BIRMINGHAM COMMUNITY SAFETY PARTNERSHIP
WORKING TOGETHER FOR A SAFER CITY

Birmingham Community Safety Partnership Domestic Violence and Abuse Needs Assessment December 2013

Document History			
Version	**Date**	**Changes**	**Change Author**
V0.1	11.9.13	Draft Document Created	Paula Harding
V0.2	25.11.13	Second draft	Paula Harding
V0.2	5.12.13	Endorsement by Birmingham Community Safety Police and Crime Board subject to minor amendments	
V1.0	08.03.14	Final	Paula Harding
V1.1	12.03.14	Amendment to domestic homicide	Paula Harding
V1.2	20.05.14	Public version available	Esther Martin

Produced by Birmingham Community Safety Partnership Violence Against Women and Children Steering Group in collaboration with Birmingham City Council Public Health

Acknowledgments

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Brighton and Hove Community Safety Partnership (Intelligent Commissioning Pilot)

Glossary of acronyms

ACPO - Association of Chief Police Officers
A&E – Accident and Emergency
BAFGM - Birmingham Against Female Genital Mutilation
BASB - Birmingham Adult Safeguarding Board
BAMER – Black, Minority Ethic, Asylum Seekers or Refugee
BCS – British Crime Survey
BCC – Birmingham City Council
BCHC – Birmingham Community Healthcare
BCS – British Crime Survey
BCSP – Birmingham Community Safety Partnership
BDAAT – Birmingham Drug and Alcohol Action Team
BME – Black and Minority Ethnic
BSCB – Birmingham Safeguarding Children Board
BSMHFT – Birmingham and Solihull Mental Health Foundation Trust
BSWA – Birmingham and Solihull Women's Aid
BVAWB – Birmingham Violence Against Women Board
BWHFT – Birmingham Women's Hospital Foundation Trust
CAF – Common Assessment framework
CAFCASS – Children and Family Court Advisory Support Service
CAMHS – Child and Adolescent Mental Health Services
CPS – Her Majesty's Crown Prosecution Service
CSEW – Crime Survey for England and Wales
CYPF – Children, Young People, and Families
DASH – Domestic Abuse Stalking Harassment risk assessment tool: a series of 27 questions based on the Offender Assessment System (OASys) developed by the Prison and Probation Service leading to definitions of standard, medium and high risk:

> Standard Risk - current evidence does not indicate likelihood of causing serious harm
> Medium Risk - there are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances
> High Risk - there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious"

DCLG – Department for Communities and Local Government
DDV – Destitute Domestic Violence Concession
Detection – a perpetrator has been charged, cautioned or warned within the criminal justice system
DIP – Drugs Intervention Programme
DV – Domestic Violence, used synonymously with domestic abuse
Domestic Violence Non Crime –
DVPO – Domestic Violence Protection Order
ESOL – English for Speakers of Other Languages
EGYV – Ending Gang and Youth Violence
FGM – Female Genital Mutilation
FME – Forensic Medical Examination
GP – General Practitioner
HBV – Honour Based Violence
HEFT – Heart of England Foundation Trust (NHS)
HMCS - Her Majesty's Court Service
HMIC – Her Majesty's Inspectorate of Constabulary
IDAP – Integrated Domestic Abuse Programme
IDVA – Independent Domestic Violence Advisor
ISVA – Independent Sexual Violence Advisor

JSA – Job Seeker's Allowance
JCP – Job Centre Plus
LGBT – Lesbian, Gay Bisexual and Trans People
LPU – Local Policing Unit
MARAC – Multi-Agency Risk Assessment Conference
Most Serious Violence – a grouping of crime categories to identify the worst levels of violence against the person. The offences included are murder and attempts and grievous bodily harm (with or without intent to commit the offence).
Most similar group of Police Forces – introduced as part of a performance network, where police forces with similar crime levels, demography, and deprivation can be compared with each other, which may assist in the identification of good practice to improve performance and make communities safer. West Midlands Police is most frequently compared with the police forces in Greater Manchester, Northumbria, West Yorkshire. Merseyside
NHS – National Health Service
NINO – National Insurance Number
NSPCC – National Society for Prevention of Cruelty to Children
PCT – Primary Care Trust
POWs – Pregnancy Outreach Workers
PPU – Public Protection Unit
Repeat Offender – defined as a person who commits more than one offence against one victim, or who commits one or more offences against a number of different victims.
Risk of serious harm (HO 2002 and OASys 2006) - 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.
RSVP – Rape and Sexual Violence Project
RASSO – Rape and Serious Sexual Offences
ROTA – Race on the Agenda
RSVP – Rape and Sexual Violence Project
SARC – Sexual Assault Referral Centre
SAIDA - Structured Intervention to Address Domestic Abuse
SAP – Single Access Point
SDVC – Specialist Domestic Violence Court
SOA – Super Output Area
Special Interest Markers – a system used in crime recording to highlight contributory or causal factors to the offence:AI = Alcohol involved; UIV =Under the influence violence; HBV = Honour Based Violence; FM = Forced Marriage; PoP = Partner on Partner offence,
SPOC – Single Point of Contact
SSP – SARC Strategic Partnership
SWMPT – Staffordshire and West Midlands Probation Trust
TKAP – Tackling Knives Action Programme
UKBA – UK Borders Agency
VAW – Violence Against Women
VCS – Voluntary and Community Sector
VPO – Vulnerable People Officer
WAITS – Women Acting in Today's Society
WMP – West Midlands Police
WMSVNA – West Midlands Sexual Violence Needs Assessment
WSU – Women's Safety Unit at BSWA
YOS – Youth Offending Service

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1. Key Findings

Prevalence and Impact of Domestic Violence in Birmingham

- There are an estimated **25,000 female victims** of domestic violence each year and between 3 and 6 domestic violence related homicides

- **4.5 per cent of children** are exposed to serious domestic violence each year and in the majority of serious case reviews into child deaths, domestic violence is a significant factor

- Between **1870 and 3570 men** will experience repeated domestic violence each year, of which an estimated **1500 will be gay or bisexual male victims**

- There is no evidence to suggest that domestic violence is more prevalent in particular communities but **black and minority ethnic women** may face particular barriers to seeking help.

- Women experiencing domestic violence are 15 times more likely to use **alcohol** and 9 times more likely to use **drugs**

- **Women with disabilities** may be at double the risk of domestic violence than women without disabilities.

- Women who have been subjected to extensive physical and sexual violence are 12 times more likely to spend time as an in-patient on a **mental health** unit; 4 times more likely to discuss their mental health with a GP and 15 times more likely to have multiple (3+) mental disorders.

- Women and children experiencing domestic violence are at greatest risk when they try to end a violent relationship and **separate** from an abuser. Continued child contact is a particularly dangerous time.

- **Children respond** to their experiences of domestic violence in different ways. An estimated third of children will have no worse outcomes than the rest of the population but issues of homelessness, parental mental health or substance misuse and deprivation often compound the harm for other children

- Domestic violence damages the bonds between the non-abusing parent and child and frequently impacts adversely on parenting but parenting often recovers quickly if the family are safe and supported.

- Domestic violence is estimated to cost the city's public services £114 million. When combined with the estimated human and emotional costs, this figure increases to £310 million.

- Approximately 30 per cent of victims report domestic violence to the police and even the most serious of violence that involves Accident and Emergency admission is under-reported. Police data has been dogged by recording inconsistencies in recent times making trend analysis of reporting difficult. However, violence with injury during 2013 was at its highest level for three years.

Current pathways

The commitment of organisations to tackle domestic violence, individually and in partnership in Birmingham is evident but much still needs to be done to promote access to services and ensure the most efficient use of resources. The following issues and gaps have emerged from current arrangements:

- **Many victims do not know where to go for help.** When victims do seek help, the pathways through services are complex and many points where victims gain access are not aware of the range of options available. The city lacks an sustainable specialist triage function to make sure that victims and children get the right services at the right time.

- Most victims are faced with a **broad range of needs** which need to be supported for victims and families to be able to be safe. There are particular gaps in pathways for victims with more complex needs, including mental health and substance misuse. A complex needs programme to address these gaps made good headway but was short-lived.

- There are indications that some victims are increasingly **fearful of the consequences of reporting** to the police or children's social care or engaging with services but the value of independent domestic violence services in helping build confidence and trust with victims is less understood.

- The prospect of the criminal justice system holding perpetrators to account in less than 10 per cent of cases offers little protection to their victims whilst at the same time opportunities for **managing offenders** and strengthening the criminal and civil justice response are being missed.

- Service responses are often fragmented and **un-coordinated** despite the best efforts of individual agencies involved

- The links between the **operational partnerships** of MARAC, Joint Screening, Domestic Violence Tasking, Multi-Agency Safeguarding Hubs need to be strengthened as there is little cross-over between them.

- In the statutory sector, alertness to domestic violence has increased but there remains a lack of awareness of the dynamics of domestic violence, **coercive control** and the impact that domestic violence can have on victims and their engagement with agencies. Practitioners often lack an understanding of their role in addressing domestic violence and the other sources of help that they need to interact with.

- **Primary care** is well placed to identify victims early but needs training and support to achieve this; recognising that the city has no viable domestic violence pathway from which to access services should early identification be promoted.

- **Multi-agency data** on the demand for domestic violence services and the services provided to victims and children is patchy and inconsistent.

Current Specialist Services

- Birmingham has a **strong range of specialist domestic violence services** which are well regarded by victims and partner organisations alike

- The **evidence for maintaining the existing range of provision** is likewise strong. Independent domestic violence services are able to demonstrate positive outcomes in relation to victim and children's safety and well-being as well as benefits for statutory services such as increasing numbers of offenders brought to justice, decreasing homelessness and increased safeguarding of children and vulnerable adults. In turn the positive cost-benefit of specialist services has been established.

- The role of the **independent domestic violence advocate** in a range of settings has been shown to facilitate greater trust and engagement between victims and statutory services, enabling greater efficiency in the provision of services and greater multi-agency protection afforded to families.

- Co-location of domestic violence workers in the local authority's Housing Advice Centres has led to a stronger preventing homeless ethos and reduced homelessness

- Less than 10 per cent of female victims per year contact domestic violence **helplines** in the city, of whom a number will be repeat callers; 18 per cent of domestic violence victims receive some kind of **specialist domestic violence service** in the city; 1600 requests for **refuge accommodation** are made each year but only 53 per cent (860) victims are safely accommodated in them.

- There is evidence that the specialist services are reaching **saturation point** in the demand for their services, other than for those already identified as high risk or for whom targeted funding has been provided. This means that critical agencies, such as Children's Social Care, rarely have an agency to refer families to for specialist support in a timely way.

- There are **gaps in provision** to meet the needs of lesbian, gay and bisexual victims; women with No Recourse to Public Funds, younger women and culturally specific services for black and minority ethnic women.

- There has been insufficient focus on **early help**. Most attention has been paid to responding to crisis and interventions for high risk cases.

- Beyond refuge, there are few specialist or targeted services for **children and young people** experiencing domestic violence.

- There has been undue focus on separation without a recognition of, and response to, the increased risks that **separation and continued child contact** brings. Victims are often caught between different legal frameworks requiring separation from abusers but requiring continued child contact irrespective of, or unknowing of, the level of risk this may bring.

Primary prevention

- City-wide investment in school-based prevention programmes has been missing for several years but is currently being commissioned through the Victim Champion and Birmingham Community Safety Partnership.

- There is insufficient evidence of the effectiveness of non-court mandated perpetrator but more could be done in respect of perpetrator/offender management and holding perpetrator's to account. A multi-agency perpetrator management pilot is due to commence shortly in East Birmingham.

Early help

- There are a number of opportunities for early identification and help in trusted services such as primary care and Accident and Emergency. Likewise targeting victims where the prevalence of domestic violence is high is needed such as in troubled families, substance misuse and mental health.

- Where routine or direct questioning is undertaken, the workforce needs to be adequately trained and supported to know how to respond, and service pathways need to be developed to be able to respond.

- Where targeted services exist, such as the independent domestic violence advisors courts and MARAC, referrals need to be made at the earliest opportunity

1. Introduction

Purpose

The purpose of this Needs Assessment is to inform strategic commissioning of domestic violence services and pathways within Birmingham as the city moves to a more integrated commissioning approach and a set of common outcomes

In assessing what currently exists, the Needs Assessment will analyse the complex nature of domestic violence; consider changes in the city's demographic profile; describe and assess the current demand for Domestic Violence services and the existing pathways that victims and perpetrators currently tread. In considering what should be, the assessment will analyse gaps in services and pathways; consider evidence based good practice; and provide recommendations for commissioning priorities hereinafter.

Scope of the assessment: defining domestic violence and abuse

Domestic violence and abuse is defined by the Government as:

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

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

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."[i]

Birmingham's Violence Against Women Strategy (2013-14) recognises that domestic violence and abuse is rooted in the abuse of power and control and is characterised by a pattern of abusive controlling behaviour rather than by a one off incident. In this way, a focus on specific incidents or episodes is of limited value in understanding the experience of domestic violence and abuse.[ii] The importance of coercive control in the lives of victims, both adults and children, and its impact upon them is evident from research and practice alike. For many victims, it was not the physical violence that left them depleted and diminished, but the fear, the build-ups, the threats, the put downs, especially with respect to parenting. Coercive control is also a primary risk factor for intimate partner homicide. (Westmarland, 2013)

Domestic violence itself is not a crime but will often involve crimes. For example, domestic violence often includes crimes such as assault, rape, false imprisonment, stalking or harassment for which the law has recently been strengthened

This Needs Assessment applies the definition of domestic violence to those over 16 in accordance with the Government definition and in view of the increased awareness of domestic violence in young people's relationships. Where children are harmed by domestic violence, this is child abuse. However, children and young people are damaged by living with, or being exposed to domestic violence. Child abuse and domestic violence most frequently co-exist and there is a

need to look for the other when one is present. This needs assessment will consider the breadth of this co-existence.

Methodology and limitations of domestic violence data

This Needs Assessment draws upon and integrates a series of background research documents including the West Midlands Police Problem Profile, which focuses on the demand for services in Birmingham, from a criminal justice perspective for the period 2009-13; multi-agency data on demands for services and a series of research documents and rapid evidence assessments prepared by ICF GHK, in partnership with Dr Angela Morgan and Chris Lyle. It also draws heavily upon similar assessments, and literature reviews undertaken through the Brighton and Hove Intelligent Commissioning Pilot (2010/11) and Haringey Violence Against Women Needs Assessment (2012). The sources of other literature reviews are listed separately.

Measuring the prevalence of domestic violence in the general population presents significant challenges. Domestic violence is under-reported and each of the sources of data, characterised as official statistics, clinical studies, community sample surveys and Conflict Tactics Scale (CTS) studies fail to provide a complete picture of domestic violence in their own right. Individual studies or data sets vary considerably in the depth and quality of information available. For example:

- Research studies have used a variety of definitions, methods of enquiry, examine different populations in different contexts, providing significant limitations to cross-study comparison
- Studies requiring self-reporting, such as the self-completion module of the Crime Survey for England and Wales, exclude significant populations.
- Moreover, studies that require reporting by the subject rely upon a relationship of trust with the enquirer (WNC, 2009) and the reliability of the respondee where gender has been shown
- to be a determining factor. For example, earlier methodological research suggested that women were the more reliable respondents and also tend to report their own violence more completely (Romkens, 1997)
- Official statistics largely rely upon an incident based definition of domestic violence which often fails to identify the prolonged and systematic nature of abuse.
- Aside from criminal justice agencies, many statutory services do not have systems in place to effectively or systematically identify and record domestic violence
- Responses will vary when target groups are asked to respond. For example, a British longitudinal study in 2005, during and after pregnancy, saw the prevalence increased during the second half of the pregnancy and post-delivery. (Bowen et al 2005)
- Much evidence on domestic violence comes from the United States and may not be directly transferable to the UK population, by virtue of difference in culture, law and population.

Notwithstanding these concerns, the Crime Survey for England and Wales (CSEW), formerly known as the British Crime Survey (BCS), is widely considered to provide the most reliable data for estimating the scale of domestic violence in England and Wales. It is a large and independently conducted survey of over 40,000 people commissioned annually by the Home Office. As it includes crimes that go unreported to the police, it is considered to provide a better reflection of crime rates than police-recorded statistics. In order to take into account the reluctance of interviewees in disclosing issues of a personal and sensitive nature, a self-completion module on intimate personal violence has been included in the survey since 2004/05; allowing respondents to enter their responses directly on to the interviewers' laptop for greater privacy.[iii] The module's definition of domestic violence includes domestic and sexual violence carried out by a current or former partner or other family member. Limitations in the survey exist in so far as the module excludes those who do not read and write English, homeless persons, prison populations and adults over the age of 60.

Policy makers responding to domestic violence have traditionally drawn heavily upon these types of official statistics in UK to determine prevalence rates, and this Needs Assessment will be no exception. However, where possible, multiple sources of data have been brought together in this assessment to construct a 'best estimate' in order to accommodate the need to source information beyond violent incidents and capture the context for violence, contributing risk factors, impacts for victims and how the responses of services and agencies can determine repeat demand. Extrapolation from this range of national data has been used to determine local prevalence. However, as the self-completion module of the CSEW provides little examination of differences by various demographic groups it has been necessary to refer to the findings of the main CSEW. This main survey reveals significant under-representation of the scale of the offences and caution is therefore needed in their interpretation. Analysis of Birmingham population hereinafter can only be indicative of the profile of victims in the city for this reason.

National homicide data presented is taken from the Home Office Homicide Index, a database separate to the main recorded crime dataset which contains detailed record-level information about each homicide recorded by police in England and Wales.

West Midlands Police, have provided a thorough Problem Profile examining the progress of reports of domestic violence over the period, April 2009 – June 2013, hereinafter referred to as the **'four year period'** with comparative analysis for the period July 2012 – June 2013, hereinafter referred to as **'the 12 month period.'** The former Government definition of domestic violence has been used as it applied through the period of analysis. The crime and incident data used in the document was downloaded from the West Midlands Police data warehouse and refers to crimes and incidents where special interest markers identify potential aggravating, causal or contributory factors. The use of special interest markers is dependent on the accuracy of data inputting. Offender data is based on a smaller number of records than victim data, as it is of less volume due to offenders not being arrested in every offence.

Caution is required on the criminal justice data provided. Although criminal justice data is the most systematically collected data on domestic violence from all service areas, it is not without its problems.

- Criminal justice data and analysis refers only to reported domestic violence. There is strong evidence to suggest that less than 25 per cent of domestic violence incidents are reported to the police. The data should therefore not be confused with overall prevalence in the population.
- As domestic violence is not itself a crime, but often involves a number of crimes, It relies upon accurate identification and 'flagging' by officers along the criminal justice pathway.
- The recording practice of 'DV criming' and 'DV non-criming', a full description of which is featured later. The Problem Profile identified certain periods where West Midlands Police Force recording policy on domestic violence non-crime incidents was not being adhered to, and that the timescale for remedying this across the four Local Policing Units varied.
- Policy and practice changes within the four year period: a major police reorganisation occurred in 2010. Data was collected from 2009 in order to show the effect that this may have had on either recording or practice: the DARIM risk assessment model was replaced by the DASH risk assessment in 2009, mandatory for all offences and incidents. In February 2011, officers were given discretion as to whether a risk assessment was required in certain domestic violence incidents, mandatory in others.
- Local criminal justice data and outcomes have been compared to the CSEW estimates of prevalence and outcomes, where possible. As this data is not available in the self-completion module of the CSEW (see previous note), the main CSEW has been used for this purpose and provides a further level of estimation and potential inaccuracy

Stakeholder analysis was undertaken following a 'call for information'. A total of thirty-four organisations responded to this call for information by completing a template (see Annexes). Seventeen of these were in the voluntary and community sector; fourteen described themselves as public sector organisations; and one as a social enterprise. One organisation was in the private sector, while another (umbrella body) described themselves as a 'mix' of third sector and public sector. Nineteen organisations were non-specialist providers, while seven were specialist domestic violence providers. Eight organisations did not specify their type of provision. Twenty organisations delivered services within the Birmingham area, eight delivered services across the West Midlands and six delivered services across the UK.

At the time of writing, a major review of evidence based practice is being undertaken by NICE and the preliminary findings are available for consultation. For the purposes of this Needs Assessment, these preliminary findings are undisputed.

Who experiences and perpetrates domestic violence and abuse?

Domestic violence occurs in a range of relationships including heterosexual, lesbian, gay or bisexual (LGB) relationships and is consistently hidden by the shame, fear and humiliation that prevents victims from seeking help. This hidden nature of abuse affects more than our understanding of prevalence. It can also affect our understanding of who are the victims and who are the perpetrators of abuse.

According to the National Institute for Clinical Excellence (NICE), both men and women may perpetrate or experience domestic violence or abuse, but it is more commonly inflicted on women, by men. NICE consider that this is particularly true of severe and repeated violence and for sexual violence. (NICE 2013) Recent crime surveys, however, have suggested that there has been some closing of the gap of reporting of domestic violence by men and women. For example, the latest survey in England showed that 18 per cent of men (2.9 million) and 31 per cent of women (5 million) had experienced domestic violence and abuse from a partner or ex-partner since the age of 16 (Smith et al, 2012)[iv] Observance of these official statistics, on face value, could easily distort the planning of responses to domestic violence and therefore demands closer scrutiny.

In the scholarly debate on gender and domestic violence, two camps emerge: feminist and family conflict researchers differ greatly in how they conceptualise violence in relationships. For those who identify the significance of gender, domestic violence is seen as part of a wider dynamic, reinforced by and reinforcing gender inequality. Domestic violence is seen as coercive and controlling behaviour which is 'instrumental' in gaining benefits and resources within the relationship. The focus is therefore on the patterns of behaviour and acts of self-defence or retaliation after years of abuse would not, by this view, make someone a domestic violence perpetrator. (Braaf 2013) For researchers who see family conflict without a gender dimension, their focus is more likely to be on the pathology of an individual or they may see violence as an expression of disagreement in a relationship. By this view, there is no imbalance of power intrinsic in this type of violence. (Strauss et al,1996). This position commonly plays out on a day to day basis in the responses of professionals who may fail to identify the risks of their decisions. For example failing to distinguish between a perpetrator and a victim retaliating can have significant repercussions for criminal justice and the safety of the victim. Likewise, failing to understand an imbalance of power can have significant repercussions for requirements of parents subject to working agreements or child protection plans, putting children and their non-abusing parent at greater risk. There are therefore both strategic and operational imperatives to understand this dynamic further.

In the section above (1.4) we have seen that a number of significant studies have questioned the reliability of the data offered by non-specialist surveys such as the CSEW as they fail to take into account the context of violence. For example, many studies have found women's use of violence

to be largely defensive or retaliatory.[v]. Moreover, a systematic review of the literature has found that men may be reporting instances of being victims of domestic violence while at the same time being perpetrators of domestic violence (Hester 2009b)[vi] or exaggerating their experiences. These studies echoed the findings of the research undertaken for the Scottish Parliament which re-interviewed those undertaking the self-completion module of the Scottish Crime Survey. The findings affirmed that men's experience of domestic violence were qualitatively different

- some of the male respondents counted as victims in surveys were also perpetrators
- many male respondents had exaggerated experiences of minor relationship discord, describing these as experiencing domestic violence
- where domestic violence was genuinely experienced, the severity of violence, the repetition of violence and the impact of abuse was significantly lesser for male respondents than female respondents [vii]

Hester's research into 'Who Does What to Whom?'(2009) went on to question the extent and severity of the domestic violence according to the gender of the perpetrator. This research found that whilst cases varied, there were distinct patterns of abuse by gender in heterosexual relationships:

- Violence used by men against female partners was much more severe
- Men and women appeared to experience abuse in different ways, with violence by men more likely to induce fear and control of their victims
- Women were more likely to use violence as defence or retaliation and far less likely to instigate violence

These findings of greater severity, greater repetition, greater fear and psychological abuse have been endorsed by the recent analysis of the literature undertaken by NICE (2013). They are also consistent with the self-completion modules of the CSEW since their inception in 2004, where despite the relatively small difference in domestic violence rates between men and women featuring in the summaries of the CSEW, closer inspection reveals that it is largely women that suffer multiple attacks, severe injuries and serious disruption to their lives.[viii] There are profound differences in the way that men and women experience domestic violence.

- As much as 89 per cent of victims experiencing four or more repeated incidents of abuse are women.[ix]
- Women are more likely to experience fear and anxiety (28 per cent compared women compared to 10 per cent men)[x]
- Women are more likely to be isolated from friends and family (28 per cent compared women compared to 10 per cent men)[xi]
- 45 per cent men reported experiencing no psychological effects compared to 27 per cent women[xii]
- Women who use violence are more likely than men who use violence to be arrested by the police (Hester, 2009)

The importance of these findings cannot be underestimated as an accurate analysis of the relationship between gender and domestic violence is essential in order to plan and respond effectively and safely. (Flood 2012)

A significant minority of men also experience domestic violence, whether in heterosexual or same-sex relationships. Whilst experience of female violence is addressed above, men in same-sex relationships experiencing domestic violence are more likely to face severe and repeated violence. These issues will be addressed more fully in later chapters.

Analysis throughout this Needs Assessment will therefore endeavour to focus on domestic violence that is repeated and a pattern of abuse rather than focus on experiences of a single incident of violence. Applying this methodology is not without problems but may assist in establishing a more accurate picture of prevalence and need.

National and international context

Internationally, domestic violence is widely recognised as a violation of human rights; as a cause and consequence of gender inequality; and is seen to be exacerbated by broader social, economic and cultural discrimination experienced by women. As such, protection from domestic violence as a form of violence against women is found in a number of International, UN and European agreements, for example:

- Platform for Action (1995 UN conference, Beijing) in which violence against women is
- declared a human rights violation, an obstacle to equality, development and peace;
- UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW);
- UN Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment;
- UN Convention on the Rights of the Child;
- Council of Europe's Convention in Violence Against Women and Domestic Violence, shortly to be ratified by the UK and incorporated into UK law

In 1993, the United Nations Declaration on the Elimination of Violence against Women, enshrines women's right to live without the fear of violence. The UK's ratification of the United Nations Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) upholds this principle. In doing so, the UK is legally bound to undertake measures to end discrimination against women and is required to submit national reports, at least every four years, on measures that it has taken to comply with its treaty obligations.

A series of agendas dominate the national stage:

End Violence Against Women and Girls

In 2010 the coalition government launched their *Call to End Violence against Women and Girls* outlining their ambition and four guiding principles to tackle violence against women and girls*:*

- Prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it
- Provide adequate support where violence does occur
- Work in partnership to obtain the best outcome for victims and their families
- Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

Actions undertaken by government include:

- Extending the definition of domestic violence and abuse to include coercive control and to include 16 and 17 year old victims
- Introducing two specific offences of 'stalking' and 'stalking involving fear of violence or serious alarm and distress'.
- A pilot of domestic violence protection orders whereby police and magistrates can prevent the perpetrator from contacting the victim or returning home for up to 28 days

- A pilot to test a domestic violence disclosure scheme exploring a 'right to ask' and a 'right to know' about a new or existing partner's past. The pilot ended September 2013 and outcomes are awaited.
- Providing £10 million funding per year between 2011 and 2015, nationally, for independent domestic violence advisors and MARACs.

Localism

The Coalition Government are committed to decentralisation and the shifting of power from central government back into the hands of individuals, communities and councils (DCLG, 2010) alongside an expectation that third sector providers can generate local social capital by widening the use of volunteers.

Payment by Results

Payment by Result is a Treasury driven policy area linked to public sector reform and efficiencies, whilst seeking to incorporate improving outcomes. Birmingham is part of the Department of Communities and Local Government (DCLG) working group piloting various models for payment by result and results of local pilot, if successful, will inform future contracting methodology for commissioned services.

Personalisation

The vision for personalisation is that individuals, not institutions take control of their care, providing people with greater choice and control of their care and support. Although not dominating the domestic violence agenda, the DoH (2010) considers that 'personalisation will only flourish where investment is made in early intervention and prevention'.

Welfare Reform Act

The Welfare Reform Act provides the most fundamental change to the welfare system for sixty years impacting on victims of domestic violence and removing much of the safety net for many of the most vulnerable people at a time when austerity measures have already adversely impacted upon women and families.

Local strategic context

In May 2012, following local elections, Birmingham became a Labour Administration with a commitment to tackle domestic violence. The Leader's Policy Statement of 2013, describes the progress made and the challenges that Birmingham faces, not least in the drastic budget cuts required of local government

In respect of the following priorities for the year ahead, how community safety and domestic violence are addressed will impact on the city's ability to achieve advances in the following areas:

- Tackling deprivation and inequality
- Improved educational performance
- Supporting families and making young people and children safer
- Driving forward devolution and localisation

In recognition of the importance of addressing domestic violence in the city, the Leader's Policy Statement 2013 commits to implementing the recommendations of this Domestic Violence Needs Assessment.

Tackling domestic violence remains a priority in strategic plans to tackle community safety, homelessness, safeguarding, health and well-being, supporting people and social inclusion. Moreover in 2013, the new Victim Champion provided a range of recommendations and commitments placing domestic violence firmly at centre stage.

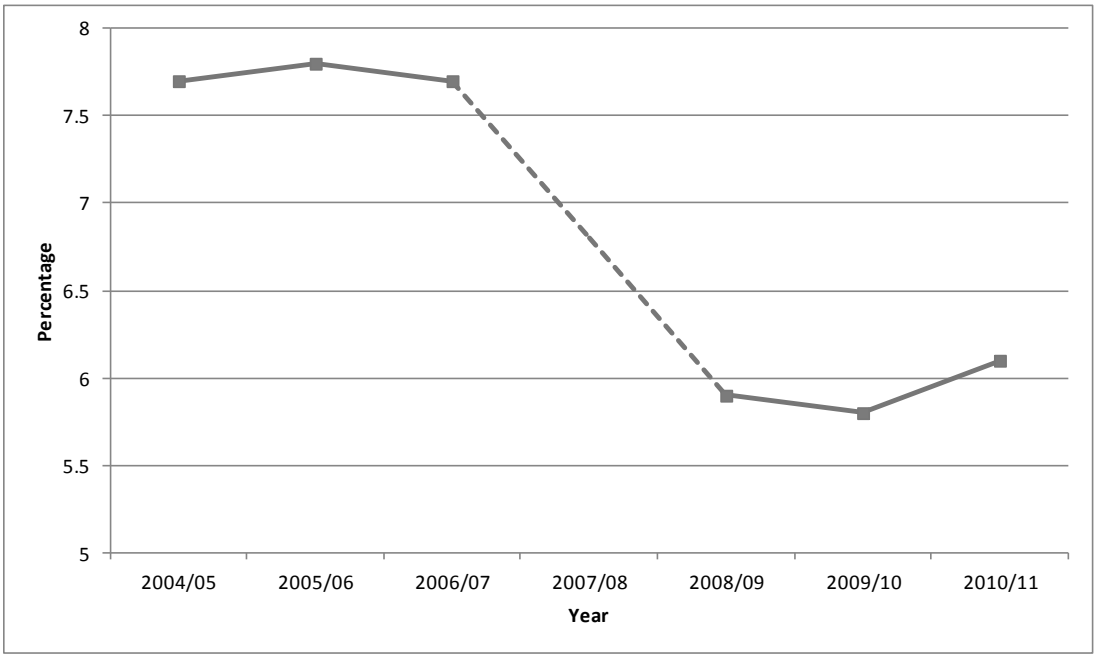
2. The prevalence and impact of domestic violence and abuse

Prevalence of domestic violence

According to official estimates, there were 2.0 million victims of domestic violence in England and Wales during 2011/12 where 7% of women and 5% of men aged 16 to 59 were estimated to have experienced domestic violence and abuse [xiii] in that year. The Crime Survey recorded reductions in domestic violence between 2004/05 and 2008/09 but no statistically significant change in the level of domestic abuse since. (ONS, 2013)

Fig 1. Domestic Violence in England and Wales. 2004-11

Source: British Crime Survey (2011). Data not presented for 2007/08 as the self-completion module for this year did not include a comparable question on stalking.



The same official estimates show that 31 per cent of women and 18 per cent of men have experienced domestic abuse at least once since the age of 16. This is equivalent to an estimated 5.0 million female victims and 2.9 million male victims nationally. (ONS, 2013) These Crime Survey prevalence rates in women are consistent with many of the community based samples. For example, Feder (2009) reports that lifetime prevalence rates range from 13 per cent to 31 per cent in community based samples and from 13 per cent to 41 per cent in eleven studies of women in health settings. Three studies in A&E identified a prevalence rate of 22 per cent and 35 per cent (Boyle 2003, Sethi 2004, Boyle, 2004)

The Crime Surveys do not explore or provide estimates for children's experience of domestic violence. Other sources used for this purpose are featured in the section below.

Domestic violence and equality

Domestic violence is widespread throughout every socio-economic group, and occurs across all neighbourhoods and communities. Its incidence varies only marginally when analysed by geography, class, age, ability, ethnicity and nationality, although risk, severity and barriers to help seeking do vary. (Butler et al, 2011)

Domestic violence is both a cause and consequence of gender inequality; and although not all domestic violence occurs within a context of traditional power relations, perpetrators' behaviour stems from a sense of entitlement, supported by sexist, racist, homophobic and other discriminatory attitudes, behaviours and systems that maintain and reproduce inequality.

However, it is important to recognise that neither women not men are homogeneous groups and their experience of violence and abuse may be compounded by barriers to their receiving help, support and protection. The following sections explore these aspects further although gaps remain. For example, knowledge around many minority communities' experience of violence and abuse is limited, particularly in relation to gypsy and traveller women. [xiv]

Domestic violence and Black, minority ethnic and refugee communities

There is no evidence to suggest that Black, minority ethnic or refugee (BAMER) women are more likely to be subjected to domestic violence than other female population groups. Indeed, the types of abuse – physical, sexual, financial, psychological, emotional and controlling behaviour mirror those experienced by women in the wider population. The results of the British Crime Survey (2010) reveals little variation between 'white' and 'non-white' victim's experience of violence.

However, issues of forced marriage, honour based violence and female genital mutilation may compound experiences of abuse. In either instance, BAMER women may variously perceive and experience gendered violence in many aspects unique to their community.

In particular, the dimensions of culture, language, family structure, racism and, in some instances, insecure immigration status of the abuse victim, will all have a direct bearing on how women and children cope with the abuse, as well as on the help and support variously open to them. For example, factors including domestic violence, abuse, forced marriage and honour based violence are often associated with the fact that British Asian women under the age of 35 have suicide rates three times as high as the national average.[xv]

BAMER women experiencing domestic violence need to be able to choose between cultural/identity specific provision, such as BAMER refuge which will have the advantage of breaking the particular isolation women may feel, or generic domestic violence services where it is unsafe to be identified in specific services. (Parma et al 2005).

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.

Domestic violence and older people

Older women's experience of domestic violence has been largely invisible in both official statistics and research literature[xvi]. Their experiences neither feature in the main Crime Survey nor the self-completion survey which provide no analysis of those aged over 59. However, a Women's Aid

evidence review suggests that older women may experience even more barriers to disclosure than younger women, leading to lower reporting rates; they may not see their experiences as relevant to domestic violence[xvii] and may be even less aware than younger women of the specialist services and options available to them. Some older women may also think services are only for younger women, or only for women with children, and fear disbelief if they seek help. As a consequence of this, the majority of research that has informed service provision has not focussed on the needs of women over the age of 50 (Scott et al 2004).

For older women, the barriers to accessing services are magnified, often due to age barriers, but also due to differing perceptions that older women may hold about the nature of abuse within a relationship, often believing that they have to contend with violence. Professionals have also been found to overlook the needs of older women as domestic violence victims. If abuse is identified, it frequently falls into the category of elder abuse as opposed to domestic violence, despite the fact that the abuse may have begun when the woman was much younger, making access to specialist services more remote. Although older women will have many of the same needs as younger women in relation to domestic violence, their collective needs may be compounded by greater isolation and age related health issues. Economic barriers will be equally as variable as for younger women.

Domestic violence and people with disabilities

Research commissioned by Women's Aid in 2008, revealed that women with disabilities are at significantly heightened risk of domestic and sexual violence[xviii]. Depending upon the nature and degree of disability, their abuse may be exacerbated by reliance upon carers and caring arrangements, and the role of the carer in interacting with professional agencies. This study showed that 50 per cent of disabled women experienced domestic violence compared to 25 per cent of non-disabled women. Disabled women were twice as likely to be assaulted or raped as non-disabled women and likely to endure domestic violence for longer periods of time due to the barriers they face. Despite such a high prevalence rate, few 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 needs. Abusers often use forms of abuse which exploit a woman's impairment or condition so that the violence experienced is compounded. Black, Asian, minority ethnic and refugee women, lesbians and women with no recourse to public funds, with disabilities, were shown to be particularly reluctant to seek help and less likely to receive the support and services they needed.

These findings have been substantiated in recent Crime Surveys (Smith et al, 2011) and in the first national study of domestic violence and disability in the UK (Hague et al.,2011). This multi-method study reported distressing findings of the extent and prevalence of abuse faced by disabled women, and confirms similar studies which have been conducted in Australia and other countries. It revealed that less provision is available to disabled women than non-disabled women despite evidence of higher and more complex needs. It also revealed that disabled women with children are even more likely to experience difficulties in receiving support, which has led to children being removed from their home and placed in foster care. The report concluded that far reaching changes need to be made in service provision, both at managerial and operational levels, and these changes should be informed by women who have disabilities.

In the study for Women's Aid, a survey of 342 local domestic violence services found that disabled women with physical and sensory impairments comprised 7 per cent of women using those services and 38 per cent of organisations offered some form of specific services to them (n=133) (Hague et al., 2012) Whilst these were primarily structural some refuges were able to offer specialised emotional support. Much attention has gone to ensuring that refuges are structurally adapted to meet the needs of women with physical and sensory disabilities yet far less attention

has been given across the sectors to increasing awareness amongst women with disabilities of the services available and the accessibility of those services. The report goes on to provide good practice recommendations for services and local areas which have been picked up later in this Assessment.

Recent evidence would suggest that people with learning disabilities are also at heightened risk of forced marriage

Domestic violence and lesbian, gay and bisexual people

Data on sexuality has been included in the self-completion module of the British Crime Survey since 2007, although some caution is required in their interpretation as the sample sizes were low. The findings, from both the 2007/08 and 2008/09 surveys showed that people who were lesbian, gay or bisexual were more likely to have experienced domestic abuse in the past year compared with heterosexual people (13 per cent compared with five per cent).Those who responded 'do not know' or 'do not want to answer' to the question on sexuality were also more likely to have experienced domestic violence in the past year compared with heterosexual people (seven per cent compared with five per cent). These results could be in part due to the large proportion of those identifying as lesbian, gay or bisexual who were in younger age groups, where risk of victimisation through domestic violence is greater.

Although significantly hidden from official statistics, disproportionate numbers of men reporting domestic violence had been abused by a male partner or ex-partner (Stanko, 2002)[xix] Gay and Bisexual Men's Health Survey undertaken for Stonewall (Guap, 2012) drew 6821 respondents nationally of whom

- Half (49 per cent) of gay and bisexual men reported that that experienced at least one incident of domestic violence since the age of 16, compared to 18 per cent of men in general.
- More than one in three (37 per cent) have experienced at least one incident of domestic violence in a relationship with a man.
- 6 per cent continued to be abused after separation
- Almost one in four (23 per cent) have experienced abuse from a family member. 8 per cent had been pushed or slapped, 16 per cent had been kicked or hit and 7 per cent stopped from seeing friends or relatives. 10 per cent have had their sexual identity used against them by a family member and 12 per cent belittled and made to feel worthless by a family member
- One in seventeen (7 per cent) have experienced domestic abuse from a woman when in a relationship with them
- 11 per cent reported that they had been frightened that they will be hurt or someone close to them will be hurt and 4 per cent had experienced death threats
- 78 per cent of gay and bisexual men who had experienced domestic violence have never reported to the police. Of those that did report, more than half (53 per cent) were not happy with how the police dealt with the situation.

These studies therefore suggest that gay and bisexual men face significantly higher risk of partner violence from male partners and familial abuse than heterosexual men. The prevalence of domestic violence amongst gay and bisexual men is also higher than in the general female population. Moreover the experience of familial violence and abuse is noticeably higher for gay and bisexual men than the broader population, providing greater isolation to those who would seek help.

In respect of lesbian and bi-sexual women's experience of domestic violence, the percentage of women who experience domestic violence in their lifetime appears to mirror the prevalence rate for women generally. [xx] A national survey undertaken for Stonewall (Hunt and Fish, 2008) drew on over 6000 lesbian and bisexual women respondents and found that

- One in four lesbian and bisexual women had experienced domestic violence since the age of 16, where the perpetrator was a female in two thirds of the cases.
- Where the perpetrator was a woman, half of victims had experienced physical violence
- One in five lesbian and bisexual said that they had been repeatedly belittled, made to feel worthless, and stopped from seeing friends and relatives
- Thirteen per cent of lesbian and bisexual women reported having been frightened that they or someone close to them may be hurt
- One in 25 reported death threats and one in eleven experienced on-going abuse after separation
- Eighty per cent of lesbian and bisexual women experiencing domestic violence have never reported incidents to the police. Of those that did report, only half were happy with how the police dealt with the situation

Earlier studies had intimated that male partners may pose a greater risk for domestic violence than female partners. For example, in one study over 39 per cent of lesbian and bisexual women reported being raped and/or physically abused by a partner in their lifetime, 30 per cent by a male partner, and 11 pr cent by a female partner (Tjaden et al 1999). Neither the survey above, nor the Crime Surveys provide sufficient detail to test this hypothesis further.

Local research by the LGBT community in Birmingham shows that over 25 per cent of the lesbian, gay, bi-sexual or transgender respondents indicated that they had been victims of domestic violence (n=720).[xxi] Although not directly comparable with the national survey, as the gender of the bi-sexual respondents is not disaggregated, this survey suggests that the proportion of gay respondents experiencing domestic violence is considerably lower than the Stonewall research indicates.

Due to societal homophobia, lesbian, gay and bisexual victims of domestic violence may face additional barriers arising from their experiences of abuse including fear of homophobia, threats of being 'outed' and fear of losing children each impair their ability to gain support and protection[xxii]. An abusive partner may threaten to 'out' his or her partner's sexuality to family, friends, or co-workers as a tactic to get that person to stay in the relationship or to coerce the victim in order to get what he or she wants. Lesbian, gay and bisexual victims whose families and friends are unsupportive of their sexuality have fewer sources of support, thereby increasing isolation and making it more difficult to end abusive relationships. Abusive partners may use this situation to their advantage to maintain a relationship; they may continuously remind the victim how alone he or she will be if he or she tries to leave (Renzetti 1992).

Under-reporting to the police and other services is particularly prevalent amongst LGB victims of domestic violence. A local study suggested that only a quarter of victims reported incidents to the police (n=636) where the survey went on to ask, 'Do you think there should be a same-sex domestic violence service'[xxiii], 83 per cent of respondents answered 'Yes'. (Wood, 2011) The national study undertaken for Stonewall and referred to above indicated that as few as 20 per cent of lesbian and bisexual women, and 22 per cent of gay and bisexual men, had told *anyone* about the abuse they had experienced.

Within the UK, Broken Rainbow is the only national LGBT domestic violence service providing confidential support to all members of the LGBT communities, their friends, and agencies supporting them. Although substantially more services for women exist, lesbian and bisexual women have been reported to be unsure about what support services were available to them, felt that agencies assumed that the perpetrator was male and feared being stigmatised and judged by services.[xxiv]

Domestic violence and gender identity

Data around transgender people's experience of domestic violence is further hidden from the research literature, not least because few official sources disaggregate this data. In 2010. the first published research focussed solely on transgender people's experience of domestic violence in the UK where it estimated that 73 per cent of transgender people have experienced transphobic harassment. The research drew on 60 respondents to questionnaires and found that

- 80 per cent of the transgender people surveyed have experienced some form of abusive behaviour from a partner or ex partner, although only 60 per cent identified these behaviours as domestic violence;

- 45 per cent of respondents had experienced physical abuse from a partner or ex-partner; and 47 per cent of respondents had experienced sexual abuse from a partner or ex-partner;

Despite these high figures, 24 per cent of people had told no one about the abuse they had experienced. The research also highlights the reluctance that many transgender people feel about disclosing or reporting abuse to services or the police or other services.[xxv]

Domestic violence and male victims

The provision of specialist work with male victims of domestic violence is relatively new, but evaluations conducted on the Dyn Project in Wales and the national Men's Advice Line have begun to frame how men's experience of abuse could be understood; how and where male victims present; how their experiences of abuse may differ from of female victims and what specific issues of risk and safety need to be address.

Evaluations have revealed the need to apply rigorous screening to services for male victims. The governmental funded helpline for male victims, the Men's Advice Line, identified through research that a significant proportion of those that viewed themselves as victims of violence and abuse (from women) were not considered to be victims of abuse. In 34 per cent of cases, callers were sighting issues of relationship breakdown or conflict which were not abusive. In 35 per cent of the cases the caller was considered by workers to be the perpetrator of abuse. The consistency of these findings across other services has driven services for male victims to introduce screening processes to distinguish those that experience abuse, those that use violence to retaliate and those that are primary instigators of abuse.

Research and evaluations reveal that the experiences of heterosexual male victims and the nature of the services that they need also varies from those needed by female victims. Compared to female victims, heterosexual male victims were

- Less likely to have been repeatedly victimised or seriously injured
- Less likely to experience ongoing violence after a relationship has ended
- As likely as non-abused men to report any health concerns
- More likely to have financial resources and be in full time education
- Less likely to be living in rented accommodation
- Less likely to feel fearful in their own homes: 2 per cent male victims disclosed feeling fearful[xxvi]

There is also no statistically significant risk associated with separation for men. (Smith et al, 2012) Male victims calling the national Men's Advice Line therefore seek mostly legal and housing advice and seek refuge in low numbers (3 per cent for all male victims including gay and bisexual men). The Men's Advice Line report that this demand generates referral either to the six refuges

available nationally or to non-domestic violence specific accommodation locally where bed spaces are reported to be usually available.[xxvii]

The evaluation of the Dyn Project highlighted significantly differing needs between gay and heterosexual men, with the needs of gay men overlapping more with those of female victims of abuse, most notably in their take up of services and the need to address the ongoing safety concerns that male perpetrators of violence commonly pose.[xxviii]

This comparison between female victims, heterosexual male victims and gay and bisexual victims is important in the identification of need, demand and response but in no way seeks to minimise the genuinely harrowing experiences of male victims of abuse. The number of male victims of domestic violence, however, remains in contention, as described above (*Section: who experiences domestic violence)*

Domestic violence, pregnancy and teenage pregnancy

Although one study suggests that pregnancy can offer protection for some women (Bowen, 2005), there is a substantial body of research that identifies heightened risks of domestic violence for a woman who is pregnant or has recently given birth: (Harrykissoon et al. 2002)

- Between 4 and 9 per cent of women are abused during their pregnancies (Taft, 2002) and 30 per cent of domestic violence is thought to start during pregnancy[xxix]. (Lewis and Drife, 2001, 2005; McWilliams & McKiernan 1993)
- Domestic Violence has been identified as a prime cause of miscarriage or still-birth (Mezey 1997; Lewis and Drife, 2001, 2005) Women who were subjected to domestic violence may be four times as likely to miscarry as women who have not been abused during pregnancy. Abused women have said that they are more likely to be kicked in the abdomen or breasts during pregnancy (BMA 2007)xxx.
- 14 per cent of maternal deaths occur in women who have disclosed domestic violence (Lewis and Drife, 2005). Within six weeks following birth, 11 new mothers were known to have been murdered by their male partners during 2000 and 2002 (Lewis & Drife, 2005)
- The risk of domestic violence in pregnancy is higher for younger women (Talieu and Brownridge, 2010)

Teenage pregnancy

A strong body of research has found high rates of relationship abuse within teenage pregnancy, connecting the abuse with limiting the young women's opportunity to make decisions about their use of contraception. Young women reported not using birth control in order to avoid violent confrontations with an abusive partner (Rosen, 2004).[xxxi] Teenage girls experiencing relationship abuse were 4 to 6 times more likely to become pregnant than their peers (Silverman, 2001)[xxxii] and had significantly higher rates of smoking, alcohol consumption and non-prescription drug use (Quinlivan, 2001)[xxxiii] The later section on violence in young people's relationships expands on these issues further.

Domestic violence and its impact on children and young people

Each of the major reviews of child protection in recent years has raised the alarm about the risks for children of living with domestic violence. In 2009, Lord Laming (2009)estimated that of the 11 million children in England, 200,000 live in households where there is known risk of domestic violence. In 2011, Munro went on to identify that '…there are 120,000 victims in any year who are

at *high risk* of being killed or seriously injured as a result of domestic abuse; 69 per cent of high risk victims have childen.' [xxxiv] Biennial analysis of serious case reviews in the UK found evidence of past or present domestic violence in over half of the lives of children exposed to serious harm. (Brandon et al 2009). One study of 163 child homicides in 83 local authorities in UK found a background of domestic violence in 46 per cent[xxxv]

Domestic violence is now the most frequently reported form of trauma for children. Witnessing domestic violence can have serious adverse effects on children's well-being, and children who have witnessed domestic violence experience similar psychosocial outcomes to children who are physically abused. (Meltzer et al, 2009) [xxxvi] Evidence clearly demonstrates that children and young people are at an increased risk of abuse, serious injury or death if they are exposed to domestic violence. Even without direct abuse, the devastating physical and emotional effect of domestic violence on children and young people severely affects their sense of safety, health and well-being, achievement and development. (Butler et al., 2011; Hester et al, 2007)

Many children living with domestic violence:

- Will be directly abused by the perpetrator and domestic violence features in 63 per cent of serious case reviews between 2009 and 2011 (Brandon et al, 2009)
- Will have witnessed or heard the abuse. In 2005, the legal definition of harming children was extended to include the harm suffered by seeing or hearing the ill-treatment of others (Section 120 of the Adoption and Children Act 2002)
- Will be living in constant fear and experiencing trauma
- Will blame themselves for their parent's violence and feel inadequate and guilty when unable to stop the violent episode or prevent its reoccurrence.
- Will be forced to leave their home to leave their extended families, friends, communities, possessions and pets in order to be safe (Stafford A et al, 2007). [xxxvii] This dislocation results in multiple losses and confusion for children.

Some children living with domestic violence:

- Will be removed into care or be forced by state agencies or the courts into unsafe child contact arrangements
- Will use alcohol or drugs as a means to cope with their fear, anxiety and symptoms of trauma
- Will experience mental ill-health including depression, trauma symptoms, self-harm or suicide attempts

All children living with domestic violence:

- Will be at greater risk of abuse, serious injury, or death.
- Will be growing up in an atmosphere of fear, tension, intimidation and confusion.
- Will be at higher risk of experiencing depression and trauma (Mullender, 2002)[xxxviii]
- Will respond individually and will have differing levels of resilience to their experiences and recovery.

There is little agreement on the rates of overlap between domestic violence and child physical abuse: rates fluctuate between studies and range between 45% and 70% (Holt et al 2008). In child sexual abuse, Humphreys and Stanley (2006) found during the analysis of case files that fathers and father figures were more likely to sexually abuse their child when they were violent to their mother, with domestic violence featuring in more than half of the case files. Cleaver et al (2004) study referrals to children's social care (n=2248) found that:

- 4.8 per cent of recorded domestic violence at point of referral
- 16.7 per cent of recorded domestic violence following initial assessment
- 40 per cent of cases where child protection concerns led to a visit to the family

Whilst children and young people will be at greater risk of harm, they will also have very individual reactions to the violence they have experienced. Their individual circumstances that enable resilience and recovery will vary enormously. **Over a third of children exposed to domestic violence do not appear to do any worse than other children in the community** (Kitzmann et al, 2003). It is therefore important that assumptions are not made which label or stigmatise children and young people experiencing domestic violence and the factors which make for more harmful outcomes identified which include:

- The length of exposure to domestic violence over time: children's Post Traumatic Stress Disorder symptoms and behavioural problems were significantly worse for those children who had longest lifetime exposure to domestic violence (Rossman, 2000; Graham-Bermann et al, 2009)
- Differential impact by the existence of other factors, such as homelessness, parental mental health and substance misuse issues.
- When children experience domestic violence in addition to other forms of abuse and neglect there is a high risk of psychological harm

Differential impacts have been identified by developmental stage: infants and pre-school children showed delayed development, sleep disturbances, temper tantrums and distress; school children experience conduct disorders, problems in concentration and difficulties with peers; adolescents display depression, delinquency and aggression towards peers (Stanley, 2011). However, the impact of domestic violence does not appear to be affected by the gender of the child or young person. (Kitmann et al, 2003; Fowler and Chanmugam, 2007)

How children and young people seek support is important. There is a strong body of evidence that many school-age children seek to keep their experience of domestic violence secret at school. (Buckley et al, 2007). However, when children and young people are living with domestic violence, the person they are most likely person to tell is a friend. When asked about the services they need, they wanted group work and a chance to talk to others of their own age and with similar experiences. When moving home, they have reported wanted refuges where they would be helped and not judged, housing and support services (Houghton C 2008). [xxxix]

Domestic violence and parenting

In the context of domestic violence, mothers' parenting may be undermined by assaults on her self-esteem and confidence; by the need to anticipate and avoid violence; by being degraded, abused and belittled, most commonly in front of her children. Mothers may internalise humiliating and undermining messages from their abusers and lose confidence in their parenting skills. Abusive fathers may seek to disrupt the mother-child relationship by questioning the mother's authority and forging alliances with their children against their mother. Indeed, the tactics of abuse and violence used against mothers can significantly undermine their relationship with their children and represent 'an attack on the mother-child relationship'.(Humphreys et al, 2008)[xl]

In South Asian communities, a perpetrator's denial of a mother's relationship with her children may be reinforced by his parents and siblings. In such circumstances children may be drawn into an alliance with the father's family who may subject the mother to a range of controlling and denigrating behaviours. (Thiara, 2010; Izzidien, 2008)

The Sure Start programme impact study in England found a strong correlation between domestic violence and 'home chaos and mother's malaise' (Ball and Niven, 2006) and other studies have drawn attention to the impact of domestic violence related sleep disruption on parenting as well as efforts to protect children by placating perpetrators.(Humphreys et al, 2009) However, mothers commonly describe making conscious efforts to protect their children and their parenting from the effects of domestic violence, even if they struggle to achieve it. (Lapierre, 2010)

Whilst some mothers' parenting appears to be adversely affected by domestic violence, there is evidence that their parenting can recover once they are safe, particularly where their lack of social support is addressed. Social isolation is seen to be particularly acute for black and minority ethnic mothers, mothers with disabilities, families with disabled children and homeless mothers and children. (Stanley, 2011)

Research focussing on domestic violence perpetrator's parenting is limited, despite the fact that domestic violence perpetrated by a parent is a significant indicator of failed and dangerous parenting. There is some limited research which indicates that perpetrator's parenting is more punitive. Moreover, perpetrators frequently struggle to acknowledge the impact of their violence and abuse on children. (Stanley, 2011)

Impact of domestic violence and substance misuse on parenting capacity

Cleaver et al's (2011) review emphasised that the risks of poor outcomes for children increase when they experience both parental substance misuse and domestic violence, where parenting capacity was most likely to be severely affected; where children were most likely to have development needs; where there were most likely to be severe difficulties in relation to family and environmental factors. The review emphasises that these needs and risks varied according to the nature and extent of the substance misuse.

Domestic violence in young people's relationships

Statistically, young women (16-24) are the group most at risk of domestic violence, stalking and sexual assault[xli].

National research on teenage intimate partner violence, found that of 88 per cent of young people in an intimate relationship, 25 per cent of the girls and 18 per cent of the boys experienced physical abuse; 75 per cent of the girls and 14 per cent of the boys had experienced emotional abuse, and 33 per cent of the girls and 16 per cent of the boys had experienced sexual abuse. xlii This alarming prevalence rate is reinforced by local studies and features highly in the concerns expressed by young people. In a Birmingham referendum of over 5000 young people, violence in their communities counted as one of their top 3 concerns.[xliii]

In keeping with abuse in adult relationships, the research found that girls reported greater incidence rates of relationship abuse, experienced more severe abuse more frequently, experienced fear and suffered more negative impacts on their welfare compared with boys. By way of illustration, 70% of girls and 13% of boys stated that the violence in the relationship had impacted negatively on their wellbeing. The research found little evidence to support the possibility that the boys were minimising the impact of their experiences but were able to identify that the boys involved were minimising their own use of violence. Girls were most often affected by coercive control, experiencing high levels of control over where they could go, whom they could see or what they could do. Girls reported being subject to high levels of surveillance, often made

possible through the use of on- line technologies, mobile phones and text messaging, Much abuse is normalised by young women and many struggle to identify abusive behaviour.(Meltzer et al, 2009)

A further on-line poll found that 40 per cent of girls had been pressured to have sex and 42 per cent had been hit by boyfriends. 27 per cent of girls thought that it was acceptable for a boy to expect sex if a girl had been flirting with him.xliv Wider research similarly has found many young men display a sense of entitlement to sex from their girlfriends. For young women issues of self-blame are very prominent, especially in relation to sexual coercion.[xlv]

Literature and policy in this area is sparse. To enhance the city's understanding and support future initiatives, between 2010 and 2011, Birmingham Community Safety Partnership co-ordinated a programme of interventions to engage young people in the promotion of positive relationships and to develop safe spaces to encourage and enable disclosure and help seeking.

Key messages from these interventions with young people revealed that:

- Young people see violence in their relationships as one of their major areas of concern and many young people will be experiencing violence and abuse without awareness of where to get help.
- There is gap in provision to support adolescent girls experiencing violence against women. Specialist services are variously directed towards children or adults and are not perceived as accessible for young people.
- Young people face significant barriers to disclosing their experiences. Young people do encounter a range of different agencies and opportunities could be created for a young person to discuss their experiences and seek help safely.
- Young people are afforded little opportunity to consider what healthy and positive relationships should be like. Teenage girls and young women often cannot identify what has happened to them as rape or sexual violence. Young men are not supported in their understanding of the consequences of their attitudes and behaviours towards violence against women and girls. Work addressing abuse in young people's relationships, and facilitating young people in developing their understanding of healthy relationships, respect and self-esteem, has tended to be initiated by enthusiastic individuals as resources have allowed rather than as part of an overarching strategy.
- Young people have told us that there was very little information or debate about the reality of relationships and parenthood, and raised the issues of the need for support in facing up to negative peer pressure.[xlvi]
- Young people don't identify with the language of 'domestic violence' which is perceived to be something that happens to their parents or adults.
- There is a need for greater understanding of the use of mobile technology and social media as surveillance and control by abusers

Domestic violence and mental health

Women who have experienced domestic violence and abuse are significantly more likely to experience depression, anxiety, despair, trauma symptoms, self-harm and suicide and be service users of mental health services.[xlvii] Women who experience domestic violence are 15 times more likely to use alcohol and nine times more likely to use drugs than women that have not been abused[xlviii]

A recent analysis of the Adult Psychiatric Morbidity Study undertaken by NatCen (2013) on behalf of the Department of Health found experiences of inter-personal violence, including domestic

violence to be major and under-acknowledged factors shaping people's mental health and service needs.

- 1 in 4 of the population have experienced violence and abuse:
- 1 in 25 of the population had experienced extensive physical and sexual violence with an abuse history extending back to childhood. Nearly everyone in this group had, at some point in their life, been pinned down kicked or hit by a partner. Half had been threatened with death. Half of this population had a common mental disorder
- 1 on 50 of the population were characterised by extensive physical violence and coercive control from a partner and displayed high levels of common mental disorder.

People with extensive experience of physical and sexual violence are:

- 15 times more likely to have multiple (3+) mental disorders but only 4 times more likely to discuss their mental health with a GP and 3 times more likely to to access community mental health services.
- 12 times more likely to spend time as an in-patient on a mental health unit.[xlix]

Other studies have varied on the proportion of this impact. Between 35 and 73 per cent of abused women experience depression or anxiety disorders; this is at least three times greater than the general population.[l]

Within mental health settings however, the Department of Health (2003) has estimated that between 50 and 60 per cent of women mental health service users have experienced domestic violence, and up to 20 per cent will be experiencing current abuse.[li]

Suicide

During 2011, 946 women in England were known to have committed suicide[lii]. In some studies, abused women have been shown to be five times more likely to attempt suicide than the general population, and a third of all suicide attempts have been attributed to the experience of domestic violence (Stark and Flitcraft, 1996; Humphreys, 2003cliii). Other studies have shown that suicide attempt were 15 times more likely amongst people who had experienced extensive physical and sexual abuse.[liv] Preventing Suicide in England (Department of Health, 2012), however, suggests that that there remain inconsistencies in each of the prevalence rates claimed.

Although there is little evidence on the suicide risks in Black and minority ethnic populations, as information on ethnicity is currently not collected through the death registration and inquest processes, the Home Affairs Select Committee inquiry in 2008 found that the suicide rate among young Asian women was three times higher than the national average, but no statistics are available on the proportion of these cases linked to forced marriage or 'honour-based violence'. An historic study over three decades suggested that Asian women are up to three times more likely to kill themselves than women in the general population. (Raleigh et al 1996) A number of qualitative studies have indicated that social factors, including abusive and oppressive practices in the family accounted for a higher rate of suicide and self-harm in Asian women (Chew-Graham et al 2002; Chantler et al, 2001; Bhardwaj 2001; Muralidharan, 2007) Only one study has challenged that young South Asian women were still at increased risk of suicide. (McKenzie et al 2008) [lv]

The Home Affairs Committee Report in 2008 concluded that, "Many victims of domestic violence suffer long-term physical and mental ill health following abuse, including substance misuse, self-harm and suicide. Whilst the Department of Health is funding some therapeutic services for victims of abuse, it is hard to believe that what amounts to £27,083 per organisation is anywhere near enough. We urge the Department of Health to increase its funding of mental health and other therapeutic services for victims."[lvi]

Mental health and perpetration of domestic violence

There has been little research in the UK on any link between perpetrating domestic violence and mental health. A study of probation files of convicted perpetrators in England found that depression was a feature in 22 per cent of cases (Gilchrist, 2003)

Domestic violence, alcohol and drugs

The relationship between domestic violence, alcohol and drugs is a complex one. There is limited data in the UK regarding the prevalence of drug/alcohol use in domestic violence and abuse, whether this be in respect of the victim or the perpetrator but what data that does exist provides the following:

- the consumption of alcohol or drugs does not cause perpetrators to be violent
- women experiencing domestic violence are 15 times more likely to misuse alcohol and nine times more likely to misuse drugs than non-abused women, the majority of whom will have started substance misuse after the violence began

Perpetrators and substance misuse

A number of studies have found that the co-existence of alcohol or drugs are dis-inhibiting factors which may increase the likelihood or severity of physical assaults in domestic violence. (Finney 2004; Budd 2003; Brecklin 2002) Indeed substance misuse is consistently identified as increasing the threat of serious harm in risk assessment models for domestic violence, including DASH.

Earlier studies understood problematic drug use to be less prevalent than alcohol as a dis-inhibitor to DV but considered when present as a factor in the abuse was more likely to lead to chronic victimisation. (Mirrlees- Black 1999)

Alcohol abuse is both more common than drug abuse and more closely associated with domestic violence. 63 per cent of men attending perpetrator programmes reported the dual issues of substance use and domestic violence. (Humphreys et l 2005) However, the most stark demonstration of the connection was seen in a U.S. multi-site evaluation of perpetrator programmes which showed that a male perpetrator's drunkenness made him three times more likely to re-assault his partner than a perpetrator who did not get drunk. If the man was drunk nearly every day, he was 16 times more likely to re-assault than those who seldom or never drank. (Gondolf 2002)

Findings from a review of earlier Crime Surveys revealed that 44 per cent of domestic violence offenders were under the influence of alcohol and 12 per cent affected by drugs when they committed acts of physical violence that had been reported to the police (Budd 2003) More recently, the 2011/12 Crime Survey found that 21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under the influence of illicit drugs. In the same survey, female victims were more likely than male victims to perceive that the offender was under the influence of alcohol (24% compared to 18%) and more likely to perceive that the offender was under the influence of illicit drugs (9% compared with 5%) (Smith et al 2012).These findings have not been borne out in local service data. For example, in Birmingham over the 12 month period between July 2012 and June 2013, alcohol featured in only 10 per cent of all domestic violence crime (WMP, 2013).[lvii] Although the proportion of reports where both domestic violence and alcohol co-exist is lower than anticipated, alcohol is still four times more likely to be an aggravating factor in domestic violence than in all other crimes. The

relationship between domestic violence, alcohol and crime is considered in more depth in the criminal justice section to follow.

In respect of rape and sexual violence, national research suggests that alcohol is involved in around 34 per cent of rape cases reported to the police. Furthermore, many perpetrators of sexual violence and abuse have drunk alcohol immediately prior to the incident; and perpetrator alcohol consumption is sometimes associated with increased sexual violation and physical aggression.

There is evidence that the use of alcohol and drugs is frequently provided by perpetrators as a excuse for their abuse. This is supported by a commonly held belief amongst the general population. However, no causal relationship has been found to exist. Most men who abuse alcohol or drugs are not violent to their partners. Few men who abuse alcohol or drugs and who are violent are unselective and random with their violence. Some men who abuse alcohol and drugs are violent are selective about who is targeted for violence. It is the underlying attitudes of some men that cause their domestic violence. It is therefore important that such myths are dispelled and that perpetrators are held responsible and accountable for their violent behaviour.

***Impact of drug and alcohol treatment in the prevention of domestic violence/harm*.**

A cautionary note needs to be made about potentially higher risks associated with being in treatment.

It was commonly thought that reducing alcohol and substance use may reduce levels of physical injury whilst non-physical abuse such as psychological, sexual and financial abuse is likely to still continue without specific intervention to reduce and prevent the domestic violence. However, recent research suggests the contrary: that partner assaults are 4 to 8 times higher among people seeking treatment for substance dependency than in the general population (Murphy and Ting 2010)

Substance misuse[lviii] as a consequence of abuse

Much more is known about the impact of domestic violence upon its victims and studies consistently demonstrate a significantly heightened prevalence of alcohol and drug abuse for those abused through domestic violence. This is most often explained as domestic violence victims turning to substance use as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with violence. In a survey of domestic violence services in the UK, 'All survivors with problematic substance use … saw a link between their substance use and their experiences of domestic violence – the most commonly reported being to dull both the physical and emotional pain. '(Humphreys et al, 2005).

Although data in this area is not systematic, common themes have emerged:

- Research has demonstrated that women experiencing domestic violence are 15 times more likely to misuse alcohol and nine times more likely to misuse drugs than non-abused women (Stark and Flitcraft, 1996; Humphreys,2003c)
- 51% of respondents using domestic violence services claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years. Almost two thirds of the victims drawn from domestic violence agencies in the same study showed that they began their problematic substance use following their experiences of domestic violence. Most women reported that they had also been abused when their partner/ex-partner was sober. [lix] (Humphreys et al 2005)
- UK study of 60 women using crack cocaine found that 75% had been physically assault by a current or former partner (Bury et al 1999)

- 40 per cent of Asian women who seek treatment for alcohol misuse were experiencing domestic violence. (Barron, 2004)
- For women with existing alcohol and drug abuse problems, experience of domestic violence may well be compounding historic abuse. 67 to 90 per cent of women with alcohol and drug addiction problems were survivors of childhood sexual abuse. (Wilson 1998)
- US study reported that 60 per cent of women accessing drug or alcohol services reported current or past domestic violence (Swan et al 2001)
- Some victims are introduced to substances by their abusive partners as a way of increasing control over them (Swan et al 2000).
- a one week screening period of women in domestic violence agencies in East and West London revealed that 44 per cent reported their own problematic substance use. This figure rose to 92 per cent of women in touch with outreach or tenancy support services. (Humphreys et al 2005)

Identification of domestic violence victims

Women with problematic substance use who also experience domestic violence may find it even harder than other women to report or even to name their experience as domestic violence

Many women who access drug and alcohol services will have current or past experience of domestic violence, however the primary presenting issue often masks additional needs, for instance if a client presents with substance misuse problems, any domestic violence issues are often submerged and vice versa.

Barriers to access and retention in substance misuse services

Social isolation can produce further dependence on a partner and attempts at sobriety or reducing substance use may be threatening to a controlling partner.

- Some violent men will actively restrict access to treatment or encourage women to leave treatment. The probability that a woman will engage with treatment decreases if doing so will anger her perpetrator (Wright et al, 2004)

- When a victim seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service.(Taylor 2003)

- Substance misuse professionals tend to underestimate the proportion of their clients who experience domestic violence, and to have only limited contact with domestic violence services .(Barron 2004)

- Practitioners have highlighted how experiences of domestic violence negatively impact on a woman's ability to access and be retained in drug or alcohol treatment. (Galvani and Humphreys 2007)

Barriers to accessing domestic violence services

Similarly, women who are problematic substance users may find themselves excluded from some domestic violence services, particularly refuges. In Birmingham, refuge providers have been required to provide services to women with complex needs, including substance misuse, for many years as part of the conditions of receiving Supporting People funding. A Complex Needs Programme in the city, between 2009 and 2011, which sought to build the confidence of domestic violence, substance misuse and mental health services in dealing with these overlapping issues, found that there were inconsistencies across the city, with some refuge providers not feeling as confident as others in supporting women with substance use. Inevitably, this will have lead to

disproportionate intake across the refuges and potentially may have led to some particularly vulnerable victims having fewer options available at a time when their ability to assess risk may have deteriorated. The absence of systemic monitoring of substance misuse in this area prevents further analysis.

Where barriers exist, women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised, are particularly vulnerable to long-term experiences of domestic violence and homelessness as they have fewer options of where to go to find help, support or safety. The secrecy and shame surrounding both domestic violence and substance misuse serve to compound the abuse and act as significant barrier to accessing services.

Women's views

Women who were consulted in the largest canvas of women's views on violence against women in England in 2009 and who were affected by the overlapping issues of problematic substance use and gender-based violence, highlighted particular difficulties they face in accessing services that meet their needs (WNC, 2009).

- a lack of trust or confidence in statutory services, for women experiencing problematic substance use these feelings were amplified.
- felt excluded, isolated and rejected from services, women experiencing problematic substance use also felt 'labelled', and felt this impacted response they received

- wanted mental health services and community drug and alcohol rehabilitation services to respond more effectively to women's needs, and to be trained in identifying and responding to violence and abuse alongside any drug, alcohol or mental health intervention.

- Where these services do exist, women spoke of experiencing long waiting lists; they highlighted the importance of immediate access to services.

Separation of domestic violence and substance misuse services

Even though drug, alcohol and domestic violence agencies often serve the same client base, and while numerous services deal specifically with domestic violence or substance misuse, few organisations in the UK are currently equipped to provide the range of services needed by survivors or perpetrators of domestic violence who also experience problematic substance use. Differing models of working, time restraints and philosophies mean that drug, alcohol and domestic violence services often do not work together as effectively as they could.(Stella Project 2007)

Research included interviews with 48 professionals with a policy or practice interest in the interrelationship between domestic violence and substance abuse. This research found that: there are a significant group of women suffering domestic violence who have problematic use of alcohol and or drugs

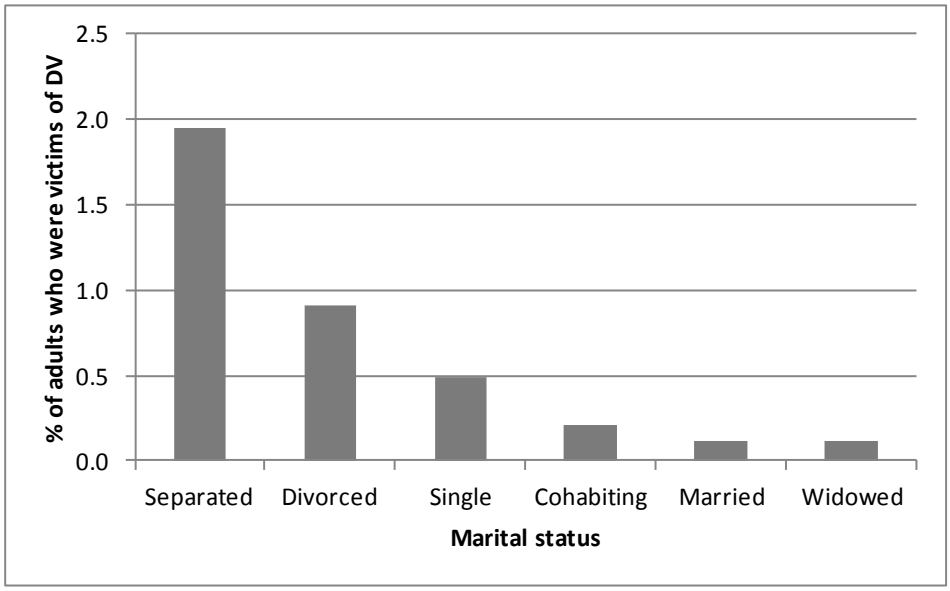
- significant overlap between problematic substance abuse and the perpetration of domestic violence;
- The separation between domestic violence and substance abuse services recognised as damaging to service users. This separation was accounted for by different theoretical and cultural standpoints, single issue focus, the problems of resourcing facilities for families with complex needs, lack of knowledge and training across the two areas and fragmentation at government level; and the authors argue for the development of a greater understanding of the issues relating to the domestic violence within substance abuse services and substance abuse within domestic violence services.[lx]

- The help-seeking paths for men and women, survivors and perpetrators with the complex issues of substance use, domestic violence and more frequently than not, mental health issues, were lengthy and complicated.
- In spite of having dual problems, only a minority of service users had experiences of both domestic violence and substance use agencies. Service users went down one route (substance use) or the other (domestic violence) with the opportunity to work effectively with both problems being missed. This is particularly problematic when for a substantial group of service users the issues are interlinked.' (Humphreys et al 2005)

Domestic violence, separation, contact and abduction

Crime surveys and the evidence to support risk assessments consistently tell us that women who are separated are at a greater risk of domestic violence and at the highest risk of murder or sexual assault (Richards, 2004).

Fig 2: Separated people experience higher rates of DV



Source: British Crime Survey (2010)

There is no statistically significant risk associated with separation for heterosexual men but 6 per cent of gay and bisexual men reported that the abuse from a male partner continued after separation (Smith et al, 2012)

Post separation contact has been highlighted as a time of heightened risk for children and their non-abusive parent. Domestic violence perpetrators often use child contact laws to track and stalk their victims after they leave a violent situation. Between 94 and 96 per cent of women in studies of contact arrangements reported being abused post-separation in the context of contact (Radford and Hester, 2006). Other studies have revealed between 19 and 30 per cent of incidents of domestic violence occurring within the context of domestic violence (Stanley et al, 2010; Hester, 2009) Estimates vary of the proportion of family proceedings where domestic violence is a significant factor. The review conducted by CAFCASS and Her Majesty 's Court Service noted that a range of estimates up to 70 per cent above could be identified (HMIC, 2005)

A study of post separation violence found that it continued to be a problem for longer for black and minority ethnic women (Humphreys and Thiara, 2003). For South Asian women, post separation

contact has been shown to be particularly risky, re-connecting them with members of extended family who may have been implicated in abuse previously or may assert ownership of the children (Thiara 2010)

Domestic violence is also associated with child abduction in circumstances where the perpetrator of domestic violence takes the children, or the victim of domestic violence flee with the children. At least one third of international child abductions are associated with domestic violence (Shetty and Edelson, 2005)

Domestic Homicide

In recent years, there has been range of between 3 and 6 domestic violence related deaths per year within Birmingham.

In April 2011, section 9 of the Domestic Violence, Crime and Victims Act (2004) was enacted, requiring Community Safety Partnerships to undertaking a Domestic Homicide Review where the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a relative, household member or someone s/he had been in an intimate relationship with.

The purpose of a Domestic Homicide Review is to consider the circumstances that led to the death and identify where responses to the situation could be improved in the future. A review panel, lead by an independent chair, is responsible for undertaking the Domestic Homicide Review and the review panel is made up of senior members of local statutory and voluntary agencies. This panel will consider each agency's review of their involvement in the case and consider recommendations to improve responses to domestic violence in the future. They will also have the chance to hear from family, friends and work colleagues who may be able to help us understand the impact of an agency's involvement with the victim or the perpetrator.

In this way, it is expected that agencies will improve their responses to domestic violence and work better together to prevent such tragedies occurring in the future.

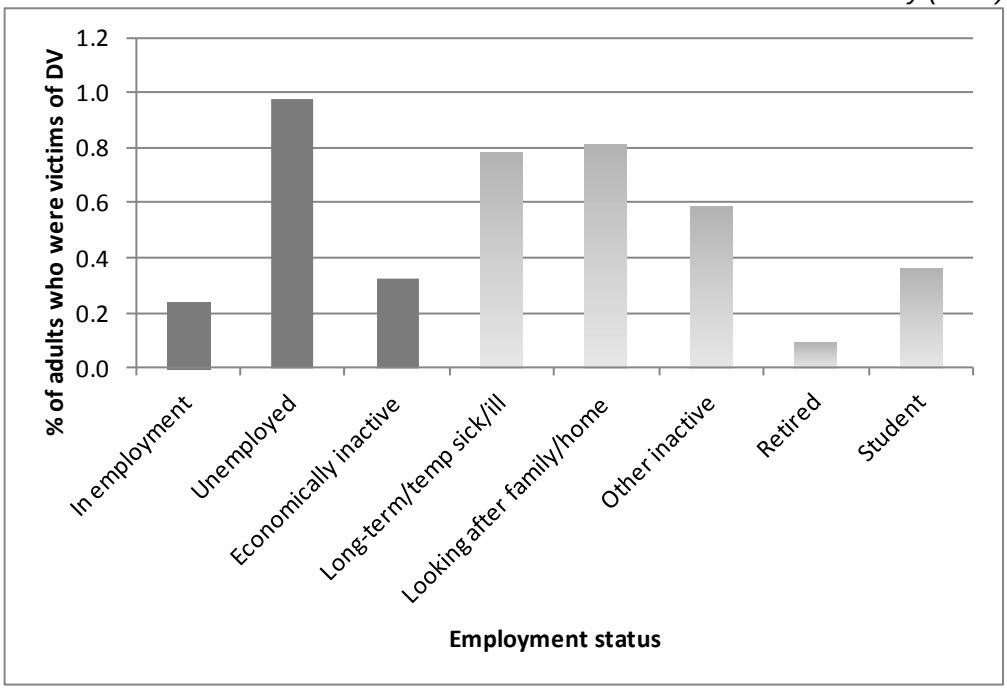
Analysis of Domestic Homicide Reviews within the West Midlands is being undertaken separately.

Domestic violence and deprivation

In recent years, demographic analysis shows that the highest volumes of domestic violence are reported in wards in Birmingham that suffer amongst the worst levels of deprivation (see later section). This association between deprivation and reporting domestic violence to the police is consistent with successive Crime Surveys that have suggested that the unemployed and those with long term illness and disability, and by implication those most socially deprived, are at a greater risk of domestic violence. For example, the following illustration from the 2010 Crime Survey suggests that unemployed people are more than four times more likely to be victims of domestic violence than those in employment.

Fig 3: Domestic violence and employment status

Source: British Crime Survey (2010)



However, both the Crime Surveys and reporting profiles lack a causal explanation and deprivation may as likely be caused by domestic violence as contribute to it. Indeed wider research suggests that victims and children are impoverished, disenfranchised and isolated through the abuse they experience, where domestic violence includes, not only direct financial abuse but creates economic deprivation through:

- Significant periods of instability characterised by periods of homelessness
- Reliance upon crisis and emergency access to social housing where availability in more deprived areas is more readily available
- Disruption or termination of employment
- Reliance upon welfare benefits
- Lone parenthood
- Social isolation and disconnection

In this way experiencing domestic violence causes multiple deprivation compounding many other risk factors.

Economic impact of domestic violence on the city

The government estimates that the combined cost of violence against women and girls to the UK is £36.7 billion annually, not counting the long term emotional and mental health costs.

The cost of domestic violence to Birmingham's services and citizens is significant, not least to those directly affected. Domestic violence often has a serious and lasting impact on a victim's sense of safety, health, well-being and autonomy, and can severely restrict the victim's ability to fully participate in society. Based on earlier 2009 population figures, the Henry Smith Charity estimated the financial cost of domestic violence for Birmingham as follows[lxi]:

Table1: Financial cost of domestic violence in Birmingham
Source: Henry Smith Charity (2009)

Pro Rata by Birmingham Population of 16-59 year olds	£million per annum								
	Health	Criminal Justice	Social Care	Housing	Civil	Lost Economic Output	Human and emotional Costs	Total Cost to Services	Total (All)
	34	25	6	4	48	38	196	114	310

The annual financial cost to Birmingham's services is therefore estimated at £114 million, which if combined with the estimated human and emotional costs, increases to £310 million. Birmingham is therefore forced to spend heavily on its statutory responses to domestic violence and its consequences, particularly through policing, homelessness and social care.

Further consideration to the economic benefits of investment in domestic violence services and pathways is considered later.

3. Estimated prevalence of domestic violence in Birmingham

Estimated numbers of women experiencing domestic violence

The Violent Crime and Sexual Offences, 2011/12, published by the Office for National Statistics in 2013 contains survey data on the percentage of adults aged 16 to 59 who were victims of intimate violence in the last year, by headline categories, personal characteristics and sex. This allows estimates to be made on the number of women who have experienced domestic violence in the last year by age using population data from the 2011 census. Age specific rates can also be applied to the ward populations to estimate the incidence of domestic violence across the city.[lxii]

Using this approach, it is estimated that there are just over 25,000 women aged 16-59 who have experienced any form of domestic abuse in the last 12 months.

Incidence by age

Table 2. Domestic violence and abuse by age

Source: Public Health

Age	Birmingham population	Recorded prevalence	Estimated number
16-19	32,033	13.7	4,388
20-24	48,444	12.6	6,084
25-34	8,3091	7.9	6,566
35-44	71,898	6.3	4,502
45-54	64,382	4.6	2,967
55-59	24,984	2.9	715
	324,832		25,223

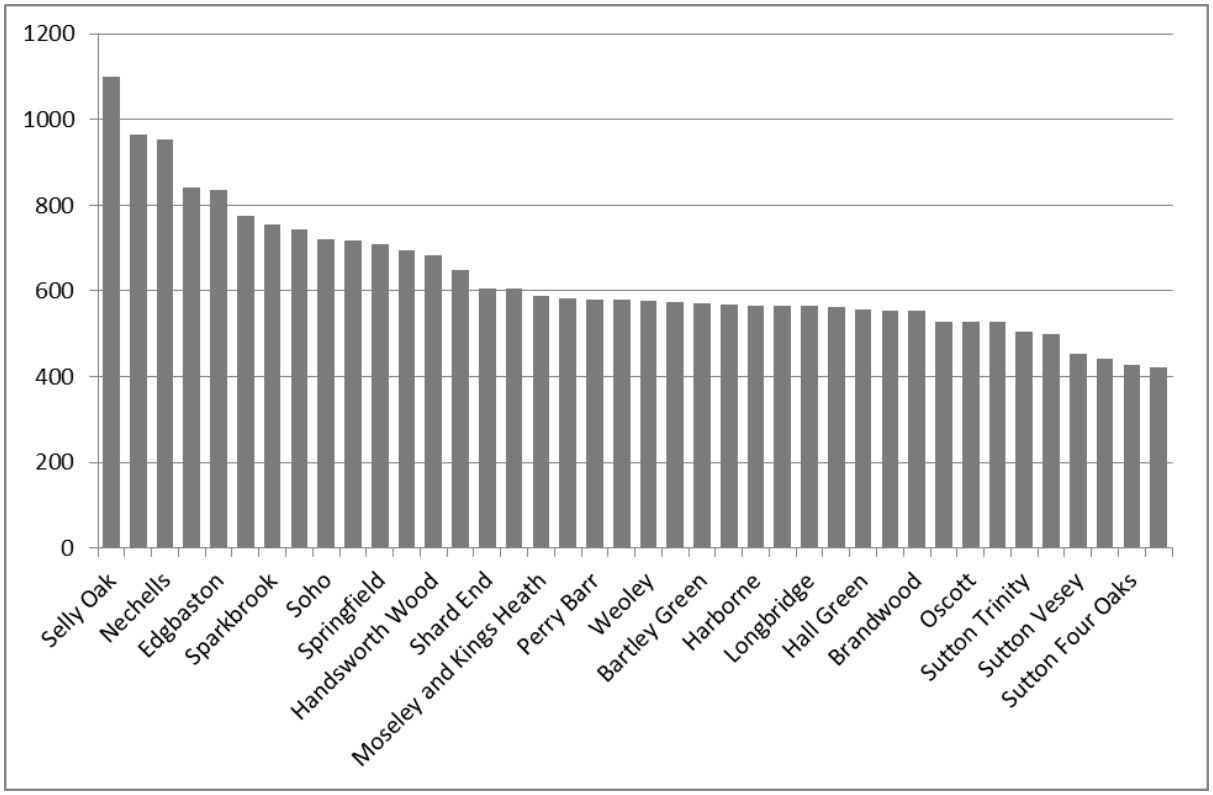
Incidence by ward

Table 3. Domestic violence and abuse by ward

Ward	Female Population 16-59	Estimated number	Estimated incidence
Selly Oak	10546	1101	10.4%
Ladywood	10801	964	8.9%
Nechells	10789	955	8.8%
Aston	9866	840	8.5%
Edgbaston	8739	835	9.6%
Bordesley Green	9599	775	8.1%
Sparkbrook	9306	754	8.1%
Washwood Heath	9216	744	8.1%
Soho	9195	720	7.8%
Lozells and East Handsworth	9037	718	7.9%
Springfield	9032	709	7.9%
South Yardley	9128	693	7.6%
Handsworth Wood	8926	684	7.7%
Acocks Green	8564	648	7.6%
Shard End	8039	605	7.5%
Hodge Hill	7908	605	7.7%
Moseley and Kings Heath	7957	587	7.4%
Billesley	7906	582	7.4%
Perry Barr	7361	579	7.9%
Stockland Green	7680	579	7.5%
Weoley	7762	576	7.4%
Kingstanding	7654	574	7.5%
Bartley Green	7673	572	7.5%
Tyburn	7644	568	7.4%
Harborne	7360	566	7.7%
Bournville	7933	565	7.1%

Longbridge	7812	565	7.2%
Stechford and Yardley North	7478	562	7.5%
Hall Green	7691	557	7.2%
Northfield	7572	553	7.3%
Brandwood	7613	553	7.3%
Quinton	7245	529	7.3%
Oscott	7290	529	7.3%
Kings Norton	7139	527	7.4%
Sutton Trinity	7207	505	7.0%
Erdington	6814	500	7.3%
Sutton Vesey	6576	452	6.9%
Sheldon	6163	442	7.2%
Sutton Four Oaks	6335	429	6.8%
Sutton New Hall	6276	422	6.7%
Grand Total	324832	25223	7.8%

Figure 4. Number of women experiencing domestic violence by ward



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Certain demographic features of the city provide a heightened level of prevalence and need:

Age and gender

Domestic violence is known to have a great prevalence amongst younger age groups and Birmingham is shown to have a particularly youthful population. Nearly 46 per cent of residents are younger than 30, compared with the England average of 38 per cent. On Census day 21.4 per cent of Birmingham residents were children aged 0-14, markedly higher than the regional (18.7 per cent) and England (17.7 percent) averages.

The prevalence of domestic violence is significantly greater for females than males. Although the population is growing, the ratio of females to males has remained almost the same with 51 per cent being female and 49 per cent being male. There are generally more females than males for each five year age group, except for the child ages (0- 14). The differences are most marked in the oldest age group reflecting greater female longevity.

Domestic violence often starts or escalates during pregnancy. The number of women of child bearing age and the number of pregnancies in Birmingham is increasing. There were 12,000 (17 per cent) more preschool children in 2011 than in 2001.

Overall by 2028, it is expected that the city's population will increase by 15 per cent. In particular, the working age population will grow at nearly twice the national rate signifying for Birmingham, a significant increase in its population at ages when they are most affected by domestic violence.

Ethnicity

The city has a large BME population with one in three residents being from an ethnic minority. The largest ethnic group in the city are Pakistani accounting for 10 per cent of the city's population. Birmingham is also home to around 5,100 non–UK short-term migrants.

Research from Manchester University breaks down the population projections for Birmingham by ethnic group. Findings show that population growth will be most apparent for the Pakistani, Bangladeshi and Black African groups, while there will be a decrease in the White and Caribbean groups.[lxiii]

Whilst prevalence rates for domestic violence are not known to be significantly higher in any ethnic group, with the exception of those from mixed parentage, the needs of black and minority ethnic women for choices in respect of culturally specific services are greater in Birmingham than in England as a whole.

Table 5. Birmingham ethnicity profile 2011
Source: Experimental Estimates, 2011 Census ONS, Crown Copyright

Birmingham	Birmingham		England
Ethnic Group	No (000s)	%	%
All Groups	1,073,039	100%	100%
White British	650.8	63%	83%
Other White	48.9	5%	5%
Mixed	33.4	3%	2%
Indian	59.4	6%	3%
Pakistani	99.8	10%	2%
Bangladeshi	25.5	3%	1%
Black Caribbean	41.0	4%	1%
Black African	20.7	2%	2%
Chinese	11.4	1%	1%
Other Ethnic Groups	37.8	4%	2%

2011 Census data on ethnicity in the city is not yet available

Sexual identity

Historically in the UK, several estimates of the proportion of lesbian, gay and bisexual people (LGB) in the population have been used because of the lack of reliable data. The Integrated Household Survey (IHS) is considered by the ONS to be the most reliable, estimating 1.4 per cent of the population to identify as LGB. [lxiv]Its estimate is broadly consistent with other household surveys in the UK that asked questions about sexual identity and consistent with previous research which found survey estimates range between 0.3 per cent and 3.0 per cent (Betts, 2008).

According to the IHS[lxv], 0.9 per cent of the male population identifies as gay or bisexual and, 0.5 per cent as lesbian or bisexual. However, this estimate is significantly lower than the most commonly used estimate of 5 to 7 per cent which received government endorsement through the equality assessment undertaken with the introduction of the Civil Partnership Act[lxvi].

Data on Transgender people is not collated on ONS social surveys

Male victims

Applying the same methodology as the Home Office applies to violence against women, and allowing for an error rate, would place the estimate for the victimisation of men through domestic violence to be within the 3570 and the 1870 each year.[lxvii] Of which a sizeable proportion would be gay or bisexual men experiencing male-on-male domestic violence.

Again, males are not a homogeneous group. In particular, the Stonewall national survey suggested that up to 50 per cent of gay and bi-sexual men had experienced domestic violence in their lifetime, compared to 18 per cent of the general male population A conservative estimate[lxviii] of gay and bisexual men aged 16-64 experiencing domestic violence in Birmingham each year would be 1530 men, where the proportion subjected to repeated or ongoing domestic violence is considered to be significantly higher than the general male population. A less conservative estimate[lxix] might suggest that the lifetime experience of domestic violence by gay and bisexual men aged 16-64 experiencing domestic violence in Birmingham would be 8500.

Note that this comparison between male and female experience of domestic violence is riddled with methodological problems. Estimates on prevalence of domestic violence for females provided through the Home Office combine far more factors to achieve this estimation. Nonetheless, each of these estimates should be treated as a 'best guess' in the absence of a more precise formulation.

Children

The Crime Survey does not record data for people aged under 16, yet studies show that domestic violence also directly and indirectly affects children. A Department of Health paper has estimated at least 750,000 children a year witness domestic violence[lxx] . Two recent large-scale UK prevalence studies, Meltzer (2009) on children and young people's mental health (n=7865) and Radford et al (2011) on children's exposure to domestic violence (n=6195) each concluded that about 4.5 per cent of children and young people in the UK are exposed to severe forms of domestic violence in their lifetime.

Table 6, Children and young people experiencing domestic violence in the UK

Source :Radford et al (2011) [lxxi]

	Under 11 years	11-17 years	18-24 years
Witnessed domestic violence in last 12 months	3.3%	2.9%	12%
Witnessed domestic violence during childhood	12%	18.4%	24.8%
Ever seen one parent kick, choke or severely beat up other parent	3.5%	4.1%	6%

Knowledge gap: Census data for children in Birmingham not yet released

Some children may have a greater exposure to domestic violence than others. The Domestic Violence Risk Indicator Model, known more commonly as the 'Barnardos Tool', which is used in Birmingham, identifies heightened risk for children aged under 7 and children with special needs.

Looked After Children

There are strong indications that there is a higher prevalence of experience of domestic violence amongst 'looked after children'. Birmingham City Council Children's Commissioning Team undertook a random sample of analysis of 424 case files of 'looked after children' over a period of a month during 2012.[lxxii] Prior to their entering the care of the local authority, 62 per cent of children aged 0-10 years had been living with domestic violence and 50 per cent of children aged 11-17 years .

The following chapter goes on to map the services pathways and provide analysis of existing demand against the demographic profile of the city.

Deprivation

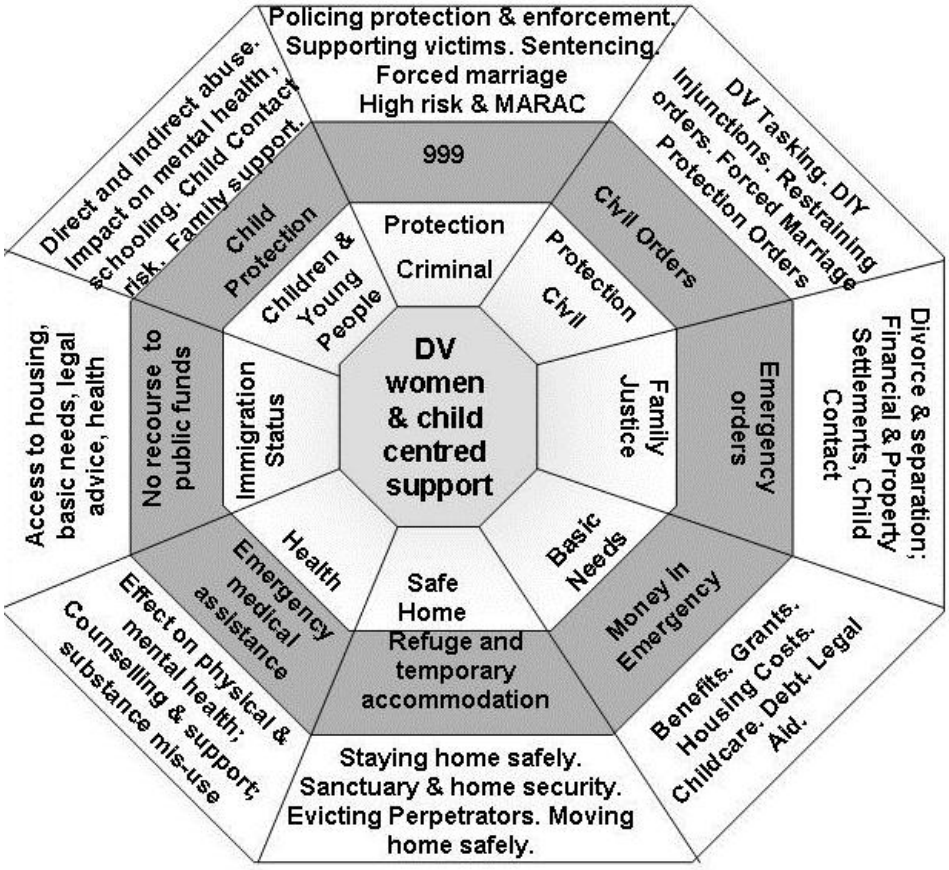
Birmingham suffers from high levels of deprivation: it is the ninth most deprived local authority out of 354 authorities across England. It is the most deprived local authority in the West Midlands and the third most deprived core city after Liverpool and Manchester. A high proportion of its residents living in deprived areas – with 40% of Birmingham's population living in SOAs (Super Output Areas – used by the Office of National Statistics) that are amongst the 10 per cent most deprived in the country. Ladywood is the most deprived constituency in Birmingham.

Measures of child poverty also show Birmingham performing poorly compared to the region and country. The proportion of dependent children who live in households whose equivalised income is below 60 per cent of the contemporary national median in Birmingham (31 per cent) is significantly higher than the West Midlands (22 per cent) and England (19 per cent)
Whilst deprivation does not cause domestic violence it does lessen the opportunities of victims to become safe and create higher potential demand for services.

4. Service Mapping

Keeping domestic violence victims and children safe and supported requires a greater range of services, a greater number of services and greater collaboration between services than perhaps any other social harm. Birmingham's Domestic Violence Standards[lxxiii] provide a diagrammatic overview of the range of the services most commonly required:

Fig 4.
Source: Birmingham Domestic Violence Standards



Birmingham has a long history of partnership working in managing the risks and addressing the needs of domestic violence victims and their children. The provision of services to meet needs and reduce harm requires a combined effort from all the statutory services alongside the voluntary sector. The Police promote safety, respond to incidents, collect evidence and arrest offenders. The City Council and its Partnerships provide and procure safer housing and Sanctuary, safer neighbourhoods, civil protection, protection and support for children, families and vulnerable adults, commissioning of domestic violence services and leadership to create safe communities. The NHS treats victims in emergencies and deals with the long term effects on women and children's health and wellbeing and can provide a safe environment for victims to disclose or seek advice. The courts, probation and prisons prosecute, punish and rehabilitate offenders and protect the public from their harm. The specialist domestic violence services provide safe refuge and support and empowerment of victims and their children; provide a voice for victims through advocacy and enable the vital trust and engagement with the range of services that are needed to protect and support them.

This chapter seeks to map these services, but the activity is not without its problems. The range of sectors involved makes mapping difficult. The paucity of data between and within sectors makes comparison impossible. Such restrictions, however, provide the opportunity to assess the services available in the way that victims may view them: by how they access them and where this takes them; and crucially where the services stop The chapter will therefore analyse by the pathways that victims are guided to take, and assess these pathways according to the demography of the city and the effectiveness of services, in so far as this is possible.

Criminal Justice Pathway

There has been an ongoing and sometimes contentious debate about the role of the criminal justice system in tackling domestic violence. For some the criminal justice system is described as unsuited to dealing with domestic violence, relying upon a untenable burden of proof and disempowering its victims further.[lxxiv]. For others, domestic violence is a fundamental assault on personhood and requires the full force of the law, without which all other responses to domestic violence lack legitimacy. In any event, the description of the criminal justice pathway taken in Birmingham suggests that this is not always an easy journey for victims or services alike.

During 2010/11[lxxv], the Crime Survey for England and Wales recorded that although only 1 in 4 domestic violence incidents were reported to the police, domestic violence still accounted for 18 per cent of all reported violent incidents. In Birmingham, on 20th August 2013, there were 185 convicted domestic violence offenders in custody, 291 were serving community sentences and 102 at liberty on licence. The remainder of those who have been convicted of a criminal offence relating to domestic violence since April 2009 (2473 or 82 per cent), have completed sentences and are at liberty. This section seeks to describe the journey of victims and perpetrators of domestic violence through the criminal justice system in Birmingham since April 2009, and where possible compare this journey and its outcomes with other areas. The chapter goes on to reflect on best practice and signal areas needed for development or further enquiry.

Between April 2009 and June 2013 (the four year period), domestic violence featured significantly both within volume violent crime and within most serious violence. These cannot be seen in isolation from each other. We have seen that domestic violence, left unchecked, increases in scale and severity over time. An act of serious violent crime within this context is rarely an isolated incident and commonly part of an escalating pattern of abuse and violence.[lxxvi] The Problem Profile (2013) identified that the level and frequency of reported domestic violence related serious physical violence is rising.

Between July 2012 and June 2013 (the 12 month period) there were 11688 partner on partner crimes recorded, of which 57 per cent (6658 offences) were recorded as Domestic Violence Non-Crimes.

Domestic Violence Related Crimes

The two charts below display trends in the reporting of domestic violence crimes in the city (a) over the four year period and (b) since April 2010

Fig 5. Trends of reported domestic violence crime and 'non-crimes' in Birmingham. April 2009-June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile

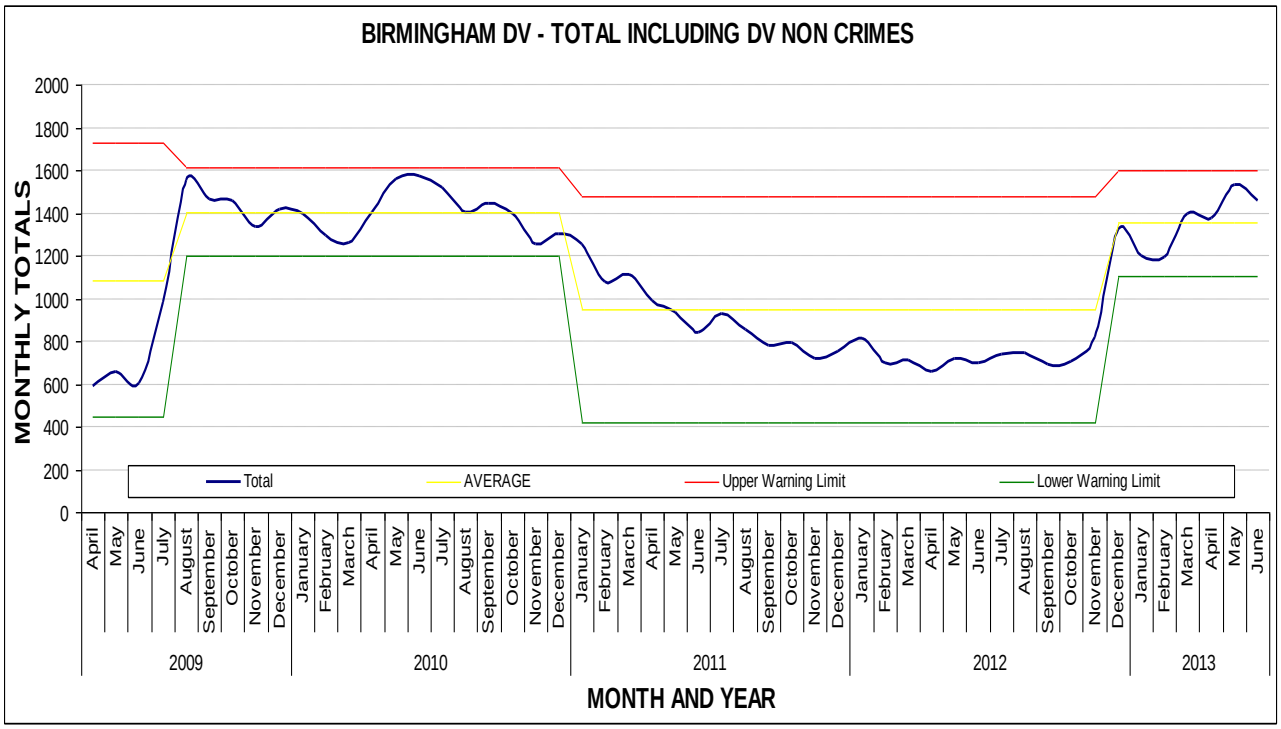
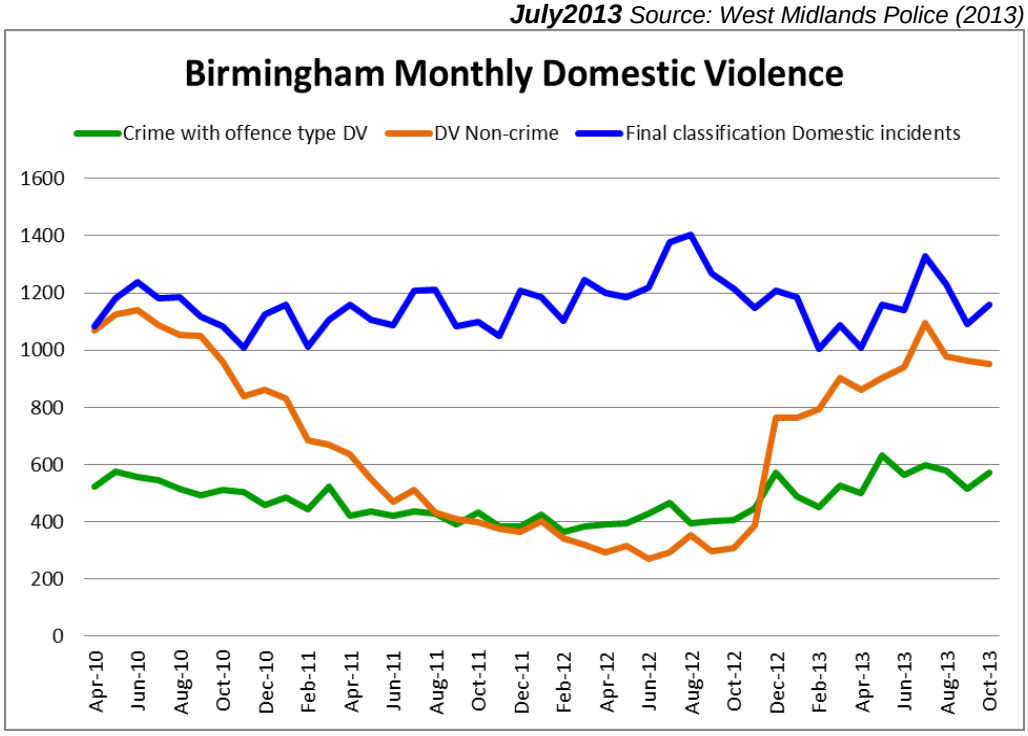


Fig 6. Trends of reported domestic violence crime and 'non-crimes' in Birmingham. April 2010-July2013 *Source: West Midlands Police (2013)*



Since 2009 there have been 48186 partner on partner domestic violence crimes recorded with 55 per cent (26431) of this total recorded as 'DV non-crime'. 30944 victims were involved. Recording of non-crime domestic violence began to increase in October 2012, when the classification policy in respect of 'DV non-crimes' was reinforced.

Over the 12 month period (July 2012 – June 2013)[lxxvii]

- Domestic violence accounted for 10.5 per cent of total recorded crime and 28 per cent of offences classified as 'violence against the person';
- 10756 victims reported domestic violence crimes;
- A total of 13372 domestic violence crimes were recorded. Of these 9077 were partner on partner offences, and 4050 were classified as 'DV non crimes';
- 298 of the offences were of the 'most serious violence' including 'grievous bodily harm';
- 375 domestic violence offences involved children (those aged 17 years and lower) involved children aged 17 and under and included offences of assaults, neglect and child abuse. This proportion of 4 per cent of domestic violence offences on children has been consistent over the 4 year period;
- There were 6 domestic violence homicides and 6 attempted murders;
- The police detection rate for reported domestic violence crime increased to 46 per cent.

Under-reporting

The analysis in the Problem Profile identifies that 10170 female victims of domestic violence have reported their abuse in the last 12 months; indicating that less than one third of victims have actually reported to the police. This is roughly consistent with anticipated under-reporting from national surveys. For example, the Crime Survey found that nationally only 29 per cent of female victims of domestic abuse reported the abuse to the police. Of those that didn't report, the most common reasons given were that the abuse was not worth reporting (42 per cent), a family matter and not the business of the police (34 per cent) or that they believed that the police could not help (15 per cent)

Repeat Victims

Victim surveys, including the British Crime Surveys, have consitently found that domestic violence most commonly involves repeat and systematic threat and use of violence. It would be anticipated therefore that reports to the police may reflect this repeated and ongoing experiences to some degree. However, during the four year period, only 2.4 per cent of victims reported suffered offences more than twice and the highest individual volume of repeat victimisation in 12 months was 11 offences.

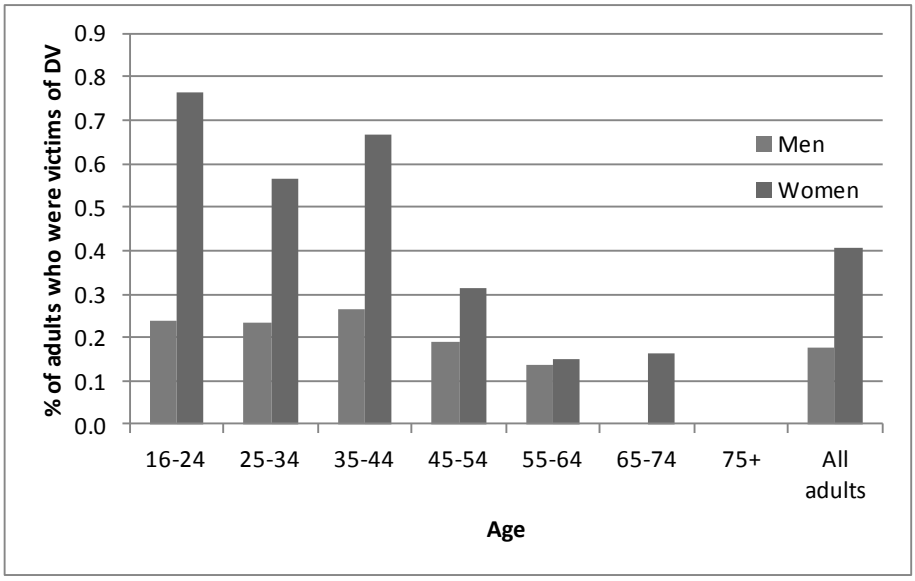
In Birmingham over the last 12 months, 11 per cent of cases have involved repeat victims (1295 people); this has reduced from 20 per cent, 18 per cent and 17 per cent in each of the preceding 3 years respectively.

Who Reports Domestic Violence to the Police?

According to the British Crime Survey (2010), twice as many women are victims of reported cases of domestic violence than men.

Fig 7.Reporting of domestic violence to the police by gender across England and Wales

Source: British Crime Survey (2010)



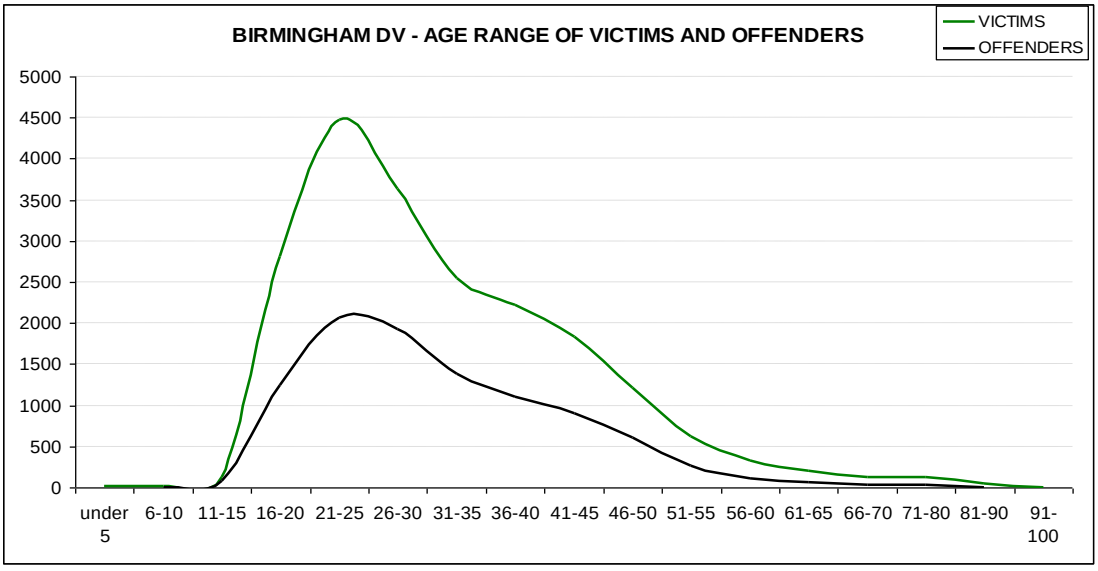
Over the four year period in Birmingham the profile of victims can be categorised:

- By gender: 88 per cent of victims reporting domestic violence have been female.

- By age: The majority of victims reporting have been female aged between 20 and 39: 40 per cent of victims were in their 20s and 25 per cent of victims in their 30s. Women aged 24 report more domestic violence crimes than any other age group. Some of this heightened age profile can be accounted for by the demography of the City which has a largely young population with almost 50 per cent being aged less than 30 years.

Fig 8. Age range of domestic violence victims and offenders in Birmingham. April 2009-June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



- By ethnicity: In the populations across Birmingham classified as 'white-UK' there has been an average of 4.5 offences reported per 1000; whilst within other communities the average is 4.8 per 1000 population. White-UK residents make up 52 per cent of victims, followed by Asian Pakistani (22 per cent) and Black-Caribbean victims (15 per cent). Whilst there is not a major discrepancy between demography and analysis of victims, it is apparent that victims from Asian and Asian British backgrounds are more likely to report domestic violence to the police than other ethnicities. From analysis of alternative pathways, it also appears that victims from Black and Asian populations are more likely to seek support from domestic violence services as well. A number of the key geographical hotspots identified in this document include areas where there are larger Black and minority ethnic populations. Based on the latest census data, there appears to be most under reporting of domestic violence in areas with majority newcomer populations.

- By deprivation: the highest volume of reports of domestic violence exist in wards that suffer amongst the worst levels of deprivation (see geographical analysis below)

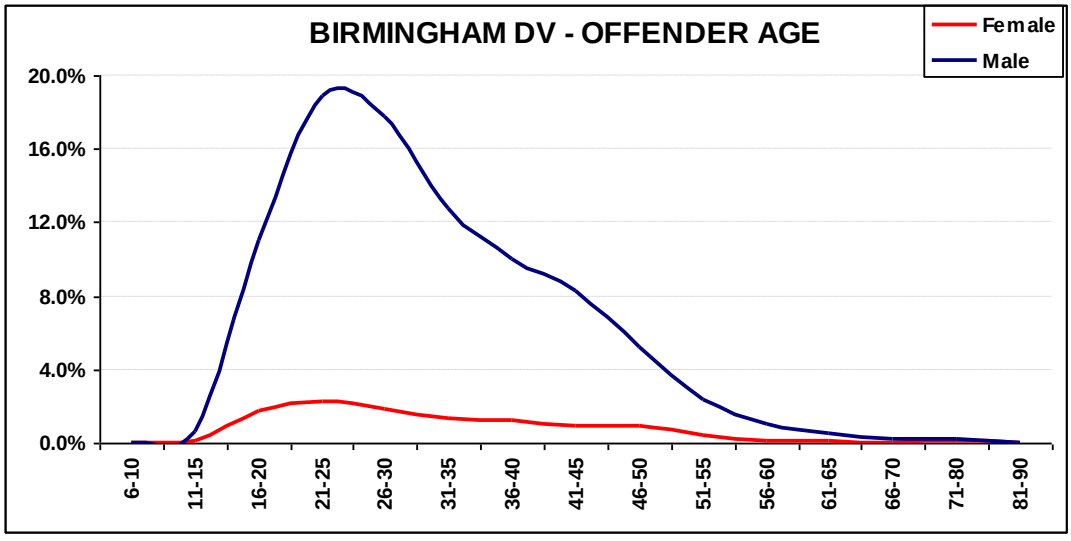
Who is reported for domestic violence?

Over the four year period in Birmingham the profile of offenders can be categorised:

- By gender profile: 89 per cent of offenders were male. Offender analysis shows that 96 per cent of high risk domestic violence offenders are male. There is no information at present to determine how many offenders, whether male or female, committed the offence in retaliation or self-defence.
- By age profile: 41 per cent of all offenders were aged 25-28 years. Males aged 28 years committed more domestic violence offences than any other age group

Fig 9. Age range of domestic violence offenders in Birmingham by gender. April 2009-June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



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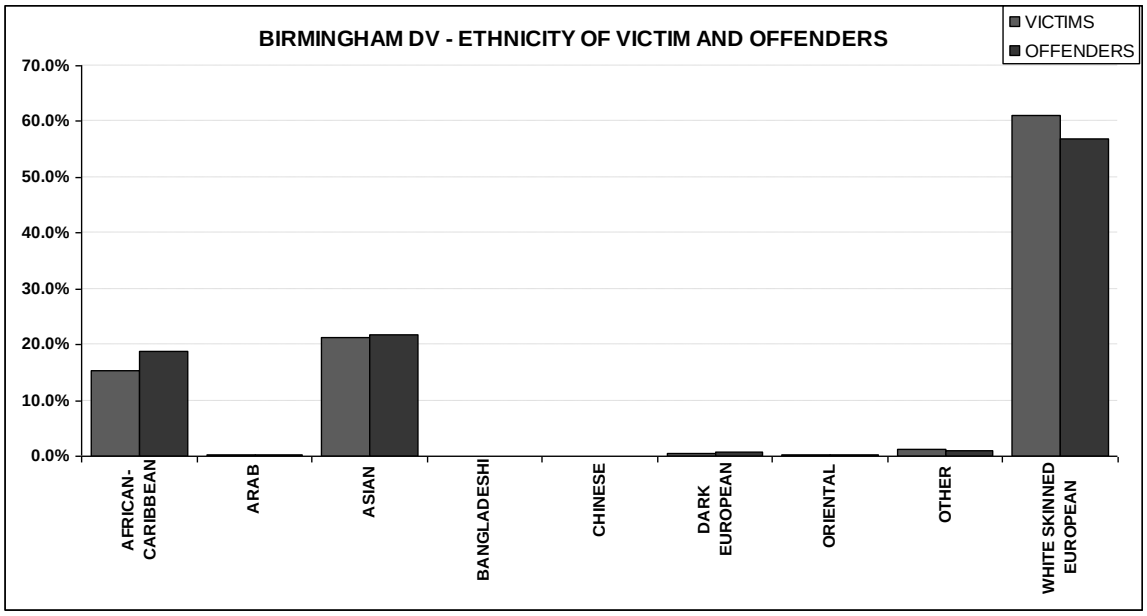
- By ethnicity profile: 54 per cent of offenders were described as white British; 20 per cent as Asian or Asian British; 14 per cent as black or black British; 4 per cent from mixed ethnicities

Fig 10. Ethnicity of domestic violence victims and offenders in Birmingham. April 2009-June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Note that the slightly raised number of African Caribbean and Asian offenders compared to victims shown in the chart tends to suggest mixed ethnicity relationships.

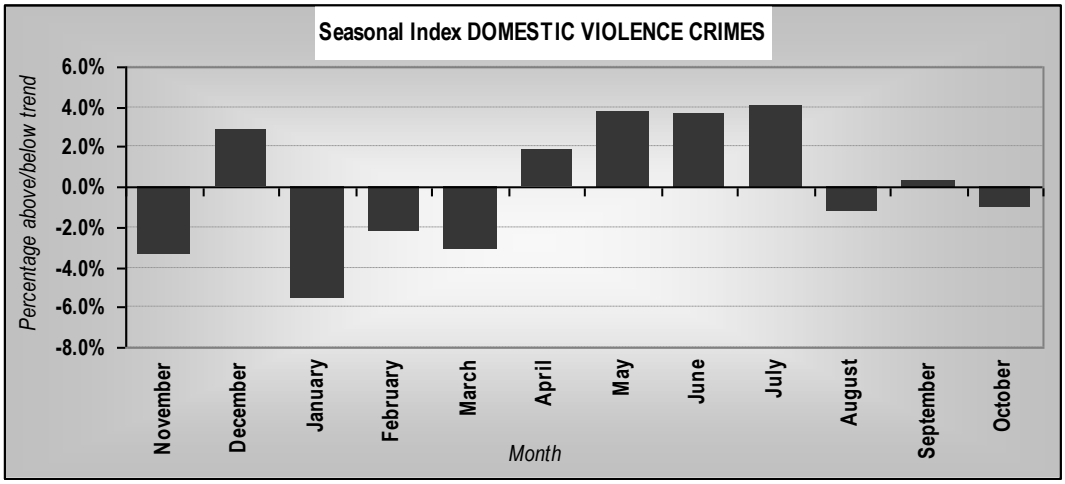
- By being repeatedly reported or by serial offending: 20 per cent of offenders (1995 persons) were repeat domestic violence offenders. In the last 12 months, this rate has reduced to 11 per cent of offenders being repeatedly reported for domestic violence. Without further analysis, it is not possible to account for this reduction as a number of causes may pertain: the reduction could indicate that current interventions for offenders are having impact; that victims are becoming more reluctant to report repeat offences or some other reason.

Seasonality – when reported domestic violence crimes occur

Based upon the crime data for the last six years (2007-13), seasonal analysis highlights periods throughout the year where domestic violence crimes are most likely to be reported.

Fig 11. Seasonal Index of Domestic Violence Crimes, April 2007-June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



The first period in December coincides with a holiday period and the latter from April to July coincides with a period of sporting fixtures, lighter nights and heightened alcohol consumption. Both periods have also coincide with regular public awareness campaigns undertaken by West Midlands Police or Birmingham Community Safety Partnership in recent years. None of these factors, however, provide a coherent causal explanation in themselves for higher reporting during these periods. For example, analysis of all wards and the ethnic backgrounds of the communities living there shows that there is no difference in the volume of offences in any particular community in any specific month of the year.

Where people report from

There are wide variations in reporting by ward. In the 12 month period, the Birmingham levels of domestic violence reported crime ranged from 18 offences per 1000 residents in Kingstanding, to under 3 in Sutton Vesey. Indeed, demographic analysis shows that the highest volumes of domestic violence are reported in wards in Birmingham that suffer amongst the worst levels of deprivation.

The rate of DV offending in each ward is shown the chart below. It is evident that reductions in the volume have occurred in 20 of the 40 Birmingham wards. Of particular note are Aston, Hall Green, Handsworth Wood, Kingstanding, Ladywood, Lozells & East Handsworth, Nechells, Soho and Washwood Heath. The volume of domestic violence crimes per head of population is shown in the following charts:

Fig 12. Volume of Crime per 100 of population per ward, April 2007-June 2013
Source: West Midlands Police (2013) Domestic Violence Problem Profile

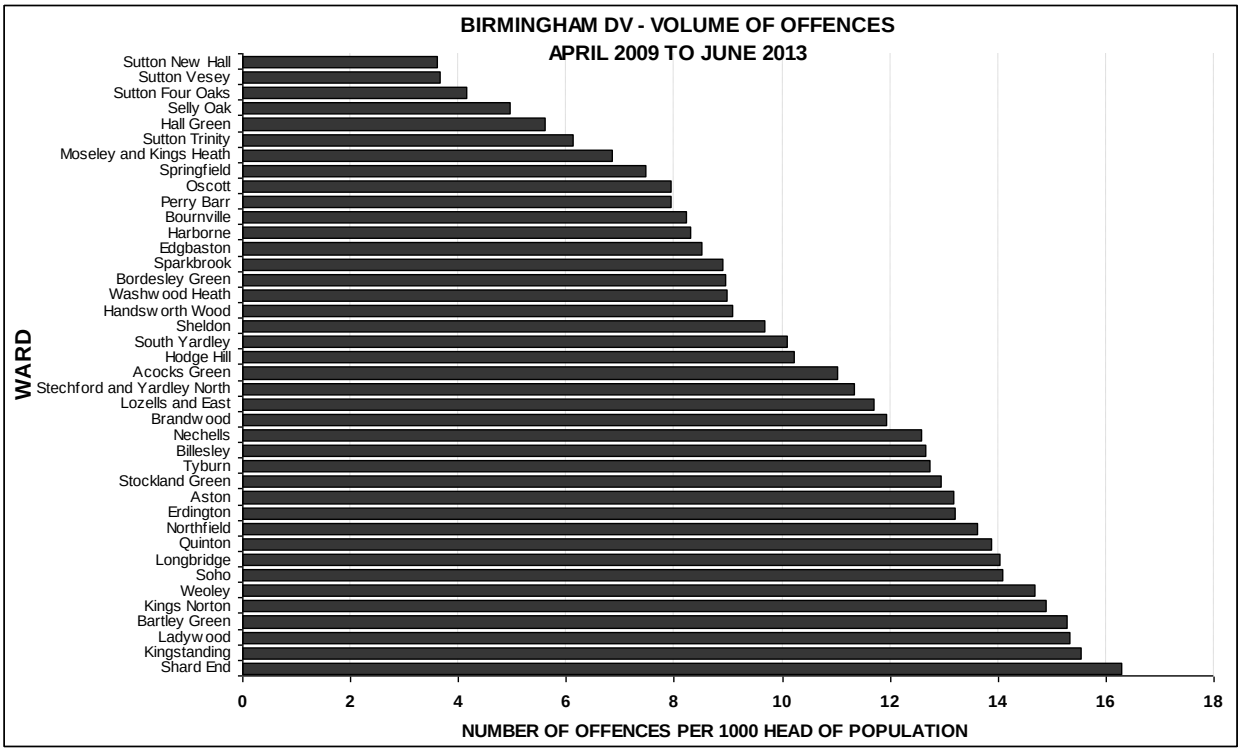
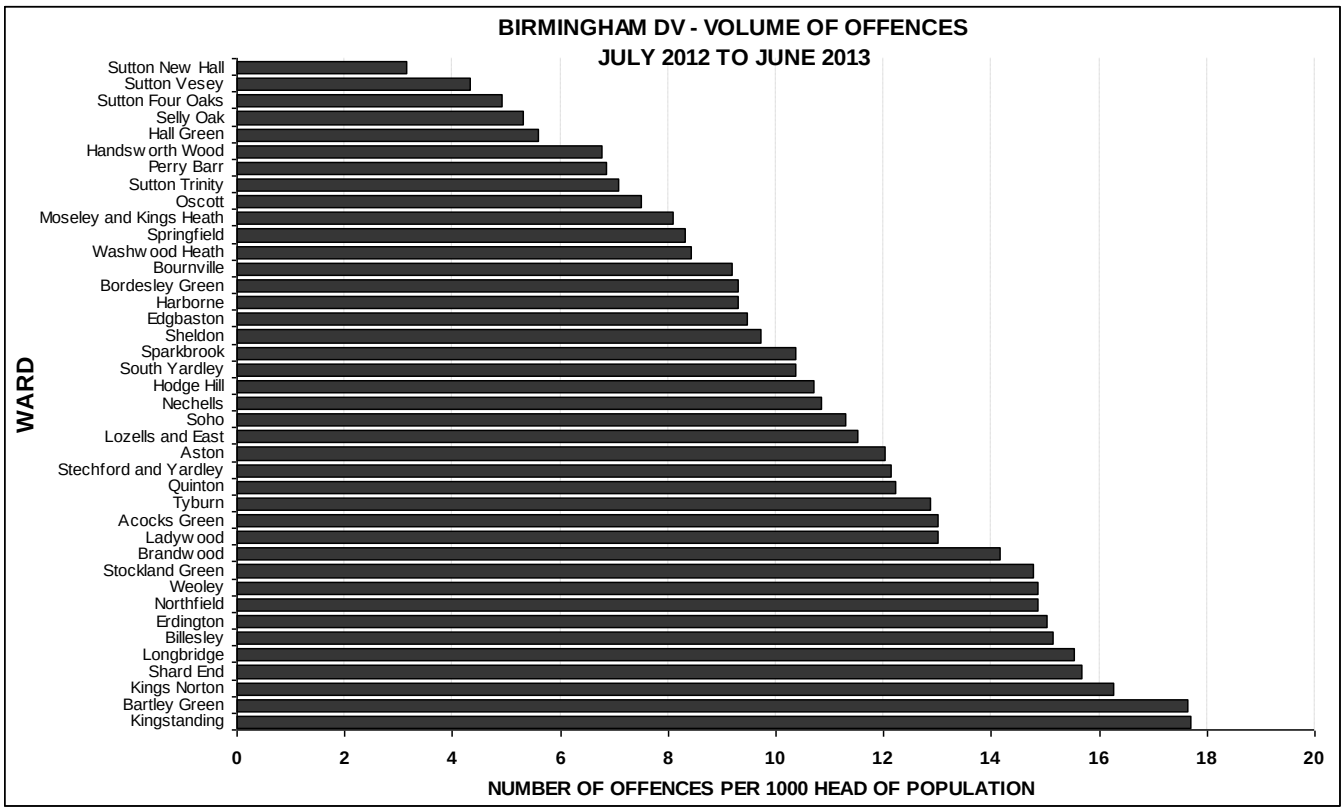


Fig 13. Volume of Crime per 100 of population per ward, July 2012 -June 2013

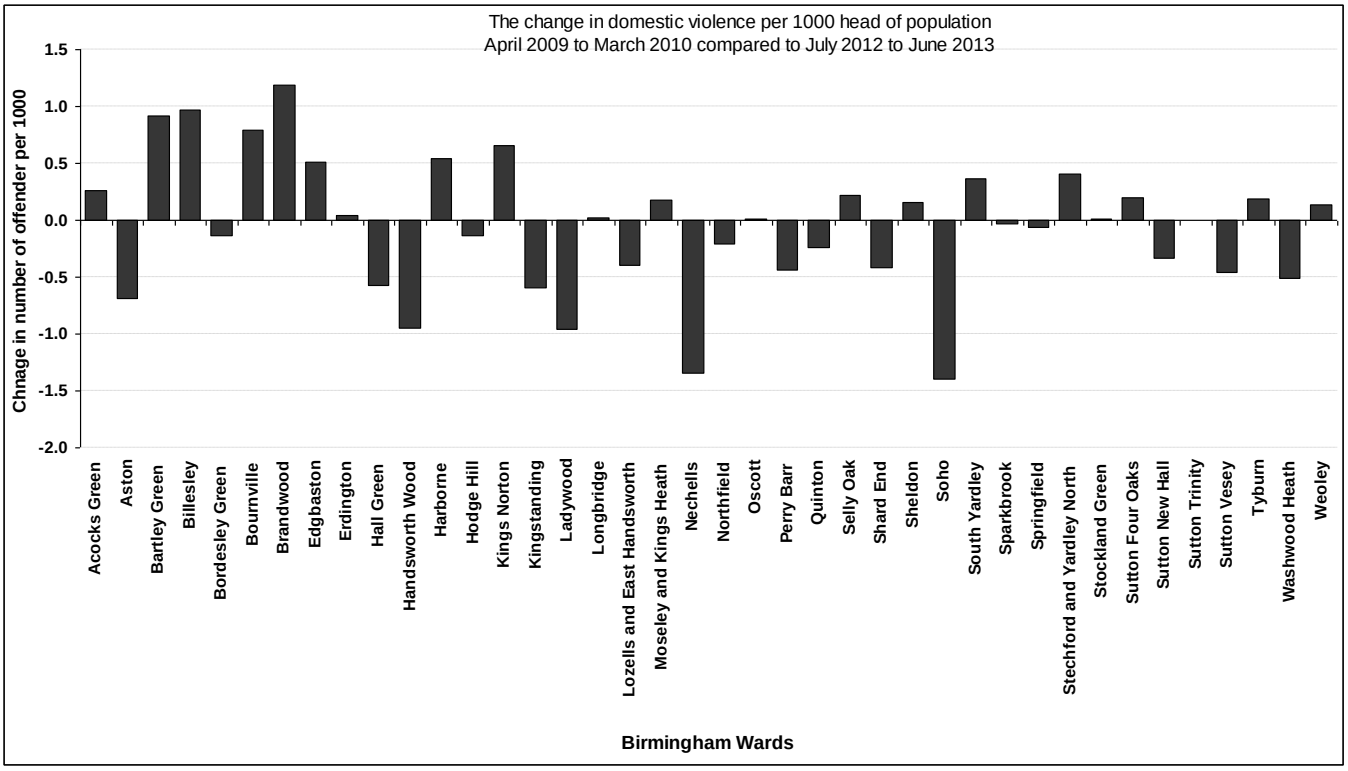
Source: West Midlands Police (2013) Domestic Violence Problem Profile



An analysis of domestic violence reporting in each of the local policing units over the 12 month period reveals that victims covered by Birmingham East, West and South local policing units experience 45 per cent of all reported domestic violence crimes within the West Midlands area. Ladywood constituency is the area both within Birmingham and the West Midlands which has suffered the highest volume and it remains a considerable risk. However, the levels in Ladywood constituency however are reducing.

Fig 14. Volume of Crime per 100 of population per ward, July 2012 -June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



In relation to sexual offences occurring within domestic violence, reporting remains relatively low but female victims in the Weoley, Ladywood, Kings Norton, Shard End and Sheldon wards are the most likely to report sexual violence. The wards where offences occur contain a wide range of ethnicities, indicating that it is an issue that affects women rather than prevalence to any ethnic background. Analysis indicates that the ethnicity of victims is in line with the census 2011 data.

The number of individual women who reported suffering domestic violence to the police (rather than individual instances) can be compared to the estimated number of women who experience domestic violence in each ward.

The geographical distribution of these data across Birmingham is mapped below. There are some similarities with the Women's Aid data (detailed later) in that there are particularly low rates in Selly Oak, Edgbaston and across Sutton Coldfield. There are also some areas, such as Longbridge, Northfield and Weoley that have particularly high rates for both Women's Aid and police data. This may be expected as by contacting one agency women may be more likely to be in contact with others.

It is noteworthy that Shard End has particularly high rate of reporting to the police, but is low for access to Women's Aid services despite there being referral pathways for high risk (MARAC) cases and for independent advocacy through the Courts.

Figure 15. Estimated rate of women reporting domestic violence to the police

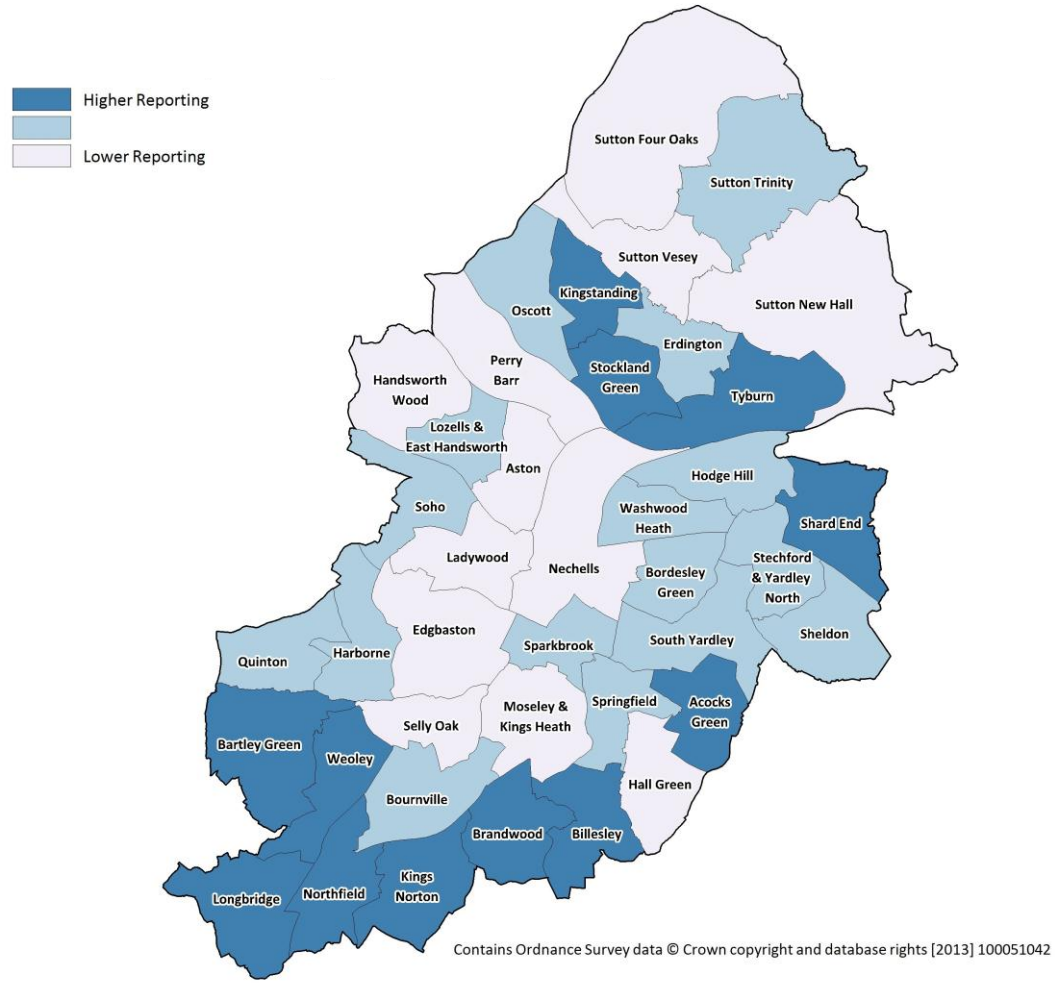


Table 7. Estimated rate of women reporting domestic violence to police 2012-13

Ward	Estimated number	Total reporting to police	Reporting rate
Sutton New Hall	422	67	16%
Sutton Four Oaks	429	78	18%
Sheldon	442	161	36%
Sutton Vesey	452	75	17%
Erdington	500	184	37%
Sutton Trinity	505	122	24%
Kings Norton	527	253	48%
Oscott	529	133	25%
Quinton	529	188	36%
Brandwood	553	221	40%
Northfield	553	231	42%
Hall Green	557	124	22%
Stechford and Yardley North	562	202	36%
Longbridge	565	223	39%
Bournville	565	173	31%
Harborne	566	139	25%
Tyburn	568	221	39%
Bartley Green	572	292	51%
Kingstanding	574	296	52%
Weoley	576	257	45%
Stockland Green	579	231	40%
Perry Barr	579	114	20%
Billesley	582	254	44%
Moseley and Kings Heath	587	127	22%
Hodge Hill	605	194	32%
Shard End	605	294	49%
Acocks Green	648	264	41%
Handsworth Wood	684	128	19%
South Yardley	693	209	30%
Springfield	709	187	26%
Lozells and East Handsworth	718	232	32%
Soho	720	249	35%
Washwood Heath	744	198	27%
Sparkbrook	754	221	29%
Bordesley Green	775	202	26%
Edgbaston	835	105	13%
Aston	840	191	23%
Nechells	955	210	22%
Ladywood	964	130	13%
Selly Oak	1101	111	10%
Total	25223	7491	30%

Offender Location

There is no consistency between where an offender lives and where the offence takes place. The tables below highlight the wards with the highest levels of high, medium and standard risk offenders. Ladywood presents the highest volumes in each risk category.

Table 8.. Domestic Violence Offender Home Location by Risk Factor

Source: West Midlands Police (2013) Domestic Violence Problem Profile

Wards with High Risk offenders

Ward	Total
Ladywood	19
Bordesley Green	11
Nechells	11
Sheldon	10
Weoley	10
Brandwood	9
Erdington	9
Shard End	9
South Yardley	9
Stechford and Yardley North	9

Wards with Medium Risk offenders

Ward	Total
Ladywood	82
Shard End	52
Kingstanding	46
Kings Norton	43
Nechells	42
Bartley Green	41
Longbridge	41
Stechford and Yardley North	41
Bordesley Green	37
Weoley	35

Wards with Standard Risk offenders

Ward	Total
Ladywood	185
Nechells	122
Aston	97
Shard End	96
Kingstanding	93
Sparkbrook	85
South Yardley	82
Hodge Hill	81
Bartley Green	80
Stechford and Yardley North	79

The wards containing the highest numbers of repeat domestic violence offenders are shown below with the greatest concentration in Birmingham East. As a result of this, West Midlands Police and BSWA will be running a perpetrator management pilot early in 2014.

Table 9. Domestic Violence Repeat Offender by Home Location

Source: West Midlands Police (2013) Domestic Violence Problem Profile

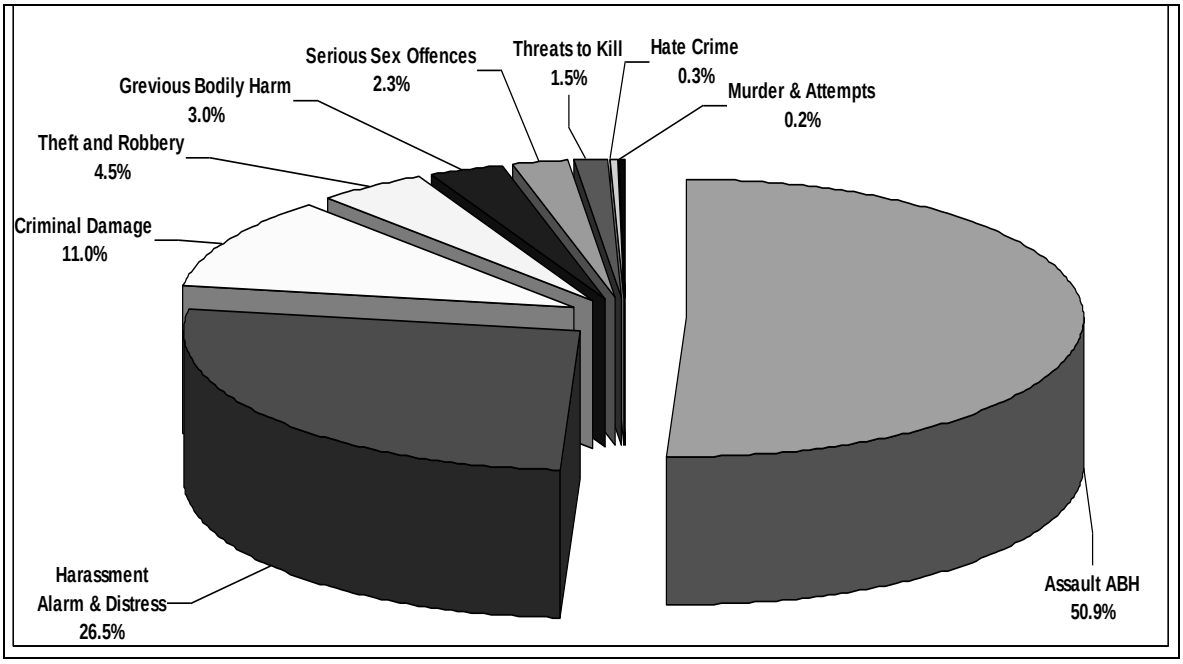
Ward	OFFENDERS	REPEAT OFFENDERS	% REPEAT
Stechford and Yardley North	326	99	30.4%
Shard End	476	124	26.1%
Hodge Hill	307	72	23.5%
Acocks Green	303	70	23.1%
Sparkbrook	283	65	23.0%
Brandwood	227	51	22.5%
Kingstanding	370	82	22.2%
Quinton	280	62	22.1%
Sutton New Hall	64	14	21.9%
Billesley	225	49	21.8%

Nature of crimes reported

The range of domestic violence offences committed in Birmingham encompasses physical and threatened violence, theft and damage. In respect of partner on partner offences the breakdown of domestic violence by category for the four year period is as follows:

Fig 16. Domestic Violence Partner on Partner Crimes in Birmingham April 2009 to June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Violence against the person, which includes all levels of assaults and sexual violence, accounts for 86 per cent (4325) of all reported domestic violence crimes.[lxxviii] The remainder are offences against property. Assaults categorised as less serious and criminal damage, account for 74 per cent of all recorded DV offences.

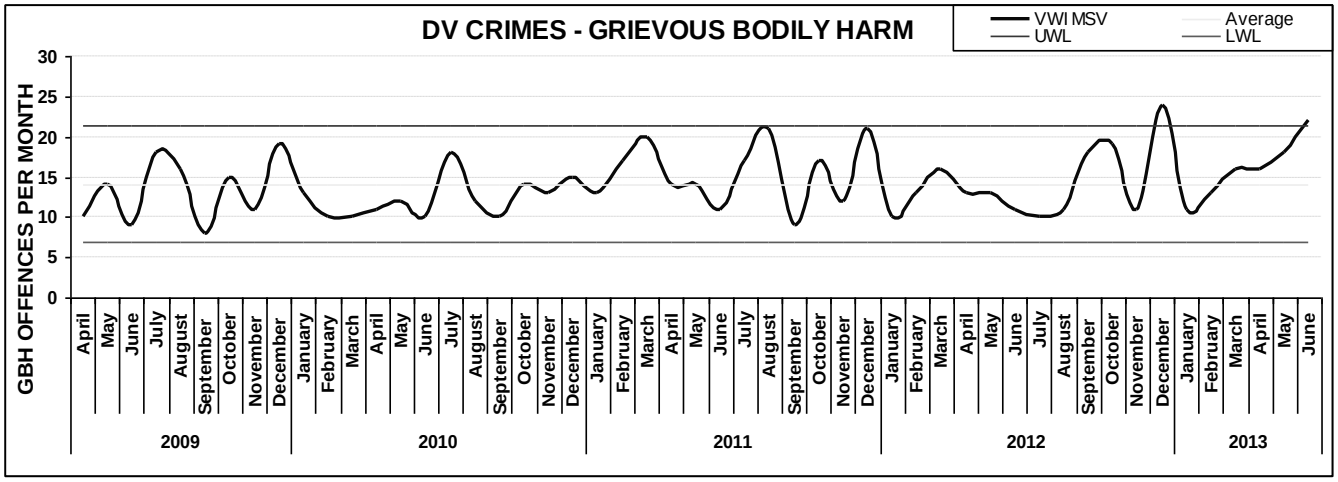
Most Serious Violence

Of the total domestic violence related crimes, 7 per cent or 1690 offences were serious violence, including murder and attempts, rape, grievous bodily harm and threats to kill. There was a reducing trend between April 2009 and February 2012, but since March 2012 the ratio of serious violence to other domestic violence crimes is rising.

The most serious forms of violence used in domestic violence offences, occurs in the same areas as the high volume and lower level crimes, namely Ladywood, Lozells and East Handsworth, Weoley, Bartley Green and Bordesley Green. The pareto control chart highlights the steady rising level of MSV since 2009.

Fig 17. Volume of domestic violence related crimes categorised as 'Grievous Bodily Harm' in Birmingham April 2009 to June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



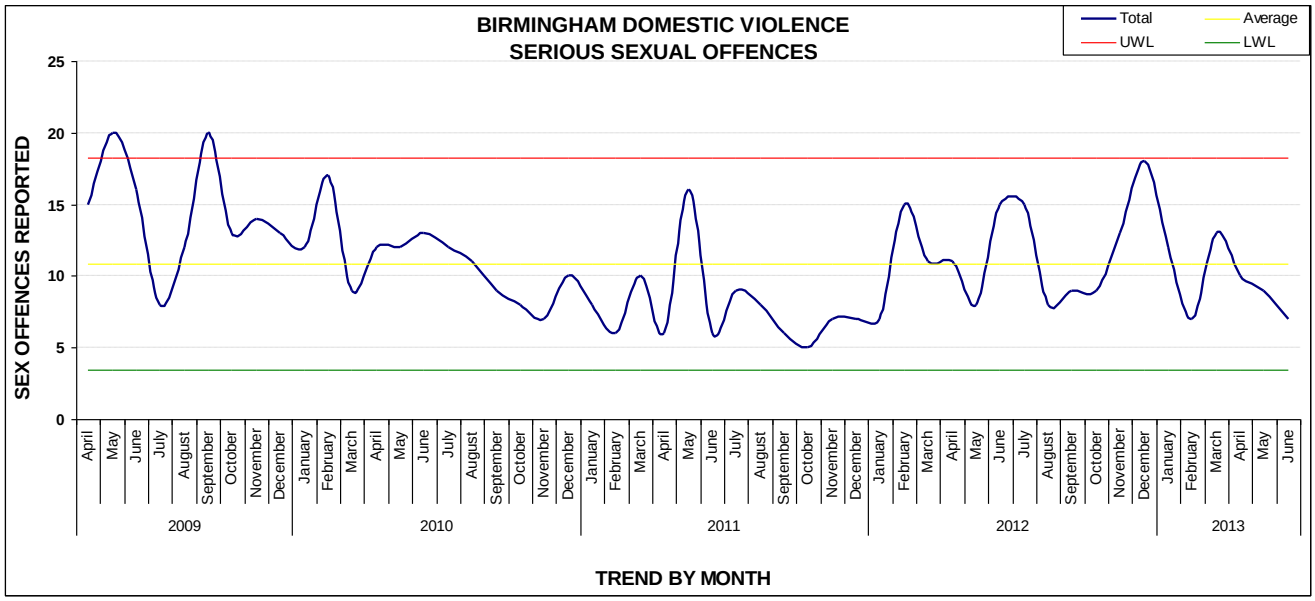
On average there has been 140 offences of serious violence per month but an upward trend is emerging. As well as this emerging upward trend, the severity of injury suffered by victims is increasing, moving from punches and kicking that breaks the skin to the use of knives and administering of poisons.

Domestic violence related sexual violence

There are, on average, 10 rape offences committed as domestic violence per month in Birmingham. Compared to other domestic violence crimes, the volume of offences is relatively low. The following Figure x shows that the rates of reporting of serious sexual offences fluctuates but with a downward trend.

Fig 18. April 2009 to June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Since April 2009, 556 offences of rape were reported: 13 offences were committed against males, with 97.5 per cent (543) being committed against females. Of the total 268 (50 per cent) were attacks on young women aged 28 years or under. There have been 9 attacks on young males aged 28 years or under.

In the 12 months, July 2012 to June 2013, 63 rape offences occurred against young women under 28 years of age of which 75 per cent were assessed as high risk cases; the remainder were equally divided between medium and standard risk victims. However, the largest group of victims reporting sexual assaults within the context of domestic violence, have been females aged 31 to 40 years. It is noteworthy that alcohol plays no part in the commission of this offence, neither for victim nor offender.

What action is taken

According to the Crime Survey for England and Wales, the most common action taken by the police was to warn the offender (39 per cent) or arrest the offender (31 per cent). In a fifth of cases, the police took no action. Where the police took action, the respondent reported that 23 per cent of these cases made it to court.

Of cases that did not go to court:
- 41 per cent of respondents had decided not to continue with the prosecution themselves
- 34 per cent said that the police or CPS had decided to take no further action
- 26 per cent for some other reason.

Of those that told the police:
- Around three quarters were either very satisfied (36 per cent) or fairly satisfied (36 per cent) with the outcome
- Over half (55 per cent) felt safer and 14% less safe after the outcome
- Around ¾ found the police and CPS either very helpful (39 per cent) or fairly helpful (37 per cent). The other quarter said they were either not very helpful (16 per cent) or not at all helpful (9 per cent).

Assessing Risk

The current risk assessment framework (DASH) was introduced into West Midlands Police in 2009 and since this time 21932 victims have been assessed of which 2 per cent of domestic violence victims (448) have been classed as high risk and 10 per cent classed as medium risk. 17184 perpetrators have been identified in connection of these cases. It is assumed that a victim knows the identity of their offender in all DV cases, which indicates that 4748 perpetrators are repeat or serial offenders.

High risk cases are automatically referred to the Multi-Agency Risk Assessment Conference (MARAC) process where the cases are reviewed by all involved partners and an Independent Domestic Violence Advocate (IDVA) from Birmingham and Solihull Women's Aid is assigned to provide support and advocacy.

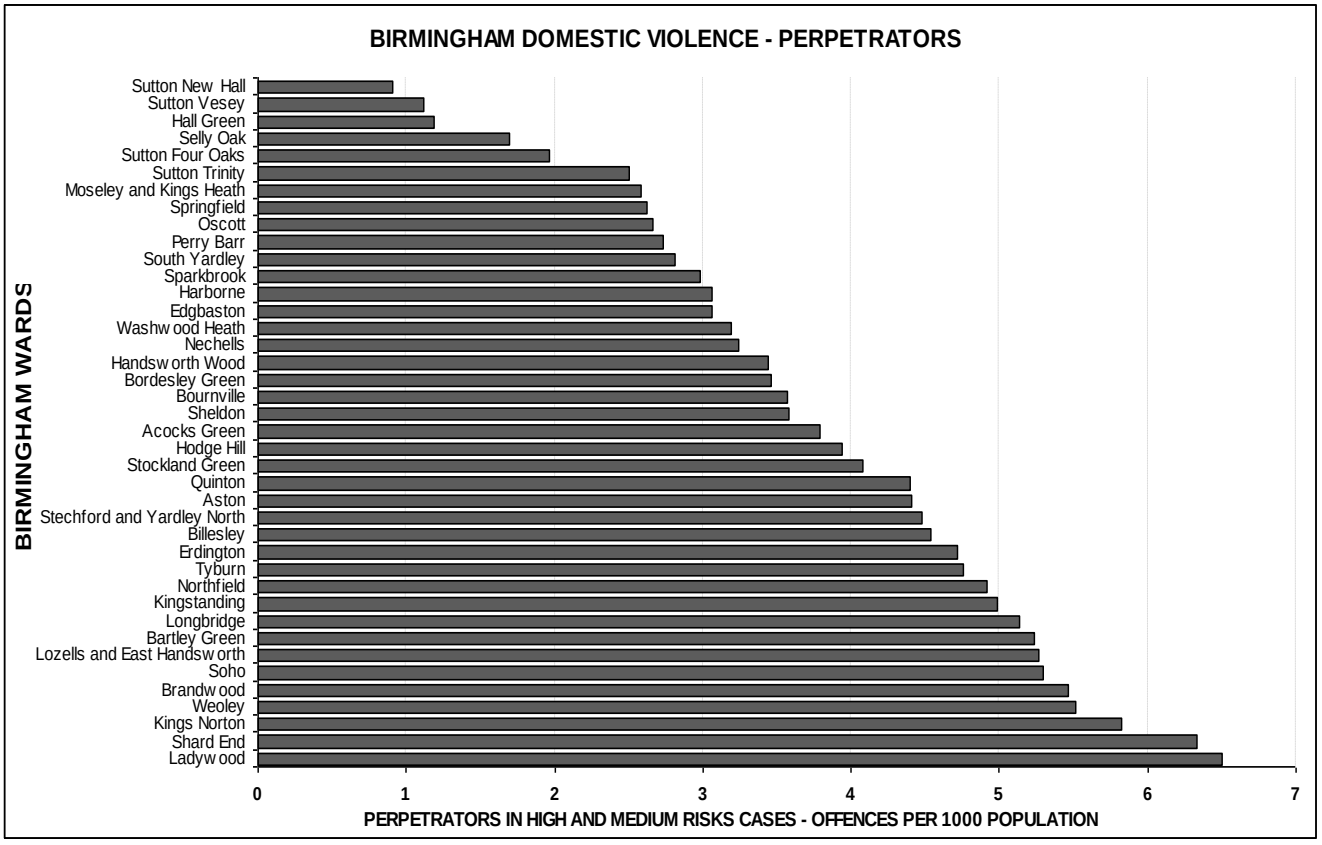
The details of medium risk victims are forwarded to safeguarding teams, who then make contact and try to offer support and advice to victims. West Midlands Police identify the need for a regular review of medium risk victims to ensure that the risks that they face do not escalate. 98 per cent of victims sit outside the MARAC process, and potentially place a significant demand on both police and partner services to ensure the safety of these medium and standard risk victims.

In the last 12 months 6527 cases have been risk assessed and approximately 3 per cent (205) of these have been assessed as high risk, with 198 perpetrators identified.

Newer initiatives to manage the risk that the offender poses have been taking shape in recent times. The following chart identifies the wards containing perpetrators who have been assessed as posing a medium or high risk to others. The wards with most offenders in high risk cases (there are a maximum of 2 in each of these areas) are Brandwood, Edgbaston, Erdington, Hodge Hill, Northfield, Sheldon, Tyburn and Washwood Heath.

Fig 19.Ward location of residence of domestic violence perpetrators by volume, April 2009 to June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Detection and Arrest

A positive detection rate is applied when a perpetrator has been charged, cautioned, reprimanded, given a final warning or a restorative option such as an informal resolution. Whilst the detection rate for domestic violence crimes in Birmingham is improving, currently standing at 43% there is wide variation across the wards with Oscott ward achieving 56.6 per cent whilst Sutton Vesey achieving only 10 per cent. In the four year period, the range of detections have included:

- 5715 offences (60 per cent) of all detection were by way of charge;
- 1858 offences (19.5 per cent) were dealt with by way of informal resolution
- 1721 offenders (14 per cent) received a simple caution
- 200 offenders (2 per cent) received a final warning or reprimand

Table10. April 2009 to June 2013

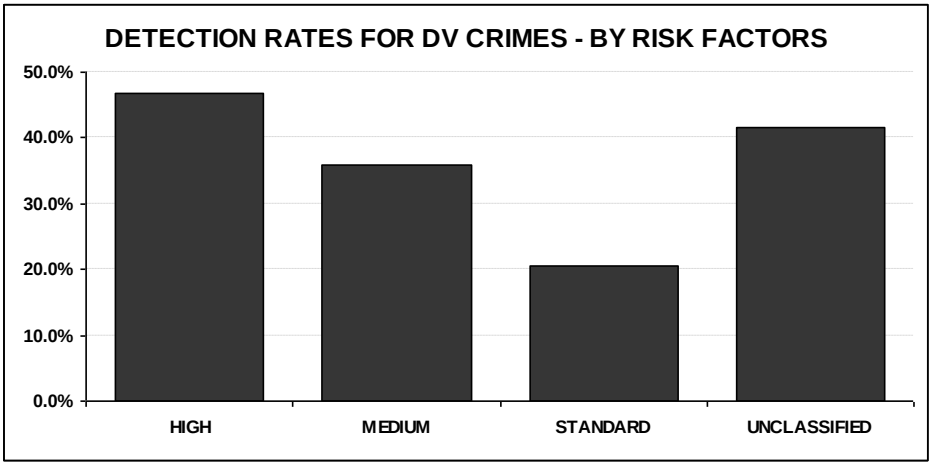
Sources: West Midlands Police (2013) Domestic Violence Problem Profile and BVAWB Performance Matrix 06.09.12

	Detection Rate	Arrest rate for domestic violence crime reports	Community Resolution
2009-10	33.6%	28%	
2010-11	23.5%	Average 20%	
2011-12	28.7%	Average 20%	18%
July 2012 – June 2013	43% (2141 offences)	15%	

Overall, in the four year period, an arrest occurred in 20 per cent of all domestic violence crime reports. Note that if non-crimes are removed from the calculation, the arrest ratio rises to 45 per cent. The Problem Profile indicates that the level of arrests for domestic violence offences has reduced in the reference period in all but Bordesley Green, Shard End, Washwood Heath, Sheldon and South Yardley. Fuller detail on detections is included within the appendices.

Fig 20. April 2009 to June 2013

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Analysis shows that high risk victims are prioritised for investigation and arrest of offenders. 47 per cent of cases of high risk cases are detected. Likewise serious assaults appear to be prioritised where, in the last 12 months, 55 per cent of serious assaults (260 offences) are shown as detected. However, the Problem Profile identifies a correlation between the reducing detections evident in Kingstanding and Longbridge wards for example, and their emergence as key volume areas for domestic violence offending.

As the victim of domestic violence crimes will necessarily know the identity offender, a low rate of detection will most likely be influenced by a victim either retracting their statement or a victim's testimony not satisfying the Crown Prosecution Service that a charge against their offender is in the public interest or likely to progress positively to prosecution.

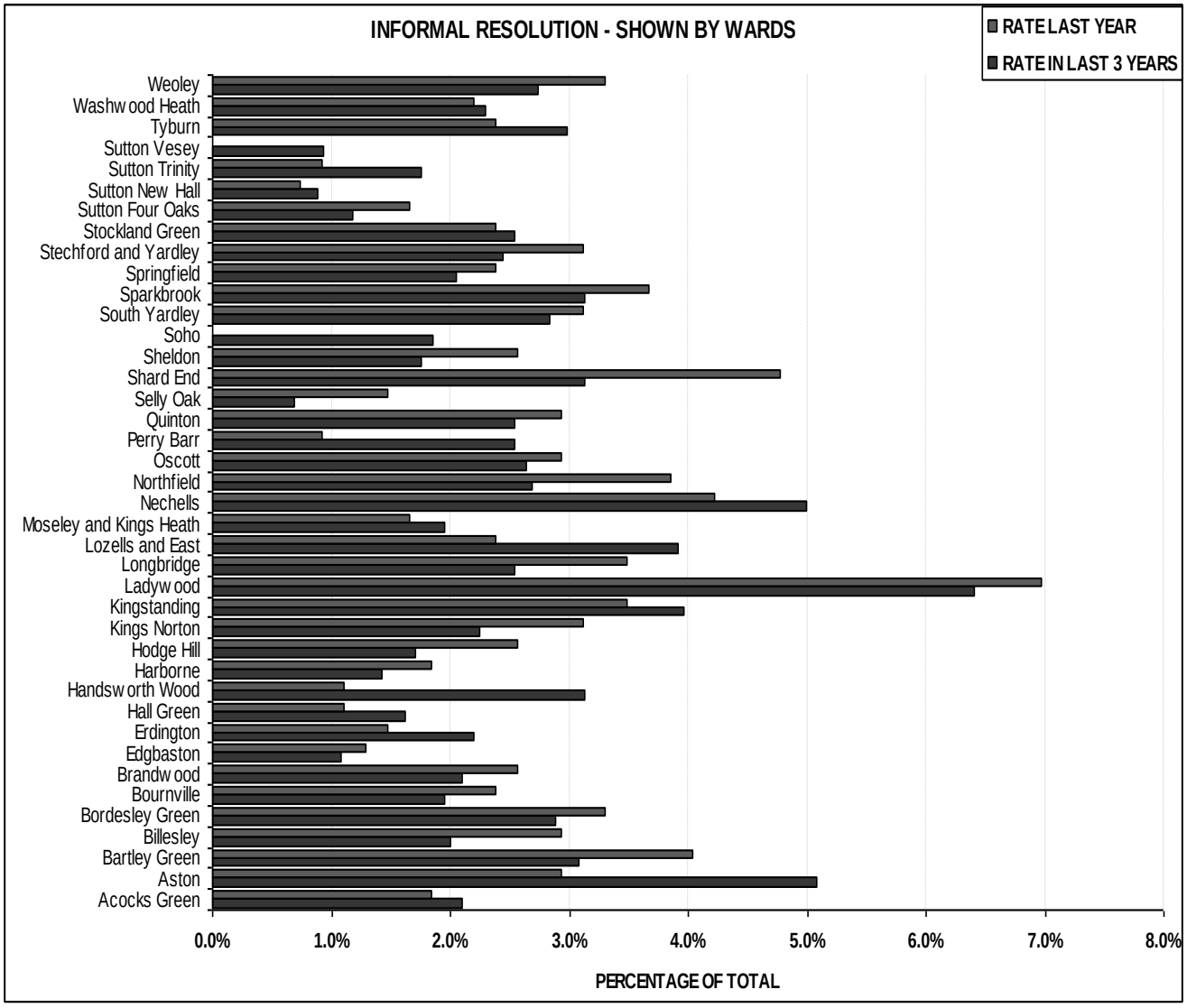
Informal resolutions

One category of response included in formal detections are informal resolutions which, subject to the severity of offence, could include Community Resolutions.

Informal resolutions are generally used by West Midlands Police in instances where the offence is not considered to be serious and where the victim declines to make a formal complaint or refuses to pursue a complaint once reported. 50 per cent of informal resolutions are for common assault and actual bodily harm. The remainder are for damage, theft and burglary.

Fig 21. April 2009 to September 2012

Source: West Midlands Police (2013) Domestic Violence Problem Profile



Comparing the 12 month period, October 2011 to September 2012 with the three years prior to this, the use of informal resolutions can be seen to have risen in half of the Birmingham wards, with the largest increases occurring in:

- Ladywood (up by 7 per cent)
- Bartley Green (up by 31per cent)
- Billesley (up by 46 per cent)
- Northfield, (up by 43 per cent)
- Kings Norton (up by 39 per cent)
- Hodge Hill, (up by 50 per cent)
- Shard End, (up by 52 per cent)
- Stechford & Yardley North (up by 28 per cent)

These findings tend to suggest that there may be a link between the increased use of informal resolutions in these wards, and these same wards suffering the highest volumes per head of population during the same period.

The inference in the Problem Profile is that increased use of informal resolutions in the period analysed suggests that it does not deter offenders from committing further domestic related crimes.

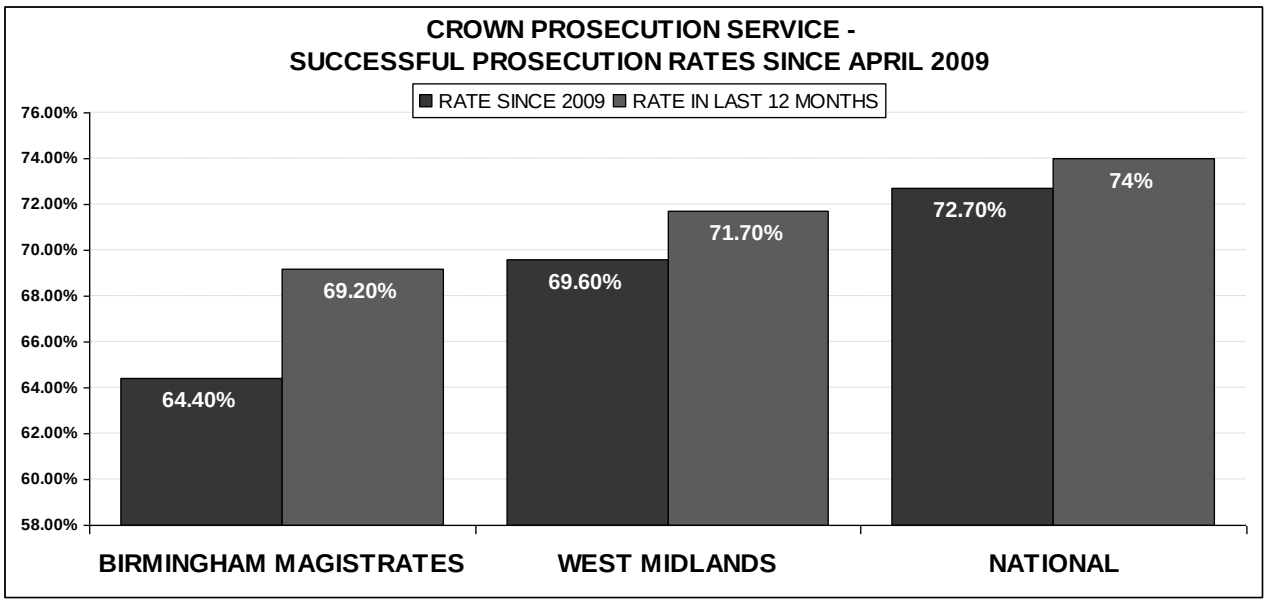
From 2013 informal resolutions for domestic violence must only be issued after the Public Protection Unit have viewed, risk assessed and approved the process.

Prosecutions

The following chart demonstrates the rate of successful prosecutions for domestic violence cases across Birmingham, West Midlands and England and Wales. Whilst it is evident however that successful prosecution rates are rising, Birmingham still falls some way short of regional and national success rates.

Fig 22. Successful Prosecution Rates in Domestic ViolenceApril 2009 to September 2012

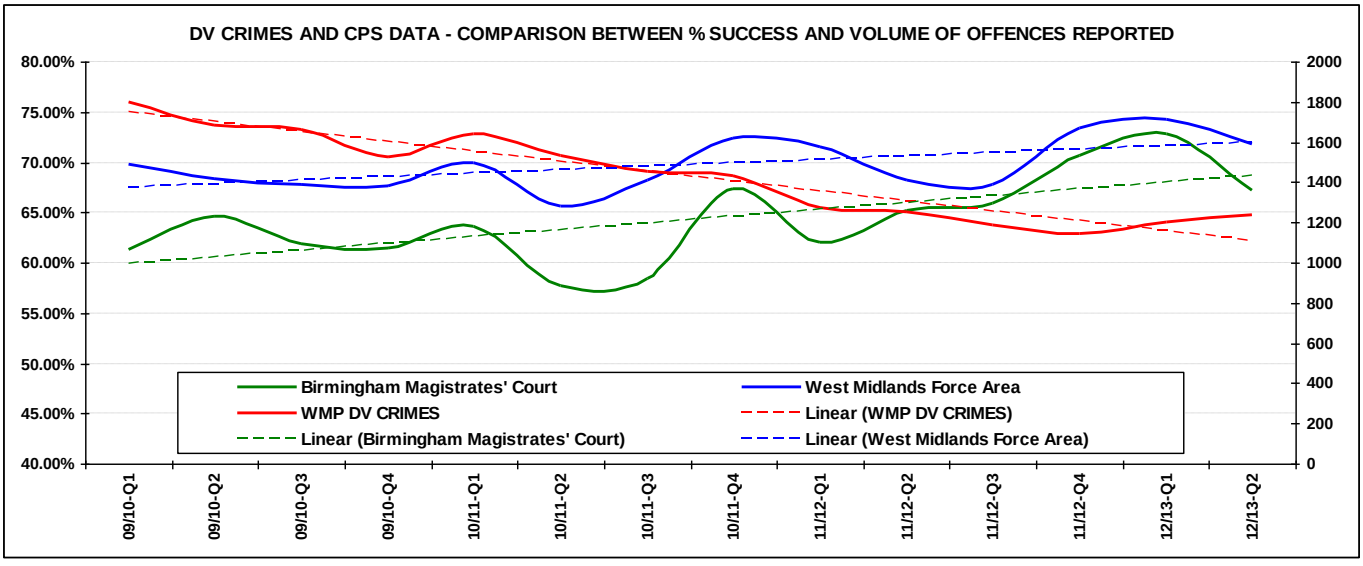
Source: West Midlands Police (2013) Domestic Violence Problem Profile



In the 12 months October 2011 to September 2012, (latest performance year for which data is available), the Crown Prosecution Service in Birmingham achieved a DV conviction rate of 70 per cent, which can be compared to 64 per cent in the year April 2009 to March 2010. This figure whilst improving remains lower than for Magistrates Courts in the wider West Midlands area and nationally which are 72 per cent and 74 per cent respectively. [lxxix]

Fig 23. April 2009 to September 2012

Source: West Midlands Police (2013) Domestic Violence Problem Profile



In the full 4 year period, there has been an approximate 1 in 10 chance for offenders to be arrested, charged and convicted of partner on partner domestic violence crimes. Over the last twelve months this likelihood has increased to a 1 in 7 chance of conviction.

Women's Safety Unit

Birmingham and Solihull Women's Aid's Safety Unit was established in 2006 to provide specialist intensive support to women affected by domestic violence as their abuser is prosecuted through the criminal justice system. This criminal justice support function extended to include support in obtaining civil protection, such as non-molestation orders and ouster orders and, from 2011, to directly supporting all women known, through MARAC, to be at high risk. This intensive support is provided through Independent Domestic Violence Advisors (IDVAs) who work holistically: tailoring their responses to meet the needs of individual circumstances from a woman and child-centred perspective[lxxx]. Women can be referred into the service at any time following the arrest of their abuser, or before if they are judged to be at high risk.

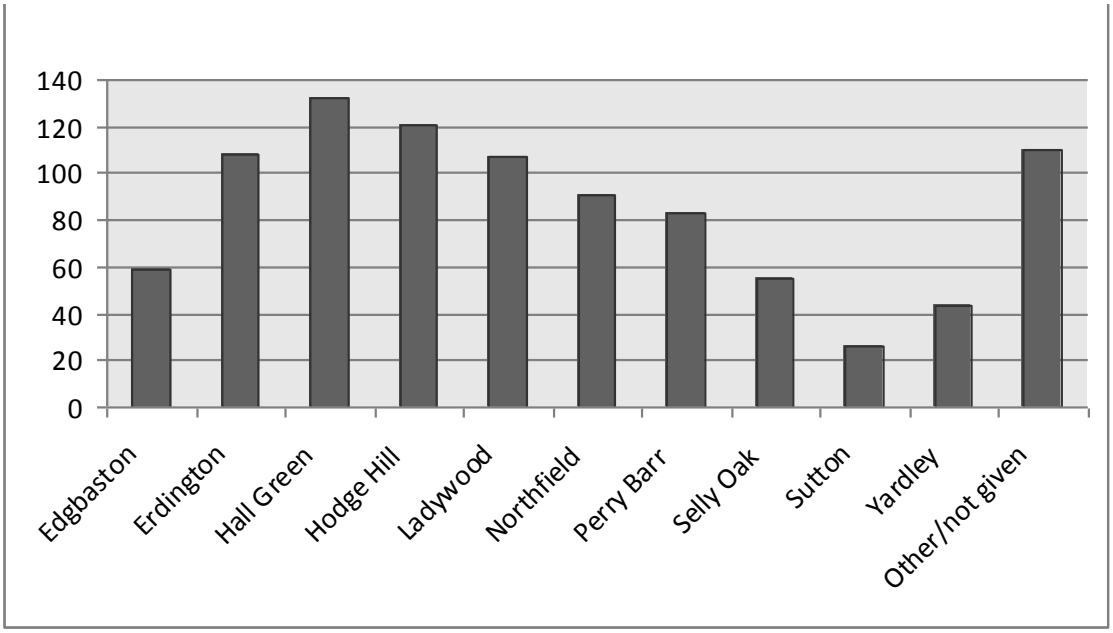
Since 2009, IDVAs have supported an average of 840 women and 555 children per annum. However, the demand for services has increased by 52% during 2013/13, compared to the same period the previous year. As the Unit took on the MARAC referral process, the numbers of women at high risk of serious harm and the complexity of circumstances they face has increased at the same time.

The majority of referrals to the Safety Unit come from the Police, as would be anticipated for this project. As the Safety Unit also provides support in obtaining civil injunctions, other referral sources feature highly also.

In respect of the criminal justice pathway, the earlier in criminal proceedings that referrals are made, the better for the safety and engagement of the victim. Evidence surrounding this issue will be covered in later sections.

The service supports women and children from across the city, although the spread of residency below reflects the source of the referral more than it reflects the incidence of criminal activity.

Fig 24. Main residence of Safety Unit Service Users by Constituency April 2012 to March 2013



Unless evidence is available and effectively gathered at the scene, a successful prosecution will rely upon a victim giving evidence. Victim engagement with criminal proceedings in domestic violence therefore becomes crucial. Outcomes of victim engagement with the Safety Unit are encouraging (Taylor 2013)

- In 2004, before the Safety Unit, Birmingham Magistrates Court was faced with 44 per cent of domestic violence victims retracting their statements. By 2010, only 15 per cent of women supported by the Safety Unit retracted their witness statement. Over the last 18 months, only 1 Safety Unit case has failed because of victim retraction.

- Nationally, only 88 per cent domestic violence victims attend court. 93 per cent of women supported by the Safety Unit have attended court

- Nationally just under 10 per cent of domestic violence defendants are found guilty of a domestic violence related offence.[lxxxi] Where the Safety Unit supported their victims, defendants were found guilty in 30 per cent of cases (2009/10) and 36 per cent of cases (2010/11)

- In the years 2009/10 and 2010/11, 96 per cent and 94 per cent of domestic violence defendants initially pleaded not guilty. At court, 63 per cent and 70 per cent of successful outcomes were down to perpetrators pleading guilty. 63 per cent and 55 per cent of these were a change of plea on the day of trial – suggesting the presence of the victim at court had an impact on their decision.

- In 2011-2012, the West Midlands conducted a pilot of IDVAs assisting victims to write personal statements instead of the police, the result of which was that attrition rates fell during the pilot, with victims commenting on the specialist support strengthening their resolve to continue with the prosecution (CPS, 2012).

Managing Offenders

Offenders are monitored by Multi-Agency Public Protection Arrangements (MAPPA), Integrated Offender Management (IOM) teams or following Multi-Agency Risk Assessment Conferences (MARAC) when they are classed as a high risk and repeat offender. Since the DASH risk assessment process commenced in April 2010, there have been 210 offenders from high risk cases considered in the MARAC process; in the last 12 months there have been 136 which indicates that the demand for offender management services is on a rising trend, strengthened by the pro-activity of the MARAC Chair and domestic abuse control plans operating in a number of Birmingham Local Policing Units. The Problem Profile suggests that current offender management tactics have reduced the level of repeat offending in high risk perpetrators and cites particularly positive outcomes from the offender management initiative in Kings Norton on the Birmingham South Local Policing Unit

The Problem Profile goes on to note that there have been 1078 perpetrators from medium risk cases identified since April 2010 with 673 in the last 12 months and concludes that a review of the risk levels is only likely to increase the demand for the efficient management of domestic violence offenders.

How Birmingham's criminal justice pathway compares to other areas

Domestic violence crime in Birmingham has been compared to cities within a most similar group of police forces, namely London, Manchester, Newcastle, Liverpool and Leeds using the 'iQuanta' database.[lxxxii] This reveals that in 2011-2012:

- London suffered 13 offences per 1000 residents, Birmingham 6 offences per 1000; Manchester 5.8 offences per 1000, Liverpool, Leeds and Newcastle have less than 4 offences per 1000 residents. All cities reported reducing trends up until September 2012, but in Birmingham there is a slower reduction than in its comparable cities.

Analysis of (iQuanta) data from other forces included within the most similar group of police forces indicates that

- West Midlands brings fewer domestic violence offenders to justice than its partners. The police forces considered most similar are Northumbria (40 per cent), West Yorkshire (40 per cent); Greater Manchester (30 per cent), whilst West Midlands and Merseyside only achieve a rate of 16 per cent in terms of bringing offenders to justice.

Further analysis of the responses of Forces in similar core cities is required to understand how these apparently more positive results have been achieved. Police responses to domestic violence nationally and by force area are currently the subject of an HMRC Inspection (2013)

Improving Justice: reintroduction of the Specialist Domestic Violence Court

The Specialist DV Court (SDVC) programme has been running nationally since 2005 and there are now approximately 128 SDVCs across the UK [lxxxiii]. It is supported and promoted by HM Courts Service, the Ministry of Justice and the Home Office and Local Criminal Justice Boards (LCJBs) have had responsibility for governance and performance management of SDVCs since April 2010.

The purpose of an SDVC is to enable police, prosecutors, courts, and specialist domestic violence services to work together to identify and track domestic violence cases, support victims and witnesses, bring more offenders to justice, inform sentencing and risk management of offenders and thereby reduce attrition and recidivism levels. Under the SDVC Programme, courts are required

to meet 11 components including the identification and listing of trials; training of sentencers, court staff and partner agencies; consider the clustering of cases; and having Independent Domestic Violence Advocates. This co-ordination of specialist agencies around the victim has been clearly demonstrated an ability to reduce cracked and ineffective domestic violence trials, which all too often rely upon the willing testimony of the victim.

The national review of SDVCs in 2007-2008, Justice with Safety (CPS, 2008), showed that those specialist courts with the strongest multi-agency partnerships were most successful in bringing perpetrators to justice. The review also pointed to the importance of the equal participation of all partners, including those from the voluntary sector. Where the wider needs of victims and their children (particularly their safety) were considered, alongside a determination to hold perpetrators accountable and ensure the court performed well, success was clearly identifiable in terms of speediness, increased guilty pleas and reduced attrition.

Birmingham's SDVC launched in 2005, extending from one court running everyday to three, serving an average of 21 cases per day. In this way, Birmingham had, for many years, the largest domestic violence court in Europe and was able to deal with trials, remand cases, Nareys, date fixes, sentencing and pre-trial reviews. Within 12 months, Independent Domestic Violence Advocates had been commissioned and the Birmingham Women's Aid Safety Unit was trialled and launched.

However, as governmental demands for specialist courts on other issues grew, the commitment within Birmingham Magistrates Court for an SDVC lessened. A review of the SDVC commissioned by Birmingham Community Safety Partnership revealed that the courts were no longer functioning as a SDVC model (Wills, 2009) This first incarnation of a Birmingham SDVC abruptly saw its demise when merged with the community court in 2009 and was re-launched on 10 June 2013.

During the intervening period, the Independent Domestic Violence Advocates retained their presence in the 23 courts that make up the Birmingham Magistrates Court and despite the resource challenges of operating in this general court building, maintained an essential service to domestic violence victims. During 2010/11:

- 75 per cent of victims gave evidence and their presence at court impacted significantly upon perpetrators changing their plea on the day of the trial. 67 per cent of successful outcomes were due to perpetrators pleading guilty and 88 per cent of these changed their plea on the day of the trial.
- only 13 per cent of domestic violence perpetrators were found guilty at Birmingham Magistrates Court, however for victims using the Women's Aid Safety Unit, 33 per cent of their offenders were found guilty

Re-introducing the SDVC model at this time is encouraging for a number of reasons, not least to address the high attrition rates in the city. It is also particularly important and timely in respect of public protection. Since October 2012 in Birmingham, the incidence of most serious violence has been increasing and the severity of injury increasing. At the same time, the 'ABC' model currently employed in the courts imposes stringent limitations to Court sessions, encouraging cases to be expedited in the first instance and resists adjournments. The Probation Service have been increasingly called upon to provide verbal reports negating their ability to undertake thorough risk assessment and to be able to give the Court a more detailed picture of the offender, patterns of behaviour or conduct or whether they have crossed the dangerousness threshold for public protection. Applying the SDVC Model enables understanding of the significance of the Probation Service being able to undertake a thorough risk assessment and enable sentencing to be tailored to managing the risk the perpetrator poses and the effectiveness of interventions in each case. It is a

testament to the foresight of the current Court leadership that the two models, the ABC and the SDVC models, are able to run alongside each other and not posed in competition.

In Birmingham, a multi-agency steering group is co-ordinating the re-introduction and oversight of the SDVC including representatives from Birmingham Magistrates Court, West Midland's Police, Crown Prosecution Service, Birmingham Community Safety Partnership, Birmingham and Solihull Women's Aid, the Probation Service and Victim Support.

Further analysis will be required of the operational functioning and outcomes delivered by this new model.

Domestic Violence Service Pathway

The second largest pathway for domestic violence victims is to the specialist and targeted domestic violence services directly, whether this be through help-lines, emergency refuge accommodation, drop-in, outreach or other specialist services.

This section outlines the specialist domestic violence provision available locally, delivered by voluntary or community organisations, and targeted domestic violence provision where it is delivered by non-statutory organisations. These distinctions are considered more fully as the chapter progresses. Statutory organisations which provide targeted services to address domestic violence, such as Sanctuary schemes or targeted tenancy support, are featured under separate pathways, with the exception of Bharosa, a service provided by Birmingham City Council, which is featured here.

There are 8 specialist domestic violence services and 9 non-statutory organisations providing targeted projects in the City each offering services for supporting female victims of domestic violence and, in some cases, their children. The table below provides a summary of the services linked to each organisations. It should be noted that this table does not provide any assessment of scale in terms of beneficiary numbers; nor does it make any assessment of service quality or outcomes achieved.

It should be noted that specialist domestic violence services are predominantly women only services in Birmingham. The pathway for male victims will be displayed separately.

Summary of Range of Services

Table 10.Summary of Range of Domestic Violence Services (Specialist or Targeted) in Birmingham

	Allenscroft	Amirah Foundation	Anawim	Ashram Reducing Domestic Violence Project	Bharosa (Birmingham City Concil)	Birmingham Crisis Centre	Birmingham & Solihull Women's Aid	Gilgal	Lantern Project (Jan Foundation)	Roshni	Salvation Army	Shelter Domestic Violence Project	Star Support	Trident Reach	WAITS	Women's Helpcentre
Refuges				x		x	xxx	x			x			x	x	
Refuges - BME specific		x								x						
Helpline						x	x									x
Drop-in – city wide							x									
MARAC IDVA							x									
Legal/court based IDVA							x									
Counselling services (non-refuge)				x	x		x						x			
Support for children & young people (non-refuge)				x			x									
Intensive family support							x									
Outreach – city wide				x	x		x					x		x		
Outreach –specific local area	x	x														x
Outreach– young women							x									
Outreach - Women offenders or involved in prostitution			x												x	
Outreach - Chinese women															x	
Mentoring									x							
Group work (non-refuge)	x						x						x			

In the call for information, organisations were asked to provide more in-depth descriptions of the services they provide. Crucially, these descriptions included an estimate of the scale of provision, using the number of service users accessing each service type in one year as a measure. The descriptions also included the main funding sources used to offer services. The following table provides details of specialist domestic violence or sexual violence organisations and the services they provide.

Table 11. Nature and scale of specialist domestic violence services provided by organisation and service type

Specialist Domestic or Sexual Violence Organisation	Service description	Service scale (12 months)	Funding sources
Allenscroft	Domestic violence outreach and community support	Awaiting data	ingham City Council Community Chest; Charitable funding
	Group work	Awaiting data	
Birmingham Crisis Centre	Refuge with counselling service	92	Birmingham City Council Supporting People; Housing Benefit; and voluntary donations.
	Helpline	149	
Birmingham & Solihull Women's Aid	Refuge	178 women, 147 children.	Birmingham City Council Supporting People; charitable trusts.
	Helpline	2931	
	Outreach and Community Support: The Women's Safety Unit is a generic term for a range of community based	1918	Birmingham City Council Supporting People; Place Directorate; People

Specialist Domestic or Sexual Violence Organisation	Service description	Service scale (12 months)	Funding sources
	support services that support women children affected by domestic violence. Each service is independent but also forms part of the community based support. These services are: - City centre drop in; - Support at court through the criminal justice process; - Support with civil injunctions; - Support for women going through the MARAC process (multi-agency risk assessment conferences); generic outreach support for women who are assessed as high risk or where there are safeguarding concerns.		Directorate; Home Office; Ministry of Justice; Community Safety Partnership; Department for Communities and Local Government; charitable trusts
Birmingham & Solihull Women's Aid	Specialist Domestic Violence Housing Advice Service: A service commissioned by BCC, and delivered by BSWA. The service provides a holistic needs and risk assessment; housing advice; and specialist advice to any woman approaching the City Council as homeless due to domestic violence.	1130	Homelessness Prevention Funding via Birmingham City Council
	Counselling: Service users include women affected by DV, rape and childhood sexual abuse. The service is delivered by paid and volunteer counsellors qualified to diploma level and accredited with the BACP. Women are initially offered a 12 week counselling contract with the option to increase to 26 weeks subject to approval from	162	Health

Specialist Domestic or Sexual Violence Organisation	Service description	Service scale (12 months)	Funding sources
	the centre manager.		
	Children and Family Support: Support to children and their mothers living in refuge and in the community, to enable them to have space to talk about their experiences of domestic violence; to support the rebuilding of sibling and mother/child relationships, as well as confidence and skills in parenting. Staff conduct needs assessments and deliver a package of support including one-to-one work with children and mothers, and whole family sessions.	213.	Birmingham City Council People Directorate
	Young Women's Project: working with young women aged 16 – 24 to support them around a range of issues such as domestic violence, sexual exploitation, gang association and forced marriage. Individual and group work	New project, data not yet available	Comic Relief

Specialist Domestic or Sexual Violence Organisation	Service description	Service scale (12 months)	Funding sources
Birmingham & Solihull Women's Aid	Female Genital Mutilation Specialist Community Project: A community based project that aims to end the practice of FGM amongst practicing communities. This is achieved by developing links with local communities and providing training and awareness.	80 women 1-1 at the Clinic; 70 women & young people accessed groups; 263 community members and young people attending community events.	Esmee Fairbairn Charitable Trust for 3 years and one off grants from Birmingham Community Safety Partnership
	Forced Marriage Community Engagement Pilot	New project	Birmingham Community Safety
Gilgal	Refuge	37 women, 39 children	Birmingham City Council Supporting People.
The Jan Foundation	Mentoring: trains volunteers to act as peer mentors to female victims of domestic violence.	30-40	Charitable trusts
	Community Training: Sessions are held for people in the community to raise awareness of the complex nature of DV.	30	Birmingham City Council Community Chest and small grants from charitable trusts and agencies such as the Police.
RSVP	Counselling: One-to-one counselling available 7 days a week, with a choice of female or male counsellors. Service users can have 24 sessions of counselling and	145 existing clients (referred in a previous year) and 505 new	Home Office; Ministry of Justice; Birmingham City Council People Directorate; BCSP; Tudor Trust;

Specialist Domestic or Sexual Violence Organisation	Service description	Service scale (12 months)	Funding sources
	family members and loved ones can have 10 sessions of counselling. After the 24 sessions survivors can request counselling again following a 6 month break, to re-evaluate their progress and assess future needs.	clients. (DV unspecified)	
	Advocacy: ISVA support to anyone who has reported or is thinking of reporting any type of sexual offence to the Police. 3 female ISVAs. Service offered 5 days a week. Service users are supported through the entire process of reporting, up to and including the court case.	125 existing clients and 310 new clients. (DV unspecified)	
	Social groups: For survivors to meet other survivors and socialise.Five different types of groups are offered every month, including two women only groups; one mixed gender group; one Chinese women's group and one group for asylum seeker/refugee survivors.	101 existing clients (referred in a previous year) and 59 new clients. (DV unspecified)	
	Coffee Mornings: To increase self-help and encourage social engagement - A drop in session, which runs once a month, where existing female and male clients can call in for support, to reduce isolation and learn new self-help strategies/techniques.	28 (DV unspecified)	
	Telephone helpline: Emotional support and practical information provided over the telephone, by trained volunteers. Volunteers offer a listening ear, information about and signposting to our own and other organisation's services.	97existing callers (who have called before) and 526 new clients. (DV unspecified)	
Roshni	Refuge	41	No information provided.

Specialist Domestic or Sexual Violence Organisation		Service description	Service scale (12 months)	Funding sources
	Floating support.		13	No information provided.
Star Support	Counselling		Awaiting data	Big Lottery

The following table provides details of targeted services ie. services provided specifically to domestic violence victims by an organisation that provides other services. Typically these will be specific domestic violence projects within larger organisations. This table does not include statutory services.

Table 12. Nature and scale of targeted domestic violence services provided by organisation and service type

Targeted Domestic Violence Service	Service description	Service scale (12 months)	Funding sources
Amirah Foundation	Refuge.	50	Self-funded.
	Practical Support: Provision of furniture/food/clothes bank	100	No information provided.
	Outreach support	100	No information provided.
Anawim	Female offender management: Unpaid work and specified activity orders as alternatives to custody	150 (DV unspecified)	Probation Trust.
	Prison and outreach service.	216 (DV unspecified)	BIG Lottery
	Family and Children Service.	55 (DV unspecified)	Formerly Children in Need. Now unfunded
	General Referrals.	134 (DV unspecified)	Formerly Children in Need. Now unfunded

Targeted Domestic Violence Service	Service description	Service scale (12 months)	Funding sources
Ashram Housing Association	Ashram Domestic Abuse Refuge: Temporary accommodation.	200 (including children).	Supporting People; and BCC homeless in hostels service.
	Reducing Domestic violence project: A specialised service for families experiencing DV in Birmingham. Also provide floating support to those leaving the refuge to go back into their own homes.	150-200	Supporting People.
Bharosa	Support and advice service for South Asian women around domestic abuse, forced marriage and FGM. Counselling skills available	197 (273 referrals)	Birmingham City Council main programme
My Time	DV Victim Counselling Service DV perpetrator programme Practical family support - housing Family therapy	68 families (DV unspecified)	Tudor Trust; Big Lottery; Health; Birmingham City Council; Cafcass.
Salvation Army	Refuge		No information provided.
Trident Reach the People Charity	Refuge for South Asian women and children.	47	Supporting People; Children in Need.
	REFUGEline: Single access point (SAP) provides access to all refuges in Birmingham, as well as access to Trident and Shelter outreach services. Operational 24 hours a day, 7 days a week	1600	Supporting People.

Targeted Domestic Violence Service	Service description	Service scale (12 months)	Funding sources
	throughout the year.		
	Outreach and community support: Flexible, individual one-to-one support to adult domestic violence victims across the city. Advice, guidance and information based on individual needs is offered.	71	Supporting People.
Women Acting In Today's Society	Women Support and Development project: provides advocacy; support; signposting; workshops; and training for BAME and Chinese women experiencing DV.	150 (DV unspecified)	Charitable Trusts.
	Community Integration project: Provides accommodation to BAME women and low risk women offenders experiencing domestic violence. The project also offers coordinated support to women so that they can resettle into the community.	15	Charitable Trust; self-generating income.
Women's Help Centre Ltd	Domestic Violence Women's Project: Advice; counselling; confidence building; empowerment; access to bi-lingual advocacy and support; practical advice; and outreach support for women who are victims of domestic violence. The service is based in a community organisation where there are ESOL; basic computer IT; keep fit classes; and a crèche where women can get confidential support without their extended family or community identifying that they are receiving support for DV.	199 (telephone) 359 (Advice & Counselling)	Unfunded. Previously this project was funded by Single Regeneration Budget 4 (2001 to 2004) and the Big Lottery (2005 to 2008).

It is possible, with care and appropriate caveats, to aggregate data on service access to provide an overall sense of scale. The following table therefore takes the data from (Table above) and, as far as is possible given the limitations in the raw data, provides a summary of the number of beneficiaries for specific service types. Again, the table gives no indication of service quality or outcomes.

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Table 13. Estimate number of victims accessing domestic violence services over a 12 month period.
All figures rounded to the nearest 10

Type of service	Service scale
Domestic violence helpline	3279
Outreach/ community support including MARAC IDVA, Courts IDVAs & mentoring and drop-in	2,746
Counselling (where DV specified)	84 (plus Star Support)
Refuge	860[lxxxiv]
Specialist child and family support	213
ISVA	435
Domestic Violence Homeless Prevention	1130
Targeted support to young women	Not known
Group work	Not known

The usefulness of this table is limited in establishing the overall reach of these services: victims may use one or more services over the course of the year; and some services, such as helpline are typically access points to other services. Neither is it possible on a large scale, to identify those victims who have accessed other pathways such as the police and in so doing be able to form a view on what proportion of overall victims are seeking support in any given year.

The only conclusions that can be drawn is that less than 10 per cent of female victims per year contact helpline, of whom a number will be repeat callers; 18 per cent of victims receive some specialist service other than refuge and of the 1600 requests for refuge accommodation each year, only 53 per cent (860) victims are safely accommodated in them. The housing pathway will elaborate on this further.

Access to Services: ***Women's Aid***

Applying estimated prevalence rates in Section 3 above, it is possible to calculate the access rate of women accessing Women's Aid services against the estimated need in a particular age group or area.

Table 14. Estimated access rate of Women's Aid (BSWA) services

Age	Estimated number	Total presenting to Women's Aid	Access rate
16-19	4388	94	2.1%
20-24	6084	493	8.1%
25-34	6566	1253	19.1%
35-44	4502	741	16.5%
45-54	2967	291	9.8%
55-59	715	43	6.0%
Total	25223	2915	11.6%

An initial analysis of the data shows particularly low access rates in the younger age ranges, which is being addressed to some degree by the new Young Women's Project

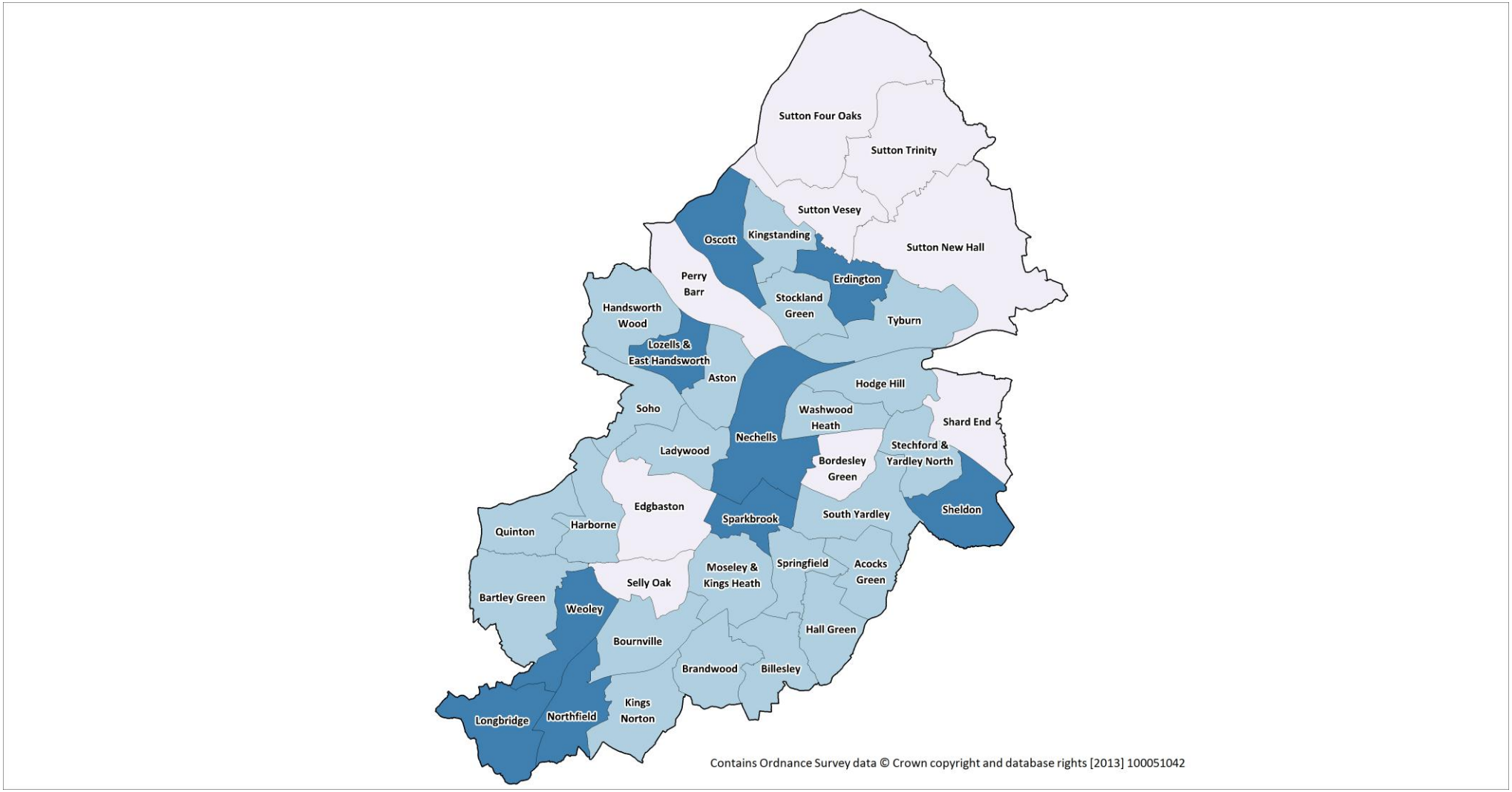
The above data shows a variation of access to Women's Aid services across the city. This may be due to variation in the underlying estimates, random variation in year to year access to service or a true reflection of different uptake rates by different groups. Women's access to services will depend upon their knowledge and confidence of services, barriers to accessing services and availability of services. Access to services will often be determined by the investment that is placed in a given area and the strength of local referral pathways.

The map below shows the geographical distribution of access rates to Women's Aid services across Birmingham, with the light colour representing lowest access rates and the darkest colour the highest access rates.

Whilst the low rates of Selly Oak and Edgbaston, may be related to the high student population and the low rates of uptake in Sutton Coldfield may reflect the most affluent population and the availability and profile of another domestic violence service operating in Sutton, Star Support, the low take up across Perry Barr, Bordesley Green and Shard End requires further analysis.

Knowledge Gap: It must be noted that although Women's Aid is the largest specialist domestic violence service in Birmingham, other services of Ashram, Trident and Shelter provide city-wide services. Their data was not made available to this needs assessment.

Figure 25. Estimated access rates of Women's Aid services by ward



Disability

BSWA services were accessed by 450 women with a disability during 2012-13

Table 15. Numbers of women with disabilities accessing BSWA services during 2012- 13 by service type

Hub	Drop in	Casework	Refuge	Family Support	Counselling	Total
215	110	105	9	9	2	450

Table 16. Nature of disability for women accessing BSWA services during 2012- 13

	Total
Mental Health	171
Mobility	50
Learning disability	23
Hearing impairment	8
Visual impairment	5
Autistic spectrum condition	5
Progressive disability/ chronic illness	10
Other	178

Collated data from Supporting People funded organisations

Largely because of the wide range of funding sources that services rely upon, the data that is available varies considerably between the services and is rarely directly comparable across organisations, unless their services sit with one funder.

Birmingham City Council Supporting People commission the majority of refuge provision and domestic violence services in the city from the following six agencies and as such are in a position to provide more aggregated data:

- Ashram Housing Association Reducing Domestic Violence Project
- Birmingham Crisis Centre
- Birmingham and Solihull Women's Aid
- Gilgal
- Shelter
- Salvation Army
- Trident Reach

Note that a number of the domestic violence services provide services beyond that which is funded through Supporting People. There are also a number of more local domestic violence services whose information is not demonstrated here.

Referrals

The following table illustrates the range of referral sources for Supporting People outreach and refuge services

Table 17. Referral source of domestic violence service users

Source: Birmingham City Council Supportng People

Referral Source		
Community Mental Health Team	8	0.3%
Health service/GP	55	1.9%
Internal transfer	71	2.5%
LA housing department (referral)	316	11.1%
Nominated by Local Housing Authority	117	4.1%
Other	355	12.4%
Police	524	18.4%
Probation Service/Prison	12	0.4%
Self referral/Direct application	738	25.9%
Social Services	200	7.0%
Voluntary Agency	448	15.7%
Youth Offending Team	8	0.3%
	2852	

Most domestic violence services encourage self-referral, with certain services, such as the MARACs and Courts Service and Homeless Prevention Service, relying upon a more defined referral route from the statutory sector. However, the categorisation of self-referral can be misleading as many victims may be actively signposted to services to which they self-refer. Nonetheless, there appears much scope for encouraging referrals from a range of agencies, not least health services.

Outcomes

Supporting People funded domestic violence services are measured against the outcomes featured in the following table. The findings demonstrate significant outcomes in relation to keeping victims and children safe, improving their physical and mental health and well-being, their connectedness to sources of support and their choice and control over their circumstances.

Table 18. Aggregated outcomes for domestic violence victims following services provided by Specialist Domestic Violence Services funded by Birmingham City Council Supporting People April 2009-September2012

	Need	Need Met	% Met
Economic Wellbeing			
Maximised Income	765	651	85%
Reduced Debt	408	290	71%
Obtained Paid Work	106	39	37%
Participated in Paid Work during service		44	42%
Enjoy and Achieve			
Participated in Training and/or Education	321	191	60%
Obtained Qualification(s)		48	45%
Participated in Leisure/Cultural Activities	287	247	86%
Participated in Work Like Activities	102	58	57%
Established Links with External Groups	892	842	94%
Established Links with Family	423	393	93%
Be Healthy			
Managed Physical Health	391	359	92%
Managed Mental Health	666	556	83%
Managed Substance Misuse	70	50	71%
Assistive Technology	82	73	89%
Stay Safe			
Maintained settled accommodation	388	340	88%
Secured/obtained settled accommodation	1257	756	60%
Complied with Statutory Orders	63	45	71%
Managed Self Harm	63	50	79%
Avoid risk of harm to others	37	32	86%
Avoid risk of harm from others	1506	1295	86%
Make a Positive Contribution			
Greater choice/control/involvement	1605	1430	89%

Freedom Programme

The Freedom Programme is a preventative intervention of group work seeking to enable participants to recognise abusive behaviour and to identify its effects on themselves and their children. This 12 week programme has a rolling intake and is delivered by a network of licensed practitioners across the UK. In Birmingham, workers from the Allenscroft Project and some Children's Centres have obtained the licence to run the Freedom Programme and receive the bulk of referrals into the programmes from children's social care in the context of child safeguarding and protection. Data has not been made available on the numbers of victims entering the programme, completing the programme or outcomes associated. Evaluation of the programme nationally has been limited.

Housing, Homelessness and Civil Orders Pathway

The Crime Survey indicates that 42 per cent of victims of domestic violence have to leave their homes, temporarily or permanently, because of the abuse[lxxxv] Although, domestic violence is one of the major contributors to homelessness and accounts for 22 per cent of homeless applications in Birmingham[lxxxvi] the 1300-1400 adult victims presenting to services in respect of homelessness iper year is far lower than this indicative level of 10,500 adult victims, would suggest

Birmingham's homeless focus in recent years has been on prevention: investing in 'housing options' approaches and assisting households at the earliest opportunity before they became homeless. Examples of this approach can be seen in the introduction of Housing Advice Centres with co-located independent domestic violence workers; the Sanctuary Scheme for home security and alarms; multi-discipline Domestic Violence Tasking providing civil action to protect victims and through continued investment in housing related support and supported accommodation in the Supporting People programme

Homeless prevention

During normal office hours, victims of domestic violence who are threatened with homelessness are directed to approach one of the four Housing Advice Centres located at Northfield, Sparkbrook, Newtown and Erdington, or if they are under 20 without children, to the 'Youth Hub'.

At the Housing Advice Centres, specialist domestic violence workers from Birmingham and Solihull Women Aid are available to enable victims to consider the range of options that might be available to them before making a homeless application or seeking refuge.[lxxxvii] The domestic violence worker undertakes a risk assessment and discusses safety planning and options available and is directed by the victim about their concerns which will often range across a spectrum of safety for children, health, housing, support needs and financial issues.

In many cases, homelessness has been averted through maximising the options that are available and supporting the victim. In the first quarter of 2013, specialist domestic violence support averted homelessness in 43 per cent of cases (n=379). This practical support often includes: taking civil action to remove the perpetrator from the home and protect the family; installing home security and alarms; mobilising police responses; maximising income and minimising debt; liaison with housing providers or mortgage lenders; liaison with range of children's and health services; working with victims at their own pace and building their support networks and confidence.

Likewise, homelessness is prevented in broader services. Of the 653 women using the Safety Unit between April and September 2012, 50 per cent received housing advice and homelessness was averted in 68 per cent of these cases through providing safe alternative options. (Taylor, 2013)

Making a Homeless Application

For those victims where homelessness cannot be averted because of safety concerns for themselves or their children, the domestic violence victim will make a homeless application supported by the domestic violence worker and the homeless officer in the Housing Advice Centre. If temporary accommodation is needed, a refuge will be sought, and if not available alternative temporary accommodation will be sourced through the local authority.

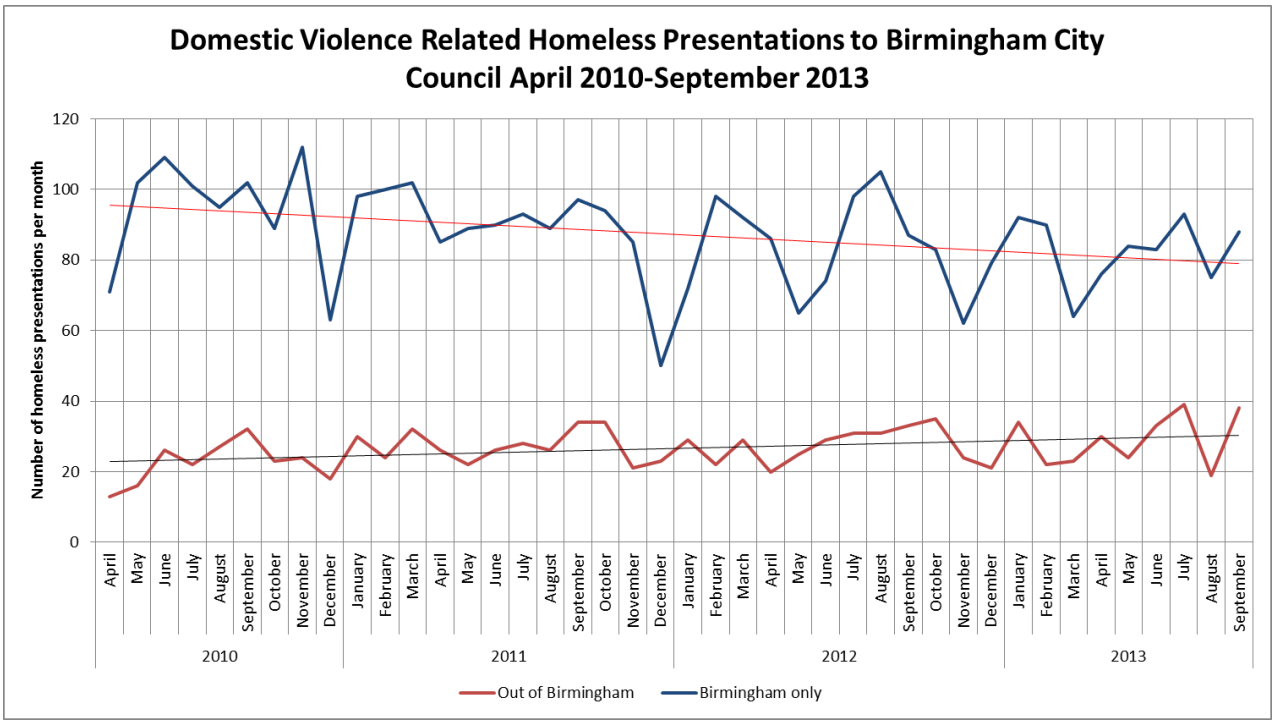
Over the 12 month period between October 2011 and September 2012, Birmingham City Council recorded 1384 homeless applications in relation to domestic violence and accepted a homeless duty in 857 cases (62 per cent). In the same period there were 96 repeat applications from domestic

violence victims (7 per cent of all domestic violence related homeless applications), where they had been homeless in the last two years. Of these, a duty was identified in 73 cases (76 per cent of repeat applications).

Comparing the periods of Oct-Sept 2010-11 and Oct-Sept 2012-13 there has been a 12.5 per cent decrease in domestic violence related homeless presentations across Birmingham, with a downward trend through the whole period from April 2010-September 2013. During this same period there has been a smaller increase of 9.3 per cent in domestic violence related homeless presentations from non-Birmingham residents.[lxxxviii]

Fig 26. Domestic Violence Related Homeless Presentaton to Birmingham City Council April 2010- Sept 2013

Source: Safer Places Birmingham South

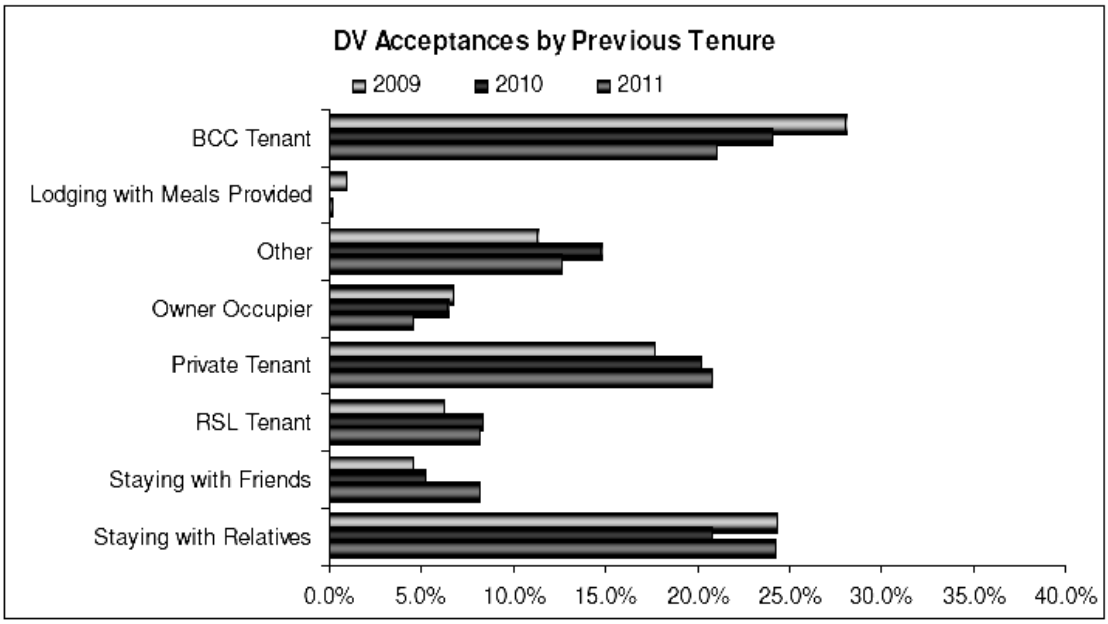


Homeless Presentations and Acceptance by Previous Tenure

People being accepted as homeless in Birmingham due to domestic violence are leaving a range of different tenures and accommodation types. During 2011, 21 per cent of domestic violence cases were existing tenants of Birmingham City Council. This was a sizeable reduction on previous years.[lxxxix]

During 2011/12, 112 homeless applications were made by tenants of Registered Providers, reducing to 72 during 2012/13.[xc]

Fig 27. Domestic Violence Homeless Acceptances by Previous Tenure
Source: HUROS Report 2012



Exploring the issue of homeless applications from local authority tenants experiencing domestic violence further, it appears that the three districts with the largest amount of housing stock are also characterised by the highest number of homeless applications. However this is where the correlation ends and a number of hypotheses may provide an explanation, not least that the three districts with the largest housing stock and largest number of domestic violence homeless presentations also feature the highest levels of deprivation and least resources available for victims to find alternative support and protection.

Table 19. Domestic Violence Related Homeless Presentations Compared to Housing Stock by District April 2010- Sept 2013
Source: Safer Places Birmingham South

District	BCC Housing Stock Numbers (ranked by scale)	Domestic violence related homeless presentations Apr 2010-Sept 2013 (rank)
Northfield	10,222 (1)	460 (3)
Ladywood	9,822 (2)	551 (1)
Hodge Hill	8,477 (3)	525 (2)
Yardley	7,787 (4)	319 (7)
Edgbaston	7,477 (5)	310 (8)
Erdington	6,768 (6)	455 (4)
Selly Oak	6,200 (7)	276 (9)
Hall Green	2,558 (8)	346 (5)
Perry Barr	2,179 (9)	323 (6)
Sutton	1,892 (10)	94 (10)
Birmingham	63,382	3,659

Temporary accommodation

A snapshot of the need for temporary accommodation arising from domestic violence victims attending the Housing Advice Centres was taken in the first quarter of 2013 (April to June 2013). Whilst 43 per cent of cases were prevented from becoming homeless, a number of the 379 victims needed temporary accommodation. Of these:

- 39 per cent stayed with family and friends
- 20 per cent sought refuge through the refuge line but only 22 per cent of these (5 per cent of total) were successful
- 19 per cent went into temporary accommodation

The numbers staying with family and friends will often mask an accurate picture of the impact of domestic violence upon homelessness.

Knowledge Gap: Information was not available on the use of non-refuge temporary accommodation for domestic violence.

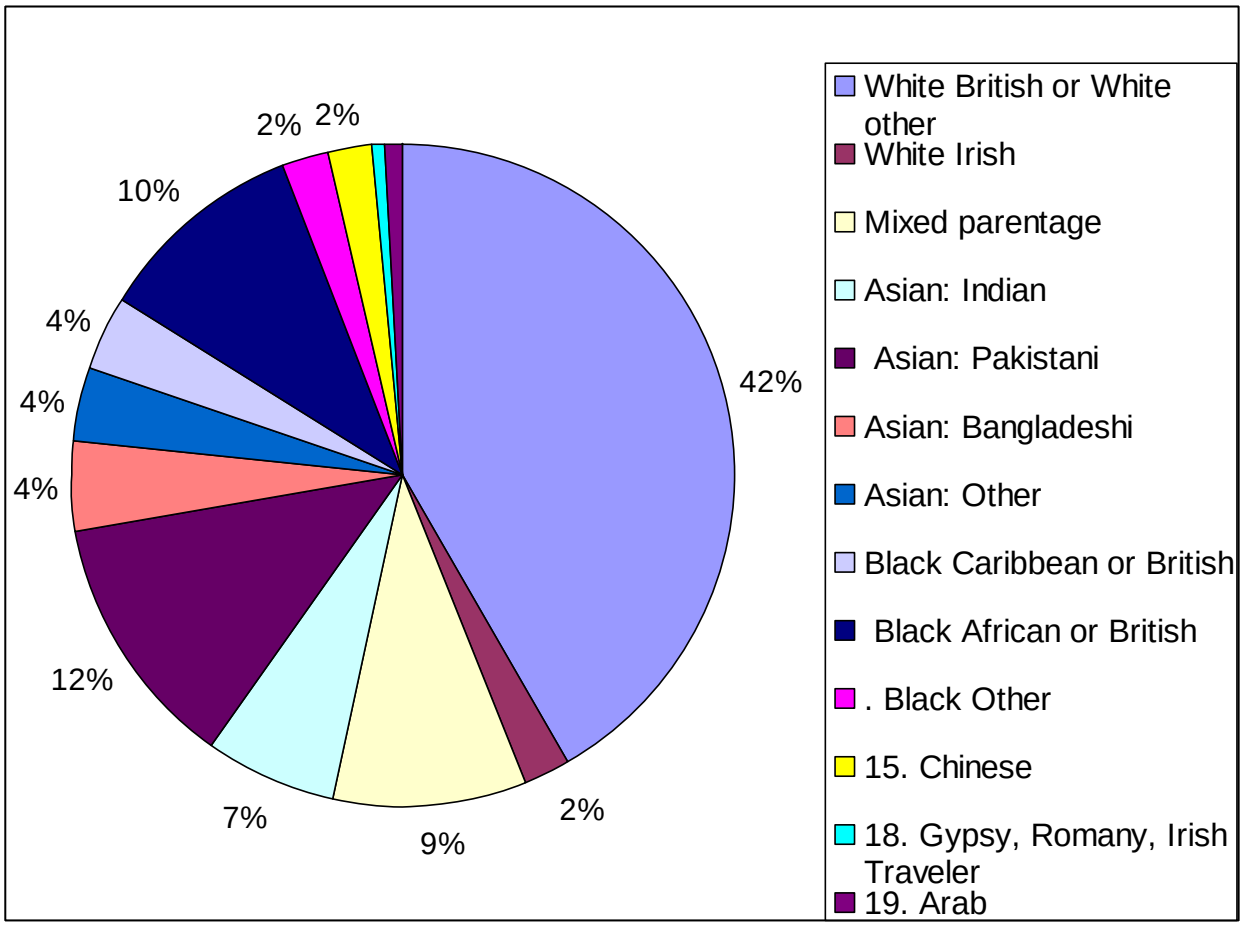
Refuges

Over the four year period April 2009 to 2013, 1651 victims were accommodated in Birmingham refuges accompanied by 2135 children and a further 408 victims were accommodated in refuges outside the city. 75 per cent of referrals were for women aged 25 to 59 years. 25 per cent were young women aged 18 to 24 years.

Information from the single access point to refuge in Birmingham, Refugeline, managed by Trident Reach, demonstrates that there have been approximately 1600 requests for refuge accommodation each year, only 53 per cent (860) victims are safely accommodated in them.

The following diagram displays the ethnicity of domestic violence victims in BSWA refuges. 2011 Census data is not yet available from which to compare this take-up of services.

Fig 28. Ethnicity of residents of BSWA refuges 2012-13
Source: BSWA



See also the Children in Refuge section, later in this document.

Knowledge Gap: number of women and children with no recourse to public funds

Sanctuary

Birmingham Sanctuary Scheme is run by Birmingham City Council and aims to enable victims at risk of domestic violence to stay safely in their homes through an individualised package of home security measures informed by a full risk assessment.

Depending upon the needs of the victim and children, and the type and condition of the property, the 'target hardening' of the property could include:

- Reinforced exterior doors
- Extra door and windown locks
- Reinforced double glazed windows
- laminated windows
- Window grilles
- Fire retardant letter boxes
- Smoke detectors and fire safety equipment
- Window alarms
- Intercom systems
- Video entry systems

Home security will not make a family safe in itself and is commonly part of a package of measures including civil orders and an enhanced police response.[xci]

Civil Orders

The ability to take civil action is often highly valued by victims of domestic violence. 75 per cent of the women with non-molestation orders in the "Routes to Safety" study said that civil orders had made a difference. (Humphreys & Thiara, 2002) For many, there is a particular strength of civil orders in victims being able to maintain control of what happens next. Unlike the criminal justice process which is taken out of their hands, victims can make choices as their circumstances change.

In Birmingham, victims of domestic violence may seek civil protection from their abusers in the following ways:

- Privately through family law, dependent upon their entitlement to legal funding or ability to pay.
- Through Birmingham City Council Legal Services, using powers of the local authority
- Through Birmingham and Solihull Women's Aid who assist victims obtain their own injunctions
- Through the National Centre for Domestic Violence (NCDV) helpline

Table 20. Civil action taken in Birmingham between April 2009 and October 2012

Between April 2009 and October 2012	Orders	Breaches
BCC Legal Services	149	22%
Women's Safety Unit	172	18%
NCDV	344	Unknown
Private Solicitor	Unknown	Unknown
Repeat offender rate (criminal)		20%

Family Law

The Family Law Act 1996 provides two types of orders that can be applied for in either the county courts or the family proceedings courts: a non-molestation order, preventing someone being violent towards them, or an occupation order, defining the rights of occupation of the home. Since July 2007, failing to obey the restrictions of a non-molestation order has been a criminal offence.

Knowledge Gap: The numbers of civil actions taken privately through family law in Birmingham has not been made available

National data indicates that:

- Whilst applications and orders in respect of domestic violence have been declining nationally since 2002, the fourth quarter of 2012 has seen a six per cent increase on the same period the previous year, potentially marking the end of to a long-term downward trend.
- There is a seasonal pattern in the number of domestic violence applications and orders. The lowest levels are in the October – December quarter each year, then increasing to a high in the July-September quarter.[xcii]

Domestic Violence Tasking

Between April 2009 and October 2012, Birmingham City Council Legal Services has taken 149 civil orders (mainly anti-social behaviour injunctions) against domestic violence offenders through its unique multi-agency *DV Tasking* process.

This multi-agency partnership has been led by Birmingham City Council Legal Services since 2003 and has proved most effective in dealing with perpetrators of domestic violence. The Tasking process is able to

- Issue all legal proceedings in the name of Birmingham City Council and not the victim
- Provide the main witness statements from the local authority and the police
- Provide specialist support from Women's Aid
- Deal with breaches of orders speedily
- Look holistically at the needs of the victim and children and can harness the separate functions and duties of the local authority, including housing and safeguarding children and vulnerable adults, with greater ease
- Deal with standard, medium and high risk cases that would benefit from this multi-agency approach
- Ensure that safety plans are put in place for each family and dynamic risk assessment undertaken

In this way, the process is shown to provide wrap-around protection for families capable of responding swiftly and effectively to risk. The service was strengthened for a number of years by having a seconded police officer providing case management to the process and facilitating the submission of police statements. Case management is currently provided through Birmingham City Council Legal Services.

Birmingham and Solihull Women's Aid - Women's Safety Unit

Between April 2009 and October 2012, the Women's Safety Unit has obtained 172 civil orders (non-molestation orders or ouster orders) by working with women to obtain their own civil orders, often referred to as 'DIY Injunctions'. The independent domestic violence advocate (IDVA) assists the victim in completing the necessary paperwork, files with the court, accompanies the victim to court

and arranges for the order to be served on the perpetrator. The Safety Unit has had a 100 per cent success rate with its orders and victims often report feeling empowered by the process. Upon request the court will often waive the court fees and the victim faces no other legal or solicitor's fees.

National Centre for Domestic Violence (NCDV)

From January 2012, police and partner agencies have been referring victims to the National Council for Domestic Violence (NCDV). Since this time 344 civil orders have been gained. This charitable organisation provides access to emergency injunctions through a telephone and web based referral system. The centre mobilises local solicitors, if the victim is eligible for legal funding, or a lay advocate (McKenzie friend) to draft the paperwork and make the application to the court.

In most cases, this system is speedy, has high capacity and has the advantage of holding a national database on civil orders gained which police officers can routinely access.

In Birmingham there have been teething problems for women ineligible for legal funding, problems with local solicitors and problems of victims not being linked into local services and thereby benefiting from holistic safety planning which are currently being addressed.

Civil protection in domestic violence is a valuable component of the domestic violence response in Birmingham, however, the numbers of victims gaining protection through these routes remains low compared to those that seek police assistance. Each of the local methods of obtaining civil orders in the city has benefits:

- Birmingham City Council Tasking because of the powerful message that a local authority taking action brings, the speed of response and the ability to harness multi-agency action
- Birmingham and Solihull Women's Aid because of its 100 per cent success rate and its ability to empower women to take the action themselves with support
- National Council for Domestic Violence because of its potential speed and capacity

Considerations for future development and sustainability should include:

- Securing the pathway between services and help in making decisions on the best route through civil orders for an individual ensuring that victims
    - Have access to holistic local support and safety planning
    - Have access to quality assured solicitors where necessary
    - Have understanding of what to do where an order is breached
    - Have swift and decisive action taken to protect them when an order is breached

- Extending the reach and having capacity to respond to increasing demand.

- Having capacity to respond to recent changes in legal aid. From April 2013 more stringent qualifying conditions have been applied to legal aid and whilst domestic violence victims will still qualify for help, if they can provide specific evidence of domestic violence, the financial eligibility has tightened for all. Many domestic violence victims may therefore have to rely upon Birmingham's range of methods for obtaining a civil order rather than through the traditional method of family law solicitors. Moreover, family law legal aid changes feature injunctions as one evidence gateway to legal aid. Some domestic violence victims, who are financially eligible, may need this evidence in order to gain assistance for divorce, separation, child contact or child maintenance.

- Consideration of Birmingham's response to Domestic Violence Protection Orders (DVPOs). If DVPOs are rolled out nationally and are systematically available to provide short term protection, Birmingham's services will need to consider how to identify victims and dovetail longer term civil protection.

Health Pathway

Midwifery

Pregnancy involves increased risk of domestic violence for a substantial minority of women. It is also a time of increased contact with health services. Birmingham's midwifery services were the first services in the city to introduce direct and routine questioning concerning domestic violence and the first to provide training, champions and specialist workers, nearly a decade ago.

Knowledge Gap: data from midwifery services was not electronically collected but would require a manual search of records

Health Visiting

Included in later section (Children)

Accident & Emergency

Alongside alcohol-related information, data is gathered on domestic violence at each of the Accident and Emergency departments in Birmingham. Questions are asked of all violence related walk-in admissions via a survey conducted at Accident and Emergency reception.

Over an 18 month period (April 2011 – September 2012) a total of 3194 patients were asked questions in relation to the circumstances surrounding their assaults. From the hospital data supplied:

- 416 people disclosed having sustained an injury from a violent act inflicted by a partner or ex-partner, or relative.
- Where the injury was caused by a partner, the victims were female in 276 incidents (85 per cent)
- Female victims stated that they would report or had reported offences in 75 per cent of cases. Closer examination in a previous study of South Birmingham (Queen Elizabeth and Selly Oak Hospitals) found that the actual reporting rate to the police was only in 63 per cent of cases, suggesting greater under-reporting to the police of even the most serious of violent crimes. (Rodriguez, 2010)
- A weapon (excluding a body part such as fists and feet) was used in 23 per cent of cases, and a knife was the weapon used most frequently (5 per cent). This varies from the police recorded data for the same period which listed a weapon causing injury in only 12 per cent of domestic violence assaults

This data should be treated with some caution. On the methodological front, there appears to be some variance in the method of collecting the information, the degree of protocols and training of staff in domestic violence involved and the environment in which the survey is undertaken. From a victim perspective, it is unclear how the confidence of victims to disclose in the Accident and Emergency environment is encouraged and their safety in answering questions assured. The data gathering activity is currently under review (November 2013).

Children and Young People's Pathway

Little data is kept on the pathway through services for children experiencing domestic violence. Although disclosures may come directly from children to the people and services that they trust, particularly schools and teachers, more is known about their contact when abuse of their parent or carer is reported to the police, or they find themselves removed from home and taken with their parent to a refuge.

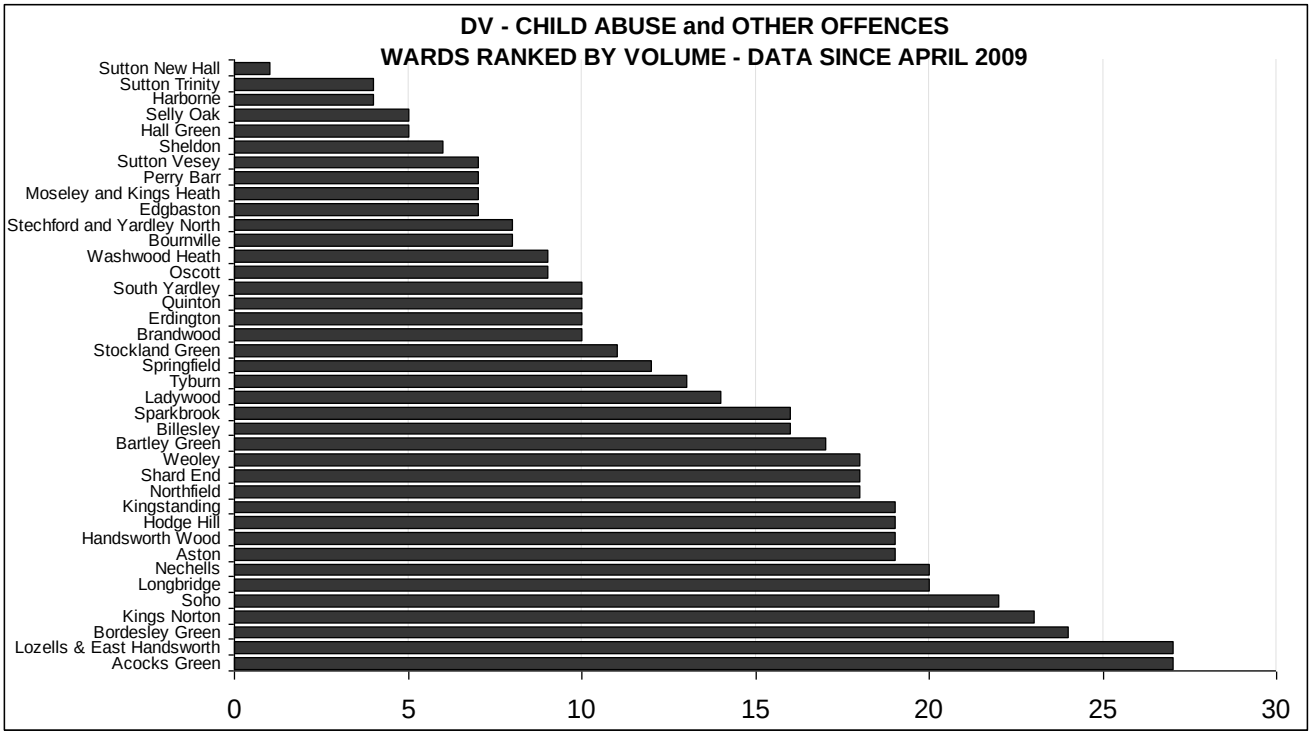
Reported domestic violence crimes involving children

Over the four year period (April 2009 to June 2013), 4 per cent of all domestic violence crimes (2356 offences) directly involved children (those aged 17 years and under). In 813 cases the child or young person was a victim of serious assault, serious sex offence and in 2 cases murder. In 1050 cases the child was subjected to neglect, ill treatment or abuse, as a result of the DV incident.

In the 12 month period (July 2012 – June 2013), again 4 per cent of all domestic violence crimes (375 offences) involved children and 60 offences occurred where the child was the victim of an assault within the domestic violence.

The following chart shows wards by volume, where children under 14 years have been involved or caught up in domestic abuse and violence.

Fig 29.. Domestic Violence Related Child Abuse: Volume by Ward April 2009 to Sept 2012
Source: West Midlands Police



These are the direct crimes. However, each year, in Birmingham, thousands of children live in households where domestic violence is reported to the police and police notifications have been the major way in which children's services have been informed about children's exposure to domestic

violence. Their circumstances are considered through a multi-agency process known as 'joint screening.'

Joint screening of children living with domestic violence

When a domestic violence report is made to the police, and children are resident or present in the household, the children's needs are assessed by police, health and children's social care together.

From a health perspective this involves an individual assessment of each child based on information held by the Health Visiting and School Health teams (universal services) and the specialist school nursing workforce of Birmingham Community Healthcare Trust. These services provide screening information from the child's health record to the screening meeting where colleagues from West Midland Police and Birmingham City Council children's social care will bring similar lateral checks from their own organisation. The circumstances, as understood by this shared information, are then assessed at a weekly meeting which is held across the city using the 'Multi-Agency Domestic Violence Risk Identification Matrix, known commonly as the 'Barnardos tool'.

The outcome of the screening activity informs the level of support and intervention then provided by services according to four level threshold scale, where Scale 3 indicates that an assessment needs to be undertaken by children's social care (under Section 17 of the Children Act) and Scale 4 that child protection action needs to be taken (under Section 47 of the Children Act).

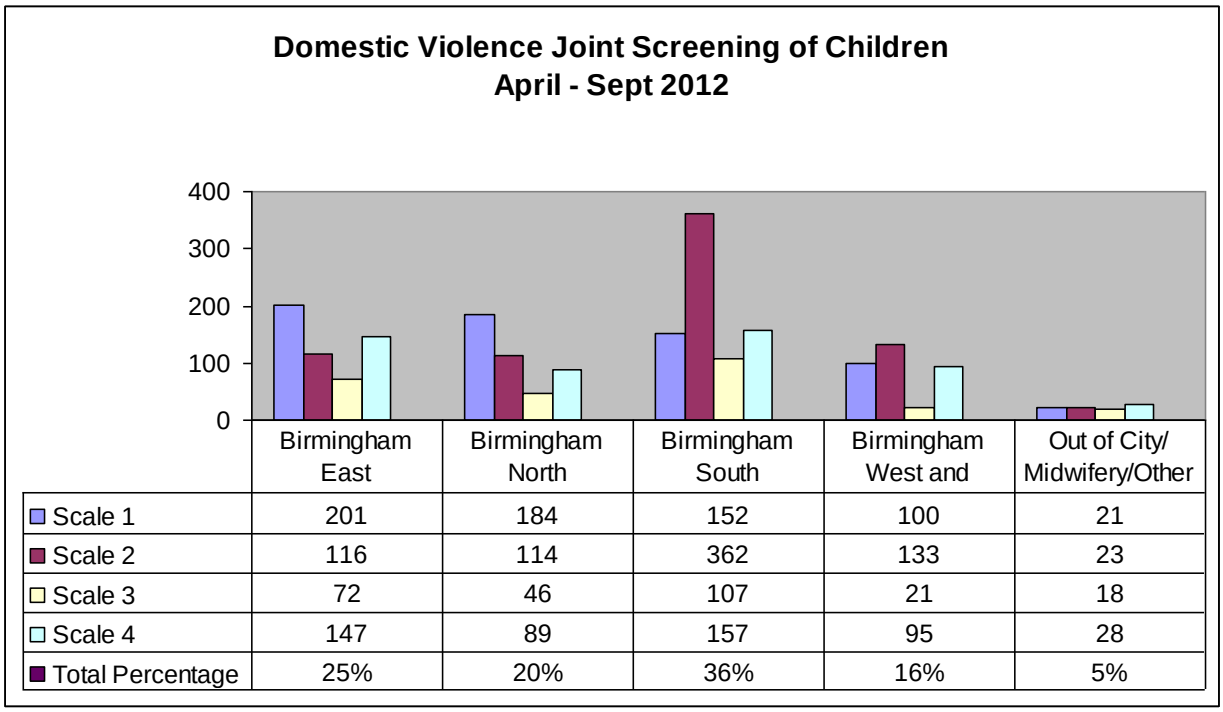
Where a response or further assessment from health is required at Scale 1 or 2, support is described as taking the form of listening visits; sign-posting; referrals for children and (victim) parent into health, local early years or community resources and support services for adults. Referrals into support groups and specialist agencies for their parent (victim) and liaison with schools is also carried out. The children all receive a further assessment of holistic needs where possible including face-to-face contacts at school nurse drop-ins where appropriate. Where a CAF, child in need or child protection plan is required following assessment, the health professionals are part of the team around the child implementing the plan.

Where the children have diagnosed disabilities, learning difficulties, complex or chronic medical conditions and attend specialist educational provision, the special school nurses are also notified of domestic violence incidents which the police have been called to. They carry out the interventions as recommended by the joint screening process.

During 2011/12, 9,375 children were assessed in this way in Birmingham as a whole. During 2012/13, it has been estimated that between 10,000 and 11,000 children were screened (comparable data for this period has not been made available)[xciii]

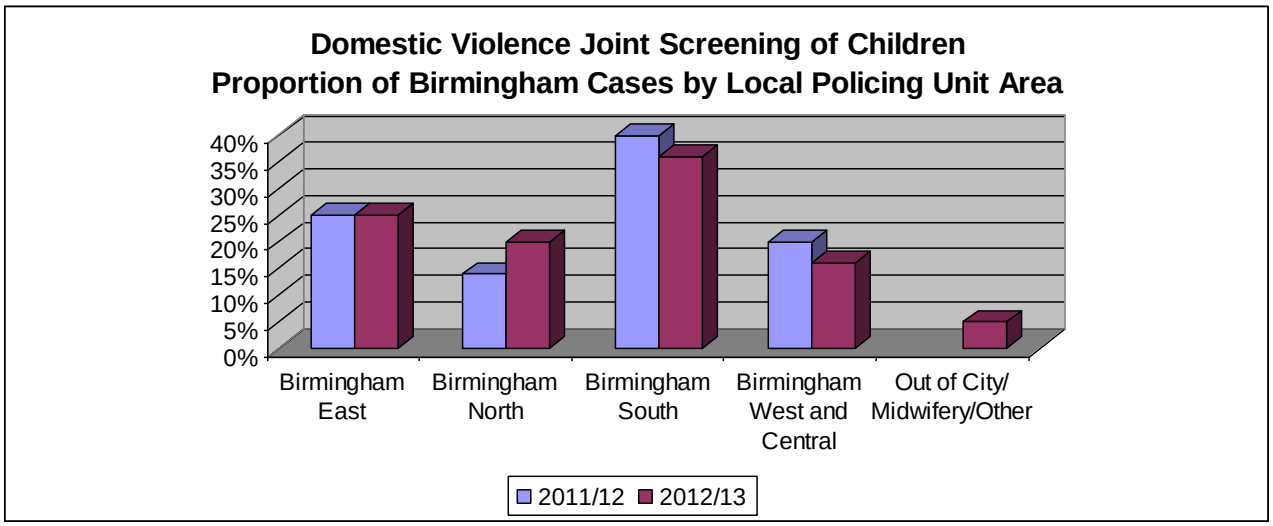
The following chart illustrates the level of joint screening activity taken in each of the four Local Policing Units (LPU) areas during the first six months of 2012/3, together with the action required from these assessments. The high proportion of screening undertaken in Birmingham South is evident in this snapshot. The variation in screening outcomes between the areas is noteworthy. For example, 27 per cent of children screened in Birmingham East LPU area, lead to Scale 4 (child protection) compared to only 20 per cent on Birmingham South LPU area.

Fig30. Domestic Violence Joint Screening of Children April 2012 to Sept 2012
Source: Birmingham Community Healthcare Trust



	Birmingham East	Birmingham North	Birmingham South	Birmingham West and	Out of City/ Midwifery/Other
Scale 1	201	184	152	100	21
Scale 2	116	114	362	133	23
Scale 3	72	46	107	21	18
Scale 4	147	89	157	95	28
Total Percentage	25%	20%	36%	16%	5%

Fig 31. Domestic Violence Joint Screening of Children. Proportion of cases by Local Policing Unit 2011/12 compared with April 2012 to Sept 2012
Source: Birmingham Community Healthcare Trust



Knowledge Gap: The joint screening activity has been subject to evaluation but this has not been made available

Multi-Agency Safeguarding Hubs

Knowledge Gap: no information made available

Specialist Family Support

During 2012-13, Birmingham and Solihull Women's Aid (BSWA) provided specialist family support to 55 families including 107 children. The project reported exploring and addressing the following issues with children

Table 21. Issues explored with children in BSWA Family Support

Children's Issues	Family Support (n=107)
Expressing feelings/worries/concerns	98
Importance of not keeping secrets	29
Self esteem/confidence	67
Safe ways of getting angry/behaviour	54
Rewards/setting boundaries	40
Re-building relationship in the family	59
Sibling rivalry/ relationships	25
Healthy relationships	86
Respect for mum	49
Child sleeping in own room	13
Eating disorders	3
Talking about dad/perpetrator	89
Talking to mum	61
Positive male role models	32
Positive praise	26
Improving communication within the family	52
Keeping yourself safe	37
Sharing	18
Talking about responsibilities	25
Family dynamics	47
Safe people to talk to	54
New home	24
Court Work	32
Mother and Baby Unit	16
CAMHS	12
CAF	1
CAFCASS (disputed contact, residence, care proceedings, PR)	8
Single Practioner	18
Children's Services	12
Safeguarding plan	5

Addressing Children's Needs Through Supporting the Non-Abusing Parent

Aside from specialist family support, BSWA provided a comparison of the issues addressed with mothers in respect of children through its wider services

Table 22. Children's issues addressed through BSWA domestic violence services (non-family support) 2012-13

		Casework (n=451 families)	**Refuge** (n=73 families)
Children's Issues	Contact Issues	260	26
	Children's Social Services Involvement	227	32
	Children in Local Authority care	36	6
	Child Mental Heath	35	4
	Schooling	79	18
	Learning Disability	22	3
	Physical Disability	14	1
	Child (ren) Health	51	31
	Safeguarding	158	23
	Relationship Issues	128	14

Not surprisingly (see introductory section), issues over child contact and safeguarding dominate domestic violence casework.

Children in Refuge

A refuge stay can be a key opportunity for a child's need for support to be assessed and the family provided or put in touch with services. Research has shown that children in refuge commonly have a high level of unmet health needs, particularly in relation to mental health difficulties and that frequent moves had resulted for most children in limited access to services (Webb, 2001, Mullender, 2002) and this is evidenced locally in BSWA's service description in Table 22 above. In Birmingham, Health Visiting services are routinely provided to refuges.

A refuge stay is also a key opportunity for direct interventions with children and young people, providing opportunities for structured play, therapeutic services, child advocacy and assisting with transition to new homes and schools. In Birmingham, this work has been prioritised by Children's Commissioning and children's workers are sighted in each of Birmingham's refuges. An example of the range of issues addressed with children is provided by BSWA below.

Table 23. Children's issues addressed through BSWA refuges (2012-13)

Children's Issues	Refuge (n=140)
Self esteem/confidence	59
Safe ways of getting angry/behaviour	7
Sibling rivalry/ relationships	77
Healthy relationships	78
Nursery/ School	81
Physical Health	31
Emotional	75
Sexual Abuse	1
Neglect	5
Physical Abuse	2
Relationship with Mother	80
Parenting support	81
Feelings about father	76
Difficulties at School	10

Young Women's Project (BSWA)

In response to the increasing recognition of the needs of young women experiencing domestic violence, BSWA has recently launched (summer 2013) a young women's project providing engagement, awareness raising and support to young women, including those experiencing gang-related violence. This project follows on from the young women and gangs school's programme and drama productions in 2012-13.

Children's Services

Knowledge Gaps: no narrative or data made available on impact of domestic violence upon universal services (Children's Centres); children's social care; CAMHS, schools

Serious Case Reviews

Since April 2009 the Birmingham Safeguarding Children Board has commissioned nine Serious Case Reviews. In six of these child abuse investigations, domestic violence was a significant factor which resulted in death or serious injury to a child. The proportion of domestic violence featuring in child deaths locally is consistent with deaths in England and Wales where domestic violence was the most frequently mentioned parental characteristic in all 189 serious case reviews included in the national overview (Brandon et al, 2009)

The information below provides the case identifier and the gender, ethnicity and age of the child, together with the area of the city where the child resided at the time of their death/serious injury. A summary of each case can be found on the BSCB website www.lscbbirmingham.org.uk There are currently two cases which have not yet been finalised and therefore details are not yet available.

Table 24. Serious Case Reviews in Birmingham

Period	Gender	Ethnicity	Age	Area
2009-10/1	Male	White British	3 months	Harborne
2009-10/3	Female	NK	17 months	Harborne
2010-11/3	Female	Mixed	4 years	Erdington
2010-11/4	Male	White British	2 years	ordesley Green
2011-12/1	Male	White British	2 years	Kings Heath
2011-12/2	Male	White British	3 years	Sheldon

5. Primary Prevention Activities

Primary prevention involves education to change attitudes and perceptions to reduce the incidence of a problem among a population before it occurs and can be targeted universally, at broad population groups, such as school-age children or members of a particular community.

In Birmingham, these have taken the shape of educational programmes and awareness campaigns aimed variously at victims, perpetrators, parents and young people.

Educational programmes

School based programmes aimed at raising awareness of domestic violence and engaging young people in considering healthy relationships have been a feature of the Birmingham landscape for many years, but have lacked universal or even wide coverage. They have included:

- Healthy relationships programme running over 6 weeks with secondary school children (Women's Aid)

- Drama productions by theatre companies such as Loudmouth, Geese and Women In Theatre

- Young People's programme funded through the Ending Gang and Youth Violence Programme working with young people to develop performances; co-working between youth groups and Women's Aid; piloting work with young men; working through the Pupil Referral Units (Women's Aid and Birmingham City Council Youth Participation)

- A programme to address issues of young women in gangs (Women's Aid and Birmingham City University)

- Whole School Approach– preparing teachers and non-teaching staff, engaging with local services and parents, developing teaching materials right across the curriculum (NSPCC, Women's Aid and Education Action Zone)

- Training for teachers (Birmingham City Council Health Education Service)

- Educational materials for key stage 3 and 4 providing a step by step approach to teach about healthy relationships have been developed and distributed by Women's Aid across Birmingham schools

Following the recommendations of Birmingham's Victim's Champion (2013), renewed investment is being made by Birmingham Community Safety Partnership in commissioning a healthy relationships school based programme although wider investment will be needed to meet reasonable coverage across Birmingham's schools.

Community Education

Birmingham has been running annual domestic violence awareness campaigns for the last decade through Birmingham Community Safety Partnership, the Violence Against Women Board, local quadrant based domestic violence fora and individual organisations. Awareness campaigns in Birmingham been targeted at

- Victims: providing positive messages about the help that is available and zero tolerance; seasonal campaigns

- Parents: highlighting the impact on children

- Perpetrators: deterrence based messages often aligned to sporting fixtures; targeting pubs and alcohol sales or the threat of criminal justice

- Family and Friends: In 2010/11 Crime Survey, domestic violence victims were asked what types of support they had received to deal with the abuse that they had experienced. The vast majority (82 per cent) told someone about the abuse, with 77 per cent of female victims telling someone that they knew, 56% telling a relative and 41 per cent telling a neighbour. This campaign therefore targeted family and friends providing guidance on what to do and how to seek help.

- LGBT community through Pink Shield aimed at encouraging reporting to the police (2010)

- Workers: raising awareness of the challenges that victims and children face through charity events and collections for refuge; exhibitions showcasing women and children's voices through artwork

- Young people: Ashram's work with young people in refuges to create a fund-raising single.

Whilst broadly targeted campaigns that harness media attention have the capacity to increase public awareness and knowledge of domestic violence, evidence of the link between such attitudinal change and behavioural change is not well established. (Harvey et al, 2007) Indeed, local campaigns have proven difficult to effectively evaluate. Reporting levels are often used as an indicator of impact but have provided a range of inconsistent results. Anecdotally, however, victims frequently tell services that they have noticed the campaigns, often storing the help numbers contained and using at times in the future when they are ready to seek help. Moreover, Birmingham's campaigns are often organised at the local level and in so doing, serve the dual purpose of harnessing multi-agency action and commitment as well as the intended ambition of raising awareness. This is particularly true of the annual 'First Night Campaign' which raises resources from workplaces and religious communities.

6. Evidence Base at the System Level

Given the complexity of the problem of domestic violence, 'joining up' services provided by various agencies and sectors has to be a core part of the response. 'Joining up' in this case might be at the level of the institution / system (through multi-agency planning / provision) or the individual victim (most typically through advocacy). This section considers this coordination at the level of the institution and system.

In 2005-06, a national coordinated community response model (CCRM) for addressing domestic violence was promoted by the government in the UK to inform the development of best practice in local areas (Chan, 2011). This approach outlined the inter-relationship required between agencies and introduced a tiered level of need and intervention to inform responses to domestic violence. With the acknowledgement that each agency maintains its independence, the CCRM makes it explicit that no agency can deal single-handedly, effectively, and safely with the effects of domestic violence. Health services, children's services, voluntary organisations, schools, faith groups, family, friends and work colleagues all have an important role to play in responding to DV.

The CCRM toolkit [xciv] was issued for strategic planners to provide guidance on projects and initiatives to assist in creating a more comprehensive and stronger interagency response. The collaboration between multiple agencies is monitored through policies, strategies, measures and actions taken by the community, including health and social services, and the criminal justice system (Chan 2011).

In practice, this system promoted a co-ordinated service response rather than community response, but was variously adopted and promoted by local areas. The CCRM came under greatest criticism for the centrality of the Specialist Domestic Violence Court in the arrangements. This not only placed greatest emphasis on the criminal justice response, but placed a particular responsibility on an Specialist Domestic Violence Court whose governance was ill-suited to the broader multi-agency task.

No evaluation of the CCRM model nor its adoption in local areas has been undertaken. Neither are there comparator models available.

Multi Agency Risk Assessment Conferences

Multi Agency Risk Assessment Conferences (MARACs) as an element of system-wide coordination have formed part of the bedrock of successive government's approach to domestic violence in recent times. They originated in 2003 as part of a concerted approach by the police and partner agencies to deal with victims who are considered high-risk of homicide. There are now approximately 250 MARACs across England and Wales, 200 of which provide data to the national charity, Co-ordinated Action Against Domestic Abuse, which serves as a central depository for MARAC data.

The effectiveness of MARACs is described as lying in the sharing of information between statutory and voluntary agencies which helps to establish a better picture of victims' situations. In doing so, it is possible to develop responses individually tailored to the needs of victims and their children. Production and implementation of a multi-agency risk management plan is described as reducing the risk of harm and repeat victimisation (HM Government 2009). Rather than information sharing being an end in itself, the role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In this way, the responsibility to take appropriate actions remains with individual agencies and is not transferred to the MARAC. (Farthing, 2012)

Early analysis showed that following intervention by a MARAC and an IDVA, up to 60% of domestic abuse victims report no further violence. (Robinson, 2005) Reviews of MARACs in Birmingham were undertaken in 2009 and 2012. Findings from both reviews indicated that agencies regularly participating in MARACs considered that the activity positively contributed to reducing harm and provided reassurance to high risk victims of domestic violence and their children. In both reviews, it was not possible to confirm that perception statistically as there was no central monitoring system in place to facilitate that analysis. (Hanley 2009; Farthing 2012).

Drawbacks in the MARAC model were identified in these reviews which are not peculiar to Birmingham. These included:

- Agencies responding to higher profile cases without looking systematically at how they work with all domestic violence victims, results in benefit for the 'lucky few'.
- Within domestic violence, a victim being allowed to take control and make decisions is vital – yet work is planned in the MARAC without the victim's participation.
- A potential Impact upon victim engagement where a victim may have concerns about the involvement of a particular agency this may result in the withdrawal of a victim from all participating agencies, thereby increasing risk
- Co-ordination of services is seen to be essential. As MARACs don't manage cases, the co-ordination often falls onto the IDVA or another agency, and respondents found that the benefits from initial co-ordination were short lived. Some areas have dedicated co-ordinators for this purpose.
- IDVAs reported difficulty in obtaining feedback on whether actions had been completed and the need for greater accountability through feeding back on actions to subsequent MARACs was favoured.
- The danger of 'group think' and the difficulties less confident participants may have in challenging assumptions of others.

On an individual level, the power of cases having the MARAC badge was noted for getting better or timelier responses for individuals. In addition, the review found that many agencies recognised the significance of MARACs in building professional relationships, where Birmingham's unwieldy size often makes this relationship building difficult. (Farthing 2012) In some areas, MARACs have been commended for either kick-starting reluctant partners, or embedding multi-agency work at an operational level (Robinson 2009).

Despite these benefits, some scepticism remains about the outcomes achieved from such a high investment of professional time and effort, not just in the organisation and information gathering activity of the MARAC, but in the risk assessment of all cases which underpins it. The prioritisation of MARAC cases is seen as a logical approach as high risk cases in crisis do require urgent attention. However if only a fraction of the area's high risk cases are tabled at MARAC, the system becomes problematic. (Farthing 2012) Ultimately a notion of high risk in domestic violence is based upon an inexact, if not flawed, science. Risk in domestic violence is dynamic. Therefore if the assessment is inexact and risk changeable, the process becomes one of resource allocation rather than harm reduction. This being so, it is right to question whether the resources allocated to a resource allocation tool are proportionate and whether alternative methods might serve the harm reduction function in a more effective manner.

A recent study undertaken across four London boroughs, concluded that it was the IDVA interventions, rather than MARACs themselves, that had the most impact in enhancing the safety of victims and their children (Coy and Kelly 2010). This finding was elaborated in Birmingham's own MARAC review which went on to compare outcomes from the MARAC with outcomes from a domestic violence outreach project. A review of the IDVA files of each project found little difference in the work that was done in each case, nor significant difference in outcomes. The co-ordinating

function of an independent, supportive advocate appeared to be the most significant factor in harnessing multi-agency action and safeguarding victims. (Farthing, 2012)

Evaluation of MARACs has received little attention in the research since their inception. Where evaluations have been conducted, outside of Birmingham, they have largely relied upon the data in the central depository (CAADA 2010, 2011; Steel, 2011) or in earlier times around the original model in Cardiff Women's Safety Unit (Robinson 2005). This is not problematic in itself. On the contrary, CAADA have taken the sector some way in systemising their data collection in an effort to provide robust data sources for future commissioning and planning. What evaluations to date have lacked, is an analysis of alternatives.

Few would doubt that agencies coming together to consider best collective responses to individuals or families at high risk is of value. Indeed local research has shown that the values are many. However, and unusually in public policy, a perceived wisdom has emerged, and adherence to this perceived wisdom provides little opportunity for questioning whether MARACs in their current form are the best method of protecting high risk victims, or whether alternatives or variations may be more effective. For example, is this method more effective than multi-agency case management? Do, or can, the MARACs consider all high risk cases where an IDVA is engaging with the victim or could a multi-agency meeting be called where the IDVA has been unable to solicit the required action from agencies? Are there ways of enabling greater engagement and determination of the victim? Where could the best efforts of agencies placed? How much time is taken in risk assessment in order to get the right victims to the table? Is this proportionate to particular outcomes? Further independent and comprehensive research is needed to explore outcomes and alternatives fully, as well as exploring any unintended consequences of this response for agencies and victims alike.

Notwithstanding these concerns, a great deal of effort and investment is currently put into Birmingham's MARACs, ably chaired and championed by West Midlands Police, who are currently participating in a national MARAC development programme. MARAC participating agencies are currently benefiting from support from a CAADA development officer. [xcv] Although representation at Birmingham's MARACs has been good, there has been a need to strengthen multi-agency representation, particularly from housing providers, and it is hoped that this will be facilitated by this support.

More recently, Birmingham's MARACs have differed from many of the models nationally in so far as they have stronger links with offender management teams in each of the four Local Policing Units and able to focus attention on offender diversion or management. Analysis is awaited of the impact of this more recent development, which has been particularly welcomed by local agencies.

Separate and Non-Communicating Planets

On a system level, Hester and Radford (2007) considered the worlds of criminal justice, family law and child protection as three separate and non-communicating planets, each misunderstanding the dangers of separation and child contact.

They describe one set of circumstances where

- Because of child protection cases under public law a mother may be forced to end a violent relationship in order to keep her children despite the increased risk that separation brings and most commonly without support to face these risks thereafter
- Under criminal law, the father may be charged with an offence of violence towards the mother but any history of violence is commonly not identified or shared
- Under the family court system the same person may be considered a good enough father to have ongoing child contact with his children.

Stanley (2011) extends this metaphor to primary and secondary health care services for adults and children, to services focussed on child welfare and to all agencies where the victim may disclose. In this way, **the state is seen not to protect against, but to exacerbate the threat of violence,** placing the burden of managing the abuser squarely with the mother, regardless of her ability to protect herself and her children from the harm that the abuser poses.

7. Evidence Base: Responding to Domestic Violence

Evidence of best practice has been referred to throughout the document. However, this chapter seeks to draw attention to evidence on dominant concerns for commissioners in respect of which services are known to work and how they are known to work best.

Domestic Violence Specialist and Women Only Services

Domestic violence specialist services are generally run by voluntary and community sector organisations.[xcvi] They are specialist because they have one focus and will have developed their expertise in this one area over long periods of time: in many cases over thirty years. They are also independent and able to provide impartial support and advice without being constrained by the targets or expectations of the statutory sector, which may not always be in the best interests of the particular individual.

Domestic violence victims will commonly have experienced abuse on multiple occasions, with sexualised elements from the person they most trusted. They are most likely to have been humiliated, belittled, undermined and isolated from sources of help. They most frequently are told by their abuser that no-one will believe them if they seek help: that they are 'mad' or bad mothers and that the services will judge them and take their children away. The abuse itself becomes a deterrent to telling others or seeking help, let alone making an official report. This deterrence is further enhanced for women from black and ethnic minority and refugee communities, disabled women and older women. (Coy et al 2009) Specialist services are independent and confidential, subject to the limits of adult and child protection. Good specialist services will believe victims when they talk about their experiences and provide an opportunity to overcome stigma and shame without being judged. Good specialist services will be empowering and build the strength of self-esteem of abused women. In this way, making official reports may become a possibility for a victim for the first time.

Generic and targeted statutory services provide essential services to victims of domestic violence. However they are ill-positioned to acquire the degree of expertise, knowledge and to build up the level of trust needed for victims to disclose confidently and fully and gain access to the range of choices that they might then need to keep themselves and their children safe.

However, this notion of specialist domestic violence service is intrinsically linked to the provision of women only services. Indeed the provision of women-only spaces and services has been a fundamental characteristic of domestic violence specialist services for the past thirty years. Female victims of domestic violence certainly prefer to access women-only services but their benefits extend further. Research indicates that women-only domestic violence services provide specific and necessary benefits for the safety and recovery of victims of abuse:

- Women-only services provide greater physical safety for victims and children. We have seen that the most dangerous time for domestic violence victims and their children is when they seek help and seek to end a violent relationship. Women-only services can be more discreetly accessed than generic services and the perpetrator, or those acting on his behalf, made necessarily more visible.

- Women-only services provide greater emotional safety. Experiences of domestic violence leave victims isolated, belittled, humiliated and self-blaming. A women-only environment that specialises in domestic violence enables victims to overcome stigma, feel less marginalised and isolated: be believe do and able to express themselves.

- Having the opportunity to share experiences with other women is particularly important in tackling self-blame. By being able to appreciate the wider context for the violence they have experienced, they are able to question their own culpability for the violence. Building this sense of trust and solidarity is not only important for recovery, it is also important for safety. As a victim trusts services and others more, they are less likely to minimise the violence they have experienced and more able to be supported in effective safety planning for themselves and their children as a result.

- There is evidence that many victims would not access support if it was not women only. (WRC 2013)

Beyond the inherent benefits of women-only services in protecting the safety and well-being of victims most effectively, the provision of women-only services is widely regarded as being consistent with public powers and duties in pursuing equality. The Equality and Human Rights Commission made judgement of whether local authorities were satisfying their Public Sector Equality Duty in respect of gender on the basis of the degree to which they provided women-only services to address violence against women (Map of Gaps)

In recent years, the commissioning of women-only services has been facing challenge as domestic violence responses have been brought more into the mainstream and austerity measures have driven public funding to seek, where possible, generic service provision. In domestic violence there is a compelling argument to maintain both specialist and women only provision.

Knowledge Gap: Evidence on other women only settings such as alcohol and drug treatment

Refuge

The concept of refuge from violence is an intrinsic part of domestic violence service provision, nationally and globally. Women's refuges not only provide women and children with a safe place and respite from violence, they also provide other services such as counselling, information and legal advice, self-help and support. Refuges are an essential part of service provision as for many women they have no option of remaining in their home because the threat of harm is so great. The refuge is therefore an integral component of responses to domestic violence (HM Government 2009).

Whilst concerns for victims' safety concerns and the complexity of evaluating multi-faceted individualised programmes has largely mitigated against clinical trials, practice based outcome measures have emerged over the life of the Supporting People programme, nationally and locally, alongside National Service Standards available through Women's Aid Federation England since 2006.

In respect of victim's access to refuges, there are known barriers for women with complex needs and for women with no recourse to public funds (Coy and Kelly, 2010). Likewise the need for a choice of refuge and identity specific refuge (such as for South Asian women), has been identified as a requirement to afford due consideration to the risks they face. (Humphreys and Thiara, 2003)

The Women's Aid Federation England conducts an annual survey of its national network of services to determine the use of domestic violence services within England. The latest survey estimates that around 18,170 women and 19,100 children stayed in refuge accommodation during the year 2010/2011 (Women's Aid 2011). The Home Affairs Select Committee (HASC 2008) showed that England still lacked the recommended level of bed spaces (one bed space per 10,000 population) proposed in the 1970s. Birmingham has 108 publically funded bedspaces, meeting quite precisely this recommended level.

As the decisions on such matters as the level of bed spaces has shifted from central government to local government with the lifting of the Supporting People ringfence, an opportunity is afforded to review the level of this resource. In its original conception the level set appears quite arbitrary: drawn from a time when domestic violence featured little in policy making discourse and no weighting was given to the demographics of a population which may have greater needs or face greater barriers. Much has changed and continues to change in domestic violence provision and need since then. The growth of broader community and outreach services and statutory responses has not lessened the need for emergency and crisis accommodation, but the diminishing capacity of the statutory sector alongside welfare reforms is likely to increase demand.

Independent Domestic Violence Advocacy

There is not a universally held definition of the advocacy role in domestic violence (NICE, 2013). The adoption of the term Independent Domestic Violence Advocate (IDVA) was promoted by the former government's violence against women strategies for which the role of advocacy, alongside MARACs and specialist domestic violence courts, was central to their response. In some areas, an IDVA will be dealing exclusively with victims considered to be at high risk. In other areas, such as Birmingham, the role is aligned to the pathway. For example, in Birmingham there are MARAC IDVAs, Court IDVAs and IDVAs working in communities. National research has largely, but not exclusively, focussed on IDVAs working with high risk victims.

A review of randomised controlled trials comparing advocacy interventions for women who experience domestic violence against standard care revealed that brief advocacy increases the use of safety behaviours by abused women. Intensive advocacy decreased physical abuse more than one to two years after the intervention for women in refuges. (Ramsay et al 2009)

The IDVA service provides advocacy and support for victims. There are currently approximately 500 IDVAs across the UK. The first large scale, multi-site evaluation of IDVA services in England and Wales found that IDVAs work with complex and high risk DV cases, they have a significant positive impact on safety, and that victims are much safer when they receive intensive support, and when multiple services are offered (Howarth et al 2009). A more recent national evaluation of IDVA services found that the independence of IDVAs was viewed as the defining characteristic related to the effectiveness of their role (Robinson 2009). The independence of IDVAs was viewed as essential to effectively provide institutional advocacy to multi-agency partners, and to their ability to engage with and provide appropriate advice to victims. Importantly, it was considered that IDVAs should be embedded within domestic violence projects, as statutory settings could potentially compromise their independence. The importance of coordinating efforts independently and therefore objectively in order to provide a seamless response to victims was cited as a key ingredient of a successful co-ordinated response.

The proportion of victims experiencing cessation of violence at the point of exit from an IDVA service increases at each stage of the criminal justice process (CAADA 2011). The most significant increase in cessation of violence is for those victims where the perpetrator had been charged with an offence following a report to the police, compared to where there is no charge. This suggests that victims of domestic violence who are in contact with IDVA services and have some engagement with the criminal justice process are more likely to experience reduction or cessation of violence than those victims who report to the police but where there is no decision to charge.

In 2011-2012, the West Midlands conducted a pilot of IDVAs assisting victims to write personal statements instead of the police, the result of which was that attrition rates fell during the pilot, with victims commenting on the specialist support strengthening their resolve to continue with the prosecution (CPS 2012).

An evaluation of four London IDVA schemes reported that locating IDVAs within a coordinated response was effective in responding to domestic violence. Developing referral pathways and protocols with statutory agencies requires energy and finely-tuned negotiation skills (Coy and Kelly 2010), and producing clearer remits for specialised support services in some areas was a positive outcome. However, this was not universal, and some schemes continued to be intimidated or marginalised by statutory agencies, leading to confusion for potential referrers and on-going 'territorial disputes'. Local wraparound specialist domestic violence provision is essential, yet the ability of IDVAs to deliver advocacy, and secure rights and entitlements for victim, will be dependent to an extent upon the responsiveness of organisations.

Findings from local research and evaluation are displayed under each section. [xcvii]

Specialist counselling

There is a tendency by some professionals to view domestic violence in relation to a hierarchy of severity, in which physical violence is perceived as the most extreme, with emotional and psychological abuse rated less severe (Herman 2001). Yet victims state it is often the emotional and psychological abuse that has the greatest and longest-lasting impact (Hester et al 2007). In addition to physical harm, domestic violence can have long and short-term emotional, cognitive, and behavioural consequences for women and children (Holt et al 2008). Conditions as diverse as depression, anxiety, anorexia, hyper-vigilance, sexual dysfunction, and suicidal ideation have all been observed (Hester et al 2007; Arthur 2008). One third of all suicide attempts in the UK can be attributed to current or past domestic violence (Women's Aid 2010). Female victims of domestic violence have feelings of helplessness and guilt, which affect their coping skills, parenting skills, and feelings of security with their children (Humphreys and Stanley 2006).

Providing personal and emotional support to individuals who are experiencing or have experienced domestic violence plays a key role in assisting recovery and moving on with their lives (Holt et al 2008; Kail 2008). Consequently, counselling can be a tool for managing and preventing domestic violence (McNamara et al 2008).

Although evidence exists to suggest that counselling enables victims of domestic violence to move on with their lives after abuse (Howard et al 2003; Abrahams 2010), there is no evidence to suggest that counselling practitioners agree on a single model or approach (Roddy 2011a). There is also a lack of consistent research data to prove the efficacy of one approach over another (Roddy 2010; 2011a; 2011b). This is an important issue, as there is a paucity of research literature evaluating the effectiveness of different modalities of specialist counselling and psychological therapies for female victims of domestic violence in the UK or elsewhere. A recent European study substantiated, from a comparative analysis of different models and approaches to counselling victims of domestic violence in six member states, that the personal qualities of counsellors who have in-depth knowledge and understanding of the many forms, dynamics, and impacts of domestic violence were key ingredients for success over and above anything else; no cultural, ethnic or socioeconomic variance was found between countries (Morgan 2012).

One randomised controlled trial compared long-term psychotherapy (18 months on average) to both short-term psychotherapy and solution-focused therapy for patients with depression and anxiety, some of whom were victims of domestic violence. Although short-term psychotherapy patients improved faster than long-term patients, at three-year follow-up it was long-term psychotherapy patients who had most benefited (Knekt 2008). This was confirmed by a meta-analysis of studies (23 studies involving 1,053 patients) of psychodynamic therapy lasting for at least one year. This meta-

analysis found psychodynamic therapy of at least one year to be overall more effective than shorter-term psychotherapy in targeting problems and personality functioning, thus proving it to be an effective treatment for complex mental disorders (Leichsenring and Rabung 2008).

Research has shown that the person-centred approach is a highly effective approach to counselling (Stiles et al 2006; 2007). A meta-analysis of the efficacy of person-centred therapy showed that individuals receiving counselling by this approach showed large gains relative to clients who received no therapy, were associated with large post-therapy change which was maintained over both early and late follow-up (Elliott and Freire 2008). This stability of post-therapy benefit is consistent with the philosophy of the approach which is to enhance client self-determination and empowerment towards ensuring they continue to develop independently following therapy (Corey 2009).

The integrative approach to counselling involves merging several distinct models and approaches for counselling and psychotherapy by bringing elements from each into a new style (Wosket 2006; Culley et al 2011). This approach supports the philosophy that each person is unique and that no single theory is comprehensive enough to account for the complexities of human behaviour (Wosket 2006; Nelson-Jones 2011). Because no single set of counselling techniques is always effective in working with diverse client populations, it is sensible to cross boundaries by developing integrative approaches as the basis for competent and effective counselling practice (Nelson-Jones 2011).

From a feminist perspective, domestic violence is seen as the result of patriarchy and the unequal distribution of power that has historically oppressed women (Sharf 2011). It is important that therapists who counsel victims of domestic violence identify and challenge gender role stereotypes into which clients may have been socialised (Jordan 2008). Feminist therapy could be specialised to assist women who have issues within relationships, career, reproduction, body image, and history of physical or sexual abuse; its goal is to empower women to a higher level of functioning in contemporary society (Sharf 2011). The counsellor must be female and her key role is to use her phenomenological experience as a woman to understand the client and to enhance her therapeutic strategies (Unger 2004). Available evidence indicates that feminist therapy is particularly useful as an approach in counselling victims of domestic violence (Wright 2009). Singh and Hays (2008) state that women who have been victims of domestic violence developed assertiveness, valued their thoughts and feelings, developed empowerment skills and showed an increase in their personal sense of power when counselled using the feminist approach.

Family therapy and family mediation are not recommended forms of therapy in domestic violence. Indeed, for women who have been victims of domestic violence, family therapy most often escalates their fear for their safety and that of their children (Pammer and Killian 2004). As domestic violence is characterised by an abuse of power in a relationship and a decidedly unequal relationship (Pammer and Killian 2004; Roberts, 2008; Thiara and Gill 2010), a major concern is that it will provide a forum in which the abuser can continue to harm the victim (Alexander 2006), whilst another concern is that victims of domestic violence may not be able to adequately express and protect their own interests (Radford and Hester 2006).

The evidence presented overall suggests that the most preferred method of counselling for female victims of domestic violence is mainly a choice made from the experience and training of individual practitioners, and based upon the severity of issues presented by clients. But this preference does not easily translate into effectiveness. The key ingredient for success in counselling victims of domestic violence is the counsellor's highly specialist and deep understanding of the shifting cultural and historical dynamics of domestic violence.[xcviii]

Despite these benefits, counselling as a response to domestic violence is resource intensive and the comparative benefits between counselling and other forms of specialist services for women with less complex needs have not been researched. There is anecdotal evidence that the need for counselling

is over-identified by referral agencies who have not had an opportunity to explore the nature of victim's needs in sufficient depth.

Assessment and screening of children

A number of studies have suggested that separate assessment of children's needs is necessary, particularly when the perpetrator is still living with the family or has contact with the children. (Radford et al, 2011)This also correlates with the findings related to the role of perpetrator programmes and fathers (see section on perpetrator programmes). However both Laming and Munro describe the overall situation whereby children's needs are being overlooked when the focus is on the parent and the abused parent being overlooked when the focus is on child protection. Unless attention is given to understanding what is effective for supporting both the child and the abused parent, neither safety is unlikely to be assured (Radford et al, 2011).

Numerous studies have demonstrated the risks to children arising from child contact and the need to identify the risk to both abused parent and child, separately and combined, is most apparent. More recent attention has been paid to this in the review of the Domestic Violence Risk Identification Matrix, more commonly known as the 'Barnardos Tool' which recommends the integration of the adult risk assessment tool (DASH or CAADA-DASH) with the children's assessment.

More broadly, the *Barnardos Tool* identifies sets of factors that increase vulnerability in children and characteristics of the child or situation which are protective factors. These factors have found to be consistent with the major recent research. (Brandon et al., 2009; Bell, 2006) Factors that have been identified to increase risk or vulnerability include the age of the child: the younger, the child, the higher risk to their safety. Any child aged under 7 or child with special needs in the family is considered to be at significantly higher risk as they most often have limited self-protection strategies available to them.

The multi-agency screening undertaken in the West Midlands has been undergoing independent evaluation through BASPCAN and the University of Birmingham, the results of which are anticipated imminently in the Autumn of 2013.

Knowledge Gap: the outcome of research has not been made available for the purposes of this needs assessment

There is considerable evidence that assessment processes tend to target mothers rather than abusive fathers (Stanley et al, 2010; Ball and Niven, 2007; Holt, 2003) and in the absence of this assessment, information about men's histories of violence against women may not be systematically collected (Baynes and Holland, 2010; Bragg, 2003). This failure to engage abusive men can be attributed to practitioners experience or anticipation of perpetrators' intimidating or abusive behaviour, limiting the scope and breadth of assessment(O'Hagan and Dillenburger, 1995)

Listening to Children

A number of studies have found little evidence of professionals listening to children when making decisions about domestic violence, yet children most commonly seek effective and positive police action for their immediate protection; fear being found if they have to flee to safe accommodation; fear unsafe contact with an abusive father and wanted help settling into school; having someone to talk to about their concerns and wanted to have fun. (Humphreys, et al 2009; Radford et al, 2012)

Recent patterns of effectiveness of domestic violence services for children in public care and other vulnerable young groups show the need for inter-agency commissioning, clear care pathways, designated provision, applied therapeutic interventions, training for carers and frontline practitioners, and multi modal programmes (Vostanis 2010).

8. Evidence Base: Prevention and Early Help

Primary Prevention

Primary prevention involves education to change attitudes and perceptions to reduce the incidence of a problem among a population before it occurs and can be targeted universally, at broad population groups, such as school-age children or members of a particular community.

School-based domestic violence prevention programmes

Much of the earlier drive for domestic violence prevention work in UK schools has come from Women's Aid groups providing programmes in schools and providing teachers and school-based staff with training resources to raise awareness of domestic violence and how to support children from homes where domestic violence is perpetrated (Radford and Harne 2008).

Barriers exist which limit the opportunities for educating children and young adults about domestic violence, including confusion about professionals' roles, lack of understanding of the dynamics that contribute to domestic violence, and the challenges of the curriculum. Nonetheless, the opportunity to explore domestic violence and what constitutes healthy relationships with children and young people has been recognised as vital, not least for enabling children's access to sources of support. (Young et al 2008). An independent evaluation of this type of healthy relationships programme across 130 London schools over five years found that it was effective in raising pupils' awareness of support services and in preventing domestic violence (Tender 2011).

Womankind and the Institute of Education's two-year research in schools in the UK concluded that to be effective in awareness and prevention work, schools should promote a 'whole school' approach to tackling gender inequality, sexual and sexist bullying, domestic violence and other forms of violence against women and girls.(Maxwell et al 2010).

A whole school approach to prevention is described as including:

(i) Schools being clear that all forms of domestic violence and all forms of violence against women and girls are a safeguarding issue and ensure that all staff know how to deal with children they identify as being affected, including when to refer to the school's designated senior person for child protection.

(ii) Key messages about domestic violence and violence against women and girls and what schools can do to prevent and tackle it should be included in a range of existing and planned guidance to help mainstream it into school policies and roles, and incorporate this into initial and ongoing teacher training.

(iii) Material is available for schools, children and young people to raise awareness of both the issue and provide information about the help available. That young people's help-seeking strategies favour peers needs to be acknowledged in school-based intervention programmes aimed at supporting children living with domestic violence, and at reducing teenage partner violence.

(iv) Peer support and counselling schemes in schools should be developed / extended to include domestic violence, sexual bullying and peer violence in teenage relationships.

(v) Better advice for parents is needed on supporting their children in their intimate relationships, including guidance on how to protect them from associated harm. Schools should also offer parents and carers information about where they can get help about domestic violence.

(vi) Direct referrals by schools (nurse, counsellor, teacher) to specialist external services.

(vii) Extended schools services should develop and maintain partnerships to: support domestic violence education in schools; ensure school interventions on domestic violence are integrated with community activities; find ways to consult with families about initiatives to reduce

domestic violence; monitor and evaluate partnership working and incorporate good practice into planning.

(viii) School inspections and monitoring should include how schools engage with students and staff on domestic violence issues and how a school undertakes its equality duties, and works to prevent violence and supports children who are experiencing violence.

(ix) Gender equality, domestic violence and violence against women and girls should be included in the school curriculum for Personal Social and Health Education (PSHE) and Sex and Relationship Education (SRE). The voluntary sector has a role to play to support schools to provide information and facilitate discussions with young people and must be supported to do this. Schools should also be supported to comply with the Forced Marriage statutory guidance and the Gender/ Single Equality Duties.

(x) Personal, social and health education classes should focus on physical, sexual and emotional forms of partner violence and should particularly address teenage partner violence and the role of coercive control in underpinning other forms of violence, as well as isolating victims from support networks.

(xi) Incorporate domestic, sexual violence and sexual consent into sex and relationships education lessons. Raising awareness of the continuum of sexual violence and its gendered dimensions as a core aspect of SRE lessons, with young people and teachers encouraged to work towards a whole school approach. Consent, coercion and pressure must be explored explicitly, including how notions of sexual reputation influence expectations and reinforce notions of masculinity that normalise sexually coercive behaviours.

(xii) Media literacy should also be introduced into SRE to enable young people to critically analyse media messages that sexualise girls and young women and present narrow and exploitative models of masculinity.

Birmingham's whole school pilot, (NSPCC, 2008) concluded that a whole school approach required in particular

- To engage with the school staff at all levels of the organisation. Whilst support and leadership from school management was critical, so too was training and awareness raising with the support staff, particularly lunchtime supervisors and teaching assistants who were more likely to have day to day conversations with children and live in the local community. This not only aided disclosure, but aided confidence in dealing with disclosures.
- To engage with local domestic violence support services, increasing their presence in the school at events where parents may attend, and arranging events to brief them before running programmes with their children.
- That it mattered who undertook the programmes with children and young people and that there were clear benefits from the specialist domestic violence sector being involved in the delivery. This finding is echoed in the wider Birmingham programmes where children have been able to safely disclose to trained staff about their own experiences or how to seek help for others (BSWA – Schools programme evaluation; BSWA young women and gangs programme 2012/ evaluation forthcoming)

Primary preventative work in schools is in its infancy. Moreover, its reach has been piecemeal and therefore does not yet lend itself to longitudinal evaluation.

Perpetrator Programmes

Programmes designed to tackle the sources of violence through working with male perpetrators began to emerge in the UK in the 1980s (Dobash and Dobash 1992). Most programmes consist of weekly group work sessions which aim to educate men about how to eliminate their use of violent, abusive and controlling behaviour and promoting the value of gender equal relationships. They most commonly combine techniques from cognitive behavioural and other therapeutic interventions with

awareness raising and educational activities, usually using an understanding of domestic violence from a gendered perspective and based on research and evidence about the nature of domestic violence (Gondolf 2008).

Such programmes are now widespread within the criminal justice field serving a small cohort of offenders mandated by the criminal courts on conviction for a domestic violence related offence (Murphy and Eckhardt 2005). However, community based programmes for perpetrators mandated by family courts, child protection or self or partner mandated, remain sparse in the UK as the predominant focus has been on rehabilitating violent offenders (Radford and Harne 2008). Less than one in ten local authorities has a community based perpetrator programme. Of those that do exist, over half are located in just three regions – in London, the North East and the North West (Coy et al., 2009; Smith 2008).

The shortage of programmes is described as being linked to a lack of evidence about whether such programmes work. (Kelly et al, 2013). In the UK, early published evaluations of community based programmes (Dobash et al.,2000; Burton et al;1998) both showed programmes to have some positive effects, but they were largely based on criminal court mandated men and had methodological limitations. In the USA, where perpetrator programmes have been running for forty years, two contradictory sets of findings are put forward. The first claims to have found a programme effect (largely through the work of Gondolf) and the second claims there is no programme effect at all (largely through the work of Dutton and colleagues). In this way, some claim that they have reduced violence and others claim that they do not and may have even made things worse (Kelly et al, 2013). However, none of these studies have been accepted universally as providing evidence of whether perpetrator programmes work or not.

Studies have compared aspects of the programmes and their impact upon success, such as comparing individual programmes with group programmes; comparing the nature of group programmes or comparing attrition levels. Each has been equally dogged by inconsistent findings. For example, attrition in community based perpetrator programmes is usually high. Between 50 per cent and 75 per cent of offenders who enrol in community based perpetrator programs fail to complete them, and in some studies, those who do complete programs do not fair substantially better, on average, than those who drop out or those who do not attend at all (Babcock et al 2004; Feder and Wilson 2005). In other studies, reliable attendance and completion of the programmes has been considered a necessary condition for successful outcomes (Gondolf, 2002; Dobash and Dobbash 1992).

Although dominating the research landscape in this area, USA studies have largely relied upon court mandated research participants and had other methodological limitations and the findings cannot be easily translated to the UK because of the different community contexts. In particular, the UK court mandated and community based programmes are required to have associated women's support projects making proactive contact with all partners and ex-partners of programme men. Their work has also expanded into undertaking risk and case management as part of multi-agency responses. Neither was generally the case in the projects taking part in the US research.

Most recently, in developing its recent guidance for Public Health, the National Institute for Health and Care Excellence reviewed the national and international evidence base for perpetrator programmes and concluded that there was no consistent evidence on the effectiveness of perpetrator programmes.(NICE, 2013). Despite this absence of evidence and where alternative preventative educative programmes for children and young people have proven a more reliable investment, the commissioning of community based perpetrator programmes continues to gather some credence. In this debate the following factors need to be taken into account further

'The system matters'

Notwithstanding the limitations and inconsistency of research and evaluations to date, there appears to have emerged a consensus in both national and international literature that, where perpetrator programmes operate, they intrinsically benefit from being part of a co-ordinated multi-agency approach to domestic violence and not operating in isolation (Hester et al 2006; Day et al 2009; National Offender Management Services 2010; Williamson and Hester 2010;). Indeed Gondolf's large-scale, longitudinal, multi-site evaluation found little difference across sites in the nature of delivery of programmes and most difference in the system that surrounded it, most especially the ability to take swift and decisive action where domestic violence continued to be inflicted by programme users (Gondolf, 2002) To coin his phrase, 'the system matters'.

Any area considering establishing community based perpetrator programmes should therefore ensure that there are regimes and pathways in place to respond to ongoing or repeated domestic violence in a swift and decisive manner. Without clear consequences to programme deviance, there is a danger that violent behaviour is colluded with and reinforced rather than its change facilitated.

There is no doubt that many victims seek an alternative to criminal justice interventions and welcome such programmes (Women's National Commission, 2009; Paymar and Barnes, 2009; Westmarland et al.,2010). There is also some evidence that victims will stay longer in a violent relationship whilst their abuser received 'treatment'. Indeed in one large-scale study, their violent partner's attendance on a perpetrator programme was the most influential factor in women's decision not to end a violent relationship (Gondolf 1998). Without an ability to take decisive, protective action in the face of ongoing violence, the provision of perpetrator programmes could endanger and prolong rather than prevent violence.

Birmingham's criminal justice response would need to be strengthened and the positive results made far more visible in this regard before perpetrator programmes can safely be commissioned without increasing risk.

Meeting Accreditation

Accreditation of programmes requires the commissioning of an allied support service for women. This is a requirement both within the nationally accredited court mandated programmes, IDAP, and for accreditation for community based programmes.

Respect, a national umbrella organisation of perpetrator programmes and allied safety services for victims, currently regulates these community based programmes through a national accreditation scheme promoted by the Home Office. Accreditation through the Safe Minimum Practice Standard (2012) requires satisfaction of 17 criteria relating to management, service structure and processes. Amongst the fundamental requirements are:

- the provision of a separate service for victims (partners and ex-partners) to run alongside the perpetrator programme. This service, whilst separate enables the exchange of information between the support service and the perpetrator programme in order to monitor ongoing violence or risks to the victim and children.
- The provision of clinical supervision and Practice (or Treatment) Management
- The exclusion of couples work requiring joint participation
- Undertaking routine screening in respect of criminal justice and dynamic risk assessment of all parties including children

As well as these necessary requirements substantially increasing the costs of the programme, there are additional costs included in the process of accreditation.

Children

Although perpetrators mandated by child protection are more likely to maintain engagement with perpetrator programmes (Stanley et al., 2012) the relationship between perpetrator programmes and positive results for children has received little attention in the research literature.

Research conducted by the NSPCC into the effect of perpetrator programmes on children whose fathers attended programmes, found that children perceived their mother to be safer, but did not always feel safer themselves (Rayns 2010). The study also found that there was little consistency amongst programmes in safety planning for children and a lack of a child perspective. These findings have been replicated in a study conducted by Mandel (2011) who concluded that violent men should be more accountable for the impact their behaviour has on their children.

Perpetrator programmes are not parenting programmes. Whilst designing in risk assessment and safety planning in respect of children is a pre-requisite of accreditation of a perpetrator programme, commissioners, programme designers and those making day to day decisions about the safety and welfare of children should consider the degree to which these differing responses need to interrelate, so that the needs of children are not lost and accountability of violent fathers not hidden. In particular, some commentators have argued that dedicated work with children needs to run alongside the perpetrator programme, in the same way, but not necessarily the same methodology, of the victim support service for their mothers.

Cultural sensitivity or specificity

There is a marked absence in the literature in the UK of analysis of programmes according to cultural specificity, and it is questionable whether analysis from the US can usefully transfer across jurisdictions. In both jurisdictions, this absence is most notable in respect of the specific needs of gay and bisexual men undertaking such programmes.

Secondary Prevention – Early Help

Secondary prevention refers to the early identification of and support to those who are particularly likely to experience domestic violence, such as pregnant women and provide resources and support with the aim of decreasing the incidence and longevity of domestic violence and the harm it causes in each case.

Early Help for Children and Families

There is now a substantial body of evidence for the harm that experiencing domestic violence can have on children's health and development. (Cleaver et al, 2011) Children who witness domestic violence suffer emotionally and psychologically and this impact can endure even after measures have been taken to secure their safety (Department of Health 2010a). The emotional and psychological impact of domestic violence includes, but is not limited to, sleeping and eating problems, mood swings, conduct disorders, nightmares, enuresis, depression, aggressiveness, anxiety, concentration difficulties, and poor educational performance and symptoms of post-traumatic stress disorder (PTSD), including a combination of flashbacks and fears (Mullender 2004; Hester et al 2007; Wurdak 2007).

However, **not all children and young people exposed to domestic violence will experience harm** as a consequence. Meta-analysis has shown that one third of children exposed to domestic violence

did not appear to do any worse than other children in the community. (Kitzman et al., 2009) Risks of harm appear to increase with the length of exposure to domestic violence (Grham-Bermannet al, 2009) and where domestic violence occurs in the context of other problems such as poverty, homelessness and other forms of child abuse. (Finkelhor et al, 2009; Cleaver et al, 2011; Stanley 2011). Several studies have shown the fact that children have the ability to recover from the effects of violence once they are in a safe and stable environment

Recent major research into meeting the needs of children living with domestic violence in London highlighted three key findings:

- there are significant gaps in services addressing children's needs;
- some of the most vulnerable children and young people are the least likely to access help when they need it, which indicates that there should be more emphasis on equality of access to help; and,
- children are rarely given opportunities to express their own views and some professionals are reluctant to talk directly with children and young people and involve them in decisions that impact their lives (Radford et al 2011).

Whilst research of this nature has not been conducted in Birmingham, these challenges have wider applicability. Indeed Lord Laming's report and Elileen Munro's review of the child protection system both found that despite the significant changes in the landscape of services for children, children living with domestic violence have not been given sufficient priority.

This section seeks to review the evidence base for the effectiveness of different types of service responses to protect and support children and young people exposed to domestic violence

Re-building bonds between non-abusing parent and child: developing resilience

A significant of research has focussed on the impact of domestic violence on parenting and the damage to the bonds between mother and child. Research highlights that a supportive relationship with a caring adult, usually the mother, is most often the key protective factor for children experiencing domestic violence and argues that interventions aimed at protecting children from domestic violence should focus on promoting mother/carer-child attachments. ((Mullender et al, 2002; Osofsky, 2003; Holt et al, 2008; Gerwtiz and Edelson, 2007)

It makes sense that while a supportive relationship with their mother can protect children, the lack of a supportive relationship will increase the likelihood of adverse effects. Mothers who, as a result of domestic violence, have severe mental health needs of their own, may struggle to provide children with consistent care However, recent analysis has not discovered any large-scale UK empirical studies that have systematically explored the relationship between domestic violence, mother's mental health and children's behaviour or mental health. (Stanley, 2011)

There is evidence from the US and the UK studies for the effectiveness of programmes that are delivered in parallel to children and their mothers in the aftermath of domestic violence. A key feature of all such interventions is the parent's engagement with the child's experience of domestic violence. (Debonnaire, 2007; Bunston, 2008; Humphreys et al, 2006).

Well evaluated programmes have as their aims:

- helping children to understand what domestic violence is and that its not their fault

- helping children know who to talk to when their safety is at risk
- helping children deal with loss and change in a safe environment
- helping children address the emotional impact of domestic violence and abuse.
- helping mothers understand the experience of their children
- helping mothers and children communicate and break the 'conspiracy of silence' that surrounds domestic violence
- helping mothers develop strategies for helping their children to be safe from and recover from domestic abuse
- empowering mothers in their recovery from abuse. (Debonnaire, 2007; Humphreys et al 2006)

Evaluation of the 'Talking to Mum' intervention developed by Warwick University demonstrated that the programme evoked positive responses from families but that some mothers needed support to acknowledge the extent to which their children had been exposed to and affected by violence and to manage children's responses when open communication was established. (Humphreys et al, 2006) This finding has particular resonance for therapeutic work with children, discussed later.

Parenting Programmes

Whilst there is an increasing body of evidence on the effectiveness of interventions to improve parenting, there is no evidence for the capacity of programmes such as Triple P, The Incredible Years or the Family Nurse Partnerships impacting upon families' experience of domestic violence (Stanley, 2011). The evaluation of the second year of the Family Nurse Partnerships programme in England found no evidence that the families were experiencing less domestic abuse, despite this being one of the major reasons for referral into the programme. (Barnes et al 2009)

Therapeutic approaches for children

Internationally, much therapeutic work aimed at helping children recover from their experiences of living with domestic violence has been in the form of groupwork with positive evaluations in the United States and Canada which have spearheaded this type of approach.(Stanley, 2011)

One to one work with children has the advantage of being able to work with a child or young person who is too distressed to settle into a group and research has shown that specialist counselling can improve a child's emotional and mental wellbeing (Palmer and Raby 2010). Government reports have reiterated the need for specialist counselling which involves a range of fun, play and engaging techniques to enable children to cope with and move on from abuse (Mullender 2004; Department of Health 2010b).

Various forms of psychodynamic therapies have been used to counsel child victims of domestic violence including art and play therapy (Foa 2009). Play Therapy UK (PTUK - the UK's regulatory body for play and creative arts) conducted a 10-year research programme to quantify the effectiveness of play and creative arts therapies. The study indicated that the short-term benefits of creative therapies for children who have suffered domestic violence include better academic results, less stress for teachers, more successful fostering placements, faster response to medical treatment, and in general a positive outlook on life (PTUK 2011).

Gillies et al (2012) conducted a systematic review to examine the effectiveness of psychological therapies in treating children and adolescents diagnosed with Post Traumatic Stress Disorder (PTSD) as a result of sexual abuse, civil violence, natural disaster, motor vehicle accidents, and domestic violence. There was evidence for the effectiveness of psychological therapies, particularly cognitive behavioural therapy, for treating PTSD in children and adolescents for up to one month following

treatment. However, the review also found no clear evidence for the effectiveness of one psychological therapy compared to others.

Research undertaken into therapeutic work with mothers and children revealed the need for some mothers to be supported in understanding their children's experiences. Domestic violence is characterised by a 'conspiracy of silence', not least between parents and children, and mothers may wrongly assume that children have been less aware of the violence than they are. The research also demonstrated the support needed for mothers in managing children's responses once communication on domestic violence had opened up.(Humphreys et al, 2006). Therapeutic work with children and young people needs therefore to be accompanied by support to their non-abusing parent for its benefits to be sustained.

Primary Care

Birmingham's domestic homicide reviews have revealed that the GP is the only professional involved in each case. This places primary care at an advantageous position for improving early identification of domestic violence and early access to services if the conditions and pathways are made available.

Identification and Referral to Improve Safety (IRIS) project in London and Bristol is trialling a new approach aimed at increasing GPs' identification and management of women experiencing domestic violence. The intervention consists of two-hour training sessions delivered jointly by clinicians and domestic violence advocates as well as training for administrative staff. It also includes a pop-up reminder in automated patient records which appears when particular symptoms associated with domestic violence are entered; an explicit referral pathway referral pathway to a named advocate in the domestic violence service; publicity materials and 'champions' in GP practices.

Early findings from the randomised controlled trials suggest positive outcomes including evidence that the interventions are cost effective with a cost-effectiveness ratio of £2450. (NICE 2013). The benefits to patients, practices and practice teams are described in the IRIS programme. It:

- 'improves the safety, quality of life and wellbeing for patients and their children
- Reduces the recurrence of domestic violence and abuse…
- Provides a preventative solution to that patients do not need to reach critical risk levels in order to get help
- Provides access to advocacy… with survivors showing improvement in abuse, mental health and quality of life
- Works flexibly and responsively to patient need…
- Offers patients access to specialist services that they identify as safe.'[xcix]

Routine and Selective Enquiry and Improved Initial Response

There are many areas beyond primary care that would benefit from routine selective enquiry. However, to be able to identify those at risk of or experiencing domestic violence, and to provide an environment that enables disclose, front-line staff in all organisations need to be more aware of domestic violence.

Following a systematic evidence review, the National Institute for Clinical Excellence has provided (draft) guidance on domestic violence for social care and health services which recommends the delivery of training to all services, providing staff with a basic understanding of domestic violence and

honour based violence and its links to mental health and substance misuse, along with their legal duties and duty of care. The guidance identifies the levels of training required thereafter:

"Level 1: Staff should be trained to respond to a disclosure of domestic violence and abuse sensitively in a way that ensures people's safety. They should also be able to direct people to specialist services.

Level 2: Staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. They should be able to offer a referral to specialist services, where necessary. This involves an understanding of the epidemiology of domestic violence and abuse, how it impacts on people's lives and the role of the professionals in intervening early. Typically this is for: Accident and Emergency doctors, adult social care staff, GPs, midwives, health visitors, health and social care professionals in education, prison and substance use workers.

Level 3: Specialist responses such as child protection

Level 4: Expert domestic violence specialists, counsellors and therapists (NICE, 2013)

NICE makes further recommendations for the integration of training into the commissioning of referral pathways. Although applicable only to the health and social care settings, these recommendations mirror more general calls from successive government guidance and strategies, and therefore have a broader applicability to public services.

Targeted early help: Troubled families

Much of the evaluation of the former Family Intervention Projects (FIPs) the forerunner to the troubled family agenda, focussed on process rather than outcome but provided an outline of a strategy for addressing behaviour and attitudes that are deeply embedded in families and communities FIPs were characterised nationally by high quality staff carrying small caseloads; providing sanctions with support; staying involved with the family for the 'long haul'; avoiding the 'stop-start' pattern of children's safeguarding and having a key worker model capable of securing family engagement as well as harnessing multi-agency activity (White et al, 2008).

Where domestic violence is a feature of the family, however, the concept of the whole family approach embedded in the FIP becomes problematic. Whole family interventions which involve the perpetrator of abuse, such as Family Group Conferences, couple counselling and family mediation, are considered unsafe practices in the context of domestic violence. Critics argue that an abuser's power and control does not get addressed in these contexts; that victims are silenced by the abuse for fear of the consequences outside of the gaze of the worker; that such interventions have the effect of revealing the impotency of external help, reinforcing the dominant power relations and colluding with the abuse. (see previous)

As domestic violence has been revealed as a significant feature in the troubled families cohort, services and commissioners locally have needed to modify the intervention to ensure the safety of victims and children whilst embracing the strength of the key worker approach.

9. Gaps in Information and analysis

The report has highlighted gaps in information regarding current demand for services where responses to domestic violence are known to take place, such as children's and maternity services.

The report has also highlighted areas where information has been less reliable including Accident and Emergency departments where the confidence of respondees to report domestic violence is in doubt. The changing nature of police reporting of domestic violence crimes and 'non-crimes' has made any comparison of demand and response over time difficult, although there are strong indications that the reliability of recording practices has been addressed more recently.

The absence of data in respect of children's passage through safeguarding, family support and child protection provides a particular gap for analysis and the report therefore lacks consideration of the impact of assessment and interventions designed to keep children safe. The evaluation of the joint screening process is also awaited.

A comparison of demand for services from the Police and Women's Aid has had limited use without comparable data from the rest of the domestic violence services.

The absence of up to date information on the ethnicity profile of the city, of the numbers of women with disabilities and the number of women and children with no recourse to public funds provides considerable gaps in the analysis.

Appendix 1: Responses to domestic violence in neighbouring authorities

The following table provides a high level summary of DV services available in six of Birmingham's neighbouring local authorities. The summary was provided by ICF GHK, in partnership with Dr Angela Morgan and Chris Lyle and reviewed the following local authorities:

- Coventry;
- Dudley;
- Sandwell;
- Solihull;
- Walsall; and,
- Wolverhampton.

A call for information was put out to Community Safety Partnership leads and DV co-ordinators in each local authority. This was in the form of a standard template and covering email. The template was designed to elicit information on the following:

- A summary of the nature and scale of the problem of DV in each LA, including evidence on prevalence, main groups affected and any trends / recent changes in the problem;
- A description of the service response in each LA detailed under a number of identified service areas; and
- Commentary on how well different service user needs are being met in each LA, including an appraisal of any major gaps in provision.

The table below presents the review of the LA responses, based on the completed templates and information supplied.

Table 25: Responses to domestic violence in neighbouring authorities

Coventry				
Summary of context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
UK's eleventh largest vith a population of oximately 313,000. urally diverse with of the population minority ethnic ps. There is a wide sity of income een different areas e city with high levels eprivation contrasted areas of affluence. entry ranks fifth out of even LAs included in eview in terms of age super output (SOA) score (i.e. it e fifth most deprived Established hotspot areas for DV are Willenhall, Canley, Hillfields into Lower Stoke, Stoke Heath, Canal Basin area, Tile Hill – however DV calls are received from across the city; the	Has a higher DV rate than the West Midlands average. In 2011 the police recorded 1,666 domestic related crimes; offences were recorded against 1,287 individual victims, overall 29.3% of recorded violence was domestic related. Across agencies around 4,000 individuals are in contact with the Police and/or DV service over a year; around a quarter of these are repeat victims. 87.8% of victims were female. Estimates identify between 3,000 and 4,100 children as directly affected by DV; between 4.6% and 6.3% of the city's child population.Child protection cases have risen dramatically over the past year; with DV representing the biggest increase in numbers (+90). Across all issues offenders are broadly aged between 17 – 49 years; this age group accounts for 45.3% of the	CSPhas recently undertaken a egic needs assessment of domestic nce for the period 2012/2013. This is ming the development of a new DVA -agency service model. The new ce sets out pathways for prevention early intervention, active case agement and 'safe and well journey'. intervention and prevention includes eness raising for the public and g people, and training for essionals. A single point of access will stablished and a new helpline will be missioned. A co-located team of statutory services will be established as part of the active case management pathway. This team will be made up of frontline professionals seconded from CSP member organisations to support service users. These professionals could include substance misuse workers, housing officers, benefits officers, the police and social workers. This team will provide services to users that are identified through the appropriate support plan agreed with an individual. Agencies are signed up in principle to this approach.	There are six specialist DVA agencies providing support. **Outreach:** Floating support services for BME communities and victims accessing the Sanctuary Scheme. Befriending and outreach project for low and medium risk victims run mainly by volunteers and funded by PCT. **Refuge:** 3 refuges. **Support and advocacy service** for children who have lived in families where there has been DV – provided by Barnardos. **IDVA** service commissioned by LA – there are currently three part time IDVAs. **ISVA** service is provided via SARC funding. **Legal/Court:** IDVA service. Also general support via Witness Service for any witnesses. **Counselling support:** Counselling service run mainly by volunteers funded by PCT. **Sexual violence support:** This is funded separately from DV via children's services and PCT. **School prevention**	Overall the level of provision for DV in Coventry in terms of the range of services offered is very good and the key elements of good practice provision are in place in the services currently available for victims, children and perpetrators. There is currently no helpline or drop-in support delivered locally. However Coventry is planning to commission a helpline as part of their new DV multiagency model. They are also planning to create a SPoA as this currently does not exist. Current number of refuges does not meet level of

Coventry				
nature of DV means all areas are affected to some extent.	city's population; but represents 95% of DV Crime and 91% of DV Non-crime offenders.	Options are being explored for commissioning a new perpetrator programme. The current programme has been decommissioned due to concerns over effectiveness and completion rates. Continuing to support users once they move on, services will increasingly be provided using a social capital based solution involving peer support groups and volunteers to undertaken mentoring and befriending.	**programmes:** Programme run in schools by Relate as part of children's counselling service which individual schools purchase direct from the provider. **Training/ consultancy:** Multi agency training programme run organised by DV coordinator and facilitated by a group of trained volunteer facilitators from various agencies. **Perpetrators:** Volunteer perpetrator programme has just been de-commissioned. Exploring commissioning alternative work with perpetrators as part of new service model.	demand. There is the risk that levels of caseworker support will not be able to meet demands placed on the services: Based on Reported incidents and Home Office calculations there is a shortfall of an estimated 2,500 individual victims who are not in contact with services. On average a victim has been assaulted 35 times before making contact with the police.

Dudley				
Summary of context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
There are approximately 305,000 people living in Dudley. Within the West Midlands it has the highest number of UK-born people, with white groups making up 95% of its population. Dudley ranks sixth out of the seven LAs included in this review in terms of average super output area (SOA) score. There are 19 SOAs in Dudley falling into the category of 10% most deprived in England, and 47 in the 20% most deprived category. There are more owner occupied households than average for the West Midlands.	On average, around 400 DV incidents occur every month, of which around 80% (320) involve children or young people. The number of DV incidents recorded by the police for the Dudley borough was 3,665 during 2010/11 revealing a decrease of 699 or 16% compared to the previous year. The number of DV crimes recorded for the same period was 1,016 demonstrating a decrease of 17 or 1.6 % compared to the previous year. In 2009/10 86% of victims were female. Figures for 2010/11 reflect a similar picture. Data from children's social care in Dudley for 2010/11 reveal notifications from the police in respect of 2,887 children living in a household where a domestic incident had	In 2011/12 a comprehensive service improvement review was conducted to identify gaps in provision and inform the new 'Safe and Sound' Domestic Abuse Strategy for 2012-2015. DV is a high priority for both the CSP and Dudley Domestic Abuse Forum, which has representatives from statutory, voluntary, and private sectors.There are three high level strategic aims that echo the three standards identified in the Government's violence against women and girls strategy: 1) *Prevention and early intervention*: developing preventive educational work; developing links with the health service; raising public awareness. 2) *Protection and justice*:ensuring an	A **drop-in centre** was set up for women 6 months ago, operating 2 mornings per week. The refuge provides an **outreach service** for women who have left the refuge. The domestic abuse outreach service is part of the newly formed Dudley Domestic Abuse Response Team (DART).There is a Domestic Abuse Mental Health Nurse funded byDudley and Walsall Mental Health Partnership Trust. Sanctuary scheme in place with dedicated support worker. New **refuge** facilities housing women victims with outreach facilities utilising the old refuges for men and families with older boys/ larger families. Help and support to	Demand is growing for the new drop in and victim support services and now exceeding supply. Demand for the service provided by the Domestic Abuse Mental Health Nurse has grown in recent years demonstrating a need for this type of service. Not enough demand for support service for male survivors. IDVAs and other support workers will support males. IDAP and SAIDA programmes are delivered through Probation Service. No Voluntary perpetrators programme in place;options are being explored for this. Walsall takessome referrals from Dudley for perpetrator programmes. No dedicated service for same sex couples but

	Dudley			
	occurred. This showed an increase from the previous year when 2,793 notifications were made.	appropriate civil and criminal justice response; developing appropriate responses to DV perpetrators. 3) *Support for victims*: developing agency responses and services for victims. Domestic Abuse Response Team (DART): from 2009 West Midlands Police, children's social care, health and education implemented the Barnardo's, multi-agency domestic abuse risk identification threshold scales.In 2006 MARAC was introduced.Steering group to be implemented shortly. Funding agreed for a MARAC co-ordinator.	**children/young people** aged 5- 14 provided by Barnardo's.Support for over 16s available through rape and sexual assault service 2.5 days per week (PCT funded). Two **IDVAs** funded by Dudley CSP& managed by Victim Support. One **ISVA** and a Children's ISVA funded through Sandwell Women's Aid. Victim Support provided through the Witness Service. Preventive work in schools. DV training for professionals provided by Children's Safeguarding Board/ DA Forum	advice given through local LGBT service. Lye Project and Asian Women's Centre provide help and support for BME victims. Safeguarding Vulnerable Adults provide some support to older adults.

Sandwell				
Summary of context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
Sandwell has an estimated population of 309,000. Itis an ethnically diverse borough: between 2001 and 2011 the 'White British' population decreased from 78% to 65.8%. The White 'Other' category, (excluding Irish) has increased by 78% to 10,463. The Asian groups, including Indian, Pakistani, Bangladeshi, Chinese and Other Asian, account for 19.2% of the population. The Indices of Multiple Deprivation (IMD) 2010 shows Sandwell's average deprivation score as ranked 12th most deprivedLA in England, out of a total of 326. Previous IMD results for this measure show that Sandwell's position has deteriorated relative to other districts inEngland. Sandwell was 16th most deprived LA in 2004 and 14th in 2007.	Sandwell has consistently high levels of DV and has been ranked number 1 across the West Midlands in 2010 and 2011 for the highest level of DV related crimes reported to police. Sandwell have also had 4 domestic homicides and a near miss serious case within the past 18 months. Regionally, only Birmingham has experienced a higher number of domestic homicides. Increase in gang affiliated victims and eastern European clients. Between April 2009 and March 2010, Sandwell Organisations Against Domestic Abuse SOADA had 1628 referrals. SOADA recorded that 2953 children had	Sandwell Organisations Against Domestic Abuse SOADA – established in 2009. Stated priority in the CSP Strategic Plan although there is no specific high level objective related to DV in this plan. There is a Sandwell Domestic Violence Strategy that sits under the CSP strategic plan (we were unable to obtain a copy of this and it was not publically available).	Victims needing **support, advice and advocacy,** including through the criminal justice system, are referred to Sandwell Women's Aid's (SWA) Independent Advocacy Service. This has advocates supporting referrals from police, health professionals, housing and children's social care. Female and male victims are supported by a 24 hour **helpline and drop-in** support service. 2 x **family support workers** based within the integrated domestic abuse support service. There is a specialist **Young People's** Domestic and Sexual Violence Worker. There is an IDVA service based at SWA and a Court	Coordinator considers that the service for female victims is very good. Sandwell's services are available to male victims as well as women. There are specialist outreach services for Asian women. However there is no service specifically for eastern European victims and this is a gap. There is also a generic counselling service for children and young people in the borough and DV has been identified as a priority. There is currently no perpetrator programme.

Sandwell		
	witnessed DV during the same period.Since their establishment in 2008 MARACs have supported 750 victims of DV.	IDVA also based here. SWA also provide counselling support and a sexual violence service. Education programmes for schools are also run by outreach team at SWA.

Solihull				
Context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
Population of 206,100 with a relatively higher proportion of older people. There are approximately 21,800 BME residents -10.6% of Solihull's population.It is the least deprived of the LAs represented in the review. Solihull's IMD rank for 2010 is 212th out of 326 LAs. However there are pockets of relatively high deprivation in the North of the borough.	The 'ready reckoner' toolkit used in the VAWG report predicts that Solihull can expect 4846 incidents per year. Data is not robust enough at the moment to accurately say how many victims are disclosing across the entire borough. A snapshot of a week of collective reporting demonstrated that over a quarter of victims were aged 18-23, and perpetrators were more likely to be white, male and aged 19 to 27. There is increased reporting from the north of the borough which correlates to areas of increased deprivation. The specialist voluntary sector providers appear to be successfully engaging	The Domestic Abuse Strategic Group, a sub-group of the Safer Solihull Partnership has a refreshed Domestic Abuse Strategy 2011-2014.The Domestic Abuse Strategic Groupdrivesmulti-agency work within Solihull and liaises closely with the DomesticAbuse Practice and Information Group, and feeds into the Safer Solihull Group. The strategy aims to ensure that work is developed and sustained across the three priorities identified in the Government's violence against women and girls strategy: 1) Prevention and early	**Helpline:**Birmingham Solihull Women's Aid (BSWA) has a local number linked into the national Women's Aid helpline. A local provider offers limited access to a helpline. This service ceased for a short time and has recently been re-launched but understood to not be working to full capacity - this may be due to people not being aware of it. Currently have no **drop-in support** but are considering as a matter of priority. Floating support is working well but is not able to meet the presenting demand. Local **refuge** offers self-contained accommodation and has disabled access. This is generally at full capacity and therefore unable to offer accommodation to local people who want to stay in the area. **Troubled Families** project is being linked in strongly with DV. 1 **IDVA** to provide 12 weeks' support to high risk female and male victims.	High risk victims and their children's needs seem to be well met, but new co-ordinator will undertake service user consultation to verify this. Recent mapping has identified that they are not currently meeting the needs of medium/standard risk victims and particularly for children. The services are available for children but the pathways need to be reinforced. Early intervention and prevention is not consistent and work to drive this is held back by the lack of services to respond. Health visitors and maternity are undertaking screening but this is not widespread in health and unlikely to be happening with GPs. High risk male victims receive support from an IDVA and one helpline will work with males but can only offer telephone advocacy. They do not

Solihull				
	with BME communities as their ethnicity figures are above the borough population ratios. They have not yet had a domestic homicide but MARAC figures are increasing. This may be because they do not have enough capacity for supporting medium/standard risk cases and have a MARAC co-ordinator who has identified past offenders/incidents that although lower risk were subject to a previous MARAC.	intervention; 2) Protection and justice; 3) Support to victims. Practice guidance for professionalsaround working with DV and alcohol/substance misuse has been developed. The first safeguarding adults multi agency procedures have recently been produced. A scheme has just been launched to provide additional security measures to increase safety for victims who wish to remain in their own home.	Solihull no longer has a **specialist domestic abuse court** and a significant number of family issues are being managed via Birmingham Court. There is local support through the witness service scheme. MIND and BSWA offer **specialised counselling** but both have extensive waiting lists and not sustainably funded. Healthy Minds offers generic counselling and requires a GP referral - not always provided to DV victims.A healthy relationships programme has just been issued to **schools** aimed at 11-16 year olds. The Safeguarding adults and children's boards have committed to provide **multi-agency training.**	currently undertake any work with perpetrators but would like to develop work around holding them accountable / possible support. The police are helping to service civil warrants for non-molestation orders and the anti-social team are committed to using civil orders to deter abusive behaviour.Children/young people - working well and a voluntary provider has received big lottery funding to support more development work in the community.Confident they are reaching BME communities but no specific targeting. It is thought that financial abuse is a predominant risk for vulnerable adults. Data collection is an issue.

Walsall				
Context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
Deprivation is higher than average in Walsall with some wards falling into the most deprived 25% nationally. The IMD 2007 ranked Walsall in the top 50 (45th) of the most deprived LA areas.20.7% of children in the borough are eligible for free school meals compared with 14.3% nationally. Nearly a third of children in Walsall live in poverty. BME groups in Walsall grew from 9.6% of the population in 1991 to 13.6% of the all ages population in 2001.	DV was described as a huge problem in Walsall.There is currently a particular concern with young victims and perpetrators. Figures from quarter 3 2012 (October-December 2012) show that 30% of those reporting DV were aged 24 and under; 18.6% were 25-29; 26.6% 30-39; and 16% were 40-49. For the same quarter there were 496 reports from women and 81 from men. There is a trend towards younger victims and to meet this need a worker specifically	The Domestic Abuse Strategy 2011 – 14 'A time for change' was produced by the WalsallSafer Partnership and key stakeholders from the Walsall Domestic Abuse Steering Group. It tasks the Joint Commissioning Unit with developing an integrated pathway for DV prevention, intervention, support and offender management in conjunction with the statutory services, agencies and other stakeholders currently involved in this work.	There are two 24 hour **helplines,** one of which is dedicated to BME groups with people able to take calls in different Asian languages. A gap was identified in provision for deaf people and now there is a text service in operation. There is one **refuge** in Walsall. Five **drop-in groups** per week in different areas of the borough to ensure good geographical coverage and hence accessibility. Group work as well as 1-1 support. A 10-week rolling programme 'Stepping Stones' at each of the 5 venues is available. There are 3 outreach **IDVAs** including one who specialises in working with victims who have complex needs including mental health and substance abuse. Support is bespoke but includes a risk assessment and need assessment. They organise refuge accommodation and transport and may attend family group/ social work conferencing where safeguarding is an issue. They may arrange referrals to other services and sometimes accompany the person to the first appointment. They also provide a Visual Evidence for Victims service.I DVAssupport victims in the Criminal Justice process – this includes accompanying victims to magistrate, Crown and sometimes family courts. There is a specialist social worker on the **family**	Helplines get well used including facilities for Asian callers and deaf callers. Each drop-in session gets an average 8-10 people signed up to the 10 week programme. The workload can vary hugely with regard to Court work – sometimes it is intense but sometimes there is little demand. In the past there has been schools work – awareness raising and additional thoughts and feelings work. However the funding for this has been cut; this is a current gap. In general the respondent considered that there are not enough IDVAs – and not enough support services given the high level of demand. In particular there is not

Walsall			
	for young people has been employed. Alcohol and mental health issues are also significant. In Quarter 3, 2012 of 17 out of 56 referrals were mental health related, and 18 were alcohol related. In Q1, 46 of 136 referrals were mental health related.In Q2, 24of 73 referrals were alcohol related and 29 mental health related.	**support** team who does initial risk assessments where there is concern for child safety. There is also direct work with children family support assistants on thoughts and feelings work/ assessment. They attend child protection conferences and have a role in core group and other meetings to support child protection. Crisis Point provides **sexual abuse counselling** and a lot of joint work is done with them. **Training:** There are eight CDP certified modules covering: DV awareness, safeguarding, child and adult risk assessment, work with men, direct work with children, supporting victims, and DV in the workplace. There is a 32 week **Perpetrator Programme** 'S.A.F.E'. Support to the partners of these men is provided through a support group facilitated by a trained 'Stepping Stones' worker. A DV Prevention programme is delivered in partnership with Spurgeon's. Referrals come from the whole of the Black Country/West Midlands.	enough done with young perpetrators and there are not enough services for children and young people.

Wolverhampton				
Context	**Scale of the problem**	**Strategic response**	**Service response**	**Assessment of response**
The resident population of Wolverhampton is approximately 250,000. Based on Census 2011 data, the majority of residents in the city belong to the 'White' ethnic group (64.5%), whilst the percentage of BME residents has risen since 2001 by 11% to 36.5%.The number of East European people moving into the area increasing. Wolverhampton is the 20th most deprived LA. The latest IMD report shows that levels of deprivation in the city are rising.There are 15,570 (33.4%) children and young people living in poverty in the city. It has the second highest level of child poverty in the West Midlands, after Birmingham.	In Wolverhampton in 2010/11 there were 5,164 incidents of DV reported to the police. Using the British Crime Survey statistics (less than 35% of incidents are reported), the real number of incidents last year was around 15,000. Approximately 86% of victims reporting to the police were women and 14% were men. The majority of these female victims were aged 17-39 with the 21-24 and 25-29 age ranges marginally being the peak age groups. Male victims ranged between 21-49 years with 25-29 being the peak age group.9% of victims reporting DV to Wolverhampton police were mostly female, aged 10-19 years with the peak reporting age in this group being 18-19.DV offenders reported to the police were males aged 17-34 years,	The 'Wolverhampton Multi-agency Violence against Women and Girls (and men and boys) Strategy 2012 -2015' identifies its objectives as: To increase the early identification of, and intervention with, victims of violence against women and girls by utilising all points of contact with front line professionals; to build capacity to provide effective advice and support services to victims of violence against women and girls and their children; to improve the criminal justice response to violence against women and girls and; to support victims through the criminal	**DV training** through the Safeguarding Children Board and Safeguarding Vulnerable Adult Board. Rolling out multi-agency DASH risk assessment and Barnardo's screening tool training. Will incorporate DV perspective into the local response to the national **Troubled Families** initiative. There is a **refuge** and also a **Sanctuary scheme** to allow families to remain in their own homes where possible. A young person's community based **perpetrator programme** is provided,and a community based programme is being piloted with a view to developing an effective and sustainable programme**.** **Freedom Programme** for women. **IDVA** based at A&E to be funded from March 2013. Co-located multi-agency team provides support to victims. DV Link Worker signposts victims whose criminal justice	The Specialist Domestic Violence Court brought 469 perpetrators to justicein 2010/11. MARACs have been in place in Wolverhampton since September 2006. In 2010/11, the cases of 235 individuals and their children were reviewed at MARACs. In 2010/11 the co-located multi-agency team jointly risk assessed 2684 cases involving children and pregnant women and recommended 12% of these for initial assessments by Social Care. On average the team also assessed and actioned 7 cases per week of adults at highest risk of serious harm/homicide between MARACs. In 2011/12, 471 women and children were admitted into the Haven Wolverhampton's refuges, 261 women were supported by their community support team, 302 high risk women were supported by their advocacy services, and

		Wolverhampton		
	with 25-29 being the peak age group. 9% of offenders recorded were female with the majority of these falling in the 25-39 age group. 9% of DV offenders were aged 10-19 years with 18-19 years being the peak age group in this group.The files of 45% of all entrants to Wolverhampton's Child Protection Register recorded a history of DV.	justice system and to manage perpetrators to reduce risk. Two Wolverhampton Domestic Violence Forum sub-groups are to be set up to develop and performance-manage action plans for Sexual Violence and Honour Based Crime, Forced Marriage and FGM.	cases are not pursued. Fund and provide a Criminal Justice Support Services Coordinator post that encourages victims to pursue criminal justice cases and bring perpetrators to court. **Counselling and support** provided to victims, and a Visual Evidence for Victims project.	821 counselling sessions were delivered.In 2010/11 the LA received 58 homeless acceptances as a result of DV, referred 30 families to the Sanctuary Scheme, and benefited from security measures put in place at their properties.

Notes

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[lx] Humphreys C, Regan L, River D and Thiara, (2005) *Domestic Violence and Substance Abuse: Tackling Complexity*, British Journal of Social Work 35 p1303-1320
[lxi] Using Office for National Statistics 2009 mid-year population estimates and Cost of Domestic Violence Sylvia Walby. Available at www.ccrm.org.uk

[lxii] The data can be triangulated using incidence estimates based on ethnicity and marital status once these are released from the 2011 census.

[lxiii] Birmingham Public Health, Substance Misuse Needs Assessment (2012/13)

[lxiv] Applying these proportions to Birmingham's population provides significant methodological problems as doing so would not account for the youthfulness of Birmingham's population, where survey respondents are most likely to fall within the 25-44 age bracket; the distinction between rural and urban areas; and regional differences, where London and the south-east of England emerging as areas where more people have identified as LGB in this and similar surveys.

[lxv] Office for National Statistics (2010) Integrated Household Survey: Experimental Statistics Measuring Sexual Identity: An Evaluation Report September 2010
[lxvi] Final Regulatory Impact Assessment: Civil Partnership Act 2004
[lxvii] Applying national rates from the Crime Survey to 2011 Census data for 16-64 year olds in Birmingham, ICF-GHK (2013) estimated that around 17,000 men in the general population will be victims of domestic violence each year. Of these, an estimated 21 per cent (3570) will be subjected to repeated victimisation (one or more) by the same partner and 11 per cent (1870) subject to four or more physical assaults.
[lxviii] Applying the Integrated Household Survey rate where gay and bisexual males account for 0.9 per cent of the male population.
[lxix] Applying the Equality Impact Assessment of the Civil Partnership Act 2004 rate where gay and bisexual males account for 5 per cent of the male population.
[lxx] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4075487.pdf

[lxxi]http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf
[lxxii] Using Matching Needs and Services (MNS) methodology
[lxxiii] Birmingham Inter-Agency Domestic Violence Forum (2004), Birmingham Domestic Violence Standards, available at www.bvawb.org
[lxxiv] See examples in Burford & Adams 2004; Belknap 2007; Bui 2007, Wormer 2009, Kethineni & Beichner 2009

[lxxv] Home Office (2012) *Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11*

[lxxvi] Birmingham Community Safety Partnership Strategic Assessment 2011-2012
[lxxvii] Reference period
[lxxviii] This excludes the domestic violence non crime offences.
[lxxix] Sutton Coldfield Magistrates Court has closed 2011, all data from Sutton Coldfield excluded from analysis.
[lxxx] Henry Smith Charity, (2009), *Safety in Numbers: Summary of Findings and Recommendations from a Multi-Site Evaluation of Independent Domestic Violence Advisors*
[lxxxi] Taylor, 2013
[lxxxii] iQuanta rolling 3 month comparison – domestic violence incidents. This data is based on totals for the whole population, and has not been analysed by gender, age or ethnicity.
[lxxxiii]http://www.cps.gov.uk/publications/equality/vaw/sdvc.html
[lxxxiv] (GHK) data for refuge taken from a separate source – Trident's Single Point of Access Data for January 2012 to January 2013. This is to avoid the particular problem of double counting for these services. 860 presented as an estimate since there are some differences in the way that referring agencies record the data.
[lxxxv] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116417/hosb1011.pdf
[lxxxvi] During the period 1.10.11 - 30.9.12
[lxxxvii] Domestic violence workers have been co-located since 3.10.11
[lxxxviii] Safer Places Report, Birmingham South (2013)
[lxxxix] Birmingham City Council Housing and Urban Renewal Overview and Scrutiny Report (2012)
[xc] Birmingham Social Housing Partnership, RSL Homeless Applications 2011-13, response to 'Call for Information'.
[xci] The benefits of Sanctuary Schemes are articulated in DCLG (2009) Sanctuary Scheme Practice Guide and DCLG (2010) Housing Research Summary 245
[xcii] Ministry of Justice (2013), *Court Statistics Quarterly, October to December 2012*, published 28 March 2013

[xciii] Estimate provided by Birmingham Community Healthcare Trust response to 'Call for Information'.
[xciv] http://www.ccrm.org.uk/
[xcv] http://www.caada.org.uk/
[xcvi] with the exception of Sexual Assault Referral Centres which most commonly sit within the statutory sector
[xcvii] Particularly Taylor (2013) and Farthing (2012)
[xcviii] Analysis provided by ICF-GHK
[xcix] University of Bristol (2011) Commissioning Guidance: The IRIS Solution – responding to domestic violence in general practice.