

North Tyneside

Domestic Abuse Needs Assessment 2021



North Tyneside Council

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Summary of recommendations

Recommendation 1: whilst undertaking the needs assessment, what is apparent is that a wealth and range of data is collected locally in North Tyneside and across the region. There is a lack of reliable local data on domestic abuse and therefore there is likely to be unmet need across North Tyneside. There also continues to be an overreliance on police data. There is a substantial need for better reporting and recording mechanisms to ensure that accurate, complete, and quality assured data is collected from across organisations and the system.

Partners and agencies share data with DAP regularly and review it quarterly, but more support is required alongside the development of tools to enable deep dives of the data e.g., the ability to overlay data from different partners, improved data sharing agreements to enable the use of data sets. In terms of data the following is recommended:

- A data subgroup which looks at data for North Tyneside on an ongoing basis is established. This will also help inform future requirements for an annual need's assessment (as part of its new duties) as well as the development of a data dashboard. For example, improved data sharing agreements which allow data sets to be overlayed and tools enabling deep dives.***
- Work with partners to collect additional data currently not collected as identified by MHCLG in the need's assessment template e.g. Marital status (victims and perpetrators), sexual status (victims and perpetrators), disability (victims and perpetrators), household structure, occupation, household income and education.***
- Work with partners to improve data to ensure that accurate, complete, and quality assured data is collected from across organisations and the system.***
- Data sharing across the region is improved to look at regional issues and more specifically look at cases where victims of domestic abuse move between local areas in terms of support through local refuges. This is so those individuals' journeys can be understood as well as understanding demand and pressures for refuges.***

Recommendation 2: Use police data to target campaigns / interventions in areas of deprivation that show consistently high levels of offences reported as well as areas that indicate potential under reporting. This should also be overlayed with data from commissioned services, Northumbria NHS Health Care Foundation Trust data to look at sources / locations of referrals.

Recommendation 3: North Tyneside to review alcohol and drugs services to understand if they can meet future demands which may be placed on them from both a victim and perpetrator perspective as a result of new duties under the new Domestic Abuse Act.

Recommendation 4: North Tyneside looks at and reviews its data collection linked to housing to ensure the following:

- Data is collected and analyzed in a timely manner as part of the new data dashboard for Domestic Abuse.***
- A single system is developed to collate data or an approach to collate and analyze data is developed from the current systems in use.***
- Review what data is collected to ensure it is streamlined and meets the requirements of the Domestic Abuse Act***

North Tyneside recently received DAHA accreditation, which is the UK benchmark for how housing providers should respond to domestic abuse in the UK. One of the recommendations from this process for North Tyneside was to look at its data collection and data systems for recording domestic abuse.

Recommendation 5: The recommendation is that an analysis of demand through the housing system (including Registered Social Landlords, Refuge, social accommodation, and council stock) needs to be undertaken to understand the demand for accommodation and identify gaps within North Tyneside for the next 3 years. The demand analysis should look at both a victim and perpetrator perspective / lens. This analysis should also feed into North Tyneside's Strategic Housing Market Assessment (SHMA).

Recommendation 6: Data from GP's practices should be explored as this is currently a gap. The recommendation would be to explore what data can be retrieved from GP practice systems. If its achievable this data and data from the trust could feed into the proposed data dashboard for North Tyneside.

Recommendation 7: Data recording in Adult Social Care needs to be improved as the new requirements come into place for the Domestic Abuse Act. Whilst we can record activity, we cannot describe what support we have offered or how we have reduced risk. The Domestic Abuse Act will bring in new requirements which we need to be able to demonstrate that we have supported people appropriately. The recommendation is to review current recording in terms of domestic abuse to align with the new requirements.

Recommendation 8: Data recording in Children's Social Care needs to be improved as the new requirements come into place for the Domestic Abuse Act. Whilst we can record activity, we cannot describe what support we have offered or how we have reduced risk linked to children. North Tyneside have a children's service commissioned to provide therapeutic support. The Domestic Abuse Act will bring in new requirements which recognises children who experience domestic abuse as victims in their own right. North Tyneside Council needs to be able to demonstrate that we have supported children appropriately and reduced risk. The recommendation is to:

- Review current recording in terms of domestic abuse to align with the new requirements of the Domestic Abuse Act.***

- *North Tyneside commissions Acorns with a contribution from the CCG. North Tyneside needs to understand how children and young people are currently supported if they experience or witness domestic abuse and to identify if there are any further gaps in provision or support.*

Recommendation 9: There is a substantial need for better reporting and recording mechanisms to ensure that accurate, complete, and quality data is collected to ensure equality requirements are being met as well as understanding who is accessing the service for support.

Recommendation 10: Commissioned services data should be reviewed to ensure that this remains fit for purpose, in line with the recommissioning of the services. A range of data is captured already as an integral part of the Authority's quality assurance and contract monitoring arrangements. This includes a detailed workbook which includes data regarding level of risk when entering and leaving the service. An analysis report with case studies is submitted quarterly alongside the workbook. Opportunities will be explored for strengthening our understanding of outcomes and impact through robust data monitoring, analysis and reporting.

Recommendation 11: North Tyneside should develop a work stream around perpetrators looking at:

- *Understanding the current evidence base, gaps, and barriers to support interventions for perpetrators*
- *Understanding the housing / accommodation gaps and barriers (as previously highlighted)*
- *Understanding the barriers to engagement, gaps and barriers to mental health, drug and alcohol services for perpetrators*

Introduction

Domestic abuse is a complex and challenging social problem within families, which is largely hidden and underreported and disproportionately affects women and children as victims. Domestic abuse includes a range of abusive behaviours which can exist within an adult intimate relationship or within other relationships between adults (aged 16 years or more).

Domestic abuse is not limited to physical violence. It can include repeated patterns of abusive behaviour to maintain power and control in a relationship. Domestic abuse, or domestic violence, is defined across Government as any incident of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.

In March 2013, the cross-government definition of domestic abuse was extended to include: ***'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.'***

The Domestic Abuse Act (2019/2020) seeks to raise awareness of domestic abuse, including by legislating for the first time for a statutory definition of domestic abuse. It aims to transform the justice response and provide greater support for victims of abuse. The Act also aspires to see the new Domestic Abuse Commissioner drive consistency and better performance in the response to domestic abuse. The Act has highlighted the need to reduce incidences of domestic abuse, the importance of offering a broad range of support packages for victims, interventions for perpetrators, and ensuring that services are fully funded and adequately resourced. The new statutory definition under Section 1 of the Act includes:

- Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if: (a) A and B are each aged 16 or over and are personally connected to each other, and (b) the behaviour is abusive.
- This includes physical, emotional, economic, sexual abuse and controlling and coercive behaviour.
- 'Personally connected' means: intimate partners, ex-partners, family members or individuals who share parental responsibility for a child

In any crisis, domestic abuse can deteriorate, and COVID-19 is no exception. Measures taken against the pandemic have inevitably produced conditions highly conducive to domestic abuse. Isolation, alongside with health and economic problems that accumulate has seen an upsurge of violence.

Social isolation is already a far too common phenomenon in the lives of domestic abuse survivors and is a powerful weapon used by abusers to perpetuate their cycles of violence by controlling and limiting the partner's access to the outside, denying them of support networks and reinforcing feelings of despair. The Covid-19 pandemic has exacerbated the issue for those already living in abusive relationships, who have found themselves to be even more isolated and trapped in such situations, given the lockdown measures and other restrictions which have been imposed.

It must of course be stressed that neither COVID-19 nor the measures taken by governments to counteract it cause domestic abuse. Domestic abuse is caused by individual perpetrators engaging in abuse and neither COVID-19 nor the measures taken to control it should in any way be viewed as an excuse for such actions. Domestic abuse is a system wide priority in North Tyneside and as highlighted above there are several factors in terms of new legislation and the current pandemic which demonstrate the need to refresh the domestic abuse needs assessment.

Purpose and scope

This domestic abuse needs assessment aims to:

- Update the previous needs assessment from 2018
- Understand the impact of Covid-19 on domestic abuse in North Tyneside
- Inform North Tyneside's response to the Domestic Abuse Act
- Identify gaps in data and areas for further work/research
- Underpin a review of accommodation provision and commissioned services in North Tyneside
- Describe and understand the population of North Tyneside
- Examine and understand the prevalence of domestic abuse in North Tyneside
- Describe the risk and protective factors associated with domestic abuse and consider them in the North Tyneside context where possible
- Describe domestic abuse service provision and identify potential service gaps and opportunities
- Assess demand upon current services
- Rapid review of the evidence base
- Determine whether the current domestic abuse service provision meets the identified needs and demands of the local population.

Although physical abuse of children may co-exist with domestic abuse, it was beyond the scope of this needs assessment to explore the issue of child abuse resulting from violence directed towards or resulting in physical harm to the child.

National Policy Context

Government strategy

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) in 2016 developed guidance on multi-agency working to highlight the need for co-ordinated partnership working at operational and strategic levels, along with training and organisational support. This quality standard covers domestic violence and abuse in adults and young people aged 16 years and over [NICE Quality Standard Domestic violence and abuse](#) .

Ending Violence Against Women and Girls Strategy

The [Ending Violence Against Women and Girls Strategy](#) 2016-20 was published by the Home Office in March 2016. It consolidates action taken by the government to tackle stalking, forced marriage, female genital mutilation, revenge pornography, and coercive or controlling behaviour. The strategy's vision is that by 2020:

- There will be a reduction in the number of victims of violence against women and girls (VAWG) through an improved criminal justice response and perpetrator support.
- Greater priority of earlier intervention and prevention across all services.
- Specialist support made available for the most vulnerable victims.
- More interagency working across local areas to spot victims.
- Women will be able to disclose experiences of violence to all public services.
- Stronger emphasis on protecting VAWG victims through evidence-based practice.

Over the three-year Spending Review period up to March 2020, the government pledged £80m of dedicated funding to support refuges and other accommodation-based services, a network of rape support centres and a network of national helplines.

In November 2018, 63 projects were allocated a share of the £22m Domestic Abuse Fund over two years. The money was given to councils to pay for the creation of an additional 2,200 beds in refuges and other safe accommodation, improve access to education and training for survivors, and provide life skills support.

Joint inspections of the response to children living with domestic abuse

[Joint targeted area inspection \(JTAI\) programme](#), began in September 2016 to examine the multi-agency response to children living with domestic abuse. JTAI consider the extent to which children's social care, health professionals, the police and probation officers were effective in safeguarding children who live with domestic abuse.

Main findings of the national JTAI programme:

- Professionals have made progress in dealing with the immediate challenges presented by the volume of cases of domestic abuse.
- Domestic abuse is a widespread public health issue that needs a long-term strategy to reduce its prevalence.

- Too little is being done to prevent domestic abuse and repair the damage that it does.
- Work with families was often reactionary to individual crises rather than preventative.
- Keeping children safe over time takes long-term resolutions.
- Agencies are not always focusing enough on the perpetrator.
- There is still a lack of clarity about how to navigate the complexities of information sharing.

Tackling violence against women and girl's strategy 2021

This Strategy has been shaped by a comprehensive Call for Evidence on violence against women and girls which the Home Office ran in two phases. Phase 1 invited the public to respond between 10 December 2020 and 19 February 2021. In Phase 2, the public survey was reopened by the Home Secretary between 12 March and 26 March 2021, following the tragic rape and murder of Sarah Everard. Where applicable, we refer to the data and evidence gathered from these periods as Phase 1 and Phase 2 throughout the Strategy. The Call for Evidence included:

- A public-facing survey which represented the first time the Government has invited views from the public to inform a Violence Against Women and Girls Strategy, as well as a nationally representative survey to ensure a fair representation of views from across our society.
- A victim and survivor survey to better understand lived experiences of people when accessing support and the criminal justice system, distributed via specialist support organisations.
- 16 focus groups with a range of expert organisations and professionals to discuss specific crime types as well as broader issues.
- Written submissions from a wide range of expert respondents which provided information on the scope, scale, and prevalence of these crimes, prevention, support available, perpetrator management and more.

Through this process, the Government sought to better understand these crimes, the impact they have on individuals and communities, and what more can be done to tackle them. The Call for Evidence received over 180,000 responses, making this the largest ever consultation the Government has run in this area. The responses and engagement have provided us with rich evidence which has informed this Strategy. The evidence collected through the Call for Evidence is presented throughout each section of the Strategy.

The Call for Evidence was open to people aged 16 or over across England and Wales. Respondents tended to be female and aged between 16 and 34. But we heard from a wide range of people, including from different locations across the country and different ethnicities, and of different ages and sexual orientations. A number of these respondents, or their friends, family or colleagues, had been directly affected by these crimes. The quotes from the Call for Evidence which can be found throughout this Strategy are the voices of real people who participated in the consultation.

Domestic Violence and Abuse Act

The domestic violence and abuse act provides the first statutory definition of domestic abuse. The new definition in the draft Act applies to relationships between two people aged 16 and over who are "personally connected". It defines behaviour as abusive if it consists of : physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse; and conduct towards a third party, such as a child, that affects a partner.

The Act also sets out a series of measures the government will take to tackle the issue. These include:

- Establishing the Domestic Abuse Commissioner
- Providing for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
- Prohibiting perpetrators of domestic abuse cross-examining victims in person in the courts
- Making Domestic Violence Disclosure Scheme guidance statutory.
- Introducing new duty on councils to provide secure lifetime tenancies for social tenants affected by domestic abuse.

Statutory guidance to accompany the definition of domestic violence will expand further on the different types of abuse and the forms they can take. This will include types of abuse which are experienced by specific communities or groups, such as migrant women or ethnic minorities and teenage relationship abuse. This will also recognise that victims of domestic abuse are predominantly female.

The government says the statutory guidance will also "recognise the devastating impact that domestic abuse can have on children who are exposed to it" and "ensure that agencies are aware of it and how to appropriately identify and respond". The guidance will apply to all statutory and non-statutory service providers to help improve consistency of practice across the country.

Local Context

North Tyneside's Domestic Abuse Partnership (DAP) is the strategic group that coordinates the local approach to afford protection, provision and prevention for people exposed to domestic abuse. The partnerships' action plan sets out the agreed priorities for the coming year. The historic reporting arrangements of the DAP has been solely into the Community Safety Partnership. This arrangement has worked well, and a range of partners have had a strong commitment to the protection, provision and prevention for people exposed to domestic abuse.

However, due to the proposed changes within the draft Domestic Abuse Act the governance arrangements will be reviewed to ensure they continue to meet needs and improve practice across the system in North Tyneside.

Impact, consequences, and costs

The impact of domestic abuse is not only felt by individuals but across families, communities, schools, health services, the Police, social services, the criminal justice system, housing services, voluntary sector services and many others.

The Women's Aid Annual Survey, The Domestic Abuse Report 2021: The Annual Audit⁽¹⁾, presents information on the provision and usage of domestic abuse services in England, mainly focusing on the financial year 2019-20 but this year it has included an additional section on the impact of the Covid-19 pandemic. Data from this survey demonstrates the impact and consequences of domestic abuse. Data is based on 27,130 survivors (supported by 68 organisations running 101 domestic abuse services in England and using On Track during 2019-20). Due to the nature of domestic abuse many families are affected for a number of years before they get any support, and findings from research indicates (of a sub-sample of service users):

- The length of abuse experienced ranged from less than a month to 64 years; the average was six years.
- 36.6% of service users who had support needs around mental health had experienced emotional abuse and had experienced jealous or controlling behaviour.
- 36.9% reported feeling depressed or having suicidal thoughts as a result of the abuse.
- 88.1 % had experienced emotional abuse.
- 66.9% had experienced jealous or controlling behaviour.
- Every week, two women are killed by a current or former partner in England and Wales.⁽²⁾
- One in four women have experienced domestic abuse in their lifetime and domestic abuse represents a third of all violent crime recorded by the police.^(3, 4)

Impact on mental and physical health

Mental health problems are a common consequence of experiencing domestic abuse⁽⁵⁾ both for adults and children. Having mental health issues can render a person more vulnerable to abuse⁽⁶⁾. It is therefore perhaps unsurprising that a significant proportion of people accessing mental health services have experienced abuse⁽⁷⁾.

Survivors of domestic abuse have been found to be at greater risk of having a diagnosed mental health condition: a three-fold risk of depressive disorders, four-fold risk of anxiety, and seven-fold risk of post-traumatic stress disorder (PTSD)⁽⁸⁾. The impact of domestic abuse on a person's mental health tragically leads to an increased risk of suicide⁽⁹⁾.

The short-term physical effects of violence can include minor injuries or serious conditions. They can include bruises, cuts, broken bones, or injuries to organs and other parts of the body. Some physical injuries are difficult or impossible to see without scans, x-rays, or other tests done by a doctor or nurses. Short-term physical effects of sexual violence can include:

- Vaginal bleeding or pelvic pain
- Unwanted pregnancy
- Sexually transmitted infections (STIs)

Violence against women, including sexual or physical violence, is linked to many long-term health problems. These can include ⁽¹⁰⁾:

- Arthritis
- Asthma
- Chronic pain
- Digestive problems such as stomach ulcers
- Heart problems
- Irritable bowel syndrome
- Nightmares and problems sleeping
- Migraine headaches
- Sexual problems such as pain during sex
- Stress
- Problems with the immune system

Social and economic factors

The current definition of domestic abuse includes financial abuse, aimed at limiting and controlling the victim's actions and freedom of choice. Such abuse can result in:

- interfering with the victim's employment, education or training
- controlling access to all household finances
- refusing to contribute to shared household expenses
- insisting that the victim takes out loans and credit in their sole name
- direct theft
- forcing into dishonest, illegal actions

Loss of accessible income and/or property may result in a victim having fewer resources to take care of their health, such as an inability to reside in good quality housing and not being able to maintain good nutrition.

Impact on children

Children who are exposed to domestic abuse experience increased levels of fear, inhibition, anxiety, and depression compared to their peers ⁽¹¹⁾. One study estimates that children who live in a household with domestic abuse are three times more likely than other children to have a conduct disorder ⁽¹²⁾, emerging evidence also suggests that children living with domestic abuse are at a higher risk of poor health outcomes in adulthood.

Children continue to experience mental and physical health problems because of exposure to domestic abuse both throughout their childhood and into adulthood. School-aged children

experience poor self-esteem and low confidence and are more likely to experience guilt and shame about the abuse. One study found that over half of children (52%) had developed behavioural problems, over a third (39%) had difficulties adjusting at school and nearly two thirds (60%) felt responsible or to blame for negative events⁽¹³⁾.

Studies also show that in adolescence, children and young people who have been exposed to domestic abuse can experience higher rates of interpersonal problems with other family members, and have an increased rate of risk taking and anti-social behaviour, such as school truancy, early sexual activity, substance misuse, and delinquency⁽¹⁴⁾.

Adverse experiences in early childhood, such as experiencing domestic abuse, can also have a negative impact on later mental health. One study found that adults who had suffered four or more types of ACEs (which could include domestic abuse) were almost ten times more likely to have felt suicidal or self-harmed than those who had experienced none⁽¹⁵⁾.

Impact on older people

Research suggests that because of so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. People have the idea that domestic abuse affects younger women or women with young children, and that it doesn't really affect people over 65⁽¹⁶⁾. These assumptions may encourage health professionals to link injuries, confusion, or depression to age related concerns rather than domestic abuse.

Research shows that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help⁽¹⁷⁾. For example, of the older adults that are visible to services, a quarter have lived with abuse for more than 20 years⁽¹⁸⁾. This can present issues in service uptake for this client group, who may feel additional pressures to stay with an abusive partner related to the length of time they have experienced the abuse. For example, they may feel increased anxiety about leaving behind a "lifetime of contributions to the family business, homes, and other assets"⁽¹⁹⁾ such as pets or treasured possessions.

In February 2020, Hourglass commissioned research into the general public's knowledge and understanding of the abuse of older people. Overall, 2,494 people took part in the survey and found that 1 in 5 (22 percent) people either had personal experience of abuse as an older person (aged 65+) or knew an older person who had been abused, and 53% of people in the UK felt that the abuse and neglect of older people had increased as a result of lockdown. Previous estimates have put the figure significantly lower, with the World Health Organisation estimating that – globally – 1 in 6 people aged 60 and older experienced some form of abuse in the last year.

Child to parent violence and abuse (CPVA)

Child to parent violence and abuse (CPVA) is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and several different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse.

The first large scale study of adolescent to parent violence and abuse in the UK was conducted by the University of Oxford (see <http://apv.crim.ox.ac.uk/>) between 2010 and 2013. Practitioners and parents interviewed in this study described the abuse as often involving a pattern of aggressive, abusive, and violent acts across a prolonged period. As well as physically assaulting their parents, those interviewed said their teenage children had smashed up property, kicked holes in doors, broken windows, had thrown things at their parents, and made threats. Verbal abuse and other controlling behaviours were also commonly present. This pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour to avoid conflict, contain or minimise violence. This study found that there was no single explanation for this problem. Families described a range of reasons which they saw to be the cause for CPVA, including substance abuse, mental health problems, learning difficulties, or a family history of domestic violence or self-harm. Some families were at a loss to explain why their child was so aggressive towards them, having raised other children who did not display such behaviour⁽²⁰⁾.

Lesbian, gay, bisexual, and transgender (LGBT) communities

Galop has provided advice, support, research and lobbying around the issues of LGBT+ policing for over 30 years. Galop have researched and documented the impact of domestic abuse on LGBT communities⁽²¹⁾. Heterosexual and LGBT people may experience similar patterns of domestic abuse, there are however some specific issues that are unique to the experiences of LGBT people, which may include:

- Threat of disclosure of sexual orientation and gender identity to family, friends, or work colleagues.
- Increased isolation because of factors like lack of family support or safety nets.
- Undermining someone's sense of gender or sexual identity.
- Limiting or controlling access to spaces and networks relevant to coming out and coming to terms with gender and sexual identity.
- The abused may believe they 'deserve' the abuse because of internalised negative beliefs about themselves.
- The abused may believe that no help is available due to experienced or perceived homo/bi/transphobia of support services and criminal justice system.

With specific reference to LGBT partner abuse:

- Using society's heterosexist myths about aggression and violence abusive partners may manipulate and convince their partner that no one will believe the abuse is real.
- Abusive partner may manipulate their partners into believing that abuse is a 'normal' part of same-sex relationships.
- Abusive partners can give the idea that the violence is mutual or that the abused partner consents to the abuse.
- Abusive partner may threaten to call the police and claim they are the abused person.
- The abusive partner may pressure their partner to minimise abuse to protect the image of the LGBT community.

With specific reference to trans persons:

- Withholding medication or preventing treatment needed to express victim's gender

identity (e.g. hormones, surgery).

- The abuser might refuse to use correct pronouns and prevent the abused from telling other people about their trans background or identity.
- The abuser might use pejorative names and ridiculing persons' body image (body shaming).
- The abuser might convince or manipulate their partner that nobody would believe them because they're transgender.
- The abuser might deny a person's access to medical treatment or hormones or coercing them into not pursuing medical treatment.

Refugees and migrants

With no family support, no friends, no finance, no confidence, and often feeling isolated, many migrant women feel totally alone and do not know where to go for help. Domestic abuse is not limited by borders, culture, class, education or migration status and there is now considerable evidence to show that migrant and refugee women are often at higher risk of domestic abuse.

When migration law gives a spouse control over the immigration status of family members, it forces many women to endure violence, as they are too afraid to seek help. The perpetrators reinforce their power by using women's immigration status to threaten them. Migrant and refugee women may not report violence or abuse because they may be:

- Humiliated by their community
- Taught that family duty comes first
- Accused of leaving or failing their culture and background
- Lied to about their partner's ability to have them deported and keep their children

Some migrant victims and their children can face destitution due to a lack of entitlement to welfare support because of their immigration status, and fear of deportation. This can be particularly acute for women with insecure immigration status and no recourse to public funds (NRPF).

Financial Costs to society

In 2019, the Home Office estimated the total cost of domestic abuse for victims who were identified in a single year at £66 million. Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 million in England and Wales. The biggest component of the estimated cost is the physical and emotional harms incurred by victims (£47 million), particularly the emotional harms (the fear, anxiety and depression experienced by victims because of domestic abuse), which account for most of the overall costs.

The cost to the economy is also considerable, with an estimated £14 million arising from lost output due to time off work and reduced productivity because of domestic abuse. Some of the cost will be borne by Government such as the costs to health services (£2.3 million) and the police (£1.3 million). Some of the cost of victim services will also fall to Government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services and repairs and maintenance. Victim services costs also include

expenditure by charities and the time given up by volunteers to support victims (Table 1: Total costs of domestic abuse in England and Wales for 2016/17 (£ millions))

Table 1: Total costs of domestic abuse in England and Wales for 2016/17 (£ millions)

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	£11m	£66,192m

(Source: Home Office 2019)

To estimate the unit cost for an average domestic abuse victim, the total cost estimates have been divided by the total estimated number of domestic abuse victims (1,946,000 in the year ending 31 March 2017 (Office for National Statistics, 2017a)). The estimated cost for a single victim of domestic abuse is £34,015. While this represents an average, there are a range of different types of violent and sexual offences that victims of domestic abuse can experience.

Most extreme is the cost of domestic homicide, which has an estimated unit cost of £2.2 million arising from the cost of harms, health services and lost output (Table 2: Unit costs of domestic abuse in England and Wales for 2016/17)

Table 2: Unit costs of domestic abuse in England and Wales for 2016/17¹

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£5	£24,300	£7,245	£1,200	£370	£645	£170	£70	£5	£34,015

(Source: Home Office 2019)

While the £66 million estimate of the costs of domestic abuse appear large, they are likely to be an under-estimate. In particular, the CSEW data at the heart of the estimate does not enable full consideration of the number of injuries incurred by victims during their abuse, so the physical harms are likely to be under-estimated. The £66 million estimate represents the most comprehensive estimate yet of the economic and social costs of domestic abuse.

Alcohol and domestic abuse

The links between alcohol and domestic abuse are complex and not always well understood. Indeed, alcohol abuse and domestic abuse seem to be inextricably linked, and while alcohol use does not cause domestic abuse, alcohol can be a factor in domestic abuse. Alcohol (and other drugs) do not cause domestic abuse. However, both perpetrators and victims of domestic abuse may drink alcohol. Research (Gadd et al., 2019; Graham et al., 2011)^{23, 24} shows that alcohol can:

- Increase the risk of perpetrating domestic abuse
- Increase the risk of being a victim of domestic abuse
- Increase the severity of domestic abuse

With the enormous pressures on families locked down during the COVID-19 pandemic and incidences of substance abuse and mental health issues increasing, understanding what percentage of alcohol abuse is domestic abuse-related or the reverse will be a key factor. The truth is that both alcohol use and domestic abuse are often escalating situations posing risks and dangers to all involved.

When one partner exerts coercive control over another and engages in repeated physical, emotional, and sexual abuse of that individual, numerous dangers exist, including unintended pregnancies, sexual diseases, HIV/AIDS, hospitalizations, even death. Children in the family who may witness parental drinking and domestic violence, or intimate partner violence are likely to be themselves traumatized and may, according to research, go on to become abusers and heavy drinkers in adulthood.

Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault ⁽²⁵⁾, although in some studies the figure is as high as 73% ⁽²⁶⁾. For victims of domestic violence, turning to alcohol as a means of coping is cited across numerous studies. Whilst it is ineffective to change the situation, alcohol use helps to mask, at least temporarily, some of the stresses, fears, and insecurities inherent in abusive relationships.

There are many reasons why victims of domestic abuse may drink. Amongst those caught up in long-term domestic abuse, there is evidence that they may use alcohol to cope with the effects of domestic abuse. Indeed, one study found that women who suffered domestic abuse from their partners were twice as likely to drink after the abuse as their violent partner ⁽²⁷⁾. Unfortunately, reliance on alcohol can lead to alcohol dependence and addiction, as well as worsening the family dynamic, endangering adults, and children in this toxic atmosphere.

Alcohol is associated with incidents of physical and severe physical domestic violence ⁽²⁷⁾, and this is also true for incidences of sexual assault ⁽²⁸⁾. It is well documented that alcohol is a risk factor for many aggressive and violent acts; with around 60% of murders committed under the influence of alcohol ⁽²⁸⁾. In terms of domestic abuse, research indicates that between 25% and 50% of perpetrators have been drinking at the time of assault ⁽²⁵⁾ although in some studies the figure is as high as 73% ⁽²⁹⁾.

Local Demographics

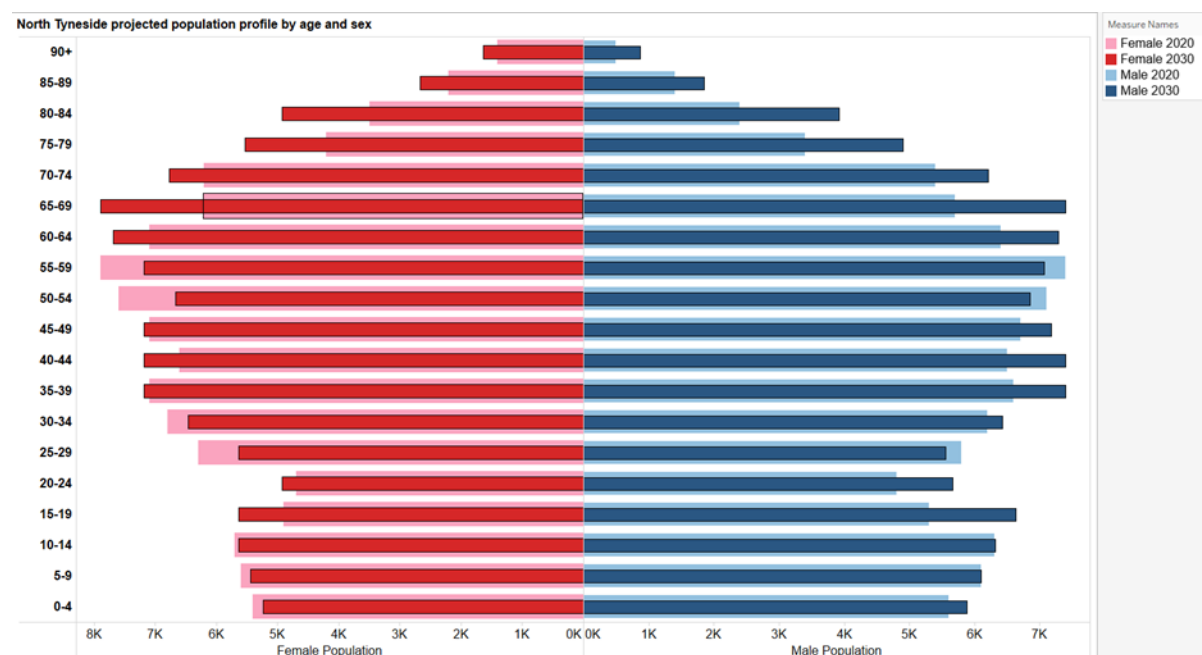
North Tyneside is one of five metropolitan districts within the Tyne and Wear conurbation, with an area of 82 square kilometres. It has the North Sea to the east, the River Tyne to the south, and Newcastle City to the west. Northumberland County forms the northern boundary. The borough is bisected east/west by the A19 and north/south by the A1058 Coast Road. The Coast Road provides a direct route through to Newcastle city centre, whilst the A19 goes north to join with the A1 in Northumberland and south through the Tyne Tunnel to provide a route through the North East region to North Yorkshire.

North Tyneside Health and Wellbeing Overview 2020-21

In the last two decades many of the indicators of health and wellbeing have improved significantly in North Tyneside however they remain today on average worse than those for England. Health inequalities persist within the borough and as a result the overall picture of health and wellbeing across North Tyneside is mixed.

Population

North Tyneside has a population of 207,913.



2018 Age groups

0-15	37,152
16-64	127,668
Over 65	41,165
75+	18,130
85+	5,375

	2020 population	Increase from 2017
Male population	99,600	0.77%
Female population	106,300	0.63%
Total population	205,900	0.7%

	2030 population	Increase from 2017
Male population	101,900	3.1%
Female population	108,700	2.9%
Total population	210,600	3.0%

Index of Deprivation

In the 2019 English Indices of Deprivation, North Tyneside was ranked 128 out of 317 (where 1 is the worst and 317 is the best). As a relative measure of multiple deprivation experienced by people living in an area, it provides a place-based insight into deprivation. Whilst overall North Tyneside's ranking does not lie within the two most deprived quintiles as some other NE authorities, there are some neighbourhoods within the borough that lie within the most deprived decile of neighbourhoods in England. It is these inequalities which drive the different experience of health and wellbeing across our communities. In the 2019 IMD North Tyneside ranked 128 out of 317 authorities (higher is better). In the 2015 IMD, North Tyneside ranked 126, a relative improvement in reported rank.

Most deprived

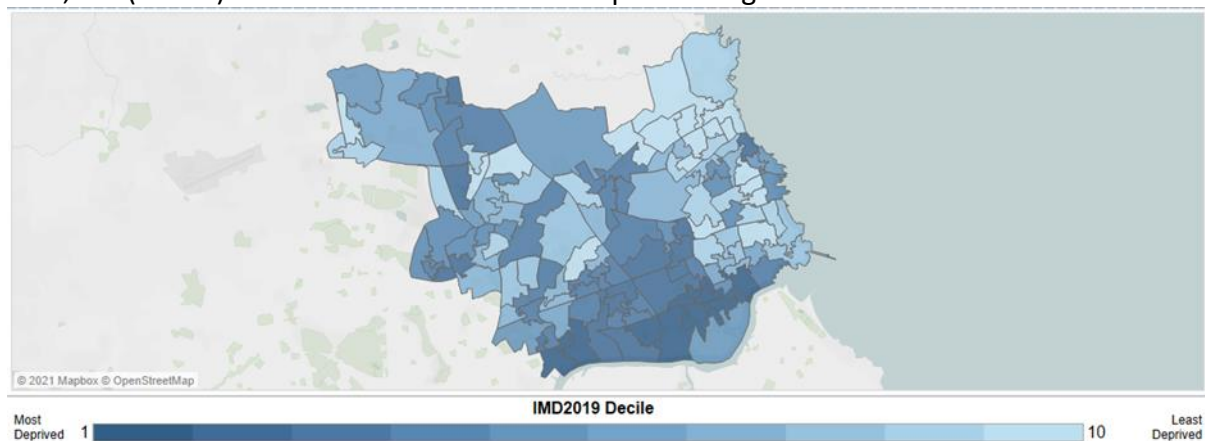
Based on the 2019 Index of Multiple Deprivation

- 19,134 (9.3%) of North Tyneside residents live in the 10% most deprived neighbourhoods in England
- 24,388 (11.8%) live in the 10% - 20% most deprived neighbourhoods.

Least deprived

Based on the 2019 Index of Multiple Deprivation

- 27,185 (13.3%) of North Tyneside residents live in the 10% least deprived neighbourhoods in England
- 22,352 (10.9%) live in the 10% - 20% least deprived neighbourhoods.



Life Expectancy

Average life expectancy in North Tyneside over the last decade for both men and women has stalled. Average life expectancy for women in North Tyneside is currently 82 years. This is slightly better than the North East average but is 1.4 years lower than the average for England. There has been a small overall increase of 1 year for women over the last 10 years, but worryingly since 2014 life expectancy for women has declined by 0.6 years.

Average life expectancy for men is currently 78 years which is similar to the average for the North East but is significant lower (1.6 years) than that for England. There has been a small overall increase of 1.5 years over the last 10 years. Since 2014 average life expectancy for men has shown a small increase of 0.4 years.

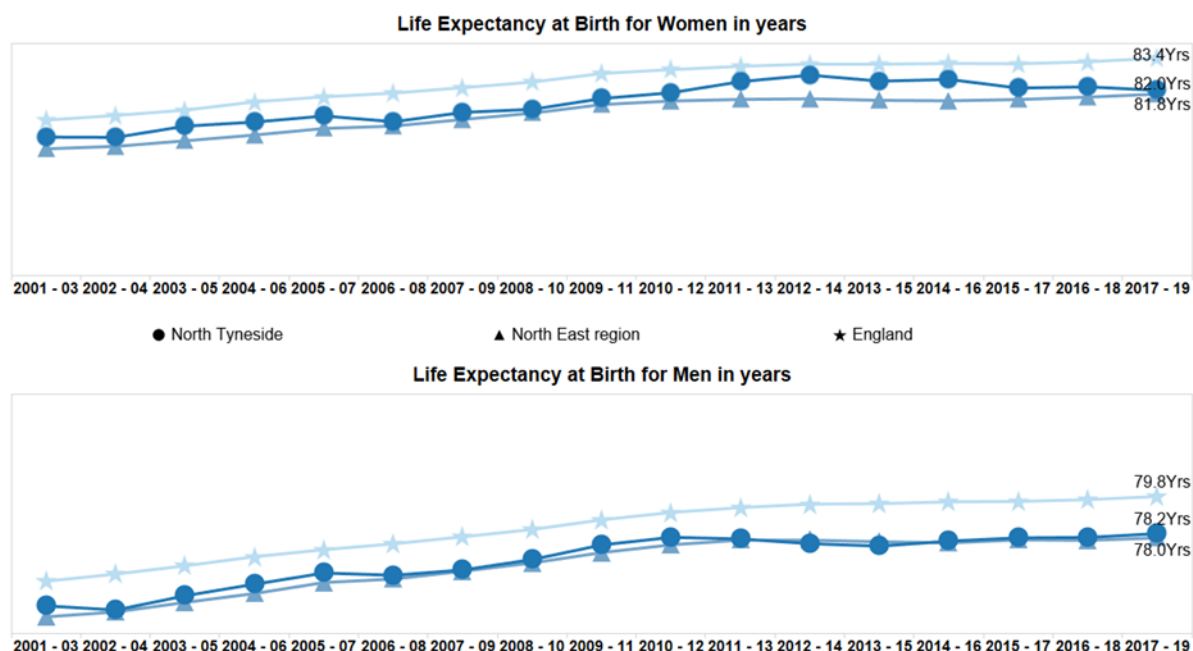


Figure 1: Average life expectancy in North Tyneside

Trends in average healthy life expectancy are different for men and women in North Tyneside. Women in the borough not only live longer but experience more of those years in better health. For men, healthy life expectancy is 60.7 years and in comparison, the average for women is 63.3 years. Over the last 10 years healthy life expectancy for men has improved by 0.5 years and for women by 1.7 years. However, over the last 5 years there has been a decrease in average healthy life expectancy for men.

There is a relationship between lower healthy life expectancy and levels of deprivation and men and women in our least deprived areas, on average spend 14.5 more years spent in good health compared to our most deprived communities.

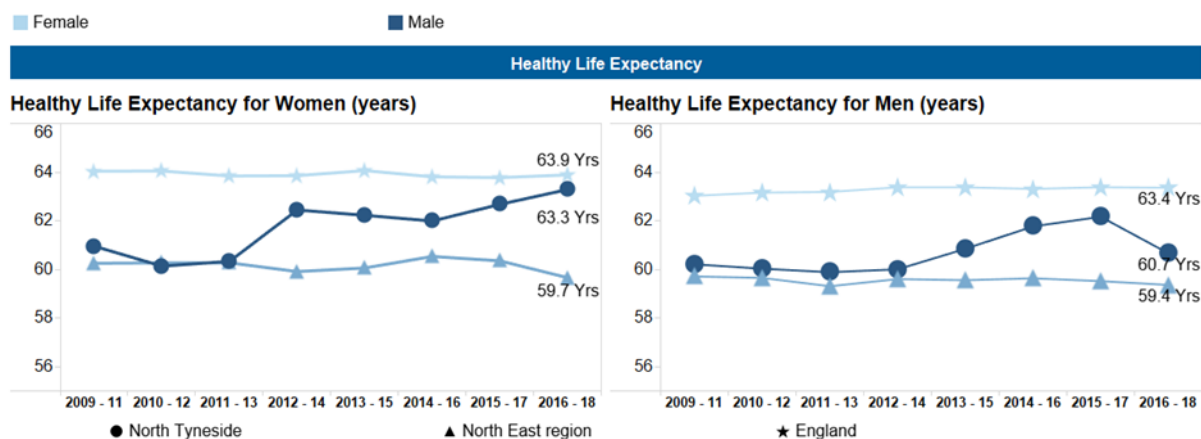


Figure 2: Healthy life expectancy in North Tyneside

There are wide inequalities across the borough, with persistent pockets of deprivation particularly in the wards of Riverside and Chirton. Men and women from our least deprived areas live longer, compared to residents from our most deprived areas. For men they live 11.7 longer and for women 10.6 years longer. Data for 2017-2019 shows the health inequality gap has widened by 1.1 years for men and by 1.3 years for women, since data started to be collected in 2010-2012.

The gap in life expectancy within the Borough is significant.

A child born today in the most deprived part of the Borough can expect to live on average, over **11 years less** than a child born in the least deprived part.

Slope Index of Inequality (SII) Life Expectancy gap within North Tyneside in years (2015/2019 IMD)

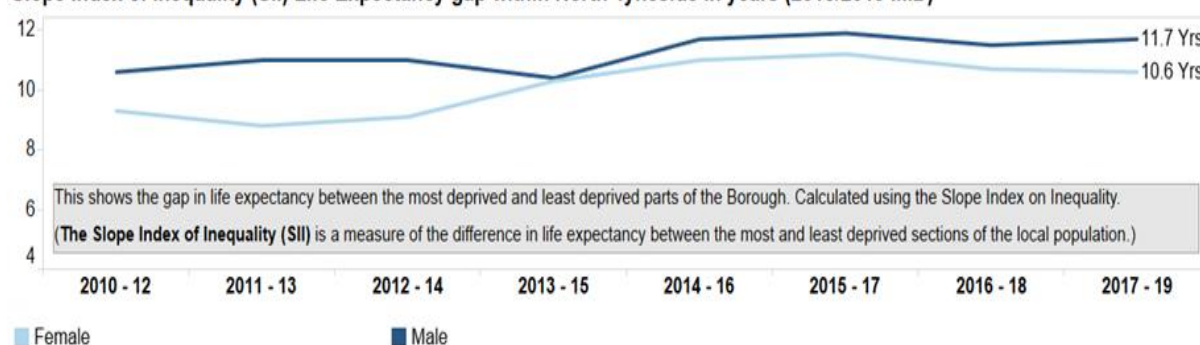


Figure 3: Life expectancy gap

Premature mortality

Cancer, cardiovascular disease (CVD) and respiratory disease remain the leading causes of premature death in North Tyneside. Age standardised mortality rates for all three diseases are higher than the England rate.

- Cancer remains the most significant cause of premature mortality in North Tyneside with 876 deaths between 2017 and 2019.
- Although CVD mortality has declined faster than cancer; there were still 461 premature deaths between 2017 and 2019 from CVD.
- COPD is one of the major respiratory diseases and smoking is a major cause of COPD. In North Tyneside there were 238 deaths in the period 2017 to 2019.
- People are also dying from liver disease at a younger age compared to the national average. Deaths due to liver disease are heavily influenced by both alcohol and obesity. In North Tyneside there were 142 deaths between 2017 and 2019.
- Social factors, behavioural risk factors and late presentation, diagnosis and treatment contribute to the premature mortality. However, much of this premature mortality is preventable. In total there were 1,034 deaths in North Tyneside that were considered as preventable between 2017 and 2019.
- Almost half of the gap in life expectancy between the most and least deprived areas in England is due to excess deaths from circulatory disease (heart disease and stroke) and cancer in the most deprived areas.

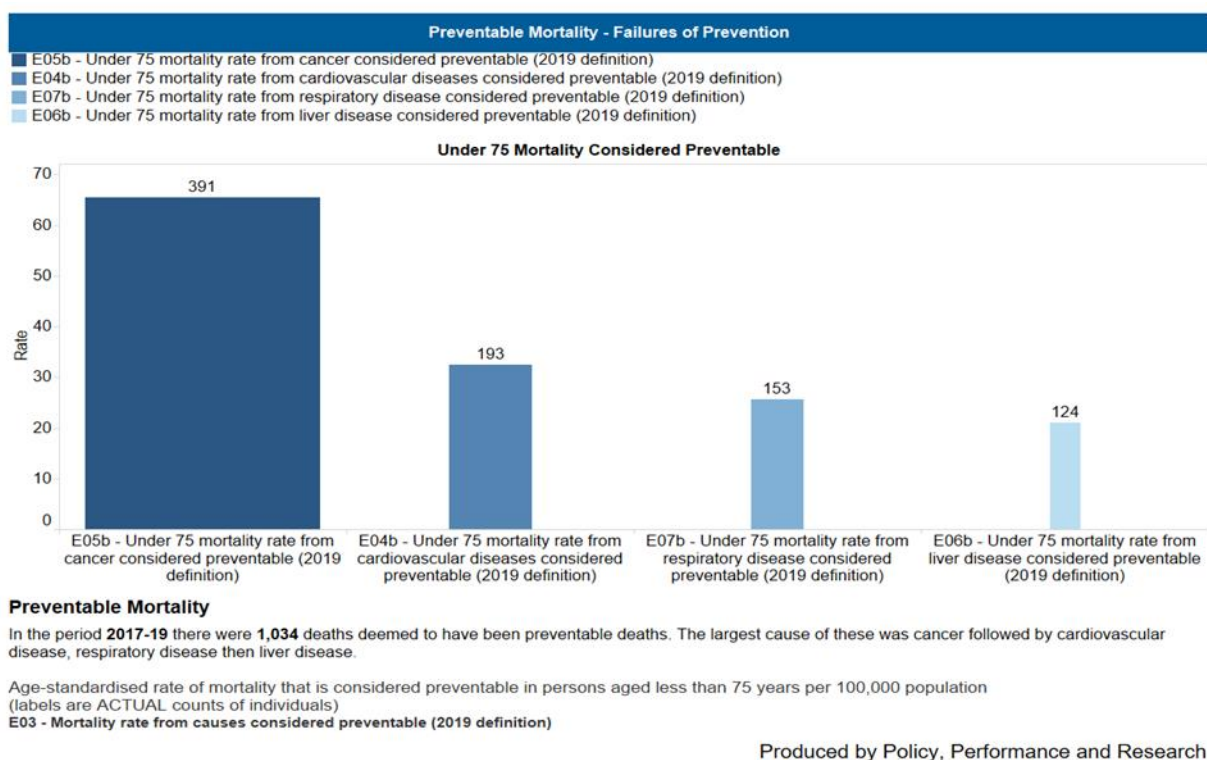


Figure 4: Preventable mortality in North Tyneside

Behavioural risk factors

- Major risk factors for poor health include unhealthy diets, smoking, drinking too much alcohol and physical inactivity.
- Just over two thirds (66.2%) of adults in North Tyneside are overweight or obese (2019-20).
- There are increasing numbers of people who have type 2 diabetes. There are 14,279 individuals in North Tyneside with type 2 diabetes (8.5%).
- It is estimated that 11.6% of adults have non-diabetic hyperglycaemia and thus represent an opportunity to prevent from developing type 2 diabetes.
- The number of adults smoking in North Tyneside has significantly declined over the last decade to an all-time low of 13.9% (2019). However, there is variation in North Tyneside: 1 in 4 of adults in the most deprived areas of North Tyneside smoke compared to only 1 in 6 in our least deprived areas.
- Alcohol related admissions to hospital are higher in North Tyneside compared to the national average. In 2018-19 there were over 2,200 hospital admissions for alcohol-related conditions.
- 23.5% of the population is drinking at levels that risk damaging health.
- 67.1% of adults are classified as physically active (2018-19).

Children and young people

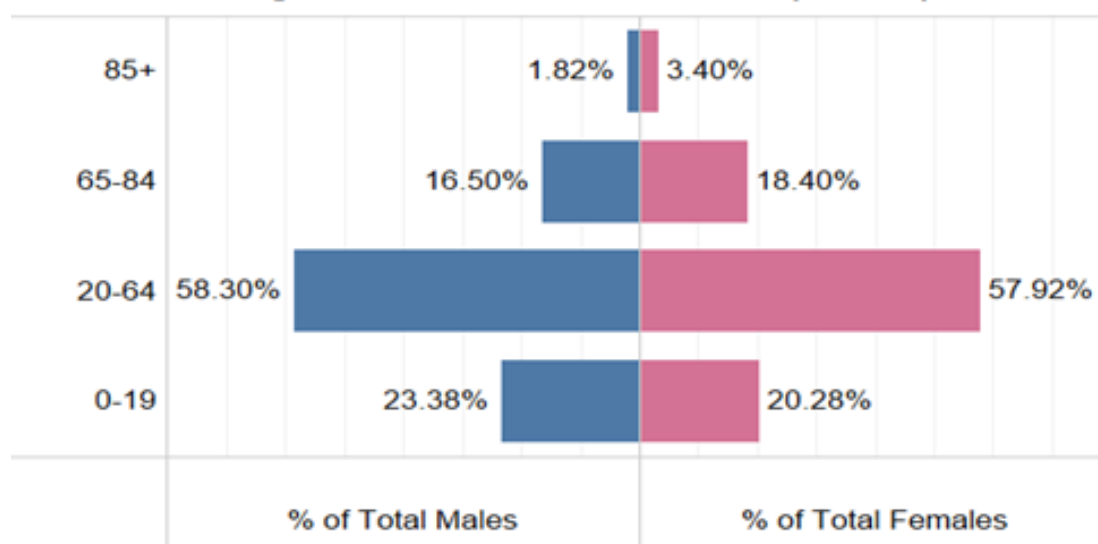
- 17% of children in North Tyneside are living in low-income families. There is a persistent gap in educational attainment between disadvantaged children and other children in the borough.

- The rate of obese children doubles between five-year olds and 10 year olds. One in 10 children are obese aged 4-5, and one in five by aged 10. There is a clear relationship between deprivation and obesity.
- 10.5% of 15-year-olds are regular smokers (this is similar to the England average).

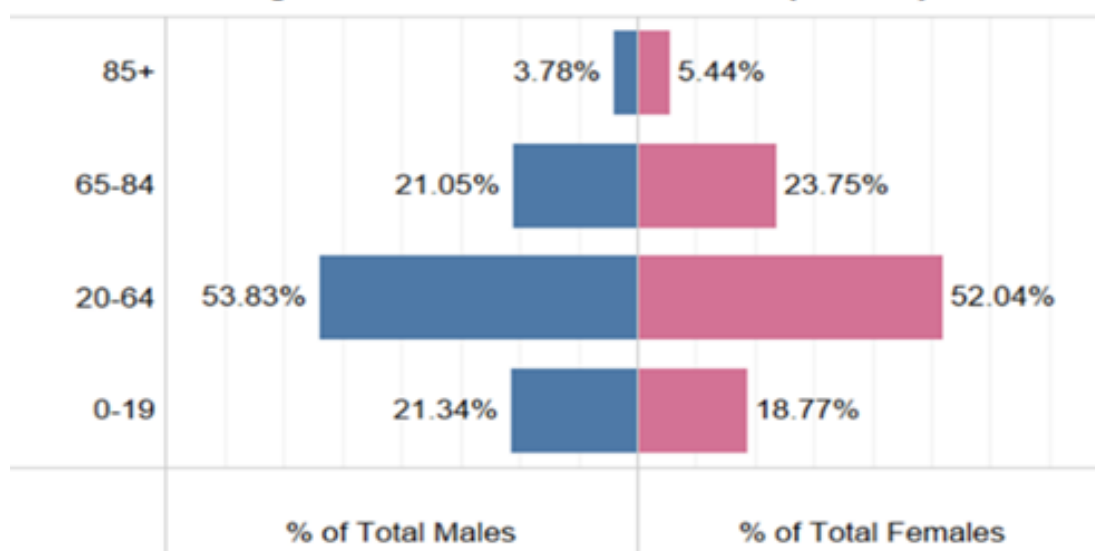
An ageing population

- North Tyneside's population is getting older
- There are growing numbers of people with multiple long-term conditions and frailty.
- More than one in 10 of the adult population has a caring responsibility. An estimated 14% of people over 65 years old are caring for someone.
- There are just under 15,000 older people over the age of 65 who live alone.
- By 2040 there will be 13,000 (27% increase) more people aged between 65-84 and 5,000 (100% increase) more people aged over 85 years living in North Tyneside.
- The number of people aged over 75 living alone is predicted to rise by 41.9% by 2040.

Population Bands (2018)



Population Bands (2040)



COVID-19 Pandemic

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and has presented and still presents an unprecedented challenge to public health. Declared a public health emergency of international concern by the WHO, there is no aspect of life in the UK that has not been significantly affected.

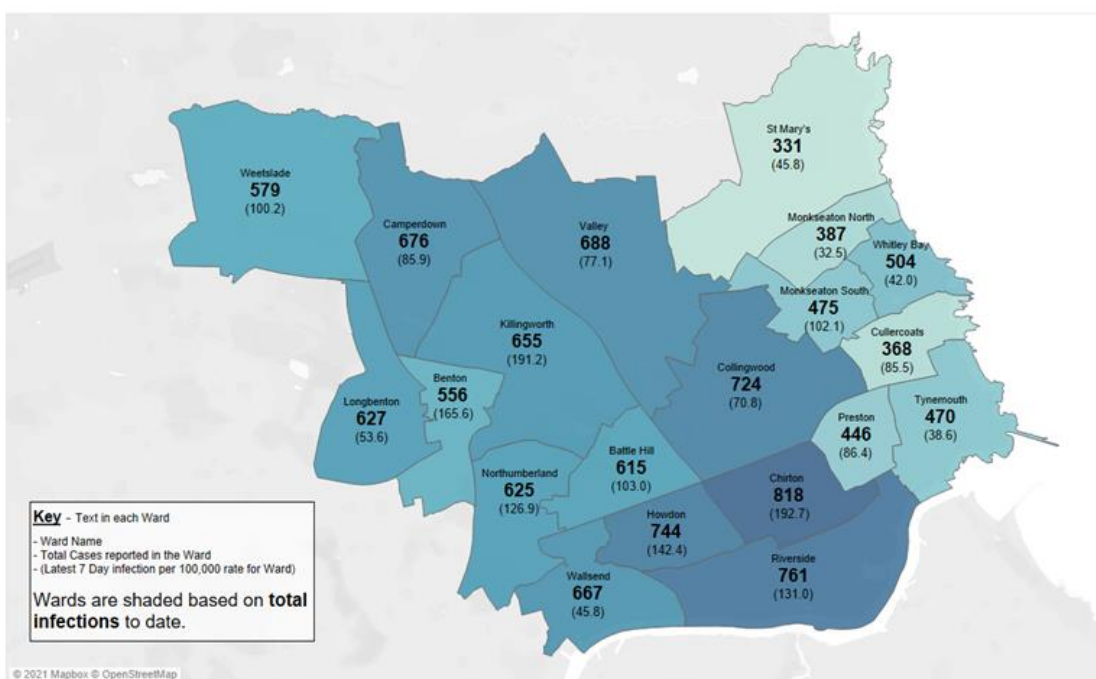
There have been a range of both direct and indirect impacts on health and wellbeing. As well as the direct impacts of COVID-19 disease, the social distancing and lockdown measures have had a huge and unequal impact of their own on individuals, households and communities through the restrictions imposed on our everyday social and economic activities. We have yet to understand the full extent of the impacts on health and wellbeing.

- The first case reported in North Tyneside was 12 months ago, on 5 March 2020
- Since then, a total of 11,736 positive cases in have been reported in North Tyneside.
- The rate of infection across the population has not been experienced evenly.
- Of these positive cases, 55% are female, and 45% were male.
- The 0-19 population represent 6.4% of cases, with the 20-59 population accounting for 36%, and the over 60's 12.6%.

COVID-19 Mortality

- In the period from 27 March 2020 to 19 Feb 2021, there have been 421 Covid-19 deaths recorded. This includes 144 deaths in Care Homes
- The Office for National Statistics have recorded 300 excess deaths in North Tyneside for the period 21 March 2020 to 5 February 2021, where deaths are those recorded above the expected 5-year average.

Total positive cases by Ward (to latest Specimen Date: 1 March 2021)



PHE Covid-19 Situational Awareness Explorer (data downloaded: 3 March 2021)

Produced by Policy, Performance and Research

(Source: North Tyneside Council, March 2021)
Figure 6: Cumulative COVID-19 infection rate by ward

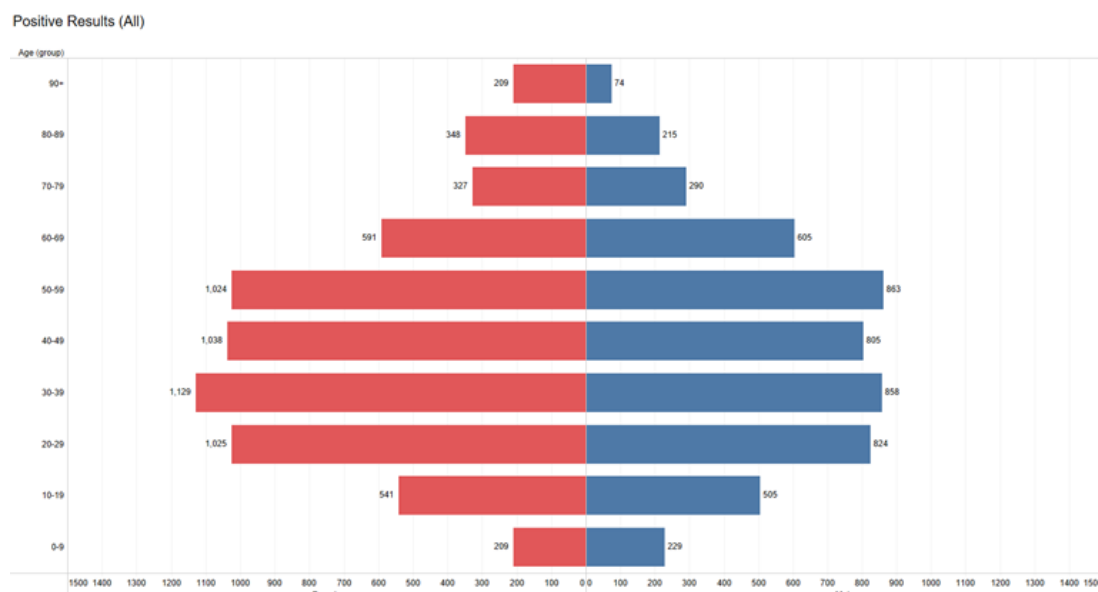


Figure 7: Cumulative number of positive cases of COVID-19 by gender
(Source: North Tyneside Council, March 2021)

Covid-19 impact on Domestic Abuse

Covid-19 and its associated restrictions are making leaving – and reporting – an abusive relationship more difficult. Katrin Hohl and Kelly Johnson preliminary findings of their research into how lockdowns make reporting to the police harder, alongside their recommendations for forces to prepare for a surge in reports post-lockdown ⁽²²⁾. In March 2020, domestic abuse charities sounded the alarm. From the beginning of the nationwide COVID-19 lockdown, their helplines experienced a sharp rise in calls from victim-survivors, and saw early evidence of domestic abuse cases escalating, featuring high levels of physical violence and coercive control (Home Affairs Select Committee, 2020 <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/32105.htm#idTextAnchor000>). Domestic homicides more than doubled in the first three weeks of lockdown. Katrin Hohl and Kelly Johnson’s preliminary findings suggest three things.

Firstly, COVID-19 did not create the domestic abuse crisis – but it has exposed it. By using difference-in-difference regression and data from the two previous years to test whether lockdown had a statistically significant impact, once controlling for seasonal and annual trends. Findings suggest that long-term trends largely account for the steady rise and high levels of police-recorded domestic abuse – the domestic abuse crisis predates the pandemic. Findings demonstrate that perpetrators do not need a COVID-19 context to entrap victim-survivors – they were already doing so before lockdown. However, [emerging research](#) shows that some domestic abusers are using the lockdown rules to intensify or conceal violence, coercion and control.

The research also suggests that COVID-19 restrictions and associated socioeconomic strains make leaving abusive relationships more difficult and identified a sharp decline in victim-

survivors telling police they had recently separated or attempted to separate, indicating that the lockdown is keeping victim-survivors in abusive relationships. Data also indicated that separations are delayed until restrictions are eased, rather than cancelled. Since separation is a known trigger for domestic abuse [escalation](#), the research recommends that police forces and other domestic abuse services prepare for a surge in high-risk and high-harm reports as Covid restrictions lift in 2021.

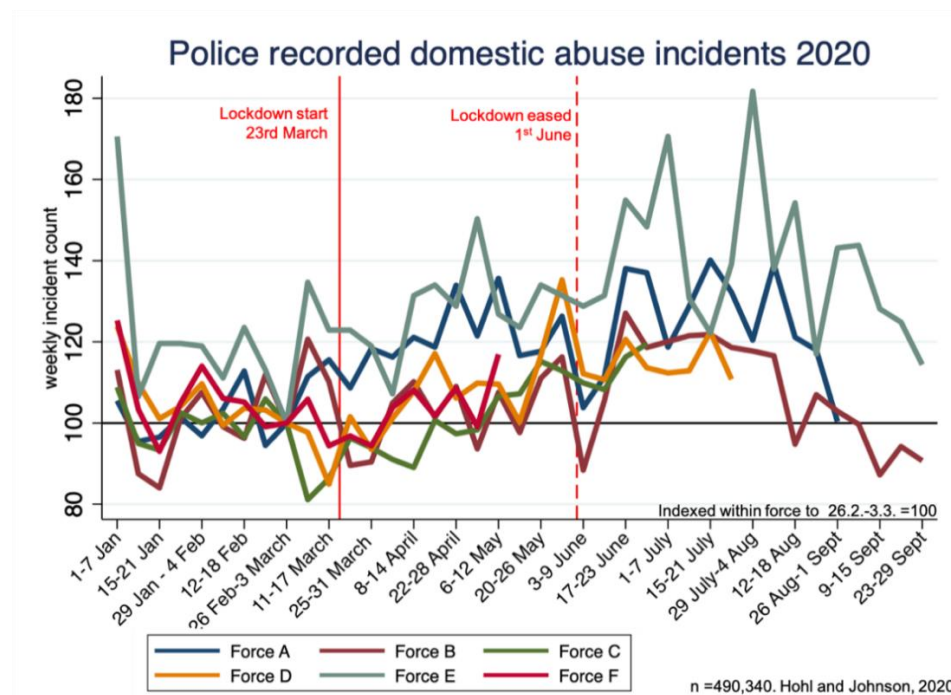


FIGURE 1. Police recorded domestic abuse incidents in six English police forces.

(Source: How Covid-19 is impacting domestic abuse reported to the police, by Katrin Hohl (City, University of London) and Kelly Johnson (Durham University), published: 4th January 2021)

Secondly, the research highlighted the impact of lockdown on police-recorded domestic abuse is complex, with differential effects on different subgroups. In one force, a decrease in ex-partner abuse masked an increase in current partner abuse, giving the appearance of no lockdown effect at the aggregate level. In some forces, there were fewer reports from victims with a previous history of reported domestic abuse, indicating that the lockdown is making reporting harder for those most at risk. There was no statistically significant change in victim or perpetrator recorded demographics; this means there has been no recorded change in reporting from minoritised individuals or communities, despite the potential for interlocking inequalities to [compound](#) their risk of domestic abuse. In five forces, there was evidence of a delayed lockdown impact on first-time reports of domestic abuse, first-time reports started to increase once lockdown measures eased over the summer.

Thirdly, the research from interview findings, found that police officers are conscious of the lockdown generating additional risks and barriers to reporting for victim-survivors. For example, being locked down with abusers restricts avenues to safety and support. However, officers also felt they were attending an increased number of lower-level domestic incidents precipitated by the stresses and demands of the pandemic, that were not necessarily

reflective of a broader pattern of domestic abuse. Officers saw victim safeguarding as a priority and simultaneously expressed concern about proportionality, mirroring broader tensions relating to police [legitimacy](#) that have emerged through the pandemic. We are continuing to engage with forces on these matters. Existing [research](#) suggests that some frontline officers can miss ongoing patterns of domestic abuse and coercive control, which is crucial for effective victim safeguarding.

Recommendation 1: whilst undertaking the needs assessment, what is apparent is that a wealth and range of data is collected locally in North Tyneside and across the region. There is a lack of reliable local data on domestic abuse and therefore there is likely to be unmet need across North Tyneside. There also continues to be an overreliance on police data. There is a substantial need for better reporting and recording mechanisms to ensure that accurate, complete, and quality assured data is collected from across organisations and the system.

Partners and agencies share data with DAP regularly and it is reviewed quarterly but more support is required alongside the development of tools to enable deep dives of the data e.g. the ability to overlay data from different partners, improved data sharing agreements to enable the use of data sets. In terms of data the following is recommended:

- A data subgroup which looks at data for North Tyneside on an ongoing basis is established. This will also help inform future requirements for an annual need's assessment (as part of its new duties) as well as the development of a data dashboard. For example, improved data sharing agreements which allow data sets to be overlayed and tools enabling deep dives.***
- Work with partners to collect additional data currently not collected as identified by MHCLG in the need's assessment template e.g. Marital status (victims and perpetrators), sexual status (victims and perpetrators), disability (victims and perpetrators), household structure, occupation, household income and education.***
- Work with partners to improve data to ensure that accurate, complete, and quality assured data is collected from across organisations and the system.***
- Data sharing across the region is improved to look at regional issues and more specifically look at cases where victims of domestic abuse move between local areas in terms of support through local refuges. This is so those individuals' journeys can be understood as well as understanding demand and pressures for refuges.***

Who is affected by domestic abuse?

Domestic Abuse has far reaching consequences across our local populations irrespective of age, gender, ethnicity, sexuality, or economic status. There are four main barriers to assessing the true prevalence of domestic abuse:

- The hidden nature of the problem
- Many people do not recognise their experiences as abuse
- It may be incorporated into more general statistics and not recognised as domestic abuse
- The definition used can vary in different environments leading to different figures on prevalence.

The most reliable data comes from the British Crime Survey and police data. The latest Crime Survey for England and Wales (CSEW) estimates (for the survey year ending September 2020). Previous estimates from the CSEW showed that 5.5% of adults aged 16 to 74 years experienced domestic abuse in the last year in the year ending March 2020.

There was a 10% increase in the total number of domestic abuse-related offences recorded by the police in the year ending September 2020 (842,813 offences) compared with the previous year. Unlike some other offences, the number of domestic abuse-related offences has not decreased during the coronavirus (COVID-19) pandemic. For the 12-month period to year ending March 2020 the main finding of the survey is highlighted below:

- The Crime Survey for England and Wales showed that an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 757,000 men), a slight but non-significant decrease from the previous year.
- The police recorded 758,941 domestic abuse-related crimes in England and Wales (excluding Greater Manchester Police)¹, an increase of 9% from the previous year; this continues an ongoing trend that may reflect improved recording by the police alongside increased reporting by victims.
- Referrals of suspects of domestic abuse-flagged cases from the police to the Crown Prosecution Service (CPS) for a charging decision fell 19% to 79,965, from 98,470 in the year ending March 2019.
- The charging rate was 73%, a decrease compared with the previous two years (74% in the year ending March 2019 and 76% in the year ending March 2018).
- Over three-quarters of domestic abuse-related CPS prosecutions were successful in securing a conviction (78%), a similar level to the previous year.
- There was generally an increase in demand for domestic abuse victim support services, including a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline between April and June 2020, compared with the first three months of the year.
- Increases in demand for domestic abuse support were particularly noticeable following the easing of lockdown measures in mid-May, such as a 12% increase in the number of

domestic abuse cases handled by Victim Support in the week lockdown restrictions were eased, compared to the previous week; this reflects the difficulties victims faced in safely seeking support during the lockdown.

- Increases in demand for domestic abuse victim services do not necessarily indicate an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms such as the ability to leave the home to escape the abuse, or attend counselling.

According to the Crime Survey for England and Wales (CSEW) year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million people) experienced domestic abuse in the last year. As seen in previous years, a higher percentage of adults experienced abuse carried out by a partner or ex-partner (4.0%) than by a family member (1.9%).

The police recorded a total of 1,288,018 domestic abuse-related incidents and crimes in England and Wales (excluding Greater Manchester Police)¹ in the year ending March 2020. Of these, 41% (529,077) were incidents not subsequently recorded as a crime. The remaining 59% (758,941) were recorded as domestic abuse-related crimes.

Prevalence and incidence

There was no significant difference in the prevalence of domestic abuse experienced in the last year, for men and women aged 16 to 74 years in the year ending March 2020 compared with the year ending March 2019.

For example, 4.0% of men and 8.1% of women aged 16 to 59 years had experienced domestic abuse within the last year in the year ending March 2020. This compared with 6.5% of men and 11.1% of women in the year ending March 2005. The downward trend in prevalence over time is driven by reductions in the prevalence of partner abuse, which has decreased from 6.9% to 4.5% over the same period.

The number of domestic abuse-related crimes recorded by the police in England and Wales (excluding Greater Manchester Police) in the year ending March 2020 increased by 9% compared with the previous year. This continues an ongoing trend which may be, in part, driven by general police improvements in offence-recording practices, as well as an increase in domestic abuse-related incidents coming to the attention of the police. The increase could also indicate an increased willingness of victims to come forward to report domestic abuse.

Using the national figures captured by the Crime Survey for England and Wales, it is possible to calculate the projected number of Domestic Abuse victims in North Tyneside. This is shown in the table below. Projected volume of domestic abuse in North Tyneside: ages 15-59.

	ONS mid-year population estimates 2020 (ages 16-59) FEMALES	Applying CSEW estimate of 8.2% of female victims of domestic abuse	ONS mid-year population estimates 2020 (ages 16-59) MALES	Applying CSEW estimate of 4.0% of male victims of domestic abuse	Total expected volume of DA
North Tyneside	58,843	4,825	56,121	2,244	7069

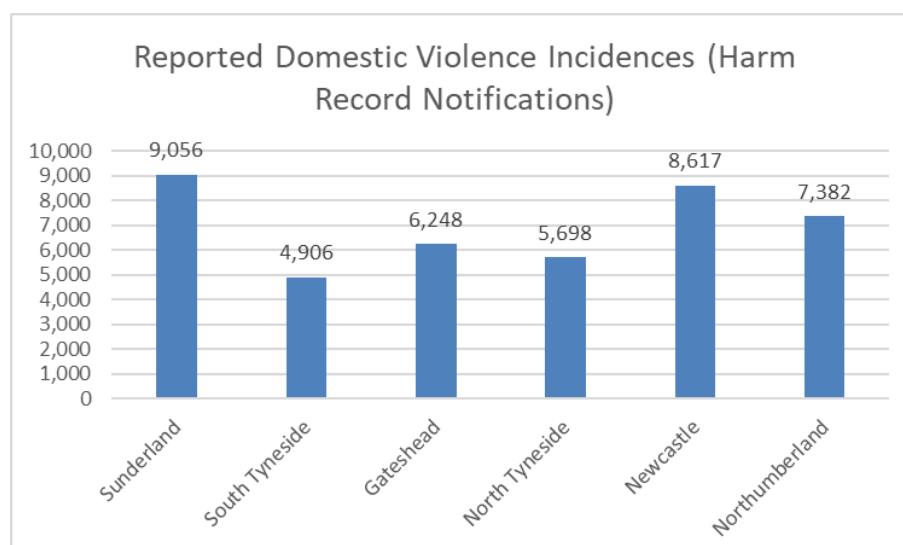
For a population like North Tyneside's, it could be expected that 4,825 women and 2,244 men aged 16-59 may report experiencing Domestic Abuse. The actual number of Domestic Abuse incidents reported to police was 3,348 (2019/20), which is significantly lower than the projected volume (7069).

The data and the reasons for this anomaly, it should be noted that the CSEW data relates only to the experiences of people aged 16-59 therefore does not project volume of domestic abuse in older adults. Domestic abuse is often a hidden crime that is not reported to the police, which is why the estimated number of victims is much higher than the number of incidents and crimes recorded by the police. The latest available estimates from CSEW estimated that around four in five victims (79%) of partner abuse did not report the abuse to the police. The data held by the police can, therefore, only provide a partial picture of the actual level of domestic abuse experienced in England and Wales.

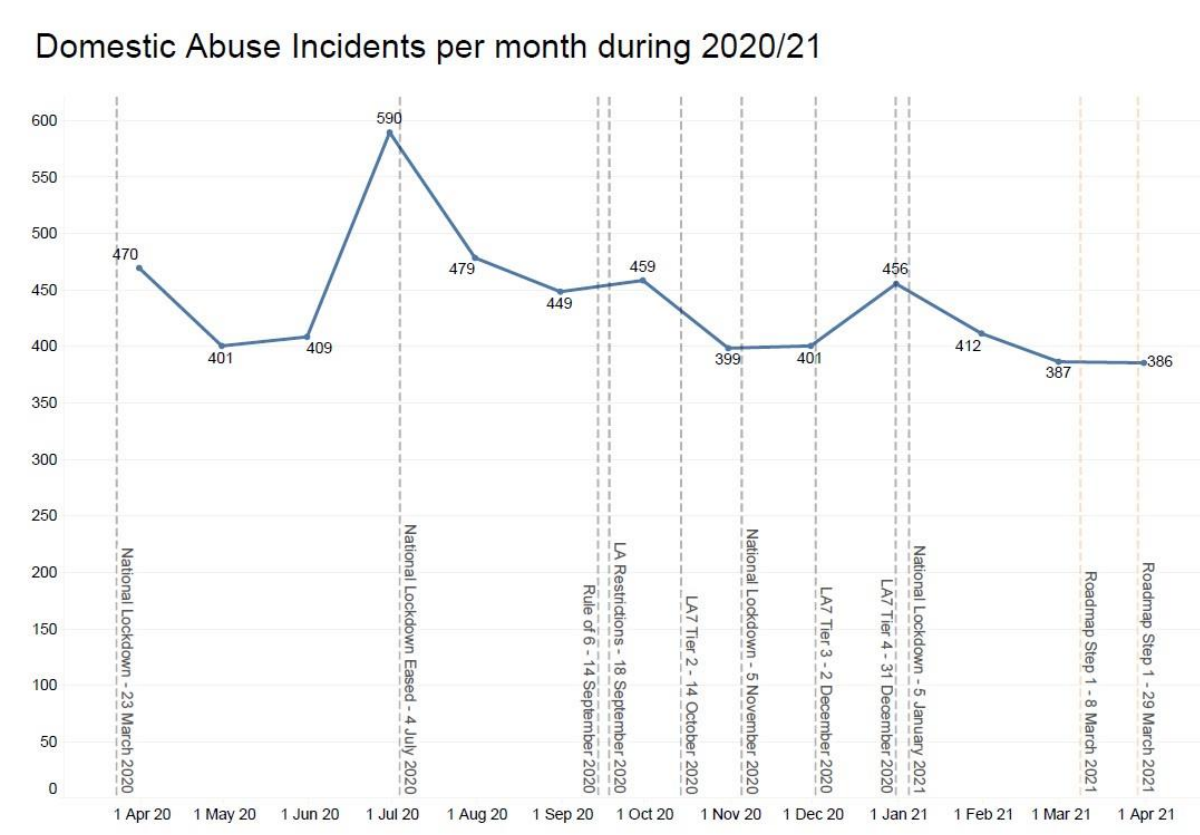
Police Reported Domestic Violence Incidents

Northumbria Police produce a domestic abuse profile and analyse crime data to show trends and incidents of domestic abuse across Local Authority Levels. The latest data covers the timeframe from April 2020 – March 2021.

As the graph below shows North Tyneside does not have the highest number of recorded domestic abuse incidents compared with our regional neighbours. In 2020/2021 North Tyneside recorded 5,698 incidents. (Source: Northumbria Police Force data April 2020/March 2021)



By breaking the year down for North Tyneside, what can be seen is the impact of Covid-19. The graph demonstrates that in July there was a peak of cases, 590 as the lockdown ended. This reflects national trends related to Covid-19 as highlighted earlier in the report.



(Source: North Tyneside Council, April 2020/April 2021)

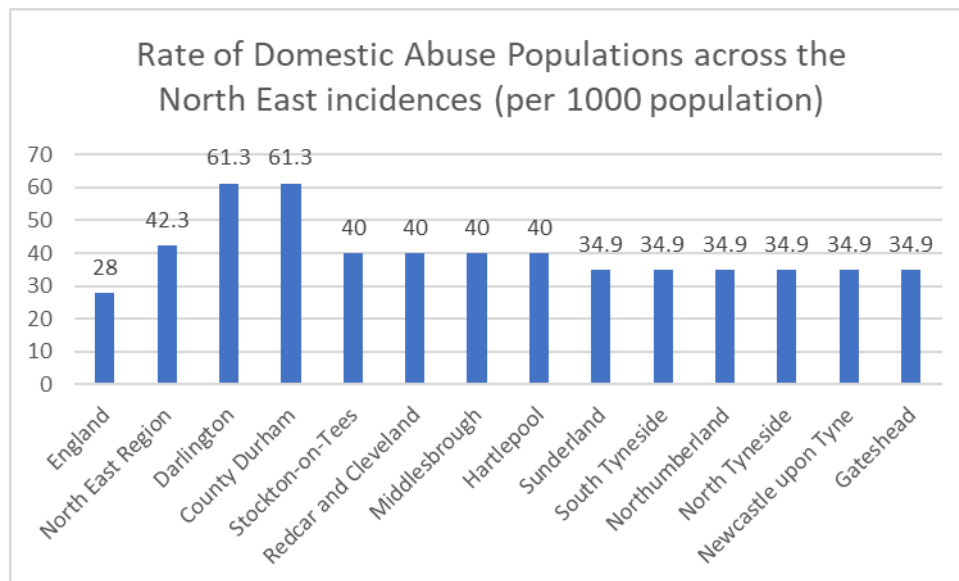
An arrest is made in around a third of domestic abuse investigations and a large proportion have evidential difficulties in proceeding with prosecution. Evidential difficulties often relate to the victim not supporting the prosecution. This reflects the challenges involved in investigating domestic abuse-related offences and demonstrates the importance of a robust evidence-led case being built for the victim.

Harm Record Notifications

The Public Health Outcome Framework (PHOF) compares the rate of Domestic Abuse incidences recorded per 1,000 populations across the North East Region. Local authorities are allocated the crude rate of the police force area within which they sit. All local authorities within a police force area are allocated the same value, which masks actual variation across the area. Public Health England reports the number of incidents of domestic abuse recorded by the police. This shows the crude rate per 1,000 population aged 16 and over of domestic abuse in North Tyneside is amongst the lowest reported levels in the region:

North Tyneside for 2019/20 recorded a rate of 34.9 Domestic Abuse incidences per 1000 population (figure 3 below), compared against the North East range of a high of 42.3. The

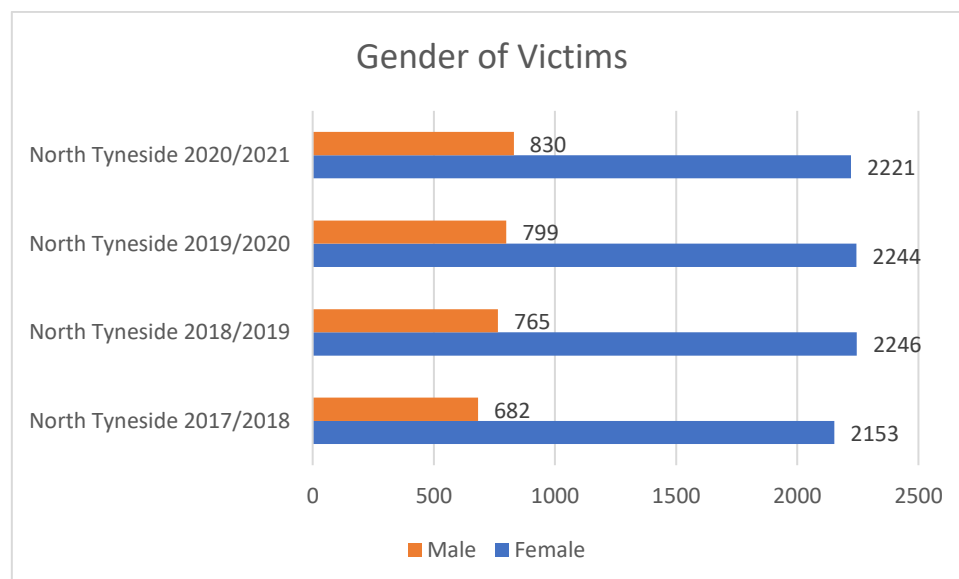
England rate was recorded as 28.0 per 1,000 population. The North East region remains an outlier in comparison to other regions, North Tyneside is below the North East region value but remains above the England average.



(Source: Public Health Outcomes Framework Data tool, 2019/2020)

Gender of victims

Domestic Abuse can be experienced by both men and women; however, data shows that there are higher levels of Domestic Abuse experienced on women by men, and that women are more likely to experience multiple incidents of abuse ⁽³⁰⁾. As the graph below highlights in North Tyneside incidents are experienced more by women with figures remaining consistent over a four-year period. What can be seen is the number of cases for men increasing over a four-year period, which may be due to campaigns encouraging men to report domestic abuse.



(Source: Northumbria Police Force data 2017~2021)

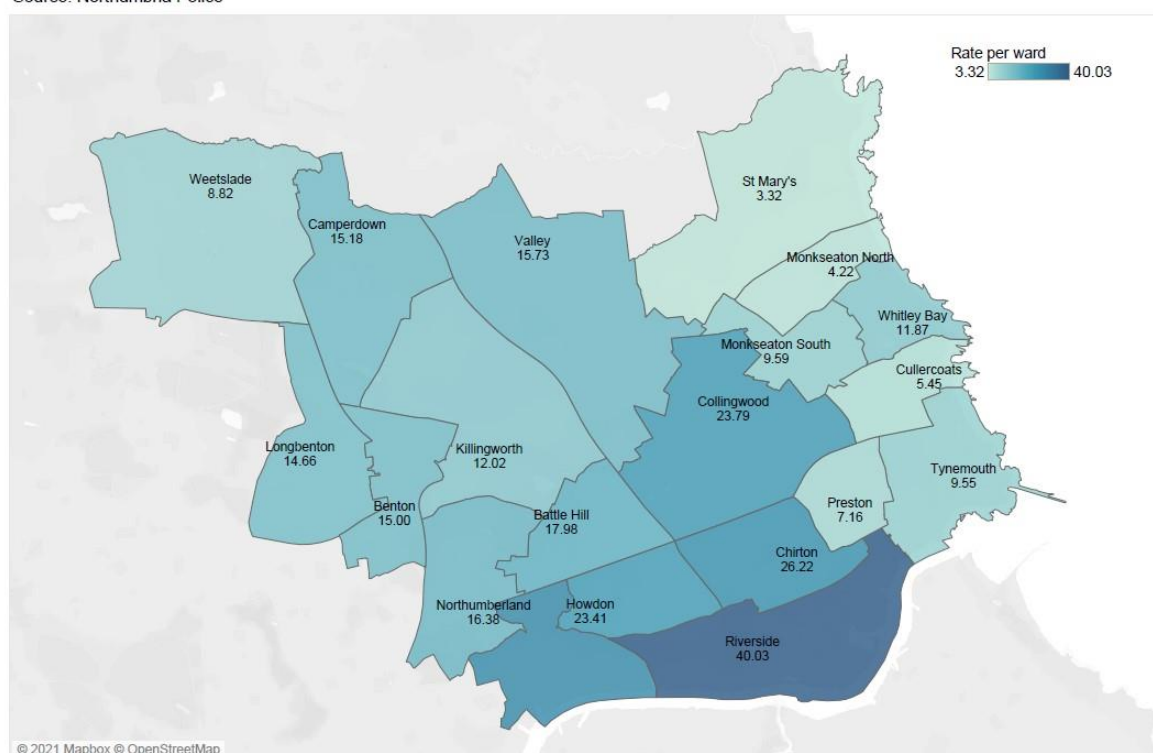
Domestic abuse offences: ward level data

Deprivation is a consistently reported risk factor for perpetration and victimisation of Domestic Abuse, with rates of reported incidents higher in more deprived areas and in the unemployed.

Latest analysis of national data states that women living in households with an income of less than £10,000 were more than four times as likely (14.3%) to have experienced partner abuse in the last 12 months than women living in households with an income of £50,000 or more (3.3%). Poverty is known to be a cause of stress, frustration, and a sense of inadequacy. However, there is disagreement as to the relative contribution and robustness of income, education, and employment as individual risk factors. Furthermore, there are suggestions that socio-economic status may interact with other risk factors such as age and gender. In females, a low level of education is a risk factor for victimisation. It is thought that low education mediates its effect through reducing exposure and access to resources, and increased acceptance of violence and unequal gender norms. In addition, many of the observed associations between domestic abuse and socio-economic status are weakened once more proximal factors such as alcohol intake, stress and relationship conflicts are controlled for.

Domestic Abuse Crimes - rate per 1,000 by ward

Source: Northumbria Police



(Source: Northumbria Police Force data)

Although the borough of North Tyneside is now one of the least deprived in the North East, stark inequalities persist within the borough. We know that in North Tyneside there are more reported domestic abuse incidents in wards with higher levels of deprivation. As the graph highlights, eight wards had rates of offences above the borough average of 16.25 per 1000:

- Riverside
- Chirton
- Wallsend
- Howdon
- Collingwood

Riverside is approaching twice the borough average of reported incidents and over three times the national rate (14 per 1000 population based on ONS figures). However, the location of victims carries the caveat that it relies on the reporting of offences. Due to the known issue of under-reporting of domestic abuse, seemingly unproblematic areas could mask hidden issues. St Mary's ward has only 3 offences per 1000 population which might indicate a reluctance to disclose. Other areas like Monkseaton, Preston and Cullercoats also indicate a reluctance to disclose.

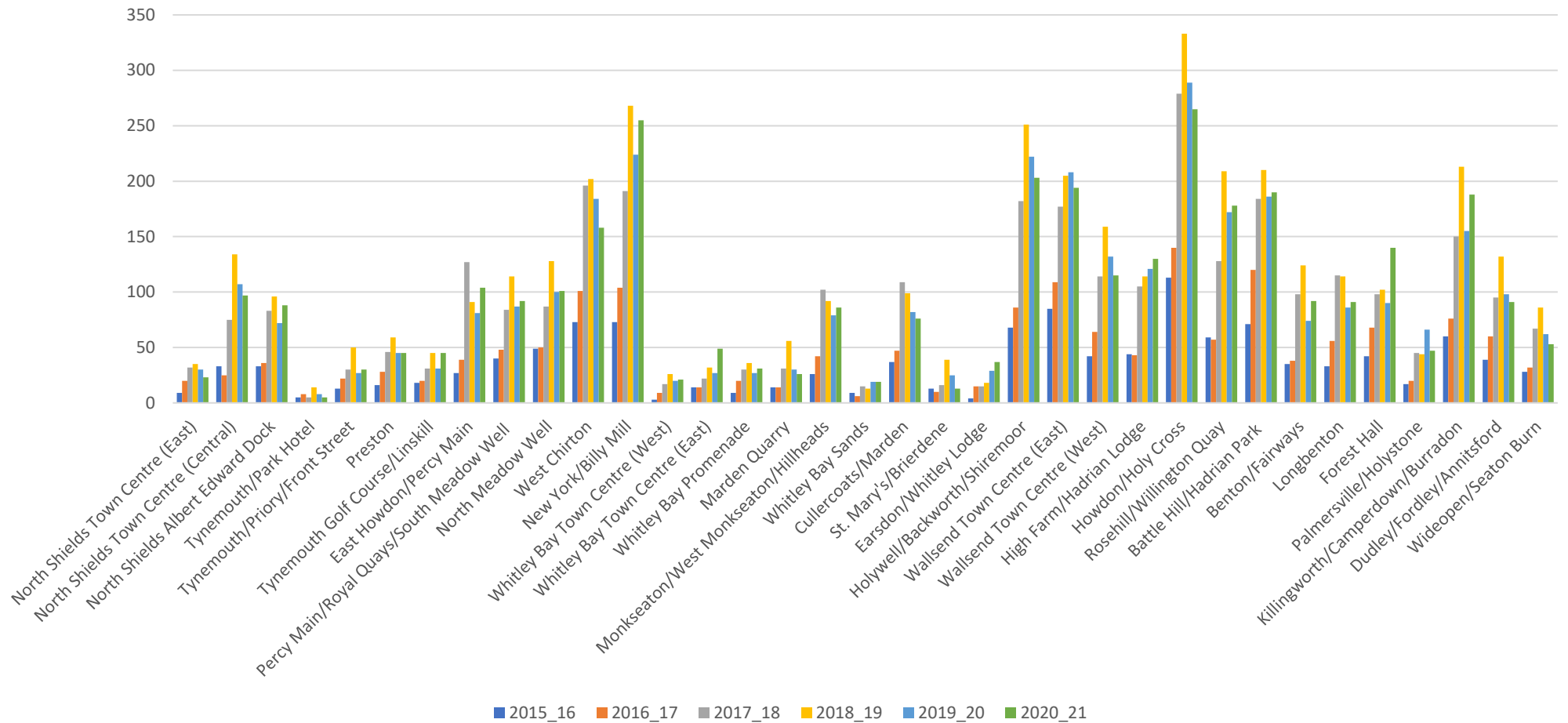
Many women whose experiences of domestic abuse are confined to psychological or coercive abuse may not even define themselves as "abused women" since there is little education about what non-violent abuse consists of. Conversely, established, and effective awareness-raising in particular areas could in part account for a relatively high reporting rate.

Ward level data

Interrogating local data further and looking at police beat level (small geographical areas that police patrol) the graph below shows that across a period, there are several areas where incidents remain consistently high. However, due to data limitations it is not possible to say if the same people were involved in several incidents. Whilst this data must be treated with caution, it does highlight key areas across the borough where further focus may be needed and targeted intervention.

Recommendation 2: Use police data to target campaigns / interventions in areas of deprivation that show consistently high levels of offences reported as well as areas that indicate potential under reporting. This should also be overlayed with data from commissioned services, Northumbria NHS Health Care Foundation Trust data to look at sources / locations of referrals.

Police Beat data



(Source: Northumbria Police Force data)

Victims assessed as either high risk or medium risk at point of initial assessment

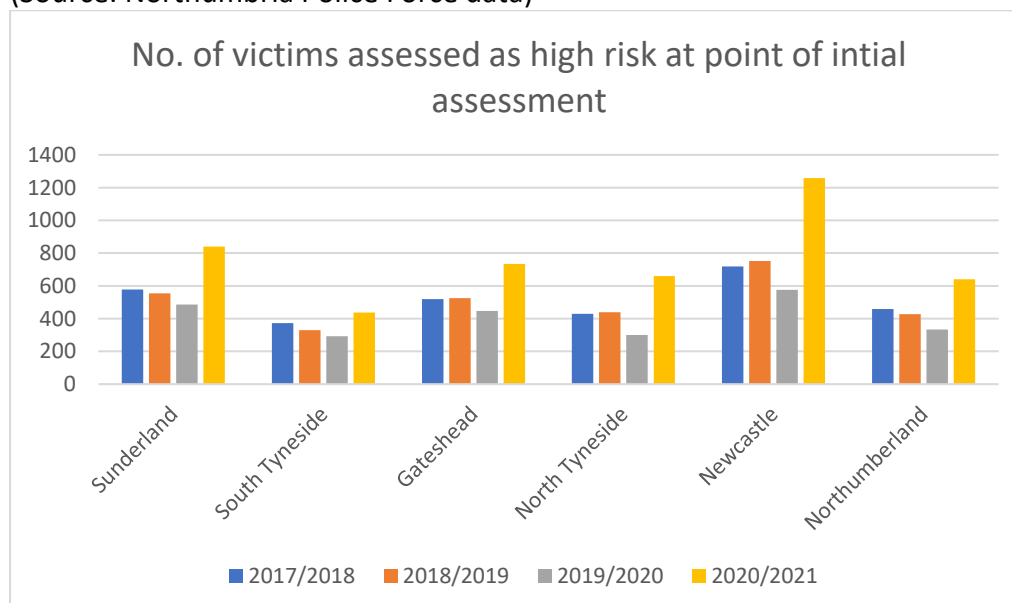
Every incident of domestic abuse which is reported to Northumbria Police is subject of a victim risk assessment. The nationally approved Safelives DASH risk indicator checklist is completed, and the victim assessed against set criteria (number of concerns/escalation) to establish the risk level as high, medium or standard risk. High risk victims would be considered for inclusion in a MARAC conference.

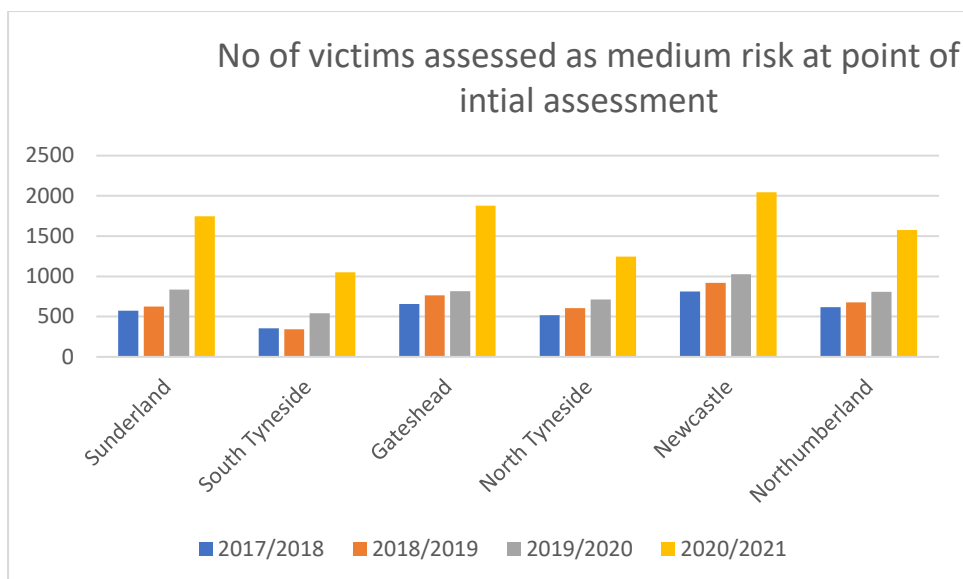
When a victim has been subject of MARAC, any further reported incident within the following 12 months will be considered as a MARAC repeat incident. Historically, a repeat MARAC incident would automatically be assessed as high risk. This was stopped in 2020 and each incident has since been assessed in its own right. Additionally, the victim will only be monitored for 12 months from the original MARAC meeting date, and not each time they return to MARAC as a repeat case which happened previously. This has led to a reduction in the number of repeat cases.

Victims who report 4 incidents in 4 months will no longer be assessed as high risk. They will be assessed as medium risk. Such incidents will be subject of review by MASH staff and raised to high risk if there is risk of serious harm.

However, it is interesting to note that high risk incidents have increased 20/21 and medium risk incidents have also increased in 20/21. The increase in medium and high-risk domestic abuse is noticeable with a more recent increase in medium risk domestic abuse especially. Generally, the split has been consistent (since the changes made in July last year which pushed demand from high to medium) but in Q1 2021/22 there was an increase in medium risk volume. As highlighted in the needs assessment earlier this is thought to be due to the impact of COVID-19 which has been a factor and the research appears to bear this out in terms of increased severity of abuse.

(Source: Northumbria Police Force data)





(Source: Northumbria Police Force)

Number of crimes involving alcohol

Alcohol is strongly associated with domestic abuse, and an early feature in lockdown was a rise in calls to domestic abuse charities. It is difficult to gather causal data on alcohol and domestic abuse, and the relationship between alcohol and domestic abuse is complex. However, research finds that 25-50% of perpetrators of domestic abuse have been drinking at the time of the assault, and in some studies, this is as high as 73% ⁽³¹⁾. 2 Strathclyde Police data from 2004-12 found that the accused party was under the influence of alcohol in about 60% of police callouts for domestic incidents ⁽³²⁾. The Home Office review in 2016 showed that alcohol was involved in almost half of domestic homicides ⁽³³⁾.

Police force data shows the number of crimes where the victim or offender was under the influence of alcohol. It is interesting to note that levels across the North East and North Tyneside have remained consistent.

However, what the data does not tell us is how many perpetrators or victims who receive support for alcohol who may already be struggling with alcohol dependence. Many support organisations moved services online with impressive speed during the pandemic which has proved more appealing to some, but the new format leaves others, often without the technology or the privacy to use it, falling through the gap, the most vulnerable among us.

Further work is required to understand how alcohol and drug services support victims of domestic abuse and access to services. The new Domestic Abuse Act puts a duty on local authorities to commission ***“Specialist support for victims with relevant protected characteristics and / or complex needs, for example, interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice;”***.

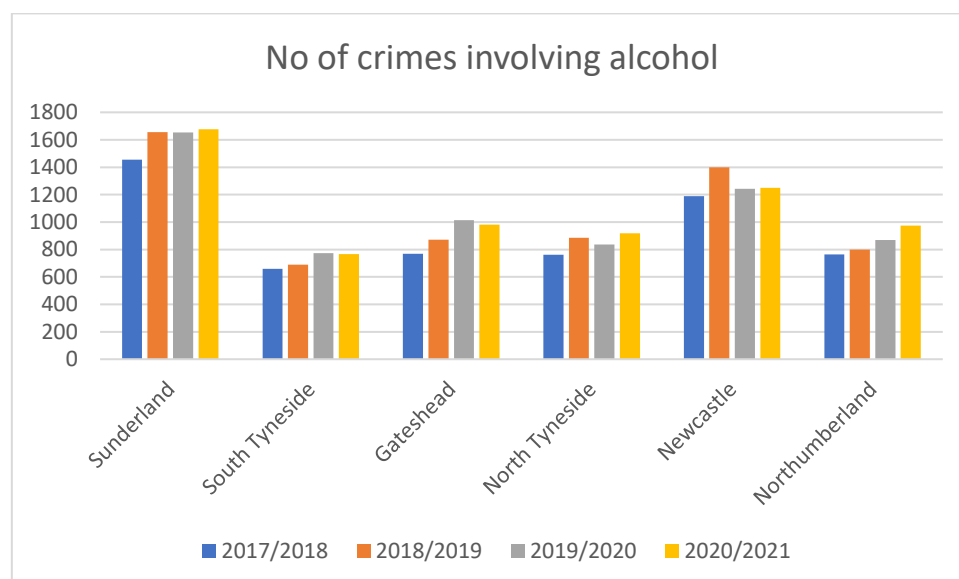
Whilst North Tyneside commissions alcohol and drug services, it is not clear if those services are geared up to support victims. In terms of perpetrators, court protection orders which ban perpetrators from contacting a victim or forcing them to take part in alcohol or drug

treatment programmes will be introduced under the laws. There is not a clear data source to establish if this is the case, however anecdotal evidence in terms of cases have been highlighted by the probation service (**please see Appendix 1**). Following the part privatisation there became two providers of Probation Services, the National Probation Service and the Community Rehabilitation Company. During June 2021 these two organisations were reunified and became The Probation Service. The reunification process has seen some changes to the policies which guide the Probation Service. Most notably in terms of partnership working is the current directive is for there to be no data sharing, however this position is being reviewed. It must also be noted that in February 2021, the government announced additional funding for 1 year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths. North Tyneside Council was allocated £322,000. This funding is being used to:

1. Enhance harm reduction provision with the appointment of a nurse and harm reduction worker along with the introduction of nasal naloxone kits.
2. Enhance treatment options through additional rehabilitation places.
3. Increase integration and improved care pathways between treatment and criminal justice through the appointment of criminal justice workers and outreach workers.
4. Enhance recovery options through the appointment of a counsellor and the expansion of digital/online recovery options.

Whilst this work will look to address gaps and review pathways, North Tyneside needs to understand through this work if drug and alcohol services can meet future demand from both a victim and perpetrator perspective.

Recommendation 3: North Tyneside to review alcohol and drugs services to understand if they can meet future demands which may be placed on them from both a victim and perpetrator perspective as a result of new duties under the new Domestic Abuse Act.



(Source: Northumbria Police Force data)

MARAC

A multi-agency risk assessment conference (MARAC) is a meeting where information is shared on the highest-risk domestic abuse cases between representatives from a range of agencies. After sharing all relevant information about the circumstances for a particular victim, the representatives discuss options for increasing the victim's safety and turn these into a coordinated action plan.

There were 247 MARACs in England and Wales in the year ending March 2020, and 99,447 cases were discussed, this equates to 43 cases discussed per 10,000 adult females¹⁰ which falls just above SafeLives' recommended number¹¹ of 40 cases discussed per 10,000 adult females. For the Northumbria force area in March 2020 32% of cases were discussed at MARAC were repeat cases. In the Northumbria force area, 60 cases per 10,000 were discussed at MARAC which is higher than 40 recommended cases by SafeLives.

Over the last three years, the number of MARACs in England and Wales has decreased, however this may be due to local mergers, where the same geographical area can be covered by fewer meetings.

Both the total number of cases discussed at MARACs, and the number of cases discussed per 10,000 adult females has increased each year since the year ending March 2018 and has exceeded the recommended number since the year ending March 2019. These increases coincide with an increasing percentage of repeat cases, from 28% in the year ending March 2018 to 31% in the year ending March 2020.

Table 2: Cases discussed at multi-agency risk assessment conferences (MARACs), year ending March 2018, 2019 and 2020
England and Wales

	Year ending March 2018	Year ending March 2019	Year ending March 2020
Number of MARACs	256	252	247
Number of cases discussed	88,461	93,892	99,447
Recommended number of cases discussed	93,220	92,700	92,710
Number of cases discussed per 10,000 adult females	38	41	43
Recommended number of cases per 10,000 adult females	40	40	40

Source: SafeLives

North Tyneside – Local Response

High Risk Incidences: Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a weekly local meeting to discuss how to help victims at high risk of murder or serious harm. The four aims of MARAC are:

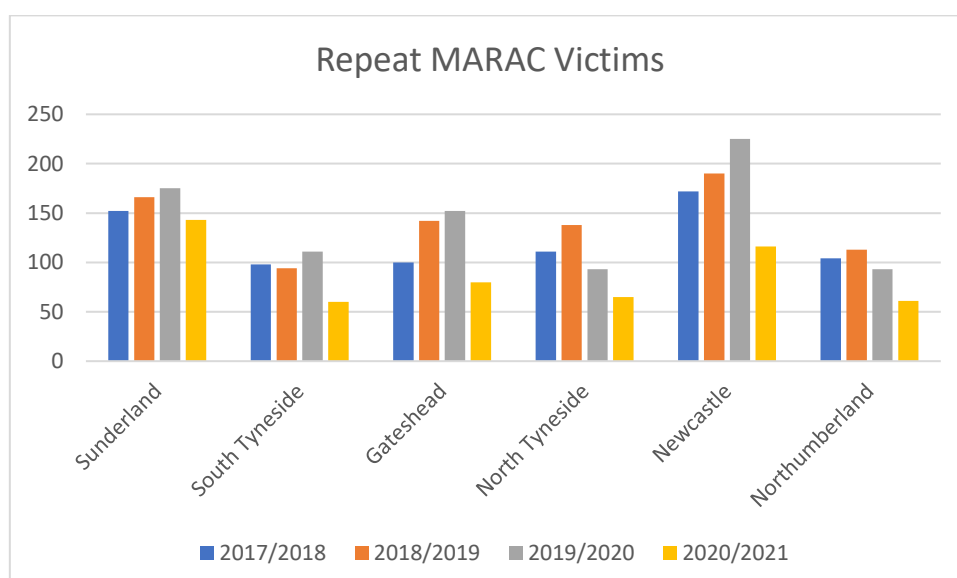
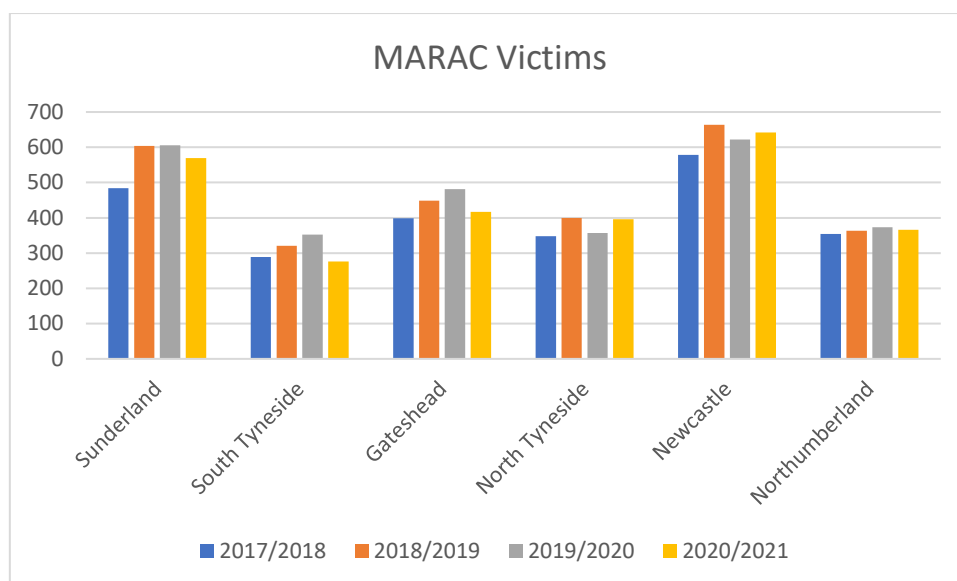
- to safeguard victims of domestic abuse
- manage perpetrators' behaviour
- safeguard professionals
- make links with all other safeguarding processes

Information concerning the highest risk DA cases is shared between representatives of police, probation services, health services, child protection specialists, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

Representatives discuss options for increasing the safety of the victim and these are developed into a co-ordinated action plan. The MARAC also makes links with other bodies to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency can see the complete picture of the life of a victim, but all may have insights that are crucial to the safety of the victim.

Cases go to a MARAC if they have been categorised as **high risk through a risk assessment called the DASH (Domestic Abuse, Stalking, 'Honour-based' Violence) checklist**, although the latter is not intended as a replacement for professional judgement. The MARAC process is managed nationally on behalf of the Home Office by 'Safelives' which has provided the data for this section.

The number 'Safelives' would anticipate being discussed in an efficient, local MARAC system, given the size of the **local population is 40 high risk cases per 10,000** adult female population, however the figure in North Tyneside is considerably higher at **53 per 10,000 population and the same pattern of more high-risk victims in North Tyneside is seen in previous years.**



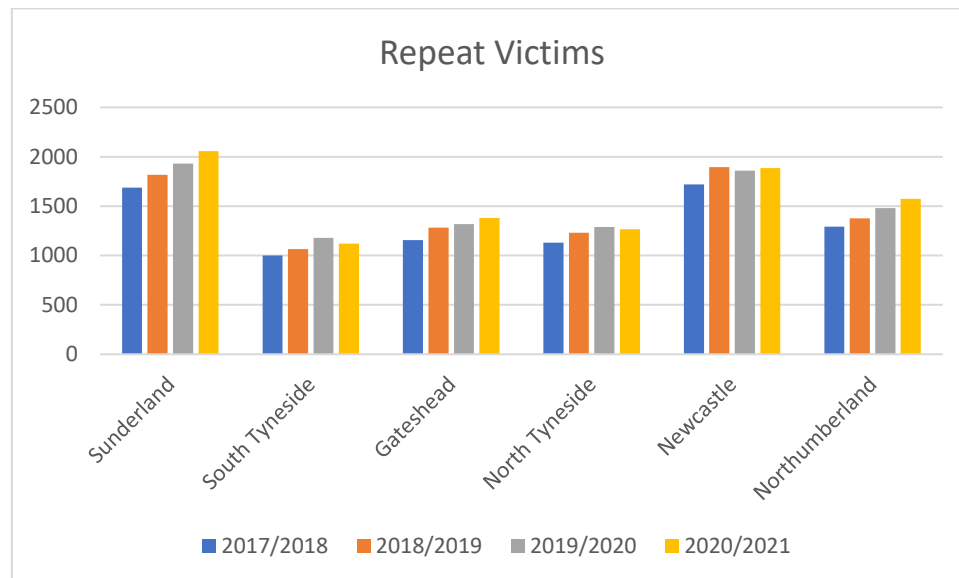
(Source: Northumbria Police Force data)

Repeat Victims

By the nature of domestic abuse many victims lived experience of domestic abuse is a repeated pattern of intimidation, isolation, humiliation, and threats. It is important to reiterate that the data that is available is **police data** and therefore **only reported incidents are analysed**. The graph below shows the victims of the incidents in the period 2017 – 2021 in North Tyneside. The graph shows that North Tyneside is like other LA areas with numbers remaining consistent over the period with numbers decreasing.

When a victim is discussed at MARAC, they are monitored for 12 months. Any further DA incident occurring in this period may be considered a MARAC repeat. Previously, this occurred every time a victim was heard at MARAC, including when they returned to MARAC for mention as a repeat case. Clarification was sought from Safelives, who confirmed that the victims should only be monitored for 12 months following the original MARAC hearing. Therefore, victims are now only monitored for 12 months following the original MARAC case. This was implemented last year.

Hence, we are now seeing fewer repeat victims as they are now being correctly flagged/monitored for 12 months. The “rolling” monitoring which was triggered each time they are at MARAC has ceased and therefore fewer incidents are captured as repeats.



(Source: Northumbria Police Force data)

By looking into more detail in 2020/2021 victims had at least one further incident in the 12 months prior. Based on victims of a DA flagged crime and how many times they were a victim of a DA flagged crime in the year:

- 71% of individuals were victimised once in 2020/21
- 29% of individuals were victimised more than once

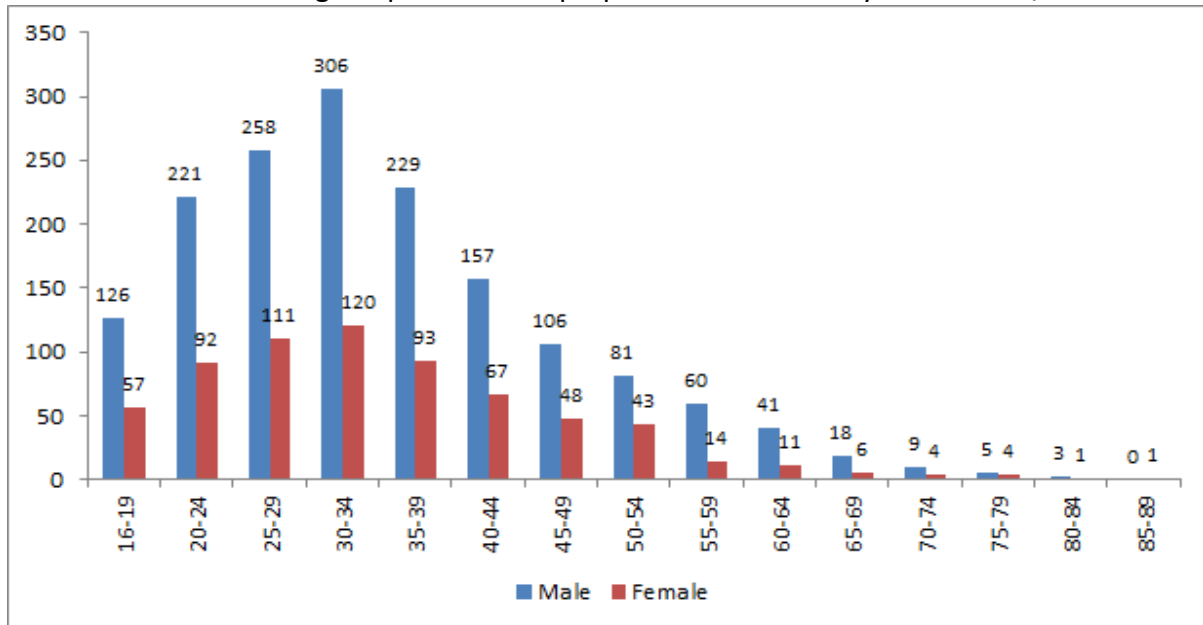
(Source: Northumbria Police Force data)

Perpetrators

As with victims of domestic abuse, there is no such thing as a typical perpetrator – they may be male or female, in heterosexual or same-sex relationships. However, most perpetrators are men and police data shows that the people who committed domestic abuse offences in North Tyneside were:

- Domestic abuse related to partner or ex-partners accounted for 77% of reports (based on DA reports as this details the relationship)
- 70% (1561) of perpetrators were male and 30% (662) were female
- 62% of female perpetrators were aged 20-39 years of age
- 62% of male perpetrators were aged 20-39 years of age
- 1474 (66%) committed one offence in 2020/21
- 729 offences (20%) were committed where the perpetrator was under the influence of alcohol

Gender and age of profile of DA perpetrators in North Tyneside 2020/21



(Source: Northumbria Police Force data)

(Please note: the volumes in each age bracket will not add back to the total perpetrators. A perpetrator may have moved age bracket during the year therefore will be captured in two age brackets.)

Housing data

Whilst undertaking the needs assessment, housing data for North Tyneside Council is recorded on several systems. This makes it hard to access data in a timely and coordinated manner.

Recommendation 4: North Tyneside looks at and reviews its data collection linked to housing to ensure the following:

- **Data is collected and analyzed in a timely manner as part of the new data dashboard for Domestic Abuse.**
- **A single system is developed to collate data or an approach to collate and analyze data is developed from the current systems in use.**
- **Review what data is collected to ensure it is streamlined and meets the requirements of the Domestic Abuse Act.**

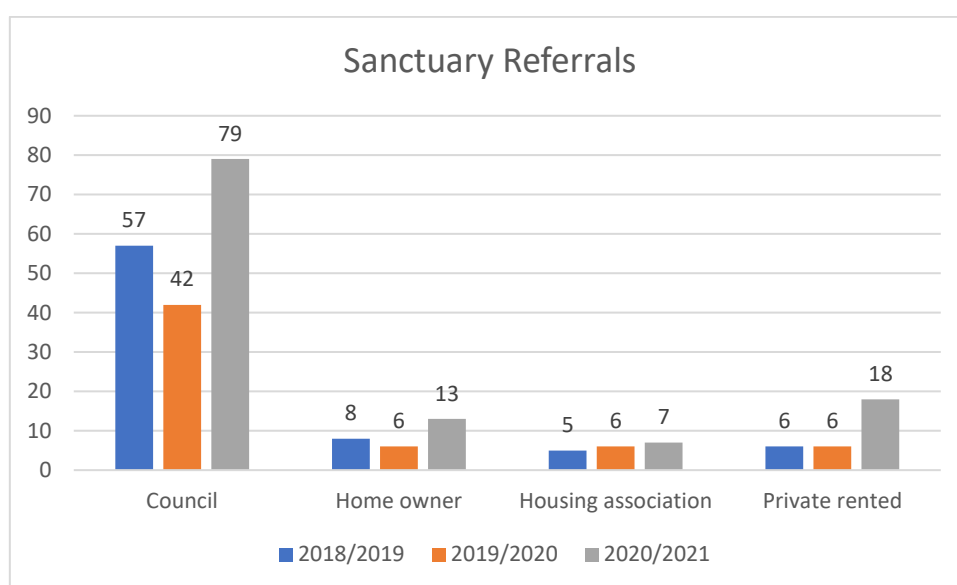
North Tyneside recently received DAHA accreditation, which is the UK benchmark for how housing providers should respond to domestic abuse in the UK. One of the recommendations from this process for North Tyneside was to look at its data collection and data systems for recording domestic abuse.

A Sanctuary Scheme is a multi-agency victim centered 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. North Tyneside Councils sanctuary scheme offers advice to victims of domestic abuse regarding:

- How the council can help support the victim.
- Advice on remaining in the home (e.g., Sanctuary Scheme);
- Housing options if the victim cannot remain in the home.
- Temporary accommodation, where appropriate.
- Taking enforcement action against the perpetrator.
- Support services available; and
- Advice on claiming benefits.

Referral sources vary, but Harbour, the police, children's social services and housing advice are the main referral sources for the Sanctuary scheme.

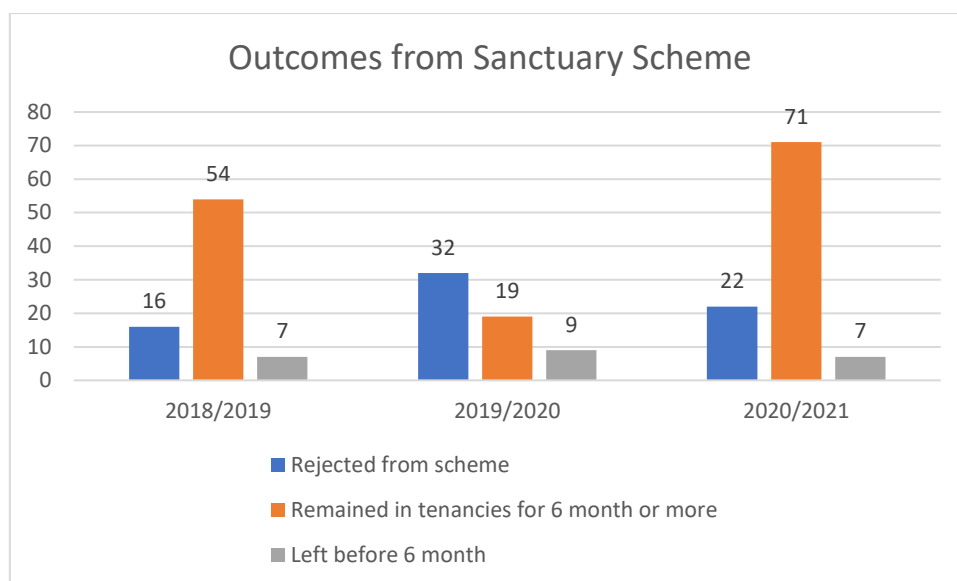


(Source: North Tyneside Housing Advice Service data)

In terms of the outcomes for those referred to the Sanctuary scheme, please see the graph below. In terms of outcomes the majority of those referred into the scheme remained in tenancies, although there was a drop in numbers in 2019/20. Again, this data needs to be examined in more detail to understand why people were rejected from the scheme and why people left before 6 months. Looking at some of the reasons for rejection they were:

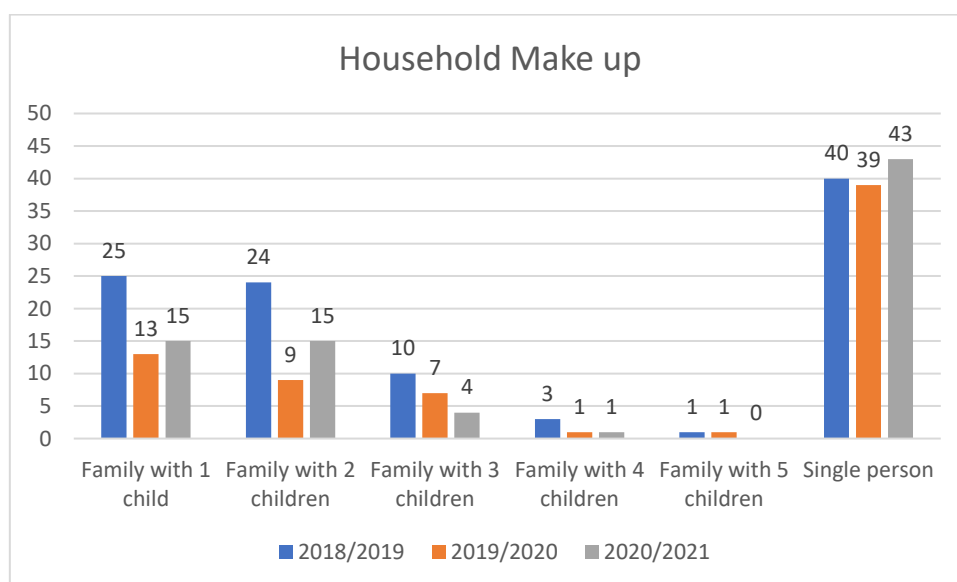
- referrals for customers living in housing associations,
- customers who had joint tenancies,
- customers who were in private rented, but lock changes weren't available,
- some equipment requested not being able to be provided
- customers who do not wish to remain in their properties

As highlighted in the recommendation, we need to understand the individuals journey and experience on a regular basis.



(Source: North Tyneside Housing Advice Service data)

In terms of those applying, it is interesting to note the make-up of the households applying for support. Data from the last three years remains consistent with single persons and families with either 1 or 2 children requiring support. This indicates the type of demand that the council faces through the Sanctuary scheme. However, due to the nature of the data, we cannot say with confidence whether accommodation to meet these demands was found (due to the data being on an aggregate level). Again, linked to the recommendation, North Tyneside needs to understand the demand for accommodation and the person's journey.



(Source: North Tyneside Housing Advice Service data)

When looking at cases opening and closing it is interesting to note that the number of days vary quite widely in terms of each case. For 2018 / 19 the highest number of days 233 and the shortest number of days 2, with the average number of days 80. For 2019/20 the highest number of days 249 and the shortest number of days 10, with the average number of days 80. For 2020/21 the highest number of days 233 and the shortest number of days 6,

with the average number of days 77. As highlighted in the recommendation, we need to understand the individuals' journey and experience on a regular basis. In terms of the number of days, there will be a range of reasons why some cases were able to be closed in a relatively quickly manner and other cases took much longer to resolve.

Domestic abuse and homelessness

A 30% downward trajectory can be seen over 2018/19 and 2019/20, in the number of households in priority need of rehoming due to homelessness caused by the violent breakdown of a relationship. Figures have remained consistent in 2019/20 and 2020/21:

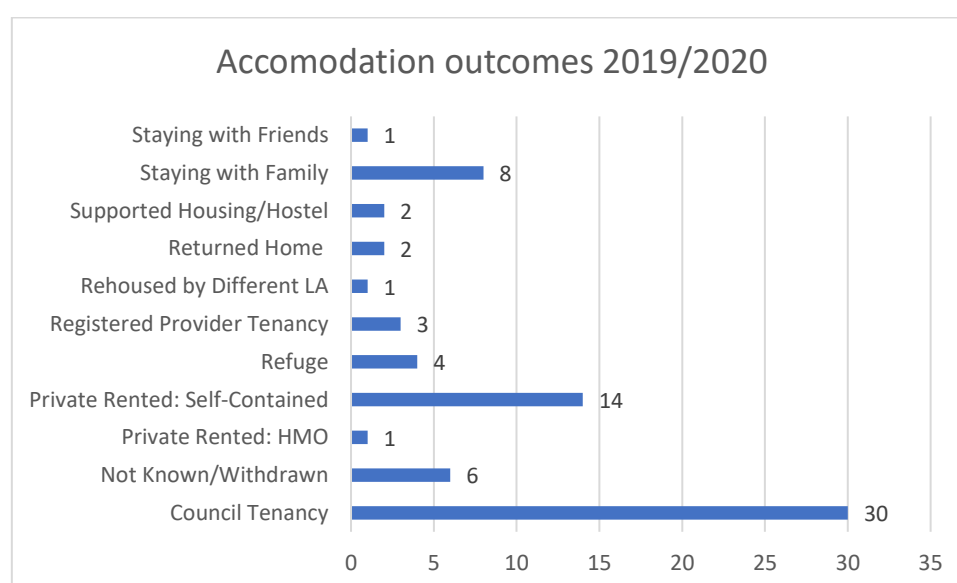
2018/2019 - 103 cases.

2019/2020 - 72 cases.

2020/2021 - 78 cases

(*Data from 2017/2018 is not available as the recording of data moved to a new recording system Locata).

This can be attributed to concerted efforts by North Tyneside Housing Advice Service in preventing homelessness of victims and children. However, the decrease does mean there was a reduction in domestic violence, rather that victims did not end up being found homeless and in priority need due to preventative measures.



(Source: North Tyneside Housing Advice Service data)

It is also interesting to note that in the Harbour annual report for 2021 identifies that “suitable accommodation, whether that be short or long term, continues to remain a barrier for clients with multiple disadvantages”. The report also highlights that:

“in regard to housing, local connection continues to cause confusion and a grey area. The Triage Model supports clients to reduce the disadvantages in their life to a point where they are ready to maintain their own tenancy or move on from dispersed property in the local area. If the client has moved out of area, their application is likely to be refused due

to no local connection and this can be very distressing to an already vulnerable client. This can lead the client to revert back to their old lifestyle e.g., substance issue or returning to their abuser as they have no guarantee of a safe home and believe all of their hard work and engagement has been to be let down again”.

This again highlights the need for data and work across the region to be looked at as well.

Recommendation 5: Whilst the data from housing can describe outcomes from the Sanctuary scheme, we cannot describe a person’s journey through housing/accommodation through North Tyneside Council. Data is on an aggregate level and difficult to understand a person’s journey through the housing system.

Whilst we can describe outcomes in terms of where someone may end up; we also record how long a person has waited for support and if it is just a person or a family (children) for example. This data needs to be reviewed on a regular basis and audited to understand a person’s journey and to start to understand demand for housing within council stock.

Without this data being reviewed on a regular basis, we are unable to understand a person’s experience and unable to understand if there is under provision or over provision in the availability of accommodation; for example, for families including children and for perpetrators.

The Act places clear duties in terms of safer accommodation, priority need for homelessness assistance, North Tyneside needs to understand demand for accommodation and availability based on current demand. The outcomes data for those presenting as homeless would suggest that not all could be accommodated in safe accommodation.

The recommendation is that an analysis of demand through the housing system (including Registered Social Landlords, Refuge, social accommodation, and council stock) needs to be undertaken to understand the demand for accommodation and identify gaps within North Tyneside for the next 3 years. The demand analysis should look at both a victim and perpetrator perspective / lens. This analysis should also feed into North Tyneside’s Strategic Housing Market Assessment (SHMA).

The council is required to produce a SHMA to have a good understanding of our housing needs for domestic abuse. The demand analysis would help inform North Tyneside’s local plan by helping in the identification of how many homes should be provided and of what type. This would also help inform how these should be provided e.g. use of council stock, commissioned services etc....

Regular audits also need to be undertaken to understand a person’s journey / experience (both victim and perpetrator). This would align with the council’s values around “We care” and “We Listen”, this would also enable any issues in systems and processes to be identified and addressed.

Northumbria Healthcare Trust

The Domestic Abuse Health Advocate Role in Northumbria Healthcare Trust

In early 2017 a proposal for funding was made to the then Police Crime Commissioner (PCC) Vera Baird to pilot a Domestic Abuse Health Advocate (DAHA) for each health provider in the Northumbria Police area. This was also done in partnership with the local authorities and CCG's within those areas. Newcastle and Sunderland opted for a community pilot within GP surgeries, Northumbria Health Care Trust (NHCT) were on board from the beginning and in conjunction with North Tyneside and Northumberland LA and CCG's decided to look at the DAHA role from an acute perspective. Funding was granted for 3 years starting in April 2017-March 2020.

Strict criteria and data was requested from the PCC. The DAHA pilot was specifically to support victims and upskill staff in doing this, in three main areas, A&E, Gynaecology and Maternity, although this has since expanded. Pathways and training were set up to not only support high risk victims of domestic abuse, but to empower and enable staff to support those who attend NHCT and do not identify, via the Dash Risk Assessment, as high-risk incorporating safety planning, the role has been evaluated by both victims and staff to be exceptionally beneficial. Resources have been developed to enable staff to support victims, in the form of a pocket slider that staff can carry to help them have quick access to pathways, plans and support services.

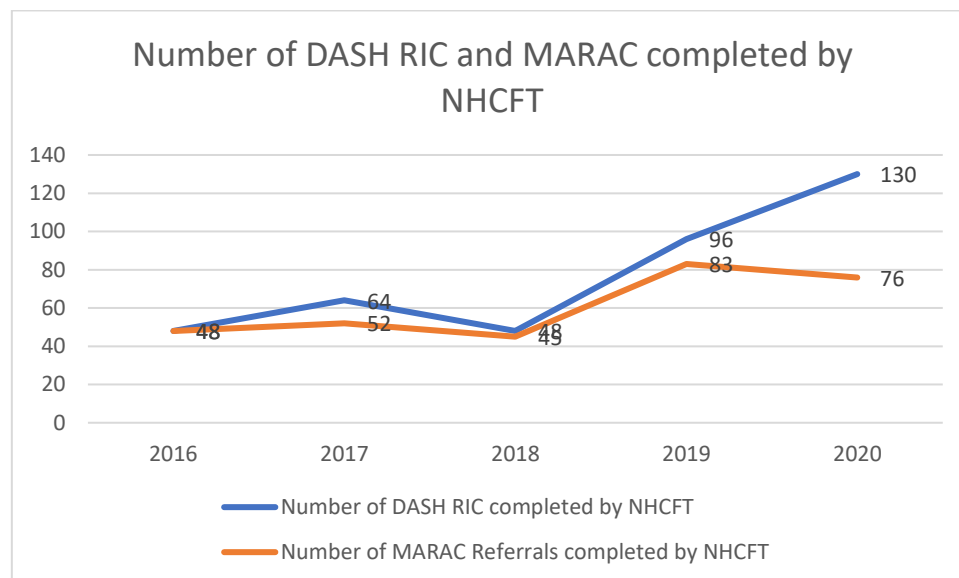
Other resources have been provided from domestic abuse agencies for staff to give to victims. The funding ended in March 2020, however the trust felt that the role was fundamental for both victims of domestic abuse and staff, therefore we submitted a business case for a permanent post covering trust wide, the business case was approved and commenced in July 2021, it was renamed, Safeguarding Practitioner Domestic Abuse and Sexual Violence (***Please see case study in Appendix 1***).

The DAHA is now established as the SPOC for acute trust services and as such has established good working relationships with MARAC Co-Ordinators in both North Tyneside and Northumberland. This has provided a benefit in discussing information which may not meet the criteria for MARAC on its own but providing further context raises or decreases the concern to ensure appropriate referrals are submitted.

All MARAC referrals are now sent to the Safeguarding Inbox where they are reviewed, feedback is then sent to the referrer highlighting the positive and providing advice on areas which can be improved in future referrals. This has also provided referrers with a clear pathway ensuring the referrals are not sent directly to MARAC Co-ordinators. A MARAC referral pathway has been developed and distributed to staff as part of the pocket slider providing immediate advice and guidance on the MARAC process when seeking to submit a referral.

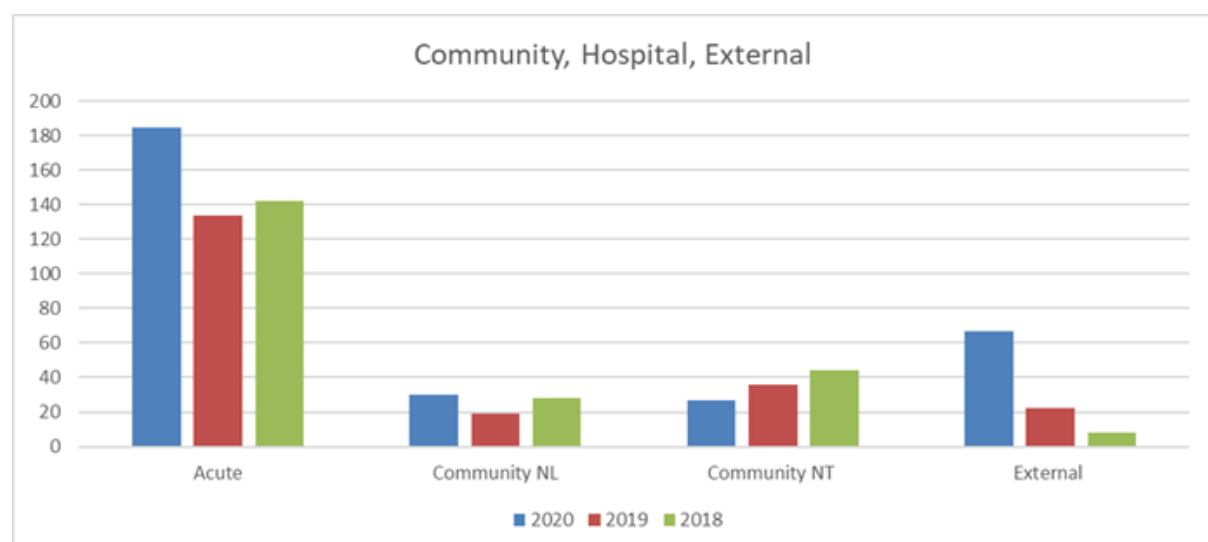
There has been a fluctuation in the amount of MARAC referrals submitted by staff as displayed in the graph below, though it has been noted that during the periods of lower referrals this was during times of lower reports to other services.

Work is ongoing to streamline the completion of the Dash Ric and MARAC referral forms for staff. Exploring the option of building a pathway into the new Nerve Centre system which will have the pathway built in directing staff to the most appropriate actions when domestic abuse is identified. Also ensuring completed risk assessments and MARAC referrals are sent directly to the SPOC.



(Source: Northumbria Health Care Trust data)

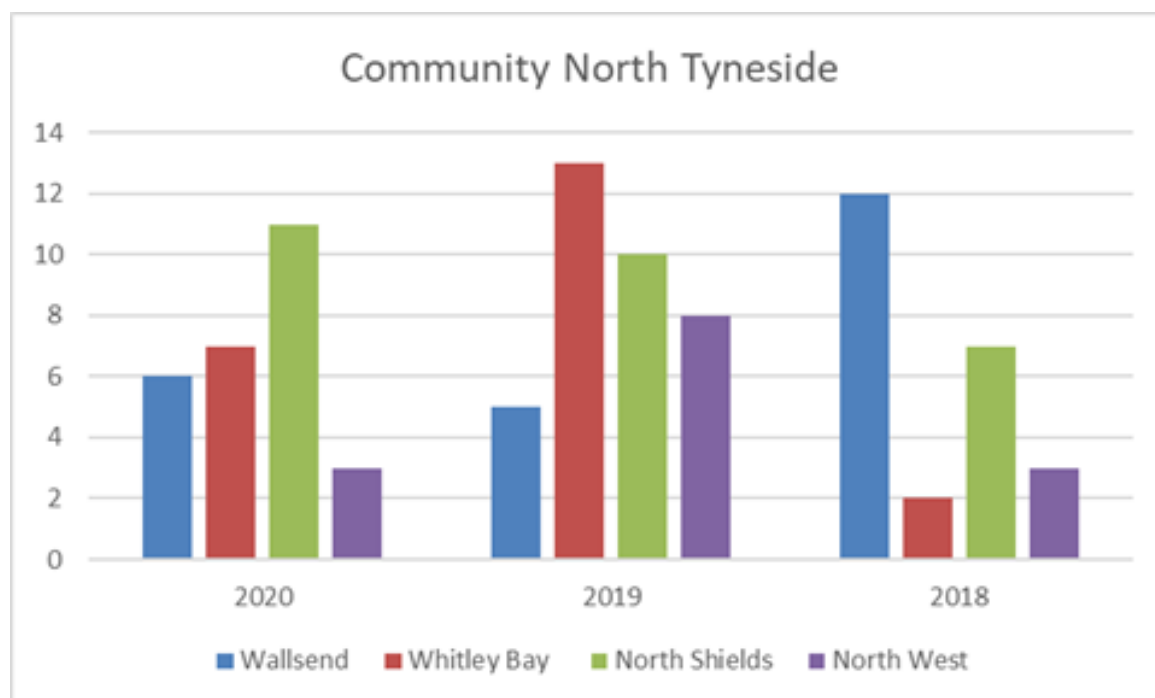
The following data demonstrates where across the trust referrals are made with Acute services the main source.



(Source: Northumbria Healthcare Trust data)

When looking at referrals from Community services within the Trust, it is interesting to note the geography of those being identified from North Tyneside. Based on the ward data

previously highlighted, this data needs to be overlayed / shared to understand the geography of where potential victims are coming from.



(Source: Northumbria Healthcare Trust data)

The Department of Health (2010) Responding to Violence against women and children report, highlights the role of the NHS in domestic abuse, where health services are often the first point of disclosure:

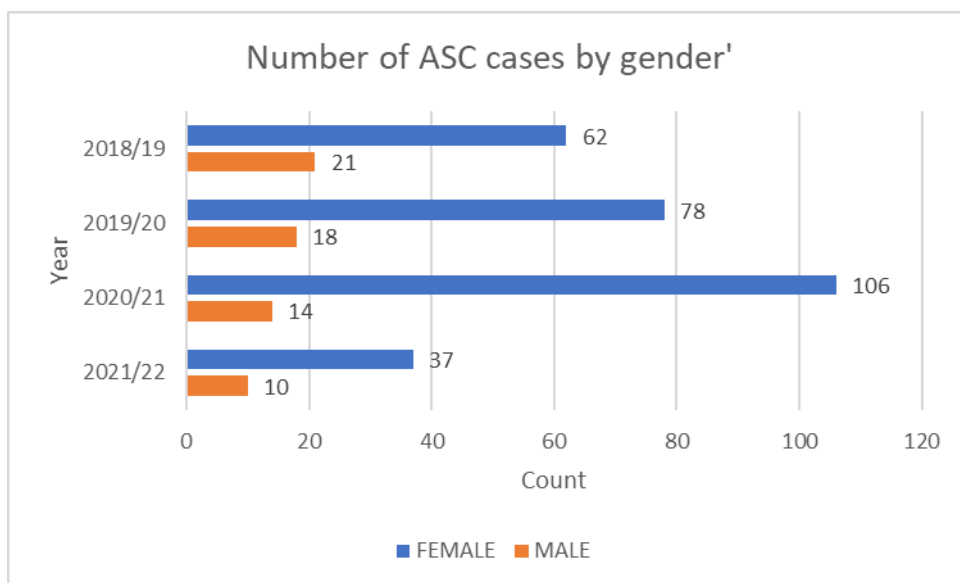
“80% of women experiencing domestic abuse will seek help from health services and they are often a woman’s first, or only, point of contact.”

There is currently no data available, and this will require a local agreement and co-operation of Primary Care practices in North Tyneside. Currently a gap in the data for North Tyneside, working with the CCG and the Primary Care Networks in North Tyneside to provide this data could help improve the understanding of domestic abuse presentations within primary care.

Recommendation 6: Data from GP’s practices should be explored as this is currently a gap. The recommendation would be to explore what data can be retrieved from GP practice systems. If its achievable this data and data from the trust could feed this into the proposed data dashboard for North Tyneside.

Adult Social Services

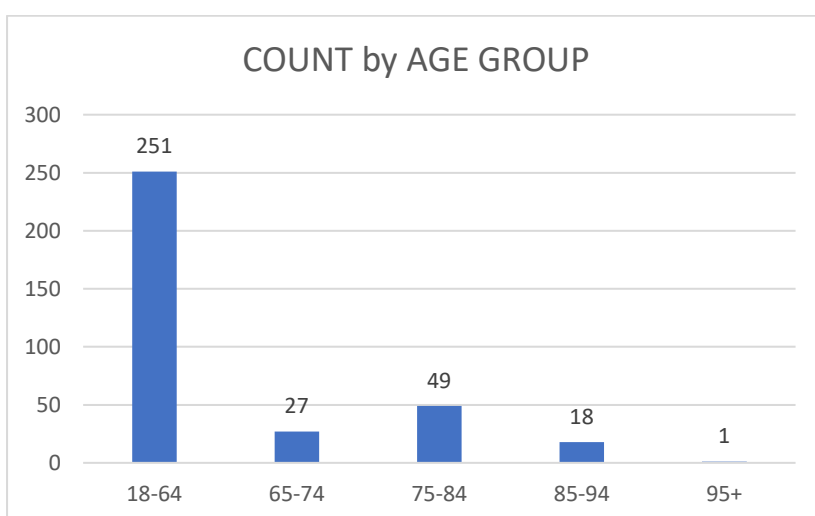
Adult Social Care provide signposting and advice to victims of domestic abuse and commence Safeguarding enquiries under the Care Act if the adults involved have care and support needs. The data below show the number of contacts Adult Social Care received in relation to domestic abuse by gender. This data correlates with the fact that we know more females are the victims of domestic abuse.



(Source: North Tyneside Council data)

Year	FEMALE	MALE	Grand Total
2018/19	62	21	83
2019/20	78	18	96
2020/21	106	14	120
2021/22	37	10	47
Grand Total	283	63	346

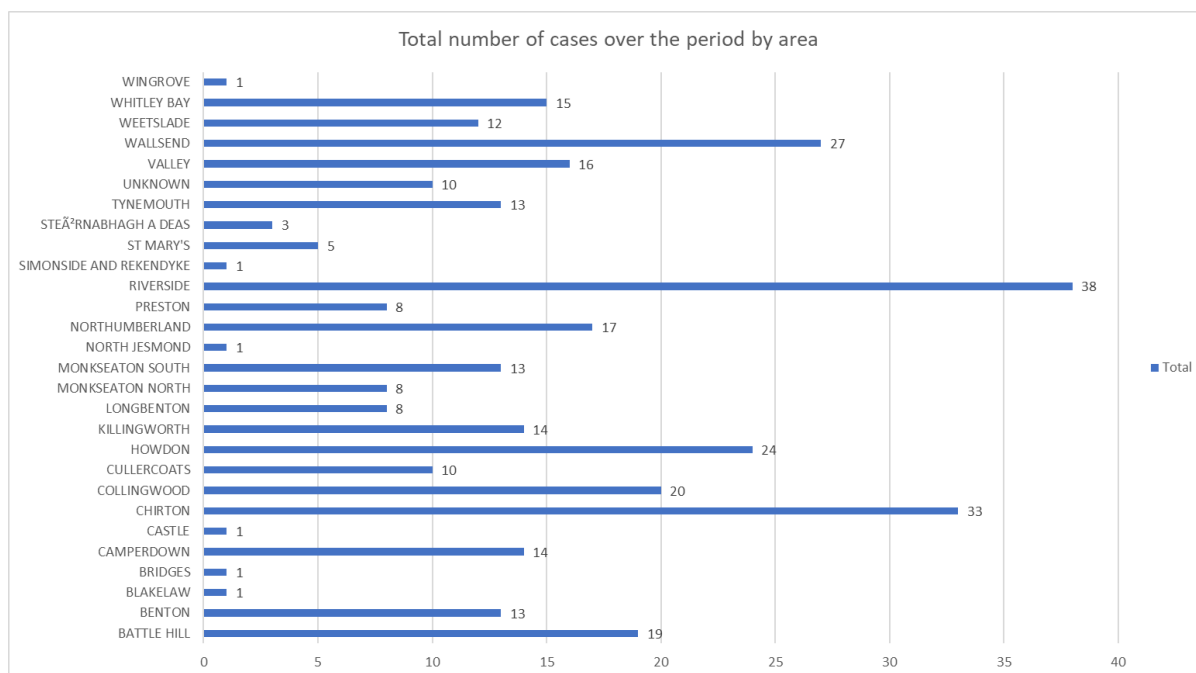
During this period the age range for cases is displayed before with the 18-64 age range accounting for the highest figure, however further analysis / breakdown is required of this range.



(Source: North Tyneside Council data)

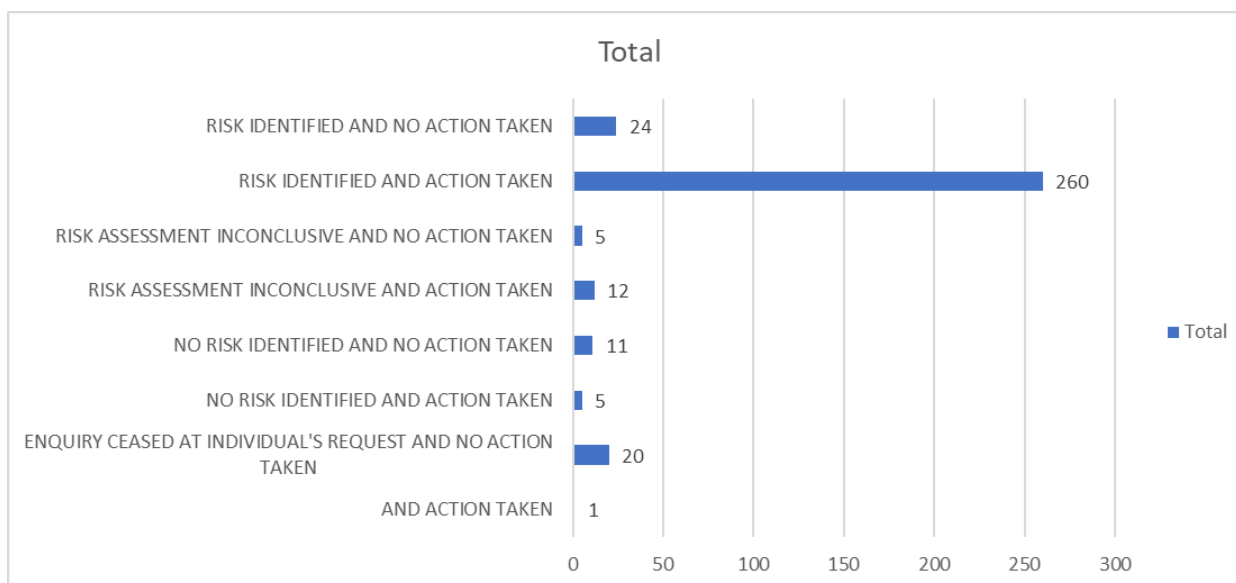
As the data suggests previously the same areas are being identified consistently in terms of geography / ward. Areas identified include:

- Riverside
- Chirton
- Wallsend
- Battle Hill



(Source: North Tyneside Council data)

In terms of cases, across the period we can identify how many had a risk identified and whether action was taken. What we are unable to do from the data is identify at what level the risk was i.e., low, medium, or high and what specific action was taken as a result to reduce or mitigate risk. There is data available which describes the risk assessment outcome and on the 'was a risk identified' tab it records whether the risk has been reduced or not. However, whilst this records activity e.g., how many cases concluded, the data does not give any meaningful insight. For example, how many cases were signposted for advice, referred to support services / commissioned services etc....



(Source: North Tyneside Council data)

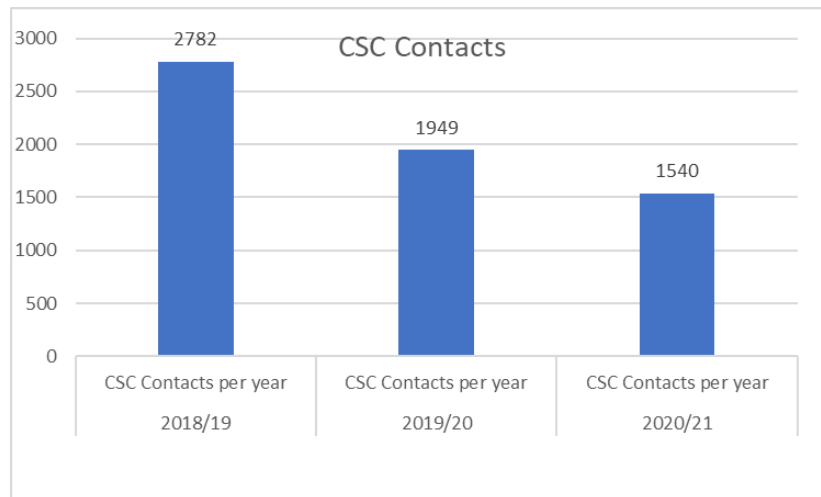
Recommendation 7: Data recording in Adult Social Care needs to be improved as the new requirements come into place for the Domestic Abuse Act. Whilst we can record activity, we cannot describe what support we have offered or how we have reduced risk. The Domestic Abuse Act will bring in new requirements which we need to be able to demonstrate that we have supported people appropriately. The recommendation is to review current recording in terms of domestic abuse to align with the new requirements.

Children Social Services

Data collated by Children's Services, identifies those children and young people who have been deemed at risk of or living with the impacts of Domestic Abuse. While prevalence cannot be determined, this data provides an indication of the scale of the issue for local children and young people.

If, as a result of a referral, there are indications that the threshold for Children's Social Care Services has been met, which may include concerns of Significant Harm, Children's Services will conduct a Single Assessment. The Single Assessment is a detailed assessment to determine whether a child is in need, requires a protection plan or requires immediate protection and the nature of any services required.

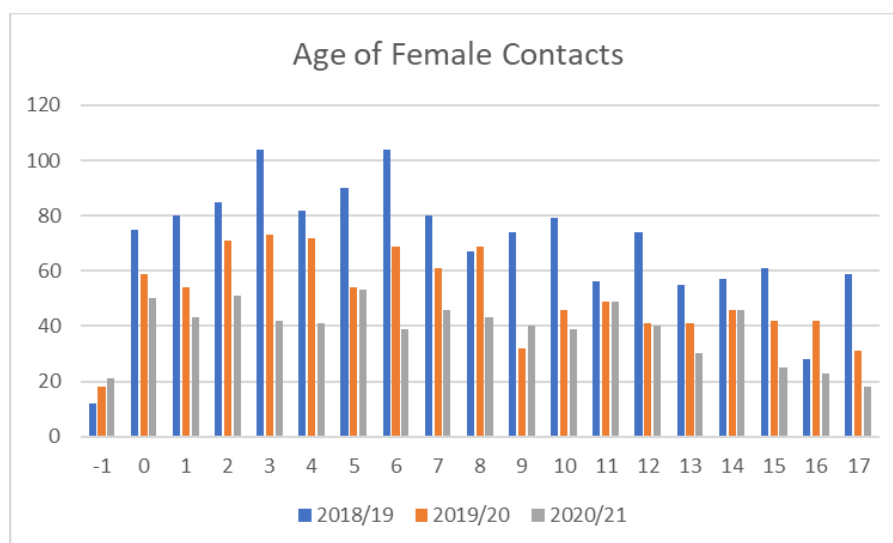
CSC Contacts have reduced year on year from 2782 (2018/2019) to 1540 in 2020/2021. In terms of contact sources over the three-year period the main referral source has been the police (660 in 2020/2021) with other sources coming from a wide range of partners including VCS, schools, midwives, accident and emergency, probation, parent/carers for example.



(Source: North Tyneside Council data)

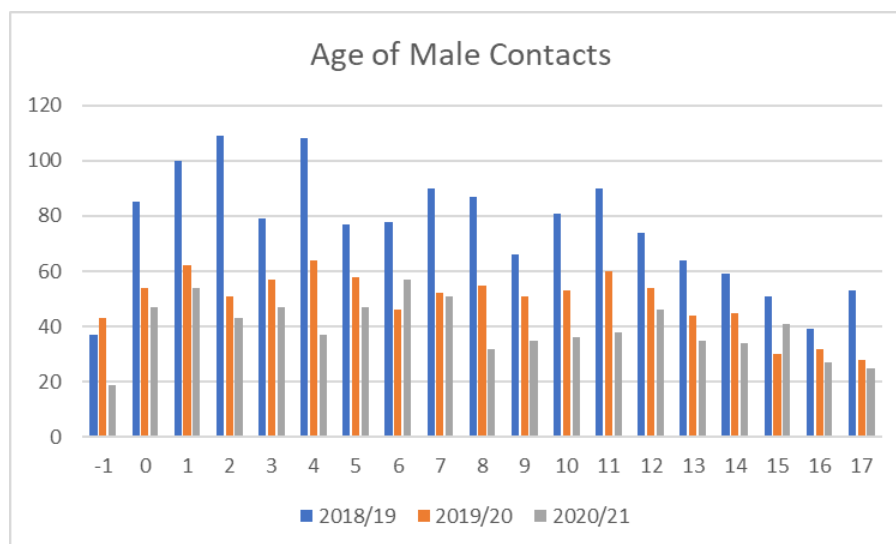
From July 2019, a new pathway for Contacts received by the MASH was established, with timelier triage to consider Early Help support if thresholds were not met for statutory Social Care assessment. This explains the reduction in contacts from 2018/2019 to 2020/2021.

When breaking down the contacts by age and gender, for females the number of contacts over the three-year period have been higher in the new-born to 6-year-old age range.



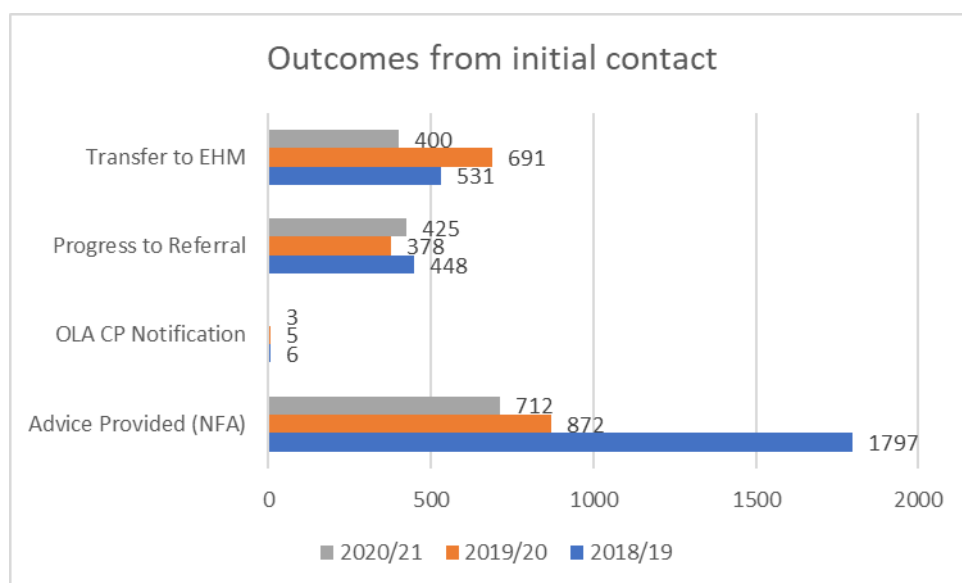
(Source: North Tyneside Council data)

A similar pattern emerges with male contacts however the age range over the three-year period have been higher in the new-born to 3-year-old age range.



(Source: North Tyneside Council data)

In terms of outcomes the vast majority of cases over the period of 2018 - 2021, 54% of cases advice was provided with no further action, 25% transferred to the Early Help model and 20% progressed to referral and 1% resulting in a child notification. What the data does not tell us is what advice was given or signposting to other services.

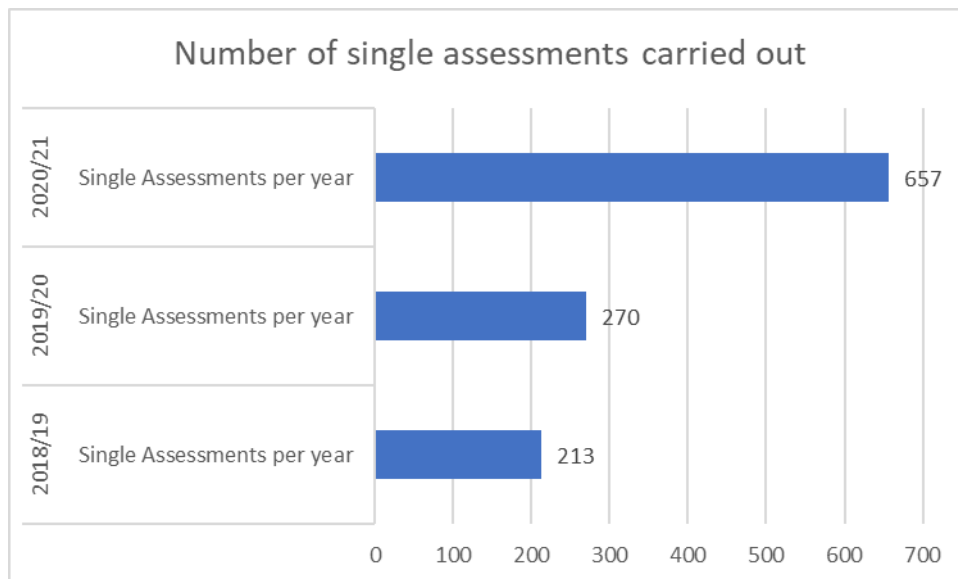


(Source: North Tyneside Council data)

In terms of cases progressing to referrals and a single assessment being carried out, numbers have increased over the period 2018 – 2021.:

2018/2019	1563
2019/2020	1583
2020/2021	1694

The increase in the number of single assessments being carried out in 2020/201 may be attributed to the pandemic and lockdown. The graph below shows the number of single assessments carried out where domestic abuse was identified:

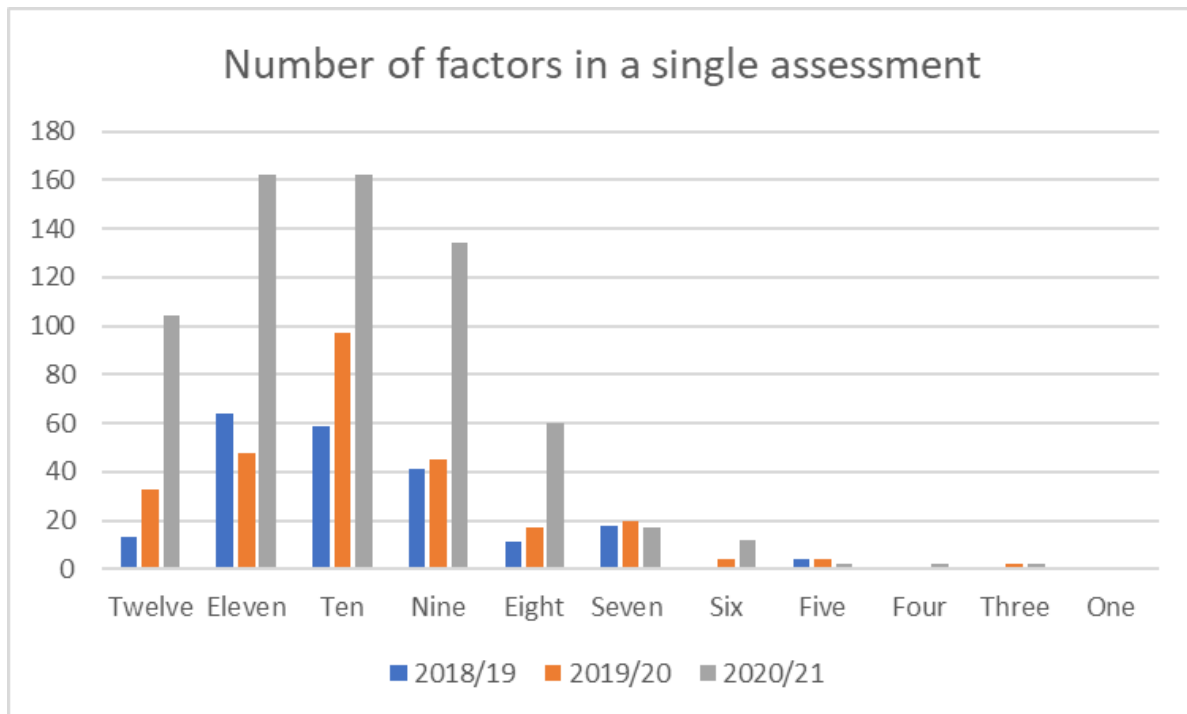


(Source: North Tyneside Council data)

When examining the number of factors identified within a single assessment, it may include the following is listed below:

- Alcohol Misuse Concern – Child
- Alcohol Misuse Concern – Parent/Carer
- Drug Misuse Concern – Child
- Drug Misuse Concern -Parent/Carer
- Domestic Abuse – Child Subject
- Domestic Abuse – Parent/Carer Subject
- Mental Health – Child
- Mental Health – Parent/Carer

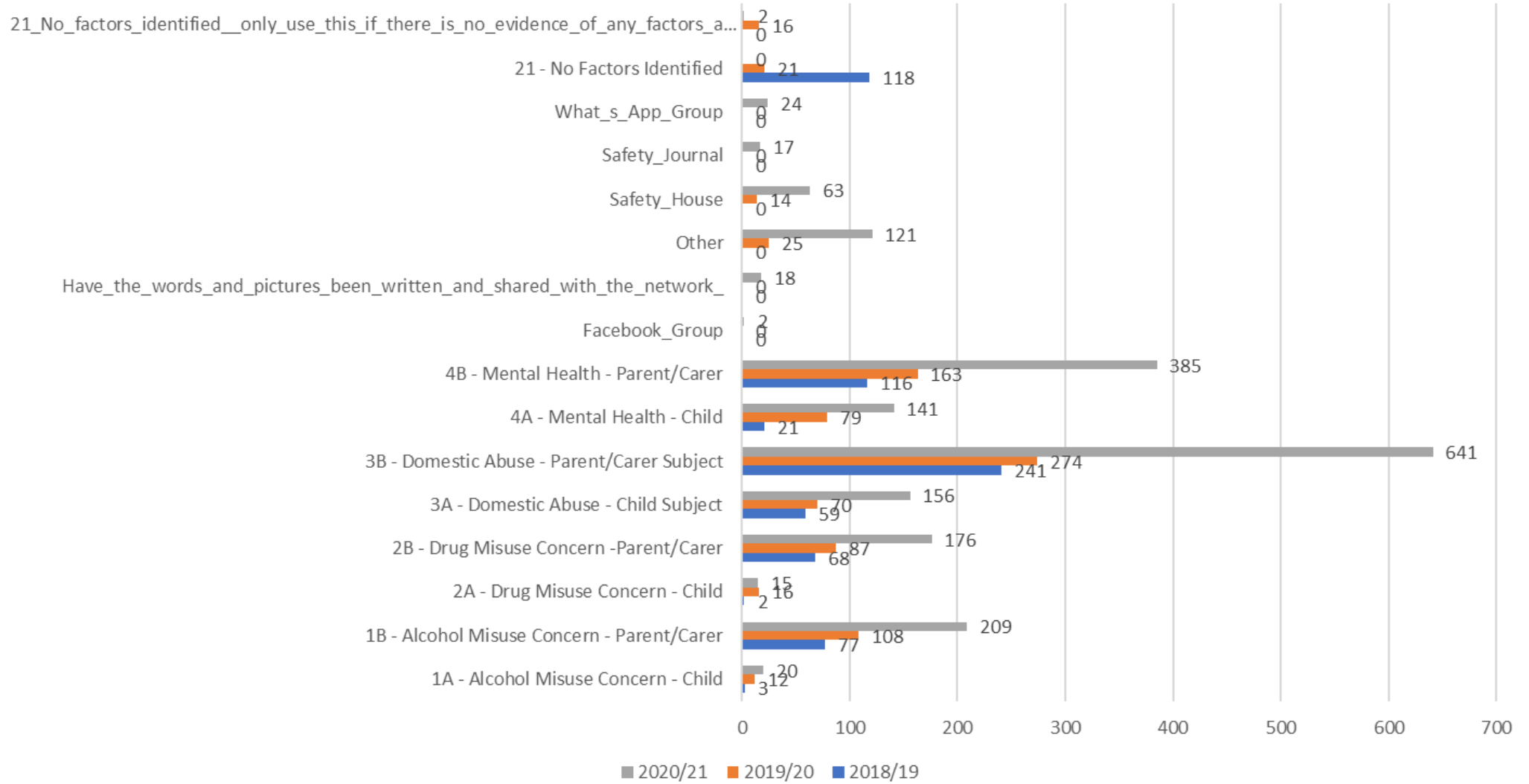
What can be seen over the period of 2018-2021, is the number of factors remaining consistent between 8 – 12 factors with an increase in 2021. This may reflect the complex cases / lives children and young people are experiencing, where domestic abuse is one issue in a myriad of problems they could be facing. The increase correlates with the increase in the number of single assessments being carried out. The increase may be attributed to the pandemic and lockdown.



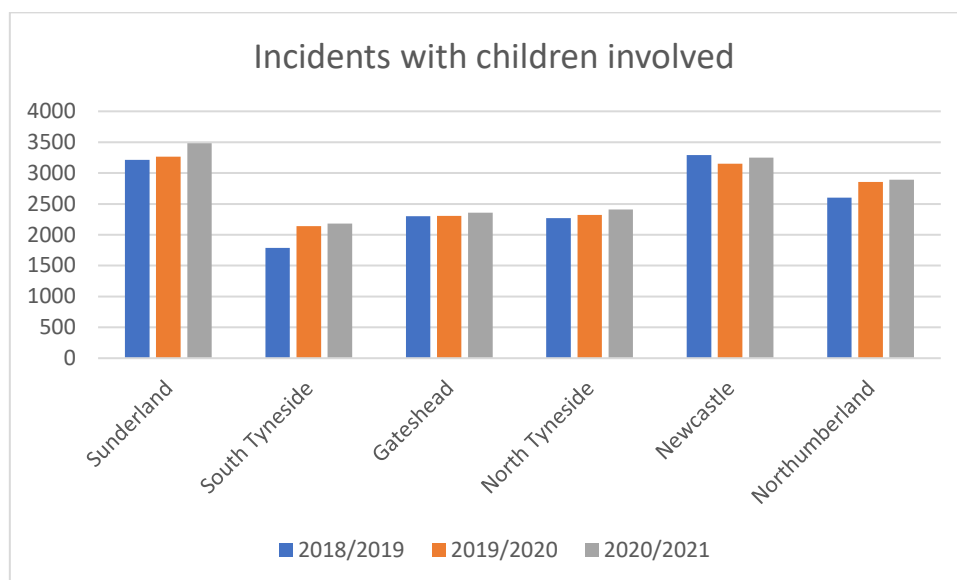
(Source: North Tyneside Council data)

Domestic abuse is the most common factor in situations where children are at risk of serious harm in this country. It can have a detrimental and long-lasting impact on a child's health, development, ability to learn and well-being. The prevalence of domestic abuse means that many children are also affected. We don't know exactly how many children this is, because the official source of self-reported data (the Office for National Statistics' Crime Survey) only gathers information about the experiences of adults. The experience of children in relation to domestic abuse may go unrecorded unless they come to the attention of formal agencies, such as those in health, children's social care, the police, or schools. When examining the data for children's social care in North Tyneside and the factors that have been recorded, it shows that domestic abuse is the top major factor when a single assessment is completed in North Tyneside over the period 2018 – 2021. This is followed by mental health and alcohol.

Factors identified in single assessments



When looking at police data, domestic abuse incidents has remained around 47-50% of cases with children involved, numbers have remained consistent over a three-year period within North Tyneside with police data indicating 2412 cases in 2020 / 2021.



(Source: North Tyneside Council data)

While current services respond effectively to victims and children it is unclear from the data the range of services or support that is offered. Therefore, we are unable to understand what type and level of support is required. The domestic abuse Act recognises children who experience domestic abuse as victims and increases the responsibilities of local authorities to provide services for victims/survivors. Based on the data North Tyneside can currently identify many children and young people who potentially need support, however we do not capture what type of support is given e.g., therapeutic, counselling etc... the numbers of children and young people supported.

Recommendation 8: Data recording in Children's Social Care needs to be improved as the new requirements come into place for the Domestic Abuse Act. Whilst we can record activity, we cannot describe what support we have offered or how we have reduced risk linked to children. North Tyneside have a children's service commissioned to provide therapeutic support. The Domestic Abuse Act will bring in new requirements which recognises children who experience domestic abuse as victims in their own right. North Tyneside Council needs to be able to demonstrate that we have supported children appropriately and reduced risk. The recommendation is to:

- ***Review current recording in terms of domestic abuse to align with the new requirements of the Domestic Abuse Act.***
- ***North Tyneside commissions Acorns with a contribution from the CCG. North Tyneside needs to understand how children and young people are currently supported if they experience or witness domestic abuse and to identify if there are any further gaps in provision or support.***

MASH

The multi-agency safeguarding hub (MASH) was set up in October 2017 to coordinate support and protection services for children and vulnerable adults. It is led by North Tyneside Council in partnership with Northumbria Police, health services and Harbour and probation services are also involved. The hub model aims to improve information sharing between the partners so that safeguarding concerns can be identified earlier and managed more efficiently

The Adult Social Care MASH continues to sit at the front door alongside children services and other partners which include the police, Harbour, Probation and Housing. Daily triage takes place with the police which allows for discussions around risk and response and enables dialogue with partners quickly with access to information in a timely manner. The Duty team at the front door work closely with MASH partners and this allows for early intervention and quick and robust safety planning. As a result, advice regarding adult safeguarding and Care Act eligibility can be given at the earliest opportunity. The Channel/Prevent process is aligning to the MASH which will have the benefit of having the single point of contact and the Channel Chairs within the MASH/Front Door for Adult and Children's.

Commissioned services

Since November 2015, specifically commissioned domestic abuse service provision in North Tyneside comprises of an integrated service providing refuge-based accommodation (including crèche facilities and office space), dispersed properties, outreach support, an immediate crisis service, an Independent Domestic Violence Advisor (IDVA) and children's therapeutic service.

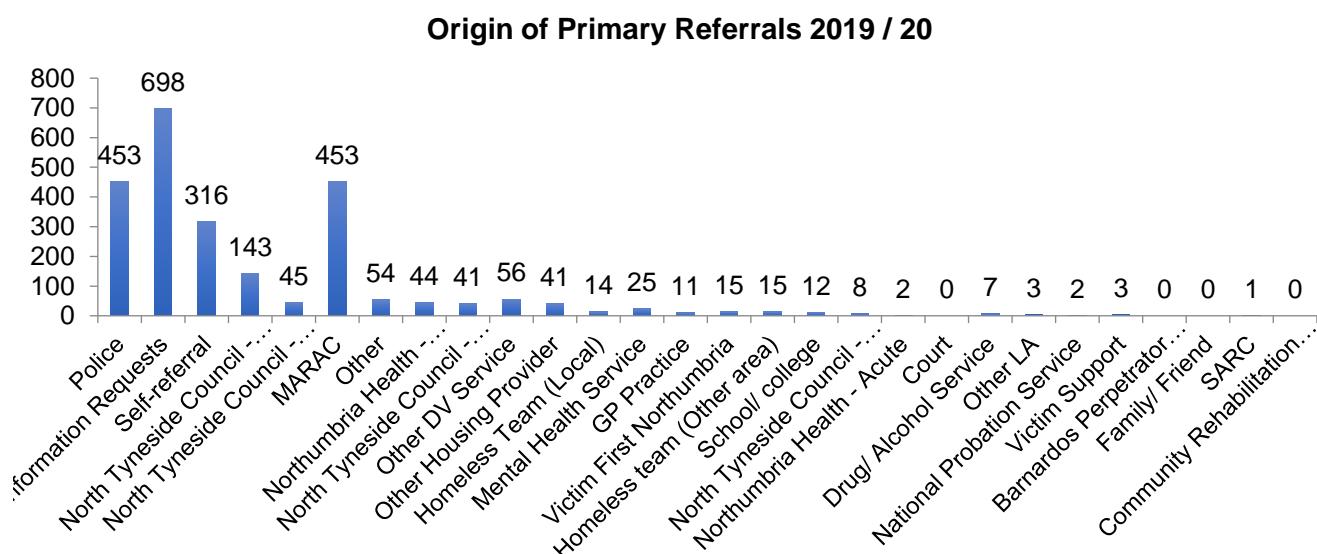
The integrated service is a single point of contact for all self and agency referrals, and aims to provide services to address all levels of risk, and severity of domestic abuse, and also be accessible for all victims, regardless of age, as well as ensuring support is available for children and young people who have witnessed domestic abuse.

Harbour is the provider who currently delivers the integrated service for adult victims of domestic abuse, and Acorns are the provider who deliver the service for children and young people.

Harbour

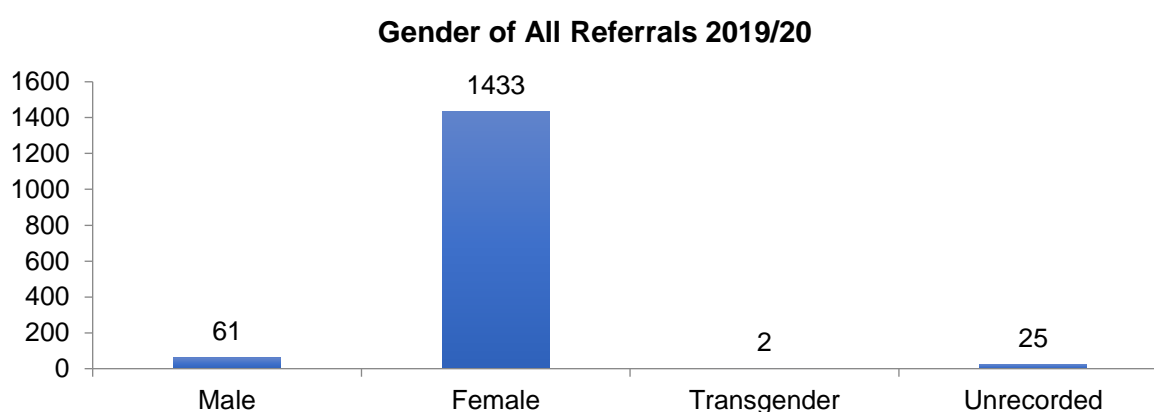
Harbour works with families and individuals who are affected by abuse from a partner, former partner or other family members.

During 2019/20 there were a total of 2462 referrals into Harbour and figure 14 shows which organisation referred into the service. As to be expected most referrals came from the Police and MARAC. However, several clients self-referred which increased in 2018/19.



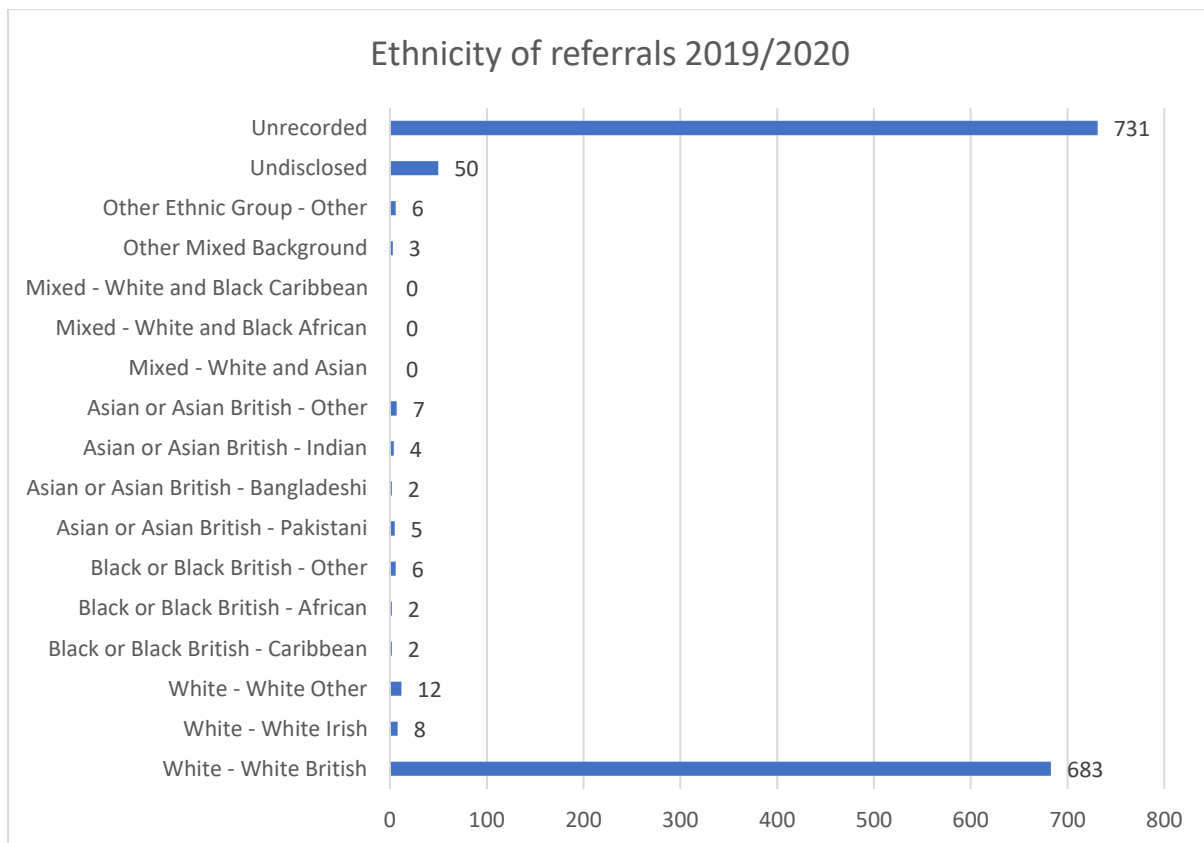
(Source: North Tyneside Council data)

In terms of gender, the highest number of clients were female with only 61 male clients and 2 transgender clients with 29 unrecorded.



(Source: North Tyneside Council data)

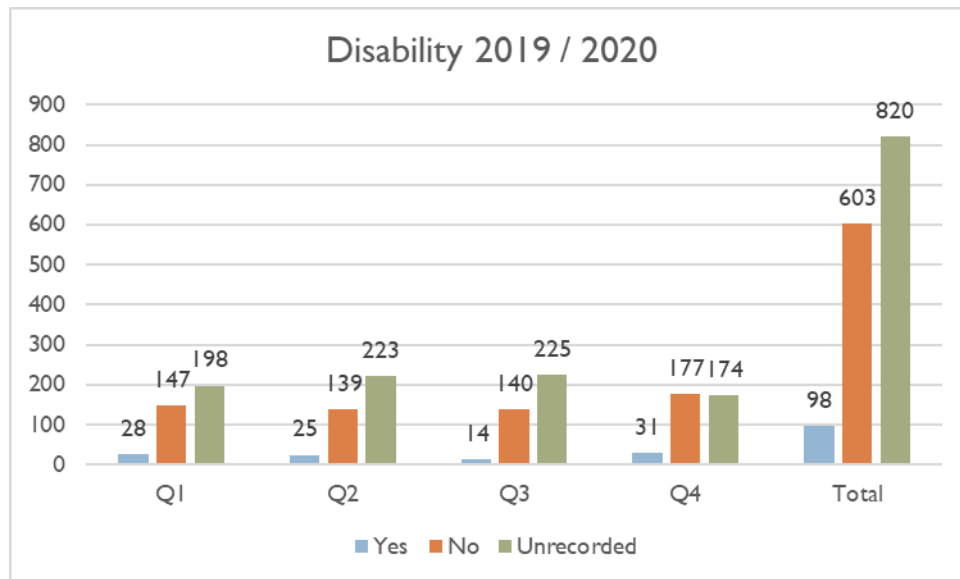
The ethnicity of referrals highlights that the majority of clients (683) were recorded as White British, however 731 of clients' ethnicity was unrecorded. Whilst the data does indicate that there have been referrals from other ethnic groups, with a large number unrecorded it is difficult to know if the service is adequately supporting BME communities in North Tyneside. An assumption can be made that a high number of the unrecorded cases would be White British, however data quality and recording needs to be improved to understand if BME communities are accessing the service and being supported in North Tyneside.



(Source: North Tyneside Council data)

Similar to ethnicity, the data shows that people with disabilities are accessing the service, however a high number of cases 820 are unrecorded. Again, to understand from an equality perspective and for it to be meaningful and routinely analysing this information we should be able to:

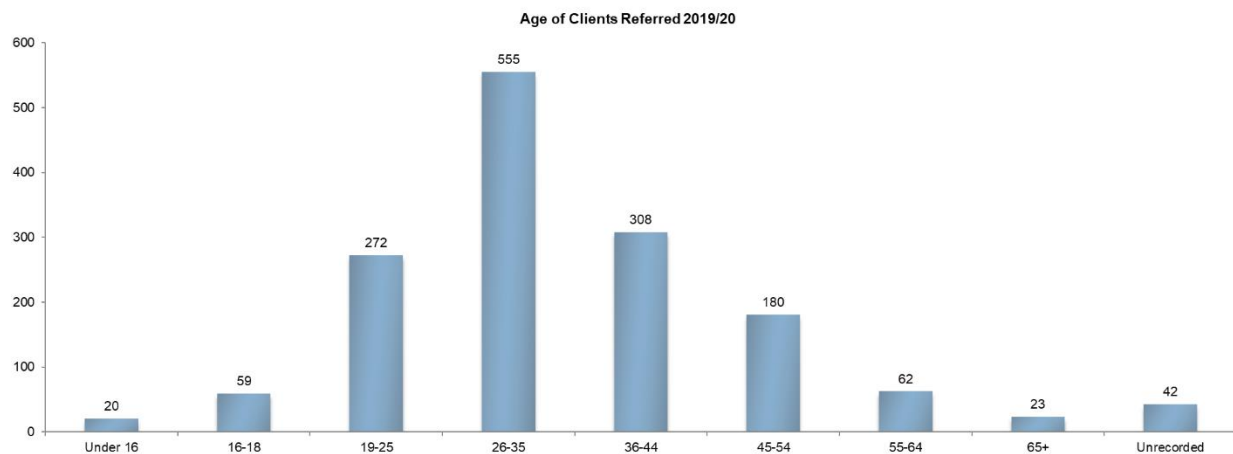
- Improve access to our services
- Help identify the needs of our diverse communities
- Assess the current usage of services
- Highlight and respond to gaps in service provision
- Make sure that clients receive the right support, and the service can support them in the right way
- Commissioned services are meeting their equality duties



(Source: North Tyneside Council data)

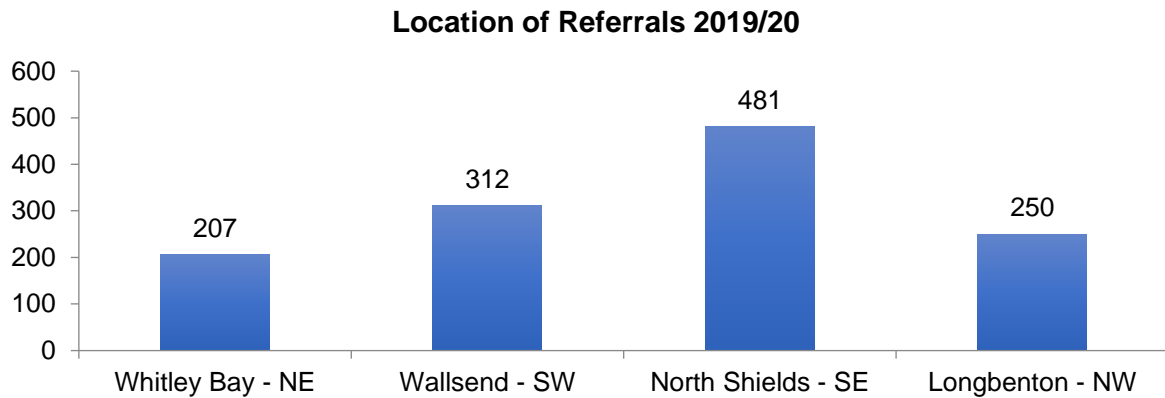
Recommendation 9: There is a substantial need for better reporting and recording mechanisms to ensure that accurate, complete, and quality data is collected to ensure equality requirements are being met as well as understanding who is accessing the service for support.

In terms of the age profile of those accessing the service, were in the 19-44 age group with relatively few residents from older age groups.



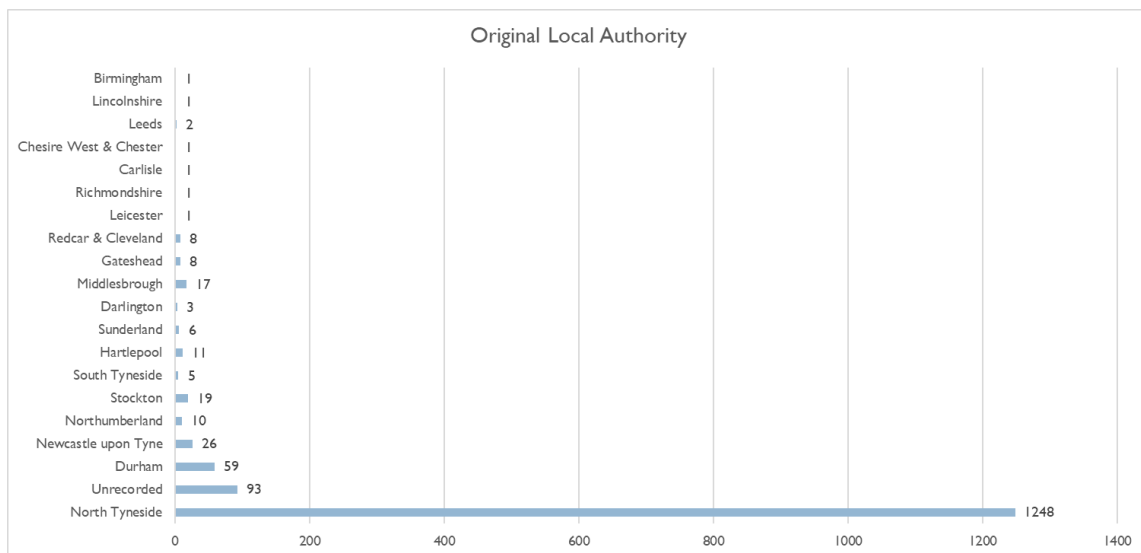
(Source: North Tyneside Council data)

What is also interesting to note, similar to the data from Northumbria Healthcare Trust, referrals from North Tyneside are from 4 distinct areas across the borough.



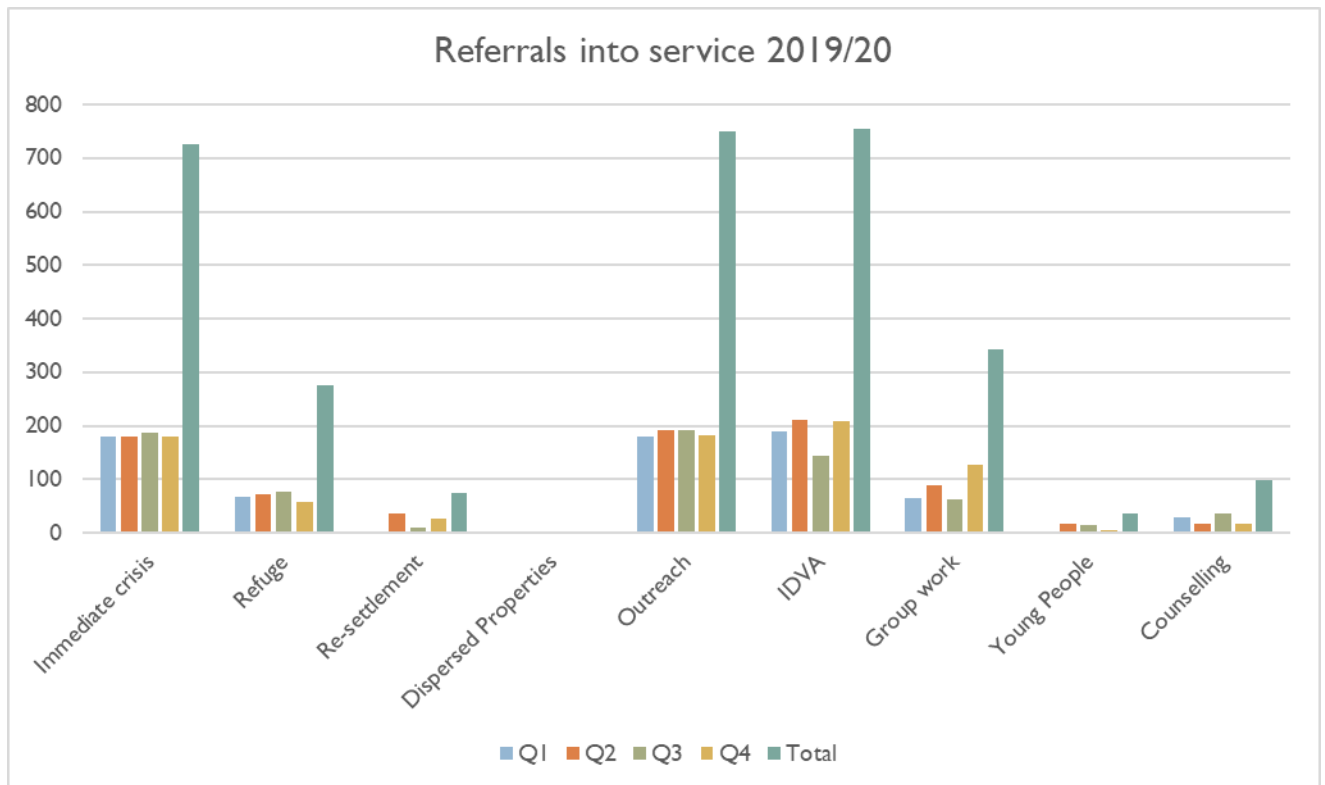
(Source: North Tyneside Council data)

When looking at the breakdown of all referrals into the Harbour service, the vast majority come from North Tyneside, followed by referrals from neighbouring local authorities (Durham, Newcastle, South Tyneside, Gateshead etc...) followed by referrals from across the country.



(Source: North Tyneside Council data)

The graph below shows the type of support offered in 2019/20, support in immediate crisis, refuge provision, outreach, IDVA and group work the main areas of support offered.



(Source: North Tyneside Council data)

IDVA

The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. An IDVA is a trained specialist whose role is pivotal within the MARAC process. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

Refuge

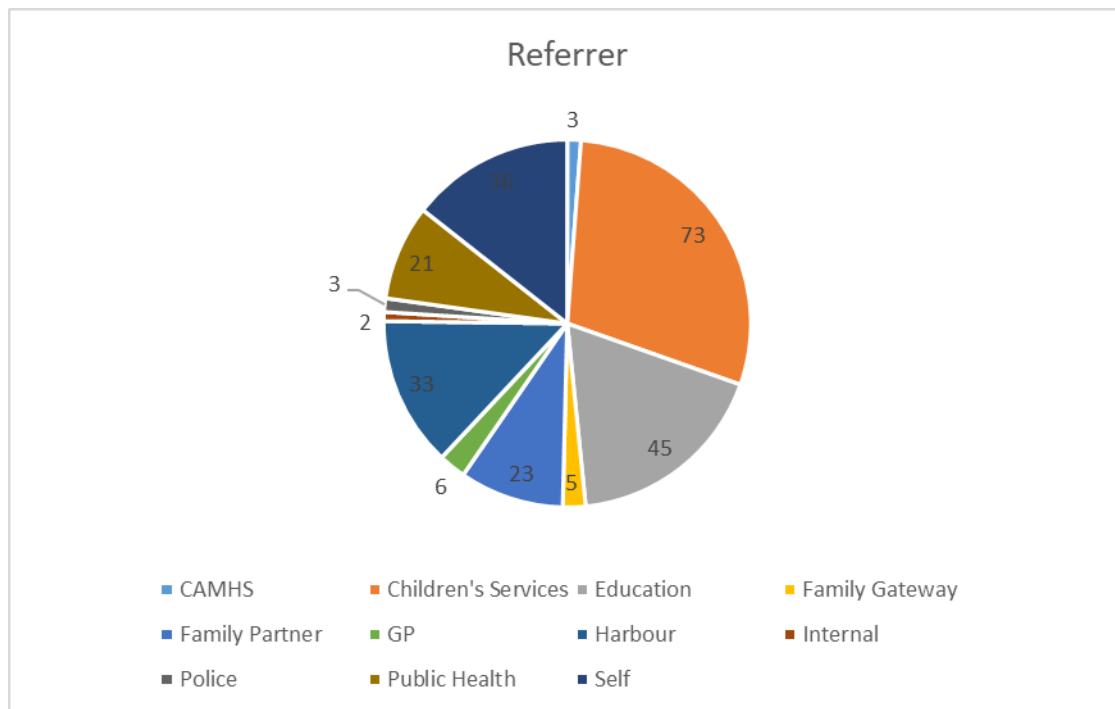
In some cases, the victim of domestic abuse cannot be safely accommodated in traditional housing and requires a more specialist option. A refuge is safe accommodation for people who have suffered and are fleeing violence or abuse. Its purpose is to safeguard service users. The accommodation should provide both a confidential address, to protect women and their children as well as access to emotional and practical support.

Acorns: Support for Children and Young People living with/witnessing domestic abuse

Acorns is currently commissioned to deliver a range of child and person centred, therapeutic and support services to address the impact of domestic abuse and sexual violence on children's young people and families which includes:

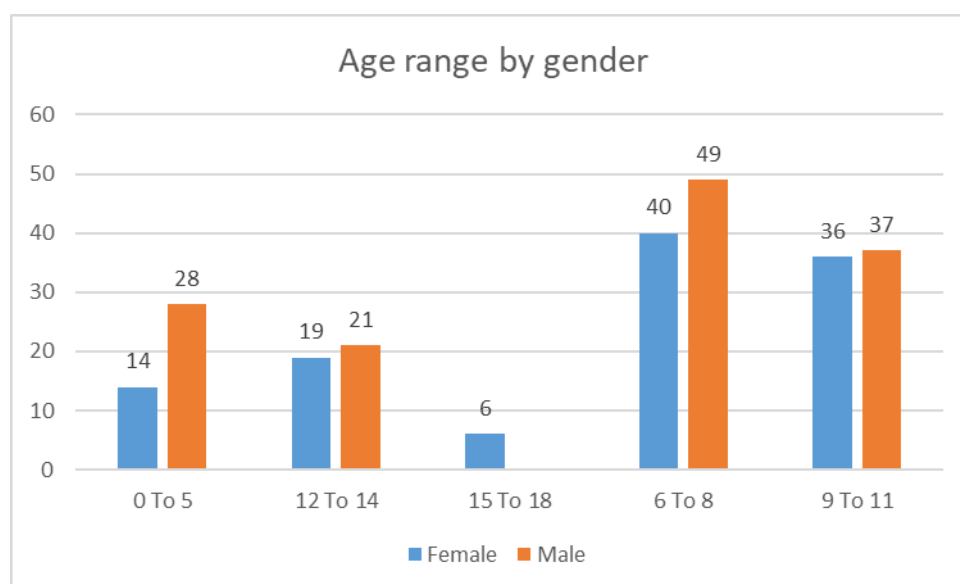
- Counselling and Play Therapy
- One-to-one support in schools and community settings
- Advice and support around healthy relationships
- Outreach team in schools and youth settings where we deliver talks and group work

The service received 250 referrals in 2019/2020 with referrals from education, children services and self-referral the highest across the year. Of the 250 referrals, 26 were rejected not safe, 25 were rejected not suitable and a further 8 referrals closed due to not being able to contact or the service was declined. This meant a total of 191 engaging with the service (153 counselling and 38 outreach).



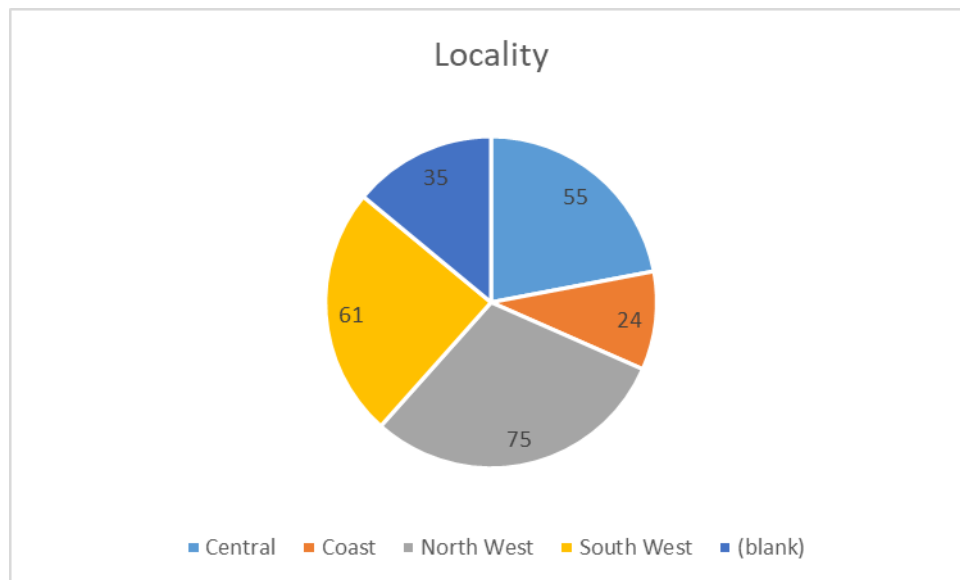
(Source: North Tyneside Council data)

In terms of age range, the highest proportion of referrals came from 6-8 and 9-11 with more males accessing the service.



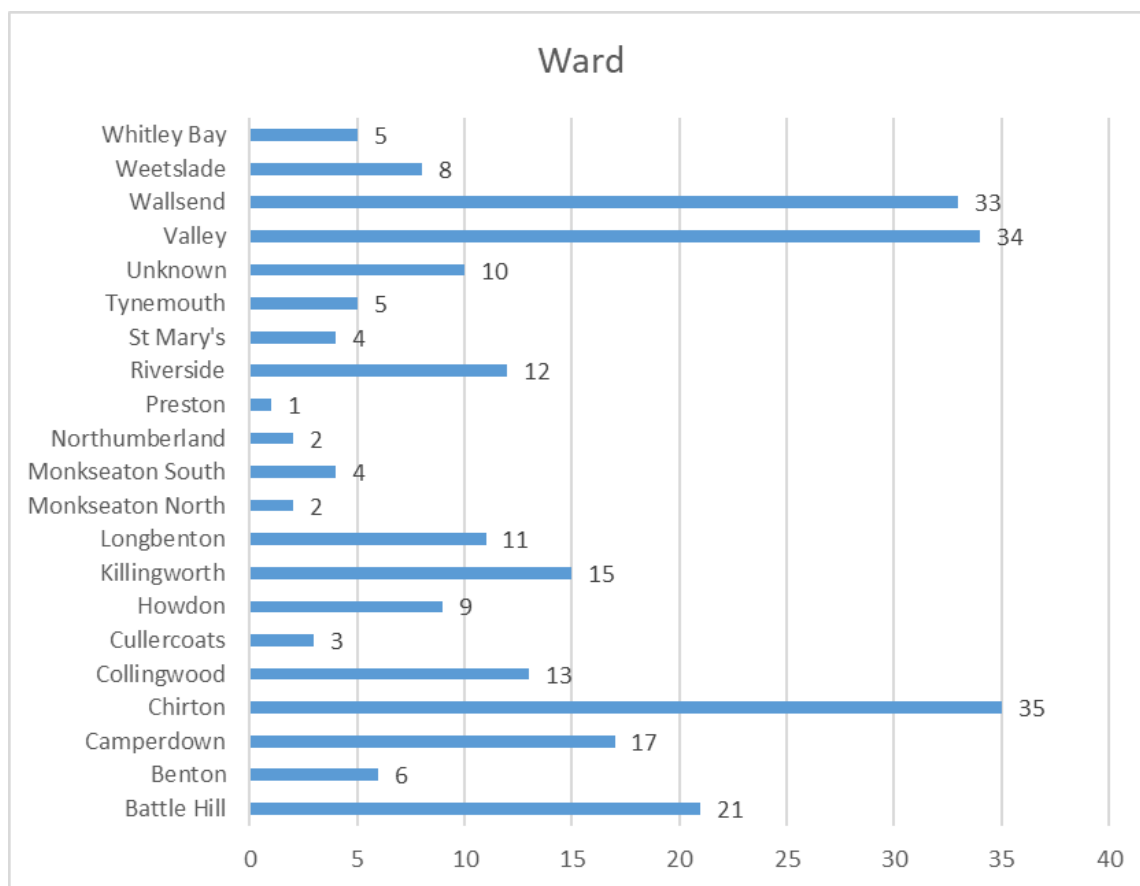
(Source: North Tyneside Council data)

When looking at the locality of referrals there is a consistent number from Central, North West and South West however a smaller number from the coast. This may correspond to the underreporting from certain wards within the coastal areas as highlighted earlier in the need's assessment.



(Source: North Tyneside Council data)

When breaking this down further, it is interesting to note the correlation with wards previously highlighted in the report as being high in terms of reporting or sources of referrals with areas like Wallsend, Chirton, Valley, Battle Hill standing out in the graph below.

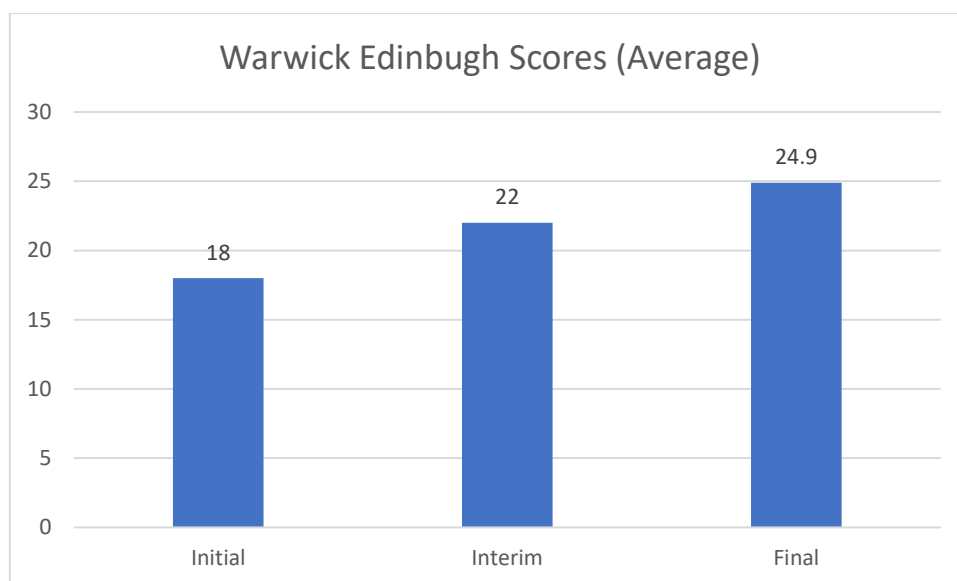


(Source: North Tyneside Council data)

Acorns have been implementing clinical monitoring tools over the past 18 months, but due to the delay in work taking place over the period of the pandemic, for some tools it has not allowed enough time to collate enough data at the time of the year end submission for this to be meaningful, specifically the SDQ tool. Acorns currently use the following tools across the following services that are commissioned:

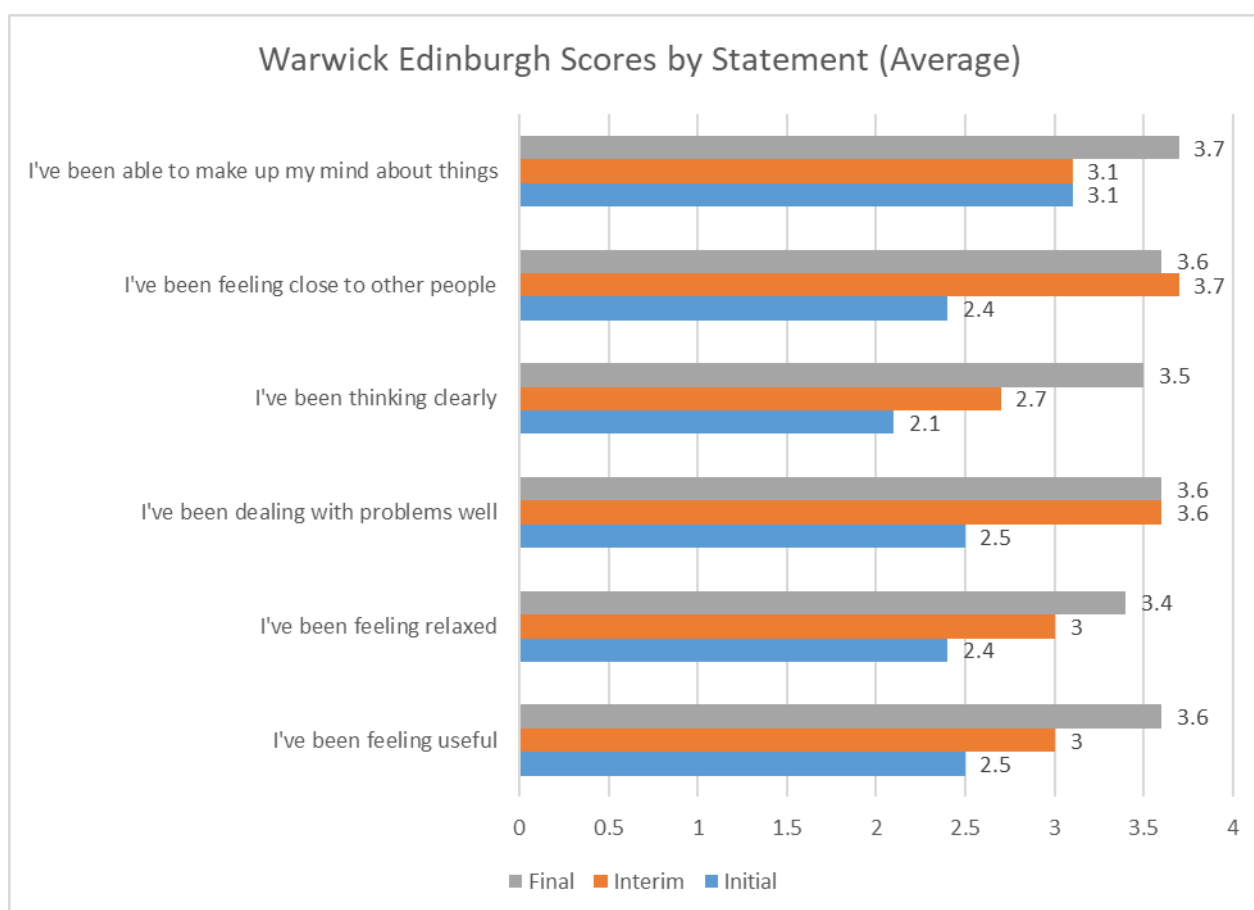
- Adult counselling – CORE_IMS clinical monitoring system
- Children's therapies – SDQ (Strengths & Difficulties questionnaire)
- Children & young people's outreach work/ first response work – Warwick Edinburgh mental health & wellbeing scale
- Adult's outreach and family support service – Warwick Edinburgh mental health & wellbeing scale

The Warwick Edinburgh scale is used in both the children's and adults outreach services. Users are asked to score 7 statements related to their wellbeing, which are then added up to result in a final score. Minimum score is 7 – maximum score is 35 on this tool. On average, service users experienced a 6.9 -point increase in their wellbeing. According to the baseline data collected using this tool, if a participant's score increases by three to eight points during the project, this demonstrates that mental wellbeing has meaningfully improved over the course of the project. The graph below gives (20/21) demonstrates changes across the year:



(Source: North Tyneside Council data)

The graph above and below show that the service is able to demonstrate outcomes and track the health and wellbeing of individuals engaging with the service.



(Source: North Tyneside Council data)

Recommendation 10: Commissioned services data should be reviewed to ensure that this remains fit for purpose, in line with the recommissioning of the services. A range of data is captured already as an integral part of the Authority's quality assurance and contract monitoring arrangements. This includes a detailed workbook which includes data regarding level of risk when entering and leaving the service. An analysis report with case studies is submitted quarterly alongside the workbook. Opportunities will be explored for strengthening our understanding of outcomes and impact through robust data monitoring, analysis and reporting.

Barnardo's

Managing those who perpetrate domestic abuse, Barnardo's Domestic Abuse Services work in North Tyneside with other agencies to provide help and support for men who want to change their abusive behaviours. Currently there is not a high up take of these services which is under review.

Barnardo's deliver Resect Accredited programmes across Northumbria for male perpetrators of domestic violence and abuse. The programmes are designed to constructively challenge abusive behaviours to support men to change the way they behave within their intimate relationships. Central to our programmes is the use of a respectful but challenging approach which focusses on the development of new non-abusive behaviours.

The aim is to work with perpetrators of domestic abuse to increase the safety of women and children, this is done by supporting men to accept responsibility for their abusive behaviours.

A total of 10 referrals were received for the Domestic Abuse Prevention Programme in North Tyneside between 8th May 2019 and 27th August 2019. Referrals were received from only North Tyneside Children's Services. The list below shows status following receipt of referrals:

Assessed as suitable and completed programme	1
Assessed as suitable then disengaged from programme after 2 sessions	1
Assessed as suitable then disengaged (no sessions attended)	1
Attended assessment, however unable to progress due to CJS matters	1
Failed to attend assessment appointment	4
Did not attend assessment due to engaging with Probation	1
Attended assessment, however unable to progress due to mental health	1

Currently there is not a high up take of these services within North Tyneside. Nationally there has been a call to action for a perpetrator's strategy to be developed. The Drive partnership have lobbied the government who have committed to putting a perpetrator strategy within the DA strategy that they are planning later this year. Whilst this may take time to be developed, momentum for the strategy and the government agreeing to take steps will place further requirements on LA in the future.

Locally for North Tyneside further work is required around perpetrators to develop a co-ordinated approach. There is a disparity between the high volumes of domestic abuse being

perpetrated in North Tyneside compared with the low number of perpetrators in receipt of support interventions. There is a need to fully understand the barriers to engagement in perpetrator services as well as other work streams highlighted in the need's assessment linked to housing, mental health, drug, and alcohol services. From a governance perspective, perpetrators are discussed in several forums e.g. Safer Communities, but there does not seem to be a co-ordinated strategic approach

Recommendation 11: North Tyneside should develop a work stream around perpetrators looking at:

- ***Understanding the current evidence base, gaps, and barriers to support interventions for perpetrators***
- ***Understanding the housing / accommodation gaps and barriers (as previously highlighted)***
- ***Understanding the barriers to engagement, gaps and barriers to mental health, drug and alcohol services for perpetrators***

Limitations of the data

Domestic abuse is a complex area, and the data is often unreliable. It is widely recognised that domestic abuse continues to be under-reported. Caution should be taken when interpreting data on domestic abuse. Measures of domestic abuse presented in this report refer to victims, offences, suspects, and defendants. Data is collected by different organisations, using differing timescales and collection methods. As a result, the data does not always refer to the same cohort of cases, direct comparisons cannot be made across data sources.

Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.

A significant amount of abusive behaviour remains hidden, normalised, and unreported to the police or other services. Therefore, by bringing together a range of local sources of data the aim is to create a more comprehensive picture of domestic abuse in North Tyneside.

Rapid evidence review of what works

There is general recognition that there is a lack of evidence-based research for many areas of domestic abuse which results in an incomplete understanding into what works. A number of reports describe the lack of response to requests for information and the frustration at not being able to access adequate data. However, best practice points to a changing culture in service provision and assessment which aims to embed more effective monitoring and evaluation of outcomes to get more comprehensive data.

Prevention and education

In the UK, high rates of abuse in teenage dating relationships have been found (Barter, McCarry, Berridge, & Evans, 2009) ⁽³⁴⁾, highlighting the significance of the issue in the lives of many young people. A recent study of 13–14-year-olds in the UK (n = 1143), found that 45% of pupils who had been in a dating relationship reported having experienced domestic abuse and 25% reported having perpetrated it (Fox, Corr, Gadd, & Butler, 2014)⁽³⁵⁾. Similar rates of abuse have been reported across Europe and North America (see O’Leary & Smith Slep, 2012) ⁽³⁶⁾. There is, therefore, good reason to target preventative interventions at teenagers in early adolescence.

Domestic abuse prevention education programmes need to begin by engaging with young people’s perceptions of abuse. Most young people regard hitting a partner as wrong. However, there is evidence that many young people will condone violence in certain circumstances. A survey in Scotland of 14–18-year-olds found that there was a low tolerance for violence among teenagers. However, in focus group discussions it became apparent that many were willing to condone violence in certain contexts; for example, ‘where a man had been pushed too far’ (Burman & Cartmel, 2005)⁽³⁷⁾. An earlier survey by Burton, Kitzinger, Kelly and Regan (1998) ⁽³⁸⁾ of 14–21-year-olds in Scotland found that 1 in 2 young men and 1 in 3 young women said that it was acceptable for a man to hit a woman in certain circumstances, most notably if a woman had been sexually unfaithful. A consistent finding in the literature is that young men view violence in relationships as more acceptable compared to young women (Burman & Cartmel, 2005; Burton et al., 1998).

Over the past ten years, several domestic abuse prevention education programmes have emerged in the UK. Yet, few have been formally evaluated. Where evaluations have been conducted, they have been small-scale and methodologically limited (e.g. Bell & Stanley, 2006⁽³⁹⁾; Hester & Westmarland, 2005⁽⁴⁰⁾; Stanley, Ellis, & Bell, 2011⁽⁴¹⁾). Rarely are experimental methods used to assess attitudinal or behavioural change. Where questions have been administered at pre-test and post-test, analysis typically involves comparing the percentages of responses to individual items at each time point, with no attempt to track individuals over time, and little consideration of whether the changes are statistically significant.

Several school-based domestic abuse prevention programmes have been developed in the UK, but evidence as to the effectiveness of such programmes is limited. Although a wide range of preventative initiatives are delivered in the UK, research concludes that provision is patchy and lacks sustainability. Increasingly, boys are the key target group, but the impact of programmes varies for different groups. Evidence for interventions changing knowledge and

attitudes is stronger than that for behaviour change. An important point to note is that any school-based interventions must be linked to appropriate support and services for those children and young people who disclose experiences of abuse in their own or their parents' relationships.

A recent UK review of domestic violence prevention programmes for children and young people provides clear messages for what works:

- Programmes that seek to challenge social norms, including gender norms and victim blaming, and harness pro-social peer pressure to change attitudes.
- Both young people and experts argued for the value of drama/theatre and narrative.
- Authenticity achieved through material that delivered emotional charge, which was meaningful to young people and made it 'real'.
- Authenticity enhanced when interventions delivered by those with relevant expertise or experience, including young people themselves.
- Whole population interventions harness peer group power but can also identify those at risk who require additional services.
- Interventions need to take account of power differentials, particularly in relation to gender and sexuality.
- Messages should be positively framed, avoiding the blaming that can provoke resistance from some boys.
- Children's and young people's perceptions and experiences should be incorporated into interventions and evaluations.

Community Culture Change - Awareness raising

Cultural and social norms are highly influential in shaping individual behaviour, including the use of violence. Norms can protect against violence, but they can also support and encourage the use of it.

For instance, cultural acceptance of violence, either as a normal method of resolving conflict or as a usual part of parenting a child, is a risk factor for all types of interpersonal violence. It may also help explain why countries experiencing high levels of one type of violence also experience increased levels of other types. Social tolerance of violent behaviour is likely learned in childhood, using corporal punishment, or witnessing violence in the family, in the media or in other settings. Although widely used, they have rarely been evaluated.

Interventions that challenge cultural and social norms supportive of violence can help reduce and prevent violent behaviour. Although widely used, they have rarely been evaluated. Violent behaviour is strongly influenced by cultural and social norms; so, efforts to prevent violence must consider how social pressures and expectations influence individual behaviour. Interventions that attempt to alter cultural and social norms to prevent violence are among the most widespread and prominent. Rarely, however, are they thoroughly evaluated, making it currently difficult to assess their effectiveness. Rigorous scientific evaluations of interventions that address norms supportive of violence present, but surmountable, challenges, which partly explain their scarcity. Nevertheless, several positive results have been reported.

Appropriate and sensitive awareness raising campaigns are a key strategy to challenging social norms and raising awareness of available services. The literature demonstrates the need for a change in attitudes, behaviours, and practices across all communities to effectively reduce domestic abuse. However, it should be noted that research also found that some campaigns do more harm than good, and some have unintended consequences such as desensitizing perpetrators to the severity of the topic or inducing negative feelings in victims.

Although the effect of mass media interventions, aimed at whole societies, on levels of violent behaviour have seldom been evaluated, their success in addressing other public health issues like smoking and drink-driving, for instance, suggests they have a critical role to play in the prevention of violence.

While it is difficult to ascertain the effectiveness of laws and policies in changing social attitudes, legislation that is enforced can send clear messages to society that violent behaviour is not acceptable.

Early Intervention

Domestic abuse is an important cause of long-term problems for children, families and communities. It has inter-generational consequences in terms of the repetition of abusive and violent behaviours.

There are several innovative approaches that offer promise for preventing domestic violence and abuse. Such prevention and early intervention provides an important opportunity to reduce some of the long-term consequences of such abuse.

With the average time taken for victims of domestic abuse to seek help being 3 years there is a need for earlier intervention. A wide range of frontline staff must be trained and supported to engage victims effectively. This includes professional awareness and knowledge of domestic abuse and its different forms, confidence in identification and risk assessment processes, and clear care pathways.

The need for a more effective first response is highlighted across the literature, and is recognised across agencies including police (e.g. ACPO 2010), NHS (e.g. Howell 2011), statutory services (e.g. CAADA, 2012), education (e.g. CAADA 2011) and third sector agencies (e.g. Government Equalities Office, 2009).

Supporting children exposed to domestic abuse

There is a growing awareness of children's experiences of domestic abuse. This has sometimes been referred to as 'witnessing' the violence, but this fails to capture the ways in which children become caught up in incidents of abuse. It also fails to acknowledge that far from watching passively, children experience the violence with all their senses.

Therefore, it may be more accurately referred to as children being exposed to or experiencing domestic abuse. Children may not always observe the abuse (and in many instances the abuse is manifested in psychological and controlling behaviour by the

perpetrator) but they are still aware that the abuse is happening (Øverlien and Hydén 2009⁽⁴²⁾ ; Swanston et al., 2014⁽⁴³⁾).

A major limitation of most crime surveys that have been undertaken is the lack of data on children's victimisation. It is also widely accepted that children living with domestic abuse are also at greater risk of experiencing neglect, physical and/or sexual abuse. Similarly, Moffitt and Caspi's (2003)⁽⁴⁴⁾ New Zealand study found that children's risk of abuse was three to nine times higher in homes where parents fought one another than for other children in their study. At the most basic level, living in an emotionally charged and violent household has negative implications for children's emotional and mental health in both the immediate and longer term (Wolfe et al., 2003⁽⁴⁵⁾ ; Evans et al., 2008⁽⁴⁶⁾).

The frequent co-existence of domestic abuse and child abuse can be accounted for in several ways. First, violent adults may often not discriminate between different family members. Second, adult victims may not be able to meet the physical, emotional, or supervisory needs of their children because of physical injury and/or poor mental health. Third, children may be injured whilst trying to intervene or while being carried by the adult victim at the time of assault.

Whilst we have an increasing understanding of the processes that underpin risk and protective factors in children exposed to domestic abuse, we have substantially less knowledge about how to influence these processes to increase a child's resilience (Stanley, 2011⁽⁴⁷⁾). Risk factors heighten the probability that children will experience poor outcomes in both the immediate and longer term whereas resilience factors increase the likelihood that children will resist or recover from their exposure to adversities.

Additionally, there is strong evidence to show that children and their families can be better supported by professionals who have undertaken training in responding to domestic abuse, underpinned by clear protocols between agencies setting out their respective roles and responsibilities (Stanley et al., 2009⁽⁴⁸⁾). For example, training of police officers can both dispel myths about the nature and seriousness of domestic abuse as well as better equipping officers in how to respond effectively and helpfully (Eigenberg et al., 2012⁽⁴⁹⁾). Schools have a key role in identifying children who may be living with domestic abuse and in providing a safe place for children to receive support (Sterne and Poole, 2009⁽⁵⁰⁾). Similarly, health professionals working in adult mental health teams are well placed to ask sensitively about domestic abuse and to identify children who may be currently exposed to domestic abuse or living with its legacy (British Medical Association, 2007⁽⁵¹⁾).

The NICE evidence review⁽⁵²⁾ reported varying levels of evidence for different approaches:

- The strongest evidence is for therapeutic interventions that target both mother and child, which are effective in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in both mothers and children.
- There is moderate evidence that single component psycho-educational interventions (that address skills such as stress and conflict management, coping skills, relationship skills etc) are effective at improving young people' coping skills, behaviour, emotional regulation, conflict resolution skills and knowledge about violence.

- Multi-component interventions with an advocacy focus are effective at reducing trauma symptoms and stress in children and families, and in reducing aggression in children.
- Multi-component interventions that combine therapy and advocacy increase knowledge and awareness about violence and safety planning, improved self-esteem and self-competence and improved interpersonal relationships.
- There was weak or inconsistent evidence that single component therapeutic interventions aimed at children (such as play or writing therapy) were effective at improving outcomes.

Work with perpetrators of domestic violence

While a full literature review on working with perpetrators of domestic violence is beyond the scope of this need's assessment, it is relevant to mention three key areas.

The academic and clinical literature about whether a criminal justice approach to working with perpetrators of domestic violence is the most useful. Whilst the use of criminal justice sanctions such as pro-arrest policies and prosecution is important in dealing with individuals and symbolical of society's abhorrence of these types of behaviour, the evidence of effectiveness in terms of recidivism of individuals and as a disincentive to others is very mixed (Buzawa et al., 2012⁽⁵³⁾).

There is growing evidence that some perpetrators of domestic violence do appreciate that they need their behaviour to change and do want to seek help. However, the range and number of services designed to work with domestically violent individuals is impressively small given the size of the issue. Finally, as McGinn et al (2015⁽⁵⁴⁾) notes, effective work with perpetrators of domestic violence must be built upon a better understanding of how and why they change their behaviour. If we believe that some individuals can be supported to take responsibility for their behaviour towards their current or former partners, and their children, then we need to explore who might be amenable to changing, in what ways and under what circumstances (Mahon et al., 2009⁽⁵⁵⁾). This requires a greater appreciation of perpetrators as being heterogeneous, and a fuller understanding of how professionals should respond (Gondolf, 2012⁽⁵⁶⁾). Initiatives such as Caring Dads (McConnell et al, 2014⁽⁵⁷⁾) and Strength to Strength (Stanley et al., 2012⁽⁵⁸⁾) show the importance of seeing male perpetrators as fathers and responding to this aspect of their identity, whilst also bearing in mind the potential for some men to use their children as a means of continuing the victimisation of their partner (O'Hagan, 2014⁽⁵⁹⁾). As such professionals and their employing agencies need to have clear processes and tools for assessing and managing the risk that is associated with domestic abuse.

Evaluations indicate that perpetrator programmes can have a positive impact and result in change for some men. However, research on perpetrators is in its infancy and there are many as yet unanswered questions. The largest, most robust evaluation to date took place in the USA and found that most men (80%) reached sustained non-violence, with around 20 per cent continuing to assault (Gondolf, 2004⁽⁶⁰⁾). The evaluation also found that the strongest and most consistent predictor of assault was the woman's perceptions (i.e., likelihood of assault) and that a programmes' success was dependant on the wider intervention system of which the programme was just one part. Hence, rather than a voluntary perpetrator programme being an alternative to the criminal justice system, it is

vital that it works as part of a coordinated approach to tackling domestic abuse. Based on his research, Gondolf recommends that perpetrator programmes include:

- Funding to support coordination of system linkages and cooperation;
- Use of ethical decision making (going beyond immediate effectiveness) in funding decisions;
- Continued use of gender based cognitive-behavioural counselling;
- Emphasis on intensity of programmes rather than length, especially with regard to repeat assaulters;
- Effective screening of participants, especially with regard to severe alcohol and psychological problems.

The terms 'Duluth model' and 'the power and control wheel' are also used synonymously with perpetrator programmes. However, the work with perpetrators was only one part of the Duluth model and it is important not to forget that Duluth was a coordinated community response of which work with perpetrators was combined with support for victims/survivors and their children, and more proactive criminal justice responses. This response was not limited to the perpetrators on the programme but constituted a holistic, coordinated response. Project Mirabal was a programme of research to study of the impacts and effectiveness of perpetrator programmes. The project sought to investigate "the extent to which perpetrator programmes reduce violence and increase safety for women and children, and the routes by which they contribute to coordinated community responses to domestic violence." The study operationalised six measures to determine the success of a DVPP26:

1. An improved relationship underpinned by respect and effective communication.
 2. Expanded 'space for action' for women that restore their voice and ability to make choices, whilst improving their wellbeing.
 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, 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.
- Findings showed positive improvements against all six measures of success for men participating in Respect accredited programmes. They found the vast majority of men stopped their physical and sexual violence. However, less improvement was found in coercive and controlling behaviour, such as control of money.

Effective response to tackling domestic abuse

The literature suggests that an effective response incorporate:

- A commissioning approach which demonstrates:
 - A focus on outcomes
 - Effective partnership working across a range of providers to ensure co-ordinated intervention including health, police, probation, education, social care, housing, voluntary and community services.
- Linking between commissioning and strategic plans

- Specification of governance processes, incorporating victims/ survivors' views
 - Standardisation and clarity of principles and standards across services
 - Sustainability of domestic abuse services
 - Clear care pathways
 - Comprehensive needs assessment
 - Community engagement
 - Effective monitoring and evaluation
- Effective partnership working, ideally based on the Identification and Referral to Improve Safety programme (IRIS) which is "centred in partnership work between primary care and specialist third sector agencies to deliver essential services and close the historical gap between the two sectors".
- Four Independent Domestic Violence Advisors (IDVAs) and one Multi-Agency Risk Assessment Conferences (MARACs) Co-ordinator per 100,000 of adult female population.
- Taking opportunities to embed these workers into other agencies, where domestic abuse may come to light (e.g. maternity wards or A&E, housing, drug and alcohol services).
- A focus on cultural change within communities, including awareness-raising in schools.
- On-going training and development, especially regarding first responses across a range of partner agencies (e.g. education, police, health, social care).
- Provide separate services for men who are victims.
- The use of specialist Domestic Violence Courts which demonstrate:
 - Strong multi-agency partnerships;
 - Effective systems for identification of cases;
 - IDVAs with a focus on supporting victims at court;
 - Good training and dedicated staff;
 - Clustered court listing or a combination of cluster and fast-track court listings;
 - Criminal justice perpetrator programmes.
 - Strong MARACs;
 - IDVAs focusing on engaging victims generally;
 - Safe court facilities.

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Appendix 1

Case Studies from probation

- XX, not an ATR but a dependent drinker known to NTRP. XX is regularly referred, misses 1-2 appts then the service pushes to close the case.
- XZ is on licence from prison. XZ has had a licence condition to engage with alcohol treatment and has very complex needs. This leads to poor engagement with services who push to close, XZ has been closed before due to missing appts. It's taken a year to get to the point of XZ having a capacity and wellbeing assessment undertaken. Concerns raised by XZ, alongside housing worker, closed by services as XZ "wasn't engaging". Apparent lack of engagement is likely a symptom of XZ problems.
- XY, got an order with a DRR in 2020 (a court order to engage with services). Took several attempts to refer and have assessment undertaken by services despite a DRR being made at Court. Services said XY was suitable but still had to be referred even though a DRR was in place. XY missed phone appts and had a very chaotic lifestyle due to drug use. Services did not seem to understand that XY wouldn't answer the phone at 9am.
- YZ has an ATR however services wanted to close due to non/ poor engagement. YZ probation worker is constantly arguing with services that YZ is complex and therefore needs more flexibility to engage and seems to spend a lot of time trying to work with services to keep YZ as an open case.

Appendix 2

Case Study from DAHA pilot

Incident

Patient A was brought to NSECH ED by police following an assault by her partner. Patient A was found distressed at a base UCC at a base site. She stated that she had been having drinks in Newcastle with her partner when he began to say unkind and cruel things, so she decided to go home. Her partner kept her in a lift going up and down for approximately an hour which she found threatening. He then jumped into the taxi with Patient A and continued to shout at patient A who tried to flee the house with her dog when she was pushed to the ground injuring her leg.

Assessment

Domestic Abuse Health Advocate visited with Patient A, who moved to the area following the death of her mother 5 years previously and had limited contact with her extended family which caused her to be isolated and dependent upon her partner.

Patient A disclosed that her partner was controlling and described coercive behaviours to exert this control. She states her partner's behaviour fluctuates rapidly, one minute he is loving and the next calling her names, though she feels responsible as her partner tells her she is mentally unwell, and she makes him behave this way.

Patient A states she lost her job due to him turning up at her place of work and causing trouble and therefore she had become financially dependent upon him. He came from an affluent family and appeared to have unlimited resources and would insinuate that he could pay someone to kill her if he wanted, Patient A believed that he would carry out this threat. The abuse had escalated to include physical incidents over recent weeks. She feels very unsafe in her home as she is certain that her partner will try to gain entry, she resides in an isolated village and feels vulnerable due to her limited mobility and not having a phone which was broken in the incident.

Action

Whilst in A&E a referral was made to the Hospital Domestic Abuse Health Advocate (DAHA) who saw Patient A straight away, whilst still in A&E, a Dash Ric completed – Score 11. Which did not indicate high risk however a MARAC referral submitted on professional judgement due to the level of controlling and coercive behaviour, escalation of the abuse and threats to kill.

The DAHA provided Patient A with a PAYG mobile phone to ensure she could contact emergency services.

The DAHA secured a space in Refuge to provide a place of safety.

Patient A's dog was very important to her and was reluctant to leave it with the perpetrator, the DAHA negotiated with the refuge to allow the dog to attend with Patient A and then foster placement was secured for Patient A's dog through The Dog Trust Freedom Project.

Patient A was provided with specialist domestic abuse support through Harbour Support Services.