

COVENTRY

COVENTRY DOMESTIC ABUSE NEEDS ASSESSMENT

FULL DOCUMENT

V2.1



NOTE ON THE NEEDS ASSESSMENT

This needs assessment was completed in the summer of 2021. The data included in the needs assessment includes the time period impacted by the COVID-19 pandemic. It is important to recognise that this period was an exceptional time and had an impact on the data for all services. The data for the period impacted by the pandemic is not reflective of previous years and this should be taken into account when viewing the information included in this report.

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DOMESTIC ABUSE OVERVIEW

INTRODUCTION

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INTRODUCTION

GENERAL INTRODUCTION TO DOMESTIC ABUSE

Domestic violence and abuse is defined by the government¹ 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

The Domestic Abuse Bill expands this definition² to emphasise that domestic abuse is not just physical, but can also be emotive, coercive or controlling, and can also include economic abuse. It states that domestic abuse must involve a personal connection, which covers different relationships including ex-partners. The two people do not have to live in the same household.

WHAT FORMS DOES DOMESTIC ABUSE TAKE?

Physical³

Physical abuse means hurting someone physically, including pushing, slapping, biting, kicking, hair pulling, choking, or using a weapon. It may involve denying medical help when needed. Physical violence can also involve throwing or damaging objects, such as punching a wall.

Sexual⁴

Sexual abuse means forcing a person to take part in sexual behaviour without their consent. As well as rape, this definition includes unwanted touching or kissing, and being forced to watch pornography.

¹ Home Office (2013), Definition of domestic violence and abuse: guide for local areas. <https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas>

² Home Office (2020), Statutory definition of domestic abuse factsheet. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet>

³ United Nations: What is domestic abuse? <https://www.un.org/en/coronavirus/what-is-domestic-abuse>. Accessed April 2021.

⁴ Victim Support: Domestic Abuse. <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>. Accessed April 2021.

Emotional⁵⁶⁷

Emotional abuse (also known as psychological abuse or coercive control) is a pattern of behaviour that makes the victim feel controlled, intimidated and isolated. In one study, 95 out of 100 domestic abuse survivors reported experiencing coercive control.⁸⁹

Economic / Financial¹⁰

Economic abuse can be a form of coercive control. It involves behaviours that affect someone's ability to earn, acquire, use or save money or other resources like transport, utilities and food. It may involve making someone financially dependent on the abuser – for example, having sole control over the household income.

⁵ Victim Support: Domestic Abuse. <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>. Accessed April 2021.

⁶ CPS (2017): Controlling or Coercive Behaviour in an Intimate or Family Relationship. Last reviewed June 2017. Accessed April 2021. <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>

⁷ Kelly, Liz et al (2014), Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence. https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf

⁸ Kelly, Liz et al (2014), Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence. https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf

⁹ Women's Aid: The nature and impact of domestic abuse. Accessed April 2021. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/>

¹⁰ Home Office (2020), Statutory definition of domestic abuse factsheet. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet>

Other¹¹

Other forms of domestic abuse include

- online abuse (using the internet and computers, tablets or smartphones to harm or distress someone)¹²¹³
- honour-based violence
- forced marriage
- FGM.

WHAT ARE THE IMPACTS OF DOMESTIC ABUSE? ¹⁴

Domestic abuse can have wide-reaching impacts on the physical and mental health of survivors, their financial state and housing. It also affects the health, wellbeing and educational attainment of children who witness it. Physical and emotional harms resulting from domestic abuse are estimated to have cost £47 billion in England and Wales in 2017, with an overall cost to society of £66 billion.¹⁵¹⁶

Physical Health¹⁷

Domestic abuse can cause short-term injuries, but it can also have a long-term impact on health. Health issues associated with abuse include asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, migraines/headaches, and reproductive problems.

Mental Health¹⁸¹⁹²⁰

Domestic abuse has significant psychological consequences for victims. These include depression, fear, anxiety and panic attacks, loneliness or isolation, a lack of confidence or self-esteem, feelings of guilt or self-blame, relationship difficulties, sleep problems, alcohol and / or drug dependency,²¹ suicidal thoughts or attempts, self-harm and PTSD.

¹¹ Victim Support: Domestic Abuse. <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>. Accessed April 2021.

¹² Victim Support: Tech Abuse. <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/tech-abuse-2/> Accessed April 2021.

¹³ Stop Online Abuse: What is online abuse? Accessed April 2021. <https://www.stonlineabuse.org.uk/what-is-online-abuse>

¹⁴ Oliver et al (2019), The economic and social costs of domestic abuse: Research Report 107, Home Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf

¹⁵ Oliver et al (2019), The economic and social costs of domestic abuse: Research Report 107, Home Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf

¹⁶ Home Office (2020), Domestic Abuse Bill 2020: Overarching fact sheet. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

¹⁷ SafeLives: How widespread is domestic abuse and what is the impact? Accessed April 2021. <https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact>

¹⁸ Women's Aid: The nature and impact of domestic abuse. Accessed April 2021. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/>

¹⁹ SafeLives: How widespread is domestic abuse and what is the impact? Accessed April 2021. <https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact>

²⁰ McManus, Sally & Scott, Sara (2016), *Hidden Hurt: Violence, abuse and disadvantage*. https://www.researchgate.net/publication/292962614_Hidden_Hurt_Violence_abuse_and_disadvantage

²¹ McManus, Sally & Scott, Sara (2016), *Hidden Hurt: Violence, abuse and disadvantage*. https://www.researchgate.net/publication/292962614_Hidden_Hurt_Violence_abuse_and_disadvantage

Children²²²³²⁴²⁵²⁶

In relationships where there is domestic violence and abuse, children witness about three-quarters of the abusive incidents. Children who witness domestic abuse may display aggressive or angry behaviour, become withdrawn, have difficulty at school, experience anxiety, depression or eating disorders, have problems sleeping or wet the bed, exhibit self-harming behaviour, take drugs or excessively drink alcohol. They are at risk of being abused themselves, and may repeat the pattern and become abusive when they are older.

Education²⁷²⁸

Children affected by domestic abuse may have difficulties at school, including non-attendance, attention and concentration difficulties, hyperactivity, hypervigilance, sleep disturbance, withdrawal, insecurity, guilt, depression and low self-esteem. Their behaviour may be challenging, and they may be a perpetrator or victim of bullying. Many children affected by domestic abuse may be homeless or in non-permanent accommodation, which can affect social and academic progress. They may not have a quiet space at home to study or access a computer for homework.

Housing²⁹³⁰

There is a strong link between homelessness and domestic abuse. In one study by Women's Aid, a third of domestic abuse survivors had to give up their home as a result of the abuse or leaving the relationship and nine out of 72 (12.5%) found themselves homeless as a result of leaving.

Financial³¹³²

As well as the impact of economic abuse on victims' finances, domestic abuse can have long-term financial consequences. In 2019, Women's Aid surveyed 72 survivors. 43.1% of respondents said they were in debt as a result of the abuse. 56.1% of respondents who had left a relationship with an abuser felt that the abuse had impacted their ability to work and over two fifths of all respondents felt the abuse had negatively impacted their long-term employment prospects/earnings.

²² Victim Support: Domestic Abuse. <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>. Accessed April 2021.

²³ Royal College of Psychiatrists (2015), Domestic violence and abuse – the impact on children and adolescents. <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/domestic-violence-and-abuse-effects-on-children>

²⁴ Unicef (2006), Behind closed doors: The impact of domestic violence on children. <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

²⁵ NSPCC: Protecting children from domestic abuse. Last updated August 2020. Accessed April 2021. <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>

²⁸ Lloyd M. (2018). Domestic Violence and Education: Examining the Impact of Domestic Violence on Young Children, Children, and Young People and the Potential Role of Schools. *Frontiers in psychology*, 9, 2094. <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02094/full> <https://doi.org/10.3389/fpsyg.2018.02094> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243007/>

²⁹ Women's Aid: The nature and impact of domestic abuse. Accessed April 2021. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/>

³⁰ Women's Aid (2019): The Economics of Abuse: Report Summary. <https://www.womensaid.org.uk/wp-content/uploads/2019/03/Economics-of-Abuse-Report-Summary-2019.pdf>

³¹ Women's Aid: The nature and impact of domestic abuse. Accessed April 2021. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/>

³² Women's Aid (2019): The Economics of Abuse: Report Summary. <https://www.womensaid.org.uk/wp-content/uploads/2019/03/Economics-of-Abuse-Report-Summary-2019.pdf>

OVERVIEW OF THE POLICY/ LEGAL FRAMEWORK

Domestic Abuse Act 2021³³³⁴

The Domestic Abuse Act 2021 introduces a new statutory definition of domestic abuse. It aims to

- Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.
- Strengthen the support for victims of abuse by statutory agencies.

What local authority duties are specified under the Domestic Abuse Act?³⁵

Local authorities have new legal obligations under the Domestic Abuse Act, including:

- a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.
- automatic 'priority need' for homelessness assistance for all eligible homeless victims of domestic abuse
- where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

The Act also includes some non-statutory duties affecting local authorities, including:

- New regulations and statutory guidance on Relationship Education, Relationship and Sex Education, and Health Education.
- Investment in domestic abuse training for responding agencies and professionals.
- Improving awareness and understanding of the coercive control offence and review effectiveness of offence.
- Continuing to develop means to collect, report and track domestic abuse data.

³³ Ministry of Justice and Home Office (2021), New laws to protect victims added to Domestic Abuse Bill: Press release March 2021. <https://www.gov.uk/government/news/new-laws-to-protect-victims-added-to-domestic-abuse-bill>

³⁴ Home Office (2020), Domestic Abuse Bill 2020: overarching factsheet. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

³⁵ Home Office (2020), Domestic Abuse Commissioner factsheet. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-commissioner-factsheet>

Other Relevant Acts

Certain elements of domestic abuse are also covered by existing Acts.

- The Serious Crime Act 2015³⁶³⁷: coercive control is an offence under Section 76.
- The Care Act 2014³⁸³⁹: local authorities are responsible for promoting individual wellbeing, including ensuring their freedom from abuse.
- The Health and Social Care Act 2012: Regulation 13 covers safeguarding service users from abuse.⁴⁰
- The Adoption and Children Act 2002: "seeing or hearing the ill-treatment of another person" is a form of harm under Section 120.⁴¹⁴² This clarifies the definition of harm in the Children Act 1989.
- The Sexual Offences Act 2003 outlaws causing a person to engage in sexual activity without consent⁴³.

PREVENTION

There are three broad types of approach to the prevention of domestic violence and abuse:⁴⁴

- 1) Universal services (called primary prevention in a public health context) can seek to address violence before it has ever occurred, often administered to teenagers through school based or educational campaigns.
- 2) Early Intervention (secondary prevention) involves identifying and intervening with those who are at particular risk of domestic violence and abuse, with a specific focus on populations among whom there is a high prevalence, for example young pregnant women or families with children at risk of child maltreatment.
- 3) Late prevention (Tertiary or remedial prevention) involves intervening after violence has been clearly identified and is causing harm. Examples of tertiary prevention include treatment services for victims or perpetrators of domestic violence and abuse.

National Picture

There are no accurate figures on prevention spend but Home Office-commissioned research – combined with sector knowledge – suggest that as a fraction of the total costs associated with domestic abuse, it is tiny.⁴⁵ Improvements in early intervention and prevention could have a significant impact on reducing the long-term negative consequences of domestic abuse.⁴⁶

³⁶ Serious Crime Act 2015. <https://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>

³⁷CPS (2017), Controlling or Coercive Behaviour in an Intimate or Family Relationship. <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>

³⁸Care Act 2014. <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³⁹Safe Lives (2014): Briefing on the Care Act 2014. <https://safelives.org.uk/sites/default/files/resources/Briefing%20on%20the%20Care%20Act%202014.pdf>

⁴⁰ CQC: Regulations for service providers and managers: Regulation 13: Safeguarding service users from abuse and improper treatment. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper>

⁴¹ NSPCC: Protecting children from domestic abuse. Last updated August 2020. Accessed April 2021. <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>

⁴² Adoption and Children Act 2002. <https://www.legislation.gov.uk/ukpga/2002/38/section/120>

⁴³ Sexual Offences Act 2003. <https://www.legislation.gov.uk/ukpga/2003/42/contents>

⁴⁴ Early Intervention Foundation (2014): Early intervention in domestic violence and abuse. Accessed May 2021. <https://www.eif.org.uk/report/early-intervention-in-domestic-violence-and-abuse>

⁴⁵ Respect (2021), A domestic abuse perpetrator strategy for England and Wales. <https://www.respect.uk.net/pages/73-national-perpetrator-strategy>

⁴⁶ Early Intervention Foundation: Early intervention in domestic violence and abuse. Accessed May 2021. <https://www.eif.org.uk/report/early-intervention-in-domestic-violence-and-abuse>

Primary prevention

The new Domestic Abuse Act introduces compulsory Relationship Education for all primary school pupils, and Relationship and Sex Education (RSE) for all secondary pupils in England.

Secondary prevention / early intervention

Early intervention strategies can involve health services, drug and alcohol services, housing services, social services and job centres. They include:

- NICE Public Health Guideline 50. This recommends that local authorities, health services and strategic partners should participate in a local strategic multi-agency partnership to prevent domestic violence and abuse.⁴⁷
- The government's *Violence against Women and Girls Strategy 2016-2020*.
- Public Health England guidance on bystander interventions to prevent intimate partner and sexual violence.⁴⁸
- Ask for Ani,⁴⁹ a codeword scheme to enable victims of domestic abuse to access immediate help from the police or other support services, from the safety of their local pharmacy.
- The Public Health England resource for local partners, *Preventing serious violence: a multi-agency approach*.⁵⁰

Tertiary prevention (late prevention)

Perpetrator programmes aim to reduce repeated episodes of domestic abuse.

The Domestic Abuse Act facilitates the ordering of positive (behaviour change) interventions by judges. It introduces new Domestic Abuse Prevention Orders (DAPOs) to impose both prohibitions and positive requirements on perpetrators - providing new pathways to interventions. However, suitable and quality-assured interventions are far from universally available – indeed there are some groups, such as LGBTQ+ perpetrators, for whom there are almost no suitable interventions available.⁵¹

BEST PRACTICE

In 2015, the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) received Royal Assent. This landmark law was the first of its kind in the UK, ahead of England's Domestic Abuse Act, which introduces new legal obligations and non-statutory duties to help prevent domestic abuse.

In addition to government legislation, professional guidelines from bodies such as

⁴⁷ NICE (2014), Domestic violence and abuse: multi-agency working. Public health guideline [PH50] Published: 26 February 2014.

<https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations#recommendation-2-participate-in-a-local-strategic-multi-agency-partnership-to-prevent-domestic>

⁴⁸ Public Health England (2020), Interventions to prevent intimate partner and sexual violence. <https://www.gov.uk/government/publications/interventions-to-prevent-intimate-partner-and-sexual-violence/>

⁴⁹ HM Government, Ask For Ani Domestic Abuse Codeword Scheme: Guidance For Pharmacies Using The UK Says No More Safe Spaces Scheme. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939619/Training_information_-_Ask_for_ANI_and_Safe_Spaces_1_.pdf

⁵⁰ Public Health England, Department of Health and Social Care, and Home Office (2019), Preventing serious violence: a multi-agency approach. <https://www.gov.uk/government/publications/preventing-serious-violence-a-multi-agency-approach>

⁵¹ Respect (2021), A domestic abuse perpetrator strategy for England and Wales. <https://www.respect.uk.net/pages/73-national-perpetrator-strategy>

- NICE⁵²⁵³⁵⁴
- BASW England⁵⁵
- the Royal College of Nursing⁵⁶ and
- Business in the Community⁵⁷

exist to inform and support professionals to identify, respond to and prevent domestic abuse.

Best practice in preventing domestic abuse is also informed by the work of a number of expert agencies:

- Women's Aid are at the forefront of shaping and co-ordinating responses to domestic abuse. They are the leading training provider for tackling and preventing domestic abuse, as well as campaigning for change.
- The SafeLives resources library is an essential port of call for all professionals working with victims of domestic abuse and their families⁵⁸
- For GPs, IRIS+ (Identification and Referral to Improve Safety) is a training and advocacy intervention currently active in 30 areas of England and Wales.⁵⁹
- Respect Phoneline, which provides services for perpetrators, also provides guidance and support for frontline workers. The charity is calling for a national perpetrator strategy, including clear pathways into perpetrator interventions from sentencing, multi-agency forums, police, probation, CAFCASS, social services, health services including drug, alcohol and mental health services, voluntary sector services such as helplines and self-referrals.⁶⁰
- Agenda campaigns for systems and services to be transformed; to raise awareness across sectors; and to promote public and political understanding of the lives of women and girls facing multiple disadvantage. One pertinent campaign is *Ask and Take Action: Why public services must ask about domestic abuse*.⁶¹

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

The Council of Europe Convention on preventing and combating violence against women and domestic violence⁶², better known as the Istanbul Convention, is a human rights treaty of the Council of Europe against violence against women and domestic violence.

⁵² Domestic violence and abuse: multi-agency working. Public health guideline [PH50] Published date: 26 February 2014
<https://www.nice.org.uk/guidance/ph50/>

⁵³ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016. <https://www.nice.org.uk/guidance/qs116/>

⁵⁴ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010. Accessed April 2021. <https://www.nice.org.uk/guidance/CG110>

⁵⁵ BASW England (2021), Domestic Abuse Guidance for social workers (April 2021). <https://www.basw.co.uk/resources/basw-england-domestic-abuse-guidance-social-workers-april-2021>

⁵⁶ RCN: Domestic violence and abuse: professional resources. Accessed May 2021. <https://www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse/professional-resources>

⁵⁷ Business in the Community: Domestic abuse toolkit. Accessed May 2021. <https://www.bitc.org.uk/toolkit/domestic-abuse-toolkit/>

⁵⁸ SafeLives: Resources. Accessed May 2021. <https://safelives.org.uk/knowledge-hub>

⁵⁹ University of Bristol Centre for Academic Primary Care: Iris+. Accessed May 2021.
<http://www.bristol.ac.uk/primaryhealthcare/researchthemes/reprovide/iris-plus/>

⁶⁰ Respect (2021), A domestic abuse perpetrator strategy for England and Wales. <https://www.respect.uk.net/pages/73-national-perpetrator-strategy>

⁶¹ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020. https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

⁶² Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011.
<https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

The Domestic Abuse Act brings the UK into compliance with Article 44, which relates to extra-territorial jurisdiction. However, the issue of support for migrant women leaves the UK still in non-compliance with Articles 59 and 4(3).

The Government's *Ending Violence Against Women and Girls strategy 2016-2020*⁶³ aimed to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.⁶⁴

The Government has recently been consulting on a VAWG 2021-24 strategy.⁶⁵

CHILD MALTREATMENT

A growing body of research suggests that intimate partner violence (IPV) and child maltreatment often occur within the same household. Physical punishment of children is more common in households where women are abused, and interventions that address child maltreatment may be less effective in households experiencing IPV.⁶⁶

According to SafeLives, just under half of young people (13 to 17 years) exposed to domestic violence are being directly harmed by the family member.⁶⁷

NICE guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals.⁶⁸

NSPCC services can support children and young people who have experienced domestic abuse to help them move on and receive the care they need.⁶⁹

Young people's violence advisors (YPVAs) can provide holistic support to young people experiencing domestic abuse, but unlike with IDVAs (Independent Domestic Abuse Advisors), there is no consistent pathway to specialist support for young people.⁷⁰

SCHOOL-BASED TRAINING

All staff in schools and colleges should be aware of indicators of abuse and neglect, so that they are able to identify cases of children who may be in need of help or protection.

Safeguarding and child protection training are compulsory in schools.⁷¹

⁶³ HM Government (2016): Ending Violence against Women and Girls Strategy 2016-2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF

⁶⁴ CPS (2017), Violence Against Women and Girls Strategy 2017-2020. Accessed May 2021.

<https://www.cps.gov.uk/sites/default/files/documents/publications/VAWG-Strategy-2017-2020.pdf>

⁶⁵ Home Office: Violence Against Women and Girls (VAWG) Call for Evidence. Published 10 December 2020; Last updated 24 March 2021.

<https://www.gov.uk/government/consultations/violence-against-women-and-girls-vawg-call-for-evidence>

⁶⁶ Guedes, A., & Mikton, C. (2013). Examining the Intersections between Child Maltreatment and Intimate Partner Violence. *The western journal of emergency medicine*, 14(4), 377–379. <https://doi.org/10.5811/westjem.2013.2.16249>

⁶⁷ SafeLives: Young people and domestic abuse. Accessed May 2021. <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

⁶⁸ NICE: Child maltreatment: when to suspect maltreatment in under 18s. Clinical guideline [CG89]. Published: 22 July 2009 Last updated: 09 October 2017.

<https://www.nice.org.uk/guidance/cg89/chapter/introduction>

⁶⁹ NSPCC: Protecting children from domestic abuse. Last updated August 2020. Accessed April 2021. <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>

⁷⁰ SafeLives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

⁷¹ Department for Education (2015), Keeping children safe in education: Statutory guidance for schools and colleges. Last updated 18 January 2021. <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

- Governing bodies and proprietors should ensure that all staff undergo safeguarding and child protection training (including online safety) at induction. The training should be regularly updated. Induction and training should be in line with advice from the local three safeguarding partners.
- In addition, all staff should receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Governing bodies and proprietors should recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

Operation Encompass is a programme that aims to enable staff in every school to understand how to support children who are experiencing domestic abuse, no matter where in the world the child lives. It offers free training available to all schools and education settings. The training updates staff members' knowledge of child victims of domestic abuse.⁷²

SCHOOL-BASED PROGRAMMES

Research suggests that relationships education during adolescence is effective in changing attitudes towards domestic violence.⁷³

From September 2020, Relationships Education has been compulsory for all primary school pupils, and Relationships and Sex Education (RSE) has been compulsory for all secondary pupils. Health Education is compulsory in primary and secondary schools.⁷⁴

- Relationships Education for primary pupils will cover the characteristics of healthy relationships, building the knowledge and understanding that will enable children to model these behaviours.
- RSE in secondary schools will help children understand and recognise domestic abuse and will also cover the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, forced marriage, rape, and FGM and how these can affect current and future relationships.
- The focus on healthy relationships in both primary and secondary education will help children who are experiencing or witnessing unhealthy relationships know where to seek help and report abuse as well as addressing inappropriate behaviour, harassment, abuse or exploitation.⁷⁵

One study⁷⁶ found that the most successful school-based programmes involve young people in their design by:

- incorporating material co-produced with young people into programmes
- engaging them in participative learning activities such as drama
- training and involving them as peer mentors or facilitators.

⁷² Operation Encompass: Online Key Adult Training. Accessed May 2021. <https://www.operationencompass.org/operation-encompass-on-line-key-adult-briefing>

⁷³ SafeLives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

⁷⁴ Department of Education (2020): Relationships and sex education (RSE) and health education. <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

⁷⁵ The Government response to the report from the Joint Committee on the Draft Domestic Abuse Bill

Session 2017-19 HI Paper 378 / Hc 2075: Domestic Abuse Bill.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817556/CCS0619467038-001_Domestic_Abuse_Bill_Print_WEb_Accessible.pdf

⁷⁶ Stanley et al (2015), Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review* Volume 59, December 2015, Pages 120-131 <https://www.sciencedirect.com/science/article/pii/S0190740915300876>

PARENTING PROGRAMMES

Evidence shows that parenting programmes can be a critical form of early intervention and help for families experiencing domestic abuse.⁷⁷

Parenting programmes generally target parents who have abused or neglected their children, or who are at risk of doing so. Such interventions aim to improve relationships between parents and their children, and teach parenting skills. A few directly aim at reducing conflict and abuse. Common activities include individual counselling or group discussion; role play; videotape modelling of positive parenting behaviours; educational communications materials which model or guide positive behaviours; and structured or guided play between mothers, fathers and their children.

Some interventions focus specifically on fatherhood, men's roles as caretakers, and men's roles in teaching their sons to respect women.⁷⁸

There are barriers to take-up: individuals who have experienced domestic abuse tend to be reluctant to engage in couple support for reasons including fear, shame and adherence to religious, social and cultural norms. The Early Intervention Foundation recommends course providers linking up with specialist services such as domestic abuse services, to support high-conflict couples.⁷⁹

⁷⁷ SafeLives (2014): In plain sight: the evidence from children exposed to domestic abuse.

https://safelives.org.uk/sites/default/files/resources/in_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf

⁷⁸ Fulu et al (2014), What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337615/evidence-review-interventions-F.pdf

⁷⁹ Early Intervention Foundation (2019): Engaging disadvantaged and vulnerable parents: An evidence review. <https://www.eif.org.uk/report/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review>

EMPOWERMENT

There is strong qualitative evidence that women's disempowerment and dependence on men makes them both vulnerable to experiencing violence, and less able to challenge or leave situations of violence.⁸⁰

For women and girls living in poverty, the biggest barrier to leaving is usually financial dependence on their partner. Empowering women to generate their own income and have financial independence is therefore an essential part of ending domestic violence.

Men can use violence to dominate their relationships economically, physically, psychologically and sexually. Giving women and girls access to family planning services can help increase their independence and ability to stand up to abuse or leave abusive relationships.

ALCOHOL

There is a strong relationship between alcohol and domestic abuse, violence and sexual assault. Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73%. Cases involving severe violence are twice as likely than others to include alcohol, and other research has found that the risk of rape is twice as high for attacks involving drinking offenders.⁸¹

Alcohol use by victims of domestic abuse is also an important issue. Research has found victims of domestic assault to have higher alcohol consumption than non-victims, and that the risk of violence increased with levels of consumption.⁸² There is evidence to suggest that women's drinking is a way of coping with abuse.⁸³

The Stella Project, launched in 2002, initiated a dialogue between domestic violence and drug and alcohol agencies and discussed ways to improve practice and collaborative work between sectors.⁸⁴

Building on this, a toolkit from AVA⁸⁵ and an associated e-learning programme provide a bridge across three areas - domestic and sexual violence, problematic substance use and mental ill-health - which often co-exist for service users but currently are not comprehensively addressed by the practitioners in each sector.

Women with substance or alcohol abuse needs may face barriers to refuge provision. A study by AVA and Solace Women's Aid⁸⁶ recommends that service specifications for domestic violence refuge provision should include specific provisions in relation to supporting women who have substance use problems and mental health problems.

⁸⁰ Fulu et al (2014), What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337615/evidence-review-interventions-F.pdf

⁸¹ Institute of Alcohol Studies (2014): Alcohol, domestic abuse and sexual assault. <https://www.ias.org.uk/uploads/IAS%20report%20Alcohol%20domestic%20abuse%20and%20sexual%20assault.pdf>

⁸² Institute of Alcohol Studies (2014): Alcohol, domestic abuse and sexual assault. <https://www.ias.org.uk/uploads/IAS%20report%20Alcohol%20domestic%20abuse%20and%20sexual%20assault.pdf>

⁸³Equation (2010): Factsheet: Grasping the nettle: alcohol and domestic violence. <https://equation.org.uk/wp-content/uploads/2012/12/Factsheet-Alcohol-and-Domestic-Violence.pdf>

⁸⁴AVA (2007), Stella Project Toolkit: Domestic Abuse and Substance Use. <https://avaproject.org.uk/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

⁸⁵ AVA (2018), Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health. <https://avaproject.org.uk/resources/complicated-matters/ava-toolkit-2018reprint/>

⁸⁶Harvey, S., Mandair, S. & Holly, J (2013), Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems. London: AVA & Solace Women's Aid. <https://avaproject.org.uk/wp-content/uploads/2016/03/Case-by-Case-London-refuge-provision-Full-Report.pdf>

SOCIAL AND CULTURAL NORMS

Social and cultural norms are shared beliefs about others, including beliefs about typical and appropriate behaviour. These beliefs shape the 'social expectations' within a group of people. The desire to conform to social expectations means that social norms can be more persuasive and salient than the threat of more formal punishment by the state.⁸⁷

Social and cultural norms can make domestic abuse seem acceptable to both perpetrators and victims, and can pose barriers to survivors seeking support.

⁸⁷ DFID (2016), Shifting social norms to tackle violence against women and girls.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507845/Shifting-Social-Norms-tackle-Violence-against-Women-Girls3.pdf

Social norms and violence against women and girls (VAWG)

Transforming gender norms and power relations is one of the most effective ways of tackling VAWG.

Examples of social and gender norms that support violence against women and girls include:⁸⁸

- A man has a right to assert power over a woman and is considered socially superior;
- A man has a right to physically discipline a woman for “incorrect” behaviour;
- Physical violence is an acceptable way to resolve conflict in a relationship;
- Intimate partner violence is a “taboo” subject;
- Divorce is shameful;
- Sex is a man’s right in marriage;
- Sexual activity (including rape) is a marker of masculinity;
- Girls and women are responsible for controlling a man’s sexual urges.

Social norms and FGM

FGM is one form of domestic abuse that is supported by a system of community beliefs and social norms. In a pilot project, the REPLACE approach used a Cyclic Framework for Social Norm Transformation with FGM-affected communities living in the EU, using community engagement to understand individual communities and drive behaviour change. It is suggested that the REPLACE approach could be used to tackle other social norms associated with traditional harmful practices in the EU and elsewhere.⁸⁹

Social norms and LGBTQ+ survivors

LGBTQ+ people may experience unique forms of coercive control targeted at their sexual orientation or gender identity. For instance, for those not ‘out’ to wider networks, the threat of ‘outing’ gender identity or sexual orientation can be a source of power and control for the perpetrator. Research by Stonewall found that over half (51%) of transgender people who had experienced domestic abuse in the last year reported that their partner had ridiculed their gender identity.

These experiences affect how LGBTQ+ people experience and respond to domestic abuse, and as such the best ways for services to help LGBTQ+ victims and survivors to stay safe. The first step towards helping people who identify as LGBTQ+ to access support must be raising awareness within society as a whole that domestic abuse can happen to anyone regardless of sexual orientation and/or gender identity.

Social norms and male survivors

Men can be victims of domestic abuse by male or female partners. But the stigma and shame attached to the issue can be a huge barrier in accessing support. It is suggested that masculinity, influenced by social norms, may serve as a barrier to seeking help, with men reluctant to appear weak or ineffectual.⁹⁰

⁸⁸ DFID (2016), Shifting social norms to tackle violence against women and girls.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507845/Shifting-Social-Norms-tackle-Violence-against-Women-Girls3.pdf

⁸⁹Barrett, H.R., Brown, K., Alhassan, Y. et al. Transforming social norms to end FGM in the EU: an evaluation of the REPLACE Approach. *Reprod Health* 17, 40 (2020). <https://doi.org/10.1186/s12978-020-0879-2> <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-0879-2>

⁹⁰Perryman and Appleton (2011), Male victims of domestic abuse: Implications for health visiting practice <https://core.ac.uk/download/pdf/288219173.pdf>

IDENTIFICATION AND RESPONSE

Identifying and responding effectively to domestic abuse is essential for effective secondary and tertiary prevention. Victims and survivors of domestic abuse may access a range of public services – from the health system to social services. These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need. Yet evidence shows that public services are failing to pick up domestic abuse and respond appropriately. This means many survivors are passed from service to service before finally getting the support they need.

The campaign group Agenda are calling for a duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.⁹¹

SafeLives has resources⁹² outlining best practice for professionals responding to domestic abuse.

For social workers, *Recognising and responding to domestic violence and abuse*⁹³ is an interactive web resource that walks through recognising the indicators of abuse, talking to people about it and offering support and referral for protection, if needed.

Once domestic abuse has been identified, it is vital to make an accurate and fast assessment of the danger they're in, so they can get the right help as quickly as possible. The SafeLives Dash risk checklist⁹⁴ is a consistent and simple tool for practitioners who work with adult victims of domestic abuse, helping them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk.

HEALTH SECTOR

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. The NHS is often the first point of contact for people experiencing abuse. Many drop hints when using health services, because they trust the staff to pick it up and probe sensitively.⁹⁵

NICE has published a Quality Standard and a public health guideline covering domestic violence and abuse.

*Public health guideline 50: Domestic violence and abuse: multi-agency working*⁹⁶ covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people.

*Quality Standard 116*⁹⁷ covers identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement.

In addition, the Department of Health has a resource on domestic abuse with information to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.⁹⁸

⁹¹ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020. https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

⁹² SafeLives: Resources. Accessed May 2021. <https://safelives.org.uk/knowledge-hub>

⁹³ NICE: Recognising and responding to domestic violence and abuse. Accessed May 2021. <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/recognising-and-responding-to-domestic-violence-and-abuse>

⁹⁴ SafeLives: Resources for identifying the risk victims face. Accessed May 2021. <https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face>

⁹⁵ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

⁹⁶ Domestic violence and abuse: multi-agency working. Public health guideline [PH50] Published date: 26 February 2014 <https://www.nice.org.uk/guidance/ph50/>

⁹⁷ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016. <https://www.nice.org.uk/guidance/qs116/>

⁹⁸ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuser. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.⁹⁹

SCREENING

Victims and survivors of domestic abuse may access a range of public services – from the health system to social services. These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need. Yet evidence shows that public services are failing to pick up domestic abuse and respond appropriately. This means many survivors are passed from service to service before finally getting the support they need.

The campaign group Agenda are calling for a duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.¹⁰⁰

In healthcare settings, according to NICE¹⁰¹, there is an ongoing debate about the effectiveness and desirability of screening, routine and targeted enquiries to identify people who are experiencing domestic violence and abuse: “Currently there is insufficient evidence to recommend screening or routine enquiry in healthcare settings. Nevertheless, asking patients routinely about abuse in some specialised health care settings is considered good practice by professionals in those fields.”

There may be further barriers to overcome, in addition to asking the question. People experiencing domestic violence and abuse may choose not to disclose it when asked by a healthcare or other professional. Or, if they do disclose, they do not want to be pressurised to give more details of the abuse or take a specific course of action.¹⁰² Agenda calls for consultation with experts from the VAWG sector to ensure robust and comprehensive guidance on implementing the duty in practice, backed by appropriate training.¹⁰³

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuse. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.¹⁰⁴

*Best practice*¹⁰⁵

The 2015 Welsh Government Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act places a duty to train all public sector staff on gender based violence and abuse by 2021. Within this, staff in all public services are trained to carry out targeted inquiry, asking service users about their experiences of abuse when they present certain indicators of such abuse.

⁹⁹ SafeLives: Five Rs of asking about domestic abuse. Accessed May 2021.

<https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf>

¹⁰⁰ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020. https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

¹⁰¹ NICE (2014): Domestic violence and abuse: multi-agency working: Public health guideline [PH50]. Published: 26 February 2014 <https://www.nice.org.uk/guidance/ph50/chapter/4-Considerations>

¹⁰² NICE (2014): Domestic violence and abuse: multi-agency working: Public health guideline [PH50]. Published: 26 February 2014 <https://www.nice.org.uk/guidance/ph50/chapter/4-Considerations>

¹⁰³ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020. https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

¹⁰⁴ SafeLives: Five Rs of asking about domestic abuse. Accessed May 2021.

<https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf>

¹⁰⁵ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020. https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

In the Citizens Advice ASK Programme, unaccompanied men and women clients seen in a face-to-face confidential advice session with housing, family, debt or benefits enquiries are asked a routine question about whether they are experiencing gender-based violence and abuse, including domestic abuse, or whether they have in the past. Local offices are trained and equipped to provide appropriate support and advice to clients arising from any disclosure. Over 60,000 clients have now been asked about abuse, with over one in five disclosing experiences of abuse.

PSYCHOLOGICAL INTERVENTIONS

The impact of domestic violence and abuse on mental health is detrimental and persistent. And psychological problems in particular may be difficult to manage outside of specialist services, as conventional forms of therapy such as counselling that do not address the violence may be ineffective or even harmful.¹⁰⁶

Psychological Advocacy Towards Healing (PATH) is a novel psychological intervention specifically tailored for survivors of DVA and delivered by domestic violence advocates based in third sector organisation. An eight-session psychological intervention delivered by DVA advocates produced clinically relevant improvement in mental health outcomes compared with normal advocacy care.¹⁰⁷¹⁰⁸

SafeLives¹⁰⁹ recommends that extending such programmes, which integrate domestic abuse and mental health support will help improve the response to survivors with mental health issues.

Other recommendations for effective psychological interventions include:

- All organisations in a position to identify domestic abuse (adult and child victims/survivors and perpetrators) should review their training protocols and ensure staff are aware of the associations between mental health issues and domestic abuse, and have appropriate responses to victims/survivors and those perpetrating abuse.
- All services that come into contact with victims/survivors and perpetrators of domestic abuse should assess whether their response is trauma-informed. The importance of trauma-informed approaches extends beyond mental health services; all professionals working with victims/survivors with mental ill health should be trained in these approaches.
- Greater awareness of the relationship between domestic abuse and mental health within all organisations and by the public will help people get the support they need faster.

¹⁰⁶ University of Bristol Centre for Academic Primary Care: Psychological Advocacy Towards Healing (PATH): a randomised controlled trial. Accessed May 2021. <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/path.html>

¹⁰⁷ University of Bristol Centre for Academic Primary Care: Psychological Advocacy Towards Healing (PATH): a randomised controlled trial. Accessed May 2021. <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/path.html>

¹⁰⁸ Ferrari et al (2018), Psychological advocacy towards healing (PATH): A randomized controlled trial of a psychological intervention in a domestic violence service setting. PLOS ONE, November 27, 2018. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205485>

¹⁰⁹ SafeLives (2019), Safe and well: Mental health and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

ADVOCACY

In general, advocacy for people who have experienced domestic violence includes:

- legal, housing and financial advice
- access to and use of community resources such as refuges, emergency housing and psychological interventions
- safety planning advice.

The activities may differ according to the level of risk facing the person. Crisis advocacy involves working with the person for a limited period of time (they may then be referred on to more specialised agencies).

Practitioners providing advocacy can also provide ongoing support and informal counselling. The intensity of the advocacy provided may vary. It may last for a year – or longer, if the person is particularly vulnerable.¹¹⁰

Best practice involves ensuring that independent advocacy is available to all who need it and that it is used effectively to support people who are currently or have recently experienced abuse. This includes independent advocates for Mental Capacity (IMCA), Domestic Abuse (IDVA) and Mental Health (IMHA).¹¹¹

IDVAs (Independent Domestic Violence Advisors) support victims of domestic abuse, providing advocacy and co-ordinating a multi-agency response, helping them to navigate different services including the courts, probation, housing, mental health and children services.¹¹²

¹¹⁰NICE (2014): Domestic violence and abuse: multi-agency working: Public health guideline [PH50]. Published: 26 February 2014
<https://www.nice.org.uk/guidance/ph50/chapter/glossary#advocacy>

¹¹¹Local Government Association: Supporting adults with learning disabilities and / or autism to stay safe. Accessed May 2021. <https://www.local.gov.uk/7-supporting-adults-learning-disabilities-and-or-autism-stay-safe>

¹¹² SafeLives: Resources for Idvas. Accessed April 2021. <https://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas/resources-idvas>

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COVENTRY

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DEMOGRAPHICS PAGE 26

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POPULATION

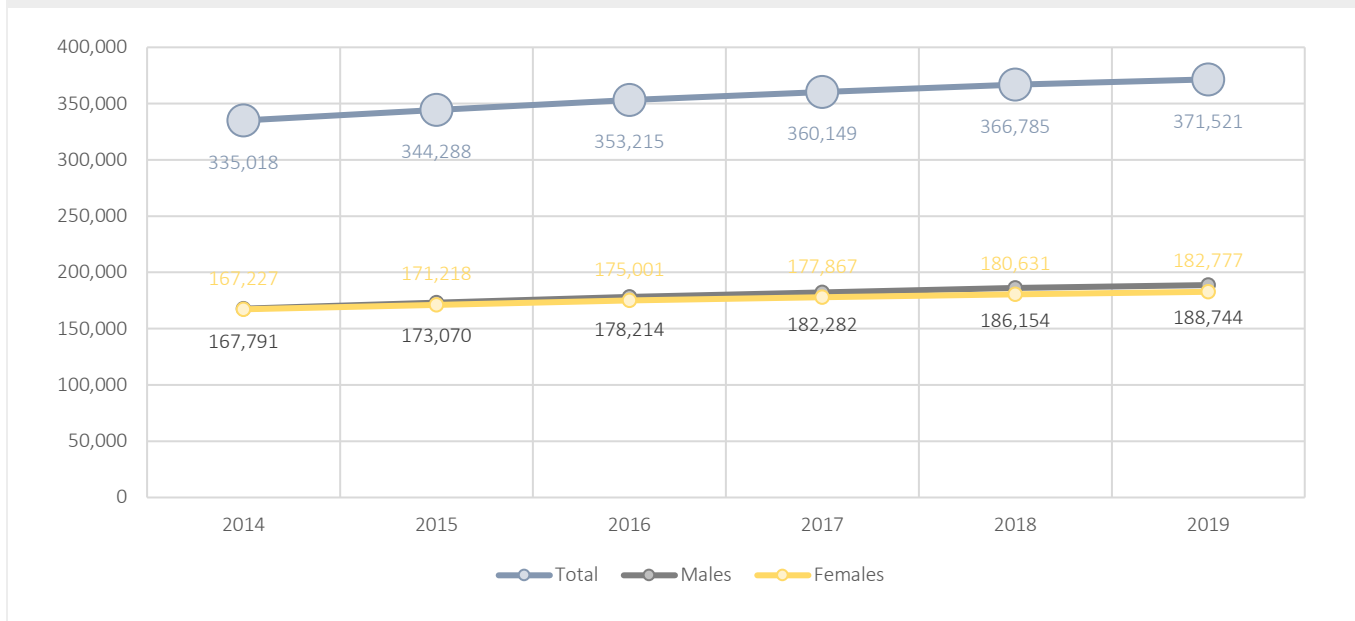
POPULATION OF COVENTRY

The latest available ONS mid-year estimates provide a figure of 371,521 for the population of Coventry. Since 2014, the population has grown by an average of 7,300 per year; however, recent years have seen slower growth. The increase is due to natural change and international migration.

Based on population size, Coventry is the ninth largest city in England.

The split between males and females is relatively even.

Figure 2.1: Population of Coventry based on ONS mid-year estimates.



POPULATION BY WARD

Coventry is made up of 18 wards. The population by ward ranges from 15,486 in Wainbody to 39,720 in St Michael's. Figure 2.2 shows the change in population by ward since 2014 and highlights the significant growth in population in the St Michael's ward. St Michael's is home to the university and the population change reflects the increase in the student population.

Figure 2.2: Population of Coventry by ward; 2019 MYE

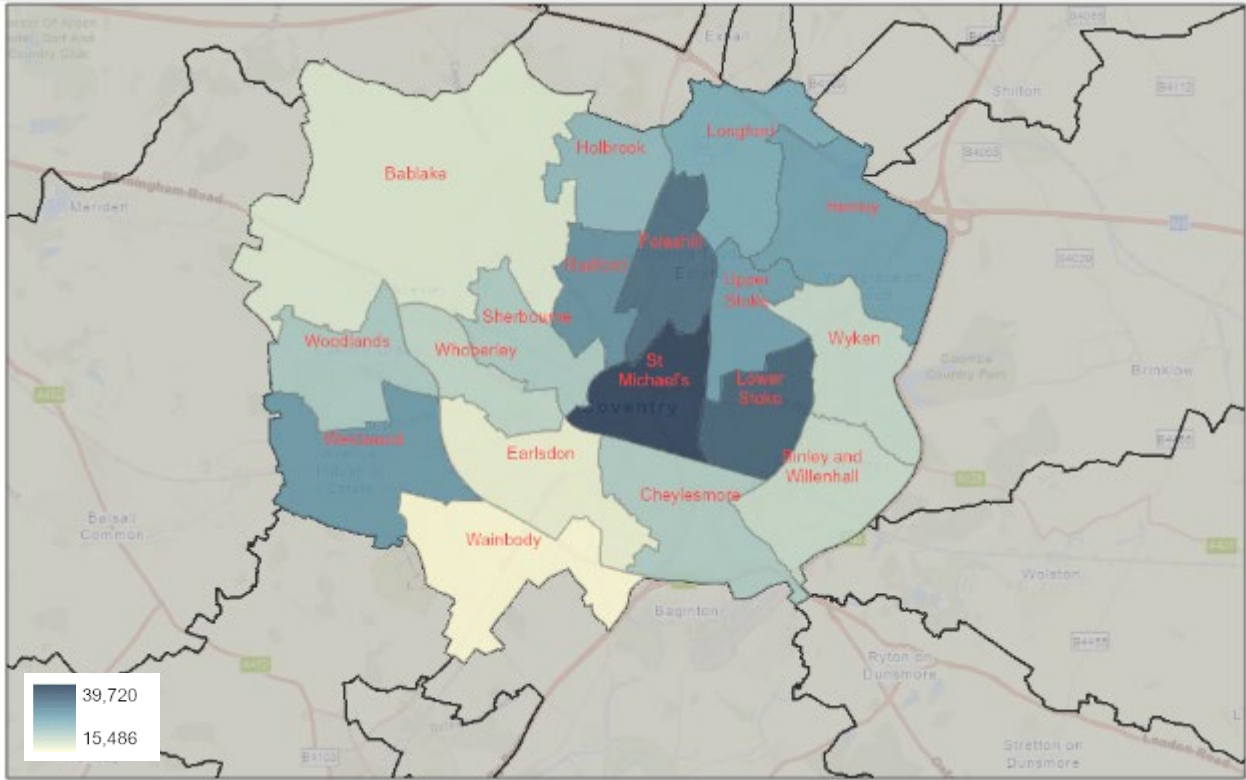
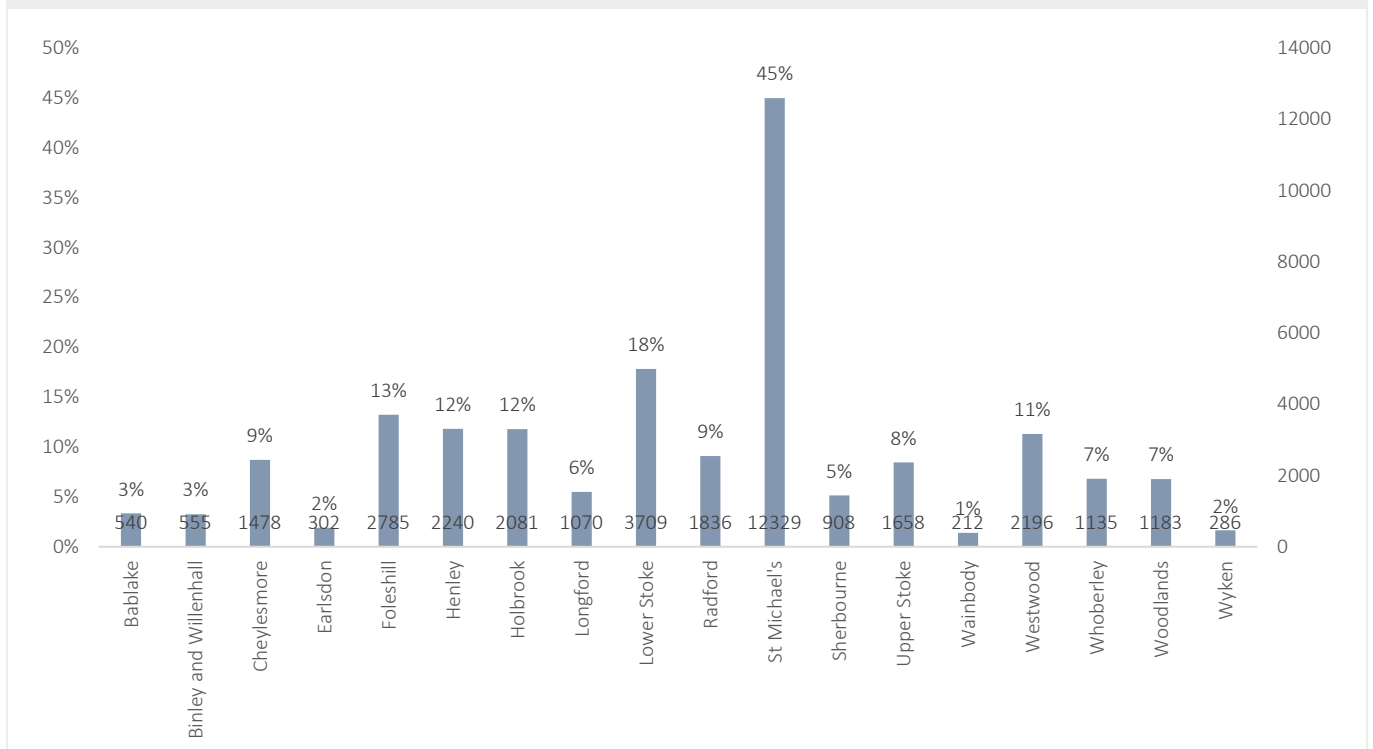


Figure 2.3: 2019 population of Coventry by ward; change since 2014.



DEMOGRAPHICS

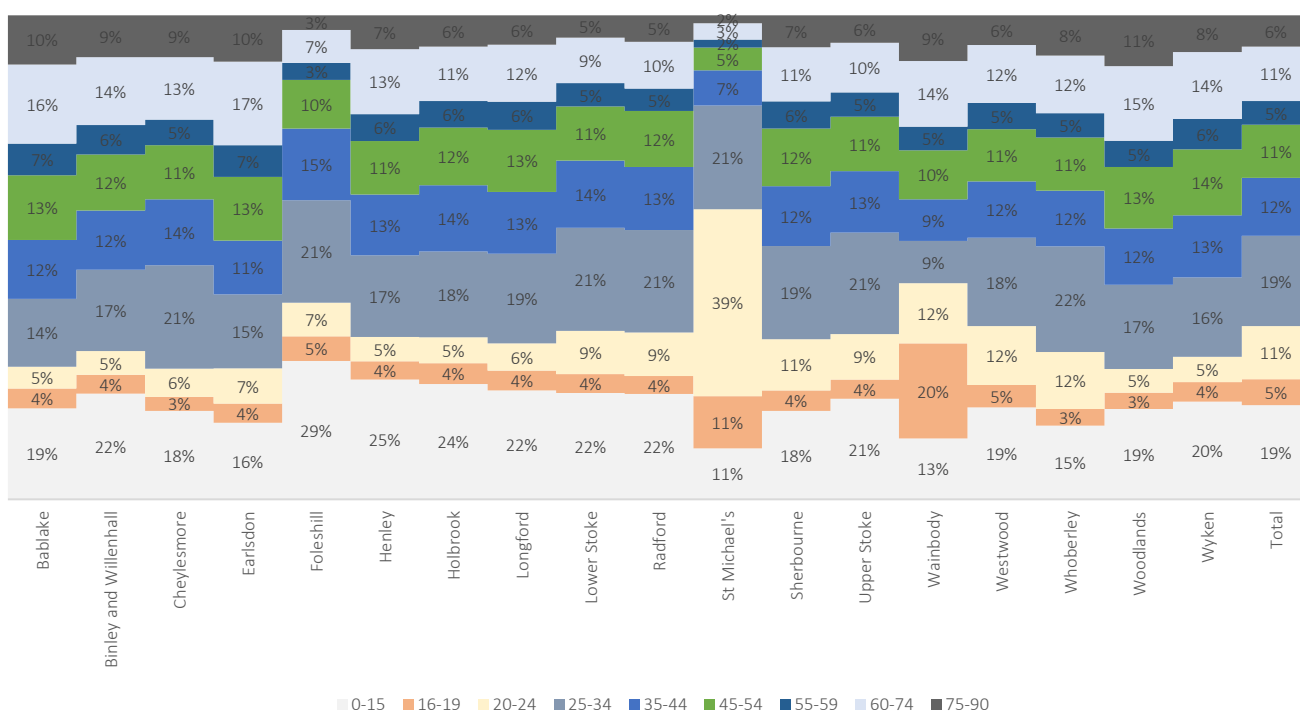
ETHNICITY

Data by ethnicity is limited as the last comprehensive dataset is from the 2011 Census. Based on the latest data, 26% of the Coventry population are BAME.

AGE

Figure 2.4 shows the population of Coventry by ward and by age bands. The age bands reflect those recorded in the Crime Survey of England and Wales (CSEW).

Figure 2.4: Population of Coventry by ward and age band.



Prevalence of domestic abuse in the last year among adults aged 16 to 74 – Any Domestic Abuse; taken from the CSEW 2021.	Men	Women	All
ALL ADULTS	3.6	7.3	5.5
16-19	5.3	14.0	9.5
20-24	4.9	10.0	7.4
25-34	4.2	7.7	5.9
35-44	4.2	6.9	5.6
45-54	3.7	7.7	5.7
55-59	2.5	6.5	4.6
60-74	1.9	4.4	3.2

Applying the domestic abuse prevalence by age from the CSEW gives a figure of 15,793 for Coventry. The actual number of crime incidents recorded was 9,280. The expected number is based only on age and does not take into account other factors such as ethnicity and deprivation.

Below shows the expected prevalence and the actual number of DV incidents as a rate per 100,000 population.

Figure 2.6: Prevalence of any domestic abuse based on the Crime Survey of England and Wales.

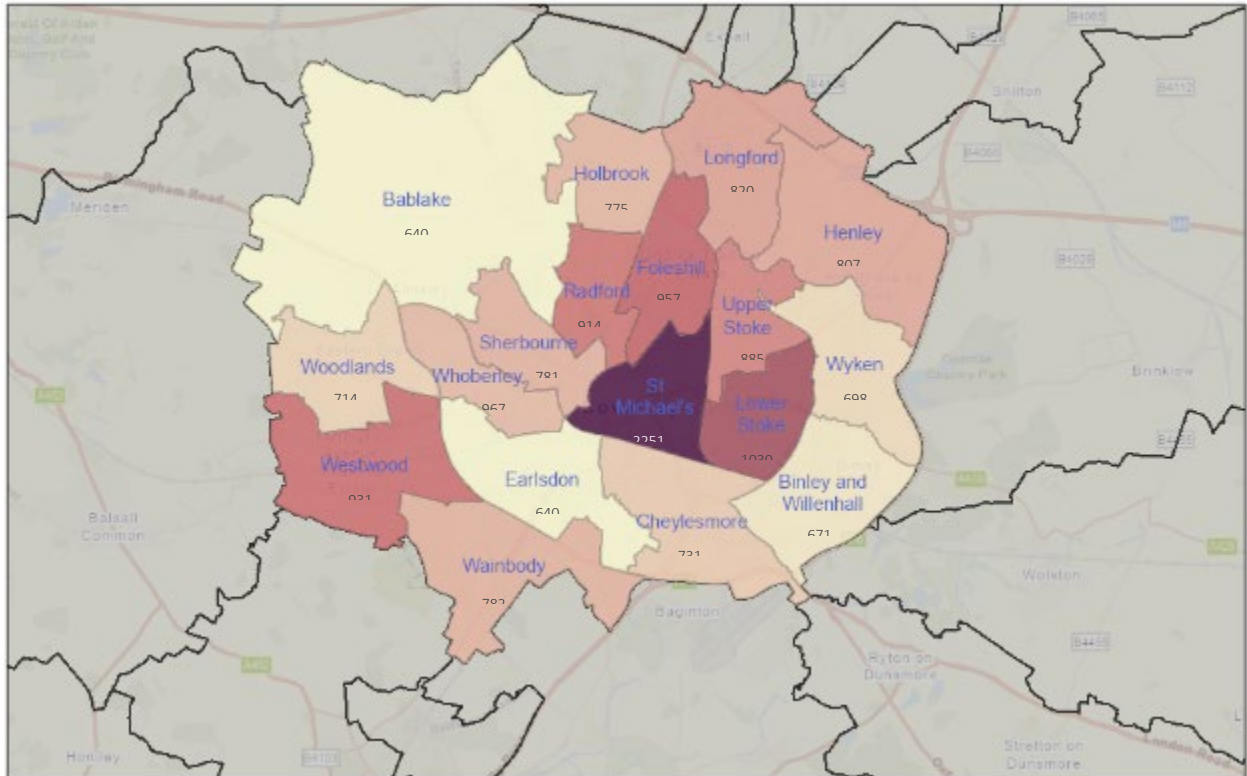
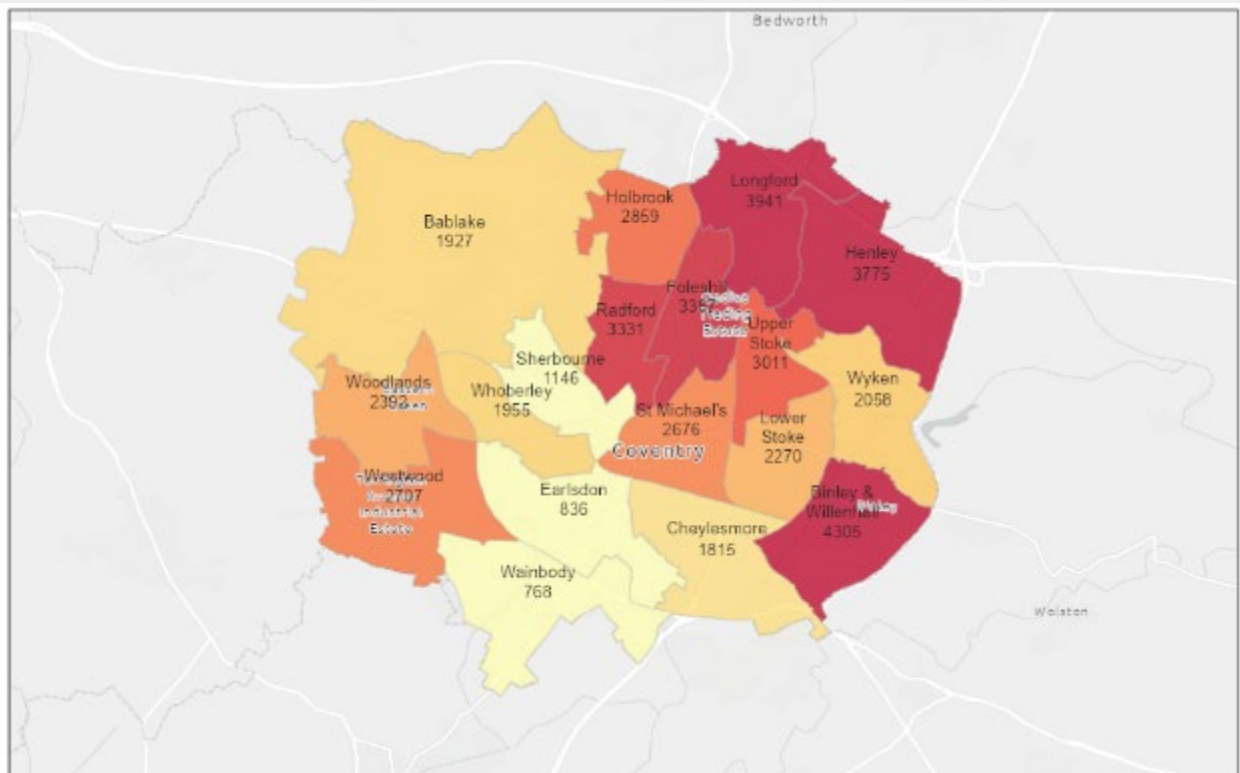


Figure 2.7: Total DV incidents in 2020; rate per 100,000 population.



DEPRIVATION

INTRODUCTION

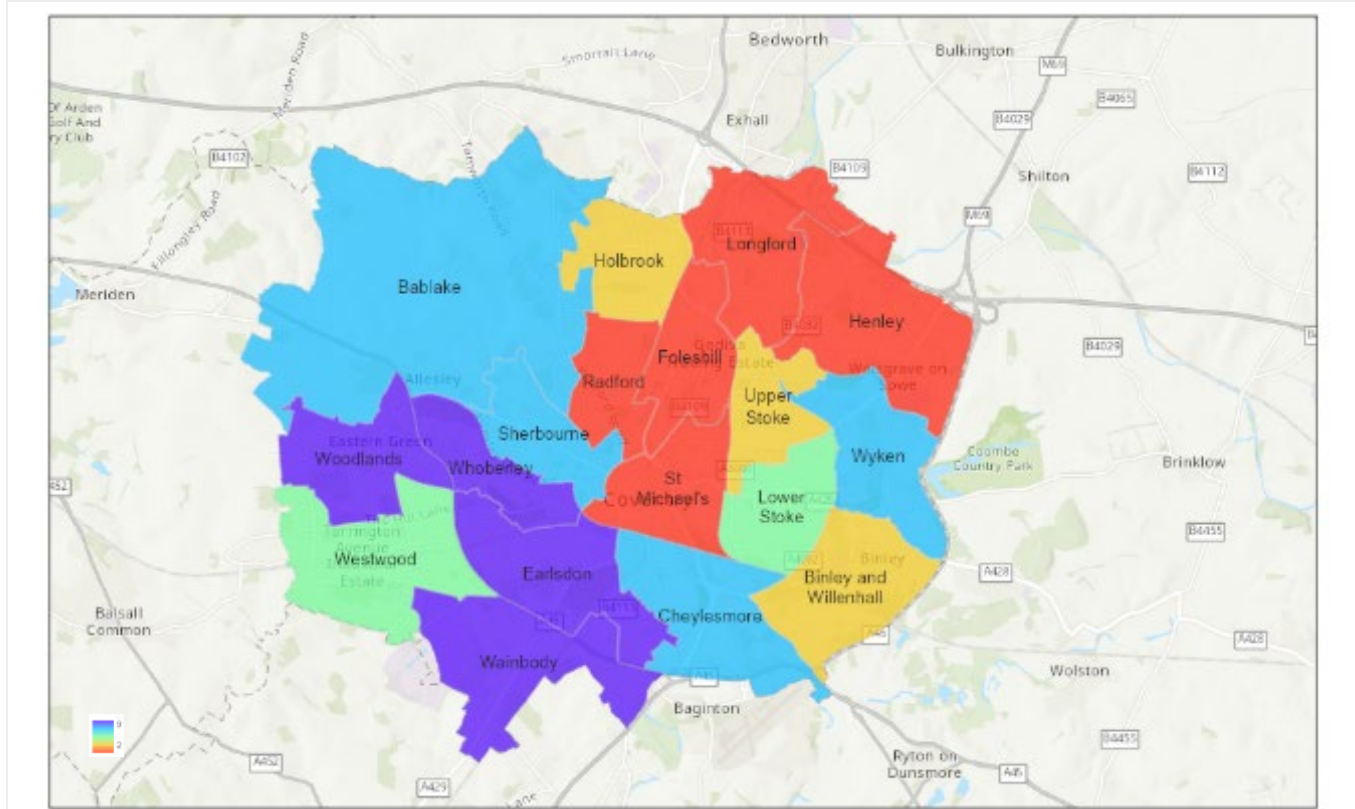
A recent study published in the *Epidemiology* journal looked at the effect of neighbourhood disadvantage on intimate partner violence against women in the UK. The report found that cumulative exposure to greater neighbourhood deprivation over the first 18 years of life was associated with women's increased risk of experiencing intimate partner violence in early adulthood.¹¹³

DEPRIVATION IN COVENTRY

It is estimated that 19% of the neighbourhoods in Coventry are among the 10% most deprived in the country. The following map shows the Index of Multiple Deprivation (IMD) deciles by ward, where 1 indicates the most deprived 10% and 10 is the least deprived 10%. Note that the calculations are the average of the Lower Super Output Areas in the ward, as IMD figures are not produced at ward level.

Combining the IMD decile along with other factors such as age may help to understand the prevalence of domestic abuse in the different wards in Coventry. For example, Bablake ward has a lower expected prevalence of domestic abuse based on age, and in addition, low deprivation.

Figure 2.8: IMD decile in Coventry by ward; 2019 MYE¹¹⁴.



¹¹³ Yakubovich, Alexa R.a,b; Heron, Jonc,d; Feder, Genec,e; Fraser, Abigailc,d,e; Humphreys, David K.a Long-term Exposure to Neighborhood Deprivation and Intimate Partner Violence Among Women: A UK Birth Cohort Study, *Epidemiology*: March 2020 - Volume 31 - Issue 2 - p 272-281 doi: 10.1097/EDE.0000000000001144

¹¹⁴ Mid-Year Estimates.

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HOUSING

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HOMELESSNESS

INTRODUCTION

HOUSING AND HOMELESSNESS SERVICES

Domestic abuse is a significant cause of homelessness, and survivors of domestic abuse who become homeless face multiple barriers to gaining a safe and secure place to live.¹¹⁵ The legal definition of 'homelessness' is wider than simply sleeping rough. A person counts as homeless if they are:

- staying with friends or family (if this is a temporary arrangement and they have no permanent place to live)
- staying in a hostel, night shelter or B&B
- squatting (because they have no legal right to stay)
- at risk of violence or abuse in their home
- living in poor conditions that affect their health
- living apart from their family because they don't have a place to live together.¹¹⁶

NATIONAL PICTURE

Domestic abuse is the third most common cause of homelessness. Between January 2019 and December 2019, 25,510 households lost their settled accommodation due to domestic abuse.¹¹⁷

But housing concerns also represent a significant barrier to leaving an abusive partner. A 2019 Women's Aid study¹¹⁸ found that survivors are sometimes weighing up staying in a home shared with an abusive partner or leaving for another potentially unsafe situation due to a lack of housing options. Survivors not eligible for public funds (because of their immigration status) have even fewer housing options, as they are not entitled to housing-related benefits or housing help from their local authority.

Accommodation options for survivors of domestic abuse are often temporary (such as refuges, supported accommodation and staying with friends or family).

The new Domestic Abuse Act places several legal obligations on local authorities:

- A duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.
- Automatic 'priority need' for homelessness assistance for all eligible homeless victims of domestic abuse.
- Where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

But domestic abuse victims with no recourse to public funds may not be eligible for this support¹¹⁹.

¹¹⁵ SafeLives (2018), Safe at Home: Homelessness and domestic abuse. https://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf

¹¹⁶ Shelter: What is homelessness? Accessed May 2021. https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness

¹¹⁷ Home Office (2020), Policy Paper: Homelessness. Updated 17 August 2020. <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/homelessness>

¹¹⁸ Women's Aid. (2020) The Domestic Abuse Report 2020: The Hidden Housing Crisis. Bristol: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf>

¹¹⁹ NRPF Network: Support for victims of domestic abuse. Accessed May 2021. <https://www.nrpfnetwork.org.uk/information-and-resources/policy/support-for-victims-of-domestic-abuse>

BEST PRACTICE

The Ministry of Housing, Communities & Local Government sets out a Homelessness code of guidance for local authorities, specifying that alongside their role in tackling homelessness, authorities should take an active role in identifying victims and referring them for help and support. They are key partners in local domestic violence partnerships and should be represented at their local multi-agency risk assessment conference (MARAC).¹²⁰

The Whole Housing Approach¹²¹ aims to reduce the number of people made homeless as a result of domestic abuse. It represents a move away from a siloed approach, recognising that survivors of domestic abuse need access to a range of housing options and specialist advice to ensure that they can make informed choices about their ability to stay safely in their own homes or what to do next. This approach is currently being piloted in three areas of England.¹²²

Housing providers are in a unique position to be able to identify domestic abuse and prevent escalation through offering support and guidance to residents. Several housing providers have taken steps to identify domestic abuse by training frontline staff and housing officers.¹²³

HOUSING PROCESS

LOCAL FEEDBACK ON THE HOUSING PROCESS

Feedback from practitioners and residents of specialist accommodation was that the housing process was complicated.

The importance of having a case worker who understands the housing process was highlighted. The importance of housing workers understanding the needs of those with domestic abuse needs was also highlighted.

Local authorities make one offer of housing to someone who is homeless.

Once a local authority makes an offer, there has to be an approved reason as to why the offer is not accepted by an individual.

BAME families may reject offers where there is a lack of cultural or ethnic diversity. Or the offer may be unsuitable for other reasons. An example was given of a woman who was suicidal and had an eating disorder, meaning that shared accommodation and high-rise flats were not a safe, viable option for her.

Feedback from practitioners and residents in specialist accommodation was that COVID-19 caused a bottleneck in housing.

This delayed residents from moving on from the specialist accommodation.

¹²⁰ Ministry of Housing, Communities & Local Government (2018), Homelessness code of guidance for local authorities. Last updated April 2021. <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse>

¹²¹ Domestic Abuse Housing Alliance: What is the Whole Housing Approach? Accessed May 2021. <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/what-is-the-whole-housing-approach/>

¹²² Women's Aid. (2020) The Domestic Abuse Report 2020: The Hidden Housing Crisis. Bristol: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf>

¹²³ SafeLives (2018), Safe at Home: Homelessness and domestic abuse. https://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf

HOUSING ASSOCIATIONS

INTRODUCTION

There are a high number of Housing Associations in Coventry. Citizen Housing are the largest and have 18,000 properties in Coventry. There is a mixture of property types including high-rise and specialist supported housing.

CITIZEN HOUSING

Citizen Housing have a direct relationship with local charities Valley House and Coventry Haven. Citizen provides accommodation, with both charities providing support services to individual residents.

There are two projects run by Citizen Housing:

- Gateway – a 63-bed homeless hostel (mixed)
 - St Basils provide support to those aged up to 25
 - P3 provide support to those over 25
 - Support services are commissioned by Coventry City Council
 - Some of these licence holders will be fleeing domestic abuse
 - All licence holders have been assessed as homeless, or in the process of being assessed.
- Frank Walsh House – a 44-bed hostel for families with children.
 - P3 are commissioned to provide support to families.
 - Access is only for families referred through the CCC temporary accommodation team.
 - Some will be fleeing domestic abuse.

TENANCY SUSTAINMENT SERVICE

Citizen Housing have a tenancy sustainment service, helping tenants with particular needs such as mental health, substance misuse and domestic abuse e. One team member leads on support to survivors of domestic abuse with others offering advice too.

If an issue relating to domestic abuse has been identified, a member of the sustainment team can be brought in to offer support. The Tenancy Sustainment Officer can liaise with other agencies on behalf of the tenant. This could include the police. The service works with males and females.

Feedback from the service is that most cases involve children.

There was a surge of activity reported by the police during COVID-19. The Tenancy Sustainment Officers have seen an increase in referrals.

NORMAL TENANTED STOCK

Citizen Housing provide support to residents in their 'normal' tenanted stock. They have direct contact with the relevant Neighbourhood Officers and also can contact the MASH/MARAC and Safeguarding Teams.

SANCTUARY PROJECT

There is a form of sanctuary project run. Updates to properties to make them more secure are not recorded separately to the main repairs fund. As such data is not available on the numbers of properties made more secure.

DOMESTIC ABUSE POLICY

Citizen Housing are reviewing their Domestic Abuse Policy. DAHA accreditation is being explored.

GAPS

There is a lower proportion of cases from BAME groups who require support relating to domestic abuse. This indicates an area of unmet need.

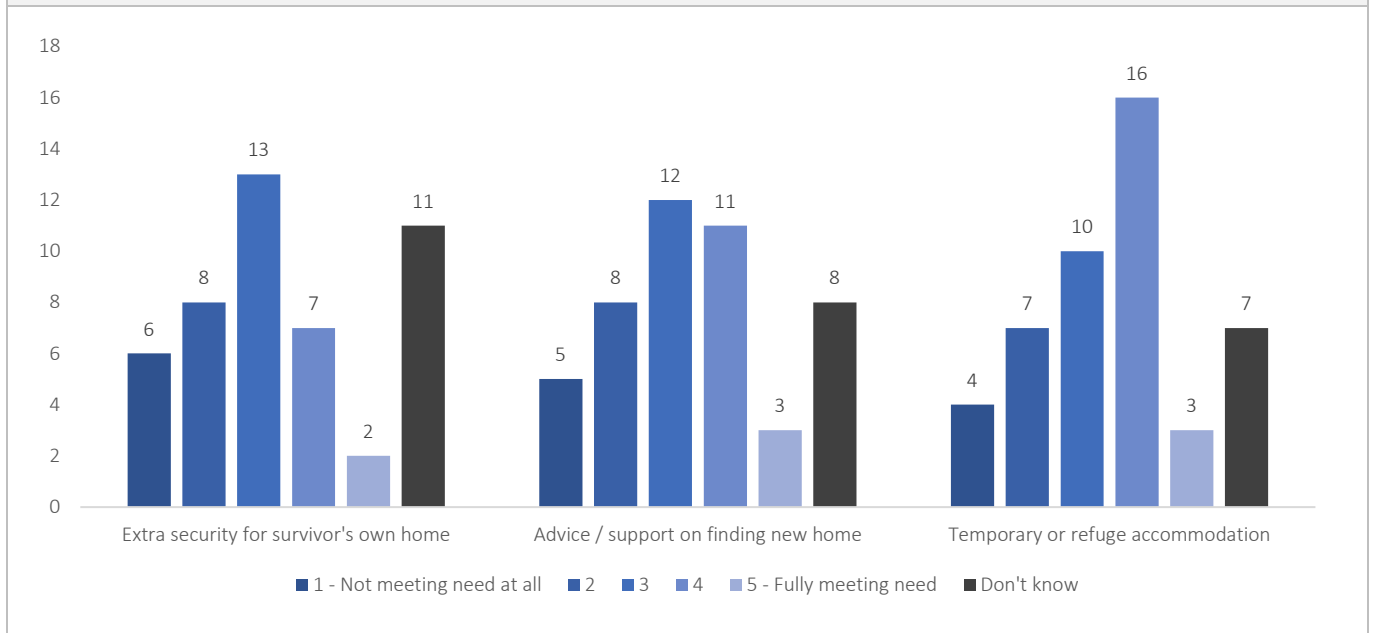
ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether they thought existing housing support provisions for survivors of domestic abuse were meeting needs.

They provided mixed feedback regarding the existing housing support offerings.

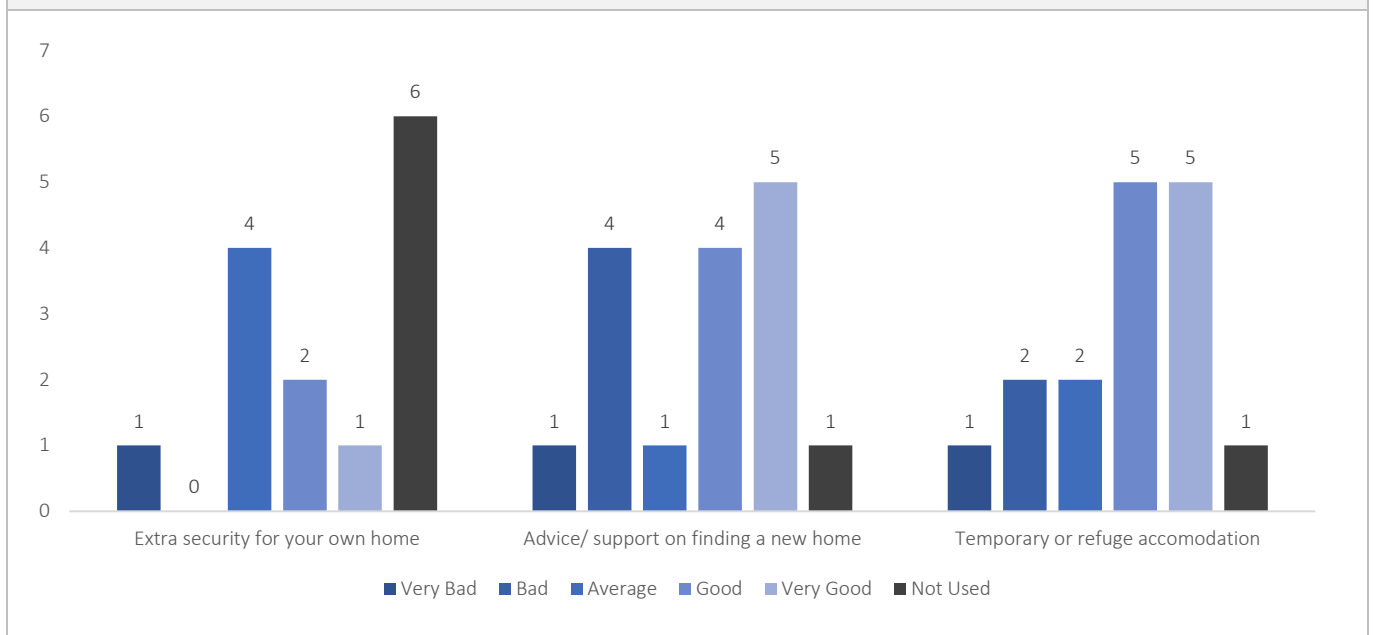
Figure 3.1: Support in relation to housing needs – Practitioner survey results



SURVIVOR SURVEY

Survivors were asked whether they thought existing housing support provisions for survivors of domestic abuse were meeting needs.

Figure 3.2: Support in relation to housing needs – Survivor survey results



FREE TEXT COMMENTS

“Not enough accommodation”

“I was scared to go to a refuge but once we got there we felt safe straight away because nobody knows where they are. the security was good and our room was big enough for us to be in together. The kids loved the garden and play equipment and making friends with the other children. staff ran activities for us to do together as mums and kids, and we had the best Xmas ever there, with so many presents and fun things.”

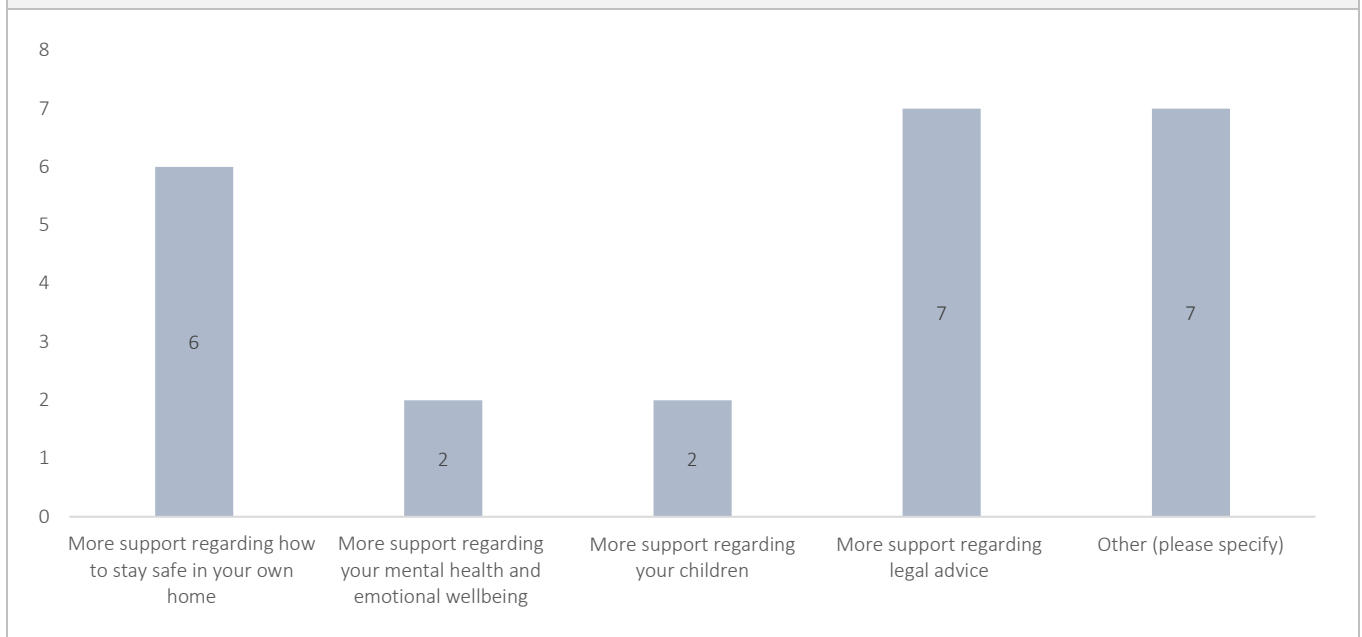
“The system in place for victims and survivors of domestic abuse to find new housing is disgraceful. I was originally expected to move out of refuge into a private shared house where I would have no control over who I lived with, if they had violent issues or knew my abuser! It took a letter to my MP to secure my current home.”

“Coventry Haven were great, Coventry homelessness team did not seem to understand abuse and victim blame”

Survivors who wanted to remain in their own home were asked what could have been done to assist them.

7 respondents stated that they would have liked more legal advice; 6 said they would have liked more support regarding how to stay safe in their own home.

Figure 3.3: Support to remain in own home: Survivor survey.



FREE TEXT COMMENTS

“I had assets and full time work which meant I was not eligible for refuge accommodation”

“I wanted to go into private rented and I could manage to do this”

“I worked for the local authority and worried that I would lose my job if I accessed support services”

“I was very lucky to have the support of my parents who took me to live with them.”

“It was never suggested”

“I got the support I needed from family”

HOMELESSNESS APPROACHES

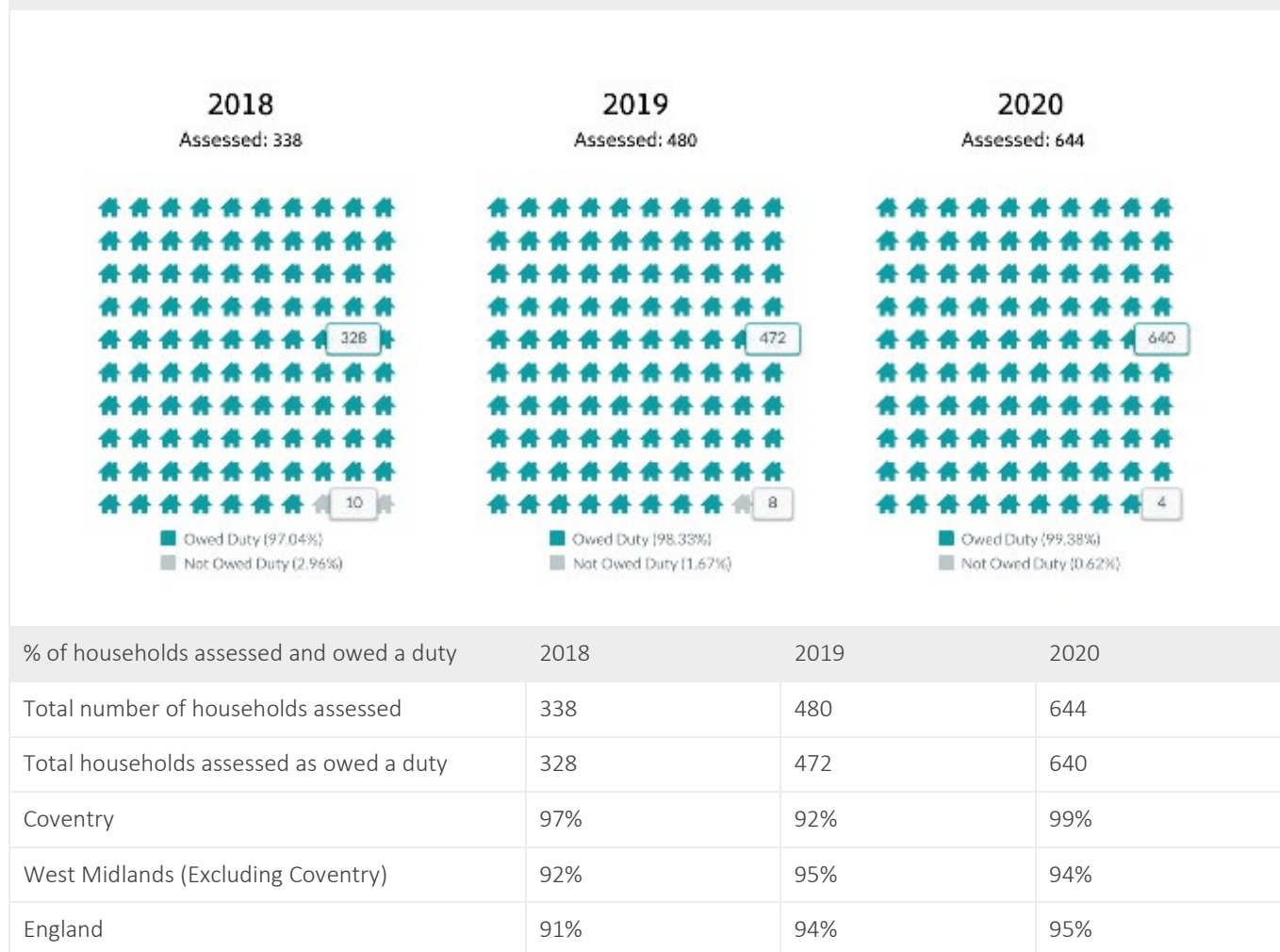
HOUSEHOLDS ASSESSED AND OWED A DUTY (DUE TO DOMESTIC ABUSE)

The information below shows the quarterly average¹²⁴ for those households assessed and owed a homelessness duty (due to domestic abuse).

There has been an increase in actual numbers and an increase in the percentage owed a duty across the years.

The percentage of households assessed and owed a duty is higher than average compared to England as a whole and the West Midlands as a region.

Figure 3.4: Households assessed and owed a duty, 2018-2020.



¹²⁴ January to March 2018 not included due to changes in definition.

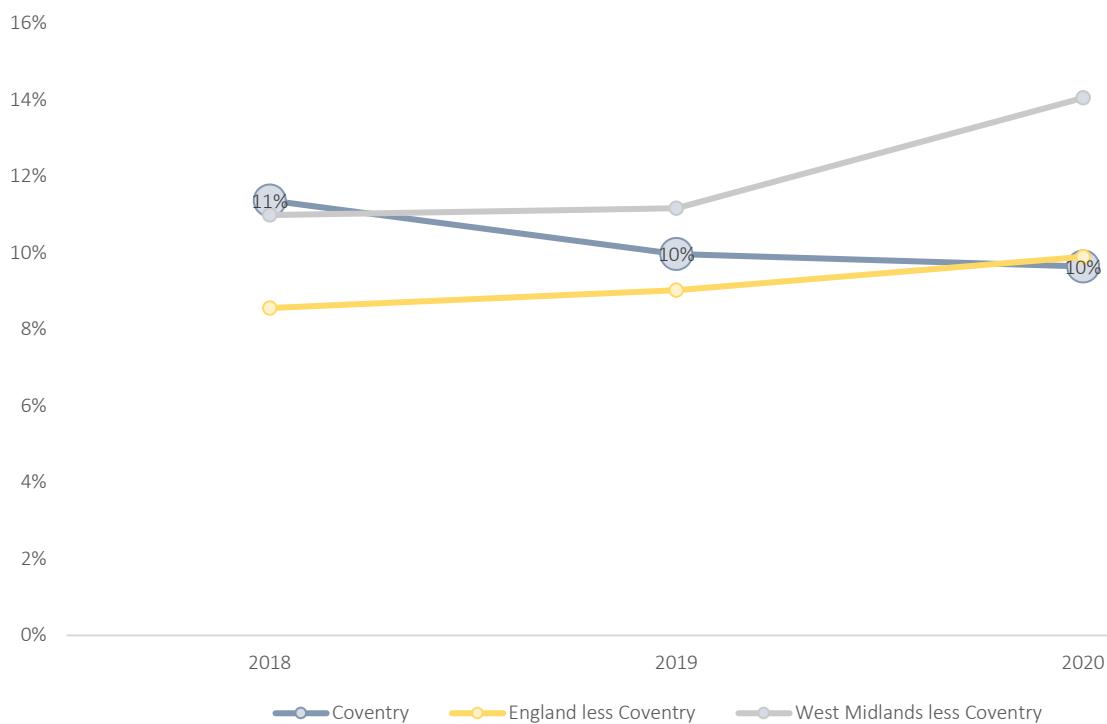
REASON FOR LOSS OF LAST SETTLED HOME FOR HOUSEHOLDS OWED A DUTY: DOMESTIC ABUSE

Figure 3.5 shows as a percentage of households assessed and duty owed; the reason being domestic abuse.

Note that the recent data publication shows a breakdown by both prevention duty owed and relief duty owed; however, to allow for historical comparison, the analysis is combination of both.

Figure 3.5 shows that in general, the rate in Coventry shows a year-on-year decrease whilst England and the West Midlands show an increase.

Figure 3.5: percentage of households assessed and duty owed; the reason being domestic abuse. Comparison against England and Wales

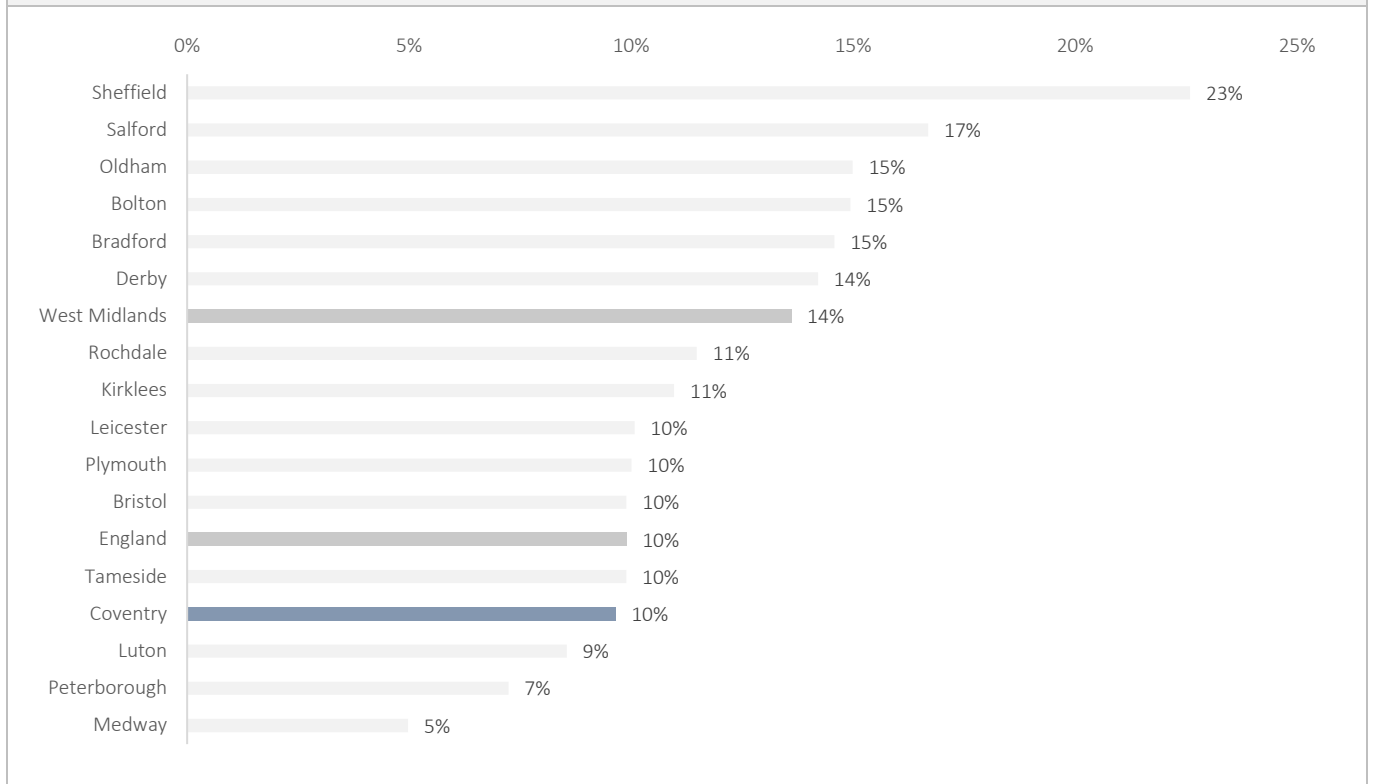


	2018 ¹²⁵	2019	2020
Total number of households assessed ¹	338	480	644
Total households assessed as owed a duty	328	472	640
Reason for loss of last settled home for households owed a duty: Domestic Abuse	37	47	62

¹²⁵ Excludes Qtr-1.

Figure 3.6 shows that in comparison to its nearest neighbours¹²⁶, Coventry has one of the lowest rates of households assessed as owed a duty due to domestic abuse. Note that these figures relate to those who have approached the council for assessment not as a rate of the general population – this is covered on the following page.

Figure 3.6: Comparison against CIPFA nearest neighbours.



¹²⁶ Covers the calendar year of 2020.

DOMESTIC ABUSE AS THE REASON FOR LOSS OF LAST SETTLED HOME

Figure 3.7 shows the reason for loss of last settled home recorded as domestic abuse as a rate per 100,000 “other households with two or more adults¹²⁷”. Using this methodology, rates are still relatively low.

Figure 3.7: Domestic abuse as the reason for loss of last settled home as a rate per 100,000 “other households with two or more adults”.

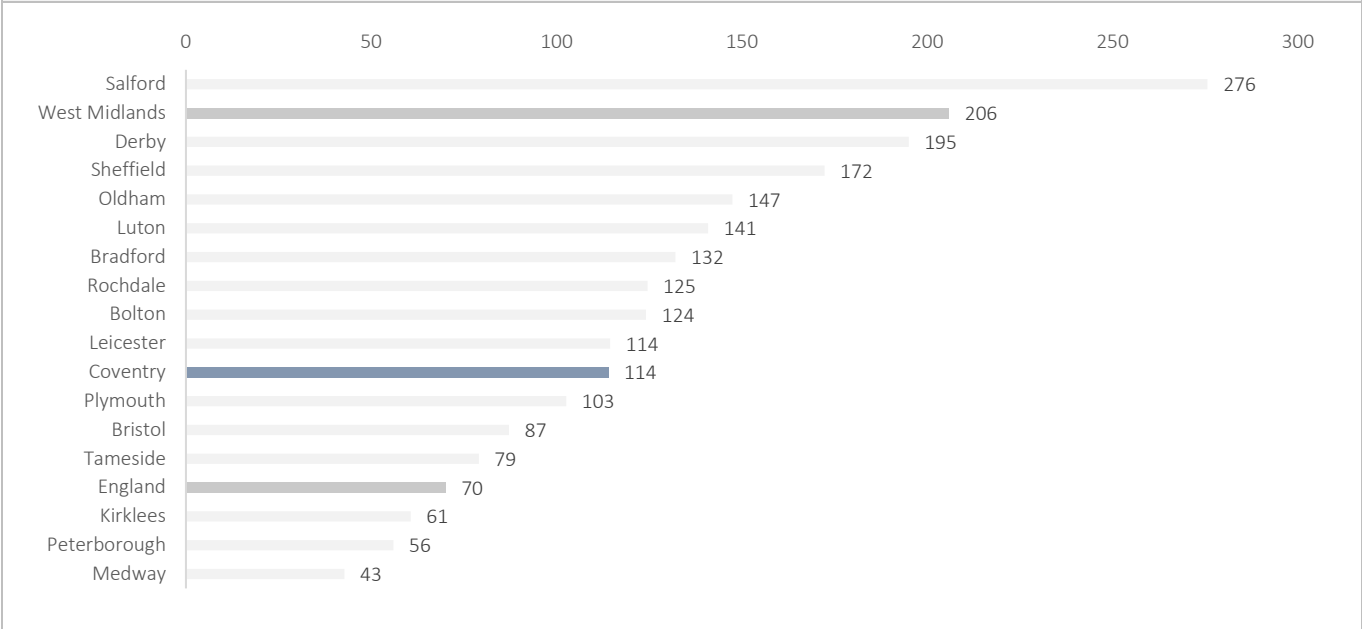
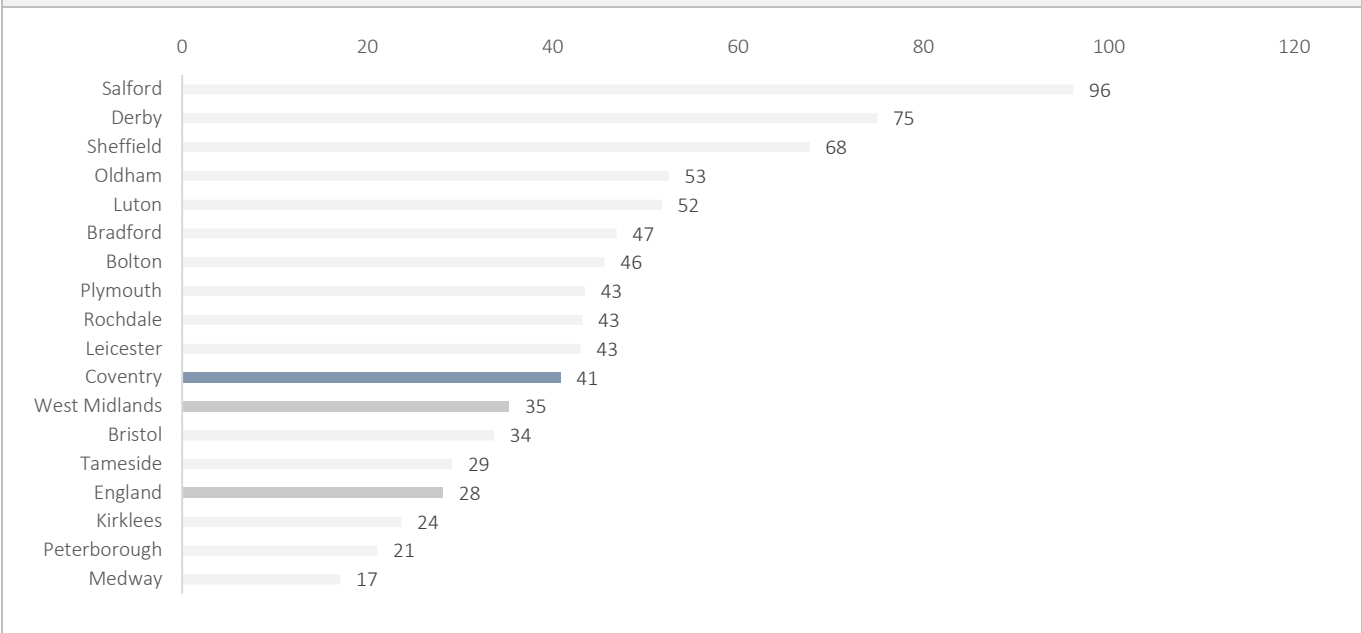


Figure 3.8: Domestic abuse as the reason for loss of last settled home as a rate per 100,000 households; all.



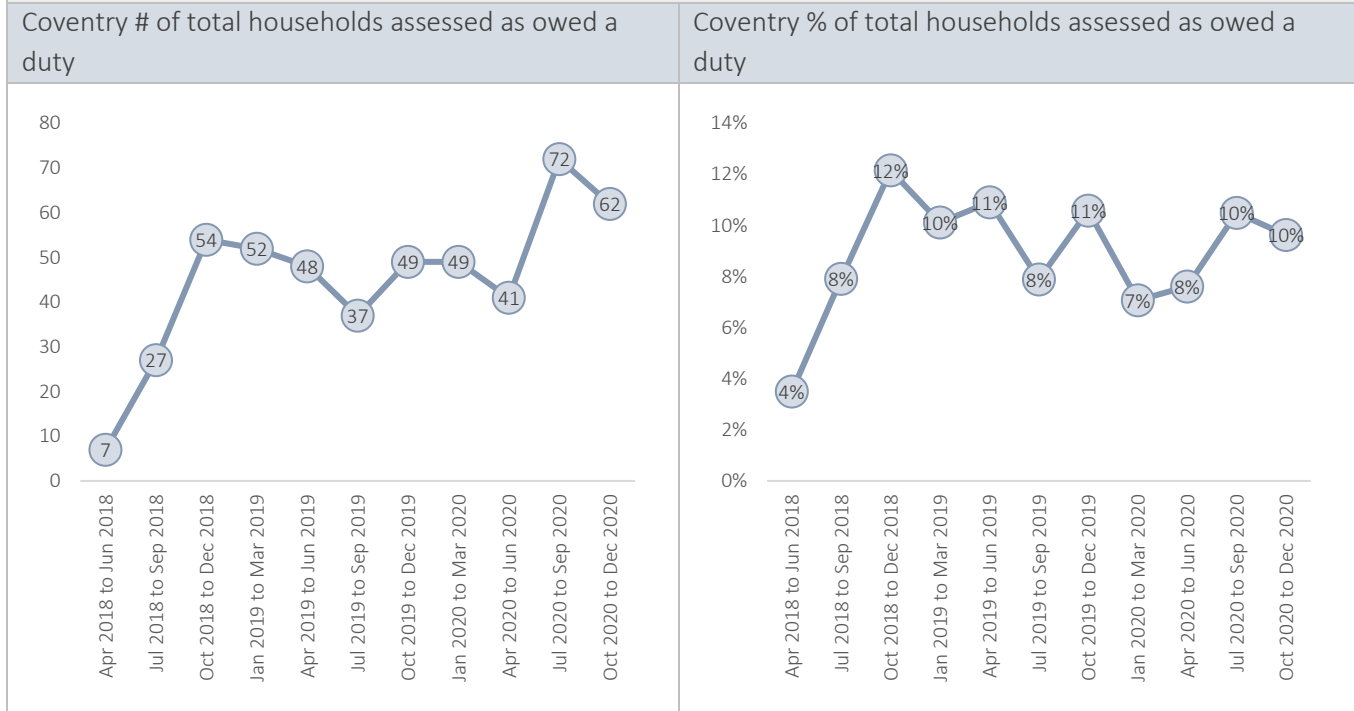
¹²⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/householdprojectionsforengland>

SUPPORT NEEDS OF HOUSEHOLDS OWED A PREVENTION OR RELIEF DUTY

Below shows the percentage of the total households assessed as owed a duty where the support needs included “At risk of / has experienced domestic abuse”.

This is different from the previous charts above. The above charts looked at the reason for loss of settled home; the below looks at support needs which includes other needs such as mental health, drug dependency, and learning disability.

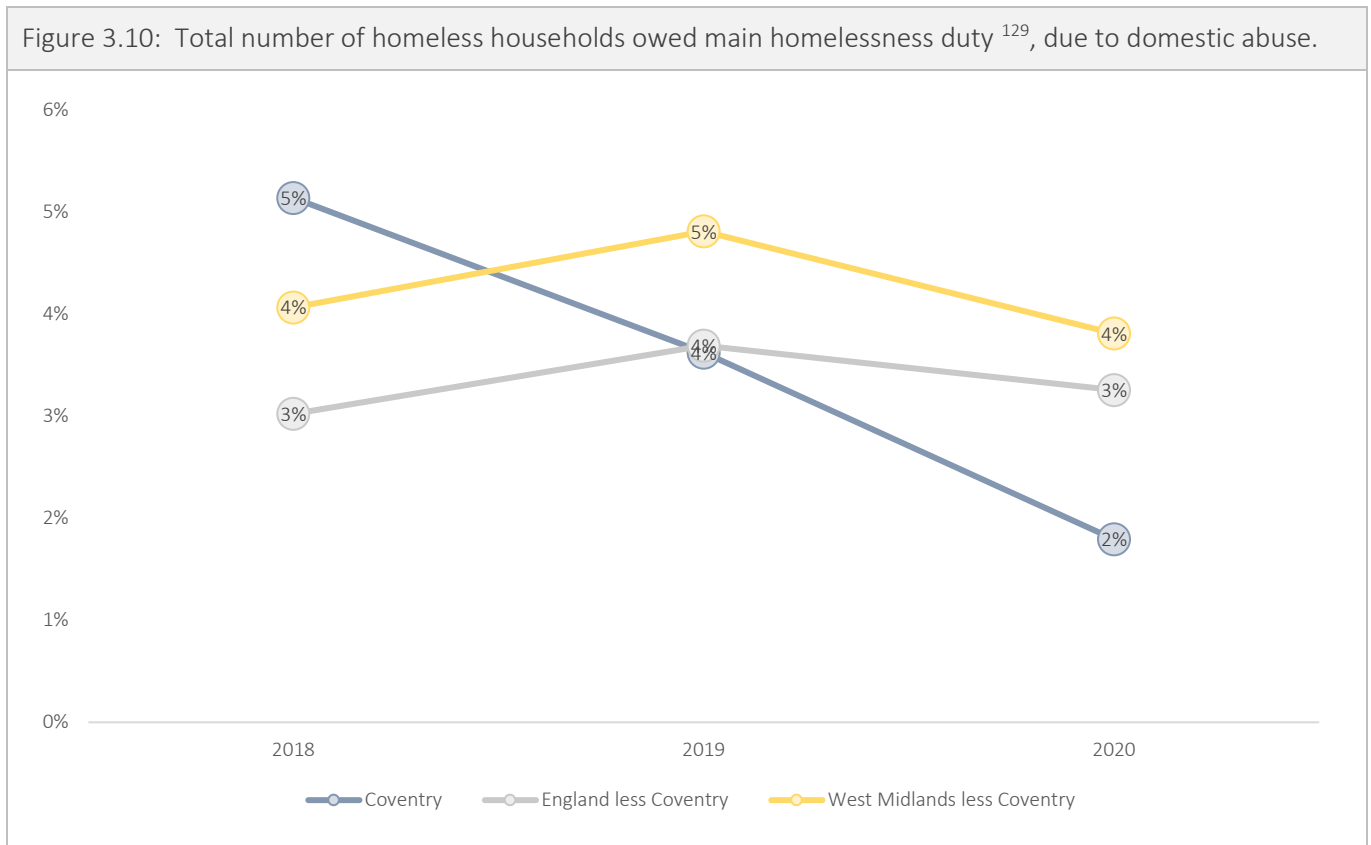
Figure 3.9: Support needs of households owed a prevention or relief duty; At risk of / has experienced domestic abuse



MAIN DUTY DECISIONS

This information shows decisions on whether the main homelessness duty is owed to a homeless household. The main homelessness duty is the duty a local authority has towards an applicant who is unintentionally homeless, is eligible for assistance and has priority need¹²⁸. These households are only owed a main duty if they did not secure accommodation in the prevention or relief stage, and so the main homelessness duty is not owed to those 'threatened with homelessness'. In addition, a minimum of 56 days of assistance must have elapsed from the time a household approached the local authority to being owed a main duty.

The following chart shows the rates in Coventry display year-on—year decreases whilst England and the West Midlands have remained relatively stable.



¹²⁸ Eligibility and priority need are further defined in Section 5, Additional Information.

¹²⁹ Decisions on applications from households eligible for assistance under the homelessness provisions of the 1996 Housing Act. Only comprises decisions made at the point the main duty takes effect.

The following chart shows the rate in Coventry against the nearest neighbours. Based on this analysis, the rates are low in Coventry.

The additional analysis in Figure 3.12 factors in the number of households, which changes the relative ranking. When expressed as a rate per 100,000 households, Coventry ranks higher amongst its near neighbours than when shown as a number.

Figure 3.11: Total number of homeless households owed main homelessness duty¹³⁰, due to domestic abuse. Comparison against CIPFA nearest neighbours.

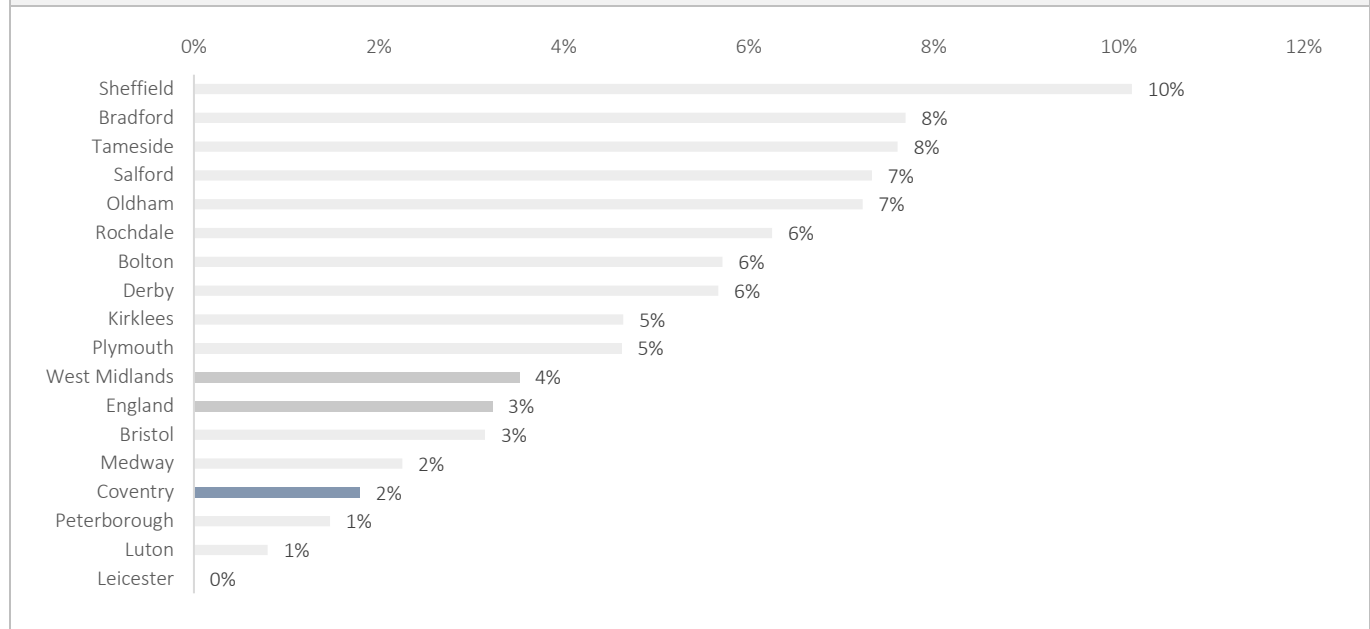
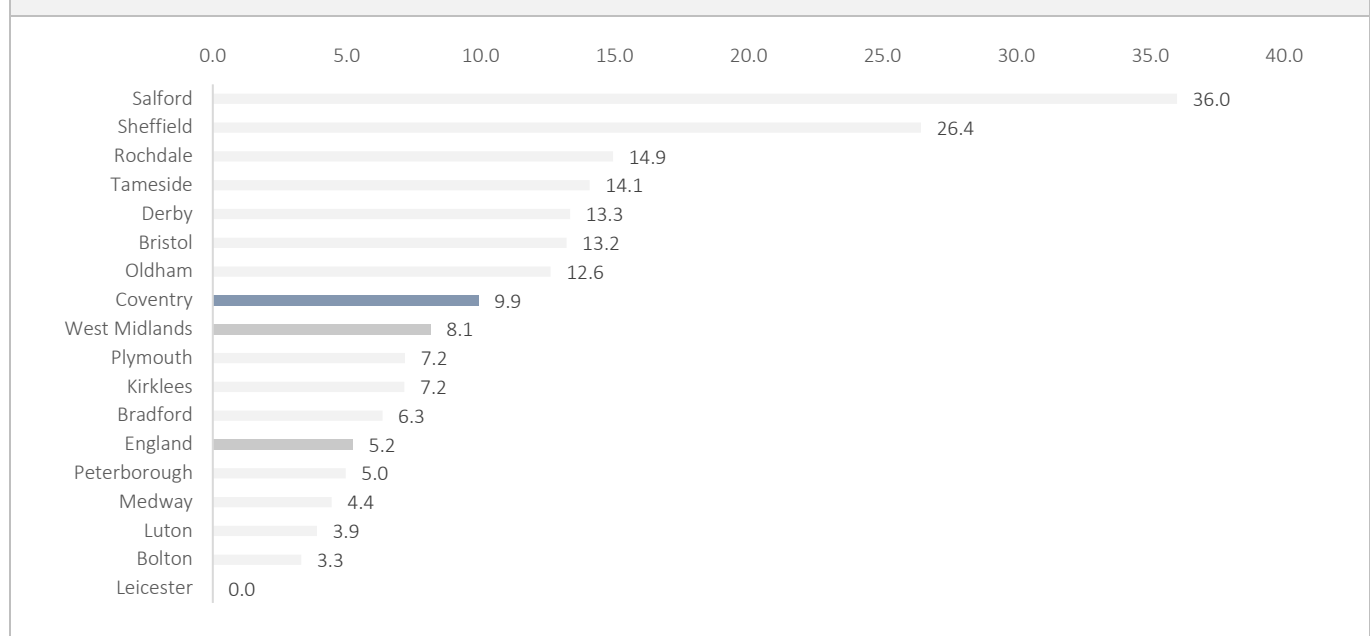


Figure 3.12: Total number of homeless households owed main homelessness duty¹³¹, due to domestic abuse. Comparison against CIPFA nearest neighbours (rate per 100,000 households)



¹³⁰ Decisions on applications from households eligible for assistance under the homelessness provisions of the 1996 Housing Act. Only comprises decisions made at the point the main duty takes effect.

¹³¹ Decisions on applications from households eligible for assistance under the homelessness provisions of the 1996 Housing Act. Only comprises decisions made at the point the main duty takes effect.

SPECIALIST ACCOMMODATION

INTRODUCTION

SAFE ACCOMMODATION

Draft MHCLG guidance for local authorities across England describes the forms of safe accommodation that meet the requirements of Part 4 of the Domestic Abuse Act.¹³²

Bed and breakfast accommodation is not considered relevant safe accommodation, and is specifically excluded in the regulations, so local authorities should not commission support within these types under this duty.

Commissioning authorities will need to ensure that duties covered under other Acts, such as temporary accommodation provided under Part 7 of the Housing Act 1996, continue to be met alongside the duty to provide safe accommodation under the Domestic Abuse Act. It is possible for support under this duty to be provided in accommodation associated with another duty such as a Housing Act 1996 Part 7 duty, provided that it meets the criteria for 'relevant accommodation'. 'Relevant accommodation' [also referred to as 'safe accommodation' throughout this guidance] is specified by the Secretary of State in regulations as:

- Refuge accommodation
- Specialist safe accommodation
- Dispersed accommodation
- Sanctuary schemes
- Move-on and / or second-stage accommodation
- Other forms of domestic abuse emergency accommodation.

REFUGE ACCOMMODATION

A refuge is a safe place for a victim to escape domestic abuse, with their children if necessary. It offers accommodation and intensive support which is tied to that accommodation. Victims, including their children, have to be refuge residents to access expert emotional and practical support. The Women's Aid definition is as follows:

"A refuge service offers accommodation and support only for women experiencing domestic abuse which is tied to that accommodation. The address will not be publicly available. It will have a set number of places.

Accommodation can be in a range of shared housing, self-contained units and dispersed housing in order to meet the diverse needs of survivors and their children. Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents."

SPECIALIST SAFE ACCOMMODATION

Specialist safe accommodation includes specialist refuges for BAME, LGBTQ+, and disabled victims and their children. It may provide single-gender accommodation with dedicated specialist support to victims who share protected characteristic(s) or who have complex needs. This specialist support may include services led by those who also share the protected characteristic (known as 'by and for' services).

¹³² MHCLG, (2021)

DISPERSED ACCOMMODATION

Dispersed accommodation is safe, secure and dedicated to supporting victims of domestic abuse, but the accommodation is not situated within a refuge. There are 2 main types:

1. Self-contained accommodation with the same level of specialist domestic abuse support as provided within a refuge, but which may be more suitable for victims who are unable to stay in a refuge with communal spaces. This could be due to complex support needs, or for families with teenage sons, for example.
2. Self-contained, 'semi-independent' accommodation which is not within a refuge and offers a less intensive level of support. It is suitable for victims who may not require the intensive support offered through refuge, but are still at risk of abuse from their perpetrator(s).

SANCTUARY SCHEMES

A Sanctuary Scheme is a survivor-centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation. This is done by providing additional security – 'installing a sanctuary' – to the victim's property or perimeter.

A number of local authorities run Sanctuary Schemes, working in partnership with the police to implement the scheme. Any organisation working with an individual they deem suitable for sanctuary measures can make a referral to the scheme.

MOVE-ON AND / OR SECOND-STAGE ACCOMMODATION

Move-on accommodation and second-stage accommodation are interchangeable terms for projects temporarily accommodating victims, including families, who no longer need the intensive level of support provided in a refuge, but would still benefit from a lower level of domestic abuse-specific support for a period before they move to fully independent and permanent accommodation. There is no expectation that every victim will require this. Many victims are ready to move straight to a permanent new home from refuge. However, move-on and / or second stage accommodation may be helpful in some cases.

OTHER FORMS OF DOMESTIC ABUSE EMERGENCY ACCOMMODATION

Other forms of domestic abuse emergency accommodation can give victims the opportunity to spend a temporary period of time to [consider and] make decisions in an environment which is self-contained and safe. This would include access to wrap-around support and specialist support for victims with complex needs (including mental health needs and substance misuse). An example of 'other' forms of safe accommodation would be the 'Whole Housing Approach'.

Local authorities must adhere to the regulations and the above description of accommodation when fulfilling their duty. All support provided under their duty must be provided to victims of domestic abuse, or their children, who reside in relevant accommodation as set out above and should meet the MHCLG Quality Standards, Women's Aid National Quality Standards and / or Imkaan Accredited Quality Standards.

NATIONAL PICTURE¹³³

There are over 500 refuge and support services in England, Scotland, Wales and Northern Ireland.¹³⁴¹³⁵

Key points taken from “*Domestic abuse victim services, England and Wales: November 2020*”¹³⁶:

- The number of refuge services for victims of domestic abuse in England has been decreasing in recent years; however, the number of bed spaces available has increased, although London was the only region to meet the recommended number.
- In the year ending March 2019 an estimated 67% of referrals of women to refuge services in England and 32% in Wales were declined, with around one-fifth due to a lack of space or capacity to support the client; this represents a slight increase in declined referrals compared with the previous year.

Published by Women’s Aid, *The Domestic Abuse Report 2021: The Annual Audit*¹³⁷ gives an overview of the domestic abuse support services available in England, and including provision and usage, during the financial year 2019–20. Findings include:

- In 2019-20, refuge services in England supported 10,592 women and 12,710 children.
- Only 73.5% (50 out of 68) of the respondents providing refuge services were commissioned by their local authority.
- Demand is still higher than the provision available, with 57.2% of refuge referrals declined during the year – 18.1% of all referrals were turned down due to lack of capacity in the refuge.
- The number of spaces in refuge services in England still falls short of the number of spaces recommended by the Council of Europe by 1,694 spaces, which represents a 30.1% shortfall.
- Less than half of all vacancies posted on Routes to Support for England in 2019-20 were in rooms suitable for a woman with two children; and only 4.0% could consider women who had no recourse to public funds.
- Less than one in five could accommodate a woman with three children.
- Women’s Aid’s *No Woman Turned Away* project has consistently found that the most marginalised women tend to face the greatest barriers in their search for refuge provision, with intersecting structural barriers and inequalities (such as poor agency responses and the immigration policy context) impacting on women’s ability to access appropriate safety and protection.

REFUGES FOR MALE VICTIMS

There are very few refuges, safe houses or supported housing facilities available in the UK for male victims. Evidence does show there is less demand for refuge provision from male victims as they tend to have other safe accommodation options and are statistically at less risk of domestic homicide.¹³⁸ But local authorities have a duty to ensure domestic abuse victims (and children) are able to access emergency housing, regardless of gender.¹³⁹

¹³³ <https://www.solacewomensaid.org/get-informed/professional-resources/price-safety-how-housing-system-failing-women-and-children>

¹³⁴ Women’s Aid: What is a refuge and how can I stay in one? Accessed April 2021. <https://www.womensaid.org.uk/the-survivors-handbook/what-is-a-refuge-and-how-can-i-stay-in-one/>

¹³⁵ Shelter: Women’s refuges. Accessed April 2021. https://england.shelter.org.uk/housing_advice/homelessness/womens_refuges

¹³⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

¹³⁷ Women’s Aid (2021), *The Domestic Abuse Report 2021: The Annual Audit*. Accessed May 2021. <https://www.womensaid.org.uk/evidence-hub/research-and-publications/the-domestic-abuse-report/>

¹³⁸ Refuge Services Toolkit. Accessed May 2021. https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

¹³⁹ ManKind Initiative: Emergency housing. Accessed May 2021. <https://www.mankind.org.uk/help-for-victims/emergency-housing/>

The total number of services offering support to male victims of domestic abuse has fluctuated in recent years, with a decrease in the number of IDVA services supporting male victims, but an increase in the number of services offering refuge and outreach services to male victims.

BEST PRACTICE¹⁴⁰

The *Women's Aid Refuge Services Toolkit*¹⁴¹ is a reference guide for local authorities, commissioners and partnerships. It offers practical guidance for commissioning and funding high-quality, safe and specialist refuge services.

At the onset of the COVID-19 pandemic, the Ministry of Housing, Communities & Local Government and Public Health England set out guidance for providers of safe accommodation with support for victims of domestic abuse and their children, in relation to isolation and quarantine.¹⁴²

¹⁴⁰ https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

¹⁴¹ Refuge Services Toolkit. Accessed May 2021. https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

¹⁴² Ministry of Housing, Communities & Local Government and Public Health England (2020), COVID-19: guidance for domestic abuse safe accommodation provision. Published: 23 March 2020. Accessed April 2021. <https://www.gov.uk/government/publications/covid-19-guidance-for-domestic-abuse-safe-accommodation-provision>

NATIONAL PICTURE

The number of refuge services for victims of domestic abuse in England has been decreasing in recent years. Despite this, the number of bed spaces available has increased.

Figure 3.13: Number of refuge services in England; 2010 to 2020.

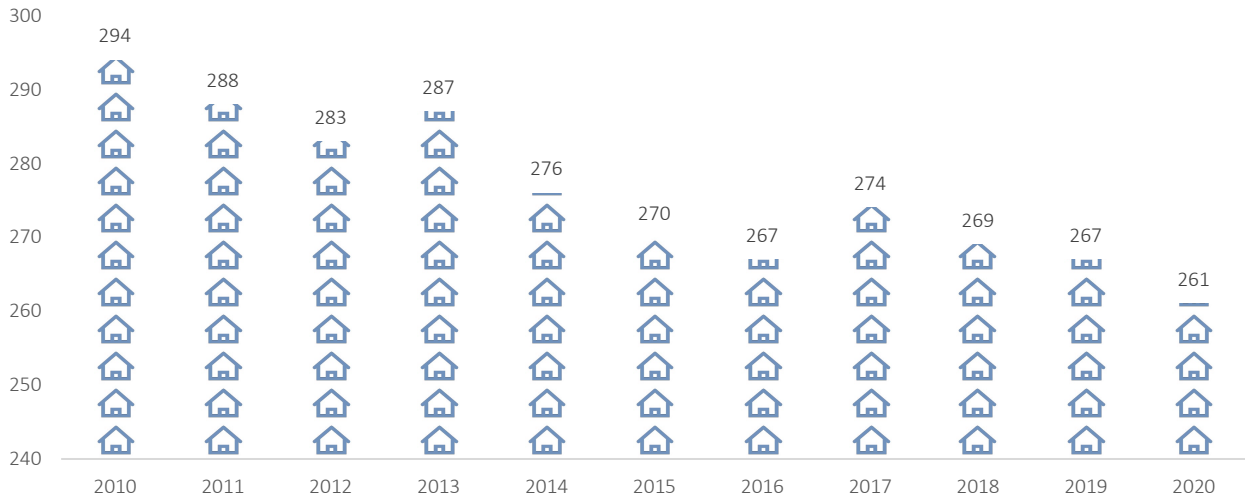


Figure 3.14: Number of refuge bedspaces in England; 2010 to 2020.

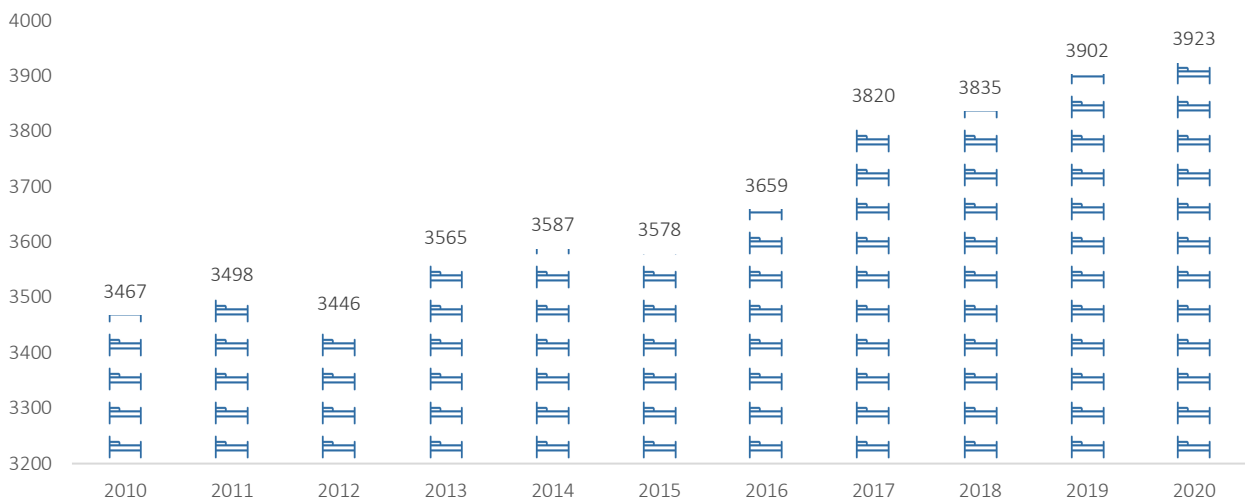
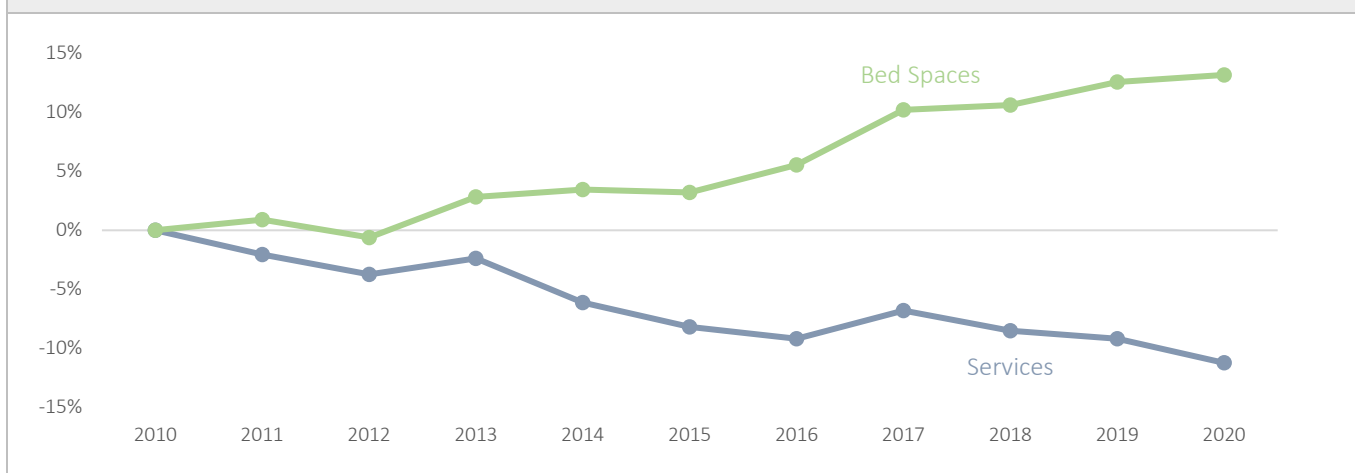


Figure 3.16: Percentage change in refuge services and refuge bedspaces in England using 2010 as the baseline; 2010 to 2020



Below shows the number of refuge services across England broken down by region. England saw a slight reduction when comparing 2020 against 2019. West Midlands saw an increase from 27 to 28.

Figure 3.17: Number of refuge services; 2020 vs 2019.

Area	2019	2020	Change
East Midlands	23	23	0
East of England	21	21	0
Greater London	60	59	-1
North East	20	20	0
North West	34	33	-1
South East	39	38	-1
South West	19	18	-1
West Midlands	27	28	1
Yorkshire & Humber	24	21	-3
England	267	261	-6

REGIONAL SPECIALIST ACCOMMODATION (REFUGE/ SUPPORTED ACCOMMODATION) SPACES

West Midlands specialist accommodation spaces have increased between 2010 and 2020.

Figure 3.18 shows the number of specialist accommodation beds in West Midlands between 2010 and 2020. The chart shows the increase from 441 in 2010 to 547 in 2020.

Figure 3.19 shows the change in refuge bedspaces in West Midlands against England (excluding West Midlands) using 2010 as the baseline. The West Midlands region has seen an increase of 24% using this time series compared to 12% for England (excluding West Midlands).

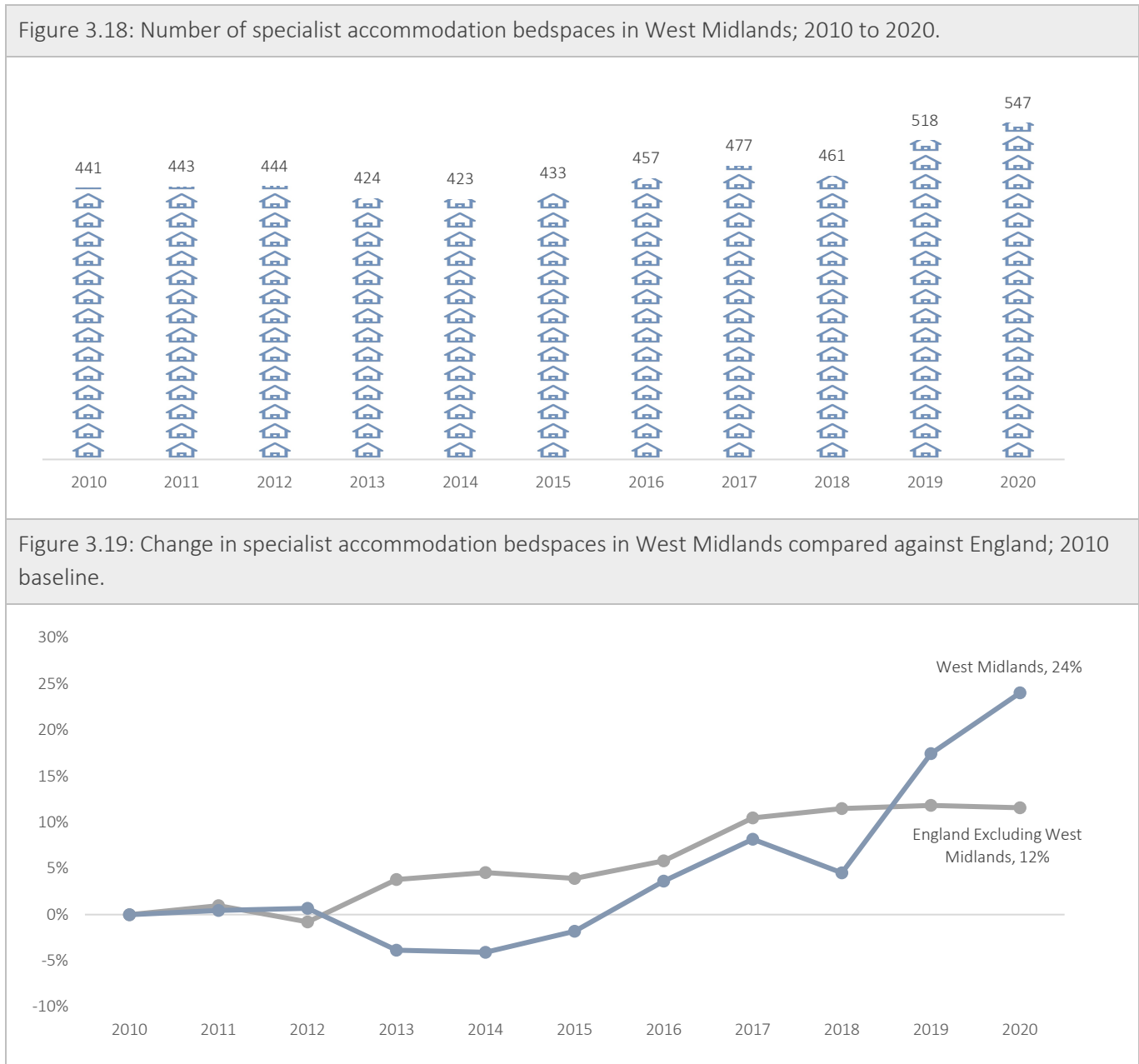
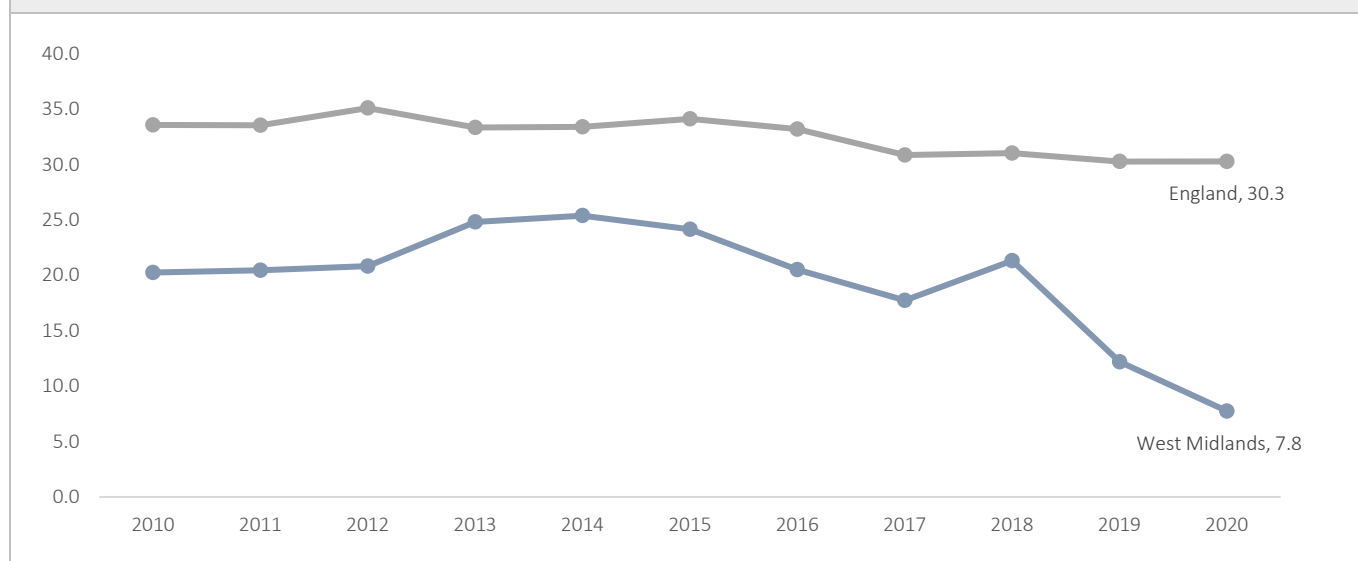


Figure 3.20 shows the percentage shortfall in specialist accommodation spaces against recommendation between 2010 and 2020 for England and for the West Midlands. Of significance in the West Midlands is the decrease in the shortfall over the past 3 years.

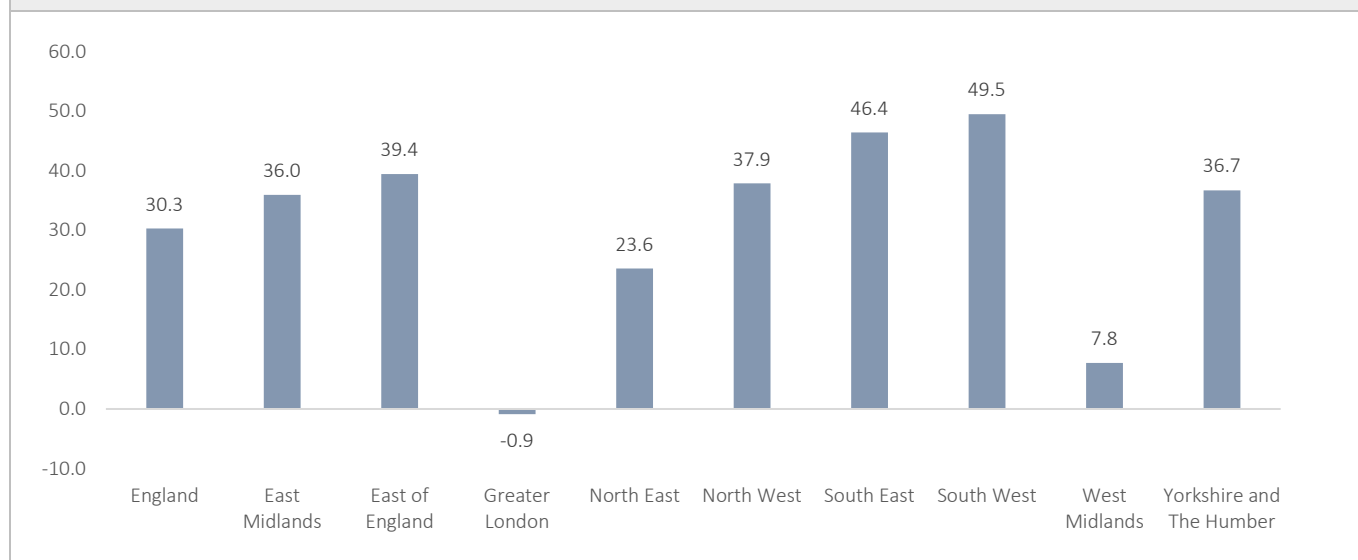
Figure 3.20: % shortfall in specialist accommodation spaces against recommendation¹⁴³ in England and West Midlands; 2010 to 2020.



Only Greater London meets the recommended number of spaces; however the West Midlands region performs well in comparison to other regions.

Figure 3.21 shows the percentage shortfall in specialist accommodation spaces against the recommended number as a snapshot in May 2020, broken down by regions. This effectively means the data is a year old.

Figure 3.21: % shortfall in specialist accommodation spaces against recommendation; 2020.



¹⁴³ The percentage shortfall is calculated using the Council of Europe minimum recommendation of one space per 10,000 population. This shows the difference between the number of refuge spaces in an area and the recommended number of refuge spaces for that area, as a proportion of the recommendation. In instances where the percentage shortfall is a negative value, the number of refuge spaces exceeded the minimum recommendation.

Across the West Midlands, Solihull, Dudley and Walsall show a shortfall in specialist accommodation spaces. Coventry has a higher number of accommodation spaces than the recommended number.

Below shows the percentage shortfall in specialist accommodation spaces against the recommended number. The figures are taken from the “Scoping and Planning Task Group – Provision of DA Safe Accommodation” document from 12 March 2021.

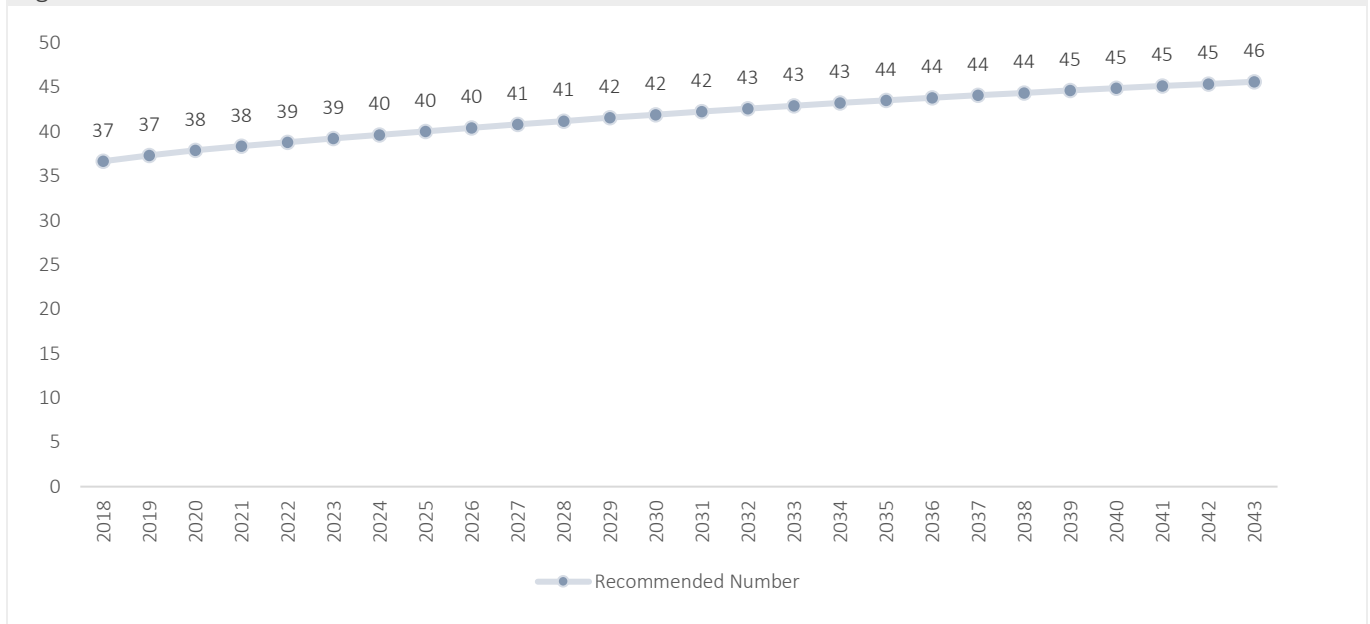
The data from the ONS shows a 7.8% shortfall as of May 2020; however the figure below show that the number of accommodation spaces commissioned now far exceeds the recommended number.

Figure 3.22: % shortfall in specialist accommodation spaces against recommendation; 2020.				
Area	Population	Recommended Number	Commissioned	Shortfall
Solihull	206700	21	11	-10
Birmingham	1100000	110	286	176
Coventry	345400	35	54	19
Walsall	270000	27	24	-3
Sandwell	316720	32	34	2
Dudley	314400	31	27	-4
Wolverhampton	249470	25	50	25
Total	2802690	271	486	215

FORECAST

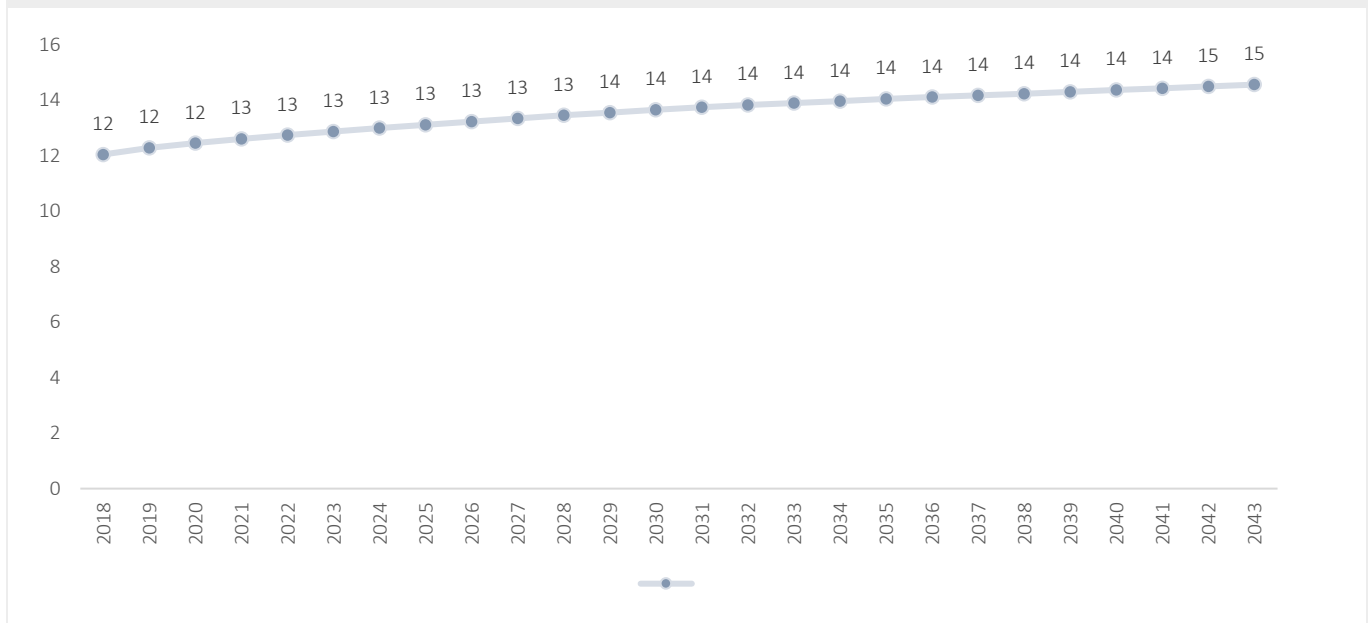
Using Council of Europe research¹⁴⁴ the following graph maps the number of specialist accommodation spaces against population projections in Coventry. The current (local authority-commissioned) refuge provision of 54 exceeds the estimates based on the Council of Europe formula. This is based on 1 refuge space per 10,000 population:

Figure 3.23: Projected need of specialist accommodation spaces against population projections in Coventry; all ages.



As an alternative the following is based on the number of specialist accommodation spaces against the female population (aged 15-64)¹⁴⁵:

Figure 3.24: Projected need of specialist accommodation spaces against population projections in Coventry; 15-64.



¹⁴⁴ https://www.unodc.org/documents/justice-and-prison-reform/ESP_Module-7-CostingTool-EN.pdf

¹⁴⁵ https://www.unodc.org/documents/justice-and-prison-reform/ESP_Module-7-CostingTool-EN.pdf

LOCAL PICTURE

LOCAL PROVISION OVERVIEW

In Coventry there is the following specialist accommodation provision:

- Valley House (LA funding) has 54 supported accommodation units. In addition, there are currently an extra 20 units, subject to temporary MHCLG and COVID funding.
- Coventry Haven (Independent) has 17 supported accommodation units.
- Panahghar (Independent) has 18 supported accommodation units.

VALLEY HOUSE

The 54 units provided by Valley House are split across a refuge and 41 supported accommodation units. There are 13 refuge places in Valley House.

The refuge has a shared communal area. The refuge can offer accommodation to women with up to one child. All residents have a case worker. There is a dedicated worker based in the refuge. On a short-term basis, spaces can be offered to women with two children.

There are 41 supported accommodation units.

These are flats and houses with varying numbers of bedrooms. A Valley House key worker visits the supported accommodation regularly but is not based permanently at the properties.

Valley House run a supported accommodation building that contains 7 flats. These flats house females and children. The property has a large communal space and includes opportunities for gardening and cooking. A case worker is based at the property and there is opportunity for group work to be completed there. Activities with the children also take place in the property.

Valley House offer pet accommodation. Typically, refuges cannot usually take pets.

STAFFING

Valley House has an all-female staffing team. All staff have skills in a range of areas, as well as specialities:

- Drugs and alcohol
- Young people
- LGBTQ+
- Disability
- Housing / homelessness in BAME people and refugees
- Older people
- Males
- Education

There are case workers based in refuges and across supported accommodation. Case workers work on behalf of the person in the refuge or supported accommodation and complete partnership work. The case worker completes a 1-2-1 domestic abuse package with residents.

During the COVID-19 pandemic, 20 extra units were commissioned to deal with additional demand. Feedback from practitioners relating to the impact of COVID-19 was that there was a lack of movement through the whole homelessness and housing system, including refuges and supported accommodation.

Valley House staff highlighted that a lack of onward housing options was a reason for not being able to move residents out of refuges and supported accommodation. Valley House staff report that onward housing options are now starting to become available.

FAMILY SUPPORT WORKER

There is a part-time Family Support Worker working at Valley House. Family Support Workers are qualified to work with children and offer group work to children in refuges and supported accommodation.

Regarding the safeguarding risks to children, Valley House staff fed back that when checked with the local authority, not all children have a safeguarding referral in place.

The Family Support Worker completes therapeutic work with children in refuges and supported accommodation. The Family Support Worker can make referrals to other partners on behalf of the children.

COVENTRY HAVEN WOMEN'S REFUGE

Coventry Haven is an independently funded refuge in Coventry. The refuge has been run for over 50 years. The refuge holds the Women's Aid Quality Mark covering Governance and Leadership.

COVID-19

The COVID-19 pandemic impacted throughput through the refuge. Haven did not advertise spaces and instead kept them available for homeless people in Coventry. This occupancy rate during this period is not reflective of the pre-pandemic rate. The Haven refuge had to void a room at all times to ensure COVID compliance, and there was 'very little movement out of refuge compared to their usual activity (pre-COVID)'.

REFUGE SERVICES

Coventry Haven provides 3 refuge services comprising 17 units plus one unit of emergency accommodation.

The service is not commissioned by the local authority. Coventry Haven is partially funded by housing benefits (not covering support within the service) and partially by charitable sources. Occupancy sits at 100%.

Coventry Haven refuges are communal and offer a different model of support from dispersed supported housing. The communal model offers a different approach to meeting the immediate needs of survivors of domestic abuse. There is opportunity for peer support.

Last year (FY 2020/21) Coventry Haven Refuges accepted 69 women and 74 children.

REFERRALS

The biggest referral source to Coventry Haven is self-referrals. Roughly 50-70% of referrals are self-referrals.

Coventry Haven sits on the regional consortium of Women's Aid and West Midlands Women's Aid refer residents into services.

COVENTRY HAVEN STAFFING

Staff are present in the refuges 24 hours a day. This allows them to complete informal and formal observational assessments of residents. 80% of Coventry Haven staff have lived experience of domestic abuse.

HOUSING NEEDS

Feedback from practitioners was that most move-ons go into private rented housing.

Rent arrears of residents were not highlighted as an issue and do not block residents from accessing social housing. Refuge staff do spend some time challenging offers of accommodation due to the inappropriate type or location of housing offered. Staff want to avoid placing residents in an unsuitable property that could mean they become victims again.

COVID-19

During COVID-19, the refuge stayed open and accepted referrals. Demand was high during the pandemic, with 6-8 enquiries for every space available.

During COVID-19, women stayed in the refuge for longer periods of time. The housing system was more static during this time. There was a pause in proceedings through the Criminal Justice System.

CHILDCARE

There is no formal child-specific support worker in Coventry Haven.

There is a staff member who covers this area. Practitioners fed back that there is a feeling that children's needs are overlooked within a refuge setting. Over the 6-week summer holiday, Coventry Haven commissioned a specific childcare/ training resource – Grow Organic – to rebond mother and child relationships. Coventry City Council have asked Coventry Haven to explore what a suitable children and family service should look like.

Of the 74 children who passed through Coventry Haven last year, 10 were known to Coventry Children's Services.

POTENTIAL GAPS IN PROVISION

There was a view from practitioners that temporary accommodation was not the right point to offer formal counselling to children. More informal / therapeutic support is needed for children in refuges.

The importance of offering appropriate support to mothers in relation to parenting (family intervention work) was highlighted.

PANAHGHAR

REFUGE

Panahghar consists of 18 refuge units spread across 4 buildings. There are 3 shared houses and one building with 5 self-contained flats. There are shared lounges and kitchens in each building. The refuge units were commissioned by the local authority up until July 2019. Residents tend to move to the refuge provision first and then if they have additional needs, or families needing accommodation, they will move on to the self-contained flats.

STAFFING

The refuge is staffed by an on-call system after 5.30pm. There are 3 part-time staff covering 18 bed spaces. This leads to managers completing case work. Recently volunteers have been taken on to assist with staffing.

Panahghar are constantly applying for funding for additional posts, including a full time refuge worker post. A part-time counsellor post has been applied for, covering Leicester and Coventry.

Practitioners fed back that workers encourage residents to stay on in the refuge but there is pressure from residents' families to leave.

Panahghar fed back that there is a high demand for support relating to immigration.

Panahghar feel that the need for refuge workers and DA practitioners is greater than the need for a children's worker or immigration worker.

CAPACITY

The refuge has a 98% occupancy rate. The 2% is for when the flats are being cleaned.¹⁴⁶

In 12 months, the refuge turned away 68 women and 42 children due to lack of space.

NEED

A high proportion of residents are identified as having no recourse to public funds (NRPF).

Panahghar fed back that they get referred a high number of NRPF cases from other services. Panahghar built up a destitute fund for NRPF cases during COVID-19 pandemic.

Cases that involve NRPF take up more resources, especially if English is not a spoken language. Case workers in Panahghar have to do a lot of liaising with legal services to progress cases in order to get the DDV (Destitution Domestic Violence) concession.

Social care can sometimes agree to fund service users with NRPF.

Across all services, residents with NRPF make up 85% of clients.¹⁴⁷

A high number of residents are pregnant young women. The service also works with children in pre-school and school. The service works with mums regarding children's behaviour.

¹⁴⁶ [Panahghar self-identified (not verified)]

¹⁴⁷ [Panahghar self-identified (not verified)]

INTERVENTIONS

Group work is offered on a weekly basis. The group work covers:

- Emotional support
- Building relationships
- What is domestic abuse?
- Groups specifically covering COVID-19, explaining vaccinations

Panahghar would like to offer more group work, including some to women who have left the refuge, but they need more dedicated staff for this.

1-2-1 work is offered for emotional support. This can occur out of hours, when the children are in bed. During lockdown, schools were closed so 1-2-1 work was more difficult to run during the day. 1-2-1 work can also relate to the support plan, such as budgeting.

Practitioners cover referrals to schools and GPs. There is no Children and Young Person's worker.

KEY FINDINGS

GENERAL

Because of their communal areas, refuges are not suitable for all domestic abuse survivors.

- Refuges are not suitable for older children, particularly older male children.
- Valley House can accommodate families with older children in supported accommodation.

The communal nature of refuges offers a good opportunity for peer support and informal support for both adults and children.

- This links in with the opportunity for refuges to become psychologically informed environments¹⁴⁸. One evaluation of a psychologically informed environment (PIE) in Solace Women's Aid services across 5 London boroughs reported positive measurable outcomes for staff and residents.¹⁴⁹

A high proportions of residents in Coventry refuges are from outside of Coventry.

- Local authorities often have a duty to house residents from outside of the local authority area if they are a victim of domestic abuse.
- Of the 52 residents accessing the Valley House specialist accommodation in 2020/21, 33 (63%) were from outside of Coventry.
- 16 out of 29 Coventry Haven residents in April to June 2021 (55%) had previously resided in Coventry. 5 out of 29 were from the West Midlands (including 3 from Birmingham).

Information on where Coventry residents were placed when they moved out of borough was not collected.

- This may be something that would be good to explore at a regional level.

ROLES OF KEY WORKERS

Feedback from the engagement work in specialist accommodation highlighted the importance of the key worker role within the specialist accommodation.

- Focus group participants described being chaotic and disorientated when they arrived at the specialist accommodation. The workers met the 'onboarding' needs of residents.
- Residents described the general support that was provided by a worker including:
 - General support
 - Child protection support

Key workers are key to getting residents engaged with local services, particularly health services.

¹⁴⁸ PIE - It is an approach that has been developed in the homelessness sector, focussed particularly on clients who have experienced complex trauma. It also considers the psychological needs of staff: developing skills and knowledge, increasing motivation, job satisfaction and resilience.

The purpose of a PIE is to help staff understand where client behaviours are coming from and therefore work more creatively and constructively with challenging behaviours.

¹⁴⁹ <https://avaproject.org.uk/wp/wp-content/uploads/2017/09/Peace-of-Mind-Summary-Report.pdf>

MOVING ON FROM SPECIALIST ACCOMMODATION

Service users are being directed towards private housing require a guarantor, which specialist accommodation residents tend not to be able to provide.

- Those with rent arrears are advised by the local authority to seek private landlords.
- Families with 2 or more children are advised to go to private landlords.

Housing allowance does not cover the furnishing of properties.

- Refuges have funds that residents may be able to access, to assist with the furnishing of properties.

RESIDENTS' NEEDS

Feedback from the engagement work in specialist accommodation highlights that some residents attach a feeling of stigma to living in a refuge.

- Some residents want people to understand that they are not a victim just because they have lived in a refuge.

The local authority has commissioned specialist accommodation provided by Valley House which accepts residents who are stable drug users.

- The pathway for those with complex needs is not known.

MENTAL HEALTH NEEDS IN SUPPORTED ACCOMMODATION

Feedback from practitioners is that there are long waiting lists for CAMHS services.

- It is not known if those on the waiting list can access any other mental health services.

Relate run a CAMHS Reach service, which has a short waiting list.

- Referrals can be made via the Single Point of Entry hosted by the CWPT. It may be that this service is not widely known.

Analysis of local refuge/supported accommodation data shows residents' needs in relation to mental health within specialist accommodation.

- Analysis of Valley House data shows that in 2020/21, 48% of residents had a mental health need.
- Analysis of Haven refuge data shows that between April and June 2021, only 4 residents (9%) had no identified mental health needs.

Feedback from practitioners and from residents is that it was hard to get trauma-informed support while people were still in the refuge.

- One practitioner who referred a resident for counselling stated that they had been on the waiting list for 4 months (so far).
- Mental health services may not want to work with patients in an in-depth way while they are still in a refuge. Crisis teams prefer to work with patients who are in their own accommodation.

Feedback from practitioners is that survivors face a lot of pressure while in a refuge and there are many competing factors that impact on a survivor's emotional wellbeing, such as money, housing, immigration status, language and children.

Feedback from practitioners is that there is a gap in trauma-informed work within the refuge.

- This was highlighted as a need by staff.

There is an opportunity for a refuge to become a psychologically informed environment.

- Residents of refuges have typically experienced trauma and anxiety, showing a need for a psychologically safe environment.
- One evaluation of a psychologically informed environment (PIE) in Solace Women's Aid services across 5 London boroughs reported positive measurable outcomes on staff and residents.¹⁵⁰ The Psychological Advocacy Towards Healing (PATH) model concluded that 'an eight-session psychological intervention delivered by a Domestic Violence and Abuse Advocate produced clinically relevant improvement in mental health outcomes compared with normal advocacy care.'

NEEDS OF CHILDREN AND YOUNG PEOPLE IN SPECIALIST ACCOMMODATION

Large numbers of children pass through specialist accommodation.

- In the financial year 2020-21, 27 children passed through the Valley House specialist accommodation (data is for the Valley House refuge property only).
- From April to June 2021, 23 children passed through the Coventry Haven refuge.

Analysis of local specialist accommodation data shows that there is a support need in relation to children and families.

- Analysis of Valley House specialist accommodation data showed that in 2020/21, 21% of residents had a need relating to family support.
- Analysis of Haven specialist accommodation data showed that between April and June 2021, 24 residents (66.7%) had a need relating to their children.

NICE guidelines recommend that specialist services for children and young people affected by domestic abuse should address:¹⁵¹

- The emotional, psychological and physical harms arising from a child or young person being affected by domestic violence and abuse, as well as their safety. This includes the wider educational, behavioural and social effects.
- The child's developmental stage and should recognise that long-term interventions are more effective.
- The relationship between the child or young person and their non-abusive carer.

Any commissioned intervention relating to children and young people in specialist accommodation has to take into account the temporary nature of the specialist accommodation.

¹⁵⁰ <https://avaproject.org.uk/wp/wp-content/uploads/2017/09/Peace-of-Mind-Summary-Report.pdf>

¹⁵¹ NICE (2014), Domestic violence and abuse: multi-agency working. Public health guideline [PH50]. Published: 26 February 2014
<https://www.nice.org.uk/guidance/ph50/chapter/1-recommendations>

There are limited resources for specialist Children and Young Person workers within specialist accommodation.

- There is one part-time post funded in Valley House.
- There are no Children and Young Person workers currently in Coventry Haven or Panahghar specialist accommodation.

Mentors for children could add value to the resources already in place.

- Mentoring projects elsewhere aim to help children who have experienced domestic abuse with behavioural challenges, to manage their feelings and make positive changes.

There are limited child-friendly facilities within the specialist accommodation.

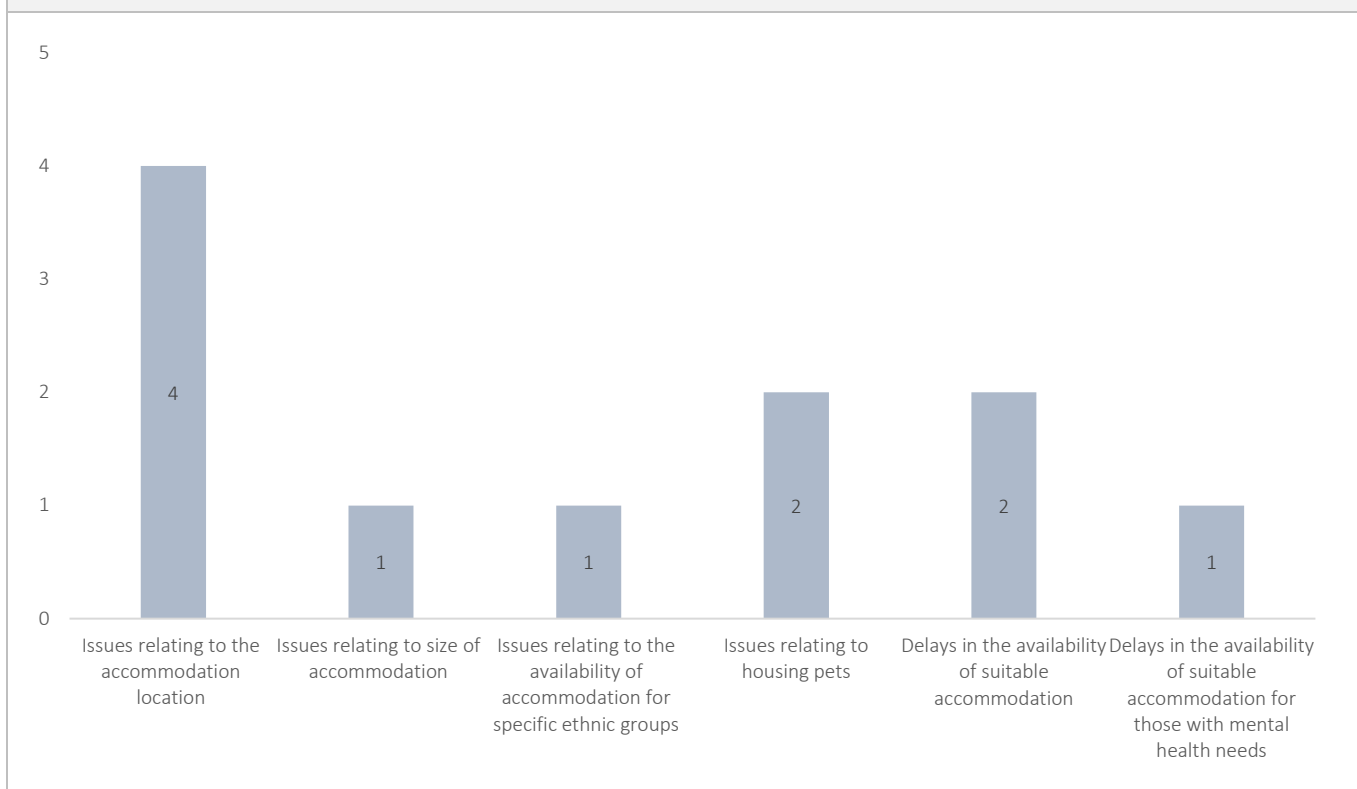
- It would be beneficial to have a review of the environment to ensure it is child-friendly.
- Feedback from the engagement work in Valley House indicates a need for a play area for the children.

ENGAGEMENT

SURVIVOR SURVEY

Survivors who remained in their own home were asked if there were any barriers to them moving to specialist provision following a domestic abuse incident.

Figure 3.25: What stopped you moving to specialist provision? Survivor survey.



FREE TEXT RESPONSES

“I believe it was my immigration that made it hard for myself to find a place of safety to stay, even though my have my status to remain here.”

“I was unable to move as I solely own my own and couldn’t get another mortgage as a single parent with 2 dependants”

REFUGE/ SUPPORTED ACCOMMODATION SURVIVOR FOCUS GROUPS

7 focus groups were run with survivors across the Valley House, Panahghar, and Coventry Haven properties. The purpose of the focus groups was to capture the self-articulated needs of survivors in specialist accommodation. Facilitators provided the specialist services with information sheets and consent forms relating to the focus groups, containing full details on the needs assessment and why their information was being collected.

Below is a summary of the key themes that were identified.

Accessing crisis and emergency accommodation is a problematic.

- There are issues with knowing where to go (survivors) or where to refer (professionals).
- The routes into services are usually self-referrals or the police; there are high demands on the national helpline and the police (national stats).
- Survivors face fear, risk and uncertainty. The role of keyworkers is crucial, particularly for minoritised and racialised women.
- It is important to create a psychologically safe, informed environment to enable families to recover, thrive and move on with their lives, particularly as a key component of coercive control and stalking is the psychological torture. Trauma-informed practice is crucial.
- Helping families adjust and transition practically and emotionally is crucial to sustainability and survival.

Health and Education services present an opportunity to put in place early intervention and prevention work.

- Registering with local health services and schools plugs families in to health and wellbeing services. This easily reduces the trauma and reduces stigma.
- Minimizing logistical challenges such as allowing children in the same family to attend the same school, means school pick-ups and safety planning are much easier to co-ordinate.
- Health and education settings can easily display promotional materials for national and local domestic violence services, increasing opportunities for escape.
- Routine inquiry is an opportunity to respond to disclosures, but data indicates that there are gaps in professionals' knowledge about 'what next' or 'where to refer'. It's important that professionals are confident so that they can enable disclosure, rather than reinforcing isolation – further training may be needed.
- Men and perpetrators are more likely to disclose to a GP.

Navigating the criminal justice system is complex, challenging and re-traumatising.

- Specialist IDVA support is crucial.

Survivor-led and survivor-centred services create professional cultures that integrate the knowledge that comes from lived-experience into service and strategic planning and delivery.

- Rather than creating new systems and services, there may be opportunities to enhance the reach of specialist services already in place with survivor-led and survivor-centred services, whilst simultaneously adding value to overall delivery on outcomes.

- Training and awareness are crucial at all levels across the partnership, to educate staff about specialist, direct support services and how they can support families and assist teams to meet the statutory duties enforced by the Domestic Abuse Act.

PRACTITIONER FOCUS GROUPS

Focus groups were also run with practitioners working across the providers.

GENERAL THEMES

Below is a summary of the themes raised.

Key Summary: There are many practical, logistical, and systemic challenges to navigate through when offering specialist accommodation to survivors of abuse.

Service users come to specialist accommodation at crisis point, having fled dangerous situations. The immediate priority is to help them and their children to settle in. There are many practical ways in which providers can offer support but they rely on other agencies to work with them to ensure a truly survivor-centred, co-ordinated service to every survivor in their care. As service users move through the process, there are ongoing hurdles and challenges to help them navigate.

Guarantors: When bidding for council accommodation, some service users may have rent arrears and are advised by the LA to seek private landlords. Families with 2 or more children are definitely being advised to go to private landlords. Private landlords are looking for a guarantor and service users do not have any guarantors.

Affordability: Many families are forced to consider privately rented properties. However, service users are being priced out of the market. Service users attempting to move on are being quoted higher-than-average prices and some just aren't achievable. Local housing allowance is likely to cover £300 - £600 rental per month depending on size of the property. Recently, one woman was quoted £800 for an unfurnished 1-bed property. (Where properties are unfurnished, providers support the family find furniture as they don't have the money to purchase anything.)

Choice: Once in the bidding process, families get one offer. If that offer is deemed suitable by the local authority, and is not within proximity of the perpetrator, should the service user decline the offer, the housing service will pull out and stop duty. Families come to providers traumatised by the abuse and they may not feel safe being placed in certain areas or estates. For example, most BAME families will decline offers in areas where there is a lack of ethnic or cultural diversity. Service users with complex needs and clinically diagnosed mental health issues, are particularly vulnerable. For example, for a woman who is suicidal and has an eating disorder, shared accommodation and high-rise flats are not a safe, viable option for her.

Limited stock: Large families are difficult to move on because there is limited 3–4 bedroom stock. Large families tend to go on waiting lists for quite a while. Because of that, families can be with the provider for up to 2 years. Single people or small families may go into B&B accommodation but large families get stuck. This has implications for other families trying to access specialist accommodation: The council will refer other families to specialist accommodation providers, but there is no space for them because the other families waiting for accommodation have nowhere to move on to.

No recourse to public funds: – this is a big problem. If the survivor is on a spousal visa, they can get some funding from social care (only if they have children) but they can't move in straight away. The Destitution Domestic

Violence (DDV) Concession 2012 supports single people on a spousal visa but until they have a solicitor and this is actioned it delays them moving in. One current service user recently left an abusive partner and her spousal visa is void which means she is not entitled to social care or universal credit. She is dependent on food parcels.

No recourse to public funds is making people stay in abusive relationships - if they do get out it is hard and they don't know what their future will be like. While still there, leaving is unimaginable to them. They have been brought into this country from Africa and know nothing else than the person who has brought them into the country. These families are more negatively impacted because there is nowhere else to turn too. Often these service users are completely reliant on food parcels and donations.

For Indian communities it's the same, more of the fear. There is not much education out there about options and if they don't have access to social care it's a longer process. If someone is on a spousal visa or student visa they can link with a local refugee centre. The refugee centre will complete the concession forms that day and get the process and at some point, they will get universal credit. At times, we run at a loss because of the delays and difficulties getting access to funding for families with no recourse. We are a charity, but we have to run like a business.

Financial barriers: There are many kinds of financial barriers. There is no pot of money for people with mortgages and they need respite from the abuse. Some people really want to stay in jobs for their mental health because they want a routine. It would be financially easier for them to stop work, but they feel better having a focus and a routine. One of our service users works part time and is left with £2- £30 a week from her wages because she gets no benefits. She is working hard, doing best and wants to stay safe but the lack of money really adds to that sense of helplessness and hopelessness.

Universal credit is described as an in-work benefit. However, in our experience that is sold as a lie: The more that service user works, the more money gets deducted – give with one hand and take with the other, it all goes back into the system. For every £1 earned the system takes 63p. The message to service users is, the more you work the less you get, and deductions are automatic which makes it difficult to budget when income fluctuates. This can also have an effect on their housing benefit. This causes a lot of stress for the service users and impacts on our relationship with them as we have to manage the fallout and problems with the system; it has a big ripple effect.

Language barrier: There is no funding for translators or interpreters. There is a language bank in Valley House. The Refugee Centre charges £40 per hour for services, and we do our best to book interpreters when needed but if someone is upset it can be difficult to have the conversations. If the translator is a man, some women from those communities find it hard to express themselves to men. Being from the same community doesn't always enable disclosure because of fear and shame.

MENTAL HEALTH

Pathways: There is no clear pathway. When medication runs out, it has to get to crisis point before a mental health worker intervenes. If the service user doesn't link in with the GP, she won't get medication and is sent back to the crisis team. The crisis team won't intervene.

When service users come in with high or complex needs in relation to their mental health, we link them with the Mental Health Team and GP service immediately to ensure they get their medication as soon as possible. Sometimes medication runs out at the last minute or at inconvenient times like a Friday evening, when the service user is unable to get a doctor's appointment. We will then contact the mental health crisis team. The crisis team tell us there are actions in place by their team and the service user must go back to the GP. However, there are times when it is very difficult to get a doctor's appointment and the only option is for the service user to go to A&E.

Thresholds: These seem to be very high. If you stood with your foot over the bridge and threatened to jump they would come and help you but otherwise can't help. Women are asking for support but not being listened to. One service user is hearing voices telling her to kill herself and telling her not to take her medication. The mental health team are passing her from one service to another. The mental health team are telling her to take her medication – the psychiatrist says set an alarm – but there is no other intervention. This doesn't help her morale. We are left to monitor her and manage the risk. There has been no communication between the mental health team and us, even though they know the situation and high risks.

Communication: After speaking to the mental health team, one service user met with her two brothers because her mental health worker told her she needs to get out more and reconnect with her family. She invited her two brothers to come to safe accommodation. In supported communication service users can't have visitors and we have to uphold that rule to keep other residents safe. It can be difficult to enforce at times and for this particular woman, she believed we were stopping her from seeing her family rather than trying to keep her, and other residents, safe. If the mental health team had communicated with us, we could have explained the restrictions and helped to find a way to support this woman without breaching ground rules and putting others at risk. Instead, we are left 'enforcing' rules and regulations which is a trigger for anyone who has experienced violence and abuse. There is often no communication by the mental health team, to us when they move service users from crisis to community teams. They say they will sort things out, but it doesn't materialise. This is a real problem if service users need medication at the weekend. They are told to go to A&E but it's not the best place for them to be.

Domestic Abuse Awareness Work: Service users need to be stable before doing the educational work.

Finances: Problems or blockages in setting up payments have a big impact. We are in a dual position of offering support work while managing tenancies. These two things can be in conflict at times. Having the conversation with service users about payments and benefits can be difficult; service users will feel stressed, and say we are stressing them out. For anyone who then tells us they are suicidal, we have to follow our suicide policy over our tenant management responsibilities at that time. Late or no payments increase the service users' distress. This also has an impact on funding coming into our service. In addition, we need to rely more on bank workers to cover additional demands and this has budget implications. Again, there is extra stress on our budget and staff where other services or teams such as mental health crisis team should be case managing or at least offering additional support.

We have high support needs and there are high demands on staff to check on service users with complex needs as well as communicate with other agencies and case manage. This can be particularly intense at the weekends when other services are closed. PTSD counselling won't happen till the person is in long-term accommodation, not when they are in temporary accommodation. That means survivors get practical support but not much-needed trauma support while in temporary accommodation.

CHILDREN

Support needs: Every child needs additional support, particularly in relation to their mental wellbeing, even if they haven't directly witnessed the abuse. They may get support if they are on a child protection plan and referral must come through social care. We try to enable the parents to support their child. The Family Support worker is part-time for 60-70 children. Most of her work is monitoring for the commissioners. The numbers don't match up and meet the need. Staff are overwhelmed; earlier intervention by social services would reduce the number of Children in Need plans but knowing that Valley House are involved, Safeguarding don't take on the referrals.

Multi-agency working:- There is a lack of understanding about DV-specific services in Coventry in the Safeguarding Board. At recent Safeguarding Action Group (STAG) meeting many professionals didn't know the local services, or training and information resources.

Case management:- Once families move into specialist accommodation, social care close the Child in Need plan (CIN), but we don't have resources to do direct work with children. We are temporary accommodation; social care should not be closing off CIN. Even when families leave us they may not get suitable accommodation. The support should be there from day 1 from social work – schools, nurseries, continuity, case management responsibility, to support those families through the process. There needs to be access to support at lower levels, not just if children have witnessed domestic abuse. Families have to hit crisis point and show significant signs of struggling before any support can be put in place. There is no preventative work, which sets families up to fail.

Child contact: Some perpetrators want contact with their children and use it to get to the main carer. In one current case, the perpetrator has court-ordered contact over the phone with the children. He can call between 6.30 and 7.30 each week but those phone calls not monitored by anyone other than mum. Dad has started to ask the children questions about where they go and where they play. Mum was very distressed when she overheard this as it could be a way to track her down. Where is the monitoring and guidance given by the courts and social care? In this case, Dad is getting access to his children even though CAFCASS recommended there should be NO contact. Dad obtained contact via solicitor and the civil courts.

Social work should recognise that children and parents are vulnerable while in our accommodation. Sometimes children's needs are picked up later. Children take a few weeks and months to settle into specialist accommodation and crisis accommodation. After 2–3 months children start thinking differently. Interventions with children should be needs-led, and their needs change particularly when they are more relaxed. At times their behaviour is misinterpreted as 'naughty' but that's the impact of living in an abusive household. Many parents want help but are not open to being contacted by children's services because they are frightened of being scrutinised and losing their children.

The Indian community worry their children will be taken off them by social workers. Dads threaten that if you leave, they will take your kids, and no one will believe you. To support children and families, social workers need to look at every aspect of the family's life and need to understand the fear and lack of trust that families in crisis have around professional help.

Building trust: Professional approaches don't need to be 'textbook' to interact positively with our service users. Every service has policies and procedures to follow, but there is a way of ticking the boxes and still building trust. In the absence of other agencies' involvement, we are often left 'holding the baby' and service users 'kick against' our processes. At times, staff can feel they are working against service users, when what we want is to be a support to them. This can be really stressful for staff as well.

INTERSECTIONALITIES

Languages: There is a lack of resources for disabled residents, and for those who require interpreters and information translated. There is no funding for translation. One member of staff uses Google Translate for some calls but it's not always accurate. There are some volunteer counsellors in Valley House who are multi-lingual, but we are not able to meet all language needs.

Criminal records: What comes up on someone's criminal record dictates what accommodation we can offer. For example, where there are offences linked to soliciting, or violent assault, or offences harming children, shared

accommodation is not an option. We have to risk-assess thoroughly. We support anyone using drugs and on a script. We don't discriminate but there are challenges for us when managing in shared accommodation.

Male victims: We have been contracted to deliver services to male victims since 2014. We have only had a handful of referrals. We may only have single spaces in our women's accommodation and therefore have to decline male referrals.

In the last 7 years there has been a maximum of 3 men in accommodation at the same time. We do offer a package of support for male victims. We could benefit from a dedicated male victims' worker. We plan to update our paperwork in recognition that not all survivors are female.

Commissioning frameworks are female-focused.

LGBTQ+ victims: LGBTQ+ service users, by the time they come to us, have recognized the abuse and 'come out'. Birmingham has an excellent LGBTQ+ organisation. The biggest barrier to LGBTQ+ people is homophobia. They may not be out with family and friends. In addition, there's a stigma about abuse, so that adds another barrier.

COVID-19

There has been a reduction in referrals during the pandemic. The reason is not clear however it could be because of reduced escape routes, with perpetrators being home and children not at school.

OTHER

Criminal Justice System: There are challenges working with the CJS. In one case, we have been waiting for some time to get a court date and trial date but there's no communication. Delays are being blamed on lockdown but everything else seems to be moving. If the family is not from Coventry, then getting information from other police forces is a nightmare. The request takes at least a week to process. Can anything be done to improve cross-border information sharing, particularly in high risk cases?

NFA (No Further Action): The police and safeguarding teams are working well but most cases are ending up as NFA because lack of evidence. The CPS will say there is no evidence to take the case to trial. If the violence reoccurs, survivors don't want to go down the CJS route because it hasn't worked – it hasn't stopped the violence.

Multi-agency working and case co-ordination: This needs to be better. This week we received a referral during the night and couldn't do background checks until the next day. Police didn't do a DASH risk assessment because they didn't consider it domestic abuse, but they referred the family to us. The police followed through on their duty of care and got the family into a hotel that night, but we had to take it from there. Ongoing training to frontline responders is needed.

There is additional reporting for high-risk cases. The Home Office wants to see which cases are referred to MARAC. If the case is not high risk, refer to MARAC to gather evidence to tick boxes.

All other agencies need to recognise that someone is in a DV service for a reason and workers are specialist. We do detailed risk assessment, CAADA DASH. The assessments are not just there to provide other services such as mental health teams with evidence of the effect of abuse. If service users can't prove domestic violence and its impact, mental health teams don't take them on.

ANALYSIS – VALLEY HOUSE

ACTIVITY

OVERVIEW

Valley House receive referrals through a number of routes:

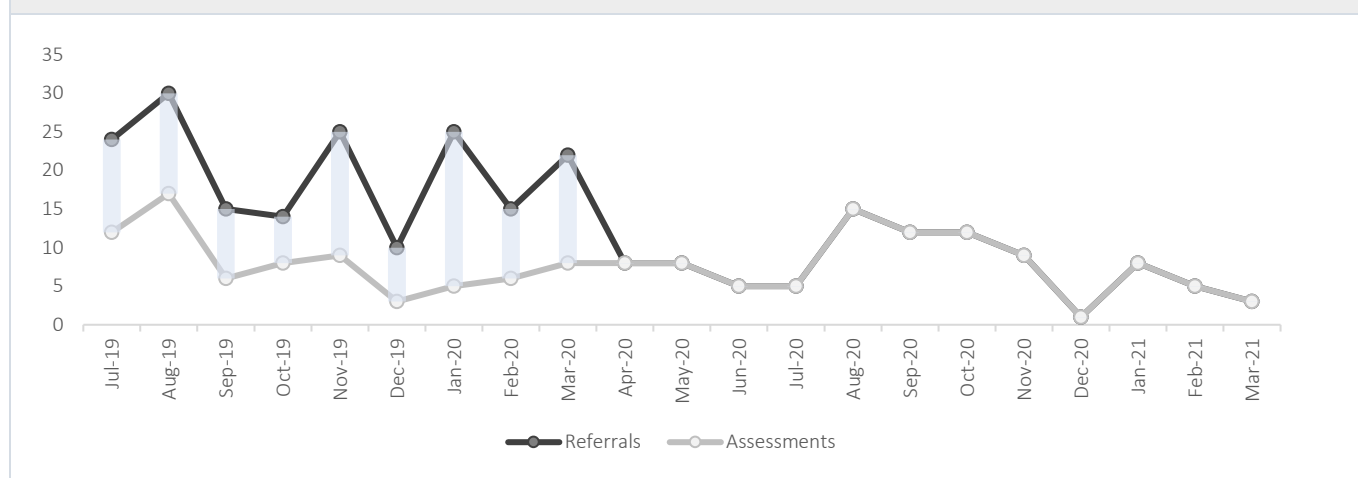
- Self-referrals
- Friends
- Police
- Other partners
- Employees
- Out-of-city referrals

Valley House have the ability to accept residents with disabilities and a carer if required.

Comparing 2020-21 against July 2019 to March 2020, the number of referrals shows a decline, although the number of assessments has seen little change.

Figure 3.26 shows that between July 2019 and March 2020 not all referrals resulted in an assessment; however this changed in 2020-21. Apart from one case, all assessments took place within a day of the referral.

Figure 3.26: Number of referrals by month.



	Referrals (Monthly Average)			Assessments (Monthly Average)		
Period	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	20.0	7.6	-12.4	8.2	7.6	-0.6

Figure 3.27: Assessments as % of referrals.

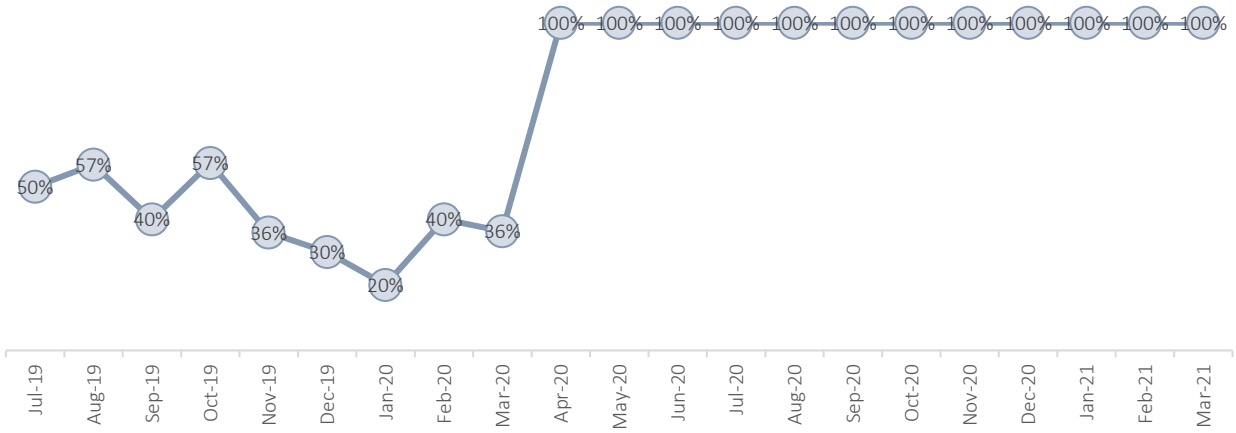


Figure 3.28: Number of referrals by month.

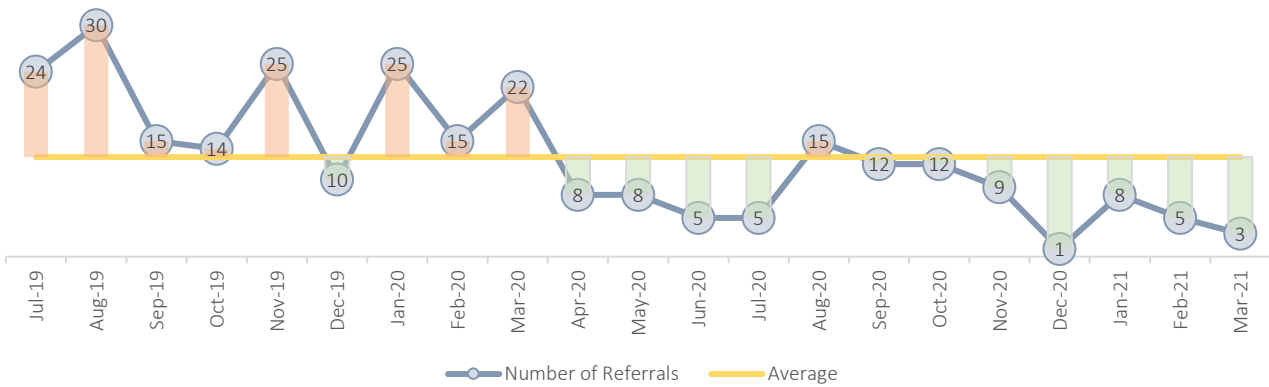
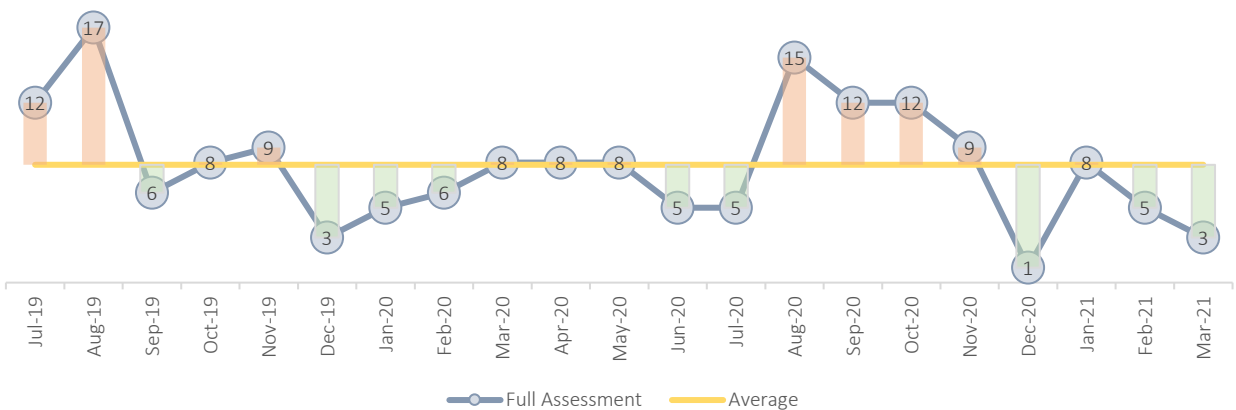


Figure 3.29: Number of assessments by month¹⁵².



¹⁵² Based on referral date.

REFERRAL SOURCES

Approximately a quarter of referrals were self-referrals.

Below shows the referral sources covering the period July 2019 to March 2021. Women’s Aid, Council Housing, and Police also account for a high proportion of referrals.

Figure 3.30: Referral source.

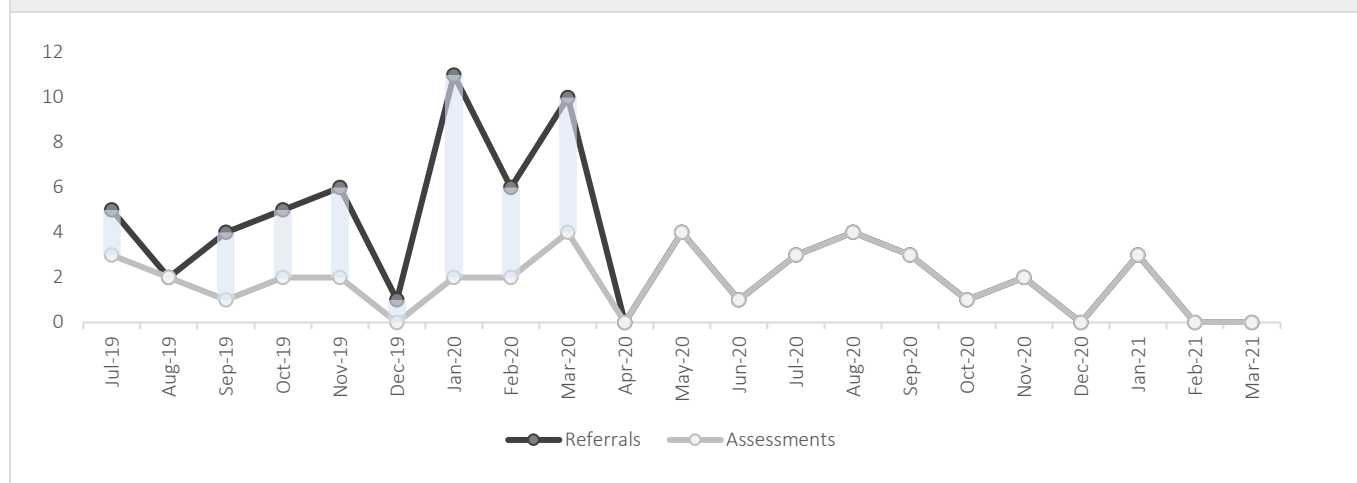


Below shows the trends in the number of referrals from the main referral sources. The periods for comparison are April 2020 to March 2021 against July 2019 to March 2020, and figures are based on monthly averages.

The three main referral sources are Self, Women’s Aid National, and Council Housing. Whilst there has been a decrease in referrals for these sources, there has been little change in the number of assessments. The other main referral sources show a decrease in both referrals and assessments.

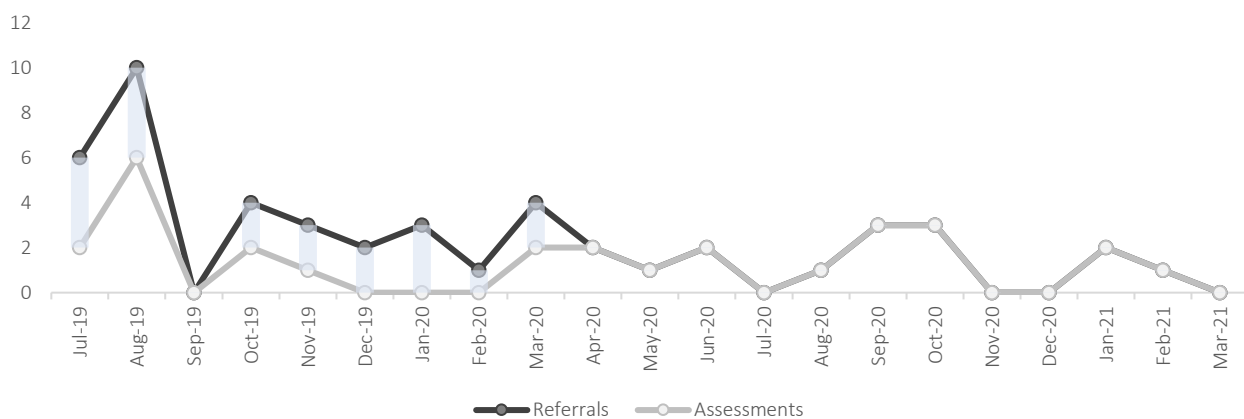
- **SELF** – The number of self-referrals has decreased from 5.6 to 1.8; however the number of assessments has only decreased by a small amount, from 2.0 to 1.8.
- **WOMEN’S AID NATIONAL** - The number of referrals has decreased from 3.7 to 1.3; however the number of assessments shows little change, from 1.4 to 1.3.
- **COUNCIL HOUSING** – Referrals show a slight decrease from 1.9 to 1.6, with the number of assessments increasing from 0.6 to 1.6.
- **POLICE** – Both referrals and assessments show a decrease from 1.9 to 0.8 and 1.3 to 0.8 respectively.
- **HAVEN** – Both referrals and assessments show a decrease from 1.9 to 0.4 and 0.9 to 0.4 respectively.
- **COUNCIL SOCIAL CARE** – Both referrals and assessments show a decrease from 1.6 to 0.3 and 0.8 to 0.3 respectively.

Figure 3.31: Self-Referrals.



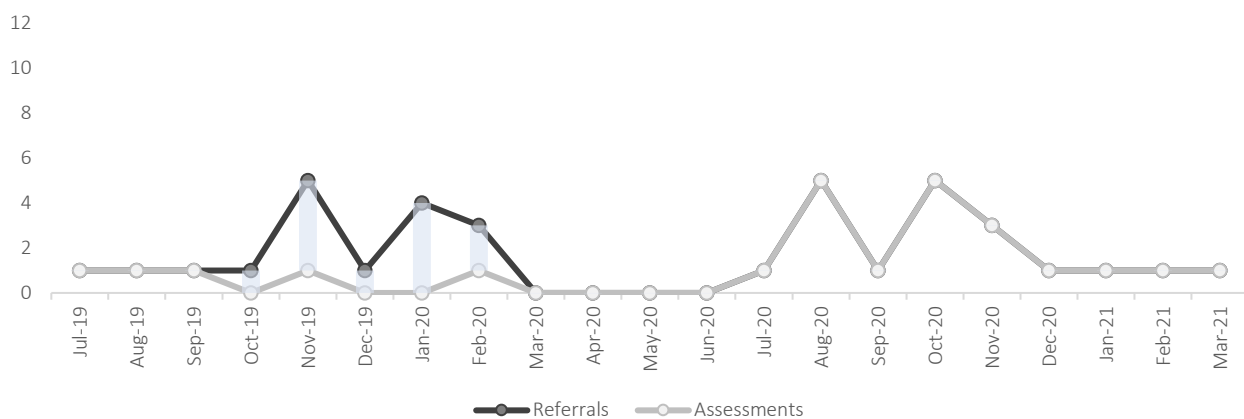
Period	Referrals (Monthly Average)			Assessments (Monthly Average)		
	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	5.6	1.8	-3.8	2.0	1.8	-0.3

Figure 3.32: Women’s Aid National.



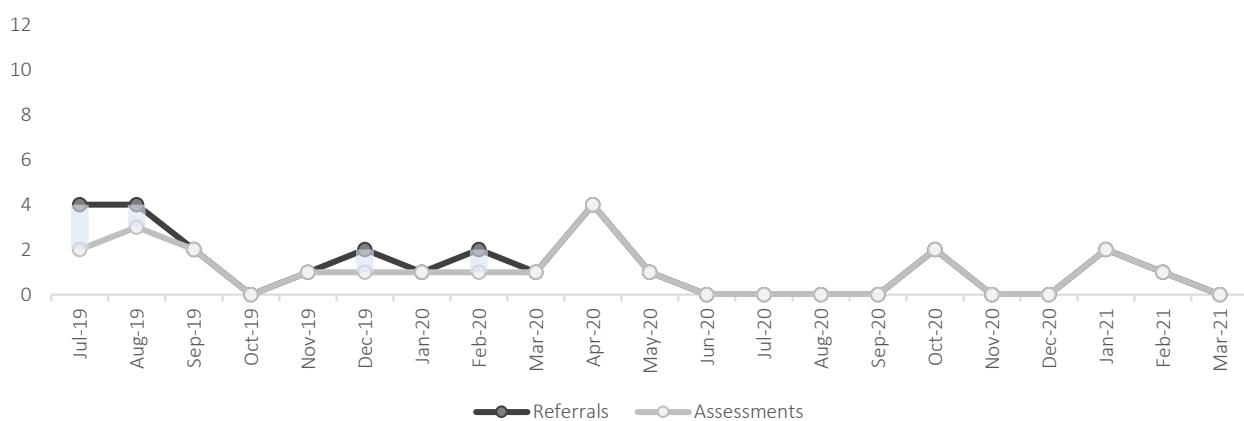
Period	Referrals (Monthly Average)			Assessments (Monthly Average)		
	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	3.7	1.3	-2.4	1.4	1.3	-0.2

Figure 3.33: Council Housing.



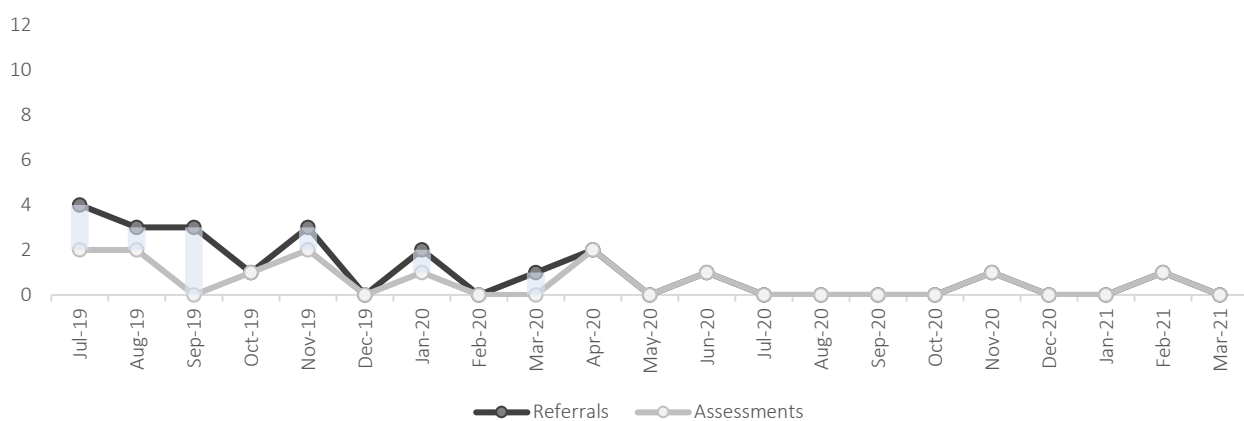
Period	Referrals (Monthly Average)			Assessments (Monthly Average)		
	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	1.9	1.6	-0.3	0.6	1.6	1.0

Figure 3.34: Police.



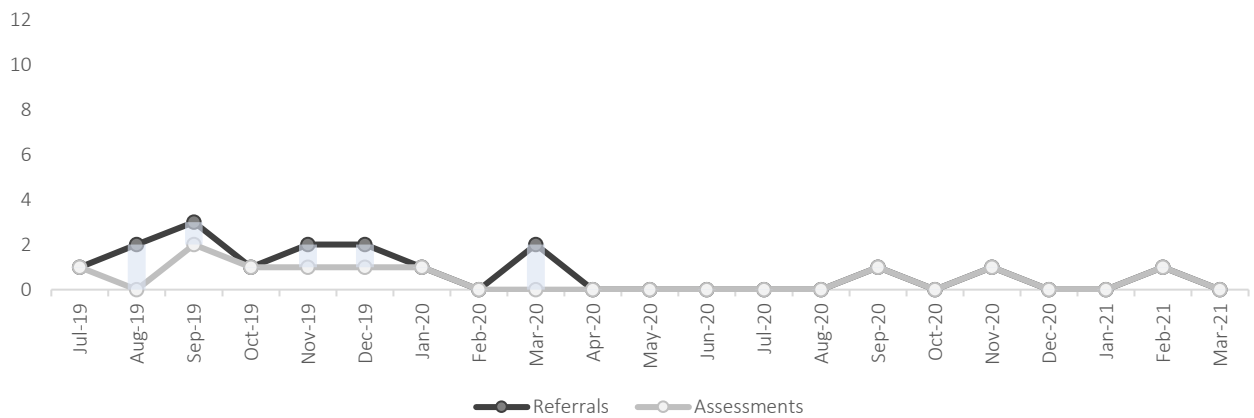
	Referrals (Monthly Average)			Assessments (Monthly Average)		
Period	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	1.9	0.8	-1.1	1.3	0.8	-0.5

Figure 3.35: Haven.



	Referrals (Monthly Average)			Assessments (Monthly Average)		
Period	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Montly Avg	1.9	0.4	-1.5	0.9	0.4	-0.5

Figure 3.36: Council Social Care.



Period	Referrals (Monthly Average)			Assessments (Monthly Average)		
	July 2019 to March 2020	April 2020 to March 2021	Change	July 2019 to March 2020	April 2020 to March 2021	Change
Monthly Avg	1.6	0.3	-1.3	0.8	0.3	-0.5

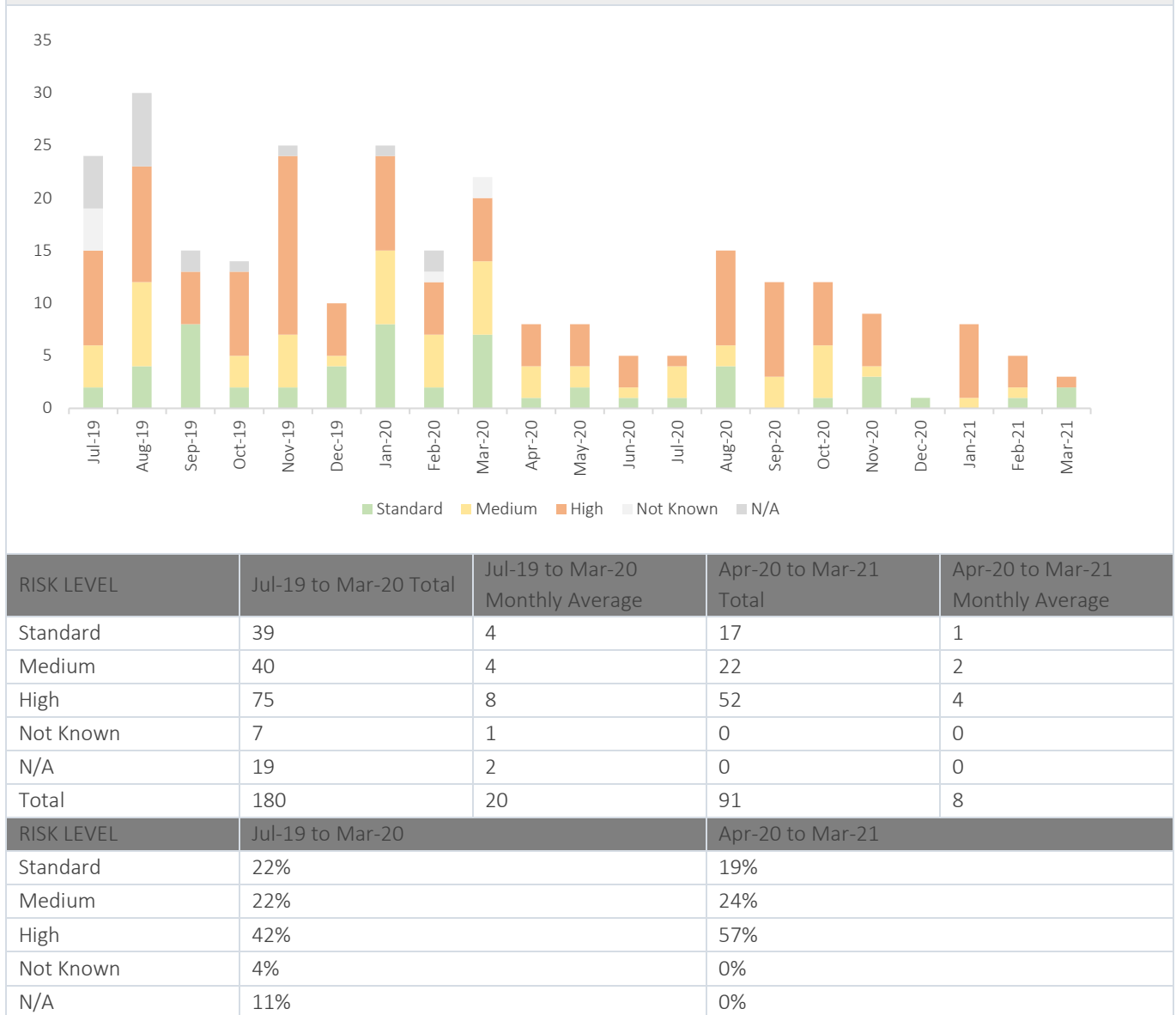
RISK

Below shows the risk levels of those referred.

Comparing Apr-20 to Mar-21 against Jul-19 to Mar-20, the rate of the total referrals that are High risk level has increased from 42% to 57%. In terms of actual numbers however, this has decreased from a monthly average of 8 to 4 due to the general decrease in referrals.

From April 2020 onwards, there have no longer been any referrals recorded as Not Known or N/A.

Figure 3.37: Referrals by risk level.



REFERRALS NOT ACCEPTED

Reason Referral Not Accepted

Below shows the reasons for referrals not being accepted. The majority of unaccepted referrals (72%) declined the service. The data only covers July 2019 to March 2020, as during April 2020 to March 2021 all referrals resulted in an assessment.

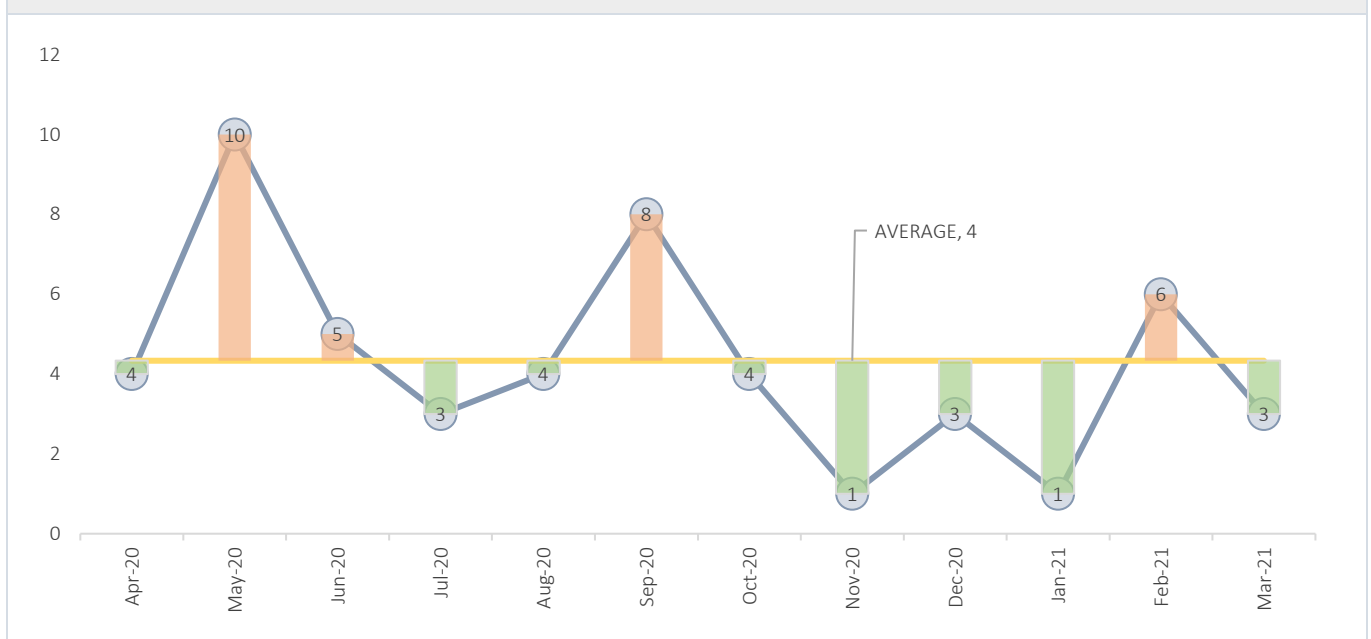
Figure 3.38: Reasons for referrals not accepted.

Reason Referral Not Accepted	Jul-19 to Mar-20 #	Jul-19 to Mar-20 %
Accommodation Available not Suitable	10	9%
Full	5	5%
Ineligible for the Service	14	13%
Referral Declined the Service	77	72%
Waiting List	<5	1%
N/A	73	
Total Excluding N/A	107	100%

NUMBER OF MOVE-INS

Below shows the number of move-ins by month. Data is only available covering the periods April-20 to March-21. The average during this period was 4 move-ins per month; however this does vary by month. This totals 52 for the year.

Figure 3.39: Number of move-ins by month.



LOCATION

The majority of those accessing supported accommodation were from outside of Coventry.

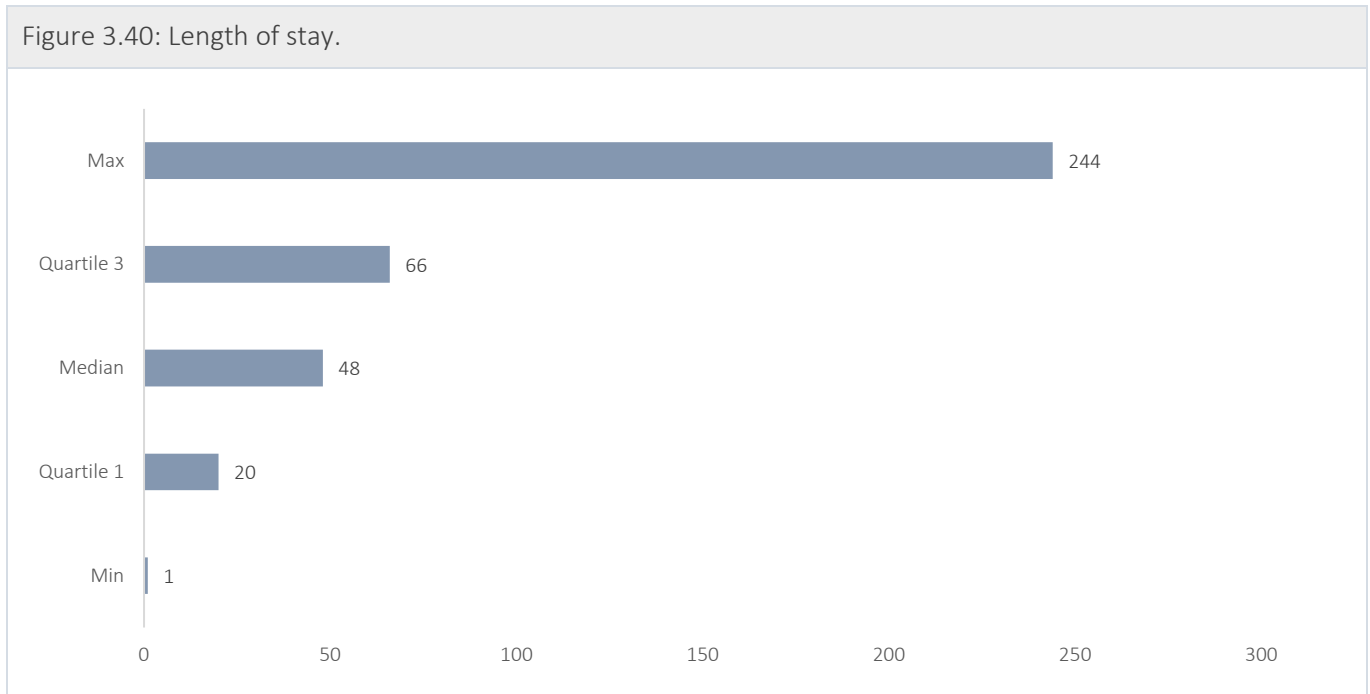
Below shows the usual residence address of those accessing supported accommodation in 2020-21. Due to the limited numbers, it is hard to draw conclusions on a ward basis. Most of the wards have 0-2 residents in specialist accommodation at Valley House; however St Michael's reported a higher number.

LOCATION	COUNT	%
Bablake	1	2%
Binley and Willenhall	1	2%
Cheylesmore	0	0%
Earlsdon	0	0%
Foleshill	2	4%
Henley	0	0%
Holbrook	1	2%
Longford	1	2%
Lower Stoke	2	4%
Radford	0	0%
St Michael's	4	8%
Sherbourne	1	2%
Upper Stoke	2	4%
Wainbody	1	2%
Westwood	1	2%
Whoberley	1	2%
Woodlands	0	0%
Wyken	1	2%
Out of City	33	63%
Total	52	

LENGTH OF STAY

The average length of stay was 57 days.

Of the 52 records, 9 are still current. There are 43 records that could be analysed for length of stay. Figure 3.40 shows length of stay in days by quartiles. The median length of stay is similar to average length of stay. 6 records had a length of stay over 100 days, with the longest at 244 days.



ADDITIONAL FINDINGS

Analysis of local specialist accommodation data shows that there is a support need in relation to housing.

- Analysis of Valley House specialist accommodation data shows that in 2020/21, 75% of residents had a housing need.
- Analysis of Haven refuge data shows that between April and June 2021:
 - As expected, all residents had some sort of housing need.
 - 12 (19%) residents were homeless through domestic abuse.

Large families are difficult to move on because there is limited 3–4 bedroom housing social housing stock. Large families tend to go on the waiting list for quite a while. Because of that, families can be resident in a specialist accommodation for up to 2 years.

- This has implications for other families trying to access specialist accommodation.
 - (19%) residents were homeless through domestic abuse.

DEMOGRAPHICS

The following provides a breakdown by different demographic groups. All data relates to the refuge service only, therefore relates to the female cohort. The rate per 1,000 population is not included as the majority of the residents are from out of Coventry; therefore the denominator is not known.

Figure 3.41: Demographic breakdown.

AGE	ETHNICITY																																																			
<ul style="list-style-type: none"> 65% of residents are between the ages of 18 and 34. For comparison, around 32% of the female population in Coventry are in the same age range. The youngest age was 18 and the oldest was 60. 	<ul style="list-style-type: none"> The breakdown by ethnicity shows that residents fall into a wide range of groups. Accounting for half the cases, the largest group are those recorded as White British. The next second largest group are those recorded as Pakistani. The way the data is recorded is not ideal for analysis as “African” is not directly comparable to “Pakistani” for example. 																																																			
<table border="1"> <caption>Age Breakdown Data</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>13</td> <td>25%</td> </tr> <tr> <td>25-34</td> <td>21</td> <td>40%</td> </tr> <tr> <td>35-44</td> <td>8</td> <td>15%</td> </tr> <tr> <td>45-54</td> <td>7</td> <td>13%</td> </tr> <tr> <td>55-64</td> <td>3</td> <td>6%</td> </tr> <tr> <td>65+</td> <td>0</td> <td>0%</td> </tr> </tbody> </table>	Age Group	Count	Percentage	18-24	13	25%	25-34	21	40%	35-44	8	15%	45-54	7	13%	55-64	3	6%	65+	0	0%	<table border="1"> <caption>Ethnicity Breakdown Data</caption> <thead> <tr> <th>Ethnicity</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>27</td> <td>52%</td> </tr> <tr> <td>White European</td> <td>3</td> <td>6%</td> </tr> <tr> <td>African</td> <td>5</td> <td>10%</td> </tr> <tr> <td>Other Black Background</td> <td>1</td> <td>2%</td> </tr> <tr> <td>Pakistani</td> <td>7</td> <td>13%</td> </tr> <tr> <td>Indian</td> <td>1</td> <td>2%</td> </tr> <tr> <td>Mixed White And Asian</td> <td>1</td> <td>12%</td> </tr> <tr> <td>Mixed White And Black Caribbean</td> <td>2</td> <td>4%</td> </tr> <tr> <td>Other Ethnic Group</td> <td>5</td> <td>10%</td> </tr> </tbody> </table>	Ethnicity	Count	Percentage	White British	27	52%	White European	3	6%	African	5	10%	Other Black Background	1	2%	Pakistani	7	13%	Indian	1	2%	Mixed White And Asian	1	12%	Mixed White And Black Caribbean	2	4%	Other Ethnic Group	5	10%
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RELIGION	SEXUAL ORIENTATION																																				
<ul style="list-style-type: none"> Where the resident stated a religion, the most prevalent group are those recorded as Islam/Muslim. 	<ul style="list-style-type: none"> 90% of the residents were heterosexual, with the remaining recorded as Gay Women / Lesbian (2; 4%) and Bisexual (3; 6%). 																																				
<table border="1"> <caption>Religion Distribution</caption> <thead> <tr> <th>Religion</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>6</td> <td>12%</td> </tr> <tr> <td>Church of Engl And</td> <td>3</td> <td>6%</td> </tr> <tr> <td>Islam/Muslim</td> <td>12</td> <td>23%</td> </tr> <tr> <td>Jewish</td> <td>1</td> <td>2%</td> </tr> <tr> <td>Roman Catholic</td> <td>6</td> <td>12%</td> </tr> <tr> <td>Other</td> <td>2</td> <td>4%</td> </tr> <tr> <td>No Religion</td> <td>22</td> <td>42%</td> </tr> </tbody> </table>	Religion	Count	Percentage	Christian	6	12%	Church of Engl And	3	6%	Islam/Muslim	12	23%	Jewish	1	2%	Roman Catholic	6	12%	Other	2	4%	No Religion	22	42%	<table border="1"> <caption>Sexual Orientation Distribution</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>47</td> <td>90%</td> </tr> <tr> <td>Gay Women / Lesbian</td> <td>2</td> <td>4%</td> </tr> <tr> <td>Bisexual</td> <td>3</td> <td>6%</td> </tr> </tbody> </table>	Sexual Orientation	Count	Percentage	Heterosexual	47	90%	Gay Women / Lesbian	2	4%	Bisexual	3	6%
Religion	Count	Percentage																																			
Christian	6	12%																																			
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CHILDREN													
<ul style="list-style-type: none"> 32 (62%) of the women in specialist accommodation during 2019-20 had no children. Using the provided figures, this equates to 27 children ((1 child * 13) + (2 children * 7)) in specialist accommodation during the year [assuming child in specialist accommodation]. 													
<table border="1"> <caption>Children Distribution</caption> <thead> <tr> <th>Number of Children</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>32</td> <td>62%</td> </tr> <tr> <td>1</td> <td>13</td> <td>25%</td> </tr> <tr> <td>2</td> <td>7</td> <td>13%</td> </tr> </tbody> </table>	Number of Children	Count	Percentage	0	32	62%	1	13	25%	2	7	13%	
Number of Children	Count	Percentage											
0	32	62%											
1	13	25%											
2	7	13%											

CHILDREN

GENERAL

Valley House can house children of any age. A recent example was given of a 19-year-old daughter, who was still in full time education, who was housed in supported accommodation. Within the specialist accommodation, the oldest children accommodated are normally 13 or 14. This is monitored on a case-by-case basis.

Valley House staff have fed back that children require specific assistance in relation to moving into specialist accommodation due to domestic abuse. This can include having time away from their parents.

SCHOOL

Once a family moves into specialist accommodation, there is sometimes a delay while applications are made for a child to change schools. While the child is not attending school, they are spending time with their parent. Case workers are not able to complete domestic abuse work with the parent during this time.

There have been occasions when residents have two or three children all at different schools, making dropping them off and picking them up difficult. There have been examples when the school has disclosed the address of specialist accommodation to partners.

The Family Support Worker informs schools about the domestic abuse issues that their pupils are facing.

There are safeguarding contacts within each school.

MALE SURVIVORS

Valley House has housed male survivors of domestic abuse since 2014. Males have to be housed in standalone properties (not in refuges or clusters of supported housing). The male referrals tend to be urgent referrals.

The referral process for males work in the same way as for females. Referrals have been made via Mankind.¹⁵³

Male residents are offered similar advocacy and support. A different risk assessment is completed with male survivors.

¹⁵³ <https://cid.coventry.gov.uk/kb5/coventry/directory/service.page?id=PXRF06py8wU>

PERMUTATIONS

It is possible to analyse the data by different permutations. For example, the charts below look at the relationship between age group and number of children.

There are two ways to interpret the data:

- The second table shows the percentage of the total population in a particular age group who have 0, 1 or 2 children. For example, 67% of the 25-34 age group had no children.
- The third table is distributed by number of children. For example, 71% of the residents who had 2 children were in the 25-34 age group.

Figure 3.42: Breakdown by permutations.

Age Group / Number of Children	0	1	2	Total
18-24	11	2	0	13
25-34	14	2	5	21
35-44	1	5	2	8
45-54	3	4	0	7
55-64	3	0	0	3
65+	0	0	0	0
Total	32	13	7	52
Age Group / Number of Children	0	1	2	Total
18-24	85%	15%	0%	
25-34	67%	10%	24%	
35-44	13%	63%	25%	
45-54	43%	57%	0%	
55-64	100%	0%	0%	
65+	-	-	-	
Age Group / Number of Children	0	1	2	Total
18-24	34%	15%	0%	
25-34	44%	15%	71%	
35-44	3%	38%	29%	
45-54	9%	31%	0%	
55-64	9%	0%	0%	
65+	-	-	-	

The second example below looks at the relationship between age groups and mental health issues.

Following the same methodology for interpretation:

- The second table shows the percentage of the total population in a particular age group who have a mental health need. For example, 50% of the 35-44 age group had a need around mental health support.
- The third table is distributed by mental health issues. For example, 48% of the residents who require support with mental health issues are between the ages of 25-34.

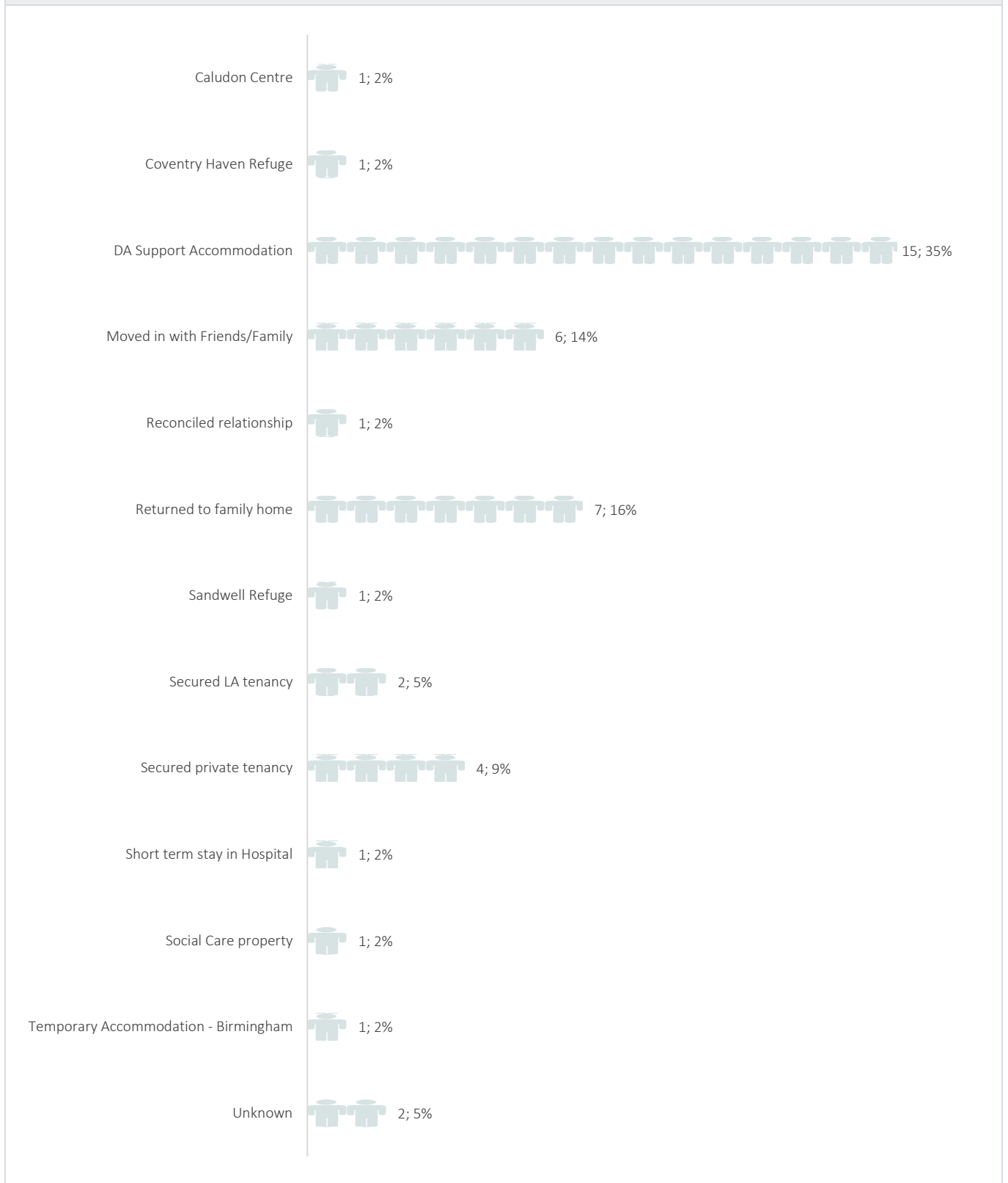
Age Group / Mental Health Issues	Yes	No	Total
18-24	6	7	13
25-34	12	9	21
35-44	4	4	8
45-54	1	6	7
55-64	2	1	3
65+	0	0	0
Total	25	27	52
Age Group / Mental Health Issues	Yes	No	Total
18-24	46%	54%	
25-34	57%	43%	
35-44	50%	50%	
45-54	14%	86%	
55-64	67%	33%	
65+			
Age Group / Mental Health Issues	Yes	No	Total
18-24	24%	26%	
25-34	48%	33%	
35-44	16%	15%	
45-54	4%	22%	
55-64	8%	4%	
65+			

MOVE-ON OUTCOMES

There are 13 move-on outcomes. Most residents leaving the Valley House specialist accommodation property move on to DA Supported Accommodation.

- Other outcomes with relatively high numbers include moving in with friends and family, returning to the family home, and securing a private tenancy.

Figure 3.43: Move-on outcomes.



SUPPORT NEEDS

Housing support is the most required need.

The following charts provide a breakdown by of the support needs of the residents. Nearly half of the population were recorded as having a need with mental health issues. The analysis provides a breakdown of multiple needs. For example, there were only 4 residents who had no support needs. In contrast, there were 18 residents who had 3 support needs.

Figure 3.44: Breakdown by support needs.



SUBSTANCE MISUSE

Valley House work with people who have a drug and alcohol problem. Residents with a drug and alcohol problem can be housed in standalone accommodation. Change Grow Live, the Coventry Drug and Alcohol Service, will supply sharp boxes to dispose of needles.

Survivors using crack or heroin are not able to access specialist accommodation properties.

MENTAL HEALTH

- Staff fed back that mental health needs are highly prevalent amongst residents. There are high rates of anxiety, depression and PTSD, as identified by Valley House staff.
- Residents do not always meet the criteria for mental health support. The mental health crisis teams can offer triage to residents, but not much longer-term therapy due to the temporary nature of the accommodation.
- IAPT work is available in Coventry and residents are referred into it.
- Case workers can refer into the Valley House community wellbeing team and counselling service.
 - These services are commissioned to work in the community and offer:
 - Support plans
 - Referrals
 - Three-month transitional support
 - Some residents can become reliant on Valley House as a service.

IMMIGRATION ISSUES

Immigration issues were highlighted as a need for residents.

Case workers offer support to those residents who have immigration issues. Case workers work with the Fast Track Law Centre and make applications to the Home Office on behalf of residents.

Case workers work to support residents to be granted destitution domestic violence (DDV) concession. This is normally in relation to seeking indefinite leave to remain. The majority of this support is offered to residents from outside the EU.

LANGUAGES

Language issues can be a massive barrier to working with residents.

There are approximately 60 staff within Valley House. Throughout the team a range of languages are spoken; these are all listed on the internal language bank. Staff also use Google Translate to help with translations. The local refugee centre also helps with languages.

Valley House have mechanisms in place to capture the information that they need to progress referrals and case work. However, the ability of a resident to express their needs is restricted through lack of a shared language.

FINANCES AND BENEFITS

Residents are normally in receipt of benefit allowance.

For new claimants, receipt of benefits can take 6 – 7 weeks for the first payment support to kick in after an application. These residents have to be supported with food parcels.

For those who do work, there is a gap in how they can access specialist accommodation. These women may need to continue working for financial reasons and for their own wellbeing. It is not always possible for them to take time off work. People who own their own homes and have a mortgage may also be reluctant to come to specialist accommodation.

TEMPORARY ACCOMMODATION

INTRODUCTION

OVERVIEW

The local authority (acting as the housing authority) have a number of duties in relation to preventing homelessness and helping individuals and families secure accommodation if they are already homeless.

Prevention duty:

- Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become actually homeless. The prevention duty continues for 56 days unless it is brought to an end by an event such as accommodation being secured for the person, or by their becoming homeless.¹⁵⁴

Relief duty:

- If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and have a priority need, they must be provided with interim accommodation.¹⁵⁵

Main housing duty:

- If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household have priority need if homeless, such as pregnant women, families with children, and those who are homeless as a result of being a victim of domestic abuse or due to an emergency such as a fire or flood. Other groups may be assessed as having priority need because they are vulnerable as a result of old age, mental ill health, physical disability, having been in prison or care or as a result of becoming homeless due to violence.¹⁵⁶

Individuals and families can approach the local authority where housing staff will complete a general assessment of their situation. This includes identifying the main reason for their becoming homeless.

LOCAL PICTURE

USE OF TEMPORARY ACCOMMODATION FOR THOSE WITH DA NEEDS

In 2020-21, there were 183 households placed into temporary accommodation who presented as homeless due to domestic abuse.¹⁵⁷ None of these households were placed in bed and breakfast accommodation.

¹⁵⁴ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>

¹⁵⁵ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>

¹⁵⁶ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>

¹⁵⁷ This shows the approaches where domestic abuse is the reason for homelessness, other households could disclose a support need but this is captured within the resident needs assessment and is not easily reported.

TARGET HARDENING (SANCTUARY SCHEME)

INTRODUCTION

OVERVIEW

A Sanctuary Scheme is a multi-agency victim-centred initiative which aims to enable households at risk of violence to remain safely in their own homes by installing a ‘Sanctuary’ in the home and through the provision of support to the household.¹⁵⁸

LOCAL PROVISION

COVENTRY TARGET HARDENING SCHEME (SANCTUARY)

There is a Target Hardening (Sanctuary) scheme run in Coventry.

- The aim of the service is to provide a target hardening service to victims of domestic abuse and violence, to enable them to remain in their own homes should they wish to, and if it is appropriate for them to do so.
- The Safe Partnership works with Coventry Haven to achieve target hardening in relation to the target referral group within the confines of the administrative centre and metropolitan borough of Coventry.

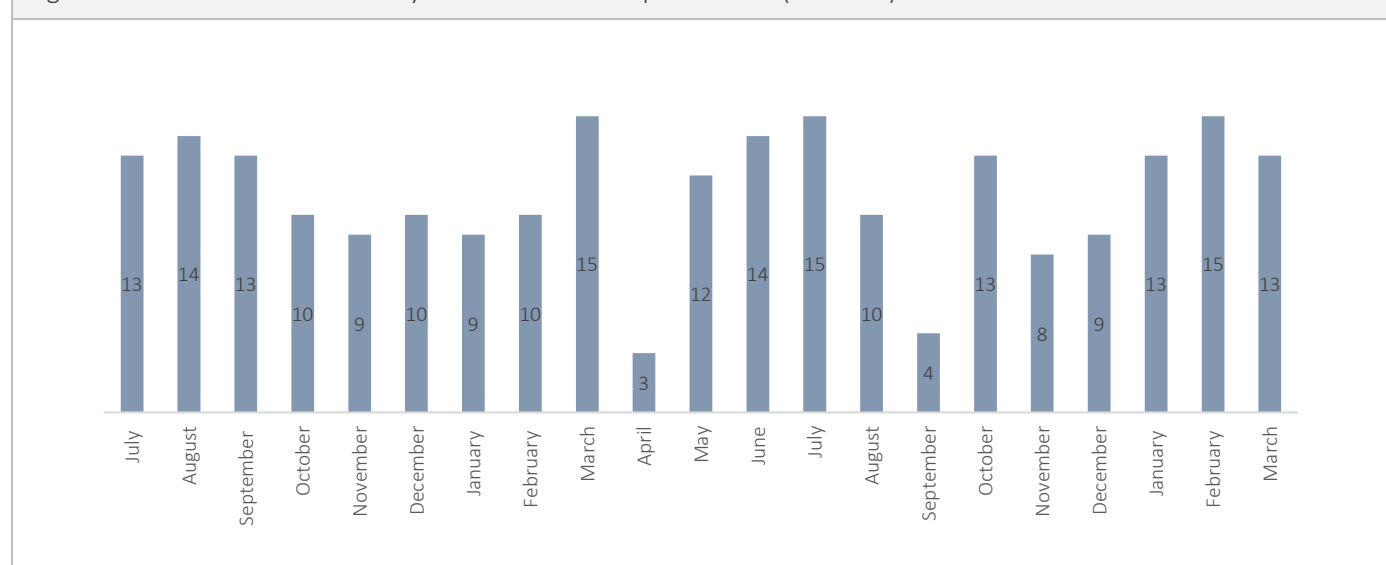
The following data has been supplied for the Target Hardening (Sanctuary) Scheme:

- January to March 2021 – 41 referrals, of which 9 were cancelled.
- Of the 41 referrals, 24 were from a housing association.

Figure 3.45: Sanctuary referrals; January 2021 to March 2021.

Home Security and Personal Safety Scheme	Total
Number of Referrals	41
No Access (cancelled)	9
Not completed (ie. awaiting landlord permission)	5
Properties Complete	27
Properties not invoiced	0

Figure 3.46: Number of sanctuary referrals received per month. (2020-21)



¹⁵⁸ <https://www.gov.uk/government/publications/sanctuary-schemes-for-households-at-risk-of-domestic-violence-guide-for-agencies>

OTHER TARGET HARDENING SCHEMES

Citizen Housing run a form of sanctuary project separate to the one run by Coventry Haven. Upgrades to properties to make them more secure are not recorded separately to the main repairs fund.

SAFE ACCOMMODATION

CALCULATION OF NEED

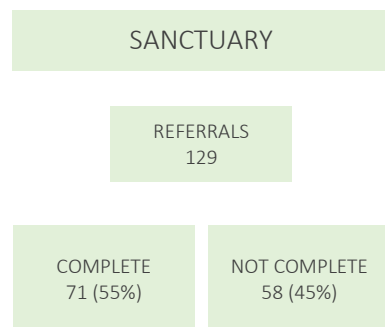
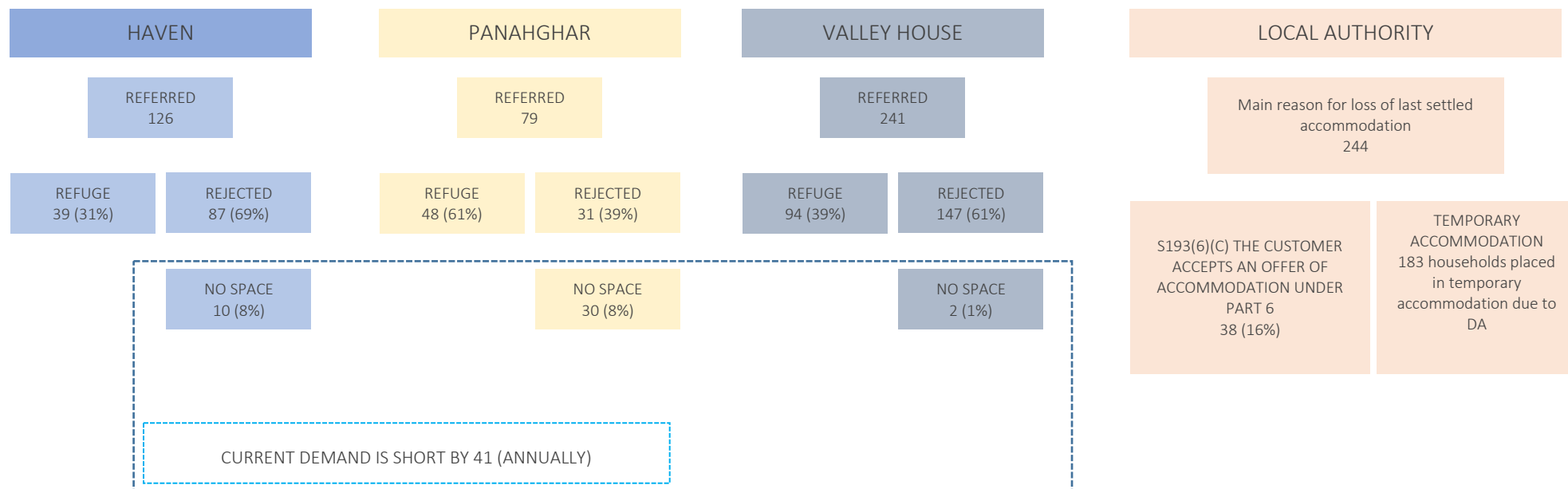
OVERVIEW OF LATEST (DRAFT) GUIDANCE – SAFE ACCOMMODATION

- The Domestic Abuse Act places a duty on local authorities to assess the need for support and prepare strategies to provide support for victims who reside in relevant accommodation ('safe accommodation').
- The draft guidance describes a variety of different types of safe accommodation:
 - Refuge accommodation
 - Specialist safe accommodation
 - Dispersed accommodation
 - Safe self-contained accommodation
 - Safe self-contained 'semi-independent' accommodation
 - Sanctuary schemes
 - Move-on / second-stage accommodation.
 - Other forms of domestic abuse emergency accommodation
- Bed and breakfast accommodation is not considered relevant, safe accommodation.

INTRODUCTION

- In this section, we will analyse the available data relating to the types of 'safe accommodation' listed in the Domestic Abuse Act Draft Guidance¹⁵⁹ that are used in Coventry.
- We will use data from:
 - Valley House – the Local Authority-commissioned domestic abuse accommodation.
 - Panahghar and Coventry Haven – independent refuges
 - Target Hardening (Sanctuary Scheme) run by Coventry Haven
 - Local Authority Housing and Homelessness data

¹⁵⁹ MHCLG, (2021), Delivery of Support to Victims of Domestic Abuse, including Children, in Domestic Abuse Safe Accommodation services
Statutory guidance for local authorities across England Draft for consultation Issued under the Domestic Abuse Act 2021



- In Haven 8% of referrals in 2020-21 were rejected due to no capacity. The COVID-19 pandemic impacted this figure as Haven did not advertise spaces and instead kept them available for homeless people in Coventry. This rate was not reflective of the pre-pandemic rate.
- In Panahghar, the rate of referrals rejected due to no capacity in 2020-21 is higher, at 30%.
- For Valley House, only 2 referrals were rejected due to no capacity. The vast majority of reasons for referrals not being placed was “Service User declining”, accounting for 75 (31%) of all the referrals.
- This figure would have been impacted by COVID-19.
- changes to demand as a result of the changes to the Domestic Abuse Act are not fully understood in terms of how the new definition (e.g. around coercion and control) will impact responses to perpetrators and survivors.
- In 2020-21, 183 households were placed into temporary accommodation who presented as homeless due to domestic abuse.
- The draft guidance in relation to the Domestic Abuse Act indicates that bed and breakfast accommodation is not considered relevant safe accommodation.

-4-

CIVIL AND CRIMINAL JUSTICE SYSTEM, POLICE, COURTS AND CPS

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INTRODUCTION

CRIMINAL JUSTICE SERVICES ^{160, 161, 162, 163, 164}

INTRODUCTION

Criminal justice services responding to domestic abuse include the police, the courts and the Crown Prosecution Service.

NATIONAL PICTURE

In the year to March 2019 in England and Wales, the police recorded 746,219 domestic abuse-related crimes, of which 78% were in the violence against the person offence group.¹⁶⁵

The coronavirus pandemic is likely to have had an impact on domestic abuse, but the data is difficult to interpret. Police recorded crime data show an increase in offences flagged as domestic abuse-related during the coronavirus (COVID-19) pandemic; however, there has been a gradual increase in police recorded domestic abuse-related offences over recent years as police have improved their recording of these offences; therefore it cannot be determined whether this increase can be directly attributed to the coronavirus pandemic. London's Metropolitan police service received an increased number of calls-for-service for domestic incidents following the lockdown, largely driven by third-party calls; this is likely because people were spending more time at home during this period.¹⁶⁶

A 2015 all-party parliamentary group report, *Women's Access to Justice: From reporting to sentencing*¹⁶⁷ identified the following issues with the response of the criminal justice services to domestic abuse:

- Fears of contacting the police and barriers to accessing justice
- Variable / inconsistent responses by police and a lack of understanding and training, especially for non-physical forms of abuse
- Poor evidence collection / handling, which impacts the chance of a conviction
- The criminalisation of survivors / victims, and the treatment in court of survivors as witnesses rather than victims
- Low referral rate from police to the CPS, a lengthy court process and poor communication
- High rates of attrition in domestic abuse cases.

¹⁶⁰ Domestic abuse and the criminal justice system, England and Wales: November 2020: Responses to and outcomes of domestic abuse cases in the criminal justice system. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2020>

¹⁶¹ APPG on domestic and sexual violence and Women's Aid (2015), *Women's Access to Justice: From reporting to sentencing*. Accessed April 2021. https://www.womensaid.org.uk/wp-content/uploads/2015/11/APPG_womens-access-to-justice2.pdf

¹⁶² HMICFRS (2019), The police response to domestic abuse: An update report. Accessed April 2021. <https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/the-police-response-to-domestic-abuse-an-update-report.pdf>

¹⁶⁴ What Works: Crime Reduction Systematic Review Series: No 3. Criminal Justice Interventions With Perpetrators Or Victims Of Domestic Violence: A Systematic Map Of The Empirical Literature. Accessed April 2021. https://whatworks.college.police.uk/Research/Systematic_Review_Series/Documents/CJ_interventions_map.pdf

¹⁶⁶ ONS (2020), Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020. Accessed May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

¹⁶⁷ APPG on domestic and sexual violence and Women's Aid (2015), *Women's Access to Justice: From reporting to sentencing*. Accessed April 2021. https://www.womensaid.org.uk/wp-content/uploads/2015/11/APPG_womens-access-to-justice2.pdf

BEST PRACTICE

The Domestic Abuse Best Practice Framework 2020-21¹⁶⁸, published by the Ministry of Justice and HMPPS, sets out the arrangements for working with people whose convictions or behaviours include domestic abuse. It aims to¹⁶⁹:

- explore the disparity between DA reports and criminal justice outcomes, and
- explore and find solutions to issues that have emerged since the onset of COVID-19, to increase victim, stakeholder and wider public confidence.

The Framework includes guidance for making a disclosure about domestic abuse, and a domestic abuse pathway that covers risk assessment and child and adult safeguarding.

In terms of training, Domestic Abuse Matters is a cultural change programme for police officers run by SafeLives, designed to create long term, sustainable improvements and consistency in the response to domestic abuse across the country. It has led to a 41% increase in arrests for controlling and coercive behaviour.¹⁷⁰

CROWN PROSECUTION SERVICE^{171, 172}

The Crown Prosecution Service (CPS) is an independent agency prosecuting criminal cases that have been investigated by police and other investigative organisations in England and Wales. The CPS:

- decides which cases should be prosecuted;
- determines the appropriate charges in more serious or complex cases, and advises the police during the early stages of investigations;
- prepares cases and presents them at court; and
- provides information, assistance and support to victims and prosecution witnesses.¹⁷³

NATIONAL PICTURE

Domestic abuse accounts for a large proportion of CPS cases. In the first quarter of 2020 - covering the first lockdown - domestic abuse accounted for 52% of the CPS caseload.¹⁷⁴ The COVID-19 pandemic has impacted the rate of completed prosecutions and convictions, which both showed a reduction in Q3 2020/21 compared with the same period the previous year. In addition, the average time to charge for the police and CPS rose to 16.6 days in Q3 2020/21 RYTD from 14.3 days in Q3 2019/20 RYTD¹⁷⁵.

Victim attrition is a significant issue for CPS domestic abuse prosecutions, with 16.5% of prosecutions dropped in Q3 2020/21¹⁷⁶. The CPS has developed a proactive prosecution approach, looking at how strong cases can be

¹⁶⁸ MoJ and HMPPS (2020), Domestic abuse policy framework. Accessed May 2021. <https://www.gov.uk/government/publications/domestic-abuse-policy-framework>

¹⁶⁹ <https://www.cps.gov.uk/crime-info/domestic-abuse>

¹⁷⁰ SafeLives: For police: Domestic Abuse Matters. Accessed May 2021. <https://safelives.org.uk/training/police>

¹⁷¹ <https://www.cps.gov.uk/publication/domestic-abuse>

¹⁷² CPS: Domestic abuse guidelines for prosecutors. Accessed April 2021. <https://www.cps.gov.uk/legal-guidance/domestic-abuse-guidelines-prosecutors>

¹⁷³ CPS: About the CPS. Accessed May 2021. <https://www.cps.gov.uk/about-cps>

¹⁷⁴ <https://www.cps.gov.uk/crime-info/domestic-abuse>

¹⁷⁵ CPS data summary Quarter 3 2020-2021, published 22 April 2021. Accessed May 2021. <https://www.cps.gov.uk/publication/cps-data-summary-quarter-3-2020-2021>

¹⁷⁶ CPS data summary Quarter 3 2020-2021, published 22 April 2021. Accessed May 2021. <https://www.cps.gov.uk/publication/cps-data-summary-quarter-3-2020-2021>

presented in court without need for the victim to attend. There are measures that the CPS takes to support victims in giving evidence:

- Screens to shield the witness from the defendant
- A live video link to enable the witness to give evidence from a separate room
- Evidence in private, with the court cleared of the public and most journalists
- Giving evidence by a video-recorded interview ¹⁷⁷

BEST PRACTICE

The Domestic Abuse Best Practice Framework (DABPF)¹⁷⁸, published by the Ministry of Justice and HMPPS, sets out the arrangements for working with people whose convictions or behaviours include domestic abuse. There is guidance for making a disclosure about domestic abuse, and a domestic abuse pathway that covers risk assessment and child and adult safeguarding.

The CPS has set out aims and outcomes for its 2020-21 domestic abuse programme informed by the DABPF¹⁷⁹. These focus on CPS employees, digital technology, strategic partnerships with other agencies, casework quality and public confidence.

The CPS approach is also informed by the *Violence Against Women and Girls 2017-20 Strategy*. The strategy aims to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.¹⁸⁰

¹⁷⁷ <https://www.cps.gov.uk/crime-info/domestic-abuse>

¹⁷⁸ MoJ and HMPPS (2020), Domestic abuse policy framework. Accessed May 2021. <https://www.gov.uk/government/publications/domestic-abuse-policy-framework>

¹⁷⁹ CPS: Domestic abuse - CPS programme for 2020-2021. Accessed May 2021. <https://www.cps.gov.uk/domestic-abuse-cps-programme-2020-2021>

¹⁸⁰ CPS (2017), Violence Against Women and Girls Strategy 2017-2020. Accessed May 2021. <https://www.cps.gov.uk/sites/default/files/documents/publications/VAWG-Strategy-2017-2020.pdf>

POLICE

INTRODUCTION

OVERVIEW

Data was provided to S Squared Analytics from the West Midlands Police. The data covered the calendar years 2016 to 2020. No recent data was available due to a change in reporting systems, which at the time of this assessment was causing technical issues with extraction of the data.

The data covers reports to the police which had a domestic abuse flag. Not all incidents would have resulted in a crime being recorded.

The incident data includes “Domestic Violence Disclosure Request (Clare’s Law) - Non Crime” and “MARAC DA REFERRAL- NON CRIME”. This has been removed from the analysis (adjusted).

TRENDS

INTRODUCTION

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes.

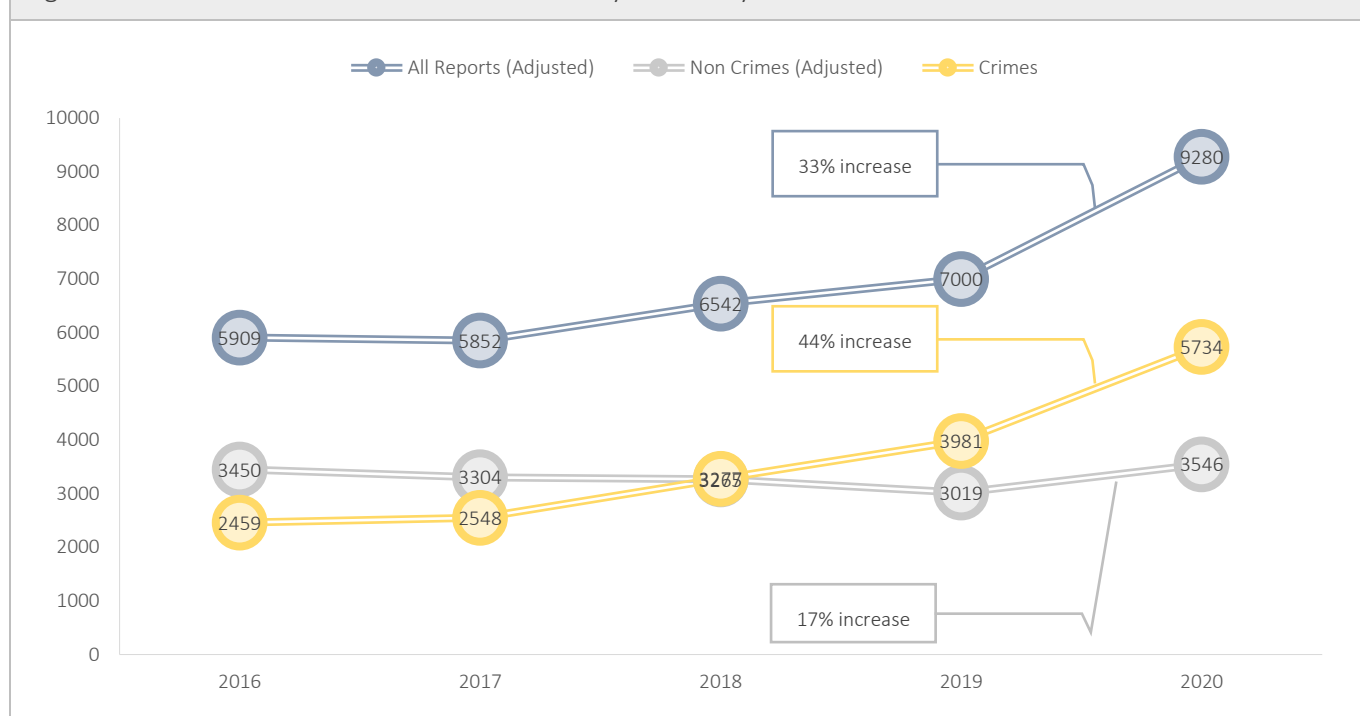
ANALYSIS BY CALENDAR YEAR

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes.

An increase in 2020

In 2020, there were a total of 9,276 domestic abuse incidents reported to the police. This represents a 33% increase on the previous year. Breaking down the incidents by crime and non-crime, reports that resulted in a crime being recorded showed a larger increase than non-crimes.

Figure 4.1: Number of domestic abuse incidents by calendar year



NON-CRIMES

The following table shows the offence types of the incidents recorded as “non crime”. The vast majority are recorded as “Domestic Violence Incident - Non Crime”.

Offence / Year	2016	2017	2018	2019	2020
DOMESTIC VIOLENCE INCIDENT - NON CRIME	3438	3287	3242	2997	3507
MARAC DA REFERRAL- NON CRIME	0	0	0	27	201
DOMESTIC VIOLENCE DISCLOSURE REQUEST (CLARE'S LAW) - NON CRIME	36	45	56	81	118
BREACH OF DV PROTECTION NOTICE/ORDER - NON CRIME	0	2	0	8	26
RAPE NON CRIME - COMMITTED AND TRANSFERRED TO ANOTHER POLICE FORCE AREA	3	3	5	5	4
VULNERABLE ADULT ABUSE/INCIDENT-NON CRIME	3	1	3	2	3
FRAUD - NON CRIME - NORMALLY RECORDED BY ACTION FRAUD	2	2	7	4	2
RAPE NON CRIME - VICTIM (OR THIRD PARTY) NOT CONFIRMED OR CANNOT BE TRACED	3	4	8	1	1
HATE INCIDENT - NON CRIME	0	0	0	0	1
CHILD SEXUAL OFFENDER DISCLOSURE SCHEME - NON CRIME	0	0	0	0	1
RAPE NON CRIME - CREDIBLE EVIDENCE TO THE CONTRARY EXISTS (WITHIN 24 HRS)	1	1	0	0	0
CHILD ABUSE INCIDENT - NON CRIME	0	4	0	0	0
MODERN SLAVERY NRM/ POLICE REFERRAL- POSITIVE REASONABLE GROUNDS - OUTSIDE E&W	0	0	0	2	0
Total	3450	3304	3265	3019	3546

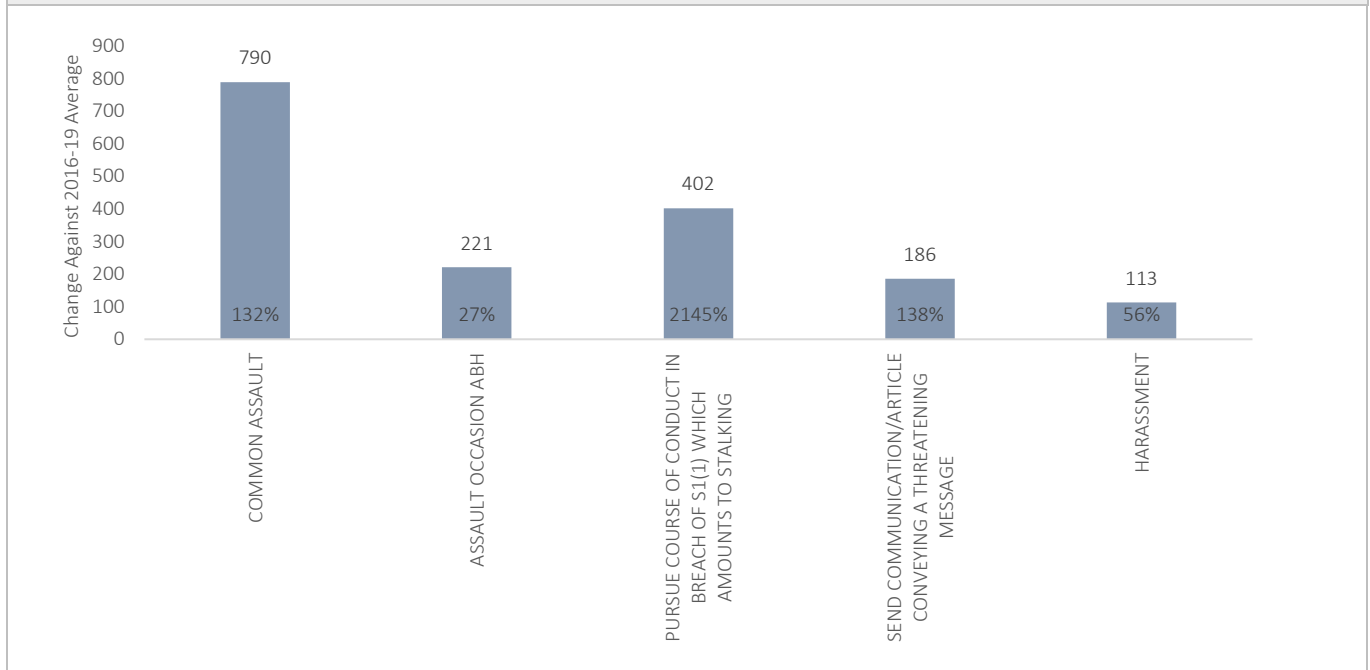
CRIMES

Figure 4.2 shows the change in Domestic Abuse flagged crimes in 2020 against the 2016 to 2019 average.

In terms of actual increases in incident type, common assault saw an increase of 790 to 1,390 in 2020, in comparison to the 2016-19 average. This represents an increase of 132%.

“Pursue Course of Conduct In Breach Of S1(1) Which Amounts To Stalking” saw an annual average of 19 incidents a month during 2016-19. There were 421 in 2020, equating to a 2,145% increase. This significant increase in recorded stalking is due to changes in the recording guidelines in 2020.

Figure 4.2: Change in Domestic Abuse flagged crimes in 2020 against the 2016 to 2019 average.



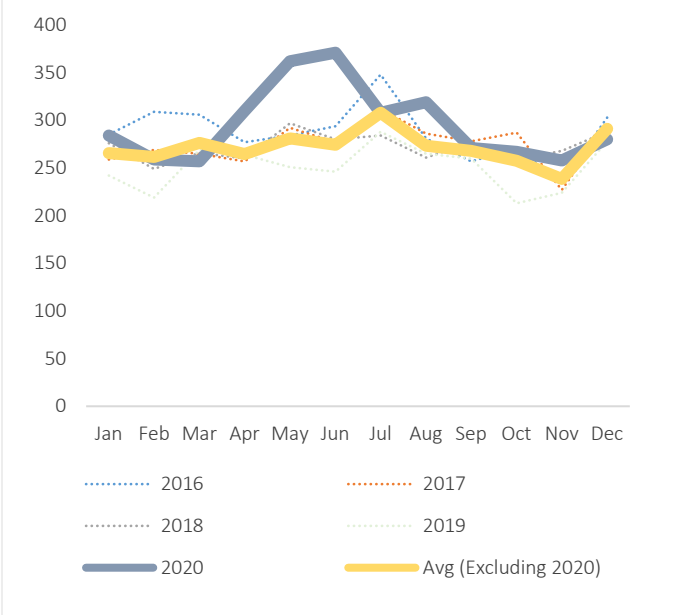
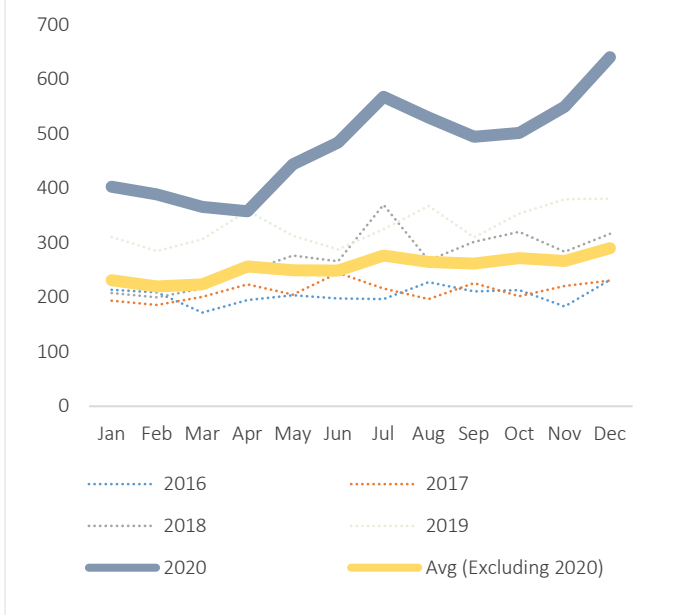
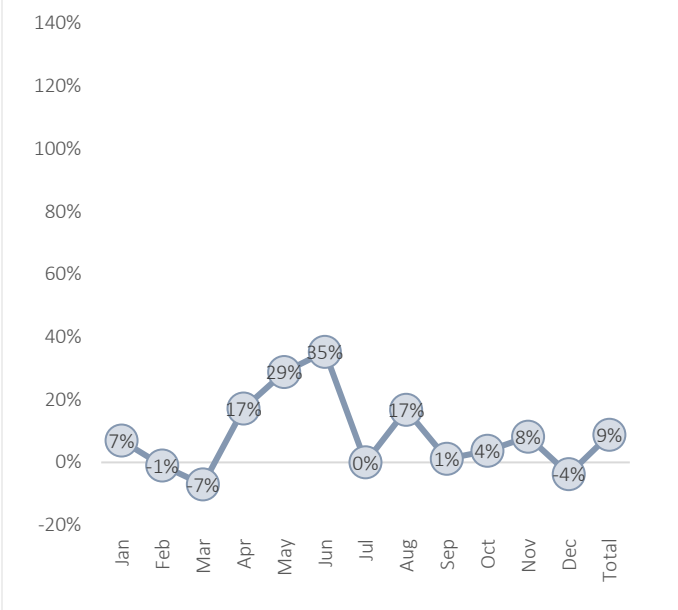
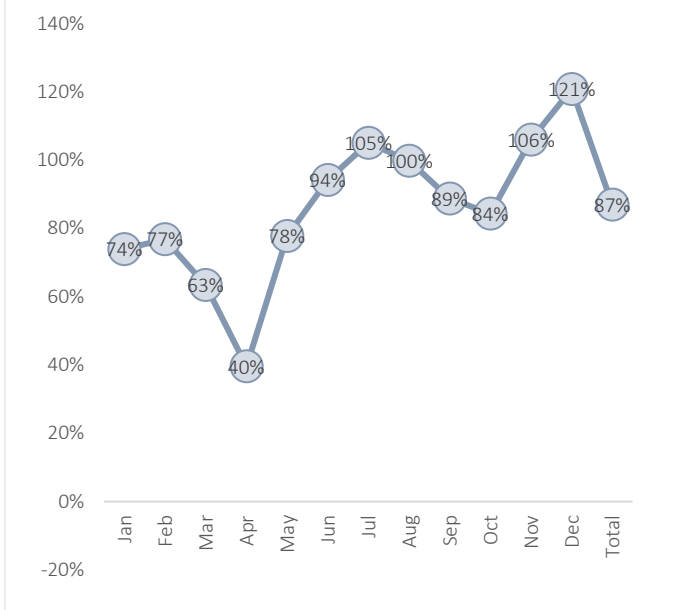
Offence / Year	2016	2017	2018	2019	2020
COMMON ASSAULT	444	451	625	881	1390
ASSAULT OCCASION ABH	748	724	854	943	1037
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	4	17	23	31	421
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	93	100	151	194	320
HARASSMENT	97	101	253	364	317
BREACH OF NON-MOLESTATION ORDER	86	102	100	110	210
MALICIOUS WOUNDING	126	143	167	181	195
ENGAGE IN CONTROLLING/COERCIVE BEHAVIOUR IN AN INTIMATE/FAMILY RELATIONSHIP	20	18	54	124	175
THREATEN TO DAMAGE PROPERTY	25	23	38	64	129
CRIMINAL DAMAGE - RESIDENCE	0	0	0	0	124
OTHER CRIMINAL DAMAGE	42	38	64	63	112
THREATS TO KILL	30	40	48	76	111
BREACH OF RESTRAINING ORDER	133	107	139	90	110
SEND COMMUNICATION/ARTICLE CONVEYING INDECENT/GROSSLY OFFENSIVE MESSAGE	17	14	37	46	93
RAPE OF FEMALE 16 OR OVER	53	70	76	88	82
CAUSE INT HARASSMENT/ALARM/DISTRESS	13	18	38	32	80
DOMESTIC VIOLENCE INCIDENT - NON CRIME	48	87	23	35	80
CRIMINAL DAMAGE TO VEHICLE	35	51	60	48	64
THEFT DWELLING NOT MACHINE/METER	35	33	45	60	56
CAUSE GBH WITH INTENT	30	31	35	31	49
OTHER	380	380	447	520	579
Total	2459	2548	3277	3981	5734

TEMPORAL ANALYSIS

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes, broken down months, days, and time.

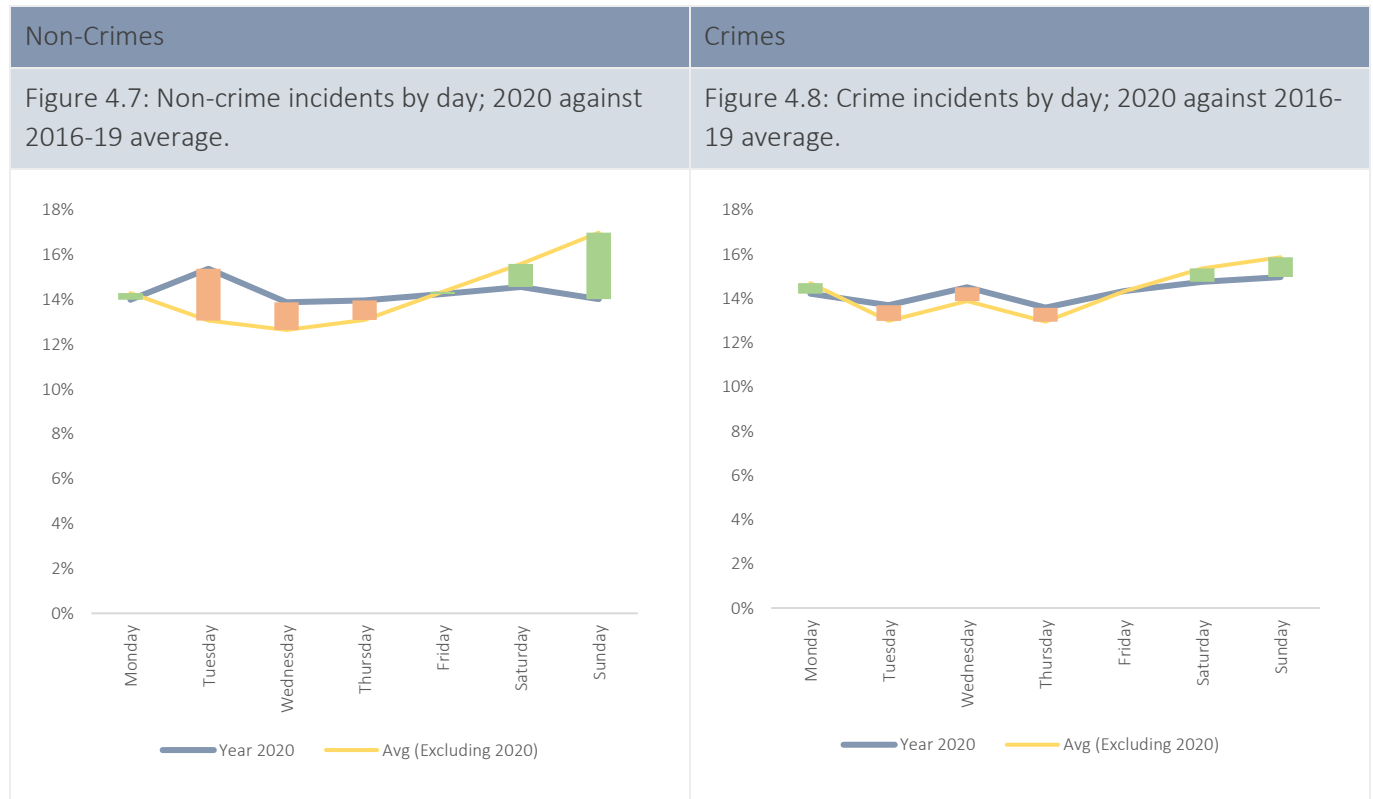
ANALYSIS BY MONTH

Non-crimes moved away from the average in April to June which was just after first lockdown. Crimes increased later in the year. [Could this be linked to Covid? Lower level at beginning which escalated to more serious later on, especially taking into account subsequent lockdowns?]

Non-Crimes	Crimes
<p>Figure 4.3: Non-crime incidents by month; 2020 against 2016-19 average.</p> 	<p>Figure 4.4: Crime incidents by month; 2020 against 2016-19 average.</p> 
<p>Figure 4.5: Non-crime variance by month; 2020 against 2016-19 average.</p> 	<p>Figure 4.6: Crime variance by month; 2020 against 2016-19 average.</p> 

ANALYSIS BY DAY

For non-crimes prior to 2020, the average number of incidents would peak at the weekends. In 2020, this has evened out. Crimes have followed a similar pattern, although this is less pronounced.



GEOGRAPHICAL ANALYSIS

INTRODUCTION

This section covers the analysis by geographical location.

WARD ANALYSIS

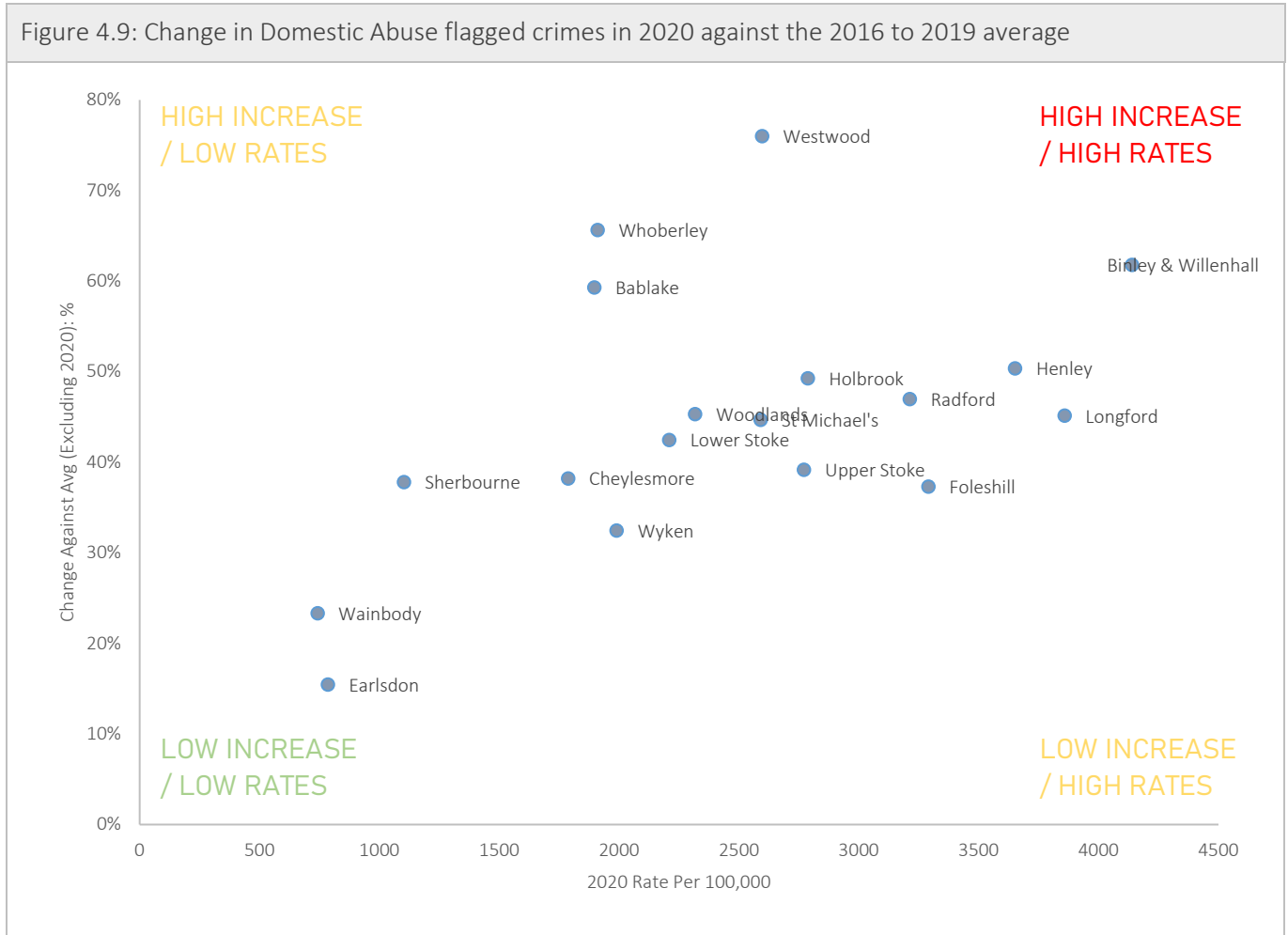
The following analysis covers ward level data.

PLOTTING WARDS BY THE CHANGE IN INCIDENTS AND RATE PER 100,000 POPULATION.

Below shows the analysis by ward plotted against rate per 100,000 population and change in incidents reported. The data covers all incidents (excluding MARAC and Clare’s Law).

Wainbody and Earlsdon both have low rates, and low increases in reported incidents relative to the other wards in Coventry. Binley & Willenhall had one of the highest increases and shows the highest rate per 100,000 population.

Figure 4.9: Change in Domestic Abuse flagged crimes in 2020 against the 2016 to 2019 average



WARD MAPPING

In general, the North-East of Coventry shows the highest rate per 100,000 population which is similar to the levels seen to the deprivation by ward analysis.

In terms of change comparing 2020 against 2016-19 average, the West of Coventry has seen an increase.

Figure 4.10: Total DV incidents in 2020; rate per 100,000 population.

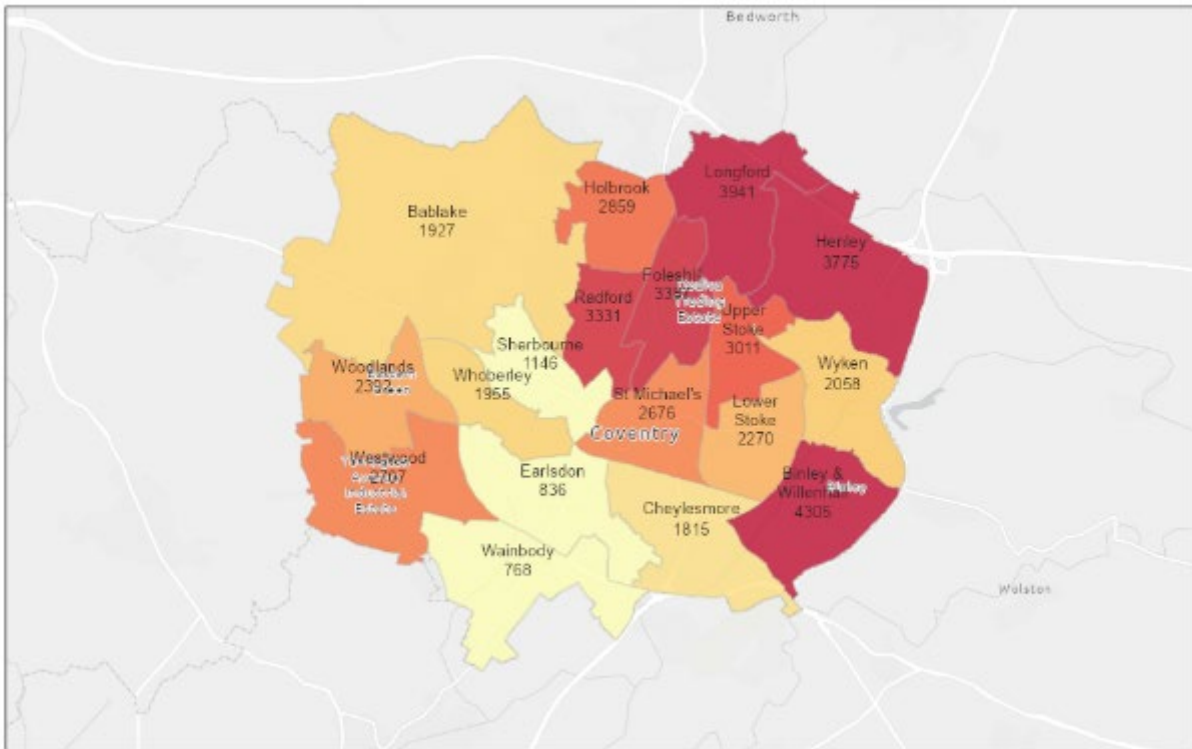
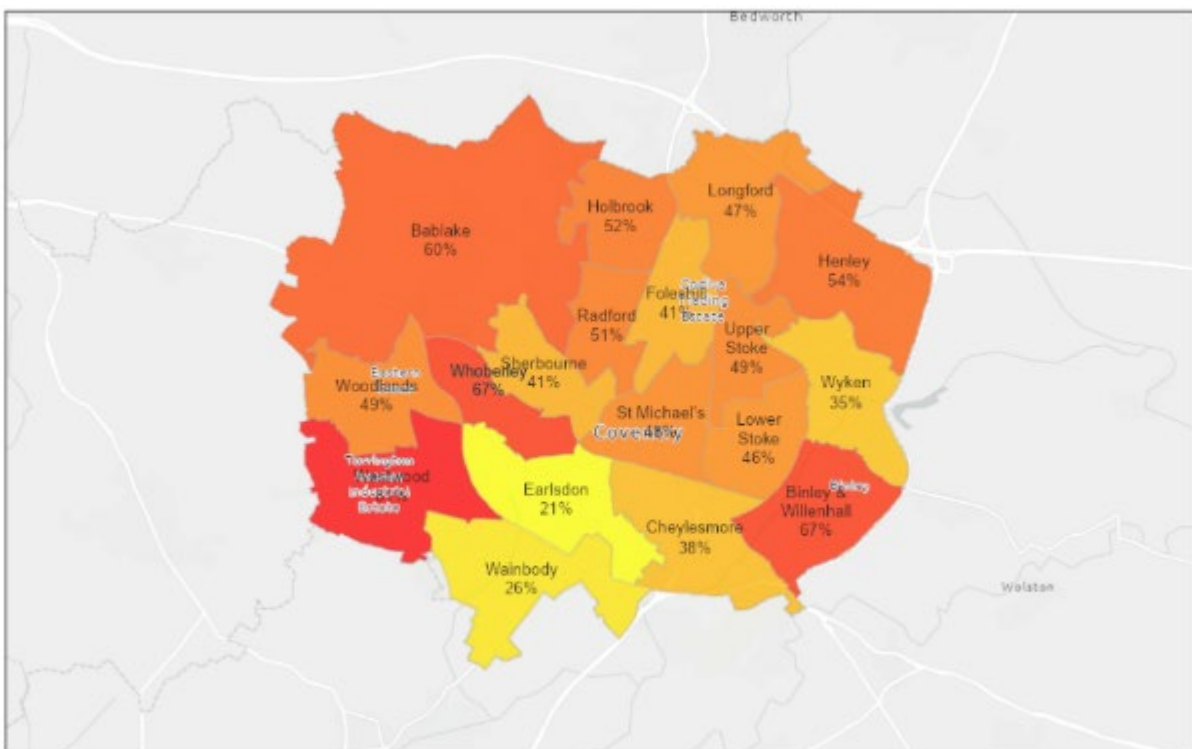


Figure 4.11: Total DV incidents in 2020; change in % against 2016-19 average.



VICTIMS

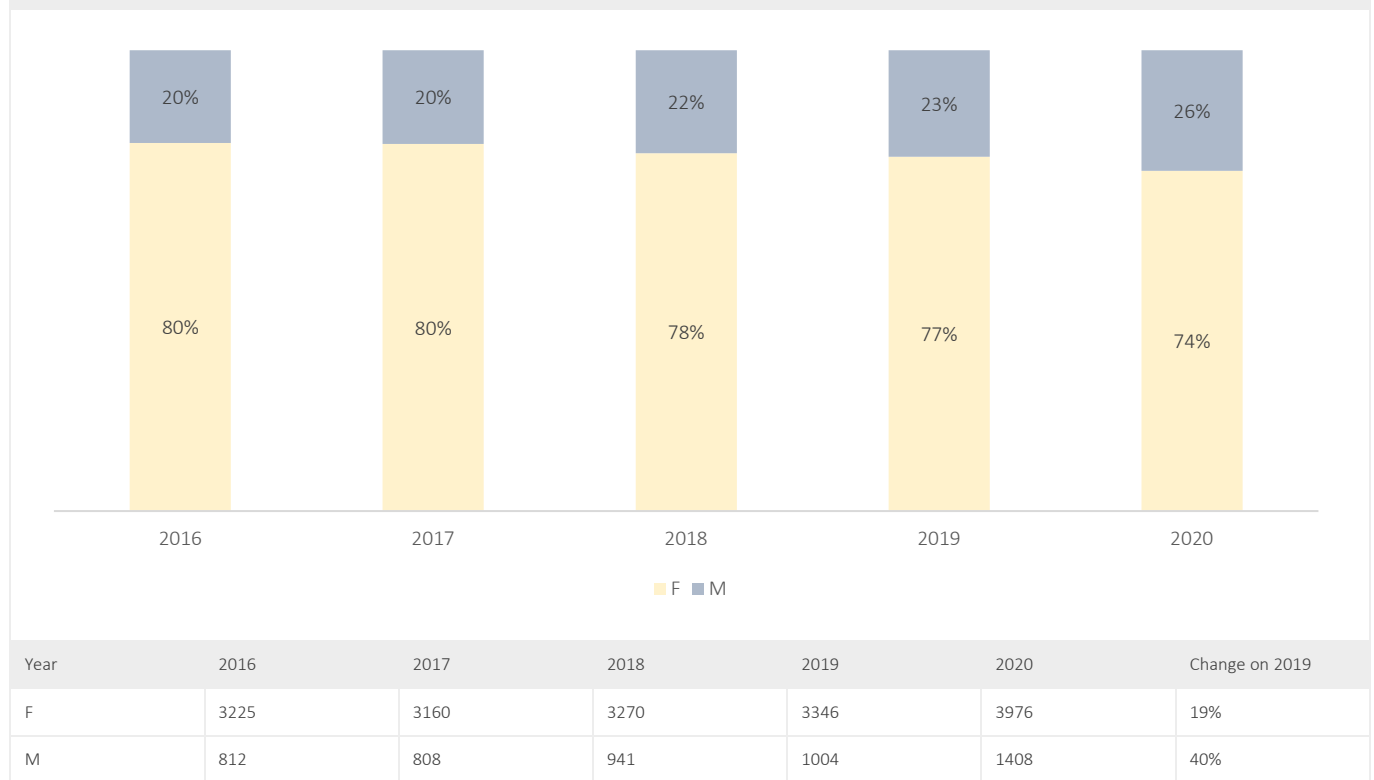
INTRODUCTION

This section analyses victim data covering 2016 to 2020.

GENDER

Males accounted for 26% of victims recorded in 2020, which is a 6 percentage point increase on the 20% recorded in 2016.

Figure 4.12: Victims of incidents by gender broken down by year.



CRIME TYPES

For males, the most common incident types in 2020 were “Domestic Violence Incident - Non Crime” and “Common Assault”.

Figure 4.13: Offence types for male victims.

Offence (2020)	Count	% of Total
DOMESTIC VIOLENCE INCIDENT - NON CRIME	703	37%
COMMON ASSAULT	365	19%
ASSAULT OCCASION ABH	217	11%
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	88	5%
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	84	4%
HARASSMENT	75	4%
MALICIOUS WOUNDING	67	3%
OTHER	319	17%

The most common incident types for females in 2020 were “Domestic Violence Incident - Non Crime” and “Common Assault”. The rates for the different crime types show similarities to males.

Figure 4.14: Offence types for female victims.

Offence (2020)	Count	% of Total
DOMESTIC VIOLENCE INCIDENT - NON CRIME	2873	40%
COMMON ASSAULT	1024	14%
ASSAULT OCCASION ABH	821	11%
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	338	5%
HARASSMENT	246	3%
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	232	3%
ENGAGE IN CONTROLLING/COERCIVE BEHAVIOUR IN AN INTIMATE/FAMILY RELATIONSHIP	164	2%
MALICIOUS WOUNDING	130	2%
THREATEN TO DAMAGE PROPERTY	117	2%
CRIMINAL DAMAGE - RESIDENCE	106	1%
OTHER	1091	15%

AGE

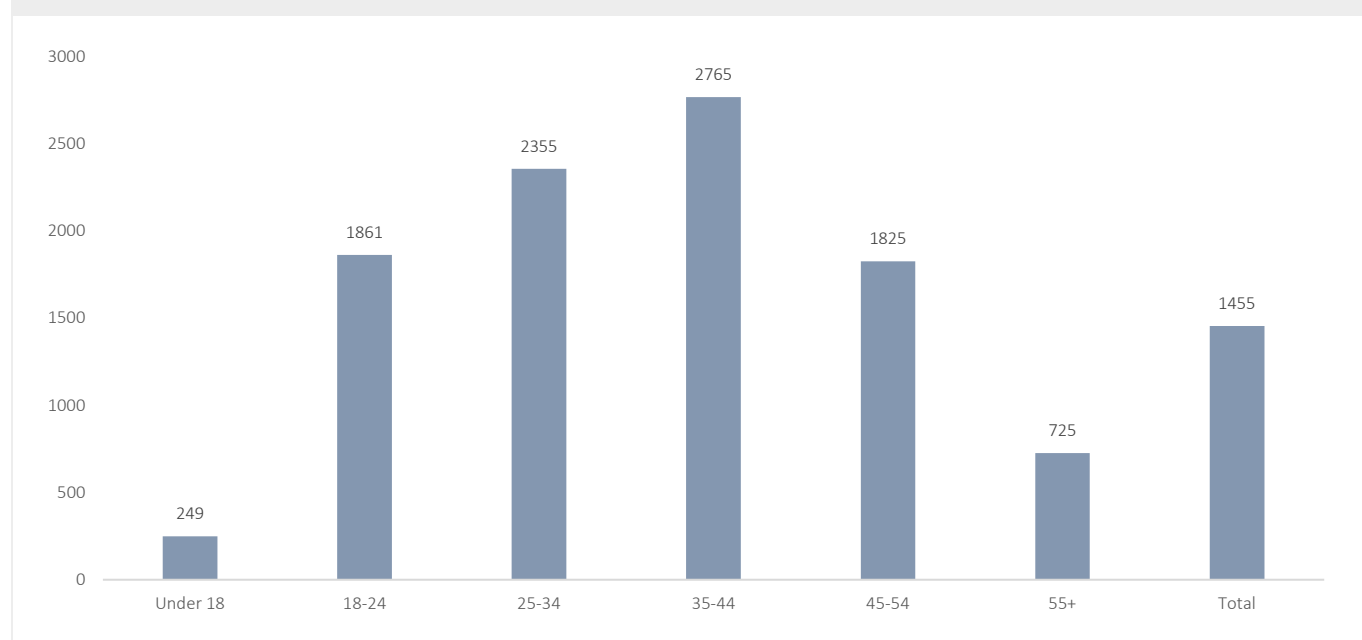
There has been a shift in the age structure of the victims (all domestic abuse incidents). The 55+ age group has increased from 9% of the total number of victims in 2016 to 11% in 2020. Conversely, the 18-24 age group has seen a decrease from 22% to 18%.

Figure 4.15: Change in age structure of victims.



As a rate per 100,000 population, the 35-44 age group shows the highest prevalence. The 55+ age group, despite seeing an increase, is still one of the lowest groups.

Figure 4.16: Rate per 100,000 population; domestic abuse incidents in 2020.



There has been an increase in those recorded as “not stated” (all domestic abuse incidents)¹⁸¹. The percentage of victims recorded as “not stated” has increased from 10% to 17%. This has been offset by the decrease for those of White ethnicity.

There have been no significant changes when looking at the percentage of the total for the other groups.

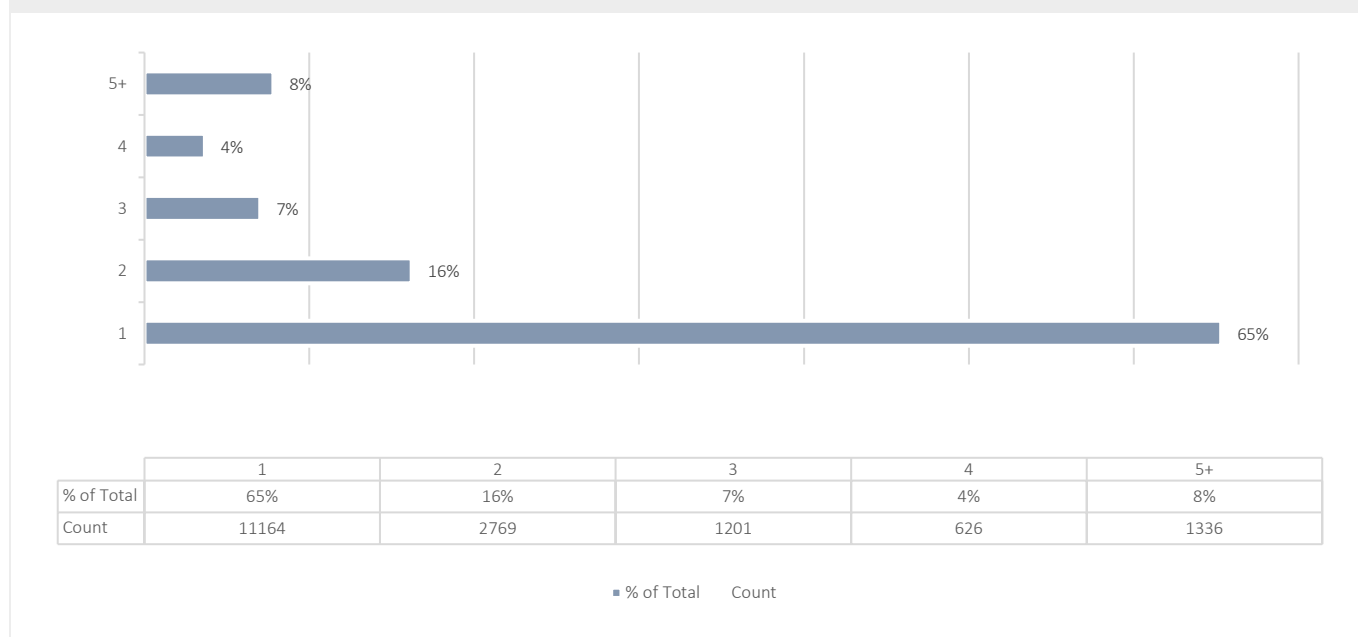
Figure 4.17: Change in ethnicity structure of victims.

Count						
Ethnicity	2016	2017	2018	2019	2020	Total
ASIAN	445	432	460	521	608	2466
BLACK	285	261	257	283	310	1396
MIXED	51	67	56	58	71	303
OTHER	36	26	35	27	46	170
WHITE	2820	2785	2950	2874	3460	14889
NOT STATED	410	400	467	598	908	2783
BLANK	0	1	1	1	1	4
TOTAL	4047	3972	4226	4362	5404	22011
% of Total						
Ethnicity	2016	2017	2018	2019	2020	Total
ASIAN	11%	11%	11%	12%	11%	11%
BLACK	7%	7%	6%	6%	6%	6%
MIXED	1%	2%	1%	1%	1%	1%
OTHER	1%	1%	1%	1%	1%	1%
WHITE	70%	70%	70%	66%	64%	68%
NOT STATED	10%	10%	11%	14%	17%	13%
BLANK	0%	0%	0%	0%	0%	0%

¹⁸¹ Rate per 100,000 prevalence analysis is limited due to the lack of available population data.

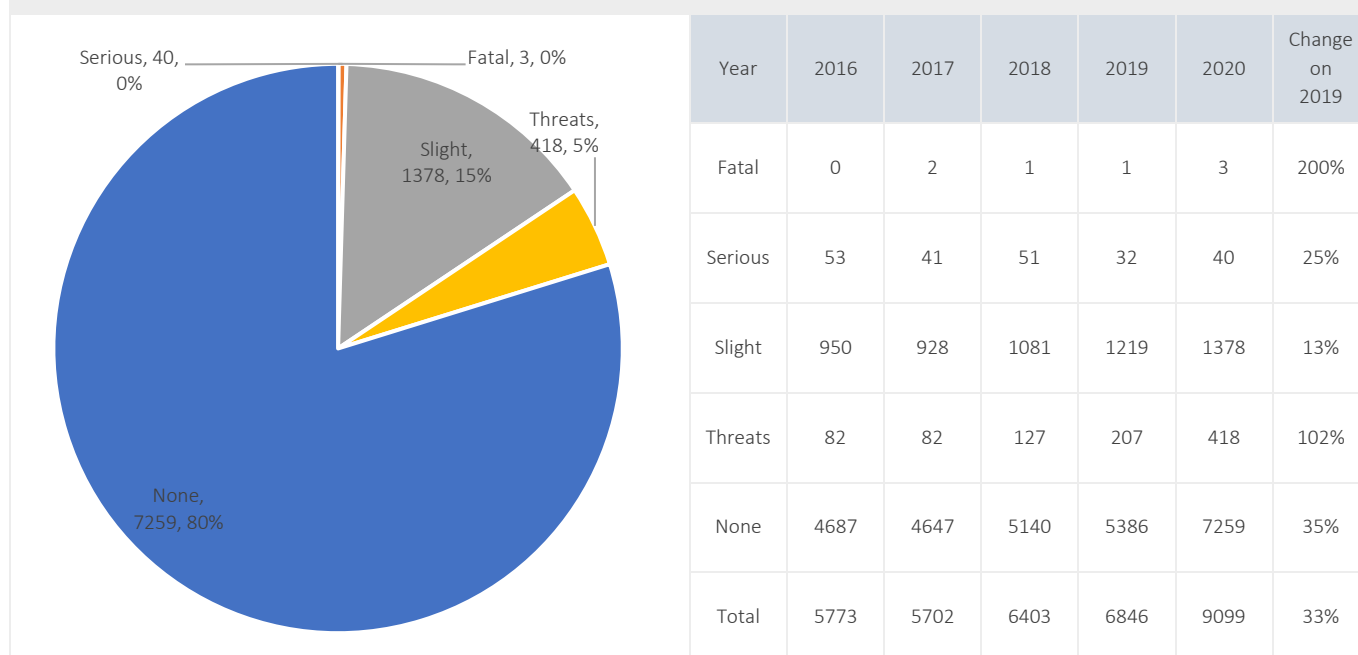
35% of the victims during the analysed time series had more than one incident logged. There were a total of 17,096 unique victims during 2016 to 2020. 11,164 had a single incident recorded, with 5,932 having more than 2 incidents recorded. 1,336 had more than 5 incidents logged during this period.

Figure 4.18: Number of incidents recorded per unique victim during 2016 to 2020.



In 2020, the majority of injuries (80%) were recorded as “none”, a 35% increase on 2019. “Threats” saw the highest increase between the two years. “Slight injuries” was the second largest group, accounting for 15% of the total in 2020.

Figure 4.19: Breakdown of victim injuries in 2020 (chart) and change during period (table).



PERPETRATORS

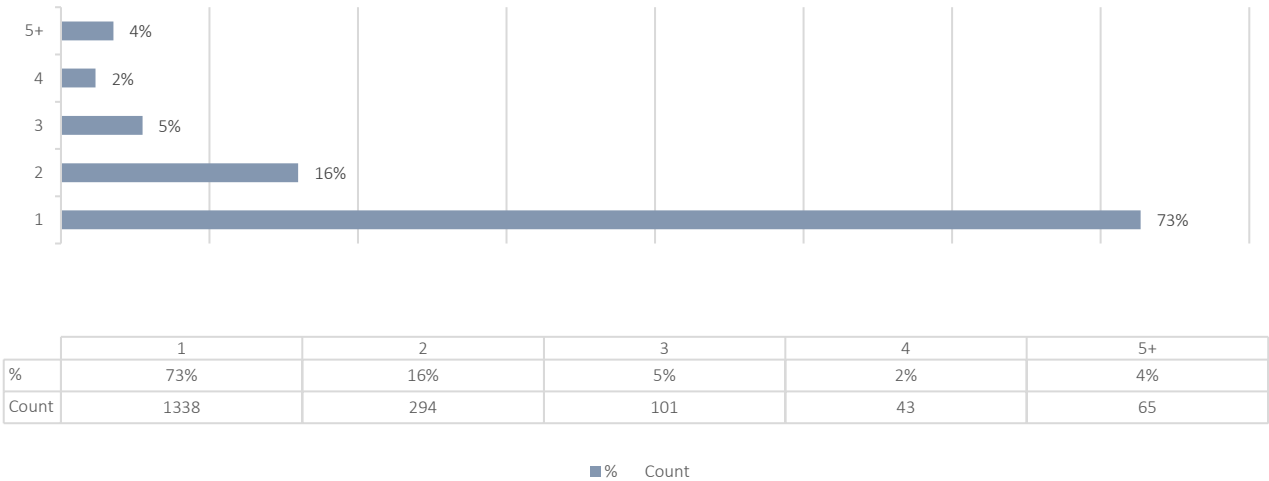
This section analyses perpetrator data covering 2016 to 2020.

27% of the perpetrators during the analysed time series had more than one incident logged.

There were a total of 1,841 unique perpetrators during 2016 to 2020. This is 11% of the number of unique victims during the same period. 1,338 had a single incident recorded, with 503 having more than 2 incidents recorded.

65 (4% of the total) had more than 5 incidents logged during this period.

Figure 4.20: Number of incidents recorded per unique perpetrator during 2016 to 2020.



There has been a year-on-year decrease in the number of perpetrators recorded by the police each year¹⁸².

Comparing this trend against the number of victims shows a contrast.

Figure 4.21: Number of unique perpetrators and victims per year.

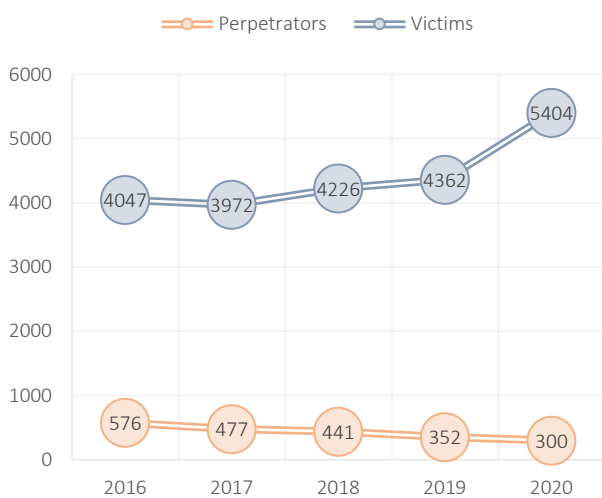
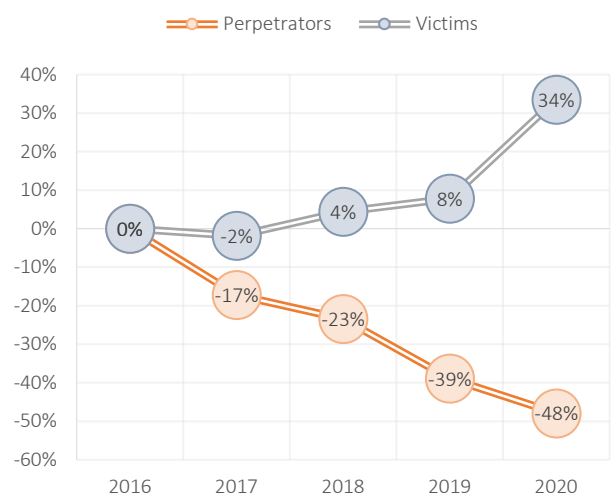


Figure 4.22: Change in the number of unique perpetrators and victims per year; against 2016 baseline.



¹⁸² Note that the analysis is based on all incidents and not just those recorded as a crime.

COURTS

LOCAL PROVISION

SPECIALIST ADVOCACY

Analysis of local refuge / supported accommodation data shows that there is a need in relation to support with the Criminal Justice System.

Valley House specialist accommodation data showed that in 2020/21, 54% of residents had a need relating to legal support.

Analysis of Haven refuge data showed that between April and June 2021, only 10 residents (30%) had no identified needs relating to legal support (civil or criminal justice). (See Figure 4.23 below).

Figure 4.23: Civil and Criminal Justice needs identified at reception (Coventry Haven, April-June 2020/21)

Criminal and Civil Justice

Criminal and civil justice (any need)	9	27.27%
No criminal or civil justice needs	10	30.30%
Support at court	1	3.03%
Support to report to police	4	12.12%
Support with criminal justice system / process	2	6.06%
Support with family law	3	9.09%
Support with injunction(s)	4	12.12%

There is no Specialist Court IDVA based in Coventry.

Coventry Haven reported that their role often supports and encourages Criminal Justice System remedies. Community IDVAs support clients in Leamington Justice Centre (when/if there is capacity to do so).

The National Woman's Aid survey found that:

- 89% of domestic abuse victims don't get any support through the family courts.
- 71% of victims don't get any support through the family courts or criminal justice system (crown courts or magistrates courts).
- The single most commonly-cited intervention that improved survivors' experience of going through the courts was dedicated court domestic abuse support.

The Safe Lives report *Understanding court support for victims of domestic abuse* calls for IDVAs to be seen as an integral part of the court system.¹⁸³

¹⁸³ SafeLives (2021), *Understanding Court Support for Victims of Domestic Abuse*

The Domestic Abuse Commissioner is calling for urgent long-term funding and more dedicated specialist court support.

Feedback from practitioners and residents in specialist accommodation highlighted the importance of correct legal advice for survivors of domestic abuse.

Feedback from the practitioner survey highlighted that there was a knowledge gap amongst practitioners in relation to the Criminal Justice Service response to domestic abuse.

Areas where the Specialist IDVA can help are:

- Navigating the complicated court system.
- Advocate for the victim with the police and other CJS professionals.
- Risk assessment, risk management, and safety planning.

COURT PROCESSES

The Women's Aid Survivor Survey highlighted the lack of understanding that survivors had of court processes.

When they went to court, almost half (48%) of those who received support were not confident in the court process. Confidence was lowest for those whose cases were being heard at Family Court (72% selecting 1 or 2 out of 5), followed by Magistrates' Court (64%) and Crown Court (50%).

There is an increased risk to the survivor if there is a delay in communication or no communication of court results to them.

Practitioners fed back that Court IDVAs can contact survivors following the release of a perpetrator.

The SafeLives report, *Understanding court support for victims of domestic abuse*, makes a number of recommendations in relation to court processes:

- Need for urgent action on court backlogs and increased long-term investment.
- Recognising the role of IDVAs as an integral part of court systems.
- Realising 'trauma-informed' courts and cultural change training for all professionals.

IMPACT OF COVID-19

The pandemic has impacted the length of cases from reporting through to court.

Nationally, there have been reports of victims withdrawing from proceedings.¹⁸⁴ The trauma experienced by survivors has been intensified due to longer waiting lists to access counselling and mental health services.¹⁸⁵

In relation to sexual offence trials, SafeLives reports that some of the impacts of adjournments are suicidal ideation and increased self-harm.¹⁸⁶

¹⁸⁴ SafeLives (2021), *Understanding Court Support for Victims of Domestic Abuse*

¹⁸⁵ SafeLives (2021), *Understanding Court Support for Victims of Domestic Abuse*

¹⁸⁶ SafeLives (2021), *Understanding Court Support for Victims of Domestic Abuse*

Between January and November 2020, in Coventry, there were 89 incidents of domestic abuse per 10,000 residents.

This was a 45% increase compared to 2019.¹⁸⁷

Reasons for the increases in domestic abuse incidents include

- Recording practices
- Definitions of domestic abuse
- Legislative tools
- Availability of support services
- Covid-19

YOUTH OFFENDING SERVICES (YOS)

The Youth Offending Service works with young people for up to 3 years if they have come via custody. The majority of those working with Youth Offending Service are known to social services and have a Child in Need plan in place.

The Youth Offending Service work with those who have experienced domestic abuse, both as victims and perpetrators.

Practitioners fed back that the YOS work with young people who are convicted of domestic abuse. Young people also disclose domestic abuse in the service.

There are small numbers of young people who identify as having been victims of domestic abuse. Many of these may be open to working with the Horizon Team for Sexual and Criminal Exploitation. It is common for domestic abuse to emerge as work with young people is completed.

An example was given of a 15 year old female who was a perpetrator and a victim of domestic abuse. It was difficult to find services for this young person. As there was a lack of resources available, the YOS put together an in-house training package to meet her needs.

There is a need for a compendium of resources to be available to staff working with perpetrators and victims of domestic abuse.

There are 2 mental health practitioners within the YOS.

Practitioners believe that interventions relating to healthy relationships are required.

¹⁸⁷ Crest (2021), West Midlands Domestic Abuse Board Presentation

SPECIAL DOMESTIC VIOLENCE COURT

INTRODUCTION

Information from the police Witness Care Unit is available for the West Midland region. From the available data, it is not possible to drill down the victims or witnesses into residents of Coventry.

Witness Care Units manage the care of victims and witnesses who are due to attend court. They will get involved when someone is charged and will continue to support victims and witnesses until the end of the case. They are staffed by people from the police and the CPS and guide people through the criminal justice process. They also co-ordinate support with other services.¹⁸⁸

WITNESS CARE UNITS' ATTENDANCE RATES

The graph below shows the attendance rates for the four areas that make up the West Midlands CPS Area between April 2020 and October 2020.

Figure 4.23: Witness Care Unit attendance rates at all Courts – victims and witnesses

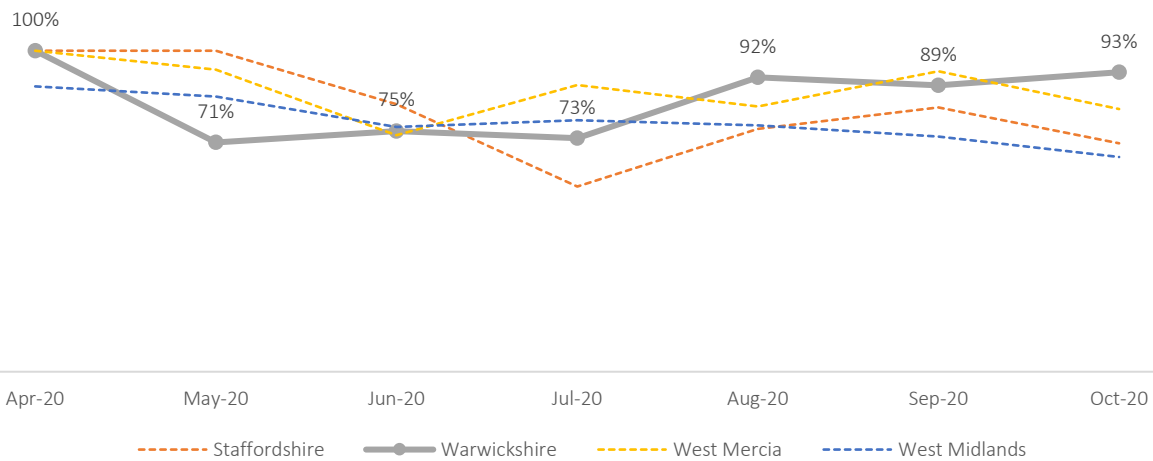
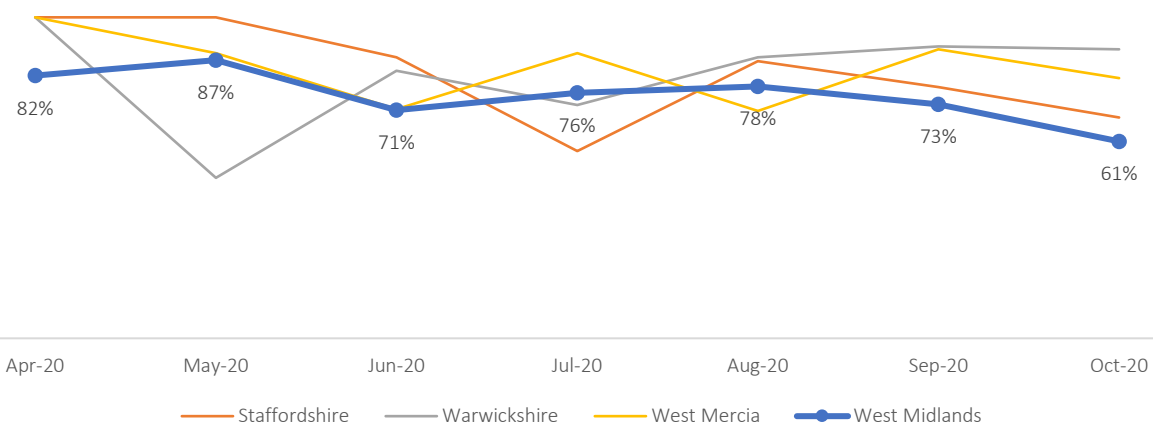


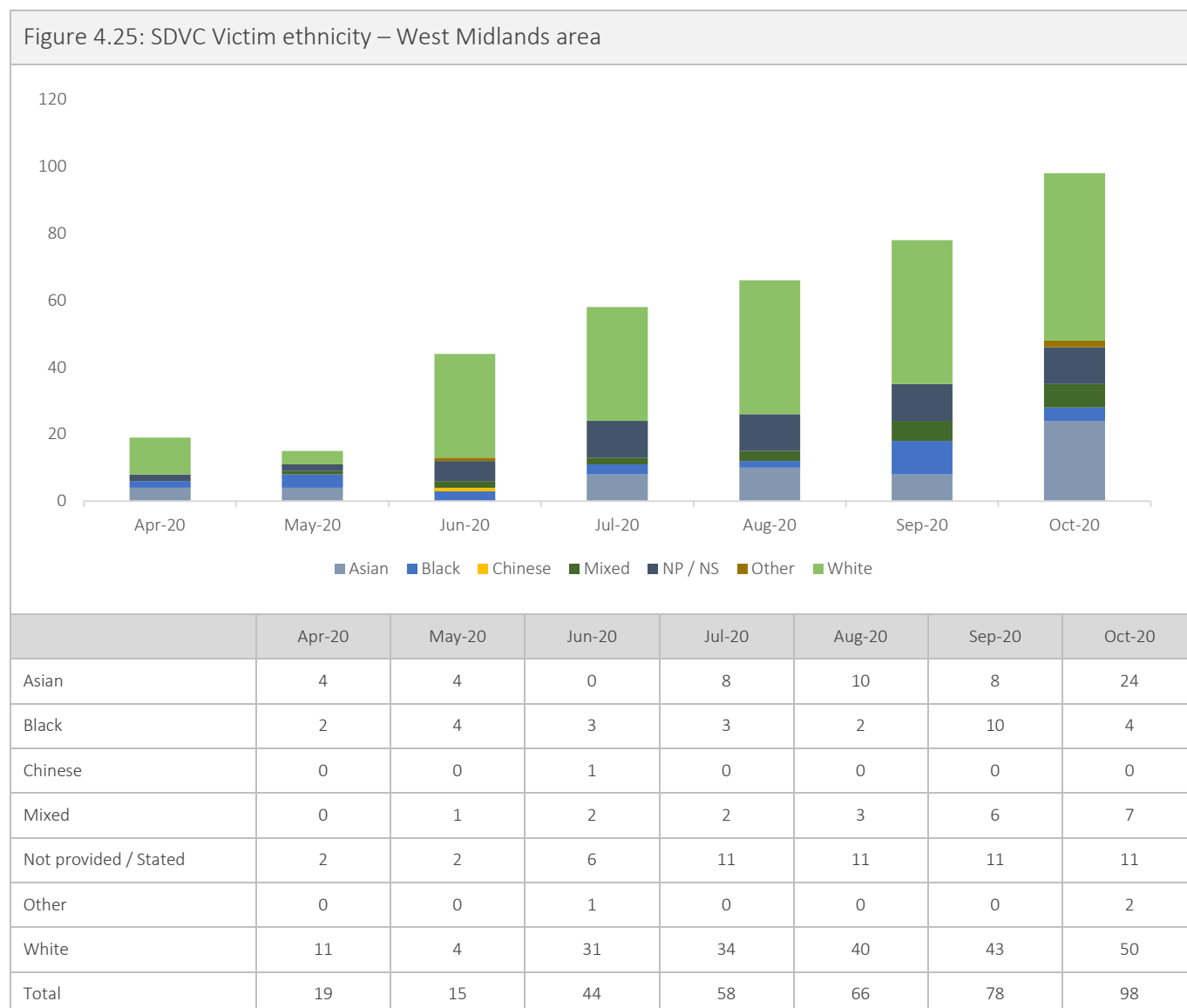
Figure 4.24: Witness Care Unit attendance rates at all Courts – victims only



¹⁸⁸ <https://humbersouthyorks.victimsupport.org.uk/victims-right/witness-care-units/>

VICTIM ETHNICITY

Figure 4.25 shows the ethnicity of victims attending all courts in the West Midlands area between April 2020 and October 2020.



CIVIL AND FAMILY COURTS

GENERAL

Feedback from practitioners show that there are sometimes gaps in the monitoring of CAFCASS decisions.

One practitioner highlighted the fact that one father was having access to his children despite CAFCASS recommending that there should be no contact. In this case, contact was obtained via the civil courts.

There is a risk that perpetrators may use contact with their children to emotionally and mentally harm the main carer.

ENGAGEMENT

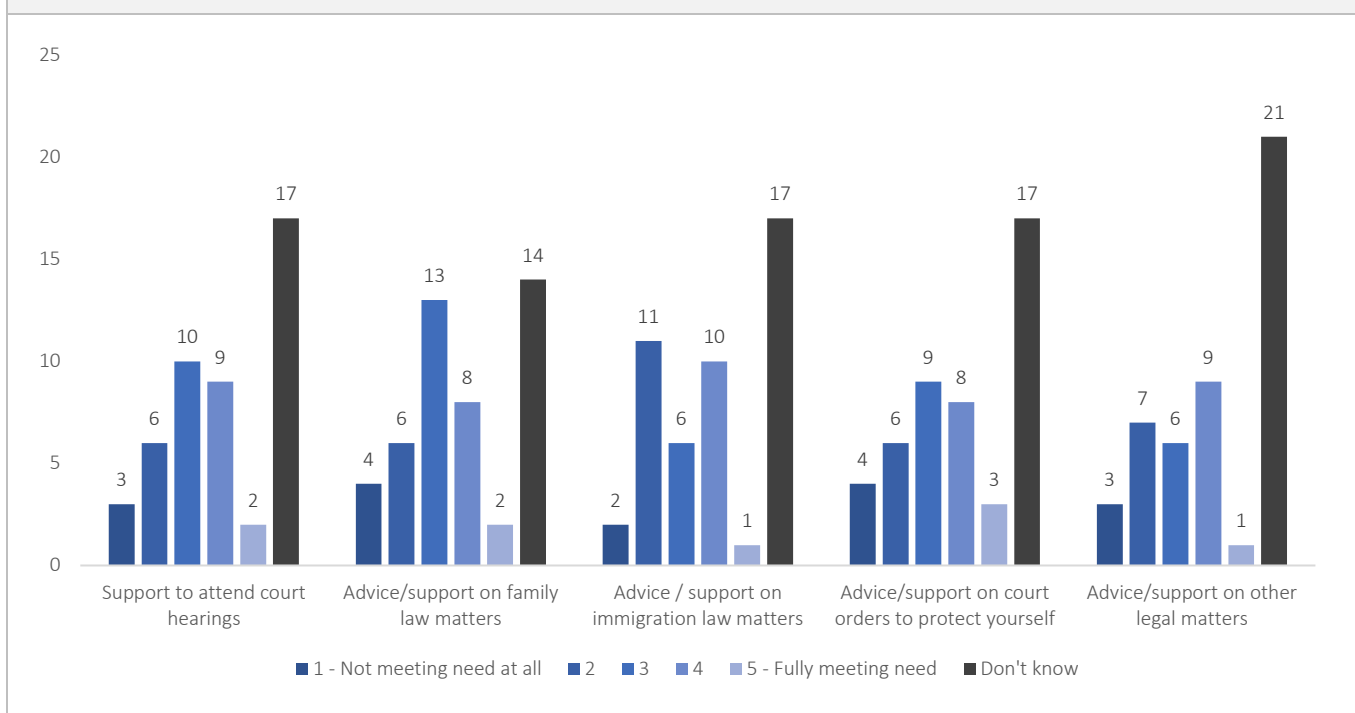
PRACTITIONER SURVEY

The practitioners survey asked respondents whether they believed the existing support services for the criminal justice system were meeting needs.

The Coventry practitioners' survey highlighted that there was a knowledge gap amongst practitioners relating to the Criminal Justice Service response.

45% of practitioner respondents were not sure how current services were meeting need in relation to support with the Criminal Justice Service.

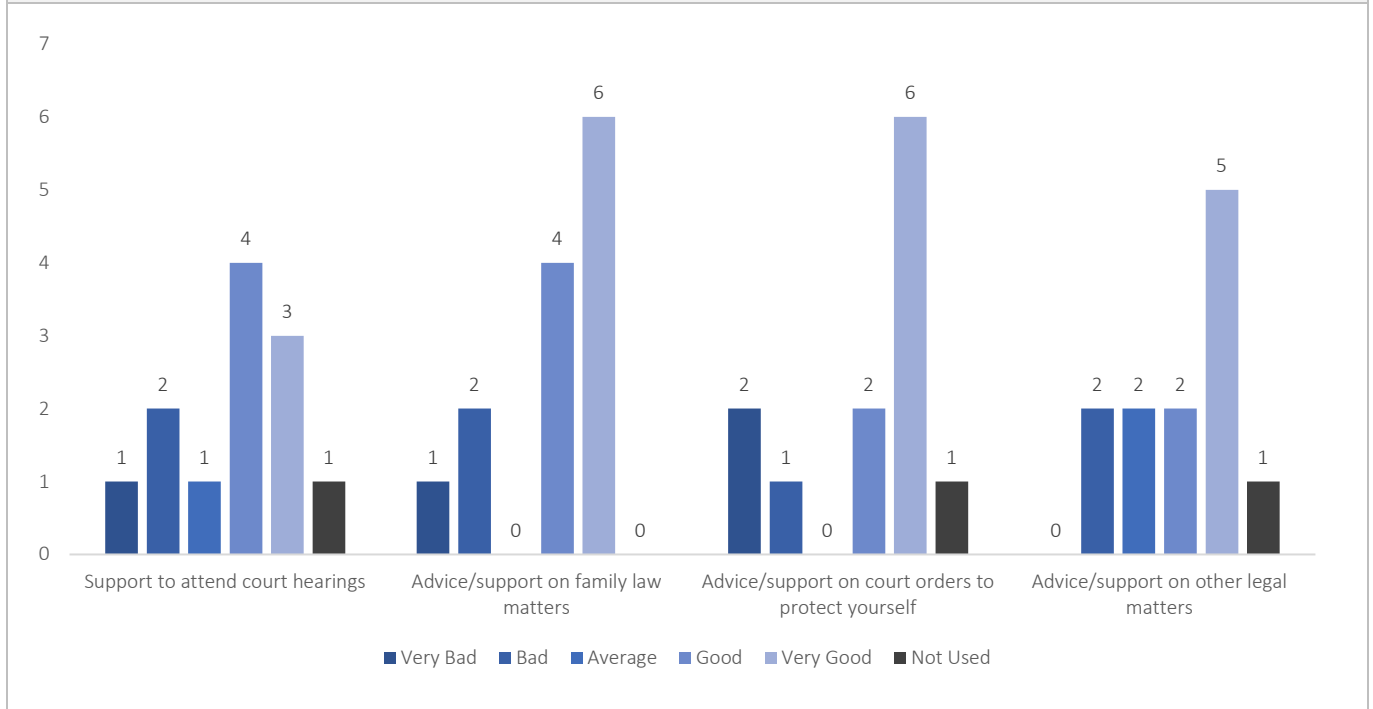
Figure 4.26: Support needs in relation to the CJS – staff survey



SURVIVOR SURVEY

Responses from the survivor survey showed that those who had support in relation to the criminal justice system, generally had a good experience.

Figure 4.27: Support needs in relation to the CJS – Survivor survey



FREE TEXT COMMENTS

“I wasn’t advised as to the terms of the non molestation. I was unable to contact anyone via phone or email, and had to wait on paperwork arriving. The order was given for 6 months, not the twelve requested, as explained, there were danger dates where it’s anticipated he will attempt contact. And after his ex wife had the same order previously (for 12 months due to physical abuse)”

“The legal information was excellent, however due to covid physical support has not been available.”

“Baby's dad has demonstrated controlling behaviour since baby was born and has been harassing and bullying over contact, causing anxiety and PND. The family court is involved.”

“The Haven helped me with a free appointment with their solicitor, who has helped me with family court. on helpline and my worker in refuge gave me information on how to protect myself with orders and I am getting legal support for debts and finance problems that he has left me with.”

-5-

PROVISION

SERVICE OVERVIEW	PAGE 119
MARAC	PAGE 120
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OTHER SERVICES	PAGE 140

SERVICE OVERVIEW

OVERVIEW OF CURRENT PROVISION

Below is a summary of the service provision across Coventry.

Service	Description	Provider
Safe to Talk Helpline	The helpline is a gateway to all services and is run by trained support workers.	Haven Panahghar
IDVA	The IDVA service works with women at high risk of domestic abuse.	Haven Panahghar
Community Based Outreach	Support services for those impacted by domestic abuse living in the community. Panahghar work with survivors from black or minoritised groups.	Haven Panahghar
Early Intervention Project	The project sees domestic abuse practitioners located in Coventry Central Police Station and works with those who report crimes that are not immediately associated with domestic abuse.	Haven Panahghar
WISH Project (See Chapter 7)	The WISH Service works with children aged 5-18 who have been victims or who have witnessed domestic abuse and who are known to Childrens' Services.	Relate

INTRODUCTION

OVERVIEW

A multi-agency risk assessment conference (MARAC) is a regular confidential meeting concerning domestic abuse victims who are considered at serious risk of harm or homicide. It is attended by representatives of different agencies, including the police and an Independent Domestic Violence Advisor (IDVA), to discuss and co-ordinate a safeguarding action plan for each victim. The idea behind a MARAC meeting is that no single agency can get a full picture of the risk to the victim, but all may have insights crucial to their safety.

ATTENDEES

Attendees at a MARAC include representatives from the following agencies:

- Independent Domestic Violence Advisor (IDVA) – a professional case worker for domestic abuse victims, representing the victim
- police
- health services
- child protection
- housing
- probation
- mental health
- substance misuse
- specialists from statutory and voluntary sectors.

KEY GUIDANCE

The domestic abuse charity SafeLives publishes guidance and resources for professionals involved in MARAC meetings, including recommendations for MARAC steering groups¹⁸⁹ and a MARAC operating protocol checklist¹⁹⁰.

BEST PRACTICE¹⁹¹

Best practice for MARAC covers 10 key areas:

- Identification: recognising and risk-assessing domestic abuse based on referral criteria
- Referral: Ensuring all victims that meet the criteria are referred to MARAC and IDVA
- Multi-agency engagement: all agencies that can contribute to safeguarding attend MARAC
- Independent representation and support: all high-risk victims are supported and represented by an IDVA
- Information sharing: MARAC representatives share relevant, proportionate and risk-focused information
- Action planning: Plans address risk to the victim, safeguarding children and managing perpetrator behaviour
- Number of cases: The MARAC hears the recommended volume of cases

¹⁸⁹SafeLives: Resources for steering groups. Accessed April 2021. <https://safelives.org.uk/practice-support/resources-marac-meetings/resources-steering-groups>

¹⁹⁰ SafeLives: MARAC operating protocol Checklist. <https://safelives.org.uk/sites/default/files/resources/MARAC%20operating%20protocol%20checklist%20FINAL.pdf>

¹⁹¹ SafeLives: 10 Principles of an Effective MARAC. Accessed April 2021. <https://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20FINAL.pdf>

- Equality: The MARAC addresses the unique needs of victims with protected characteristics
- Operational support: Sufficient support and resources are available
- Governance: There is effective strategic support and leadership and agencies work together effectively.

LOCAL ANALYSIS

CHILDREN

For the 12 months to June 2021, there were 661 children associated with the cases discussed.

This equates to an average of 1.1 children per case discussed. This is similar to the previous year and to the other local authorities in Coventry.

REFERRAL NUMBERS

There have been year-on-year increases in the number of referrals since the 12 months to June 2017. Using the 12 months to June 2017 as the baseline, there has been a 69% increase in the number of referrals. This is lower than the 80% increase experienced across the West Midlands area (excluding Coventry).

SafeLives estimate that there are 40 high-risk cases per 10,000 adult women, which equates to 576 a year in Coventry. At 613 for the 12 months to June 2021, the number of MARAC cases has exceeded this for the first time.

The number of MARAC IDVAs (3), is lower than the SafeLives recommendation.

SafeLives recommends that IDVAs cover no more than 100 cases per year which means around 5.77 full time equivalent (FTE) IDVAs are needed to cope with the number of cases heard at MARAC in Coventry.

In Coventry there are 7 FTE IDVAs with a proposed 3 extra currently in process. Of these IDVAs, only 3 are MARAC IDVAs; the other IDVAs have different responsibilities.

Figure 5.1: Total accepted MARAC referrals in Coventry.

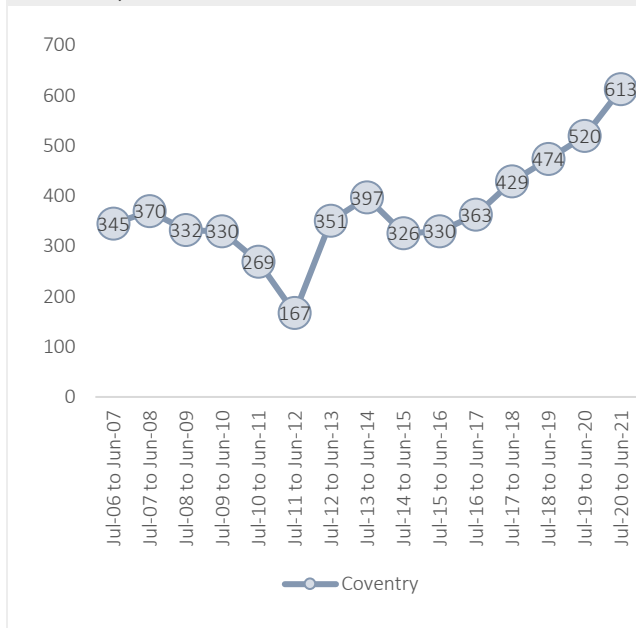


Figure 5.2: Total accepted MARAC referrals; change against July-16 to June-17 baseline.

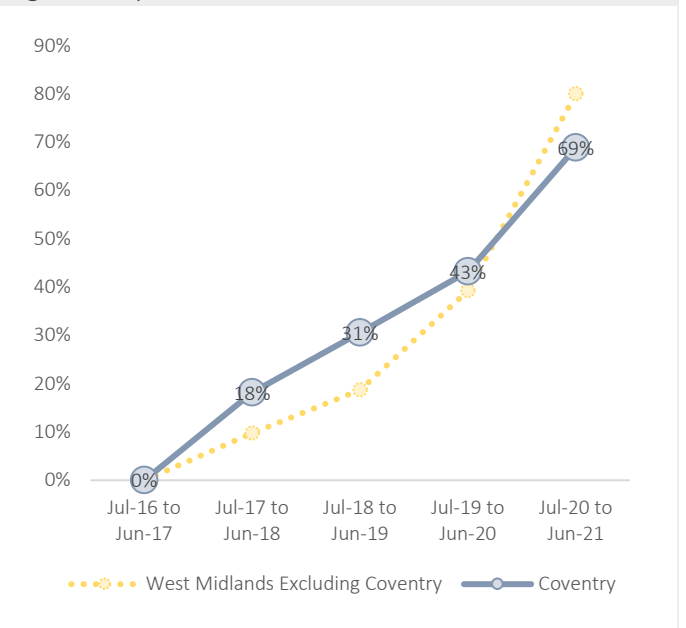
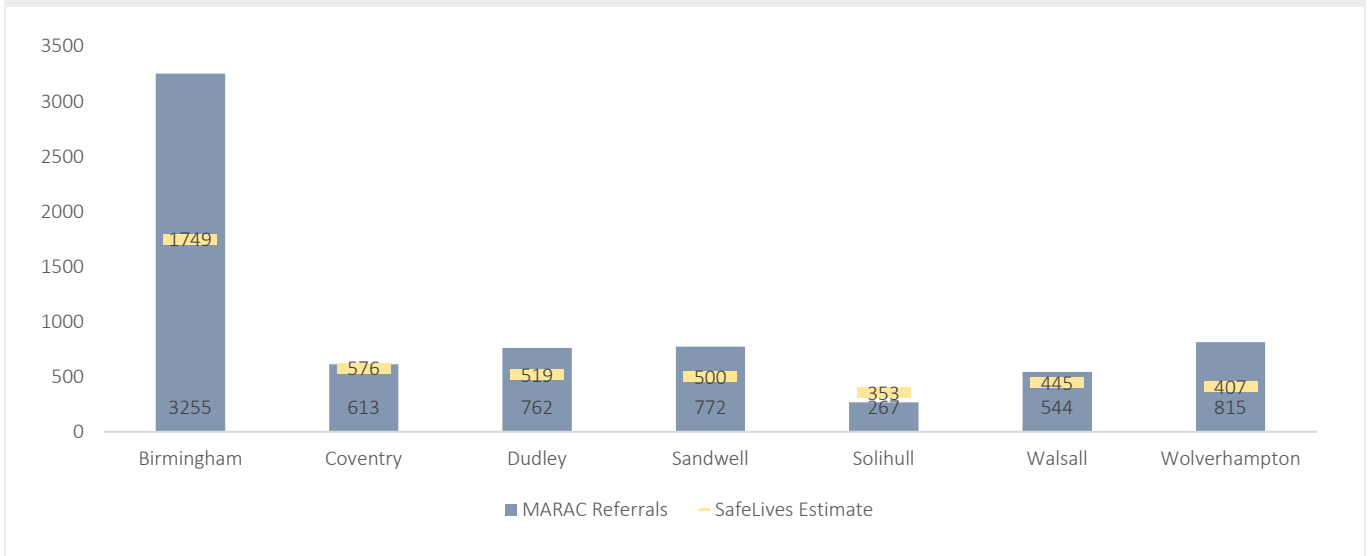


Figure 5.3: Rate of accepted MARAC referrals per 10,000 adult female population and comparison against SafeLives estimate.



REPEAT CASES

The rate of repeat cases in Coventry is similar to rates in a number of local authorities in the West Midlands area.

45% of the cases for the 12 months to June 2021 were repeat cases¹⁹². This rate is slightly higher than the previous two years and is comparable to rates for the other local authorities across the West Midlands area.

Figure 5.4: Percentage of referrals that were repeat cases.

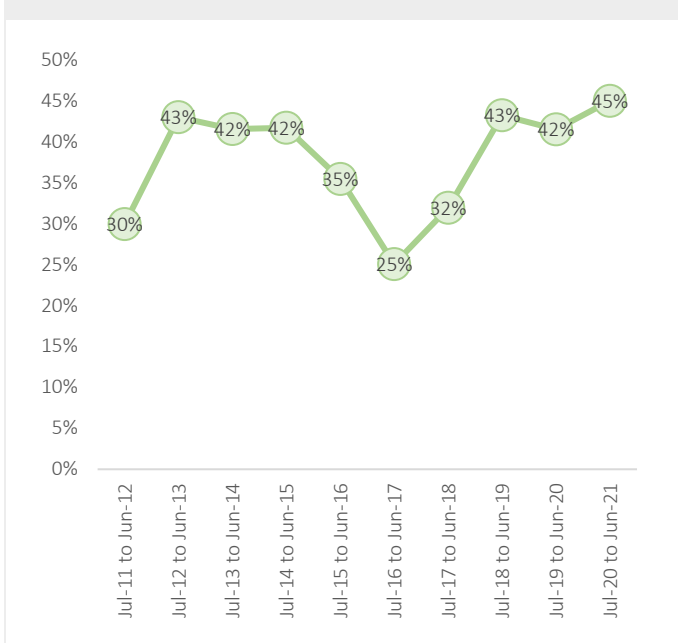
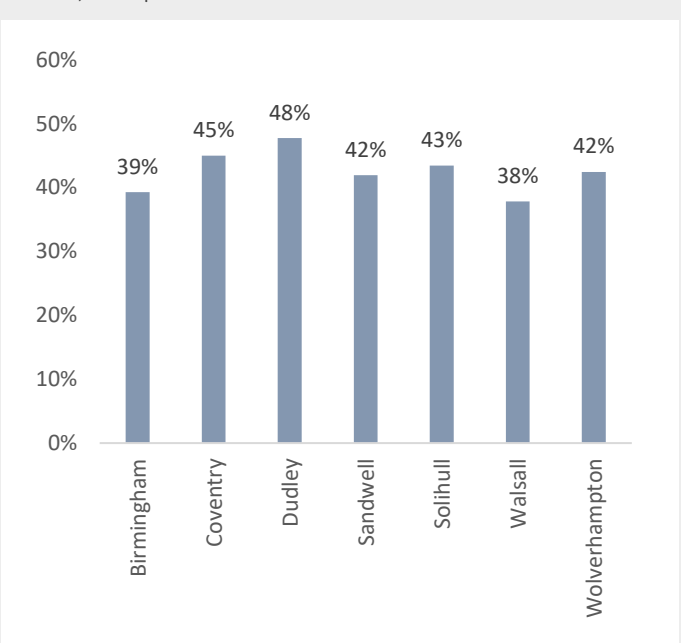


Figure 5.5: Percentage of referrals that were repeat cases; comparison with other local authorities.



¹⁹² This is calculated based on the number of referrals accepted and not total received. Some areas use total received as the denominator.

REFERRAL SOURCES

Referrals from the police have historically accounted for a high percentage of the total; however this has decreased in recent years, illustrating a wider source of referral partners.

The last few years have seen a decrease in the percentage of police referrals and an increase in IDVA and partnership referrals. Partnership referrals include mental health, health services, and other.

In comparison to the other local authorities in the West Midlands, as a rate of the total, Coventry shows high rates of referrals from IDVA and from other sources who are not the Police.

Figure 5.6: Referral sources; long-term analysis.

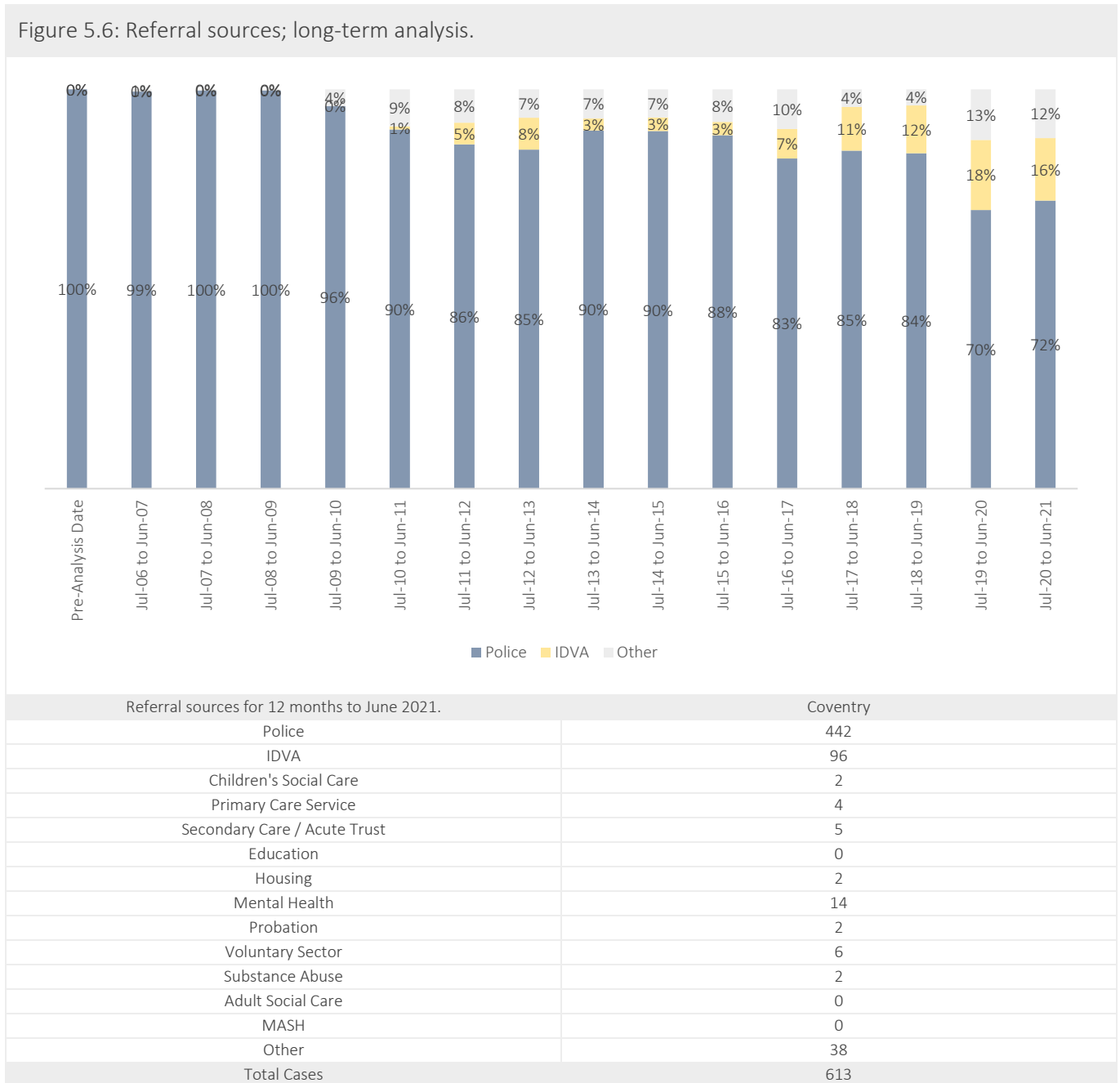
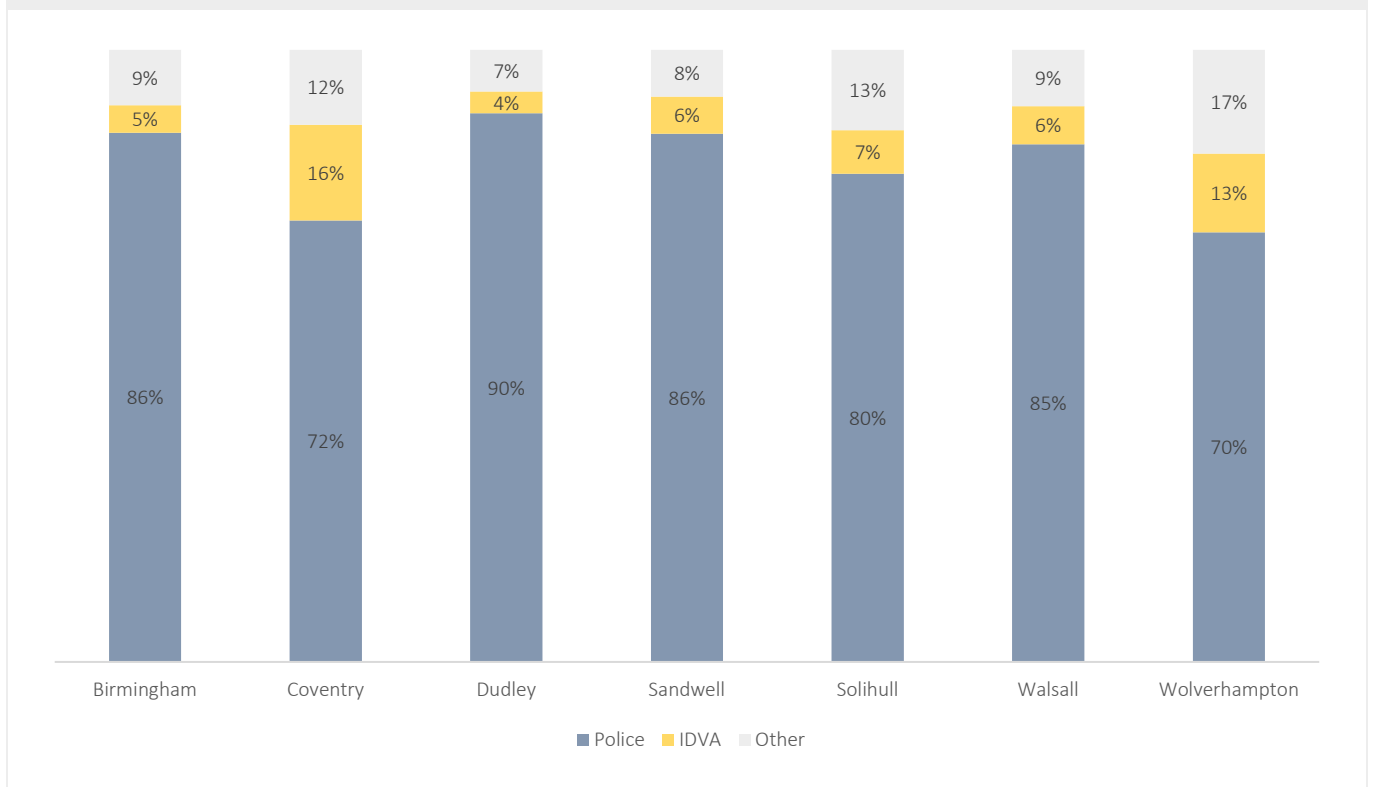


Figure 5.7: Referral sources; comparison against West Midlands; Jul-20 to Jun-21.



LESBIAN, GAY, BISEXUAL AND TRANS COMMUNITY

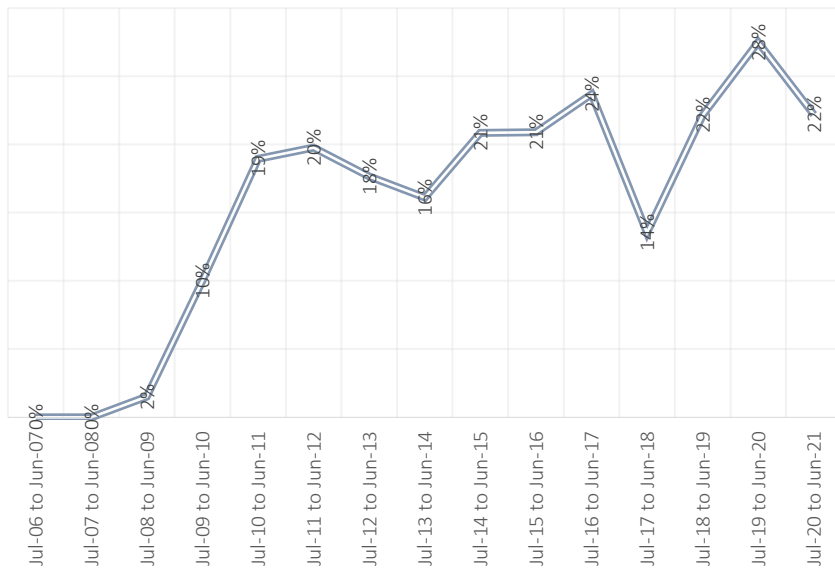
The number of cases for LGBTQ+ relationships has never exceeded more than 5 in any 12-month period. This is less than 1% of the total cases which is similar to the West Midlands rate.

BLACK AND MINORITY ETHNIC COMMUNITY

The percentage of MARAC referrals including a BAME victim / perpetrator has been 22-28% of the total over the last 3 years.

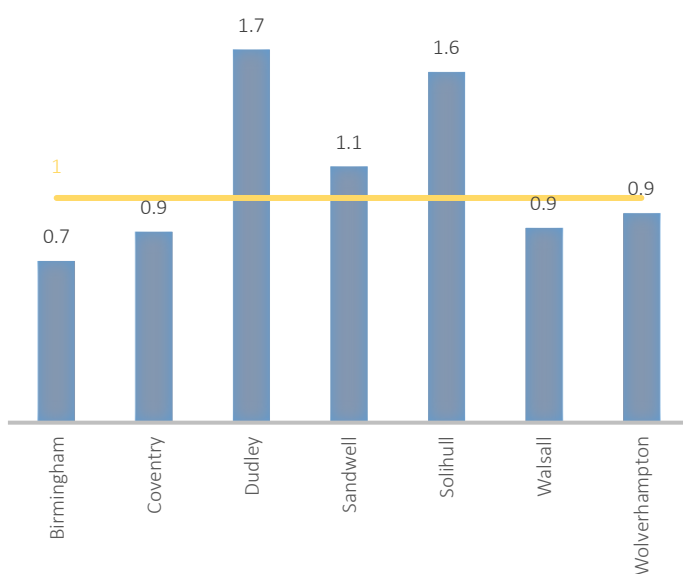
Using the 2011 census as a comparator, Figure 5.8 shows a proportionate figure of MARAC referrals against this. For example, 26% of the population in the 2011 census were BAME, with 22% of MARAC referrals recorded with a BAME victim or perpetrator, resulting a calculation of 0.9. With other factors being equal, this rate suggests that a roughly representative number of BAME referrals are being received.

Figure 5.8: Percentage of MARAC referrals including a BAME victim / perpetrator.



Date	Referral	BAME
Jul-06 to Jun-07	345	0
Jul-07 to Jun-08	370	0
Jul-08 to Jun-09	332	5
Jul-09 to Jun-10	330	33
Jul-10 to Jun-11	269	51
Jul-11 to Jun-12	167	33
Jul-12 to Jun-13	351	62
Jul-13 to Jun-14	397	64
Jul-14 to Jun-15	326	68
Jul-15 to Jun-16	330	69
Jul-16 to Jun-17	363	86
Jul-17 to Jun-18	429	58
Jul-18 to Jun-19	474	105
Jul-19 to Jun-20	520	143
Jul-20 to Jun-21	613	136

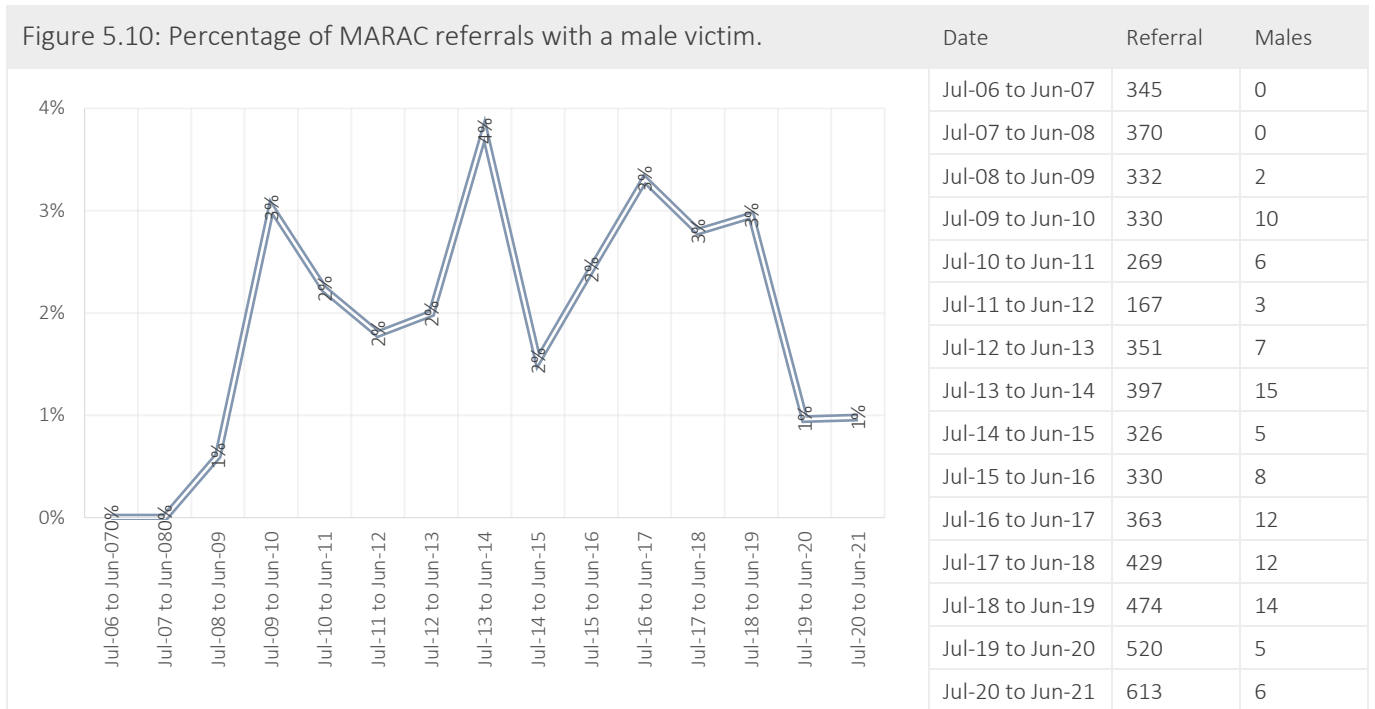
Figure 5.9: Percentage of MARAC referrals including a BAME victim / perpetrator proportionate to 2011 census; Jul-20 to Jun-21.



Area	Population	MARAC
Birmingham	42%	30%
Coventry	26%	22%
Dudley	10%	16%
Sandwell	30%	34%
Solihull	11%	17%
Walsall	21%	18%
Wolverhampton	32%	30%

MALE VICTIMS

There has been a decrease in the number and rate of male victims, from 3% (14) for the 12 months to June 2019 to 1% (6) for the 12 months to June 2021. The 1% rate is one of the lowest across the West Midlands area.



VICTIMS AGED 16-17

The number of victims aged 16-17 is on average below 10 a year.

Excluding the 12 months to June 2017, the number of victims aged 16-17 is on average below 10 a year. This equates to less than 1% of the total referrals. This is comparable to the West Midlands average.

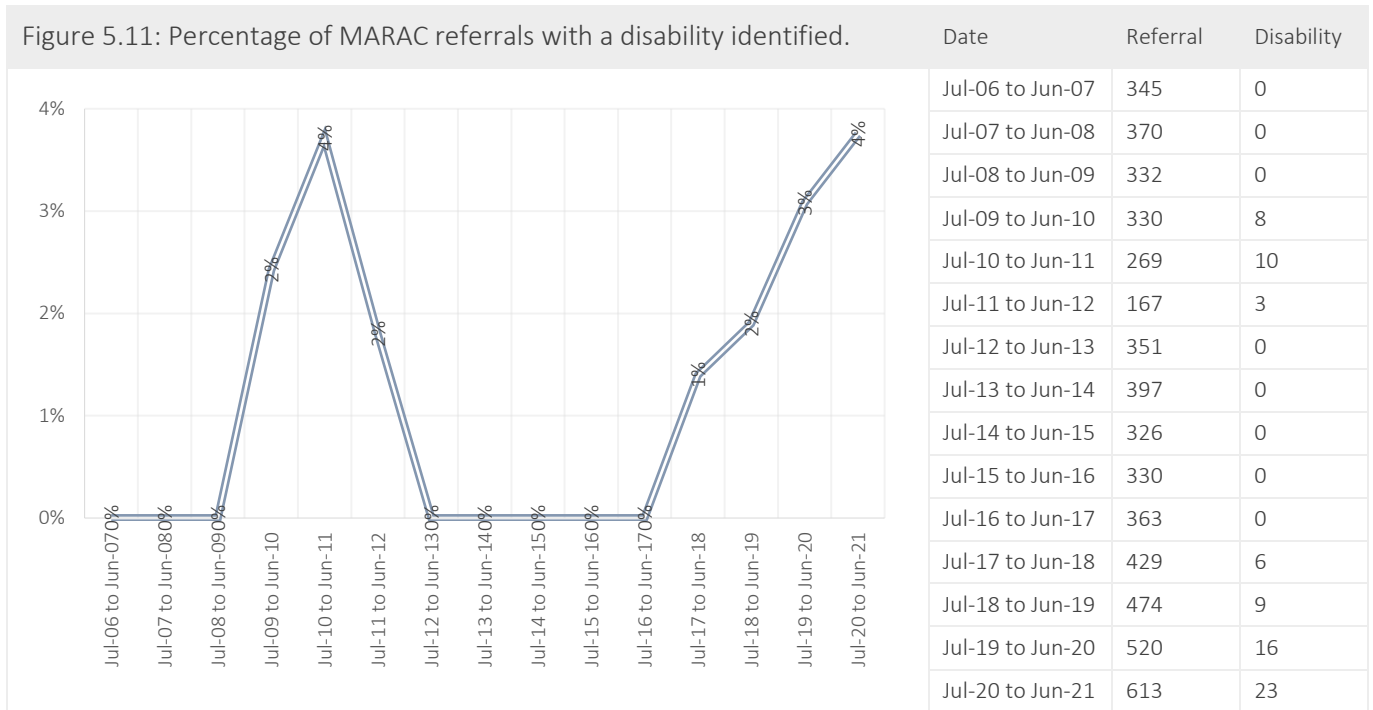
PERPETRATORS AGED 17 OR BELOW

There have never been more than 6 perpetrators aged 17 or below in a single year.

Between July 2006 and June 2021, there have never been more than 6 perpetrators aged 17 or below in a single year, equating to around 0-2% of the total referrals. This is similar to the West Midlands average.

DISABILITIES

The percentage of MARAC referrals with a disability identified has increased from 0% for the 12 months to June 2017 to 4% for the 12 months to June 2021. This equates to 23 referrals for the 12 months to June 2021. Across the West Midlands, the rate ranges from 2% in Birmingham and in Sandwell to 6% in Solihull.



INTRODUCTION

OVERVIEW

IDVAs (Independent Domestic Violence Advisors) support victims of domestic abuse, providing advocacy and co-ordinating a multi-agency response, helping them to navigate different services including the courts, probation, housing, mental health and children services.

NATIONAL PICTURE¹⁹³

There were 21 IDVA services across England and Wales in 2019-20.

- After support from an IDVA, the majority of clients saw a reduction for each of the abuse types.
- Most referrals to IDVA services came from police, but police referrals decreased by 20% in 2020 compared to 2019.
- Victims were supported for an average of 14 weeks. The majority of adult clients at exit said they felt safer.
- 27% of IDVA clients were supported with criminal justice. In less than 1 in 10 incidents, the client withdrew their case. IDVA support included explaining criminal justice proceedings in 76% of cases, supporting the client through criminal justice processes in 50% of cases and providing updates about court in 49% of cases.
- In IDVA clients, the average length of time the abuse had been occurring was 2 years 6 months in 2020, and 3 years in 2019.

SAFELIVES' 2020/21 SURVEY OF DOMESTIC ABUSE PRACTITIONERS IN ENGLAND AND WALES

Below are the key points from the SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales:

- Since 2014, SafeLives has surveyed the number of Independent Domestic Violence Advisors (IDVAs) at the request of the Home Secretary, identifying how many IDVAs are supporting victims and survivors of domestic abuse across England and Wales.
- There are only 66% of the required number of FTE IDVAs in England and Wales to meet the needs of victims at the highest risk of serious harm or murder.
 - This level has fallen for the first time since 2016.
 - The current number of IDVAs is 420 fewer than the minimum number required (at least 1,220) to meet the needs of victims and survivors at high risk of serious harm or murder. In 2016 there was 67% of the required coverage for IDVA provision, and this rose to 74% in 2017 and remained stable at 74% in 2019.
- Only three police force areas have the minimum required number of IDVAs, while 14 have less than 50% of the required number.
- Just one in ten services had an IDVA who was based in a health setting, and only one in twenty had an IDVA providing specialised court support.

¹⁹³ Insights Idva dataset 2019-20. <https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920.pdf>

At least 1,220 full time equivalent IDVAs are required to support all victims and survivors at high risk of serious harm or murder across England and Wales. The pathway is as follows:

1. Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Multi-Agency Risk Assessment Conference (MARAC).
2. At the MARAC, a range of professionals discuss how to collaborate and coordinate resources to mitigate the risk posed by the perpetrator(s) and increase safety in each case. Each victim discussed at MARAC should be supported by an IDVA¹⁹⁴.
3. For every local MARAC, SafeLives produces an estimate of the number of IDVAs required to support victims and survivors of domestic abuse in that area.
4. This estimate is based on both the current number of MARAC cases and the size of the local population, in order to adjust for MARACs that are seeing fewer cases than the estimated number for victims and survivors in that area¹⁹⁵.

CALCULATING THE NUMBER OF FTE IDVAS WORKING WITH VICTIMS AT HIGH RISK

The total number of FTE IDVAs in England and Wales for 2020/21 was 994.

Safe Lives asked services to estimate the percentage of time that their IDVAs work with victims assessed as at the highest risk, in order to calculate the required number of IDVAs.

Safe Lives then removed the number of FTE IDVAs working with those at lower risk levels. After applying this adjustment, the number of IDVAs in England and Wales supporting those at high risk equals 803 FTE.

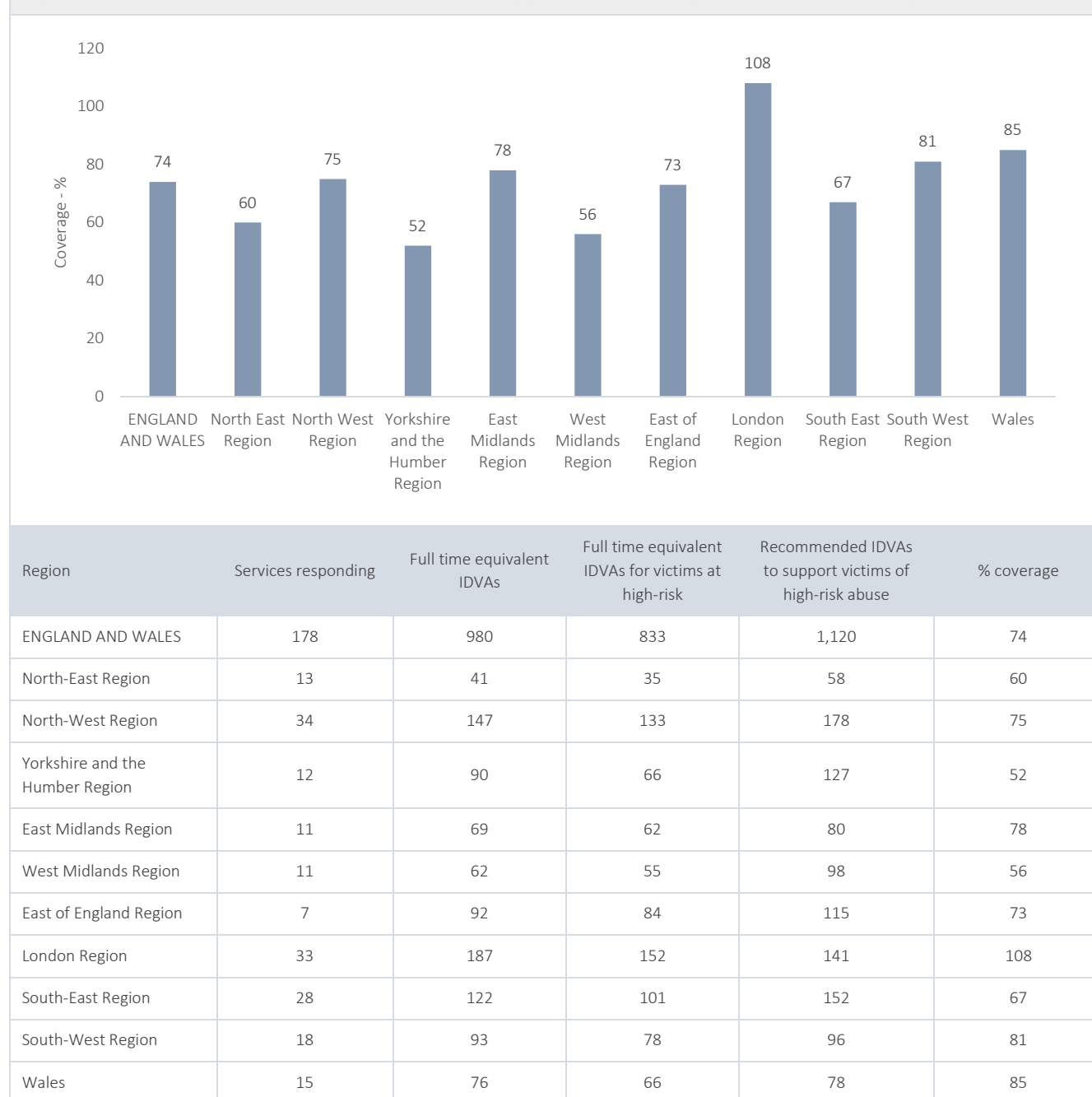
In the vast majority of regions at least 80% of IDVAs are working with victims/survivors at high risk. If all IDVAs captured by the survey worked with victims/survivors at high risk, there would be 81% of the required IDVAs in post (although they would not be evenly distributed).

¹⁹⁴ . IDVAs are trained to be able to support victims/survivors at high risk – those at risk of serious harm or murder. High risk domestic abuse is defined by either 10+ ticks on the Dash RIC, based on professional judgement or an escalation in the severity and/or frequency of incidents.

¹⁹⁵ See appendix for details of this calculation.

The following chart looks at the recommended number of IDVAs by region.

Figure 5.12: Recommended number of IDVAs to support victims of high-risk abuse – coverage.

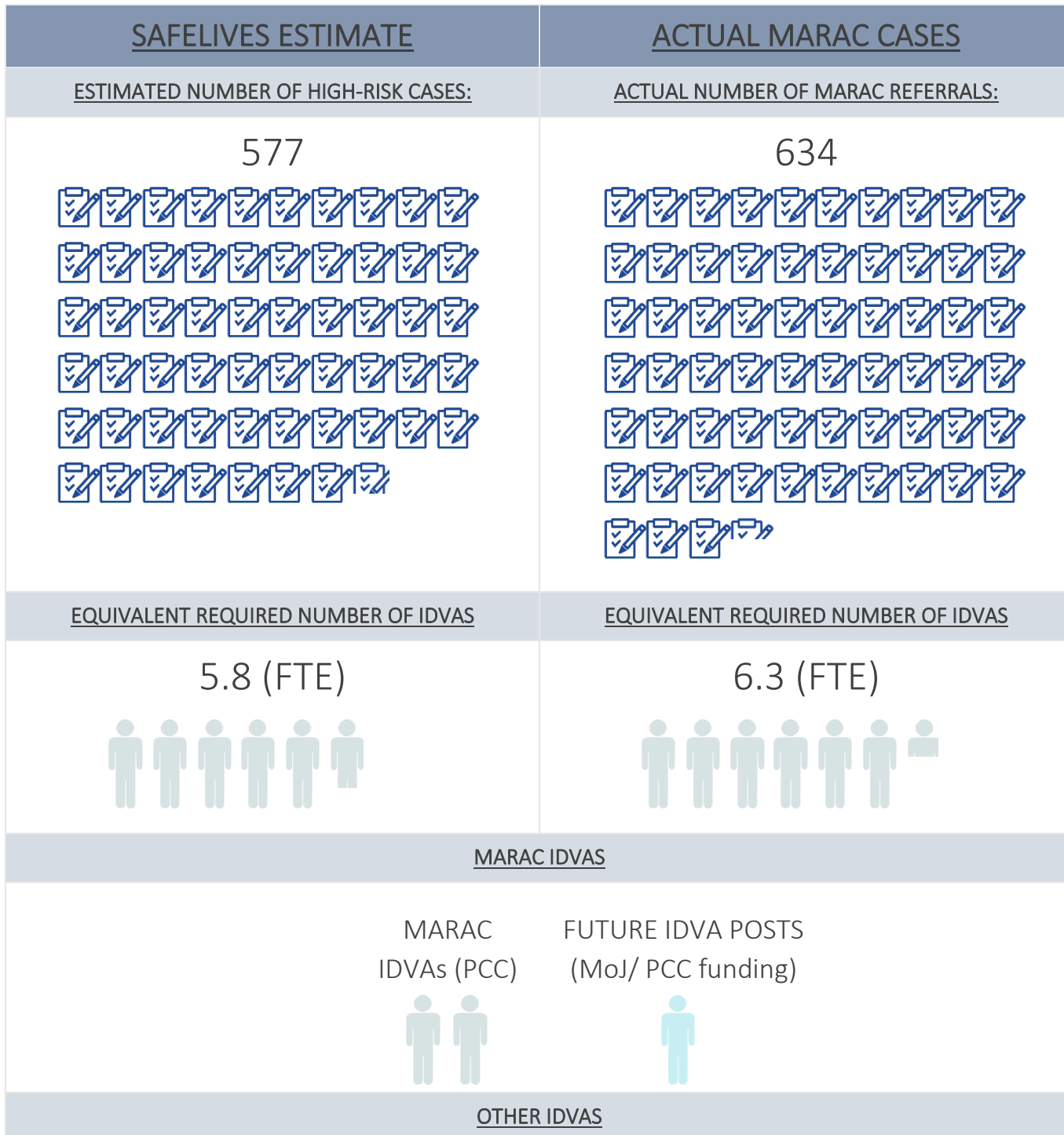


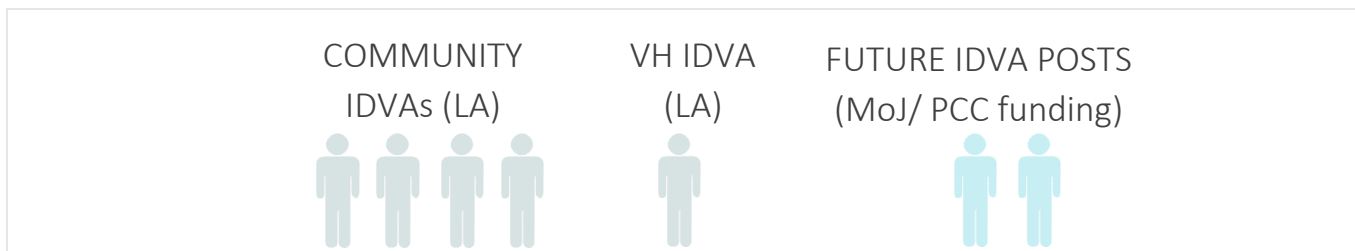
LOCAL PROVISION

The actual number of MARAC cases in 2020-21 is higher than the SafeLives estimate for high-risk cases including both victims who report and do not report to the police.

This would suggest that high-risk cases are being referred to MARAC.

Figure 5.13: MARAC cases and equivalent required number of IDVAs: SafeLives estimate and actual figures.





CALCULATION FOR COVENTRY:

- This estimate is based on the assumption of 40 victims per 10,000 adult women, which has been established from work carried out by SafeLives to analyse the prevalence of high-risk cases including both victims who report and do not report to the police.
- There are 144,117 females aged 18 and over in Coventry¹⁹⁶.
- $(144,177 / 10,000) * 40 = 577$
- It is recommended that IDVAs cover no more than 100 cases per year which means around 5.77 full time equivalent (FTE) IDVAs are needed to cope with the estimated number of cases heard at MARAC.
- The actual number of cases discussed at MARAC, however, was 634, which equates to 6.34 full time equivalent (FTE) IDVAs.
- In Coventry, there is the following MARAC IDVA provision:
 - Coventry Haven are commissioned by the West Midlands Police and Crime Commissioner as part of their regional MARAC service to provide **2 x FTE MARAC IDVAs**. These IDVAs work predominantly within the criminal justice setting within a 12-week case management timeframe, receiving all of the PPU referrals and MARAC cases.
 - There is a shortfall in the number of MARAC IDVAs.

¹⁹⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwales/scotlandandnorthernireland>

PERPETRATORS

INTRODUCTION

PERPETRATOR PROGRAMMES

Perpetrator programmes aim to change behaviour among the perpetrators of domestic abuse and reduce repeated abuse. They can be court-mandated or voluntary, and can involve treatments or interventions including cognitive behavioural therapy, motivational interviewing, social learning, strengths-based approaches or solution-focused work, psycho-educational interventions and family therapy.¹⁹⁷

NATIONAL PICTURE

There are a variety of approaches to perpetrator programmes in the UK. The Duluth model is a popular approach, featuring:

- An emphasis on the perpetrator being accountable for their actions
- Domestic abuse being situated in a wider societal context, and the role of patriarchy
- A broad view of the role of power and control within domestic abuse.

According to Respect Phonenumber, a confidential helpline for domestic abuse perpetrators that offers accreditation for perpetrator programmes, there is a growing body of UK and international research that shows that perpetrator programmes have positive outcomes for both perpetrators and survivors. Over the last 30 years, various evaluations from across the globe have offered evidence that perpetrator programmes do reduce physical and sexual violence.¹⁹⁸

One study notes, however, that there is significant variation in how perpetrator programmes are delivered across the UK and globally, making it difficult to evaluate their effectiveness. “While there are promising findings regarding the reduction of repeated violence in relation to the Duluth programme in the UK, differences between programmes and how they are implemented makes it difficult to draw firm conclusions.”¹⁹⁹

Another review of perpetrator programmes in the UK noted that:

- all programmes in the study used a group setting to deliver treatment and interventions to perpetrators
- the length of programmes varies widely, with an average across the providers of 29 sessions
- 81 per cent of organisations served only male perpetrators in their provision. Three providers said the number of male to female perpetrators was around 50/50 but only a small number of organisations actually served women.²⁰⁰

¹⁹⁷ Children and Young People Now (2019): A review of domestic violence perpetrator programmes in the UK. Accessed April 2021. <https://www.cypnow.co.uk/research/article/a-review-of-domestic-violence-perpetrator-programmes-in-the-united-kingdom>

¹⁹⁸ Respect Phonenumber: Domestic abuse perpetrator programmes: do they work? Factsheet for frontline workers. Accessed April 2021. <https://respectphonenumber.org.uk/resources/frontline-workers/factsheets/domestic-abuse-perpetrator-programmes-do-they-work-factsheet-for-frontline-workers/>

¹⁹⁹ What Works for Children’s Social Care: Domestic violence perpetrator programmes. Accessed April 2021. <https://whatworks-csc.org.uk/evidence/evidence-store/intervention/domestic-violence-perpetrator-programmes/>

²⁰⁰ Children and Young People Now (2019): A review of domestic violence perpetrator programmes in the UK. Accessed April 2021. <https://www.cypnow.co.uk/research/article/a-review-of-domestic-violence-perpetrator-programmes-in-the-united-kingdom>

BEST PRACTICE²⁰¹

Work with perpetrators of domestic abuse has the potential to increase harm to survivors, so perpetrator programmes must be carried out safely.

The Respect Standard is a set of nationally agreed principles and standards for perpetrator programmes. Any programme seeking Respect Accreditation must abide by these principles and standards. Accredited services are then audited every 3 years.

The principles are:²⁰²

1. Do no harm. Organisations take all reasonable steps to ensure that their services do not create additional risks for survivors of domestic violence and abuse.
2. Gender matters. Organisations work in a way that is gender informed, recognising the gender asymmetry that exists in the degree, frequency and impact of domestic violence and abuse. They understand that men's violence against women and girls is an effect of the structural inequality between men and women and that its consequences are amplified by this. A gender analysis includes violence and abuse perpetrated by women against men and abuse in same-sex relationships, and these also require a gender informed response.
3. Safety first. The primary aim of work with perpetrators is to increase the safety and wellbeing of survivors and their children. The provision of an Integrated Support Service for survivors alongside the intervention for perpetrators is essential. When working with perpetrators it is important to recognise the need for behaviour change, but risk reduction should always be prioritised.
4. Sustainable change. Organisations offer interventions that are an appropriate match to the perpetrator, considering the risks they pose, the needs they have and their willingness and ability to engage with the service offered. This will ensure that they are offered a realistic opportunity of achieving sustainable change
5. Fulfilling lives. Organisations are committed to supporting all service users to have healthy, respectful relationships and to lead fulfilling lives.
6. The system counts. Domestic violence and abuse cannot be addressed by one agency alone and work with perpetrators should never take place in isolation. Organisations are committed to working with partners to improve responses as part of their local multiagency arrangements.
7. Services for all. Organisations recognise and respect the diversity of their local community and take steps to respond to everyone according to their needs.
8. Respectful communities. Organisations recognise that the environment their service users live in has an impact on their lives. They will make the links between individual change and the development of respectful communities.
9. Competent staff. Organisations deliver a safe, effective service by developing the skills, well-being and knowledge of their staff through training, supervision and case work support.
10. Measurably effective services. Organisations employ clear and proportionate measurement tools, which demonstrate both the individual benefits and the impact of interventions.

²⁰¹ Respect: The Respect Standard. Accessed April 2021. <https://www.respect.uk.net/pages/64-respect-standard>

²⁰² Respect (2017), The Respect Standard. https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/105/Respect_Standard_FINAL.pdf

LOCAL PROVISION

OVERVIEW

- The following perpetrator programmes are available in Coventry:
 - Choose2Change Programme (Relate)
 - Local authority commissioned.
 - Primary reason for the programme is victim and child safety.
 - Building Better Relationships Programme (Probation)
 - Court mandated programme
 - CAFCASS (My Time Richmond Fellowship)
 - A service commissioned by CAFCASS, for court ordered and directed Domestic Abuse Perpetrator Programmes. Referrals are accepted exclusively from CAFCASS Family Court Advisors.

The CARA (Cautions and Relationship Abuse) programme is run in Coventry. The programme consists of 2 workshops and is referred into via the police. Cranstoun run an alcohol-related violence scheme that is not specifically aimed at perpetrators of domestic abuse.

Previously, the domestic violence perpetrator programme was offered to residents of Coventry. The programme was not delivered within Coventry, which was a barrier to perpetrators attending. The course was aimed at medium-to-high-risk perpetrators (non-court-mandated); there is now a gap in this area. The programme was commissioned by the PCC but has now ceased.

There are no non-court-mandated perpetrator programmes for high-risk perpetrators in Coventry.

- There are a cohort of perpetrators who are not eligible for the Choose2Change programme who are not able to receive any interventions aimed at addressing their perpetrating behaviour.

Feedback from practitioners was that it was hard to get people they were working with to engage in the non-court-ordered perpetrator course.

- This could highlight an unmet training need in relation to the referrer. The *Engage Roadmap for Frontline Professionals interacting with Male Perpetrators of Domestic Abuse and Violence* highlights the importance of motivating perpetrators for a referral.

Practitioners working in the areas of early identification and prevention highlighted that the system seems to be more severe on the survivor compared to the perpetrator.

- There is a lot of pressure put on the survivor in terms of attending services and domestic abuse courses, particularly in relation to child protection plans.
- There was a feeling that there was not as much responsibility placed on the perpetrator of domestic abuse, especially when attendance at perpetrator programmes was not court mandated.

IMPACT OF COVID-19

Feedback from probation was that there was a backlog of people waiting to attend perpetrator courses run by probation.

- During the COVID-19 pandemic, in-person courses were not running.
- There is also a backlog of cases coming through Magistrates' and Crown Courts.

RELATE – CHOOSE2CHANGE PERPETRATOR PROGRAMME

INTRODUCTION

The Choose2Change Programme is delivered by Relate. The primary reason for the programme is victim and child safety. The service is for both males and females. Those accepted have to be over 18 and reside in Coventry. If Private Family Law proceedings are being followed, then perpetrators cannot engage in the Relate service. Other programmes can take these perpetrators. CAFCASS have their own accredited providers. If the client is in denial about their crimes / problem they cannot engage with the service. The programme is a community and voluntary programme and is suitable for with medium-risk clients only. The Choose2Change programme does not relate to familial abuse and is only for intimate partner violence.

INTERVENTIONS

The programme is 22 weeks long and lasts for 10 modules, including:

- Domestic Abuse
- Respect
- Triggers

Perpetrators are reviewed midway through the programme and after the programme. It has proved difficult for perpetrators to keep engaged for the whole programme. This could lead to them being removed from the programme. Historically, it has been tough to get good results from the programme.

REFERRALS AND ASSESSMENTS

The following data covers January 2020 to December 2020. The data shows that only 41% of referrals to the Relate Perpetrator Programme had a full assessment. The reasons for this include inappropriate referrals being made and perpetrators dropping out of the process before an assessment is completed.

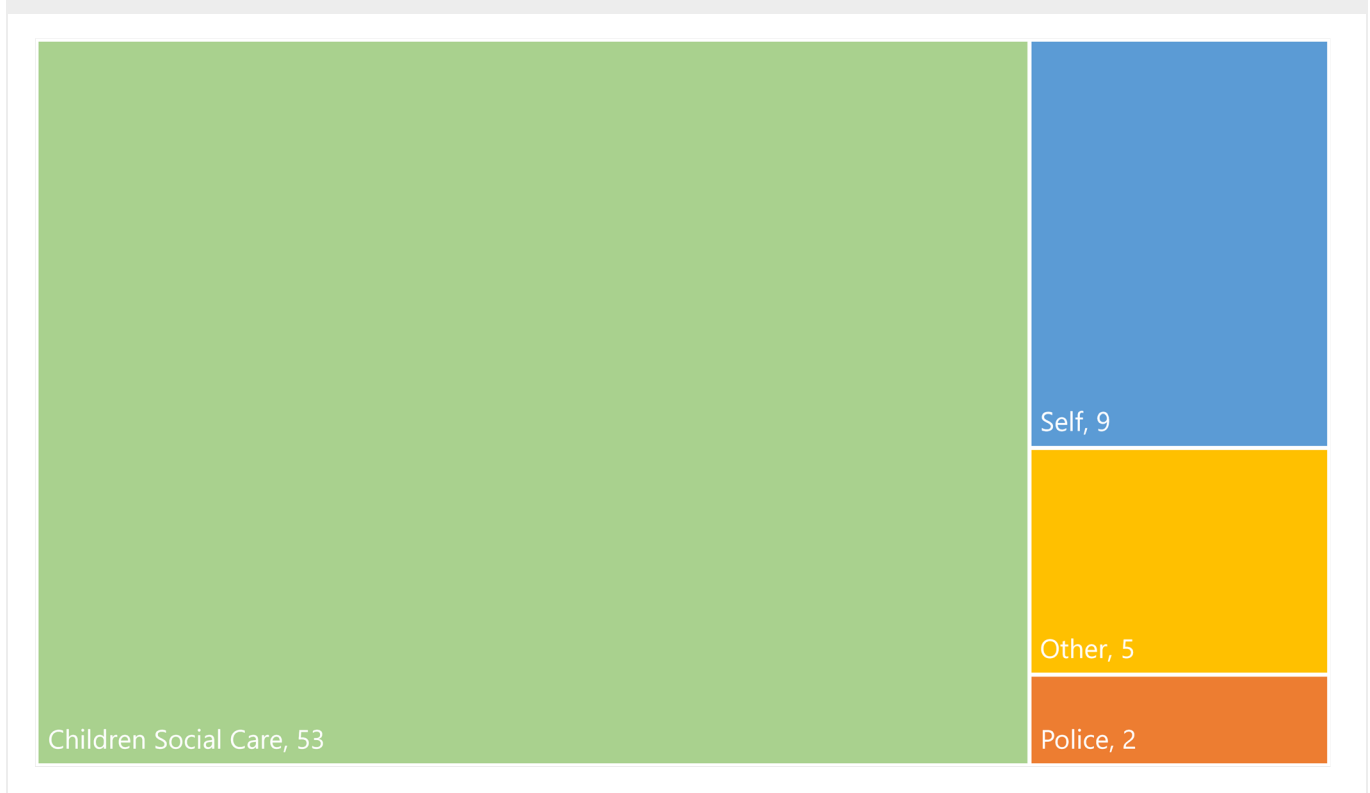
Figure 5.14: Referrals and assessments.

REFERRALS	FULL ASSESSMENTS
69	28

REFERRAL SOURCE

Most referrals came from Children’s Social Care, with very few referrals coming from other sources. This could indicate a lack of referrals from other partners.

Figure 5.15: Referral source



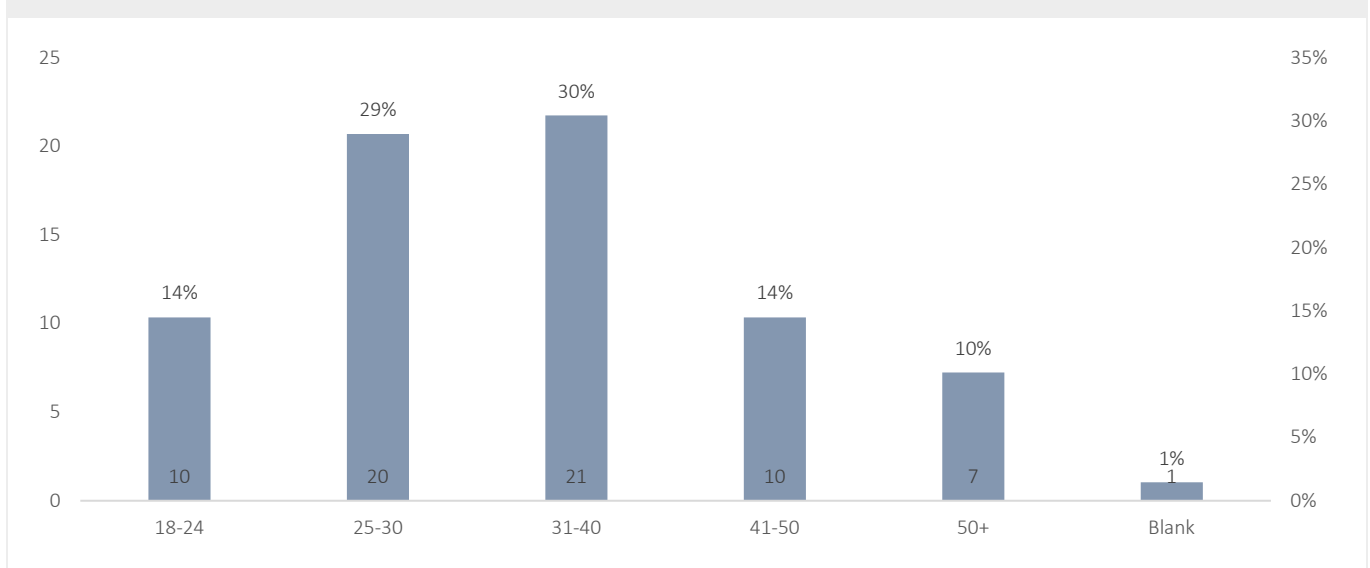
DEMOGRAPHICS

The ethnicity of perpetrators referred to the programme was not recorded.

60% of perpetrators referred were aged between 25 and 40.

Gaps in provision may be identified by comparing these rates against the demographic data for all perpetrators.

Figure 5.16: Age.



CYP STATUS

Figure 5.17 below shows information relating to the perpetrator's children (Child or Young Person (CYP) status) at the start and end of their perpetrator course. A high percentage of statuses at closure are recorded as Blank.

Figure 5.17: CYP Status

CYP Status	At Start		At Closure	
No Children	0	0%	0	0%
No Plan	4	6%	4	6%
LAC (Looked After Child)	2	3%	0	0%
CIN (Child in Need)	12	17%	4	6%
CP (Child Protection) Emotion	26	38%	9	13%
CP (Child Protection) Neglect	2	3%	1	1%
EH	1	1%	0	0%
Unknown / Not Known / Blank	22	32%	51	74%
Total	69		69	

KNOWN TO MARAC

No information relating to MARAC is recorded.

LENGTH OF ABUSE

Figure 5.18 below shows the length of time that abuse had been occurring for, at the commencement of the course.

For many perpetrators, this data is not available, with 71% recorded as "Not known".

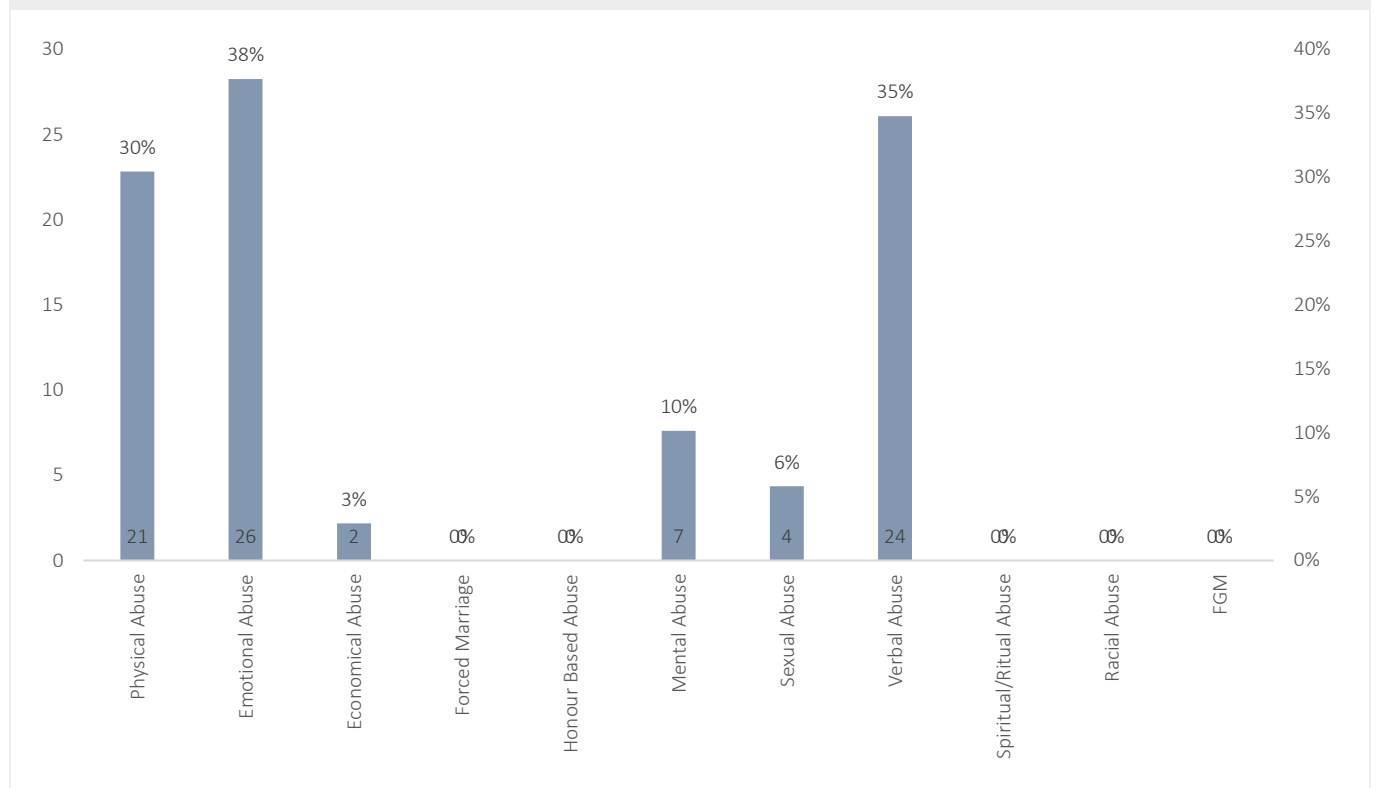
Figure 5.18: Length of abuse.

Length of Abuse	Count	%
Up to 1 year	0	0%
1 - 5 years	7	10%
6 - 10 years	7	10%
11 - 15 years	4	6%
16+ years	2	3%
Not known	49	71%
Total	69	

TYPE OF ABUSE

Figure 5.19 below shows the types of abuse recorded. The highest prevalence rates are for emotional abuse, physical abuse, and verbal abuse.

Figure 5.19: Type of abuse recorded.



DISABILITIES

Figure 5.20 below shows the types of disabilities disclosed, if any. The most common type of disability recorded is "Mental Health Issues".

Figure 5.20: Disabilities.

Disability	Count	%
Mental Health Issues	15	22%
Learning Disability	4	6%
Physical Disability	1	1%
Sensory Disability	0	0%

OTHER SERVICES

COMMUNITY OUTREACH

Panahghar and Coventry Haven are commissioned to provide services to those impacted by domestic abuse living in the community. Panahghar work with survivors from black or minoritised groups.

The community outreach service work with those who are assessed as being at a standard and medium risk. The service offers practical and emotional support to survivors. Support is offered on a one-to-one basis. The service offer support in a number of different languages.

Figure 5.21: Referrals accepted by the community outreach service



GROUP WORK

Group work sessions are offered for domestic abuse survivors. The group work covers:

- Emotional support
- Building relationships
- An exploration of what domestic abuse is

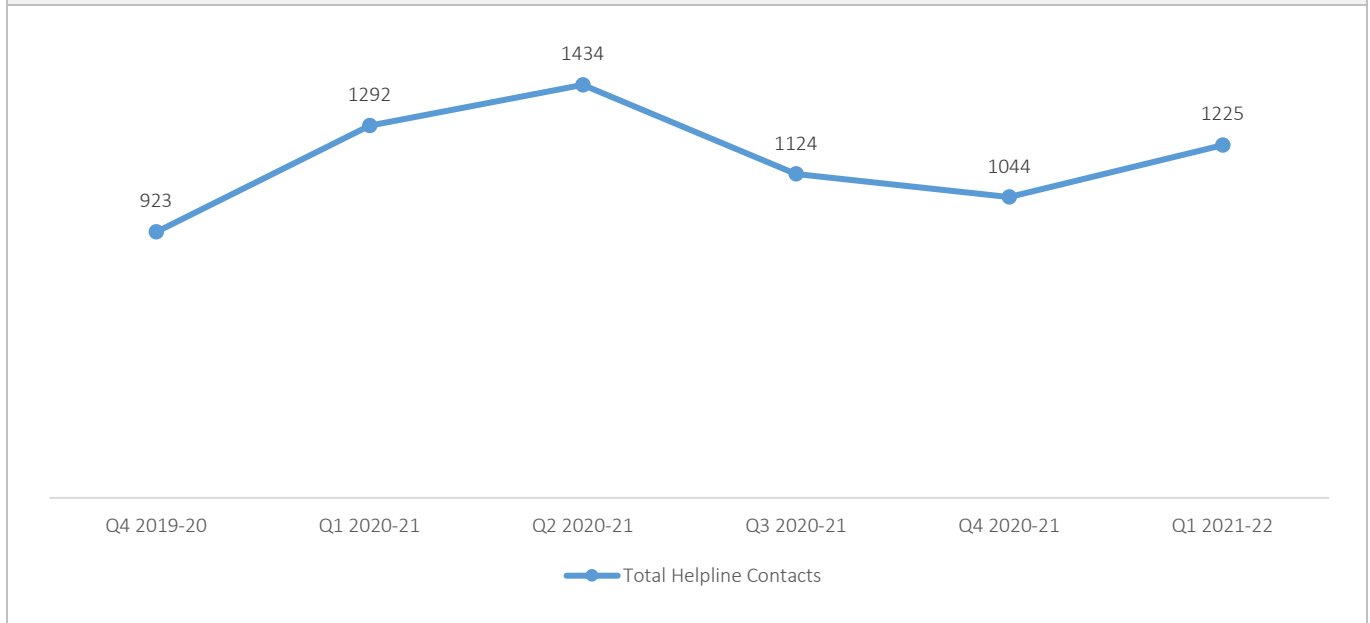
From the Q1 2021-22 Performance Report:

“We have successfully completed 9 generic Groupwork groups including evening, 2 were delivered in Polish speaking clients and one in French, with 44 SU’s attending. And held a further 3 groups a week, tailored for the BME community, one in the evening and two in the day, with a further 33 women attending.”

HELPLINE

Panahghar and Coventry Haven run the Safe to Talk helpline in Coventry. The helpline is a gateway to all services and is run by trained support workers.

Figure 5.22: Safe 2 Talk: Total helpline contacts.

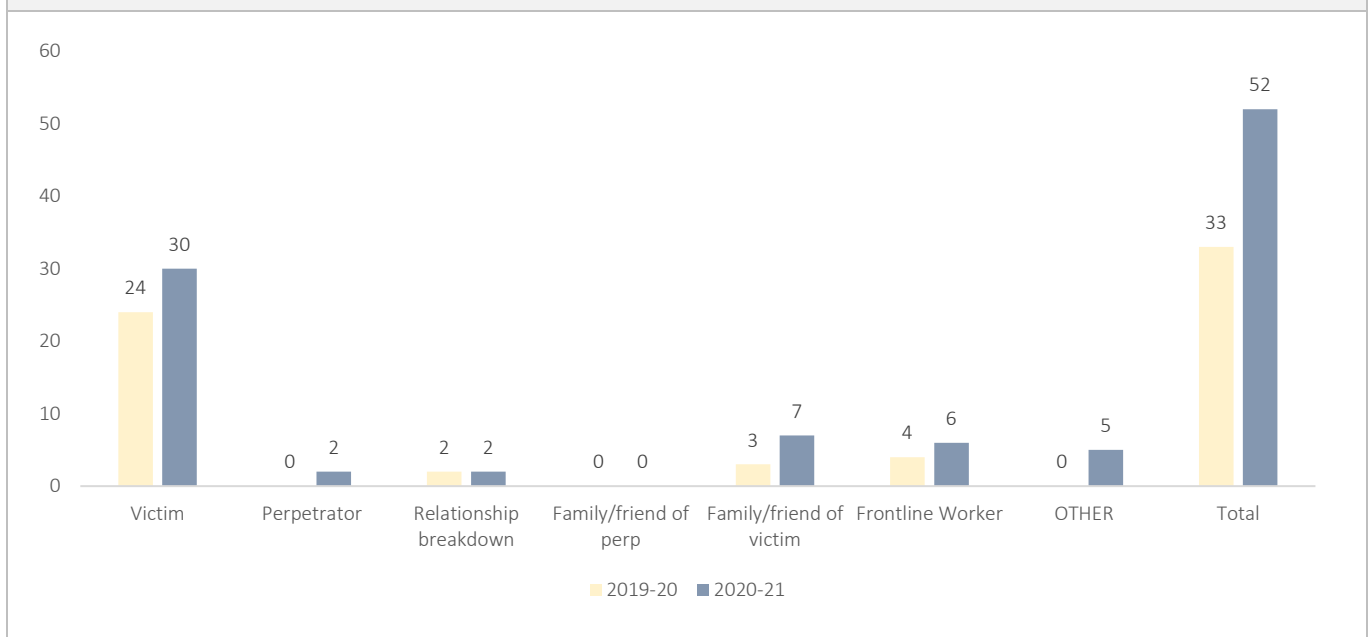


RESPECT MEN'S ADVICE LINE

The number of calls to the Respect Men's Advice Line for those in Coventry has increased from 33 to 52 between 2019-20 and 2020-21, representing an increase of 58%.

The majority of calls were from victims, with this category also seeing an increase on the previous year. There was also an increase in calls from family and friends of victims.

Figure 5.23: Respect Man's Advice Line: Total helpline contacts from Coventry to the Advice Line.



EARLY INTERVENTION PROJECT

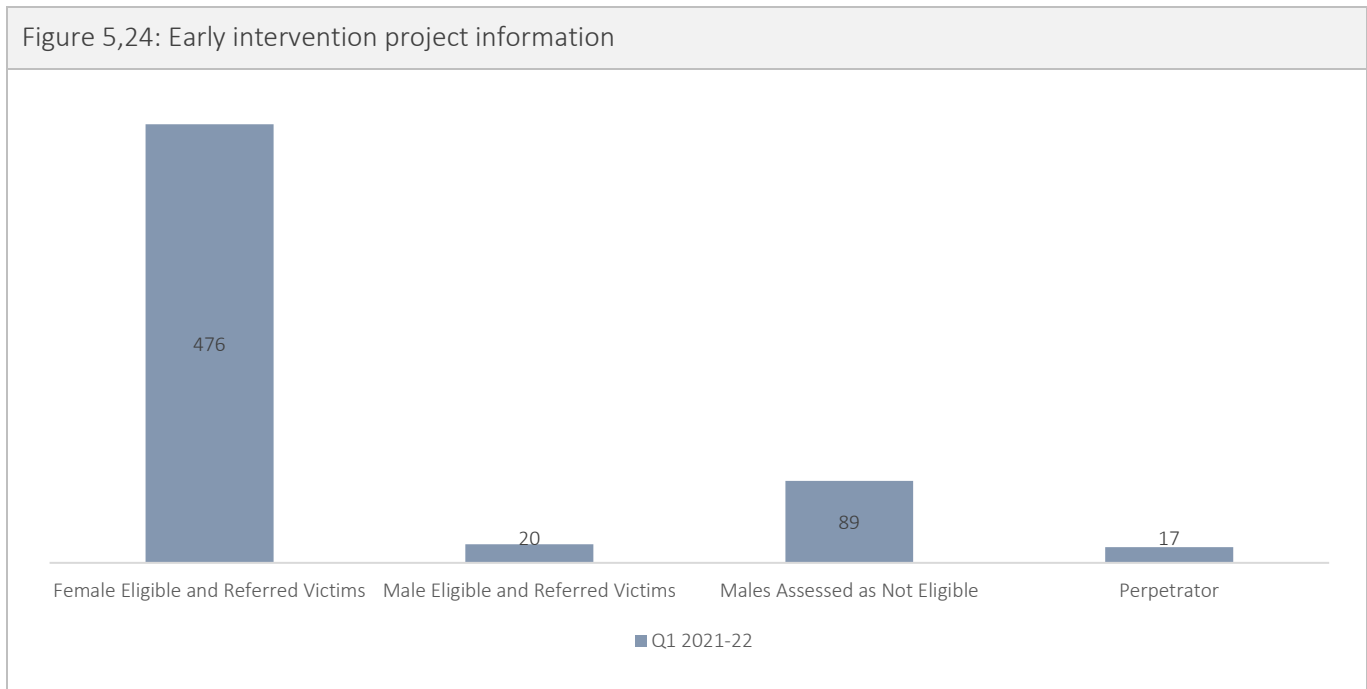
The Early Intervention Project started running in April 2021. It is run jointly between Panahghar and Haven. The project sees domestic abuse practitioners located in Coventry Central Police Station working with those who report crimes that are not immediately associated with domestic abuse.

3 workers (2 Haven, 1 Panahghar) are based in the police station and work with low and medium risk cases.

Women from Black and Minority Ethnicities who are identified as part of the project are directed to Panahghar.

The information below shows the categories of those identified as part of the project (in the first quarter that it was running). The majority of those identified are female (476 individuals), with 109 male victims identified. Of these males who were identified, only 20 were assessed as eligible for an intervention. activity for the first quarter that the project was running.

Figure 5,24: Early intervention project information



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HEALTH

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INTRODUCTION

OVERVIEW

PHYSICAL HEALTH²⁰³

Domestic abuse can cause short-term injuries, but it can also have a long-term impact on health. Health issues associated with abuse include asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, migraines/headaches, and reproductive problems.

HEALTH SECTOR

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. The NHS is often the first point of contact for people experiencing abuse. Many drop hints when using health services, because they trust the staff to pick it up and probe sensitively.²⁰⁴

NICE has published a Quality Standard and a public health guideline covering domestic violence and abuse.

Public health guideline 50: Domestic violence and abuse: multi-agency working²⁰⁵ covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people.

Quality Standard 116²⁰⁶ covers identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement.

In addition, the Department of Health has a resource on domestic abuse with information to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.²⁰⁷

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuse. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.²⁰⁸

PREGNANCY AND MATERNITY

There are established links between pregnancy and domestic violence:

- Over a third of domestic violence starts or gets worse when a woman is pregnant.
- 15% of women report violence during their pregnancy.

²⁰³ SafeLives: How widespread is domestic abuse and what is the impact? Accessed April 2021. <https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact>

²⁰⁴ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

²⁰⁵ Domestic violence and abuse: multi-agency working. Public health guideline [PH50] Published date: 26 February 2014 <https://www.nice.org.uk/guidance/ph50/>

²⁰⁶ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016. <https://www.nice.org.uk/guidance/qs116/>

²⁰⁷ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

²⁰⁸ SafeLives: Five Rs of asking about domestic abuse. Accessed May 2021. <https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf>

- 40%–60% of women experiencing domestic violence are abused while pregnant.
- More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship.²⁰⁹

A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services: for example, the perpetrator of the abuse may try to prevent her from attending appointments. The woman may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about the reaction of the healthcare professional.²¹⁰

Domestic abuse is also an issue for parents who already have children at home:

- 64% of victims and survivors accessing Idva services had children in the household
- 40% of those families were not known to Children’s Services.²¹¹

Perpetrators may use tactics including:

- Control of contraception, forced pregnancies or forced terminations
- not allowing the non-abusive parent to respond to their child
- Using the child to abuse the non-abusive parent
- Abusing the child to punish the non-abusive parent
- Controlling access to money
- Threatening to take the children or harm them
- Isolating the child and non-abusive parent from extended family and support networks
- Use the courts to hassle over contact
- Making false claims to agencies such as health and social care.²¹²

Responding effectively to domestic abuse requires a holistic, co-ordinated multi-agency, and whole family approach. Children and Families Social Workers play a crucial part in that response, but a lack of resources, training and understanding of the dynamics of DA and Coercive and Controlling Behaviours (CCB) and how these impact victims and their children, can often be a barrier to effective intervention.²¹³

BEST PRACTICE

NICE Clinical guideline [CG110] offers guidance for antenatal care for women with complex social care factors (including domestic abuse).²¹⁴

Research suggests that domestic abuse victims feel safest disclosing to health practitioners – and four out of five victims never tell the police. For this reason, national domestic abuse charity SafeLives is encouraging all midwifery units to have access to an onsite IDVA service, so that mothers are encouraged to disclose in a safe and open environment.²¹⁵

²⁰⁹ Best Beginnings: Domestic Abuse. Accessed May 2021. <https://www.bestbeginnings.org.uk/domestic-abuse>

²¹⁰ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010. Accessed April 2021. <https://www.nice.org.uk/guidance/CG110>

²¹¹ SafeLives: Spotlight #8: Parenting through domestic abuse. Accessed May 2021. <https://safelives.org.uk/spotlights/spotlight-8-parenting-through-domestic-abuse>

²¹² Parenting during and after domestic abuse. Accessed May 2021 at <https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals/children-and-young-people/children-affected-by-domestic-abuse> .

²¹³ SafeLives (2019): Resources for Children’s Services. Accessed May 2019. <https://safelives.org.uk/resources-for-childrens-services>

²¹⁴ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010. Accessed April 2021. <https://www.nice.org.uk/guidance/CG110>

²¹⁵ SafeLives: Idvas in maternity units. Accessed May 2021. <https://safelives.org.uk/policy-evidence/cry-health/idvas-maternity-units>

*London Child Protection Procedure 28: Safeguarding children affected by domestic abuse*²¹⁶ is a procedure for all professionals who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

²¹⁶ London Child Protection Procedure 28: Safeguarding children affected by domestic abuse. https://www.londoncp.co.uk/sg_ch_dom_abuse.html

HEALTH SERVICES

MIDWIFERY

OVERVIEW

There is one birthing hospital in Coventry: University Hospital Coventry and Warwickshire. The hospital covers Coventry and Rugby with referrals also from Leicester and North and South Warwickshire.

'Routine enquiry' is embedded in the patient's maternity pathway.

When domestic abuse is involved, the pregnancy becomes an at-risk pregnancy. There are poor outcomes within pregnancy as a result of violence.

Midwives are encouraged to raise domestic abuse at every contact. The lead midwife fed back that there was a 70-75% compliance to this. 90% of patients are asked about domestic abuse at least once in their pregnancy.

The lead midwife fed back that there are not as many cases disclosed as would be expected.

Women who disclose domestic abuse are directed to a peri-natal mental health clinic.

There are no specific domestic abuse survivor clinics in the midwifery service. At the clinic, women are signposted on to other services.

The hospital has introduced a midwife-led clinic for women who have disclosed violence.

The clinic runs every other week. The clinic is run by a trainee advanced practitioner in peri-natal mental health.

There are safeguarding midwives within the maternity service.

Midwives engage with the MARAC process and Family Hubs.

COVID-19

During the pandemic, most appointments were face to face. It was just the original booking that was made over the telephone for a short period of time (April to August).

EMERGENCY DEPARTMENT

Maternity services are liaising with the Emergency Department regarding identifying safeguarding cases.

TRAINING

The University Hospitals Coventry and Warwickshire NHS Trust mandate safeguarding training. There is 95% compliance with training requirements amongst the maternity team.

The training covers the identification of signs of abuse and covers male and female victims of abuse.

There is a need to increase awareness of domestic abuse across the rest of the hospital.

There is a need relating to educating children about domestic abuse from an early age, showing what behaviour is and is not acceptable.

FAMILY NURSE PARTNERSHIP

INTRODUCTION

Family Nurse Partnership (FNP) is an evidenced-based home visiting programme for first-time young mothers. The service has been in Coventry for 10 years. FNP works with under-19s who are pregnant, and sometimes also works with their partners.

All practitioners are registered nurses who have public health nursing experience. Practitioners work in a therapeutic way and empower people to make decisions for themselves. A full-time practitioner carries a caseload of 25 clients.

FNP can start working with a mother when she is 16 weeks pregnant. Interventions can continue until the baby is 2 years old.

DOMESTIC ABUSE

Practitioners fed back that domestic abuse is prevalent in a lot of service users' lives. Some service users experiencing domestic abuse are still living with their partners. There is a high safeguarding need amongst the client group.

Domestic abuse is usually disclosed following a long period of working with the service user. This follows a lot of interventions and completed work relating to relationships.

The nurses will work closely with their clients to access information under Clare's Law. They will also refer in MARAC as well if needed.

Deprivation, housing needs and previous experiences with trauma are common within the caseload of the FNP.

ENGAGEMENT WITH PRACTITIONERS

The young client group are not always comfortable engaging on video calls or on the phone. Some service users do not have internet connections to access services.

Getting service users to engage in domestic abuse work is difficult. There is a lot of pressure on young mothers to attend services. There is pressure for young women in relation to child protection plans.

The cohort of service users is very difficult to engage with and the building of relationships takes a long time. The service users are already living chaotic lives. Attending groups is an added pressure.

Services that are available are not always set up in a way that is accessible to those who need them. Childcare issues of service users are not considered. The locations of services are not always accessible to the client group that the FNP work with.

COVID-19

COVID-19 made the situation relating to access worse. It is pre-supposed that everyone has internet access. Clients may not have wi-fi or access to data.

PERPETRATORS

The FNP sometimes work with domestic abuse perpetrators. Feedback was that it is difficult to get perpetrators to attend services. There is no 'stick' approach to get perpetrators to attend services, as there is with young mothers who have to attend domestic abuse groups as part of child protection plans, for example.

There was a feeling that the perpetrator can choose to not work with services and walk away.

There was a lack of clarity about what services are available for perpetrators.

DOMESTIC ABUSE TRAINING

FNP practitioners fed back that some domestic abuse courses are aimed at a level that is too high for the clients they work with. Service users struggle to engage with the courses and feel that they are not aimed at them. In addition, service users do not want to attend groups. More face-to-face and one-to-one work is more useful.

REFUGES

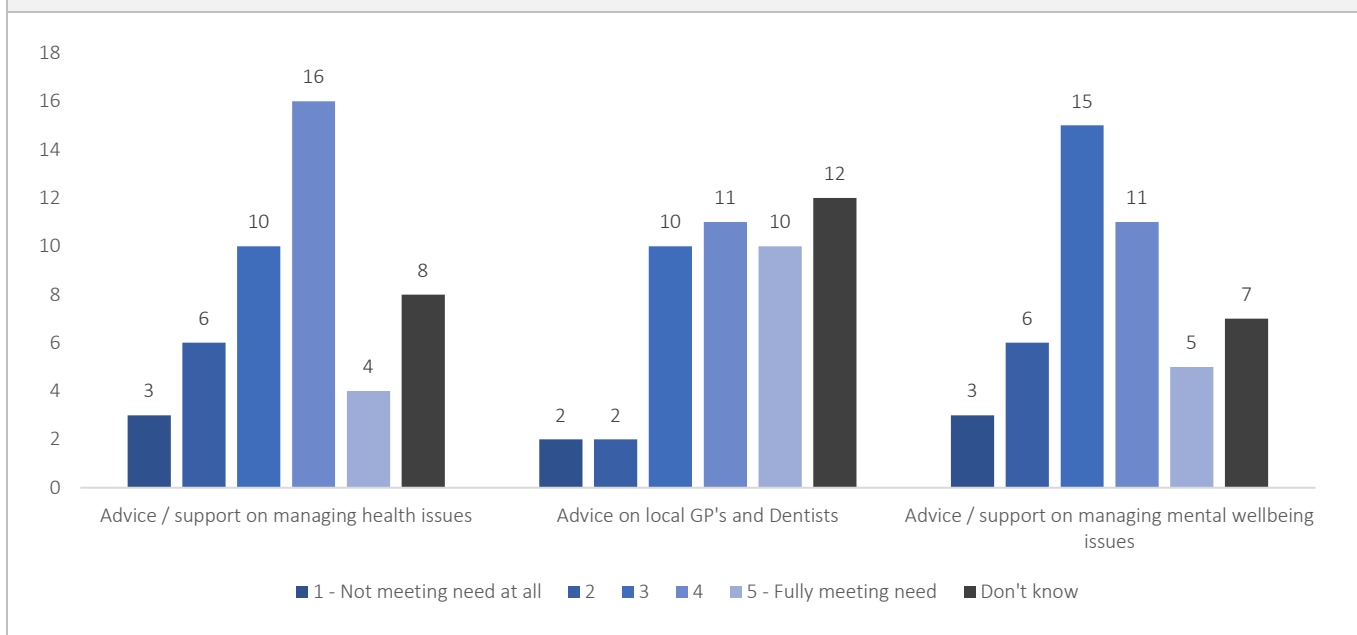
There is a stigma attached to refuges; young people are more likely to want to access Valley House.

ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether support services in relation to health were meeting the needs of domestic abuse survivors. The graph below shows a mixed response from practitioners.

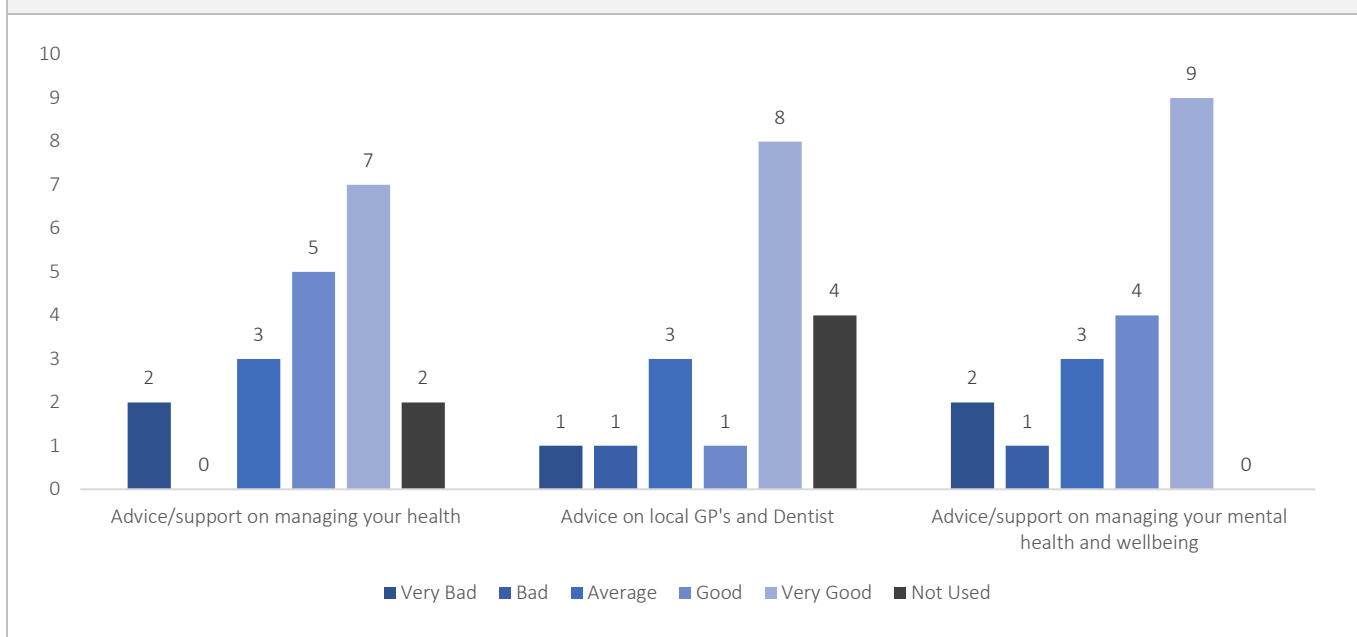
Figure 6.1: Support for domestic abuse survivors in relation to health needs: Staff survey.



SURVIVOR SURVEY

The graph below shows that survivors who received help with their health needs generally thought the service was average to very good.

Figure 6.2: Support for domestic abuse survivors in relation to health needs: Survivor survey.



FREE TEXT COMMENTS

"I have been on medication for 3½ years and been crying out for support for my mental health as I became suicidal. I have another initial assessment on 20th July despite many efforts to access services"

"I was thankful for the support I received from CDVASS as my GP was particularly poor."

"The key workers are great at supporting my daughters mental health, 11 years ago she was diagnosed with BPD ... with their help she has stayed strong."

"we did activities in the refuge such as keep fit, relaxation, wellbeing (especially coping with covid and lockdown)"

"I had a support plan which included an area around my health, and i hadnt appreciated how much of my poor health was because of how I was living and being abused. I was registered straight away at the doctors and supported in being able to tell him what i was feeling my concerns. I had been worrying about my sexual health and my worker helped me to book an appointment to get all of the tests i needed. there was never any judgment, and because its a women's service conversations were relaxed and easy to have."

INTRODUCTION

OVERVIEW²¹⁷

IRIS (Identification and Referral to Improve Safety) is a specialist domestic violence and abuse (DVA) training, support and referral programme for primary care that has been positively evaluated in a randomised controlled trial.

IRIS is a collaboration between primary care and third sector organisations specialising in DVA. Core areas of the programme include ongoing training, education and consultancy for the clinical team and administrative staff, care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for patients with experience of DVA.

The IRIS programme is an evidence-based, effective and cost-effective intervention to improve the primary care response to DVA and is nationally recognised.

IRIS improves the General Practice response to DVA and essentially improves the safety, quality of life and wellbeing of survivors of DVA.

LOCAL PICTURE

IRIS aims to improve primary care awareness of domestic abuse, and support to victims was launched in June 2018. In the first full year of service delivery only 50% of the GP practices in Coventry were able to participate in IRIS, as only one Advocate Educator resource was commissioned. 2020/21 saw the recruitment of a second Advocate Educator, and an increase in training sessions, and subsequently higher volume of referrals with only 4 practices not signed up.

At the time of this assessment, coverage has reached approximately 85% of practices. All Coventry postcodes are covered by the IRIS provision.

There are 2 Advocate Educators that cover the whole city. The second Advocate Educator came into post in February 2020.

TRAINING AND REFERRALS

TRAINING

When the programme was launched in June 2018, the programme was funded for 50% GP surgery coverage. Since January 2020, the programme has had funding for up to 100% coverage. At the time of this assessment, coverage has reached approximately 85% of practices, with 4 practices who have yet to sign up to the training.

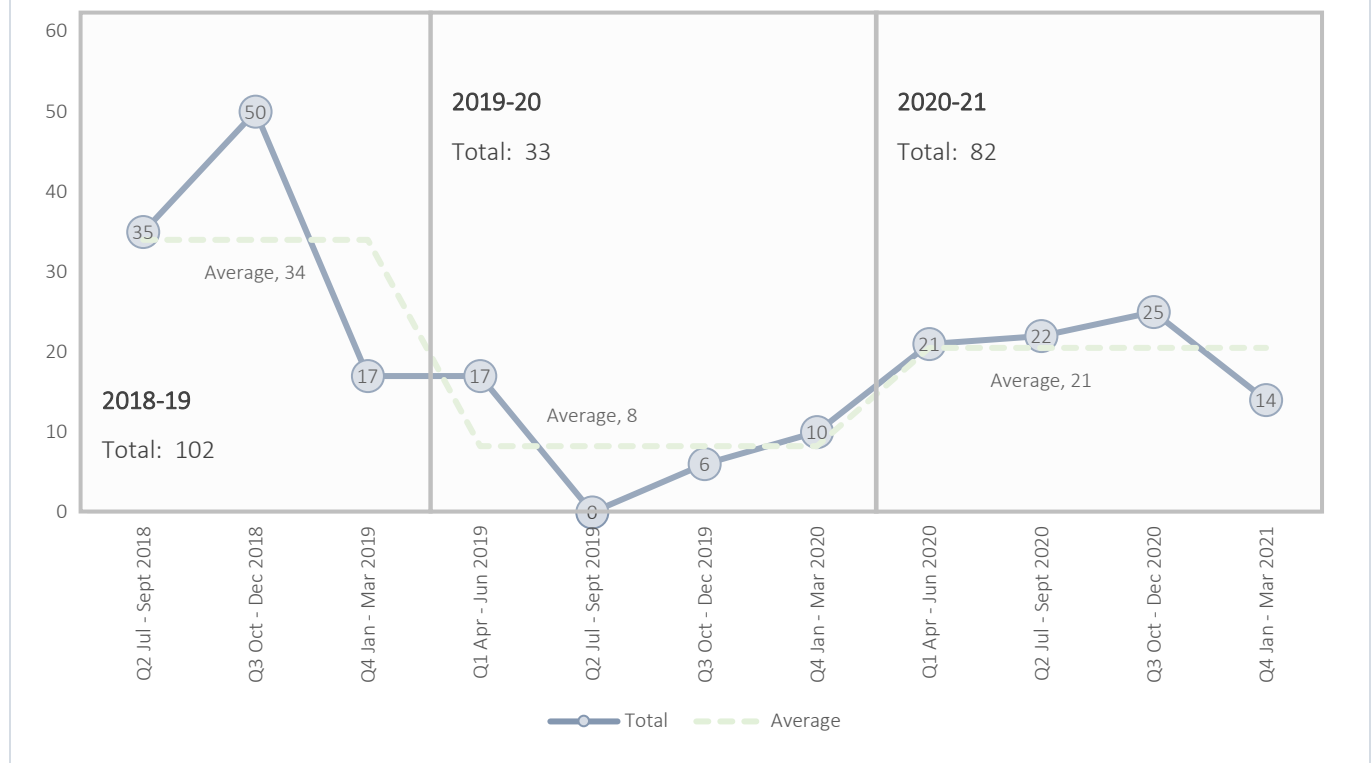
²¹⁷ <https://irisi.org/about-the-iris-programme/>

Between July 2018 and March 2021, a total of 217 sessions have been delivered. As illustrated below, the number of sessions delivered per year has varied significantly.

The period immediately after launch saw a high number of training sessions delivered. 2018-19 saw the highest quarterly average number of training sessions at 34. This was due to the high number for “non-clinical”, “clinical 1”, and “clinical 2”.

2019-20 saw a significantly lower number of sessions delivered, and although 2020-21 was impacted by Covid-19, there was an increase.

Figure 6.3: Number of training sessions delivered; by quarter.



All postcode districts have at least one GP surgery trained; however, the rate varies between postcode districts. Of note is the low number of sessions delivered in postcode districts CV4 and CV5.

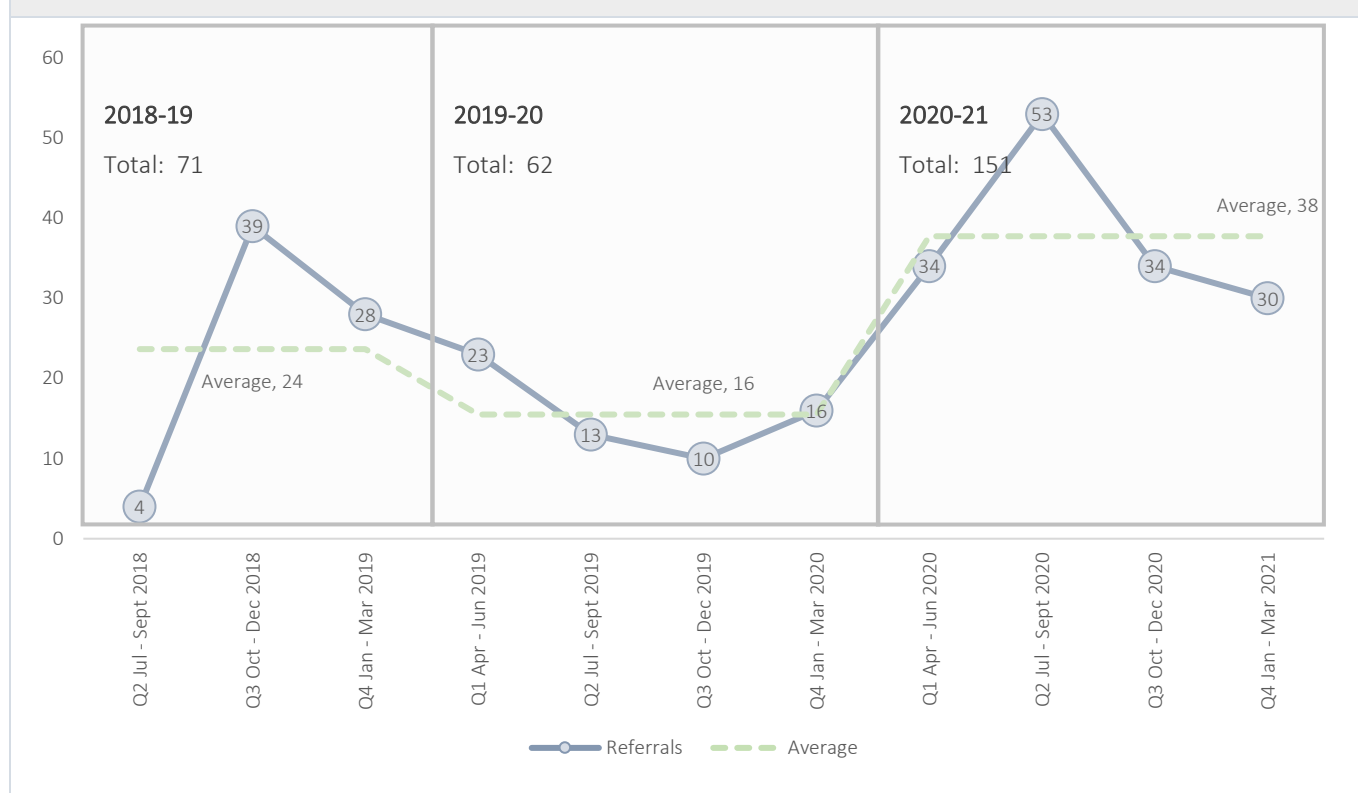
Figure 6.4: Average number of training sessions delivered by quarter and postcode district.

	2018-19 Average	2019-20 Average	2020-21 Average
Non-Clinical	8.0	1.3	4.0
Clinical 1	9.0	1.3	4.5
Clinical 2	4.0	1.8	3.5
CV1	1.7	2.3	2.0
CV2	3.3	1.0	1.5
CV3	2.7	0.3	2.0
CV4	0.3	0.0	0.0
CV5	0.0	0.0	1.3
CV6	5.0	0.5	1.8
Total	34.0	8.3	20.5

REFERRALS

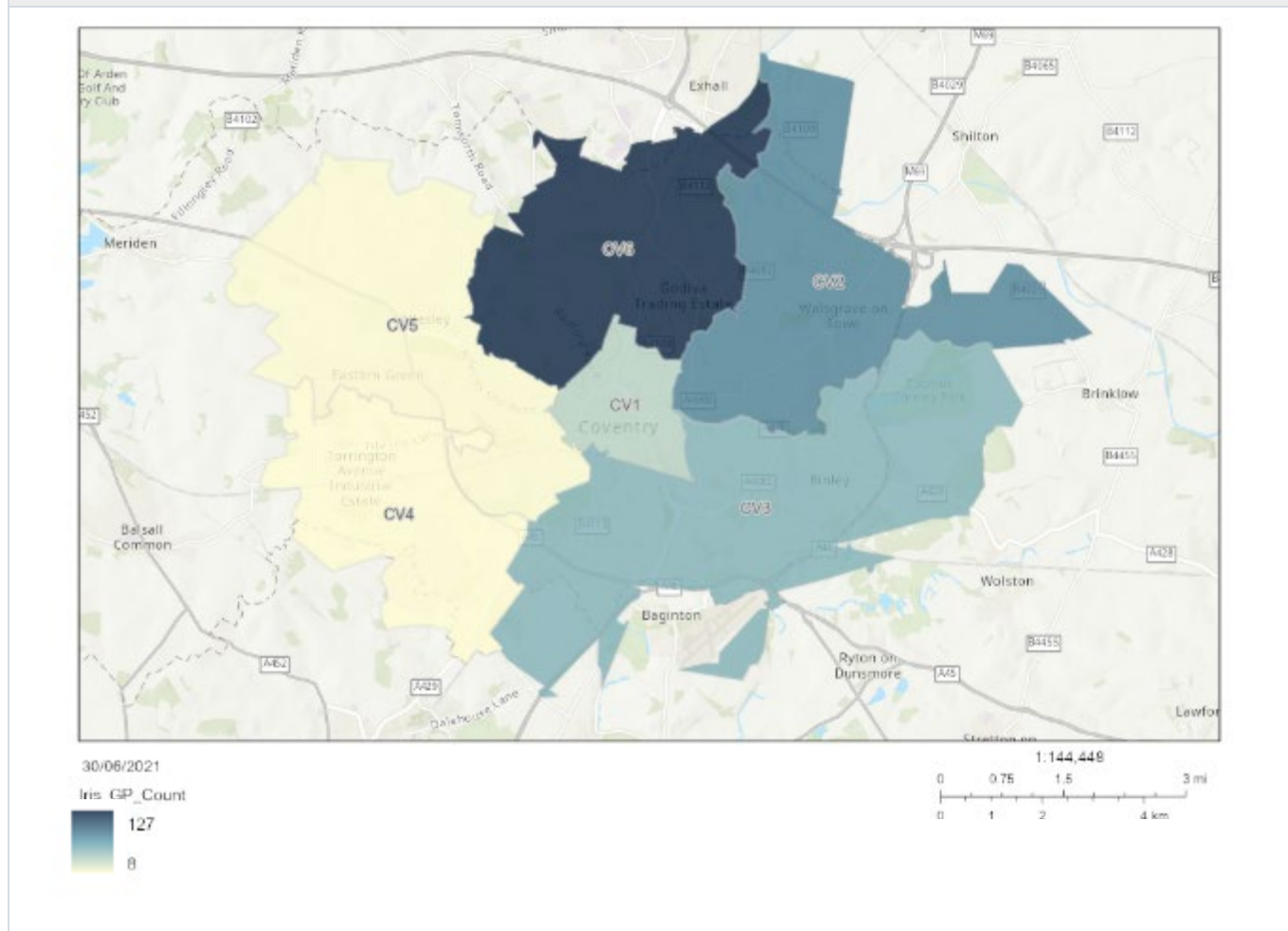
2020-21 saw a significant increase in the number of referrals. Between July 2018 and March 2021, there were a total of 284 referrals. The analysis by year shows that there were an average of 38 referrals per quarter during 2020-21. This number is more than double the previous year.

Figure 6.5: Number of referrals; by quarter.



There are notable differences in the number of referrals by postcode district. Figure 6.6 below shows the total number of referrals between July 2018 and March 2021 and is based on the location of the GP of those referred. The map shows that the CV6 postcode district has the largest number of referrals, with CV4 and CV5 showing the fewest.

Figure 6.6: Number of referrals by GP postcode.



GEOGRAPHICAL ANALYSIS

There is a moderate to fairly strong correlation between the number of training sessions delivered and the number of referrals made, when analysed by postcode district.

The charts and table below show a comparison between the number of training sessions and the number of referrals, and show a moderate to fairly strong correlation.

The CV4 and CV5 postcodes had a low number of training sessions, which may have impacted on the number of referrals. This is potentially an area of need.

The CV1 postcode had high number of sessions; however there was still a low number of referrals.

Note that there were 2 out-of-area patients in Jul-Sep 2020 and 2 patients whose location was not known in Oct-Dec 2020.

Figure 6.7: Correlation of training sessions and referrals: total between July 2018 and March 2021; training sessions as secondary axis.

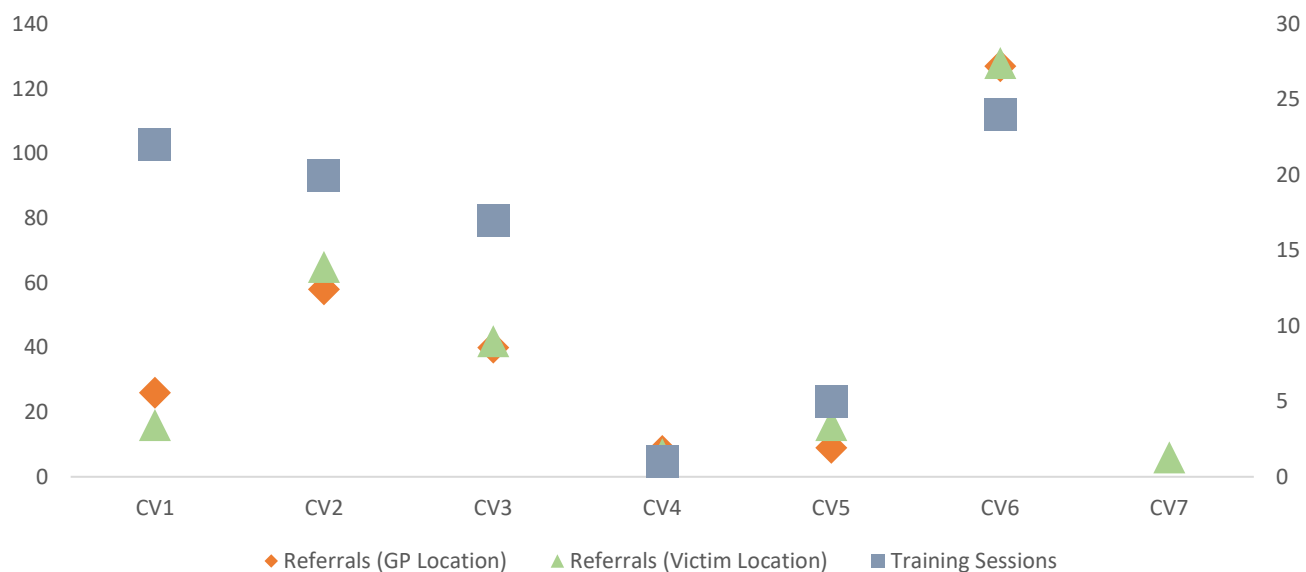
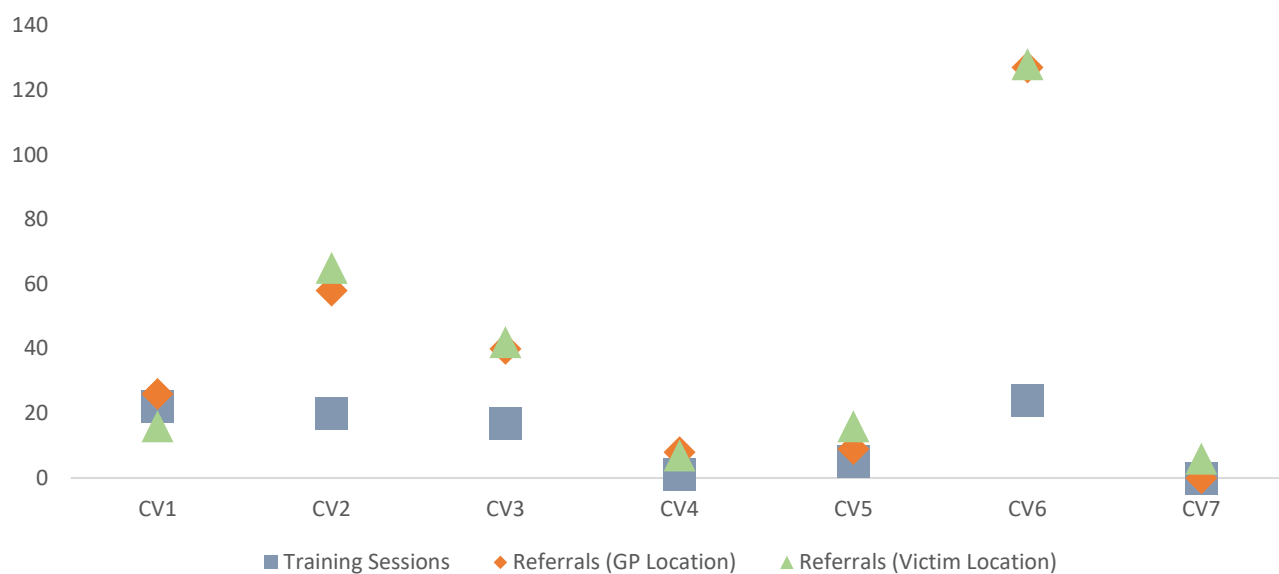


Figure 6.8: Correlation of training sessions and referrals: total between July 2018 and March 2021.



Total	Training Sessions	Referrals (GP Location)	Referrals (Victim Location)
CV1	22	26	16
CV2	20	58	65
CV3	17	40	42
CV4	1	8	7
CV5	5	9	16
CV6	24	127	128
CV7	0	0	6
Correlation Training and GP:		0.72	
Correlation Training and Patient		0.67	

There appears to be a correlation between the number of referrals and “social grade²¹⁸”; however this could be due to these postcode districts having lower rates of IRIS-trained GPs.

Postcode district CV4 has the lowest number of referrals and the highest rate of the population classified as “Higher & intermediate managerial, administrative, professional occupations”.

This could indicate a correlation; however CV5 shows the same rate of the population classified as “Higher & intermediate managerial, administrative, professional occupations” and has higher referral rates than CV4. The analysis by year shows that CV5 had an increase in training in 2020-21 which may explain the increase in referrals. CV4 had no training delivered in 2019-20 and 2020-21.

This may suggest that the referrals rates in CV4 are low due to the low number of trained GPs as opposed to (or in addition to) the demographics of the area.

Figure 6.9: Rate per 100,000 population.



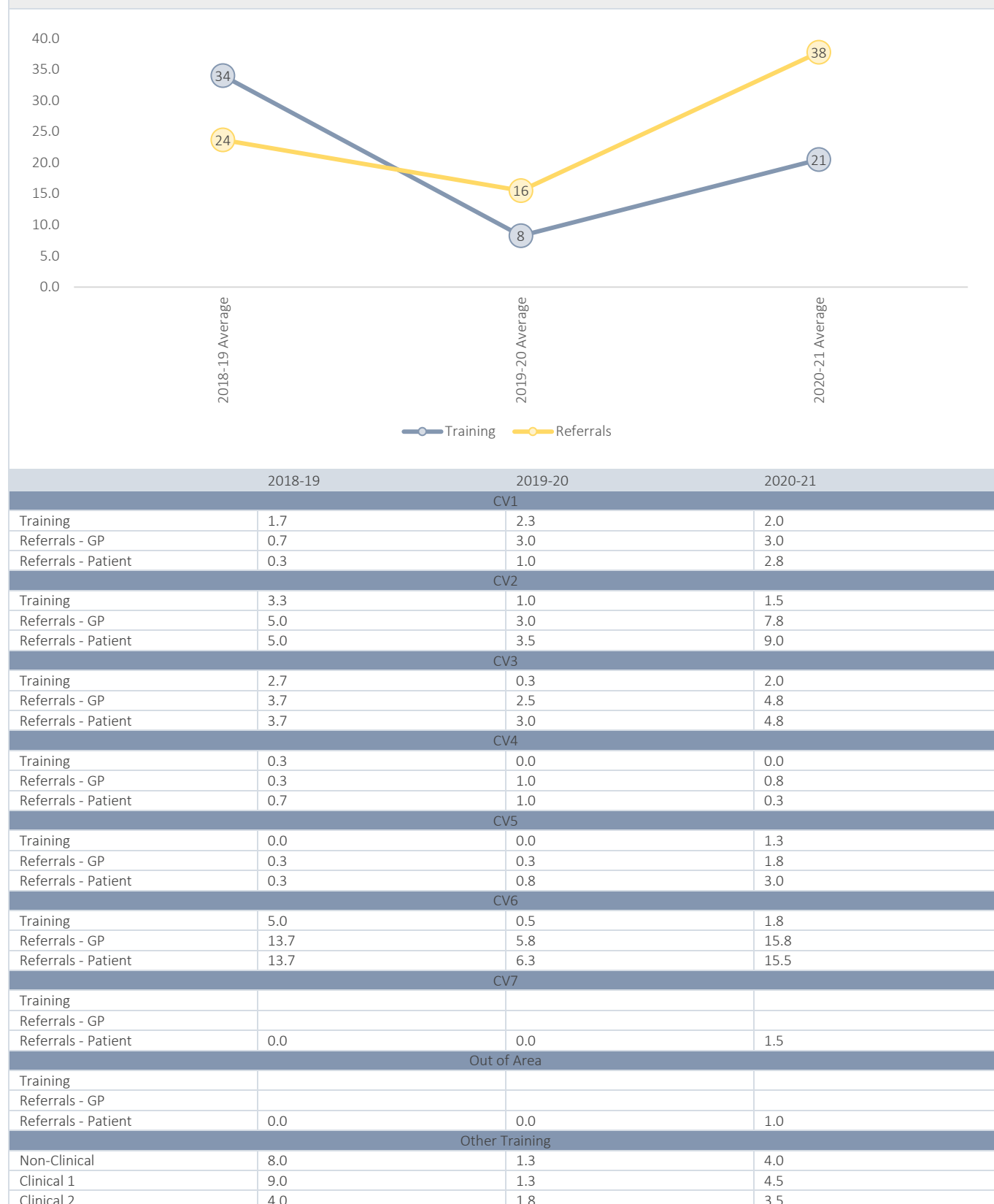
²¹⁸ <https://www.ukgeographics.co.uk/blog/social-grade-a-b-c1-c2-d-e>

The analysis of training and referrals by year further suggests that there is a correlation between the two.

The number of referrals in 2020-21 is higher than the previous years, with the growth of referrals in 2020-21 compared to 2019-20 exceeding the increase in training.

In 2018-19 and 2019-20, CV4 and CV5 both had little or no training, and low number of referrals. In 2020-21, CV4 still had no training and referrals remained low. CV5 saw an increase in training and also an increase in referrals.

Figure 6.10: Quarterly average of training delivered and referrals.



DEMOGRAPHIC ANALYSIS

AGE

There has been a change in the age structure of those referred.

As a percentage of the total number of referrals, there has been a decrease in the 55+ age group over the past 3 years, with the 18-25 and 40-55 age groups both seeing increases.

All age groups have seen an increase in referrals when comparing 2020-21 against 2019-20.

A high percentage of those referred are from the 26-40 age group; however the rate of those referred from this age group has also decreased.

Figure 6.11: Change in ages of referral; % of total.

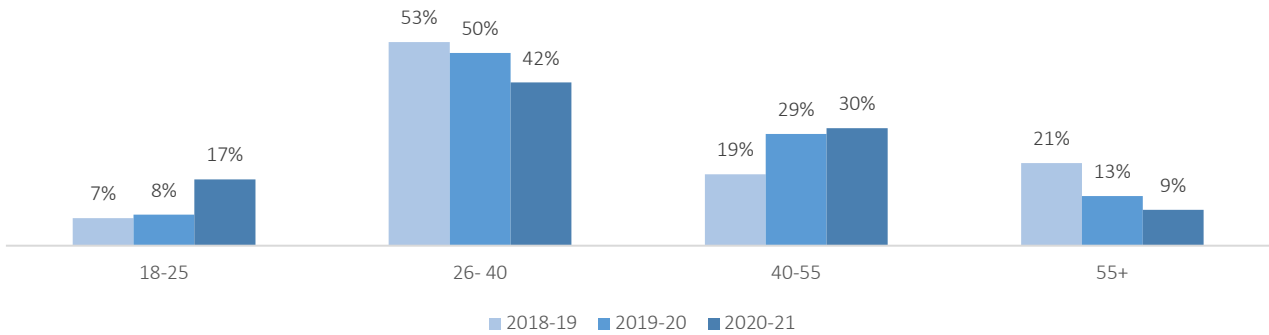
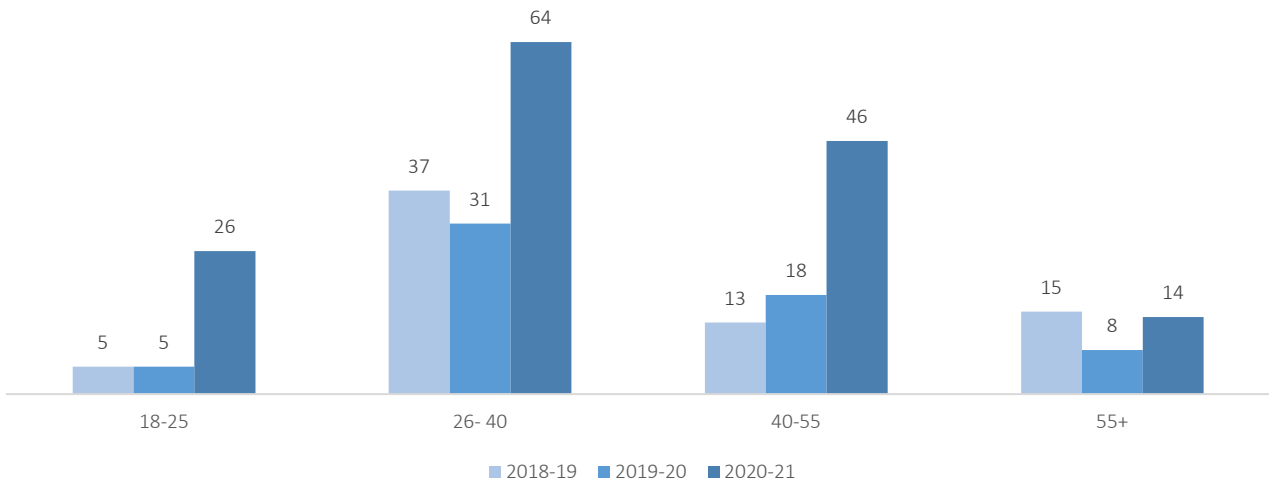


Figure 6.12: Change in ages of referral; actual count.



GENDER

Females account for the majority of referrals. Females accounted for 93% of the referrals, with all except 1 recorded as victims. Males accounted for 7% of the referrals, with 5% recorded as victims, and 2% as perpetrators. 3 of the 6 males who disclosed as perpetrators did so during COVID-19.

Figure 6.13: IRIS referrals by gender and victim/perpetrator.

Gender	Victim / Perpetrator	2018-19 Total	2018-19 % of Total	2019-20 Total	2019-20 % of Total	2020-21 Total	2020-21 % of Total
Female	Victim	67	94%	56	90%	140	93%
	Perpetrator	0	0%	0	0%	1	1%
Males	Victim	4	6%	3	5%	7	5%
	Perpetrator	0	0%	3	5%	3	2%
Total		71	100%	62	100%	151	100%

ETHNICITY

The increase in the number of referrals has meant that all ethnic groups have shown an increase. Those of White ethnicity accounted for 63% of the referrals in 2020-21. Although this is the largest group, as a percentage of the total, this is a decrease from the 67% recorded in the previous year.

Figure 6.14: Change in ethnicity of referral; % of total.

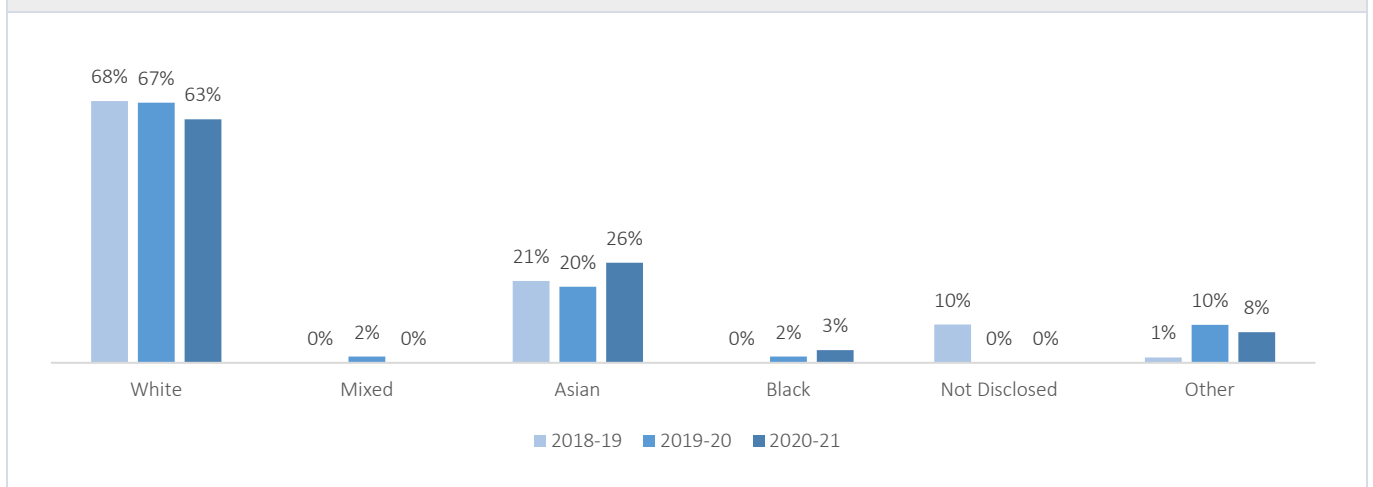
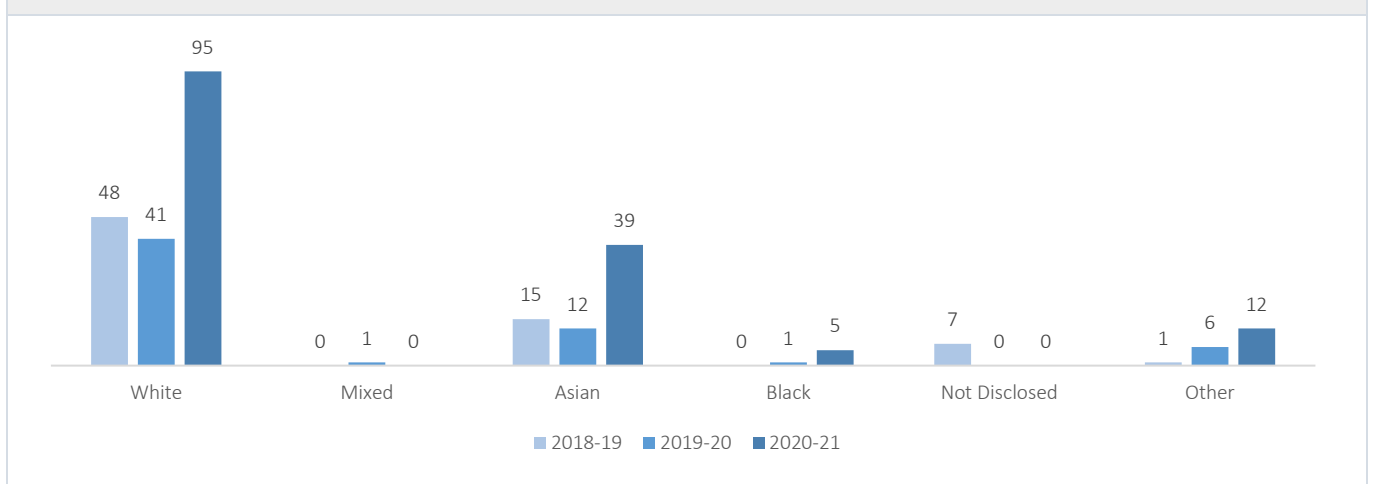


Figure 6.15: Change in ethnicity of referral; actual count.



SUICIDE

INTRODUCTION

DOMESTIC ABUSE AND SUICIDE

There is a link between domestic abuse and mental health needs, including suicide and suicidal ideation. However, the literature on domestic abuse and suicide is not extensive. The Kent and Medway Suicide Prevention Team carried a series of mini research projects into domestic abuse and suicide.²¹⁹

These deaths are made up of four main cohorts:

- Victims currently experiencing abuse (female and male)
- Individuals who have been victims of domestic abuse in the past
- Children and young people living in households impacted by DA
- Perpetrators of domestic abuse (either convicted or under investigation)

Out of 928 DASH risk assessments:

- 63% of DA victims were feeling depressed or having suicidal thoughts
- 61% of abusers had threatened or attempted suicide

DOMESTIC ABUSE VICTIMS

According to the *SafeLives Cry for Health* report, “two women a week are killed by a current or ex-partner in England and Wales, but it is estimated many more take their own lives as a result of domestic abuse: every day almost 30 women attempt suicide as a result of experiencing domestic abuse, and every week three women take their own lives”.

The SafeLives Insights IDVA 2017-18 dataset showed that 17% of people accessing support from a domestic abuse service had planned or attempted suicide.

Nearly twice as many hospital-based victim/survivors had self-harmed or planned/attempted suicide than those in community services (43% compared to 23% respectively).

The more severe the abuse, the greater the risk of suicide: research indicates that women at higher risk of potentially lethal assaults by their intimate partner had significantly greater odds of having threatened or attempted suicide during their lifetime.²²⁰

The pandemic has had an impact. In a survey of service users, domestic abuse prevention charity Hestia found that between July and September 2020, four out of every 100 women were contemplating or planning to take their own lives, compared to just one in every 100 in the same period in 2019.²²¹

²¹⁹ Megan Abbott and Tim Woodhouse: Highlighting the relationship between domestic abuse and suicide. Presentation on behalf of Transforming health and social care in Kent and Medway, for a National Suicide Prevention event, December 2020. [https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/learning-sets-\(wave-3\)/nccmh---spp-w3-ls2-slide-deck---december-2020.pdf?sfvrsn=214b9c2f_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/learning-sets-(wave-3)/nccmh---spp-w3-ls2-slide-deck---december-2020.pdf?sfvrsn=214b9c2f_2)

²²⁰ Cavanaugh, C. E., Messing, J. T., Del-Colle, M., O'Sullivan, C., & Campbell, J. C. (2011). Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence. *Suicide & life-threatening behavior*, 41(4), 372–383. <https://doi.org/10.1111/j.1943-278X.2011.00035.x>

²²¹ Blog: Domestic abuse & suicide. Accessed June 2021. <https://www.hestia.org/blog/domestic-abuse-suicide>

DOMESTIC ABUSE PERPETRATORS

Drive is a pilot programme that seeks to challenge and disrupt the behaviour of high-harm perpetrators.

SafeLives' internal analysis of Drive data with contact-only cases found that over a third (35%) had planned or attempted suicide. This compares to around 5% of the general population who have experienced suicidal thoughts/attempts in the past year.²²²

In perpetrators, it is difficult to analyse which suicide threats are genuine and which may be part of a campaign of abuse, or used as an 'excuse' for abusive behaviour.²²³

SUICIDE IN COVENTRY

INTRODUCTION

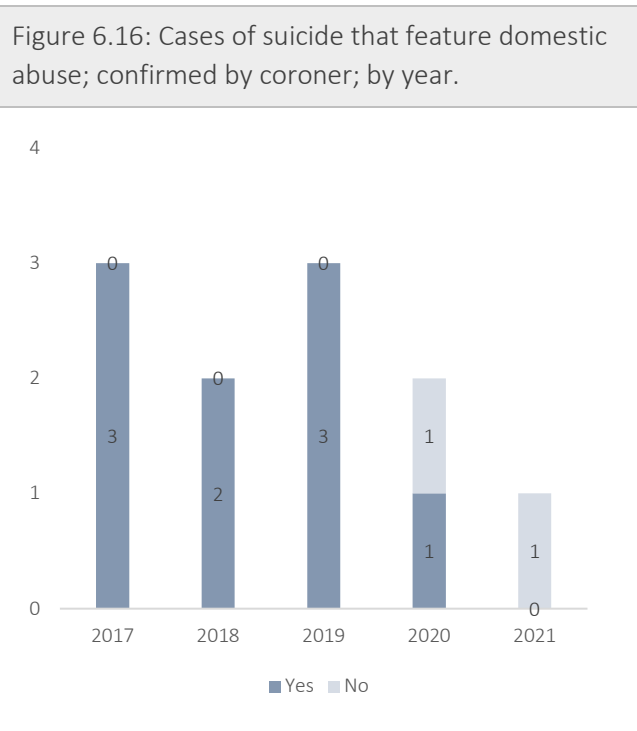
As part of this Needs Assessment, data relating to any suicide cases featuring domestic abuse was requested from the local authority. The data provided for use in this document covers the years 2017 to 2021.

ANALYSIS BY YEAR

2021 saw the lowest number of cases across the analysed time series.

There was one case of suicide featuring domestic abuse in 2021, but this is yet to be confirmed by the coroner.

The figure of a single case in 2021 is down on previous years.



²²² Blog: Domestic abuse & suicide. Accessed June 2021. <https://www.hestia.org/blog/domestic-abuse-suicide>

²²³ Video: Is it surprising that our local Real Time Suicide Surveillance is highlighting perpetrator suicides? <https://www.youtube.com/watch?v=0bvtKFOjUuA>

AGE AND GENDER

The majority of suicide cases involving domestic abuse are male.

Of the 11 cases between 2017 and 2021, 8 were males. The 35-44 and 45-54 age groups reported the highest numbers of cases.

Figure 6.17: Analysis of suicide cases by age and gender.

	Male		Female		Total	
Under 16	0	0%	0	0%	0	0%
16-17	1	13%	0	0%	1	9%
18-24	2	25%	0	0%	2	18%
25-34	0	0%	0	0%	0	0%
35-44	2	25%	1	33%	3	27%
45-54	2	25%	2	67%	4	36%
55-64	1	13%	0	0%	1	9%
65-74	0	0%	0	0%	0	0%
75+	0	0%	0	0%	0	0%
Total	8	-	3	-	11	-
%	73%		27%		100%	

VICTIM / PERPETRATOR / WITNESS

All of the female suicide cases were victims of domestic abuse.

There were 3 female suicides between 2017 and 2021, all of whom were victims of domestic abuse.

Looking at the male cases, only 1 of the 8 males was a domestic abuse victim. The majority were perpetrators.

Figure 6.18: Analysis of suicide cases by victim/perpetrator/witness and gender.

	Male		Female		Total	
Victim	1	13%	3	100%	4	36%
Perpetrator	5	63%	0	0%	5	45%
Witness	2	25%	0	0%	2	18%
Total	8	-	3	-	11	-
%	73%		27%		100%	

PLACE OF BIRTH

Around half of the cases had their place of birth as Coventry.

For 5 of the 11 cases, the place of birth was recorded as Coventry. 3 of the 11 cases had their place of birth as Poland: these consisted of 2 male perpetrators and 1 female victim.

POLICE CONTACT

All of those that had police contact were male perpetrators.

Of the 11 suicide cases, 4 had had contact with the police. All 4 of these were male perpetrators.

FIXED ABODE

One suicide case had no fixed abode.

This single case was the single male domestic abuse victim.

ALCOHOL USE

All 3 female domestic abuse victims had a history of dependent or harmful alcohol use.

Based on the available data, all 3 female domestic abuse victims had a history of dependent or harmful alcohol use.

1 female victim was recorded with alcohol dependency, 1 female victim was recorded with alcohol misuse (also with depression, anxiety, EUPD, agoraphobia), and 1 male perpetrator was recorded with alcohol dependency.

Figure 6.19: Analysis of suicide cases featuring a history of alcohol use.

		Dependent	Heavy	Harmful	None	Not known
Male	Perpetrator	1	1	0	3	0
	Victim	0	0	0	0	1
	Witness	0	0	0	1	1
Female	Perpetrator	0	0	0	0	0
	Victim	1	0	2	0	0
	Witness	0	0	0	0	0

DRUG USE

3 of the 11 cases had a history of drug use.

These were the single male domestic abuse victim, one male domestic abuse witness, and one female domestic abuse victim.

8 of the suicide cases had a drug history recorded as “unknown”. This is a data field which is challenging to accurately complete as information comes from friends and family or toxicology reports. If nothing shows up on toxicology reports and there is no information from the next of kin, this may be missed.”

HISTORY OF ABUSE (OTHER THAN DOMESTIC ABUSE)

10 of the 11 cases had no history of abuse, other than domestic abuse.

This is a field which may not be comprehensive. One female suicide case was a domestic violence victim who was also financially abused by her son.

CRISIS TEAM CONTACT

There was one suicide case who had had contact with the Crisis Team.

Based on the available data, there was one suicide case between 2017 and 2020 who had had contact with the Crisis Team.

WEST MIDLANDS AMBULANCE SERVICE (WMAS) CONTACT

There were 2 contacts reported with the WMAS. Both were for male perpetrators.

The data only includes contacts for mental health and does not include contact for physical health. During the analysed period, there were two contacts reported, both involving male domestic abuse perpetrators.

INPATIENT ADMISSION

There were 4 cases who had been inpatient admissions.

This data covers mental health admissions and not physical health. There were 4 cases who had been inpatient admissions, 3 of which were males.

Figure 6.20: Analysis of suicide cases featuring a history of inpatient admission.

	Male		Female	
Yes	3	38%	1	33%
No	5	63%	2	67%
Total	8	-	3	-

CONTACT WITH GP

All reported suicide cases had had contact with a GP within 9 months of their death.

The analysis shows that all of the suicide cases had had contact with a GP within 9 months of their death. Figure 6.21 shows the time of last contact and reason.

7 of the cases had had contact with GP due to mental health issues.

3 had contact with their GP within a month of their death.

Figure 6.21: Analysis of suicide cases and last GP contact.

Length of Time Between Last Contact	Count	Notes
Same Month	3	2 Male Perpetrators and 1 Female Victim. Two of the cases were for physical and mental health.
Next Month	2	1 Male Witness (mental and physical health) and 1 Female Victim (medication review).
2 Months	2	1 Male Perpetrator (physical health) and 1 Female Victim (mental and physical health).
3 - 9 Months	4	All remaining cases were last seen by GP between 3 - 9 months prior to death.

MENTAL HEALTH DIAGNOSES

Around half of the suicide cases had a history of mental health need.

6 of the 11 cases had a recorded diagnosis of depression.

PRESCRIPTION MEDICATION

Around two-thirds of suicide cases had a history of prescription medication.

7 of the 11 cases were recorded as being on prescription medication. Figure 6.22 shows a breakdown by sex.

Figure 6.22: Analysis of suicide cases and history of prescription medication use.

	Male		Female		Total	
Yes	5	63%	2	67%	7	64%
No	3	38%	1	33%	4	36%
Total	8	-	3	-	11	-

CHRONIC PAIN

None of the 11 suicide cases were recorded as suffering with chronic pain.

DISABILITY

None of the 11 suicide cases were recorded as having a disability.

-7-

CHILDREN AND YOUNG PEOPLE

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INTRODUCTION

OVERVIEW

CHILDREN AND DOMESTIC ABUSE^{224, 225, 226, 227, 228}

In relationships where there is domestic violence and abuse, children witness about three-quarters of the abusive incidents. Children who witness domestic abuse may display aggressive or angry behaviour, become withdrawn, have difficulty at school, experience anxiety, depression or eating disorders, have problems sleeping or wet the bed, exhibit self-harming behaviour, take drugs or excessively drink alcohol. They are at risk of being abused themselves, and may repeat the pattern and become abusive when they are older.

EDUCATION^{229,230}

Children affected by domestic abuse may have difficulties at school, including non-attendance, attention and concentration difficulties, hyperactivity, hypervigilance, sleep disturbance, withdrawal, insecurity, guilt, depression and low self-esteem. Their behaviour may be challenging, and they may be a perpetrator or victim of bullying. Many children affected by domestic abuse may be homeless or in non-permanent accommodation, which can affect social and academic progress. They may not have a quiet space at home to study or access a computer for homework.

PROGRAMMES FOR CHILDREN AND YOUNG PEOPLE

Domestic abuse can have a devastating effect on children and young people. But evidence suggests that the right support has a positive effect on children's outcomes.²³¹

In addition to responding to domestic abuse, education can play a preventative role. Research suggests that relationships education during adolescence is effective in changing attitudes towards domestic violence.²³²

²²⁴ Victim Support: Domestic Abuse. <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>. Accessed April 2021.

²²⁵ Royal College of Psychiatrists (2015), Domestic violence and abuse – the impact on children and adolescents. <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/domestic-violence-and-abuse-effects-on-children>

²²⁶ Unicef (2006), Behind closed doors: The impact of domestic violence on children. <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

²²⁷ NSPCC: Protecting children from domestic abuse. Last updated August 2020. Accessed April 2021. <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>

²³⁰ Lloyd M. (2018). Domestic Violence and Education: Examining the Impact of Domestic Violence on Young Children, Children, and Young People and the Potential Role of Schools. *Frontiers in psychology*, 9, 2094. <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02094/full> <https://doi.org/10.3389/fpsyg.2018.02094> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243007/>

²³¹ Action for Children (2019): Patchy, piecemeal and precarious: Support for children affected by domestic abuse. <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/domestic-abuse-policy-report/>

²³² Safelives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

NATIONAL PICTURE

Resources and support for children and young people vary from area to area. A 2019 report by Action for Children²³³ explored the specialist domestic abuse support available to children and young people, which revealed that support is patchy across the country and can be a postcode lottery.

- Overall, children faced barriers to accessing support in at least two thirds of the local authorities interviewed.
- In four of the 30 local authorities who were interviewed, there were no support services available for children affected by domestic abuse at all.
- Services for children were dependent on time-limited funding in nearly two-thirds of the local authority areas, or 19 out of the 30.
- In over a third of the 30 local areas (11 of those interviewed) children's access to services was restricted by their postcode.
- In two-thirds of the 30 local areas (20 of those interviewed) children's access to services was dependent on a parent's engagement with the service.

Sometimes, children and adolescents are also perpetrators of domestic abuse.

Specialist services for APVA often offer a dual service to both the parent-victim and the young person causing harm. Where such programmes have been used and evaluated in the UK, it has been shown that rates of reoffending and domestic violence referrals decreased and there were fewer incidents of domestic violence and anti-social behaviour as well as positive educational outcomes.²³⁴

BEST PRACTICE

NICE guidance on domestic violence and abuse (PH50) recommends providing specialist domestic violence and abuse services for children and young people (Recommendation 11).²³⁵

Those responsible for safeguarding children, and commissioners and providers of specialist services for children and young people affected by domestic violence and abuse should:

- Address the emotional, psychological and physical harms arising from a child or young person being affected by domestic violence and abuse, as well as their safety. This includes the wider educational, behavioural and social effects.
- Provide a coordinated package of care and support that takes individual preferences and needs into account.
- Ensure the support matches the child's developmental stage (for example, infant, pre-adolescent or adolescent). Interventions should be timely and should continue over a long enough period to achieve lasting effects. Recognise that long-term interventions are more effective.
- Provide interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer. This may involve individual or group sessions, or both. The sessions should include advocacy, therapy and other support that addresses the impact of domestic violence and abuse on

²³³ Action for Children (2019): Patchy, piecemeal and precarious: Support for children affected by domestic abuse. <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/domestic-abuse-policy-report/>

²³⁴ Safelives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

²³⁵ NICE (2014), Domestic violence and abuse: multi-agency working. Public health guideline [PH50]. Published: 26 February 2014 <https://www.nice.org.uk/guidance/ph50/chapter/1-recommendations>

parenting. Sessions should be delivered to children and their non-abusive parent or carer in parallel, or together.

SafeLives²³⁶ recommends that educating young people should be central to the response to domestic abuse:

- Domestic abuse services should incorporate education about healthy relationships into their response to young victims and young people who harm.
- Local Commissioners should fund education programmes for those who are vulnerable to domestic abuse or demonstrating harmful behaviour. This could include making materials available that young people can share with their friends if they think they are in an abusive relationship.

CHILD MALTREATMENT

A growing body of research suggests that intimate partner violence and child maltreatment often occur within the same household. Physical punishment of children is more common in households where women are abused, and interventions that address child maltreatment may be less effective in households experiencing IPV.²³⁷ According to SafeLives, just under half of young people (13 to 17 years) exposed to domestic violence are being directly harmed by the family member.²³⁸

NICE guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals.²³⁹

NSPCC services can support children and young people who have experienced domestic abuse to help them move on and receive the care they need.²⁴⁰

Young people's violence advisors (YPVAs) can provide holistic support to young people experiencing domestic abuse, but unlike with IDVAs, there is no consistent pathway to specialist support for young people.²⁴¹

²³⁶SafeLives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

²³⁷ Guedes, A., & Mikton, C. (2013). Examining the Intersections between Child Maltreatment and Intimate Partner Violence. *The western journal of emergency medicine*, 14(4), 377–379. <https://doi.org/10.5811/westjem.2013.2.16249>

²³⁸ SafeLives: Young people and domestic abuse. Accessed May 2021. <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

²³⁹ NICE: Child maltreatment: when to suspect maltreatment in under 18s. Clinical guideline [CG89]. Published: 22 July 2009 Last updated: 09 October 2017. <https://www.nice.org.uk/guidance/cg89/chapter/introduction>

²⁴⁰ NSPCC: Protecting children from domestic abuse. Last updated August 2020. Accessed April 2021. <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>

²⁴¹ SafeLives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

SCHOOL-BASED TRAINING

All staff in schools and colleges should be aware of indicators of abuse and neglect, so that they are able to identify cases of children who may be in need of help or protection.

Safeguarding and child protection training are compulsory in schools.²⁴²

- Governing bodies and proprietors should ensure that all staff undergo safeguarding and child protection training (including online safety) at induction. The training should be regularly updated. Induction and training should be in line with advice from the local three safeguarding partners.
- In addition, all staff should receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Governing bodies and proprietors should recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

Operation Encompass is a programme that aims to enable staff in every school to understand how to support children who are experiencing domestic abuse, no matter where in the world the child lives. It offers free training available to all schools and education settings. The training updates staff members' knowledge of child victims of domestic abuse.²⁴³

SCHOOL-BASED PROGRAMMES

Research suggests that relationships education during adolescence is effective in changing attitudes towards domestic violence.²⁴⁴

From September 2020, Relationship Education has been compulsory for all primary school pupils, and Relationship and Sex Education (RSE) has been compulsory for all secondary pupils. Health Education is compulsory in primary and secondary schools.²⁴⁵

- Relationships Education for primary pupils will cover the characteristics of healthy relationships, building the knowledge and understanding that will enable children to model these behaviours.
- RSE in secondary schools will help children understand and recognise domestic abuse and will also cover the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, forced marriage, rape, and FGM and how these can affect current and future relationships.
- The focus on healthy relationships in both primary and secondary will help children who are experiencing or witnessing unhealthy relationships know where to seek help and report abuse as well as addressing inappropriate behaviour, harassment, abuse or exploitation.²⁴⁶

²⁴² Department for Education (2015), Keeping children safe in education: Statutory guidance for schools and colleges. Last updated 18 January 2021. <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

²⁴³ Operation Encompass: Online Key Adult Training. Accessed May 2021. <https://www.operationencompass.org/operation-encompass-on-line-key-adult-briefing>

²⁴⁴ SafeLives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

²⁴⁵ Department of Education (2020): Relationships and sex education (RSE) and health education. <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

²⁴⁶ The Government response to the report from the Joint Committee on the Draft Domestic Abuse Bill

Session 2017-19 HI Paper 378 / Hc 2075: Domestic Abuse Bill.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817556/CCS0619467038-001_Domestic_Abuse_Bill_Print_WEB_Accessible.pdf

One study²⁴⁷ found that the most successful school-based programmes involve young people in their design by:

- incorporating material co-produced with young people into programmes
- engaging them in participative learning activities such as drama
- training and involving them as peer mentors or facilitators.

PARENTING PROGRAMMES

Evidence shows that parenting programmes can be a critical form of early intervention and help for families experiencing domestic abuse.²⁴⁸

Parenting programmes generally target parents who have abused or neglected their children, or who are at risk of doing so. Such interventions aim to improve relationships between parents and their children, and teach parenting skills. A few directly aim at reducing conflict and abuse. Common activities include: individual counselling or group discussion; role play; videotape modelling of positive parenting behaviours; educational communications materials which model or guide positive behaviours; structured or guided play between mothers, fathers and their children.

Some interventions focus specifically on fatherhood, men's roles as caretakers, and men's roles in teaching their sons to respect women.²⁴⁹

There are barriers to take-up: individuals who have experienced domestic abuse tend to be reluctant to engage in couple support due to barriers of risk, fear, shame and adherence to religious, social and cultural norms. The Early Intervention Foundation recommends course providers linking up with specialist services such as domestic abuse services, to support high conflict couples.²⁵⁰

²⁴⁷Stanley et al (2015), Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review* Volume 59, December 2015, Pages 120-131 <https://www.sciencedirect.com/science/article/pii/S0190740915300876>

²⁴⁸ SafeLives (2014): In plain sight: the evidence from children exposed to domestic abuse. https://safelives.org.uk/sites/default/files/resources/in_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf

²⁴⁹ Fulu et al (2014), What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337615/evidence-review-interventions-F.pdf

²⁵⁰Early Intervention Foundation (2019): Engaging disadvantaged and vulnerable parents: An evidence review. <https://www.eif.org.uk/report/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review>

CHILDREN'S SERVICES

EARLY HELP SUPPORT

INTRODUCTION

In Coventry, the *Coventry Early Help Strategy 2020-2022*²⁵¹ sets out how services will work collaboratively to help children and young people (aged 0–19) and their families. The strategy recognises the impact that domestic abuse can have on young people: “The ‘toxic trio’ of domestic abuse, mental health issues and drug and alcohol abuse are significant issues for Coventry parents, which impacts on their children.”

FAMILY HUBS

As part of the Early Help offering, support for children and young people can be provided through the Family Hubs and within the local community.

There are 8 Family Hubs across Coventry.

The hubs deliver services as part of the Integrated Early Help Offer to families. The hubs are in the areas of highest need across the city.

Within the hubs there are staff from multiple agencies, including:

- Children's Services
- Family Support Services
- Parenting Team
- Children's Centres
- Early Help Social Worker

JOINT WORKING

The Family Hubs host a range of services delivered by partners.

There are links with a range of agencies including school nursing, health visitors, Midwifery, PCSOs and Housing Associations. Information sharing agreements are in place.

REFERRING

There is a Here to Help function where families can access help on a freephone number or face to face every day in the Hub.

Schools and other agencies refer into the hubs. Any child or family who needs help that doesn't meet the threshold for a statutory intervention can be referred. Some referrals are diverted from the MASH, in addition to those families who are stepping down from Social Care.

NEED

Practitioners fed back that the families seen at the Family Hubs have complex needs.

²⁵¹ Coventry Early Help Partnership, (2020), Coventry Early Help Strategy 2020 - 2022

INTERVENTIONS

There are no waiting lists at the Family Hubs. Following a triage, the Family Hubs are able to make an offer of some kind to the child or young person and their family.

The Family Hubs run a range of services called Here To Help every day within the hubs. Here To Help is a source of early help designed to reach children, young people and families when the need first emerges. .

The hubs run multi-agency case discussions for their clients. The Family Matters Meeting is a multi-agency case discussion. Data can be shared between partners. If there is a domestic abuse aspect, this can be recorded with the client referred on to appropriate partners.

Decisions are made as to best agency to start the Early Help assessment and lead on the Early Help Plan. Early Help is delivered in a whole family approach. The Family Hubs offer support and interventions to children, young people and their families

The Early Help Assessment Co-ordinator supports schools and other partners regarding the management of risk and completion of Early Help assessments and plans.

SCHOOLS

Early Help support is being offered within schools. Practitioners fed back that there is a variation in the resources across different schools to meet the trauma needs of young people.

GAPS / NEED

Practitioners in the Family Hubs fed back that there are a lot of services accessible to those children who are at a higher risk. This is not the case for those at lower risk.

CHAMPIONS GROUP

There is a Domestic Abuse Champions Group, attended by practitioners from the Family Hub. The group was impacted by COVID-19 and has met 3 or 4 times. The group discussed the DASH risk and the domestic violence Risk Identification Matrix (DV RIM).

COVID-19

During COVID-19, 4 of the 8 hubs stayed open and acted as a place of safety. There was no increase in demand during the pandemic.

The MASH saw an increase in referrals. There was an increase in numbers who did not meet the threshold for Early Help.

KEY FINDINGS

The Family Hubs work with young people with complex needs, including domestic abuse.

- The hubs offer an opportunity for domestic abuse to be identified at an early stage.
- The impact of domestic abuse on children can be profound. There is great deal of onus on staff within early help to address domestic abuse.

Appropriate training has to be offered to staff. Training should include increasing confidence in speaking to perpetrators, especially those still in the family home.

Practitioners fed back that there are a lot of expectations on schools to complete counselling and one-to-one work with children and young people.

- This is especially true for those who do not meet the threshold for the WISH Service.
- Schools may not have the time and staff resources available to complete this work. A knock-on effect of this could be school exclusion.

Once a young person moves into a specialist accommodation, there can be delays before they start a new school.

- This can be down to no places being available in the area of the specialist accommodation.

MULTI AGENCY SAFEGUARDING HUBS (MASH)

INTRODUCTION

OVERVIEW

Partners from organisations across Coventry came together to create the city's first-ever Multi Agency Safeguarding Hub (MASH) which opened in September 2014. The MASH has workers from key partners responsible for safeguarding children in Coventry co-located in one building.²⁵²

The MASH use Barnado's DV RIM to manage and assess risk.

REFERRALS

Practitioners fed back that there were a number of re-referrals in relation to domestic abuse. There are approximately 300-400 police referrals with a domestic abuse aspect per month.

On Mondays and Tuesdays there is an increased number of domestic abuse incidents due to a build up of referrals over the weekend. The conversion rate from these referrals to actual Safeguarding cases is low. Referrals can drop out if there is no consent or if families are offered a service but have received it before.

A police team are based in the MASH. The police screen incidents from the previous night. If the police share an incident, the MASH will review and allocate. The MASH practitioners will approach the parents and the perpetrators.

Referrals are also received from schools and healthcare services.

In May 2021 there were 377 referrals, consisting of:

- 49 Statutory social work referrals
- 42 Early help referrals
- 7 Other agency referrals
- 269 referrals offered services
- 10 referrals with no further action – they may not have met the threshold or may have refused service.

As a comparison, there were 500 referrals received in December 2020. A breakdown for these referrals was not available.

SIGNPOSTING

The MASH signposts service users to a range of domestic abuse services:

- Haven
- Valley House
- School support
- WISH Service

²⁵² https://www.coventry.gov.uk/info/31/children_and_families/2186/coventrys_multi_agency_safeguarding_hub_mash

TRAINING

All practitioners are trained in Safeguarding. MASH staff have delivered training to social work academies. There is a domestic abuse Champions Group. Training has been delivered to this group.

MARAC

The MASH complete MARAC papers and attend MARAC meetings. Throughout the pandemic there was an increase in meetings. The MARAC runs fortnightly.

COVID-19

Initially at the beginning of COVID-19 there was a decrease in referrals; these then spiked before returning to their original pre-pandemic levels. The MASH operated throughout COVID-19.

It was found that working remotely did not work for MASH practitioners. Office based work was more successful. It was better to share information with the police in person.

MEN

Feedback from the MASH co-ordinator was that there are high numbers of referrals through the MASH when the male is the victim and the female is the perpetrator.

SUPPORTING FAMILIES

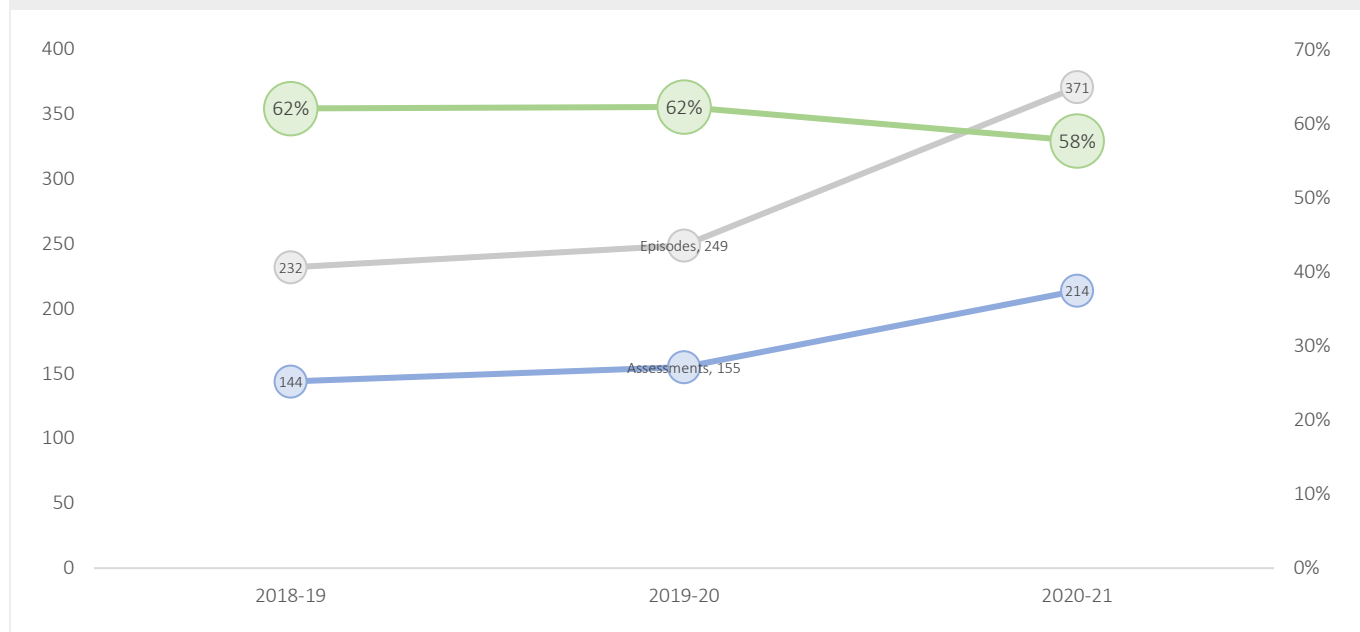
EPISODES AND ASSESSMENTS

There has been an increase in the number of episodes and assessments; however the percentage of episodes resulting in assessment has decreased.

Over the analysed period, the majority if episodes and assessments were recorded by Family Hubs (88% of total) and Schools (9% of total).

There has been a decrease in the rate of assessments as a percentage of episodes for schools.

Figure 7.1: Episodes and assessments.



Agency		2018-19	2019-20	2020-21
Children's Services	Episodes	7	4	7
	Assessments	5	0	4
	%	71%	0%	57%
Early Support	Episodes	1	2	0
	Assessments	0	0	0
	%	0%	0%	-
Family Hub	Episodes	201	218	327
	Assessments	127	138	202
	%	63%	63%	62%
Health	Episodes	0	2	0
	Assessments	0	2	0
	%	-	100%	-
School	Episodes	20	23	37
	Assessments	12	15	8
	%	60%	65%	22%
Social Services	Episodes	3	0	0
	Assessments	0	0	0
	%	0%	-	-
Total	Episodes	232	249	371
	Assessments	144	155	214
	%	62%	62%	58%

AGE AND GENDER

There were more males referred than females, at 53% to 46%.

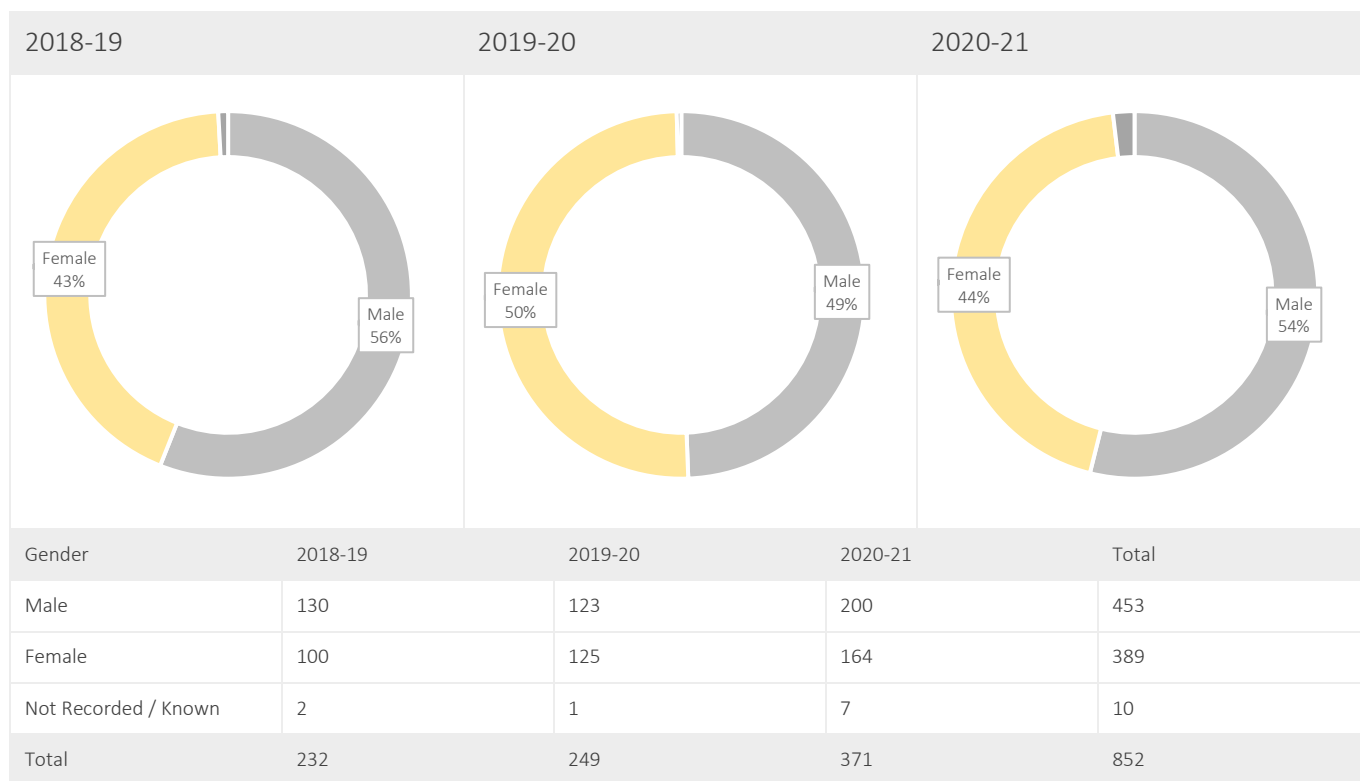


Figure 7.2: Distribution of the population by age and gender; % of total; 2018-19, 2019-20, 2020-21.

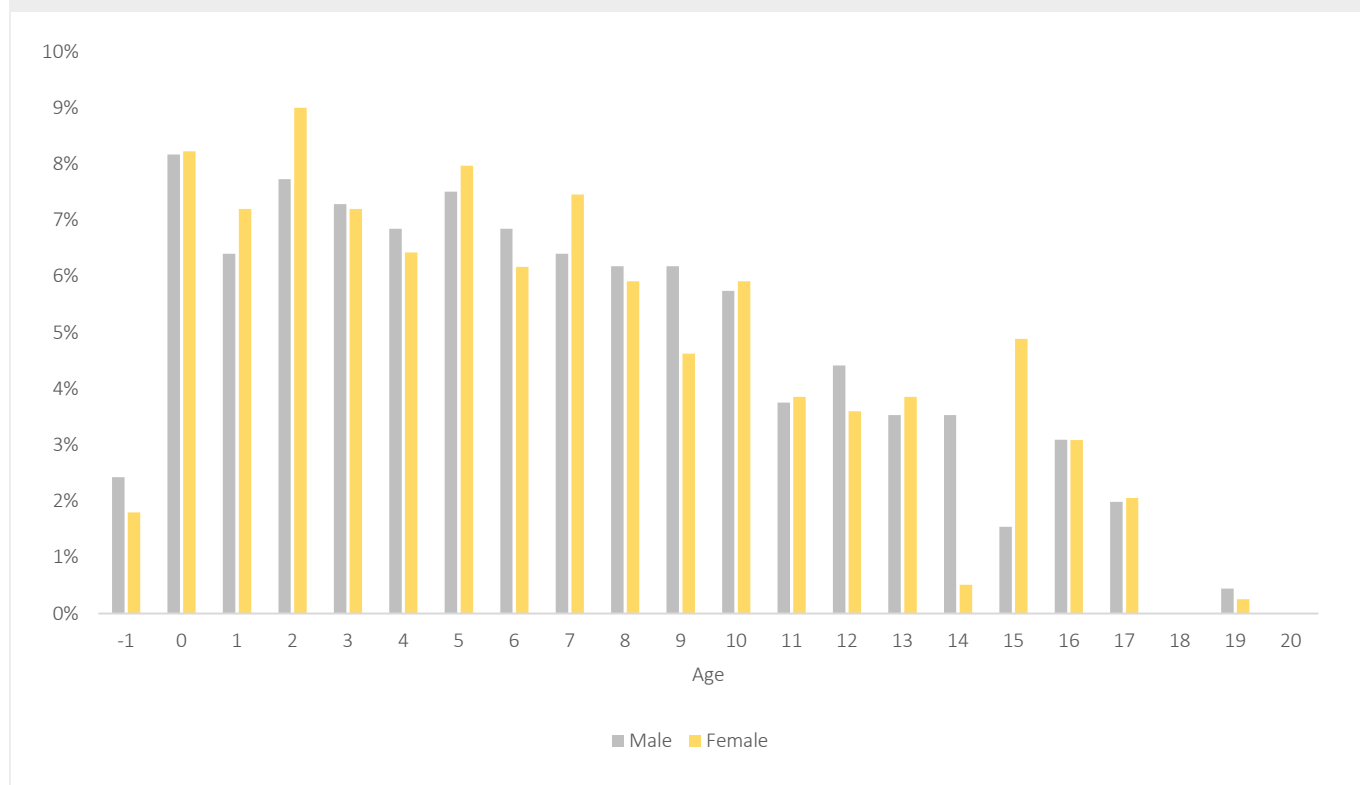
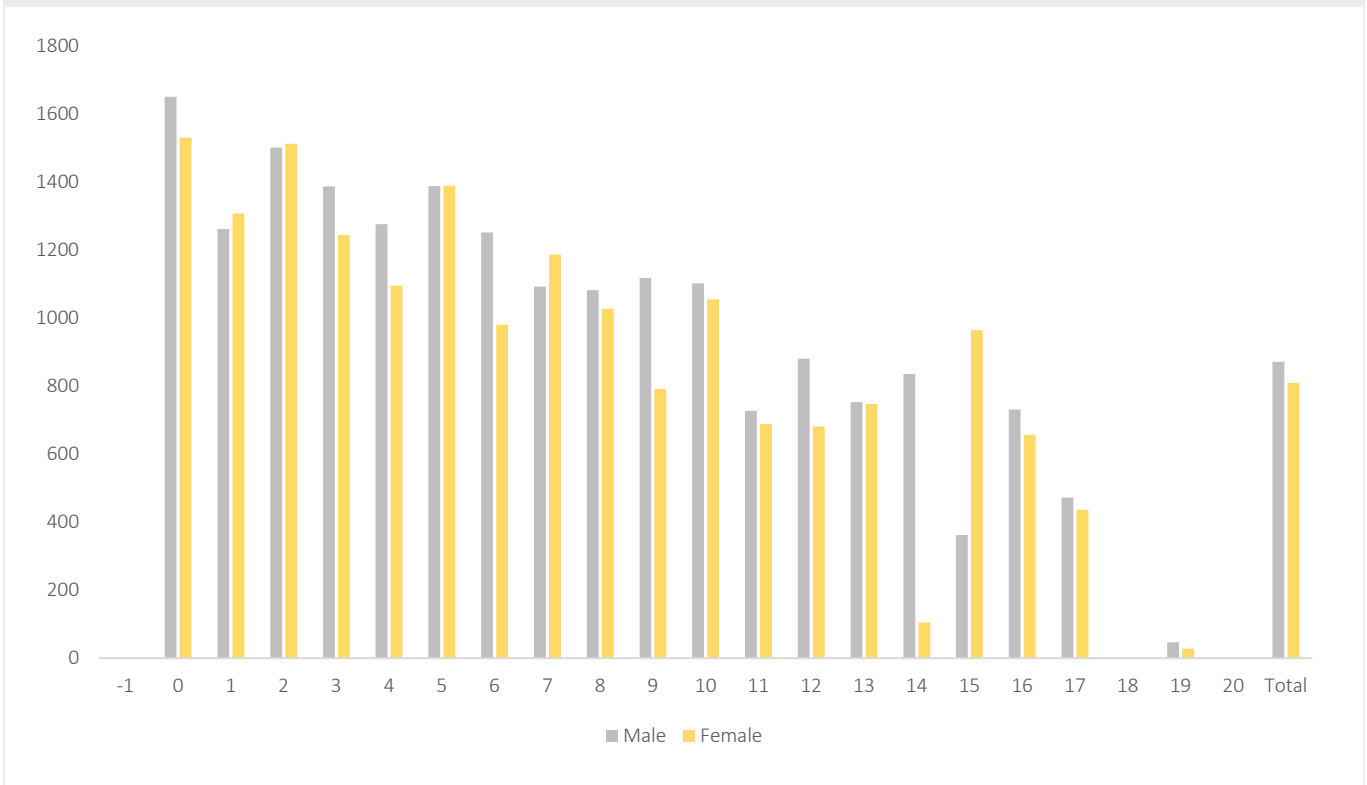


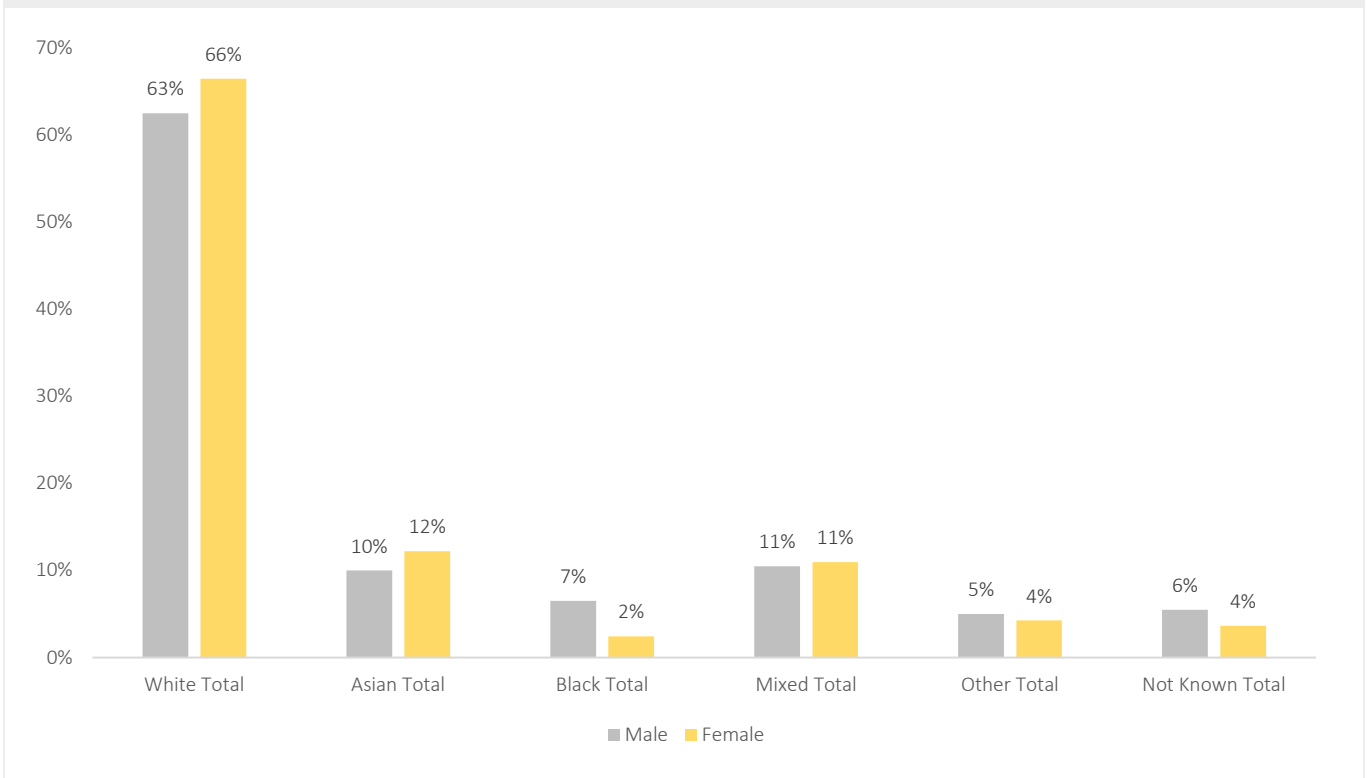
Figure 7.3: Distribution of the population by age and gender; rate per 100,000 population; 2018-19, 2019-20, 2020-21.



AGE AND ETHNICITY

The split by ethnicity by gender shows slightly higher rates of those of black ethnicity for males compared to females.

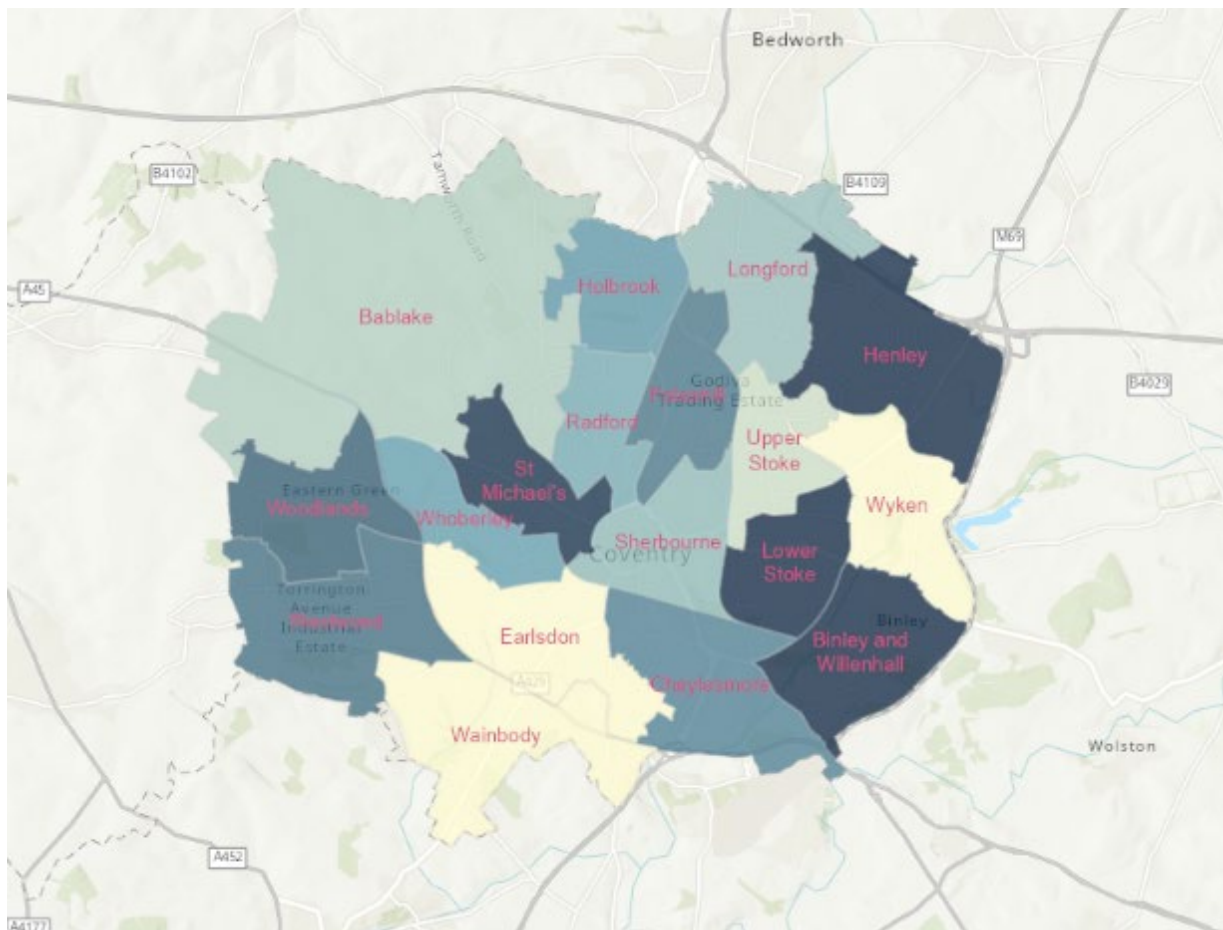
Figure 7.4: Distribution of the population by ethnicity and gender; % of total; 2020-21.



LOCATION

The map analyses the rate of episodes per 100,000 population of the 0-17 age group. There are variables between the rates when analysed at ward level.

Figure 7.5: Number of episodes between April 2018 and March 2021; rate per 100,000 of the 0-17 age group.



Ward Name	Number of Episodes				Change on 2018-19	
	2018-19	2019-20	2020-21	Total	2019-20	2020-21
Bablake	12	4	9	25	-8	-3
Binley and Willenhall	18	31	30	79	13	12
Cheylesmore	15	13	12	40	-2	-3
Earlsdon	0	0	2	2	0	2
Foleshill	34	12	38	84	-22	4
Henley	21	38	25	84	17	4
Holbrook	15	10	26	51	-5	11
Longford	7	13	20	40	6	13
Lower Stoke	19	30	44	93	11	25
Radford	10	6	31	47	-4	21
Sherbourne	10	4	17	31	-6	7
St Michael's	22	17	31	70	-5	9
Upper Stoke	10	16	4	30	6	-6
Wainbody	1	0	0	1	-1	-1
Westwood	8	18	27	53	10	19
Whoberley	2	8	19	29	6	17
Woodlands	20	9	18	47	-11	-2
Wyken	2	10	2	14	8	0
Not Known	2	1	0	3	-1	-2
Out of City	4	9	16	29	5	12
Total	232	249	371	852	17	139

DISABILITY

There has been an increase in the number of referrals with a disability recorded, and in 2020-21, these accounted for 4% of the total.

Figure 7.6: The percentage of referrals with disability recorded; % of total; 2018-19 to 2020-21.



OVERVIEW

The NSPCC do not provide a specialist domestic abuse service; however they routinely work with young people who have lived with domestic abuse.

NSPCC work with children and young people where there has been sexually harmful behaviour. Again, a high number of this cohort have been exposed to domestic abuse. Children are normally known to social care services and have Child in Need plans.

Practitioners are trained in working with children; however they will approach other agencies if specialist care is required. The NSPCC provision in Coventry is finishing. so support such as the sexually harmful behaviour service will no longer be available. This will leave a gap in provision and may increase pressure on other services if referrals look for support elsewhere.

REFERRALS

Referrals normally come via social care services, for example via Child Protection Meetings. Sometimes referrals are received via schools and youth offending services. Domestic abuse is often cited in referrals.

ASSESSMENTS

The NSPCC complete a Family Focus Assessment. Sometimes these are completed in specialist accommodation. This is picked up via the school or health visitor. These are completed with families who have children under the age of 7.

Historical domestic abuse is frequently raised and has an impact on the child. This manifests itself in issues relating to trauma. Trauma may be seen at a later date. Practitioners run through a trauma symptom checklist. This is completed alone, or with the parent or school.

INTERVENTIONS

NSPCC practitioners complete early intervention work with parents. Practitioners often signpost families on to other services and agencies, if needed (such as the WISH programme, Lighthouse, Barnado's).

Every service has a long waiting list:

- As an example, CAMHS has an 18-month waiting list for Autistic Spectrum Disorders (ASD).
- CAMHS may complete some holding work while referrals are on the waiting list.

Practitioners fed back that schools may not have the time or resources to work with children or explore the reasons behind why a child is acting a particular way. A knock-on effect of this could be school exclusion.

Language can be a barrier where English is not spoken, but the NSPCC always use interpreters. These sessions take longer.

COVID-19

During COVID-19, home visits stopped. These are restarting. NSPCC offices are open now.

GAPS

NSPCC practitioners fed back that they don't know what domestic abuse focussed services are available in Coventry.

WISH SERVICE

OVERVIEW

The WISH Service works with children aged 5-18 who have been victims or who have witnessed domestic abuse. The service is run by Relate.

The WISH Service offers a chance for children to process domestic abuse. The service provides help with:

- Healthy relationships
- Protective behaviours
- Language and behaviour

The service also provides help in relation to keeping your body safe and safe touch work (where possible sexual abuse has been identified).

REFERRALS

Children who are referred into the WISH Service have to be being managed on a Child in Need plan, or be known to Children's Social Care as a Looked After Child. There are not a lot of referrals made via specialist accommodation.

Since January 2021, there has been an increase in referrals. There was a decrease in referrals during the pandemic. Practitioners thought that the reduction in referrals could be related to a lot of referral sources moving online – such as schools.

ASSESSMENT

The first assessment is always completed with the parent. Practitioners use the DASH Risk Assessment Tool. Practitioners also use the DV RIM Tool.

ENGAGEMENT

The WISH service mostly works with children aged 5–11. Teenagers are less likely to engage in the service.

LOCATIONS

Relate are flexible as to where their interventions can take place. Interventions can take place at Family Hubs, schools, social care offices and online via Teams

EVALUATION

Pre and post evaluations are given to those children who engage in the service. This includes a discussion of safety. The evaluation checks on the child's relationships with their parents. The evaluation asks questions about anything else the child wants or needs.

CHILD PROTECTION

WISH practitioners provide reporting to Child Protection Case Conferences and Reviews. Legal reports are provided where necessary. Practitioners also share disclosures with relevant agencies.

CHILDHOOD COUNTS

INTRODUCTION

OVERVIEW

Since early 2020, Childhood Counts (CC) have been employed by the Violence Reduction Unit in the Hillfields area of the city. CC have worked in the Wood End area since January 2021. Work in Wood End has included work relating to coercion and control.

CC are employed to work with early years children in the area of violence reduction and prevention. The CC provider is an early years teacher / trainer.

INTERVENTIONS

CC work with children in small groups (4 to 6 children at a time). CC introduce domestic scenes and the children speak about this. CC run deep breathing and relaxation exercises with children. CC use the sessions to enlighten children as to what abuse looks like through engagement and role playing. CC can identify safeguarding issues, including domestic abuse, through the sessions.

Children have used the sessions to open up about domestic abuse to teachers and their classmates. CC may do some one-to-one work with children, if appropriate or necessary.

CC do not undertake any therapeutic work with children.

FEEDBACK

From the sessions, children have mentioned parents fighting and violence in the home. Some children have an idea about what to do if there is violence in the home.

ONWARD WORK

If domestic abuse is identified, CC log the issue as a concern with the school. The school then follow their own safeguarding processes.

CHILDREN'S SAFEGUARDING

OVERVIEW

Coventry City Council follow the Signs of Safety Approach. The council have attempted to embed this approach across all services. The Right Place Right Time decision making tool is used by services in Coventry for raising safeguarding concerns. Childrens' Social Care have a Domestic Abuse procedure in place.

Feedback from the Safeguarding Lead was that partners are good at identifying domestic abuse in Coventry. Domestic abuse awareness is understood and heavily promoted.

POTENTIAL GAPS

Regarding Children's Services, a potential gap has been identified. Following a referral to specialist services, a parent or family may take time before accessing or approaching the service. There is a potential safeguarding need during this time while they are 'between' services. To address this, the Safeguarding Lead has approached local providers about the best way to protect children during this time. Clear and simple guidance has been provided for practitioners working with children and families.

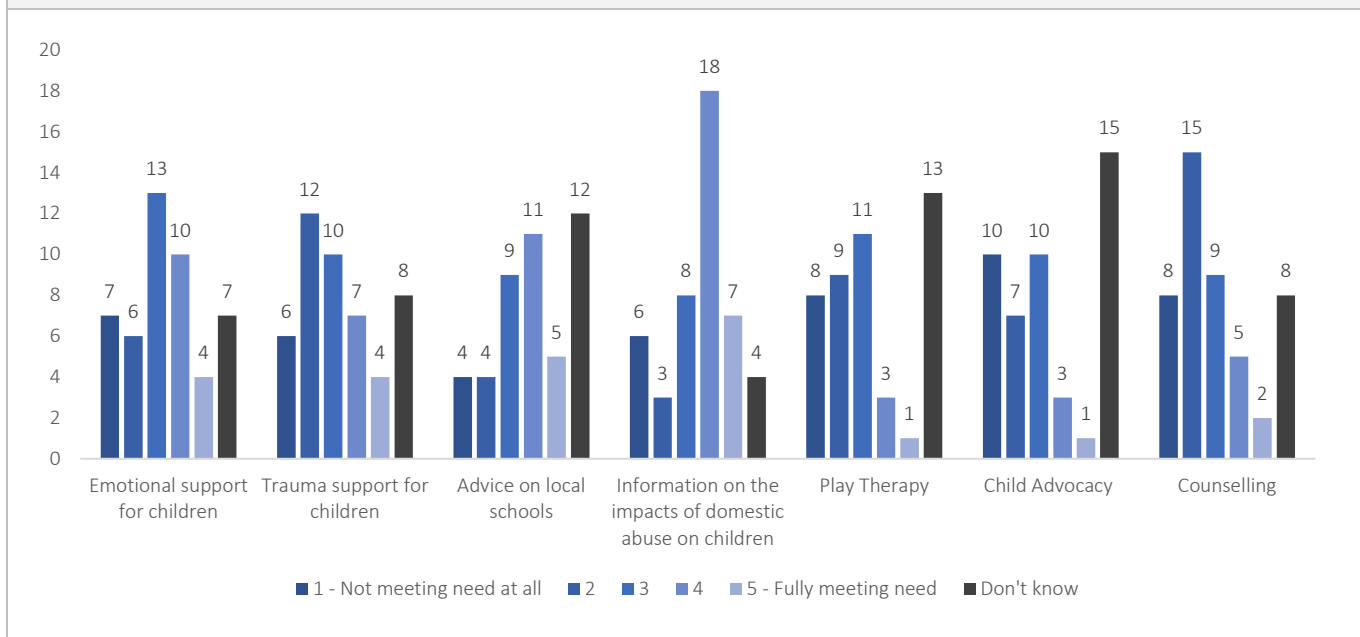
ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether support services for children were meeting needs.

Responses from practitioners indicate that existing services are not meeting needs in relation to play therapy, child advocacy, and counselling.

Figure 7.7: Support in relation to children: Practitioner survey

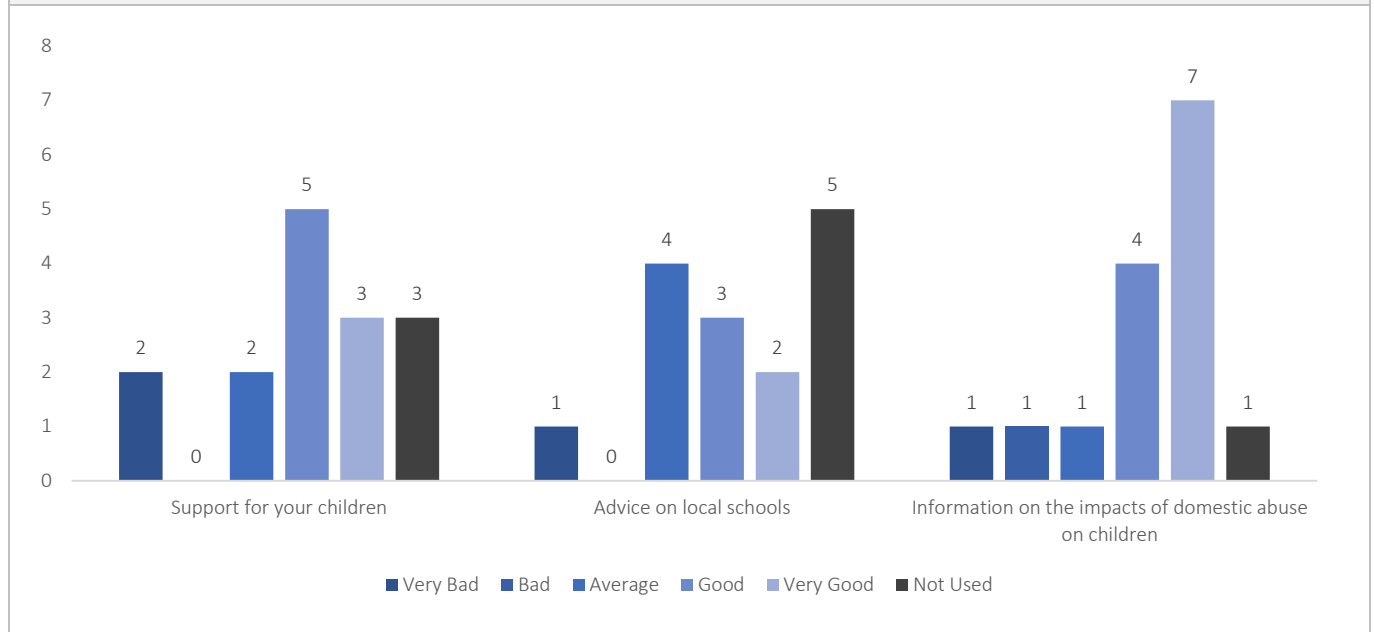


SURVIVOR SURVEY

Respondents were asked about how well support services in relation to children met need.

There was good feedback from survivors in relation to the information that they received about the impacts on domestic abuse on children.

Figure 7.8: Support in relation to children: Survivor survey.



FREE-TEXT COMMENTS

“We went on positive parenting and learnt more, we had already witnessed it now we know why”

“Again my personal life was given to my children teachers laid bare every month. Humiliating and heartbreaking and again my abuser was unchecked! “

“Children require a service which can support them individually and also in a group setting. The group work setting I feel is very important so that children understand it is not just them going through this and that other young people have also been affected.”

YOUNG PEOPLE'S ENGAGEMENT

The Positive Youth Foundation completed an engagement exercise with young people regarding knowledge about healthy relationships and domestic abuse. A focus group was run with 9 young women aged between 14 and 20. Below is a summary of their findings.

HEALTHY RELATIONSHIPS

Do people understand what a healthy relationship is?

- Not everyone knows what a healthy relationship is. People hear relationship and they think it means romantic, but a relationship can be between any group of people and 2 individuals. It is family, friends, love interests, etc. But not everyone knows what a healthy one is because otherwise no one would have issues.
- We learn about what we think is healthy from what we have experienced, so we may look at someone else's relationship and think that's not healthy while they look at ours and think the same.
- A healthy relationship should be supportive and loving, not controlling or abusive. You should feel comfortable around that person.

Where do people get advice about healthy relationships?

- Probably from their friends and family. But if your home life or friendships aren't a safe space, then you may not be getting the right advice, or any.
- Parents, because they're supposed to be role models in your life.
- TV adverts or TV shows, that's how we also learn what a relationship should look like.
- Friends, we talk to our friends about everything. They are the ones that tell us if someone we're dating is toxic or just not a good person.
- I don't think there are any places outside of people we know where you can go to and ask for advice and be taken seriously. People judge you when it comes to this topic, so it forces us to keep it to ourselves if something is wrong.

What is the healthy relationship advice received from school?

- None. Don't do it, we're taught to not have sex, and that's about it. Even then, not all schools talk about it. But there is nothing around emotional or healthy relationships, it's not addressed.
- You'll be told a bit of information by your safeguarding officer if you're in the social care system but other than that, if you're in your day-to-day life and you think a bad relationship is normal, you don't really get told that it's not normal until you go to a friend's house and you see their life for yourself - and you make the comparisons for yourself.

DOMESTIC ABUSE

Why do some people engage in domestic abuse?

- Anger
- Frustration
- Jealousy
- Thinking that's the right way to behave because that's what they've gone through, or that's what they've experienced.
- We treat others the way we've been treated, cause a lot of the time we're taught that home is a safe space. So if someone's been treated badly at home, and other people are telling them that that's love, then they're going to treat others like that without realising it's toxic.
- It's not always the abusers fault, if they haven't been told or taught better.

What can be done to prevent domestic abuse?

- Educate people about what it is.
- Educate people on how to ask for help, what help there is.
- Educate people more on what it is, what it looks like and why it's wrong, than focusing on the support you need after you've gone through it. We should be trying to stop it from happening, instead of supporting someone after it's happened.

Are there services that you are aware of who can help with domestic abuse?

- Not really, no one talks about places you can go and ask for help.
- The places that are clear are through social care etc. and it's a big risk to do that as a young person cause you're at risk of losing your family and being alone.
- There are no places we know of that give support on domestic abuse without us being at risk of being in the system.

Do you think people would ask for help?

- No because it's stigmatised.
- Very rarely do people reach out for help.

What would stop people asking for help?

- Not being taken seriously.
- There is not enough help or advice out there on where to go.
- Not knowing where to go for help.
- Not knowing they're being abused.
- Fear of it getting worse if no action is taken.
- The process in place makes it harder for people to get the help they want. The steps make people relive trauma instead of comforting them.

-8-

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MALE SURVIVORS

POLICE	MARAC
<p>1408 (26%) VICTIMS IN 2020 [an increase from 1004 (23%) in 2019]</p>	<p>6 (1%) REFERRALS FOR THE 12 MONTHS TO JUNE-21 [an increase from 5 (1%) from previous year]</p>
SUPPORTING FAMILIES	IRIS
<p>200 (54%) EPISODES IN 2020-21 [an increase from 123 (49%) in 2019-20]</p>	<p>7 (5%) REFERRALS IN 2020-21 [an increase from 3 (5%) in 2019-20]</p>
SUICIDE	VALLEY HOUSE
<p>8 CASES BETWEEN 2017-2021 [3 females in the same period]</p>	<p><u>0 - DATA TO BE VALIDATED</u></p>
HAVEN REFUGE	HAVEN COMMUNITY OUTREACH
<p>–</p>	<p>8 (1%) VICTIMS IN 2020-21 [data for previous year not available]</p>
HAVEN IDVA	HAVEN EARLY INTERVENTION PROJECT
<p>8 (2%) REFERRALS IN 2020-21 [data for previous year not available]</p>	<p>20 (4%) ELIGIBLE AND REFERRED VICTIMS IN Q1 OF 2021-22 [launched end of 2020-21]</p>

SEX

Domestic abuse is a gendered crime. Whilst both men and women may experience incidents of inter-personal violence and abuse, women are considerably more likely to experience repeated and severe forms of abuse, including sexual violence. They are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death.²⁵³

For the year ending March 2020, the Crime Survey for England and Wales (CSEW) estimated that 1.6 million women and 757,000 men aged 16 to 74 years experienced domestic abuse in the last year. This is a prevalence rate of approximately 7 in 100 women and 4 in 100 men.

Women were significantly more likely than men to be victims of each type of abuse, with the exception of sexual assault by a family member where, although higher, the difference was not significant.²⁵⁴

MALE VICTIMS OF DOMESTIC VIOLENCE

- While domestic violence and abuse is mainly perpetrated by men against women, it can also be perpetrated by women against men, in same-sex relationships and against trans men.
- Men's experience of domestic violence and abuse will be affected by stereotypes and assumptions about masculinity. This can affect how men perceive their own victimisation, place pressures and expectations on them or unfairly influence how services respond
- Gay, bi and trans men's experiences of domestic violence and abuse may also be affected by other forms of oppression and discrimination i.e. homophobia, biphobia, transphobia
- Some perpetrators present as victims and need a response which addresses this.²⁵⁵

BEST PRACTICE

The government's *Ending Violence against Women and Girls Strategy 2016-2020*²⁵⁶ aims to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.²⁵⁷

The *Respect Male Victims Standard*²⁵⁸ seeks to ensure that services who work with male victims are safe, effective and accountable. It ensures that organisations meet this responsibility and place the experience of victims and their safety, well-being and freedom at the centre of all their work.

²⁵³ Women's Aid: Domestic abuse is a gendered crime. Accessed April 2021. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>

²⁵⁴ ONS: Domestic abuse victim characteristics, England and Wales, year ending March 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020#sex>

²⁵⁵ Respect (2019), Respect Toolkit for Work with Male Victims of Domestic Abuse. https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/96/Respect-Toolkit-for-Work-with-Male-Victims-of-Domestic-Abuse-2019.pdf

²⁵⁶ HM Government (2016): Ending Violence against Women and Girls Strategy 2016-2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF

²⁵⁷ CPS (2017), Violence Against Women and Girls Strategy 2017-2020. Accessed May 2021. <https://www.cps.gov.uk/sites/default/files/documents/publications/VAWG-Strategy-2017-2020.pdf>

²⁵⁸ Respect (2019), Respect Male Victims Standard. <https://www.respect.uk.net/resources/17-respect-male-victims-standard>

MENTAL HEALTH	
POLICE	MARAC
NOT AVAILABLE	14 (2%) REFERRALS FROM THE MENTAL HEALTH SERVICE FOR THE 12 MONTHS TO JUNE-21 [an increase from 10 (2%) from previous year]
SUPPORTING FAMILIES	IRIS
67 HOUSEHOLDS WITH PARENTAL MH AS A CONCERN IN 2020-21	108 (72%) IDENTIFIED IN 2020-21 [an increase from 30 (48%) in 2019-20]
SUICIDE	VALLEY HOUSE
8 WITH MH DIAGNOSES BETWEEN 2017-2021	25 (48%) IDENTIFIED WITH MENTAL HEALTH NEED IN 2020-21
HAVEN REFUGE	HAVEN COMMUNITY OUTREACH
2 (4%) IN 2020-21	-
HAVEN IDVA	HAVEN WISH
-	-

Haven Community Outreach, IDVA, and Early Intervention Programme record disabilities; however these are not broken down into subsets.

MENTAL HEALTH

Mental health problems are a common consequence of experiencing domestic abuse, both for adults and children. In addition, having mental health issues can render a person more vulnerable to abuse. Despite the strong association, domestic abuse often goes undetected within mental health services and domestic abuse services are not always equipped to support mental health problems.²⁵⁹

- Domestic violence has an estimated overall cost to mental healthcare of £176 million.
- Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence.
- Domestic violence is associated with depression, anxiety, PTSD and substance abuse in the general population.
- Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems.²⁶⁰
- Mental ill health is also a risk factor for abuse perpetration.²⁶¹

BEST PRACTICE

Victims, survivors and perpetrators of domestic abuse who have mental health difficulties need services with an understanding of their experiences, needs and trauma. These must also be understood by those funding, commissioning and shaping domestic abuse services.

SafeLives recommendations include:²⁶²

- Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse (DA), and DA services should have training in mental health.
- Domestic abuse services should consider additional needs and vulnerabilities during risk assessments which are more likely to affect people with mental ill health. For instance, the increased likelihood of substance misuse, homelessness, children being removed, and exploitation from their abuser and others. They should also consider how certain groups of victims are more vulnerable to mental health problems (such as LGBTQ+ and disabled people).

All services which come into contact with victim/survivors and perpetrators of domestic abuse should assess whether their response is trauma-informed.

²⁵⁹ SafeLives (2019), Safe and well: Mental health and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

²⁶⁰ Mental Health Foundation: Mental health statistics: domestic violence. Accessed May 2021. <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-domestic-violence>

²⁶¹ SafeLives (2019), Safe and well: Mental health and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

²⁶² SafeLives (2019), Safe and well: Mental health and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

BAME	
POLICE	MARAC
1035 (23% ²⁶³) VICTIMS IN 2020 [an increase from 889 (24%) in 2019]	136 (22%) REFERRALS FOR THE 12 MONTHS TO JUNE-21 [a decrease from 143 (28%) from previous year]
SUPPORTING FAMILIES	IRIS
114 (32%) EPISODES IN 2020-21 [an increase from 84 (39%) in 2019-20]	44 (29%) REFERRALS IN 2020-21 [an increase from 14 (23%) in 2019-20]
SUICIDE	VALLEY HOUSE
NOT RECORDED	22 (42%) IN 2020-21
HAVEN REFUGE	HAVEN COMMUNITY OUTREACH
24 (44%) IN 2020-21	-
HAVEN IDVA	HAVEN WISH
-	31-38% OF REFERRALS IN 2020-21 [equates to 51 referrals]

²⁶³ Excludes those recorded as not stated or empty field.

Domestic abuse occurs across all racial groups, but ethnicity can be a factor in the type of abuse suffered and the issues faced by survivors. Being from a black or minority ethnic background can also affect the time taken to get support, and what support survivors can access.

- Socio-economic factors, social isolation and the language barrier can all prevent women from BAME backgrounds from seeking support²⁶⁶
- Gender and racial stereotyping, cultural insensitivity and inadequate provision of interpreters are examples of failure to protect BAME victims of domestic abuse and slavery²⁶⁷
- The history of distrust between BAME communities and the police force makes it more likely that BAME women would seek informal sources of support before turning to the police²⁶⁸
- SafeLives' 2020 dataset with 42000 clients showed that "BME clients suffered abuse for 1.5 times longer before seeking help compared to those from a white British or Irish background'. Research shows that 'a woman facing domestic violence has to make 11 contacts with agencies before getting the help she needs; however, this rises to 17 if she is BME".
- The majority of cases seen by the Forced Marriage Unit in 2016 were from the South Asian community, although the unit dealt with cases from over 90 countries in total²⁶⁹
- SafeLives' Insights data for those at risk of 'honour' based violence (HBV) shows a similar trend, with 58% of victims identifying as Asian²⁷⁰
- UK communities most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani²⁷¹
- A person who is subject to immigration control cannot claim public funds (benefits and housing assistance), unless an exception applies. This disproportionately affects people from BAME backgrounds²⁷² and is a barrier to getting support²⁷³ 92% of BAME migrant women surveyed in 2020 reported that their perpetrator used their immigration status against them, which acted as a barrier to asking for help²⁷⁴

²⁶⁴ <https://bawso.org.uk/home/what-is-domestic-abuse/domestic-abuse-from-a-bme-perspective/>

²⁶⁵ Kent, Surrey & Sussex Community Rehabilitation Company (2020), Domestic abuse in Black, Asian and Minority Ethnic groups. Accessed April 2021. <https://www.ksscr.co.uk/2020/10/29/domestic-abuse-in-black-asian-and-minority-ethnic-groups/>

²⁶⁶ BAWSO: Domestic abuse from a BME perspective. Accessed May 2021. <https://bawso.org.uk/home/what-is-domestic-abuse/domestic-abuse-from-a-bme-perspective/>

²⁶⁷ Sisters for change (2017), Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England. https://www.sistersforchange.org.uk/wp-content/uploads/2020/10/SistersForChange_UnequalRegardUnequalProtection_Nov2017.pdf

²⁶⁸ Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups. Accessed May 2021. <https://www.ddc.probatonservices.co.uk/2020/10/29/domestic-abuse-in-black-asian-and-minority-ethnic-groups/>

²⁶⁹ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

²⁷⁰ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

²⁷¹ Home Office (2011): FGM: The Facts. Last updated March 2019. <https://www.gov.uk/government/publications/female-genital-mutilation-leaflet>

²⁷² JCWI: Evidence for the UN Committee on the elimination of racial discrimination. Accessed May 2021. <https://www.jcwi.org.uk/evidence-for-the-un-committee-on-the-elimination-of-racial-discrimination>

²⁷³ NRPF Network: Support for victims of domestic abuse. Accessed May 2021. <https://www.nrpfnetwork.org.uk/information-and-resources/policy/support-for-victims-of-domestic-abuse>

²⁷⁴ Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups. Accessed May 2021. <https://www.ddc.probatonservices.co.uk/2020/10/29/domestic-abuse-in-black-asian-and-minority-ethnic-groups/>

- The ethnic groups with the highest proportion of reported domestic abuse in from the year ending March 2018 to the year ending March 2020 were Mixed White / Black Caribbean (10.6%), Mixed White / Asian (8.8%) and Mixed (7.6%).²⁷⁵

BEST PRACTICE

Sisters for Change recommend that local authorities should review their current strategy of funding larger, 'generic' service providers to meet the needs of BAME women victims of violence and recognise the critical importance of the pathway provided by small, specialist BAME VAW service providers and give BAME women victims the choice they want.²⁷⁶

SafeLives recommend that local authorities, family law practitioners and the judiciary should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements, and that local authorities should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.²⁷⁷

²⁷⁵Ethnicity facts and figures: Domestic abuse. Published February 2012. Accessed April 2021. <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/crime-and-reoffending/domestic-abuse/latest>

²⁷⁶ Sisters for change (2017), Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England. https://www.sistersforchange.org.uk/wp-content/uploads/2020/10/SistersForChange_UnequalRegardUnequalProtection_Nov2017.pdf

²⁷⁷ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

DISABILITY

POLICE	MARAC
-	23 (4%) REFERRALS FOR THE 12 MONTHS TO JUNE-21 [an increase from 16 (3%) from previous year]
SUPPORTING FAMILIES	IRIS
-	128 (85%) IDENTIFIED IN 2020-21 [an increase from 41 (66%) in 2019-20]
SUICIDE	VALLEY HOUSE
0 BETWEEN 2017-2021	-
HAVEN REFUGE	HAVEN COMMUNITY OUTREACH
8 (15%) IN 2020-21	17 (7%) VICTIMS IN QTR1 2020-21 [data for other periods not available]
HAVEN IDVA	HAVEN WISH
-	-

LEARNING DISABILITY

A learning disability is a reduced intellectual ability and difficulty with everyday activities, such as household tasks, socialising or managing money, which affects a person for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The level of support someone needs depends on the individual.²⁷⁸

The full range of mental, physical, sexual and financial abuse which is inflicted on other women, is also inflicted on women with learning disabilities. Coercive and controlling behaviour is very common.²⁷⁹

But those with learning disabilities do not always recognise unhealthy or abusive relationships, and if they do they don't always know what support is out there and what that support looks like.

Barriers to support for people with learning disabilities who experience domestic abuse include:²⁸⁰

- Fear of consequences of reporting
- Missed opportunities by professionals, school, GP, Hospital, Social Workers
- Fear of not being listened to and/or not being believed
- Masking (Convincing professionals nothing is happening)
- Shame
- Lack of accessible services & information
- Lack of knowledge of sources of support
- Gatekeeping by alleged perpetrator
- Poor Services response
- Lack of education on healthy relationships and domestic abuse for people with learning disabilities

The Care Act 2014 places a responsibility on councils to protect people who are at risk from abuse or neglect. The best councils:

- Provide strategic leadership and work with other public agencies and other local stakeholders to agree the local strategic approach to enabling adults with learning disability and/or autism to keep themselves safe.
- Provide information and advice in a range of accessible formats to help adults with learning disability and carers to understand how to identify different types of abuse and neglect and to advise them how to mitigate each risk and what to do if they are concerned about abuse or neglect.
- Work co-productively with local communities to make them safer for people with learning disability and to increase public awareness of possible signs of abuse/neglect and to know how to report concerns.
- Work with other agencies to make support available for people who have experienced abuse or neglect (or witnessed it) so they can access and benefit from participation in the criminal justice system.
- Operate efficient and effective safeguarding arrangements that fully involve the person experiencing, or at risk of, neglect/abuse - as far as this is practical in each case.

²⁷⁸ CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report. <https://www.carmdas.org/Handlers/Download.ashx?IDMF=56fd109f-10cd-412e-99de-f45c52e3794e>

²⁷⁹ Choice Support, Supported Loving toolkit: Domestic violence and women with learning disabilities. Accessed May 2021. <https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit/domestic-violence-and-women-with-learning-disabilities>

²⁸⁰ CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report. <https://www.carmdas.org/Handlers/Download.ashx?IDMF=56fd109f-10cd-412e-99de-f45c52e3794e>

- Ensure independent advocacy is available to all who need it and ensure it is used effectively to support people who are currently or have recently experienced abuse. This includes independent advocates for Mental Capacity (IMCA), Domestic Abuse (IDVA) and Mental Health (IMHA).²⁸¹

Further recommendations for best practice include:²⁸²

- Education about domestic abuse for people with learning disabilities, and resources to help people with learning disabilities to recognise what is happening to them
- Services are more accessible/approachable to enable disclosure and support
- Training for those in contact with people with learning disabilities about domestic abuse
- Training for providers of domestic abuse services about engaging with people with learning disabilities.

²⁸¹Local Government Association: Supporting adults with learning disabilities and / or autism to stay safe. Accessed May 2021. <https://www.local.gov.uk/7-supporting-adults-learning-disabilities-andor-autism-stay-safe>

²⁸² CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report. <https://www.carmdas.org/Handlers/Download.ashx?IDMF=56fd109f-10cd-412e-99de-f45c52e3794e>

PHYSICAL DISABILITY

People with physical disabilities and longstanding illnesses are more than twice as likely to experience domestic abuse than non-disabled people. This abuse is also likely to be more severe, more frequent, and to occur over a longer timeframe than that experienced by non-disabled people.^{283 284}

- While disabled women are most likely to be abused by an intimate partner, they are also significantly more likely to experience abuse by personal care assistants, strangers, health care providers and family members than non-disabled women.²⁸⁵
- A disabled person may feel that he or she cannot leave a perpetrator because of the reliance on them for personal and medical care, housing or financial security.²⁸⁶
- Evidence focusing on disabled young adults indicates that professionals are less able to recognise and distinguish abuse from other needs, and that disabled young people are less likely both to disclose abuse and to receive a response that meets their needs.²⁸⁷
- Out of 16,000 disabled people experiencing high risk domestic abuse, at least 13,600 were either not supported by a MARAC, or their impairment was not identified, potentially leaving them without the specialist support they need.²⁸⁸
- Even when disabled victims are referred to local domestic abuse services these services may not be appropriate or accessible. For instance, refuges and community-based domestic abuse services may not be accessible to victims with physical impairments.²⁸⁹

BEST PRACTICE

In 2014 the Care Act introduced a clear legal framework requiring local authorities to safeguard vulnerable adults. Despite this, SafeLives' Insights national dataset shows that in 2015-2016 none of the 925 referrals of disabled victims to domestic abuse services were from adult safeguarding.

- Disabled victims of domestic abuse are also protected under the Equality Act (2010). This seeks to ensure that support available to others, such as from an Independent Domestic Violence Advisor (IDVA), is equally accessible to those with impairments. It is a legal requirement of the Act that public bodies (such as the police and local authorities) carry out an equality analysis to take account of the needs of those with impairments when planning, delivering and commissioning services.²⁹⁰

²⁸³ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

²⁸⁴ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

²⁸⁵ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

²⁸⁶ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

²⁸⁷ Ann Craft Trust: Domestic abuse. Accessed May 2021. <https://www.anncrafttrust.org/research/domestic-abuse/>

²⁸⁸ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

²⁸⁹ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

²⁹⁰ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

- Local Authorities and MARACs should monitor the engagement of adult social care within the MARAC process as a required core agency at MARACs and promote improved engagement.²⁹¹
- We know that what works in preventing general domestic abuse – school-based education and economic empowerment – is also likely to work for disability-specific domestic abuse prevention.
- Furthermore, group empowerment education has shown promising results in increasing knowledge and protective factors for domestic abuse among disabled people.
- To improve access to health and social care and domestic abuse services, barriers should be addressed and professionals should receive further training.
- Alongside this, integration between health and social care services and disability and domestic abuse services will improve knowledge and referral pathways.
- Finally, engaging directly with disabled people in the planning and provision of services can help ensure that services are responsive to their needs.²⁹²

²⁹¹ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse
<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

²⁹² Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

LGBTQ+

POLICE	MARAC
-	2 (<1%) REFERRALS FOR THE 12 MONTHS TO JUNE-21 [an increase from 0 from previous year]
SUPPORTING FAMILIES	IRIS
-	4 (3%) REFERRALS IN 2020-21 [an increase from 1 (2%) in 2019-20]
SUICIDE	VALLEY HOUSE
0 BETWEEN 2017-2021	5 (10%) IN 2020-21
HAVEN REFUGE	HAVEN COMMUNITY OUTREACH
10 (19%) IN 2020-21	2 (1%) VICTIMS IN QTR1 2020-21 [data for other periods not available]
HAVEN IDVA	HAVEN WISH
-	-

According to Stonewall, 11 per cent of LGBTQ+ people have experienced domestic abuse from a partner in the past year. These rates rise further for trans people, as well as disabled and black, Asian and minority ethnic LGBTQ+ people.²⁹⁷

The limited available research suggests that LGBTQ+ people experience domestic abuse at a higher rate than non-LGBTQ+ people. But LGBTQ+ victims and survivors are not accessing services at the same rate as others in the population.²⁹⁸

LGBTQ+ people can be subject to unique aspects of domestic abuse not experienced by the rest of the population, including the threat of disclosure of sexual orientation, or withholding the treatment needed for a trans person to express their gender identity.²⁹⁹

A 2018 study by SafeLives³⁰⁰ found that:

- Statutory and non-statutory services are missing opportunities to identify LGBTQ+ victims, survivors and perpetrators of domestic abuse
- LGBTQ+ victims and survivors are experiencing high levels of risk and complex needs before they access support
- LGBTQ+ victims and survivors need support tailored to their needs and circumstances
- A victim's sexual orientation or gender identity can sometimes be targeted as part of the abuse
- Societal attitudes and lack of inclusion are preventing LGBTQ+ victims and survivors from accessing the support they need to get safe and recover.

In addition, LGBTQ+ people can be unwilling to use relevant services for fear of homophobic, transphobic or biphobic responses from staff and service users or because they do not think the response will meet their needs.³⁰¹

Domestic violence and homelessness support services should:

- Develop and advertise services that are inclusive of LGBTQ+ people, drawing on best practice from other LGBTQ+-inclusive services.
- Provide training for all staff on meeting the specific needs of LGBTQ+ service users.³⁰²
- Be clear what support/services are offered to LGBTQ+ people: agencies might consider explicitly advertising that they will work with trans people (or trans women, for women-only organisations).

Establish links with specialist LGBTQ+ services.³⁰³

²⁹³ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

²⁹⁴ Safe Lives (2018), Free to be safe: LGBT+ people experiencing domestic abuse
<https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

²⁹⁵ https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

²⁹⁶ <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

²⁹⁷ https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

²⁹⁸ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

²⁹⁹ Galop, Domestic Violence and Abuse and the LGBT Communities. Accessed May 2021. <http://www.galop.org.uk/wp-content/uploads/Domestic-Violence-and-Abuse-and-the-LGBT-communities.pdf>

³⁰⁰ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

³⁰¹ Government Equalities Office (2019): National LGBT Survey: Summary report. <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report>

³⁰² https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

³⁰³ Galop: Barriers faced by LGBT people in accessing non-LGBT domestic violence support services. Accessed May 2021. <http://www.galop.org.uk/wp-content/uploads/For-Service-Providers-Barriers.pdf>

YOUNG PEOPLE

YOUNG PEOPLE³⁰⁴³⁰⁵

Young people aged 13-17 experience the highest rate of domestic abuse of any age group. In one study, 6.6% of men and 12.6% of women aged 16-19 had experienced domestic abuse in the past year. 95% of young people experiencing intimate partner violence are female.

Young people have additional vulnerabilities due to their age: they may respond differently to abuse and make different decisions, and may not be equipped to deal with practical problems such as moving home or finances. The abuse that they experience may look different, too: they are more likely to be subject to online abuse. Young people subject to domestic abuse may also be causing harm to those closest to them or self-harming.

- Since 2013, young people aged 16 and 17 have been entitled to access adult domestic abuse support but these services were not designed to address young people's specific needs. Despite efforts to address this, there are still gaps in support for 16 and 17 year olds and access to YPVAs (Young Persons Violence Advisors) is patchy.
- For children under 16, there is no entitlement to adult domestic abuse support, even though evidence suggests many are already experiencing abuse.
- Young people perpetrating violence or abuse may also be subject to abuse, but the criminal justice response to young perpetrators may not address the underlying causes of their behaviour.

SafeLives' Children's Insights data shows that less than half (45%) of young people in an abusive intimate relationship were known to children's social services.

Best practice

The identification of young people experiencing domestic abuse and the referral to specialist services should be aided by Local Authority Children's Services, who have a duty to investigate if the child is suspected to be coming to harm.

Education is an important factor in preventing domestic abuse. From September 2020, Relationship Education has been compulsory for all primary school pupils, and Relationship and Sex Education (RSE) has been compulsory for all secondary pupils. It is recommended that the government and schools should work with specialist organisations experienced in developing and delivering relationships education.

³⁰⁴ SafeLives: *Safe Young Lives: Young People and Domestic Abuse*. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

³⁰⁵ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

SEX WORKERS

OVERVIEW

There is an established link between domestic violence and sex work.

- One 2005 study completed with homeless (including sex workers) found that 79% of participants who had experienced domestic violence had also sex worked. It was claimed that the women were often coerced into the sex industry by abusive and violent male partners.³⁰⁶
- Stigmatisation of sex work may lead partners or family members to think it acceptable to use violence to “punish” a woman who has sex with other men. It may be difficult for sex workers to leave an abusive relationship, particularly when perpetrators threaten them, or have control due to ownership of a home, or the power to harm or refuse access to their children.³⁰⁷
- For homeless women [many of whom face homelessness due to domestic abuse], sex work may be seen as a less dangerous option compared to being on the street or in a mixed hostel.³⁰⁸
- According to the homelessness charity St Mungo’s, “A substantial minority (11%) of our female clients are known to be involved in prostitution... Services report that transactional or survival sex, including exchanging sex for shelter, drugs or alcohol, is more common for homeless and rough sleeping women than the data suggests.”³⁰⁹
- Not all women who are involved in this way identify themselves as being involved in prostitution, and not all homelessness services view them in this way.³¹⁰

Sex workers suffer from a wide range of health and wellbeing issues. They represent a high-risk group where communicable yet preventable diseases, including TB, HIV, other blood-borne viruses and STIs, are common. They often suffer from mental health problems, including depression, anxiety and post-traumatic stress disorder.³¹¹

³⁰⁶Harding, Rachel (2005), Sex work: Abuse or choice? Framework Housing Association. Accessed May 2021. <https://equation.org.uk/wp-content/uploads/2012/12/Sex-Work-Abuse-or-choice1.pdf>

³⁰⁷ WHO: Addressing Violence Against Sex Workers. https://www.who.int/hiv/pub/sti/sex_worker_implementation/swit_chpt2.pdf

³⁰⁸ SafeLives (2018), Safe at Home: Homelessness and domestic abuse. https://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf

³⁰⁹St Mungo’s (2019), St Mungo’s Women’s Strategy 2019. <https://www.mungos.org/app/uploads/2019/03/St-Mungos-Womens-Strategy-2019-22-web.pdf>

³¹⁰St Mungo’s (2019), St Mungo’s Women’s Strategy 2019. <https://www.mungos.org/app/uploads/2019/03/St-Mungos-Womens-Strategy-2019-22-web.pdf>

³¹¹ UCL Institute of Health Equity (2014), A review of the literature on sex workers and social exclusion. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303927/A_Review_of_the_Literature_on_sex_workers_and_social_exclusion.pdf

PRISONERS

OVERVIEW

Women in prison have often been victims of much more serious offences than those of which they have been convicted, with 57% of women in prison reporting having been victims of domestic violence. More than half (53%) report having experienced emotional, physical or sexual abuse as a child compared to 27% of men.

Because many women fear disclosing abuse, both figures are likely to be an underestimate. The charity Women in Prison report that 79% of the women who use their services have experienced domestic violence and/or sexual abuse.

There are strong links between women's experience of domestic and sexual abuse and coercive relationships, and their offending.

Several women said that they had committed offences on many occasions and over prolonged periods of time in order to support a partner's drug use, including by shoplifting, by selling drugs and by committing other undisclosed offences. They said they felt trapped in these unhealthy relationships.³¹²

Prisoners who have experienced or witnessed domestic abuse as children are more likely to be reconvicted within one year of release.³¹³

Best practice

The Ministry of Justice should work with the Department for Communities and Local Government, local authorities and the voluntary sector to ensure that women leaving prison are provided with safe accommodation with appropriate support, including specialist refuge accommodation where this is needed.³¹⁴

One project assessed the feasibility of utilising existing Domestic Abuse One Stop Shops to support women offenders. The report highlighted the importance of good working relationships between local authorities and housing organisations, including social and private landlords, and the need for all agencies to have an understanding of women's offending and the criminal justice system and to be able to access specialist knowledge when required.³¹⁵

³¹² Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Domestic_abuse_report_final_lo.pdf

³¹³ HMPPS (2019), Experience of domestic abuse in people in prison and on probation. <https://www.gov.uk/guidance/experience-of-domestic-abuse-in-people-in-prison-and-on-probation>

³¹⁴ Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Domestic_abuse_report_final_lo.pdf

³¹⁵ Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Domestic_abuse_report_final_lo.pdf

ASYLUM SEEKERS/ MIGRANTS

OVERVIEW

It is thought that migrant women encounter partner violence more frequently and more severely than the general population.³¹⁶ In a survey of refugee support services by the Refugee Council, over 50% of respondents dealt with disclosures of domestic abuse once a month or more.³¹⁷

Migrant women's specific immigration status, lack of language skills and isolation from their social network may make them more likely to experience domestic violence, including abuse and coercive control from other adult family members.³¹⁸

92% of BAME migrant women surveyed in 2020 reported that their perpetrator used their immigration status against them, which acted as a barrier to asking for help.³¹⁹

In addition, migrant women may face difficulties accessing support due to language barriers, not knowing where to get help, being accompanied by relatives to health care consultations and having different ways of expressing their suffering. This makes the uncovering of domestic violence as experienced by migrant women challenging, for primary care and other professionals.³²⁰

Currently, public services are particularly poorly-equipped to respond appropriately to migrant survivors. A disclosure by migrant, refugee and asylum-seeking women with insecure immigration status to a public service could lead to their deportation. Women with no recourse to public funds (NRPF) do not have access to the same support pathways as women with access to public funds. For women whose first language is not English, interpretation and translation services may be neither available nor appropriate.³²¹

The provisions in Domestic Abuse Act do not fully protect migrant victims of domestic abuse from the risk of deportation. A temporary Support for Migrant Victims (SMV) Pilot Scheme has been announced by the government to address the issues faced by migrant victims of domestic abuse, but many migrant women will remain NRPF, meaning they could be refused the support they need.³²²

BEST PRACTICE

The Social Care Institute for Excellence has published a set of guidelines for good practice in social care for refugees and asylum seekers.³²³ The NRPF Network has guidelines for councils on adult social care, children's services and housing and welfare rights.³²⁴

³¹⁶University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA). Accessed May 2021. <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/emina.html>

³¹⁷Refugee Council (2019), Initial findings – domestic support in the asylum system. https://www.refugeecouncil.org.uk/wp-content/uploads/2019/03/Initial_findings_-_domestic_abuse_in_the_asylum_system.pdf

³¹⁸University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA). Accessed May 2021. <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/emina.html>

³¹⁹Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups. Accessed May 2021. <https://www.ddc.probatonservices.co.uk/2020/10/29/domestic-abuse-in-black-asian-and-minority-ethnic-groups/>

³²⁰University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA). Accessed May 2021. <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/emina.html>

³²¹ https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

³²²Step Up Migrant Women (2021), Step Up Migrant Women Responds to clauses to the domestic abuse bill on data sharing. Accessed May 2021. <https://stepupmigrantwomen.org/2021/04/27/step-up-migrant-women-responds-to-clauses-to-the-domestic-abuse-bill-on-data-sharing/>

³²³Social Care Institute for Excellence: Good practice in social care with refugees and asylum seekers. <https://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/pointers/ensuringaccess.asp>

³²⁴NRPF Network: Guidance for councils. Accessed May 2021. <https://www.nrpfnetwork.org.uk/information-and-resources/guidance-for-councils>

ENGAGEMENT

Practitioners highlighted the barriers to domestic abuse services for those with no recourse to public funds.

“No recourse is making people stay in abusive relationships - if they do get out it is hard and they don’t know what their future will be like. While still there, leaving is unimaginable to them. They have been brought into this country from around the world and know nothing else than the person who has brought them into the country. These families are more negatively impacted because there is nowhere else to turn too. Often these service users are completely reliant on food parcels and donations.”

The non-local authority-commissioned specialist accommodation has destitution funds to help those with NRPF.

This was created in response to the build-up of cases caused by the COVID-19 pandemic.

Those with NRPF are likely to have needs in relation to translators.

Services are not funded by the local authority to provide translators to those with NRPF. Professional translation services are expensive.

Practitioners working with those who have NRPF need to have a specialist knowledge of immigration law.

Those with NRPF require practitioners to liaise with legal services and the Home Office to obtain the Destitution Domestic Violence (DDV) concession.³²⁵ Practitioners from Panahghar stated that working with those who have NRPF can require twice as much time as those entitled to public funds.

³²⁵ <https://www.gov.uk/government/publications/application-for-benefits-for-visa-holder-domestic-violence>

COVENTRY MIGRANT TEAM

The Coventry Migrant team work with newly arrived communities. The team cover ESOL, accommodation and resettlement for newly arrived migrants. The team complete a lot of work regarding education and employment.

Regarding new trends, the team highlighted:

Syrian

- The team have started to settle 700 newly-arrived migrants from Syria.
- Newly-arrived migrants are seen at the asylum hub.
- Syrians have arrived in the UK in the last 5 or 6 years.

Afghan Interpreters

- The team have resettled a cohort of Afghan interpreters.
- Afghan people have conservative views in relation to women's empowerment.
- There are 3 existing cases concerning domestic abuse that requires specialist knowledge of Afghan culture.
- Sometimes the Afghan women are not allowed to attend the groups.
- Women have disclosed domestic abuse in some classes.

Women's Rights

- There is a trend that newly-arrived migrants have different cultural views on the roles of women than in the UK.
- This also means that women do not know their rights, as they are in the UK.
- Women may not have access to money.
- There is a stigma and a shame attached to a woman who leaves home.
- It is important to ensure that women know their rights.
- Work has to be done with specific ethnic groups.

Benefits

- When people claim for benefits money gets put in one bank account.
- Women become dependent on the man.
- It would be good if the women had their own finances.

OLDER PEOPLE

OVERVIEW

Older people are traditionally a 'hidden' group when it comes to domestic abuse. Systemic invisibility, long-term abuse and dependency issues, and generational attitudes about abuse can all make it hard to identify. We know that:

- On average, adults over 61 experience abuse for twice as long as those under 61 before seeking help
- Adults over 61 are less likely than younger victims to attempt to leave an abusive home (17% vs 29%), and are more likely to be living with the perpetrator after accessing support
- Nearly half of older victims (48%) have a disability.³²⁶

Older people may:

- Be vulnerable and have less ability to defend themselves from physical attack and verbal assaults
- Be neglected and denied food and water if they are immobile
- Have continence needs which can be used as a vehicle for abuse³²⁷

Some of the specific impacts on older people experiencing domestic abuse may include:

- Increased likelihood of depression, anxiety and risk of suicide
- Negative impact on cognitive functioning, such as memory lapses and difficulties with concentrating
- Chronic pain, including bone and joint problems, digestive problems and high blood pressure
- Substance misuse, such as heavy alcohol use, smoking and the use of prescription and non-prescription drugs³²⁸

The coronavirus pandemic and lockdown has exacerbated the situation for many older victims of domestic abuse.³²⁹

BEST PRACTICE

SafeLives has the following recommendations for services supporting older victims of domestic abuse:³³⁰³³¹

- Recognise that the need for consistent dialogue with older people about their experiences and encouragement to accept help is highly necessary.
- Embed domestic abuse education regarding older women within general domestic abuse training for a range of professionals, in order to increase confident responses, recognition and suitable action
- Ensure services are responsive to older victims in an appropriate and targeted way
- Produce advertising campaigns that are focused on older victims

³²⁶ SafeLives (2016), Safe Later Lives: Older people and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

³²⁷ Iriss (2018): Older women and domestic abuse. <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

³²⁸ Iriss (2018): Older women and domestic abuse. <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

³²⁹ Age UK: No Age Limit: Older people and domestic abuse. Accessed May 2021. <https://www.ageuk.org.uk/our-impact/campaigning/no-age-limit/>

³³⁰ SafeLives (2016), Safe Later Lives: Older people and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

³³¹ Iriss (2018): Older women and domestic abuse. <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

- Avoid pressuring older women to leave their relationship when statistics show that they are less likely to do so than younger women; this can lead to a sense that victims are not being listened to
- Recognise the importance of victims having one point of contact to build a rapport with
- Increased coordination between domestic abuse services and adult safeguarding services
- Greater coordination between health services and domestic abuse services.
- Specific training for professionals on the incidences of abuse within a caring relationship, and/or where dementia or other mental/physical disabilities are present
- Embedded domestic abuse champions within adult services sector.

RELIGION

OVERVIEW

Domestic abuse affects people of all religions. But according to the ONS, women's experience of partner abuse can vary by religious affiliation. Whilst there were not significant differences between all of the religions, there were differences when comparing some groups against others. For example:

- Christian women (5.7%) were more likely to have experienced partner abuse in the last 12 months than Muslim women (2.9%) and Hindu women (1.8%)
- Women with no religion were more likely to have experienced partner abuse in the last 12 months (7.4%) than Christian women (5.7%), Muslim women (2.9%) and Hindu women (1.8%)³³²

For women (and men) who practice a faith, the imam, rabbi or priest may be among the first contacts in seeking support for domestic violence and abuse. Faith communities also have the power to annul a religious marriage or grant a religious divorce through religious tribunals, councils or courts.³³³

But religious and cultural pressures can stop victims from leaving:

- Traditionally the Catholic Church disapproves of divorce. For a victim with those beliefs, choosing to end their marriage may cause them to feel shame and social exclusion.
- Women from Asian communities are often expected to uphold the family honour and leaving could result in being ostracised by their family and friends.³³⁴

RELIGION AND HBV

'Honour' based violence (HBV) has been found among most major religions including Christian, Hindu, Jewish, Muslim and Sikh.³³⁵

HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code – for example with "unsuitable" relationships outside the victim's religious group.³³⁶

BEST PRACTICE

Religion can be closely bound up with culture and nationality. The charity Refuge's culturally-specific refuges are an example of culturally sensitive support for particular religions or cultures, offering:

- Language support
- Support around immigration, asylum and modern slavery
- Support to access the criminal justice system

³³² ONS (2018): Women most at risk of experiencing partner abuse in England and Wales, years ending March 2015 to 2017.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017>

³³³ <https://blogs.lse.ac.uk/religioglobalsociety/2018/06/how-far-do-faith-communities-facilitate-justice-for-victims-of-domestic-violence/>

³³⁴ BMA (2014): Domestic abuse report. <https://www.bma.org.uk/media/1793/bma-domestic-abuse-report-2014.pdf>

³³⁵ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

<https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

³³⁶ CPS: Honour based and forced marriage. Accessed May 2021. <https://www.cps.gov.uk/publication/honour-based-violence-and-forced-marriage>

- Support relating to forced marriage, ‘honour’-based violence and FGM
- Support following potential or actual child kidnap (including overseas)
- Staff accompany women to appointments, to support and empower them and challenge prejudices and racism
- Staff work with women to connect, safely, with local cultural and faith groups
- Support to access safe technology
- Providing separate pots, cutlery and utensils to cater for any dietary requirements.³³⁷

Working with victims of HBV, SafeLives recommends that³³⁸:

- Local authorities, statutory agencies, political leaders and community groups should support national awareness raising campaigns that have a focus on HBV, including the national date of remembrance for honour killing and the White Ribbon campaign.
- Local authorities should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.
- School governing bodies should ensure that the new PSHE curriculum tackles the underlying values amongst some boys and men which allows violence against women and girls to happen. This work to reduce the risk of perpetration should be delivered alongside support on how young people can keep themselves safe from this form of abuse.
- Multiagency responses to domestic abuse must ensure they are recognising all forms of domestic abuse, including HBV.

GENDER EQUALITY MATTERS

Gender Equality Matters (GEM) are partnered with Panahghar to run an FGM and honour-based abuse helpline.

The GEM Manager highlighted that Sikh and Punjabi women have specific needs:

- Not many women come forward.
- Not many seek help.
- Community groups are not always registered.
- There is a lot of work to do in Coventry to encourage people from the Sikh and Punjabi communities to disclose domestic abuse.
- Alcohol is an issue.
- Specialist refuge provision is important: Sikh and Punjabi women need a place where they feel comfortable practicing their faith and cooking meals.
- Women don’t need to explain what has happened to them.
- Panahghar is seen as a resource across the West Midlands.
- There is a big issue in relation to financial abuse.
- Women are worried about leaving homes to go to a refuge.

³³⁷ Refuge: Culturally specific refuges. Accessed May 2021. <https://www.refuge.org.uk/our-work/our-services/culturally-specific-services/>

³³⁸ SafeLives: Your Choice: ‘honour’ based violence, forced marriage and domestic abuse. <https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

There is guilt about removing children from the family home and Sikh and Punjabi women have to think about this before taking that step.

ADOLESCENT AND CHILD-TO-PARENT VIOLENCE

OVERVIEW

There is currently no legal definition of adolescent-to-parent violence and abuse (APVA). However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse.

- APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse.³³⁹
- Despite recognition from practitioners, APVA has been, and continues to be, a relatively unexplored area. It is a particularly hidden form of domestic violence, and like other forms of domestic abuse is under-reported.³⁴⁰
- Met Police figures show reports of child-to-parent violent offences grew from 920 in 2012 to 1801 in 2016, which is a 95% increase. Thirty-five police forces in England and Wales shows officers probed 10,051 cases of domestic violence against adults by children in the year 2015/16. Of these cases, 874 led to cautions issued and 1,459 to young people charged with offences. These figures are the tip of the iceberg.³⁴¹
- There has been a sharp rise in APVA during lockdown.³⁴²
- There is no single cause of APVA. Many adoptive families are known to encounter issues because of the child's previous experience of trauma. Children who perpetrate parent abuse are more likely to have witnessed or experienced abuse or violence within the family home.³⁴³
- Families often report that they have waited until breaking point before seeking help because they fear criminalising their child, being labelled a "bad parent" or experiencing feelings of shame.
- Schools may be a comparatively safe space for parents and guardians (or siblings) to disclose issues with their child's behaviour at home.³⁴⁴

BEST PRACTICE

Specialist services for APVA often offer a dual service to both the parent victim and the young person causing harm. Where such programmes have been used and evaluated in the UK, it has been shown that rates of reoffending and domestic violence referrals decreased and there were fewer incidents of domestic violence and anti-social behaviour as well as positive educational outcomes.³⁴⁵

The Home Office has published an information guide outlining how to respond to APVA, for healthcare, education, social care, housing, police and youth justice services.³⁴⁶

³³⁹ Home Office, Information guide: adolescent to parent violence and abuse (APVA).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

³⁴⁰IRISS (2020): Adolescent to parent violence and abuse: ESSS Outline. <https://www.iriss.org.uk/resources/esss-outlines/adolescent-parent-violence>

³⁴¹ Family Lives: Teen violence at home. Accessed May 2021. <https://www.familylives.org.uk/advice/teenagers/behaviour/teen-violence-at-home/>

³⁴² Condry et al (2020), Experiences of Child and Adolescent to Parent Violence in the Covid-19 Lockdown

https://www.law.ox.ac.uk/sites/files/oxlaw/final_report_capv_in_covid-19_aug20.pdf

³⁴³ IRISS (2020): Adolescent to parent violence and abuse: ESSS Outline. <https://www.iriss.org.uk/resources/esss-outlines/adolescent-parent-violence>

³⁴⁴Operation Encompass newsletter. Accessed May 2021. https://www.hexhammiddleschool.co.uk/wp-content/uploads/2020/02/operation_encompass_newsletter_5_apva.pdf

³⁴⁵Safelives: Safe Young Lives: Young People and Domestic Abuse. <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

³⁴⁶ Home Office, Information guide: adolescent to parent violence and abuse (APVA).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

SUBSTANCE MISUSE

OVERVIEW

Women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance use problem over their lifetime.³⁴⁷ And within intimate partner relationships where one partner has a problem with alcohol or other drugs, domestic violence and abuse is more likely than not to occur.³⁴⁸

Frontline services such as drug and alcohol, domestic abuse, GP, midwifery and social work, play a vital role in identifying and supporting women with co-occurring substance use and domestic abuse issues.

Against Violence and Abuse (AVA) offers research, guidance and training to practitioners about multiple disadvantage (substance use, domestic abuse, sexual violence, prostitution and mental health). Their Stella Toolkit highlights the importance of multi-agency working and issues 'minimum standards' for supporting women with co-occurring issues. Among these standards they stipulate that "clients should not be denied services due to issues with domestic violence or substance misuse".³⁴⁹

Building on this, a toolkit from AVA³⁵⁰ and an associated e-learning programme provide a bridge across three areas - domestic and sexual violence, problematic substance use and mental ill-health - which often co-exist for service users but currently are not comprehensively addressed by the practitioners in each sector.

LOCAL PROVISION – CHANGE GROW LIVE (CGL)

CGL provides a community drug and alcohol service. This includes prescribing and psychosocial services.

The service manager fed back that:

- The client group are extremely chaotic. The group do not necessarily participate and engage with services. Professional curiosity is key and the worker has to have the skills to explore elements of the service user's life.

DOMESTIC ABUSE

There is a domestic abuse lead within the substance misuse service. Domestic abuse can be identified as part of an initial assessment/triage stage. The assessment explores underpinning behaviours in relation to a person's drug use. A form of coping with domestic abuse is using drugs and alcohol. Once a service user agrees for information to be shared, the drug and alcohol team can engage in partnership working and signpost service users on to relevant services.

³⁴⁷ DrugScope (2013), Making the connection: Developing integrated approaches to domestic violence and substance abuse. <https://www.drugwise.org.uk/wp-content/uploads/dvreport.pdf>

³⁴⁸Galvani (2010), Supporting families affected by substance use and domestic violence. The Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire. https://adfam.org.uk/files/docs/adfam_dvreport.pdf

³⁴⁹Society for the Study of Addiction (2017), Understanding Co-occurring Substance Use & Domestic Abuse. First published: 22/05/2017 | Last updated: August 4th, 2019. <https://www.addiction-ssa.org/knowledge-hub/understanding-co-occurring-substance-use-domestic-abuse/>

³⁵⁰ AVA (2018), Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health. <https://avaproject.org.uk/resources/complicated-matters/ava-toolkit-2018reprint/>

HOMELESSNESS

OVERVIEW

There is a strong link between homelessness and domestic abuse. In one study by Women's Aid, a third of domestic abuse survivors had to give up their home as a result of the abuse or leaving the relationship and nine out of 72 (12.5%) found themselves homeless as a result of leaving.

The Ministry of Housing, Communities & Local Government sets out a Homelessness code of guidance for local authorities, specifying that alongside their role in tackling homelessness, authorities should take an active role in identifying victims and referring them for help and support. They are key partners in local domestic violence partnerships and should be represented at their local multi-agency risk assessment conference (MARAC).³⁵¹

The Whole Housing Approach³⁵² aims to reduce the number of people made homeless as a result of domestic abuse. It represents a move away from a siloed approach, recognising that survivors of domestic abuse need access to a range of housing options and specialist advice to ensure that they can make informed choices about their ability to stay safely in their own homes or what to do next. This approach is currently being piloted in three areas of England.³⁵³

³⁵¹ Ministry of Housing, Communities & Local Government (2018), Homelessness code of guidance for local authorities. Last updated April 2021. <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse>

³⁵² Domestic Abuse Housing Alliance: What is the Whole Housing Approach? Accessed May 2021. <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/what-is-the-whole-housing-approach/>

³⁵³ Women's Aid. (2020) The Domestic Abuse Report 2020: The Hidden Housing Crisis. Bristol: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf>

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COVID-19

IRIS

Referrals went up during 2020-21.

SUPPORTING FAMILIES

Episodes and assessments were up during 2020-21.

COLLATION OF RESEARCH AND ENGAGEMENT RELATING TO COVID-19

SPECIALIST ACCOMMODATION

During COVID-19, specialist accommodation stayed open and accepted referrals. Demand was high during the pandemic.

During COVID-19, women stayed in specialist accommodation for longer periods of time. The housing system was more static during this time. There was a pause in proceedings through the Criminal Justice System.

Panahghar fed back that they get referred a high number of NRPF cases from other services. Panahghar built up a destitute fund for NRPF cases during COVID-19 pandemic.

Feedback from practitioners and residents in specialist accommodation was that COVID-19 caused a bottleneck in housing.

This delayed residents moving on from the specialist accommodation.

HOUSING ASSOCIATIONS

There was a surge of activity reported by the police during COVID-19. The Tenancy Sustainment Officers have seen an increase in referrals.

POLICE

The coronavirus pandemic is likely to have had an impact on domestic violence, but the data is difficult to interpret. Police-recorded crime data show an increase in offences flagged as domestic abuse-related during the coronavirus (COVID-19) pandemic; however, there has been a gradual increase in police-recorded domestic abuse-related offences over recent years as police have improved their recording of these offences; therefore it cannot be determined whether this increase can be directly attributed to the coronavirus pandemic. London's Metropolitan police service received an increased number of calls-for-service for domestic incidents during the lockdown, largely driven by third-party calls; this is likely because people were spending more time at home during this period.³⁵⁴

COURTS

The COVID-19 pandemic has impacted the rate of completed prosecutions and convictions, which both showed a reduction in Q3 2020/21 compared with the same period the previous year. In addition, the average time to charge for the police and CPS rose to 16.6 days in Q3 2020/21 RYTD, from 14.3 days in Q3 2019/20 RYTD^{cxlvi}.

³⁵⁴ ONS (2020), Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020. Accessed May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

Victim attrition is a significant issue for CPS domestic abuse prosecutions, with 16.5% of prosecutions dropped in Q3 2020/21^{cxlvii}. The CPS has developed a proactive prosecution approach, looking at how strong cases can be presented in court without the need for the victim to attend. There are also measures that the CPS takes to support victims in giving evidence:

- Screens to shield the witness from the defendant
- A live video link to enable the witness to give evidence from a separate room
- Evidence in private, with the court cleared of the public and most journalists
- Giving evidence by a video-recorded interview³⁵⁵

The pandemic has impacted the length of cases from reporting through to court.

Nationally, there have been reports of victims withdrawing from proceedings. The trauma experienced by survivors has been intensified due to longer waiting lists to access counselling and mental health services.

In relation to sexual offence trials, SafeLives reports that some of the impacts of adjournments are suicidal ideation and increased self-harm.

PROBATION

Feedback from probation was that there was a backlog of people waiting to attend perpetrator courses.

- During the COVID-19 pandemic, in-person courses were not running.
- There is also a backlog of cases coming through Magistrates' and Crown Courts.

EARLY HELP SERVICES

COVID-19 made the situation relating to access worse. It is pre-supposed that everyone has internet access. Clients may not have wi-fi or access to data.

Champions Group

There is a Domestic Abuse Champions Group, which practitioners from the Family Hub attended. The group was impacted by COVID-19 and has met 3 or 4 times. The group discussed the DASH risk and the DV RIM.

Family Hubs

During COVID-19, 4 of the 8 hubs stayed open and acted as a place of safety. There was no increase in demand during the pandemic.

MASH

The MASH operated throughout COVID-19.

It was found that working remotely did not work for MASH practitioners. Office based work was more successful. It was better to share information with the police in person.

³⁵⁵ ONS (2020), Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020. Accessed May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

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