

# Joint Commissioning Strategy for Domestic Abuse

2015-20

Essex, Thurrock and Southend

We are pleased to present the Greater Essex Joint Commissioning Strategy for Domestic Abuse. Commissioned for and owned by the Essex Domestic Abuse Strategic Board on behalf of partner agencies operating across Essex, Thurrock and Southend.

This strategy builds on the excellent work that has been undertaken across Greater Essex for a number of years, including: -

- Establishing Joint Domestic Abuse Triage Teams (JDATT) in Essex and Southend and a Multi-Agency Safeguarding Hub (MASH) in Thurrock;
- Jointly commissioning an Independent Domestic Violence Adviser (IDVA) service to provide support to all high risk victims;
- Developing a Domestic Abuse module to the Risk Avert education and prevention programme - now being rolled out across Essex schools and similar engagement arrangements with local schools across Thurrock and Southend;
- Allocating grant funding from Central Government to a programme of work to improve Domestic Abuse case findings and support in health settings; and
- Working with housing providers to improve housing services response to Domestic Abuse victims and perpetrators.

This strategy aims to build on these successes and sets out clearly the outcomes that the Board and partner organisations will collectively strive to deliver. These outcomes are placed firmly at the centre of our approach to strategic planning, ensuring the activities we prioritise are ones that will achieve both these outcomes and our overarching vision that ‘everyone in Essex lives a life free from domestic abuse’.

Whilst focusing on support for victims will remain of upmost importance, attempting to break the cycle of domestic abuse is crucial. This includes more educational programmes and appropriate programmes for perpetrators, providing every opportunity for them to change their abusive behaviour.

The ultimate aim of this Strategy is to lead to consistent and coordinated action bringing our collective resources together to address the issue of Domestic Abuse. The Domestic Abuse Board will closely monitor the implementation of the Strategy and its underpinning action/delivery plans over the next five years.

Nick Alston,  
Essex Police and Crime Commissioner  
Chairman of SETDASB

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# Strategy Summary - Outcomes and Indicators of Success

## Vision - Everyone in Essex lives a life free from Domestic Abuse

### Young people enjoy healthy relationships

- Number of young victims and percentage of repeat victims
- Demonstration of a good understanding of healthy relationships
- Number of young perpetrators and percentage of repeat perpetration

### Victims (Adults and Children) and those at risk of experiencing domestic abuse feel and are safe

- Timeliness of multi-agency information sharing
- Access to pertinent and appropriate information, guidance and specialist support (Victims and their children)
- Number and percentage of repeat incidents
- Impact of engagement with support services

### Victims (Adults and Children) are able to recover and move on to live independently

- Number of victims requiring relocation
- Percentage of victims accessing education, training and employment
- Percentage of victims accessing appropriate support services
- Proportion of known victims identified in health settings and referred to support services

### Perpetrators are prevented from causing physical and emotional harm

- Number of repeat victims
- Operation Shield Total Harm Score
- Number and proportion of successful prosecutions
- Proportion and proportion of positive disposals
- Number of perpetrators identified and referred into behaviour change programmes
- Effective completion of behaviour change programmes

### Communities have a greater awareness of what an abusive relationship is and how to report it and as a consequence feel safer

- Access to relevant and appropriate information, guidance and specialist support
- Prevalence rates of domestic abuse incidents in ethnic minority communities
- Training sessions provided and number of front-line practitioners attending
- Co-ordinated domestic abuse campaigns delivered

# Introduction and Background

This Strategy aims to assist partnerships and agencies across Greater Essex in delivering appropriate joined up responses to those affected by domestic abuse; underpinned by a recognition and an understanding that no single agency can address this complex issue in isolation. The strategy will ensure that by working together partners can make the best use of existing collective resources, and draw upon additional resources, to address the issue of domestic abuse.

Domestic abuse impacts on quality of life and can ultimately destroy people's lives. Despite being a significant contributor to crime statistics it is also a pattern of behaviour that often happens behind closed doors and is grossly under-reported. It is an issue that cuts across all social, geographical and cultural groups.

Domestic abuse causes harm to both adults and children, both directly and indirectly, and is of high financial cost to public agencies, the economy, the individuals concerned and wider society. Furthermore it produces patterns of behaviour that are often replicated from generation to generation and these inter-generational cycles must be broken.

This strategy is a commitment by all those involved - public, voluntary, community and faith organisations - to work together as one, to raise awareness, to address both the causes and effects of domestic abuse and to improve lives.

## Definition of Domestic Abuse

*‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial and emotional’*

Home Office 2013

Controlling behaviour is:

*a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

Coercive behaviour\* is:

*an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.*

\*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

## Some Impacts of Domestic Abuse

|   |                                   |   |
|---|-----------------------------------|---|
| Physical harm                               | Emotional harm                    | Preventing a child achieving their full potential |
| Poor mental health                          | Isolation from family and friends | Substance misuse                                  |
| Long-term emotional and social difficulties | Financial wellbeing               | Serious injury or death                           |



### Tier 1 – All Families

All people are informed about healthy relationships and implications on family life through education, prevention campaigns and public information. A range of universal support services are available (e.g. housing and workplace policies) and opportunities exist for identification, for example through Health setting, GP's and Childrens Centres.

### Tier 2 – Vulnerable

- Adults and children who are vulnerable as a result of violence.
- Violent incidents occurring, but not at a 'serious' level of risk/not defined as such by victim/victim not actively seeking help/wants relationship to continue.
- Victim from diverse community or has additional needs with limited access to services.

People who are vulnerable as a result of domestic abuse are identified and offered support and safety planning, to minimise impact, largely through specific and low-level interventions by non-specialist agencies. Perpetrators of low levels of domestic abuse are informed of possible punitive implications, the impact and consequences of their behaviours and encouraged to change these.

### Tier 3 – Complex

- Adults and children whose lives are seriously disrupted by domestic abuse.
- Co-existing substance misuse and/or mental health issues.
- Pregnancy.

People who are severely affected (e.g. suffering severe long-term impact on mental/physical health) are offered a coordinated response that prioritises their safety. Assessed through JDATT and discussed through MARAC and appropriate interventions then put in place e.g. emergency accommodation or refuges, legal advice, mental health services etc.

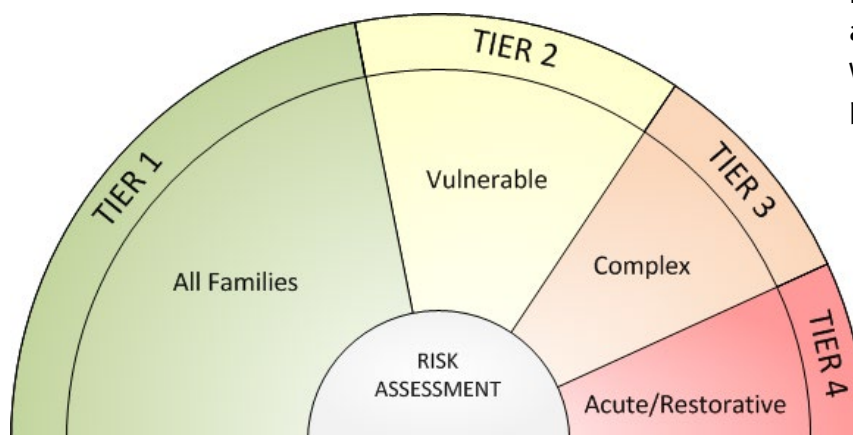
Perpetrators are subject to police intervention and where necessary prosecution, but where appropriate are placed on perpetrator programmes or other suitable interventions.

### Tier 4 – Acute/Restorative

- Risk of death or serious harm

People who are at risk of significant harm (e.g. death or severe mental/physical injury) as a result of domestic violence/abuse are offered a coordinated response that prioritises their safety. Assessed through JDATT and discussed through MARAC and appropriate interventions then put in place e.g. emergency accommodation or refuges, legal advice, mental health services etc.

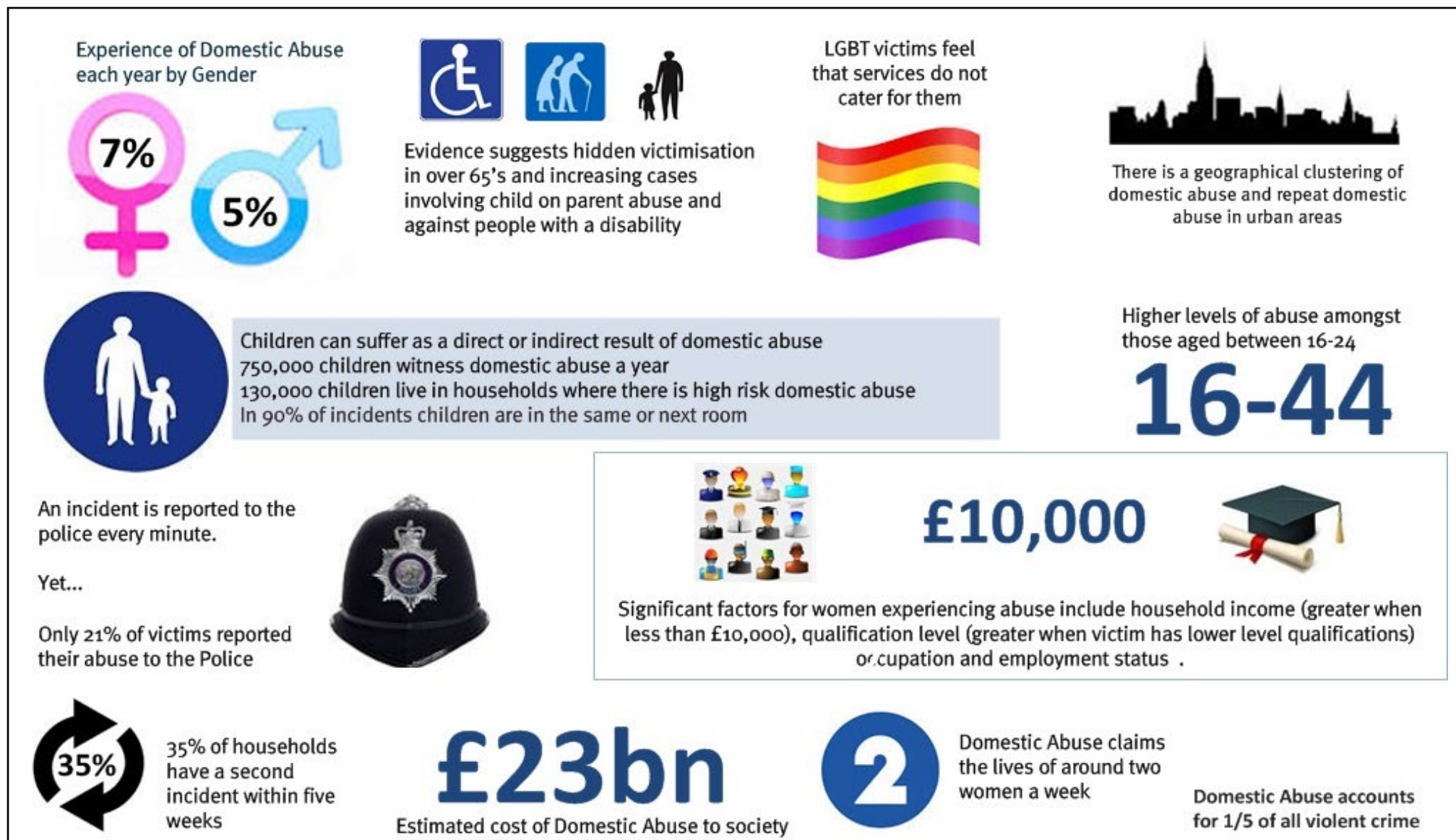
Victims are supported to recover and regain resilience. Children and young people will be protected primarily by protecting the non-abusing parent and if necessary through child protection procedures.



Perpetrators are subject to police intervention and where necessary prosecution, but where appropriate are placed on perpetrator programmes or other suitable intervention.

Please note this windscreen model applies to Essex but is not used in Thurrock and Southend

## National Issues



# HM Government Context

HM Government's approach to tackling domestic abuse, is considered as part of their action plan which they identify as 'ending violence against women and girls' this is important context to understand for the landscape in which we are operating within Essex. This is reviewed and refreshed on a regular basis. Recent actions undertaken by the Government to address this issue and wider hidden harm issues includes: -

- Allocating/protecting £40 million of funding (until 2015) for specialist local support services and national helplines.
- Completion of the domestic violence disclosure scheme (Clare's Law). This allows the police to disclose information to the public about a partner's previous violent offending and thereby empowering people to make an informed decision about the future of a relationship.
- Domestic violence protection orders (DVPO's) (a new power introduced by the Crime and Security Act 2010) have now been launched to prevent perpetrators of violence from returning to their home for up to 28 days, giving the victim time to consider their options.
- Setting out a programme of work through the National Group on Sexual Violence against Children and Vulnerable People to prevent sexual abuse happening in the first place; to protect children online; to make sure the police can identify and deal with abuse; and ensure victims are at the heart of the criminal justice system.
- Ensuring victims of sexual violence have access to specialist support, by part-funding 87 independent sexual violence advisers and pledging £1.2 million for 3 years from 2012 to improve services for young people suffering sexual violence in major urban areas.
- Progressing legislation that criminalised forced marriage (Anti-Social Behaviour, Crime and Policing Act 2014) to ensure that this unacceptable practice can be robustly prosecuted.
- Signing a declaration on female genital mutilation in 2014 to demonstrate an ongoing commitment to end this form of abuse, which includes part-funding a new study into the prevalence of FGM in England and Wales.
- Maintaining one of the most robust sex offender management regimes

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in the world which has included introducing new legislation to reform the civil orders available and funding the development and delivery of a training package on stalking.

- Engaging closely with local commissioners, including issuing a violence against women and girls fact pack and holding a conference on commissioning for police and crime commissioner.



# Essex Picture of Domestic Abuse

To inform the development of this strategy a detailed needs assessment for domestic Abuse has been prepared, covering the geography of Greater Essex. This is a specialist topic report as part of the Joint Strategic Needs Assessment (JSNA). Some highlights from this can be found below:

26,000 incidents of domestic abuse reported to the police in Essex 2013 (Greater Essex Population is c.1.7m)

Under reporting means the extent of the problem could be more like 125,000 including many vulnerable people (older and disabled people)

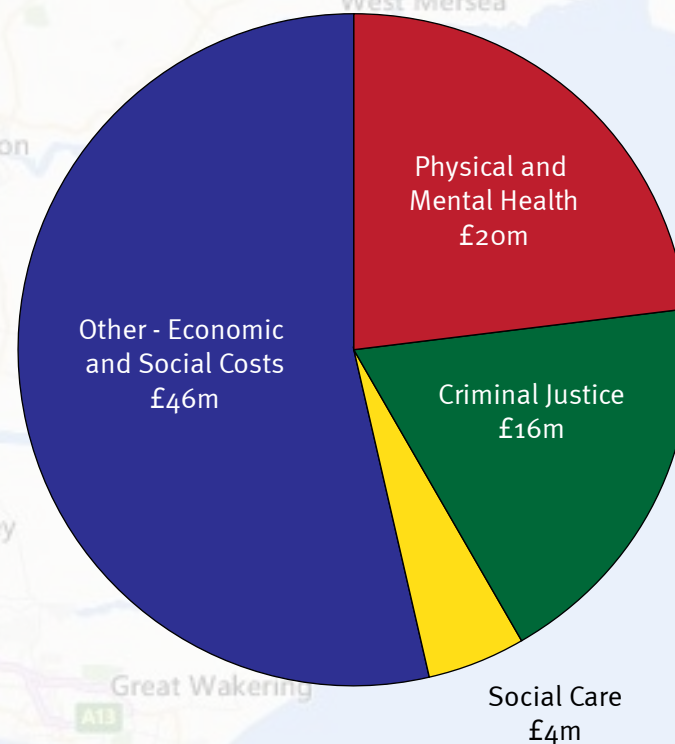
14,000 children experience severe domestic abuse before they reach 16

23% of female and 13% of male victims are repeat victims

Domestic abuse accounts for 9% of all recorded crime in Essex

Southend, Tendring and Thurrock had the highest no. of recorded victims; Uttlesford, Brentwood, Maldon and Rochford had the lowest

Estimated annual cost of Domestic Abuse in Essex by sector



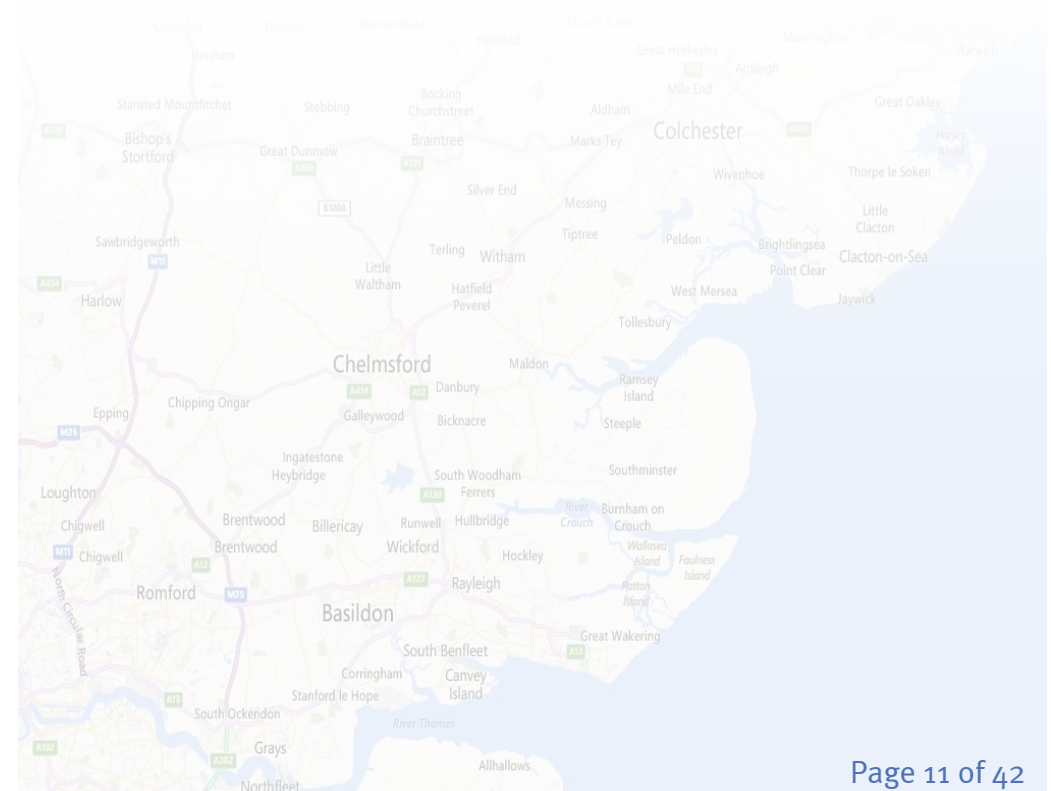
From the national and local data reviewed as part of the needs assessment (JSNA - specialist topic report on domestic abuse) a number of key findings were identified, these have informed the development of this strategy and include: -

- Recording repeat victimisation and regular analysis of repeat victim data could assist with identifying trends and understanding the degree to which victimisation is chronic.
- There is potential hidden victimisation of domestic abuse that occurs in over 65's. This age group is also more likely to report to agencies other than the police, placing increased importance on considering multi-agency data in commissioning services. It is also important that older people themselves are aware of what domestic abuse is, can recognise it if they become victims and know where to both report it and access support.
- Analysis of domestic abuse data in Essex shows that there are areas of persistent hotspots of abuse and repeat abuse. Signposting of support services could therefore benefit from targeting specific areas and groups. Locality must be recognised as a risk factor given the geographical concentration of domestic abuse repeat victimisation.
- Children and Young people who experience or are exposed to domestic abuse have a great need for support from services. However, some services across Greater Essex are not working in a consistent, integrated way, resulting in victims not receiving the type of support they require and need.
- One area that performs badly across all refuges/floating support services is increasing work capacity and skills. Often women have to leave their jobs to move into a refuge. Therefore employment is very important for women to move on with rebuilding their lives.
- Throughout the needs assessment there is evidence that demonstrates domestic abuse victims require a multi-agency approach/response.
- There is a strong feeling that all agencies and practitioners need to be able to recognise domestic abuse. There is a need for training on domestic abuse awareness, prioritising those staff that are most likely to come into contact with victims of domestic abuse.
- Local research shows the importance victims placed on the initial

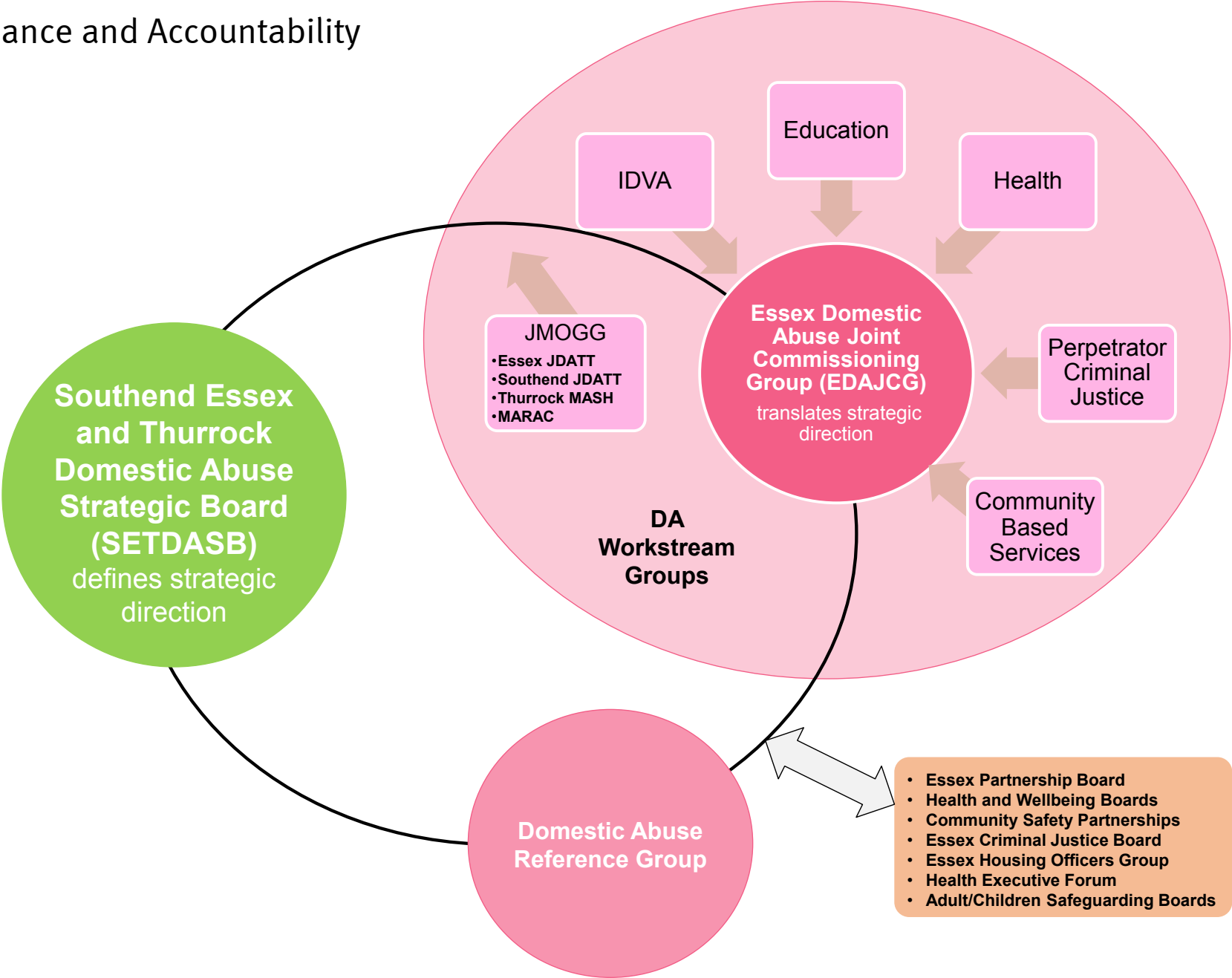
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police response and how often they simply want to be recognised as victims.

- Local research also suggests that many victims of domestic abuse did not receive a call from support services initially, despite reporting their crime to the police.



## Governance and Accountability



|   |   |
|---|---|
| <p>Southend Essex and Thurrock Domestic Abuse Strategic Board (SETDASB)</p> | <p>SETDASB provides strategic leadership to address domestic abuse and is the overall decision-making body with ultimate accountability for partnership working on Domestic Abuse. Seeking to establish a multi-agency framework, common ethos and co-ordinated approach to innovate, drive change and address domestic abuse across Essex, Southend and Thurrock, in a way that: -</p> <ul style="list-style-type: none"> <li>• achieves value for money;</li> <li>• improves the safety of domestic abuse survivors;</li> <li>• improves the management of offender behaviour, and brings more perpetrators to justice;</li> <li>• improves prevention and earlier intervention services;</li> <li>• achieves proactive and innovative information sharing;</li> <li>• joins up the services so that service users feel supported by a coherent/co-ordinated system; and</li> <li>• holds each other to account for delivery of this strategy and its outcomes.</li> </ul>  |
| <p>Essex Domestic Abuse Joint Commissioning Group (EDAJCG)</p>              | <p>EDAJCG ensures a joint strategic approach to the commissioning of domestic abuse services which incorporates; early intervention/prevention; focuses on evidenced based outcomes where possible/ building on evidence where gaps are identified; and develops and delivers this joint commissioning strategy to achieve effective outcomes for victim/survivors and perpetrators. The group reports up into and is accountable to SETDASB on activities to:</p> <ul style="list-style-type: none"> <li>• pool resources and jointly commission domestic abuse services in line with this strategy;</li> <li>• ensure service users and perpetrators are at the centre of the commissioning process;</li> <li>• have effective strategic performance monitoring to ensure that all the relevant services are being evaluated to ensure they achieve the agreed outcomes and meet the identified needs they are targeted to support;</li> <li>• consider and pursue opportunities for service/system redesign to deliver improved quality and outcomes; and</li> <li>• support and work with other areas of commissioning around domestic abuse to work towards delivering this strategy.</li> </ul> |

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|  |  |
|--|--|
| <p>The Domestic Abuse Reference Group</p>                | <p>The Domestic Abuse Reference Group brings together a range of provider organisations across Greater Essex. The group also attend SETDASB for one meeting each year.</p> <p>Its aim is to both keep these partners informed of what is emerging from the key governance groups for domestic abuse and also provide an opportunity to feed into these. The group also provides an opportunity to share good practice that is taking place across the Greater Essex.</p>   |
| <p>Domestic Abuse Workstream/ Task and Finish Groups</p> | <p>A number of specific workstream groups then sit under the programme wide governance groups described above and have responsibility for progressing specific components of this joint commissioning strategy, these include</p> <ul style="list-style-type: none"> <li>• JMOGG - The Joint Domestic Abuse Triage Team and Multi Agency Risk Assessment Conference Governance Group</li> <li>• Health Domestic Abuse Sub Group</li> <li>• Domestic Abuse Commissioning Community Based Services – Task and Finish Group</li> <li>• Education – Healthy relationship education programmes to all young people across Essex.</li> <li>• Perpetrator /Criminal Justice joint work stream.</li> <li>• Training work stream</li> </ul> |
| <p>Links to other existing Governance groups</p>         | <p>The above arrangements have been developed within the context of a number of pre-existing meeting arrangements where some links need to be maintained, this includes but is not limited to: -</p> <ul style="list-style-type: none"> <li>• Essex Partnership Board</li> <li>• Health and Wellbeing Boards</li> <li>• Community Safety Partnerships</li> <li>• Essex Criminal Justice Board</li> <li>• Essex Housing Officers Group</li> <li>• Health Executive Forum</li> <li>• Adult/Children Safeguarding Boards</li> </ul>   |



# Funding and Commissioning

Through this strategy and underpinning action/delivery planning\* the Domestic Abuse Strategic Board will prioritise joint commissioning activity for maximum impact against achieving the agreed outcomes. Achieving this will require resources and financial support from across the range of partner agencies and the ability to access other funding streams to support this agenda (e.g. grant funding opportunities).

Commissioning is about deciding how to use the total resources available to improve outcomes in the most efficient, equitable and sustainable way. It is not just about buying goods or services. It is about understanding local need and then designing services that meet these needs whilst providing value for money.

Commissioning includes the following key activities; needs analysis, service design, procurement (the buying of goods and services), the monitoring of contracts, and the development of strategic relationships with suppliers and the development of a market to compete for procurement opportunities.

In the current financial context it is important that partners make the best use of the resources available and continue to deliver high quality services. This strategy will help us to do this by ensuring:

- a consistent approach to commissioning that focuses on meeting local need;
- the development of common commissioning behaviours;
- recognition of the importance of working in partnership;
- all commissioning activity is well planned and coordinated;
- we are clear about what outcomes we are aiming to deliver;
- we are able to measure whether or not these outcomes have been delivered;
- we can hold our providers to account; and
- local providers have equal opportunity to participate in the commissioning process.



\* Action/delivery plans will all feed from the agreed outcomes and overarching strategic direction provided by this strategy document. It is expected that Unitary and County Local authority areas may require separate action/delivery plans, that more fully take account of local circumstances. However, the DA Strategic Board will monitor progress against all activity undertaken across Greater Essex.

Our shared vision is that ‘everyone in Essex lives a life free from Domestic Abuse’ and this will be achieved by focusing our planning and delivery on five outcomes:

Young people enjoy healthy relationships

Victims (Adults and Children) and those at risk of experiencing domestic abuse feel and are safe

Victims (Adults and Children) are able to recover and move on to live independently

Perpetrators are prevented from causing physical and emotional harm

Communities have a greater awareness of what an abusive relationship is and how to report it and as a consequence feel safer

In working to improve these outcomes the following principles will be followed: -

- Designing services with those affected by domestic abuse, taking account of what they tell us they need and what works (including the research evidence from needs assessment findings).
- Working to ensure services are both consistent and accessible for all (Including currently under-represented groups such as the elderly, young people, disabled people, LGBT community, men, the Gypsy, Roma, Traveller (GRT) community etc.).
- Taking account of views and learning from those supporting victims and working with perpetrators.
- Sharing information safely and appropriately.
- Learning from good practice in Essex and elsewhere.
- Commissioning services jointly where this makes sense.
- Achieving good value for money.
- Training our workforce to support work to address Domestic Abuse.

## Young people\* enjoy healthy relationships

If partner violence is the norm within adolescent relationships, as some research suggests, then the wider social factors that underpin and perpetuate this 'accepted' form of violence will also need to be challenged at a broader level, through, for example, whole-school intervention programmes. Domestic violence is often perceived as an 'adult' issue, something that happens between adults who are in, or have been, in an intimate relationship and research has tended to focus more on these relationships. More recently, intimate partner violence among young people has been highlighted as 'an understudied' area of maltreatment in the UK and this omission has significantly hampered the development of theoretical understanding and effective prevention programmes. Given the critical nature of adolescence as a developmental period, it is surprising that so little is known about this social problem. Furthermore, adolescents involved in dating violence are at higher risk of further violence in future relationships, riskier sexual behaviour, and increased rates of substance use and eating disorders. School programmes ensure that a large part of the target population is exposed to anticipated objectives. Arguably, no other programme site has more opportunities to reach a broad population and a specific age group. Prevention efforts during the teen years might be especially fruitful, because this is the time when students develop scripts that will guide their future actions in relationships

## Key Indicators of Progress

Number of young\* victims and percentage of repeat victims

*NB: For this purposes domestic abuse should be interpreted as any abuse between young people in a relationship.*

Demonstration of a good understanding of healthy relationships

*Risk Avert and other education based preventative programmes\*\* will measure that young people can:*

- *Identify risky situations*
- *Identify signs of safety*
- *Develop positive peer networks*
- *Seek out support from professionals*

*Out of school processes will consider*

- *Young Essex Assembly input*
- *Further takeover days*
- *Other voice data solutions/processes*

Number of young perpetrators and percentage of repeat perpetration

*NB: For this purposes domestic abuse should be interpreted as any abuse between young people in a relationship.*

\*Use of the word 'young people' is used to refer to those under the age of 24

\*\* Risk Avert is an education and prevention programme being rolled out in Essex Schools which now includes a Domestic Abuse module. a number of other preventative projects are also being run across the unitary areas of Southend and Thurrock

# What do we know about this Outcome/Indicators?

## Past, Current and anticipated future trends or needs

Although a substantive body of UK evidence exists on adult women's, and to a lesser extent children's, experiences of domestic abuse, we know little about teenagers' own experiences of partner violence. Most of the empirical evidence on teenage partner violence is derived from US studies. Rates of relationship abuse vary according to age, sex, and previous experience of violence. The prevalence of relationship violence is higher in adolescents than in adults, with females aged 12 to 18 years having the highest victimisation rate. Approximately, 20% of young women have experienced violence from a dating partner, with first episodes of violence frequently occurring in adolescence.

As reported by Essex Police 113 young people were identified as victims of domestic abuse across the county (73 females and 40 males). This data further underlines gender symmetry in reported incidences of domestic abuse at this age, with the gap widening and females being overwhelming victims across all ages from the age of 16. Furthermore, 29 young people were identified as 'high risk'. However, young females (0-15) were overwhelming victims of sexual violence across all age groups in Essex, accounting for 36% of all victims. Additionally, including young males aged between 0-15, this increases to 44% of all age groups. To put this into perspective, males and females aged between 16-24 accounts for 24% of all victims of sexual offences. This shows young people under the age of 16 are much more likely to be victims of sexual offences, than the rest of the population. However, this research did not include analysis of perpetrator age and relation to the victims, which means care must be taken when interpreting these results. Nonetheless, we can suggest that many young females under the age of 16 have experienced sexual abuse within relationships.

## Service user/customer feedback

Commissioners took the opportunity afforded by a recent Children's Takeover day to consult with Young People in relation to the development of

educational approaches and materials. The following bullets provide a brief synopsis of the feedback from these young people:

- Domestic abuse should be called 'interpersonal abuse' as abuse is not always in the home. An unhealthy relationship can happen to anyone including via technology and in adolescent relationships.
- Personal, Social and Health Education (PSHE) lessons are very important – they should be taken seriously and taught by trained people who promote healthy relationships across the wider school population.
- There should be more interactive lessons including role-plays, videos, quizzes and teamwork; all to help educate young people understand the difference between healthy and unhealthy relationships and to understand what is right and wrong.
- The use of media and positive role models – for example having a celebrity YouTube star working with young people.

The feedback and views of the young people have been used to inform the development of the Domestic Abuse Education and Prevention module for schools and colleges in Essex as part of our Risk Avert programme. The intention is to further pilot the approach with selected young people and teachers to further improve delivery and ultimately this outcome.

## Patterns of demand (client groups and geographies)

The approach proposed is a universal intervention and demand/geography is not a driver for the delivery of this activity. Consideration will need to be given to particular 'communities' in relation to 'Out of School' provision and engagement with Youth Offending Services, Pupil Referral Units/Alternative Education settings will be key to addressing possible higher risk/need young people.

## Overview of current or past interventions/service provisions

Education and Health provide universal services that are aimed at preventing domestic abuse. In schools, sex and relationship education and other forms of pastoral support for child development help the development of skills which make abusive relationships less likely. Also, they can be an effective gateway to more targeted and specialist support. Health services can also provide an important opportunity for the identification of domestic abuse, in particular via GPs and health visitors among young people. However, there is very little evidence about what works in terms of the identification of domestic abuse or referral to more specialist services.

The NICE Review (2013) found that there is relatively little UK evidence available on the capacity of universal primary prevention programmes delivered through schools to achieve behavioural, as opposed to attitudinal, change. However, there are a number of approaches to sex and relationships education for example that have shown promise. Many 'in-house' programmes are focused on domestic abuse and the development of healthy relationships. As with many programmes of this nature evaluation and outcome data is limited and does not show meaningful evidence of effectiveness over the short, medium or long term. Much of the data is focused on changing attitudes in relation to domestic abuse. Whilst positive, this is again limited in its application when testing effectiveness related to behaviour change.

The majority of identified programmes are focused on the victims and perpetrators of domestic abuse. Programmes of this nature are valid, required and vital to support those affected by varying degrees of domestic abuse in their own relationships. Because of the complex nature of the work conducted by these programmes, there are concerns about extensive time commitment and expertise required to deliver them. The self or professional referral nature of these programmes also means that those young people 'at risk' are often not identified or offered support until they themselves have experienced abuse in their own relationships.

There is a clear gap in provision of effective early intervention programmes focused on the development of, and increase in, the knowledge of what an age appropriate healthy relationship is. Whilst some programmes exist, they do not take the Risk-Avert approach of working with the whole year group by delivering social norms activities, PSHE modules and targeted sessions to tackle these issues and build protective factors. As various risk factors for domestic abuse are known, an identification approach similar to the existing survey for risk-taking is possible and offers a valid alternative to a universal approach which will have limited effectiveness across a general cohort in school. Apart from one identified programme (Relationships without Fear (RWF)), none of the existing programmes offer a robust evaluation or evidence of effectiveness in relation to healthy relationships, young people and domestic abuse (or intimate partner violence).



## What is our ambition? (for the key indicators)

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|   | Current/baseline   | 1 year  | 3 years   | 5 years                         | Longer Term |
|---|--|---|---|---------------------------------|-------------|
| Number of young victims and percentage of repeat victims  | 113 (73 Female, 40 Male) as victims<br><br>No data in relation to repeat victims   | Estimated prevalence baseline agreed<br>Increase reporting in line with the above estimate<br>Percentage reduction in repeat victims  | Increased reporting of victims as a proportion of predicted prevalence.<br>Percentage reduction in repeat victims | Percentage reduction in victims |             |
| Description of Success - Reduction in young people as victims/repeat victims of DA and improved reporting as a proportion of estimated prevalence   |  |   |   |                                 |             |
| Demonstration of a good understanding of healthy relationships  | 25 secondary schools delivering Risk Avert<br><br>Baseline to be set for other education based preventative programmes (Southend/Thurrock) | Increased proportion of Secondary Schools/Colleges delivering preventative programmes and/or PSHE provision<br><br>Increase in young people reporting better understanding of appropriate relationship behaviours |   |                                 |             |
|   |  |   | Increase in HE/FE engagement and delivery as a proportion of all HE/FE settings                                   |                                 |             |
| Description of Success - All young people in education settings provided with appropriate education and prevention input and young people reporting better understanding of appropriate relationship behaviours as a result |  |   |   |                                 |             |
| Number of young perpetrators and percentage of repeat perpetratriation  | No current data available  | Baseline setting<br>Number of young people identified as perpetrators<br><br>Percentage of repeat perpetrators  | Increase in identification of Young Perpetrators<br><br>Reduction in percentage of repeat perpetrators            |                                 |             |
| Description of Success - Increased identification of young perpetrators and reduction in repeat perpetrator   |  |   |   |                                 |             |

## What could prevent this ambition being realised?

- Schools and colleges not engaging with the development and delivery of Risk Avert and other education based preventative programmes.
- Reduction in finance allocation from Public Health Grant.
- Lack of engagement from partners to support ongoing development and roll out of education programmes.
- Out of school provision under resourced.
- Data sharing issues preventing measurement of progress.



## What strategic action should we take?

1.1 - Increase educational setting coverage of Risk Avert and other education based preventative programmes across Greater Essex

1.2 - Review existing out of school delivery mechanisms and explore and exploit opportunities for delivering Healthy Relationship messages

1.3 - Review data collection and address identified data collection/sharing issues

1.4. - Evaluate the implementation and impact of the Risk Avert and other preventative approaches

*Whilst delivering specific education and prevention packages to raise awareness to and understanding of appropriate and healthy relationships to school and college age children and young people other settings and situations should be borne in mind. It should be recognised that when addressing issues in relation to children and young people and relationship issues care should be exercised across all outcome domains to identify the needs of children and young people who are experiencing domestic abuse as “secondary” victims*

Victims (Adults and Children) and those at risk of experiencing domestic abuse feel and are safe

A critical outcome for victims of domestic abuse is that they are able to adjust (recognising protective factors) and recover from harm. The first step in this process is to identify and assess effectively so that appropriate safety planning measures can be implemented so that they are and feel safe. This will require both emotional and practical support.

## Key Indicators of Progress

Timeliness of multi-agency  
information sharing

Number and percentage of repeat  
incidents

Access to pertinent and appropriate  
information, guidance and specialist  
support (Victims and their children)

Impact of engagement with support  
services

## What do we know about this Outcome/Indicators?

The Joint Domestic Abuse Triage Teams (JDATT) in Essex and Southend and the Multi-Agency Safeguarding Hub (MASH) in Thurrock collectively bring together multiple agencies to information share, risk assess and co-ordinate support for victims of domestic abuse and their families. A new process which integrates JDATT and MASH processes into the Greater Essex wide MARAC process is in development and will better protect victims by streamlining activity, avoiding duplication and ensuring that only those victims requiring a full multi-agency MARAC meeting are listed for meetings. In order to achieve this, effective information sharing and assessment will result in early electronic information sharing with MARAC partners and for a proportion of high risk cases, the desired outcome of good risk management and activity at this stage where a full MARAC meeting is not required.

Practitioners work as part of a dynamic multi-agency integrated team assessing notifications and referrals regarding children and adults. These teams search for and collate relevant information from a range of providers both locally and further afield. With due regard to confidentiality the practitioners need to identify potential risks, interpret and share the information that is necessary to safeguard and/or promote the welfare of children. These arrangements have been designed to facilitate information gathering and sharing within a fire-walled environment. Local Authorities together with Essex Police hold the statutory responsibility for the management of notifications and referrals, but the decision and planning required to inform the outcome of the notification or referral is made by the MARAC team. The multi-agency integrated teams are underpinned by a set of core functions as follows:

- Providing a single front door for referrals and notifications
- Co-locating key partners
- Providing a safe confidential environment
- Enabling analysis of risk or need on a case by case basis
- Enabling wider victim identification within communities

The Office of the Police and Crime Commissioner formed a profile of need

that underpins part of the wider Victims' Services Commissioning Strategy for Essex. The profile found that some of the emerging themes in relation to domestic abuse services included:

- Issues with the level of under provision geographically and for specific types of need; and
- Some systematic concerns where current processes and configuration of services can lead to confusion and duplication for victims and those providing services.

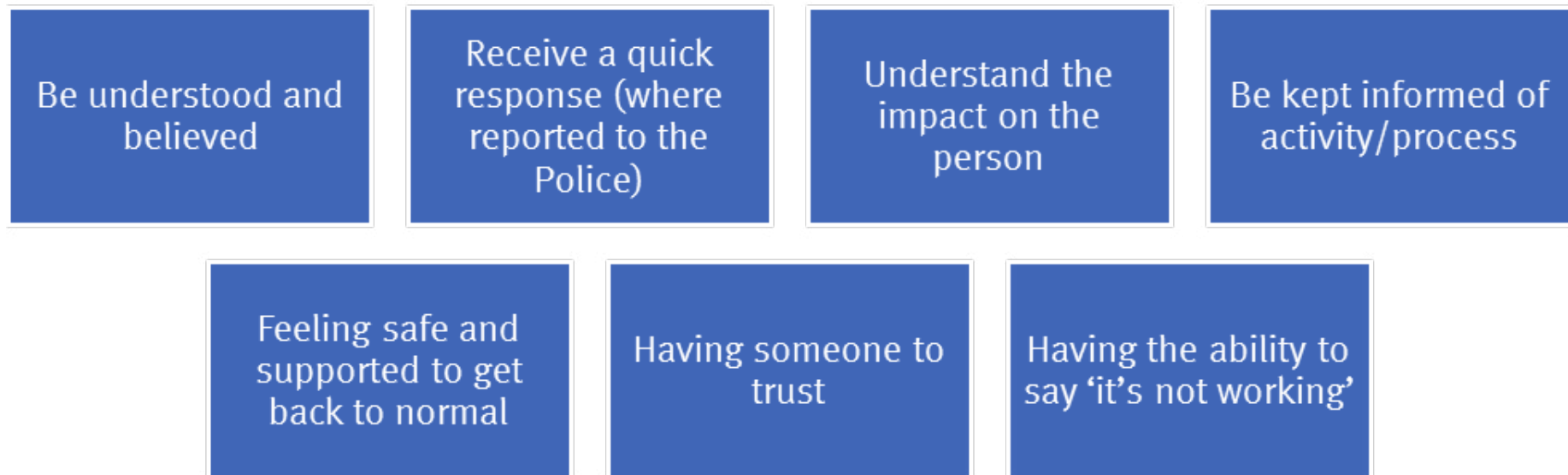
The creation and development of the specialist IDVA (Independent Domestic Abuse Violence Advocate) roles and service over the past few years has led to a number of issues including:

- Some confusion as to which agencies are delivering services; and
- Lack of clarity about 'pathways' to enable victims to access a wider range of ongoing support services

In March 2014 the Office of the Police and Crime Commissioner held a workshop on 'victim-centred service design'. The key points emerging from those sessions were:

- understanding that victims are not familiar with criminal justice language and process;
- ensuring services remain open to victims rather than ending abruptly at the 'end of their process'; and
- recognising that one size does not fit all – treat victims as individuals

This workshop identified the victim's primary needs as being:



## What is our ambition? (for the key indicators)

## Joint Commissioning Strategy for Domestic Abuse

|   | Current/baseline  | 1 year   | 3 years  | 5 years                     | Longer Term |
|---|---|--|--|-----------------------------|-------------|
| Timeliness of multi-agency information sharing  | Number of agencies<br><br>Timeliness of information sharing to support decision making<br><br>MARAC backlog | Increasing agency involvement, improved timeliness of information sharing and no reemergence of a MARAC backlog  |  |                             |             |
| Description of Success - A larger number of agencies are involved in the assessment process for high risk cases. Assessment activity is resourced and or systems and processes refined to ensure effective information sharing and that a MARAC backlog does not reemerge.  |   |  |  |                             |             |
| Access to pertinent and appropriate information, guidance and specialist support (Victims and their children)   | Unknown   | Establish agreed baseline  | Increasing access and awareness against established baseline position                            |                             |             |
| Description of Success - Clear and consistent access to relevant information, guidance and support and victims and third parties report greater accessibility to appropriate information, guidance and support. Giving full consideration of the specific needs of certain at risk groups, including the elderly, young people, disabled people, the LGBT community, men, the Gypsy, Roma, Traveller (GRT) community etc. |   |  |  |                             |             |
| Impact of engagement with support services  | Unknown   | To establish agreed prevalence baseline  | Percentage reduction of domestic abuse, moving towards cessation from agreed prevalence baseline | Cessation of domestic abuse |             |
| Description of Success - Cessation of domestic abuse for victims engaging with support services (IDVA's)  |   |  |  |                             |             |
| Number and percentage of repeat incidents   | 14,548 (76%) of all victims were repeat victims   | Reducing number and percentage of repeat victims (anticipating a possible increase in numbers initially as other activity within this strategy leads to an increased level of reporting) |  |                             |             |
| Description of Success - Increase in self-reported feelings of safety from victims and reduction in repeat incidents of domestic abuse (Number and percentage) for known victims  |   |  |  |                             |             |

## What could prevent this ambition being realised?

- Insufficient capacity within support services (IDVA's) to accommodate demand from victims
- Insufficient capacity within JDATTs/MASH to triage medium risk cases
- Inadequate or ineffective publicity and communications of support available to victims
- Lack of understanding of domestic abuse and/or how to report/seek help
- Current data excluding hidden victims
- Lack of engagement from partners to support ongoing development
- Lack of a single case management system to support information sharing across agencies

## What strategic action should we take?

2.1 - Development of JDATT/MARAC/MASH teams with regard to resourcing and breadth of agency representation – with a longer term aim of exploring the opportunity to develop single services covering Greater Essex

2.2 - Procuring and embedding a new Case / Information Management System within the JDATT/MARAC team

2.3 - Expanding the JDATT assessment to include medium risk cases

2.4 - Monitoring the effectiveness of the IDVA service and exploring opportunities to expand the service. Including the efficacy of interventions.

2.5 - Improving practitioner awareness of the full range of support services through training and to ensure they can provide support effectively (systems and processes)

2.6 - Communicating effectively the range of support services available.

Victims (Adults and Children) are able to recover and move on to live independently

National and local research has indicated that victims of domestic abuse need services which will support them to recover from abuse and to live independently in the community. It is estimated that in a year 7.1% of women and 4.4% of men in the UK experienced domestic abuse . Over two women a week die as a result of their abuse. The abuse has a wide range of effects on its victims and their families ranging from poor educational attainment to social isolation and in the most serious cases death. It is a significant issue with huge impact on victims, their families and communities. The majority of victims are aged between 16 and 44 with the likelihood of children under the age of 18 living at home. However, there is national intelligence that suggests that elder abuse is an emerging challenge. This often remains hidden because the victim feels beholden to the perpetrator for some type of care or feels responsible for holding the family together. Most victims of elder abuse are older women with a chronic illness or disability; the most typical abusers are partners, adult children, or family members.

## Key Indicators of Progress

Number of victims\*  
requiring relocation

*Where relocation is necessary a move  
to settled accommodation happens quickly*

Percentage of victims  
accessing education, training and employment

Percentage of victims accessing  
appropriate support services

Proportion of known victims identified  
in health settings and referred to support services

\*Use of the word 'victims' is used to refer to both adults and children

## What do we know about this Outcome/Indicators?

- 21% of victims report their abuse to the police - 27% for women and 10% for men. Other agencies where victims report abuse include health (13%) or other professional or organisational support such as counsellors or therapist, Victim Support, helplines or specialist support services (25%). Victims were most likely to confide in someone they knew personally (71%) (The Crime Survey in England and Wales (CSEW) 2012/13).
- A significant factor for women experiencing abuse in the last 12 months was having a household income of less than £10,000 (CSEW).
- The majority of victims are aged between 16 and 44 - therefore with a strong likelihood of children under the age of 18 living at home.
- Domestic abuse during pregnancy is a major concern with serious consequences for maternal and infant health. One in six pregnant women will experience domestic abuse (The British Journal of Obstetrics and Gynaecology). Evidence also suggests that around 30% of domestic abuse starts or worsens during pregnancy (Domestic Violence London).
- 1% of people aged 65 and over living in private households experienced interpersonal abuse in the past year (National Centre for Social Research and King's College London).
- Levels of abuse are higher amongst those with long-standing illness or disability and particularly high for women with a disability which limited their activities (CSEW).
- Lesbian, Gay, Bisexual and Transgender (LGBT) victims experiencing abuse feel that services do not cater for them, and in some cases, have been rejected when they have tried to access services. Refuge providers are legally bound to accept people in their recognised gender, professionals note that, in practice, it can be more difficult to find emergency shelter space for transgender people.

In Essex in 2013 there were over 26,000 incidents of domestic abuse reported to the police, however based on national survey data the more realistic number of incidents is expected to be in the region of 125,000. There were nearly 8,500 victims recorded by the police, 79% being female. However in line with national evidence, there is local intelligence to suggest that the number of older victims is understated. If national data are applied

to Essex this would mean over 3,000 victims a year in Essex (including Southend and Thurrock). The proportion of over 65's reporting to the police was only 4% with 29% reporting to their GP and 30% to friends or family. This highlights a potential area of hidden domestic abuse which community services, GP services and other agencies need to address.

Domestic Abuse is a contributor to causes of ill health and poor wellbeing in local communities. As well as the personal cost, domestic abuse, imposes a considerable financial burden on local healthcare systems. Significant health inequalities are experienced by people who are at risk of causing violence, at risk of experiencing violence, and victims of violence. Exposure to violence as a child has particularly negative impacts, not only increasing the risks of involvement in future violence but of substance abuse, poor mental health and chronic illness in later life. Furthermore, violence impacts on the wider wellbeing of local communities. Yet violence is preventable through appropriate targeted interventions, especially in childhood. There are specific violence-related indicators included in the Public Health Outcomes Framework which will be incorporated into this strategy in support of reporting against a set of agreed indicators across health (HM Government, 2014).

Domestic abuse, mental ill health and substance misuse have all been identified as common features of families where harm in families occurs. Children who are exposed to the domestic abuse of a parent are often found to have greater behavioural and emotional problems when compared to other children. They can suffer from issues such as depression, anxiety, aggression and anti-social behaviour. 63% of children who witnessed domestic abuse fared less well on psycho-social measures than those who had not. 25% of children exhibited abuse behaviour, with 62% of the abuse directed at their mother, 52% a sibling, 26% a friend and only 6% the father or 5% their mother's male partner.

It has also been recognised that the relocation of victims away from their community support networks, friends, family, neighbours etc., is not always

effective at breaking the cycle of abuse or indeed repeat victimisation. Many victims report that relocating often leaves them with feelings of isolation and loneliness. Relocation has also raised concerns on the impact to children's education along with access to health services which have developed an understanding of both the victims and their children's emotional health and wellbeing. Where possible it is often more appropriate to keep victims within the same locality with service wrapped around them to enable them to live independently.



## What is our ambition? (for the key indicators)

## Joint Commissioning Strategy for Domestic Abuse

|   | Current/baseline   | 1 year   | 3 years  | 5 years | Longer Term |
|---|--|--|--|---------|-------------|
| Number of victims requiring relocation  | No baseline data   | Establish a baseline following launch of new housing database in December 2015.                          | Continued reduction in number of relocations required from baseline  |         |             |
| Description of Success - Fewer victims and their children are required to relocate in order to ensure their safety, resilience is built up within their community. Pro-active action is taken against perpetrators in the community.  |  |  |  |         |             |
| Percentage of victims accessing education, training and employment  | Baseline data from HRS Community Providers on adults.<br>We do not believe there is data on school attendance. | Establish agreed baseline  | Continued improvement in access against agreed baseline  |         |             |
| Description of Success - Of the cohort who are engaged with support services (e.g. Community based services) there is an increase in the number of victims gaining entry into nursery, education, training and employment, following the provision of support services.   |  |  |  |         |             |
| Percentage of victims accessing appropriate support services  | Unknown  | Establish agreed baseline (include reference to NHS Public Health Outcomes Framework and NICE Guidance). | Increased identifications and referrals and an increasing reporting that support services provided were deemed appropriate |         |             |
| Description of Success - There is a variety of support services (including psychological services) available to meet the different needs of victims especially those currently under represented, including the elderly, young people, disabled people, the LGBT community, men, the Gypsy, Roma, Traveller (GRT) community etc. Professionals are aware of the full range of support and are referring appropriately. Feedback from service users indicates that the support received was felt to be appropriate to their needs. |  |  |  |         |             |
| Proportion of known victims identified in health settings and referred to support services  | Unknown  | Establish agreed baseline  | Increasing identifications and referrals from health settings against agreed baseline                                      |         |             |
| Description of Success - A greater proportion of victims and children are identified in health settings, this is consistent across all CCG's and various providers, e.g. A&E, Mental Health services, Maternity, GP's. There is an increase in support and referrals from health services to specialist providers both within (e.g. Health IDVA's) and outside health settings.   |  |  |  |         |             |

## What could prevent this ambition being realised?

- Insufficient capacity and skills to meet range of need e.g. disability, age, ethnicity.
- Partner agencies do not engage in joint working.
- A lack of culture change by statutory agencies working with victims. Moving from relocation as a first consideration to supporting a stay put safety plan.
- Failure to support victims effectively to establish connections with employment, education, training and community support.
- Insufficient capacity within support services to accommodate demand from victims.
- Inadequate or ineffective publicity and communications of support available to victims.
- Lack of understanding of DA and/or how to report/seek help
- Professionals do not understand the full range of support services available to allow them to refer appropriately.
- Current data excludes hidden victims.
- Lack of engagement from partners to support ongoing development.
- Health partners do not continue to engage with the DA agenda.
- Insufficient capacity to monitor and analyse the data.

## What strategic action should we take?

3.1 - Ensure buy in and engagement with supporting victims where they live, unless the risk is severe enough to warrant relocation. Relocation will be in a managed and supportive manner within appropriate timescales.

3.2 - Commission a community based service for victims. Develop and implement appropriate monitoring. Actively manage contract with provider(s) to address any shortfall.

3.3 - Implement a pilot programme to improve case finding and support across health settings. Evaluate the success of these pilots and engage with the Health sector to mainstream this activity. Develop a Business Case and a Sustainable Strategy for taking forward Health-Base Domestic Abuse services.

3.4 - Training for service providers, across all agencies, to improve awareness of support services available, understanding of service requirements, to allow appropriate signposting and to effect a culture change.

3.5 - Develop a 'whole system' approach to establishing a common set of outcomes focussed on the victims' wellbeing.

Perpetrators are prevented from causing physical and emotional harm

To reduce the harm caused to victims by perpetrators of domestic violence, through a combination of robust control measures, effective criminal justice interventions and behaviour change programmes.

## Key Indicators of Progress

Number of repeat victims

Operation Shield Total Harm Score

Numbers and proportion of successful prosecutions

Number and proportion of positive disposals

Number of perpetrators identified and referred into behaviour change programmes (both via agencies and self-referrals)

Effective completion of behaviour change programmes (to include programmes delivered outside of the CJS, and those within)

## What do we know about this Outcome/Indicators?

Research into domestic abuse perpetrator interventions is much sparser than that relating to interventions that support victims and likewise actual perpetrator provision is also relatively sparse only really beginning to gain traction in the UK in the 1980's and 1990's. However, protection and helping potential victims are not enough to stop violence and abuse and that it is essential to also address perpetrators. A clear requirement therefore exists for increased provision across Essex and a strengthened response to deal with domestic abuse perpetrators.

Where perpetrator programmes are in place across the UK and have been evaluated it is clear that:

- They have been shown to be successful in reducing men's violence for the majority of men who attend.
- They improve the quality of life and safety for the majority of participants' partners.
- Given that a proportion of participants will re-offend, follow-up interventions should be offered.
- Programme intensity appears to be more significant than programme length.
- Programmes should be linked into a range of other community responses to domestic violence.
- Programme participation is more effective in ending men's violence than criminal justice sanctions.

Rather than a 'blanket programme' approach to perpetrators, all the evidence points to the requirement for a 'differentiated' response to individuals and that this also needs to be a response which takes into account the wider, holistic needs of victims and families. The evidence available from research clearly shows that there is a requirement for nuanced and subtle approaches at the individual offender level and that the response required needs to be carefully thought-through. Widespread media and communications activity can also play a key role in helping to shape public attitudes towards domestic abuse and helping to raise awareness of victims and to encourage perpetrators to seek help.

Further debates concerning perpetrator programmes have been associated with issues such as their purpose and effectiveness; for example, whether they should be framed as 're-socialisation,' (using cognitive behavioural approaches), or as 'therapy' (addressing deeper psychological problems). Also there have been debates about whether participation should be court-mandated or voluntary.

There are clearly a wide range of issues to be considered in the field of domestic abuse perpetrator programmes. However, there is absolutely no doubt that the time is right for a properly considered and evaluated plan to underpin and assist with future decision making within such a complex area of practice – recognising there is no single 'silver bullet'/quick fix perpetrator programme which could be imported into the county.



## What is our ambition? (for the key indicators)

|  | Current/baseline         | 1 year   | 3 years | 5 years | Longer Term |
|--|--------------------------|--|---------|---------|-------------|
| Number of repeat victims   | Baseline to be confirmed | Reducing number of repeat victims against baseline                                 |         |         |             |
| Description of Success - A reduction in the number of repeat victims - acknowledging the potential for numbers to increase in the short term as a result of other activity in this strategy leading to increased rates of reporting of cases that would have previously gone unreported. |                          |  |         |         |             |
| Operation Shield Total Harm Score  | Baseline to be confirmed | Reducing total harm score from baseline  |         |         |             |
| Description of Success - A reduction in the operation shield total harm score  |                          |  |         |         |             |
| Numbers and proportion of successful prosecutions  | Baseline to be confirmed | Increased proportion of successful prosecutions against baseline                   |         |         |             |
| Description of Success - Increased proportion of successful prosecutions.  |                          |  |         |         |             |
| Number and proportion of positive disposals  | Baseline to be confirmed | Increased proportion of positive disposals against baseline                        |         |         |             |
| Description of Success - Increased proportion of positive disposals  |                          |  |         |         |             |
| Number of perpetrators identified and referred into behaviour change programmes  | Baseline to be confirmed | Increasing perpetrator identification and referrals to behaviour change programmes |         |         |             |
| Description of Success - Increased referrals to behaviour change programmes (both in criminal justice and non-criminal justice settings)   |                          |  |         |         |             |
| Effective completion of behaviour change programmes  | Baseline to be confirmed | Increasing effective completion rate against baseline                              |         |         |             |
| Description of Success - Perpetrators are completing perpetrator programmes and the intervention has proved effective (no repeat incidents involving these perpetrators)   |                          |  |         |         |             |

# What could prevent this ambition being realised?

## Encouraging behaviour change for perpetrators

- Many perpetrators don't get perpetrator programmes because they don't get convicted
- Some perpetrators are not suitable for group work
- Building Better Relationships can be rigid in delivery and time-limited which means that it is difficult to achieve genuine behaviour change
- Effective links are not made with other vital support services such as Substance misuse and mental health

## Providing an offer for families that want to stay together that addresses domestic abuse

- Often victims do not want to press charges and there needs to be a response in this circumstance that works holistically with the family
- Sometimes there is not enough evidence to convict but police know there is a problem
- Removing children is very disruptive so agencies would like to work constructively whilst keeping the children at home and managing risk
- Couples often reconcile before a court case and there needs to be support for these families

## Filling systemic gaps (e.g. within Criminal Justice System) to deliver better outcomes for perpetrators and victims

- long waiting time for court case (particularly at Crown) – couple reconcile
- legal aid cuts – victim and perpetrator
- Insufficient or inadequate Domestic Abuse training for lawyers
- Police refer to Family Mosaic (Housing) but this is not Essex-wide and not DA-specific

## Improving information flows to support decision-making

- Police officers should be given full information about children when attending the scene
- Victims/ IDVA should be told the outcome of a court case promptly
- New partners of perpetrator should be told about DA/ history where this presents a risk
- Information flows should be improved: From Police to Offender Manager to Family Solutions; Juno team to Social Workers

# What strategic action should we take?

4.1 - Develop and pilot a range of perpetrator programmes for domestic abuse perpetrators in both Criminal Justice and non-Criminal Justice settings, focusing on MARAC referrals (from a range of agencies); Conditional Cautions, Family Interventions and referrals from those providing substance misuse and mental health support

4.2 - Implement the learning from previous DHRs (and DHR thematic review activity)

4.3 - Monitor the impact of body worn cameras in relation to positive outcomes in domestic abuse cases.

4.4 - Monitor the effectiveness of victim led prosecutions and the proportion of failed domestic abuse cases.

4.5 - Ensure effective training in relation to domestic abuse across the criminal justice agencies and undertake an annual stock take of this.

4.6 - Ensure effective use of Police/Court Bail

4.7 - Increase activity in relation to medium and standard risk cases.

Communities have a greater awareness of what an abusive relationship is and how to report it and as a consequence feel safer

There are many groups and organisations that work tirelessly to raise awareness and provide support and services to victims of domestic abuse in our communities across Essex. It is therefore both alarming and sobering that most domestic abuse cases go unreported as victims do not recognise they are in an abusive relationship, are afraid to seek assistance or are not aware of the support and services available to help them.

A greater awareness of what domestic abuse is by our communities' is critical. There are different types of domestic abuse, including emotional, psychological, physical, sexual, and financial abuse. Many abusers behave in ways that include more than one type of domestic abuse, and the boundaries between some of these behaviours are often quite blurred. When we understand the many faces of abuse, we can better identify if abuse is taking place in our homes and if our friends, family members and/or loved ones are victims of abuse.

## Key Indicators of Progress

Access to relevant and appropriate information, guidance and specialist support

Prevalence rates of domestic abuse incidents in ethnic minority communities

Training sessions provided and number of front-line practitioners attending

Co-ordinated domestic abuse campaigns delivered

## What do we know about this Outcome/Indicators?

In 2012 a small scale service user consultation was carried out with people who have experienced domestic abuse Essex; the aim of the consultation was to understand the barriers for victims seeking the support that they needed. Everybody who took part said that one of the biggest barriers to seeking support was their not knowing that they were experiencing domestic abuse and societal views of them; 'shame' and feeling judged were identified as the most significant barriers to addressing domestic abuse. In addition to this, family, financial and housing were identified as influences that made it difficult to 'escape' their situation; given this resettlement is a fundamental factor in supporting victims.

It is important to understand whether interventions increasing access to appropriate information, guidance and specialist support are having the impact required. More importantly, to hear the voice of the victim in determining whether the interventions in place have increased their knowledge of understanding of domestic abuse and the support and services available to them pre and post self-reporting or referral to services and whether or not this is helpful.

The financial cost to individuals and companies in terms of paying for sickness absence, retention of top talent, loss of productivity and stress in the workplace is also a major concern. 53% of people affected by domestic abuse are absent from work at least 3 days a month and 56% of abused women arrive late for work at least 5 times per month. 75% of domestic abuse victims are targeted at work – from harassing phone calls/text messages and emails to abusive partners arriving at the workplace, often leading to physical assault or homicide. A supportive work environment can give employees the opportunity to seek the help they need and maintain employment. Employers can aggravate the danger suffered by victims by responding inappropriately to the symptoms of abuse such as lateness, poor performance, or absence.

There are also huge gaps in knowledge and services for men, women and children from ethnic minorities who are victims of domestic violence. To ensure tailored support can be offered, it is important to understand the extent of the problem. It is also known that some are likely to be subjected to culturally specific forms of harm, as publicity on forced marriage and female genital mutilation shows. Increasingly, forced marriage is seen as a key form of domestic abuse and child abuse and has been linked to high rates of self-harm and suicide attempts among Asian teenage girls. Some cultural beliefs can act as barriers to seeking help – for some Asian families these include izzat (honour) and sharam (reputation) which play a role in

controlling women and children's behaviour, just as stigma and shame prevent many seeking help. Such beliefs can limit their choices as they become concerned about others in close-knit communities finding out.

It is important that front line practitioners across multiple agencies are equipped to provide a consistent approach to information provision and service delivery; and that multi-agency domestic abuse messages are co-ordinated to deliver the outcomes of this strategy and more importantly to increase the awareness of the wider community in Essex.

### Past, current and anticipated future trends or needs

There is a perceived under-reporting of the problem due to the dissonance between actual police figures (29,000 cases) and estimates from academic studies (44,000). The British Crime Survey found that 44% of domestic violence offenders were under the influence of alcohol, and 12% affected by drugs (during incident). In Essex, from Jan 2011 to Sep 2012, there were almost 50,000 incidents by 30,000 perpetrators to 30,000 victims. Only 2.7% of domestic violence cases were drug-related, whereas 26.9% were alcohol related.

### Policy/legislative/regulatory context

The Home Office states that; "Domestic violence is unacceptable and tackling the issue is a priority for this government." The Call to End Violence against Women and Girls paper released in 2010 outlines the coalition government's desire to shine spot-light on what has historically been a marginalised issue and introduces their strategic vision that no women should live in fear of violence.

### Patterns of demand (client groups and geographies)

Domestic abuse impacts on both adults and children, and makes up one fifth of all police incidents (29,000) - with Essex Police receiving around 80 domestic abuse related calls a day. Around half of these are repeat police incidents, with women most likely to be the victims and to have a higher risk profile. In 2009, using the

British Crime Survey, it was estimated that there were over 44,000 incidents in Essex per year. Some 14,000 (4.5%) children experience severe domestic abuse before they reach 16 in Southend, Essex and Thurrock (Stanley 2011). Based on Essex Police's figures, it is estimated that just over 1,000 children were present in households where a domestic abuse offence took place in 2011.

### Overview of current or past interventions/service provisions

Domestic abuse has been a focus of partners in Essex for a significant period of time, and part of the Whole Essex Community Budget (WECB) work. The main lessons learnt from the WECB work on domestic abuse include: family, financial and housing factors make it difficult to escape domestic abuse; victims are often unable to talk about domestic abuse, even with health and care professionals, due to social stigma/shame; tackling the issue before behaviour escalates and becomes more severe can make the system easier and less fearful to navigate.

As a safeguarding issue as well as a criminal activity, domestic abuse is everyone's responsibility and therefore requires a multi-agency partnership approach. Much work has been undertaken to understand the roles that multiple agencies have with relation to domestic abuse. This has culminated in the establishment of a joint decision-making framework. The Domestic Abuse Strategic Board (DASB) works to define the strategic direction and approach across Essex and is chaired by Essex's Police and Crime Commissioner. Commissioning is co-ordinated through a joint commissioning group. This body links with other relevant bodies like the Safer Essex Partnership and the Safeguarding (Adults & Children) Boards and wider stakeholders. DASB has developed a performance dashboard, which enables the partnership to review performance across a range of cross cutting measures and hold each other to account for delivery of improvements.



## What is our ambition? (for the key indicators)

Essex is in the safest places to live in the country - rates of both crime and anti-social behaviour have been falling in recent years. From July 2013-June 2014, there were almost 140,000 crimes recorded in Essex. The main crimes were anti-social behaviour (44,727), types of theft - excluding car crime (40,449) and violent crime (20,858). Although crime numbers are low in aggregate, there is substantial variation across Essex neighbourhoods, and many, whether they live in high-crime or low crime areas, do not feel safe in their communities. We will not be complacent and there is no excuse for abuse! We are determined to be ambitious, but we are also determined to be focused in our approach. As we progress this strategy our principal focus will be on:

- Targeting time and resources where these will have greatest impact.
- Directing time resources where there is a need to exert greatest influence.
- Ensuring initiatives and activity directly correlate to the views and opinions of citizens.
- Consolidating activity in areas where Essex has secured success.

|   | 1 year               | 3 years   | 5 years | Longer Term |
|---|----------------------|---|---------|-------------|
| Access to relevant and appropriate information, guidance and specialist support | Baseline established | Improving access and perception of relevance/appropriateness            |         |             |
| Prevalence rates of domestic abuse incidents in ethnic minority communities     | Baseline established | Reducing prevalence   |         |             |
| Training sessions provided and number of front-line practitioners attending     | Baseline established | Increasing number of training sessions and attendance rate              |         |             |
| Co-ordinated domestic abuse campaigns delivered                                 | Baseline established | Increasing number of campaigns delivered/improved coverage of campaigns |         |             |

## What does success look like?

|   | Description of Success   |
|---|--|
| Access to relevant and appropriate information, guidance and specialist support | <p>Success will take many forms but importantly it will see:</p> <ul style="list-style-type: none"><li>• services shaped around the victims, recognising their differing needs</li><li>• constructive and complementary working between different agencies</li><li>• the best use made of limited funding</li><li>• effective early prevention and intervention through literature and campaigns</li><li>• increased confidence in reporting incidents, particularly in relation to minority and ethnic communities</li><li>• engagement with victims and offenders is having a positive impact</li><li>• a reduction in repeat incidents of domestic abuse</li><li>• front line staff confident and equipped to provide consistent early prevention and education messages and associated interventions where required</li><li>• civic society engaged and more aware of domestic abuse and pathways to reporting</li></ul> |
| Prevalence rates of domestic abuse incidents in ethnic minority communities     |  |
| Training sessions provided and number of front-line practitioners attending     |  |
| Co-ordinated domestic abuse campaigns delivered                                 |  |

## What could prevent this ambition being realised?

- Reduced funding and priority by key partners leading to a lack of engagement in co-design and delivery of joint campaigns and programmes of work.
- The advice and information needs of minority and ethnic communities not clearly understood or fully met leading to a lack of engagement and or disclosure.
- Lack of cultural change in communities leading to a lack of social responsibility and awareness limiting promotion of issues and associated responses.



## What strategic action should we take?

5.1 - Raise levels of domestic abuse knowledge in communities and across front-line practitioners with a focus on improving the signposting of victims to support services

5.2 - Improve confidence and encourage disclosure by ensuring that those experiencing domestic abuse have access to appropriate information, support and resources so that they are able to recover and move on to live independently

5.3 - Provide tailored information and support to meet the needs of minority and ethnic communities

5.4 - Equip front line practitioners to provide a consistent approach to information provision and service delivery, with appropriate access to domestic abuse resources

5.5 - Run co-ordinated multi-agency communication campaigns to support delivery of strategy outcomes

5.6 - Sign up of employers to employer pledges/policies around domestic abuse (victim and perpetrator focused)

The following partners either sit on the Domestic Abuse Board/\*or are represented by another agency sitting on the board

Office of the Police and Crime Commissioner  
Essex Police  
National Probation Service  
Essex Community Rehabilitation Company  
Crown Prosecution Service  
Greenfields Community Housing

Essex County Council  
Southend Borough Council  
Thurrock Council  
Basildon Borough Council\*  
Braintree District Council  
Brentwood Borough Council\*  
Castle Point Borough Council\*  
Chelmsford City Council\*  
Colchester Borough Council\*  
Epping Forest District Council\*  
Harlow District Council\*  
Maldon District Council\*  
Rochford District Council\*  
Tendring District Council\*  
Uttlesford District Council\*

NHS England  
Basildon and Brentwood Clinical Commissioning Group\*  
Castle Point and Rochford Clinical Commissioning Group  
Mid Essex Clinical Commissioning Group\*  
North East Essex Clinical Commissioning Group\*  
Southend Clinical Commissioning Group\*  
Thurrock Clinical Commissioning Group\*  
West Essex Clinical Commissioning Group

The DA Reference Group - representing a range of provider organisations from across Greater Essex.