Kirklees Council

Public Health

Domestic Abuse Needs Assessment

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Executive Summary

This is the most comprehensive assessment of need ever undertaken with regards to domestic violence / abuse in Kirklees. It brings together international, national and local research and sets this data against responses collated from a range of key local partnerships, agencies and groups. Although data is not always available to give a true picture of what is happening in Kirklees at the moment in terms of who the victims and perpetrators of domestic abuse are, where domestic abuse is happening and what times of the week / year that abuse is taking place, the volume, scope and spread of responses to our request for information and analysis to support this work has provided as comprehensive an assessment of need in Kirklees as is currently possible.

The purpose of this needs assessment is to:

- Raise awareness and promote understanding of the context of domestic violence/abuse in Kirklees;
- Provide a strategic over-view of available contextual data and current service provision;
- Identify good and effective local practice;
- Benchmark, where possible, local practice and services against the regional/national picture;
- Identify key inequalities and gaps in knowledge/response/provision.

Since March 2013 'domestic violence and abuse' has been defined by the National ‘End Violence Against Women and Girls’ strategy 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*

It is important to recognise that we have moved beyond the paradigm of male as perpetrator and female as victim. It is recognised that both males and females can be victims or perpetrators. That said women are overwhelmingly more likely to face severe violence and controlling behaviour from their abusive partners than men are. This fact is perhaps best reflected in the disproportionate volume of women severely injured or killed by current or former male partners.

The most recent British Crime Survey (BCS) estimates suggest that in 2013/14we could have expected to see 12,020 adult women and 8,501 adult men become victims of domestic violence/abuse in Kirklees. The most reliable data we have of number of incidents in Kirklees is from Police data. Over the last twelve months, West Yorkshire Police data shows that in Kirklees a total of 5,625 domestic incidents were reported to them, of which 4,612 could be classified as domestic violence/abuse. However Police incident data does not adequately reflect either the prevalence of domestic violence/abuse in Kirklees, or the continuum of violence/abuse suffered by victims.

A key finding of the most recent BCS was that, of those surveyed, only 23% had reported their experiences to the police. In Kirklees, using the police data and comparing it with the expected data from BCS, the actual figure is 18.8%, suggesting the problem is even more acute in Kirklees. Furthermore, whilst BCS data suggests that about 40% of cases reported should be by male victims, West Yorkshire Police data for the same period shows that the figure in Kirklees is just over 17%.
BCS data shows that non-physical abuse (i.e. emotional and financial abuse) was the most common type of abuse experienced. The most recent local police data does not record data in the same way, but the greatest proportion of incidents reported to them are for verbal dispute, which can be considered a proxy marker of non-physical abuse and broadly reflects BCS data. BCS also states that around a quarter of partner abuse victims suffered a physical injury as a result of the abuse. Local data, again from West Yorkshire Police, indicates a slightly higher proportion of incidents were classified as incidents due to violence.

About a third of all cases reported to the Police concern ‘repeat offenders’. This shows we could be doing more to prevent repeat incidents in Kirklees, but it is also an indication of the relatively high risk case load the Police see. It also indicates there is a shortfall between potential demand for Independent Domestic Violence Advocacy (IDVA) services and the supply the service can reasonably deliver within existing resources. Co-ordinated Action Against Domestic Abuse (CAADA) suggest that we should have 5.5 IDVAs in Kirklees to support the current caseload and require 7 to support the recommended number of cases. We currently have 2.

Data from Kirklees Council system Care First indicates reported domestic abuse incidents (and hence incidence) are higher in the more deprived areas of Kirklees. When data is examined at ward level it demonstrates a statistically significant higher incidence of recorded domestic abuse in the following wards, when compared to Kirklees as a whole:

- Ashbrow
- Crossland Moor and Netherton
- Dewsbury East
- Dewsbury West
- Newsome

The following wards, however, showed a statistically significant lower incidence of recorded domestic abuse in comparison to Kirklees:

- Colne Valley
- Denby Dale
- Holme Valley South
- Kirkburton
- Mirfield

It is difficult to draw any conclusions from the data. It could, for example, mean there is genuinely a higher incidence of domestic abuse in Newsome ward. Alternatively it

could mean that people in Newsome ward are better at seeking interventions if they are abused. Or it could mean that services are more accessible in Newsome ward.

International, national and local research, allied with case studies from local practice, supports a more complex understanding of victim/offender profiles/dynamics than those produced using police data. However profiling based on police data can provide some context. Profiling domestic violence/abuse victims and offenders based on police recorded crime data provided the following results:

- Although there are variations across Kirklees, the typical victim of domestic abuse is most likely to be a 20-29 year old 'White UK' female;
- Again recognising local variations, the typical domestic abuse perpetrator is a 'White UK' male aged 20-41;
- The most likely type of violence/abuse is a verbal dispute
- Children were present at the incident in a third of cases
- victims of domestic violence/abuse-related homicides are predominately female

There is a strong statistical correlation between the use/misuse of drugs/alcohol and the prevalence of domestic violence/abuse. The most recent BCS found that 21% of those who had experienced partner abuse in the last year thought that the offender was under the influence of alcohol, while 8% thought they were under the influence of illicit drugs. However, the BCS also warns that 'levels of alcohol consumption and illicit drug use may be an indicator of lifestyle that may affect or be affected by vulnerability to partner abuse,' rather than causality of the abuse.

There is a growing understanding at a national and local level of the significant links between mental health and domestic violence/abuse victimisation (though context is perhaps less clear with regards to links between mental health and those perpetrating domestic violence/abuse). National research suggests that:

- 50% of women in contact with mental health services have suffered abuse/violence;

- 64% of abused women suffer post-traumatic stress disorder against 1-2% of non-abused women;
- Domestic violence is a factor in 49% of suicide attempts by BME women, and 22% of attempts from White communities;
- One third of women attending A&E for self-harming have experiences of domestic violence.

Research suggests that the prevalence of domestic violence/abuse in same-sex relationships is comparable with that among heterosexual relationships. However, this research also suggests that significant additional risk factors are specific to same-sex relationships regarding likelihood of disclosure, prevalence of sexual/physical violence and barriers to accessing relevant services. Data from the Kirklees IDVA service for 203/14 states that none of the caseload were in a same sex relationship. Kirklees Multi Agency Risk Assessment Conference (MARAC) data for October 13 – September 14 shows that 1% of cases heard at MARAC were identified as LGBT. CAADA would expect this to be 5%, which indicates unmet need in this group.

There is little meaningful current local data available to establish trends over time of ethnicity breakdown. However the data from West Yorkshire Police, both for officer defined and victim self-defined ethnicity, shows a similar pattern to what we would expect based on the 2011 Census data for Kirklees. It is noticeable that ethnic groups other than white appear to be significantly under-represented by the IDVA service. The following stands out:

- Victims defining their ethnicity as 'Black' or defined by police officers as black appear overly represented compared to census breakdown;
- It is difficult to effectively identify victims coming from New European states through recorded data
- Typically, members of Gypsy/Traveller/Roma communities do not report domestic abuse issues to any relevant agency within the county. However, research has indicated that up to 61% - 81% of women from these communities has been a victim of domestic abuse;

The national annual cost to the UK of violence against women and girls is estimated by the Home Office to be in the region of £37 billion (health, legal and social services). In 2004, the cost of a domestic violence/abuse-related homicide to criminal justice agencies (police, courts, etc.) was estimated at £118,299 per incident. The human and emotional costs of a homicide at that time were estimated to be in the region of £750,640 per incident. The total estimated agency cost of a domestic violence/abuse related homicide is in the region of £1 million per incident, whilst the average cost to families of the bereaved following a homicide is estimated at £33,000. The cost of addressing domestic violence/abuse to each adult in the UK (aged 16-59) has been estimated at £440 per person, per year. Figures presented by the Trust for London and Henry Smith Charity in 2009 stated that the total estimated cost of domestic violence/abuse to agencies in Kirklees was £43 million in that year.

To seek the views of organisations and agencies in Kirklees, a series of 1:1 interviews were undertaken to understand their contribution to the system, their views on how the system was working and ways in which we could improve the system. Additionally, the opinion of service users was sought. Particular issues that were raised by stakeholders were as follows:

- There was a real sense of confusion over the role of the Integrated Domestic Abuse Team (IDAT) and their role in the system. It needs clarifying.
- Kirklees Multi Agency Risk Assessment Conference (MARAC) was felt to have improved considerably in the last year.
- The Independent Domestic Abuse Advisers (IDVAs) service was highly valued by all, recognised as being a central part of the system and key to supporting victims of domestic violence / abuse. However we do not have enough IDVAs to support the victims of domestic abuse in Kirklees.
- We need more provision of perpetrator programmes, accessible to a broader range of perpetrators regardless of funding streams.
- The system is over-focussed on the male as perpetrator and female as victim paradigm.
- The system could improve the way it engaged and worked with young people between the ages of 16 and 18.

- Although we are seeing more victims coming forward from black and minority ethnic (BME) communities, there is still a proportionally greater unmet need compared to white British communities.
- We need a prevention strategy with consistent messages that all agencies and organisations are signed up to.
- We need a clear commissioner lead, with clear governance arrangements under a senior level portfolio in the Council.
- The DASH risk assessment tool is the best tool to be using and all providers should use it, however the way it is used by different providers is not consistent and needs to be so.
- Whilst a minority of stakeholders felt that the actual numbers accessing services were about the same as they had always been, most felt numbers coming forward were rising year on year. There was consensus however that regardless of whether numbers were rising or not it felt like there was more work involved in providing assistance and were more diverse.
- Abuse between young people (aged 16 to 18) was more noticeable, along with an increase in the number of young Asian girls (again, between the ages of 16 and 18) coming forward. Many stakeholders felt that the people they were seeing in their services were getting younger.
- Some stakeholders noted that more South Asian women were coming forward for help, whilst others highlighted an increase in the number of Asian males seeking support as victims of abuse.
- Other trends that were identified by stakeholders included an increase in intergenerational abuse, more victims requiring emotional support, growing numbers of cases with related immigration issues and greater demand for refuge accommodation.
- Lots of cases were linked to alcohol. It was suggested that a specialist domestic violence / abuse worker (preferably an IDVA) working with cases who have concomitant drugs and alcohol issues would have real value.
- We should establish a code of conduct, providing a quality mark to services that portrayed a “you can talk about domestic abuse here” message.
- The first interaction has to be a good interaction.

- We should develop a single ‘care record’ for each individual that would be accessible to all stakeholders.

We also sought the views of service users. They felt the system works well for those people that access it in Kirklees, in no small part due to the community based assets and third sector organisations that make a real difference to people’s lives. The feedback from domestic violence / abuse service users highlights the value that particularly victims place on the services we have already, with the vast majority portraying a very positive experience.

The resultant recommendations are based on intelligence that has been collected locally or nationally and is informed by the views of commissioners, providers and service users. The recommendations are intended to stimulate debate on how we do things now and how we should do things in the future.

It is important to state that we do many things very well in Kirklees. The recommendations are intended to complement the things we do well rather than be seen as alternatives.

1. Consider better integration of service delivery to ensure agencies are working together, starting with the integration of IDAT, the police safeguarding team (including probation officers) and ideally the IDVAs (regardless of who funds them) in one hub.
2. Consider trialling multidisciplinary case review, led by the referral unit described above.
3. Consider developing a domestic abuse database, managed by the referral unit described above. This database to include a case file for each individual, and to be accessible to key contacts within each provider of services.
4. Consider the development of a clear directory of services.
5. Ensure consistent DASH risk assessment is undertaken at the right time in the right place and in the right way by all agencies that provide frontline services where domestic abuse or risk of domestic abuse may present.

6. Consider re-evaluating the way we co-ordinate partnership working in Kirklees by ensuring the domestic abuse strategy group, with senior leadership from relevant organisation, acts as the local strategic multi-agency partnership.
7. Consider the establishment of a service user sub-group as a formal sub-group of the strategic partnership.
8. Consider identifying a strategic lead within the Council to drive forward, be accountable for and champion the domestic abuse agenda in Kirklees.
9. Consider the development of a revised Kirklees domestic abuse strategy which meets the needs of those who experience domestic violence and abuse (including young people) and addresses perpetrator needs for everyone in Kirklees, regardless of where they live or what their circumstances are.
10. Consider ensuring all commissioned services are evidence-based. Where evidence is inconclusive, ensure robust analysis of outcomes to develop a local evidence base.
11. Consider developing a range of agreed metrics across all provided services by which we can monitor service outcomes in a service-user focussed way.
12. Consider better links between domestic abuse services and substance misuse services to ensure that individuals who are affected by both issues receive support for both issues.
13. Consider operating in partnership with other localities beyond our geographical boundaries to ensure minority groups have access to services that understand their specific needs.
14. Consider developing a clear and consistent range of media that ensures anyone in Kirklees can find out who to call and what number to call them on if they want to discuss domestic abuse.
15. Consider working with providers of frontline public sector staff to develop a web-based mandatory training package.
16. Consider working with commissioners of health services that manage client groups that we know are at higher risk of domestic abuse.
17. Consider the identification of funding for, and recruit, five additional IDVAs.
18. Consider ensuring all IDVAs, regardless of funder or employer, work together and to a shared agenda.
19. Consider increasing the provision of outreach workers to work with individuals at low-level risk on preventing escalation and managing situations promptly.

20. Consider reviewing the provision of perpetrator programmes in Kirklees.
21. Consider developing clear pathways focussed on service users rather than services, with a particular focus on 16-18 year olds who may have a different set of needs and expectations, and a different understanding of what domestic abuse is.
22. Consider provision of interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer.
23. Consider provision of interventions that provide specialist counselling for children affected by witnessing domestic abuse.
24. Consider all service providers having access to quality interpreting services when they need it.
25. Consider evaluating the capacity of and demand for domestic abuse specialist counselling services.
26. Consider exploring a more joined-up approach between the Stronger Families programme and mainstream domestic abuse services.

The above recommendations provide a call for action to stakeholders in Kirklees. By working together we can address many of the recommendations. Others will required additional resource and may be harder to resolve. But all are achievable.

Contents

1. Introduction

1.1. The International Context

In 2013, the World Health Organisation (WHO) published its most comprehensive research to date into the global prevalence of Violence Against Women (VAW) and found that:

- Worldwide, almost one third of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner;
- Globally, as many as 38% of all murders of women are committed by intimate partners;
- Women who have been physically or sexually abused by their partners report higher rates of important health problems. For example, they are 16% more likely to have a low-birth-weight baby. They are more than twice as likely to have an abortion and almost twice as likely to experience depression as compared to women who have not experienced partner violence.[1]

As a result of their research, WHO have stated:

[Our] report shows that violence against women is pervasive globally. The findings send a powerful message that violence against women is not a small problem that occurs in some pockets of society, but rather is a global public health problem of epidemic proportions, requiring urgent action. It is time for the world to take action: a life free of violence is a basic human right, one that every woman, man and child deserves.[2]

And that subsequently:
There is a clear need to scale up efforts [to address intimate partner violence] across a range of sectors, both to prevent violence from happening in the first place and to provide necessary services for women experiencing violence.[3]

[1] World Health Organisation (2013)
[2] Ibid
[3] Ibid

1.2. The National Context

Central Government states that:

- Each year, over one million women in England and Wales become victims of domestic abuse;
- More than one in four women will be victims of domestic abuse in their lifetimes.[4]

Central Government's 'End Violence Against Women and Girls (VAWG)' strategy leads on efforts to address intimate partner violence across England and Wales with the following aims:

- Prevent such violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it;
- Provide adequate levels of support where violence does occur
- Work in partnership to obtain the best outcomes 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[5]

The National Institute for Health and Care Excellence (NICE) guidance on 'domestic violence and abuse: how social care, health services and those they work with can identify, prevent and reduce domestic violence and abuse' was launched in March 2014.[6] This guidance aims to reduce the prevalence of domestic violence and abuse through recommendations for good/cost-effective practice. The recommendations are as follows:

1. Plan services based on an assessment of need and service mapping
2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
3. Develop an integrated commissioning strategy

[4] HM Government (2010)
[5] Ibid
[6] National Institute for Health and Care Excellence (2014)

4. Commission integrated care pathways
5. Create an environment for disclosing domestic violence and abuse
6. Ensure trained staff ask people about domestic violence and abuse
7. Adopt clear protocols and methods for information sharing
8. Tailor support to meet people's needs
9. Help people who find it difficult to access services
10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse
11. Provide specialist domestic violence and abuse services for children and young people
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
16. GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse

1.3. The Local Context

In Kirklees, the domestic abuse agenda has been managed through the Domestic Abuse Strategy Group. There have not historically been clear lines of accountability within the Council or the system more generally, which has led to 'Cinderella service' status. Commissioning of services has not been co-ordinated, relying instead on a patchwork of funding streams both from within the Council and from external organisations – much of it short-term. This means that there is in turn no oversight of whether the things we do in Kirklees are the things that will make the biggest

difference to our population. That said there is enthusiasm from a range of organisations, and a recognition that we need to organise our efforts better with a more system than service view. Developing a more strategic partnership board style of delivery and ensuring all stakeholders are involved may be helpful going forward.

The Kirklees Domestic Violence Forum brings together providers of domestic abuse to raise awareness and develop consistent approaches to delivering domestic abuse services. This is a valuable network that again lacks clear lines of accountability. It has the potential to become a key route of communication between providers and commissioners, in both directions, as well as developing the training and development to providers.

It is challenging to get a true understanding of the number of incidents of domestic abuse that occur in Kirklees. The most recent British Crime Survey estimates suggest that in 2013/14we could have expected to see 12,020 adult women and 8,501 adult men become victims of domestic violence/abuse in Kirklees.[7]

The most reliable data we have of number of incidents is from police data. Over the last twelve months, West Yorkshire Police data shows that in Kirklees 5,625 domestic incidents were reported to them[8], of which 4,612 could be classified as domestic violence/abuse.[9]

This needs assessment was commissioned to:

- Raise awareness and promote understanding of the context of domestic violence/abuse in Kirklees;
- Provide a strategic over-view of available contextual data and current service provision;
- Identify good and effective local practice;

[7] Estimates based on 7% of adult (16+) female population (total 171,710) and 5% male population (170,023) using August 2014 population and 2011/12 BCS incidence.
[8] Based on December 2013 – November 2014 data from West Yorkshire Police
[9] Includes 'verbal dispute', 'violence' and 'criminal damage'. Excludes 'Breach of Peace' and 'other'. West Yorkshire Police (2014)

- Benchmark, where possible, local practice and services against the regional/national picture;
- Identify key inequalities and gaps in knowledge/response/provision.

The following document is the most comprehensive assessment of need ever undertaken with regards to domestic abuse in Kirklees. It brings together global, national and local research and sets this data against responses collated from a range of key local partnerships, agencies and groups. Although, at times, key data is sadly lacking, the volume, scope and spread of responses to our request for information and analysis to support this work has provided as comprehensive an assessment of need in Kirklees as is currently possible.

The author would like to thank all those individuals and agencies who contributed to this needs assessment.

2. Terminology and Definitions

Current variations in terminology have been influenced by historical factors such as geography, language, politics and culture, and the researcher/reader should be cognisant of the often subtle impact that variances in terminology may have on the collation/presentation of data, and on service planning and delivery.

The terms 'domestic violence' (DV) and 'domestic abuse' (DA) are often used interchangeably (in line with the most current Home Office definition). The term 'intimate partner violence' (IPV) is only used in relation to violence between intimate couples (of either sex).

The current re-focusing of the historical 'domestic violence/abuse' agenda (to incorporate all forms of violence against women (VAW)) reflects a growing international understanding of the systemic nature of violence against women which, in turn, requires a multi-systemic approach to addressing all such violence and abuse.[10]

National Government's 'End Violence Against Women and Girls (VAWG)' strategy was launched in 2011 (the action plan was refreshed in March 2014) to provide a strategic framework to address all forms of violence against women.

A key achievement of the national VAWG strategy has been to provide a new definition of the term 'domestic violence/abuse' to acknowledge the coercive and controlling nature of abusers and to reflect the demography of victims (16 - 19 year old girls most at risk). Since March 2013 'domestic violence and abuse' has been defined 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:

[10] Kelly (1988)

- *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."

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.[11]

Although generally welcomed, this new definition, and the agenda it reflects, has implications for all services working with those affected by domestic violence and abuse.[12]

For example, the inclusion of 'controlling and coercive behaviour' as indicative of violence/abuse presents challenges for those, predominately Criminal Justice, agencies responding to police-reported incidents of violence/abuse where evidence gathering and presentation are key. The 'lowering' of the age threshold from 18 to 16 suggests that services may have to re-design current pathways and processes to respond appropriately.

Notwithstanding the issues raised above, for the purposes of this assessment the phrases 'domestic violence' and 'domestic abuse' will be used interchangeably and will

[11] Home Office (2012)
[12] HMIC (2014)

reflect the new national definition. However, it should be noted that statistical data collated prior to March 2013 is based on the previous Home Office definition of domestic violence. Given the recent nature of the change, it is not yet possible to identify any significant long-term changes/trends in context.

The 'specialist' services referred to herein are those services which have been established directly to address domestic violence/abuse, such as the Independent Domestic Violence Advisory Service (IDVAS), Multi-Agency Risk Assessment Conferences (MARACs) and a range of services provided by Pennine Domestic Violence Group (PDVG) for example.

3. Theoretical Perspectives

Given the complexities raised previously regarding terminology and definition, it is perhaps unsurprising that theoretical approaches to understanding and addressing issues of domestic violence/abuse also differ.

Varying approaches to theory directly impact on all aspects of strategy and service delivery. It is, therefore, only prudent that some discussion on current theoretical perspectives is presented here.

Perhaps the most 'visible' theoretical 'problem', and one which is brought to the fore on a regular basis, is the understanding that domestic violence/abuse is a 'gendered' crime, which functions within a broader continuum of violence against women.

Global and national strategies, based on multi-site and multi-methodological research, recognise that violence and abuse suffered by women and girls is predominately perpetrated by men who are engaged in, or have been engaged in, an intimate relationship with their victim. This is most clearly reflected in the current global and national 'end violence against women' strategies.

Conversely, national victim surveys frequently suggest that the overall volume of male victims of domestic violence/abuse is comparable to that of female victims. However, It has been argued (Michalski, 2005 and Johnson, 2008)) that the methodology employed by such surveys distorts a comprehensive understanding of the differing types and characteristics of violence/abuse and does not recognise the specific risks to women and girls.[13]

Research published in 2009 by the University of Bristol ('Who Does What to Whom? Gender and Domestic Violence Perpetrators') found that, although the volume of female perpetrators is increasing slightly over time, women are overwhelmingly more likely to face severe violence and controlling behaviour from their abusive partners

[13] Michalski (2005) and Johnson (2008)

than men are.[14] This fact is perhaps best reflected in the disproportionate volume of women severely injured or killed by current or former male partners.

Another of the major, but less 'visible' theoretical issues that may affect local planning and delivery of services is that of causality. Research and strategy/policy development at all levels recognises that domestic violence/abuse is part of a wider systemic social problem which reflects recognised power imbalances between genders. However, several theories abound as to how power imbalances occur between genders; why these imbalances manifest themselves as violence/abuse and what should be done as a result.

Perhaps the most instructive recent work to highlight these theoretical differences in approach is that put forward by Rodriguez, et al (2012).

In 'Violence against women in intimate relations: A contrast of five theories', Rodriguez suggests that there are identifiable factors in intimate relationships which could heighten, or be the cause of, violence/abuse. These are:

- Sexism - where the offender holds deeply sexist/patriarchal views;
- Family violence - resulting from the family's position in a broader socio/economic structure;
- Dependency - where the female victim's socio/economic status within the relationship has disempowered her;
- Exchange - where 'power' within a relationship is expressed through violence/abuse;
- Status inconsistency - where notions of patriarchy are challenged within an intimate relationship.

Following analysis of the above, Rodriguez concludes that:

Status inconsistency, understood as a complex multidimensional theory of patriarchy that integrates core elements of other theories, offers the best explanation [for

[14] Hester (2009)

domestic violence/abuse causality]. Women's odds of suffering violence are higher if they have sexist partners, are disempowered or have higher statuses than their partners. Disempowered women have fewer resources to oppose the sexist culture on which violence breeds. Women with elevated statuses defy men's dominance. Violence is intrinsic to a patriarchal system of power that fosters sexism and manifests violently when women are vulnerable or challenge men's statuses.[15]

However, current policy literature does not reflect the views put forward above and although Central Government recognises the gendered nature of domestic violence/abuse, it is not particularly clear from the current national strategy or action plan what the theoretical underpinning of the agenda is.

It can be assumed, given the title, research submissions/references and support for specialist women's services through the VAWG literature that the Coalition supports a feminist understanding of domestic violence/abuse as one founded in patriarchy, sexism and male privilege. The broadening of the definition of domestic violence/abuse to establish control and coercion as a characteristic of abuse (as discussed above) also suggests that feminist theory on causality dominates government thinking.

As many of our current specialist domestic violence/abuse services developed as a direct result of 'second wave' feminist activism during the 1970/80s, it is unsurprising to find that much strategy, policy and service development in the UK has historically been driven from 'the bottom up' with feminist theoretical underpinnings at their core.

Initiatives such as the DASH Risk Indicator checklist; the Independent Domestic Violence Advisory Service; Multi-Agency Risk Assessment Conferences; group intervention programmes, etc. all have a feminist genealogy, in addition to those services, such as Women's Aid and Refuge, who are more commonly associated with a feminist ideology.

[15] Rodriguez, et al (2012)

Contradictions in practice arise when agency/initiative ideologies are not well understood by those seeking their support, either as service users or partner agencies. For example, what is to be gained from an agency referral to an initiative that seeks to make victims of domestic abuse/violence aware of patriarchy and male privilege and of how to avoid an abusive relationship (such as the Freedom Programme), when that victim is part of a complex family environment where the family wishes (and is supported by agencies) to remain together?

From submissions to this assessment, and from wider discussions at a local strategic level, it is clear that many of the 'specialist' domestic violence/abuse services and initiatives currently on offer across Kirklees are very well suited and effective at addressing certain 'types' of domestic violence/abuse cases (such as those with a very clear victim/offender dynamic based on theories of power and control where, typically, the victim (usually a woman) has requested support to terminate and/or escape the abuse she (and her children) is suffering), but struggle to meet the needs of those cases where the victim/offender dynamic is not so pronounced; or where feminist theories on power/control are not deemed to apply.

It has long been argued that not all domestic violence/abuse 'cases' require a specialist domestic violence/abuse service intervention, and that many of the protective/therapeutic/awareness-raising activities offered by other safeguarding and universal services are similar to those provided by specialist services.[16]

With changes to the Home Office definition challenging all of our understandings of what constitutes domestic violence/abuse and budget pressures forcing complete system rethinks, partnership and agency stakeholders may benefit in future from a more considered theoretical approach to strategy, policy and provision that better reflects the needs of service users and service providers through a better understanding of causality in each individual case.

[16] Department of Health (2010), End Violence Against Women and Girls Coalition (2011), Research in Practice (2012) and Centre for Social Justice (2012)

4. Methodology

This needs assessment was undertaken by Kirklees Council Public Health in response to a call for evidence from a number of stakeholders. It was written in January-March 2015, following a six-month evaluation of international, national and local evidence and intelligence.

Prior work to understand domestic abuse was undertaken in 2011 as part of a broader piece of work on developing a strategic direction. This work is referenced in the Joint Strategic Needs Assessment (JSNA) and where appropriate in this needs assessment.

The aims of the assessment are to:

- Raise awareness and promote understanding of the context of domestic violence / abuse in Kirklees;
- Provide a strategic overview of available contextual data and current service provision;
- Identify good and effective local practice;
- Benchmark, where possible, local practice and services against the regional/national picture;
- Identify key inequalities and gaps in service provision;
- Give a basis for discussion on how the system can better meet the needs of the Kirklees population, based on the evidence-based recommendations within the NICE guidance

To do this, quantitative and qualitative intelligence has been collated and presented in the sections that follow. Data for this assessment was captured from a range of local agencies and stakeholders during 2014, either from existing data sources or via responses to a face-to-face interview, using pre-set questions (attached as appendix) undertaken with the following relevant local agencies/services:

- West Yorkshire Police
- Kirklees Council Adult Social Care
- Kirklees Council Children's Social Care
- Kirklees Council Stronger Families Team
- Kirklees Council Integrated Domestic Abuse Team
- Connect Housing – IDVA service
- Yorkshire Children's Centre
- KRASSAC
- Pennine Domestic Violence Group

Where current data is not available to support this assessment, the most relevant recent data has been used, and an explanation provided as to why more contemporary data is unavailable.

It should be noted that whilst many agencies record significant amounts of data regarding their engagement with those affected by domestic violence/abuse, which can be used to inform assessments such as this, some local agencies either cannot or do not do so.

In addition, there is a lack of consistency in approach. It is therefore difficult to get a true picture of activity across the locality.

This has obvious implications for strategy, policy and service development across the county and is an issue which must be addressed if an effective coordinated response to violence and abuse is desired.

5. Facts, Figures and Trends

Key to understanding the context of domestic violence/abuse is the significant impact under-reporting and under-recording of the crime has on strategy, policy and service development. Police incident data, which is most readily available, does not adequately reflect either the prevalence of domestic violence/abuse in Kirklees, or the continuum of violence/abuse suffered by victims. Subsequently, victim surveys are relied upon to provide further context. The most recent Crime Survey data (formerly British Crime Survey) for 2011/12[17] estimates that seven per cent of women and five per cent of men experienced domestic abuse in the last year, equivalent to an estimated 1.2 million female and 800,000 male victims nationally. These statistics, according to the Crime Survey, mark significant decreases in the number of incidents disclosed between the 2004/05 and 2011/12 BCS, although there has been no statistically significant change in the level of domestic abuse since 2008/09.[18]

Using the BCS methodology, it can be estimated that 12,020 adult females and 8,501 adult males became victims of domestic violence/abuse in Kirklees in 2012/13.[19]

There are differences in the way local agencies record domestic violence/abuse disclosures. Subsequently, it is extremely difficult to correlate BCS estimates with currently available agency data. Instead, estimates on incidence and context are most usually based on police- reported incident data, data from contact with council services or sourced from specialist initiatives such as the Independent Domestic Violence Advocacy Service (IDVAS), Multi-Agency Risk Assessment Conferences (MARACs), local refuge-type provision and/or voluntary sector domestic violence/abuse charities. However, an over-reliance on this data provides a distorted view of context and prevalence.

For example, as West Yorkshire Police do not currently report on the specific number of individuals reporting domestic violence/abuse across any given period (but instead

[17] The current Crime Survey for England and Wales (2013/14) does not include issues of domestic violence / abuse
[18] British Crime Survey (2012)
[19] Estimates based on 7% of adult female population (total 171,710) and 5% male population (170,023). Population statistics provided by Kirklees Public Health Intelligence Team.

measure volume of incidents reported), estimates based on repeat victimisation rates are currently the only way to estimate volume of individuals reporting, as opposed to volume of incidents reported. Under-recording of domestic violence/abuse incidents may also be an issue for that agency. The majority of IDVA and MARAC referrals originate from West Yorkshire Police, and so reflect the reporting of incidents to that agency, whereas data from voluntary sector providers may be prone to 'double counting' of those incidents and/or individuals who do report to the police.

Using police recorded incident data for the last twelve months, which shows 5625 reported incidents,[20] and applying the most recent Constabulary estimate of repeat victimisation rates (31.2%)[21] it is possible to produce an estimated volume of 3868 individuals reporting to the Constabulary for that period. It is recognised that this is predicated on each repeat incident being a different individual and in fact it may be that a small number of individuals are multiple victims. The figure is therefore likely to be understated. However this figure is in stark contrast to the estimated number of individuals affected using the BCS methodology, and is strongly suggestive that the majority of those affected across Kirklees do not report their experiences to the police.

A key finding of the most recent BCS was that, of those surveyed, only 23% had reported their experiences to the police.[22] In Kirklees, using the police data and comparing it with the expected data from BCS, the actual figure is 18.8%, suggesting the problem is even more acute in Kirklees.

A further significant issue with relying solely on BCS/Constabulary/specialist agency data is that the prevalence/volume of male victims in these data sets varies enormously. This may be down to a number of factors including; methodology of data collection, accuracy of recording, agency focus/bias and public/professional awareness.[23]

To illustrate some of the contradictions arising from the factors outlined above current BCS estimates suggest that 5% of adult males and 7% of adult females were victims of

[20] West Yorkshire Police
[21] Ibid
[22] British Crime Survey (2012)
[23] Braaf and Meyering (2013)

domestic violence/abuse in Kirklees last year. These figures are not reflected in West Yorkshire Police data for the same period, which shows that around 17.4% of all incidents were reported by men.[24]

The police estimate of 17.4% is also problematic in so much as it reflects incidents recorded across all levels of risk (standard, medium, high), whereas IDVA data (based on referrals from multiple routes into the service) for a similar time period shows no males were engaged with the IDVA service.[25] The police and IDVA data strongly supports the notion that different types of violence/abuse impact men and women, and that subsequently women are far more likely to suffer severe violence and risk of homicide in Kirklees than men.

The 2011/12 BCS found that non-physical abuse (i.e. emotional and financial abuse) was the most common type of abuse experienced by both female (57%) and male partner abuse victims (46%).[26] The most recent local police data does not record data in the same way, but the greatest proportion of incidents reported to them are for verbal dispute (44.1%), which can be considered a proxy marker of non-physical abuse and broadly reflects BCS data.[27] BCS also states that around a quarter (27%) of partner abuse victims suffered a physical injury as a result of the abuse. Among those who had experienced any physical injury or other effects (such as emotional problems), around a quarter (28%) received some sort of medical attention.[28] Local data, again from West Yorkshire Police, indicates a slightly higher proportion of incidents (32.4%) were classified as incidents due to violence.

Data from the Kirklees Independent Domestic Violence Advocacy (IDVA) service shows that 86 high-risk referrals were received from West Yorkshire Police, MARAC and other partners during the period 2013/14.[29] The following table shows volume of referrals received, percentage referrals engaged and percentage of repeat referrals: [30]

[24] West Yorkshire Police (2014)
[25] Kirklees IDVA service (2013-14)
[26] British Crime Survey (2012)
[27] West Yorkshire Police (2014)
[28] British Crime Survey (2012)
[29] Locally, 'high' risk relates to a score of 14 or more on the DASH Risk Indicator.
[30] Kirklees IDVA service (2014)

	Number of referrals	% of referrals engaging with the service	% clients that are repeat clients
Q1 2013/14	11	82%	0%
Q2 2013/14	22	82%	11%
Q3 2013/14	20	70%	14%
Q4 2013/14	33	91%	13%
Q1 2014/15	72	100%	11%
Q2 2014/15	111	95%	3%

The data presented above offers little in the way of establishing relevant trends (other than the obvious increase in IDVA workload), as IDVA capacity, resourcing and modes of service delivery have changed. However, the percentage of referrals engaging with the service and percentage of repeat referrals are indicative of two key issues that are worthy of further consideration.

Those individuals deemed, through police risk assessment, to be at high-risk (of homicide) and who have reported an incident of domestic violence/abuse to the Constabulary do not always wish to engage with a specialist support service (IDVA). There are a number of explanations for why this should be the case, but perhaps the recent BCS findings are most suggestive. These are 'presence of children, love or feelings for partner, and having nowhere to go'.[31] It may also be the case that previous negative experiences of services/resolutions/outcomes offered could influence engagement, although this is not possible to statistically quantify at present. In Kirklees, the proportion of referrals into the IDVA service from MARAC compared to from the police has increased from less than 20% in Q1 2013/14 to over 60% in Q2 2014/15. This may be a factor in the increased engagement with the service

The most recent West Yorkshire Police data suggests that around a third of all reported domestic violence/abuse incidents are 'repeats'.[32] This means that there is a police record showing a previously reported incident of domestic violence/abuse within a 12 month period. The IDVA data shown in table 4 (above) relates only to high-risk repeats (as opposed to standard, medium and high risk cases captured in police data), and

[31] British Crime Survey (2012)
[32] West Yorkshire Police (2014)

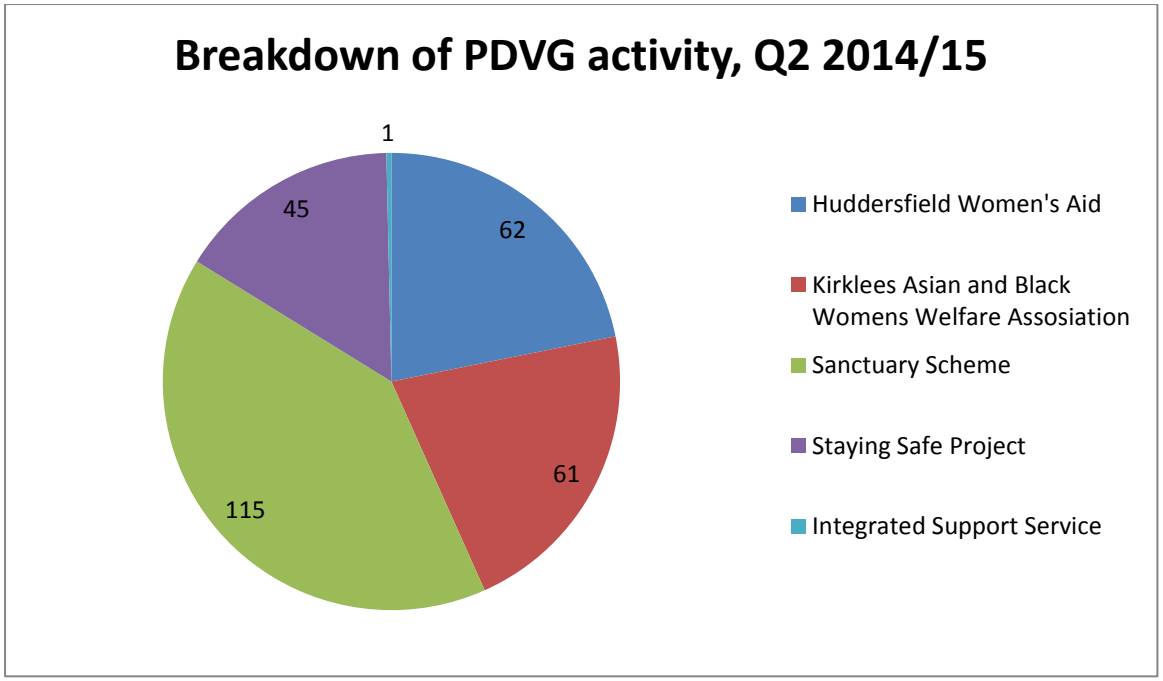
could suggest that those assessed as at a higher-risk of homicide (and thus likely to be receiving closer scrutiny and a range of domestic abuse services) are less likely to suffer repeat victimisation than those assessed to be at a lower risk.

Multi-Agency Risk Assessment Conference (MARAC) data for the annual year October 2013 to September 2014 2012/13 shows that Kirklees MARAC heard 521 high risk adult cases (involving 681 children) with a repeat referral rate of 33%.[33] This indicates there is a shortfall between potential demand for IDVA services and the supply the service can reasonably deliver within existing resources. CAADA[34] suggest that we should have 5.5 IDVAs in Kirklees to support the current caseload and require 7 to support the recommended number of cases. We currently have 2.

Data from Kirklees Council's information system Care First indicates there were 1225 initial adult (16+) contacts relating to domestic abuse in the last twelve months of complete records.[35] 92% of those contacts concerned females, with 8% concerning males.

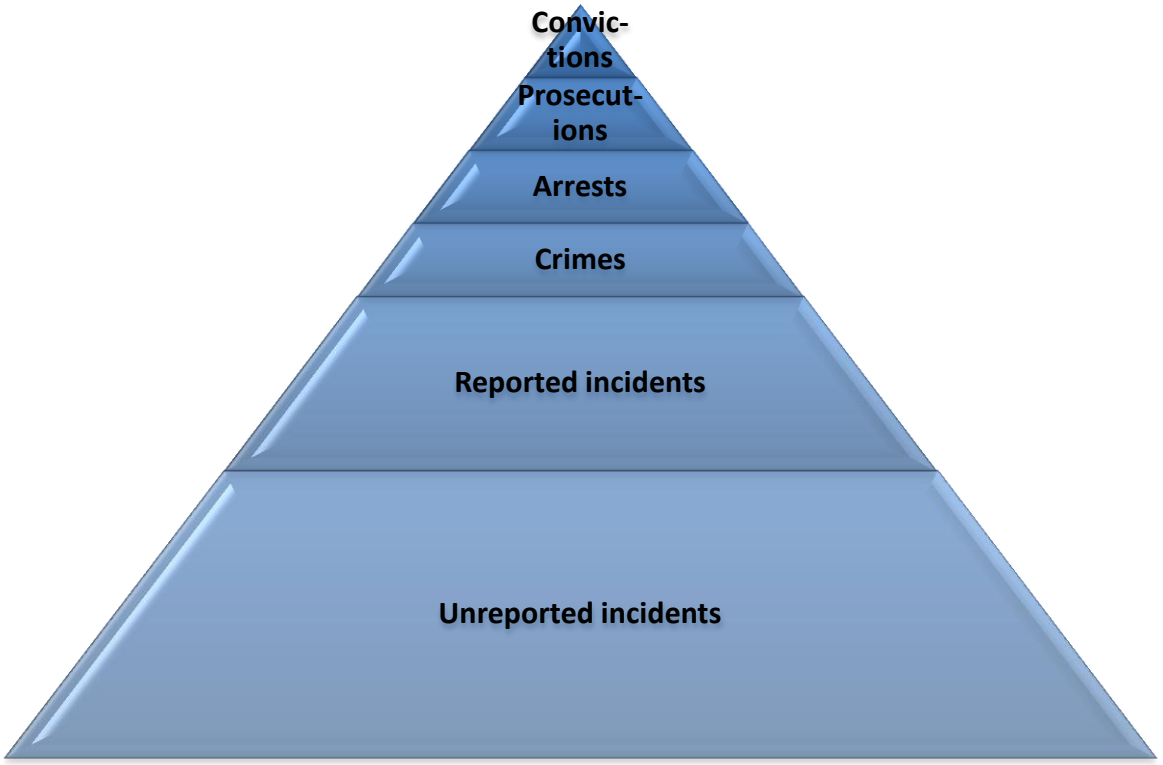
Data from Pennine Domestic Violence Group, Kirklees' specialist voluntary sector provider, shows that 284 individuals were referred into services in Quarter 2 of 2014/15 alone.[36] In addition, the service took about 1500 advice calls by telephone. The breakdown of services provided is detailed in the table below:

[33] CAADA (2014)
[34] Ibid
[35] Kirklees Council. Data covers 01/03/14 – 28/02/15
[36] PDVG (2014)



The data presented above is used here to provide some illustration of the context and prevalence of domestic violence/abuse in Kirklees and of the complexities inherent to understanding and responding effectively to domestic violence/abuse across a range of needs, agendas and delivery systems. The data also challenges common perceptions about what domestic violence/abuse actually is, and how it manifests itself across Kirklees.

Considering the complexities outlined above, the following model is provided as a conceptual aid illustrating volumes of those reporting to the Constabulary (and progressing their issues via the Criminal Justice System), and those who do not disclose to the Constabulary (but who may be accessing specialist and/or universal services):



The above model highlights three key contextual factors:

- The majority of those affected by domestic violence/abuse do not report their experiences to the police;
- The majority of incidents reported to the police do not conclude with a CJS resolution;
- Partner agencies have a key role to play in addressing domestic violence/abuse whether the violence/abuse is reported to the police or not.

These factors have significant implications for strategic planning and policy development. Trends towards resourcing services targeting those who report to the Constabulary and/or who meet local safeguarding/risk thresholds (such as IDVA and MARAC), whilst necessary and welcome, do little to address the needs of the majority of those affected. This status quo facilitates a 'revolving door' process of need whereby a 'new' cohort of victims statistically and practically replaces those previous victims who have escaped the cycle of violence/abuse. Recent research (2012) presented by Professor David Gadd (University of Manchester) codifies the risk outlined above and found that current policies and practices which prioritise CJS responses (above early

intervention and prevention initiatives) will lead to an increase in risk for the majority of those affected by domestic violence/abuse.[37]

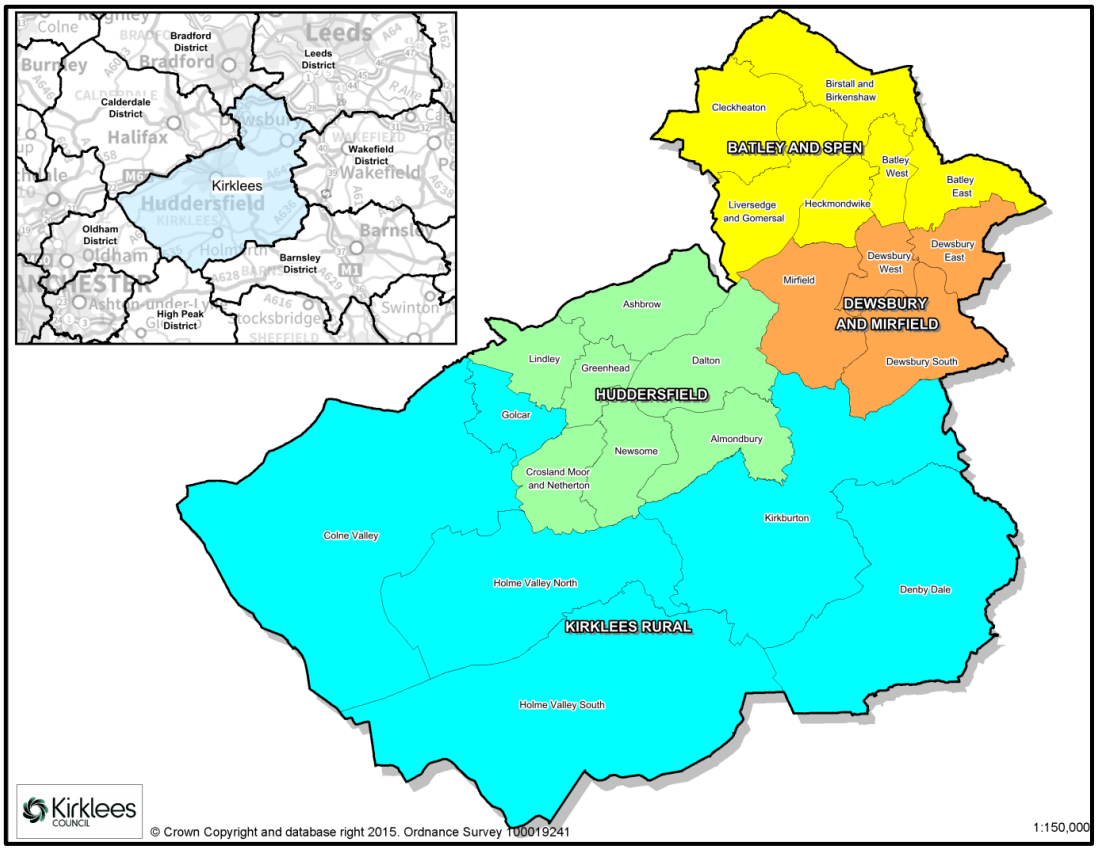
[37] Gadd (2012)

6. Geographical Issues

Relevant available data regarding the context and prevalence of domestic violence/abuse in Kirklees is generally limited to that recorded, collated and presented by specialist services. Due to limitations in the amount and types of data voluntary and statutory sector providers record and collate, and the general under-reporting of domestic violence/abuse across the county, it is not currently possible to create a comprehensive geographical map of need for Kirklees.

We do have data at ward level from the Council's Care First system[38] which demonstrates statistically different differences between wards, between district committees and when comparing wards and district committees to the Kirklees average. For reference, we have included a map of wards and district committees below and in the subsequent charts have colour-coded accordingly.

Map of Kirklees, broken down by district committees and wards



[38] Kirklees Council. Data covers 01/03/14 – 28/02/15

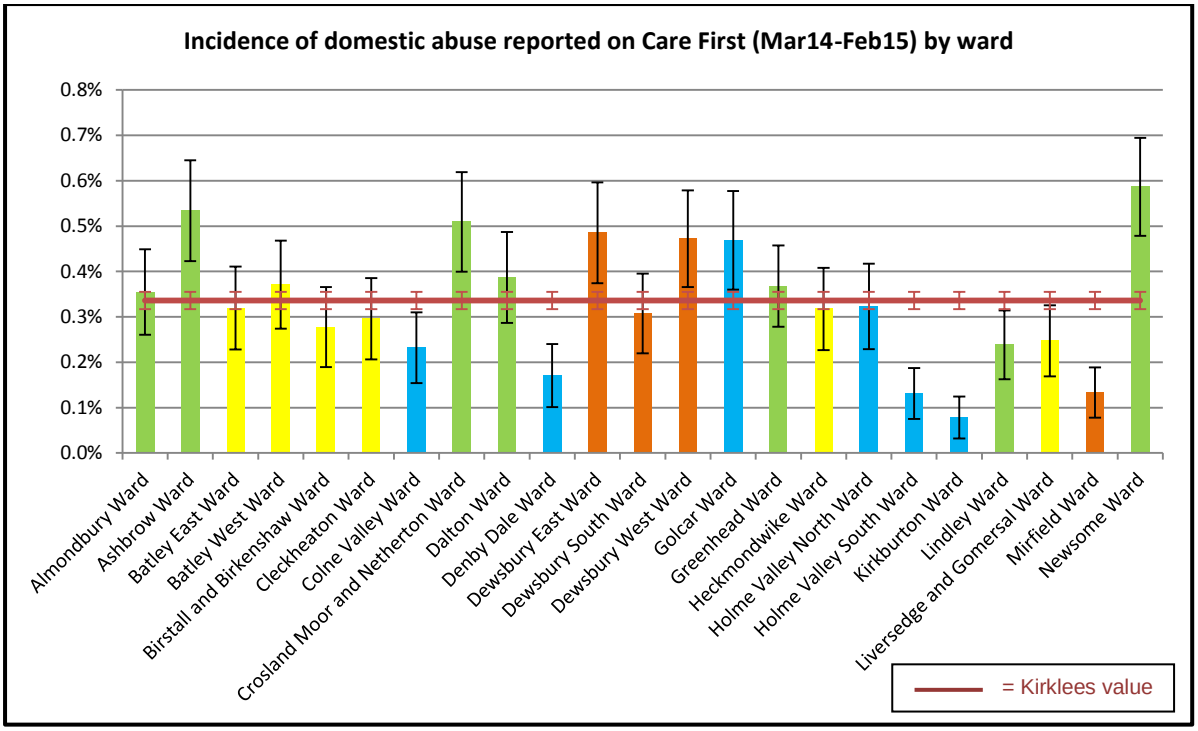
The data held on Care First is shown on the following charts, using error bars to signify statistical significance. Error bars are the 'I' shapes on the top of each data point and indicate the range within which we can be 95% certain the true number lies. This is regarded as the best measure of statistical significant. So, for example, we can be 95% certain that the true incidence of domestic abuse in Kirklees is somewhere between 0.32% and 0.36% based on the data held by Care First. When interpreting the charts, where error bars for a ward or district committee cross those for Kirklees it means there is no statistically significant difference between the incidence in that location and Kirklees as a whole.

When data is examined at ward level, as detailed in the chart below, it demonstrates a statistically significant higher incidence of recorded domestic abuse in the following wards, when compared to Kirklees as a whole:

- Ashbrow
- Crossland Moor and Netherton
- Dewsbury East
- Dewsbury West
- Newsome

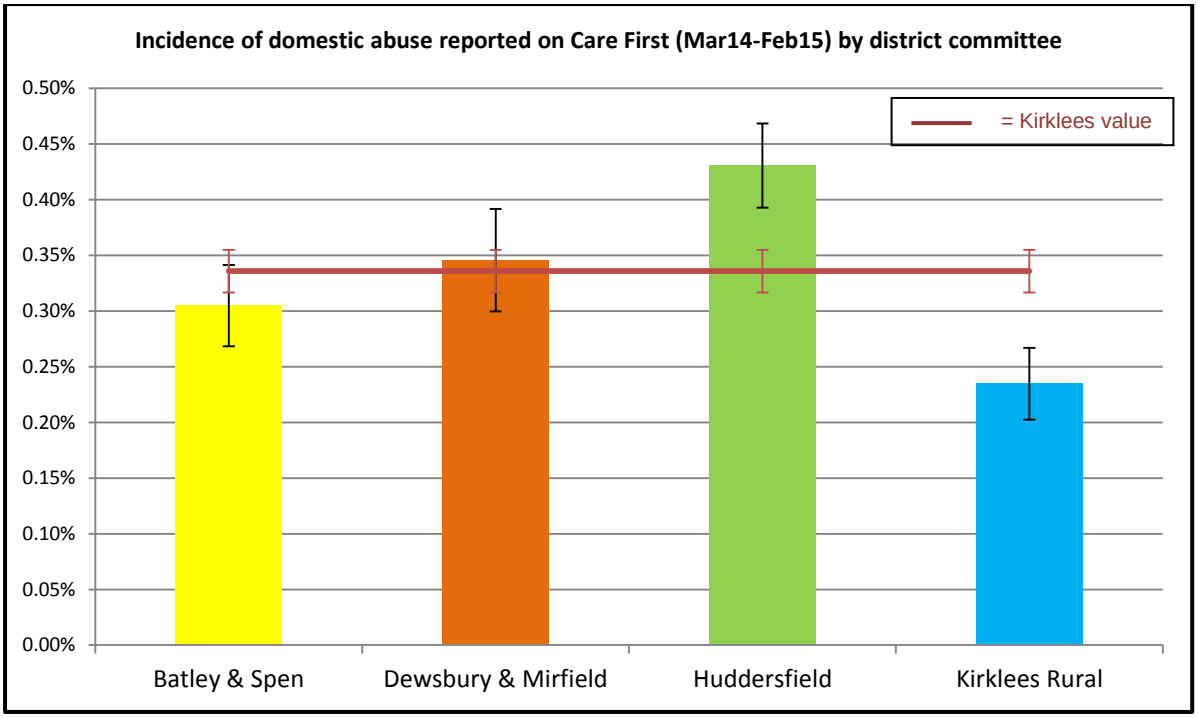
The following wards, however, showed a statistically significant lower incidence of recorded domestic abuse in comparison to Kirklees:

- Colne Valley
- Denby Dale
- Holme Valley South
- Kirkburton
- Mirfield



It is difficult to draw any conclusions from the data. It could, for example, mean there is genuinely a higher incidence of domestic abuse in Newsome ward. Alternatively it could mean that people in Newsome ward are better at seeking interventions if they are abused. Or it could mean that services are more accessible in Newsome ward.

When we look at the data at district committee level, Huddersfield has significantly higher number of recorded cases of domestic abuse and Kirklees Rural a significantly lower number. Again, it is difficult to draw conclusions about this.



It should be recognised that the numbers recorded on Care First are less than a quarter of those identified by police, so the database cannot be regarded as entirely representative of our population. Nevertheless it gives some interesting points for wider discussion when we refresh the Kirklees Domestic Abuse Strategy.

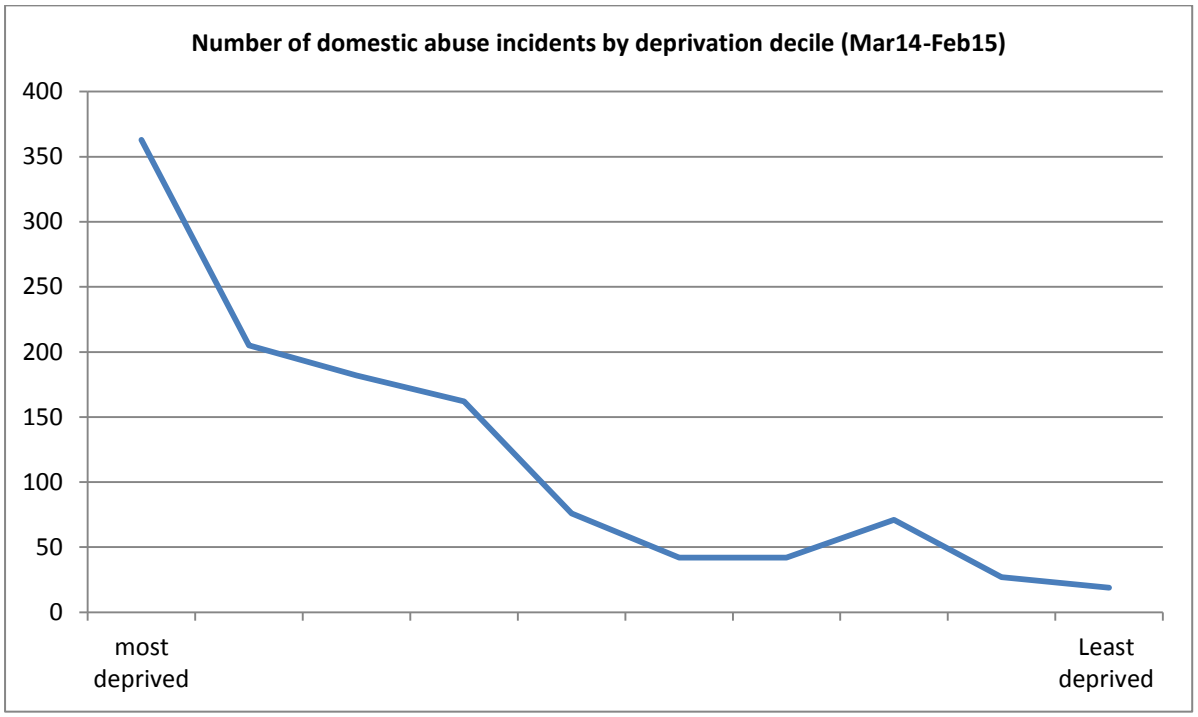
Research presented in 2012 by Bristol University has shown that those living in rural areas are just as likely to be a victim of all forms of domestic abuse as those living in more urban/deprived areas.[39] There is a need to address domestic violence/abuse issues across all communities in Kirklees and also to ensure that appropriate provision is made for those affected, regardless of geographical location.

We do know that deprivation is an underlying factor in many of the triggers of domestic abuse, as demonstrated in the Kirklees Joint Strategic Needs Assessment[40]. There is a clear correlation between the Index of Multiple Deprivation (IMD)[41] scores at ward level and the incidence of domestic abuse – with higher levels of deprivation associated with higher incidence of recorded domestic abuse.

[39] Bristol University (2012)
[40] Available at www.kirklees.gov.uk/jsna
[41] IMD scores available at www.apho.org.uk/resource/item.aspx?RID=111280

This is demonstrated further by the chart below, which shows incidence from the most deprived decile (10%) of Kirklees through to the least deprived decile.

Again it is difficult to draw conclusions from the data, as we know domestic abuse affects all walks of life. It does, however, indicate inequalities within our population.



7. Temporal Issues

Given the nature of domestic violence/abuse as one of a 'pattern' of behaviours operating within a wider continuum of violence and abuse, any attempt to adequately 'map' the timing and frequency of such behaviour is somewhat difficult and would not, in any case, appropriately reflect the constant suffering of those affected by the violence/abuse.

However we know there is a correlation between alcohol and substance use/misuse and domestic violence/abuse which may mean traditional public house opening/closing hours are more likely to lead to domestic abuse. We also know that closer personal proximity between victim and offender across the days of the weekend are likely to influence trends in reporting.

The notion of closer personal proximity between victim and offender influencing temporal trends may also explain seasonal variations in the reporting of incidents to the police, with anecdotal evidence suggesting summer months and winter holiday periods also generate a spike in reporting. The trends suggest that demand for police responses to domestic violence/ abuse incidents occur at the very times when partner agencies are less able to respond (weekend and holiday periods). The volume of onward referrals/notifications regarding domestic violence/abuse generated by the Constabulary over the weekend also has implications for partner agencies working more traditional hours.

One further identifiable correlation which should be mentioned here is the national trend in increased reporting of domestic violence/abuse incidents to the police when international football events, such as the World Cup and European Championships, occur.

8. Victim/Offender Profile

If the premise of domestic violence/abuse being part of a broader continuum of violence against women is accepted, then victim/offender profiles are rendered somewhat moot. In developing notions of a continuum of violence, Professor Liz Kelly (1988) has argued that violence against women is:

> *"not necessarily deviant and episodic, but rather it is normative and functional*."[42]

Therefore, the limitations of developing a victim/offender profile should be obvious.

Historical images of who constitutes a victim of domestic violence/abuse are currently being challenged.[43] These challenges are reflected in the recent changes to the Home Office (2013) definition. International, national and local research, allied with case studies from local practice, also supports a more complex understanding of victim/offender profiles/dynamics than those produced using police data.

However, profiling, based on police data can provide some context. Profiling domestic violence/abuse victims and offenders based on police recorded crime data provided the following results:

- Although there are likely to be variations across Kirklees, the typical victim of domestic abuse is most likely to be a 20-29 year old 'White UK' female;
- Again recognising local variations, the typical domestic abuse perpetrator is a 'White UK' male aged 20-41;
- The most likely type of violence/abuse is a verbal dispute
- Children were present at the incident in 34.3% of cases

[42] Kelly (1988)
[43] Moore (2013)

Nationally and locally, victims of domestic violence/abuse-related homicides are predominately female.[44] The most recent BCS states that:

Female victims were more likely to be killed by someone they knew. Over three-quarters (78%) of female victims knew the main suspect, compared with 57 per cent of male victims. In most of these cases, female victims were killed by a current or ex-partner (47%) while male victims were most likely to be killed by a friend or acquaintance (42%).[45]

And that:

Over half (52%) of female victims aged 16 or over had been killed by their male partner, ex-partner or lover (93 offences). This is similar to previous years with the proportion of female victims killed by a partner or ex-partner having fluctuated between 41 and 57 per cent over the last decade (between 80 and 117 homicides per year). In contrast, only five per cent of male victims aged 16 or over were killed by their male or female partner, ex-partner or lover in 2010/11 (21 offences).[46]

Research undertaken by the London Metropolitan University in 2007 into the context of seven domestic violence/abuse-related homicides illustrated the patterned nature of such crimes, and reflects the findings of the BCS in 2011/12.[47] The recommendations arising from the Metropolitan's research in 2007 were taken forward and incorporated into the current risk assessment processes (DASH) used in Kirklees.

As discussed previously in this assessment, historical conceptualisations of domestic violence/abuse are currently being challenged. This is reflected in the academic debate, which in turn is mirrored (in part) by practical issues facing service providers. Therefore, it may be prudent here to briefly highlight some of the academic debate regarding the 'types' of individuals using violence/abuse in an intimate relationship to show the impact current academic thinking may have on future service design.

[44] Home Office (2013) and West Yorkshire Police (2014)
[45] British Crime Survey (2012)
[46] British Crime Survey (2012)
[47] London Metropolitan University (2007)

Writing in 2006, American psychologists Chiffriller, Hennessy and Zappone presented research that indicated that professionals should consider a number of 'batterer' typologies in developing relevant interventions. These types or 'profiles' were:

- Pathological batterers - those who respond to jealousy with violence;
- Sexually violence batterers - those who use sexual violence as a method of control and conflict resolution;
- Generally violent batterers - who use/express violence across all social scenarios;
- Psychologically violent batterers - those who use emotional and psychological violence as a method of control/conflict resolution;
- Family-only batterers - who typically feel 'inadequate' within the family environment and who respond violently to this 'threat'.[48]

These typologies synergise with the discussion regarding causality earlier in this assessment, and perhaps provide the clearest illustration of the complexities facing those local services charged with supporting the offender/perpetrator, especially where that individual remains as a part of the wider family unit.

[48] Chiffriller et al (2006)

9. Male Victims

Debate and research regarding the prevalence and context of male victims of domestic violence/abuse is complex and often contradictory. Current global and national strategies support the premise of domestic violence/abuse as a gendered crime which disproportionately impacts women and girls in all societies. Data from West Yorkshire Police shows that 17.4% of all incidents, regardless of level of assessed risk, were reported by men,[49] whilst MARAC data (high-risk cases only) for the same period saw the percentage of incidents reported by drop to 5% of the total volume of referrals.[50] No male clients engaged with the IDVA service during 2013/14.[51] Care First[52] data shows 8% of initial contacts were received by men

However, the most recent British Crime Survey (BCS) data suggests that 5% of all adult males (and 7% of adult females) will be victimised as part of a violent/abusive relationship in any given year.[53]

Using BCS methodology (above) and applying this to the current Kirklees population of 170,023 adult males,[54] it can be estimated that 8,501 local men will have suffered domestic violence/abuse in the last twelve months. The police data shows only 806 male victims of domestic incidents, of which not all will be cases of domestic violence/abuse[55]. Other data sources show considerably fewer.

Given that the number of estimated male victims above is more than the total estimated number of all individuals reporting domestic violence/abuse to West Yorkshire Police for the same period, a number of issues should be considered:

- That there may be issues with BCS methodology that result in an over-representation of male victims in that dataset;

[49] West Yorkshire Police (2014)
[50] CAADA Oct13-Sep14 (2014)
[51] IDVA service (2014)
[52] Kirklees Council – Care First data (01/03/14 – 28/02/15)
[53] British Crime Survey (2012)
[54] Kirklees Council – estimates using August 2014 population (2014)
[55] West Yorkshire Police Dec13-Nov14 (2014)

- That male victims of domestic violence/abuse have significant issues with reporting their experiences to the police, and/or;
- That local strategies and services are designed in a way that minimises/ignores the issue of adult male victimisation.

The current academic debate reflects the inconsistencies and contradictions created by the data. Storey and Strand, writing in 2012, suggest that current risk assessment processes, allied with police policies regarding 'positive action' serve to inflate the volume of women identified as being victims, whilst at the same time 'deflating' the volume of men recorded as such.[56]

There is significant literature outlining issues with the volume and context of male victimisation. It is understood that domestic violence/abuse impacts men and women in different ways and with differing degrees of severity. Regardless of the wider debate on context and prevalence, it should be noted here that all specialist domestic violence/abuse services can and do support male victims in Kirklees. However, without an enhanced dataset and further targeted research into the local context of male victims of domestic violence/abuse, it is impossible to ascertain whether or not these services are appropriately responding to need in this area.

[56] Storey and Strand (2012)

10. Children and Young People

Where domestic violence/abuse affects a household/family where children are present, those children should always be considered as victims (whether directly or indirectly) and safeguarding procedures should be applied.[57]

National research from the Centre for Social Justice shows that:

- A narrow focus on female victims of domestic abuse risks sidelining the nearly 3 million children who will have been exposed to violence and cruelty in the home;
- A major failing in state-sanctioned measures to curb domestic abuse is the lack of priority given to the needs of children who suffer the trauma of living alongside domestic violence;
- In later life, [those affected] are also far more likely to become victims of domestic abuse or to become a perpetrator of such cruelty;
- Present policies for tackling the problem tend to concentrate on the needs of the adult victims - usually women - for a place of safety and downplay the damage done to children;
- Children often develop anxiety, depression, aggression and even post-traumatic stress disorder as a consequence of living with domestic abuse;
- Approximately two thirds (63%) of child witnesses show more emotional or behavioural problems than the average child;
- Children whose mothers experience domestic abuse in the child's first year of life have more difficult temperaments at age one;
- The mental development of children exposed to domestic abuse during the first two years is particularly affected; they have IQ scores that are, on average, 7.25 points lower than those who were not exposed;
- The psychological impact of living with domestic abuse is no smaller than the impact of being physically abused.[58]

[57] Children living in households where domestic violence is happening are identified as "at risk" under the Adoption and Children Act 2002. Since 31 January 2005, Section 120 of this act has extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others. This includes witnessing domestic violence / abuse

Key findings from a 'Research in Practice' review into the effects of domestic violence/abuse on children/young people in 2011 were that:

- Almost a quarter of young adults in the UK have witnessed domestic violence during their childhood, and almost 1 in 20 (4.5%) children and young people in the UK have experienced severe forms of domestic violence. Children and mothers who experience domestic violence are likely to do so on a repeated basis. Domestic violence is also a key indicator for child abuse and neglect - with children experiencing domestic violence being three to four times more likely to experience physical violence and neglect;
- Children's involvement in domestic violence is intimate and active. Not all children suffer adverse effects but there is evidence that harm is cumulative and longer exposure leads to more severe impact. The impact is likely to differ according to age and developmental stage;
- Parental separation does not guarantee an end to violence. For one in two families who separate, the domestic violence continues beyond separation, and separated women are at particularly high risk. For many families, contact provides a context for domestic violence to continue;
- While both men and women can be perpetrators of domestic violence, the vast majority of incidents (in one study, 86% of the incidents reported to the police and other agencies on a single day) concern attacks by men on women. Men are also significantly more likely to use threats, harassment and more serious violence;
- Mothers' parenting is likely to be adversely affected by domestic violence, but there is evidence that it can recover. Poor maternal mental health increases the likelihood of harm for children exposed to domestic violence. Research on the parenting of perpetrators is limited, but many struggle to acknowledge the impact of their violence on their children - interventions should address this;
- While the service response to domestic violence is generally fragmented, early intervention programmes that specifically target domestic violence have been successful in reducing risks, and there is evidence to support the use of

[58] Centre for Social Justice (2012)

Independent Domestic Violence Advisors (especially advocacy), whole-family initiatives and programmes delivered to mothers and children - a key feature of these is the mother's engagement with the child's perspective;

- Perpetrator programmes appear to be successful in reducing re-offending for most participants. Increasingly, children's services in the UK are referring perpetrators to local voluntary sector programmes and early evaluation suggests they have the potential to increase children's safety;
- Children and young people are likely to experience a range of emotional and behavioural responses, including fear, anxiety, worry, anger and aggression. They may feel isolated and stigmatised, while many have to take on caring responsibilities. The risk of psychological harm is high for those who also experience other forms of abuse and neglect;
- Impact differs by developmental stage: infants may show delayed development, sleep disturbance, temper tantrums and distress; school-age children may develop conduct disorders and difficulties with their peers and find it hard to concentrate; depression, delinquency and aggression are common among adolescents;
- Not all children suffer adverse effects, however. There is evidence that the impact is cumulative, with sustained exposure over time leading to the most severe impact;
- A strong sense of self-esteem and self-efficacy can promote resilience and help children attribute responsibility for the violence to others. Having an adult (usually the mother) who provides consistent support contributes to resilience, while friendships offer vital social support;
- Domestic violence characterises the history of a substantial proportion of looked after children. Contact and reunification plans should take ongoing domestic violence in birth families into account and respect children's views;
- Young people exposed to domestic violence in childhood are more likely to experience violence and abuse in their own relationships. All practitioners who work with young people should ask about violence in intimate peer relationships, as young people are unlikely to disclose it spontaneously;

- Maternal mental health problems and parental substance misuse both increases the likelihood of harm for children exposed to domestic violence. The mental health of mothers should be a key target for intervention;
- Mothers' parenting can be undermined by assaults on their self-esteem and confidence, and by perpetrators forging hostile alliances with children or other family members. However, there is clear evidence that parenting can recover once mothers are no longer living with domestic violence;
- Social isolation, which can continue after women leave an abusive relationship, contributes to parenting problems and may be acute for mothers from some minority ethnic communities, mothers with disabilities, families with disabled children and homeless mothers. Interventions should aim to link them into local support systems.[59]

Research presented by the Economic & Social Research Council/University of Manchester found that, of the 1,203 13/14 year olds surveyed:

- Half had direct experience of domestic abuse, whether as victims, witnesses or perpetrators;
- Nearly half had experienced at least one type of domestic abuse in their relationships;
- A quarter had carried out at least one abuse behaviour against a boyfriend or girlfriend; Over a third had witnessed abuse between parents and carers at home; Emotional abuse and controlling behaviours were the forms of abuse most frequently reported.

This research also found that most young men surveyed had 'multiple experiences' of domestic abuse (as perpetrators, victims and witnesses) and that those growing up in violent homes were at a heightened risk of becoming perpetrators themselves.[60]

Given issues with agency recording and under-reporting of domestic violence/abuse, it is difficult to provide a robust dataset that would accurately gauge the context and

[59] Research in Practice (2011)
[60] University of Manchester (2013)

prevalence of the impact of domestic violence/abuse on children and young people in Kirklees.

The Children & Young People Survey undertaken in Kirklees in 2014 did not specifically ask about domestic abuse[61] but the survey in 2009 (3137 pupils from years 7, 9 and 12) showed that:

- 9.6% of children surveyed had worried about violence at home at least once over the last school year
- 4.5% worried about it at least once a month
- 3% worried about it at least once a week
- 1.6% worried about more frequently than that[62]

In Kirklees, the Duty and Assessment Service (DAAS) has traditionally managed domestic abuse notifications that involve children. It was recognised that the sheer volume of notifications meant that only those cases which had reached the threshold of a child protection enquiry (section 47) received any subsequent service – which left 90% of notifications without. This was initially addressed by adopting a 'three strikes and you're in' rule, whereby three notifications on an individual due to domestic abuse also received further assessment.

In 2013, in a bid to better meet the needs of the vast majority of families that were not receiving any level of service provision, an Integrated Domestic Abuse Team (IDAT) was piloted to act as a single point of access for all enquiries pertaining to domestic abuse. The purpose of IDAT is as follows:

- Provide a duty service Mon-Fri 9-5pm offering support, advice, signposting and the ability to respond immediately to service users in crisis
- Create a triage system which refers section 47 cases to Duty and Assessment immediately
- Establish positive, professional working relationships with the third sector in order to improve services to vulnerable adults

[61] Kirklees Council (2014)
[62] NHS Kirklees (2009)

- Link with the Safeguarding Board to develop the Education and Prevention agenda in school and colleges
- Raise the profile of domestic abuse and reach out to communities previously difficult to engage with
- Link with the Support for Women and Ante-Natal Service (SWANS) to identify early those pregnant women at risk
- Reduce the pressure on the Duty and Assessment Service
- Establish a recording system to enable the Council to gain a clearer understanding of the scope and prevalence of domestic abuse across Kirklees Council
- Gain an understanding of perpetrator conviction rates
- Reduce the number of domestic abuse notifications through prevention
- Establish an integrated approach to domestic abuse

There is a lack of understanding within the system on the role IDAT plays in addressing domestic abuse, even though it has been running now for almost two years. There is a definite crossover between some of the things offered by IDAT and those things that could or should be offered by other services. If the IDAT service is to continue, a number of fundamental changes need to be made to it. This includes:

- Establishing a budget which allows for recruitment of full time workers rather than relying on seconded members of staff from other directorates within the Council.
- Ensuring adequate accountability to a named senior manager
- Better integration with other service providers
- A focus on the individual domestic abuse victim and their family rather than the children
- A focus on risk rather than safeguarding

Of primary concern is the lack of integration between this service and others. Many of the local stakeholders, including the IDAT team themselves, recognise that this has been an issue. The consensus opinion seems to support co-location of the

IDAT team with the police safeguarding team (which also includes four probation officers) in Dewsbury police station. If that could be extended to also include accommodation for IDVA workers, regardless of their employing organisation, Kirklees would stand a better chance of truly establishing an integrated approach to domestic abuse.

11. Inter-Generational Domestic Abuse

Abuse of parents by their children is common but under reported and under researched, particularly in a UK setting. There are some broad self-report surveys of adolescent youth that provide data on adolescent to parent violence and make attempts to estimate the proportion of families that experience it. However, estimates vary depending upon the definition and research methods, ranging from 7 to 18 per cent of two parent families and 29 per cent of single parent families.[63]

In an Australian report on adolescent violence in the home,[64] police data from the state of Victoria revealed that 9% of all family violence incidents recorded in 2009/2010 involved adolescent to parent violence, with a peak age of offending of 15–17 years. Two-thirds of the perpetrators were male and 74% of victims were female. In the USA, Walsh and Krienert (2007) analysed National Incident Based Reporting System data across 23 states for 2002 and found that in that year, 17,957 children aged 21 or younger were reported for assaulting a parent or step-parent – 2,096 of which were recorded as aggravated assaults (use or threat of weapon). In a later study[65] they examined victim, offender and incident characteristics in NIBRS data for an 11-year period (1995–2005), which drew a sample of 102,231 child-to-parent violent offenders. They found that males committed approximately 63% of reported incidents and 72% of victims were female.

Recent research in the UK[66], looking at cases reported to the police in London, found a similar story in terms of the gendered breakdown of perpetrator and victim, finding son to mother violence was the predominant type of abuse. However a significant proportion of parents reporting violence from their children to the police were male and they tend to report more serious levels of violence than mother victims. The study found the mean age for suspects was 16.4 years and the majority of victims were aged 41–50 years, with a mean age of 43.6. The 1996 British Crime Survey

[63] Kennair and Mellor, 2007
[64] Howard, 2011
[65] Walsh and Krienert, 2009
[66] Condry, 2014

found that around 3% of domestic violence cases were child-to-parent violence.[67] BCS reports since 1996 have not included data on child-to-parent violence. Two surveys by the UK charity Parentline Plus suggest that a significant number of families could be experiencing violence from children. The first survey in 2008 found that 8% of 30,000 calls to its helpline were about physical aggression from children, most of which took place at home, was usually targeted at mothers and peaked with teenagers aged 13–15 years[68]. The chief executive of Parentline Plus described child-to-parent aggression as 'the last taboo about violence in the home'.[69] This was followed by a report which revealed that over the two-year period from June 2008 to June 2010, the Parentline Plus helpline received 22,537 calls from parents who were struggling to cope with aggressive behaviour from their children, 7000 of which concerned incidents of physical aggression (Parentline Plus, 2010).

[67] BCS, 2006
[68] Parentline Plus, 2008
[69] Families First for Health, 2008

12. Older People

Little national data exists to provide context to this section (for example, Crime Survey data ranges from those aged 16-59 years of age). However, research conducted in 2007 found that older people were less likely to identify themselves as victims of violence/abuse and so were less likely to disclose their experiences to services. This research concluded that special consideration should be given to the specific needs of a cohort who may not be familiar or comfortable with current policy or practice.[70]

The following table shows the age of victims of domestic incidents recorded by West Yorkshire Police during the period November 2013 – December 2014:[71]

Table 8 – age profile of domestic incidents in Kirklees

Age Range	Total	Percentage
<16	87	1.9%
16-19	380	8.2%
20-29	1585	34.3%
30-39	1182	25.6
40-49	858	18.5
50-59	345	7.5
60-69	129	2.8
>70	59	1.3
Unknown	1	0
Total	4626	

As can be seen, numbers of incidents are relatively small, and are almost certainly under-recorded.

[70] Women's Aid (2007)
[71] West Yorkshire Police (2014)

Data from Care First showed similar numbers, with 1.06% of initial contacts concerning someone over the age of 70.[72]

There has been a lot of media interest in abuse of older people, particularly following both the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry Report)[73] in 2013 and the Winterbourne View Serious Case Review[74] in 2012. The Care Act 2014[75] lays out a clearer statutory basis for adult safeguarding that comes into force in April 2015 and will be likely to lead to an increased number of notifications to domestic violence/abuse services.

[72] Kirklees Council – Care First data (01/03/14-28/02/15)
[73] www.midstaffspublicinquiry.com/report (2013)
[74] http://hosted.southglos.gov.uk/wv/summary.pdf (2012)
[75] www.gov.uk/government/publications/care-act-2014-part-1-factsheets (2014)

13. Substance Misuse

There is a strong statistical correlation between the use/misuse of drugs/alcohol and the prevalence of domestic violence/abuse. The most recent British Crime Survey (BCS) found that 21% of those who had experienced partner abuse in the last year thought that the offender was under the influence of alcohol, while 8% thought they were under the influence of illicit drugs. However, the BCS also warns that 'levels of alcohol consumption and illicit drug use may be an indicator of lifestyle that may affect or be affected by vulnerability to partner abuse,' rather than causality of the abuse.[76]

A four-year research project undertaken by Drugscope/London Drug and Alcohol Network found that:

- Women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance use problem over their lifetime;
- Almost two-thirds of the women surveyed from domestic violence agencies with substance misuse problems reported that they began their problematic substance use following their experiences of domestic violence;
- 93% of domestic violence perpetrators surveyed with substance misuse problems reported that they were problematic substance users before they became domestically violent.[77]

West Yorkshire Police data found that 7.3% of domestic incidents involved alcohol, with 1.4% involving the misuse of drugs.[78] Care First data had a lower figure of 3.43%, but data recording is patchy and mostly relates to MARAC cases.[79]

Whilst there is an awareness of domestic violence/abuse within substance misuse services, there is no formal and consistent approach to identify and assess risk. At the same time, formal processes could be adopted to ensure domestic

[76] British Crime Survey (2012)
[77] Drugscope / London Drug and Alcohol Network (2013)
[78] West Yorkshire Police (2014)
[79] Kirklees Council – Care First data (01/03/14-28/02/15)

violence/abuse teams are able to assess and refer individuals they see to substance misuse services if appropriate.

Some areas of the country have an Independent Domestic Violence Advisor with a specialist focus on substance misuse and a caseload that reflects that. This model is not currently feasible in Kirklees, given the relative under provision of IDVA support. However there is a case for considering this in the future, perhaps in the context of a ‘toxic trio’ IDVA also working across mental health.

14. Mental Health

There is a growing understanding at a national and local level of the significant links between mental health and domestic violence/abuse victimisation (though context is perhaps less clear with regards to links between mental health and those perpetrating domestic violence/abuse). National research suggests that:

- 50% of women in contact with mental health services have suffered abuse/violence;
- 64% of abused women suffer post-traumatic stress disorder against 1-2% of non-abused women;[80]
- Domestic violence is a factor in 49% of suicide attempts by BME women, and 22% of attempts from White communities;
- One third of women attending A&E for self-harming have experiences of domestic violence.[81]

The most recent Crime Survey (2011/12) also states that of those victims of domestic violence/abuse responding to the survey 39% reported mental or emotional problems, 19% stopped trusting people or had difficulty in other relationships and 4% 'tried to kill self'. Of those accessing health services following violence/abuse, 14% had gone to specialist mental health or psychiatric services. [82]

The only local data we have comes from Care First[83], although is likely to be unreliable given inconsistencies in the way data is logged. This indicates 7.35% of initial contacts regarding domestic abuse involved victims with mental health problems. This is almost certain to be a significant underestimation.

None of the providers of domestic abuse services in Kirklees mentioned a partnership approach to working with mental health services, so it is unclear as to

[80] Department of Health (2005)
[81] AVA (Against Violence and Abuse) (2013)
[82] British Crime Survey (2012)
[83] Kirklees Council – Care First data (01/03/14-28/02/15)

whether any relationship exists at present. Given the statistics above it is important that a two-way relationship is developed if one doesn't exist or is inadequate.

15. Adults with Learning Difficulties

There is little significant national/local data or research that could provide meaningful context to this section. However, a literature- review undertaken in 2011 by the Scottish Consortium for Learning Disability and NHS Scotland found that:

- Disabled people are more likely to experience GBV (gender-based violence) than non-disabled people;
- People with learning disabilities are more likely than other disabled people to experience GBV;
- Disabled women are more likely to experience GBV than disabled men or non- disabled women;
- The perpetrators of abuse are most often known to the victim;
- People with learning disabilities are less likely to report abuse and less likely to receive a good service from agencies when they do;
- The consequences of abuse for people with learning disabilities are similar to those without learning disabilities but may be more severe;
- Health care workers have a responsibility to protect people from abuse, identify abuse and to respond to the needs of people who have been abused;
- There is little evidence of effective interventions to address this issue.[84]

[84] NHS Scotland (2011)

16. Adults with Physical Disabilities/Sensory Impairments

There is little significant national/local data or research that can currently provide meaningful context to this section. Research undertaken by the University of Bristol/University of Warwick in 2008 could not identify any statistical data regarding volume/prevalence of domestic violence/abuse across service provider caseloads. The research did, however, indicate that 'disability agencies' had issues with recording issues of domestic abuse violence/abuse; were lacking in relevant policies (regarding training for staff and appropriate interventions) and awareness materials and had little knowledge of how to access specialist domestic violence/abuse services.[85]

[85] University of Bristol / Warwick (2008)

17. Homelessness

Issues with accommodation and homelessness are intrinsically linked with those of domestic violence/abuse. Subsequently, the provision of appropriate accommodation to those escaping violence/abuse is a vital component of a community-coordinated response. The most recent British Crime Survey data (2012) shows that:

- Around a quarter (23%) of partner abuse victims reported sharing accommodation with their abusive partner with 42 per cent of these victims leaving the accommodation because of the abuse even if it was for only one night;
- Around a half (54%) of partner abuse victims who left the shared accommodation spent their first night with relatives, while staying with friends or neighbours was the next most likely destination (29%);
- Reasons mentioned most frequently for not leaving the shared accommodation were 'presence of children' (38%), 'love or feelings for partner' (34%), 'never considered leaving' (29%) and 'having nowhere to go' (21%).[86]

Kirklees provides emergency accommodation to women and their children. Submissions from partner agencies to this assessment suggest that the accommodation on offer would benefit from refurbishment and adaptation. Some concern was expressed that the location of refuge provision had become known to some perpetrators. Partner agencies also suggested refuge-type accommodation for men, and specialist refuge-type accommodation for those with acute substance misuse problems may be beneficial to practice in Kirklees, but no statistical evidence of need has been presented to support these suggestions.

Kirklees also offers relevant applicants a scheme whereby they are enabled to remain in their own home (rather than relocating/fleeing to refuge-type provision) through the installation of home security adaptations. This scheme, known as

[86] British Crime Survey (2012)

'Sanctuary', has proven to reduce the costs to Councils of relocating victims of domestic violence/abuse.[87]

[87] Department for Communities and Local Government (2010)

18. Same Sex Relationships

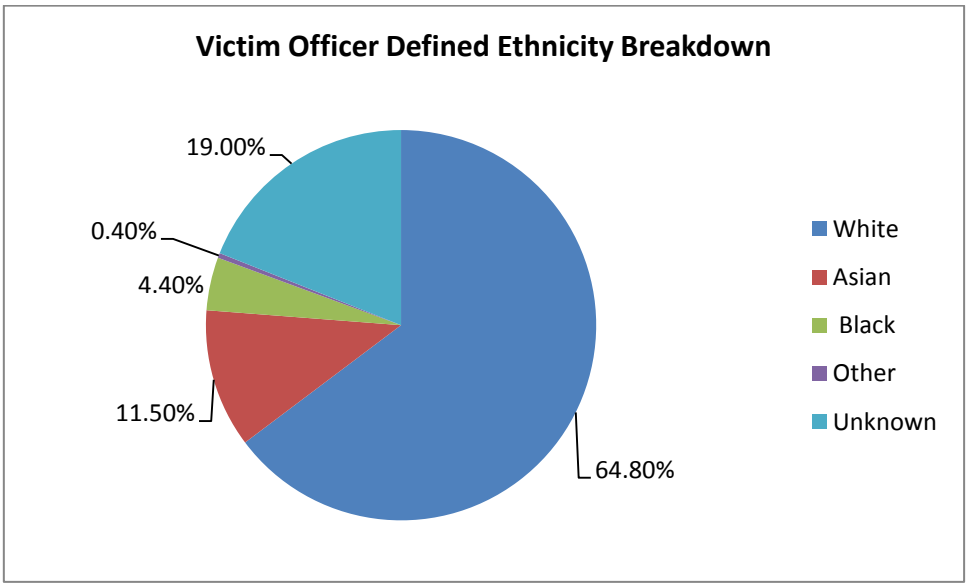
Crime Survey data does not does not distinguish between same-sex and heterosexual relationships, therefore contextual data based on that source is absent from this assessment. Relevant research undertaken in 2006 by the University of Bristol and University of Sunderland suggests that the prevalence of domestic violence/abuse in same-sex relationships is comparable with that among heterosexual relationships. However, this research also suggests that significant additional risk factors are specific to same-sex relationships regarding likelihood of disclosure, prevalence of sexual/physical violence and barriers to accessing relevant services.[88]

Data from the Kirklees IDVA service for 2013/14 states that none of the caseload were in a same sex relationship[89]. There is no relevant data of the sexual orientation of victims in West Yorkshire Police data. Kirklees MARAC data for October 13 – September 14 shows that 1% of cases heard at MARAC were identified as LGBT.[90] CAADA would expect this to be 5%, which indicates unmet need in this group.

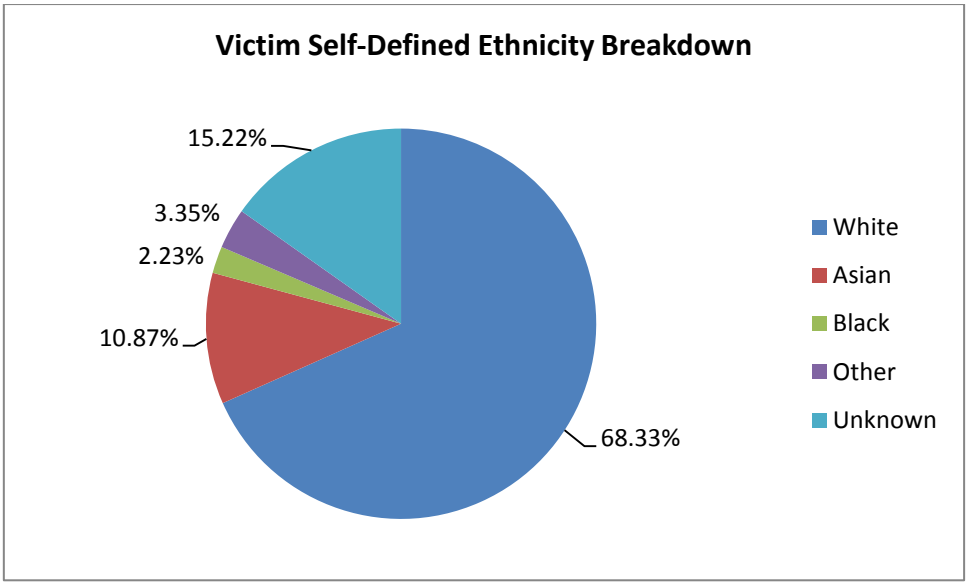
[88] University of Bristol / Sunderland (2006)
[89] Connect Housing – IDVA service (2014)
[90] Kirklees Council MARAC

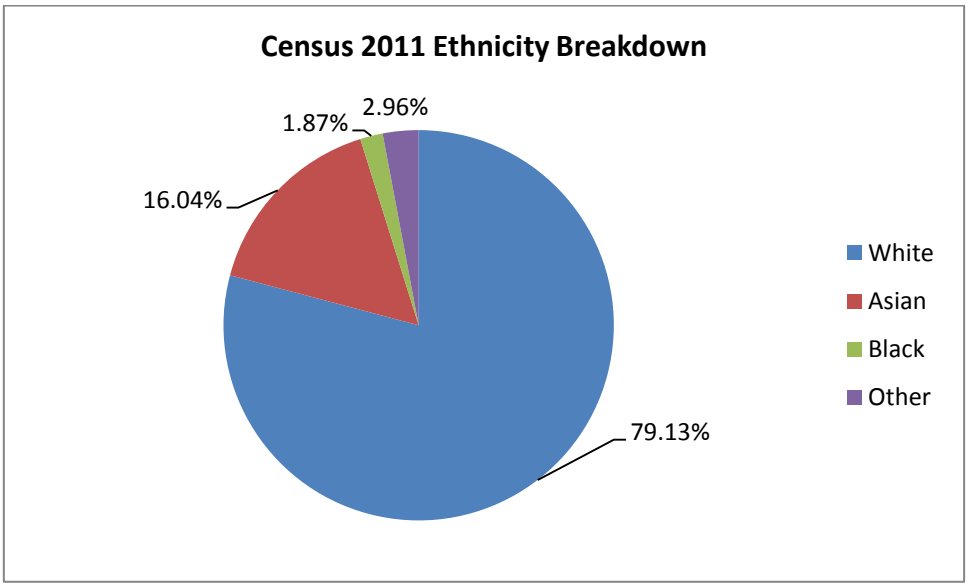
19. Ethnicity of Victim/Offender

There is little meaningful current local data available to establish trends over time of ethnicity breakdown. However the data from West Yorkshire Police,[91] both for officer defined and victim self-defined ethnicity, shows a similar pattern to what we would expect based on the 2011 Census data for Kirklees.[92] Data collected for the census and for victim self-defined ethnicity is broken down into more defined categories, but has been aggregated here for ease of comparison.



[91] West Yorkshire Police (2012) – data relates to Dec 13 to Nov 14
[92] Office of National Statistics (2014)



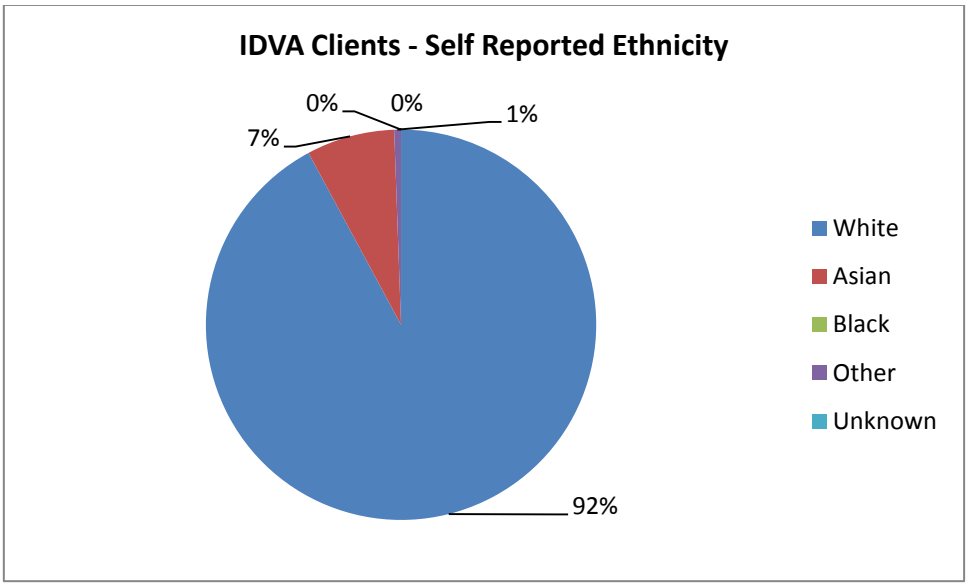


Although data is similar across all three methodologies, the following stands out:

- Victims defining their ethnicity as 'Black' or defined by police officers as black appear overly represented compared to census breakdown;
- It is difficult to effectively identify victims coming from New European states through recorded data

- Typically, members of Gypsy/Traveller/Roma communities do not report domestic abuse issues to any relevant agency within the county. However, research has indicated that up to 61% - 81% of women from these communities has been a victim of domestic abuse;

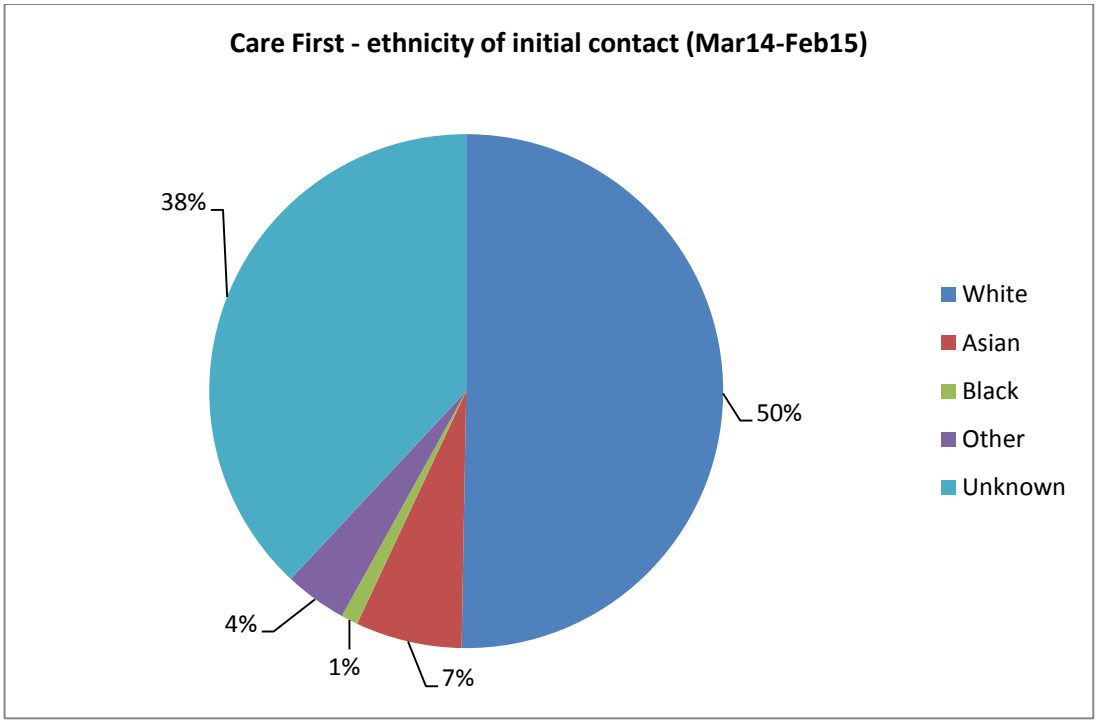
The following table shows the stated ethnicity of clients engaging with the Kirklees IDVA service[93] in 2012/13:



It is noticeable that ethnic groups other than white appear to be significantly under-represented by the IDVA service.

The final chart gives the ethnic breakdown from Care First initial contacts data.[94]

[93] Connect Housing – IDVA service (2014)
[94] Kirklees Council – Care First (01/03/14 – 28/02/15)



This data is of limited value, given the large amount of unknown ethnicity.

20. Repeat Victimisation

Those experiencing domestic abuse are more likely to suffer from repeat victimisation compared to any other type of victim. Repeat victimisation accounted for over 70 per cent of all crimes of domestic abuse reported to the British Crime Survey in 2012.

The most recent data from West Yorkshire Police shows 31.2% of incidents are marked as repeats (that is, a further incident has been reported to the Police within 12 months of a previously reported incident). This repeat rate applies to all levels of risk assessed by the Police following a reported incident.[95]

Kirklees IDVA data shows a repeat referral rate for 2013/14 of 11%.[96]

Data from Kirklees Multi Agency Risk Assessment Conferences (MARACs) shows a repeat referral rate of 33% for the twelve months running from 1st October 2013.[97]

Recent (2013) research presented by the University of East London has stated that police failings to record, monitor and target repeat domestic violence/abuse victimisation hinders overall efforts to address the issue (especially with regards to domestic violence/abuse -related homicides) and is contributing to rising costs, workloads and risks of reoccurrence.[98]

This gives a basis for discussion in terms of improving our approach to secondary prevention in Kirklees as we refresh our local domestic abuse strategy.

[95] West Yorkshire Police (Dec13-Nov14)
[96] Connect Housing – IDVA service (2014)
[97] Kirklees Council (2014)
[98] University of East London (2013)

21. The Cost of Domestic Violence/Abuse in Kirklees

The national annual cost to the UK of VAWG is estimated by the Home Office to be in the region of £37 billion (health, legal and social services).[99] In 2004, the cost of a domestic violence/abuse-related homicide to criminal justice agencies (police, courts, etc.) was estimated at £118,299 per incident. The human and emotional costs of a homicide at that time were estimated to be in the region of £750,640 per incident.[100] The total estimated agency cost of a domestic violence/abuse related homicide is in the region of £1 million per incident,[101] whilst the average cost to families of the bereaved following a homicide is estimated at £33,000. The cost of addressing domestic violence/abuse to each adult in the UK (aged 16-59) has been estimated at £440 per person, per year.[102]

Figures presented by the Trust for London and Henry Smith Charity in 2009 stated that the total estimated cost of domestic violence/abuse to agencies in Kirklees was £43 million in that year.[103]

Recent research indicates that cuts in funding across the public and voluntary sectors are having negative impacts on safety, risk of serious harm/homicide and the provision of appropriate services to those affected by domestic violence/abuse.[104] It follows that those cuts, whilst delivering short-term financial savings, are likely to lead to increased costs in the long term.

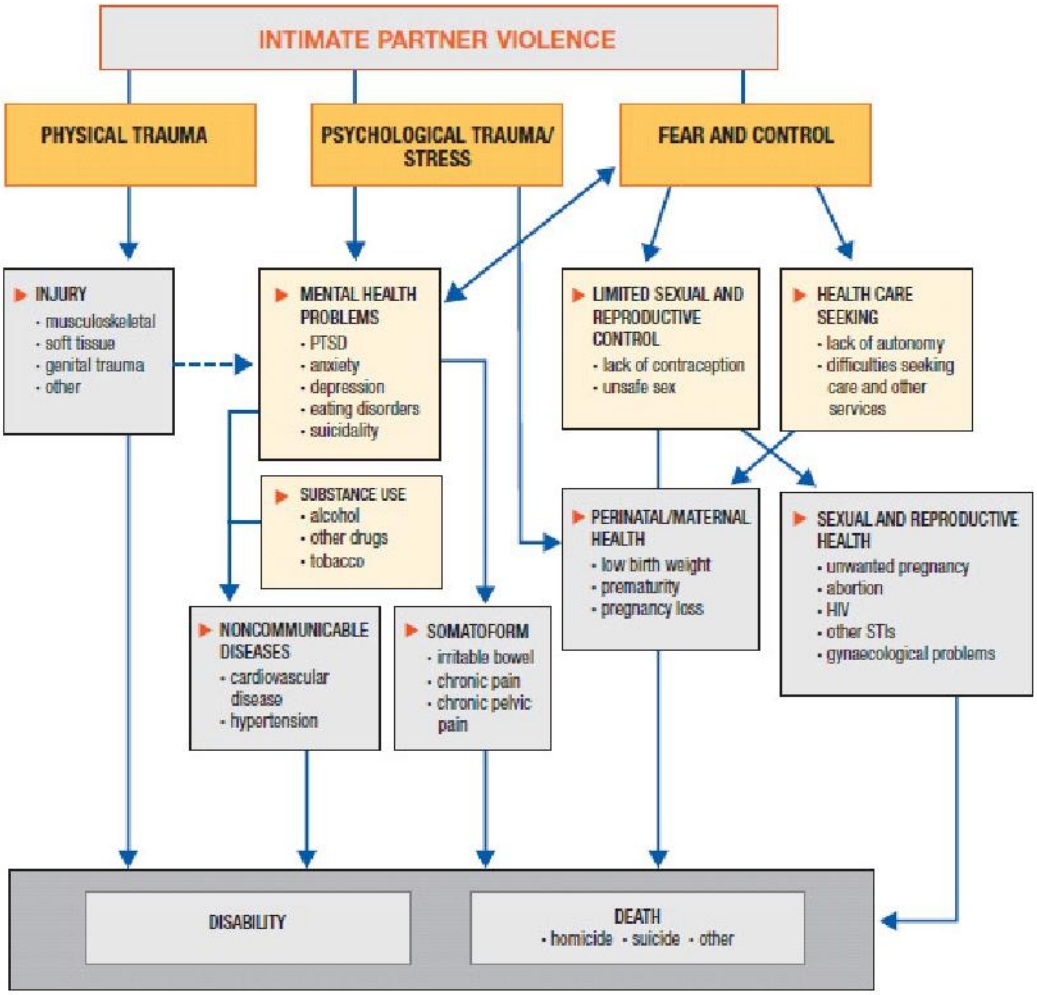
[99] Home Office (2013)
[100] Women and Equality Unit (2004)
[101] Home Office (2000)
[102] Women and Equality Unit (2004)
[103] Trust for London (2009)
[104] Lancaster University (2011), University of Manchester (2012) and Women's Aid Federation (2013)

22. Domestic Violence/Abuse as a Health Issue

The World Health Organisation (2013) states that:

> *"Violence against women is a significant public health problem, as well as a fundamental violation of women's human rights…Women who have been physically or sexually abused by their partners report higher rates of a number of important health problems*.[105]

To illustrate the health effects impacting victims of domestic violence/abuse, the WHO have developed the following model:



[105] World Health Organisation (2013)

The most recent Crime Survey (2012) found that the majority of victims of domestic violence/abuse do not suffer physical injury. However, of those disclosing physical injury:

- The vast majority (82%) of victims who received medical attention did so from a GP or at a doctor's surgery;
- Eighteen per cent of those partner abuse victims who had received medical attention had gone to a hospital's Accident and Emergency department;
- Fourteen per cent had gone to specialist mental health or psychiatric services.[106]

The Public Health Team at Kirklees Council were unable to obtain any statistical data to provide context to prevalence and trends within Kirklees for this assessment. Feedback from our partners suggested that data was not available at this level of detail, and was unlikely to be accurate if it was due to the way clinical symptoms are coded.

Some areas of the country employ IDVAs with a specific health remit to provide crisis intervention and support services for those victims of domestic violence/abuse who were accessing 'health' services via primary or secondary care. Data from the Themis project[107] developed by CAADA suggests that clients accessing healthcare-based IDVA services are often younger and at an earlier stage in the relationship than those gaining support from a community-based IDVA service. They are twice as likely to have complex needs, eight times more likely to be pregnant and are also more likely to still be living with the perpetrator at the time of intervention.

The NICE guidance on 'domestic violence and abuse: how social care, health services and those they work with can identify, prevent and reduce domestic violence and abuse' was launched in March 2014.[108] This guidance aims to reduce the prevalence of domestic violence and abuse through recommendations for good/cost-effective practice. The recommendations are as follows:

[106] British Crime Survey (2012)
[107] www.caada.org.uk/policy/themis.htm (2014)
[108] National Institute for Health and Care Excellence (2014)

1. Plan services based on an assessment of need and service mapping
2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
3. Develop an integrated commissioning strategy
4. Commission integrated care pathways
5. Create an environment for disclosing domestic violence and abuse
6. Ensure trained staff ask people about domestic violence and abuse
7. Adopt clear protocols and methods for information sharing
8. Tailor support to meet people's needs
9. Help people who find it difficult to access services
10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse
11. Provide specialist domestic violence and abuse services for children and young people
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
16. GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse

This needs assessment contributes to the compliance with NICE guidance in Kirklees, but is only the start of the process. The needs assessment gives a range of recommendations that require further discussion in the context of the NICE guidance.

23. Early Intervention and Prevention

There is a considerable and growing body of evidence (University of Bristol, 2006; Northern Rock Foundation, 2009; CAADA 2009; Gadd, 2012 and Home Office, 2014) that activities that prioritise early intervention/prevention of domestic violence/abuse should be integral to local strategies.

The Early Intervention Foundation (EIF, 2014) have stated that there are three key forms of preventative public service activity that respond to the specific challenges of domestic violence/abuse:

- The work of universal services in embedding an understanding of good relationships in childhood and adolescence (tends to be called primary prevention in health context);
- Early intervention and activity to support social and emotional skills and provide other support to groups such as young mothers who are particularly at risk (secondary prevention);
- Work to support victims, safeguard children and reduce the recidivism of perpetrators (a mixture of acute services and tertiary prevention). This category of services would all be classified as late activity because costs at this point tend to be large and problems substantially more irreversible, but these services can nonetheless include preventative elements that aim to prevent recurrence.[109]

As a consequence of their research, EIF have made the following recommendation:

> *At a local level, Local Councils, Police and Crime Commissioners, Clinical Commissioning Groups, public health organisations, and partnerships such as Health and Wellbeing Boards should ensure that the prevention of domestic violence and abuse is central to local strategies on crime prevention, health and wellbeing and children and young people. This should include ensuring that prevention and Early Intervention on domestic violence and abuse is*

[109] EIF (2014)

represented in local strategies and plans related to Early Help and/or Early Intervention, and that this is informed by the latest evidence and guidance on what works, and in particular the NICE Guidance.[110]

Many stakeholders have noted that we do very little in the way of primary and secondary prevention (using the EIF definitions above) in Kirklees. There was a general feeling that we ought to be doing much more within the public sector to identify potential domestic abuse/violence earlier and reduce the risk of escalation.

[110] Ibid

24. Stakeholder Views

The Kirklees Domestic Abuse Forum facilitates discussion between different service providers to ensure that services are meeting need and service providers are aware of developments either in the services others provide or more generally in the domestic abuse/violence arena. Organisations who attend that group, along with a number of other key stakeholders, were invited to give their view on the commissioning and provision of domestic abuse/violence services for the purpose of this assessment.

The following agencies submitted data and/or their view to this needs assessment:

- Connect Housing (IDVA service)
- Kirklees Council Adult Social Care
- Kirklees Council Children's Social Care
- Kirklees Council Integrated Domestic Abuse Team (IDAT)
- Kirklees Council Stronger Families Team
- Kirklees MARAC
- Kirklees Women's Centre
- KRASSAC
- Pennine Domestic Violence Group
- West Yorkshire Police

Agencies were asked a series of questions to understand their contribution to the system, their views on how the system was working and ways in which we could improve the system. Additionally, the opinion of service users was sought. This was kindly facilitated by Pennine Domestic Violence Group. Copies of the questionnaires used can be found in Appendices 1 & 2. Responses from agencies are aggregated and summarised below.

There is currently no formal service user forum feeding into the Kirklees Domestic Abuse Forum. Whilst the services represent the views of their service users it may

be that formal representation from a service users group might provide useful additional support to the group.

24.1. Views on the system and system relationships

Stakeholders felt that **Pennine Domestic Violence Group (PDVG)** acted as informal system leaders, giving sound and timely advice to others within the system as required. They were also praised for their service user focus, with others within the system commenting positively on their determination to do the best for the individual in front of them regardless of their story.

There was a real sense of confusion over the role of the **Integrated Domestic Abuse Team (IDAT)** and their role in the system. There was a lack of clarity on the relationship between IDAT and Duty and Assessment (D&A), with some stakeholders feeling that IDAT was simply an extension of D&A and others not sure what the relationship was between the two. There was a recognition that having a first point of contact is a useful function where it is part of a service user focussed system. However for that to work well, the central point of contact needs to be an integral part of the system and integrated with other parts of the system rather than operating on the periphery. Stakeholders perceived the focus of IDAT to be predominantly on safeguarding children affected by domestic abuse rather than the adult victim or perpetrator, with more focus needed particularly on service users other than heterosexual families. There was a recognition from stakeholders that the current set-up of IDAT, being a relatively small team managing a high volume of contacts, might make it challenging for them to embrace a proactive approach particularly to dealing with “low-level” cases. In general, stakeholders felt there was a role for IDAT, specifically acting as a first point of contact for onward referral within the system. However many felt that their role was not to provide services and not to be case holders.

Kirklees **Multi Agency Risk Assessment Conference (MARAC)** was felt to have improved considerably in the last year, reflecting the relative maturity of the group

now. Stakeholders felt that although it was a time-consuming process, it was a very positive arena that led to open and honest multi agency discussion and subsequent positive outcomes. It was noted that cases all seemed to be predicated on the male as perpetrator and female as victim, which was not necessarily representative of the true nature of domestic violence / abuse. There was some discussion about the duplication of roles within MARAC – particularly in terms of IDAT, adult social care and duty and assessment – which perhaps reflects the broader discussions around future models of working. Some stakeholders also felt that whilst the vast majority of agencies and services were engaged and attended every meeting this was not the case for all, which can sometimes lead to gaps in knowledge.

The **Independent Domestic Abuse Advisers (IDVAs)** service was highly valued by all, recognised as being a central part of the system and key to supporting victims of domestic violence / abuse. Stakeholders felt they were engaging and supportive, but that we are significantly under-resourced in Kirklees. This is covered in more detail further down. It was noted that the funding for and provision of IDVAs comes from different organisations and it was vital that regardless of funding or service provider all IDVAs worked together with a shared agenda.

24.2. Views on gaps in provision

A consistent theme raised by many stakeholders was that we simply do not have enough **IDVAs** to support the victims of domestic abuse in Kirklees. The issue has also been raised in domestic homicide reviews in the past. Whilst there was recognition that things have improved we are still woefully short compared to what CAADA suggest we need. Some stakeholders took this further, suggesting we should be looking at IDVAs with particular areas of focus – for example concentrating on ‘toxic trio’ victims or A&E and wider health services identified victims.

Another consistent theme was the need for more provision of **perpetrator programmes**, accessible to a broader range of perpetrators regardless of funding

streams. Some models suggested as worth further scrutiny were Leeds Caring Dads and Hull Strength to Change.

Many stakeholders felt the system was over-focussed on the **male as perpetrator and female as victim paradigm**. Where a different pattern of abuse presented, that was not always managed in the best way across the system. There was an acknowledgment from some that working with male victims is complex. However we shouldn't shy away from complexity.

It was felt the system could improve the way it engaged and worked with **young people between the ages of 16 and 18**, following their inclusion in the relatively recent extension of the defined adult age group. It should be noted that this is a common theme nationally, and not just a Kirklees issue. It was suggested that further work needed to be undertaken on the pathway for this age group, recognising they can easily fall between children's and adults public sector services. It is important that the pathway is clear given the potential for cross-over with child sex exploitation.

Some stakeholders identified other specific groups that they felt we didn't engage well with as a system. It was felt that although we are seeing more victims, both male and female, coming forward from black and minority ethnic (**BME**) communities, there is still a proportionally greater unmet need compared to white British communities. This was felt to be particularly marked for black African women. It was also noted that immigration victims were poorly served by the system, with a recognition that national policy may not help in some ways, and vulnerable adults continued to be at greater risk of falling through gaps in provision.

Many stakeholders commented on the paucity of **emotional support** (counselling) provision. It should be recognised that this is not solely a domestic abuse issue – there is under provision more generally for a range of service areas.

Finally, stakeholders felt we should be doing more in the way of **prevention**, with many feeling our services were reactive rather than proactive.

24.3. Views on ways the system could be improved

There was a real sense from stakeholders that it was **time for change**. Most stakeholders thought that no-one has ownership of the system, with a subsequent lack of co-ordination. Many felt that we needed a clear commissioner lead, with clear governance arrangements under a senior level portfolio in the Council.
It was felt that we needed to take a whole-system approach to domestic abuse, which would require a refresh of our strategy. Stakeholders felt we could be more focussed on the individual if we took a whole-system approach. For example, we should undertake one (consistent) risk assessment per individual rather than for each contact with a provider.

Almost without exception, stakeholders felt the role of **IDAT** in the system could be enhanced. Some felt that IDAT should be merged with the police safeguarding unit to create an integrated team (currently the child and adult safeguarding unit is in one place, along with a small number of probation officers). This would give one front door into domestic abuse services (the referral route at present is generally police-IDAT-duty assessment-police-child safeguarding, which doesn't make sense. A better pathway could be police-child safeguarding-IDAT). Some stakeholders felt at present IDAT assessment may not be thorough enough to meet the needs of other players in the system, with a knock-on effect of a lot of DNAs (did not attends). There was also a sense from some stakeholders that IDAT is not necessarily set up to be either client focussed (as opposed to managing the demand on Duty and Assessment) or victim-focussed, focussing on the domestic abuse as an issue not just the safeguarding implications. It was felt that an integrated team (which some stakeholders mentioned could also include IDVAs) would take a proactive approach to managing individuals, tracking people through the system and appropriately referring them to the right services.

There were real concerns about the use of the **DASH risk assessment** tool. All those interviewed felt it was the best tool to be using, and that all providers should use it, however the way it is used by different providers is not consistent and needs

to be so. Some stakeholders felt IDVAs would be best placed to run training on DASH, although there was a recognition that this was not feasible with current capacity. Some stakeholders expressed their view that all providers of domestic abuse services should mandatorily ensure all new members of staff should have formal DASH risk assessment training before they operate directly with the public.

Whilst stakeholders felt the **MARAC** process was much improved over the last year or so, they thought that there was still scope for more improvement. Concern was expressed that different risk thresholds were used by different organisations, with a need to develop a consistent approach to thresholds and understanding of risk. Some stakeholders felt we should build better relationship with CAADA, particularly in terms of MARAC training and supporting the future operation of MARAC meetings.

Some stakeholders felt we were not good at looking **beyond our borders** at what others were doing in the field of domestic abuse and felt we could learn from others and work with others to achieve better outcomes for our population.

All stakeholders felt the **IDVAs** needed to work together as one team regardless of who employs or funds them. This was identified as a future risk as we address our chronic under-provision of this key service. As mentioned previously, some stakeholders felt the IDVAs impact could be enhanced further if they were part of an integrated team with IDAT and the Police.

As in previous sections, there were some practical suggestions for how we could improve the way the system works. One suggestion was that we should have a **central hub for information** and information management, with sharing across organisational boundaries, so we can get a true idea of the number of people affected by domestic abuse in Kirklees. This would mean a single ‘care’ record for each individual so we could track what services they received and what made a difference to them. It would also help address the feeling of isolation many agencies and services have when they refer to others in the system but receive no follow-up information on those individuals thereafter. It would also mean clear pathways so partners in the system know who does what and who they can refer to.

Stakeholders generally felt services were focussed on victims much more than perpetrators. It was felt that increased provision of and widened access to **perpetrator programmes** would help us to reduce the number of repeat domestic abuse behaviours and help us move towards a more preventative rather than reactive service model in the longer term. Extending our focus to provide support for female perpetrators, those in mutually abusive relationships and intergenerational perpetrators could also improve outcomes.

All stakeholders expressed the view that by having a greater focus on prevention and early intervention we could make a real difference to future generations in Kirklees, helping to change the social norms in some communities and households and breaking the familial cycle of abuse. To do that it was felt we need a **prevention strategy** with consistent messages that all agencies and organisations are signed up to. It was also felt that commissioners should ensure prevention is a core component of all service specifications going forward.

The provision of more **emotional support** for victims was also flagged up as a way of assisting more people to escape the cycle of abuse they may be in, by helping them build their confidence in a life beyond their abusive relationship. Linked to that is the role generic **outreach services** can have in the same way.

A number of stakeholders felt that the **Crown Prosecution Service** (CPS) would benefit from support to ensure they assess individuals thoroughly before referring into services, to reduce the number of individuals referred by them from disengaging from services.

Finally, it was noted that simply providing BME specific services does not necessarily meet the needs of all ethnic group. For example the BME refuge is not ideal in that shared accommodation does not cater for different beliefs (e.g. black African and Asian women). Although resource is an issue, **self-contained units in refuge** accommodation would improve this situation.

24.4. Views on good practice

Several stakeholders felt that their approach to **DASH risk assessment** was one that others could benefit from adopting. There was a common theme of teasing out the detail, rather than completing it more formally and question by question. It was also noted that some services don't use DASH assessment at all. It was felt that all services that are part of the domestic abuse system should do so, and in a consistent way. It was suggested that use of DASH risk assessment should be mandated in service specifications for all services that interface with at-risk people.

Some stakeholders noted the **system leadership** role some individuals and organisations played, with PDVG in particular recognised as supporting other agencies to maximise their impact whilst promoting a service user-focussed approach. System leadership extends to the promotion of what domestic violence / abuse really is rather than what others perceive it to be (particularly in regards to non-physical abuse), especially in the judiciary system.

Finally, the **Domestic Abuse Forum** was identified by many providers as really important for sharing what works, and working together to develop common purpose and shared standards. It is important that this enabler continues going forward, even if governance arrangements change.

24.5. Views on emerging trends

Whilst a minority of stakeholders felt that the actual numbers accessing services were about the same as they had always been, most felt numbers coming forward were **rising** year on year. There was consensus however that regardless of whether numbers were rising or not it felt like there was **more work** involved in providing assistance and were **more diverse**.

Many stakeholders felt that **abuse between young people** (aged 16 to 18) was more noticeable, along with an increase in the number of **young Asian girls** (again,

between the ages of 16 and 18) coming forward. Many stakeholders felt that the people they were seeing in their services were **getting younger** – generally under 25 years of age – which they speculated may be because victims are more willing to come forward nowadays.

Some stakeholders noted that more **South Asian women** were coming forward for help, whilst others highlighted an increase in the number of **Asian males** seeking support as victims of abuse.

Other trends that were identified by stakeholders included an increase in **intergenerational** abuse, more victims requiring **emotional support**, growing numbers of cases with related **immigration** issues and greater demand for **refuge** accommodation.

Finally, it was noted by some stakeholders that lots of cases were **linked to alcohol**. It was suggested that a specialist domestic violence / abuse worker (preferably an IDVA) working with cases who have concomitant drugs and alcohol issues would have real value.

24.6. Views on priorities for action

Many of the responses in this section reflected what had already been raised earlier in the questionnaire.

The need for more provision of and wider accessibility to **perpetrator programmes** was considered one of the foremost priorities for action in Kirklees, along with increased provision of **IDVA** workers and clarification of the role of **IDAT**. All these points have been discussed in detail above.

Most stakeholders felt we should be prioritising a more proactive and **preventative** approach, with more work in schools (as part of the focus on resilience) specifically and recognition more generally that early intervention should reduce demand on

services in the long run. Such an approach should over time contribute to a change in the way communities in Kirklees perceive domestic abuse and shift social norms, particularly in young people who have witnessed domestic abuse / violence as they are growing up. Linked to that was an identified need to deliver more low-level interventions with the intention of reducing escalation to more serious incidents. Many felt this should be proactive and community (peer) led.

Stakeholders felt the system should prioritise a focus on a system that meets the specific needs of each individual engaging with it, wherever they engage with it, with knowledgeable, skilled and inclusive frontline workers. This was expressed by one stakeholder as a harmonious and engaging network of services, as opposed to the current model that is complex for providers to understand, let alone those affected by domestic abuse. This is perhaps best regarded as a formal **partnership** of providers, with providers working together rather than in competition, thereby reducing the demands of competitive tendering and improving communication. Precedence has been established in other programmes of work, for example in drugs and alcohol services, where working in this way has led to a much more co-ordinated response to the needs of individuals. This also has implications in the way specialist domestic abuse services are **funded**, with providers feeling the current approach is not necessarily co-ordinated to best meet the needs of the service users.

The way services are commissioned and associated **governance** arrangements were also flagged as priorities for action. Aside from the previously discussed historic lack of leadership on the commissioner side, stakeholders asked for more objectivity at senior level.

The interaction between services and the **Police** was highlighted as an area where an improved relationship could deliver better outcomes for service users. There is scope for mutual benefit, where the Police are better trained to deliver risk assessment and think about early intervention and the services better understand the role of the Police. This could be improved by co-location of Police and associated services with IDAT and the IDVA service, as discussed previously.

Many respondents felt we could be doing more for **children**, particularly in the context of supporting children who live in an environment where domestic abuse is a regular occurrence. It was suggested that this needed to be independent of social care, in many ways re-establishing the role that SureStart centres used to provide when they were more prevalent. Of particular concern was the lack of emotional support available to children, both alone and in parallel to support for the victim(s) of abuse in the household.

The use of multidisciplinary **case reviews** was also suggested as a focus, not to replace or as a precursor to MARAC but rather to enhance the process of risk management. Concern was expressed that different parts of the system do not always know what or who colleagues in other services are interacting with. Trialling a case review process whereby the Police, IDVA, IDAT, mental health and PDVG review cases together may highlight cases that were intended to go to MARAC but do not need to do so or conversely may pick up on individuals whose risk has been understated. One stakeholder suggested a similar model may already be established in Leeds and Trafford.

Other issues raised as priorities included the need for closer working relationships with housing associations to ensure renovations to refuge **accommodation** happen when required and the need for **specialist courts** for domestic violence / abuse.

24.7. Views on accessibility of the system to service users

Many stakeholders commented on the **complexity of the system**, pointing out that if we found it difficult to understand how services were provided then it must be very challenging for those in need at point of crisis. It was noted that if organisations and services **worked together** better to share their particular skills to raise awareness and provide training on the needs of specific groups we are likely to see greater accessibility as a whole across the system. An example would be the recently-commissioned training to be provided by the Brunswick Centre to other service

providers on how to be more accessible and service user focussed to LGBT individuals.

There was a perception from stakeholders that we do not equitably meet the needs of all **ethnic groups**. In particular it was noted that we see more white people in domestic abuse services proportionally than you would expect given the ethnic breakdown of Kirklees. This could be due to white families getting earlier intervention in the system, although this is conjecture. There was a general sense that we need to do more early intervention in South Asian communities, with recognition that cultural issues might stop victims coming forward ("shame on the family"). It was also noted that within the white ethnic group, those from a middle-class background may not be so keen to come forward due to the stigma within their community. However we have not examined the relationship between 'class' and domestic violence / abuse.

Stakeholders felt **language barriers** create inequality, with some services having access to interpreter services and others not. Ideally, all services should have access to interpreting services when they need them.

Gender issues were also raised in relation to the perpetrator programme not being open to women. Stakeholders also felt that male victims didn't have as simple a route into the system. Whereas females may engage with the women's centre there is no such route for males.

24.8. Views on improving our service-user focus

One view from stakeholders was that we should establish a **code of conduct**, providing a quality mark to services that portrayed a "you can talk about domestic abuse here" message.

Stakeholders felt that people often mistrust the Police and Social Services. It was deemed important that the **first interaction** has to be a good interaction. Allied to

that, the first interaction should allow the individual to tell their story and the service to undertake a quality risk assessment. The principle of 'one story told once…not to multiple agencies' is a good one. Services need training so they offer consistency of and confidence in their response when dealing with issues of complexity, such as treading on cultural toes in South Asian communities. There was also a sense from stakeholders that we need to **upskill** frontline public sector staff who are often the first point of contact.

Stakeholders felt the system as a whole is reactive and deals with those in crisis. Whilst this is clearly important, many felt we should promote a more **proactive** approach going forward, focussing on earlier intervention and prevention.

Stakeholders thought we should focus more on **verbal communication** than written communication, given literacy particularly in those whose first language is not English.

Finally, stakeholders identified the benefits sharing information across services would bring. This particularly refers to the development of a single **'care record'** for each individual that would be accessible to all stakeholders.

24.9. Views from service users

Whilst needs assessments have a deficit focus by their very nature, focussing on what we haven't got, it is important to recognise that we have considerable assets too. The system works well for those people that access it in Kirklees, in no small part due to the community based assets and third sector organisations that make a real difference to people's lives. The sample of quotes below from domestic violence / abuse service users highlights the value that particularly victims place on the services we have already, with the vast majority portraying a very positive experience.

"My support worker has made me realise I can have a life and she has been a huge support for me. I feel like I can finally trust someone."

"I believed things would be OK quickly, I felt safe and able to stay settled…and knew I finally had someone there for me."

"I felt very supported and safe and like I could confide in…my support worker. The support went beyond just for domestic abuse, but also with finances, personal choices and confidence boosting."

"The ladies…ensured I had all of my worries / queries / fears allayed, which led me to feel a better sense of self-worth and great esteem."

"Once my finances began to seem less worrying…things felt manageable and less scary thanks to my wonderful help and life skills advice."

"(The most frustrating part of getting support was) the waiting time for counselling of more than twelve weeks"

"I was lost before I contacted this service, I felt alone. These people have helped to turn around my life, making the future more bearable and positive. Thank you."

"Getting my weekly visits help and I wouldn't have got through it without this help"

"They should be more advertising of what help you can get"

"When I came here my key worker really gave me hope and sorted out everything very quickly. They gave me very good advice; I think every single bit was interesting and helpful"

"My stay here in the UK was very frustrating (in the) past, but the manager, lawyers and support workers helped lots to get that (sorted)."

"At first I was really scared that I (had) lost everything. I was just feeling that I have nothing but gradually it is settling"

"I thought I would have a lot of trouble on my own…but everything was handled"

"The service really helped me get back on my feet and built the confidence I needed to pursue pressing charges"

"without them (weekly support sessions) I'd feel alone, be blaming myself, maybe looking to my abuser for support instead, not understanding what is right and wrong in a relationship. This support doesn't exist anywhere else"

"I feel important (for a change!) because (my support worker)…really importantly comes with me to difficult meetings (police, social worker) so I don't feel overwhelmed or too scared to go"

"The most positive thing for me was that there is always someone to talk to and I never felt like I was judged for my decisions"

"The most positive thing is help by very kind staff. They taught me how to survive, they give me confidence and they showed me a path to a successful life"

"There are some people who don't care about others or the rules of the refuge. I think there should be some punishment for rule breakers"

"Please don't allow the women in refuge to drink alcohol in living room"

"The support sessions have been a valuable opportunity for the children to voice any concerns and express themselves (which they have)"

"I feel one (child) worker for all the families in here is not enough"

"Having the time to do things with my son knowing that someone is present in a professional capacity gave me the confidence to re-build strong and stable

relationship"

"Having the help and advice and even just someone to talk to about any concerns in my children's development has been so helpful. Parenting sessions I also found very useful and loved the trips out with all the children that their support worker arranged"

"(Need) more of the parenting course. I was very interested in this subject but sadly we only had one session"

"The support of play / family sessions was great as they provided an opportunity for my children to express themselves through play. Also the trips were valuable as my children were able to access places that I could have not afforded to take them"

25. Recommendations

This section of the needs assessment takes the local intelligence and maps it against the NICE guidance issued in 2014, which in itself highlights evidence-based good practice for what works to reduce the level and impact of domestic violence. The resultant recommendations are based on intelligence that has been collected locally or nationally and is informed by the views of commissioners, providers and service users. The recommendations are intended to stimulate debate on how we do things now and how we should do things in the future.

It is important to state that we do many things very well in Kirklees. The recommendations are intended to complement the things we do well rather than be seen as alternatives.

1. Consider better integration of service delivery to ensure agencies are working together, starting with the integration of IDAT, the police safeguarding team (including probation officers) and ideally the IDVAs (regardless of who funds them) in one hub. By bringing these functions together, operating as a multi-agency domestic abuse referral unit, we could ensure a single point of access into domestic abuse services. From a service user perspective this should help ensure they only need to tell their story once. The purpose of this hub would be to refer people to the appropriate services, not to provide services themselves (other than to manage safeguarding issues). Part of this process would be ensuring IDAT have an identified budget and staff, rather than relying on secondments from within the Council.

2. Consider trialling multidisciplinary case review, led by the referral unit described above (consisting of representatives from IDAT, police, IDVA, PDVG and mental health services) to assess whether such a process would ensure referrals to MARAC are appropriate and cases aren't missed.

3. Consider developing a domestic abuse database, managed by the referral unit described above. This database to include a case file for each individual,

and to be accessible to key contacts within each provider of services to allow data sharing (within the parameters of good data governance) for active and repeat cases. By so doing, we should be able to better assess the risk of an individual based on their past history. if the right data is collected, it will also build over time a true picture of demand and unmet need in different groups of people, different locations and different times of the day, week and year.

4. Consider the development of a clear directory of services (which is kept up-to-date), highlighting the primary function of and access to the range of domestic abuse services that are provided in Kirklees. Ensure this is accessible to, understood and applied by all local domestic abuse services.

5. Ensure consistent DASH risk assessment is undertaken at the right time in the right place and in the right way by all agencies that provide frontline services where domestic abuse or risk of domestic abuse may present. DASH risk assessment should form the cornerstone of an individual's case plan, should be done once (but repeated for repeat cases) and should be accessible to any agency that is working with that individual. Also review risk thresholds (DASH) to ensure they are still set at the right level and in line with or better than national practice.

6. Consider re-evaluating the way we co-ordinate partnership working in Kirklees by ensuring the domestic abuse strategy group, with senior leadership from relevant organisation, acts as the local strategic multi-agency partnership. Other forums and groups (including task and finish / operational groups) should be subgroups of this strategic partnership, with specific roles and remits agreed by the partnership group. Chairs of these forums, along with a service user if possible, should be members of the strategic partnership.

7. Consider the establishment of a service user sub-group as a formal sub-group of the strategic partnership to ensure a two-way dialogue between service users and commissioners/providers, thereby ensuring the views of service users are central to strategic development.

8. Consider identifying a strategic lead within the Council to drive forward, be accountable for and champion the domestic abuse agenda in Kirklees. Consider bringing the various funding streams within the Council (and funding from external sources where possible) into an integrated budget managed by that individual (even if others undertaking service-specific commissioning) to ensure best value from limited resources.

9. Consider the development of a revised Kirklees domestic abuse strategy which meets the needs of those who experience domestic violence and abuse (including young people) and addresses perpetrator needs for everyone in Kirklees, regardless of where they live or what their circumstances are. Ensure strategy is focussed on all levels of need, risk and severity with a focus on primary and secondary prevention (as opposed to tertiary prevention, where most of the focus is currently and which we on the whole do well at). Consider primary prevention at all ages, reflecting the need to change social norms.

10. Consider ensuring all commissioned services are evidence-based. Where evidence is inconclusive, ensure robust analysis of outcomes to develop a local evidence base.

11. Consider developing a range of agreed metrics across all provided services by which we can monitor service outcomes in a service-user focussed way, including quantitative outcomes-based data (rather than just activity data) and qualitative service-user feedback.

12. Consider better links between domestic abuse services and substance misuse services to ensure that individuals who are affected by both issues receive support for both issues. This could be facilitated by the establishment of a mental health / substance misuse IDVA to provide specialist input to individuals who are affected by both issues as well as training and development for staff working in both areas.

13. Consider operating in partnership with other localities beyond our geographical boundaries to ensure minority groups have access to services that understand their specific needs, even if those services are provided by organisations outside of Kirklees, rather than expect Kirklees services to be able to manage everyone regardless of their personal circumstances.

14. Consider developing a clear and consistent range of media that ensures anyone in Kirklees can find out who to call and what number to call them on if they want to discuss domestic abuse. This should include posters and business cards that are displayed in the places people go to access public services – including GP and hospital waiting rooms, third sector reception areas and council-run or commissioned services. Consider designing multilingual media where possible. Also consider a specific media campaign targeting male victims and another targeting the LGBT community.

15. Consider working with providers of frontline public sector staff to develop a web-based mandatory training package that raises awareness of domestic abuse, how to recognise the signs, how to facilitate disclosure and how to signpost people into specialist domestic abuse services.

16. Consider working with commissioners of health services that manage client groups that we know are at higher risk of domestic abuse - antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services – to ensure they routinely ask whether their clients have experienced domestic abuse and know what to do if abuse is disclosed.

17. Consider the identification of funding for, and recruit, five additional IDVAs. We currently have two and we should have seven for a population our size. Additional IDVAs could have specific remits – for example a health IDVA, a substance misuse/mental health IDVA etc. – that provide support for people with specific risk factors that we know are linked to increased incidence of domestic abuse.

18. Consider ensuring all IDVAs, regardless of funder or employer, should work together and to a shared agenda (and should be co-located if at all possible, at least some of the time).

19. Consider increasing the provision of outreach workers to work with individuals at low-level risk on preventing escalation and managing situations promptly. At present, there is often a waiting list for outreach support which can mean individuals waiting for up to four weeks. Whilst addressing waiting times, additional capacity, assessed as x3WTE, would also allow specialist roles to be undertaken to meet the unmet needs of particular groups – for example 16-25 year olds and 'hard to reach' groups such as those from the travelling community, LGBT and BME backgrounds.

20. Consider reviewing the provision of perpetrator programmes in Kirklees. At present Yorkshire Children's Centre provide an extended perpetrator programme in line with best practice. However this is open only to referrals from CAFCASS, who fund the programme. The service reports that referrals are not always preceded by adequate assessment of suitability, meaning that a proportion of those referred are not suitable and a further proportion fail to engage. Other service providers have no route to refer perpetrators for support. Yorkshire Children's Centre has the capacity to provide more if funding is made available. Whilst the current programme is for males only, which is absolutely the right thing to do when there is limited capacity, consideration should be given to the provision of support to female perpetrators in the future.

21. Consider developing clear pathways focussed on service users rather than services, with a particular focus on 16-18 year olds who may have a different set of needs and expectations, and a different understanding of what domestic abuse is.

22. Consider provision of interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer to address the impact of domestic violence and abuse on parenting.

23. Consider provision of interventions that provide specialist counselling for children affected by witnessing domestic abuse. There is currently no service available, and schools have highlighted the gap in service provision leading to unmet need in this particularly vulnerable age group.

24. Consider all service providers having access to quality interpreting services when they need it.

25. Consider evaluating the capacity of and demand for domestic abuse specialist counselling services currently provided by KRASSAC, a service that many organisations do not realise is available to their domestic abuse service users but which has a strong evidence base and which anecdotally is valued by clients and under-resourced.

26. Consider exploring a more joined-up approach between the Stronger Families programme and mainstream domestic abuse services (in particular the IDVA service if current capacity issues are resolved). There are very few cross-referrals at present, where more would be expected.

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27. Appendices

27.1. Stakeholder questionnaire

Kirklees Domestic Abuse Needs Assessment 2014

Name of Service **Date of interview**

About your service

What do you offer to those affected by domestic abuse (either perpetrators or abused)?
Where do you get your funding from, and how much does it cost to run your service?
Do you have any capacity issues or pressures at the moment? Do you think this might present a problem either now or in the future?
Do you specifically record aspects of your work with clients (e.g. numbers seen, onward referrals, inter-agency work etc.)?

Do you have any specific performance indicators, targets or service outcomes relevant to your work on domestic abuse? If so, what are they?
Would you be prepared to share any of your data for the purposes of this need assessment?

About the system

How do feel about your relationship with the Council domestic abuse team? Is there anything that could improve it?
Thinking about the system as a whole, can you identify any gaps in current provision / services?
Are there any areas where you think the system doesn't work as well as it could? Do you have any suggestions to improve it?
Is there anything that you do in relation to domestic abuse that you think is good practice, that others might not do?

Are there any emerging issues or trends that you have noticed with regards to domestic abuse?
What three things do you think should be prioritised across the domestic abuse pathway in the short to medium term (next 3 years)?

Understanding the needs of service users

Do you think the system is accessible to all, regardless of race, religion, gender, sexuality etc.?
Is there anything we could be doing to be more accessible to people affected by domestic abuse?
Is there anything we could be doing more generally to be more service-user friendly?

Would you be prepared to ask a small subsection of your clients' three simple questions to see what they think about the system?

Anything we've missed?

Any other comments?

27.2. Service user questionnaire

Domestic Abuse – What do You Think?

About your experience

Do you think you got the support you needed for your domestic abuse?
Do you think you got what you needed quickly enough?
What was the most frustrating part of getting support?

And what was the best bit, where you first started thinking things would be OK?
Is there anything you can think of that you would change, which would have made the system work better for you?
Is there anything else you would like to add?

Many thanks for helping us to improve the way we support domestic abuse in Kirklees