.

***Domestic Violence training***

13	Put mechanisms in place to ensure comprehensive training of all members of relevant agencies with a role in the detection and onward referral of individuals perpetrating/experiencing domestic violence.
14	Evaluate the impact of domestic violence training on practice.

***Primary prevention***

15	Develop and deliver a resourced work programme around primary prevention across a range of settings (schools, youth centres, work places, community venues).
16	Integrate positive relationships/domestic violence education into the mainstream primary and secondary school curriculum across South Tyneside through the Personal, Social Health and Economic (PSHE) programme, possibly looking to deliver this through the support of volunteers.

***Early intervention***

17	Commissioners to set targets and evaluate the effectiveness of STDAPP in reducing reoffending by use of police data (recommendation made in 2006-2008 Bristol research).  Commissioners specify a range of outcome as well as output measures of performance for STDAPP to monitor the effectiveness of the service.
18	Commissioners to specify outcome as well as output measures of performance for victim support services in order to enable commissioners to monitor the effectiveness of services.
19	Position STDAPP as a service predominantly for medium risk perpetrators to focus limited resources where they will have the biggest impact / be most effective.
20	Explore available service models and examples of best practice in the literature for an early intervention programme designed to address behaviour for perpetrators of 'low risk' incidents.
21	Explore the possibility of commissioning an early intervention service for perpetrators.

22	Enhance links between STDAPP and Probation (CDVP programme and one-to-one support) in order to effectively rehabilitate offenders and prevent reoffending.
23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as 'low risk'.

***Teenage perpetrators and victims***

24	Explore the possibility of commissioning a perpetrator programme / extending existing programmes for perpetrators under the age of 18.
25	Consider the availability of support services for those experiencing child to parent domestic violence.
26	Review the pathways of support and provision of specialist services for victims of domestic violence under the age of 18 (for example, girls experiencing violence from a current partner).

***Male victims***

27	Consider commissioning additional support services for male victims of domestic violence to address the current gender inequity in victim support services offered within South Tyneside.
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***Child victims***

23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as 'low risk'.
28	Appoint a Domestic Violence link worker for children (2008 Moffat recommendation)
29	Create a discreet children and young people's sub-group within the Domestic Violence Forum (2008 Moffat recommendation)
30	Provide a therapeutic group-work service. Develop therapeutic services located within South Tyneside. (2008 Moffat recommendation)
31	Expand the current parenting and strengthening families' programmes. (2008 Moffat recommendation)

32	Expand supervised contact centres. (2008 Moffat recommendation)
33	All commissioning bodies to have a scrutiny/overview role in respect of all Domestic Violence services commissioned across South Tyneside in order to prevent the continued development of overlap and ad hoc response (links to recommendation re. Domestic Violence strategy). (2008 Moffat recommendation)
34	Enhance the participation agenda through bringing the proposals for consultation to the Children and Young People's Forum. (2008 Moffat recommendation)
35	Police should include health agencies when they send domestic violence notifications (2011 Safeguarding peer review recommendation).
36	Consider a multi agency child focused risk assessment tool for domestic violence (2011 Safeguarding peer review recommendation).
37	Improve Common Assessment Framework (CAF) engagement with domestic violence (2011 Safeguarding peer review recommendation).

***Hospital data***

38	Audit of the use of assault codes in hospitals.
39	Improve the quality of hospital data to improve the usefulness of this data in providing insight into domestic violence patterns within South Tyneside.

***Domestic violence and substance misuse***

40	Include reference to domestic violence within alcohol and substance misuse needs assessments (young people and adults) and strategy.
41	Enhance links between domestic violence and alcohol and substance misuse services. For example, developing screening of individuals attending alcohol services for the issue of domestic violence to enhance detection of unmet need and onward referral to specialist services such as Options and STDAPP.

## Appendix A

### South Tyneside violent crime action plan 2011-12

Action	Responsibility	Target Date	Evidence of Success / Milestones
Improve the process of the Specialist Domestic Violence Courts (SDVC) for victims	SDVC Ops Group	31.03.12	31.03.12 -The satisfaction of victims of domestic violence with the criminal justice process is measured and action plans put in place to address:  (i) issues raised by victims, and  (ii) victims who disengage from the process
			31.03.12 - Baseline for time taken for bringing DV cases to conclusion established.
			31.03.12 - Attrition rates for Domestic Violence cases reduced.
			31.03.12 - Self Assessment and Peer Review of the DV court accreditation undertaken and action plan for improvement in place.
To continue to develop and evaluate the Independent Domestic Violence Advice (IDVA) service.	IDVA Ops Group	31.03.12	30.09.11 - IDVA service reconfigured to ensure support available to victims at peak court times.
			31.03.12 - Funding source to provide the IDVA service post August 2012 identified.
To review the Sanctuary Scheme in light of the national practice guide.	Domestic Violence Co-ordinator	30.09.11	30.06.11 - Service reviewed.  30.09.11 - Action Plan developed.
Raise awareness of Domestic Abuse issues.	Domestic Violence Co-ordinator	31.03.12	31.03.11 - Training /information programme for staff in key health sector services developed. (Cross ref. Emotional Health and Well-being strategy).
			31.11.11 - White Ribbons Day held.
Raise awareness of Domestic Abuse issues with young people. <i>{Links: Youth Related}</i>	Domestic Violence Co-ordinator	31.03.12	31.03.11 - Available resources promoted to schools.
			31.03.11 Available resources promoted to providers of Youth Related Activities.
To monitor and improve the effectiveness of the MARAC	MARAC Ops Group	31.03.12	30.09.11 - Performance Management Framework as recommended by LCJB implemented.
			31.03.12 - Agencies that require Risk Indicator Checklist training identified.
			31.03.12- Quality Assurance of MARAC undertaken and recommendations implemented.

			31.03.12 - Levels of repeat victimisation monitored.
To improve local service delivery in relation to forced marriage and honour based violence.	Northumbria Police / Options	31.03.12	31.03.12 - Recommendations of Honour Based Violence and Forced Marriage project implemented.
			31.07.11 - Honour based violence and forced marriage workshop delivered.
Respond to Government Action Plan - "Violence against women and girls".	DV Co-ordinator	31.03.12	TBA subject to publication of govt policy in Spring 2011.
Process developed to include Service Users in the development of DV support services.	DV Co-ordinator	31.03.12	30.09.11 Current service user involvement identified.
			31.03.11 - Process for involving service users implemented.
Develop provision via STDAPP for perpetrators of domestic abuse who voluntarily wish to change their behaviour.	STDAPP Commissioning Group	31.03.12	30.09.11 - Respect Accreditation achieved.
			31.03.12 - The number of referrals from the police monitored and a baseline established.
			31.03.12 - Re-offending pattern of clients monitored by STDAPP conditioning group and reported to CSP.
			31.03.12 - Future funding and resourcing of the programme identified.
Investigate closer links between STDAPP and Probation CDVP service.	DV Co-ordinator / STDAPP / Probation	31.03.12	31.03.12 - STDAPP promoted through the court as a voluntary programme for men wanting to change their abusive behaviour.
			31.03.12 - Protocol with the probation service and court agreed that when men who are currently attending STDAPP are sentenced to attend the CDVP, they can continue with the STDAPP in its' place.
Implement actions arising from the South Tyneside Area Command Domestic Abuse Action Plan.	Police Partners	31.03.12	30.04.11 - ST Domestic Abuse Action Plan produced.
			31.05.11 - Appropriate actions arising integrated into the Partnership Action Plan.

## Appendix B

### *Literature review*

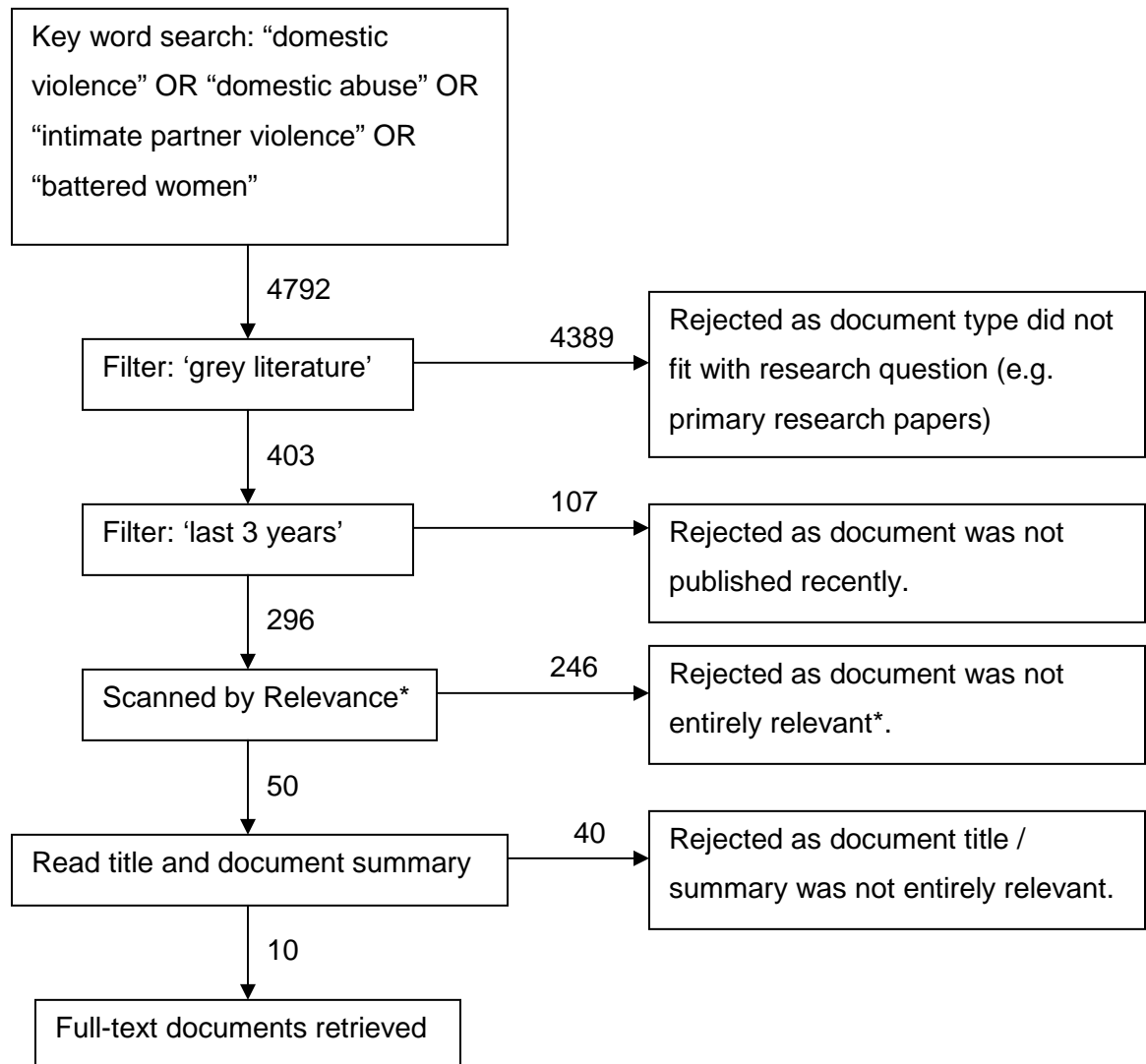
NHS Evidence provides access to local, regional, national and international health and non-health evidence, in the form of grey literature (policies, strategies, guidelines, reports and analyses written by reputable organisations) but also includes primary and secondary research articles published in peer reviewed journals. NHS Evidence accreditation recognises organisations who achieve high standards in producing health or social care guidance. Successful organisations are identified on search results by a seal of approval called an Accreditation Mark. The search function interface has a similar user experience to using the search engine google [www.google.co.uk](http://www.google.co.uk). The advantage to using NHS evidence rather than google is the accreditation process as it provides an assurance that the documents retrieved will be of quality and from a reputable source.

In order to identify relevant literature on domestic violence a search was run on [www.evidence.nhs.uk](http://www.evidence.nhs.uk). The research question for this search was: “What grey literature has recently been published about domestic violence?” It was decided to focus on grey literature rather than primary and secondary research articles published in peer review journals due to a consideration of the nature and intended audience for the piece of the work and the time frame for the work. It was felt it would be sufficient to find up-to-date evidence summaries contained within policies, strategies or guidelines produced by reputable sources (i.e. grey literature) rather than needing to go directly to the published literature which would involve a more extensive and lengthy literature review.

The search strategy was to run a key word search on NHS evidence (rather than introducing explicit inclusion/exclusion criteria at this stage) and then to filter results and refine the search to select appropriate evidence (grey literature > published in last 3 years). The hierarchy of evidence was considered in the search through the use of the ‘display by relevancy’ function provided by NHS evidence. The results of the search are presented in Figure 23.

**Figure 23 Domestic violence literature review run on NHS evidence**

Research question: “What grey literature has recently been published about domestic violence?”



\* NHS Evidence search results are displayed in order of relevancy: the most ‘relevant’ results appearing at the top. Relevancy takes into account how frequently the search terms appear, and how significant the occurrences are: for example occurrences in the title or abstract are considered more important than in the full text. Unlike other search engines, NHS Evidence also ranks results based on the relative hierarchy of evidence: for example, Guidelines and Commissioning Guides are promoted above Primary Research articles. This way users are presented first with the best evidence available for

a search. A comparison of the first 50 hits with the rest indicated that examining the first 50 hits alone would be sufficient to pick up the most salient current grey literature around domestic violence. This judgement was made on the basis of scanning the titles and descriptors of documents in the list. The articles listed 150-296 were either local documents (e.g. 'Reviewing gender equality in Tower Hamlets') or did not focus on domestic violence in the main (e.g. 'Responding to redundancy').

The titles and article descriptors provided by NHS evidence for the 50 hits of the search were then read to determine any which seemed of particular relevance to the South Tyneside Domestic Violence Needs Assessment. The 10 documents identified through this process where full text of the document was then retrieved are as follows (Table 35).

**Table 35 Full-text documents retrieved following literature review**

<b>Title</b>	<b>Source</b>	<b>Publication Date</b>	<b>Position in NHS evidence search</b>
Intimate partner violence: A review of evidence for prevention <a href="http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf">http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf</a>	UK focal point for violence and injury prevention Wood S., Bellis M.A., Watts C.	September 2010	1
Equity in Access to Health Promotion, Treatment and Care for all European Women <a href="http://www.uni-kassel.de/upress/online/frei/978-3-89958-740-1.volltext.frei.pdf">http://www.uni-kassel.de/upress/online/frei/978-3-89958-740-1.volltext.frei.pdf</a>	Lasch V., Sonntag U., Maschewsky-Schneider U	August 2010	2
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National Domestic Violence Delivery Plan: Annual Progress Report 2008-2009 <a href="http://webarchive.nationalarchives.gov.uk/20">http://webarchive.nationalarchives.gov.uk/20</a>	Home Office	Aug 2009	9

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Local government domestic violence information pages <a href="http://www.idea.gov.uk/idk/core/page.do?pageId=8798971">http://www.idea.gov.uk/idk/core/page.do?pageId=8798971</a>	Local government	September 2008	28
Effectiveness of schemes to enable households at risk of domestic violence to remain in their own homes <a href="http://www.communities.gov.uk/publications/housing/sancturyschemesreport">http://www.communities.gov.uk/publications/housing/sancturyschemesreport</a>	Communities and local government	August 2010	29
Case study: Identification and Referral to Improve Safety (IRIS) <a href="http://www.health.org.uk/publications/identification-and-referral-to-improve-safety/">http://www.health.org.uk/publications/identification-and-referral-to-improve-safety/</a>	The Health Foundation	February 2011	49

## Appendix C

### *Domestic Abuse Risk Indicator Checklist*

Questions			
1. Does offender have a criminal record for violence, Drugs or breach of injunction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
2. Has the current incident resulted in injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
3. Has the incident involved the use of weapons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
4. Has the offender expressed/behaved in jealous or controlling ways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
5. Are you afraid that offender will kill you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
6. Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
7. Is your partner/ex-partner experiencing/recently experienced financial problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
8. Has there been/going to be a relationship separation between victim and offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
9. Is there any conflict with offender over child contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>

Continued...

<p>10. Has your partner/ex-partner ever threatened to kill anybody?            If 'yes', which of the following? (<i>tick all that apply</i>)            Victim <input type="checkbox"/> Children <input type="checkbox"/> Other Intimate Partner <input type="checkbox"/> Others <input type="checkbox"/></p> <p>Has your partner/ex-partner ever threatened to harm/kill animals?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>11. Does your partner/ex-partner have / had problems with the following:            If 'Yes' which of the following? (Tick all that apply)            Alcohol <input type="checkbox"/>            Mental Health <input type="checkbox"/>            Drugs <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>12. Has the offender ever threatened/attempted to strangle/choke/smother past or current partner?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>13. Is the abuse becoming worse and/or happening more often?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>14. Has the victim or offender ever threatened/attempted suicide?            If 'yes', which of the following?            Victim <input type="checkbox"/> Offender <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>15. Has the offender said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>
<p>16. Is the victim very frightened?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>D/K <input type="checkbox"/></p>

Continued...

17. Is the victim afraid of further injury or violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
18. Is victim afraid that the offender will harm her/his children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
19. Does the victim suspect that she/he are being stalked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
20. Do you feel isolated from family / friends? (Give details, including if victim resides in isolated area):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
Do you feel this victim is at high risk of experiencing further domestic abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
<b>Notes</b> In relation to HBV and Forced Marriage, consider the following and record on the Domestic Abuse Update. <ul style="list-style-type: none"> <li>- Does the victim fear a future Forced Marriage</li> <li>- If a Forced Marriage is planned, details of when, where, to whom</li> <li>- Does the victim fear of HBV, if yes, please provide details.</li> <li>- Ensure PPU are informed of incident/information</li> </ul> REVISED 13/02/11			

**MARAC Assessment Criteria**

<b>HIGH RISK</b>	4 or more ticks in the significant concern boxes <u>or</u> 12 ticks or more, in the YES box <b>and</b> 3 or more reported incidents in 6 months <u>or</u> 4 or more reported incidents in 6 months
<b>MEDIUM RISK</b>	3 ticks in the significant concern boxes <u>or</u> Between 6 and 11 ticks in the Yes box <b>and</b> 3 or more reported incidents in 6 months <u>or</u> 4 reported incidents in 12 months
<b>STANDARD RISK</b>	Up to 2 ticks in the significant concern boxes <u>or</u> Up to 11 ticks in the Yes boxes and up to 3 reported incidents in 6 months

**Any incident of concern may be assessed at a higher level at the discretion of the Domestic Abuse Unit Detective Sergeant. However, the rationale should be recorded on the DT screen.**

## Appendix D

### ***NHS South of Tyne and Wear Domestic Abuse Procedure***

#### ***1.0 Introduction***

1.1 This procedure applies to all services commissioned and provided by NHS SoTW .

1.2 All staff employed or commissioned by NHS SoTW will know what to do if a patient/client or employee discloses domestic abuse.

1.3 All staff will have accessed the appropriate level of safeguarding adult and children training in accordance with the SoTW Safeguarding Training Strategy.

1.4 All staff will be supported by their line manager in accessing appropriate supervision and training.

1.5 The Designated and Named Professionals, along with the Safeguarding Nurse Advisors and MARAC representative will support staff where there are concerns about domestic abuse involving children. The Lead Nurses will support staff with concerns about safeguarding adults.

1.6 All staff will be able to access related policies and procedures and access up-to-date information on local resources to support them in signposting/supporting patients/clients/employees.

#### ***2.0 Dealing with a disclosure***

2.1 Survivors of domestic abuse are most at risk of increased life-threatening or fatal abuse when they start to disclose abuse to others or attempt to leave the relationship. It is of paramount importance that the victim is kept safe and that staff recognise the sensitivity of the information they are being given and the potential danger that the victim is in.

2.2 Assess for immediate danger to self and victim/others– phone 999 if necessary to enlist the support of the Police in accompanying the victim to a safe location as quickly as possible or to ensure their support if the perpetrator is perceived as an immediate risk to yourself and the victim/others.

2.3 If there are child protection/child safeguarding concerns advice can be sought from the Named/ or Designated Professionals or the safeguarding children team. Local safeguarding children procedures must be followed.

2.4 Seek permission to share information unless it is necessary to do so without consent.

2.5 If there are concerns about a vulnerable adult advice can be sought from the Lead Nurse and Safeguarding Adults procedures must be followed.

2.6 NEVER offer to act as a mediator between the woman and abuser.

2.7 Refer to appropriate services as quickly as possible. The victim may not wish to leave the home/perpetrator at this point so it is essential that safety planning work is offered or that they are signposted to a service which will undertake this with the victim. In all cases, supply the victim with information about local and national domestic abuse services, including refuges and phone lines.

### ***3.0 Record-keeping***

3.1 Disclosures or concerns must not be documented in any “hand held” records, e.g. midwifery, parent held or other records kept at home, as this may result in further harm to the victim.

3.2 All staff will follow their own employer’s policy, procedure and guidance for record keeping and accord with national professional guidance, e.g. The Nursing and Midwifery Council.

3.3 The MARAC Risk Assessment checklist must be used in all cases where domestic abuse is disclosed and a copy kept in the patient/client record.

3.4 Records must clearly demonstrate an outline of the disclosure, diagrams of any injuries and actions taken by the health professional.

### ***4.0 Evaluating disclosures***

4.1 Urgent consideration should be given to referral into MARAC and/or MAPPA processes with the support of the line manager, MARAC representative, Named/Designated/Lead professionals or the Safeguarding Children Team. They will advise on the interface between statutory and non-statutory processes and the staff member’s role and responsibilities within each.

4.2 Staff must follow up any referrals made in accordance with Local Safeguarding Children Board procedures and ensure they contribute appropriately to any ongoing multi-agency work to support the victim.

***5.0 Support for staff after disclosures***

5.1 Staff may require emotional support after domestic abuse disclosures. Managers are responsible for making this available either through themselves, or by facilitating clinical or safeguarding supervision as appropriate.

***6.0 Audit, Monitoring and Review***

6.1 Audit and monitoring will be undertaken in accordance with the policy by the Named/Lead professionals and the SoTW Strategic Group on an annual basis, review will take place two years from ratification.

## Appendix E

### ***Domestic Abuse- Routine Enquiry Procedure for Midwives and Health Visitors across the health economy in Gateshead, South Tyneside and Sunderland***

#### ***1.0 Introduction***

1.1 This procedures **currently** apply only to Midwives and Health Visitors across the health economy, who have undertaken the following training:

- i. e-learning/face-to-face training in basic awareness of domestic abuse
- ii. specific training in routine enquiry and MARAC.

All staff must have adequate training in asking open-ended questions, talking with victims in a sensitive and appropriate way and managing discussion effectively. Inappropriate questioning may further reinforce a victim's feelings of powerlessness and Vulnerability.

1.2 Midwives and Health Visitors must also attend safeguarding children and safeguarding adult training in accordance with the Safeguarding Training Strategy and the Intercollegiate Guidance.

1.3 Midwives and Health Visitors must also access safeguarding supervision in accordance with the employer's policies and procedures.

1.4 Midwives and Health Visitors must act in accordance with their local safeguarding children and adults procedures, information sharing procedures and record keeping guidelines.

#### ***2.0 Routine Enquiry***

2.1 Routine enquiry refers to asking all people, within certain parameters, about the experience of domestic violence, regardless of whether or not there are signs of abuse, or whether domestic violence is suspected.

2.2 This is distinguished from screening, in that procedures are not necessarily standardised, but questions(s) are asked routinely, for example at every visit within time-specific or other parameters, and that there is a flexibility of application.

2.3 It is also distinguished from Selective Enquiry which refers to asking questions only where there are concerns or suspicions, including the presence of signs or symptoms.

2.4 Routine enquiry has objectives which are different from and broader than those of a screening programme. Routine enquiry:

- is not a test for disease. (Domestic abuse is better viewed as a health-related risk factor.)
- is not a test the only aim of which is to correctly identify those with or without the condition (sensitivity and specificity.)
- does not necessarily seek identification and disclosure at the time of each enquiry.
- acknowledges the dynamic nature of domestic abuse and can contribute to gradual moves towards disclosure or help-seeking.

### **3.0 The Objectives of Routine Enquiry**

3.1 Routine enquiry recognises that responding to domestic violence is a process rather than an act – it involves working with other agencies in supporting and providing options for survivors of domestic violence.

3.2 Routine enquiry aims to:

- \_ To place domestic abuse on the agenda; incorporating it as a normal part of health assessment
- \_ To reduce the hidden nature of domestic abuse and reduce the stigma
- \_ To increase awareness and knowledge about domestic abuse
- \_ To facilitate discussion about domestic abuse at key time's e.g. antenatal contact, new birth visit, opportunistically and in response to indicators of abuse.
- \_ To listen, and establish empathy and trust.
- \_ To empower individuals to make informed decisions and choices about their lives, and not make decisions on their behalf (except where there are child protection issues)
- \_ To provide support to families according to assessment of need and professional judgment.
- \_ To signpost individuals to other services as required.

### **4.0 Implementation**

4.1 Midwives will commence routine enquiry in the antenatal period so long as the following conditions are met:

- The woman is alone – no partner, friend(s), or family members are present

- The Midwife is certain of her own physical safety and acts in accordance with their employer's Lone Working Policy
- The Midwife has access to a mobile phone
- The Midwife has access to up-to-date information to provide to the woman or to use in order to signpost or receive services.

4.2 Health visitors will undertake routine enquiry during their routine and opportunistic contacts with clients so long as the above conditions are met.

### **5.0 Minimum standards for Midwives and Health Visitors**

5.1 The following are minimum standards for clinical staff to adhere to in the routine enquiry process – specific guidance expands on these standards significantly and is delivered through the training programme:

#### **• Enabling disclosure**

- Conduct all routine enquiry in private away from the partner
- **Never use the partner, relative or friend to interpret**

#### **• Dealing with disclosure**

- Assess for immediate danger, reassure the victim and establish safety of the client if he/she is in danger
- Use the MARAC risk assessment checklist
- If there are child protection/safeguarding concerns advice can be sought from the Named Nurse/Midwife or safeguarding children team and local safeguarding children procedures must be followed.
- **NEVER** act as a mediator between the woman and abuser

#### **• Signposting after disclosure**

- Accompany the victim to a safe location as appropriate
- Refer to appropriate services as quickly as possible
- In all cases, supply the victim with information about local and national domestic abuse services, including refuges and phone lines

#### **• Recording disclosures**

- Record all concerns and information in the victim's notes after consent has been given (consent not necessary where child protection issues have been identified)

#### **• Evaluating disclosures**

- Information should be stored in a systematic way so that audit, monitoring, process and outcome evaluation and can take place to reflect on and improve practice

• **Accountability, authority and responsibility of practitioners**

- Staff are accountable for: all information they record; actions they take to assist the victim; stating lawful grounds on which information is shared without consent
- Staff have the authority to: pass information to the safeguarding nurse adviser without consent from the parent if there are child protection concerns; share information without consent to other parties if there are lawful grounds to do so.
- Staff are responsible for: recording information accurately and passing information on to relevant partners; assisting the victim by referring into services, signposting to information, and/or helping the victim (and children) to safety if there is immediate danger.

**6.0 Support for staff after disclosures**

6.1 Staff may require emotional support after domestic abuse disclosures. Managers are responsible for making this available either through themselves, or by facilitating clinical or safeguarding supervision as appropriate.

**7.0 Documentation/Record Keeping**

7.1 Midwives will follow their own employer's policy, procedure and guidance for record keeping

7.2 Health Visitors will follow their own employer's policy, procedure and guidance for record keeping

**8.0 Information Sharing**

8.1 Health Visitors and midwives will follow the guidance referenced within the policy.

**9.0 Audit, Monitoring and Review**

9.1 Audit and monitoring will be undertaken in accordance with the policy by the Named/Lead professionals and the SoTW Strategic Group on an annual basis, review will take place two years from ratification.