

South Tyneside Domestic Violence Needs Assessment

Executive summary for Domestic Violence Forum

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A report of the Director of Public Health

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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 (includes an estimate of domestic violence which is not reported to the police)



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

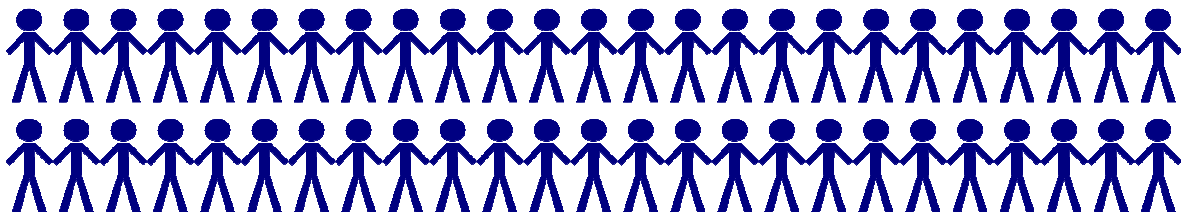
Source: This number is estimated based on Northumbria Police data and the British Crime Survey

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

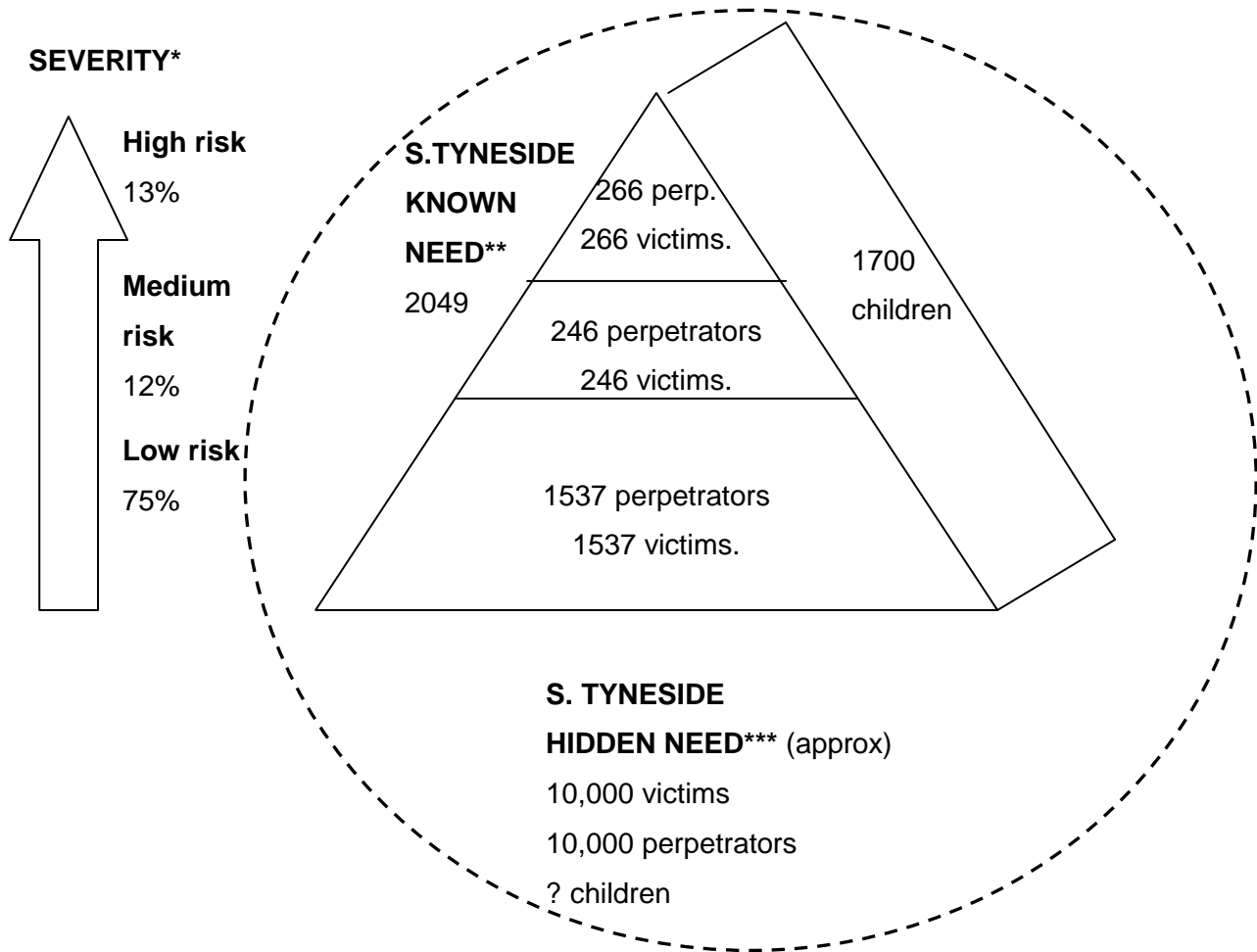


Source: Quality and Outcomes Framework information, presented in South Tyneside JSNA

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:

- 1 in 5 female victims and 1 in 10 male victims tell the police about domestic violence.
- Only around 1 in 4 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.

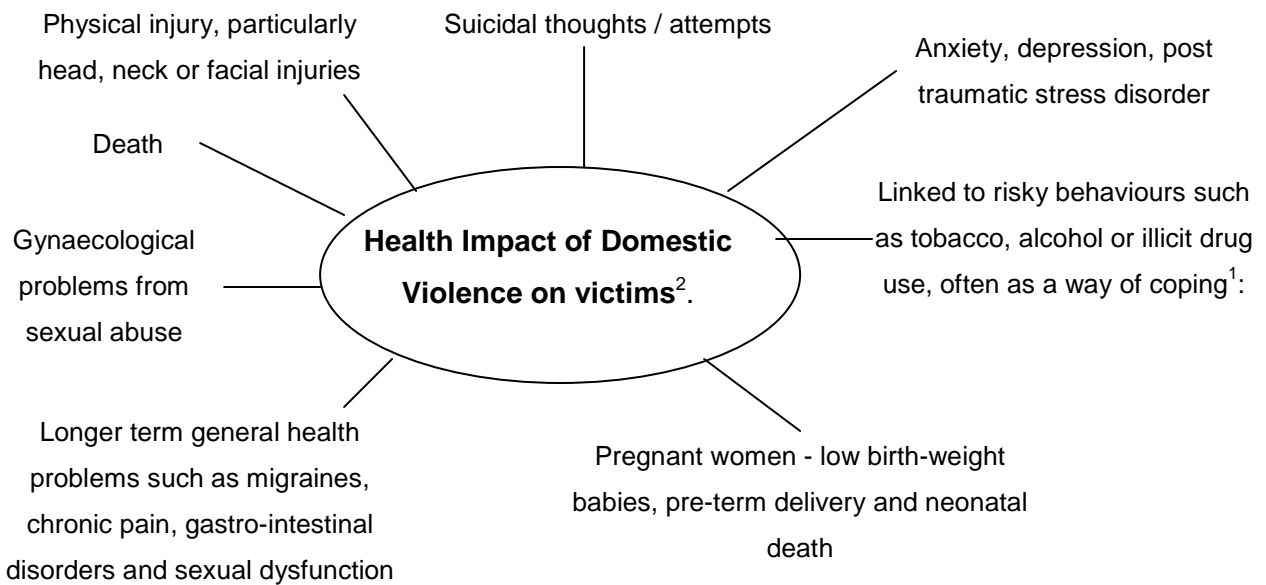


*Severity of incidents attended by police - as defined by risk indicator checklist

**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)).

Health impact of domestic violence



Perpetrators of domestic violence may have severe emotional and mental health issues and many are likely to have drug/alcohol addictions¹. A number of factors increase the risk of being a perpetrator of domestic violence, such as the use of alcohol, especially at hazardous or harmful levels². This does not mean that alcohol is a reason or excuse for carrying out domestic violence, just that those who abuse alcohol are more likely to be perpetrators of domestic violence than those who do not.

Domestic violence and safeguarding

There is a close overlap between the definition of an 'adult at risk' used for adult safeguarding across South Tyneside and the definition of those who are victims of domestic violence³. As such domestic violence is frequently an adult safeguarding issue.

Domestic violence is also 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 children⁴, and they are also more likely to be

¹ Barnish, M. (2004). 'Domestic Violence: A Literature Review.' HM Inspectorate of Probation, Home Office, London.

² Wood S., Bellis M.A., Watts C. Sept 2010. Intimate partner violence: A review of evidence for prevention from the UK focal point for violence and injury prevention <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/ipv.pdf>

³ <http://www.southtyneside.info/article/8549/Who-is-a-vulnerable-adult> [accessed 20/07/2011]

⁴ 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>

perpetrators or victims of domestic violence as adults⁵. Avoidance of domestic violence is considered to be the most effective measure to prevent child maltreatment and associated impairment⁶.

- Half of all domestic violence incidents reported to police involve children; the police attend 142 incidents on average each month involving children. It is estimated that in 30-60% of these cases the children are also being directly abused (43-85 South Tyneside children each month).
- A 2009 needs assessment of families presenting for initial child protection conference⁷ 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. 1 in 14 female victims of domestic violence crimes in South Tyneside were abused by their son.
- A significant number of South Tyneside victims and perpetrators were 15-19 years old, demonstrating the current focus of national policy on this younger age group is warranted within South Tyneside.

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.

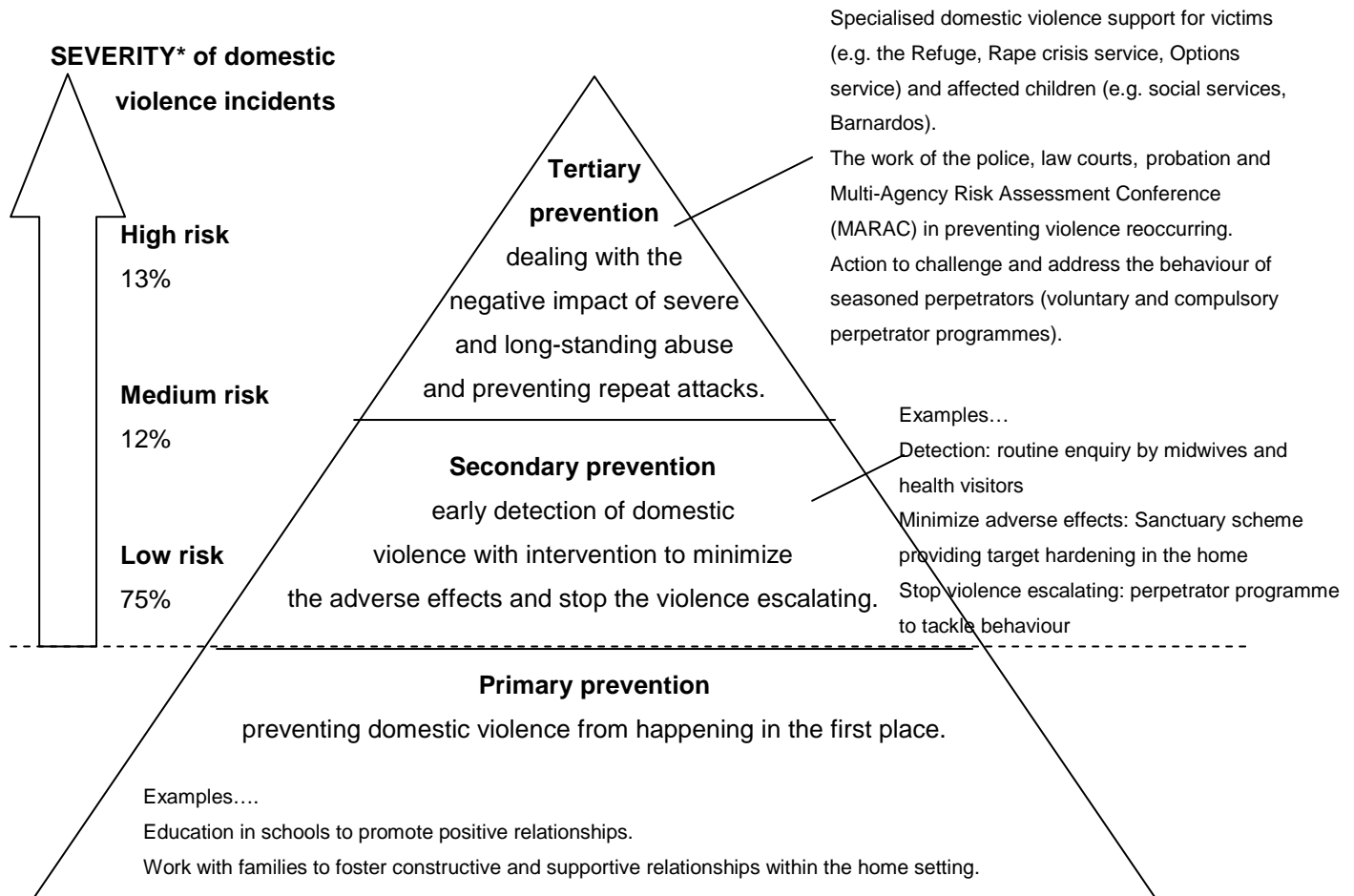
Services to tackle domestic violence were considered in the needs assessment in relation to the 'model of prevention' used more widely within Public Health:

⁵ 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>

⁶ 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

⁷ Dolan, G. 2009 A needs assessment of families presenting for initial child protection conference in South Tyneside

Primary, Secondary and Tertiary Prevention of Domestic Violence



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

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 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.
- **Tertiary and secondary prevention services only reach a fraction of people** perpetrating or experiencing domestic violence within South Tyneside. Examples of unmet need include:
 - 201 women were declined entry from South Tyneside refuge in 2010/11 because it was full.
 - In 2010/2011 17 men completed STDAPP which represents 0.8% (17/2049) of known perpetrators of domestic violence within South Tyneside, and 0.1% of the estimated total number of perpetrators (17/12128).
- **Domestic Violence training** has good multi-agency coverage but tends to reach the interested and informed minority rather than being comprehensive 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. Nearly 1 in 5 (18%) of domestic violence victims in 2010 in South Tyneside were male and 5% were from the Black and Minority Ethnic (BME) community. Whilst there is a specific BME victim support and counseling service run through the Options service there is extremely limited local support services to address the needs of male victims of domestic violence.
- **Only limited specialist domestic violence support available within South Tyneside for children.** Services are well intentioned but mostly fragmented and uncoordinated⁸.
- 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:

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

- 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.

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.

June 2008. 24 year old victim, 1 year old child.
 Victim called police, reported being hit by partner. On attendance by officer, no incident ongoing, offender had left the property, victim refused to give further information and no visible injuries.
 RIC completed – 2 concerns – standard risk.
 Child concern submitted to social services - no further action.

March 2009 Same victim and perpetrator, child now 2 years old.
 Victim called police, recently separated from partner, reported partner refusing to leave property. Partner had left before police arrived, victim does not provide further information and not taken further.
 RIC completed – 1 concern – standard risk.
 Child concern submitted to social services - no further action.

May 2009. Same victim, perpetrator and child (2 years old).
 Victim phoned police, in process of separating, had argument, partner refusing to leave. Victim reporting mood swings and cannabis use in partner.
 RIC completed – 6 concerns – standard risk.
 Referral to options service declined by victim.
 Child concern submitted to social services - no further action.

April 2010. Same victim, perpetrator and child.
 Victim had bruises on shoulder from being thrown against something, had been choked several times, physical assault had occurred. Offender charged with assault and arrested.
 RIC completed – 6 concerns – standard risk. Standard risk incidents are not normally dealt with by the Police Protection Unit (PPU), however in this instance the PPU were involved because the offender had been arrested for a domestic violence related offence.
 Child concern submitted to social services – initial assessment undertaken.
 Victim wanted to withdraw from giving evidence but PPU offered support and case proceeded to court.
 Again offer of referral to options service refused.

June 2010. Case went to court, Guilty plea for common assault. No restraining order as victim didn't request one. 26 weeks prison sentence, suspended for 12 months. Reason for custodial sentence: sustained attack, child present, lack of remorse. 12 months supervision and curfew requirement.

October 2010. Neighbour reported argument and implement being used on victim (denied by victim). Offender found in street with rolling pin, another male also present at property.
 RIC completed – 7 concerns (including pregnancy), one significant (weapon) – standard risk.
 Victim declined referral to Options service.
 Child concern submitted to social services - no further action.
 Arrested for possession of an offensive weapon. Victim would not testify. Not taken further or convicted as not enough proof.

December 2010. Truncheon used, victim suffered fractured arm, A&E South Tyneside hospital. Offender arrested and charged with breach of bail conditions and sent to prison.
 RIC completed – 16 concerns, 5 significant - high risk.
 Case referred to Multi-Agency Risk Assessment Conference (MARAC).
 Allocated a domestic violence officer – offered target hardening but victim refused.
 Victim wanted to retract evidence but issued with a witness summons and given support. Victim visiting offender in prison.
 Same child now 4 years old and in the home at the time of the attack. Child concern submitted to social services – allocated a social worker. Nursery note concerns over child's speech and language development.

April 2011. Offender found guilty in court. Restraining order in place requested by social services. Victim lied to police about visiting offender in prison.
 Child protection conference held.

May 2011. Offender in custody. Situation reviewed by police Public Protection Unit and risk status downgraded from high to medium.

Standard
2 concerns

Standard
1 concern

Standard
6 concerns

Standard
6 concerns

Standard
7 concerns
1 significant.

High
16 concerns
5 significant

Medium

Recommendations

Strategic direction

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

Unmet need

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

	from partner agencies. For example, increase awareness of the directory of services.
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Domestic Violence training

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

Primary prevention

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

Early intervention

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

Teenage perpetrators and victims

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

Male victims

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

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

Hospital data

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

Domestic violence and substance misuse

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