Domestic Abuse

# Summary

Domestic abuse is defined by the Home Office as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years old 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

The definition from the Home Office includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage. It does not confine victims to gender or a particular ethnic group.

More than 1 in 4 women and more than 1 in 7 men have experienced domestic abuse since the age of 16 in England and Wales [1]. Women are more likely than men to experience domestic abuse. This was true for all types of domestic abuse, other than non-sexual family abuse (year ending March 2017) [1]. National research has found that nearly 1 in 4 young people witnessed at least one type of domestic violence during childhood [2].

Under-reporting makes it difficult to gain a complete picture of the extent of domestic abuse. The most comprehensive national data comes from dedicated sections of the Crime Survey for England and Wales. Findings from the year ending March 2017 estimated that there were 1.2 million female victims of domestic abuse and 713,000 male victims [1].

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NICE guidance on domestic violence and abuse was published in February 2014, which covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people [3].

The Kent and Medway Domestic Abuse Strategy (2016-2020) has been developed and the key objectives are listed on page 22. A Kent and Medway domestic abuse strategic group exists and oversees the implementation of the strategy. The strategy group is a multi-agency partnership that has the aims of reducing domestic abuse and changing attitudes. The group plans on meeting these aims by increasing knowledge and understanding of the impact of domestic abuse across communities and agencies, highlighting the fact that it is everyone’s responsibility to tackle domestic abuse whilst emphasising the effectiveness of early identification and intervention.

**Table 1:** Key objectives of Kent and Medway Domestic Abuse Strategy

|  |  |
| --- | --- |
| **Objective** | **Explanation** |
| Preventing violence and abuse | Prevent domestic abuse by challenging the attitudes and behaviours which foster it and intervening at the earliest opportunity to prevent escalation to a crisis point. |
| Provision of services | Provision of good quality interventions to meet the needs of a diverse range of victims and their families. |
| Partnership working | Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks |
| Pursuing perpetrators | Take effective sanctions against perpetrators and support sustainable behaviour change, to reduce re-offending. |

Risk assessment is based on structured professional judgement. It structures and informs decisions that are already being made. It is only a guide/checklist and should not be seen as a scientific predictive solution. Its completion is intended to assist professionals in the decision making process on appropriate levels of intervention for victims of domestic violence.

The Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification, Assessment and Management Model (DASH) was established in 2009 and allows relevant agencies to use a common checklist for identifying and assessing risk, which will save lives. The tool allows different levels of risk to be identified. These include high, medium and standard:

* High Risk: There is imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact could be serious. There may be need for immediate intervention. It may be necessary for agencies to notify the Police and/or Children and Young People’s Services immediately, without the consent of the victim. Where any agency assesses risk as ‘High’ an immediate referral to multi-agency risk assessment conference (MARAC) is normally required, with or without consent.
* Medium Risk: There are identifiable features of risk or serious harm. This level of risk should be referred to the local specialist domestic violence and abuse ‘Outreach’ services with the consent of the individual.
* Standard Risk: While risk indicators may be present, it is deemed neither imminent, nor serious. Action should involve advice stating that nobody needs to live with domestic violence and abuse and that there is support out there.

## Key issues and gaps

* A rolling programme of training that is quality assured and embedded within organisations to ensure frontline staff in services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.
* Implement a risk assessment tool that considers the needs of children and promotes a think family approach.
* Interventions for perpetrator need to be more widely available in Medway.
* DASH tool is victim focused and as such does not consider the needs to children who may be living with domestic abuse.
* Help people who may find domestic violence and abuse services inaccessible or difficult to use. This includes people from black and minority ethnic groups or with disabilities, older people, transgender people and lesbian, gay or bisexual people. It also includes people with no recourse to public funds.
* Improve the level of support to victims of domestic abuse. This should include ensuring that multiple needs are also taken into account (i.e. mental health, substance misuse, parental/child disabilities).
* The need to ensure that learning from domestic homicide reviews is disseminated to frontline practitioners.

## Recommendations for commissioning

* Community based perpetrator programmes need to be prioritised in Medway.
* Ensure that the needs of children affected by domestic violence perpetrated by parents as well as within their own relationships are identified and met.
* Quality assured training package to be rolled out as part of domestic abuse champions programme to ensure consistency across single agencies.
* An integrated pathway should be developed for identifying, referring (either externally or internally) and providing interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it.

# Who’s at risk and why

## Gender

Women are much more likely than men to experience domestic abuse. The findings from the year ending March 2017 Crime Survey for England and Wales (CSEW) estimated that there were 1.2 million female victims of domestic abuse and 713,000 male victims [1]. Nationally, women are much more likely to be high-risk victims, indicated by the fact that they account for 95% of all multi-agency risk assessment conference (MARAC) referrals [4].

For male and female victims of partner abuse, there was no significant difference between being abused once or more than once (18% and 14% respectively for males and 17% and 16% respectively for females). The level of repeat victimisation is not statistically different between men and women. It is likely that any difference between men and women are now being masked, as 70% of respondents did not provide an answer when asked how many times they had experienced abuse in the last year [5].

In England and Wales, the most prevalent age group for male victims is 16-24 year olds, with 16-19 year olds at greatest risk [1].

Pregnant women can be particularly vulnerable to domestic abuse. McWilliams and McKiernan (1993)[6] found that 30% of domestic violence cases start during pregnancy and mothers who suffer domestic abuse during pregnancy are at an increased risk of having low birth weight infants, miscarriage or stillbirth, and are more likely to have abortions.

## Age

Younger women: Women aged between 16 and 19 and between 20 and 24 were more likely to be victims of any domestic abuse (10.5% and 9.6% of the respective population) compared with those aged between 50 and 54 and between 55 and 59 (6.4% and 5.6% respectively)[1].

Children and young people: Domestic abuse is a child protection issue and children can experience abuse both directly and indirectly. Nearly 1 in 5 11-17 year olds were exposed to domestic violence in 2009 [7]. The Home Office estimate that three quarters of a million children witness domestic abuse every year and that three quarters of children living with a child protection plan live in households where domestic violence occurs [8]. Domestic abuse can have an impact upon a child’s emotional, behavioural and cognitive development. Its effects can include anxiety, fear, withdrawal, highly sexualised and aggressive behaviour, reduced educational attainment, failure to acquire social competence, anti-social behaviour and also, in some cases, the use of substances.

Older people: Older people may become more vulnerable due to a range of factors that include poor quality long-term relationships, a carer’s inability to provide the level of care required, and a carer with mental or physical health problems who feels under stress within the caring relationship. Elder abuse can present in several different forms including physical abuse, sexual abuse, emotional abuse, financial exploitation and neglect.

## Lesbian, Gay, Bisexual and Transgender (LGBT)

Lesbian and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators [9]. Compared with 17% of men in general, 49% of gay and bisexual men have experienced at least one incident of domestic violence and abuse since the age of 16. This includes domestic violence and abuse within same-sex relationships [10].

## Ethnicity

National data from the year ending March 2017 CSEW shows no significant difference in the risk of domestic abuse by ethnicity [1]. However, women from ethnic minorities may have greater difficulties in accessing services due to language, inter-generational issues, and cultural differences. It is difficult to estimate the prevalence of so-called ’honour’based violence and forced marriage, but we do know that the incidences of both are under-reported. Both can occur in Christian, Jewish, Sikh, Hindu, Muslim and other communities. They are probably more common in some groups, for example, some Pakistani, Kurdish, and Gypsy and Traveller communities, reflecting a more oppressive patriarchal ideology [11][12].

## Socio-economic Status

Domestic abuse occurs across society in all social classes. However, reported domestic abuse is more closely associated with those in the more deprived communities. Domestic violence can also lead to poverty as it can create instability, difficulties in maintaining employment and increases in ill health.

## Disability

Those with a long-term illness or disability were more likely to be victims of any domestic abuse in the last 12 months than those without a long-term illness or disability. This was true for both men (7.3% compared with 3.9%) and women (15.7% compared with 6.2%) in the year ending March 2016 [13]. Issues facing disabled women can make it harder for them to access support. They may be more physically vulnerable and socially isolated than other women relying heavily on the abuser for basic care needs and access to the wider community [14].

## Substance misuse

A UK study showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years [15]. A number of studies have found that the perpetrators use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober [16].

A victim’s substance misuse may effect or be affected by their experience of domestic abuse. This may also lead them to become a perpetrator of domestic abuse or cause them to suffer from further domestic abuse in the future.

Gilchrist et al, 2003 [17] found that from 336 convicted offenders of domestic violence, alcohol was a feature in 62% of offences and 48% of offenders were alcohol dependent.

# Level of need in the population

The Violence Against Women and Girls ‘Ready Reckoner’ uses findings from the British Crime Survey to estimate the prevalence of domestic violence, sexual violence and stalking in an area [18]. Using ONS mid-year 2016 population estimates [19], the numbers of women likely to have been affected in Medway in 2016 have been calculated (Table 2) out of a population of 140,280 females.

**Table 2:** Estimated domestic abuse numbers for women aged 16-59 in Medway using ONS mid-year 2016 population estimates

|  |  |  |
| --- | --- | --- |
| **Measure** | **Estimated number** | **Margin of error** |
| Women and girls aged 16-59 have been a victim of domestic abuse | 9,118 | 1,830 |
| Women and girls aged 16-59 have been a victim of sexual assault | 4,629 | 1,472 |
| Women and girls aged 16-59 have been a victim of stalking | 11,307 | 2,251 |

These estimates are necessary because of the relatively high proportion of domestic abuse that is not reported. These estimates are only for women, but national data suggests that around one third of victims are male. Using the data from Table 2, it is estimated that there were around 11,800 male victims in Medway in 2016.

In 2017/18 there were 5,162 crimes and 2,770 secondary incidents (not amounting to a notifiable offence) related to domestic abuse, resulting in a total of 7,932 reports. There were 3,498 female victims and they accounted for 74% of the total reports. There were 1,458 male victims and they accounted for 26% of the total reports. 1,911 of the reports were repeat victims (24%).

**Table 3:** Medway Domestic Abuse Service Data [20]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **Qtr 4 2016/17** | **Qtr 1 2017/18** | **Qtr 2 2017/18** | **Qtr 3 2017/18** | **Qtr 4 2017/18** |
| Number of cases discussed at MARAC | 157 | 127 | 161 | 137 | 157 |
| % of repeat cases seen at MARAC | 48% | 45% | 32% | 26% | 38% |
| Number of clients seen at One Stop Shop |  | 155 | 145 | 143 | 169 |

The proportion of females seen at the One Stop Shop is over 90%. The proportion of repeat victims in the preceding 12 months varies in different quarters and ranges between 17.3%-31.4%. For the year 2017/18, the overall percentage of repeat incidents is just below 35%. The number of cases discussed at MARAC ranged between 127-161 per quarter.

In 2017/18, there were 531 victims of domestic abuse referred to Independent Domestic Violence Advisors (IDVAs) in Medway. They have engaged 89% of all referrals which is higher than the benchmark set by Coordinated Action Against Domestic Abuse (CAADA).

* In the year ending June 2017, for every 100 domestic abuse crimes recorded, there were 58 arrests in Kent and Medway. Compared to 40 other forces, Kent Police ranked as having the 6th highest rate [21].
* Kent and Medway recorded 20,969 domestic abuse-related crimes between in the year ending March 2017 [21].

# Current service in relation to need

## Multi Agency Risk Assessment Conferencing (MARAC)

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. It combines up to date risk information with a comprehensive assessment of the victim’s needs and links those directly to the provision of services for all those involved in a case: victim, children and perpetrator. The victim does not attend the meeting, nor does the perpetrator or the crown prosecution service. The victim will be represented by the Independent Domestic Violence Advisor (IDVA).

The MARAC coordinator is currently funded by Kent Police. The Medway MARAC is supported by multi agency partners across Medway including Kent Police, Children’s Social Care, Kent Probation, Adult Social Care, Mental Health, Housing and both statutory and voluntary partners. They provide joint multi-agency, safety planning for victims assessed as being high risk. The MARAC is overseen by a Kent Police employed MARAC Supervisor and governed by the multi-agency Domestic Abuse Tactical Group.

The MARAC receives multi-agency referrals, this fluctuates during the year but on average Kent Police referrals account for 78% of them. In 2017/18, the repeat victimisation rate was 34%, which is above the benchmark set by Coordinated Action Against Domestic Abuse (CAADA) of 28% but within the range of 28-40% repeat cases suggested by SafeLives nationally. The MARAC is at capacity, discussing on average 145 cases per quarter for 2017/18 - this is significantly higher than the 2013/14 figures of 87 cases per quarter. The higher numbers may be reflecting the change in delivery model whereby Medway moved to a weekly meeting rather than the monthly meetings that take place across Kent.

The MARAC in Medway, unlike other MARACs in the county, are held on a weekly basis. This change was implemented in 2015 after multi-agency workshops and consultations with partner agencies were held. The core principals of these workshops and consultations were to explore how to improve the overall efficiency and accountability of MARAC, whilst also addressing the ever increasing case load. The MARAC in Medway is extremely well attended and multi-agency representation is appropriately diverse, leading to the Medway MARAC being considered an example of best practice to other MARACs.

## Independent Domestic Violence Advisors (IDVAs)

Choices deliver the Medway IDVA contract. The IDVAs support victims of domestic abuse through the MARAC process as the independent voice of the victim and provide support through the Specialist Domestic Violence Court (SDVC), One Stop Shops (OSS) providing risk assessments, individual safety support plans (ISSP), multi-agency working and developing action plans for both the victim and children. The IDVAs also support a newly established Kent Police domestic abuse board which works to support medium risk victims not eligible for MARAC referral.

In 2017/18, the IDVA service received 531 referrals which resulted in an 89% engagement rate. In 2017/18, 84% of clients reported a feeling of reduction in risk, which is a successful outcome against the CAADA benchmark of 63%.

## One Stop Shop (OSS)

The OSS is overseen by Medway Domestic Abuse Forum and is part funded by Medway Community Safety Partnership. Based at the Sunlight Centre and well established within the community, this offers anonymity for clients and offers free, practical support from a range of agencies. Operating on a Tuesday morning, any victim of domestic abuse can access the service and speak to multi-agency partners. These include an IDVA, Health Visitor, Floating Support Worker, Solicitor and Citizens Advice Worker for welfare, housing and debt. Further agencies are currently being identified to support the OSS. The Kent Fire and Rescue Service now support the OSS, providing advice and direct referrals to their home safety assessment. This is a strength-based approach, promoting empowerment of individuals and providing practical and emotional support.

## Freedom Programme

The freedom programme is a 12-week nationally recognised programme, which offers an insight into the behaviour and tactics of the abuser. Medway has consistently offered all victims of domestic abuse a place on a course, currently funded by Medway Council and operated through All Saints Children’s Centre.

## Support2Court

Sateeda successfully bid for a Tampon Tax grant. This will provide funding to deliver a Support2Court programme, which includes Medway courts, and supports those who are attending family court without a legal representative. This reduces the need for a support worker or IDVA to attend, therefore reducing their workload.

## Domestic Homicide Reviews

Lessons Learnt Seminars take place to share learning from some of the Domestic Homicide Reviews (DHRs) that have been commissioned and completed by the Medway and Kent Community Support Partnership (CSP), since they became a statutory requirement in April 2011. These events are aimed at frontline practitioners and/or those agencies that may come into contact with or deal with victims of domestic abuse. The seminars enable attendees to have the chance to hear from the Independent Chairs, who present their key findings and discuss the recommendations from each review and any lessons learnt. Multi-agency partners also hear from some of the key agencies who have contributed to the reviews about what they have done in response to the recommendations.

Three seminars took place in 2017/18. The most recent DHR Lessons Learnt Seminar was well attended by multi-agency partners across Medway and Kent and provided an opportunity to share good practice as well as learn from previous lessons. The Kent and Medway Domestic Homicide Review Steering Group retains ownership of all county DHR’s and is attended by, and part funded through, the Medway and Kent CSP. The learning from DHRs are disseminated through events across the county and always include a Medway setting.

## Domestic Abuse Notification

The Domestic Abuse Notification (DAN) was piloted in 2013 and, due to its success, was rolled out in February 2014 throughout Medway. The DAN is received from Kent Police and all domestic abuse is screened by Kent Police staff in the central referral unit. The criteria for this are as follows:

* High risk domestic abuse: Children up to the age of 17 are shared via an urgent DAN direct to children’s social services.
* Medium risk domestic abuse: Children up to the age of 17 years are shared via DAN.
* Standard risk domestic abuse: Children unborn and up to 1 year are shared via DAN.

The information on the notification includes the child and siblings’ details, parental details and others involved in the situation, details of the incident, any additional information or concerns, previous relevant history and the current situation.

## Domestic abuse Awareness for Youth (DAY) programme

DAY is a unique multimedia programme that uses short films, advertisements and chart music to raise awareness and provide education about domestic abuse and child sexual exploitation in a relevant and exciting way. It challenges detrimental mindsets about abuse and exploitation, explores how beliefs inform behaviour, and looks at the role of the media in reinforcing unhealthy beliefs.

It is based on the Freedom Programme and is designed to be used with young people over the age of 14, although it can be adapted for use with young people over 11 years. DAY is delivered by Medway Council Integrated Family and Youth Support Service.

## Victim Support

Victim Support has specialist teams that deliver tailored support to help people recover from the effects of crime and traumatic events. Victim Support helps anyone affected by crime, not only those who experience it directly, but also their friends, family and any other people involved. Victim Support is an independent charity, so clients can talk to Victim Support whether or not they reported the crime to the police, and their support is free and confidential.

## Training

Multi-agency training on domestic abuse is delivered by the MCSB (Medway Safeguarding Children Board). A full day’s multi-agency training focuses on domestic abuse, prevalence, elder abuse, children witnessing domestic abuse, teenage domestic abuse and forced marriage and honour based violence. Following on from this training, participants can opt for a further half a day training on using the DASH domestic abuse, stalking, harassment and honour based violence risk assessment tool.

# Projected service use and outcomes in 3-5 years

Domestic abuse-related incidents and crimes for Kent and Medway appears to have increased over the last three years from 19.8 cases per 1,000 population (14/15) to 24.9 per 1,000 population (16/17). However the most recent figure represents a new way of calculating the data and is therefore not directly comparable to previous figures. The rate for Medway is in line with peer comparator areas which range from 18.8 (Plymouth) to 34.3 (Stockton-on-Tees)[22].

Services are currently working at full capacity and this is set to continue with domestic abuse rates rising. Several factors indicate that there could be an increase in the demand for domestic abuse services over the next few years. These include:

* Improved screening and training within various settings is likely to increase the identification of domestic abuse and subsequently the increase need for support.
* Continued changes to welfare including, legal aid, child benefit, housing benefit, universal credit, under-occupancy rules and disability living allowance will have an impact on women and children affected by domestic abuse, but the extent has not been fully assessed.
* Local authorities across the country are increasingly trying to manage reduced budgets and this is directly affecting the services available to support women and children.
* Technology is increasingly being used as a tool to stalk, harass and psychologically abuse victims.

Local actions should help to mitigate against the potential increase in domestic abuse services. These include:

* Improved early help and interventions for victims, children and perpetrators will counter balance the traditional ‘hierarchy of seriousness’ which has led to cases categorised as ‘low risk’ being unable to access statutory services unless they escalate.
* Improved partnership working in relation to Domestic Abuse will result in limited resources being applied more effectively.
* Outcome based commissioning of services will provide an integrated care pathway for victims of Domestic Abuse.

# Evidence of what works

## Multi-Agency Risk Assessment Conferences (MARAC)

These are regular meetings at which information about people experiencing domestic violence or abuse and who are at high risk of homicide or serious harm, is shared between local agencies. Whenever possible, the person who experiences the violence is represented by an independent domestic violence adviser or advocate (IDVA). Participants from the various agencies aim to develop a coordinated safety plan to support the person. It was established originally in Cardiff and the evaluation showed that at the six month stage 63% of people were living free from violence and harm and at the twelve month stage this figure had fallen to 42%[23].

## Independent Domestic Violence Advisors (IDVA)

IDVAs work primarily with people at high risk of domestic violence and abuse, independently of any one agency, to secure their safety and the safety of their children. Serving as the primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the options and develop plans that address their immediate safety, as well as longer-term solutions. A multi-site evaluation of Independent Domestic Violence Advisors[24] found that abuse stopped completely in two-thirds of cases where there was intensive support from an IDVA service including multiple interventions.

## Children affected by domestic abuse

It is important for agencies to work concurrently with both the non-abusive parent or carer and child, rather than just focusing on the parent. It is also important to ensure that services are appropriate to the age, gender and developmental stage of the child or young person. For example, teenagers may not want to be seen at the same time as their non-abusive parent or carer.

## Perpetrator programmes

There is a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and abuse. Some evaluations take account of the partner’s health and wellbeing and include their perception of any changes in the perpetrator’s behaviour, but these tend to be small-scale, uncontrolled studies.

## The Rotterdam Code of Conduct for Reporting Domestic Violence and Child Abuse

This is a step-by-step action plan for care providers and institutions that can be followed where domestic violence or child abuse are suspected or detected[25]. The action plan offers support to carers by making clear what is expected of them. This clarity is not only important for the care provider, but also for providing effective help to the victim and the perpetrator. The reporting code involves five key steps :

* Step 1: Identifying the signs
* Step 2: Peer consultation and, if necessary, consultation with the relevant counselling body
* Step 3: Interview with the client
* Step 4: Assess the information and the risk
* Step 5: Reaching a decision: organising or reporting assistance

It was introduced to all care providers and institutions that offered education, shelter, assistance, care or support (e.g. teachers, social workers, doctors, nurses and psychiatric nurses, childcare employees, carers). These organisations became legally required to sign the ‘Code of Conduct’ assigning responsibility onto themselves and their staff to report cases of abuse and suspected abuse. As soon as a care provider started work at an institution that had signed the protocol, the employer was required to ensure that their new employee was capable of effectively following the protocol. Before 2006, approximately 1,200 cases of domestic abuse were recorded each year in the City of Rotterdam. Following implementation of the ‘Code of Conduct’, the number of cases increased to around 6,000 to 7,000 per year. This confirmed that, previously, domestic abuse cases had been severely under-reported and more abuse cases were now being realised. Excluding the increased levels in reporting, the true extent of the effectiveness of the new ‘Code of Conduct’ policy has still yet to be clarified.

# User views

National research[26] shows that all women think that the NHS (health visitors, GPs, hospitals, dentists, sexual health services, practice nurses) has a vital role in early identification and response to violence, particularly for those who are isolated and therefore more vulnerable, and also should have a key role in supporting and safeguarding women and children. Survivors saw the main issues and barriers to getting the help they needed as:

* healthcare staff not having time to let them disclose violence and see how to meet their needs;
* healthcare staff not knowing what to do with the problems of women who have experienced domestic violence, whether currently or in the past;
* healthcare staff not believing they had a problem, thinking it was part of their lifestyle or culture; and
* healthcare staff listening to accompanying abusive partners or family members instead of to the woman herself, or not understanding violence issues for lesbian and transgender women. Similar issues exist for other groups of women who might have had difficulty in communicating them: older women, women with learning disabilities or mental health issues, and women with language barriers, particularly if dependent on violent partners for translation.

# Unmet needs and service gaps

* A consistent programme of training within agencies will ensure frontline staff in services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.
* Community based perpetrator programmes need to be in place in Medway.
* Implement risk assessment tools which consider the needs of children living with Domestic Abuse.
* Help people who may find domestic violence and abuse services inaccessible or difficult to use. This includes: people from black and minority ethnic groups or with disabilities, older people, transgender people and lesbian, gay or bisexual people. It also includes people with no recourse to public funds.
* Improve the level of support to victims of domestic abuse. This should include ensuring that multiple needs are also taken into account (ie mental health, substance misuse, parental/child disabilities)
* The need to ensure that learning from domestic homicide reviews is disseminated to front line practitioners.

# Recommendations for commissioning

* Community based perpetrator programmes need to be prioritised in Medway.
* Ensure that the needs of children affected by domestic violence perpetrated by parents as well as within their own relationships are identified and met.
* Quality assured training package to be rolled out as part of DA champions programme to ensure consistency across single agencies.
* An integrated pathway should be developed for identifying, referring (either externally or internally) and providing interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it.

# Recommendations for needs assessment work

* A detailed needs assessment should be undertaken to fully understand the Medway picture. This could include information regarding the views of service users in terms of how appropriate the current services are in meeting need and exploration of volume of local needs in Black and Minority (BME) groups across Medway and the extent to which cultural issues can act as a barrier in victims seeking support. This should also improve local understanding of specific types of domestic abuse that may be more prevalent in certain communities such as honour based violence and forced marriage.
* Extent of the hidden harm needs experienced by children.
* Greater understanding of the needs in certain vulnerable populations (e.g. veterans and ex-offenders)

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