
South Tyneside Domestic Violence Needs Assessment

Executive summary

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September 2011

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.
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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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