

South Tyneside Domestic Violence Needs Assessment

Executive summary for Children's Alliance meeting

5th September 2011

Report of the Director of Public Health

The aim

This domestic violence needs assessment for South Tyneside aims to:

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

Domestic violence in South Tyneside set in context

1 in 4 women smoke



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

1 in 6 women drink excessively



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

More than 1 in 8 women suffered from domestic violence in the past year.



13% of South Tyneside women – nearly double the number reported in a representative sample of people from England and Wales (British Crime Survey, 7%)

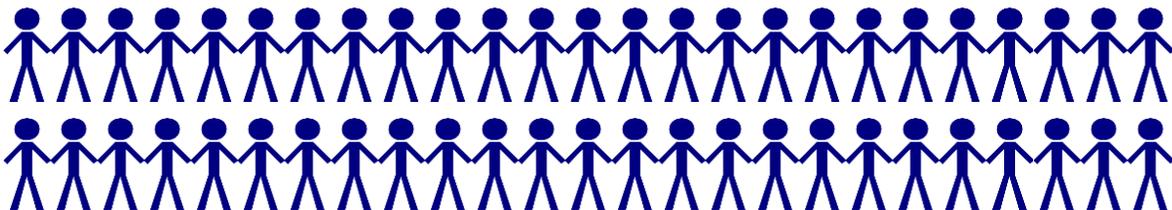
Source: This number is estimated based on Northumbria Police data and the British Crime Survey

1 in 20 people have coronary heart disease



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

1 in 50 people have cancer

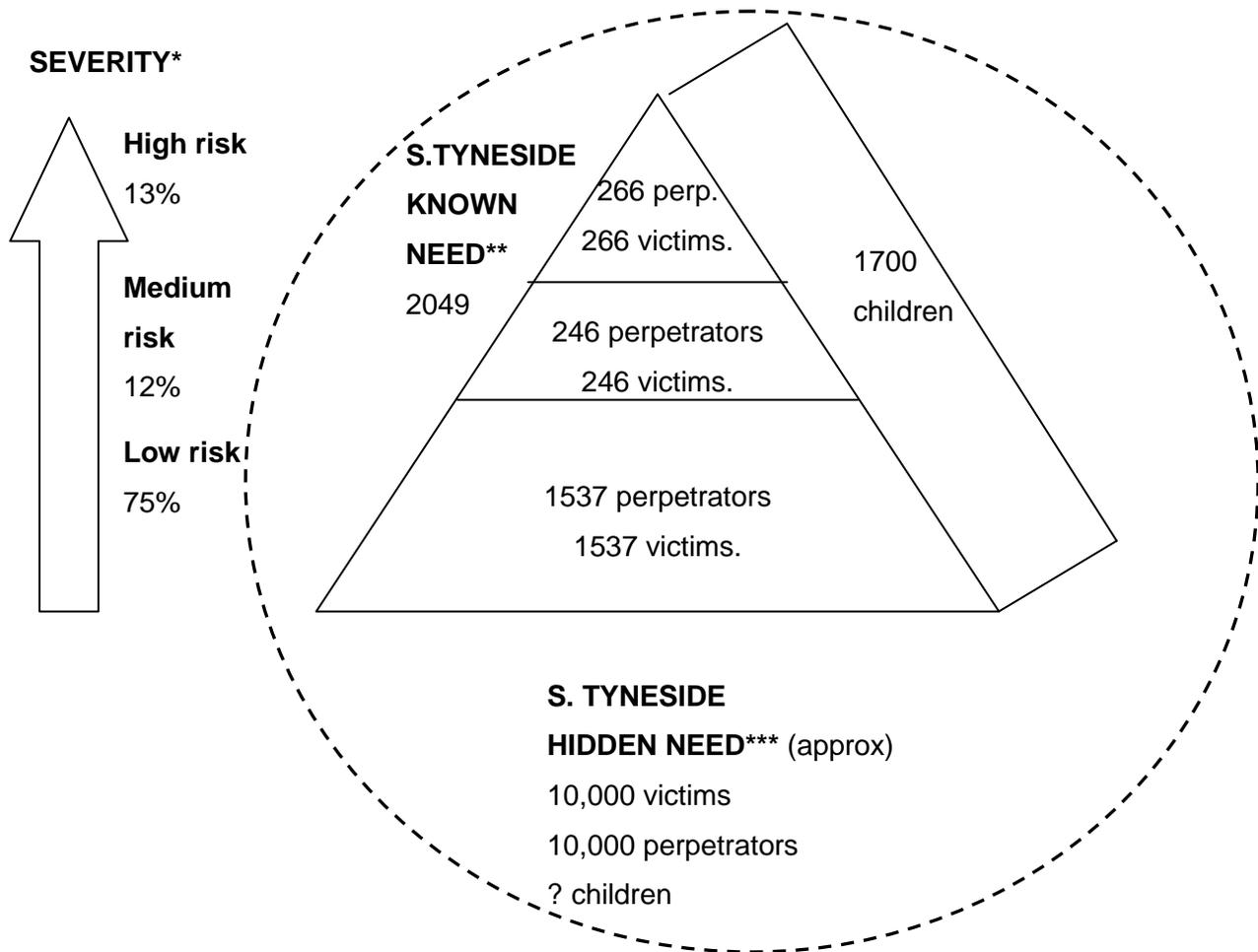


Source: Quality and Outcomes Framework information, presented in South Tyneside JSNA

Scale of Domestic violence within South Tyneside

According to the British Crime Survey domestic violence is a largely hidden problem and incidents reported to professionals are the tip of the iceberg:

- One in five female victims and one in ten male victims tell the police about domestic violence.
- Only around a quarter of victims who suffered injuries or emotional effects as a result of domestic violence had seen a healthcare worker about their problems in the last year.



*Severity of incidents attended by police - as defined by risk indicator checklist

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

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

Domestic violence and child safeguarding

Domestic violence is a major contributor to child safeguarding concerns within South Tyneside. Children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children¹, and they are also more likely to be perpetrators or victims of domestic violence as adults². Avoidance of domestic violence is considered to be the most effective measure to prevent child maltreatment and associated impairment³.

- Half of all domestic violence incidents reported to police involve children; the police attend 142 incidents on average each month involving children. It is estimated that in 30-60% of these cases a child will also be being directly abused themselves (43-85 South Tyneside children each month).
- A 2009 needs assessment of families presenting for initial child protection conference⁴ found that 70% of families presenting for initial child protection conference in South Tyneside in 2008 had domestic violence raised as a concern, making it the most common risk factor for child abuse seen within the family. Despite this, services offering support to families in relation to domestic violence appeared to be discussed relatively infrequently in child protection conferences.
- Child to parent domestic violence does occur and is likely to be underreported. One in 14 female victims of domestic violence crimes in South Tyneside were abused by their son.
- A significant proportion of South Tyneside victims and perpetrators were 15-19 years old, demonstrating the current focus of national policy on this younger age group is warranted within South Tyneside.

Domestic violence in relation to children is an especially salient issue within South Tyneside, given that the number of children presenting for child protection conferences is higher in South Tyneside than the national average⁵. The number of looked after children in South Tyneside is

¹ Wolfe, D., Zak, L., Wilson, S., and Jaffe, P., *Child Witnesses to Violence between Parents: Critical Issues in Behavioural and Social Adjustment*, Journal of Abnormal Child Psychology 14 (1), 95–104, 1986 cited in 'Evidence for Think Family'

<https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

² Whitfield, C., Anda, R., Dube, S., and Felitti V., *Violent Childhood Experiences and the Risk of Intimate Partner Violence as Adults*, Journal of Interpersonal Violence 18 (2), 166–185, 2003 cited in 'Evidence for Think Family'

<https://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf>

³ MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Lenethal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. *Lancet* 2009; 373:250-66

⁴ Dolan, G. 2009 A needs assessment of families presenting for initial child protection conference in South Tyneside

⁵ Dolan, G. 2009 A needs assessment of families presenting for initial child protection conference in South Tyneside

statistically significantly higher than England and the North East as a whole⁶. South Tyneside also has a relatively high level of looked after children compared to other areas of the country with a similar economic, social and demographic makeup⁷.

South Tyneside current services

Domestic violence costs South Tyneside in the region of £34 - £47 million per year. There is evidence that specialist intervention can deliver considerable cost savings. For example, Multi Agency Risk Assessment Conference (MARAC) saves public services £6000 on average per case in direct costs, South Tyneside Domestic Abuse Perpetrators Programme (STDAPP) may possibly represent a cost saving to the South Tyneside economy overall of £15,815 per perpetrator who successfully completes the programme and reduces reoffending.

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

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

⁶ South Tyneside Joint Strategic Needs Assessment, 2011 data annex

⁷ South Tyneside Joint Strategic Needs Assessment, 2011 data annex

law courts, probation and MARAC in preventing violence reoccurring and action to challenge and address the behaviour of seasoned perpetrators (STDAPP and the Community Domestic Violence Programme (CDVP) run through the probation service).

In 2008 the STDAPP commissioning group commissioned a piece of research from Carole Moffat to propose a model for the development of services for children who experience Domestic Abuse in South Tyneside to compliment the current Options service for victims and STDAPP programme for perpetrators⁸:

This research paper summarised the findings of other recent mapping exercises of children's services across South Tyneside and reported that several services were available for children, these were all well intentioned, but mostly fragmented and uncoordinated. This finding is supported in the current needs assessment as there are a range of agencies providing support for children when there are safeguarding concerns however only limited specialist domestic violence support available.

Main areas of strength

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

Main areas for improvement

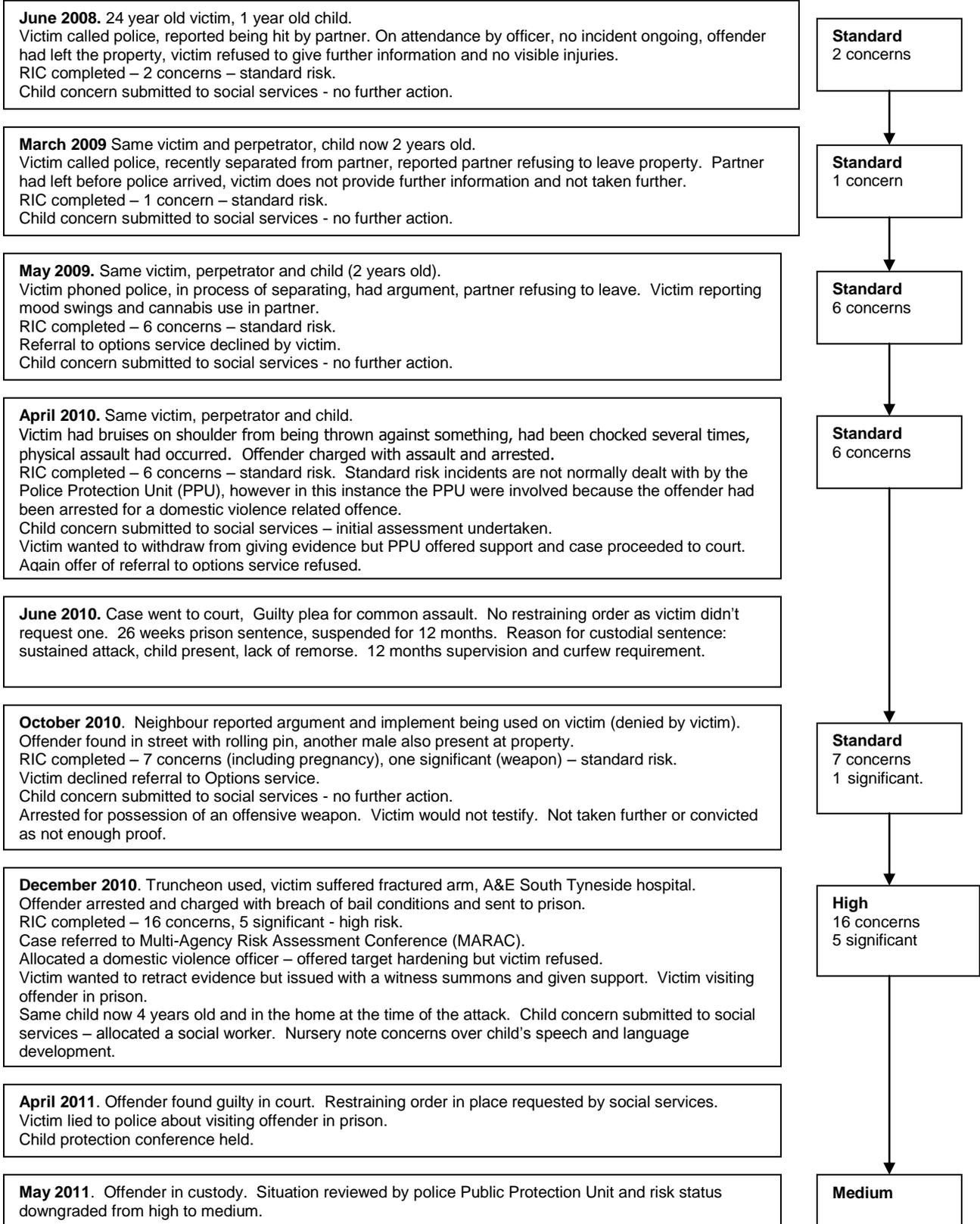
- **No domestic violence strategy** for South Tyneside and lack of joint ownership for overall strategic direction.

⁸ Moffat, 2008. A paper to aid discussion on the commissioning and development of services for children who experience Domestic Abuse in the Borough of South Tyneside

- **Tertiary and secondary prevention services only reach a fraction of people** perpetrating or experiencing domestic violence within South Tyneside.
- **Domestic Violence training** tends to reach the interested and informed minority rather than being comprehensive and systematic to cover all those who should know about domestic violence. There is no central evaluation of the impact of training on practice.
- **Lack of services for teenage** perpetrators and their victims.
- **Lack of provision for male** victims.
- **Only limited specialist domestic violence support available within South Tyneside for children.** Services are well intentioned but mostly fragmented and uncoordinated.
- The balance of domestic violence action within South Tyneside is heavily weighted towards secondary and tertiary prevention with **very little activity or resource focused on primary prevention.**
- **Lack of early intervention.** Concerted action to stop reoffending by perpetrators is essential. Instances of domestic violence are infrequently 'one-off' events and a pattern of repeat and persistent abuse with escalating severity is common and so early intervention to stop escalation is essential:
 - 41% of incidents attended by the police in South Tyneside in 2010/11 were repeat incidents.
 - In the case study presented on the next page there were three separate incidents assessed as standard risk spanning several years where no intervention to address the perpetrator behaviour was undertaken before the situation escalated, ultimately being referred to a Multi Agency Risk Assessment Conference (MARAC) when the victim suffered a fractured arm two and a half years after the first reported incident.
 - Three quarters of incidents attended by the police are classified as 'low risk' highlighting the potential for early intervention to stop repeat and more severe incidents occurring.
- Currently for incidents that are assessed as 'low risk' no specialist domestic violence support is offered and there is no intervention tailored to 'low risk' perpetrators to address their damaging behaviour before the situation escalates.
- All incidents attended by the police involving children are notified to social services but in general a low risk incident will not meet the threshold to trigger action from social services and currently no other support services, statutory or voluntary, take action to support the child in low risk situations.

Case study illustrating escalation of domestic violence situation over time and potential opportunities for early intervention

Source: Northumbria Police, South Shields, Public Protection unit. RIC= risk indicator checklist.



Recommendation in relation to children

The recommendations made in the 2008 Carole Moffat⁹ research report were reviewed as part of the needs assessment. After speaking with key individuals including the Early Intervention and Safeguarding manager in South Tyneside it was decided that many of the recommendations made in this report are still applicable to the current situation in 2011. In addition, the recommendations made by the South Tyneside Safeguarding 2011 peer review in relation to domestic violence are also considered.

23	Address the gap in provision of support for children when domestic violence incidents occur that are assessed as 'low risk'.
28	Appoint a Domestic Violence link worker for children (2008 Moffat recommendation).
29	Create a discreet children and young people's sub-group within the Domestic Violence Forum (2008 Moffat recommendation).
30	Provide a therapeutic group-work service. Develop therapeutic services located within South Tyneside. (2008 Moffat recommendation).
31	Expand the current parenting and strengthening families' programmes. (2008 Moffat recommendation).
32	Expand supervised contact centres (2008 Moffat recommendation).
33	All commissioning bodies to have a scrutiny/overview role in respect of all Domestic Violence services commissioned across South Tyneside in order to prevent the continued development of overlap and ad hoc response (see recommendation re. Domestic Violence strategy) (2008 Moffat recommendation).
34	Enhance the participation agenda through bringing the proposals for consultation to the Children and Young People's Forum (2008 Moffat recommendation).
35	Police to should include health agencies when they send domestic violence notifications (2011 Safeguarding peer review recommendation).

⁹ Moffat, 2008. A paper to aid discussion on the commissioning and development of services for children who experience Domestic Abuse in the Borough of South Tyneside

36	Consider a multi agency child focused risk assessment tool for domestic violence (2011 Safeguarding peer review recommendation).
37	Improve Common Assessment Framework (CAF) engagement with domestic violence (2011 Safeguarding peer review recommendation).
24	Explore the possibility of commissioning a perpetrator programme / extending existing programmes for perpetrators under the age of 18.
25	Consider the availability of support services for those experiencing child to parent domestic violence.
26	Review the pathways of support and provision of specialist services for victims of domestic violence under the age of 18 (for example, girls experiencing violence from a current partner).

Other key recommendations

Strategic direction

2	Develop a cross-cutting Domestic Violence Strategy and accompanying action plan. Strategy to be agreed and jointly owned by the Child and Adult safeguarding boards as well as the Community Safety Partnership board.
4	Fill the current 21 hours vacancy in Domestic Violence coordinator role in order to address the capacity issue.
6	Integrate intelligence on domestic violence within South Tyneside into the Joint Strategic Needs Assessment.

Unmet need

8	Develop a business case to enable a planned expansion in the capacity of STDAPP to cope with more referrals to increase the number of men attending and successfully completing the programme.
11	Continue to support the role of secondary and tertiary prevention services including the specialist domestic violence court, Independent Domestic Violence Advisor (IDVA) service and other specialist support services for victims, Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangement (MAPPA) and Integrated Offender Management (IOM) procedures

	to ensure the safety of victims and that perpetrators are brought to justice and prevented from reoffending.
12	Promote specialist services for perpetrators, victims and children to increase signposting/referral from partner agencies. For example, increase awareness of the directory of services.

Domestic Violence training

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

Primary prevention

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

21	Explore the possibility of commissioning an early intervention service for perpetrators.
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Sarah Sowden

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