**Birmingham Domestic Abuse Prevention Strategy**

**2017-2020**

**(Consultation Draft)**

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# Introduction

Domestic abuse touches the lives, directly or indirectly, of most people in Birmingham. Indeed, the sheer scale of domestic abuse causes untold harm to individuals, children and families, communities and damages the social fabric of the city.

Although Birmingham’s services have a strong history of partnership working in addressing domestic abuse, there is now evidence that domestic abuse in the city, as elsewhere, is increasing and more victims, both adult and child, are known to be at risk than ever before. At the same time, our public services are shrinking and we need to find new ways keeping our population safe and healthy and enabling our communities to thrive.

We know a great deal about domestic abuse, not least that left unchecked, domestic abuse gets worse over time and therefore the case for identifying victims and intervening earlier to reduce harm is clear. However, the long-term ambition of this strategy is for a city free from domestic abuse and we must therefore take all practicable steps to eliminate domestic abuse, reducing harm and demand for services along the way. Success on this scale depends upon achieving changes in attitudes and behaviour across individuals, across ages and across cultures and will depend, as the recent City Council Scrutiny report suggested, on all communities taking a lead on prevention.[[1]](#endnote-1)

A city free from domestic abuse will require every person expecting their relationships to be based on equality and respect. Domestic abuse will affect many of these relationships whether these are between intimate partners or within families. This strategy seeks to be inclusive of these wider experiences such as forced marriage, honour-based violence, child to parent abuse and violence in young people’s own relationships. It also seeks to remove the barriers to support and protection that many more marginalised groups experience, such as Black and Minority Ethnic (BME) women, LGBT victims, disabled victims and younger and older victims. Each of these forms of domestic abuse is rooted in the abuse of power and control and are intrinsically linked to equality. In this way, the role of gender in abusive relationships cannot be ignored and tackling domestic abuse, alongside violence against women, requires a response which takes account of the broader gender inequalities which women face.

**What we’ve achieved since the last domestic abuse strategy**

Our last strategy in 2013 identified a number of gaps in our responses to domestic abuse:

|  |  |
| --- | --- |
| Gaps | What We Did |
| Victims, family, friends and professionals didn’t know where to go for help with domestic abuse. | * We funded the Women’s Aid helpline which responds to over 1600 victims each year
 |
| Many professionals working across the city didn’t understand domestic abuse beyond the physical violence | * We have delivered multi-agency training and described what agency’s training should look like to help staff understand coercion and control.
* Our Safeguarding Children Board now asks agencies working with children specifically about how they are training their staff on domestic abuse (Section 11)
* We have signed up to West Midlands Domestic Violence and Abuse Standards
 |
| Young women experiencing domestic abuse needed their own service. | * Women’s Aid now runs a young women’s service and has recently received Lottery funding to run the first young women’s refuge in the country.
 |
| Lesbian, Gay, Bisexual and Trans(LGBT) people experiencing domestic abuse needed their own service to deal with domestic abuse | * We funded a domestic abuse worker specifically for the LGBT community. Birmingham LGBT have the only domestic abuse worker in the region
 |
| Services are often fragmented and un-coordinated despite the best efforts of individual agencies involved. | * Domestic abuse specialists now sit with other professionals to identify the risk of domestic abuse to children.
* We have strengthened the arrangements for undertaking Multi-Agency Risk Assessment Conferences where the responses to high risk victims are co-ordinated.
 |
| Victims don’t always want to tell the police about their experiences but may trust other professionals more | * Twenty five GP practices are involved in a project to enable the early identification and response to domestic abuse victims who go to their GP but would have been reluctant to disclose their abuse.
* Birmingham City Council has now taken Civil Orders against domestic abusers for ten years, where criminal action was not possible
 |

|  |  |
| --- | --- |
| Gaps | What We Did |
| There were not enough services for victims at high risk | * We increased the numbers of independent domestic violence advocates supporting high risk victims.
 |
| Adequate options for victims with multiple needs arising from substance misuse or mental health | * We developed good practice guidelines on working with women and mothers with multiple needs
 |
| Many professionals didn’t know what services were available | * We have domestic abuse forums now across the city, bringing agencies and staff together from across the different sectors to share best practice, build their skills and understanding and running local campaigns and initiatives.
 |
| Only 53 per cent of victims asking for refuge were able to get refuge | * Unlike many other areas in the country, Birmingham has protected and slightly increased its refuge provision until 2017
 |

Despite these improvements, still more than four women, on average, are killed by their partners each year in Birmingham and serious harm from domestic abuse is increasing. Birmingham is not alone in this as domestic abuse is increasing across the country. However, Birmingham is committed to preventing domestic abuse and this strategy shows how we intend to do it.

# Part 1: What We Know

## Domestic Abuse Needs Assessment

The starting point for our strategy is understanding domestic abuse and its impact on individuals, families and communities in Birmingham.

Domestic abuse takes place between adults, in families and in relationships. The abuse can be psychological, emotional, financial or physical and involve sexual violence, threats, stalking, harassment, coercion and control. Coercion involves assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim. Controlling behaviour involves an abuser’s control over their victim’s everyday life; making them dependent on them; isolating them from support and preventing their independence, resistance and escape.

Domestic abuse in Birmingham, as elsewhere, can happen to anyone, irrespective of where a person lives, their ability, education or place in life, their gender, sexuality, ethnicity, religion or beliefs. However, we know that there are factors that increase the risk of harm.

Domestic abuse may be between adults but it profoundly affects children. Some children are directly abused. Most children living with domestic abuse witness it. The majority of children identified to be in need in Birmingham are living with domestic abuse. However, all children are adversely affected by how an abuser controls the home and everyone in it.

In recent years, we have found that significant numbers of young people also experience domestic abuse in their own relationships, which impacts disproportionately on girls and, for some, links to harms such as teenage pregnancy. We are also beginning to know more about child to parent abuse, particularly affecting mothers, which has largely been hidden from view because of the understandable reluctance that mothers have in reporting it.

Domestic abuse causes significant health problems beyond the physical injuries we normally associate with it and will often lead to mental health problems such as depression, anxiety, self-harm, eating disorders, attempted suicide and substance misuse. For example, women experiencing domestic abuse are fifteen times more likely to misuse alcohol and nine times more likely to misuse drugs than non-abused women. Women and mothers will often have been coerced into substance misuse and we know from serious case reviews that children are most at risk of harm where there is a combination of mental ill-health, substance misuse and domestic abuse in the household.

The consequences of domestic violence include poverty, unemployment and homelessness. It impacts on employers and the local economy by limiting victims’ ability to access or sustain education, training and employment. In these ways, abusers create untold harm to the families and communities in which they live.

## Barriers to Support and Protection

We recognise that some sectors of society can experience multiple forms of

discrimination and disadvantage or additional barriers to accessing support. These

include women and girls from Black and Minority Ethnic (BME) communities, lesbian,

gay, bisexual and transgender (LGB&T) men and women and disabled people.

|  |  |
| --- | --- |
| Domestic Abuse Victims | Facing additional barriers  |
| Black and Minority Ethnic (BME) women | Whilst there is no evidence that BME women experience higher levels of domestic abuse than the wider population, the abuse of BME women may be compounded by factors such as forced marriage and honour based violence or interfamilial violence. BME women may experience particular isolation from sources of support as a result of language, cultural isolation, experiences of racism and in some cases insecure immigration status. Suicide rates for many BME women are three times greater than the wider population. BME men and women who have physical or learning disabilities or who are LGBT have increased risk of forced marriage. Women with no recourse to public funds face particular barriers by being barred from access to most public services and often have to face a stark choice between violence and destitution.Providing the choice of specialist BME domestic abuse services can help overcome fears of racism and cultural isolation. |
| Older women | Older women are less likely to identify their experience as domestic abuse, less likely to be economically independent of their partner, less likely to be aware of services available, more likely to be isolated through ill-health and less likely to seek help. When help is sought, their experiences are often seen as elder abuse which may miss the particular dynamic of domestic abuse. |
| Disabled women | Disabled women are twice as likely to experience domestic abuse than other women and likely to endure domestic abuse for longer periods of time as a result of the barriers they face including isolation and reliance upon carers and caring arrangements. Few disabled women had ever sought help for the abuse and reported a lack of awareness, lack of trust of sources of support, self-blame, fear of loss of independence or believing they couldn’t be accommodated due to their needs. |
| LGB&T  | Gay and bisexual men face a significantly higher risk of partner violence from male partners and familial abuse. 49 per cent of gay and bisexual men have experienced domestic and familial abuse Up to 80 per cent of Transgender people have experienced domestic abuse. All LGB&T victims of domestic abuse face additional barriers in gaining support from actual or perceived homophobia and from greater potential isolation from family support and are less likely to seek support except from a dedicated LGBT domestic abuse service. |

This strategy seeks to address the barriers that all people face in gaining support and protection and achieving the equality that is needed to end domestic abuse.

## Statistics for Last Year

**Domestic abuse in Birmingham is increasing**

Over the last year, both the numbers of victims of domestic abuse and the demand for services have increased:

* Police reports of domestic abuse increased by 7%, domestic abuse crimes increased by 11% and most serious violence increased by 14%.
* The number of abusers prosecuted and convicted has increased but still only accounts for 16% of crimes reported.
* The number of high risk victims being dealt with at Multi-Agency Risk Assessment Conferences (MARACs) increased by 36%. The proportion of black and minority ethnic victims facing high risk is particularly increasing.
* The number of children being assessed through domestic abuse joint (multi-agency) screening increased by 29%.
* 77% of Children in Need in the city experienced domestic abuse

Previous strategies have sought higher reporting of this hidden crime, but they have also sought a reduction in the most serious of violence. Unfortunately both of these are increasing. Much of this local increase is consistent with the national picture which has seen violence against women increasing since the economic crash in 2009.

## Cost of Domestic Abuse

**Estimated Cost of Domestic Abuse to Public Services in Birmingham**

The annual financial cost of domestic abuse to Birmingham’s services is estimated at £117million. However, domestic abuse has a serious and lasting impact on a victim’s sense of safety, health, well-being and autonomy, and can severely restrict their ability, and their children’s future ability, to fully participate in society. The combined service and human and emotional costs, increases this figure to an estimated £310million.

Birmingham currently spends heavily on the impact of domestic abuse, particularly in relation to health, policing and social care. By contrast, little investment is made in either prevention or early intervention in domestic abuse.

**Estimated Cost of Domestic Abuse**

**with and without human cost**

**£310 million**

**£117 million**

## Lessons from Domestic Homicide Reviews

Over the last five years, the Community Safety Partnership has reviewed every death in Birmingham through domestic abuse and examined what agencies knew; how they responded and how we could all work better in the future to prevent such deaths. The reviews have shown us that more needs to be done in the following areas throughout our services[[2]](#footnote-1):

* We need to understand domestic abuse, not as a series of individual and violent incidents, but as a relationship of coercion and control affecting everything that the victim and the family does. This has been described as an abuser’s “micro-management of everyday life”.
* We need to ensure that our responses are safe, empowering and supportive to victims***,*** and their children***.***
* We need to stop blaming the victim but understand the safety strategies that are being used and respond to the threat and control which the victim and family faces.
* We need to rethink how we keep children safe. At the moment, we rely too heavily upon an abused mother to keep her children safe and think too little about how we, as agencies, can keep the family safe. We need to empower our staff to know that they can make a difference without the need to take a child into care.
* We need to understand the threat that an abuser poses to those close to him. This is particularly true for mental health and substance misuse services who will often be working closely with an abuser and not want to jeopardise their relationship by enquiring too closely about domestic abuse.
* No matter what service we are responsible for delivering, we need to identify and ask about domestic abuse, and keep asking until it becomes routine for us and safe for victims to tell us.
* We need to stop domestic abusers from being invisible to our services and we need to control and manage them more effectively. Too often we are not tying up an abuser’s history of violence with their current behaviour and then not being able to correctly identify the threat that the abuser poses.
* We need to make sure everyone knows where to go for help and recognise that many people face barriers to gaining the help and support they need.
* We need to listen to and act on disclosures from friends, families, colleagues and the wider community and seek help.
* We need to understand that domestic abusers are most violent when their victim tries to end a violent relationship or seeks help. The majority of our domestic homicides (intimate partners) have been killed when they have sought help or tried to leave. If a victim is taking these brave steps, we must wrap protection around them.

## On the horizon

On the horizon, there are renewed challenges facing both victims and the services that they need. The city’s services face unprecedented challenge as a result of austerity, welfare and social housing reform. The Needs Assessment accompanying this strategy demonstrates the impact that this has for individuals, particularly women and families experiencing domestic abuse.

# Part 2: What We Think

*“I kept going to all these places for help but they weren’t listening. I went to the GP and she said I was depressed and gave me pills. I took the pills and he said I was mad and used this against me too. I wasn’t depressed, I just needed help to get away.”*

X

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Over the autumn, we will be consulting widely on this draft strategy with people, practitioners and policy makers and your thoughts will populate these pages and help us shape the final strategy.

## Citizen’s Voice

## Practitioner’s Voice

## Victim’s Voice

## Statement of Principles

**As signatories to the West Midlands Domestic Violence and Abuse Standards,**

* **We will prioritise the safety of victims and their children in every aspect of decision making and intervention. We understand that victims and their children are at most risk when they end a violent relationship or seek help and will work to protect them when they do.**
* **We understand that without effective intervention domestic abuse often escalates in severity. We will make every effort to reach and identify adult and child victims earlier.**
* **We will treat victims with respect and dignity. We will listen to them and believe their experiences of violence; take seriously their concerns and seek to understand and strengthen their safety strategies.**
* **We will seek to gain informed consent from victims where possible when there is an intention to share information.**
* **We will respect confidentiality and privacy wherever possible and understand the increased risks associated with information sharing in the context of domestic violence and abuse.**
* **We will maximise choices for domestic abuse victims and empower them to make informed decisions about their lives wherever possible.**
* **We will actively work to develop competent services which are sensitive to the diverse range and needs of the individuals and communities we serve.**
* **We will send clear messages that perpetrators of domestic abuse are accountable for their behaviour and that victims are never to blame.**
* **We will work co-operatively with the range of services that victims and their children need.**

# Part 3 – What We Will Do

## Vision

Birmingham aspires to be a city where everyone lives free from domestic abuse and expects equality and respect in their relationships.

To achieve this, Birmingham will:

* Strengthen its co-ordinated multi-agency response to domestic abuse and ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
* Prevent domestic abuse for our next generation by working with children and young people to build healthy relationship skills based on equality and respect
* Work with the wider community to ensure that domestic abuse is confronted and addressed in every aspect of Birmingham life so that victims have confidence to disclose and abusers will know that they will be held to account.

***Shared Priorities***

Domestic abuse affects every area of Birmingham life and every ambition for the city whether this is our people’s health, education, safety and opportunity or our city’s economy and community cohesion. Tackling domestic abuse is therefore a shared priority for each of our strategic partnerships in the city. Over the coming months, each of our strategic partnerships will be asked to agree their role in delivering against this strategy and their commitments will be declared here.

## Priority 1: Changing Attitudes

***We aim to prevent domestic abuse by challenging the attitudes and behaviours which foster it.***

#### What outcomes do we want to achieve?

  

**Increase in healthy relationship skills** **Decrease in social tolerance of**

**domestic abuse**

#### Why changing attitudes is important?

It is clear from the surveys of attitudes of young people that our society has not progressed far in what to expect of a healthy and positive relationship and in ending domestic abuse. The availability and influence of on-line pornography is one of a number of factors influencing how boys and girls view each other as their own relationships take shape It is important that we counter these messages and give young people a chance to value equality and respect in their relationships.

Schools are the first place we go to when we want to change attitudes but they themselves are under enormous pressure to prevent a range of social ills, ranging from childhood obesity, child sexual exploitation, bullying, teenage pregnancy, substance misuse to involvement in gangs. However, living with domestic abuse is all too often the cause of other concerns and this strategy needs to help schools identify when and how they can intervene and what impact this could have on their other responsibilities for school behaviour, attendance, attainment and safeguarding.

Birmingham’s play and youth services have reduced significantly in recent times but they have been able to demonstrate very positive engagement with children and young people around positive relationships and this strategy needs to harness and spread the good practice from these initiatives.

Public awareness campaigns have been a feature of the city’s landscape for many years and the local domestic abuse forums in the city have done much to engage with local services to extend the reach of these campaigns. Every day scenarios can be the most successful in encouraging discussion and disclosure and in this way, much more could be done to reach into every aspect of Birmingham life, whether it be hairdressers and beauty salons or places of worship, with one clear message about domestic abuse.

We have seen that forced marriage and honour based violence continues to be a major concern for the city, particularly in respect of women, people with learning disabilities and the LGBT community and there have been a number of voluntary and community organisations working to raise awareness and to challenge the practices. This strategy will support voluntary and community organisations in their engagement with those communities affected and share the best practice from the recent project of community engagement around female genital mutilation.

One area of Birmingham life which has not had multi-agency attention is the workplace. For some workers, their work may be the one place that they can still feel like themselves and won’t want their employer to know. For many others, their abuser will threaten them at work and their abuse may stop them doing their job as they would want to. Employers need to create safe spaces for employees to disclose with confidence that they will be supported and where they are abusers themselves, for their behaviour to be challenged. Whilst some agencies have policies for supporting workers experiencing domestic abuse, through this strategy we will encourage all major employers across the city to adopt a common approach.

#### ***We will do this by***:

* Widening community engagement and public awareness of domestic abuse by encouraging community led preventative approaches, working closely with community and voluntary organisations and faith groups
* Seeking non-traditional sources of awareness raising (such as hairdressers/ beauty salons/vets/ supermarkets)

Refreshing guidance to schools and youth settings on dealing with domestic abuse

* Engaging with schools to agree a Birmingham-wide whole school approach to domestic abuse through strengthening equality and respect
* Providing targeted community engagement around forced marriage and honour based violence and with victims currently under-represented in services such as disabled people and LGBT people.
* Developing a workplace standard and encourage Birmingham wide adoption of workplace policies on domestic abuse.

## Priority 2: Early Help

***We aim to intervene early to prevent harm and reduce the impact of domestic abuse on victims and families***

#### What outcomes do we want to achieve?

  

**Domestic abuse is identified earlier**.

**Domestic abuse victims (adults and children) are able to recover from abuse**

**Escalation and harm from domestic abuse is reduced**

#### Why early help is important

Recent research has shown that compounded adverse childhood experiences (ACES)[[3]](#footnote-2) such as domestic abuse, parental substance misuse, child abuse and neglect have a tremendous impact on an individual’s lifelong health and opportunity. The need for interventions to ensure that children have safe, stable, nurturing relationships and environments is all the more evident.

Likewise, evidence of the nature of domestic abuse highlights that when left unchecked and without intervention, the scale and severity of domestic abuse normally increases. It follows that the earlier agencies engage and provide safe options for victims and children, the better.

Our domestic homicide reviews have helped us identify places that have not traditionally been referral points for domestic abuse, such as GP practices and hospital emergency departments. These are places that victims frequently use and meet with professionals that they often already trust.

Our partner agencies are considering how their routine work could help identify and support those victims of domestic abuse who have not yet sought help. For example, our Fire Service attends over 27,000 homes per year undertaking safe and well visits and is now training its staff to identify and respond safely to domestic abuse.

But responding effectively to domestic abuse at the ‘front door’ requires a good system behind the scenes so that all services know, not just how to respond themselves, but what to do next, knowing who to refer to and there being services available to refer into when they are needed. We refer to these as **care pathways**.

#### Transforming and Mainstreaming Practice

We often hear about the need to transform our responses to an issue and recommending transforming practice in domestic abuse may seem like yet another change required of change-weary services. However, empowering our statutory services to respond better and earlier to domestic abuse may be the one thing that makes all the other changes possible.

We have seen in the Needs Assessment that domestic abuse is core business for all of our services. For the police it represents 33 per cent of assaults with injury; for children’s services, domestic abuse is a feature for 77 per cent of children in need; for health services victims and families are needing to deal with the health consequences of abuse without ever revealing the cause; domestic abuse accounts for 22 per cent of all homelessness. In this way, how we respond to domestic abuse makes or breaks every other system.

##### **Across the Adult’s Workforce & Across the Children’s Workforce**

####

Transforming our response to domestic abuse means that there should be ‘*no wrong door’* for domestic abuse and relies upon a new approach and an increased commitment to:

* Understanding the nature of coercive control and how to engage better with those experiencing domestic abuse
* Understanding the gendered nature of most domestic abuse
* Creating safe environments for disclosure
* Early identification through routine and direct questioning
* Workforce development through training, supervision and management to understand and respond to domestic abuse better
* Familiarity with risk and threat assessment and understanding the fluid nature of risk in domestic abuse
* Having clear pathways to specialist support for victims
* Creating an empowering, person-centred culture rather than an agency-centred culture
* Recognising the role of the specialist domestic abuse services which is critical, but not exclusive, in this model.

#### We will do (this) by:

**Removing barriers to safety** through:

* Introducing an ‘**Ask Me’** scheme where a victim can disclose abuse in places that she trusts and where staff have been trained to provide an initial safe response. This could be any service from dentists to housing to school support.
* Expanding early identification and early help with **trusted professionals** such as Birmingham’s GPs with care pathways following to specialist services for those that need them
* Mapping of Birmingham’s domestic abuse care pathways across our services to improve and optimise their effectiveness
* Developing service specific best practice guidance, pathways and toolkits to support front-line delivery

**Transforming and Mainstreaming Practice** through:

* Providing a city wide workforce development plan featuring the lessons from domestic homicide reviews and providing standardised learning outcomes for all domestic abuse and forced marriage training provided to agencies working with children, adults and families. Working with our safeguarding boards to prioritise agency roll out of workforce development through Section 11 (children) and Section 175 (schools) and annual assurance statements (adults)
* Supporting the development of a ‘Hub’-style model for domestic abuse as well as reviewing how each of the city’s Hubs respond to domestic abuse.
* Supporting the Social Emotional and Mental Health Pathfinder which seeks to transform education for children and young people with multiple needs, including domestic abuse

.

* Ensuring that victims with multiple needs receive the unified support they need by mental health, substance misuse and domestic abuse services sharing skills and developing their approaches together.
* Evaluating the child to parent abuse pilot currently being undertaken in Youth Offending Service with a view to extending the programme across wider services
* Defining what works and what is safe practice for ‘whole family’ approaches to domestic abuse such as ‘Think Family’
* Developing an integrated and multi-agency commissioning model in line with the government’s forthcoming guidance (National Statement of Expectations) and which strikes the balance between provision of high risk protection and support for victims and children with earlier intervention and recovery models for both adults and children.

## Priority 3: Safety & Support

***We aim to ensure that victims and children are safe and protected from harm***

#### What outcomes do we want to achieve?

  

**Increase in number of adult and child victims who feel and are safe**

**Reduction in the risk of harm from domestic abusers**

#### Why safety and support is important?

The recent review of domestic abuse in the city found that we were placing too much reliance upon victims to keep themselves and their children safe and insufficient focus on managing the behaviour of domestic abusers, both through criminal justice and through child and adult safeguarding. Abusive fathers often remain invisible in child protection proceedings although they are often the ones creating the risks. **To reduce the number of domestic abuse victims, abusers must be challenged to change their behaviour through effective enforcement, deterrence and management.**

Recent changes in the law such as the introduction of coercive control, Domestic Violence Protection Orders and extension of anti-social behaviour powers and the requirement for probation services to work with all offenders irrespective of the length of their sentence, each pave the way for our strengthened response to managing abusers. West Midlands Police have provided a welcomed commitment to actively ‘manage’ over 600 high risk, serial or repeat domestic abusers. However, many of our agencies are well placed to help the police either by having powers to take action themselves, or by working together to make sure that actions work. For example housing providers can take injunctions against abusers for anti-social behaviour and evict abusers from social housing and domestic violence services can support victims to gain injunctions.

At the same time, it is important that victims and children are supported and protected whilst heightened action is taken against their abusers. The focus on early intervention cannot be at the cost of those that we know to be facing high risk now and a balance of activities taken to stem the escalation of risk and effectively manage the risk when it is known.

Steps have been recently taken to strengthen our Multi-Agency Risk Assessment Conference (MARACs) which deal with high risk cases of domestic abuse. These steps have included introducing governance and accountability; investment in administration and encouraging agencies other than the police to refer their high risk cases. The Needs Assessment Update identifies that Birmingham still has low overall numbers, fewer disabled victims and fewer LGBT victims dealt with through MARAC than our population would expect. The introduction of more robust domestic abuse offender management provides an opportunity to strengthen the relationship between MARAC, child protection and offender management and enable a holistic approach to keeping families safe. However, in order to put MARACs on a footing with other well-functioning areas, investment in co-ordination is also required.

The drive to establish a more coherent, consistent and co-ordinated approach to managing domestic violence abusers across our agencies and minimising their harm may be a uniting factor across public services. However, this response does not just lie in the management of our highest risk or serial abusers: it begins with the first response of our front-line agencies whether police, housing, social workers or community based services:

* taking domestic abuse seriously and not minimising the abuse
* recognising factors of coercive control
* identifying the risk
* not relying on victims to manage the risk alone, particularly when separation is increasing this risk
* assuming the victim will not support prosecutions: collecting evidence robustly and maximising use of third party reporting
* all agencies identifying previous violent history of the abuser and sharing information with the police
* using each agencies’ powers, whether in housing, legal, children’s or adult’s services, to protect victims and children
* understanding the predominantly gendered nature and impact of domestic abuse

#### We will provide safety and support by:

* Developing a new way of working which strengthens our focus on domestic abusers and that is capable of dealing with abusers at the earliest opportunity as well as when behaviour becomes more entrenched. This will involve developing a multi-agency framework for managing domestic violence abusers and offenders capable of managing, diverting, disrupting and wherever possible prosecuting abusers, each undertaken with the aim of protecting adult and child victims of domestic violence
* Strengthening the relationship between multi-agency public protection systems, particularly MARAC, DV Tasking, Child Protection and Integrated Offender Management, actively involving all social landlords, children’s services and partner agencies
* Establishing clear pathway for civil interventions
* Drawing on good practice from other areas, such as Strathclyde Multi-Agency Risk Assessment Partnership and Islington Persistent Perpetrator Panel
* Supporting the commissioning and roll-out of perpetrator programmes in line with *RESPECT* accreditation
* Guaranteeing an independent support service for all victims at high risk
* Strengthening multi-agency services for high risk:
* Agreeing a common tool across agencies for assessing risk and threat from domestic abuse, following the outcome of the review being undertaken by the College of Policing.
* Increasing the numbers of agencies with targeted staff able (with training and care pathways in place) to identify high risk
* Increasing multi-agency referrals to MARAC from child protection agencies beyond the police
* Establishing secure case management information system for MARAC
* Sustaining and where possible extending refuge provision in the city
* Being clear that services cannot keep victims and children safe without addressing their other needs
* Being clear that targeting of services **only** to high risk, fails to recognise the fluid nature of risk. Only 2 of our 21 deaths in the last 5 years had been assessed as high risk.

## How will we know that we are getting it right?

***Performance Dashboard***

**Prevention: Changing Attitudes**

* Number of schools committed to a whole school approach to promoting healthy relationships and West Midlands Domestic Abuse Standards
* Increase reporting to domestic abuse helpline
* Increase reporting of domestic abuse (and sexual violence) to police
* Increased reporting of forced marriage to police
* Increased reporting of honour based violence to the police
* Increased number of organisations with workforce policies on domestic abuse

**Prevention: Early Help**

* Increased number of referrals to domestic abuse services from range of services, including mental health, primary care, Accident and Emergency services, safeguarding adults, substance misuse and housing services
* Increased number of adults receiving specialist domestic abuse support, particularly from under-represented groups such as older women, disabled women and LGBT victims
* Increased number of children receiving specialist domestic abuse support (Increased provision for children’s recovery)
* Reduced number of children experiencing domestic abuse admitted to care
* Reduced number of children in need experiencing domestic abuse
* Clearly defined Birmingham budget across agencies capable of securing care pathways from early identification, maintaining refuge provision and meeting diverse needs through targeted services to under-represented or vulnerable groups

**Prevention: Harm Reduction through Safety and Support Measures**

* Reduced deaths through domestic abuse
* Reduced domestic abuse related attempted murders
* Reduce ‘most serious’ domestic abuse related violent crime
* Reduced repeat domestic abuse offenders
* Reduced serial domestic abuse offenders
* Reduced high risk domestic abuse offenders
* Increased proportion of police reports of domestic abuse that are treated as crimes Increased proportion of domestic abuse related arrests
* Increased number of finalised domestic abuse cases (Birmingham Court)
* Increased proportion of domestic abuse cases successful (Birmingham Court)
* Increased use of civil orders
* Increased use of restraining orders (Birmingham Court)
* Increased use of Domestic Violence Protection Orders
* Increased Forced Marriage Protection Orders
* Increased use of sanctuary scheme
* Reduced repeat homelessness (through prevention and early intervention)
* Reduced use of bed and breakfast for domestic abuse victims and children
* Increased numbers of domestic abuse victims and families rehoused through social landlords protocol (rather than homelessness)
* Increased multi-agency referral to MARAC
* Independent specialist support available to 100% high risk victims

## Further Information

Evidence to support the data and findings of this prevention strategy are included in the following supportive suite of documents available at www.birminghambeheard.org.uk

* Birmingham Domestic Violence and Abuse Needs Assessment (published 2013)
* Birmingham Domestic Violence and Abuse Needs Assessment Evidence Update (July 2016)
* Domestic Abuse Prevention Strategy Interim Equality Assessment (full assessment available September 2016)
* Birmingham City Council Social Cohesion and Community Safety Scrutiny Committee Working with Communities to Prevent Relationship Violence (2015)
1. Birmingham City Council (2015) Working with Communities to Prevent Relationship Violence [↑](#endnote-ref-1)
2. Dying to Tell You BCSP 2016 [↑](#footnote-ref-1)
3. http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html [↑](#footnote-ref-2)