



Northern, Eastern and Western Devon
Clinical Commissioning Group



South Devon and Torbay
Clinical Commissioning Group



Domestic and Sexual Violence and Abuse Joint Strategic Health Needs Assessment

December 2013 (version 1.4)

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1. Foreword

- 1.1 This is the second edition of the Domestic and Sexual Violence Joint Strategic Needs Assessment.
- 1.2 Following the publication of our Joint Strategic Needs Assessment Domestic and Sexual Abuse in 2011 and of our Joint Strategic Needs Assessment Safeguarding Children in 2009-10 and 2011-12, the importance of the impact of violence and abuse on children and young people, as well as adults, was highlighted. In undertaking this assessment, several challenges included the lack of evidence and the often hidden nature of these types of violence and abuse in our society. What is clear is the critical relationship between mental health and emotional wellbeing and domestic and sexual violence and abuse, and the gaps in provision. Mainstreaming services to meet the needs of victims, and indeed perpetrators, into our commissioning of services rather than individual initiatives must be the way forward.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
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2. Executive Summary

Overview of domestic and sexual violence and abuse in Devon

- 2.1 Domestic and sexual violence and abuse affects a large number of people:
- An estimated 7.3% women and 5% of men - have been a **victim of domestic abuse** past year¹, whilst 31% of women and 17.8% of men have been victims at some point since the age of 16.
 - If that prevalence rate is applied to all of the 16+ population in Devon that would equate to **23,741 women and 14,971 men (aged 16+) experiencing domestic violence in the past 12 months** and **100,817 women and 53,296 men experiencing domestic violence since the age of 16.**
 - In 2012-2013 670 high risk cases were taken to Multi Agency Risk Assessment Conferences (MARACs) in Devon compared to 729 in 2010-11. 25% of these were repeat attendances. There were 832 children and young people associated with these cases.
 - **Children** were present at 39% of the 8,915 domestic violence incidents attended by the Police in Devon 2012-13.
 - an estimated 3% women and 0.3% of men - have been a **victim of sexual assault (including attempts)** in the past year, whilst 19.6% of women and 2.7% of men have been victims at some point since the age of 16²
 - in Devon in 2012-13 there were 608 sexual violence offences reported to the police, of which 253 were rape and 355 sexual assaults. Of these, 39% of victims were under 17 years of age, 73% under 25 years of age and around 2.5% were aged over 60.
 - In a national study it was reported that **16% of children aged under 16 experience sexual abuse during childhood.** There are currently 125,000 children aged under 16 living in Devon; 16% would represent 20,000 children

¹ Crime Survey for England and Wales 2011/12, Office for National Statistics

² Crime Survey for England and Wales 2011/12, Office for National Statistics (Table 4.01: Prevalence of intimate violence among adults aged 16 to 59, by category, 2011/12 CSEW)

- The actual number of **perpetrators of domestic abuse** and the number of **sex abusers/offenders** living in Devon is not known. Devon and Cornwall Probation service were managing 1,011 adults under Multi-Agency Public Protection Arrangements (MAPPA) relating to DSVAs, 504 domestic violence offenders and 507 sex offenders (August 2013).
- Fewer than five **incidents of trafficking for sexual exploitation** were investigated by Devon Basic Command Unit in 2011-2012.
- The costs of domestic violence and sexual abuse are extensive to the public purse. In Devon, Home Office research estimates that domestic violence costs the statutory agencies over **£70 million**³.

Summary of the Report's Conclusions

A full list of the recommendations – which lie beneath each of these conclusions - can be found in Section 10.

2.2 The conclusions are as follows:

1. **The needs of victims and perpetrators of domestic and sexual violence and abuse are complex and will differ from person to person; summarising the needs of this varied group of people is difficult.**
2. The nature of violence and abuse means that there are barriers to individuals disclosing, professionals enquiring about abuse and victims and perpetrators accessing the right services.
3. The high level of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require support.
4. It is essential to address domestic and sexual violence and abuse from a 'lifecourse' perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse.
5. There has been a comprehensive development of services commissioned to meet the needs of this population but further information – in particular on outcomes – is needed to assess whether these discrete services are clinically and cost-effective.
6. The impact of domestic and sexual violence and abuse leads to a wide range of health and wellbeing needs, these needs of victims and perpetrators must be further mainstreamed into commissioning arrangements.
7. The voice of child and parent/carers must be explicitly included in any re-commissioning or service change decisions.

³ Walby S. The cost of domestic violence; update 2009. Lancaster, Lancaster University;2009
http://www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc (accessed 03 August 2010)
 calculated for local authorities by Trust for London and the Henry Smith Charity

2.3 Extracts from Recent Inspection and Monitoring

Ofsted 2013

“Families experiencing domestic violence are well supported by programmes such as Stop Abuse for Everyone (SAFE), Survivors Empowering and Educating Domestic Abuse Services (SEEDS) and Resolve to End Perpetration of Abuse in Relationships (REPAIR). Direct work by the council’s own domestic abuse social workers and family intervention workers effectively support families. This includes one-to-one work to raise self-esteem and promote awareness around children and young people in keeping them safe.” (Page 8⁴)

Ofsted 2013

“There have been some positive outcomes for families involved with family group conferences (FGC). The council have implemented early help and domestic abuse FGC models across the county. Parents spoken to reported positively in respect of their understanding and the support they have received from the service. This service has not yet been evaluated by the local authority.” (Page 9⁵)

Ofsted 2013

There was criticism of child protection planning including insufficient consideration of influences which impact a parents ability to protect their children.
“For example, where inter-generational domestic violence has occurred professionals make little consideration of the impact of this when assessing a parent’s ability to protect their children or on the prognosis of parents ceasing this behaviour.” (Page 9⁶)

3. Aims and Objectives

Aims

- 3.1 The aims of this Joint Strategic needs Assessment were:
- To understand the needs of victims and perpetrators of domestic and sexual violence and abuse.
 - To make evidence-based recommendations to inform the commissioning of services to meet these needs.

Objectives

- 3.2 The Joint Strategic Needs Assessment has:
- Taken a holistic approach, in line with existing good practice in Devon, by assessing the needs of both victims – and this includes adults and children and young people – and perpetrators.
 - Addressed the needs of both individuals who are currently experiencing abuse and those who have experienced abuse in their past (including the identification of unmet needs).
 - Considered health *and* wellbeing needs of victims and perpetrators.
 - Ensured that recommendations for commissioners are rooted in evidence.

⁴ Ofsted (2013) Inspection of local authority arrangements for the protection of children: Devon County Council

⁵ Ofsted (2013) Inspection of local authority arrangements for the protection of children: Devon County Council

⁶ Ofsted (2013) Inspection of local authority arrangements for the protection of children: Devon County Council

4. Introduction and Background

Purpose of a Joint Strategic Needs Assessment

- 4.1 The Joint Strategic Needs Assessment is a process that identifies the current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities⁷. This document is part of the Joint Strategic Needs Assessment required of Devon County Council and NHS Devon. The complete Devon Joint Strategic Needs Assessment can be accessed at: <http://www.devonhealthandwellbeing.org.uk/jsna/>.
- 4.2 A number of in-depth needs assessments, service reviews and equality audits which have already been undertaken as part of the Devon Joint Strategic Needs Assessment are highly relevant to this report, particularly Substance Misuse, Mental Health and Safeguarding Children.

Scope of this Joint Strategic Needs Assessment

- 4.3 This needs assessment covers both domestic and sexual violence and abuse. Sexual violence and abuse covers sexual acts carried out without consent of one of the people involved; including incitement and coercion, non-contact abuse, sexual exploitation and physical sexual violence. Domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological; physical; sexual; financial; and emotional abuse⁸. In cases of domestic abuse there is often an underlying pattern of coercive control used by the perpetrator. This definition also includes so-called 'honour' based violence (HBV), female genital mutilation (FGM) and forced marriage⁹. It affects the victims and survivors of the abuse as well as those that witness it, who are often children and young people. Older adults can also be at risk within family-based care-giving relationships. Where this type of domestic abuse occurs, it can also be called elder abuse. Elder abuse is defined as a single or repeated act or action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person¹⁰, so it can include, but is not limited to domestic abuse. Recently, there has also been an acknowledgement that abuse can often occur in relationships between teenagers. It is likely that a victim of domestic abuse experiences a combination of several types of abuse, rather than just one behaviour. Domestic abuse is a deliberate, manipulative, controlled or controlling act, about domination, power and control. Domestic abuse tends to be a repetitive and escalating cycle of victimisation. This report is not gender specific and therefore relates to both male and female victims and perpetrators.

⁷ Guidance on Joint Strategic Needs Assessment (Gateway Ref 8794), Department of Health, December 2007

⁸ Home Office (2013) Domestic Violence and Abuse <https://www.gov.uk/domestic-violence-and-abuse>

⁹ Itzen C *et al.* Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse Gateway. Ref: 6106 March 2006

¹⁰ http://www.elderabuse.org.uk/About%20Abuse/What_is_abuse%20define.htm

Violence Against Women and Girls: The National Context

- 4.4 The Labour Government issued its final strategy *Together we can end violence against women and girls*¹¹ in early 2010. It requires that Local Authorities, in collaboration with partner organisations, develop a local Violence Against Women and Girls strategy. There are a number of key documents that have been issued in support of the national strategy; these are listed in Appendix 1. The Violence Against Women and Girls strategy remains a priority of the current Government and is championed by Theresa May (Home Secretary).¹²

Why is Domestic and Sexual Violence and Abuse an Issue?

- 4.5 Domestic and sexual violence and abuse affects a large number of people. This means that most people will know someone at work or a friend or family member who is currently, or has been, a victim (or indeed a perpetrator) of domestic violence or abuse. A survey of the 1100 Devon residents on the Devon Voice panel found that 21% knew someone who had been a victim of DV while living in Devon¹³. The Devon County Council employee survey found a number of staff were or had previously experience domestic violence and that this had an impact on their working life.

Recommendation 1: To support partner organisations to produce domestic and sexual violence and abuse workforce policies

- 4.6 Getting a comprehensive picture of the extent of domestic abuse remains a challenge, as it is often a hidden crime and affected by under-reporting. An estimated 7.3% women, and 5% of men, have been a victim of domestic abuse in the past year, whilst 31% of women and 17.8% of men have been victims at some point since the age of 16¹⁴. Women are more likely than men to experience longer periods of partner abuse, repeat victimisation and injury or emotional effects as a result of the abuse.
- 4.7 National research has found that nearly a quarter young people witnessed at least one type of domestic violence or abuse during childhood¹⁵, and children were present at 39% of the 8,915 domestic violence incidents attended by the Police in Devon during 2012-13.
- 4.8 The Home Office 'Ready Reckoner'¹⁶ tool estimates that in Devon, in the past year, 4,657 women and girls aged 16-59 (2.2% of 16-59 female population) a victim of sexual assault.
- 4.9 Nationally sexual offences recorded by the police increased 1% in the year ending March 2013, a total of 53,540 sexual offences across England and Wales. The number of offences of rape recorded by the police increased by 2% and other

¹¹ Together we can end violence against women and girls: a strategy. HM Government 2009

¹² <http://www.homeoffice.gov.uk/media-centre/press-releases/ending-violence-against-women> (accessed 9 August 2010)

¹³ Devon Voice August 2009, Domestic violence and abuse questions <http://www.devon.gov.uk/devon-voice-survey-2009.pdf>

¹⁴ Crime Survey for England and Wales, Office for National Statistics (Table 4.01: Prevalence of intimate violence among adults aged 16 to 59, by category, 2011/12 CSEW)

¹⁵ Radford L, Corral S, Bradley C, Fisher H, Bassett C and Howat N (2010) The Maltreatment and Victimization of Children in the UK: NSPCC Report on a national survey of young peoples', young adults and caregivers' experiences http://www.nspcc.org.uk/inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf

¹⁶ The Home Office (2009) Violence Against Women and Girls Ready Reckoner <http://webarchive.nationalarchives.gov.uk/20100413151441/http://www.crimereduction.homeoffice.gov.uk/domesticviolence/readyreckonerv2.xls>

sexual offences by 1%¹⁷. In Devon in 2012-13 there were 608 sexual violence offences reported to the police, of which 253 were rape and 355 sexual assaults.

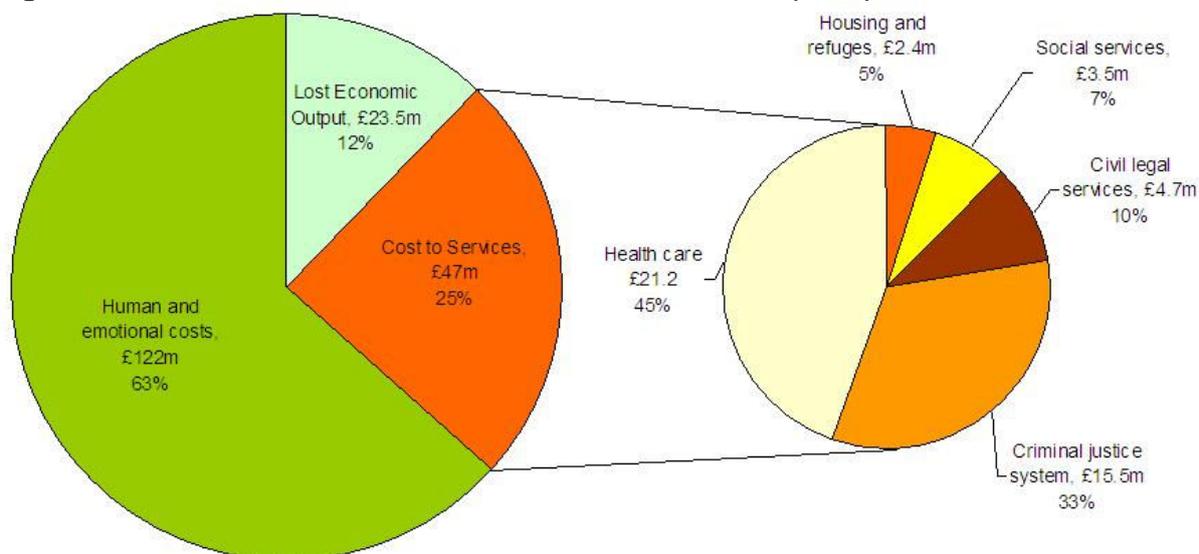
Main finding

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

Cost

4.11 Nationally Sexual Violence cost an estimated **£21 billion** 2007/08 (New Philanthropy Capital 2008). The cost of domestic violence across England and Wales in 2009 was estimated to be **£15.7 billion** of which the cost to services was £3.8 billion. Based on Walby¹⁸, for **Devon the cost of domestic violence was £192.5 million in 2009**, £122m of human and emotional cost and the remaining £70.5 made up of lost economic output and direct **costs to services of £47m** (the cost includes sexual violence and abuse from a partner or ex-partner). There has been a decrease in the amount of domestic violence between 2001 and 2008 (based on the British Crime Survey). This has been achieved in part by the development of and increased utilisation of public services including substantially higher rates of reporting of domestic violence to the police and other services. This means that, while the rate of domestic violence has been falling, the costs of public services have not declined. Indeed, as compared with 2001 the costs for 2008 are higher as a result of inflation and increased service usage (having risen from 3.1 billion in 2004 to 3.9 billion in 2009).

Figure 1: Estimated Cost of Domestic Violence in Devon (2009)



Source: Locally calculated costs based on Walby, S (2009) *The Cost of Domestic Violence Up-date 2009* (costs related only to persons aged 16-59) using Devon ONS mid-year population estimates 2009.

¹⁷ Office for National Statistics (2013) Statistical Bulletin: Crime in England and Wales, Year Ending March 2013

¹⁸ Walby S. The cost of domestic violence; update 2009. Lancaster, Lancaster University;2009 http://www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc (accessed 03 August 2010) calculated for local authorities by Trust for London and the Henry Smith Charity

- 4.12 In 2013 NICE collected evidence of cost-effectiveness for domestic violence (Economic analysis of interventions to reduce incidence and harm of domestic violence)¹⁹ which found that IDVA support and Cognitive Behaviour Therapy for victims was cost effective. A review of interventions (Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence)²⁰ found, for example, moderate to strong evidence that evidence that advocacy, therapeutic interventions, multi-agency partnership working, and primary prevention programs in schools are effective. An overview of effective interventions can be found in section 8 of this document.

Main finding

- 4.13 Spending on domestic and sexual violence in Devon is substantial and although there is widespread agreement that interventions targeted at reducing and preventing domestic violence should be funded there is a paucity of data around the cost-effectiveness of interventions.

Recommendation 2: Develop measurements and monitoring to support cost benefit analysis to inform evidence based local commissioning.

Legislation

- 4.14 There is no single criminal offence of domestic and sexual abuse, and some acts of domestic and sexual abuse are civil matters rather than criminal, which compromises the usefulness of crime figures to present the full picture of domestic and sexual violence and abuse. The number of prosecutions is very small in proportion to those estimated to be affected. Where abuse is a crime, there is a legal framework surrounding it (summarised in Appendix 3). The framework includes the Offences Against the Person Act 1861, Sexual Offences Act 2003, Protection of Freedoms Act 2012, Female Genital Mutilation Act 2003 and the Domestic Violence, Crime and Victims Act 2004. The extent to which this legislation works in practice is debated. As well as criminal justice, there are civil law, preventative and early intervention programmes to tackle domestic abuse.

Local Strategies, Boards and Groups

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

5. The Level of Need in the Population

Victims

- 5.1 Getting a comprehensive picture of the extent of domestic abuse remains a challenge, as it is often a hidden crime and affected by under-reporting. The most

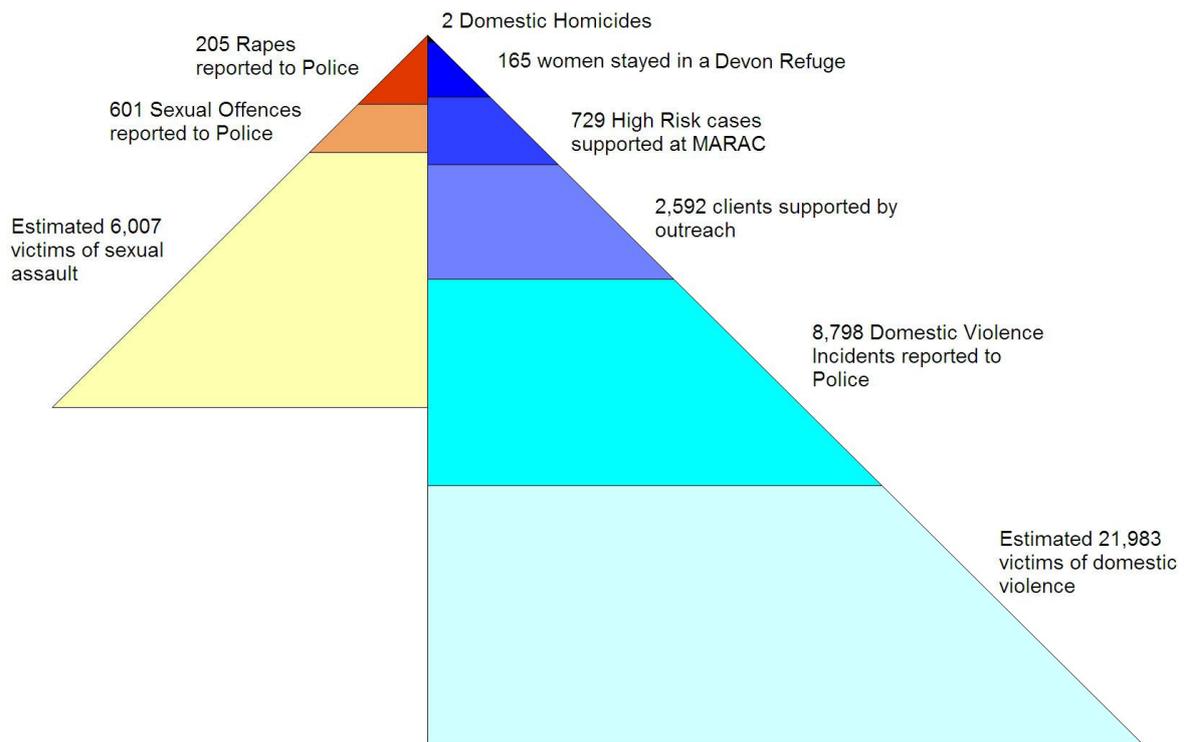
¹⁹ NICE (2013) Economic analysis of interventions to reduce incidence and harm of domestic violence, prepared by Matrix Knowledge <http://www.nice.org.uk/nicemedia/live/12116/64932/64932.pdf>

²⁰ NICE (2013) Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence, Prepared by the British Columbia Centre of Excellence for Women's Health <http://www.nice.org.uk/nicemedia/live/12116/64791/64791.pdf>

comprehensive national data comes from dedicated sections of the Crime Survey of England and Wales, as many statutory agencies do not collect domestic abuse data. Findings indicate that 7.3% women, and 5% of men, have been a victim of domestic abuse past year, whilst 31% of women, and 17.8% of men, have been victims at some point since the age of 16²¹. Women are more likely than men to experience longer periods of partner abuse, repeat victimisation, physical injury, or emotional effects as a result of the abuse.

- 5.2 If that prevalence rate is applied to all of the 16+ population that would equate to **23,741 women and 14,971 men in Devon (aged 16+) experiencing domestic violence in the past 12 months** and **100,817 women and 53,296 men in Devon experiencing domestic violence since the age of 16.**
- 5.3 8,915 domestic violence incidents were reported to Devon and Cornwall police in 2012-13. The Crime Survey for England and Wales found that only 23% of victims report the abuse to the police, **for Devon this would mean the true number of incidents (both reported and unreported) would be in excess of 35,000** (which is in line with the estimated prevalence rate of 38,712 victims per annum).
- 5.4 Domestic violence represents around a quarter of all violent crime reported to police in Devon this is towards the upper end of the national range (16-25%).²² There are differences to be found across Devon, the rate of reported domestic abuse varies with the lowest rate in South Hams and the highest rate in Exeter.

Figure 2: Devon Domestic and Sexual Violence Service Usage 2010-11



Note: It is not possible at this stage to establish the extent unique individuals use multiple services or the extent to which the sexual violence overlaps domestic violence.

²¹ Crime Survey for England and Wales, Office for National Statistics (Table 4.01: Prevalence of intimate violence among adults aged 16 to 591, by category, 2011/12 CSEW)

²² Home Office <http://www.lga.gov.uk/lga/core/page.do?pagelid=38300> (accessed 9 August 2010)

Main findings:

- 5.6 Many victims do not find the support that they need. Some find that services are not available in their area. Others do not access support because they find the system confusing and difficult to navigate. If victims do manage to access support, it is not always the specialist help they need.
- 5.5 DSVA services take place both within the community and within health and social care settings, and are delivered by a variety of providers. With services in Devon being provided in so many different ways and settings across the area, it makes presenting comparable data difficult.

Women

Table 1: Domestic Violence victims by gender (reported crime)

DCC	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Females	935	1782	2336	2608	2393	2238	2418	1857	1840	1842	2083
Males	270	626	887	1021	681	586	492	456	446	445	527
Unknown	47	31	48	105	102	50	35	67	87	140	4
Total	1252	2439	3271	3734	3176	2874	2945	2380	2373	2427	2614
% female	75%	73%	71%	70%	75%	78%	82%	78%	78%	76%	80%
% male	22%	26%	27%	27%	21%	20%	17%	19%	19%	18%	20%

Source: ADVA annual report 2011-12²³

- 5.7 MARAC data demonstrates that those affected by domestic and/or sexual violence or abuse will often be repeat victims, many with the same perpetrator. In 2012-2013 670 cases, assessed to be at very high risk, were taken to Multi Agency Risk Assessment Conferences (MARACs) in Devon compared to 646 in 2011-12. 25% of these were repeat attendances.

Table 2: Number of MARAC cases

DCC MARAC	07/08	08/09	09/10	10/11	11/12	12/13
Number of cases	730	640	703	729	646	670
Number of children and young people	815	822	907	979	822	832
Number of repeats	141	128	105	135	140	167
% repeats	19%	20%	15%	19%	22%	25%

Source: ADVA annual report reporting

Main finding

- 5.8 Domestic and sexual violence or abuse is often not a one-off occurrence and can be frequent and persistent with the highest repeat victimisation of any crime.

Male Victims and Survivors

- 5.9 Although a far greater proportion of victims of domestic abuse are female, men are also at risk of experiencing domestic abuse; including abuse as from a male or female partner or ex-partner, as a victim of forced marriage or abuse from other family members. Men calling the Men's Advice Line as victims report a wide range of abusive behaviours that they experience (many are common to female victims)

²³ Adva Annual Report 2011-2012 http://www.devon.gov.uk/index/childrenfamilies/domestic_violence/adva-professionals/key-documents-strategies.htm

including physical abuse; intimidation and threats; emotional and verbal abuse; isolation; and having their children used against them. Female perpetrators more likely to use weapons, so when violence is serious, risk of injury high. Specific body parts are more at risk such as the groin or face²⁴. Men who suffer domestic abuse are also highly likely to have their abuse trivialised by the perpetrator, and sometimes by the people around them²⁵.

- 5.10 There is no model for estimating the number of men suffering domestic abuse equivalent to that used for women in Devon. Estimates suggest that:
- 5% of men have been a victim of domestic abuse past year
 - 17.8% of men have been victims at some point since the age of 16.
 - 0.3% of men have been a victim of sexual assault (including attempts) past year
 - 2.7% of men have been victims at some point since the age of 16²⁶.
 - Since male survivors tend to suffer fewer repeat incidents than female survivors, the proportions of actual male victims may be higher than those based on numbers of incidents shown on these figures.
- 5.11 In 2012-13 2% of Devon specialist DV services clients were male, this is a fall from 4% in 2011-12²⁷. In contrast the rape and sexual abuse line (which receives calls relating to abuse and to domestic violence) has reported a rise in male callers in 2012-13.
- 5.12 24% of DV offences reported to the Devon and Cornwall police in 2012-13 involved a male as the primary victim (2,119 out of 9,236 crimes). This highlights that the proportion of males reporting domestic abuse is far higher than the proportion seeking support. Nationally 17 men (5% of male homicides victims) were killed by partner, ex-partner or lover (compared to 59% of female homicide victims) in 2011-12.

Main Findings

- 5.13 There is sometimes a danger of misdiagnosis; men presenting as victims can be perpetrators whose victim has used violence, or men in unhappy relationships seeking custody of children. Police crime statistics sometimes report both parties as victims when they attend an incident and the perpetrator isn't clear, this could potentially lead to an over estimation of the proportion of male victims.
- 5.14 Since male survivors tend to suffer fewer repeat incidents than female survivors, the proportions of actual male victims may be higher than those based on numbers of incidents shown on these figures.
- 5.15 The proportion of males reporting domestic abuse to the police is far higher than the proportion seeking support from specialist domestic violence services.

Recommendation 3: Ensure data collection across agencies and partners captures male victims to achieve a better understanding of the number of male victims and their needs

²⁴ Respect evidence submitted to NICE 2012 <http://www.nice.org.uk/nicemedia/live/12116/64786/64786.pdf>

²⁵ <http://www.mensadviceline.org.uk/pages/advice-frontline-workers.html>

²⁶ Crime Survey for England and Wales 2011/12, Office for National Statistics

²⁷ CAADA Insights outcome measurement: Devon Specialist domestic violence services (2012-13)

Teenage Relationship Abuse and Violence

- 5.16 The British crime survey 2009-10 found that 16-19-year-olds were the group most likely to suffer abuse from a partner. 12.7% of women and 6.2% of men in this age group suffer abuse, compared to 7% of women and 5% of men in older groups having suffered abuse in the previous 12 months. Other national research has found that teenage relationship abuse was extremely common,
- nearly three quarters of young women and half of young men reported some form of emotional bullying by their partners;
 - one in three girls reported some form of sexual violence²⁸;
 - a quarter of young women also reported physical violence²⁹.
- 5.17 In March 2013 the government definition of domestic violence was widened to include 16-17 year olds in intimate relationships. 213 (2.3% of victims) of the DV offences reported to the Devon and Cornwall police in 2012-13 were under the age of 18.
- 5.18 3% (46 clients, all female) of Devon specialist domestic violence service users were under the age of 18 in 2012-13.
- 35% of these clients had children of their own (20 children)
 - 7% were pregnant at service intake.

Despite their young age the average length of abuse experienced was 2.4 years. They experienced a range of abuse including:

- physical abuse 72%,
- sexual abuse 39%,
- harassment/ stalking 46%
- jealous and controlling behaviours 72%.

- 5.19 There is strong evidence to suggest that there is a link between adolescents who have grown up in violent homes who then go on to either repeat the violent relationship they have seen or commit violent crime. Data from an Office of National Statistics (ONS) survey revealed that 42% of young female offenders had experienced domestic violence.

Main finding

- 5.20 Abuse in a teenage relationship abuse should be viewed as a significant child-welfare problem'. In common with adult women, young women are more likely than boys to experience violence, and to experience it more frequently. Girls who are abused can develop eating disorders; mental health problems including self-harm and suicide attempts; problems with alcohol and drugs; and be at risk of sexually transmitted infections; unwanted or unplanned pregnancy, and from sexual abuse. For young women, having an older partner, and especially a "much older" partner, was associated with the highest levels of victimisation³⁰. Both genders experience higher risk of violence and abuse in relationships with a "much older" partner.

Recommendation 4: The adverse effects of DSVAs on adolescents' lives should be addressed. Preventative work should be undertaken either within schools, colleges

²⁸ NSPCC and the University of Bristol (2009) Partner exploitation and violence in teenage intimate relationships

²⁹ Stanley, N., (2011) Children experiencing domestic violence: a research review. Research in Practice

³⁰ Partner exploitation and violence in teenage intimate relationships: A landmark research report from the University of Bristol and the NSPCC, By Christine Barter, Melanie McCarry, David Berridge and Kathy Evans (September 2009)

or youth settings as well as in specialist services such as youth offending and child protection.

Recommendation 5: Midwives and health visitors should be especially conscious of DSVAs when supporting teenage pregnancies and young parents.

Child Victims of Domestic Violence and Childhood Sexual Abuse

5.21 Domestic abuse is a child protection issue. The Children and Adoption Act 2002 broadened the definition of significant harm to include ‘any impairment of the child’s health or development as a result of witnessing the ill-treatment of another person such as domestic violence’. National research has found that nearly a quarter young people witnessed at least one type of domestic violence during childhood³¹. The research found that

- 12 per cent of under 11s, 17.5 per cent of 11–17s and 23.7 per cent of 18–24s had been exposed to domestic violence between adults in their homes during childhood.
- 3.2 per cent of the under 11s and 2.5 per cent of the 11–17s reported exposure to domestic violence in the past year.

5.22 National figures indicate that nearly three quarters of children with a child protection plan live in households where domestic abuse occurs.³² 446 Devon children and young people were subject to a child protection plan in March 2013. Calculating the number of children in Devon with a child protection plan who are victims of domestic abuse has been identified as a priority by Devon Safeguarding Children’s Board. In sample of 101 plans in March 2010 65% of children with a child protection plan either are currently, or had previously lived in a household, experiencing domestic violence.

5.23 The Police record data on the number of children and young people who were present at reported domestic abuse incidents. As shown in the table below, in 2012-13 children were present at just under 40% of domestic abuse incidents although there is variation across the districts. The majority of incidents will not be recorded here as they have not been reported to the police.

Table 3: Number of reported domestic violence and abuse incidents (last 5 years)

Devon	08/09	09/10	10/11	11/12	12/13
Domestic Violence Incidents	9,362	9,151	8,798	8,957	8,915
Domestic Violence Crimes	2,381	2,352	2,415	2,728	2,727
Number of incidents with Children and Young People Present	4,504	4,259	3,418	3,649	3,476
% incidents with Children and Young People present	48%	47%	39%	41%	39%

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

5.24 Devon specialist domestic violence services supported 226 children and young people in 2012-13 a large increase from 165 clients in 2011-12. 154 children and young people spent time living in a refuge in 2012-13. 73% of the children in the

³¹ Radford L, Corral S, Bradley C, Fisher H, Bassett C and Howat N (2010) The Maltreatment and Victimization of Children in the UK: NSPCC Report on a national survey of young peoples’, young adults and caregivers’ experiences http://www.nspcc.org.uk/inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf

³² Confidential Enquiry into Maternal and Child Health (2007)

refuge were under the age of 7. Their reporting shows that 96% of children had been exposed to domestic abuse with 54% having been direct victims of abuse themselves³³.

- 5.25 In 2012-2013 670 cases, assessed to be at very high risk, were taken to Multi Agency Risk Assessment Conferences (MARACs) in Devon compared to 646 in 2011-12. 25% of these were repeat attendances. There were 832 children and young people associated with these cases.
- 5.26 As of April 2013 the assessment process for children's social care referrals was revised to include risk factors relevant to the assessment, such as domestic violence or parental substance misuse³⁴. Analysis is underway to examine the risk factors identified in the initial assessments undertaken in Devon in the first quarter of 2012-13.

Main findings

- 5.27 The impact of domestic violence and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances³⁵. On both a national³⁶ and local level – from serious case reviews in Devon - there is evidence that serious injury or death can occur as a consequence of domestic violence. Children and young people will be distressed by living with domestic violence and may show a range of mental and physical symptoms. In younger children they may show developmental regression including bed wetting or temper tantrums. They may also become anxious and complain of stomach-aches. Older children react differently with boys much more outwardly distressed such as being more aggressive and disobedient, increasing likelihood of risk taking behaviours in adolescence including school truancy and start to use alcohol or drugs. Girls are more likely to internalise issues by withdrawing from social contact and become anxious or depressed. They are more likely to have an eating disorder, or to self-harm. Children of all ages with these problems often do badly at school. They may also get symptoms of posttraumatic stress disorder, for example have nightmares and flashbacks, and be easily startled.
- 5.28 In the longer term children who have witnessed violence are more likely to be either abusers or victims themselves echoing the behaviour which was normalised within their household. The repetition of violence is not a forgone conclusion but even for those who break the cycle, children from violent families often grow up feeling anxious and depressed, and find it difficult to get on with other people³⁷.

Recommendation 6: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 7: Roll out SAAF tool (Safeguarding Assessment and Analysis Framework) to identify basic risks supplemented by simple summary protocols (for Domestic Violence; Neglect; CSE; Adult Mental Health; Learning Disabilities;

³³ CAADA Insights outcome measurement: Devon Specialist domestic violence services (2012-13)

³⁴ Additional Guidance on the Factors Identified at the End of Assessment Children in Need Census 2013-14

³⁵ Safeguarding Children Abused through Domestic Violence – Draft for Consultation, August 2009, Devon County Council

³⁶ Reder P and Duncan S (1999), Lost innocents. A follow-up study of fatal child abuse. London, Routledge.

³⁷ Devon Domestic and Sexual Violence JSNA, 2011 <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/JSNA-DVA-and-SV-FINAL-Feb2011.pdf>

Substance Misuse) to support front-line staff undertaking better and more consistent risk assessments (Recommendation from Devon Ofsted Action Plan v2.3³⁸)

Recommendation 8: For detailed recommendations relating to Safeguarding Children – including those affected by DSVAs see the Devon Safeguarding Children JSNA and Implementation Plan³⁹.

Sexual Abuse

- 5.29 Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, regardless of whether or not the child is aware of what is happening. Such activities may involve physical contact, including non-penetrative and penetrative acts (e.g., rape, buggery, or oral sex). Alternatively, the activities may not involve physical contact, e.g., having the child look at sexual images or watch sexual activities; involving the child in the production of sexual images; or encouraging them to behave in sexually inappropriate ways. National estimates suggest that 16% of children aged under 16 experience sexual abuse during childhood. There are currently 125,000 children aged under 16 living in Devon; 16% would be 20,000 children. Of children subject to a child protection plan to Devon County Council at 31 March 2012 5.2% were recorded under the abuse category of sexual abuse⁴⁰. It is likely that a proportion of those in the other need categories have an element of sexual abuse.
- 5.30 The Devon and Torbay Sexual Assault Referral Centre is now established and is providing clinical and emotional support for adult and child victims of rape and sexual assault. 411 clients were examined by the SARC in Exeter in 2012-13, of these 176 clients (43%) were children.

Child Sexual Exploitation and Trafficking

- 5.31 Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerabilities⁴¹.
- 5.32 Types of exploitation might broadly fall into three groups:
- inappropriate relationship (particularly with a large age gap or relationship power imbalance);

³⁸ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

³⁹ Devon Safeguarding Children JSNA 2012 <http://www.devonhealthandwellbeing.org.uk/jsna/>

⁴⁰ Devon child protection and private fostering management information report 2011-12Q4

⁴¹ DCSF (2009) Safeguarding children and young people from sexual exploitation: supplementary guidance to Working Together to Safeguard Children.
http://publications.education.gov.uk/eOrderingDownload/Safeguarding_CPY_from_sexual_exploitation.pdf

- ‘Boyfriend’ model of exploitation and peer exploitation (where the ‘boyfriend’ or peer coerces or forces the young person into having a sexual relationship with others; and
- organised/networked sexual exploitation or trafficking Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced /coerced into sexual activity with multiple men. Under the Sexual Offences Act 2003 (S.58), this is defined as trafficking within the UK and this has increased dramatically in recent years⁴².

5.33 Nationally the Child Exploitation and Online Protection Centre (CEOP) said child sexual exploitation is rising, both online and contact abuse. CEOP undertook a data collection exercise encompassing the 43 Police Forces of England and Wales. Details of contact child sexual offending known or suspected to have taken place in 2012 were requested. 25 forces identified a total of 2,120 lone perpetrators involved in either suspected or confirmed cases of non-familial contact child sexual abuse in 2012 and 31 forces reported a cumulative total of 65 group and gang associated offences (the others were not able to respond)⁴³.

Main finding

5.34 Cases of teenage girls and boys falling victim to sex exploitation and trafficking are being reported to Devon and Cornwall Police. There have been several large high profile cases of child sexual exploitation across Devon and Cornwall in recent years involving several hundred children. The Devon rape and sexual abuse line (SAL) has reported an increase in 2012-13 in the number of callers reporting being sexually exploited and trafficked.

Recommendation 9: Undertake a Pace & Impact Assessment for Child Sexual Exploitation, Children Missing from Care (Recommendation from Devon Ofsted Action Plan v2.3⁴⁴)

Recommendation 10: Deliver immediate targeted training sessions on Child Sexual Exploitation and missing children (Recommendation from Devon Ofsted Action Plan v2.3⁴⁵)

Recommendation 11: For Recommendations relating to tackling Child Sexual Exploitation see the South West Peninsula Child Sexual Exploitation Strategy 2012- 2015⁴⁶ and Devon Safeguarding Children JSNA 2012⁴⁷

Adult Rape and Sexual Assault Victims

5.35 An estimated 3% women and 0.3% of men - have been a victim of sexual assault (including attempts) in the past year, whilst 19.6% of women, and 2.7% of men, have been victims at some point since the age of 16⁴⁸. This would equate to 9,756 women and 898 men in Devon (aged 16+) experiencing sexual violence in the past

⁴² Barnardo's (2011) Puppet on a string: The urgent need to cut children free from sexual exploitation, London

⁴³ Child Exploitation and Online Protection Centre (CEOP) (2013) Threat Assessment of Child Sexual Exploitation and Abuse http://ceop.police.uk/Documents/ceopdocs/CEOP_TACSEA2013_240613%20FINAL.pdf

⁴⁴ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

⁴⁵ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

⁴⁶ <http://www.plymouth.gov.uk/pscbpeninsulacsestrategy.pdf>

⁴⁷ Devon Safeguarding Children JSNA 2011-12 <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/07/JSNA-Safeguarding-Children-2011-12.pdf>

⁴⁸ Crime Survey for England and Wales 2011/12, Office for National Statistics (Table 4.01: Prevalence of intimate violence among adults aged 16 to 591, by category, 2011/12 CSEW)

12 months and 63,742 women and 8,084 men in Devon experiencing sexual violence since the age of 16.

- 5.36 Though all recorded crime fell by 9% from the previous year, nationally sexual offences recorded by the police increased 1% in the year ending March 2013, a total of 53,540 sexual offences across England and Wales⁴⁹. In Devon in 2012-13 there were 608 sexual violence offences reported to the police, of which 253 were rape and 355 sexual assaults. Of these, 41% of victims were under 17 years of age and 72% under 25 years of age, only around 4% were aged over 60.
- 5.37 Devon rape crisis received 598 calls, held 229 face to face sessions and offered email support in 114 cases in 2012-13, 99% female and 1% male. Of the most common reasons for seeking support were Childhood sexual abuse (34%); Historic rape (over 1 year ago) (28%); and Recent rape (less than 1 year) (17%)⁵⁰.
- 5.38 The Devon rape and sexual abuse line (SAL) answered 2,165 calls in 2012-13 up from 1,937 2011-12, an increase of over 11% in the total number of calls. Within these they have seen a rise in male callers (103). The line is primarily for adult callers but they have seen a concerning rise in the number of young people accessing the service. Devon victims will also be accessing national advice lines, but data for these is not available at the local level.
- 5.39 20% of clients entering Devon specialist domestic violence services reported sexual violence as part of their abuse. The abuse was high severity in half of these cases.
- 5.40 The Devon and Torbay Sexual Assault Referral Centre (SARC) provided support from crisis workers and if appropriate forensic medical examinations, emergency contraception and sexual health screening to 235 adults and 176 children in 2012-13. 95% of the adult clients were female and 5% male.
- 5.41 Sexual violence is usually depicted as 'stranger rapes', the sort of incidents most often reported by the newspapers, where the victim and the perpetrator do not know each other. The reality is that this represents a small proportion of sexual violence cases. National research indicates that 54% of UK rapes are committed by a woman's current or former partner⁵¹. Data from the Rape Crisis Federation suggests that 97% of callers to Rape Crisis know their rapist and but fewer than 7% had reported the assault to the police⁵².

Main finding

- 5.42 There is a high level of overlap for service need between domestic and sexual violence services, with the majority of sexual violence involving a perpetrator known to the victim and in many cases a partner/ ex-partner.

Recommendation 12: Combine the sexual violence and domestic violence and abuse agendas for a more coherent approach.

⁴⁹ Office for National Statistics (2013) Statistical Bulletin: Crime in England and Wales, Year Ending March 2013

⁵⁰ Devon Rape Crisis headline stats for April 2012 to March 31st 2013

⁵¹ Walby and Allen (2004)

⁵² Rape Crisis Federation, England and Wales

Higher Risk Groups

- 5.43 Domestic abuse can occur within any family and intimate relationship. However, there are number of specific groups show an increased propensity to becoming victims of domestic abuse. The groups are:

Families under stress and/or with complex needs

- 5.44 This includes those living in a family or relationship where there are financial pressures; mental health issues; substance misuse; a person with multiple or complex needs; a dependent older person; and alcohol abuse. These families are at an increased risk because they tend to produce a combination of dependent situations and conflict. The stress is not the cause of the abuse; rather these high stress family and relationship situations give perpetrators more opportunities to be abusive.

Recommendation 13: The Devon 'Targeted Family Support' Program to include awareness, and support around, DSVAs as part of their family support.

Recommendation 14: Ensure domestic and sexual violence and abuse is given proper consideration during DAF assessments.

Those who have experienced abuse previously

- 5.45 Domestic abuse tends to spiral into a cycle of repeat abuse. The impact of past abuse can have a devastating effect on an individual's sense of self-esteem and self-worth, with victims often believing they deserve the abuse. Nationally, 32% of women and 11% of men who had ever experienced domestic violence did so four (or more) times⁵³. Repeat victimisation accounted for over 70 per cent of all crimes of domestic abuse reported to the British Crime Survey in 2010-11. The amount of repeat victimisation before seeking help can be extensive, on average; a woman is assaulted 35 times before her first call to the police⁵⁴.
- 5.46 Clients of Devon's specialist domestic violence services had experienced abuse for an average of 4 years before their intake into the service (2012-13)⁵⁵. The delay in seeking support may be getting worse, as this is an increase from 3.2 years in 2011-12.
- 5.47 Victims leave their abusive relationship an average of 6 times before it ends permanently (25% of Devon MARACs were repeat presentations in 2012-13), and leaving is the most dangerous trigger point for injury or murder.

Main findings

- 5.48 Victims reluctance to seek support can be dangerous for them and severely reduces the ability of agencies to provide support for people before problems escalate.
- 5.49 Although survivors do not deliberately choose abuse or abusive partners, those who have been in abusive relationships before are more at risk of becoming involved in

⁵³ Home Office, 'Homicide, Firearm Offences & Intimate Violence 2008/09', January 2011

⁵⁴ Jaffe, 1982

⁵⁵ CAADA Insights outcome measurement: Devon Specialist domestic violence services (2012-13)

further abusive relationships, particularly if they haven't been supported to rebuild their self-esteem and to recognise warning signs of a potentially abusive relationship. Repeat victimisation may also be from the same partner, when victims return to abusive relationships after leaving.

Older Adults

- 5.50 6% of domestic violence and 4.3% of sexual violence reported to Devon and Cornwall police in 2012-13 involved a victim aged over 60. In the same period 4% of clients entering Devon specialist domestic violence services were aged over 60.
- 5.51 The dependence of some older people on helpers and carers may leave them vulnerable to Elder Abuse.⁵⁶ There has been an increase in adult safeguarding referrals in Devon over the last three years, during 2012-13 there were 886 recorded on the CareFirst system. 60% of these referrals related to people aged 65 and over and a total of 361 (41%) referrals related to women over the age of 65.
- 5.52 Devon Adult safeguarding cases recorded during 2012-13 show that in 20% of cases where the alleged abuse occurred in the vulnerable person's home (52% of all referrals), the alleged perpetrator was identified as a partner, in 40% it was alleged to be another family member and in 12% of cases it was alleged to be a paid carer. Nationally one third of cases involve multiple perpetrators acting in collusion. Due to changes in the reporting to adult safeguarding referrals domestic abuse is no longer specifically identified in the recording system. In 2009-10 when this was recorded 10.2% of Devon referrals were identified as domestic abuse.

Main finding

- 5.53 It is recognised that vulnerable adults are also at increased risk of domestic abuse, and this could mean mistreatment by a family member, friend or carer, as well as a partner. Specific causes include poor quality long-term relationships; a carer's inability to provide the level of care required; and a carer with mental or physical health problems who feels under stress within the caring relationship.

Recommendation 15: A better understanding of the number of older adults experiencing abuse and their needs

Physical and Learning Disabilities

- 5.54 There is a strong link between the abuse of vulnerable adults and domestic violence. Disabled women are twice as likely to experience domestic violence than non-disabled women (British Crime Survey), they are also likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence.
- 5.55 Disabled people can be subject to physical, psychological, sexual or financial violence in any or all of the ways that non-disabled people are abused, but may also experience the following forms of abusive behaviour:
- Care being withheld, or undertaken neglectfully or abusively
 - Removal or mobility or sensory aids needed for independence
 - Withholding medication to reduce mobility or independence

⁵⁶ Elder Abuse (2010) What is Elder Abuse http://www.elderabuse.org.uk/About%20Abuse/What_is_abuse%20define.htm

- Managing state benefits claimed for care, enabling financial control over the victim.
- Using the disability to taunt or degrade

5.56 There is concern that forced marriage of people with learning disabilities is widespread within communities that practise arranged marriages, but the lack of awareness and difficulty collecting data on prevalence means that it remains a largely hidden problem.⁵⁷ The forced marriage unit gave advice or support in relation to 1485 cases of possible forced marriage in 2012, 114 (8%) of these cases involved victims with disabilities⁵⁸.

Main finding

5.57 Disabled people may find it harder to protect themselves from abuse or to seek help as they may be more physically vulnerable and less capable of removing themselves from an abusive situation. They may be more socially isolated because of the disability and the resultant ability of an abusive carer to control social relationships. It will be much harder for a disabled person to disclose abuse if they have no opportunity to see health or social care professionals without the abuser being present.

Recommendation 16: Ensure that DSVAs support services are flexible enough to support those with disabilities.

Recommendation 17: Continue to ensure that DSVAs training is available to those providing front line services to people with physical or learning disabilities (and that this training includes specific guidance relating to abuse of this cohort)

Armed Forces Families

5.58 Devon has strong military links and is home to a significant number of serving personnel. Currently Devon as a local authority area has the third largest South West regional presence of currently serving forces personnel including: 4,230 regular armed forces personnel based in Devon; 1,000 school-age children of Armed Forces families; 1,000 reservists; and 3,800 cadets⁵⁹. There is currently no known data on prevalence of domestic abuse in armed services families in Devon. A needs assessment is being conducted in Devon that will explore this issue (Peninsula Veterans Health Needs Assessment, 2013 DRAFT).

5.59 A recent study found that of men under the age of 30 serving in the armed forces, 20.6% had been convicted of a violent offence, compared with 6.7% in the general population (this additional risk seems to be strongly associated with younger people, the offending rate actually lower among veterans aged over 45 than the general population)⁶⁰. In the weeks after returning home, 12.6% of Army personnel reported being violent, and this was 4.8 times higher among those who experienced mental health problems such as post-traumatic stress disorder (PTSD) and 3.1 times more likely among those misusing alcohol.

⁵⁷ http://www.anncrafttrust.org/Forced_Marriage_of_People_with_Learning_Disabilities.html, accessed 22 August 2010.

⁵⁸ Forced Marriage Unit – Statistics January to December 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141823/Stats_2012.pdf

⁵⁹ Devon County Council 2012

⁶⁰ MacManus, D. et al. 'Violent behaviour in UK military personnel returning home after deployment', Psychological Medicine,

Main finding

- 5.60 National and international research indicates that domestic abuse is an issue for military personnel and their families. Contributing factors include: isolation of families on or near to bases; frequent house moves of military families disrupting a victim's support network; the risk of losing the family home if the victim is not entitled to military housing in their own right; that careers involving control and power may be attractive to perpetrators; and that the close-knit nature of the regiment or squadron, combined with fears about the impact on a military career from reporting domestic abuse, are thought to be reasons why this type of abuse may remain hidden.

Black and Minority Ethnic (BME)

- 5.61 Devon's domestic incident figures do not significantly differ from the county's ethnic makeup. In keeping with the overall demography of Devon, the majority of clients (94%) were of a White British or Irish background (2012-13), with 5% known to be from a BME community. Victims from a BME community are more likely to self-harm or commit suicide than other groups⁶¹. There are some specific risks associated with BME groups including honour-based violence, female genital mutilation and forced marriage as well as barriers to accessing mainstream services including issues over cultural understanding, fears of racism and language barriers. This the level of risk will vary between groups of differing cultural or religious backgrounds.
- 5.62 The additional cultural barriers and strong taboos exist which act as an obstacle to leaving an abusive partner for many BME groups, are particularly strong within the **Gypsy Roma Traveller** community. These barriers often include loss of community, fear of racism, isolation, concerns about possible accommodation alternatives, and expectations that marriage is for life. It is thought that most GRT victims and survivors of domestic abuse are female; however, no reliable statistics are available either nationally or locally. A 2007 study on GRT in Wrexham reported that 61% of married English Gypsy women and 81% of married Irish Traveller women interviewed had experienced direct domestic abuse⁶².
- 5.63 Devon specialist domestic violence services have seen a decline in clients from BME communities seeking support (5% of clients were from BME groups in 2012-13 compared to 7% of clients in 2011-12)⁶³. This decline could be from changing need or it could be that they are finding support from other organisations. In North Devon, Sunrise⁶⁴ staff and volunteers have been increasingly approached for support BME survivors of domestic violence, from 3 in 2009 rising to 31 in 2012. Whilst BME charities such as this one have built up trust with service users, hence the approach, they are likely to struggle to have the training, funding, or capacity, to provide the support services that are needed.
- 5.64 There may be additional barriers to accessing services for those from BME communities, particular if they have English language difficulties. A survey by Safer

⁶¹ Women's Aid (2005) Principles of Good Practice Working with Women Experiencing Domestic Violence

⁶²http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

⁶³ CAADA Insights outcome measurement report for Devon 2012-13

⁶⁴ North Devon Sunrise is a grassroots community organisation, set up in 2009, that supports people from black and minority ethnic (BME) communities in Northern Devon

Devon Partnership in 2009 of 200 black and minority ethnic people found that 40% felt they had experienced racist abuse. Consultations by ADVA with black and minority ethnic group domestic violence survivors found that racism, and barriers caused by lack of cultural understanding were problems when resident in the refuge and with accessing services.

Main finding

- 5.65 Interviews BME service users and nine frontline workers in Devon, conducted in 2009, focused on the barriers which prevent black and minority ethnic group victims of domestic violence from accessing services and getting the support they need highlighted barriers with the legal system, safety, emergency accommodation, mental health support/services, racism and prejudice, isolation and honour, cultural differences and language.⁶⁵
- 5.66 **Honour-based violence (HBV)** is a form of domestic abuse perpetrated in the name of the 'honour' of a community. The honour code behind the abuse is set by the community, based on traditions and shared beliefs. Those who do not abide by the code risk being punished for bringing shame on the community. HBV is believed to be much more prevalent than statistics suggest and widely underreported due to fear. It exists in patriarchal cultures where males can establish and enforce the whole community's conduct; including many Asian, African, Gypsy Roma Traveller, refugee, and asylum-seeking communities. Its perpetrators are not only males, and often there is strong female support for the code and abuse. HBV often affects females, but males can also be victims. Devon specialist domestic violence services reported that in 2012-13 1% of clients were at risk of honour-based violence (down from 3% in 2011-12)⁶⁶. HBV can escalate and result in murders, known as 'honour killings'. It is believed that these killings are often disguised as an accident, or suicide, and not recorded as 'honour' killings.
- 5.67 A **forced marriage** is where one or both people do not (or in cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used. The forced marriage unit gave advice or support in relation to 1485 cases of possible forced marriage in 2012. Where the age was known, 13% involved victims below 15 years, 22% involved victims aged 16-17, 30% involved victims aged 18-21, 8% involved victims aged 31+. The oldest victim was 71 and the youngest was 2; 82% involved female victims and 18% involved male victims; 2 involved victims who identified as lesbian, gay, bisexual or transgender (LGBT) and 114 cases involved victims with disabilities⁶⁷. Devon specialist domestic violence services reported that less than 1% of clients were known to be at risk of forced marriage in 2012-13 (down from 1% in 2011-12)⁶⁸.
- 5.68 **Female Genital Mutilation FGM**, sometimes known as female circumcision, refers to a number of practices, which involve cutting away part or all of a female's external genitalia. It is rooted in cultural beliefs that limiting or removing sexual pleasure for women will ensure chastity and marital fidelity. It can result in severe, sometimes irreversible, physical and psychological injuries or later health problems (38). FGM is commonly held as a positive act in particular communities. The greatest numbers

⁶⁵ Devon DV BME Action Group (2010). An investigation into the provision of domestic violence services to BME survivors in Devon

⁶⁶ CAADA Insights outcome measurement report for Devon 2012-13

⁶⁷ Forced Marriage Unit – Statistics January to December 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141823/Stats_2012.pdf

⁶⁸ CAADA Insights outcome measurement report for Devon 2012-13

in the UK are associated with communities from Kenya, Somalia, Nigeria (north), Sierra Leone, and Egypt. It is also known to happen in 23 other communities (39). FGM is a form of child abuse and is against the law under the Female Genital Mutilation Act (2003); however, it is unlikely to be reported to the Police (to date, Devon and Cornwall Police have recorded no incidents of Female Genital Mutilation). Despite legislation, there has yet to be a successful prosecution in the UK. According to a 2007 Department of Health funded study; up to 66,000 women in the UK have already had their genitals mutilated. 23,000 girls in England and Wales under the age of 15 are at risk of FGM. In Devon, based on the ethnicity of those in Devon schools, up to 200 pupils are possibly at greater risk of Female Genital Mutilation based on their ethnic heritage but as FGM is not carried out uniformly across such broad categories of ethnic groups it is impossible to judge whether these young people are from families which are likely to view Female Genital Mutilation as culturally acceptable.

Main finding

- 5.69 FGM is often only discovered when survivors are pregnant or once they reach adolescence and is a particular concern for unaccompanied asylum-seeking children. Within Devon accessing supportive specialist services is difficult, the nearest specialist Female Genital Mutilation clinic is in Bristol⁶⁹ meaning that any local victims would have to travel a significant distance to access specialist treatment. Fear of disclosing FGM can create additional health inequalities as it reduces women's ability to access healthcare services such as cervical screening, sexual healthcare and maternity services.

Recommendation 18: FGM awareness training offered to frontline staff in schools, medical settings (with priority given to gynaecology and maternity services) and children's social care settings.

Gay, Lesbian, Bisexual and Transgender (LGBT)

- 5.70 The picture regarding LGB&T related abuse is very unclear, because agencies do not routinely record sexual orientation. Those agencies that do record this information do not uniformly ask about domestic abuse. Therefore, it is unlikely that we would know the true numbers of those in LGBT abusive relationships, especially within Devon. It is believed to be just as prevalent as in the wider population.
- 5.71 A national research survey found that more than a third of respondents (40% of female and 35% of male respondents)⁷⁰ said that they had experienced domestic abuse at some time in a same sex relationship, a higher prevalence rate than the heterosexual population. Although, due to sampling, this figure may not be representative, it does indicate that domestic abuse is an issue for a considerable number of people in same sex relationships in the UK. LGB&T populations may experience unique forms of abuse, based on their sexuality and/or gender identity. Perpetrators may use fears that agencies are intolerant of their sexuality to keep victims from seeking help. Also, threats of being 'outed' within the wider community can be used to manipulate victims.

⁶⁹ Charlotte Keel Health Centre Minority Ethnic Women's and Girls' Clinic in Easton, Bristol

⁷⁰ Donovan, C.; Hester, M.; Holmes, J.; McCarry, M. (2006) Comparing Domestic Abuse in Same Sex and Heterosexual Relationships. University of Sunderland

- 5.72 Service usage by LGB&T clients is low in Devon, with 1% of service users of Devon domestic violence services (in both 2011-12 and 2012-13) recorded a lesbian, gay or bisexual and no clients recorded as transgender. This may be because they are choosing to access support through organisations specialising in LGB&T support rather than domestic and sexual violence support. 13% of adults and 23% of young people using Intercom's help and advocacy services (between 2009 and 2013) disclosed domestic violence and abuse⁷¹.
- 5.73 Devon County Council and partners are currently funding the 'big survey' run by Intercom Trust, the results of which should provide local information on the extent and impact of domestic and sexual violence and abuse on the LGB&T community⁷².

Main finding:

- 5.74 A systematic review found that domestic and sexual abuse in same sex and sexual minority populations was higher than among heterosexual couples⁷³.

Recommendation 19: To ensure that domestic and sexual violence and abuse services are accessible by vulnerable groups

Perpetrators

- 5.75 There is no typical perpetrator; however, most perpetrators of domestic violence and abuse are men. Domestic violence and abuse is not about anger or anger management but is instead about one person exerting power and control over another. Domestic abuse is often underpinned by a complex pattern of overlapping and repeated abuse within a context of power and control. Abuse is often a series of repeated incidents, varying in severity, which escalate into a cycle of deliberate, manipulative controlled and controlling behaviour. Psychological control is an important factor in domestic abuse and can include a person being forced to change their behaviour as a result of fear⁷⁴.
- 5.76 The total number of perpetrators of domestic violence and abuse in Devon is not known. The only proxies available locally would be convictions and those working with perpetrator programs, this represents a minimum number of perpetrators in Devon.

⁷¹ The Intercom Trust (2013) Help and Advocacy service for Cornwall, Devon and Dorset: CASSIA Confidential Casework Analysis Report 2009-2013

⁷² Intercom Trust <http://www.lgbt.voicesinaction.com/>

⁷³ Systematic Review: West, Carolyn M (2012) Partner abuse in ethnic minority and gay, lesbian, bisexual, and transgender populations Partner Abuse 3: 336-357

⁷⁴ Cross-government definition of domestic violence: A consultation', Dec, 2011, p 9

Table 4: Brought to justice outcomes for domestic violence

Area	April 2012 to March 2013		April 2011 to March 2012		April 2010 to March 2011	
	Number of Convictions	Conviction rate ⁷⁵	Number of Convictions	Conviction rate	Number of Convictions	Conviction rate
South Devon	200	15.5%	270	22.7%	298	27.1%
Exeter, East & Mid Devon	250	15.1%	300	18.9%	321	23.6%
North Devon ⁷⁶	135	17.2%	127	16.9%	143	22.1%
West Devon ⁷⁷	19	12.8%	18	12.5%	26	19.7%
Total Devon	604	15.6%	715	19.5%	788	24.3%
Force	1,195	14.5%	1,333	17.5%	1,465	20.8%

Source: ADVA reporting

- 5.77 Devon and Cornwall Probation service were managing 1,011 adults under Multi-Agency Public Protection Arrangements (MAPPA) relating to DSVA, 504 domestic violence offenders and 507 sex offenders (August 2013). Nationally 40,345 individuals were registered as sexual offenders in England and Wales on 31 March 2012, 3,000 more offenders than March 2010 (these figures include both sex offenders against adults and children).⁷⁸ The overwhelming majority of these offenders are male.
- 5.78 Offenders are not always adults and this does affect the way that they should be managed to prevent reoffending. Research data suggest that a substantial percentage (25-35%) of all alleged sexual abusers of children are thought to involve young, mainly adolescent perpetrators.⁷⁹
- 5.79 Locally not as many perpetrators are working with services as victims. There were 160 referrals to Northern and Eastern Devon REPAIR (Resolved to end the perpetration of abuse in relationships) in 2012-13, of those 56 progressed into the assessment phase and 16 the group phase (REPAIR is not currently operating in Southern Devon). A review of the REPAIR service was undertaken in 2008 which highlighted the struggle to engage perpetrators with the long program⁸⁰.
- 5.80 Research (a pilot Database of Inmates involved in Violence and Abuse) at a Devon prison found that many inmates, who were not in prison for a domestic abuse related crime were perpetrators. The research found that between 10-14% of inmates admitted were perpetrators. Over the course of the year almost 600 perpetrators were identified; this disclosure was voluntary and this number is therefore likely to be more⁸¹.
- 5.81 Information from the pilot was used to inform other partner agencies of any changes to the perpetrator's custodial term thereby reducing the risk to the current victim and potential future victims when the perpetrator is released. The impetus for this pilot arose from cases of offenders being released into the community and seriously assaulting previous victims; during the time the database was operational there were no further serious instances, however, this pilot has now ended.

⁷⁵ Based on the number of crimes of domestic abuse with a conviction by the number of domestic abuse crimes.

⁷⁶ Based on the sectors of Barnstaple, North Devon and Torrington

⁷⁷ Based on the sector of West Devon

⁷⁸ Ministry of Justice (2012) Table 1. In: Multi-agency Public Protection Arrangements (MAPPA) annual report 2011/12 (PDF). London: Ministry of Justice. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/218055/mappa-annual-report-11-12.pdf

⁷⁹ http://www.nspcc.org.uk/inform/research/briefings/sexuallyharmfulbehaviour_wda48213.html

⁸⁰ ADVA (2008) REPAIR Evaluation of a three year ISB project <http://www.devon.gov.uk/text/adva-repair-full-report.pdf>. Sue Penna Associates, Roy Tomlinson & Rachel Martin

⁸¹ Internal research HMP Exeter 2009

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

Main finding

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

Recommendation 20: To have a mechanism in place to systematically identify prisoners who would benefit from domestic abuse programmes and to provide these prisoners with effective programmes to prevent repeat domestic violence offences

Recommendation 21: To investigate whether current intelligence systems are adequate to maximise the safety of the victim when a domestic violence perpetrator is released from prison.

Data Limitations

- 5.86 Getting a comprehensive picture of the extent of domestic and sexual violence and abuse in any population is challenging because:
- a large proportion of domestic abuse and sexual crime is not reported and therefore not recorded by the Police. An average there have been 35 domestic violence assaults before a victim calls the Police.⁸² This leads to large discrepancies between estimated victimisation and reported crime levels
 - in services, other than the police, data on domestic and sexual abuse are not routinely collected
 - nationally derived statistics originating from the Crime Survey for England and Wales (from which local estimates of abuse are derived) may not be representative of the level of crime in Devon
 - individuals may be current victims or historical victims with on-going needs
 - increasing trends in abuse may be explained by increased need and/or improved access to services – these cannot be differentiated
 - national trends indicate that domestic abuse has more repeat victims than any other crime but crime figures relate to the number of incidents rather than the number of individual victims and therefore the level of repeat victimisation (and number of individual victims) in Devon is unknown

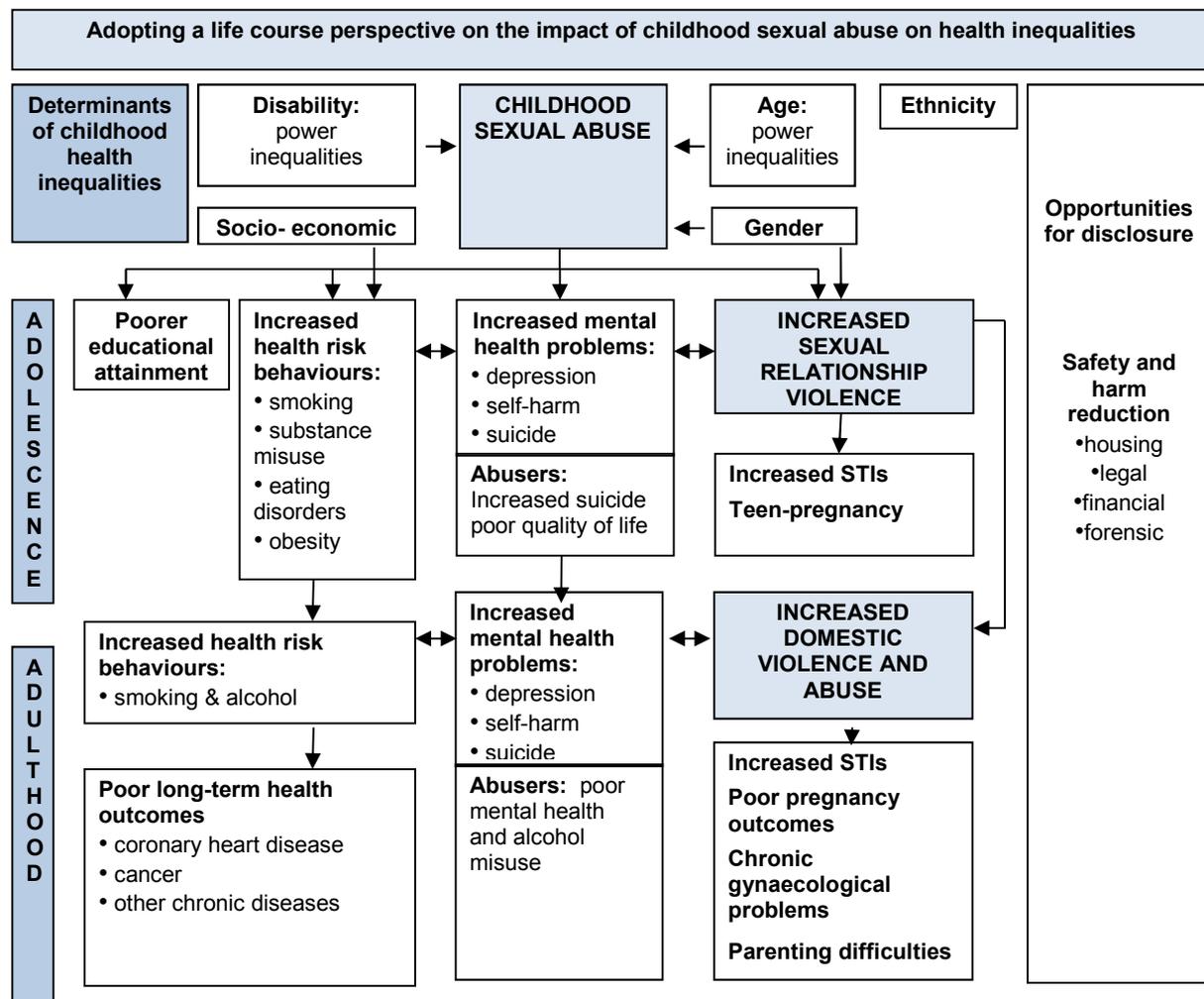
⁸² Crime in England and Wales 2006/07 report, Home Office

6. Summary of Health and Wellbeing Needs

Overview

6.1 The figure below highlights the life course consequences of childhood sexual abuse on increased risk of sexual and domestic violence and associated health and wellbeing needs. The remainder of section 6 describe these health and wellbeing needs in more detail.

Figure 3: The life course consequences of childhood sexual abuse on increased risk of sexual and domestic violence and abuse and short term health and wellbeing risk behaviours and outcomes



Source: Adapted from Nurse, J *et al.* (2005)⁸³ and Itzen C (2006)⁸⁴; STI = sexually transmitted infection

⁸³ Nurse, J *et al.* (2005) and Itzen C (2006) *A Global Perspective on Adolescent Sexual Relationship Violence: A New Understanding for Health Outcomes and Opportunities for Prevention* Departments of Gender and Women's Health/ Violence and Injury Prevention, World Health Organisation, Geneva

⁸⁴ Itzen C (2006) *Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse*. Department of Health. Gateway Ref: 6106

Pregnancy

- 6.2 Domestic violence is more likely to begin or escalate during pregnancy. More than 30% of domestic violence starts during pregnancy.⁸⁵
- 6.3 Domestic violence has been identified as a key cause of miscarriage or still birth and of maternal death during childbirth.⁸⁶ More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship.
- 6.4 A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services: for example, the perpetrator of the abuse may try to prevent her from attending appointments. The woman may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about the reaction of the healthcare professional.
- 6.5 Northern Devon Healthcare Trust, South Devon Health Care NHS Foundation Trust and Torbay Care Trust have produced a Domestic Abuse Guideline for Routine Enquiry which is applicable to all staff. All women over the age of 16 will be routinely asked about domestic abuse as part of their clinical assessment and if pregnant will be asked regardless of age.
- 6.6 Devon was one of six pilot areas in the UK participating last year in a Department of Health-funded project about domestic violence during pregnancy⁸⁷. Which highlighted the value of training in encouraging practitioners to ask a women (while she was alone) about domestic violence, and the value in encouraging non-healthcare staff such as those in children's centres to up-skill and be confident asking the question.

Main finding

- 6.7 Pregnancy is a period of increased vulnerability for many women, but contact with mainstream services offers an opportunity point for identification and support.

Recommendation 22: In line with Department of Health recommendations⁸⁸, NHS maternity services in Devon should move to include a routine question as part of the social history taken during pregnancy, but this should be introduced at a measured pace, and with appropriate training and, if required, as a confidential disclosure. A method to appropriately evaluate routine questioning in this setting should be in place.

Recommendation 23: Implement the recommendations from the NICE Guidance (2010) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors.

Recommendation 24: Revise and re-launch the social care pre-birth protocol to ensure drift and delay in the assessment of unborn babies is avoided. (Recommendation from Devon Ofsted Action Plan v2.3⁸⁹)

⁸⁵ Helton, A. Mcfarlane, A. Anderson, E. (1987). Battered and Pregnant: a prevalence study. American Journal of Public Health. 77.10.1337-9.

⁸⁶ National Institute for Clinical Excellence, 2001

⁸⁷ DMSS Research (2012) Improving the health outcomes of women and their children experiencing domestic abuse during and after pregnancy <http://www.devon.gov.uk/adva-first-year-evaluation-report-final.pdf>

⁸⁸ Responding to domestic abuse: a handbook for health professionals (2005). Department of Health Gateway Ref: 5802

⁸⁹ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

Mental Health Needs

- 6.8 A report from Women's Aid found that that women experiencing domestic violence are particularly vulnerable to the additional negative effects of being labelled as "mentally ill". They may find it even harder than other women to report or even to name their experience as domestic violence. When they do seek help, their credibility may be questioned and they may be unable to access any suitable sources of support. For instance, a woman's mental health diagnosis may be used against her in civil or criminal proceedings, if, for example, she tries to obtain legal protection from her abuser, gain residence of her children, or give evidence if her partner is prosecuted for assault⁹⁰
- 6.9 Various studies have reported a link between mental health and domestic violence and abuse. Many women and children living with, or fleeing domestic abuse will have some form of mental health need. Abuse can contribute to, and exacerbate these issues as well as cause them⁹¹. Where individuals are subject to domestic abuse they have a 4–5 times increased risk of posttraumatic stress disorder, depression and anxiety, which can persist long after the violence has ceased. Domestic violence commonly results in self-harm, National research found that one-third of women attending emergency departments for self-harm were identified as survivors⁹².
- 6.10 34% of new contacts to Devon's specialist domestic violence services indicated the abuse they experienced were a contributory factor to their mental health problems (2012-13) with 20% reporting self-harm and 19% having threatened or attempted suicide. This is even higher among teenage service users with 35% experiencing mental health problems, over half (52%) reporting self-harm and 28% having threatened or attempted suicide.
- 6.11 There is clear evidence of the adverse effect of domestic violence on women's mental health, that it can last for many years and that it leads to increased use of mental health services.^{93,94} Women with mental health problems are more likely to be experiencing domestic abuse than the general population⁹⁵. It is estimated that 50-60% of women users of mental health services have experienced domestic abuse⁹⁶. Devon Partnership Trust conduct care plan assessments for users of adult mental health services. These assessments do not cover domestic abuse specifically but, as part of a pilot study, do capture details of emotional, physical and sexual abuse (historic or current). When an enquiry was made about abuse 43% of women disclosed emotional, 32% physical and 30% sexual abuse⁹⁷.
- 6.12 Studies report a range of mental health problems following rape and sexual assault, including post-traumatic stress disorder, anxiety and panic attacks, depression, somatic symptoms, social phobia, substance abuse and suicide.⁹⁸ Nationally 500

⁹⁰ (<http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200040001&itemid=940>, accessed 12 August 2010)

⁹¹ Department of Health (2003) Mainstreaming Gender and Women's Mental health: Implementation Guidance (London: Department of Health)

⁹² (Stark and Flitcraft, 1996; Mullender, 1996)

⁹³ Golding, J.M. (1999) Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis *Journal of Family Violence* 14 2 99-132

⁹⁴ Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse Gateway Ref: 6106; 15 Mar 2006

⁹⁵ A study in Southwark, Linking Abuse and Recovery through Advocacy (LARA), (2011)

⁹⁶ Women's Aid (2005) Principles of Good Practice Working with Women Experiencing Domestic Violence

⁹⁷ Devon Partnership Trust, 2009 (data from epex system)

⁹⁸ Ullman, S.E. and Brecklin, L.R. (2002) Sexual Assault History, PTSD and Mental Health Service Seeking in a National Sample of Women *Journal of Community Psychology* 30 3 261-279

women who have experienced domestic violence in the last six months commit suicide every year. Of those, just under 200 attended hospital for domestic violence on the day that they committed suicide.⁹⁹ A recent adult serious case review in Devon featured extensive domestic violence and this was a contributory factor to the suicide¹⁰⁰.

- 6.13 The mental health of a mother suffering domestic abuse is the most significant determinant of her child's resilience¹⁰¹. Domestic violence impairs children's emotional, behavioural and cognitive development. Its effects include anxiety, fear, withdrawal, highly sexualised and aggressive behaviour, reduced educational achievement, failure to acquire social competence, anti-social behaviour, and the use of drugs.¹⁰²
- 6.14 For older adults mental health factors such as depression and dementia have been found to increase the risk of abuse within a care giving relationship¹⁰³, estimates of the prevalence of abuse of older adults suffering from dementia range from 5.4% to 11.9%.
- 6.15 The mental health needs of perpetrators are complex. Perpetrators frequently have mental health needs and may have been victims of abuse themselves. It is important that perpetrators are appropriately assessed to ensure that they are suitable for intensive long-term therapies. Poor quality programmes can be harmful and may give perpetrators the 'excuse' to perpetuate violence rather than break the cycle.

Main finding

- 6.16 There are clear cause and effect links between domestic violence and abuse and mental health for both victims and perpetrators and impact in terms of vulnerability to becoming a victim or perpetrator, the effect on cognitive, emotional and behavioural function, and the ability to report.

Recommendation 25: Implement routine questioning about DSVAs in both adult and child mental health services and establish whether improved training of mental health staff could reduce barriers to patients disclosing abuse

Substance Misuse

- 6.17 Alcohol use is very common in the UK. However, drinking in excess over time or binge drinking can have serious health and personal safety risks. Drinking excess alcohol has been linked to increased risks of hypertension, stroke, coronary heart disease, liver cirrhosis and some cancers. People who have consumed alcohol are more vulnerable to physical harm, or less able to make positive decisions during relationship tensions (both for the perpetrators and victims of abuse).
- 6.18 The Devon substance misuse needs assessment highlighted that problem substance use, particularly alcohol, is a common feature in families where there is

⁹⁹ Walby, S. (2004) The Cost of Domestic Violence. Women and Equality Unit

¹⁰⁰ Devon (2013) Adult SRC D: The response to the risk of domestic violence and abuse and the suicide of D.

¹⁰¹ Stanley, N., (2011) Children experiencing domestic violence: a research review. Research in Practice.

¹⁰² Hester, M., Pearson, C. and Harwin, N. (2000) *Making an Impact: Children and Domestic*

Violence – A Reader London: Jessica Kingsley

¹⁰³ Coyne et al., 1993; Dyer et al., 2000; Paveza et al.,

domestic abuse¹⁰⁴. Around half of all domestic violence crimes are recorded as linked to alcohol and in more than half of domestic homicide reviews one or both parties had consumed alcohol prior to the incident.

- 6.19 Women who experience domestic violence are more likely (one report states 15 times more likely¹⁰⁵) to misuse alcohol, this may be exacerbated as part of a coping strategy, but can also make it harder for them to stay safe and end the abuse. Based on national prevalence rate estimates from PANSI 6% of adults (aged 18-64) in Devon have alcohol dependency. Whereas Devon specialist domestic violence services reported that 8% of their clients had an alcohol misuse problem (2012-13).
- 6.20 A Crime survey self-completion questionnaire for 2010-11, which included a special focus on the nature of partner abuse, found that 21% of those who had experienced partner abuse in the last year thought the perpetrator was under the influence of alcohol while 8% thought they were under the influence of illicit drugs. Victims were more likely to report that the offender was under the influence of alcohol or illicit drugs than themselves; 10% of victims reported being under the influence of alcohol and 2% under the influence of illicit drugs at the time of the incident¹⁰⁶.
- 6.21 Getting an accurate estimate of the prevalence of a population affected by substance misuse can be difficult, particularly when it comes to illegal substances which, for obvious reasons, people are often reluctant to admit they use. Substance misuse does appear to be more common in those who have experienced domestic abuse 11% of adults aged 16-59 who had taken illicit drugs in the last year reported being a victim of partner abuse compared to 4% of those who hadn't taken drugs in the last year¹⁰⁷. Devon specialist domestic violence services reported that 4% of their clients had a drug misuse problem (2012-13). No evidence exists to suggest a direct causal relationship between substance misuse and domestic abuse. However, victims and survivors may develop substance misuse issues as a way of coping with the abuse or they may be introduced to substances by the perpetrator as a further means of control. Women with problematic substance misuse who experience domestic abuse are likely to feel doubly stigmatised and isolated, finding it even harder than others to report and escape their abuse. Refuge access is difficult as if the woman is honest about her substance use as she is may be excluded.
- 6.22 Few perpetrator programmes or services for survivors address substance use systematically. Just as scarce are drug or alcohol services which respond to domestic abuse issues for either perpetrators or survivors. In the process of referral or help seeking, one or the other issues becomes lost.

Main Finding

- 6.23 There are strong links between Substance Misuse, Mental Health and Domestic Violence and Abuse. These three issues need to be assessed holistically within the context of both assessment of individual need and impact on family.

¹⁰⁴ NHS Devon Substance Misuse Needs Assessment 2012 http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/08/Substance-Misuse-Health-Needs-Assessment_Final.pdf

¹⁰⁵ Stark and Flitcroft (1996) *Women at Risk: Domestic Violence and Women's Health*. London: Sage

¹⁰⁶ Smith et al (2012) *Homicides, Firearm Offences and Intimate Violence 2010/11 Supplementary Volume 2 to Crime in England and Wales 2010/11*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116483/hosb0212.pdf

¹⁰⁷ Smith et al (2012) *Homicides, Firearm Offences and Intimate Violence 2010/11 Supplementary Volume 2 to Crime in England and Wales 2010/11*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116483/hosb0212.pdf

Recommendation 26: To understand why unexpectedly low numbers of substance misuse service users in Devon report being victims or perpetrators of domestic abuse

Recommendation 27: To establish whether disclosure of domestic violence when in receipt of substance misuse services leads to appropriate onward referral

Sexual Health

- 6.24 Victims of DSVAs are at increased risk of experiencing sexual activity that can lead to physical harm (including injury and trauma, lower abdominal pain and lower back pain, gynaecological problems); sexually transmitted infections and urinary tract infections; sexual dysfunction; difficulty in defecating and bowel disorders; and unwanted pregnancy.

Physical Injury and Death

- 6.25 The British Crime Survey from 2010-11 asked about injury at from the most recent incident of partner abuse. Around a quarter (27%) of partner abuse victims reported that they sustained some sort of physical injury including bruising or black eye (19%) and scratches (13%). Victims were also asked about non-physical injury effects, the most common responses were 'mental or emotional problems' (39%), 'stopped trusting people or difficulty in other relationships' (19%) and 'tried to kill self' (4%).
- 6.26 28% of partner abuse victims who had sustained a physical or no-physical injury were had sought medical attention. The vast majority (82%) of victims who received medical attention did so from a GP or at a doctor's surgery, whilst 18% had gone to a hospital's Accident and Emergency department and 14% had gone to specialist mental health or psychiatric services. The need for the involvement of health care professionals in identifying and referring Domestic Violence victims has been highlighted in many reports. The NHS is the one service that almost all victims of Domestic Violence come into contact with regularly in their lives.
- 6.27 No local routine data are currently available on the number of individuals in Devon visiting their GPs who are attending for issues related to domestic and sexual violence and assault. Local data from the ASK project reported that in nurse practitioners who were routinely asking patients about history of domestic abuse 76 patients (7% of the 1107 asked) disclosed abuse. This was a small-scale study and does not reflect whether attendance at the GP practice was related to domestic abuse. Walby (2004) predicted that 11% of GP visits relate to domestic violence¹⁰⁸.
- 6.28 Physical abuse, in all its forms, is a criminal offence. 45% of victims using Devon's specialist domestic violence services reported physical abuse at intake in 2012-13 (down from 55% in 2011-12).
- 6.29 In 2012-13 there were 1,948 A&E attendances by patients registered in Devon for diagnosis codes where a patient disclosed Assault, 286 of these patients were 17

¹⁰⁸ Walby, S (2004) *The cost of Domestic Violence*. Department of Trade and Industry

and under (15% of attendances for assault) and 87 (4%) for those aged 60+. This will be an underestimate of the number of assault cases as not all clients will disclose, particularly those where the assault was not stranger violence. No local routine data is currently available on the number of people attending Accident and Emergency for issues related to domestic and sexual violence and abuse. Domestic Violence is primarily available from mortality data, A&E and Hospital Episode Statistics (HES) but data are limited as there is no specific coding to differentiate domestic violence from other victims of assault. An estimated 1.2% of all A&E attendances are DV related (this would equate to 3,162 visits by Devon registered patients to A&E departments in 2012-13). Abuse victims also visit Accident and Emergency (A&E) with a wide range of other illnesses which are exacerbated by domestic abuse e.g. chest pain and Irritable Bowel Syndrome (IBS)¹⁰⁹.

- 6.30 Nationally 500 women who have experienced domestic violence in the last six months commit suicide every year. Of those, almost 200 attended hospital for domestic violence on the day that they committed suicide.¹¹⁰ A recent adult serious case review in Devon featured extensive domestic violence and this was a contributory factor to the suicide¹¹¹.
- 6.31 An estimated 3% of all NHS expenditure is due to physical injury associated with DV¹¹². Anonymised assault injury reporting at A&E has taken place in Devon since 2009. The system is designed to gather anonymised data from patients who attend Accident and Emergency for treatment after having been assaulted, recording where possible basic details of the patient and the assault. Data collected between December 2009 and July 2010 revealed that of the 294 patients attending Accident and Emergency, 18 (6%) reported being assaulted by a partner, ex-partner or relative. We are confident this level of domestic violence is under-reporting. Victims, especially females ones, are often accompanied to Accident and Emergency by their partner and are unlikely to feel safe disclosing abuse to the receptionist in front of their abuser. Overall 40% of assault victims recorded by ARID (50% of the domestic violence victims) reported their injuries to the Police. If this information could be linked to the cost of treatment a local understanding of the cost to Accident and Emergency of domestic violence and abuse could be built up.
- 6.32 Research by the South Western Ambulance Service NHS Trust indicates that of the 146 cases seen at North Devon Multi-Agency Risk Assessment Conference between March and October 2009, 38% (55 cases) were known to the ambulance service. A total of 103 ambulance calls outs were made for these 55 cases of which 55% resulted in individuals being transported to hospital. These data highlight that 45% of calls outs – relating to high risk cases which are eventually seen at Multi-Agency Risk Assessment Conference - do not go to hospital and therefore the Ambulance Service may represent an early intervention opportunity. Initial interpretation of these research data also suggest that many of the call-outs relate to health problems of the perpetrator including substance misuse and mental health issues. South West Ambulance Service NHS Trust are collaborating with Co-ordinated Action Against Domestic Abuse to look at the possible role of ambulance clinicians in identifying domestic violence.

¹⁰⁹ Stevens L (2000) Conference report. *Domestic Violence, a health response: working in a wider partnership*. DoH: London.

¹¹⁰ [Walby, S. (2004) *The Cost of Domestic Violence*. Women and Equality Unit].

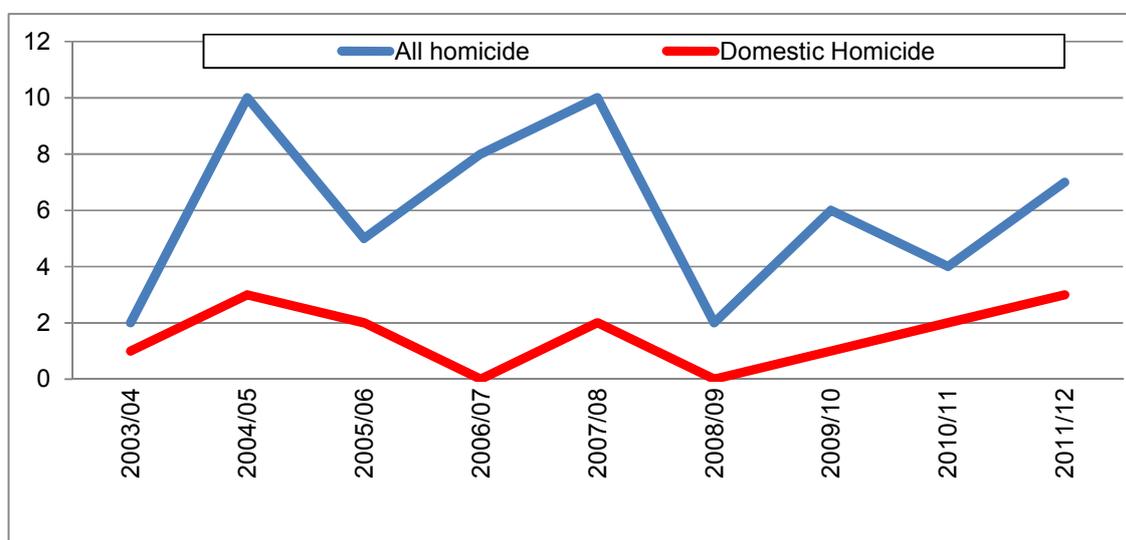
¹¹¹ Devon (2013) Adult SRC D: The response to the risk of domestic violence and abuse and the suicide of D.

¹¹² Walby, S, (2004) *The cost of Domestic Violence*. Department of Trade and Industry

6.33 Domestic violence has also been identified as a prime cause of miscarriage or still-birth, and of maternal deaths during childbirth¹¹³. Regardless of the means of death (murder, suicide or injury related) there will be significant human and economic costs to both the families of those left behind and agencies including the criminal justice system.

6.34 Nationally just over half of female victims aged 16 or over had been killed by their partner, ex-partner or lover (59%, 88 offences). In contrast, only five per cent of male victims aged 16 or over were killed by their partner, ex-partner or lover in 2011-12 (17 offences). For victims aged under 16, as in previous years, the majority had been killed by their parents (60%, 28 victims out of 47 in 2011-12)¹¹⁴. Domestic Homicides may now be subject to domestic homicide reviews¹¹⁵ of which four have been started in the last two years in Devon. The cost of homicide was estimated by the Home Office at well over one million pounds: a total of £1,774,681 in 2010¹¹⁶. With 3 domestic homicides in 2011/12 the cost to Devon could have amounted to over £5 million.

Figure 4: Domestic Violence related homicide in Devon Police Area



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

Table 5: Proportion of Homicides that are Domestic Violence related

Year	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
DV Homicides	2	0	1	3	2	0	2	0	1	2	3
Total Homicides	9	3	2	10	5	8	10	2	6	4	7
% DV Homicides	22%	0%	50%	30%	40%	0%	20%	0%	17%	50%	43%

Source: Devon and Cornwall Police

¹¹³ Mazey, (1997), and Lewis and Drife, (2001, 2005)

¹¹⁴ Office of National Statistics (2013) Statistical bulletin: Focus on: Violent Crime and Sexual Offences, 2011/12
<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime/stb-focus-on-violent-crime-and-sexual-offences-2011-12.html#tab-Victims>

¹¹⁵ Home Office (2011) Domestic homicide review - Equality impact assessment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97882/DHR-EIA.pdf

¹¹⁶ Home Office (2005) The economic and social costs of crime against individuals and households 2003/04 combined with Home Office (2011) Revisions made to the multipliers and unit costs of crime used in the Integrated Offender Management Value for Money Toolkit

Main finding

- 6.35 Domestic and sexual violence and abuse exacerbates a wide range of health conditions, potentially placing a large health burden and risk on both the individual and on healthcare services.

Recommendation 28: Implement the recommendations from the Devon domestic homicide reviews

Housing and Homelessness

- 6.36 Every year a number of victims are forced to flee their home as a result of domestic violence. Homelessness should be the last resort and the option to remain in, or return to, their own homes with additional security measures should be available more frequently. Sanctuary schemes costing £14,412 were used by District Councils to support 33 households in Devon in 2012/13 (registered social housing providers also provide a sanctuary scheme)¹¹⁷.
- 6.37 Men and women fleeing domestic violence are not always housed in refuges (there are no male refuge places in Devon but there are some in the South of England); some would be housed by the district housing departments, or via non-statutory homelessness projects. Up to 13% of all cases accepted by Devon District Councils as homeless and in priority need related to domestic violence in 2012/13 (39 out of 297 homeless applications accepted). However this figure is an under-representation of those forced leave their homes, as not all people affected will present to the local authority and instead may seek assistance from friends, family and voluntary and community organisations.
- 6.38 As part of the suite of follow-up questions on the nature of partner abuse in the British Crime Survey 2010-11, adults who have experienced partner abuse in the last year were asked if they shared accommodation with their abusive partner, whether they left that shared accommodation and other questions surrounding shared accommodation. If the victim had more than one abusive partner, these questions were asked of the most recent abusive partner. 23% of partner abuse victims reported sharing accommodation with their abusive partner with 42% of these victims leaving the accommodation because of the abuse for at least one night (54% of partner abuse victims who left the shared accommodation spent their first night with relatives, while staying with friends or neighbours was the next most likely destination (29%)). Reasons mentioned most frequently for not leaving the shared accommodation were 'presence of children' (38%), 'love or feelings for partner' (34%), 'never considered leaving' (29%) and 'having nowhere to go' (21%).¹¹⁸

¹¹⁷ District local authority reporting

¹¹⁸ Smith et al (2012) Homicides, Firearm Offences and Intimate Violence 2010/11 Supplementary Volume 2 to Crime in England and Wales 2010/11

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116483/hosb0212.pdf

Table 6: Numbers accommodated in Devon's Refuges

Devon County Council area Refuges	2008/09	2009/10**	2010/11**	2011/12	2012/13
The numbers of women admitted to the Refuge	136	174	165	118	112
The number of women aged 16 to 18 admitted	<5	10	7	<5	
The number of young people admitted 5- 16	145	124	77	111	
The number of children admitted under 5	99	96	83	71	

Source: ADVA Annual Report 2011-12

** Includes East Devon Refuge (East Devon Refuge was closed from 2011-2012)

- 6.39 544 women applied to Devon's refuges for accommodation in 2012/13, of these 112 women (and 154 children) were accommodated. The major reasons for refuges not being able to offer accommodation is lack of vacancies or insufficient space for the needs of particular families (in the main this means that the large size of some family groups is not compatible with vacancies at the time of application). About two thirds of women bring their children with them, and there are significant numbers of families with more than one child and given that all family rooms are shared this generates an additional stress factor for those who enter refuges and stay for long periods of time.
- 6.40 Qualitative evidence suggests that optimum length of stay in crisis accommodation should be no longer than three months. Most refuge stays of families are for under three months; however a significant minority had remained for longer than three months. Nearly a third of families (30%) admitted to a Devon refuge in both 2012-13 (no change from the 2011/12) had used a refuge before indicating the problem of repeat homelessness.
- 6.41 Refuge workers report a lack of follow-up of women once they have been resettled stating that outreach workers do not currently have the capacity to provide this service.
- 6.42 Perpetrators of domestic violence may also be at risk of homelessness. Perpetrators will be generally be regarded as intentionally homeless if they cannot return to their home because of an exclusion order or arrest and bail conditions, this means that local authorities will not have a duty to house them.

Main findings

- 6.43 Access to existing Crisis accommodation is constrained by availability, particularly for large families. Families sharing a room creates additional stress.
- 6.44 A number of families are staying in crisis (refuge) accommodation for longer than three months; the barriers to these families finding non-crisis accommodation needs to be addressed

Recommendation 29: A number of families are staying in crisis (refuge) accommodation for longer than three months; the barriers to these families finding non-crisis accommodation needs to be addressed.

Education and Parenting

- 6.45 Educational settings provide an opportunity for primary prevention of domestic and sexual violence and abuse. The Ofsted report on standards in Personal, Social and Health Education 2012 found that learning was good or better in 60% of schools but required improvement or was inadequate in 40%. The report found that too many teachers lacked expertise in teaching sensitive and controversial issues, which resulted in some topics such as puberty, sexuality or domestic violence being avoided.
- 6.46 The school environment represents a setting in which the impact of current or historic domestic and sexual violence and abuse can be spotted and appropriate interventions made. Children who are victims of domestic abuse and/or sexual violence are more likely to have difficulties at school including absence, exclusions and poor attainment. Research indicates that children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children¹¹⁹, and they are also more likely to be perpetrators or victims of domestic violence as adults.¹²⁰

Main finding

- 6.47 Schools have an important role in terms of both access to and education of children and young people. The lack of quality Personal, Health and Social Education in many schools is a concern as it may leave children and young people vulnerable to inappropriate sexual behaviours and sexual exploitation. This is because they have not been taught the appropriate language or developed the confidence to describe unwanted behaviours or know where to go to for help. In these schools there was little opportunity to explore the nature of relationships in any depth and rarely touched on topics such as how the media portrayed sex, domestic violence or conflict in relationships.¹²¹

Recommendation 30: Services for preventing domestic violence in Devon should be benchmarked against NICE guidance. In preparation, an audit of services which aim to prevent domestic and sexual violence and abuse should be undertaken.

Recommendation 31: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 32: Children's services need to clearly link with adult services to safeguard children.

Legal and Financial

- 6.48 Many people fleeing domestic abuse will need advocacy and may require legal support. Laws and rights relating to domestic abuse are complex. Legal support and

¹¹⁹ Wolfe D et al. (1986) *Child Witnesses to Violence between Parents: Critical Issues in Behavioural and Social Adjustment*, Journal of Abnormal Child Psychology 14 (1), 95–104.

¹²⁰ Whitfield, C et al. (2003) *Violent Childhood Experiences and the Risk of Intimate Partner Violence as Adults*, Journal of Interpersonal Violence 18 (2), 166–185

¹²¹ Ofsted (2012) Not yet good enough: personal, Personal, social and health education in English schools in 2012

advocacy can enable survivors and their families to stay safe. Legal redress leading to prosecution is available through a number of acts including the much-amended Offences Against the Person Act 1861, the Sexual Offences Act 2003 and the Domestic Violence, Crime and Victims Act 2004. The Protection from Harassment Act 1997 may also be used to limit the behaviour of perpetrators. Even for those survivors who do not wish to prosecute, Part VI of the Family Law Act 1996 provides the framework for civil orders, including occupation orders, which require perpetrators to leave the family home; civil injunctions, or criminal restraining orders where appropriate.

- 6.49 It can be particularly difficult to get a true picture of the prevalence of economic and financially abusive behaviour, as it is an often-overlooked form of abuse. Economic and financial abuse is any behaviour where the perpetrator controls their victim's finances and restricts their financial freedom to control them. It can be wide-ranging and can include sabotaging someone's job, denying access to money, enforced labour, monitoring expenditure and checking bills, taking out loans and accumulating debt in the victim's name. Another reason that it is often overlooked maybe because it is not always a criminal offence and some behaviours associated with financial abuse and control maybe more subtle and take the form of coercion instead of direct threats.
- 6.50 Survivors of domestic abuse often have financial concerns that affect their decisions to leave or stay with the perpetrator. This is particularly relevant if they were subject to economic or financial abuse. Sometimes because of a dependent relationship or because they have been prevented from accessing further education, training or employment, their financial needs may be complex. 26% of clients accessing Devon's specialist domestic violence services in 2012-13 (down from 31% in 2011-12) were experiencing financial problems with 16% (down from 19% in 2011-12) choosing to access financial services interventions as part of their support.
- 6.51 Individuals who have come to the UK on temporary work permits, student visas or spousal visa, married to a UK citizen but without Indefinite Leave to Remain are not entitled, under UK law, to certain state benefits including housing benefit and income support. Individuals in this situation who are victims of domestic and sexual violence and abuse may have increased financial needs because they have no recourse to public funds. Due to Domestic Violence 745 people (710 women and 35 men nationally) were granted leave to remain in their own right who would otherwise have only been able to remain in the UK whilst still in a partnership with their spouse¹²² (2009).

Pets

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

¹²² Home Office Statistical Bulletin (2010) CONTROL OF IMMIGRATION: STATISTICS UNITED KINGDOM 2009, August 2010, (page 89. Table 4.5. Grants of settlement to spouses on the basis of marriage, United Kingdom)
<http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/immigration-asylum-research/hosb1510/hosb1510?view=Binary>

Opportunities for Disclosure

- 6.53 Victims and perpetrators of domestic and sexual violence and abuse have repeated contact with a wide range of services before they disclose their abuse and some never disclose:
- results from a National Society for the Prevention of Cruelty to Children study on the prevalence of child abuse and neglect revealed that three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood¹²³
 - 40% of adults who are raped tell no-one about it
 - 80% of women in a violent relationship seek help from health services at least once¹²⁴ and women suffering from the effects of domestic violence typically make seven to eight visits to health professionals, either on their own or on someone else's behalf, before disclosure of abuse¹²⁵

Main finding

- 6.54 The responsibility for preventing domestic violence and sexual abuse, providing care and protecting individuals cuts across a large number of services. A large number of employees within these services will be victims and perpetrators of domestic violence. Supporting people in the workplace is increasingly recognised as having a beneficial impact on productivity by, for example, reducing absenteeism.

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

7. Current Services and Commissioning in Devon

*'What happened to me can happen to anyone. With the right level of support, no matter how bad things are at the time, women can recover. But they can't do it alone' (respondent 2008)*¹²⁶

- 7.1 This section lists the domestic and sexual violence and abuse services that are currently being commissioned in Devon under three key headings: **Prevention** - changing attitudes and preventing violence; **Provision** - helping people to continue with their lives; and **Protection** - delivering an effective criminal justice system.
- 7.2 Further information on Domestic Violence and Abuse Services can be found in the ADVA service directory
http://www.devon.gov.uk/index/childrenfamilies/domestic_violence/adva-professionals/directory-of-services.htm
- 7.3 The list does not include those services which are used more frequently but are not directly commissioned for victims and perpetrators (e.g. Accident and Emergency, GP surgeries).

¹²³ Cawson, P. et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. London: NSPCC. p.83.

¹²⁴ Department of Health (2000). Domestic violence. A health response: working in a wider partnership.

¹²⁵ Harris V. Domestic abuse screening pilot in primary care 2000-2002. Final Report July 2002. Wakefield, Support and Survival.

¹²⁶ SEEDS (2008) Consultation project with female survivors of domestic abuse in Devon

7.4 The effectiveness and equity of each service is not reported

PREVENTION

National services

Local services

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

PROVISION

National services

- **24 Hour Helplines** (National Women's Aid; NHS Direct; Samaritans; Childline; NSPCC; Parentline; Shelterline)
- **Chinese information and Advice Centre – Women's Support Project**
- **Forced Marriage Unit** – Foreign and Commonwealth Office
- **Jewish Women's Aid**
- **Kiran Asian Women's Aid**
- **Newham Asian Women's Project**
- **Southall Black Sisters**
- **The Hideout** - domestic violence website designed especially for children and young people
- **Broken Rainbow** – UK-wide service offering support to Lesbian, Gay, Bisexual and Transgender victims and survivors (remove – scheme no longer operating in Devon)
- **Men's Advice Line** – helpline for men in abusive relationships
- **Action on Elder Abuse** - helpline

Local services for adult victims

- **Outreach services** - for men and women
- **Refuge accommodation** -for women; the refuges are located in Exeter, East Devon and North Devon
- **South Devon safehouse** - for women
- **Independent Domestic Violence Advocates (IDVAs)** – providing a proactive service to high risk victims
- **Police Domestic Violence Unit** (Exeter, East Devon, Mid Devon, North Devon, South Devon, Teignbridge, Torrridge) – specialist trained staff dealing with victims of domestic abuse providing a point of contact for reporting an incident and providing advice
- **MAPP (Multi Agency Public Protection)** to manage the risk posed by registered sexual offenders, violent offenders and other dangerous offenders

- **Victim Support volunteers** – specifically trained to support domestic abuse victims
- **Intercom Trust** – support for Lesbian, Gay, Bisexual and Transgender communities in the South West
- **Devon Sexual Abuse Line** – supporting men and women (over 16 years old) in Devon
- **Carr-Gomm** – Floating housing support service for individuals affected by domestic violence and abuse
- **Survivors reference group (SEEDS)**
- **Devon Sanctuary Scheme** - enables victims of domestic violence and abuse to feel safe and remain in their own homes
- **Pattern Changing Programme** – educational and therapeutic programmes for survivors
- **Multi-agency Safeguarding Hub (MASH)** – intelligence sharing within the safeguarding partnership for vulnerable adults and children & young people to identify and reduce harm
- **Sexual Abuse Referral Centre (SARC)** – provides medical, support and forensic services for adults who have been victims of sexual abuse
- **Guidance leaflets** focusing on supporting victims of domestic abuse from black and minority ethnic groups – aimed at both survivors and practitioners working with survivors
- **Translation of adva survivor leaflets** into five languages
- Community Development Workers work one-to-one work with **survivors from black and minority ethnic communities**
- **No recourse to public funds** – emergency fund established
- **SAGE** is a specific service for women survivors of childhood sexual abuse which provides individual and group sessions
- **RSPCA Pet Retreat Scheme** arranges foster care or adoption for the pets of domestic violence victims.

Local Services for Children and Young People who are Victims

- **Outreach services** - for children and young people
- **NSPCC**
- **REACH (Reducing Exploitation and Absence from Care and Home team)**, based within the MASH to tackle child sexual exploitation and manage the return to home support to reduce repeat missing episodes
- **Barnardos**
- **Specialised children's workers** that support children living in the refuge
- The **Safe Project** – an **outreach project for girls/young women** aged 14-25 years
- **Joint Agency Child Abuse Team (JACAT)** – support for children where there is any concern that abuse of any kind has taken place as well as consultation for professionals who work with children who have been abused
- **Child Protection Plans** – action plans for children considered to be in need of protection (including protection from physical abuse, sexual abuse, emotional abuse and neglect)
- **Multi-agency Safeguarding Hub (MASH)** – intelligence sharing within the safeguarding partnership for vulnerable adults and children & young people to identify and reduce harm
- **Team around the child (TAC)** - gateways to services
- **Yproject (within Ysmart)** support for children and young people where parental substance misuse is an issue.

- **CAF (Common Assessment Framework)** multi agency team to assess and provide services for CYP from universal services to referrals into specialist services
- **SARC – paediatric service** (provided by G4S) forensic service for children under the age of 16 years

Local Services for Perpetrators

- **Repair** – voluntary perpetrators programme to help men understand their abusive behaviour
- **Linx** – programme for young people showing early signs of aggressive and abusive behaviour
- **Circles of Support and Accountability;** COSA is an initiative involving appropriately selected and trained volunteers supporting sexual offenders in the community. Similar projects elsewhere in the UK have shown it to be an effective means to reduce the risk of further sexual offending. Four such offenders are now currently supported by COSA in Devon & Cornwall (2009/10) with fifteen COSA volunteers, from a variety of backgrounds, led by a professional Co-ordinator from the NSPCC. (Source MAPPA Annual Report 2009/10)

PROTECTION

National Services

Local Services

- **Multi Agency Risk Assessment Conference (MARAC)** - a forum where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse
- **Multi Agency Risk Assessment Conference Independent Domestic Violence Advisor** – acts as a bridge between female victims and the MARAC meeting
- **Specialist Domestic Violence Court (SDVC)** - dedicated to making the victim feel as safe as possible, to bringing domestic violence perpetrators to court more quickly, and to ensuring that all staff working within the SDVC, including the magistrates, have dedicated training and knowledge of the subject. There are four SDVCs within the Devon and Cornwall Local Criminal Justice Board: Barnstaple SDVC, Bodmin and Truro SDVC, Exeter SDVC and South Devon (Torbay) SDVC
- **SDVC Independent Domestic Violence Advisor** - supports victims of domestic abuse through the criminal justice system
- **The Integrated Domestic Abuse Programme (IDAP)** is suitable for male perpetrators of domestic violence who are assessed as being of medium to high risk of re-offending and harming current or previous female partners. The programme aims include reducing the risk of violence crime and abusive behaviour towards women in relationships by helping offenders change their attitudes and behaviour
- **Thames Valley – Sex Offender Group work Programme (TV – SOGP)** is a specialist group work programme, run by Probation Service, for men who have been convicted of any sexual offence, including non-contact sexual offences. The programme aims to reduce the risk of future sexual offending by adult male sex offenders
- **Internet Sex Offender Treatment (i-SOTP)** is a programme for men who have committed an internet sex offence; delivered on a one-to-one basis with a probation officer or as a group programme

- **Devon and Cornwall Police Domestic Abuse Teams** in Exeter East and Mid Devon; North Devon; South and West Devon working in partnership with other agencies to assess risk and investigate crimes
- **Sex Offender Treatment Programme (SOTP)** – at Channings Wood HMP two of the residential living blocks make up the Vulnerable Prisoners Unit (VPU) which specialises in delivering the Sex Offender Treatment Programme (SOTP).

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

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

- 8.1 There is a lack of evidence, both nationally and locally, on ‘what works’ in preventing domestic violence and sexual abuse and improving the safety of survivors. NICE guidance is expected in 2014 and the review of the evidence document produced to support this guidance offers an extensive overview.¹²⁷

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

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

Cochrane Reviews

- 8.3 Reviews on (1) **domestic violence screening and intervention programmes for adults with dental or facial injury**¹²⁸ (updated February 2004), and (2) **cognitive behavioural therapy for men who physically abuse their female partner**¹²⁹ (updated April 2007) concluded there was insufficient evidence to alter service delivery.
- 8.4 A Cochrane review (updated July 2008) examined the **effectiveness of advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse**¹³⁰. The review concluded that intensive advocacy for women recruited in domestic violence shelters or refuges reduces physical abuse one to two years after the intervention but we do not know if it has a beneficial effect on their quality of life and mental health. Similarly, there is insufficient evidence to show if less intensive interventions in healthcare settings for women who still live with the perpetrators of violence are effective.
- 8.5 A more recent Cochrane review (2013) examining the potential benefits of **screening women for intimate partner violence in healthcare settings**¹³¹ concluded that screening is likely to increase identification rates but rates of referral

¹²⁷ British Columbia Centre of Excellence for Women’s Health (2013) Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence <http://www.nice.org.uk/nicemedia/live/12116/64791/64791.pdf>

¹²⁸ Coulthard P *et al.* Domestic violence screening and intervention programmes for adults with dental or facial injury. Cochrane Review

¹²⁹ Smedslund G *et al.* Cognitive behavioural therapy for men who physically abuse their female partner. Cochrane Review.

¹³⁰ Ramsay J *et al.* Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. Cochrane Review.

¹³¹ Taft, A. *et al.* (2013) Screening women for intimate partner violence in healthcare settings (Systematic Review) <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007007.pub2/pdf>

to support agencies are low and as yet we know little about the proportions of false measurement (negatives or positives). Screening does not appear to cause harm, but only one study examined this outcome. As there is an absence of evidence of long-term benefit for women, there is insufficient evidence to justify universal screening in healthcare settings.

- 8.6 The most recent review (2013) examined **interprofessional education: effects on professional practice and healthcare outcomes (update)**¹³² they stated that the review includes 15 studies (eight RCTs, five CBA and two ITS studies). All of these studies measured the effectiveness of IPE interventions compared to no educational intervention. Seven studies indicated that IPE produced positive outcomes in the following areas: diabetes care, emergency department culture and patient satisfaction; collaborative team behaviour and reduction of clinical error rates for emergency department teams; collaborative team behaviour in operating rooms; management of care delivered in cases of domestic violence; and mental health practitioner competencies related to the delivery of patient care. In addition, four of the studies reported mixed outcomes (positive and neutral) and four studies reported that the IPE interventions had no impact on either professional practice or patient care. Cost benefit analysis was not undertaken.

Health Technology Assessments

- 8.7 HTA investigated whether screening women for domestic (partner) violence in different health-care settings met nine of the National Screening Committee (NSC) criteria.¹³³ The report, which included work published up until December 2006, concluded that there is currently insufficient evidence to implement a screening programme for partner violence against women, either in health services generally or in specific clinical settings.

NICE Guidance

- 8.8 The National Institute of Health and Clinical Excellence (NICE) are due to publish public health guidance on *Domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence* (expected date of issue February 2014)¹³⁴. The review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence used to underpin the NICE guidance is extensive.¹³⁵
- 8.9 Nice Guidance 110 *Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors*, contains specific recommendations for four groups of women, one of which is 'women who experience domestic violence'¹³⁶
- 8.10 Evaluations of five national and local services are available:

¹³² Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. Interprofessional education: effects on professional practice and healthcare outcomes (update). Cochrane Database of Systematic Reviews 2013, Issue 3. Art. No.: CD002213. DOI: 10.1002/14651858.CD002213.pub3. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002213.pub3/abstract>

¹³³ Feder G *et al.* How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technol Assess* 2009;13(16).

¹³⁴ NICE Guidance (expected February 2014) Preventing and reducing domestic violence <http://guidance.nice.org.uk/PHG/Wave20/60> Draft guidance

<http://guidance.nice.org.uk/PHG/44/Consultation/DraftGuidance/pdf/English>

¹³⁵ British Columbia Centre of Excellence for Women's Health (2013) Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence <http://www.nice.org.uk/nicemedia/live/12116/64791/64791.pdf>

¹³⁶ <http://publications.nice.org.uk/pregnancy-and-complex-social-factors-cq110/guidance#pregnant-women-who-experience-domestic-abuse>

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

8.11 Co-ordinated Action Against Domestic Abuse undertook a national evaluation of the effectiveness of over 200 Multi-Agency Risk Assessment Conferences: **Saving lives, saving money: Multi-Agency Risk Assessment Conference and high risk domestic abuse.**¹³⁷ The report had two main findings:

- Following intervention by a Multi-Agency Risk Assessment Conference and an Independent Domestic Violence Advisor service, up to 60% of domestic abuse victims reported no further violence (?calculation)
- For every £1 spent on Multi-Agency Risk Assessment Conferences at least £6 of public money can be saved annually on direct costs to agencies such as the police, health, criminal justice services and children’s services. This analysis has been independently verified by New Philanthropy Capital ([www.http://www.philanthropycapital.org](http://www.philanthropycapital.org)) but has not been peer reviewed. The report suggests that financial benefits of Multi-Agency Risk Assessment Conferences will be most clearly seen by the criminal justice system followed by police and health services.

8.12 **Safety in Numbers. A multi-site evaluation of independent domestic violence advisor services**¹³⁸ examined the provision and impact of Independent Domestic Violence Advisor services for female victims of domestic abuse deemed to be at high risk of harm or homicide. This large scale multi-site research evaluated seven services (including North Devon’s Women’s Aid) operating in England and Wales. This research, which has not been published in a peer-reviewed publication, concluded that after the intervention of the Independent Domestic Violence Advisor, 57% of all victims experienced a cessation in the abuse they were suffering.

8.13 **Identification and referral to improve safety** is the first European randomised controlled trial of an intervention to improve the health care response to domestic violence (Trial registration number: ISRCTN74012786).¹³⁹ The trial investigates whether training and support programmes for general practices increases identification of female victims of domestic abuse and appropriate onward referral. The trial included 48 practices in Bristol and London randomly assigned to the training and support programme or no intervention. Findings suggest that female patients attending intervention practices were 21 times more likely to be referred to an advocate for specialist support and 3.5 times more like to have a recorded identification of domestic violence in their medical record compared with women attending non-intervention practices. The model gave an incremental cost effectiveness ratio of approximately £2,450 per quality adjusted life year (QALY)¹⁴⁰.

¹³⁷ <http://www.caada.org.uk/research/research.html>, accessed 16 August 2010

¹³⁸ http://www.caada.org.uk/research/Safety_in_Numbers_full_report.pdf, accessed 17 August 2010

¹³⁹ <http://www.controlled-trials.com/ISRCTN74012786/>

¹⁴⁰ Norman *et al* (2010) Cost-effectiveness of a programme to detect and provide better care for female victims of intimate partner violence http://www.irisdomesticviolence.org.uk/iris/uploads/documents/PreDove_CEA_JHSRP.pdf

An IRIS commissioning pack and associated accredited training programme are being developed. NHS Bristol and NHS Hackney have commissioned *IRIS*.

- 8.14 The **WORTH - Ways of Responding through Health** - project is a local domestic violence project based at Worthing Hospital, West Sussex. The project, established in Jan 2004, allows people attending Accident & Emergency or the maternity department, who have experienced domestic violence, to disclose the fact in confidence and to receive the appropriate services and support. In October 2005, it was reported that over 400 repeat domestic violence victims had benefited from the service; by comparison, in the previous five years only five cases of domestic violence were recorded by Worthing Hospital (Public Protection Select Committee, Project Proposal – The Worth Project, October 2005).
- 8.15 **ASK** – was a pilot project in three GP surgeries in Devon from September 2007 to March 2009. In these surgeries a health IDVA used a range of methods – including training and development of clear protocols and referral pathways - to facilitate routine enquiry and disclosure of domestic abuse. No baseline statistics were recorded and therefore comparisons before and after the project (or with other GP surgeries in which training was not available) cannot be made. The report contributes some valuable insights into the acceptability of routine enquiry – as seen by the clinical staff and patients.
- 8.16 **Think Family** is a cross-departmental programme which aims to ensure that support provided by children’s adults’ and family services is co-ordinated and takes account of how an individual’s problems affect the whole family. Families at risk, because of the multiple difficulties they face – domestic violence, substance misuse, poor housing or homelessness, child neglect and poor parenting and family function – have a significant likelihood of facing a crisis situation without preventative support. The programme provides target support for parents and families - such as Family Intervention Projects (FIPs) and Parenting Early Intervention programmes designed to provide evidence-based support to families experiencing problems. Reduction on risk factors recorded on existing FIPs have include reducing the proportion of families considered to be at risk of domestic violence from 26 to 8%.¹⁴¹
- 8.17 **SAGE** is a specific service for women survivors of childhood sexual abuse and is an evidenced based clinical model for the treatment of mental health difficulties resulting from abuse. It has been cited as an example of positive practice following its review in the Department of Health’s 2002 publication ‘Women’s Mental Health: Into the Mainstream’. The service has been developed in Exeter, East, South and West Devon. Evaluation of the service in Devon suggests that at 6 weeks and 6 months post-group intervention, there was a significant decline in depression, trauma and shame symptoms and a significant increase in self-esteem compared with pre-intervention scores.
- 8.18 Below is a summary of the available evidence on the effectiveness of interventions for domestic violence and sexual violence which are currently commissioned in Devon.

Table 8: Summary of evidence of effectiveness for specialist commissioned services

Service	Evidence of Effectiveness	Source
Domestic Violence and	Effective – Client reported	CAADA Best Value Report (2011)

¹⁴¹ Department of Children, Schools and Families. Think Family Toolkit Improving support for families at risk (2010). Guidance Note 03. DCSF-00685-2009

Abuse Outreach	<p>outcomes were positive (68% reduced risk; 78% feel safer; 78% improved quality of life; 90% confident to access support, p.34)</p> <p>Effective (improved outcomes for 1 to 2 years) 10 trials involving 1527 participants.</p>	Cochrane Review (2009) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partners abuse (Review)
Domestic Violence and Abuse MARAC IDVA	<p>Effective - For every £1 spent on MARAC IDVA work generates over £4.30 of saving to public agencies p.44</p> <p>MARAC IDVA'S responsible for highest reduction in client risk p.33)</p> <p>Client reported outcomes were positive (78% reduced risk, 80% feel safer, 80% improved quality of life; 84% confident to access support p.34</p>	CAADA Best Value Report (2011) & Safety in Numbers – CAADA report
Domestic Violence and Abuse SDVC IDVA	<p>Effective – Client reported outcomes were positive (78% reduced risk; 60% feel safer; 60% improved quality of life; 72% confident to access support, p.34)</p>	CAADA Best Value Report (2011)
Domestic Violence and Abuse Refuge / Emergency accommodation	<p>Effective – Client reported outcomes were positive (70% reduced risk; 60% feel safer; 54% improved quality of life; 54% confident to access support, p.34)</p> <p>CAADA found to be Cost effective: 180 women, 250 children a year at cost of £538,183 (2009-10).</p>	CAADA Best Value Report (2011) Review of Refuge and supported housing for victims of domestic violence and abuse (14.9.2010)
Domestic violence and abuse Sanctuary Scheme	<p>Effective – if the victims express a desire to remain at home. Outcomes include reporting feeling safer and preventing the disruption and expense of homelessness.</p>	JONES Anwen <i>et al.</i> (2010) The effectiveness of schemes to enable households at risk of domestic violence to remain in their homes: research report, London: Great Britain. Department for Communities and Local Government, 2010
Common Assessment Framework (CAF) and Team Around the Child (TAC)	<p>Effective – where joint working facilitated to be achieved. Based on a sample of 80 case studies indicated that early intervention using the CAF process demonstrates potential savings of between £5000 and over £100,000. Around 10 cases showed a potential saving of over £101,000.</p>	Easton, C., <i>et al</i> (2011) Early intervention, using the CAF process, and its cost effectiveness: findings from LARC 3, Slough: National Foundation for Educational Research.
REPAIR (domestic violence and abuse community family intervention programme working with perpetrator, partners and children)	<p>Effective- 95% reduction in levels of risk posed by men who complete the whole programme</p> <p>REPAIR evaluation found the programme saves the public purse in Devon £158,890 per annum.</p>	Sue Penna Associates (2008)
Sexual Violence ISVA	No long term studies available as	Robinson. A., (2009) Independent sexual

	they are a recent service. Process review suggests they are effective but must be careful not to duplicate work across the sector such as IDVA role.	violence advisors: a process evaluation, London: Great Britain. Home Office
Sexual Abuse Line Devon (SAL)	No studies available, there is evidence that telephone based support can be effective for other health conditions.	
Domestic Violence and Abuse Training (adva)	<p>Effective - (1303 front-line workers trained 2010-2011)</p> <p>National research suggests that training of primary care clinicians is cost effective</p> <p>Effective: Improved knowledge and awareness for staff, some studies showing increased DV detection and some not. Onward referral can be an issue.</p>	<p>ADVA service Review</p> <p>Norman R, Spencer A, Eldridge S, Feder G. Cost effectiveness of a programme to detect and provide better care for female victims of intimate partner violence. <i>Journal of Health Services Research & Policy</i> (2010); 15(3): 143-149</p> <p>Davidson L L, Grisso J A, Garcia Moreno C, Garcia J, King V J, Marchant S. Training programs for healthcare professionals in domestic violence. <i>Journal of Women's Health and Gender Based Medicine</i> 2001; 10(10): 953-969</p>

9. Conclusions

- 9.1 The victims and perpetrators of domestic and sexual violence and abuse are a heterogeneous group linked by a national (Violence Against Women and Girls) strategy.
- it is essential to address domestic and sexual violence and abuse from a 'lifecourse' perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse
 - the impact of domestic and sexual violence and abuse leads to a wide range of health and wellbeing needs; rather than them being considered as a separate group the needs of victims and perpetrators must be mainstreamed into commissioning arrangements
 - the high level of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require support.
 - there has been a comprehensive development of services commissioned to meet the needs of this population but further information – in particular on outcomes – is needed to assess whether these services are clinically and cost-effective
 - the nature of violence and abuse means that there are barriers to individuals disclosing, professional enquiring about abuse and victims and perpetrators accessing the right services
 - the voice of child and parent/carers must be explicitly included in any re-commissioning or service change decisions.

10. Recommendations

Recommendation 1: To support partner organisations to produce domestic and sexual violence and abuse workforce policies

Recommendation 2: Develop measurements and monitoring to support cost benefit analysis to inform evidence based local commissioning.

Recommendation 3: Ensure data collection across agencies and partners captures male victims to achieve a better understanding of the number of male victims and their needs

Recommendation 4: The adverse effects of DSVAs on adolescents' lives should be addressed. Preventative work should be undertaken either within schools, colleges or youth settings as well as in specialist services such as youth offending and child protection.

Recommendation 5: Midwives and health visitors should be especially conscious of DSVAs when supporting teenager parents.

Recommendation 6: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 7: Roll out SAAF tool (Safeguarding Assessment and Analysis Framework) to identify basic risks supplemented by simple summary protocols (for Domestic Violence; Neglect; CSE; Adult Mental Health; Learning Disabilities; Substance Misuse) to support front-line staff undertaking better and more consistent risk assessments (Recommendation from Devon Ofsted Action Plan v2.3¹⁴²)

Recommendation 8: For detailed recommendations relating to Safeguarding Children – including those affected by DSVAs see the Devon Safeguarding Children JSNA and Implementation Plan¹⁴³.

Recommendation 9: Undertake a Pace & Impact Assessment for Child Sexual Exploitation, Children Missing from Care (Recommendation from Devon Ofsted Action Plan v2.3¹⁴⁴)

Recommendation 10: Deliver immediate targeted training sessions on Child Sexual Exploitation and missing children (Recommendation from Devon Ofsted Action Plan v2.3¹⁴⁵)

Recommendation 11: For Recommendations relating to tackling Child Sexual Exploitation see the South West Peninsula Child Sexual Exploitation Strategy 2012- 2015 and Devon Safeguarding Children JSNA 2012

¹⁴² Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

¹⁴³ Devon Safeguarding Children JSNA 2012 <http://www.devonhealthandwellbeing.org.uk/jsna/>

¹⁴⁴ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

¹⁴⁵ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

Recommendation 12: Combine the sexual violence and domestic violence and abuse agendas for a more coherent approach.

Recommendation 13: The Devon 'Targeted Family Support' Program to include awareness, and support around, DSVAs as part of their family support.

Recommendation 14: Ensure domestic and sexual violence and abuse is given proper consideration during DAF assessments.

Recommendation 15: A better understanding of the number of older adults experiencing abuse and their needs

Recommendation 16: Ensure that DSVAs support services are flexible enough to support those with disabilities.

Recommendation 17: Continue to ensure that DSVAs training is available to those providing front line services to people with physical or learning disabilities (and that this training includes specific guidance relating to abuse of this cohort)

Recommendation 18: Female Genital Mutilation (FGM) awareness training offered to frontline staff in schools, medical settings (with priority given to gynaecology and maternity services) and children's social care settings.

Recommendation 19: To ensure that domestic and sexual violence and abuse services are accessible to vulnerable groups

Recommendation 20: To have a mechanism in place to systematically identify prisoners who would benefit from domestic abuse programmes and to provide these prisoners with effective programmes to prevent repeat domestic violence offences

Recommendation 21: To investigate whether current intelligence systems are adequate to maximise the safety of the victim when a domestic violence perpetrator is released from prison.

Recommendation 22: In line with Department of Health recommendations¹⁴⁶, NHS maternity services in Devon should move to include a routine question as part of the social history taken during pregnancy, but this should be introduced at a measured pace, and with appropriate training and, if required, as a confidential disclosure. A method to appropriately evaluate routine questioning in this setting should be in place.

Recommendation 23: Implement the recommendations from the NICE Guidance (2010) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors.

Recommendation 24: Revise and re-launch the social care pre-birth protocol to ensure drift and delay in the assessment of unborn babies is avoided. (Recommendation from Devon Ofsted Action Plan v2.3¹⁴⁷)

Recommendation 25: Implement routine questioning about DSVAs in both adult

¹⁴⁶ Responding to domestic abuse: a handbook for health professionals (2005). Department of Health Gateway Ref: 5802

¹⁴⁷ Internal Webpage <http://staff.devon.gov.uk/child-adult-protection/ofsted/ofsted-supporting-docs.htm>

and child mental health services and establish whether improved training of mental health staff could reduce barriers to patients disclosing abuse

Recommendation 26: To understand why unexpectedly low numbers of substance misuse service users in Devon report being victims or perpetrators of domestic abuse

Recommendation 27: To establish whether disclosure of domestic violence when in receipt of substance misuse services leads to appropriate onward referral

Recommendation 28: Implement the recommendations from the Devon domestic homicide reviews

Recommendation 29: A number of families are staying in crisis (refuge) accommodation for longer than three months; the barriers to these families finding non-crisis accommodation needs to be addressed.

Recommendation 30: Services for preventing domestic violence in Devon should be benchmarked against NICE guidance. In preparation, an audit of services which aim to prevent domestic and sexual violence and abuse should be undertaken.

Recommendation 31: Ensure that the children's workforce is trained and supported to identify and screen for parental risk factors such as substance misuse, mental health or domestic violence and refer to appropriate adults' services

Recommendation 32: Children's services need to clearly link with adult services to safeguard children.

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

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

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

11. Acknowledgements

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12. Abbreviations

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

SDVC	Specialist Domestic Violence Court
SRE	Sex and Relationship Education
SWAST	South West Ambulance Service NHS Trust
WORTH	Ways of Responding Through Health
VAWG	Violence Against Women and Girls

National strategies

- Together we can end violence against women and girls: a strategy. HM Government 2009
- Mainstreaming the Commissioning of Local Services to Address Violence Against Women and Girls. HM government 2009.
- Commissioning services for women and children who have experienced violence or abuse – a guide for PCTs. Department of Health 2010.
- Responding to violence against women and children – the role of the NHS. The report of the Taskforce on the Health Aspects of Violence Against Women and Children. March 2010.
- Report from the Child Sexual Abuse sub-group. Taskforce on the health aspects of violence against women and children. March 2010
- Report from the Sexual Violence Against Women sub-group. Taskforce on the health aspects of violence against women and children. March 2010
- Report from the Domestic Violence sub-group. Taskforce on the health aspects of violence against women and children. March 2010
- Report from the Harmful Traditional Practices and Human Trafficking sub-group. Taskforce on the health aspects of violence against women and children
- Tackling Violence Against Women and Girls – A Guide to Good Practice Communications (online interactive PDF; http://www.equalities.gov.uk/pdf/297847%20Tackling%20Violence%20women%20hyperlinked_V3.pdf)
- Papadopoulos L. Sexualisation of Young People. 2010
- Home Office model of service provision - “Co-ordinated Community Response to DV”.
- Government Strategy “Think Family”.
- Redefining justice: addressing the individual needs of victims and witnesses. Sara Payne, Victims' Champion
- The Stern Review. A report by Baroness Vivien Stern CBE of an independent review into how rape complaints are handled by public authorities in England and Wales
- A Resource for Developing Sexual Assault Referral Centres. Revised National Service Guide
- New Horizons. A shared vision of mental health. Department of Health, 2009

Definitions of Domestic and Sexual Violence and Abuse

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

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

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

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

Globally the majority of cases of Female Genital Mutilation are carried out in 28 African countries. In some countries, (e.g. Egypt, Ethiopia, Somalia and Sudan), prevalence rates can be as high as 98 per cent. In other countries, such as Nigeria, Kenya, Togo and Senegal, the prevalence rates vary between 20 and 50 per cent. It is more accurate however, to view Female Genital Mutilation as being practised by specific ethnic groups, rather than by a whole country, as communities practising Female Genital Mutilation straddle national boundaries. Female Genital Mutilation takes place in parts of the Arabian Peninsula, i.e. Yemen and Oman, and is practised by the Ethiopian Jewish Falashas, some of whom have recently settled in Israel. It is also reported that Female Genital Mutilation is

practised among Muslim populations in parts of Malaysia, Pakistan, Indonesia, and the Philippines (FORWARD, 2002). There are anecdotal reports on female genital mutilation from several other countries as well, including Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka.

Sexual Violence

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

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

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

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

Prostitution is the exchange of sexual services for some form of payment

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

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

Legislation

Protection of Freedoms Act 2012, updated the **Protection from Harassment Act 1997** creating two new offences for stalking. The new offences were made under sections 2A and 4A of the 1997 Act and cover both stalking and stalking involving fear of violence or serious alarm and distress

Female Genital Mutilation Act 2003 (Scotland, 2005) introduced the issue of territoriality. It makes it illegal to practice FGM in the UK; makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; and makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad

Prohibition of 'Female Circumcision' Act 1985: made it an offence to carry out or to aid, or procure the performance by another person, of any form of FGM, except for specific medical purpose.

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

Forced Marriage (Civil Protection) Act 2007. This allows the High Court or County Courts to protect a person from being forced into a marriage, or from any attempt to force a person into marriage, or to protect a person who has been forced into a marriage. The government 'Forced Marriage Consultation' recommended in 2013 that forcing someone to marry become a criminal offence.

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

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

Section 58 of the Sexual Offences Act 2003 covers trafficking within the UK

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

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

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

Housing Legislation (Housing Act 1996 and Homelessness Act 2002). There is a legal duty to provide victims with advice and temporary accommodation if

there is actual or threatened homelessness due to domestic violence and to consider applications for permanent housing

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

There are a range of criminal offences including sexual and physical assault, harassment and criminal damage, which can be used in cases of domestic violence.

APPENDIX 4

Local Strategies, Boards and Groups

Local strategies which discuss domestic and sexual violence and abuse

The Devon Strategic Plan 2009-2013

Family Support Service Review

Safeguarding Children Annual Report

Vulnerable Adolescents Needs Assessment and Commissioning Strategy

Serious Case Reviews

Devon Post-Ofsted Action Plan

Devon Sexual Health Strategy 2010-2014

Early Intervention Strategy 2013

Relevant local boards and groups

ADVA Partnership Board

BME Domestic Violence Action Group

Community Safety Partnership

Devon and Torbay Sexual Assault Referral Centre (SARC) Strategic Partnership Board

Devon Safeguarding Adults Board (DSAB)

Devon Safeguarding Children Board (DSCB)

Devon Safeguarding Children (DSCB) Health Sub-group

Devon Sexual Health Board.

Devon Strategic Partnership

Local Criminal Justice Board

Multi-Agency Risk Assessment Conference (MARAC) Steering Group

SAFE Board (Stop Abuse for Everyone)

Special Domestic Violence Court (SDVC) Operational Groups

Survivors Empowering and Education Domestic Abuse Services (SEEDS)

Devon Housing Options Partnership (DHOP)