Domestic and Sexual Violence and Abuse Joint Strategic Health Needs Assessment

February 2011 (version 1.5 FINAL)

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CONTENTS

1. Foreword

1.1 Following the publication of our Joint Strategic Needs Assessment on safeguarding children in 2009-10, the importance of the impact of violence and abuse on children and young people, and indeed adults, was highlighted. In undertaking this assessment, several challenges included the paucity of evidence and the often hidden nature of these types of violence and abuse in our society. What is clear is the critical relationship between mental health and emotional wellbeing and domestic and sexual violence and abuse, and the gaps in provision. Mainstreaming services to meet the needs of victims and indeed perpetrators into our commissioning of services rather than individual initiatives must be the way forward.

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2. Executive Summary

2.1 **Domestic and sexual violence and abuse affects a large number of people.** Here are some of the figures for Devon:

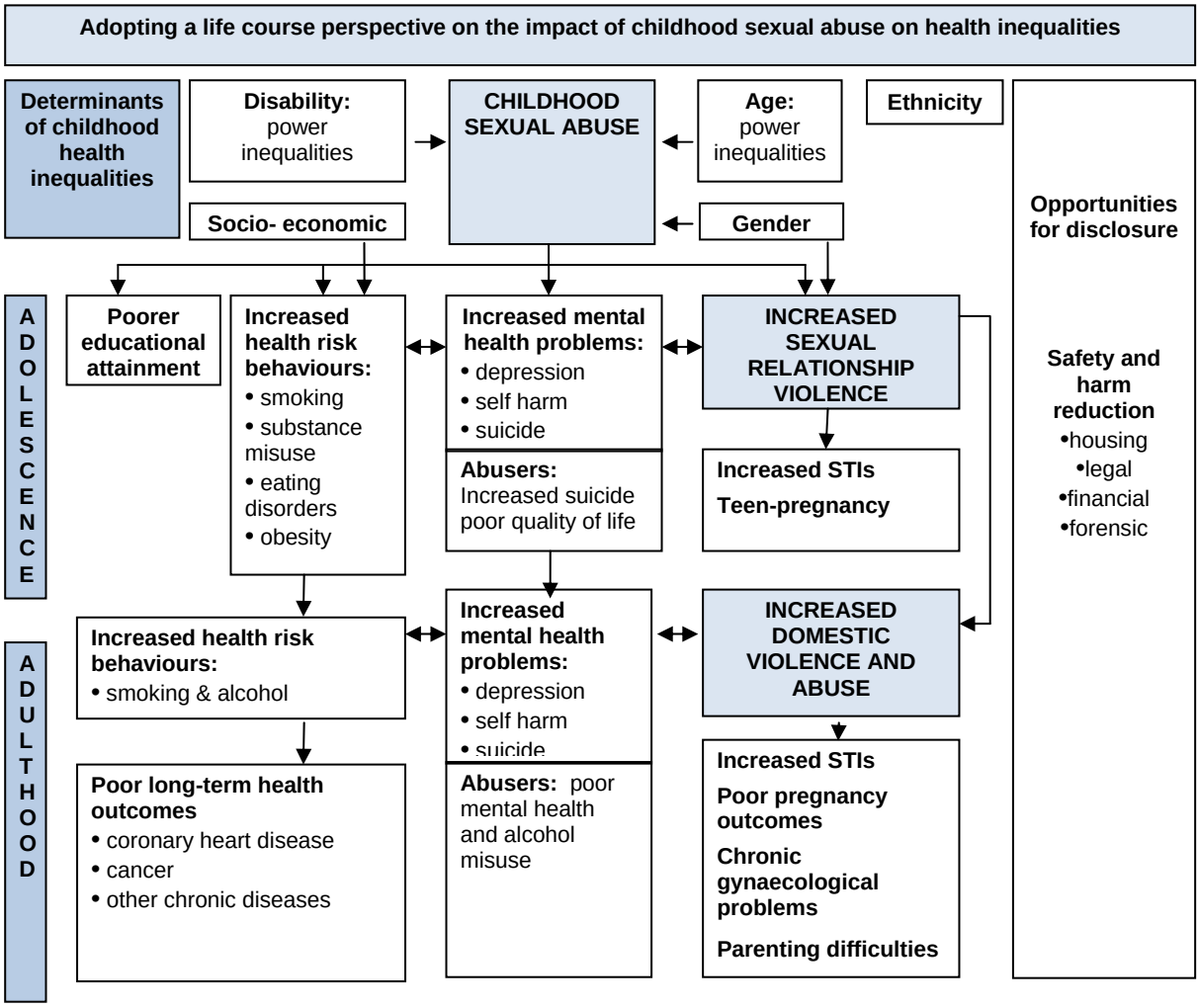
- 13,972 women and girls aged 16-59 years – 7% of 16-59 female population - have been a **victim of domestic abuse** in Devon in the past year
- the number of **perpetrators of domestic abuse** in Devon is not known. In 2009-10 there were 935 convictions for domestic abuse crimes in Specialist Domestic Violence Courts in Devon
- **children** were present at nearly half of the 9,151 crimed domestic violence incidents attended by the Police in 2009-10
- in a national study it was reported that **16% of children aged under 16 experience sexual abuse during childhood.** There are currently 125,000 children aged under 16 living in Devon; 16% would represent 20,000 children
- the number of **sex abusers/offenders** living in Devon is not known. On 31 March 2009 there were 433 sexual offenders registered by the Devon Basic Command Unit
- 4,657 women and girls aged 16-59 years - 2% of 16-59 female population – have been a **victim of sexual assault** in Devon the past year
- the number of adults living in Devon who were **sexually abused in childhood** is not known
- there have been fewer than five **incidents of trafficking for sexual exploitation** investigated by Devon Basic Command Unit between April 2009 and March 2010

2.2 The needs of victims and perpetrators of domestic and sexual violence and abuse are complex and will differ from person to person; summarising the needs of this heterogeneous group of people is difficult.

2.3 The figure below is not complete but is a starting point – a navigation tool for the report – which:

- explicitly makes the links between childhood sexual abuse and domestic violence in adulthood
- recognises the devastating impact of violence and abuse on mental health
- allows us to better appreciate the impact of interventions at different stages of the life-course; creating the opportunity to identify interventions that can minimise future mental and physical ill health, reduce the risks of re-victimisation and prevent abuse occurring or reoccurring.

Figure 1: The life course consequences of childhood sexual abuse on increased risk of sexual and domestic violence and abuse and short term health and wellbeing risk behaviours and outcomes



Source: Adapted from Nurse, J *et al*. (2005)[1] and Itzen C (2006)[2] ; STI = sexually transmitted infection

Summary of the Report's Conclusions

2.4 The conclusions are as follows:

- the victims and perpetrators of domestic and sexual violence and abuse are a heterogenous group linked by a national (Violence Against Women and Girls) strategy

- the nature of violence and abuse means that there are barriers to individuals disclosing, professionals enquiring about abuse and victims and perpetrators accessing the right services

- the high level of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require support.

- it is essential to address domestic and sexual violence and abuse from a 'lifecourse' perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse

- the impact of domestic and sexual violence and abuse leads to a wide range of health and wellbeing needs, the needs of victims and perpetrators must be mainstreamed into commissioning arrangements

- there has been a comprehensive development of services commissioned to meet the needs of this population but further information – in particular on outcomes – is needed to assess whether these services are clinically and cost-effective

A full list of the recommendations – which lie beneath each of these conclusions - can be found in Section 11 of the full report.

3. Aims and Objectives

Aims

3.1 The aims are as follows:

- To understand the needs of victims and perpetrators of domestic and sexual violence and abuse

- To make evidence-based recommendations to inform the commissioning of services to meet these needs

Objectives

3.2 The Joint Strategic Needs Assessment has:

- taken a holistic approach, in line with existing good practice in Devon, by assessing the unmet needs of both victims – and this includes adults and children and young people – and perpetrators

- addressed the unmet needs of both individuals who are currently experiencing abuse and those who have experienced abuse in their past
- considered health *and* wellbeing needs of victims and perpetrators
- ensured that recommendations for commissioners are rooted in evidence

4. Introduction and Background

Violence Against Women and Girls: The National Context

4.1 The Labour Government issued its final strategy *Together we can end violence against women and girls*[3] in early 2010. It requires that Local Authorities, in collaboration with partner organisations, develop a local Violence Against Women and Girls strategy. There are a number of key documents that have been issued in support of the national strategy; these are listed in Appendix 1. The Violence Against Women and Girls strategy remains a priority of the current Government and is championed by Theresa May (Home Secretary).[4]

Recommendation 1: Update any local strategy once further details are available on the Government's strategy for managing domestic and sexual violence and abuse

Purpose of a Joint Strategic Needs Assessment

4.2 The Joint Strategic Needs Assessment is a process that identifies the current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities[5]. This document is part of the Joint Strategic Needs Assessment required of Devon County Council and NHS Devon. The complete Devon Joint Strategic Needs Assessment 2009-10 can be accessed at: http://www.devon.gov.uk/jsna.

4.3 A number of in-depth needs assessments, service reviews and equality audits which have already been undertaken as part of the Devon Joint Strategic Needs Assessment are highly relevant to this report:

- alcohol needs assessment
- drugs needs assessment
- sexual health needs assessment
- maternity services review
- positive parenting review
- safeguarding children joint strategic needs assessment
- substance misuse needs assessment for young people

- Children's Trust needs assessment
- learning disabilities health needs assessment
- joint strategic needs assessment for mental health
- homelessness strategic review joint strategic needs assessment
- prison health needs assessment

These documents are currently not available in full online; this prevents useful cross-referencing.

Recommendation 2: In-depth needs assessment – including this report - should be easily accessible on the NHS Devon/Devon County Council webpages to allow cross-referencing

Scope of this Joint Strategic Needs Assessment

4.4 This report will be structured around six groups (see Appendix 2 for full definitions), as categorised by previous government reports[6]:

- domestic violence and abuse* victims and perpetrators
- child victims of domestic violence and childhood sexual abuse
- sex abusers and offenders (adolescents and adults)
- adult rape and sexual assault victims
- adults sexually abused in childhood
- all victims of sexual exploitation**

*including forced marriages, so called 'honour based violence (HBV)' and female genital mutilation (FGM)

**including prostitution, trafficking for sexual exploitation and stalking

This report is not gender specific and therefore relates to both male and female victims and perpetrators.

Recommendation 3: Consider whether a gap analysis should be completed for each of the six target groups or whether the recognised links between groups makes a common gap analysis more appropriate. The work of the Think Family preventative program will be examined as evidence of good practise.

Why is Domestic and Sexual Violence and Abuse an Issue?

4.5 Domestic violence and sexual abuse affect a large number of people. The Home Office 'Ready Reckoner'[7] tool estimates that in Devon, in the past year, 13,972 women and girls aged 16-59 (7% of 16-59 female population) have been a victim of domestic abuse and 4,657 (2.2% of 16-59 female population) a victim of sexual assault.

4.6 The responsibility for preventing domestic and sexual violence and abuse, providing care and protecting individuals cuts across a large number of services including the criminal justice system, National Health Service, Children and Young People's Services, Adult Social Services, housing and the Community and Voluntary Sector. A coordinated approach to domestic and sexual violence and abuse is essential.

4.7 The costs of domestic violence and sexual abuse are extensive. In Devon, Home Office research estimates that domestic violence costs the statutory agencies over £60 million.[8]

Legislation

4.8 There is a large amount of legislation relating to domestic and sexual violence and abuse; this is summarised in Appendix 3. The extent to which this legislation works in practice is debated.

Local Strategies, Boards and Groups

4.9 Appendix 4 lists the local strategies, boards and groups which discuss domestic and sexual violence and abuse.

5. The Level of Need in the Population

Data Limitations

5.1 Getting a comprehensive picture of the extent of domestic and sexual violence and abuse in any population is challenging because:

- a large proportion of domestic abuse and sexual crime is not reported and therefore not recorded by the Police. For example, on average there have been 35 domestic violence assaults before a victim calls the Police.[9] This leads to large discrepancies between estimated victimisation and reported crime levels
- in services other than the police data on domestic and sexual abuse are not routinely collected
- nationally derived statistics originating from the British Crime Survey (from which local estimates of abuse are derived) may not be representative of the level of crime in Devon
- individuals may be current victims or historical victims with ongoing needs
- increasing trends in abuse may be explained by increased need and/or improved access to services – these cannot be differentiated
- national trends indicate that domestic abuse has more repeat victims than any other crime but crime figures relate to the number of incidents rather than the number of individual victims and therefore the level of repeat victimisation (and number of individual victims) in Devon is unknown.

Domestic Violence and Abuse Victims and Perpetrators

Victims

5.2 The British Crime Survey indicates that one in four women and one in six men will be a victim of domestic violence in their lifetime with women at greater risk of repeat victimisation, serious injury and fear.[10]

5.3 Based on the current Devon female population aged 16-59 (211,700[11]) and regional data from the British Crime Survey the *Home Office Domestic Violence Ready Reckoner* estimates that 13,972 (7%) women and girls aged 16 to 59 years have been a victim of domestic abuse in Devon in the past year. The margin of error around this calculation means that the true number lies somewhere between 10,671 and 17,273. This model does not account for the victims who are male and/or aged over 59 years old. We know that a further 122,400 women aged 60 years or older are living in Devon. Assuming the same victimisation levels as reported in the Home Office Ready Reckoner a further 8,078 older women would be victims of domestic abuse.

Recommendation 4: A better understanding of the number of male victims and older victims of domestic abuse in Devon is required

5.4 An important source of information is the number of domestic abuse incidents recorded by the Police. In 2009-10 over a fifth (24.1%) of reported violent crime incidents in Devon (2009-10) were domestic violence related (Table 1); this is towards the upper end of the national range (16-25%).[12]

Table 1: Number of reported violent crimes that were domestic abuse related 2009-10

District	Number of violent crimes	Number of domestic abuse violent crimes	% of violent crimes that are domestic abuse related
Exeter	2,103	377	17.9
South Hams	570	123	21.6
Teignbridge	1,169	302	25.8
North Devon	1,326	342	25.8
West Devon	357	94	26.3
Mid Devon	646	172	26.6
East Devon	1,101	309	28.1
Torridge	598	181	30.3
Devon County	**7,870**	**1,900**	**24.1**
Torbay	2,387	621	26.0
Plymouth	6,185	1,364	22.1
Total for Devon	16,442	3,885	23.6

Source: Devon and Cornwall Police 'Crimed' Domestic Violence Incidents Data record on CIS with Mo Code DV1

5.5 Table 2 highlights that in 2009-10 there were 9,151 reported incidents of domestic abuse in Devon. The rate of reported domestic abuse varies across Devon with the lowest rate in South Hams and the highest rate in Exeter.

Table 2: Number and rate of reported domestic abuse crimes 2009-10

Area	2007 mid Year pop estimates (Male and Female)	Number of reported domestic abuse incidents	Rate of domestic abuse incidents per 1,000 pop
South Hams	83,500	655	7.8
West Devon	52,100	414	8.0
East Devon	132,300	1,347	10.2
Torridge	65,000	717	11.0
Mid Devon	75,900	859	11.3
Teignbridge	126,800	1,520	12.0
North Devon	92,100	1,481	16.1
Exeter	122,400	2,158	17.6
Devon County	**750,100**	**9,151**	**12.2**
Torbay	134,200	3,032	22.6
Plymouth	250,700	6,249	24.9
Total for Devon	1,135,000	18,432	16.2

Source: Devon and Cornwall Police 'Crimed' Domestic Violence Incidents Data record on CIS with Mo Code DV1

5.6 In 2009-10, 935 reported incidents of domestic abuse (approximately 10% of those crimes reported in the same financial year) were brought to justice in Specialist Domestic Violence Courts (Table 3).

Table 3: Domestic abuse crimes bought to justice by Devon district, April 2006 to March 2009

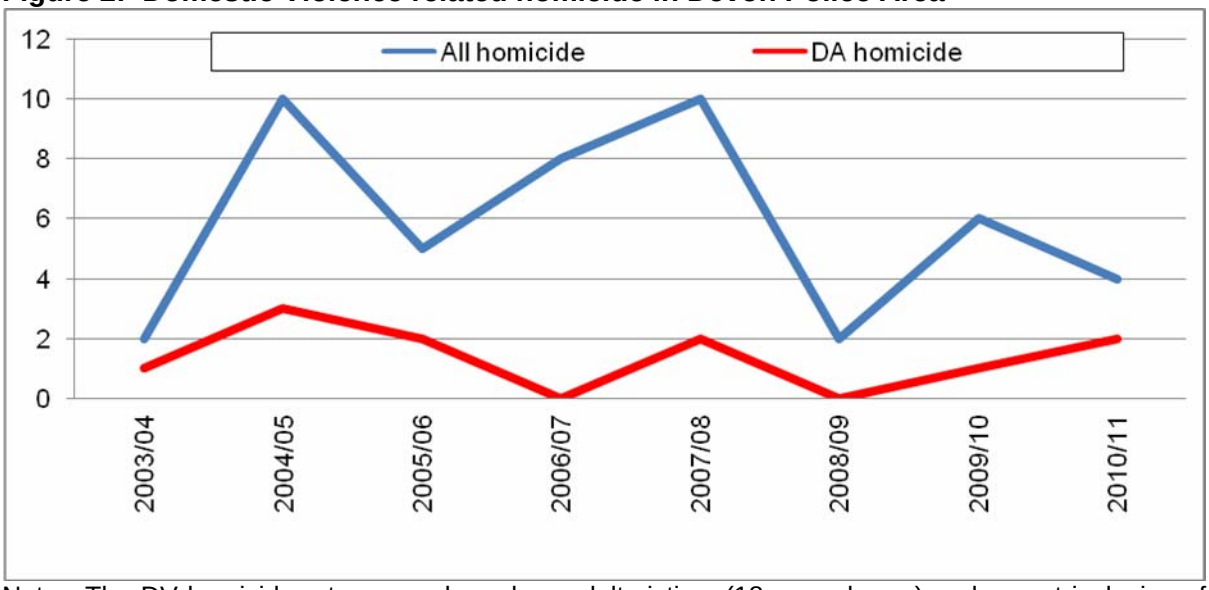
Area	2006-07	2007-08	2008-09	2009-10 (%)*
South Hams	60	80	64	55 (8.4)
Teignbridge	168	165	152	129 (8.5)
West Devon	41	39	33	39 (9.4)
Mid Devon	97	93	71	81 (9.4)
Exeter	204	191	213	209 (9.7)
East Devon	136	130	157	147 (10.9)
North Devon	196	146	159	184 (12.4)
Torridge	83	85	84	91 (12.7)
Devon	**985**	**929**	**933**	**935**

Source: Devon and Cornwall Police

* number of crimes bought to justice expressed as a percentage of number of reported domestic violence incidents in 2009/10; it is important to highlight that crimes might not be reported and/or prosecuted in the same year as they are committed

5.7 Nationally, 35% of homicides are domestic violence related with 130 women and 30 men killed each year.[13] Nationally, 44% of female homicide victims are killed by partners or ex-partners (compared to 7% of male victims). Figure 1 highlights that in there were 3 domestic homicides in Devon County in the 18 months from April 2009.

Figure 2: Domestic Violence related homicide in Devon Police Area



Note: The DV homicide returns are based on adult victims (18yrs and over) and so not inclusive of children which is often a significant element if domestic violence homicide.

5.8 Forced marriage, Honour Based Violence and Female Genital Mutilation are all forms of domestic abuse (see Appendix 1 for definitions); the Home Office Ready Reckoner does not calculate their individual prevalence. To date, Devon and Cornwall Police have investigated fewer than five incidents of forced marriage or Honour Based Violence (separate statistics for Devon could not be obtained before completion of the draft document).

5.9 Female Genital Mutilation is illegal in England and Wales (see Appendix 3) and is unlikely to be reported to the Police. To date, Devon and Cornwall Police have recorded no incidents of Female Genital Mutilation. Despite legislation, there is evidence that Female Genital Mutilation still occurs in the UK. The majority of those living in the UK who have experienced Female Genital Mutilation, or are at risk of being cut, come from specific countries or have continuing links to them; however it is more accurate to view Female Genital Mutilation as being practised by specific ethnic groups, rather than by a whole country, as communities practising Female Genital Mutilation straddle national boundaries. In Devon, based on the ethnicity of those in Devon schools, 200 pupils are possibly at greater risk of Female Genital Mutilation due to their ethnic heritage. Given that Female Genital Mutilation is not carried out uniformly across such broad categories of ethnic groups it is impossible to judge whether these young people are from families which are likely to view Female Genital Mutilation as culturally acceptable.

Perpetrators

5.10 There is no typical perpetrator; however, most perpetrators of domestic violence are men. The total number of perpetrators of domestic violence and abuse in Devon is not known. In 2009-10 there were 935 convictions for domestic abuse crimes in Specialist Domestic Violence Courts (Table 3). Research at HM Prison Exeter highlights that many offenders, whilst not convicted of a domestic abuse related crime, are perpetrators. In 2009, research found that between 10-14% of inmates admitted were perpetrators - over the course of the year almost 600 perpetrators were identified; however, disclosure was voluntary and this number is therefore likely to be more.

Recommendation 5: Improve recording systems to identify which prisoners are perpetrators of domestic violence to enable the need for interventions in prison to be quantified

5.11 A study by South West Ambulance Trust in relation to ambulance usage by victims and perpetrators of domestic violence referred to MARAC revealed it is not the victims but the perpetrators who are in contact with the service. Perpetrator contact is frequently in relation to self harm, overdose and other mental health needs. This usage may be related to unmet health needs in perpetrators and/or their use of health conditions to manipulate their victim. The cost over time to health services of their wide ranging health needs (including frequent mental health difficulties and many physical health issues) may be substantial.

Recommendation 6: Estimate the cost to the health service for the health needs of perpetrators to help establish the cost effectiveness of intervention services such as REPAIR as a cost saving measure.

Child Victims of Domestic Violence and Childhood Sexual Abuse

5.12 Domestic abuse is a child protection issue. Nationally, the Home Office estimate that three quarters of a million children witness domestic abuse every year. The number of children and young people living in households affected by domestic abuse in Devon is not routinely known (the Home Office Ready Reckoner does not provide an estimate). A special check of 121a forms issued for 'Domestic' or 'Domestic Concern Welfare' from 1st April 2010 to 31st October 2010 identified 2468 121As issued in this period relating to 2030 individual children.

Recommendation 7: To estimate the number of children and young people living in households affected by domestic violence in Devon

5.13 National figures indicate that nearly three quarters of children with a child protection plan live in households where domestic abuse occurs.[14] Calculating the number of children in Devon with a child protection plan who are victims of domestic abuse has been identified as a priority by Devon Safeguarding Children's Board. In sample of 101 plans in March 2010 65% of children with a child protection plan either are currently, or had previously lived in a household, experiencing domestic violence.

Recommendation 8: To calculate the number of children and young people with child protection plans who have been affected by domestic abuse

5.14 The Police record data on the number of children and young people who were present at reported domestic abuse incidents. As shown in Table 4, in 2009-10 children were present at approximately half (47%) of crimed domestic abuse incidents although there is variation across the districts. There will be many incidents, not included in Table 4, where the Police were either not called or a crime was not recorded (non-crime incidents). The number of children present at these incidents is not known.

Table 4: Total number of 'crimed' domestic abuse incidents where children were present by year in Devon

Area	2006-07	2007-08	2008-09	2009-10	2009-10 %
East Devon	586	606	638	574	43%
Teignbridge	722	768	683	710	43%
Exeter	950	976	1133	945	44%
Torridge	352	359	403	391	47%
West Devon	175	203	207	195	47%
Mid Devon	417	394	434	414	48%
North Devon	733	701	654	747	50%
South Hams	313	283	352	283	55%
Devon (DCC) Total	4,248	4,290	4,504	4,259	
% of all DV incidents	49%	48%	48%	47%	

Source: Devon and Cornwall Police 'Crimed' Domestic Violence Incidents Data record on CIS with Mo Code DV1

5.15 Based on Home Office estimates, combined with Police crime records, if we assume that 47% of all female domestic abuse victims in Devon have one or more child - of the 13,972 estimated yearly victims approximately 6,500 will be mothers.

5.16 The Police also complete a 121A form when there is a safeguarding concern about a child. The number of 121A forms in which domestic abuse is cited as a concern cannot be easily ascertained from the current recording system.

Recommendation 9: To support ongoing police work to electronically label 121A forms according to the safeguarding problem(s) recorded (e.g. domestic violence)

5.17 From April 2009 to March 2010 a total of 703 cases have been seen at the Multi-agency Risk Assessment Conference; 907 children and young people were associated with these cases.

5.18 The impact of domestic violence and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances[15]. On both a national[16] and local level – from serious case reviews in Devon - there is evidence that serious injury or death can occur as a consequence of domestic violence.

5.19 Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, regardless of whether or not the child is aware of what is happening. Such activities may involve physical contact, including non-penetrative and penetrative acts (e.g., rape, buggery, or oral sex). Alternatively, the activities may not involve physical contact, e.g., having the child look at sexual images or watch sexual activities; involving the child in the production of sexual images; or encouraging them to behave in sexually inappropriate ways. National estimates suggest that 16% of children aged under 16 experience sexual abuse during childhood. There are currently 125,000 children aged under 16 living in Devon; 16% would be 20,000 children. Of children subject to a child protection plan to Devon County Council in 2009/10 (at 31 March 2010), 3.8% were recorded under the abuse category of sexual abuse; this compares to around 6% nationally (31 March 2009, source CPR3). It is likely that some of those in the other need categories have an element of sexual abuse.

5.20 The Devon and Torbay SARC is now established and is collecting data on adult and child victims of sexual assault, this will provide information on sexual violence against children in the county. Between September 2009 and August 2010 284 victims were examined by a SARC across Devon and Cornwall, 18.5% of these were children under 16.

Sex Abusers and Offenders (Adolescents and Adults)

5.21 The Multi-Agency Public Protection Arrangement report states that on 31 March 2009 there were 1,021 registered sexual offenders (Category 1) – 433 of which were registered by the Devon Basic Command Unit; 157 violent offenders (Category 2) and 24 other dangerous offenders (Category 3) in Devon and Cornwall.[17] Research data suggest that a substantial percentage (25-35%) of all alleged sexual abusers of children are thought to involve young, mainly adolescent perpetrators.[18]

Adult Rape and Sexual Assault Victims

5.22 Based on the total Devon population of 211,700[19] and regional data from the British Crime Survey, the *Home Office Domestic Violence Ready Reckoner* estimates that 4,657 (2.2 %) women and girls aged 16 to 59 years have been a victim of sexual assault in the past year in Devon. The margin of error around the calculation means that the true number lies somewhere between 2,302 and 7,012. This model does not account for the victims who are male and/or aged over 59 years old. Between April 2009 and March 2010 Devon Basic Command Unit recorded 772 sexual offences of which 237 were rape and 319 sexual assaults.

Adults Sexually Abused in Childhood

5.23 The number of adults living in Devon who were sexually abused in childhood is not known.

Recommendation 10: To estimate the number of adults living in Devon who were sexually abused in childhood to enable need for interventions to be quantified

All Victims of Sexual Exploitation

5.24 Prostitutes are not a static population. This, combined with the laws around prostitution (see Appendix 3), makes it very difficult to estimate the number of prostitutes in any population. The number of prostitutes working in Devon is unknown. In Devon, there are relatively few street-prostitutes; rather the sex industry in Devon is focused in saunas, brothels, massage parlours or individuals working from their own home. From 2004 to date, data have been collected on the number of advertisements relating to sex-work placed in two local newspapers (Ad Mart Freeads and Ad-Trader Freeads) which advertise throughout the South West region. The number of adverts per weekly edition which referenced the Devon area (both newspapers combined) ranged from 41 to 89. These figures cannot be used to infer the number of sex workers in Devon but do indicate that the sex-industry is present in Devon.[20] Devon Basic Command Unit statistics on sexual offences do not include any reference to adult prostitution.

Recommendation 11: To estimate the number of sex-workers living in Devon to enable need for interventions to be quantified

5.25 There have been fewer than five incidents of trafficking for sexual exploitation investigated by Devon Basic Command Unit between April 2009 and March 2010.

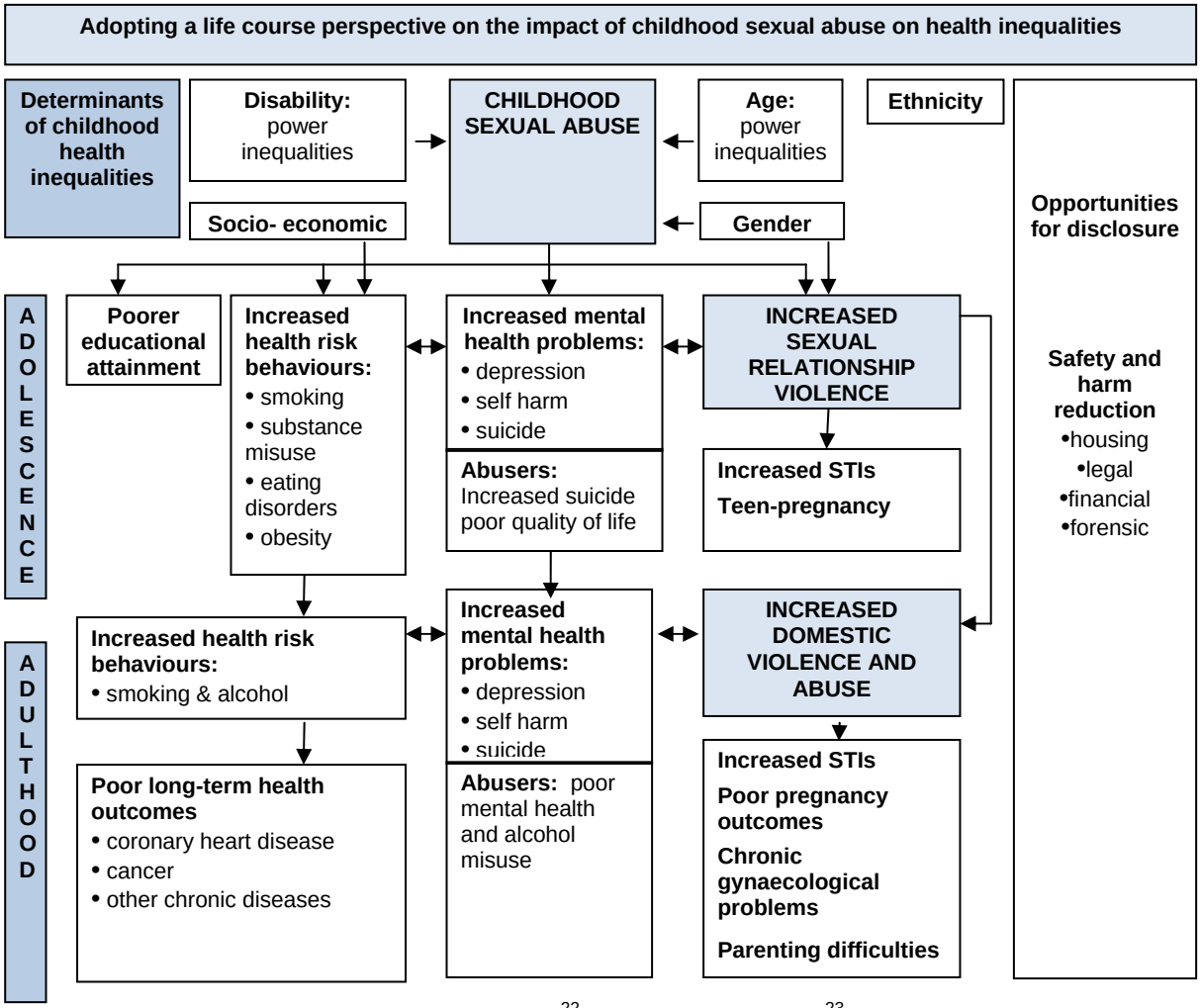
5.26 Based on the total Devon population of 211,700[21] and regional data from the BCSI, the *Home Office Domestic Violence Ready Reckoner* estimates that 23,384 (11%) women and girls aged 16 to 59 years have been a victim of stalking in the past year in Devon. The margin of error around the calculation means that the true number lies somewhere between 19,494 and 27,242. This model does not account for the victims who are male and/or aged over 59 years old.

6. Summary of Health and Wellbeing Needs

Overview

6.1 Figure 2 highlights the life course consequences of childhood sexual abuse on increased risk of sexual and domestic violence and associated health and wellbeing needs. Sections 6.2 to 6.15 describe these health and wellbeing needs in more detail.

Figure 2: The life course consequences of childhood sexual abuse on increased risk of sexual and domestic violence and abuse and short term health and wellbeing risk behaviours and outcomes



Source: Adapted from Nurse, J *et al*. (2005)[22] and Itzen C (2006)[23] ; STI = sexually transmitted infection

Pregnancy

6.2 Domestic violence is more likely to begin or escalate during pregnancy. More than 30% of domestic violence starts during pregnancy.[24]

6.3 Domestic violence has been identified as a key cause of miscarriage or still birth and of maternal death during childbirth.[25]

6.4 More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship.

6.5 Northern Devon Healthcare Trust, South Devon Health Care NHS Foundation Trust and Torbay Care Trust have produced a Domestic Abuse Guideline for Routine Enquiry which is applicable to all staff. All women over the age of 16 will be routinely asked about domestic abuse as part of their clinical assessment and if pregnant will be asked regardless of age.

Recommendation 12: In line with Department of Health recommendations[26], NHS maternity services in Devon should move to include a routine question as part of the social history taken during pregnancy, but this should be introduced at a measured pace, and with appropriate training and, if required, as a confidential disclosure. A method to appropriately evaluate routine questioning in this setting should be in place.

Mental Ill Health

6.6 Frequently reported long term mental health effects of childhood sexual abuse for women include depression, anxiety, post-traumatic stress disorder, psychosis, substance abuse, eating disorders, self harm and suicide (there are similar effects for males).[27,28,29] Mental health services are having to deal with the long-term consequences of childhood sexual abuse. Research suggests that about half (between 50-60%) of in patients and (40-60%) outpatients in mental health services will have been physically and/or sexually abused as children[30 31].

Perpetrators frequently have mental health needs and may have been victims of abuse themselves.

6.7 There is clear evidence of the adverse effect of domestic violence on women's mental health, that it can last for many years and that it leads to increased use of mental health services.[32,33]

6.8 Domestic violence also impairs children's emotional, behavioural and cognitive development. Its effects include anxiety, fear, withdrawal, highly sexualised and aggressive behaviour, reduced educational achievement, failure to acquire social competence, anti-social behaviour, and the use of drugs.[34]

Recommendation 13: In recognition of the long-term impact of childhood sexual abuse on mental health and sexual violence an in-depth understanding of the unmet mental health needs of children experiencing domestic and sexual violence in Devon is required

6.9 Studies report a range of mental health problems following rape and sexual assault, including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse and suicide.[35]

6.10 Experience of abuse can also exacerbate an existing condition.[36]

6.11 Interviews with 157 sex-workers (130 women; 27 men) indicated that two thirds (66%) had experienced some physical and sexual abuse at some point in their working history and 60% stated that in their youth they had some involvement with the social care system[37]; these life-course experiences increase their risk of adult mental health problems and trauma. Out-reach work has highlighted that few sex workers enjoy their work and most feel devalued and fear their sex work becoming known to their families; many prostitutes use alcohol to escape from the realities of their lives. Mental health problems may continue after moving away from the sex-industry due to the shame of the work.

6.12 The mental health needs of perpetrators are complex. It is important that perpetrators are appropriately assessed to ensure that they are suitable for intensive long-term therapies. Poor quality programmes can be harmful and may give perpetrators the 'excuse' to perpetuate violence rather than break the cycle.

6.13 Devon Partnership Trust conduct care plan assessments for users of adult mental health services. These assessments do not cover domestic abuse specifically but, as part of a pilot study, do capture details of emotional, physical and sexual abuse. Data cannot distinguish between current and historic abuse. Table 5 indicates that there were 4,822 care plan assessments recorded between January and September 2009. In around half of these assessments (2,410) an enquiry was made about abuse, and 43% of women disclosed emotional, 32% physical and 30% sexual abuse. Of these women, the majority wished to address issues; where the abuse was sexual in nature the proportion wishing to address issues was much higher (74%). Table 6 indicates that females were much more likely to reveal abuse, and more likely to wish to address issues in relation to emotional and physical abuse. Conversely, men who had disclosed sexual abuse were more likely to wish to address issues relating to the abuse than women.

Table 5: Adult Mental Health Service Care Plan Assessments, Abuse Screening Question Reponses, Females, January to September 2009

	Emotional Abuse	Physical Abuse	Sexual Abuse
Number of Care Plan Assessments	4822	4822	4822
Enquiry made about physical, emotional or sexual abuse	2410	2410	2410
Service user disclosed abuse	1040	771	726
% who disclosed abuse when asked	43%	32%	30%
Service users wishing to address issues around abuse	579	401	536
% of clients disclosing abuse who wished to address issues	56%	52%	74%

Source: Devon Partnership Trust, 2009 (data from epex system)

Table 6: Adult Mental Health Service Care Plan Assessments, Responses to Abuse Screening Question Reponses by Gender, January to September 2009

	% who disclosed abuse when asked		% who wished to address issues	
Nature of Abuse	**Female**	**Male**	**Female**	**Male**
Emotional Abuse	43.15%	26.36%	55.67%	47.92%
Physical Abuse	31.99%	21.16%	52.01%	45.78%
Sexual Abuse	30.12%	12.63%	73.83%	90.87%

Source: Devon Partnership Trust, 2009 (data from epex system)

Recommendation 14: To understand why enquiries into physical, emotional and sexual abuse were only undertake in half of mental health service users with care plan assessments and whether improved training of DPT staff could reduce barriers to patients disclosing abuse

Recommendation 15: To consider the implications of using RiO – a new national record system in which 'abuse' - but not type of abuse - will be recorded for adults accessing mental health services

Substance Misuse

6.14 Women who experience domestic violence are more likely (one report states 15 times more likely[38]) to misuse alcohol.

6.15 Illegal drug use is less common in off-street, compared with on-street, prostitutes. The majority of prostitutes in Devon are off-street prostitutes.

6.16 North Devon data on referrals to Addaction, the Devon alcohol services provider, suggest that from April to June 2010 perpetrators of domestic abuse made up between 5-8% of referrals and victims of domestic abuse 0-7%. Quarterly reports for the whole of Devon, on the number of referrals who report current or historical domestic violence (victims and perpetrators), will be available for Quarter 3 (July to September 2010) onwards. The number of referrals reporting sexual abuse will be recorded from August 2010 onwards.

Recommendation 16: To understand why unexpectedly low numbers of alcohol service users in Devon report being victims or perpetrators of domestic abuse

Recommendation 17: To establish whether disclosure of domestic violence when in receipt of alcohol services leads to appropriate onward referral

Recommendation 18: To establish the number and percentage of clients using Drug support services in Devon who report being victims or perpetrators of domestic abuse

Recommendation 19: Establish whether disclosure of domestic violence when in receipt of drug services leads to appropriate onward referral.

Sexual Health

6.17 Prostitutes are at increased risk of experiencing sexual activity that can lead to physical harm including gynaecological problems.

6.18 The extent of condom use by prostitutes in Devon is unknown; prostitutes may be pressurised not to use a condom for a number of reasons including clients paying more not to wear a condom. Prostitutes are at increased risk of sexually transmitted infections and unwanted pregnancy.

6.19 All sexual violence, whether domestic or otherwise has consequences for sexual health with increased rates of unintended pregnancy and termination being identified.

Recommendation 20: To recognise in sexual health strategies that sex workers, together with victims of domestic violence, rape and sexual assault, are people with specific sexual health needs

Primary Health Care (General Practice)

6.20 Women experiencing domestic violence frequently present to health services and require wide-ranging medical care. While the use of General Practitioners as an initial health care contact may be substantial, the quantification of the extent of this at a national (or local) level is hard to obtain. As part of their estimation of the cost of domestic violence, Stanko et al (1998) conducted a small scale study in doctors' waiting rooms in Hackney and found that one in nine (11%) of the women present had suffered from domestic violence that was serious enough to require medical attention, while 20% had suffered violence that did not require medical attention such as slaps and punches. However, they caution about generalising because of the size of the sample.[39]

6.21 No local routine data are currently available on the number of individuals in Devon visiting their GPs who are attending for issues related to domestic and sexual violence and assault.

6.22 Local data from the ASK project (see Section 8) reported that in nurse practitioners who were routinely asking patients about history of domestic abuse 76 patients (7% of the 1107 asked) disclosed abuse. This was a small-scale study and does not reflect whether attendance at the GP practice was related to domestic abuse.

Recommendation 21: To consider how to collect routine statistics on domestic and sexual violence and abuse in health care services to best understand the cost of domestic violence, the effectiveness of interventions and the most cost-effective deployment of local health care resources

Secondary (Hospital) Health Care

6.23 No local routine data is currently available on the number of people attending Accident and Emergency for issues related to domestic and sexual violence and assault.

6.24 Anonymised assault injury reporting has taken place in a Devon hospital in November 2009, and is now being replicated in other hospitals in Devon. The system is designed to gather anonymised data from patients who attend Accident and Emergency for treatment after having been assaulted, recording where possible basic details of the patient and the assault. Data collected between December 2009 and July 2010 revealed that of the 294 patients attending Accident and Emergency, 18 (6%) reported being assaulted by a partner, ex-partner or relative. We are confident this level of domestic violence is under-reporting. Victims, especially females ones, are often accompanied to Accident and Emergency by their partner and are unlikely to feel safe disclosing abuse to the receptionist in front of their

abuser. Overall 40% of assault victims (50% of the domestic violence victims) reported their injuries to the Police. If this information could be linked to the cost of treatment a local understanding of the cost to Accident and Emergency of domestic violence and abuse could be built up.

Recommendation 22: Link local anonymised assault injury data with treatment costs to better understand the cost to Accident and Emergency of treating assault (including domestic violence and abuse)

6.25 Research by the South Western Ambulance Service NHS Trust indicates that of the 146 cases seen at North Devon Multi-Agency Risk Assessment Conference between March and October 2009, 38% (55 cases) were known to the ambulance service. A total of 103 ambulance calls outs were made for these 55 cases of which 55% resulted in individuals being transported to hospital. These data highlight that 45% of calls outs – relating to high risk cases which are eventually seen at Multi-Agency Risk Assessment Conference - do not go to hospital and therefore the Ambulance Service may represent an early intervention opportunity. Initial interpretation of these research data also suggest that many of the call-outs relate to health problems of the perpetrator including substance misuse and mental health issues. South West Ambulance Service NHS Trust are collaborating with Co-ordinated Action Against Domestic Abuse to look at the possible role of ambulance clinicians in identifying domestic violence.

6.26 The nearest specialist Female Genital Mutilation clinic is the Charlotte Keel Health Centre Minority Ethnic Women's and Girls' Clinic in Easton, Bristol.

Housing

6.27 A number of victims are forced to flee their home as a result of domestic violence

6.28 In July 2010, Devon Supporting People – Devon Social Inclusion and Homelessness reference group wrote a *Review of Refuge and supported housing for victims of domestic violence and abuse*. That review highlighted the following housing needs:

- the majority of women (66% 2009-10) using the three refuges in Devon bring their children with them
- nearly a third of families (30%) admitted to a Devon refuge in 2009-10 had used a refuge before indicating the problem of repeat homelessness
- most refuge stays of families are for under three months; however for those for which data was available 20% had remained for longer than three months
- there are significant numbers of families with more than one child and given that all family rooms are shared this generates an additional stress factor for those who enter refuges and stay for long periods of time
- there are three times the numbers of applications for places than can be admitted; this represents a significant number of women (in region of 450 per annum) and children (in the region of 500 per annum). The major reasons for refuges not being able to offer accommodation is lack of vacancies or insufficient space for the needs of particular families – in the main this means that the large size of some family groups is not compatible with vacancies at the time of application

6.29 Refuge workers report a lack of follow-up of women once they have be resettled stating that outreach workers do not currently have the capacity to provide this service

Recommendation 23: Understand reasons for repeat use of refuges and where barriers exist to preventing homelessness

Recommendation 24: A number of families are staying in crisis (refuge) accommodation for longer than three months; the barriers to these families finding non-crisis accommodation needs to be better understood

Education and Parenting

6.30 Children who are victims of domestic abuse and/or sexual violence are more likely to have difficulties at school including absence, exclusions and poor attainment.

6.31 The school environmental represents a setting in which the impact of domestic and sexual violence and abuse can be spotted and appropriate interventions made. Educational settings provide an opportunity for primary prevention of domestic and sexual violence and abuse**.** Ofsted have published a report on standards in Personal, Social and Health Education based on evidence from inspections in 165 maintained schools in England between September 2006 and July 2009. In this report, Sex and Relationship Education was identified as an area for improvement. In 48 of the 73 secondary school visited, Sex and Relationship Education was good or outstanding – in the other 25 schools students' knowledge of Sex and Relationship Education was no better than satisfactory; in three schools it was inadequate**.** Discussion was sometimes limited because of the teacher's embarrassment or lack of knowledge. In these schools there was little opportunity to explore the nature of relationships in any depth and rarely touched on topics such as how the media portrayed sex, domestic violence or conflict in relationships.[40]

6.32 Parental problems, including domestic violence, mental and long-term physical ill health can prevent positive parenting;[41] increasing the risk that children will develop emotional and behavioural problems that can result in anti-social behaviour, substance misuse and crime.

6.33 Research indicates that children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children[42], and they are also more likely to be perpetrators or victims of domestic violence as adults.[43]

6.34 Children's services need to clearly link with adult services to safeguard children.

Recommendation 25: Services for preventing domestic violence in Devon should be benchmarked against NICE guidance. In preparation, an audit of services which aim to prevent domestic and sexual violence and abuse should be undertaken

Recommendation 26: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 27: Multi-Agency Risk Assessment Conferences need to explicitly consider the impact of domestic violence and abuse on the children of those victims whose safety and harm reduction is being discussed

Safety and Harm Reduction

6.35 From February 2010 onwards the **D**omestic **A**buse, **S**talking and '**H**onour'-based Violence risk assessment tool has been used by Devon and Cornwall Police to determine level of risk and action on safety plans at domestic violence incidents. Table 7 shows the percentage of incidents – from April to June 2010 – in each risk-category. Depending on the level of risk and whether the incident was defined as a crime victims may be referred on to outreach services and Independent Domestic Violence Advisors, Specialist Domestic Violence Court, Victim Support or given a leaflet about local services.

Table 7. Classification of crime, non-crime and total domestic violence incidents (April to June 2010) recorded by Devon and Cornwall Police according to the DASH risk assessment tool

	Crime domestic violence incidents	Non-Crime domestic violence incidents	Total incidents
High-risk (%)	19.4	4.2	8.5
Medium-risk (%)	38.6	21.2	26.1
Standard*-risk (%)	42.0	74.6	65.4
Total	100	100	100

*The term low risk is not used

6.36 At HM Prison Exeter a pilot **D**atabase of **I**nmates involved in **V**iolence and **A**buse has been generated to collate information on domestic violence perpetrators in custody. The information has been used to inform other partner agencies of any changes to the perpetrator's custodial term thereby reducing the risk to the current victim and potential future victims when the perpetrator is released. The manager of the database also became an important single point of contact for Domestic Violence Officers. This pilot project has now ended. The success of the project has been monitored through information and feedback received from domestic violence officers and other agencies. The impetus for this pilot arose from cases of offenders being released into the community and seriously assaulting previous victims; since running the database there have been no further serious instances.

6.37 Currently there are no specialist domestic violence programmes in Devon prisons for perpetrators. There are generic violence reduction programmes which address behaviour but nothing specific to domestic violence. There is particular concern over the lack of provision of programmes for perpetrators whose sentences are less than 12 months.

Recommendation 28: To have a mechanism in place to systematically identify prisoners who would benefit from domestic abuse programmes and to provide these prisoners with effective programmes to prevent repeat domestic violence offences

Recommendation 29: To investigate whether current intelligence systems are adequate to maximise the safety of the victim when a domestic violence perpetrator is released from prison

Legal and Financial

6.38 Individuals who have come to the UK on temporary work permits, student visas or spousal visa, married to a UK citizen but without Indefinite Leave to Remain are not entitled, under UK law, to certain state benefits including housing benefit and income

support. Individuals in this situation who are victims of domestic and sexual violence and abuse may have increased financial needs because they have no recourse to public funds.

6.39 In January 2009 Black and Minority Ethnic/Domestic Violence and Abuse Action Group established a No Recourse to Public Funds fund. Between November 2008 and January 2010 the fund has been used to support nine victims across Devon who, because of their status, had no recourse to public funds. The money has been spent on covering refuges' costs, on emergency accommodation, on interpreting and on providing basic essentials such as food, children's clothes and nappies, and in some cases the money was used to pay for a ticket home. In total the fund spent £4,821.79 on these nine cases. The DVA Action Group report that growing awareness has led to increasing applications, highlighting the level of unmet need in the BME population, and a need to build resources.

6.40 In Devon, data from 157 sex workers (130 women; 27 men) interviewed opportunistically between 2004 and 2009 indicated that the majority (96%) became involved in the sex industry to help themselves out of debt. The cost of funding drug and alcohol addictions exacerbates this financial hardship.

Pets

6.41 Many victims feel forced to stay with violent partners because they feel they can't leave their pets behind – and in some instances perpetrators are also violent towards the family pets. Research shows that there is a link between animal abuse and domestic violence; men who are violent to women may threaten to harm or actually kill a beloved pet in order to intimidate their partner, therefore maintaining their power and control. **RSPCA Pet Retreat Scheme** arranges foster care or adoption for the pets of domestic violence victims. The scheme currently operates in 22 counties including Devon and since 2002 has helped around 600 pets.

Vulnerable Groups

6.42 There is a strong link between the abuse of vulnerable adults and domestic violence.

6.43 Interested voluntary organisations are concerned that forced marriage of people with learning disabilities is widespread but the lack of awareness and difficulty collecting data on prevalence means that it remains a largely hidden problem.[44]

6.44 The dependence of some older people on helpers and carers may leave them vulnerable to Elder Abuse.[45] The abuse may be physical, psychological, financial, sexual or through neglect or a combination of these forms. During 2009-10 there were 1,212 safeguarding adults referrals in Devon, with 1,060 of these referrals fully captured on the CareFirst system. 72% of these referrals related to people aged 65 and over and a total of 539 referrals related to women over the age of 65. Referrals are assigned to one or more types of abuse, covering domestic, institution, discrimination, financial, sexual, psychological, neglect, physical and multiple. 108 cases in total were identified as domestic abuse (primary or secondary classification) with 63 cases involving those aged over 75 and 18 aged between 65 and 74.

Recommendation 30: To ensure that domestic and sexual violence and abuse services are accessible by vulnerable groups

Recommendation 31: To ensure that domestic and sexual violence and abuse prevention strategies recognise those most vulnerable adults

Barriers to Services

6.45 A survey by Safer Devon Partnership in 2009 of 200 black and minority ethnic people found that 40% felt they had experienced racist abuse. Consultations by adva with black and minority ethnic group domestic violence survivors found that racism, and barriers caused by lack of cultural understanding were problems when resident in the refuge and with accessing services. Interviews of five black and minority ethnic group service users and nine frontline workers, conduced in 2009, focused on the barriers which prevent black and minority ethnic group victims of domestic violence from accessing services and getting the support they need. The barriers highlighted by the interviews were: legal system, safety, emergency accommodation, mental health support/services, racism and prejudice, isolation and honour, cultural differences and language.[46]

6.46 Women's Aid (a national charity working to end domestic violence against women and children) report that women experiencing domestic violence are particularly vulnerable to the additional negative effects of being labelled as "mentally ill". They may find it even harder than other women to report or even to name their experience as domestic violence. When they do seek help, their credibility may be questioned and they may be unable to access any suitable sources of support. For instance, a woman's mental health diagnosis may be used against her in civil or criminal proceedings, if, for example, she tries to obtain legal protection from her abuser, gain residence of her children, or give evidence if her partner is prosecuted for assault[47]

6.47 Outreach work with sex workers in Exeter have highlighted the barriers sex workers feel to using public services. For example, it is very uncommon for sex workers – who are at increased risk of experiencing violence from those around them including partners, pimps and clients - to report incidents of physical and sexual abuse to the Police. Furthermore, sex workers feel that NHS services are not for them. These barriers may be self-perceived or real.

Opportunities for Disclosure

6.48 Victims and perpetrators of domestic and sexual violence and abuse have repeated contact with a wide range of services before they disclose their abuse and some never disclose:

- Results from a National Society for the Prevention of Cruelty to Children study on the prevalence of child abuse and neglect revealed that three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood[48]

- 40% of adults who are raped tell no-one about it

- Eighty percent of women in a violent relationship seek help from health services at least once[49] and women suffering from the effects of domestic violence typically make seven to eight visits to health professionals, either on their own or on someone else's behalf, before disclosure of abuse[50]

6.49 As stated in Section 4.4, the responsibility for preventing domestic violence and sexual abuse, providing care and protecting individuals cuts across a large number of services. A large number of employees within these services will be victims and perpetrators of domestic violence. Supporting people in the workplace is increasingly

recognised as having a beneficial impact on productivity by, for example, reducing absenteeism.

Recommendation 32: To support partner organisations to produce domestic and sexual violence and abuse workforce policies

Recommendation 33: To consider if it would be useful to collect data, and if so what data should be collected, on domestic and sexual abuse from staff surveys

7. Current Services and Commissioning in Devon

7.1 This section lists the domestic and sexual violence and abuse services that are currently being commissioned in Devon under three key headings: **Prevention** - changing attitudes and preventing violence; **Provision** - helping people to continue with their lives; and **Protection** - delivering an effective criminal justice system.

7.2 Further information on Domestic Violence and Abuse Services can be found in the adva service directory
http://www.devon.gov.uk/index/childrenfamilies/domestic_violence/adva-professionals/directory-of-services.htm

7.3 The list does not include those services which are used more frequently but are not directly commissioned for victims and perpetrators (e.g. Accident and Emergency, GP surgeries).

7.4 The effectiveness and equity of each service is not reported

PREVENTION
National services
Local services

- **training programmes** to improve domestic abuse awareness in **professionals**
- annual domestic violence and abuse **awareness week** to raise awareness in the general public
- **cultural awareness training** package for front-line staff in refuges covering issues such as no recourse to public funds, honour based crime, female genital mutilation, forced marriage, the needs of survivors from black and minority ethnic groups, effective communication and interpreting and local, regional and national support
- **awareness raising** in schools, GP practices and housing organisations
- **Repair** – voluntary perpetrators programme to help men understand their abusive behaviour
- **Linx** – programme for young people showing early signs of aggressive and abusive behaviour

PROVISION
National services

- **24 Hour Helplines** (National Women's Aid; NHS Direct; Samaritans; Childline; NSPCC; Parentline; Shelterline)

- **Chinese information and Advice Centre – Women's Support Project**

- **Forced Marriage Unit** – Foreign and Commonwealth Office

- **Jewish Women's Aid**

- **Kiran Asian Women's Aid**

- **Newham Asian Women's Project**

- **Southall Black Sisters**

- **The Hideout** - domestic violence website designed especially for children and young people

- **Broken Rainbow** – UK-wide service offering support to Lesbian, Gay, Bisexual and Transgender victims and survivors (remove – scheme no longer operating in Devon)

- **Men's Advice Line** – helpline for men in abusive relationships

- **Action on Elder Abuse** - helpline

Local services for adult victims

- **Outreach services** - for men and women

- **Refuge accommodation** -for women; the refuges are located in Exeter, East Devon and North Devon

- **South Devon safehouse** - for women

- **Independent Domestic Violence Advocates (IDVAs)** – providing a proactive service to high risk victims

- **Police Domestic Violence Unit** (Exeter, East Devon, Mid Devon, North Devon, South Devon, Teinbridge, Torridge) – specialist trained staff dealing with victims of domestic abuse providing a point of contact for reporting an incident and providing advice

- **MAPP (Multi Agency Public Protection)** to manage the risk posed by registered sexual offenders, violent offenders and other dangerous offenders

- **Victim Support volunteers** – specifically trained to support domestic abuse victims

- **Intercom Trust** – support for Lesbian, Gay, Bisexual and Transgender communities in the South West

- **Devon Sexual Abuse Line** – supporting men and women (over 16 years old) in Devon

- **Carr-Gomm** – Floating housing support service for individuals affected by domestic violence and abuse

- **Survivors reference group** (SEEDS)

- **Devon Sanctuary Scheme -** enables victims of domestic violence and abuse to feel safe and remain in their own homes

- **Pattern Changing Programme** – educational and therapeutic programmes for survivors

- **Multi-agency Safeguarding Hub (MASH)** – intelligence sharing within the safeguarding partnership for vulnerable adults and children & young people to identify and reduce harm

- **Sexual Abuse Referral Centre (SARC) –** provides medical, support and forensic services for adults who have been victims of sexual abuse

- **Guidance leaflets** focusing on supporting victims of domestic abuse from black and minority ethnic groups – aimed at both survivors and practitioners working with survivors

- **Translation of adva survivor leaflets** into five languages

- Community Development Workers work one-to-one work with **survivors from black and minority ethnic communities**

- **No recourse to public funds** – emergency fund established

- **SAGE** is a specific service for women survivors of childhood sexual abuse which provides individual and group sessions

- **RSPCA Pet Retreat Scheme** arranges foster care or adoption for the pets of domestic violence victims.

Local Services for Children and Young People who are Victims

- **Outreach services** - for children and young people

- **NSPCC**

- **Barnardos**

- **Specialised children's workers** that support children living in the refuge

- The **Safe Project** – an **outreach project for girls/young women** aged 14-25 years

- **Joint Agency Child Abuse Team (JACAT)** – support for children where there is any concern that abuse of any kind has taken place as well as consultation for professionals who work with children who have been abused

- **Child Protection Plans** – action plans for children considered to be in need of protection (including protection from physical abuse, sexual abuse, emotional abuse and neglect)

- **Multi-agency Safeguarding Hub (MASH)** – intelligence sharing within the safeguarding partnership for vulnerable adults and children & young people to identify and reduce harm

- **Team around the child (TAC)** - gateways to services

- **Yproject (within Ysmart)** support for children and young people where parental substance misuse is an issue.

- **CAF (Common Assessment Framework)** multi agency team to assess and provide services for CYP from universal services to referrals into specialist services

- **G4S** forensic service for children under the age of 16 years

Local Services for Perpetrators

- **Repair** – voluntary perpetrators programme to help men understand their abusive behaviour

- **Linx** – programme for young people showing early signs of aggressive and abusive behaviour

- **Circles of Support and Accountability;** COSA is an initiative involving appropriately selected and trained volunteers supporting sexual offenders in the community. Similar projects elsewhere in the UK have shown it to be an effective means to reduce the risk of further sexual offending. Four such offenders are now currently supported by COSA in Devon & Cornwall (2009/10) with fifteen COSA volunteers, from a variety of backgrounds, led by a professional Co-ordinator from the NSPCC. (Source MAPPA Annual Report 2009/10)

PROTECTION
National Services
Local Services

- **Multi Agency Risk Assessment Conference (MARAC)** - a forum where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse

- **Multi Agency Risk Assessment Conference Independent Domestic Violence Advisor –** acts as a bridge between female victims and the MARAC meeting

- **Specialist Domestic Violence Court (SDVC) -** dedicated to making the victim feel as safe as possible, to bringing domestic violence perpetrators to court more quickly, and to ensuring that all staff working within the SDVC, including the magistrates, have dedicated training and knowledge of the subject. There are

four SDVCs within the Devon and Cornwall Local Criminal Justice Board: Barnstaple SDVC, Bodmin and Truro SDVC, Exeter SDVC and South Devon (Torbay) SDVC

- **SDVC Independent Domestic Violence Advisor -** supports victims of domestic abuse through the criminal justice system

- **The Integrated Domestic Abuse Programme (IDAP)** is suitable for male perpetrators of domestic violence who are assessed as being of medium to high risk of re-offending and harming current or previous female partners. The programme aims include reducing the risk of violence crime and abusive behaviour towards women in relationships by helping offenders change their attitudes and behaviour

- **Thames Valley – Sex Offender Group work Programme (TV – SOGP)** is a specialist group work programme, run by Probation Service, for men who have been convicted of any sexual offence, including non-contact sexual offences. The programme aims to reduce the risk of future sexual offending by adult male sex offenders

- **Internet Sex Offender Treatment (i-SOTP)** is a programme for men who have committed an internet sex offence; delivered on a one-to-one basis with a probation officer or as a group programme

- **Devon and Cornwall Police Domestic Abuse Teams** in Exeter East and Mid Devon; North Devon; South and West Devon working in partnership with other agencies to assess risk and investigate crimes

- **Sex Offender Treatment Programme** (SOTP) – at Channings Wood HMP two of the residential living blocks make up the Vulnerable Prisoners Unit (VPU) which specialises in delivering the Sex Offender Treatment Programme (SOTP).

Recommendation 34: Equity audit of domestic violence and sexual abuse services in Devon

8. What Works - Evidence of the Effectiveness and Cost Effectiveness of Interventions and Services

8.1 There is a lack of evidence, both nationally and locally, on 'what works' in preventing domestic violence and sexual abuse and improving the safety of survivors.

Recommendation 35: Evaluate current services in Devon and ensure new services have evaluation plans in place

8.2 Health Technology Assessments, Cochrane Reviews and the NICE guidelines collate research to provide independent reviews of the evidence of effectiveness.

Cochrane Reviews

Reviews on (1) **domestic violence screening and intervention programmes for adults with dental or facial injury**[51] (updated February 2004), and (2) **cognitive behavioural therapy for men who physically abuse their female partner**[52]

(updated April 2007) concluded there was insufficient evidence to alter service delivery. A more recent Cochrane review (updated July 2008) examined the **effectiveness of advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse**[53]. The review concluded that intensive advocacy for women recruited in domestic violence shelters or refuges reduces physical abuse one to two years after the intervention but we do not know if it has a beneficial effect on their quality of life and mental health. Similarly, there is insufficient evidence to show if less intensive interventions in healthcare settings for women who still live with the perpetrators of violence are effective.

Health Technology Assessments

8.3 HTA investigated whether screening women for domestic (partner) violence in different health-care settings met nine of the National Screening Committee (NSC) criteria.[54] The report, which included work published up until December 2006, concluded that there is currently insufficient evidence to implement a screening programme for partner violence against women, either in health services generally or in specific clinical settings.

NICE Guidance

8.4 The National Institute of Health and Clinical Excellence (NICE) are due to publish public health guidance on *Preventing Domestic Violence: guidance for the police, social services and the NHS* (expected date of issues to be confirmed). Ruth to check

8.5 Evaluations of five national and local services are available:

- Saving lives, saving money: Multi-Agency Risk Assessment Conference and high risk domestic abuse
- Safety in numbers. A multi-site evaluation of independent domestic violence advisor services
- Identification and referral to improve safety (IRIS)
- Ways of Responding through Health – WORTH
- ASK
- Think Family

8.6 Co-ordinated Action Against Domestic Abuse undertook a national evaluation of the effectiveness of over 200 Multi-Agency Risk Assessment Conferences: **Saving lives, saving money: Multi-Agency Risk Assessment Conference and high risk domestic abuse.**[55] The report had two main findings:

- Following intervention by a Multi-Agency Risk Assessment Conference and an Independent Domestic Violence Advisor service, up to 60% of domestic abuse victims reported no further violence (?calculation)
- For every £1 spent on Multi-Agency Risk Assessment Conferences at least £6 of public money can be saved annually on direct costs to agencies such as the

police, health, criminal justice services and children's services. This analysis has been independently verified by New Philanthropy Capital (www. http://www.philanthropycapital.org) but has not been peer reviewed. The report suggests that financial benefits of Multi-Agency Risk Assessment Conferences will be most clearly seen by the criminal justice system followed by police and health services.

8.7 **Safety in Numbers. A multi-site evaluation of independent domestic violence advisor services**[56] examined the provision and impact of Independent Domestic Violence Advisor services for female victims of domestic abuse deemed to be at high risk of harm or homicide. This large scale multi-site research evaluated seven services (including North Devon's Women's Aid) operating in England and Wales. This research, which has not been published in a peer-reviewed publication, concluded that after the intervention of the Independent Domestic Violence Advisor, 57% of all victims experienced a cessation in the abuse they were suffering.

8.8 **Identification and referral to improve safety** is the first European randomised controlled trial of an intervention to improve the health care response to domestic violence (Trial registration number: ISRCTN74012786).[57] The trial investigates whether training and support programmes for general practices increases identification of female victims of domestic abuse and appropriate onward referral. The trial included 48 practices in Bristol and London randomly assigned to the training and support programme or no intervention. The trial results are not currently available and will be shortly published in a peer-reviewed journal. Interim findings suggest that female patients attending intervention practices were 21 times more likely to be referred to an advocate for specialist support and 3.5 times more like to have a recorded identification of domestic violence in their medical record compared with women attending non-intervention practices. The cost-effectiveness analysis will also be published in a peer-reviewed journal. An IRIS commissioning pack and associated accredited training programme are being developed. NHS Bristol and NHS Hackney have commissioned *IRIS*.

Recommendation 36: Review current practice in light of IRIS findings on clinical and cost-effectiveness; whilst appreciating the generalisability of IRIS findings to Devon

8.9 The **WORTH - Ways of Responding Through Health** - project is a local domestic violence project based at Worthing Hospital, West Sussex. The project, established in Jan 2004, allows people attending Accident & Emergency or the maternity department, who have experienced domestic violence, to disclose the fact in confidence and to receive the appropriate services and support. In October 2005, it was reported that over 400 repeat domestic violence victims had benefited from the service; by comparison, in the previous five years only five cases of domestic violence were recorded by Worthing Hospital (Public Protection Select Committee, Project Proposal – The Worth Project, October 2005).

8.10 **ASK** – was a pilot project in three GP surgeries in Devon from September 2007 to March 2009. In these surgeries a health IDVA used a range of methods – including training and development of clear protocols and referral pathways - to facilitate routine enquiry and disclosure of domestic abuse. No baseline statistics were recorded and therefore comparisons before and after the project (or with other GP surgeries in which training was not available) cannot be made. The report contributes some valuable insights into the acceptability of routine enquiry – as seen by the clinical staff and patients.

Recommendation 37: Better understand the barriers to success when implementing locally those interventions which have been successful in another part of the county

8.11 **Think Family** is a cross-departmental programme which aims to ensure that support provided by children's adults' and family services is co-ordinated and takes account of how an individual's problems affect the whole family. Families at risk, because of the multiple difficulties they face – domestic violence, substance misuse, poor housing or homelessness, child neglect and poor parenting and family function – have a significant likelihood of facing a crisis situation without preventative support. The programme provides target support for parents and families - such as Family Intervention Projects (FIPs) and Parenting Early Intervention programmes designed to provide evidence-based support to families experiencing problems. Reduction on risk factors recorded on existing FIPs have include reducing the proportion of families considered to be at risk of domestic violence from 26 to 8%.[58]

8.12 **SAGE** is a specific service for women survivors of childhood sexual abuse and is an evidenced based clinical model for the treatment of mental health difficulties resulting from abuse. It has been cited as an example of positive practice following its review in the Department of Health's 2002 publication 'Women's Mental Health: Into the Mainstream'. The service has been developed in Exeter, East, South and West Devon. Evaluation of the service in Devon suggests that at 6 weeks and 6 months post-group intervention, there was a significant decline in depression, trauma and shame symptoms and a significant increase in self-esteem compared with pre-intervention scores.[59]

9. How can we Monitor Successful Performance?

9.1 By linking to relevant targets the Joint Strategic Needs Assessment will illustrate how much Devon County Council and partners' performance has (and could be) improved by tackling domestic and sexual violence and abuse. The National Indicator Set provide the key method for performance monitoring; several of the indicators, as suggested by the Home Office are relevant to domestic and sexual violence and abuse:

- **NI 32: Repeat incidents of domestic violence (LAA36)**
- **NI 34: Number of domestic homicides per 1,000 population**
- NI 64: Child Protection Plans lasting two years or more
- NI 65: Children becoming the subject of a Child Protection Plan for a second or subsequent time
- NI 70: Hospital admissions caused by unintentional and deliberate injuries to children and young people
- NI 156: Number of households living in temporary accommodation

9.2 The limitation of NI32 is that it only refers to cases which have been through a Multi-Agency Risk Assessment Conference; repeat incidents of domestic violence for those victims not referred to a Multi-Agency Risk Assessment Conference are not

reported. This prohibits comparisons and conclusions on the impact of the Multi-Agency Risk Assessment Conference.

10. Conclusions

10.1 The victims and perpetrators of domestic and sexual violence and abuse are a heterogeneous group linked by a national (Violence Against Women and Girls) strategy.

- it is essential to address domestic and sexual violence and abuse from a 'lifecourse' perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse

- the impact of domestic and sexual violence and abuse leads to a wide range of health and wellbeing needs; rather than them being considered as a separate group the needs of victims and perpetrators must be mainstreamed into commissioning arrangements

- the high level of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require support.

- there has been a comprehensive development of services commissioned to meet the needs of this population but further information – in particular on outcomes – is needed to assess whether these services are clinically and cost-effective

- the nature of violence and abuse means that there are barriers to individuals disclosing, professional enquiring about abuse and victims and perpetrators accessing the right services

11. Recommendations

The victims and perpetrators of domestic and sexual violence and abuse are a heterogenous group linked by a national (Violence Against Women and Girls) strategy

Recommendation 3: Consider whether a gap analysis should be completed for each of the six target groups or whether the recognised links between groups makes a common gap analysis more appropriate. The work of the Think Family preventative program will be examined as evidence of good practise.

It is essential to address domestic and sexual violence and abuse from a 'lifecourse' perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse

Recommendation 13: In recognition of the long-term impact of childhood sexual abuse on mental health and sexual violence an in-depth understanding of the unmet mental health needs of children experiencing domestic and sexual violence in Devon is required

Recommendation 25: Services for preventing domestic violence in Devon should be benchmarked against NICE guidance. In preparation, an audit of services which aim to prevent domestic and sexual violence and abuse should be undertaken

Recommendation 26: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 27: Multi-Agency Risk Assessment Conferences need to explicitly consider the impact of domestic violence and abuse on the children of those victims whose safety and harm reduction is being discussed

The impact of domestic and sexual violence and abuse leads to a wide range of health and wellbeing needs; rather than them being considered as a separate group the needs of victims and perpetrators must be mainstreamed into commissioning arrangements

Recommendation 1: Update any local strategy once further details are available on the Government's strategy for managing domestic and sexual violence and abuse.

Recommendation 2: In-depth needs assessment – including this report - should be easily accessible on the NHS Devon/Devon County Council webpages to allow cross-referencing

Recommendation 20: To recognise in sexual health strategies that sex workers, together with victims of domestic violence, rape and sexual assault, are people with specific sexual health needs

The high levels of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require services

Recommendation 4: A better understanding of the number of male victims and older victims of domestic abuse in Devon is required.

Recommendation 5: Improve recording systems to identify which prisoners are perpetrators of domestic violence to enable the need for interventions in prison to be quantified

Recommendation 7: To estimate the number of children and young people living in households affected by domestic violence in Devon.

Recommendation 8: To calculate the number of children and young people with child protection plans who have been affected by domestic abuse.

Recommendation 9: To support ongoing police work to electronically label 121A forms according to the safeguarding problem(s) recorded (e.g. domestic violence).

Recommendation 10: To estimate the number of adults living in Devon who were sexually abused in childhood to enable need for interventions to be quantified.

Recommendation 11: To estimate the number of sex-workers living in Devon to enable need for interventions to be quantified.

Recommendation 18: To establish the number and percentage of clients using Drug support services in Devon who report being victims or perpetrators of domestic abuse.

Recommendation 28: To have a mechanism in place to systematically identify prisoners who would benefit from domestic abuse programmes and to provide these prisoners with effective programmes to prevent repeat domestic violence offences.

Recommendation 33: To consider if it would be useful to collect data, and if so what data should be collected, on domestic and sexual abuse from staff surveys.

There has been a comprehensive development of services commissioned to meet the needs of this population but further information – in particular on outcomes – is needed to assess whether these services are clinically and cost-effective

Recommendation 6: Estimate the cost to the health service for the health needs of perpetrators to help establish the cost effectiveness of intervention services such as REPAIR as a cost saving measure.

Recommendation 12: In line with Department of Health recommendations, NHS maternity services in Devon should move to include a routine question as part of the social history taken during pregnancy, but this should be introduced at a measured pace, and with appropriate training and, if required, as a confidential disclosure. A method to appropriately evaluate routine questioning in this setting should be in place.

Recommendation 15: To consider the implications of using RiO – a new national record system in which 'abuse' - but not type of abuse - will be recorded for adults accessing mental health services.

Recommendation 17: To establish whether disclosure of domestic violence when in receipt of alcohol services leads to appropriate onward referral

Recommendation 19: Establish whether disclosure of domestic violence when in receipt of drug services leads to appropriate onward referral.

Recommendation 21: To consider how to collect routine statistics on domestic and sexual violence and abuse in health care services to best understand the cost of domestic violence, the effectiveness of interventions and the most cost-effective deployment of local health care resources

Recommendation 22: Link local anonymised assault injury data with treatment costs to better understand the cost to Accident and Emergency of treating assault (including domestic violence and abuse)

Recommendation 29: To investigate whether current intelligence systems are adequate to maximise the safety of the victim when a domestic violence perpetrator is released from prison.

Recommendation 35: Evaluate current services in Devon and ensure new services have evaluation plans in place.

Recommendation 36: Review current practice in light of IRIS findings on clinical and cost-effectiveness; whilst appreciating the generalisability of IRIS findings to Devon.

The nature of violence and abuse means that there are barriers to individuals disclosing, professionals enquiring about abuse, and victims and perpetrators

accessing the right services

Recommendation 14: To understand why enquiries into physical, emotional and sexual abuse were only undertake in half of mental health service users with care plan assessments and whether improved training of DPT staff could reduce barriers to patients disclosing abuse.

Recommendation 16: To understand why unexpectedly low numbers of alcohol service users in Devon report being victims or perpetrators of domestic abuse.

Recommendation 23: Understand reasons for repeat use of refuges and where barriers exist to preventing homelessness.

Recommendation 24: A number of families are staying in crisis (refuge) accommodation for longer than three months; the barriers to these families finding non-crisis accommodation needs to be better understood.

Recommendation 30: To ensure that domestic and sexual violence and abuse services are accessible by vulnerable groups

Recommendation 31: To ensure that domestic and sexual violence and abuse prevention strategies recognise those most vulnerable adults

Recommendation 32: To support partner organisations to produce domestic and sexual violence and abuse workforce policies

Recommendation 34: Equity audit of domestic violence and sexual abuse services in Devon

Recommendation 37: Better understand the barriers to success when implementing locally those interventions which have been successful in another part of the county.

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14. Abbreviations

ADVA	Against Domestic Violence and Abuse partnership
BCS	British Crime Survey
BCU	Basic Command Unit
CAADA	Co-ordinated Action Against Domestic Abuse
CAF	Common Assessment Framework
CVS	Community Voluntary Sector
CYPS	Children and Young People's Services
DCC	Devon County Council
DSCB	Devon Safeguarding Children's Board
DH	Department of Health
DVA	Domestic Violence and Abuse
FGM	Female Genital Mutilation
FIPs	Family Intervention Projects
HBV	Honour Based Violence
HTA	Health Technology Assessment
IDVA	Independent domestic violence advisor
IRIS	Identification and referral to improve safety
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LCJB	Local Criminal Justice Board
LSCB	Local Safeguarding Children's Board
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
(M)IDVA	(Male) Independent Domestic Violence Advisor
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
NRPF	No Recourse to Public Funds
NSC	National Screening Committee
NSPCC	National Society for the Prevention of Cruelty to Children
PSHE	Personal, Social and Health Education
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SRE	Sex and Relationship Education
SWAST	South West Ambulance Service NHS Trust
WORTH	Ways of Responding Through Health
VAWG	Violence Against Women and Girls

APPENDIX 1

National strategies

- Together we can end violence against women and girls: a strategy. HM Government 2009

- Mainstreaming the Commissioning of Local Services to Address Violence Against Women and Girls. HM government 2009.

- Commissioning services for women and children who have experienced violence or abuse – a guide for PCTs. Department of Health 2010.

- Responding to violence against women and children – the role of the NHS. The report of the Taskforce on the Health Aspects of Violence Against Women and Children. March 2010.

- Report from the Child Sexual Abuse sub-group. Taskforce on the health aspects of violence against women and children. March 2010

- Report from the Sexual Violence Against Women sub-group. Taskforce on the health aspects of violence against women and children. March 2010

- Report from the Domestic Violence sub-group. Taskforce on the health aspects of violence against women and children. March 2010

- Report from the Harmful Traditional Practices and Human Trafficking sub-group. Taskforce on the health aspects of violence against women and children

- Tackling Violence Against Women and Girls – A Guide to Good Practice Communications (online interactive PDF; http://www.equalities.gov.uk/pdf/297847%20Tackling%20Violence%20women%20hyperlinked_V3.pdf)

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- The Stern Review. A report by Baroness Vivien Stern CBE of an independent review into how rape complaints are handled by public authorities in England and Wales
- A Resource for Developing Sexual Assault Referral Centres. Revised National Service Guide

- New Horizons. A shared vision of mental health. Department of Health, 2009

APPENDIX 2

Definitions of Domestic and Sexual Violence and Abuse

The shared ACPO (Assistant Chief Police Officers), Crown Prosecution Service (CPS) and government definition of **domestic violence** is "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality". (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.) This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage. Domestic violence can take many forms including psychological/emotional abuse, physical violence, physical restriction of freedom, sexual violence and financial abuse. A term which is increasingly used to refer to domestic violence is 'domestic abuse', which has the advantage that it reflects the non-physical abuses referred to above. The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.[59]

A **forced marriage** is a marriage lacking the free and full consent of both parties where duress is a factor. Forced marriages are different to arranged marriages. In an arranged marriage, the family will take the lead in arranging the match but couples have the choice as to whether or not to proceed with the marriage. With forced marriages there is no choice. Forced marriage is not condoned by any religion. It is a form of domestic violence and an abuse of human rights. Victims of forced marriage are often subjected to physical and emotional abuse and rape.[59]

Female genital mutilation (FGM) comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. There are four types of FGM ranging from a symbolic prick to the vagina to the fairly extensive removal and narrowing of the vagina opening. In the UK all forms of FGM are prevalent[59].

FGM may be performed between the age of a few days through to adolescence or young motherhood. Six to ten years is a commonly selected age. Many girls and women die from the short-term effects of FGM, such as haemorrhage, shock or infection. Many more suffer lifelong disability and may die from the long-term effects such as recurrent urinary or vaginal infections. Pain during intercourse and infertility are common consequences of FGM. FGM increases the risk of women dying during childbirth and makes it more likely that the baby will be born dead.

Globally the majority of cases of Female Genital Mutilation are carried out in 28 African countries. In some countries, (e.g. Egypt, Ethiopia, Somalia and Sudan), prevalence rates can be as high as 98 per cent. In other countries, such as Nigeria, Kenya, Togo and Senegal, the prevalence rates vary between 20 and 50 per cent. It is more accurate

however, to view Female Genital Mutilation as being practised by specific ethnic groups, rather than by a whole country, as communities practising Female Genital Mutilation straddle national boundaries. Female Genital Mutilation takes place in parts of the Arabian Peninsula, i.e. Yemen and Oman, and is practised by the Ethiopian Jewish Falashas, some of whom have recently settled in Israel. It is also reported that Female Genital Mutilation is practised among Muslim populations in parts of Malaysia, Pakistan, Indonesia, and the Philippines (FORWARD, 2002). There are anecdotal reports on female genital mutilation from several other countries as well, including Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka[59].

Sexual Violence

Rape and other **sexual assaults** are sexual acts carried out without consent of one of the people involved. Sexual offences are governed by the Sexual Offences Act 2003 and include rape, assault by penetration, sexual assault, and causing a person to engage in a sexual activity without consent.

Child sexual abuse is forcing or enticing a child or young person under 16 years old to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Sexual activity with a child under 16 is an offence, including non-contact activities such as involving children in watching sexual activities or in looking at sexual online images or taking part in their production, or encouraging children to behave in sexually inappropriate way.

Sexual bullying. Any bullying behaviour, whether physical or non-physical, that is based on a person's sexuality or gender. It is when sexuality or gender is used as a weapon by boys or girls towards other boys or girls - although it is more commonly directed at girls. It can be carried out to a person's face, behind their back or through the use of technology.

The terms **sexual assault**, **sexual violence** and **sexual abuse** are often used interchangeable.[59]

Prostitution is the exchange of sexual services for some form of payment[59]

Trafficking for sexual exploitation is defined by the European Commission as the transport of women from third countries into the EU (including perhaps subsequent movements between member states) for the purpose of sexual exploitation [59]

Stalking refers to two or more incidents – causing distress, fear or alarm – of obscene/threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property by any person including a partner or family member[59]

APPENDIX 3

Legislation

The Female Genital Mutilation Act 2003. This states that it is an offence to perform female genital mutilation, assist a girl to mutilate her own genitalia, or assist a non-UK person to mutilate overseas a girl's genitalia.

Children's Act 1989. Whilst this doesn't explicitly address domestic violence (since January 2005) the definition of harm has been extended to include 'the impairment suffered from seeing or hearing the ill-treatment of another'.

The Forced Marriage (Civil Protection) Act 2007. This allows the High Court or County Courts to protect a person from being forced into a marriage, or from any attempt to force a person into marriage, or to protect a person who has been forced into a marriage.

Domestic Violence, Crime & Victims Act 2004. This is a criminal justice Act which extends provisions to combat domestic violence and creates the new offence of causing or allowing the death of a child or vulnerable adult.

1956 Sexual Offences Act and the **Sexual Offences Act 2003.** The act of prostitution is legal but under these acts many of the activities associated with it including – owning or working in a brothel, loitering and soliciting sex on the street and kerb crawling – are illegal.

Human Rights Act 1998 and European Convention on Human Rights (ECHR). These Acts protect life and protect individuals from inhuman and degrading treatment.

United Nations (UN) Declaration (1993) on the elimination of violence against women
The declaration enshrines women's rights to live without the fear of violence and abuse.

UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

Housing Legislation (Housing Act 1996 and **Homelessness Act 2002)**. There is a legal duty to provide victims with advice and temporary accommodation if there is actual or threatened homelessness due to domestic violence and to consider applications for permanent housing

Immigration legislation. A woman with insecure immigration status is not entitled to public funds such as benefits or social housing.

There are a range of criminal offences including sexual and physical assault, harassment and criminal damage, which can be used in cases of domestic violence (e.g. **Protection from Harassment Act 1997)**

APPENDIX 4

Local Strategies, Boards and Groups

Local strategies which discuss domestic and sexual violence and abuse
The Devon Strategic Plan 2009-2013
Family Support Service Review
Children and Young People's Plan
Safeguarding Children Annual Report
Vulnerable Adolescents Needs Assessment and Commissioning Strategy
Serious Case Reviews
Post-Ofsted Action Plan
Devon Sexual Health Strategy 2010-2014
Early Intervention and Prevention Strategy 2011-2013

Relevant local boards and groups
ADVA Partnership Board
BME Domestic Violence Action Group
Community Safety Partnership
Devon and Torbay Sexual Assault Referral Centre (SARC) Strategic Partnership Board
Devon Safeguarding Adults Board (DSAB)
Devon Safeguarding Children Board (DSCB)
Devon Safeguarding Children (DSCB) Health Sub-group
Devon Sexual Health Board.
Devon Strategic Partnership
Local Criminal Justice Board
Multi-Agency Risk Assessment Conference (MARAC) Steering Group
SAFE Board (Stop Abuse for Everyone)
Special Domestic Violence Court (SDVC) Operational Groups
Survivors Empowering and Education Domestic Abuse Services (SEEDS)