
# Preventing and Responding to Domestic Abuse in Kent Select Committee Report

# 2012

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# Contents

## Chairman's Foreword

During this Select Committee I think I can say for all Members we have been on a roller coaster of differing emotions ranging from sympathy to admiration to anger. We have seen evidence of and heard at first hand some harrowing stories of abuse and violence which are hard to comprehend. The further we looked into people's experiences of domestic violence and abuse it became obvious there was no easy definition and no 'one size fits all' in terms of the response. A better appreciation of the different types of abuse will ensure that resources are targeted more effectively.

We have looked at domestic violence and abuse affecting the whole compass of society in Kent and hope that this report will give an idea both of the problems and some of the solutions that could be followed.

The role of Kent Police is obviously a key aspect and I believe the withdrawal to other duties of dedicated Domestic Abuse Liaison Officers has had a negative effect for victims in Kent. I do appreciate that budgetary reductions have led to Officers taking on more general duties but this must have affected the quality of the response to victims and the extent to which domestic abuse is recognised. I hope that an improved multi-agency response, bringing to the fore the role of GP surgeries, Accident and Emergency Departments and Multi-Agency Domestic Abuse One Stop Shops coupled with other early intervention work, will ensure that victims can access support earlier on, before crises occur.

The establishment of Multi-Agency Risk Assessment Conferences and Specialist Domestic Violence Courts are all major steps forward as is the work of Independent Domestic Violence Advisors, including those attached to the Courts. The work of the voluntary sector in providing support and refuge for victims and children is particularly welcome and needed. I believe also that addressing these issues with children and young people is vital if we are to break this vicious and unacceptable cycle.

It is hard to summarise our work in a few paragraphs but I would like to thank most sincerely all Members, Officers and witnesses who provided the important evidence on which this report is based. Members of the Select Committee have given many hours of thought to the recommendations and hope these provide a way forward to combat, recognise and reduce domestic violence and abuse in Kent. I commend this report to you and hope you will find the contents innovative and helpful.

John Kirby J.P.
Chairman - Domestic Violence and Abuse Select Committee

# I EXECUTIVE SUMMARY

## 1.1 Committee membership

The Select Committee comprised eight Members of the County Council; seven Conservative and one Liberal Democrat; the Chairman being Mr John Kirby.

Kent County Council Members:

Ann Allen
(Cons)

Harold Craske
(Cons)

Trudy Dean
(Lib Dem)

Steve Manion
(Cons)

John Kirby
(Cons)

Elizabeth Tweed
(Cons)

Carole Waters
(Cons)

Alan Willicombe
(Cons)

## 1.2 Establishment of the Select Committee

1.2.1 The Select Committee was put forward at the Crime and Disorder Policy Overview and Scrutiny Committee in July 2011 as a result of concerns that victims of domestic violence and abuse often fell through the 'safety net' or discontinued pursuing their cases in Court due in part to a lack of clarity on referral points.

## 1.3 Definitions of Domestic violence and abuse

1.3.1 There is no single accepted definition of domestic violence and abuse however the Kent and Medway Domestic Abuse Strategy refers to the Home Office (2004) and Women's Aid Definitions of domestic violence.

1.3.2 A Home Office consultation[1] ran from 14th December 2011 to 30 March 2012 on proposals to broaden the government definition of domestic violence, to include under 18s (16/17 year olds or all under 18s) and make reference to coercion which is 'a complex pattern of abuse using power and psychological control'. The former is in response to evidence from the British Crime Survey that 16-19 year olds are the group most likely to suffer intimate partner abuse. Coersive behaviour is known to feature in a high number of domestic abuse cases and can manifest as financial abuse, verbal abuse, isolation and repeated abuse of varying severity. It is also a significant risk factor in domestic homicide. The results of the consultation were announced on 19th September 2012 and the new definition of domestic violence will be implemented by March 2013 as follows:

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

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

[1] http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/

*"Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."* [2]

1.3.3 The Women's Aid Definition:

*"Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called "honour crimes". Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'."*

1.3.4 Co-ordinated Action Against Domestic Abuse (CAADA)'s definition of domestic abuse is:

*"a pattern of behaviour which is designed to control an intimate partner or family member".*

1.3.5 Throughout this report, unless referring specifically to documents where another term is used, the term 'domestic violence and abuse' (DVA) will be used.

1.3.6 There is no legal definition of domestic violence and abuse in England and Wales. Other countries have sought to define it legally and, for example, Australian legislation in June 2012 broadened the legal definition of domestic violence to include emotional manipulation, withholding money and harming the family pet.

## 1.4 Terms of Reference (TOR)

1.4.1 To investigate breaking the vicious cycle and impact of domestic abuse in Kent, focusing on equitable access to support for victims and the efficacy of perpetrator programmes in reducing repeat victimisation and repeat offending.

1.4.2 To examine co-ordination and collaboration within and between statutory and voluntary agencies, with a particular focus on delivering efficient services and maximising safety while reducing negative impacts of organisational change in key organisations.

1.4.3 To make recommendations for Kent County Council and partner organisations (having explored funding options and feasibility) in order to improve outcomes for, and reduce long term damage to, individuals and families affected by domestic abuse.

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

## 1.5 Scope of the review

1.5.1 To investigate breaking the vicious cycle and impact of domestic abuse in Kent, focusing on equitable access to support for victims and the efficacy of perpetrator programmes in reducing repeat victimisation and repeat offending:

- Types and stereotypes - incidence of abuse (including female perpetrators, abuse within same-sex relationships, younger people in relationships, people with learning disabilities, people with mental ill-health, abuse of older persons by spouse/child)
- Provision of Healthy Relationship work in schools
- Access to services – reaching vulnerable groups, postcode lottery
- Sustainability of support/resourcing of front-line services
- Perpetrator programmes – effectiveness/evaluation/different models
- Civil and legal remedies and the role of Specialist DV Courts
- Relationship between substance misuse and incidence of domestic abuse

1.5.2 To examine co-ordination and collaboration within and between statutory and voluntary agencies, with a particular focus on delivering efficient services and maximising safety while reducing negative impacts of organisational change in key organisations.

- New structures for early intervention work in Children's Services – inter-agency referral processes, thresholds and responses, family interventions (contact issues)
- Risk assessment, Multi-Agency Risk Assessment Conference (MARAC) capacity and referral pathways for medium and standard risk domestic abuse cases
- Information sharing and communication between agencies
- Domestic Abuse Multi-agency One Stop Shops
- New policing model (Changes to Public Protection Unit/no specialist DV Officers)
- Training and awareness (domestic abuse/safety) among front-line workers

1.5.3 To make recommendations for Kent County Council and partner organisations (having explored funding options and feasibility) in order to improve outcomes for, and reduce long term damage to, individuals and families affected by domestic abuse.

- Explore funding options for any recommendations, within the timetable for the review taking account of KCC commissioning and voluntary sector funding

## 1.6 Exclusions

1.6.1 No particular exclusions were identified at the start of the review.

## 1.7 Evidence gathering

1.7.1 A list of witnesses who attended hearings is given at Appendix 2. A list of witnesses who provided written evidence is given at Appendix 3; details of training and visits carried out as part of the review are given at Appendix 4.[3]

1.7.2 Due to the subject matter, Select Committee interviews were held as private briefings (and not in public as would normally be the case) to mitigate any potential risks to witnesses from the publication of agendas and meeting details.

1.7.3 Evidence was gathered from people with experience of domestic violence and abuse both through visits and following direct approaches (from witnesses) in a few instances.

1.7.4 A survey was sent out to Kent Secondary Head Teachers via the Schools' e-bulletin.

1.7.5 Informal approaches to a number of GPs were made.

## 1.8 Key findings

1.8.1 Domestic violence and abuse (DVA) represents 25% of all violent crime yet the majority still goes unseen and unreported. People often do not recognise, particularly in the early stages, that they are in an abusive relationship but incidents, almost without exception, escalate in severity and frequency. 'Risk' can fluctuate dramatically and failure to judge or respond to it effectively can lead in the worst cases to victims' death. Strong leadership and championing of the issue are required so that domestic abuse and violence is given the priority it merits. An investment in services by all agencies is required and the relatively small amounts involved are entirely justified by the enormous social and financial costs to the county (estimated at £382.3 million per annum)[4].

1.8.2 Despite national awareness campaigns, understanding (particularly of the dynamics) of DVA is poor among both public and professionals and there remains a great deal of stigma and shame around the subject. There is also a lack of accountability for perpetrators and the risk that we re-victimise victims

[3] In a few cases the identity of witnesses who gave evidence has been kept private, for their protection.
[4] Trust for London and the Henry Smith Charity (2011)

with legal or social care processes. It is at least partly attributable to such factors that young people (even those fortunate enough not to have been exposed to violence or abuse at home while growing up) have 'tainted' views about what is right and acceptable behaviour in relationships. Adults suffering abuse frequently try to 'contain' what is happening within their family because of embarrassment or shame; indeed the Courts still consider domestic violence and abuse as a 'family matter'. A change of culture is required so that we better understand DVA and feel freer to talk about it; condemning it for what it is; an abhorrent behaviour as despicable and damaging as child sexual abuse.

1.8.3 Because of the gendered nature of DVA, equality in terms of services is not a matter of 'equal treatment for everyone' since women are disproportionately represented among victims. However, achieving equitable services does require an understanding of the less common types of victimisation and their prevalence in the diverse population being served. Kent is well placed to achieve equitable services provided there is a concerted effort by all the involved agencies to pool information and resources and to jointly commission what is needed based on evidence, local intelligence/data and the experience already gained within all sectors, particularly the voluntary, charity and social enterprise sector.

1.8.4 The latter plays a central role in addressing DVA across the whole spectrum from early intervention to the co-ordinated community response, since it is here where the specialist knowledge lies that must underpin much of future service provision. We are only just beginning to understand that not all of what we think of as domestic violence and abuse is the same. The role and dynamics of power, control and coercion and particularly their impact on parenting are best understood by specialist DVA service providers. However, the needs of people in violent and abusive relationships (where the power and control element is missing) might, for example, be met by generic services offering anger management or communication skills. Many perpetrators and some victims will also require the help of substance misuse or mental health services. Being able to recognise and understand the role all these factors play could be key to successfully addressing DVA, by targeting services effectively and achieving the optimum balance within constrained finances.

1.8.5 It is apparent (and society ignores at its peril) that for adult and child victims of domestic violence and abuse no real closure or recovery can be achieved (even after an abusive relationship has ended) without specialist therapeutic support (such as the Freedom Programme and targeted programmes for children and young people) and programmes such as CDAP for perpetrators. The violence and abuse may stop but trauma can be deep-rooted and the effects inter-generational. Without such support, re-victimisation of the adult victim is likely and a wide-range of damaging effects impact on involved children.

1.8.6 The Police are viewed by many as the linchpin service with regard to domestic violence and abuse, since they are operating at the 'sharp-end' where crises occur and crimes become apparent. However, only a small minority of DVA comes to the attention of the Police. Coupled with this, reorganisation within Kent Police means that Specialist Domestic Abuse Units and specialist Domestic Abuse Liaison Officers no longer exist and this will impact on the response and follow up that can be expected in DVA cases. Kent Police are, however, committed to partnership working and addressing the difficulties that have been identified.

1.8.7 The most likely interface with professionals for adult and child victims of DVA, who frequently experience mental/physical ill-health or injury as a result, is in healthcare settings. Furthermore, a very high proportion of the children and families that come to the attention of children's social care professionals are likely to be experiencing DVA. It is therefore essential that health and social care professionals in particular, regardless of setting or context, can recognise where domestic violence and abuse is occurring, and respond effectively. GPs have a much greater role to play in early identification and referral to support and midwives and health visitors play an equally important role since DVA frequently starts or escalates when victims are pregnant.

1.8.8 Clear referral pathways between the involved services/organisations in Kent are vital and professionals from different disciplines need to be empowered with an understanding of DVA, knowledge of DVA services and most importantly the confidence to share information appropriately to keep victims safe. Coupled with this is the need for KCC and others to ensure that all relevant strategies are linked and actions to address DVA are embedded.

1.8.9 It would constitute a serious missed opportunity (for both prevention and intervention) if we failed to educate children and young people about domestic violence and abuse and about positive healthy relationships, while they are at school. Furthermore, services which come in contact with young people 'running into trouble' or becoming involved in anti-social behaviour, such as the Integrated Youth Service, are particularly well placed to work pro-actively on DVA issues as well as to intervene when necessary so that early brushes with youth justice do not pave the way for future criminality or other poor outcomes. This is particularly relevant since certain types of DVA are becoming more prevalent (such as adolescent DVA in peer relationships and parental abuse by adolescents). This, coupled with mounting evidence of the impacts on children and young people from experiencing DVA and the increased likelihood of their becoming a victim or perpetrator in the future, demonstrate the importance of tackling 'faulty' behaviours and beliefs about power, control and violence in relationships as early as possible, in order to break the cycle of domestic violence and abuse in Kent.

## 1.9 Recommendations

*Members consider that the highest priority recommendations are those numbered 1-6 and 12-14 (contained in the final section on Breaking the Cycle)*

**STRENGTHENING THE MULTI-AGENCY RESPONSE**

R1 That KCC seeks to collaborate with Clinical Commissioning Groups in Kent so that the Kent and Medway domestic violence and abuse care pathway can inform the development of a Map of Medicine Clinical Care Pathway to assist all General Practitioners (GPs) in identifying and responding appropriately to cases of domestic violence and abuse and asks

That NHS Kent and Medway:

- expedites use of the Health Information Service Business Intelligence (HISBI) system to enable sharing of information on the presence of domestic violence and abuse (actual/disclosed or strongly suspected) in health settings such as Accident & Emergency (A&E) departments, GPs, Midwifery, Ante-natal and maternity settings. That in line with established protocols this information is shared and collated within Health and made available to other appropriate agencies/bodies such as Multi-Agency Risk Assessment Conferences (MARAC) especially when frequency of attendance indicates potential heightened risk to a patient or their child/children;
- Retain and develop specialist Domestic Abuse Health Visitor roles across Kent.

R2 That to mitigate the loss of specialist domestic abuse police officers and to strengthen contact and referral processes:

Kent Police:

- ensure that there is a system for flagging the number of domestic abuse incidents and making this information available to responding officers and that a third (and any subsequent) incident, regardless of risk level, should trigger an automatic discussion with a domestic abuse specialist to determine whether a MARAC referral is required (in line with Co-ordinated Action Against Domestic Abuse (CAADA) guidance on potential escalation of domestic abuse cases);
- carry out an immediate review of information provision and referral to partner organisations including those in the voluntary sector and in particular Victim Support and, in addition, agree (with input from key partners) a process or processes to expedite urgent information requests.

Kent Police with KCC and Health:

- Determine whether the presence in the Central Referral Unit (CRU) of a domestic violence and abuse specialist worker could help with the effective triaging of cases;
- Ensure that all staff in CRU are trained in CAADA Domestic Abuse Stalking and Harassment (DASH) risk assessment;
- Put in place a process to ensure that domestic abuse notifications (DANs) not meeting social care thresholds are linked to a Common Assessment Framework (CAF) pathway so that families have the opportunity to access appropriate community support.

Kent Children and Adult Safeguarding Boards:

- Give urgent consideration to a process by which risk (for adults and children) can be monitored in the above case, where a CAF is declined.

R3 That KCC seeks to strengthen and develop the co-ordinated community response to domestic violence and abuse, in particular by:

- promoting the Kent and Medway Domestic Abuse Strategy Group (KMDASG) domestic abuse website
- establishing a single point of telephone contact to complement the domestic abuse website
- gaining commitment at strategic level from relevant agencies e.g. housing, Police, solicitors, health agencies, Victim Support, to the development and staffing of Multi Agency Domestic violence and abuse One Stop Shops (OSS) and facilitating more flexible provision (to include evenings and exploring ways to reach remote communities).[5]
- providing funding to publicise the One Stop Shop widely in each area
- seeking to support through the joint commissioning process the development of a Specialist Domestic Violence Court in the south of Kent

[5] This could also include alignment with existing 'Single Points of Access' (SPAs)

## ACHIEVING SUSTAINABLE AND EQUITABLE SERVICES

R4 That KCC seeks to rationalise the existing patchy provision of domestic violence and abuse services and drives up the quality of services, by devising and implementing a commissioning plan, beginning with Independent Domestic Violence Adviser (IDVA) services and aiming to achieve joint commissioning of a 'domestic violence and abuse care pathway' informed by needs assessments and taking account of different forms and types of DVA.

- that joint commissioning is enabled by consolidating existing funding sources and seeking to align this with further funding from internal and external sources (e.g. Supporting People, KDAAT, Families and Social Care (FSC), Public Health, Police, Fire and Rescue, Probation, Health and Mental Health, the Police and Crime Commissioner (PCC), Health and Wellbeing Boards (HWB) and Clinical Commissioning Groups (CCGs) to provide a multi-agency domestic violence and abuse commissioning 'pot';
- that commissioned domestic violence and abuse services are monitored and evaluated through a Quality Assurance Framework.

## HIGHER PRIORITY, GREATER AWARENESS

R5 That KCC demonstrates strong leadership and commitment to addressing domestic violence and abuse by:

- ensuring that basic awareness training in domestic violence and abuse awareness is included in the Member Development Programme so that all Members can be ambassadors and advocates for a change in public attitude (and can signpost effectively to help and support);
- identifying a Member Champion for Domestic abuse to help drive forward changes and expedite the development of a network of Domestic violence and abuse Champion roles including in Health, (within Clinical Commissioning groups, GP surgeries, Accident and Emergency Departments);
- ensuring that the Member chosen to sit on the Police and Crime Panel (which will scrutinise the work of the PCC) is also a domestic violence and abuse Champion;
- having Member (Champion) representation on the Kent and Medway Domestic Abuse Strategy Executive Group.[6]

[6] One or more Members could undertake these roles.

R6 Members welcome the development of a Kent and Medway domestic violence and abuse training matrix in order to rationalise existing provision and ensure all statutory sector professionals have the appropriate level and content of training and recommend that:

- to complement current training resources: a portfolio of domestic violence and abuse webinars is developed, with the involvement of survivors, offering professionals an alternative, quick and easy way to increase their knowledge and engagement.
- KCC Learning Resources/Training take a more proactive role in the development of training on domestic violence and abuse and ensure that there is a mechanism to engage survivors in the development of training, policy, practice and future services.

R7 That KCC seeks to influence attitudinal change on domestic violence and abuse using a 'multi-pronged' approach:

- asking the incoming Police and Crime Commissioner to have domestic violence and abuse as a top priority in the Police and Crime Plan for the duration of the Plan and that given domestic abuse represents 25% of violent crime in Kent, the new PCC is invited by Kent and Medway Domestic Abuse Strategy Group (KMDASG) to become a domestic violence and abuse Champion and to receive appropriate support and training for that role.
- asking that the County Community Safety Partnership continues to have domestic abuse as a high priority and cascades this to the local Partnerships
- using a Public Health campaign to help change perceptions
- using Safeguarding Week 2013 to raise awareness of domestic violence and abuse
- using established community safety routes to get domestic violence and abuse information and links into the public eye (e.g. Fire & Rescue Service leaflets in GP surgeries)

**SHIFTING ACCOUNTABILITY**

R8 That in implementing its Early Intervention and Prevention Strategy KCC creates culture change – through a process of:

- Embedding understanding of domestic violence and abuse and its impacts throughout the organization
- Examining the interface with individuals and families experiencing domestic violence and abuse

- Ensuring that practice, processes and communications are as supportive as possible to non-abusing parents (where this does not conflict with the duty to safeguard children)

R9 That KCC asks the Criminal Justice Board to carry out a review to determine whether breaches of Non-molestation or Restraining order in domestic abuse cases are being dealt with effectively by criminal justice agencies.

R10 That (in the light of the Family Justice Review, and given the proven impacts on children of witnessing/experiencing domestic violence and abuse) KCC lobbies the Ministry of Justice (MoJ) with regard to making perpetrators of domestic violence and abuse more accountable for their actions:

- The select committee support the recommendations of Children and Family Court Advisory and Support Service (CAFCASS) and RESPECT[7] that, as a condition of perpetrators having contact with their children, they should be required to attend a specialist perpetrator programme and/or parenting classes and ask that these recommendations are taken into consideration by Families and Social Care during case conference proceedings
- That KCC and relevant partners conduct a review of arrangements in Kent for parental contact (including those families not in touch with Families and Social Care) and seeks opportunities for further safeguards to be put in place regarding supervision where a parent has perpetrated domestic violence and abuse

**BREAKING THE CYCLE**

R11 Members welcome the new services commissioned by FSC for children aged 5-13 who have experienced domestic violence and abuse and those targeted at healthy relationships (girls aged 11-16) and would like to see services commissioned for boys of this age to address unhealthy attitudes and behaviours towards girls or same sex partners in their peer relationships. Members would also like to see the gap in universal services to address healthy relationships within schools addressed through the commissioning process to augment schools' own teaching.

R12 That KCC takes a number of actions designed to increase knowledge and understanding within schools of the impact of domestic violence and abuse on children and young people:

- supports links between social care and education and retains vital Family Liaison Officers/Parent Support Adviser-type roles within schools;

[7] Membership association for domestic violence perpetrator programmes and associated support services

- asks the Kent Safeguarding Children Board (KSCB) and Kent Head Teachers to ensure there is a focus on healthy relationships within the schools' Personal, Social and Health Education (PSHE), religious or ethics frameworks and that staff are trained to recognise and respond to issues of domestic violence and abuse affecting pupils at home or in their peer relationships.
- writes to the Teaching Agency asking them to require that teacher training programmes include compulsory modules on the impact of domestic violence and abuse on children and young people.
- writes to the Department for Education asking that schools are encouraged to place a greater emphasis on the health and wellbeing of pupils, in order to underpin their ability to achieve academically;

R13 That KCC should take a lead on developing approaches to young people who show aggressive or violent behaviour towards their parent(s) and that this should be reflected in the Integrated Youth Support Strategy and pilot programmes and any other relevant strategies.

R14 That KCC seeks to include information and links (such as www.thehideout.org.uk and the new Kent Domestic violence and abuse website - young people's resources) in materials published for young people.

# 2 BACKGROUND AND INTRODUCTION

## 2.1 What do we mean by domestic violence and abuse?

2.1.1 Domestic violence and abuse is associated with the home, family or other close relationships. It strikes at the heart of society by disrupting families and causing lasting damage. It is widespread and though it affects people of different ages, social classes, sexual orientation, disability and ethnicity; it is increasingly affecting the young. We now know that huge 'collateral damage' results when children experience an adult's abusive behaviour directly or indirectly and we also know that domestic violence and abuse is common in young peoples' relationships with each other and with their parents. The behaviours involved are described in the 'Raising the Standards', inter-governmental initiative documents as:

> *"… the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship*
> *.*
> *Domestic Violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation and the telephone, and stalking.*
>
> *It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by, children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.*
>
> *Domestic Violence is not a "once-off" occurrence but is frequent and persistent aimed at instilling fear into, and compliance from, the victim."*

## 2.2 Myths about domestic violence and abuse (DVA)

2.2.1 There is a great deal of misunderstanding, often leading to prejudice around domestic violence and abuse. A few common myths are addressed on the following pages:

## "Victims are stupid! Why don't they just leave?"

This view makes the assumption that leaving the relationship ends the problem. On the contrary, evidence shows that planning to leave or ending a relationship with an abusive partner is the time of greatest risk for victims and their children and so staying may be as a result of a complex, difficult and sometimes unconscious balancing of risks. (Johnson, 2008). Perpetrators commonly make threats to kill the victim or people close to them. In one study of high risk cases Howarth at al (2009) found that 62% of perpetrators had threatened to kill their victim and 30% had threatened to kill someone else (including previous intimate partners). With regard to DVA that does not involve an intimate partner, the situation, though less common, can be even more complex – how should a parent respond to abuse from a child they love and wish to protect?; how can a carer (or a cared-for relative) escape abuse in that relationship? There are already around 128,000 carers in Kent and as people choose and are enabled to stay in their homes longer the number of difficulties experienced may rise. People's reasons for staying in abusive relationships are extremely varied. British Crime Survey results for the year 2010/11 (based on questionnaire self-completion) for intimate partners who shared accommodation with their abuser (23% of the total) showed that 38% felt they could not leave because of children, 34% because of their feelings for their (abusive) partner and 21% because they had nowhere else to go.

## "Alcohol causes domestic violence and abuse."

Though highly correlated with 'incidents' of domestic violence and abuse (DVA), the relationship between alcohol and coercive violence is not causative i.e. removing the alcohol element will not stop this kind of DVA. There needs to be awareness that the problems often overlap but both aspects need to be addressed. The relationship with alcohol is however complex – for example, it is often used by perpetrators as an 'excuse' or 'cover' for violence and abuse (including coercive) and it may also sometimes be used as an 'escape' by victims of coercive abuse from the seemingly intractable situation they find themselves in; 'to dull both the physical and emotional pain'.[8] Alcohol can fuel aggression, increase bravado and lower inhibitions (in this context, making it more likely that someone will either act up or make a report to the police) and for example it could trigger arguments that then turn violent, which could contribute to the late night/weekend peaks seen in incident reporting.

[8] London Drug and Alcohol Network (undated)

"Male perpetrators of domestic violence and abuse are often good fathers."

Research shows that domestic violence and abuse is closely correlated with child abuse with a 40% co-occurrence (Walby, 2004). Children even indirectly exposed to it may suffer long term detrimental effects. It is common, upon separation, for abusive men to use feigned interest in their children to maintain contact with and control over their partners.

"It's a private issue – not one to concern other people."

Domestic homicide is the most common form of homicide in the UK, representing 35% of the total; two women a week are killed by their partners. In addition, each year over one in five of all employed women in the UK lose time at work because of domestic violence and abuse and one in fifty are known to lose their jobs as a result. (Walby and Allen, 2004)

## 2.3 The Intimate Terrorist

2.3.1 A key feature of the domestic violence and abuse on which this review has focused, and which has prompted a change in the government definition, is coercive control of one adult over another. However, Johnson (2008) believes that the majority of research has failed to recognise differing aspects of domestic violence and asserts that what we have now come to refer to as 'domestic abuse' or 'domestic violence and abuse' is referring mainly to one of three main types of partner violence; one which he calls 'intimate terrorism' where the individual (perpetrator) is violent and controlling but the partner is not. The existence of varying types of partner violence 'muddies the waters' so far as data are concerned and Johnson provides a very plausible explanation for the discrepancies that exist between the two main sources of data. Data from statutory and voluntary sector agencies who provide support show the vast majority of domestic violence and abuse (intimate terrorism) is perpetrated by males towards their female partners and this is what most people think of when they hear the terms 'domestic violence' or 'domestic abuse'.

"domestic abuse is the number one killer of women aged 19-44"[9]

"1/3 of all female suicide attempts relate to experience of domestic abuse"[10]

[9] Home Office (2011)
[10] Stark and Flitcraft (1996); Mullender (1996) cited in Statistics: Domestic Violence – Women's Aid

"almost half of women prisoners report having suffered from violence at home" [11]

"89% of those who endure four or more incidents of domestic abuse are women[12] and the vast majority of both referrals and convictions relate to male perpetrators and female victims in (or following) intimate partner relationships."

2.3.2 The other main source of data on domestic violence and abuse is the British Crime Survey[13] and Johnson believes this throws up a different set of data which is biased towards other types of partner violence. These are described by Johnson as 'violent resistance' and 'situational couple violence'. The former explains the scenario (which often makes the headlines) where a woman who has suffered coercive abuse at the hands of her partner finally 'flips' and may even commit murder to free herself from her abuser; the latter describes partnerships where there is violence, often triggered by particular situations or events – but the control/coercion element is missing. A further rarer type is 'Mutual Violent Resistance' where two controlling and violent individuals are involved in a relationship; each battling for supremacy. Earlier work by Jacobson and Gottman sought to describe two types of perpetrator – 'pit bulls' and 'cobras' but Johnson's work is helpful as it looks in greater depth at the relationship dynamics involved; involves concepts that are more readily identifiable within evidence and experience and could be a valuable tool when targeting service provision. The following statistic is one which comes from the British Crime Survey evidence which, according to Johnson's theory, provides an inaccurate picture with regard to the gender-biased nature of coercive domestic violence and abuse which is almost exclusively male to female partner violence.

"1/4 of women and 1/6 of men will experience domestic abuse at some time in their lives."

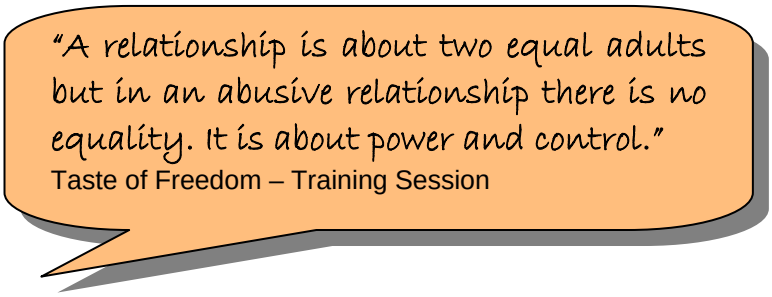
In other words, the above statistic may be describing two quite different scenarios. What seems likely is that it is showing (as we already know from

[11] Home Office (2010)
[12] Kent Community Safety Agreement 2011-2014
[13] British Crime Survey Data is gathered annually via self-completion questionnaires based on a sample of 22,000 people and the category of domestic abuse covers (for the purposes of the survey) non-sexual partner or family abuse and sexual assault or stalking by a current or former partner or other family member.)

support services' evidence) generally that at least a quarter of women experience some kind of long-term abuse in their lives and in addition one in six men have experience of partner abuse, at some time.

2.3.2 4Children (2012) refer in their report to 'family violence' and it seems feasible that families could be experiencing any one (or more) of the various types of violence that Johnson describes. Doubtless, every type features in the crime statistics and incidents dealt with by the Police under the banner of 'domestic violence and abuse'.

2.3.3 For services, there will be great advantages in the future if research can uncover practical methods and tools to distinguish between different types of partner violence, so that the right problems are being addressed and tailored solutions (and sanctions) are devised. If we accept that Johnson's assertion is correct, then the description provided in 2.1 and the following quote refer mainly to 'intimate terrorism'.




2.3.4 Though this review's intended focus was on the type of domestic violence and abuse which includes coercion – it is clear that the evidence and data considered has included elements of partner and other violence that could, if data were collected differently, be defined more specifically. All types of violence and abuse impact greatly on any involved children but the differential effects of the various types of partner (and family) violence on children have yet to be fully explored. The impact of domestic violence and abuse on children is discussed further in section 8 of this report.

## 2.4 Specific forms and aspects of domestic violence and abuse

2.4.1 A number of specific types of violence and abuse fall within the 'domestic violence' definitions and these are briefly outlined below. Being in a statistical minority will be no comfort to men who suffer at the hands of an abusive female partner; men or women who suffer in same-sex violent relationships; or women and girls from particular communities whose tradition, customs or hierarchy may expose them to even greater levels of victimisation by their family or community. The scope and variety of domestic violence and abuse is therefore broad ranging. Communities that may have additional compounding issues include

military and police communities; gypsy and traveller communities and ethnic minority groups within which abusive customs have gained a degree of acceptance though they are neither condoned nor required by mainstream religion or culture. Issues around the increasing involvement of young people in abusive peer relationships and abuse of parents are also discussed further in the final section of this report.

### 2.4.2 Forced marriage

"Forced marriage is a hidden epidemic in the UK with an estimated 5,000 to 8,000 forced marriages every year. Around 41 per cent of victims are under 18."[14]

Following publication of the Choice by Right report in 2000, and the setting up of a Community Liaison Unit by the Foreign and Commonwealth Office, a Forced Marriage Unit was set up with the Home Office to provide information to victims and professionals as well as support to victims in the UK. Cases may but not always involve parties from overseas, most commonly from South Asia, though have involved families in Africa, the Middle East and Europe.[15] Following a consultation in 2005 it was decided not to criminalise forced marriage in case this should drive the practice further underground. However, as a result The Forced Marriage (Civil Protection) Act 2007 came into being, taking effect in November 2008.[16] Forced marriage is quite different from an arranged marriage (which takes place with the consent of the participants) and is defined thus[17]:

*"A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with support needs, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure."*

It is a practice condemned by every major faith.

### 2.4.3 Honour-based violence

Perpetrators of forced marriage may sometimes be driven by the belief that family honour may be preserved by the practice. Family honour or Izzat, as it is known throughout Hindu, Muslim and Sikh communities is a deeply held ideal encompassing ideas of both reputation and retribution. Honour-based violence is

[14] Wind-Cowie et al (2012)
[15] HM Government (2007)
[16] The Act forms part of the Family Law Act 1996
[17] HM Government (2007)

almost always (but not exclusively) directed against young women and the kinds of 'behaviours' that might be condemned for bringing shame or impacting on a family's social status include:

- Defying parental authority
- Adopting westernised clothes, behaviour or attitude
- Women having sex/relationships before marriage
- Using drugs or alcohol [18]

In other words, many typical causes of intergenerational strife in western families are viewed with exaggerated severity by a minority of individuals from some cultures who give reputation a higher status than autonomy, or even life. The ominous and oppressive message given to some young women from communities where this clash exists between traditional and modern values is very much to 'keep a low profile' in order to protect their family's reputation.[19]

An understanding of these aspects is necessary in order to comprehend what is perceived by some individuals as a motivation (or excuse) to commit terrible acts of abuse and violence against members of their own family or community. At a Conference held in 2012 by Domestic Abuse Volunteer Support Services (DAVSS) in Sevenoaks, a spokesperson from support organisation Karma Nirvana told of a case where a mother had held down her pregnant daughter while she was killed (for 'bringing dishonour to the family ') and several cases of close-knit neighbourhood communities colluding to suppress and prevent the escape of victims. Tragic and dramatic cases where clashes of cultural ideas have provoked extreme and criminal behaviour are the reason for inclusion of this type of activity within the definition of domestic violence and abuse. The concepts of honour and shame as they impact on the topic more generally are discussed further in section 6.

Kent Police are holding a roadshow in December 2012 to share knowledge and understanding about these important aspects of DVA.

[18] Select Committee on Home Affairs – Sixth Report (2008)
[19] Ibid


2.4.4 Female genital cutting (also known as FGM)

This extremely harmful practice, which involves removing different parts of the female genitalia is still carried out on girls and young women from some communities[20], often by matriarchs or female elders, though medical 'professionals' (including in the UK) have been implicated. There are four different types of FGM, the most radical of which is infibulation, which involves removal of the whole external and internal clitoral tissue, the labia minora and cutting and sewing of the labia majora. The physical and psychological impacts to victims are immense and lifelong and there are also immediate health risks from blood loss, poor hygiene and shock. While its origins are unclear, the practice may have originated in ancient Egypt but has taken place in many countries of the world, including Western Europe. There is no therapeutic basis for FGM and it is not a requirement of any religion. It is thought that the main imperative today may be financial; either the financial dependence of the victim on possible suitors or the financial rewards to be gained by those who perform it. It was criminalised in the UK in 1985 by the Female Circumcision Prohibition Act. The Female Genital Mutilation Act (2003) also made it illegal for UK residents to be taken abroad for the purposes of carrying it out. The maximum penalty is 14 years imprisonment and a fine. However the successful criminal prosecution of anyone in the UK remains a goal if this abusive practice is to be eradicated. Internationally there may be 140 million survivors and 3 million girls at risk every year[21]. There are around 100,000 survivors of FGM in the UK and it is estimated 22,000 girls under 16 are at risk as well as adult women.

[20] Communities in 28 African countries, parts of the Middle East (Yemen, Syria) and among Northern Iraqi Kurds (Afruca, 2008)
[21] (UNFPA, 2012)

### 2.4.5 Stalking

Stalking is defined for the purposes of British Crime Survey data collection as:

"more than one incident of obscene/threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property carried out by any person."

Stalking is an aspect of domestic violence and abuse which is a known high-risk indicator for further violence and harm, even homicide. It often manifests as obsessive and escalating behaviour (including cyber-stalking) of an ex-partner who refuses to accept the end of a relationship. British Crime Survey data reveals that less than half of the 120,000 victims of stalking annually are recorded as crimes by the Police so despite its rising profile, stalking may still not be being taken seriously enough.[22]

## 2.5 Other domestic violence and abuse issues for particular communities[23]

### 2.5.1 Abuse of vulnerable adults

The issue of adult safeguarding is complex and statutory service provision hinges on the 'No Secrets' definition of '*anyone who is or may be in need of community care services'*. It includes people who may have an illness or disability but people may also be vulnerable for other reasons, such as being a carer or, as Kent & Medway guidance[24] makes clear, a person may be a vulnerable adult due to *'domestic abuse, hate crime and anti-social abuse behaviour'.* That is not to say that all victims of DVA are 'vulnerable' or 'unable to protect themselves against significant harm or exploitation' and as identified by national DVA support organization Refuge:[25]

"abused women routinely put strategies in place to manage the risk that they face until they can access the support they need to leave the abuser".

Adult victims of domestic abuse are not referred to adult social care in Kent unless they have disabilities or mental health issues and currently there is a gap

[22] Cited in NAPO (2011)
[23] This section does not seek to provide exhaustive information on particular groups of people but to highlight issues on which the select committee has obtained specific evidence.
[24] Multi Agency Adult Protection Protocols, Policy and Guidance for Kent and Medway
[25] Refuge Consultation on the review of the 'No Secrets' Guidance (2009)

in processes to adequately safeguard some adult victims of domestic violence and abuse (who are not being considered as 'vulnerable'). While there would be very limited capacity for a social care response to adults 'at risk' due to victimisation rather than other types of 'vulnerability' – it is important that professionals can gain access to adult victims of DVA in order to carry out assessments and refer to appropriate services. Domestic abuse was added to the definition of adult safeguarding in Kent due to the weight of national evidence and the number of cases arising locally.[26]

Elder abuse per se has not been a focus of this review and the incidence of interpersonal abuse (psychological, physical and sexual) within elder relationships is known to be low. However, the most common victims are women aged 66-74 with 80% of perpetrators being men of a similar age. [27]

> "What does emerge is that the perpetrator lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them."
> O'Keeffe et al (2007)

A previous KCC Select Committee focusing on dementia revealed that the partner/carers for people with dementia can sometimes experience distressing aggression at the hands of the person they are caring for. Anecdotal evidence from a national Alzheimer's Helpline also indicates that people with dementia have reported partner abuse. In terms of the relationship between dementia and domestic violence and abuse:

> "inhibitions can be affected, as can emotions, but how that manifests itself is highly dependent upon individual circumstances … aggression can be a consequence of living with dementia for some people in some circumstances, but it can also be a consequence of frustration, humiliation or fear, as is the case for all of us.."
> Steve Milton, Innovations in Dementia – written evidence

[26] Carol McKeough, Safeguarding Adults Policy and Standards Manager, Families and Social Care – Hearing 11th June 2012
[27] O'Keeffe et al (2007)

### 2.5.2 Male victims

A study carried out in Scotland by Keele University Department of Criminology found that reporting to the police by male victims was low for a combination of reasons but primarily that compared to female victims, men were less often subject to repeat victimisation, were less often seriously injured and less likely to be fearful in their own homes. A proportion of males in the study were also perpetrators and so did not want to involve the police (which could indicate that what was being described was situational couple violence rather than female to male intimate terrorism), however some male victims also reported that embarrassment prevented them from seeking help. (Gadd et al, 2002) It can be appreciated, therefore, that men who are experiencing domestic violence and abuse must feel extremely isolated and fear they will not be believed when seeking help.

The government is providing funding of £225,000 (nationally) to twelve organisations which provide support to male victims of domestic violence and abuse as well as sexual abuse. This supplements funding directly to Men's Support Line and Broken Rainbow who support victims in same-sex relationships and is in recognition of the fact that services are largely geared towards female victims (who represent the majority) and so male victims have particular problems in accessing support. No services dedicated solely to male victims currently exist in Kent however refuges are the only female-only service provided and men have the same protection in law as women. Members hope that more accurate assessments of need in Kent will reveal both the extent of male victimisation and the types of support which would be most effective for male victims.

### 2.5.3 People from the gay and lesbian community

Domestic violence and abuse occurs at a lower rate among lesbian couples but a higher rate among same sex male couples than in the population as a whole. There is evidence of a high level of under-reporting, however some people also choose not to disclose personal details regarding sexuality (e.g. to the Police) so this is not reflected in the data collected[28]. The topic may also be less well understood within the lesbian, gay, transsexual and bisexual (LGBT) community that it is more generally.[29]

> "In a survey of 200 LGBT people it was found that 50% had experienced domestic violence and abuse, a third of which was not reported to the Police. ."
> Dr Greg Ussher, Deputy CEO, The Metro Centre Ltd – Hearing 18th June 2012

[28] Detective Inspector Louise Ludwig, Kent Police – Hearing 7th June 2012
[29] Dr Greg Ussher, Deputy CEO, The Metro Centre Ltd – Hearing 18th June 2012

Perpetrators of domestic violence and abuse from the LGBT community may use additional abusive tactics against their partner-victims, such as threatening to 'out' them to friends, family, workmates or the wider community (against their wishes). Another unique form of domestic violence and abuse can be perpetrated by parents of young LGBT people upon disclosure of their sexuality or gender identity.[30]

### 2.5.4 Military and uniformed communities

Abuse within armed forces or police families has in some ways more in common with honour-based violence than other forms of domestic violence and abuse since victims face not only the behaviour of the perpetrator but the actions of the wider community or hierarchy who may seek to minimise or discount what is happening so that it does not bring 'shame' or 'dishonour' on the service. In addition the victim's social support networks may be closely associated with, if not dependent, on the perpetrator's profession. The fact that service roles can be tough and sometimes traumatic means that there may be additional problems of adjustment to ordinary life particularly for service-people returning from combat (Williamson and Price, 2009; MacManus et al, 2011). Coupled with that is the fact that the service environment is itself very hierarchical and, of necessity, controlled. Though specific data are not recorded on the occupations of spouses/perpetrators, anecdotally a high proportion of women who attend the Freedom Programme (providing therapeutic support for victims) in Kent are from these service communities.

> "Cases of domestic abuse involving Police officers are kept very quiet despite some being desperate to get help."
> Denise Dupont, Division Manager (Kent), Victim Support – Hearing 7th June 2012

### 2.5.5 Gypsy and Traveller communities

Gypsy and traveller communities tend to be very loyal and close knit and have a number of traditions which can exaggerate and exacerbate difficulties experienced by victims (most commonly women) from these communities who suffer domestic violence and abuse. A few of those issues are noted here:

- Boys are considered adults at age 14 and have to 'find their own way' – it is a tough, sometimes violent, male world with a 'no holds barred' kind of attitude

[30] Ibid

- Once in a relationship a woman is considered the property of a man and to be 'damaged goods' if the relationship breaks down
- There is a traditional mistrust of the Police
- If partners separate they tend not to have another partner– this applies to both men and women.
- People in the community do not speak for others (hence will not tend to get involved in other people's fights, however uneven) [31][32]

These issues make it harder for victims to access help and support and harder for agencies to intervene. Leaving a violent and abusive partner or other family member can often mean the victim has to find refuge away from their support networks, not just the abuser, as seeking assistance from the authorities (often the only option once a situation becomes unbearable) is likely to be viewed not as a legitimate action of self preservation, but as a form of disloyalty.[33]

### 2.5.6 People from affluent backgrounds

The fact that people from affluent backgrounds may be additionally disadvantaged when it comes to reacting to/seeking help when faced with domestic violence and abuse may seem counter-intuitive. However, families living relatively affluent lifestyles in better-off communities are less likely to be in contact with statutory support services and also may have more to lose (in terms of social or public status, lifestyle or financial position). Victims may also sacrifice their own happiness and well-being in an attempt to preserve their children's financial security. Professionals may be more reluctant to intervene because of the risk of 'incurring the wrath' of people they perceive as powerful or influential. This is borne out in Kent by the unusually low rate of referral to Multi-agency Risk Assessment Conferences (MARACs) per 10,000 female inhabitants between the most and least affluent parts of Kent. [34][35]

> "In private schools where they are reliant on fees you will find them more reluctant to refer."
> Lorraine Lucas, Family Intervention Worker – Hearing 7th June 2012

[31] Supporting Gypsies – 2009 Conference Findings at http://www.gypsy-traveller.org/your-family/health/domestic-violence/
[32] Gypsy and Traveller Unit – written evidence
[33] Ibid
[34] Referral per 10,000 female inhabitants is 4.4 in Sevenoaks compared with 29.2 in Thanet
[35] Presentation slides: Diana Barran, Chief Executive and Pauline Deakin, MARAC Development Officer – South East - Hearing 25th June 2012

"...being part of a minority community will increase the barriers to accessing help, thus a disproportionately high percentage of high risk victims are likely to be from these groups."
Diana Barran, Chief Executive, CAADA – Hearing 25th June 2012

2.5.7 People with no recourse to public funds

At the start of this review, during visits to Refuges and in informal discussions, professionals raised serious concerns about victims of domestic violence and abuse who have no recourse to public funds. These are foreign nationals seeking asylum in this country who have no means of support or escape whilst their immigration status is sorted out. This has placed women and children at huge risk and, faced with the prospect of destitution, often the only choice has been to remain in the abusive relationship, sometimes at very high risk. However, following a pilot project[36] the government has announced that permanent financial support will now be available to victims in this situation, enabling an estimated 500 per year to access refuge and other services.

2.5.8 In addition to the above-noted aspects, people experiencing domestic violence and abuse may face additional issues for diverse reasons including language barriers, disability, working in the sex industry or living in a rural/remote area.

## 2.6 The costs of domestic violence and abuse

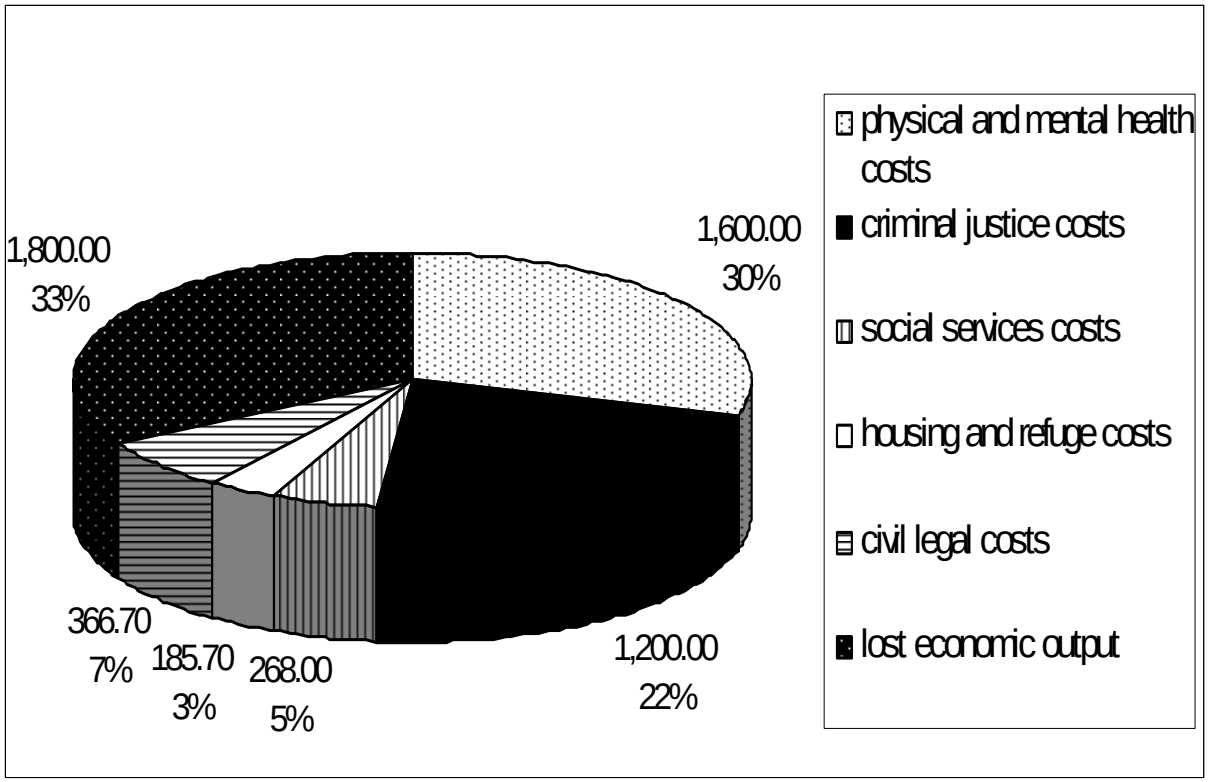
2.6.1 Calculating the costs of DVA is a complex task and attempting to do so at international scale even more so. A United Nations study (looking solely at violence against women) in 2005 evaluated the international evidence and determined that there were immense costs worldwide to justice, health, social services, education, business and employment. Added to this are personal or household costs, as well as a range of intangible costs including pain and suffering and intergenerational effects. DVA is known to impact on the development of nations and regions as valuable resources are diverted to combating it.[37]

2.6.2 The financial burden of domestic violence and abuse on our society is immense. Costs have been calculated at £5.5 billion per annum in England as shown in figure 1 below. Annual costs in the South East (£872.6 million) are the second only to those in London (£918 million). The greatest financial impact of £1.8

[36] http://www.wrc.org.uk/what_we_do/campaigns/women_with_no_recourse_to_public_funds/the_sojourner_project.aspx
[37] Day et al (2005)

billion nationally is on lost economic output. It is common for victims to lose their jobs since anything that provides them with financial and physical independence is a threat to the power and control that many perpetrators exert.[38]

***Figure 1: The estimated costs of domestic abuse in England (£million)*** [39]




2.6.3 The impact on the local economy is significant and using a Home Office Ready Reckoner Tool[40], the costs to Kent and Medway were estimated in 2010 to be £316 million, broken down into:

- £197 million - Housing, Civil Legal, Employment
- £68 million - Physical and Mental Health Care
- £43 million - Criminal Justice
- £8 million - Social Services[41]

More recently, the Trust for London and Henry Smith Charity estimated Kent's costs at over £382.3 million per annum[42].

[38] Taste of Freedom Session for Members
[39] Home Office Ready Reckoner Tool - Available from the National Archives at: http://webarchive.nationalarchives.gov.uk/20100104215220/http:/crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm
[40] Ibid
[41] Beaumont, S and Jerome, N (May 2010)

## 2.7 Milestones in domestic violence and abuse policy and strategy in England:

2.7.1 In April 2001 Multi Agency Public Protection Arrangements (MAPPA) were introduced under Section 67 of The Criminal Justice and Court Services Act (2000). The focus of MAPPA is joint working between the police and probation to manage the risks to the community from dangerous offenders.

2.7.2 The White Paper 'Safety and Justice' (2003) outlined that the government would tackle domestic violence through:

- Strengthening police powers – making common assault an arrestable offence; criminalising breaches of civil order (e.g. Non-molestation Order) extending the use of restraining orders and creating a register of civil orders made[43]
- Providing information for victims, carrying out education and awareness-raising
- Addressing alcohol and drugs misuse

2.7.3 Following the original setting up of Multi agency Risk Assessment Conferences (MARAC) by South Wales Police in Cardiff in 2003, this model of intervention was developed with the aid of Co-ordinated Action Against Domestic Abuse (CAADA) and became widely adopted in relation to the management of high risk domestic violence and abuse cases, with the government aiming to have MARACs throughout England and Wales by 2011. [44]

2.7.4 The government published an Action Plan in 2008: Saving Lives, Reducing Harm, Protecting the Public: an Action Plan for Tackling Violence 2008-11 with an update in 2009 which focused on the management of violent offenders and their victims as well as support for those victims, through achievement of a number of Public Service Agreement (PSA) targets.

2.7.5 A government consultation was launched in 2009 – Together we can end Violence against Women and Girls (VAWG) and following the consultation the Association of Chief Police Officers (ACPO) produced their review 'Tackling Perpetrators of Violence against Women and Girls' (2009).[45]

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[42] Trust for London and the Henry Smith Charity (2011)
[43] Under the Crime and Victims Act 2004 (and following a change in the law in 2005 police were given powers of arrest for any offence)
[44] MAPPA Guidance (2009)
[45] Also from 2009 Restraining Orders could be imposed in civil court even upon the defendant's acquittal from any offence in criminal court.[45]

2.7.6 The National Strategy - Home Office, Call to end violence against Women and Girls[46] (VAWG) was launched on 25 November 2010 (International Day for the Elimination of Violence Against Women) and outlined the government's current approach to tackling domestic violence. The principles of the Strategy and Action Plan are outlined below:

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

2.7.7 As a follow up to the VAWG strategy a review of MARACs[47] was undertaken to determine how they were working; to identify potential areas for development and to consider giving them a statutory basis. An extensive survey was carried out which concluded that MARACs 'had the potential to improve victim safety and reduce re-victimisation' in a cost-effective way. MARACs are discussed further in Section 4 of this report.

[46] Home Office (2010)
[47] Home Office (2011)

# 3 DOMESTIC VIOLENCE AND ABUSE – KENT FACTS

## 3.1 Governance, Strategies and Plans

3.1.1 Under the Crime and Disorder Act 1998 Kent County Council has responsibility, with its statutory partners to reduce crime and disorder in Kent. The Community Safety Unit provides leadership to and supports the Kent Community Safety Partnership (CSP) and Local CPSs bring together agencies working to reduce crime and disorder in the districts and boroughs.

3.1.2 In November 2012, a new Police and Crime Commissioner (PCC) will be elected in Kent. The Police Reform and Social Responsibility Act 2011 provides a framework for partnership working and the PCC will have two (reciprocal) duties; a Community Safety Duty and a Criminal Justice Duty[48]. Central government funding previously devolved to the Community Safety Partnerships will go to the PCC as part of a new Home Office Community Safety Fund from 2013/14; including Base Command Unit funding, Drug Intervention Programme funding and Safer and Stronger Communities Funding. An announcement regarding transition arrangements is expected at the time of writing.[49]

3.1.3 The Kent Community Safety Partnership (KCSP), which brings together Kent Police, Kent Police Authority (succeeded by the Police and Crime Commissioner), District and Borough councils, Kent County Council, NHS Kent and Medway, Kent Fire and Rescue Service and Kent Probation Service is a county level partnership responsible for delivering the priorities of the Kent Community Safety Agreement.

3.1.4 The Kent Community Safety Agreement 2011/14 has domestic abuse as one of six cross-cutting priorities and the Kent and Medway Domestic Abuse Strategy Group (KMDASG) Executive and Operational Groups (sub groups of the KCSP) bring together key agencies from across the County and Unitary authorities to address domestic violence and abuse in these areas. KMDASG has the following membership:

Crown Prosecution Service
District Council representative
Family Justice Council
Joint Policy and Planning Board (Housing)
Kent and Medway PCT/NHS
Kent County Council
Kent Criminal Justice Board

[48] Outlined in Section 10 of the Police Reform and Social Responsibility Act 2011
[49] Home Office (2012)

Kent Fire and Rescue Service
Kent Housing Group
Kent Police
Kent Probation
Medway Council
Public Health (Kent)
Public Health (Medway)

3.1.4 Kent & Medway Domestic Abuse Strategy 2010-2013

This multi agency strategy was Informed by the national Violence Against Women and Girls Strategy (VAWG) and local needs assessments; in particular the Public Health Joint Strategic Needs Assessment (JSNA) on domestic abuse.[50][51] The Strategy supports multi-agency partnership working through annual Delivery Plans with key aims of promoting high standards and improvements, embedding domestic abuse work, indentifying service gaps, preventative work and acting as an information hub. A pivotal role is played by the Kent & Medway Domestic Violence Co-ordinator who is based within Kent Police and works with partners to implement actions from the Kent and Medway Domestic Abuse Strategy Group. The ambitions outlined in the strategy are, through multi-agency working to:

- reduce domestic abuse and change attitudes
- provide support to and protect victims of domestic abuse

3.1.5 There are cross-cutting issues between domestic violence and abuse and a number of other strategic areas and related strategic documents include:

- The Kent Supporting People Strategy 2011-2015

This strategy relates to housing–related support for vulnerable people among whom those with the highest needs are those who have had their homes and home lives disrupted by domestic violence and abuse.

- The Children and Young Peoples Plan (CYPP) 2008-2011

Priority 3 of the CYPP (which ended in March 2011) and its actions and outcomes included reducing the incidence and impact of domestic violence and substance misuse on children and families by improving the ways agencies work together to support vulnerable families. The CYPP for 2011-2014 is currently being developed and in the meantime a strategic framework[52] has been

[50] http://www.kmpho.nhs.uk/jsna/domestic-violence/
[51] Strategic arrangements for Joint Strategic Needs Assessments may change under the new Police and Crime Commissioner
[52] based on a needs assessment carried out by KCC's Business Intelligence Unit

developed to support work and planning. This work flagged up that in developing the next CYPP we should take account of national research showing that the majority of children with CP plans have them due to a combination of factors including domestic violence, parental substance misuse and parental mental illness and these aspects are referred to in various sections of this report.

- The Early Intervention and Prevention Strategy 2012-2015 (Draft 2)[53]

This major strategy spans the directorates and sets out how KCC and its partners will strengthen support for children, young people and their families. It aims to reduce the need for specialist services by identifying needs sooner, preventing escalation of problems and improving outcomes. It focuses on safeguarding and emotional health and wellbeing for disabled children and young people and their families, for vulnerable adolescents and high need families and this will include those where there is domestic abuse. A range of services are being recommissioned to bolster support within the family and community. New services being commissioned for children and young people affected by domestic violence and abuse are discussed in the final section of this report.

- The Kent Alcohol Strategy 2011-2013

This strategy highlights the links between alcohol misuse and domestic violence and abuse. Nationally, 'around half of all violent crimes (1.2 million) and a third of all reported incidents of domestic abuse (360,000)' involve alcohol but as noted previously, the relationship between domestic violence and abuse is catalytic rather than causative.

- The Kent Hidden Harm Strategy 2010-13[54]

This strategy addresses the adverse impacts on children and young people of drug and alcohol use by parents and carers.

- The Kent Public Health Strategy which, in particular, has priorities to:
    - reduce health inequalities
    - improve children's mental health and wellbeing
    - improve sexual health and reduce teenage pregnancies
    - increase the number of adults living healthier lives
    - reduce substance misuse and excessive alcohol drinking

A key role in taking forward commissioning of new services will be played by the Children and Young People Joint Commissioning Board, chaired by Cabinet

[53] http://www.kenttrustweb.org.uk/UserFiles/CW/File/Childrens_Services/JCU/Item_2a_-_Kent_EIP_Strat_v2_August_2012.pdf
[54] https://shareweb.kent.gov.uk/Documents/KDAAT/2010-06-11%20Hidden%20HarmFINAL.pdf

Member Mrs Jenny Whittle, which has  members from KCC directorates, the Head Teachers Association, Independent Chair of the Safeguarding Board, Police and the Director of Children's Health. It will also link to the Health and Wellbeing Board.

### 3.2 The Prevalence of domestic violence and abuse in Kent

3.2.1 KCC is the largest non-metropolitan authority in the country with a population of 1,466,500.[55] According to the Home Officer Ready Reckoner tool which takes into account population statistics and latest research, it is estimated that 53,953 women and girls aged 15-59 have been a victim of domestic violence and abuse in the past year in Kent and Medway. In addition, 18% of the reported incidents in Kent and Medway relate to male victims so the estimate for victims regardless of gender is (53,953/82) x 100 which is 65,796.

3.2.2 Domestic violence and abuse represents a high proportion (around 25%) of the violent crime in Kent. However, research by Walby and Allen, 2004 and the Home Office, 2002 shows that domestic violence and abuse incidents reported to the Police are likely to represent only between 23% and 35% of the total.

3.2.3 Figure 2 shows the number of domestic violence and abuse incidents reported to Kent Police in the year to 31 October 2010 (21524) and the year to 31 October 2011 (22149). For comparison, in Hampshire, the next largest county with a population of 1,322,100 there were 23182 recorded incidents of DVA in the 2011 calendar year.

3.2.4 The under-reporting criteria in 3.1.2 would indicate that there were likely to have been between 63,283 and 96,300 incidents in the year to 31 October 2011.) The higher of these estimates represents 264 incidents of domestic violence and abuse taking place every day of the year, somewhere in Kent and Medway. The number of incidents actually reported in that year equates to 61 per day or 2.5 incidents per hour every day of the year. The data also show in addition,  that in over 23% of the reported cases, for two years running, there was a second or subsequent incident reported (for that victim) within a 12 month period.

[55] Business Intelligence Statistical Bulletin September 2012: 2011 Mid-year population estimates: Total population of Kent authorities https://shareweb.kent.gov.uk/Documents/facts-and-figures/Population-and-Census/mye1-12-mye2011-total-population.pdf

***Figure 2: Domestic violence and abuse incidents reported to Kent Police***

| | Nov 2009-Oct 2010 | Nov 2010-Oct 2011 |
|---|---|---|
| Notifiable offences[56] | 7499 | 7232 |
| Secondary incidents | 13724 | 14457 |
| No crimes | 301 | 460 |
| **Total Incidents** | **21524** | **22149** |
| Number of repeat victims | 5014 | 5203 |
| % of repeat victims | 23.29 | 23.49 |

## 3.3 The incident profile across districts

3.3.1 An analysis carried out by Kent Police of domestic violence and abuse incidents over the period November 2010 to October 2011 (and compared with the previous year) indicates that there are some identifiable trends among victims and perpetrators as well as geographical and temporal patterns to reported incidents. Most of the temporal information is fairly intuitive and corresponds broadly to the times couples/families are most often together and/or socialising. However at ward level anomalous information can be used strategically to aid resource planning. It can also, to an extent indicate where particular services, remedies or approaches might be directed or tested out. General findings of the analysis include that across the county:

- 83% of perpetrators are male
- 82% of victims are female (4% of these are same-sex as the perpetrator)[57]
- 18% of victims are male (5% of these are same sex as the perpetrator)[58]
- The peak age group for both victim and perpetrator is 18-22
- There are increases in reporting between 6pm and 10pm each evening with peaks between 9pm and 2am on Fridays and Saturdays and a higher daytime incidence at weekends (10am – 4pm) compared with weekdays
- Days of peak incidence tend to coincide with holiday periods during the spring, summer and at Christmas but vary across districts[59]

[56] Police recorded crime statistics cover only 'notifiable' offences. More minor, summary offences, though still crimes, are not notified to the Home Office and do not form part of recorded crime.
[57] This includes abuse of a non-partner family member
[58] Ibid
[59] Kent Police (2011) Problem Profile Domestic Abuse 2009 - 2011

## 3.4 Specialist services for victims and perpetrators

3.4.1 Some of the main components of Kent services for victims are discussed in section 5 and services for perpetrators are discussed in section 7.

## 3.5 Needs Assessments

3.5.1 Up to the time of this review the main needs assessment with regard to domestic violence and abuse in Kent was the Joint Strategic Needs Assessment 2011/12 carried out by Kent Public Health.[60] A number of recommendations were made with regard to:

- Multi agency Safe Enquiry training including for NHS staff
- A Single point of contact for victims
- Sustainable Independent Domestic Violence Advisor (IDVA) services

all of which have been considered by this review. The Domestic Abuse Joint Strategic Needs Assessment (JSNA) also recommended that further needs assessments be carried out on:

- IDVA resources
- Community Domestic Abuse Perpetrator programmes (longitudinal evaluation)
- A framework for measuring service outcomes
- Needs (including health) of particular BME communities such as travellers and Eastern Europeans in Kent

3.5.2 Other Kent studies have identified a number of interrelated issues and areas of need with regard to domestic violence and abuse services, most notably:

- gaps and unclear processes in a fragmented service delivery environment
- short and long term resourcing issues including for refuges, floating support, Independent Domestic Abuse Advocacy (IDVA) services, specialist domestic violence courts and services for children affected by domestic abuse
- the high attrition rate of cases as they progress through the Criminal Justice system.
- the importance of partnership, early identification and preventative work[61]

3.5.3 The Select Committee was informed that the first of the recommended needs assessments on IDVA resources was to take place during the course of this

[60] http://www.kmpho.nhs.uk/jsna/domestic-violence/
[61] Ibid

review at the request of the Kent Community Safety Partnership. The findings were reported to Members and are considered in section 5.

### 3.6 Changes to policing of domestic violence and abuse in Kent (nKPM)

3.6.1 Considerable organisational change within Kent County Council and partner organisations has taken place around the time of this review. Reorganisation within Kent Police, which has impacted on the way domestic violence and abuse cases are responded to, is summarised below.

3.6.2 Faced with the need to respond to funding cuts of 20% Kent Police have undergone a restructure that has involved the loss of 1500 posts (including 500 front line officers). The new Kent Police Model (nKPM), effective from November 2011, halved the number of divisions from six to three and rationalised front line policing with a loss of specialist functions in favour of more generic roles. This is a departure from the national trend in policing of domestic violence and abuse, which is one of increased specialism. Prior to the restructure there were specialist domestic abuse units and domestic abuse liaison officers in each of the six local divisions. Domestic abuse liaison officers had local knowledge, were familiar with support services in their area and were well known to professionals in the various partner agencies. They would also regularly share information with their multi-agency colleagues at Multi-Agency Risk Assessment Conferences (MARACs).

3.6.3 The new Kent Policing Model (nKPM) involves an increase in the number of Neighbourhood officers who now have a wider remit than previously. There are also Response Teams who respond to the majority of calls. 'Aftercare' is now the responsibility of the Neighbourhood Teams. The three new divisions are shown in figure 3 on the next page. Investigations and joint working on Child abuse, abuse of vulnerable adults and high risk domestic abuse are now handled by four Combined Safeguarding Units comprising operational teams in Canterbury/Thanet, Folkestone/Maidstone, Northfleet/Tunbridge Wells and Medway.[62]

3.6.4 Response is managed from a Force Contact and Control Centre and emergency calls are attended by the nearest officer with the aim of achieving more flexible 'borderless' deployment of resources. As a result of the changes officers attending domestic abuse incidents are now likely to have less local knowledge, (which is felt by other agencies to have been key to providing an effective response) and little experience of dealing with this type of case.

[62] DCI Andy Pritchard, Kent Police – Hearing 18th June 2012

***Figure 3: Divisions in the new Kent Policing Model[63]***


3.6.5 There is an expectation that officers will become competent across the various disciplines but there will be a delay before all officers have received the necessary training. Domestic abuse policing is proactive and where a crime has been disclosed in connection with a domestic abuse incident the perpetrator is routinely arrested (partly to provide a breathing space where the victim can access support).

3.6.6 The DASH (Domestic Abuse, Stalking and Honour Based Violence) risk assessment tool was developed by Laura Richards in partnership with CAADA in 2009 to aid in the identification, assessment and management of risk. It was accredited by the Association of Chief Police Officers (ACPO) for use by police services in March of that year. In England and Wales Police use the ACPO DASH Risk Assessment which has 27 questions. In Kent, it is standard procedure, upon being called to a domestic violence and abuse incident, for the attending officer at the scene to complete the risk assessment checklist.[64]

[63] Kent Police Online at: http://www.kentpoliceauthority.gov.uk/news/stakeholder-views-new-way-of-policing-kent

[64] Other agencies use the CAADA DASH Risk Assessment which is based on the Police version but has 3 fewer questions.

# 4 STRENGTHENING THE MULTI-AGENCY RESPONSE

## 4.1 Recognition and referral of domestic violence in primary healthcare

4.1.1. It can be seen from section 3 that domestic violence and abuse incidents reported to the Police represent the minority of victims and the minority of cases. The majority never seek legal redress but do take action to free themselves from their abusers.[65]

> "The GP surgery and the hospital, not the police station, are where the majority of victims first come into contact with people who can help."
> Farmer and Callan (2012) pp6

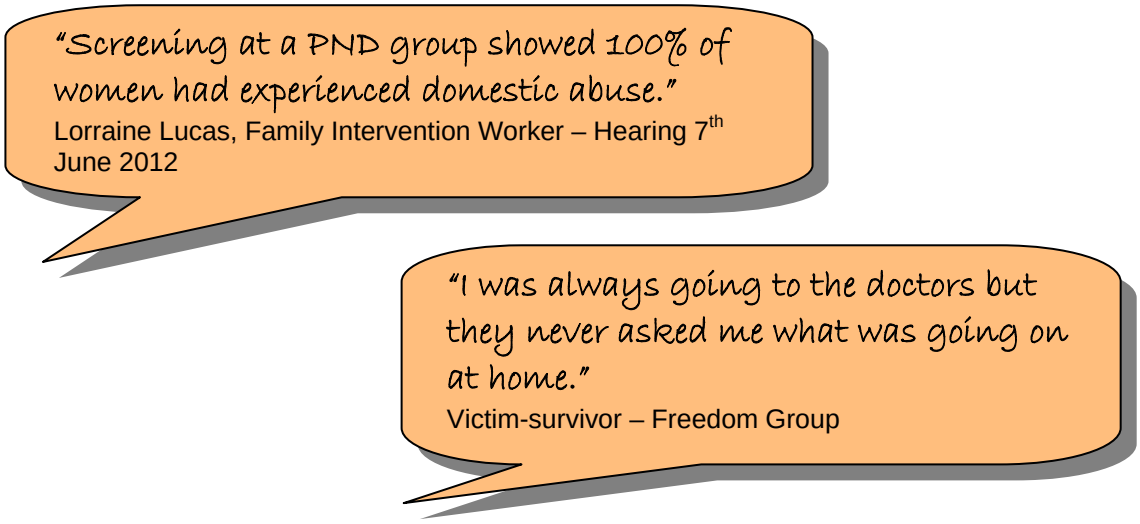
4.1.2 People experiencing domestic violence and abuse may not be able to articulate (or even understand) what is happening to them or why it is they are experiencing psychological or mental distress. They may present to professionals as well as friends/family as having depression, anxiety, tiredness, chronic pain or other non-specific symptoms.[66] Even when victims are physically attacked, few seek help. The anecdotal evidence from victims of domestic abuse is backed up by data from the British Crime Survey (BCS) 2011/12 regarding partner abuse victims who experienced physical injury. Only a small proportion sought medical attention at all (28%) but of those that did, the majority (82%) went to their GP surgery for help. The BCS data do not show whether the abuse was either disclosed or responded to appropriately but it is known that that victims of domestic violence and abuse do not readily disclose what is happening to them though they may do so in response to a direct enquiry from a trusted individual.

> "'Health professionals don't go and explore issues which are outside their immediate involvement with that patient… a more holistic approach is needed."
> Andrew Coombe, Associate Director of Safeguarding, NHS Kent & Medway – Hearing 9th July 2012

4.1.3 Responding appropriately to patients experiencing domestic abuse is a key priority for the Department of Health. However, most clinicians have had no

[65] Johnson (2008)
[66] Heath (1998)

training on it, have little understanding and awareness of it nor the confidence to identify cases or manage an effective response upon disclosure (Feder et al, 2011). Medical professionals without a clear understanding of the dynamics of domestic abuse or the 'health markers' are likely therefore to treat patients presenting with other 'symptoms' e.g. depression 'at face value', often prescribing anti-depressants. Post natal depression (PND) in particular is closely associated with domestic abuse and this is not surprising since domestic violence and abuse is known to frequently start or increase during pregnancy.[67] Therefore doctors may be treating people who are suffering abuse with medication, when signposting to support would be a more appropriate course of action. Valuable opportunities to ask a suitably-worded question such as 'do you feel safe at home?' are missed, though there are demonstrable benefits from doing so.




4.1.4 Practice varies across the county and the Select Committee has heard both of GP surgeries where staff have refused to publicise material about domestic violence and abuse (including local support services) as well as those where GPs have been open minded and able to signposted effectively. Primary care (dental practices, community pharmacies and optometrists) together with GP surgeries handle 90% of patient contact with the NHS[68] and constitute one of the major opportunities to signpost people experiencing domestic violence and abuse towards help, which could in some cases be life-saving. Some surgeries have TV screens in addition to a stock of leaflets, which could also display information about local support.

[67] Mezey and Bewley (1997)
[68] NHS (2012) online

"I went to my GP (some four years ago) and though she did not particularly know about domestic abuse, she used the DASH risk assessment, identified the situation as abusive and referred me to Rising Sun for help."

Victim-Survivor, Visit to Rising Sun Domestic Abuse Support Services

4.1.5 Trust between the victim-survivor and 'caregiver' is an essential component of domestic abuse disclosure. The tendency for patients to see different GPs on every visit currently militates against building a GP/patient relationship of sufficient trust and makes it more likely that inappropriate treatment will be offered in cases where domestic violence and abuse is the underlying issue. This situation is exacerbated by there being no clear response pathway for patients experiencing domestic violence and abuse (and no links to other relevant care pathways, such as that for depression).

4.1.6 Domestic abuse perpetrators are known to use 'evidence' of mental instability as an additional means to undermine and disempower their victims so an inappropriate response from a care professional to a cry for help not only fails to address the victim's underlying issue, but provides 'ammunition' which the perpetrator can use to fuel the victim's burden of self doubt, low self-esteem and vulnerability.[69]

"He encourages us to visit the doctor and take tranquilisers."

Craven, P (2008) Living with the Dominator

"A typical thing for a perpetrator to say is, 'you need your funny tablets'."

Taste of Freedom – Training Session

4.1.7 Co-ordinated Action Against Domestic Abuse (CAADA) identify that the main component of a response to domestic abuse in general practice[70] is to establish a domestic abuse care pathway, features of which are:

- recognising the health markers
- asking questions, sensitively and safely
- an awareness of child and adult safeguarding issues
- responding to immediate and significant risk

[69] Taste of Freedom – Training Session
[70] CAADA and IRIS (2012)

- managing and sharing information
- understanding the response pathway

They also include responding appropriately to a patient who discloses that they are a perpetrator of domestic abuse.

4.1.8 Members therefore consider that one of the most important actions needed to bolster community support for people experiencing domestic violence and abuse in Kent is to establish a clear, simple and standardised clinical care pathway to assist medical professionals in this response.

4.1.9 The Map of Medicine (MoM) is an online resource for healthcare professionals in primary (and secondary) care settings providing evidence-based clinical pathways for an increasing number of conditions. It is being implemented across the UK. Though this option would require investment Members believe it would be preferable to paper-based information for GPs as the MoM would be available online to all surgeries. (Linking the domestic violence and abuse care pathway to others, such as that for depression, would provide further opportunities to identify and respond effectively to indirect presentations of domestic abuse.) The Royal College of General Practitioners (RCGP) and Co-ordinated Action Against Domestic Abuse (CAADA) have produced guidelines for GPs[71] and improving the response to domestic violence and abuse in primary care is one of their areas of focus for 2011-14.

4.1.10 The IRIS example on the following page relies on close links between GP practices and Independent Domestic Violence Advisor (IDVA) services within the community. However evidence to this review indicates that in order for a similar model to work effectively (and equitably) in Kent, it will be essential to ensure that IDVA provision in different parts of the county is on a firmer footing (IDVA and other support services are discussed in section 5). Furthermore, locating advisors in other health settings such as hospital accident and emergency departments could be more effective and it will be important to be flexible while best practice in this regard is being identified.

[71] http://www.caada.org.uk/dvservices/CAADA_GP_guidance_manual_FINAL.pdf

**GOOD PRACTICE EXAMPLE**

**IRIS (Identification and Referral to improve Safety)**

IRIS is a model for the provision of general practice based support targeted primarily but not exclusively at women who are victims of domestic violence and abuse from their partner, ex-partner or other adult family member. It relies on close collaboration with third-sector domestic abuse services, namely specialist advocates who can train and educate practice staff (in accordance with their specific role). The model has been evaluated in a randomised control trial. In addition to a referral route and care pathway for male or female victims it provides information and signposting to perpetrators.
An alert system known as HARKS (Humiliate, Afraid, Rape, Kick, Safety) is used in patients electronic records to remind practitioners to ask questions and record data on domestic violence and abuse. Lead professionals or 'champions' provide the link between the specialist and practice staff.

Other key features are:

- The provision of resources for patients in the form of posters and other information
- Named contact (advocate) for patients who can carry out risk assessments and safety planning as well as providing a link to other services.
- Recording of data at practice-level on number and types of domestic violence and abuse cases identified as well as demographic, case profile and outcome data.
- Monitoring of practice level data

Source: Medina Johnson, Iris Implementation Lead – supplementary evidence

## 4.2 Recognition and referral of DVA in Community Health Settings

4.2.1 Following the integration of Eastern and Coastal Kent Community Health NHS Trust and West Kent Community Health a single large NHS Community Health Trust now covers the whole of Kent. Services are delivered through a range of community settings, including minor injury units, as well as in people's homes. A wide range of staff roles including community nurses, physiotherapists, dietitians, podiatrists and in particular health visitors may come into contact with people who are experiencing DVA and therefore could play an important role in early recognition of problems.

4.2.2 DVA-related work is based within the Child and Young People's Directorate of the Community Health Trust but the select committee learned that to date the only focused work with regard to domestic violence and abuse is in East Kent where there is a team of seven senior lead health visitors who specialise in domestic violence and abuse issues. Though there are over 200 health visitors working across the county (all of whom are qualified nurses or midwives), there is no equivalent expertise in West Kent. Therefore any professional seeking advice regarding DVA in West Kent would need to defer to the Safeguarding Named Nurse who may only be able to act in an advisory capacity[72]. Some of the specialist lead health visitors in East Kent are also involved in delivery of the Freedom Programme. (The difference in service provision across the county is due to the historical development of services in East and West Kent).

4.2.3 Members learned that frequently, women who are experiencing coercive domestic abuse are prevented from attending important medical appointments (as the perpetrator sees this as a threat). The victim of abuse may even, as a result, get a reputation as being unreliable or un-cooperative. With their expertise in DVA issues, specialist health visitors, who are perceived as neutral and non-threatening by perpetrators are ideally placed to recognise abusive relationships and deliver advice and support, signpost to other services or refer to MARAC where there is high risk domestic violence and abuse.

## 4.3 Recognition and referral of DVA in Acute Care Settings

4.3.1 National evidence suggests that the vast majority of DVA cases presenting to hospital Accident and Emergency (A&E) settings are missed despite the fact that A&E is 'an important route into support services for victim-survivors still in abusive relationships'. (Coy and Kelly 2011). There are likely to be a number of reasons for this but, primarily, staff are not trained to recognise the signs of domestic violence and abuse nor do they have the capacity to respond. Concerns over patient privacy and the sharing of data has been a significant factor preventing health personnel from referring patients to support (including MARAC) particularly where 'concerns' over domestic violence and abuse are 'low level'. This is borne out by the low number of referrals to MARAC in Kent from acute health settings; MARAC data for the year to September 2012 shows there were only 15.5[73] such referrals, the vast majority of these coming from Queen Elizabeth the Queen Mother Hospital in Margate[74]. (Anecdotal evidence indicates this is due to an individual who 'champions' recognition of domestic violence and abuse rather than a process which has been implemented.)

[72] Helen Foad, Specialist DV Health Visitor – personal communication
[73] Half a referral is to avoid overcounting where 2 agencies have both referred (in this case the Police)
[74] Kent Police MARAC Data to September 2012

4.3.2 The reason for intake of cases is recorded by triage nurses, but DVA is seldom noted (unless the information is volunteered by the victim).

> "One lady had spinal injuries and could not speak as she had been strangled. She was able to communicate and answer questions by using hand movements. The nurse did not record her injuries as being due to domestic abuse as she considered there was no evidence for it, but she did not ask sufficient questions to be able to make this decision. A&E staff do not identify a case as domestic abuse unless the patient calls it domestic abuse, and this lady couldn't call it anything as she could not speak!"
> Niki Luscombe, Chief Executive – K-dash – Hearing 5th July 2012

4.3.3 The Select Committee learned that although many health staff in Kent have in fact been trained to manage domestic violence and abuse cases, current practice regarding 'a suspicion of DVA' might involve writing to a patient's GP or contacting a midwife but no agencies outside of Health would be involved. Anecdotal evidence also indicates that in DVA cases where there are involved children, Health staff do not use the Common Assessment Framework (CAF) process (section 4 refers) which is intended to trigger a multi-agency response, feeling it to be unwieldy. Child Protection concerns within Health prompt the completion of a 'Concern and Vulnerability' form but this is not something which is shared with other agencies.

4.3.4 Lessons learned from domestic homicide reviews reveal that failing to share vital information is a contributory factor in many cases but while the current 'message' is very much that professionals should consider the potential risks of not sharing information; both strategically and at the front-line there is still much caution attached to doing so. Clearly a process is urgently required, in which staff have confidence, for sharing low level concerns in order to safeguard patients experiencing domestic violence and abuse. Members were pleased to learn of several positive moves in this regard. Firstly, there is an A&E working group in Kent focusing on use of the DASH Risk Assessment in this setting; an information sharing mechanism known as HISBI already exists and has the potential to be developed and Maidstone domestic violence and abuse support organisation K-dash has implemented a pilot project at Medway Maritime Hospital to determine whether the positioning of an independent domestic violence advisor within A&E can help to increase the number of people referred to support. A similar project at Worthing Hospital, East Sussex increased the referral rate from 1 case per year to 600 cases per year.

**GOOD PRACTICE EXAMPLE**

**K-DASH IDVA PROJECT**

K-dash secured funding for a peripatetic Independent Domestic Violence Advocate to be based within A&E at Medway Maritime Hospital over an 18 month period. Though the project is in its infancy, learning so far has included:

- Staff appear to have limited knowledge of DVA nor capacity to respond to it
- Measures are needed to ensure work can be done confidentially (i.e. there must be a dedicated office or space for private meetings
- Co-location with the Psychiatric Liaison team seemed a practical option but was not possible because of lack of space and fears over data protection
- A&E staff appear to be very reluctant, when unsupported, to identify (or record) injuries as being due to domestic violence and abuse
- When non-medical staff are located in hospitals, in addition to their own specialist training they require environment-related training (e.g. aseptic techniques, personal safety)
- Boundaries should be established at the outset so that the specialist is not used as 'another pair of hands' in the busy A&E Environment.

Source: Niki Luscombe, Chief Executive, K-dash – Hearing 5th July 2012

R1 That KCC seeks to collaborate with Clinical Commissioning Groups in Kent so that the Kent and Medway domestic violence and abuse care pathway can inform the development of a Map of Medicine Clinical Care Pathway to assist all General Practitioners (GPs) in identifying and responding appropriately to cases of domestic violence and abuse and asks

that NHS Kent and Medway:

- expedites use of the Health Information Service Business Intelligence (HISBI) system to enable sharing of information on the presence of domestic violence and abuse (actual/disclosed or strongly suspected) in health settings such as Accident & Emergency (A&E) departments, GPs, Midwifery, Ante-natal and maternity settings. That in line with established protocols this information is shared and collated within Health and made available to other appropriate agencies/bodies such as Multi-Agency Risk Assessment Conferences (MARAC) especially when frequency of attendance indicates potential heightened risk to a patient or their child/children;

- Retain and develop specialist Domestic Abuse Health Visitor roles across Kent.

## 4.4 Recognition and referral of domestic violence and abuse in policing

4.4.1 Police attendance at a domestic violence and abuse incident provides a vital opportunity to link the victim to early intervention and support but the findings of an NSPCC study in 2009 indicated that this opportunity was in many cases being lost.[75] Members believe the changes that have taken place within Kent Police (loss of the Domestic Abuse Unit and Domestic Abuse Liaison Officers) will exacerbate this issue for Kent. Officers responding to domestic violence and abuse incidents are now likely to have less knowledge of local partnerships (e.g. refuge and other services); less historical knowledge of the household or individuals concerned and will not necessarily know whether there have been previous incidents at the address. It is crucial for the purposes of accurate risk assessment that the number of incidents is considered and CAADA guidelines indicate that this criteria should be used where other risk factors appear not to 'tick the boxes' that indicate the case is high risk but where there is apparent escalation.[76]

4.4.2 Though Officers are told not to make assumptions about domestic abuse, the level of advice a victim will receive will be 'hit and miss' i.e. dependent on the experience and knowledge of the officer responding. It is a significant disadvantage that the opportunity for officers in the Domestic Abuse Unit to check and amend risk assessments done by responding officers has been lost. Furthermore, there will not be the oversight, management or monitoring of cases and no collation of statistics that there was before.

4.4.3 Members were told that domestic violence and abuse training of officers in new 'omni-competent' roles had been held up because of additional demands on the force due to the Olympics and the halving of the Police training resource. However, training for these officers will be rolled out in autumn 2012. At the time of the review it was not possible to establish whether there was any immediate impact on the response to domestic violence and abuse incidents.

4.4.4 From Figure 4 below, it can be seen that during the year to 31st October 2012 (prior to the restructuring of Kent Police) there were 22,149 incidents, with an additional 5203 second or subsequent incident involving the same victim. Just over 2% of incidents involved no criminal offence and a further 65% involved non-notifiable or 'secondary' offences.

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[75] Stanley et al (2010)
[76] Referral criteria to MARAC and full practice guidance can be accessed at: http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.docx

***Figure 4: Domestic abuse incidents attended by Kent Police – year to 31st October 2011***[77]

| | |
|---|---|
| Notifiable offences | 7232 |
| Secondary incidents | 14457 |
| No crimes | 460 |
| **Total Incidents** | **22149** |
| Number of repeat victims | 5203 |
| % of repeat victims | 23.49 |

4.4.5 A review by Her Majesty's Inspectorate of Constabulary (HMIC) in 2012 found that Kent Police had a good record of recording crimes accurately, however they have a higher level of 'no crimes' than other forces (indicating possible under-recording). HMIC also noted that Kent Police are "good at identifying repeat and vulnerable victims (such as those who are disabled or elderly)" in order that they can be offered extra support, although Members believe that there may now be a gap so far as some victims of domestic abuse are concerned. While domestic abuse is clearly taken seriously at all levels of policing, front line officers are limited in what they can do to help victims and need to rely heavily on other agencies. However this review has found that that Police sometimes fail to refer victims of domestic violence and abuse to support. With the loss of officers' local partnership knowledge (as well as experience of dealing with this type of case), it would seem this situation could worsen. At the same time, the Public Protection Unit now only handles high risk domestic abuse cases and this means that a large proportion of cases, as already noted, are now no longer subject to any substantial follow up by the Police.

4.4.6 Until recently Victim Support were only able to provide support to standard (low) risk victims of domestic violence and abuse. In direct response to Police reorganisation and loss of existing Independent Domestic Violence Advisor (IDVA) services, the Kent Division has now amended its procedures so that from autumn 2012 they will also be able to handle medium risk cases.[78] However, while the referral rate to Victim Support from Kent Police for victims of all types of crime is 93%, the referral rate for domestic violence and abuse cases is extremely low, at 10%. It is Police Policy (N119) to seek express consent before referring to Victim Support people who have experienced domestic violence, sexual crime or are secondary victims of homicide and this may impact on the low percentage of referrals.[79] However, Members were told that Kent Police

[77] Kent Police (2011)
[78] Denise Dupont, Division Manager (Kent) Victim Support – Hearing 7th June 2012
[79] http://www.kent.police.uk/about_us/policies/n/n119.html

prefer to refer victims to IDVA Services as Victim Support are generic[80], though clearly this does not always happen. Victim Support volunteers receive training on domestic violence and abuse and from October 2012 will receive enhanced CAADA/DASH (risk assessment) training. In addition an NSPCC worker will be available to help with the support of involved children.[81]

4.4.7 There is potentially some overlap between the roles of Victim Support volunteers and IDVAS; both community and court-based though in reality the number of people requiring support far outweighs the available resource. Regarding the latter, Victim Support provides a Witness Service to criminal courts (funded by a Ministry of Justice grant) whereby volunteers assist victims by providing emotional support and practical help as well as information about court processes. Given that IDVA services are currently under immense pressure and in the absence of any change to the way victim support is funded, improved communication and referral between the Police and Victim Support as well as IDVA Services and Victim Support may provide the opportunity for a greater number of victims of domestic violence and abuse to access advocacy and other types of support in the future.

4.4.8 The gap in service provision that currently exists for DVA victims whose cases are of medium or 'standard' risk is of even greater concern since CAADA indicated in their evidence to the review that the number of high risk cases considered at MARACs in Kent is lower than would be expected using national benchmarks as shown in figure 5 on the next page.[82] Hampshire, a south east county with the next largest population to Kent, has a slightly higher number of incidents than Kent but considerably more referrals to MARAC (2600).[83]

4.4.9 It might be inferred from this that some cases being assessed as medium risk could be 'high risk' and that as a result fewer cases benefit from the rigorous multi agency involvement that the MARAC forum facilitates. Risk Assessments carried out by the Police frequently reveal a lower level of risk than those carried out e.g. by independent domestic violence advisors or other advocates due in part to Police having to assess in a 'crisis' situation (possibly with the perpetrator on the scene) and in part to issues around skills and trust. Accurate assessment of risk is a vital process to ensure that there is effective planning for victims' safety but it is also necessary to appreciate that risk is dynamic. There therefore needs to be a system or process in place (particularly with the loss of case oversight by the Domestic Abuse Units) to ensure that victims at all levels of risk are adequately safeguarded. Evidence to this review would indicate that a similar approach to 'safety' for adult victims of domestic violence and abuse is required to that of Child Protection.

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[80] DCI Andy Pritchard, Kent Police – Hearing 18th June 2012
[81] Denise Dupont, Division Manager (Kent) Victim Support – Hearing 7th June 2012
[82] Diana Barran, Chief Executive, CAADA – Hearing 25th June 2012
[83] http://www.hants.gov.uk/rh/cs/domesticabuse.pdf

***Figure 5: High Risk DVA in Kent compared with National Averages (March 2012)***

| | Kent | South East (excluding Thames Valley) | National |
|---|---|---|---|
| Number of MARACs sending in data | 13 | 36 | 261 |
| Number of cases discussed | 980 | 5277 | 55489 |
| Cases per 10,000 adult female residents | 12.8 | 19.8 | 26.2 |
| Number of children associated with cases discussed | 1465 | 6828 | 73005 |
| % MARAC repeats | 21.3% | 25.6% | 23.0% |
| % Non-police referrals into MARAAC | 48.0% | 35.0% | 38.0% |
| % BME victims | 8.0% | 8.9% | 14% |
| % LGBT victims | 0.1% | 0.8% | 0.7% |
| % Victims with Disability | 1.1% | 3.4% | 3.1% |
| % Male Victims | 1.4% | 3.1% | 3.5% |

"Domestic Homicides tend to come out of standard or medium risk cases, probably because we focus resources on high risk victims so they are safeguarded."
Alison Gilmour, Kent & Medway Domestic Abuse Co-ordinator

## 4.5 Central referral Unit

4.5.1 A Central Referral Unit (CRU) has been set up in Ashford by Kent Police, NHS Kent and Medway and KCC Families and Social Care to improve and bring greater consistency to the initial handling of referrals; whether they constitute new referrals or a reopening of closed cases[84]. The CRU began its operation in January 2012. The core is children's social care workers and nine police sergeants from the Public Protection Unit. With the addition in March of Adult Protection professionals the unit now functions as a virtual, co-located, multi-agency team, handling all referrals for Domestic Violence and Abuse, Child Abuse and Adult Abuse. While conclusive data are not readily available, anecdotally, the majority of referrals received are in relation to domestic violence and abuse.[85][86]

[84] CRU originated as part of an improvement plan following OFSTED inspection of Kent Children's Services
[85] A visit by Members to CRU was planned but it was not scheduled within the review timetable
[86] Carol McKeough, Safeguarding Adults Policy and Standards Manager, Families and Social Care – Hearing 11th June 2012

4.5.2 An issue highlighted to the select committee was that despite expertise (in the form of Domestic Abuse Liaison Officers) being lost, there is no point of contact within the police for, in particular, voluntary sector support workers who wish to obtain information from the police to aid safety planning. The contact number for the virtual CRU team is not publicised and is available only to specially designated professionals within the statutory sector. Several different witnesses indicated that they felt the information conduit was now very 'one way' and they would benefit from a clear process to enable quick access to information. Whereas in the past there were established and trusted contacts to facilitate a simple information exchange, voluntary sector professionals now find they are told by the Police to 'send an email' which is often not responded to in time, or at all. This is acknowledged by Kent Police to be a resourcing issue and one which they are keen to address.

4.5.3 CRU police staff will already have received training in Child Protection but would not necessarily have received any training on domestic violence and abuse. The same is the case for children's and adult social care staff. Members believe that in order to provide an effective multi agency response to referrals, firstly, all CRU staff should have the benefit of domestic violence and abuse awareness training as well as training in risk assessment. Secondly, Members believe that domestic abuse should trigger 'vulnerable adult' concerns and safeguarding processes similar to those in place with regard to Child Protection.[87][88] Regarding future development of the CRU, one option is for it to become a multi-agency safety/safeguarding hub (MASH) as has been developed by a number of other police forces in the country such as Devon where a range of professionals are involved including probation, fire, ambulance, health, education and social care.[89] It would be a particular advantage to have a domestic violence and abuse specialist present such as a specialist nurse, health visitor or advocate. Co-locating substance misuse and mental health practitioners in CRU could similarly help to ensure timely referral to appropriate support.

"Co-location of practitioners from these disciplines clearly improves identification of multiple issues and improves outcomes."
Diana Barran, Chief Executive CAADA – Hearing 25th June 2012

[87] Andrew Coombe, Associate Director of Safeguarding, NHS Kent and Medway – Hearing 9th July 2012
[88] DS Tim Smith, Kent Police – Hearing 9th July 2012
[89] Ibid

## 4.6 Referral of domestic violence and abuse cases involving children

4.6.1 When Police are called to a domestic abuse incident and there are children present, they are required to send a referral to children's social services – this is known as a 'police notification' or 'DAN' (domestic abuse notification). Due to the overwhelming number of notifications that were being generated in Kent, a risk matrix[90], shown on the next page in figure 6 was developed to provide guidance to Kent Police on thresholds. The matrix distinguishes between referrals and notifications and facilitates information sharing with KCC's Families and Social Care Directorate. Notifications are required where the risk to the victim has been assessed as 'standard' but there are additional factors such as a child's case already open to Social Care, an account of historic abuse given by the victim, or the victim being pregnant or having a child under one year old.

***Figure 6: Kent Domestic Abuse Matrix[91]***

| POLICE MANAGE INFORMATION | NOTIFICATION TO SOCIAL CARE | REFERRAL TO SOCIAL CARE (S.17/S.47) |
|---|---|---|
| Standard Risk | Standard Risk (plus other factors) | Medium/High Risk |
| Where the DA adult victim is standard risk (DASH) and there is a child living in the household. | Where information indicates that the case meets standard risk, but the child is open to Children's Social Care, e.g.: Child in Need, Subject to CP Plan, Child Looked After (including subject to Proceedings). | High Risk<br>Where child is normally resident and a serious incident and the D.A adult victim is identified as high risk (DASH) or child is assaulted or injured during the incident. |
| | Where it is the first DA report but the victim details historic abuse with children normally resident that indicates medium level of risk. | Medium Risk<br>Fourth incident (more than 3 incidents) of less serious nature (standard risk) occurring within a 12 month period. |
| | Where risk is deemed as standard but a child is under 1yr or unborn regardless of whether present or not, even if a single incident. | |
| | Medium Risk<br>Where incident is assessed as standard risk but wider factors surrounding the circumstances indicate increased risk e.g. significant drug/alcohol misuse, mental health; serious threats against the victim or child. | |

[90] http://www.kenttrustweb.org.uk/UserFiles/CW/File/Policy/Childrens_Social_Services/ICS/ICS_Replacment_Forms/CP/Domestic_Abuse_Notification_Guidance_01_2011.pdf

[91] This version applicable from 24.5.12

4.6.2 A report by the NSPCC in 2010[92] identified that nationally less than 5% of the notifications made to Social Services by the Police resulted in any type of intervention and only initial assessments were likely to take place, which were likely to focus on safeguarding rather than family support. Given that only a very low level of social care intervention can be anticipated, Members are concerned about the number of families where there has been a reported incident (which are still the minority) of domestic violence and abuse that may not be linked to any form of family support.

4.6.3 It was surprising and worrying to note from evidence that there is no mechanism to share notifications with other agencies who may provide community support, neither is there the previous level of ongoing management by the Police (for example to include safety planning) of cases assessed as being of 'standard' or 'medium' risk. High risk cases (according to DASH Risk Assessment criteria[93]; those matching certain other criteria for high risk, or those deemed by professional judgement to be so) are taken to Multi Agency Risk Assessment Conference (MARAC) but in the case of medium and standard risk cases (and this applies equally where there are no involved children) the mechanisms for linking victims to support are, as has already been noted, patchy and inconsistent. As can be seen from figure 6, but applying equally where there are no involved children, Police now have capacity only to 'manage information' for standard risk cases. It is essential that these cases as well as medium/high risk cases are referred to Victim Support/IDVA Services to facilitate ongoing risk management and safety planning.

4.6.4 An important tool to link children and families in to additional support (over and above that which is available within universal services) is the Common Assessment Framework (CAF) which is explained further in the box that follows and is a key element in Kent's approach to Early Intervention and Prevention. The Single Point of Access (SPA) meeting provides a crucial opportunity for multi-agency involvement, early intervention and referral to appropriate support for families impacted by domestic violence and abuse. Members were therefore surprised to learn about the continued absence of an effective system to ensure that agencies other than Children's Social Care are involved in the notification process or a CAF is initiated for cases referred to social care by the Police and e.g. not meeting social care thresholds. Triaging of cases is an essential feature of risk and resource management, however given that, as already noted, domestic homicides commonly arise from standard and medium risk cases, it is clearly necessary for there to be some oversight and awareness by agencies that even a low (standard) risk of domestic violence and abuse exists for a family,

[92] Stanley et al (2010)
[93] The DASH (2009) can be downloaded from: http://www.dashriskchecklist.co.uk/index.php?page=dash-2009-model-for-practitioners

particularly as risk is dynamic and can change at any time. Concerns were highlighted to the review panel regarding the voluntary nature of the CAF process[94] though evidence was also provided that CAFs initiated within (in this case) a primary school setting were welcomed by non-abusing parents. The CAF questions regarding domestic abuse can help to start difficult conversations and elicit disclosure of abuse (and access to support) before crises happen. The process is also an important means by which victims from diverse groups can access help so a greater use of CAF in 'neutral' education and health settings could help to boost the lower-than-expected proportion of referrals to MARAC from minority groups.[95]

**COMMON ASSESSMENT FRAMEWORK (CAF) PROCESS**

A CAF can be completed by a practitioner from any agency in contact with a child or young person who is believed to need additional services and support in order to progress towards the five Every Child Matters (ECM) outcomes. CAF is a crucial early intervention tool which can prevent problems from reaching crisis point and avoid the need for more costly higher tier (specialist) interventions. The CAF process is voluntary i.e. it can only be undertaken with the agreement of the child/young person and their family. CAFs are discussed at Single Point of Access (SPA) meetings where the assessment information is considered by a multi-agency panel so that the child/family can be directed to the most appropriate services. Though the referring professional takes the case to SPA, the lead professional co-ordinating the response will be the one deemed to be the most appropriate at the Team Around the Child (TAC) or Family (TAF) meeting.

"I did a CAF with a mum who was very nervy and giggled all the time. I knew something was not right but could not identify it. A CAF is done primarily to get support for the children but it does ask about a variety of relationship-type issues and about domestic abuse past and present. This woman said yes she had experienced domestic abuse and opened up about the past and saying that she was not in an abusive relationship now. When I talked to her there were clear signs that it was still happening, but in a new relationship. CAF was the means by which this was identified. She is still in the relationship but following the CAF they now have different agency involvement. Somebody is supporting mum through Wave team."

Carol Hull, Senior Family Liaison Officer – written evidence

[94] Alan Barham, Headteacher – Hearing 9th July

[95] Diana Barran, Chief Executive and Pauline Deakin, MARAC Development Officer – South East, CAADA – Hearing 25th June 2012

## 4.7 Multi-Agency Risk Assessment Conferences

4.7.1 MARACs are part of the government's co-ordinated community response to domestic violence and abuse, though unlike MAPPA (which manage high risk offenders) they are not on a statutory footing. Their aim is to co-ordinate effective safety planning for high risk victims by bringing together key agencies, thereby reducing repeat victimisation and the risk of domestic homicide. MARAC Operating Protocols for Kent and Medway were agreed in 2010 between Kent Police, Kent County Council and Medway Council with the partners of the Kent and Medway Domestic Abuse Strategy Group (KMDASG).[96]

4.7.2 Funding for MARAC co-ordinators[97] and IDVAS in Kent and Medway comes partly from the government though as noted in the recent needs assessment this is a relatively small amount; '£44k from Home Office and £73k from Ministry of Justice' and is secure only till 2015.[98] There are 13 MARACs in Kent and Medway, covering every district and borough, though in reality some meetings are combined into six 'MARAC areas' (which do not correspond to the new Police areas since they have been arranged for multi-agencies).

. 4.7.3 There is some variance in opinion among professionals from different agencies over the issues already noted regarding the number of cases designated as high risk in Kent though the number of cases considered has increased by 25-33% each year and there is confidence in the quality of the MARACs that take place.[99]

4.7.4 The success of MARAC meetings depends on the attendance of involved agencies and the information sharing that takes place. An Information Sharing Agreement provides guidance to agencies on the sharing of data required and justified for the protection of victims.[100] Each case has only between 5 and 15 minutes consideration and during that time decisions are made on which agencies will take action. Attendance is vital as minutes are only shared with the agencies present. There were some minor but significant issues drawn to the attention of the select committee around attendance. For example, children's social care were criticised for sometimes not attending meetings. However, it was also noted that not all MARACs operate in exactly the same way and some fail, for example to group together cases involving children, whereas doing so would demand less of a time commitment from a children's social worker.

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[96] http://www.kenttrustweb.org.uk/UserFiles/CW/File/Childrens_Services/Childrens_Safeguards_Service/Policy_and_Guidance/MARAC_OP_Final_v24-3-11.doc

[97] No funding is specifically for MARACs

[98] Fizz Annand, Consultant – Hearing 2nd July 2012 and written evidence

[99] David Philpot, Programme Manager, Community Domestic Abuse Programme (CDAP) and MARAC co-ordinator for Mid-Kent, (Maidstone and Swale areas) – Hearing 2nd July 2012

[100] Kent Police (2009)

R2 That to mitigate the loss of specialist domestic abuse police officers and to strengthen contact and referral processes:

Kent Police:

- ensure that there is a system for flagging the number of domestic abuse incidents and making this information available to responding officers and that a third (and any subsequent) incident, regardless of risk level, should trigger an automatic discussion with a domestic abuse specialist to determine whether a MARAC referral is required (in line with Co-ordinated Action Against Domestic Abuse (CAADA) guidance on potential escalation of domestic abuse cases)*;
- carry out an immediate review of information provision and referral to partner organisations including those in the voluntary sector and in particular Victim Support and, in addition, agree (with input from key partners) a process or processes to expedite urgent information requests.

Kent Police with KCC and Health:

- Determine whether the presence in the Central Referral Unit (CRU) of a domestic violence and abuse specialist worker could help with the effective triaging of cases;
- Ensure that all staff in CRU are trained in CAADA (Domestic Abuse Stalking and Harassment) DASH risk assessment;
- Put in place a process to ensure that domestic abuse notifications (DANs) not meeting social care thresholds are linked to a Common Assessment Framework (CAF) pathway so that families have the opportunity to access appropriate community support.

Kent Children and Adult Safeguarding Boards:

- Give urgent consideration to a process by which risk (for adults and children) can be monitored in the above case, where a CAF is declined.

**Appendix 5*

## 4.8 Knowing where to go for help

4.8.1 Members are very concerned that people experiencing domestic violence and abuse will not know that help is available or how to access it. In emergencies, people are clear they may call 999. In non-acute circumstances there are national helplines (shown in Appendix 6) and locally advertised numbers. A key achievement of the Kent and Medway Domestic Abuse Strategy Group has been to establish a single online information source for Kent residents, which is currently at the testing stage. The website will be an important resource for both adults and children and provide information and contacts. There is as yet no single Kent telephone number from which to obtain advice (particularly important for people unable to access the internet) and Members believe developing such a telephone service in tandem with the website would be an important step forward for victim-survivors of DVA in Kent.

## 4.9 Multi-agency domestic abuse one-stop shops (OSS)

4.9.1 The first OSS in Kent are now in their second year of operation and at the time of writing, there are eleven in operation across the county at various venues including Children's Centres. They offer a drop-in service free of charge to people (primarily adults but young people have also accessed the service) wishing to get advice and/or support in relation to DVA. The operation of OSS is co-ordinated through the local DV Forums and while (with much effort from individuals concerned) there is generally good multi-agency representation, there is a lack of commitment at strategic/organisational level to staffing OSS. Since they take place at weekly intervals[101] generally for 2-3 hours at a time, the commitment in time is relatively low but agency attendance is vital if people are to have confidence in the concept, as well as being able to obtain what they need 'under one roof'. Individuals are highly committed to OSS but without the backing of their employers continuance is fragile. A great deal of time is expended to ensure that people able to offer advice on housing and legal issues are available and rotas have been designed to facilitate this in the majority of cases. It would contribute greatly to the successful development of OSS in Kent if a Service Level Agreement between key partners could be achieved.[102]

4.9.2 OSS operate during regular working hours and this means that working people wishing to access support are likely to find it difficult to attend.

4.9.3 It is important that people experiencing DVA know about this avenue of support so that they can access it when they feel the time is right. Members were told that advertising the OSS locally costs around £1000 per annum and there is a constant

[101] Except in Swanley where it is every two weeks
[102] Melanie Anthony, Commissioning and Development Manager – Hearing 5th July

struggle to find this amount and some specialist time is wasted in fund-raising. However, if people are unaware this vital avenue of support exists within their community, the time and effort put in is wasted. There are however, good measures of success as data including the number of people attending are gathered and 'footfall' has increased by 18% in the second year from 891 to 1054.[103]

4.9.4 The majority of people attending OSS wish to obtain general advice and help; legal advice and advocacy services. Others have accessed help from the police, and 18% have obtained help from another partner in attendance or via signposting from the OSS. Unfortunately, there have been some instances where people have wanted specific help and the relevant agency has not been available. Monitoring is incomplete and not all instances are recorded but in descending order this has been reported most frequently with legal representatives (solicitors), housing, Police, benefits advisor and on a few occasions at one site only, health visitor. It was reported to the Select Committee that since the reorganisation within Kent Police, they are no longer able to commit a police officer to attend. However, some OSS have made local arrangements and others (e.g. Ashford) are co-located with Police Community Support Officers with whom there are good working relationships and from whom support can be obtained at short notice. The attendance of Police is felt to be crucial to the successful operation of OSS as are other core services: legal, housing and advocacy.[104]

4.9.5 The majority of visitors to OSS have so far been female (98%) though 25 men have sought advice in the last year. The vast majority (86%) of visitors found the OSS to be helpful. None found it unhelpful but the remaining 14% were unsure about whether the advice gained would ultimately help them in their situation.[105] It is important that complete OSS data is gathered so that the Kent and Medway DV Co-ordinator has strategic oversight of the service. Annual reports are collated so that individual OSS can gauge e.g. the success of advertising.

4.9.6 KCC's Research and Evaluation Team are able to provide detailed profiles of communities and in future a greater use of this and other resources could help to inform future needs analysis work. Data analysis could also be carried out to ensure that, for example, advertising of OSS is 'optimised' for the greatest effect (based on anonymised postcode data from visitors) and diverse groups within the community are reflected in the expected attendance at OSS over a period (prompting targeted work if any are not).[106]

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[103] One-Stop-Shop Annual Report 2010/2011
[104] Alison Gilmour, Kent and Medway Domestic Violence Co-ordinator
[105] Ibid
[106] Rachel Tinsley, Business Intelligence Manager – personal communication

## 4.10 Specialist Domestic Violence Courts (SDVCs)

4.10.1 SDVCs were introduced in 2005 as part of the partnership approach to dealing with domestic violence and abuse. They are essentially magistrate's courts where staff have been specially trained to handle such cases, but with additional links and processes in place to support victims and ensure perpetrators are brought to justice. For example, a Court IDVA will work with victims to support them through proceedings and ensure their wishes are carried out and the victim is allowed to enter Court by a different than normal route, so that they are not confronted by the perpetrator outside of the Courtroom.

4.10.2 A review which took place in 2007/8 of the 23 SDVCs in existence nationally at that point, showed that the main benefits of SDVCs were that:

- An increased number of perpetrators were brought to justice
- There was improved support, safety and satisfaction for victims
- They increased public confidence in the criminal justice system

4.10.3 Members visited two of Kent's three SDVCs as part of their research for this review and were impressed by their operation and the skill of the magistrates in handling complex issues including, balancing evidence and victims' wishes while ensuring victims' safety. There were however two particular concerns. The first of these relates directly to sentencing and the treatment of breaches of order (discussed in section 7) and the second relates to the partnership work in relation to the SDVC, specifically a lack of IDVA support for some victims if no referral has been received from the Police. In one particular case a victim clearly was in need of support from an IDVA but Members were told that the IDVA is not able to approach individuals to offer support if they have not previously been referred to them by the Police. (A victim would not know who the IDVA was in Court because, for confidentiality and safety, individuals in that role need to operate with great discretion and not 'advertise' their support of particular clients).

4.10.4 The three SDVCs in operation in Kent cover North, Central and East Kent. There is currently no SDVC coverage in the south of Kent and this is compounded by there also being a lack of community IDVA in that area (discussed further in the next section). This gap in coverage affects Ashford, Shepway and Dover areas. The SDVC at Maidstone has been operational since 2007 and benefits from the services of a Court IDVA who is employed by Maidstone Citizens Advice Bureau. Margate SDVC, operational since 2010 also has a Court IDVA.

R3 That KCC seeks to strengthen and develop the co-ordinated community response to domestic violence and abuse, in particular by:

- promoting the Kent and Medway Domestic Abuse Strategy Group (KMDASG) domestic abuse website
- establishing a single point of telephone contact to complement the domestic abuse website
- gaining commitment at strategic level from relevant agencies e.g. housing, Police, solicitors, health agencies, Victim Support, to the development and staffing of Multi Agency Domestic violence and abuse One Stop Shops (OSS) and facilitating more flexible provision (to include evenings and exploring ways to reach remote communities)*.
- providing funding to publicise the One Stop Shop widely in each area
- seeking to support through the joint commissioning process the development of a Specialist Domestic Violence Court in the south of Kent

* *This could also include alignment with existing 'Single Points of Access' (SPAs)*

# 5 EQUITABLE AND SUSTAINABLE SERVICES

## 5.1 Support services for victims of domestic violence and abuse (DVA)

5.1.1 Support for victims of domestic violence and abuse in Kent, as elsewhere in the country, is piecemeal and provided mainly by the voluntary sector. There is limited funding from central government[107] in comparison with the huge financial and societal costs and statutory duties relate only to child protection and patient safety.[108] The distribution of support services is largely historical and access to support is therefore patchy across the county as shown in figure 7 on the next page and the map that follows.

5.1.2 Existing needs assessments and other Kent evidence show there are particular deficits in services for children and young people; health based services; 'aftercare' for women who have completed the Freedom Programme (described at 5.3); services for men; services for people from the LGBT community and outreach services. Independent Domestic Violence Advisor roles, which are seen as the mainstay of victim support, are under immediate threat and Independent Sexual Violence Advisor (ISVA) services are sparse in Kent; this is particularly disturbing since the 'no crime' rate for rape in Kent is very high (30% in 2011). Sexual violence is strongly correlated with domestic violence and abuse and, for example, approximately 42% of the rapes reported to Family Matters[109] in 2011 were familial and around 34% were directly related to domestic violence and abuse.[110] In addition there are no specialist health visitor roles in West Kent and a gap in Specialist Domestic Violence Court provision in South Kent as noted previously.

5.1.2 The development of services in the community for women has been demand-led. Only a very few details are known about male victims due to the dearth of research in this area and it seems very likely that Johnson (2008) is correct that the data we have on all domestic violence and abuse needs to be refined and that more accurate needs assessments are required including for male victims (some of whom may for example be experiencing situational couple violence or violent resistance[111]) as well as people who experience abuse in same-sex relationships and other less common sets of circumstances. For example,

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[107] Government support for DVA services has recently fallen from £8 billion to £4.5 billion

[108] A further statutory duty now exists to carry out reviews of all domestic homicides

[109] Family Matters is a specialist provider of support and therapy for child and adult victims of sexual violence. They support around 900 people a year across Kent and London Boroughs of Lewisham, Greenwich, Bromley and Bexley.

[110] Malcolm Gilbert, Operations Director and Danielle Gates, ISVA, Family Matters – Hearing 18th June 2012

[111] Johnson (2008)

anecdotal evidence to this review regarding a small number of approaches to Multi-Agency One Stop Shops by men, as well as the practical experience of Respect (a national organisation who support male victims) indicates that some men presenting as victims are perpetrators. This could be a coercive male trying to short-circuit his victim's access to support; but it could also be a male victim of violent resistance or situational couple violence. Each of these scenarios would require a very different, tailored response.

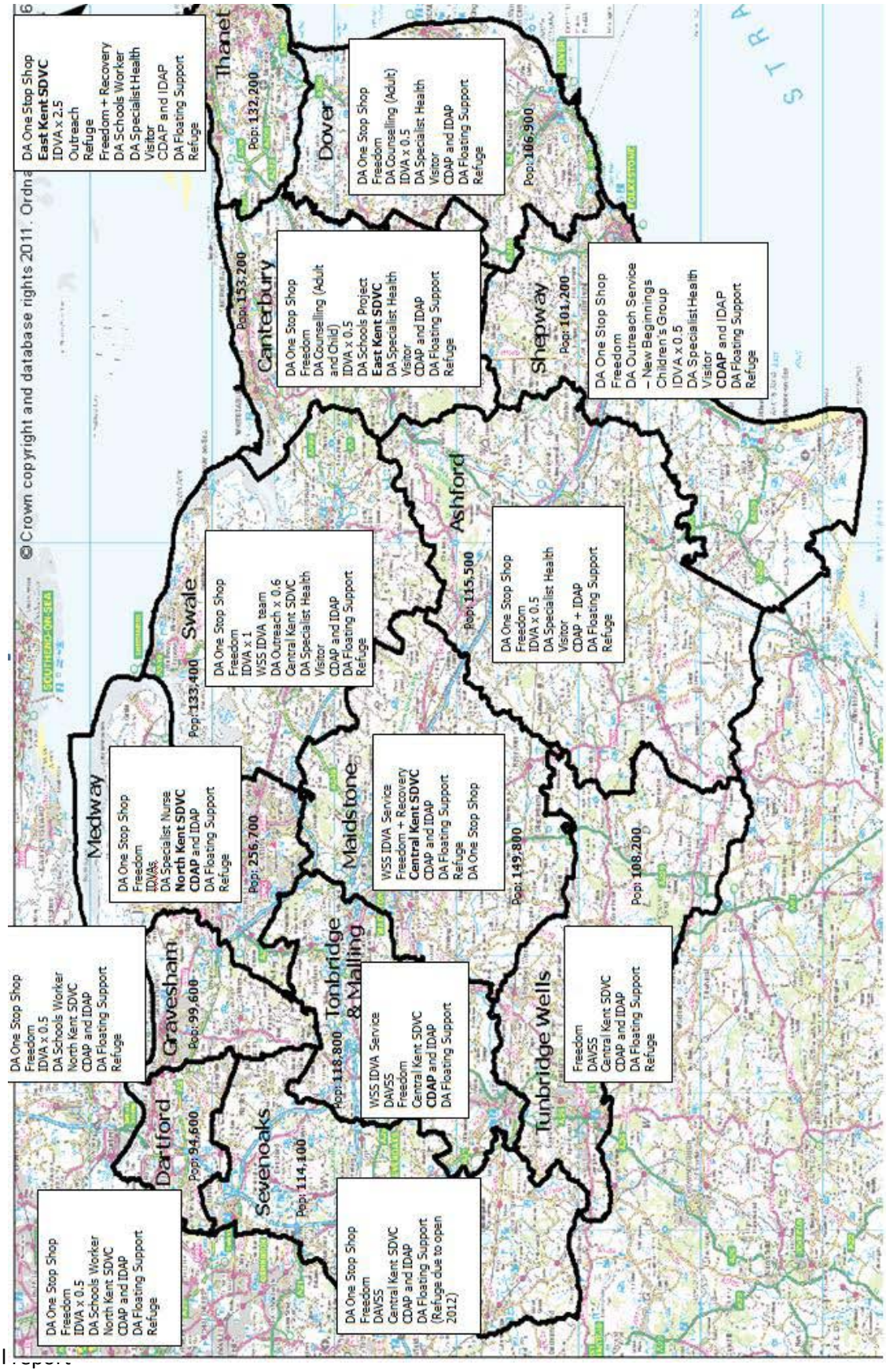
> "In domestic violence and abuse service provision, one size does not fit all!"
> **Various contributors**

***Figure 7: Services for victims of DVA in Kent districts and boroughs*** [112]


[112] Based on data compiled by Alison Gilmour – Kent and Medway Domestic Violence Co-ordinator, (data accurate at May 2012 but subject to change - green/lighter shading depicts a service exists and red/darker shading depicts none exists – additional services for children commence October 2012)

***Figure 8: Map of Kent showing uneven distribution of domestic violence and abuse services for victim-survivors and perpetrators***

Source: Alison Gilmour, Kent & Medway Domestic Violence Co-ordinator (data accurate at May 2012)



5.1.3 In addition to any problems that may have arisen due to all domestic violence and abuse been regarded as 'one thing' when evidence suggests it is not; needs assessments to date (and this applies nationally as well as to Kent) have had to rely on statutory sector data (which is itself patchy)[113] and national estimates of prevalence; actual data from the voluntary sector on the numbers of people accessing services is embedded within a vast number of differing organisations, non-standardised, and therefore difficult to compare or analyse strategically.

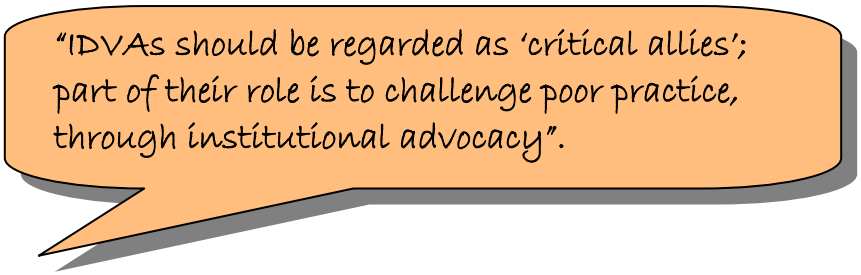
5.1.4 Despite the fact that many statutory sector professionals routinely refer (female) victims to the Freedom Programme assuming this to be part of an established pathway for victim-survivors, the only specialist DVA services that are currently commissioned are Refuges and Floating Support which are funded through Kent County Council's Supporting People budget. Removal of ring-fencing from this budget means that what has been seen as a bastion of support for victims of domestic violence and abuse is itself by no means secure and for example, neighbouring council Medway no longer use the bulk of their £2.6 million Supporting People funding for refuge/floating support provision (though £40,000 is allocated towards the provision of an Independent Domestic Violence Advisor).[114]

## 5.2 Independent Domestic Violence Advisors (IDVAs)

"Maintaining the number of IDVAs and their standards will be a key issue for partnerships in the future."
Wills et al (2011)

5.2.1 Victims experience on average 35 incidents[115] before contacting the Police and it is common for cases to be dropped (for various reasons, notably fear of the perpetrator). IDVAs can provide support and advocacy, helping to carry out safety planning for the victim and any involved children. As outlined previously, high risk cases are discussed at Multi-Agency Risk Assessment Conferences (MARAC) and because these meetings are not attended by victims, the only way the victim's voice is represented is through the involvement of an IDVA. The role was singled out following research conducted for the government's Violence Against Women and Girls (VAWG) Strategy as having key importance, not only to ensure victim's engagement and representation, but to be a cost effective way of improving victim safety; reducing both the risk of revictimisation and the rate of attrition of court cases. The independence of the role is crucial to its success. (Coy & Kelly, 2010):

[113] This is not to suggest that data is poor; rather that data on DVA has to be 'extracted' or extrapolated in many cases from data not specifically designed to record it e.g. child protection data.
[114] Niki Luscombe, Chief Executive, K-dash – Hearing 5th July 2012
[115] Statistic originally quoted in the 1996 British Crime Survey




5.2.2 Kent's IDVA Services have developed to provide support exclusively for female victims of domestic violence and abuse. However, even where services exist (green/lighter in figure 7) many are struggling to continue. IDVA Services are a key component of the co-ordinated community response to domestic violence and abuse, yet are particularly under threat. The number of trained IDVAs employed in Kent has recently reduced from 23 to 17[116] due to the loss of various funding streams. This includes those employed to do Court work though Court-based IDVA services are currently the least under threat in the county, with funding secured until next year. Service provision is very fragmented with 10 current providers/employing organisations and multiple funding sources. This has led to a lack of consistency and made it impossible to carry out strategic monitoring, overview or evaluation. There are also differences in the employing organisations' on-costs as well as in the level of victim risk in cases taken on by individual IDVAs.

5.2.3 A targeted needs assessment with regard to Kent IDVA provision was carried out during the timeframe of this review. The needs assessment highlighted the significant contribution IDVAs make to reducing social care, health and criminal justice costs resulting from domestic violence and abuse cases. The total costs to agencies of a single high risk case is over £10,000 per year[117] as well as more 'hidden' costs to other agencies. For example last year 16 domestic violence and abuse crime reports involved arson being threatened or carried out. Anecdotal evidence to this review indicates that many more un-reported incidents of this nature are likely to have occurred; all of which had an impact or potential impact on other services such as Kent Fire and Rescue.

5.2.4 The 'Islands in the Stream' report highlighted the importance of advocacy being available to victim-survivors at all levels of risk. The proposals put forward for Kent following the IDVA needs assessment (recommendations of which are summarised in Appendix 7)[118] take a pragmatic approach given the limitations of resources and suggest the optimum alignment of services is with the county Multi Agency Risk Assessment Conferences (MARACs) in order to ensure that high risk cases (at the very least) have access to advocacy. Achieving this would require a strategic overview of this service that could only be achieved through

[116] Rounded up to 'whole posts'
[117] Fizz Annand, Consultant – Hearing 2nd July 2012
[118] Ibid

commissioning. A centrally commissioned IDVA service would also provide the opportunity for ongoing data collection and analysis to assist in the management of victim safety as well as an evaluation of outcomes specific to Kent cases.

> "It costs £500 for an IDVA service to a client and Floating Support which only deals with the housing aspects, costs £1300. So IDVAs are a value for money community service in the voluntary sector."
> Niki Luscombe, Chief Executive K-DASH – Hearing 5th July 2012

5.2.5 Voluntary sector DVA support providers in Kent are only too aware of the fragility of services in the current financial climate. They have been very proactive in seeking to increase sustainability by achieving an even higher level of professionalism thus ensuring that local community-based expertise can be retained in the face of competition from larger, less specialist organisations. Consortium arrangements are also being made and have so far been put in place between North Kent Women's Aid, SATEDA, Oasis, K-DASH and Rising Sun which will improve efficiency and enable formal arrangements for working and the sharing of data and best practice.

SATEDA

North Kent Women's Aid

oasis domestic abuse service


K-dash
KENT DOMESTIC ABUSE SUPPORT AND HELP

Rising Sun
Domestic Violence & Abuse Service

5.2.6 Areas in West Kent benefit from domestic violence and abuse services offered by volunteers co-ordinated by DAVSS (a charity set up specifically to address a lack of service provision in that area). DAVSS currently has 21 community volunteers (14 fully trained, 7 undergoing training) who work with victims of domestic violence and abuse regardless of the level of risk assessed. While being aware of the need to priorities services Members are very supportive of approaches that ensure there is support for victims regardless of the assessed level of risk given that, as already noted, risk is dynamic and can escalate rapidly leading to unforeseen tragedy and even homicides.

5.2.7 Evidence to this review would indicated that volunteer support services are viewed with caution by some professionals concerned about issues such as retention, level of training and (volunteer) welfare. However, Members are of the view that the optimum level of service might be achievable in the county with centrally commissioned 'core' services, complemented by a strong and well-co-ordinated volunteer-base and this can only be achieved by effective partnership between all the involved sectors. There is a very sound business case for commissioning third sector providers since they are able to exploit secure funding streams to lever in additional resources from charitable sources.[119] For every 50p from the statutory sector, the charitable sector can lever in an additional £1 of funding[120]. Alongside the value for money that commissioning from the sector represents there is also the social value aspect since many volunteers and employed workers in domestic violence and abuse support organisations gravitated towards helping others due to their own experiences or those of loved ones. The Social Value Act (2012) makes it clear that considerations of social, economic and environmental aspects should form part of decisions on best value when local authorities are procuring services.[121]

5.2.8 Many contributors to this review have echoed the view that in terms of DVA support, 'one size does not fit all' and while there is a need to ensure that risk is managed as effectively as it can be within the confines of available resources, it is also the case that many people who are experiencing domestic violence and abuse may not necessarily wish to have professional advocacy, preferring instead to have 'buddy' type support which could be provided by any confident, empathetic and assertive volunteer[122]. This type of support could be made available at relatively low cost; providing victim-survivors with simple, practical help as well as helping to rebuild self-esteem.

"When you are in chaos and your house has been smashed up you need a 'mate' to get you going."
Donna Payne, Solicitor - written evidence

[119] Niki Luscombe, Chief Executive, K-dash – hearing 5th July 2012
[120] Ibid
[121] Public Services (Social Value) Act 2012 online at: http://www.legislation.gov.uk/ukpga/2012/3/enacted
[122] Donna Payne, Solicitor – written evidence

## 5.3 The Freedom Programme

"Being on the Freedom Programme (domestic violence, controlling behaviour) is giving her the skills to handle difficult situations and bullying, increase in self-esteem and confidence, reduction in stress levels."
Barnes et al (2009) pp122

"The Freedom Programme is an excellent tool for unraveling the emotional and psychological confusion that many women feel because of their experiences."
Monti (2005)

5.3.1 The Freedom Programme was developed by Pat Craven to provide a therapeutic response to female victims of coercive domestic violence and abuse ('intimate terrorism'.) It is one of very few such programmes and, through 12 structured weekly sessions, helps victim-survivors recognise and come to terms with what has happened to them as well as understand how the beliefs held by perpetrators (described as 'the dominator' – see appendix 8) underlie their treatment of and attitude towards women. The programme also offers the opportunity to learn about the impacts of domestic violence and abuse on children and to access further support[123]. By providing women with an insight into their situation, the aim is to empower them to break free psychologically (as well as physically if they have not already done so) and gain enough resilience to arm against future abusive relationships. Without such intervention, women who have experienced DVA are at risk of entering similarly controlling relationships, having not had the chance to regain their emotional integrity since its systematic destruction.

5.3.2 Employees of various organisations in the statutory and VCSE sectors have trained to become Freedom Programme facilitators and to run courses in Kent. However a number of problems have been highlighted:

- the programme is not universally available across Kent though is run in all districts at some time during the year

[123] KMDASG (2011)

- professionals have to incorporate the facilitator role within their main employment (largely relying on the goodwill of their employer);
- statutory agencies (who provide no funding) refer women onto the programme seemingly unaware that it is not a commissioned service
- some venues (including some Children's Centres) prioritise participants according to whether they have children aged under 5 (meeting Children's Centre objectives) rather than the needs of the victim-survivors.
- Courses are usually run during the daytime making it difficult for working women to attend

5.3.3 Members believe therapeutic support for victims to be a vital component both in reducing repeat victimisation and supporting parenting; therefore such programmes should be part of a sensible commissioning plan which ensures equity of access (both in terms of location and time).

## 5.4 Housing-related support for victim-survivors of DVA

5.4.1 District and borough councils, through their housing functions, have a key role to play in the identification and support of victims of domestic abuse and violence and this should be reflected by local housing strategy and policy. Dartford Borough Council's excellent DV Housing Strategy was commended to Members.

**GOOD PRACTICE EXAMPLE**
**DARTFORD BOROUGH COUNCIL DOMESTIC VIOLENCE HOUSING STRATEGY 2012-15**

Dartford's Strategy builds on the success of the previous 2008-11 strategy, successes of which included:

- developing a protocol with North Kent Women's Aid to ensure women receive floating support services at the right time
- distributing 100s of Multi-agency domestic abuse one stop shop posters to a wide variety of local venues including pubs and libraries
- helping 12 residents to stay in their own home via the Sanctuary Scheme funded by the local council and housing associations

The Strategy outlines what DVA is, the impact it has locally as well as setting out how housing services can support victims of DVA through:

- Information and advice
- Finding alternative accommodation
- Sanctuary Scheme

And for Council Tenants

- Eviction of the Perpetrator
- Management Transfers
- Legal advice and access to legal remedies

Male DVA victims, in particular, would be able to obtain advice about refuges outside of Kent from their local Housing Options and Private Sector team or access other types of temporary accommodation such as bed and breakfast.[124]

5.4.2 The Select Committee received evidence from outside of Kent regarding a case of serious domestic violence and abuse much of which is too distressing to repeat here. A summary is shown below which illustrates a missed opportunity for housing professionals to intervene as well as the important role neighbours play in helping to protect people from domestic violence and abuse.

**CASE STUDY**

When I met him he was fine, although we were different characters and from different backgrounds. After a few months he started to take drugs. It graduated to hard drugs and violence started as a way of him getting money. He never committed any crimes outside of our home but he stole from me, burgled the house and beat me every day. I had a son and I would lock us in a separate room at night to try to keep him safe.

He raped me. If I locked him out, he broke in. It was safer for me to stay than to leave as I knew if I left he would kill us.

He set fire to me once. Another time he threatened to kill me by injecting me with heroin so I would die and my family would think I was an addict too.

His family knew what was happening. They called me a liar. They said it was my fault. His father acted abusively to his mother.

He smashed the house up many, many times. All the windows were smashed at one time or another. When he went out I would spend all day cleaning and tidying it up again. He was always sorry when he returned.

The local council housing department never did anything to help me. They got fed up with making repairs again and again and in the end all they said was that I would have to pay for repairs myself.

I finally got away when a neighbour called the Police and when they realised what I had gone through they moved me away.

Victim-Survivor of domestic abuse – summary from written evidence

[124] Marie Gerald, Housing Options and Private Sector Manager, Dartford Borough Council – Hearing 2nd July 2012

5.4.3 A range of measures are available to help victim-survivors remain safely in their homes including Sanctuary Schemes as well as legal remedies. The last resort for victims - often in the most intolerable and dangerous circumstances - is to flee the family home or usual place of residence and spend time in a refuge. Whilst in a refuge additional, mainly housing-related, support is available and this takes the form of 'floating support'. The bulk of this housing related support for victims of DVA (and other vulnerable adults) is commissioned in Kent through KCC Supporting People funding of £25 million. However in 2011 it was announced that 22% savings (£7 million) were required over the next two years and this is already impacting on services though Members were told that savings are being achieved by efficiencies.

5.4.3 Refuge provision

There are currently 10 refuges in Kent providing 93 household units (many of which are a single room). The aim is have a refuge in each district or borough and new facilities are planned for Sevenoaks and Tonbridge and Malling Districts. Women (often with children[125]) fleeing violence are not usually served by local refuges; there is a reciprocal agreement between the vast majority of local councils which means that people can stay further away from the perpetrator to increase safety. Allocation of spaces is organised through a national register. However, the 'perverse nature' of this situation where perpetrators are often free to go about their usual business and victims are locked away, sometimes miles from home, family, schools and so on, was highlighted to the select committee.[126] The situation is far from ideal and not everyone can tolerate the abrupt change in circumstances. Particular issues in relation to refuges are:

- there is no provision for male victims,
- women with older male children experience problems finding a refuge place
- gypsy and traveller women experience additional cultural problems
- Refuge professionals are not yet engaged in the Common Assessment Framework (CAF) process which could help victim-survivors and children to access additional support e.g. school-related
- women in refuge are 'reliant on a process and a system'[127]

[125] There were 400 children associated with the 434 new entrants to services in 2011/12 (Melanie Anthony – hearing 2nd July 2012)
[126] Niki Luscombe, Chief Executive, K-dash – Hearing 2nd July 2012
[127] Ibid

- children already faced with abuse and upheaval are given no priority when finding a school place and some women even return home to dangerous situations because of this problem[128]
- In the UK there is stigma attached to staying in a refuge (with the implication that the victim is in some way guilty. Other countries for example New Zealand have a different cultural response to refuges. Communities know where they are and are united in nurturing and protecting women who need to stay there, acknowledging that society has failed them.[129]

"At present, their 6-month secure tenancy at a refuge is funded by housing benefit payments. Universal Credit will change this. How it is paid, and to whom, will determine the effect it will have on our services."
Melanie Anthony, Commissioning and Development Manager – Hearing 2nd July 2012

During the course of the review serious concerns were expressed by a number of professionals about the effect of Universal Credit on Refuges. There were fears that this benefit change would impact on income so severely that refuges would be forced to close. Funding is for specialist domestic violence and abuse-related services only and refuges rely on recouping benefit from residents for the accommodation costs. There have also been criticisms in the press of the locations that refuges are in and the high costs of these services. Members however feel that until alternative measures are available that can provide an equal level of safeguarding to victims and their children, refuges will be required to provide vital safeguards to victims as part of the 'domestic violence and abuse care pathway.

### 5.4.4 Floating Support

Floating support services are provided to people suffering domestic violence and abuse as part of wider, short-term housing related services to vulnerable people. There are four specialist Floating Support services (196 household units) and more than 613 people experiencing domestic violence and abuse were helped in 2010/11 (including services provided to women in refuges and men). There was general consensus among witnesses that more floating support services were needed however one piece of evidence called into question the quality of floating support and another (see quote on page 69) pointed out that it is expensive in

[128] Melanie Anthony, Commissioning and Development Manager – Hearing 2nd July 2012
[129] Niki Luscombe, Chief Executive, K-dash – Hearing 2nd July 2012

comparison to Independent Domestic Violence Advocacy Services which combine the kinds of help given by floating support services with other advice and support at less than half the cost. There would be merit in consulting with service users to determine their satisfaction with both types of service and directly comparing the support offered to determine value for money.

5.4.5 Sanctuary Schemes

Sanctuary Schemes are usually run as a partnership between local district and borough councils, the relevant Domestic Violence and Abuse Forum and other community partners including, for example, Kent Fire and Rescue. They offer an alternative to refuges by enabling people experiencing domestic violence and abuse (as well as hate crime) to stay in their homes, and protect against intrusion. Such schemes are particularly relevant to people who do not share accommodation with their abusive partners. Schemes involve the provision of additional safety/security measures such as:

- Additional window and door locks
- Panic buttons
- Reinforced doors/fireproofing
- Security lighting
- Letterbox guards
- A safe room

However, for a victim of DVA to qualify for this assistance (in the absence of specific legal advice), the perpetrator must not have the right to live in the property, any landlord must approve the changes to be made, and the victim must want to take part in the scheme, as well as it being possible to assure safety. To obtain it they must contact their local council which triggers a visit by the Police to determine suitability for the scheme and safety issues. Borough and district councils have their own arrangements for carrying out adaptations (e.g. using private home improvement agencies).

Sanctuary Schemes are an important factor in the prevention of homelessness that results from becoming a victim of domestic violence and abuse. Evidence from Dartford Borough Council indicates that DVA is the number one cause of homelessness followed by ‘relatives not willing’ and ‘parents not willing’ to accommodate. Given the increasing incidence of parental abuse by offspring, and the likely unwillingness of parents and other relatives to disclose DVA, the true proportion of homelessness attributable to domestic violence and abuse could be even higher. Sanctuary Schemes in Kent are funded by various means by the 12 district and borough councils; in Dartford, for example, funding comes

from central government in the form of the Homelessness Grant[130]. Members learned that considerable savings could be achieved in Kent by centralising these arrangements as demonstrated by Medway Council.

> "Between April 2008 and March 2011, 77 people were owed a main homelessness duty due to the violent breakdown of a relationship in Dartford. This represents 21% of all homeless acceptances"
> Source: Dartford DA Housing Strategy 2012-15

## 5.5 What should a domestic violence and abuse care pathway look like?

5.5.1 Examples of simplified DVA care and referral pathways are given at appendix 9.

## 5.6 The strategic fit for commissioned services – cross cutting issues

5.6.1 Commissioning sustainable core services with regard to domestic violence and abuse fits well with the strategic allocation and alignment of resources by KCC in order to achieve the aims set out in Bold Steps for Kent. There will be a changeover to a commissioning role for KCC Families and Social Care (FSC) by 2014/15; a key feature of which is to reconfigure the way prevention and early intervention services are delivered; facilitating a more holistic approach towards support for families.

5.6.2 Currently there are pockets of service commissioning that are relevant to people experiencing domestic violence and abuse in addition to services commissioned through Supporting People (Refuges and Floating Support). One of the criticisms made by several witnesses to this review is that services have tended to operate in isolation. Humphreys et al (2005) also highlighted the problems of service overlap and a lack of awareness of other agencies' work. Professionals in all disciplines need to understand the dynamics and impact of domestic violence and abuse on individuals and families as well as the inter-relatedness of support needs. Though it is clear that agencies are working at the 'sharp end' so far as responding to domestic violence and abuse is concerned – it is perhaps by developing a greater understanding of the interplay and cross-over between the various service areas that victims, perpetrators and their families may come into contact with, there is an opportunity to work more effectively, avoid any duplication and improve outcomes for all concerned.

> "Drug and alcohol services often pick up violence as part of relationships – we need to achieve a more integrated approach to commissioning."
> Angela Slaven, KCC Director of Service Improvement – Hearing 25th June 2012

[130] Marie Gerald, Housing Options and Private Sector Manager, Dartford Borough Council – Hearing 5th July 2012

5.6.3 The case study that follows illustrates previous good practice in handling a DVA case involving a vulnerable victim as well as a vulnerable perpetrator. It is very concerning to Members that the procedures outlined may no longer take place as organisational structures have changed, there is no longer any in-house care management aspect to substance misuse and an assumption has been made that organisations taking over this work will risk assess but they have no expertise in adult protection or domestic violence and abuse. An increasing number of DVA cases involve 'one or more parties having mental health problems, and victims do not want the Police to arrest their abusive partner/family member; they just want them to get the help they need for their mental health issues – an added complication here is that mental health services can only be referred to by a GP[131] Clearly a commissioning strategy is required that takes into account the cross-over between multiple issues; the need to cross-train professionals; and that facilitates inter-disciplinary referrals.

**CASE STUDY**

'Joe' (in his late 40s) was referred to a Kent Substance Misuse Care Management Team via his mother, with whom he lived, because of concerns over his crack, prescription drug and alcohol use. He had already attempted suicide several times. Joe had a disrupted childhood with a lack of care giving and a history of offending behaviour. Joe was separated from his ex-partner and two children due to verbal and physical abuse. He had also thrown bricks through the windows of the family home. Joe met with a Care Manager and together they completed a Triage, Comprehensive Assessment and Risk Assessment. A care plan including recovery was devised and put in place (inpatient detox to be followed by community day programme) to be reviewed periodically.

Shortly afterwards Joe bought petrol, threatened to torch his mother and to kill others. He had a bladed weapon. Joe's mother was very distressed and frightened. She called the Duty worker within the team who called the Police, Joe was arrested and taken to the police station where he was also assessed via the Mental Health Team. It became apparent that Joe could have a strongly disproportionate reaction to minor events or perceived criticism to the extent where he may harm himself or others. He also lacked hazard and risk awareness and resisted listening to professionals' advice.

A MARAC referral was made and presented to the conference, a carer's assessment and Adult Protection referral was made to support Joe's mother. Joe was remanded and sentenced. Upon release from prison Joe was drug and alcohol free and completed the day programme in Maidstone. Source: Gaby Price, Commissioning Team Manager – written evidence

[131] Carol McKeough, Safeguarding Adults Policy and Standards Manager, Families & Social Care - Hearing 11th June 2012

5.6.4 As part of newly configured FSC services, Early Intervention Teams will in future provide in-house back up and co-ordination to multi-agency professionals so that children and young people and their families (whether via school or Children's Centre, for example) have easy access to a range of commissioned services via the Common Assessment Framework (CAF) Process. No similar process is in place for adults; there is nothing to link adult victims who are parents into the Family CAF process (see Recommendation 2).

5.6.5 FSC commissioning plans include some targeted domestic violence and abuse services for children and young people (see 8.4.2). Members believe there is an urgent need, (as well as establishing sustainable services in support of adults who have been affected by domestic violence and abuse, to break down the barriers between related services areas such as substance misuse, mental health, adult social care and domestic violence and abuse services). Clear and linked processes, pathways and programmes for individuals and families requiring multiple types of support are needed.

5.6.6 The relationship between mental ill health and domestic violence and abuse is one that is open to misinterpretation. The question was posed during the review: "Are perpetrators mentally ill? However research and expert opinion would indicate, specifically where the domestic violence includes coercive control, that the perpetrator is completely rational even when appearing angry. Fredericks (2001) states that:

> "…batterers are no more likely than are the general population to suffer from mental illness and that people with mental illness are no more likely to batter their partners than people without mental illness."
> Frederick (2001)

Certain types of perpetrator are inwardly calm and their apparent anger is a construct to terrorise, frighten and subjugate the victim. Further evidence to this effect is the 'directional' nature of perpetrators' actions and 'anger' which may be directed totally towards their victim, most often their partner.

> "They will thrash about and things will get broken. But you can be sure that no possession of theirs will be destroyed, it will be something that the victim holds precious such as an ornament from a beloved (perhaps deceased) relative, or something that cannot be replaced."
> Taste of Freedom – Training Session

5.6.7 In addition Members believe that a greater understanding of abuse types (primarily whether coercive or non-coercive) is fundamental to the commissioning (and provision) of services that are appropriate and equitable across genders as well as minority groups. For example, a violent (but non coercive) person (regardless of gender) in a relationship may well benefit from a 'generic' anger management programme. A couple (regardless of gender) who experience 'situational couple violence' may both benefit from intervention with regard to the 'situation' in question which could, for example, be an alcohol or drug intervention and/or mediation. However the circumstances of a couple in a relationship where there is coercion (and evidence suggests this is most commonly male perpetrator/female victim) are likely only to deteriorate and increase in risk without the types of response that have 'traditionally' been developed i.e. a therapeutic support programme such as the Freedom Programme for the female victim and a CDAP/IDAP course which addresses the flawed belief-systems of the perpetrator (see section 6). A needs assessment should determine the requirement for more tailored responses in 'less typical' cases e.g. a coercive female perpetrator (CDAP/IDAP are male perpetrator only) and a male victim but it is only through a more detailed understanding of typology that the issues can be properly tackled.

5.6.8 This is a huge challenge considering that domestic violence and abuse services are themselves specialist services and further specialism seems unattainable in the current budgetary climate. However it is essential under the Equality Act 2010 that the local authority has due regard to groups of people who may be additionally disadvantaged in terms of accessing services when experiencing domestic violence and abuse and a more accurate picture of the prevalence of diverse needs in Kent could be achieved through the actions suggested in the next recommendation.

5.6.9 Commissioning services that are appropriate to 'type of abuse' rather than based on historical, stereotypical notions of what domestic violence and abuse is, coupled with a more holistic assessment of need may mean that the current male/female split of services needs to be re-examined and a more flexible and responsive 'menu' of resources commissioned in the future.

## 5.7 Ensuring quality as well as equality

5.7.1 It has already been noted that much of the prevalence data available on domestic violence and abuse is based on nationally derived estimates. The view was expressed to the select committee that a common case recording system between commissioned specialist providers would facilitate better strategic oversight, safety planning and risk management as well as a much greater understanding of the true prevalence and nature of domestic violence and abuse cases in Kent.

5.7.2 Barriers to the adoption of a common case recording system include the involved costs and the fact that that larger providers already have their own IT systems in place, for example CASA Support and Citizens Advice Bureaux. However, consortium arrangements within the voluntary sector DVA support organisations in Kent have included the acquisition of a common records system (MODUS), so the potential exists for a vastly improved Kent-wide records system to flag up critical DVA incidents and more accurately assess the level and diversity of support required, as has been possible in other local authority areas such as Hampshire.[132]

"A snapshot survey across Hampshire revealed that during a single week there were 2,473 domestic incidents were recorded where 3,506 children were involved."
Source: Hampshire Domestic Abuse Briefing Sheet 8

R4 That KCC seeks to rationalise the existing patchy provision of domestic violence and abuse services and drives up the quality of services, by devising and implementing a commissioning plan, beginning with Independent Domestic Violence Adviser (IDVA) services and aiming to achieve joint commissioning of a 'domestic violence and abuse care pathway' informed by needs assessments and taking account of different forms and types of DVA.

- that joint commissioning is enabled by consolidating existing funding sources and seeking to align this with further funding from internal and external sources (e.g. Supporting People, KDAAT, Families and Social Care (FSC), Public Health, Police, Fire and Rescue, Probation, Health and Mental Health, the Police and Crime Commissioner (PCC), Health and Wellbeing Boards (HWB) and Clinical Commissioning Groups (CCGs) to provide a multi-agency domestic violence and abuse commissioning 'pot';
- that commissioned domestic violence and abuse services are monitored and evaluated through a Quality Assurance Framework.

[132] http://www.hants.gov.uk/rh/cs/domesticabuse.pdf

# 6 HIGHER PRIORITY, GREATER AWARENESS?

## 6.1 Prioritising domestic violence and abuse

6.1.1 It is because domestic violence and abuse is a cross-cutting issue, requiring the involvement of so many agencies, that no one (organisation or individual) has been seen to take overall leadership. Formalisation of 'Champion' roles within the agencies involved could help to ensure that domestic violence and abuse continues is prioritised and embedded. (Anecdotal evidence and MARAC referral numbers from one Health site indicate the impact a single, committed individual can make). A number of other Local Authorities have already responded to this issue by setting up Champion 'Networks'. In Kent the Chair of the Kent and Medway Domestic Abuse Strategy Group already acts as a DVA Champion.[133] A 'virtual DVA Champions network' along the lines of KCC's environmental task force of Green Guardians' could be an effective way of taking this forward.

6.1.2 The Select Committee believe that strong and sustained support for the prioritisation and mainstreaming of domestic abuse in the Community Safety Partnerships and throughout the county could benefit greatly from the leadership and spearheading of the new Police and Crime Commissioner for Kent.[134]

6.1.3 It was noted in Section 4 that people experiencing domestic abuse tend to approach only trusted individuals and for example, Members of the Select Committee report several instances of being approached for assistance by constituents in this situation. The first contact that someone experiencing domestic violence and abuse has in seeking help can be of critical importance particularly as help-seeking tends to take place at times of great desperation and heightened risk. Specifically with regard to forced marriage practitioners must understand there may only be one chance to help (or even save the life of) a high risk victim. If they are not met with an empathetic and knowledgeable response, this one opportunity may be lost. It is therefore vital that community leaders as well as statutory and voluntary agency professionals have an awareness of domestic violence and abuse, understand the potential risks to victims and can signpost effectively to help and support.

6.1.4 KCC provides training to Members as part of its Member Development Programme and ensuring that domestic violence and abuse awareness is part of that programme for existing and new Members and providing as part of that programme information about resources (such as the new Kent and Medway

[133] Kent Community Safety Agreement 2011-2014 at: https://shareweb.kent.gov.uk/Documents/community-and-living/community-safety/community-safety-unit/Kent%20Community%20Safety%20Agreement%202011-14.pdf

[134] Detective Superintendent Tim Smith – Hearing 9th July

DVA Website, IDVA services and Multi Agency Domestic Abuse One Stop Shops) will increase Members' understanding of the issues, ensure that no vital 'first contact' opportunities with constituents suffering DVA are lost and have the added benefit of reducing reputational risk.

## 6.2 How aware are the public about domestic violence and abuse?

6.2.1 A European Commission study carried out in 2010 on domestic violence against women indicated that there is a very high awareness of it (98% across Europe as a whole) with most people in every country hearing about it primarily via television (85% in the UK). However the same survey reports a decreasing trend in the number of people hearing about domestic abuse through their family or friends, one explanation for which is that far from decreasing, the social taboo around the topic is actually increasing. Indeed the associated taboo is one reason put forward for the low level of reporting among the middle classes.

6.2.2 Women's Aid stress the importance of ending the taboo and encouraging people to talk about DVA. By learning about the facts, the community will be acting in support of victims of abuse and helping to break down the barrier of silence which supports the actions of perpetrators. This should have the dual beneficial effects of 'de-normalising' domestic violence and abuse so that societal and peer pressure help to moderate perpetrator behaviour and 'normalising' greater openness about the topic (making it easier for victims to understand and break free from abuse.) Some common myths surrounding domestic violence and abuse were addressed at section 2.2 of this report.

## 6.3 'Honour and shame' in domestic violence and abuse

6.3.1 The role of 'family honour' and feelings of shame are highly significant to an understanding of DVA. They may be causative factors, as in so-called honour violence and killings, (see 2.4.3) or the reason for victims' endurance of repeated abuse in order to preserve the appearance of 'normality' in the family. The latter is evidenced by British Crime Survey findings last year, shown in Figure 9 on the next page, that a staggering 34% of people surveyed who had experienced partner abuse had not told the police because they felt it was a private or family matter. A further 4% reported the reason for lack of disclosure as 'fear of further humiliation' so, in total, 38% of people surveyed were more concerned about what other people (not including the police) would think about them, than they were about their safety and wellbeing and that of their children.

6.3.2 This could be compounded by a low level of understanding and awareness about what domestic abuse actually is and about the risks (and likelihood) of escalation. The fact that so many individuals and families do their best to conceal

domestic violence and abuse does nothing to combat feelings of shame or failure in others sharing that experience. A lack of openness benefits perpetrators who wish to have power and control over their victims; victims' silence is seen sometimes as collusion even though the reasons for maintaining it are very different.

***Figure 9: British Crime Survey results 2010/11 (16-59 year olds)***

| **Why were the police not told about partner abuse? (%)** | |
|---|---|
| Too trivial/not worth reporting | 42 |
| Private/family matter/not police business | 34 |
| Didn't think they could help | 15 |
| Feared more violence as a result of involving the police | 5 |
| Didn't want more humiliation | 4 |
| Didn't think they would believe me | 3 |
| Dislike/fear of the police | 3 |
| Didn't think the police would be sympathetic | 3 |
| Didn't want to go to court | 2 |
| Police did not come when called | - |
| Had already told the police about it in the last 12 months | - |
| Some other reason | 3 |

6.3.3 The remedy for this situation is multi-faceted: create greater awareness and understanding of domestic abuse and its dynamics so it can be recognised for what it is; create a society which unerringly supports the victim; squarely placing the blame for the violence and abuse on the perpetrator; and making it clear that there will be serious consequences for his or, less commonly, her behaviour.

R5 That KCC demonstrates strong leadership and commitment to addressing domestic violence and abuse by:

- ensuring that basic awareness training in domestic violence and abuse awareness is included in the Member Development Programme so that all Members can be ambassadors and advocates for a change in public attitude (and can signpost effectively to help and support);
- identifying a Member Champion for Domestic abuse to help drive forward changes and expedite the development of a network of Domestic violence and abuse Champion roles including in Health, (within Clinical Commissioning groups, GP surgeries, Accident and Emergency Departments);
- ensuring that the Member chosen to sit on the Police and Crime Panel (which will scrutinise the work of the PCC) is also a domestic violence and abuse Champion;
- having Member (Champion) representation on the Kent and Medway Domestic Abuse Strategy Executive Group.

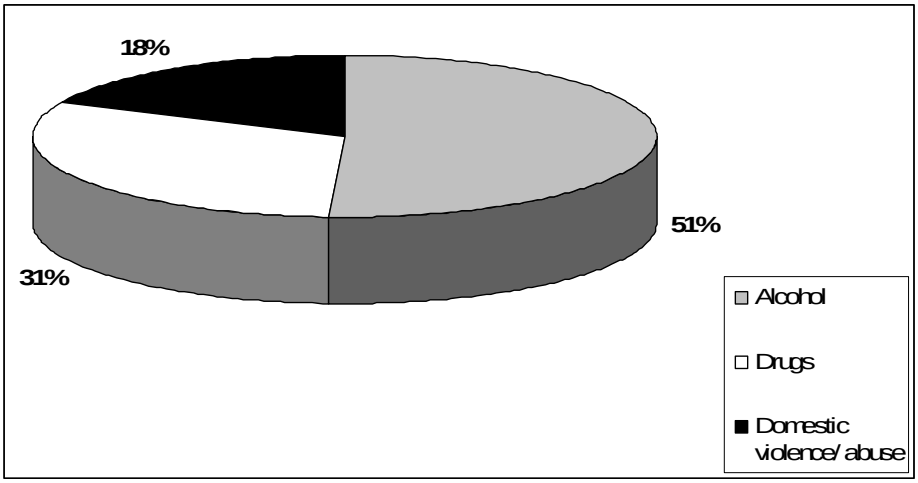
F

## 6.4 Public Health Awareness Campaigns

> "… awareness campaigns are needed to encourage people to break out of abusive relationships."
> Detective Superintendent Tim Smith, Head of Kent Police Public Protection Unit – Hearing 9th July 2012

6.4.1 Figure 10 that follows shows UK government spending over the last five years on campaigns (television, cinema, radio, print, posters and online media) to raise public awareness on domestic violence and abuse alongside that spent on drug and alcohol awareness campaigns. It can be seen that spending on domestic violence and abuse represents 18% (£3,111,695) of the total spend of £17,235,044.[135] Over the period in question, spending on each type of campaign fluctuated. A future strategy could perhaps combine campaign resources to not only stress the interrelatedness of the issues, but sustain these messages over a longer, continuous period so that they become 'ingrained' in the public psyche as have other important health messages.

***Figure 10: UK government spending on awareness campaigns in the last 5 years***



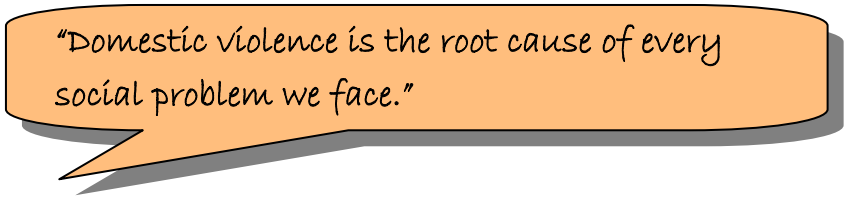

6.4.2 Having observed the success of health campaigns which inform the public of the consequences of particular actions (for example, anti-smoking and seat-belt campaigns) Members consider that an effective strategy to address domestic violence and abuse could be to demonstrate graphically the impact on victims and children as parallel to that experienced by soldiers in battle.

[135] Data source: parliamentary answers: health education 3rd September 2012

Although Johnson (2008) believes that the worst proponents of 'intimate terrorism' i.e. the most coercive and controlling abusers, will not care about the impacts of their actions on their victims, or on any children who experience the abuse either directly or indirectly, a proportion of family violence is likely to be carried out by parents who might be willing to change their behaviour if they were aware of the devastating and long term consequences of their actions.[136]

## 6.5 Professional Awareness of domestic violence and abuse

6.5.1 Evidence provided to this review indicates that while many professionals working in the statutory sector feel they have some understanding of domestic violence and abuse (DVA), the majority have had little or no training. In particular practitioners within social care may not give it a high enough priority as they do not feel it is their 'core business'. This view is erroneous. The European Council[137] go so far as to say that:




Certainly, the evidence from children's social care is that DVA is a factor in very many cases and is highly correlated with child abuse (40% of cases) (Walby, 2004). Furthermore at least 75% of child protection cases involve DVA and serious case reviews of the most tragic consequence; that of child death, reveal that DVA is a factor in 50% of cases (Hester et al 1998).

6.5.2 These factors are highly relevant to the business of FSC and Members believe that a thorough embedding of awareness about DVA as well as services available for victims, children and perpetrators throughout KCC will contribute to improved outcomes and be reflected in improvements in key performance measures such as the percentage of children becoming subject to a Child Protection (CP) Plan for a second or subsequent time and the percentage of children subject to a CP Plan for two or more years. Both of these performance measures are denoted in monitoring[138] as 'red' (requiring improvement) and the former showed a steep increase in June 2012 (25%) compared with previous years and compared with the target (13.4%) as shown in figure 11 on the next page as well as the performance of statistically similar authorities ('statistical neighbours') whose performance was 'on target' at March 2010 and 2011.

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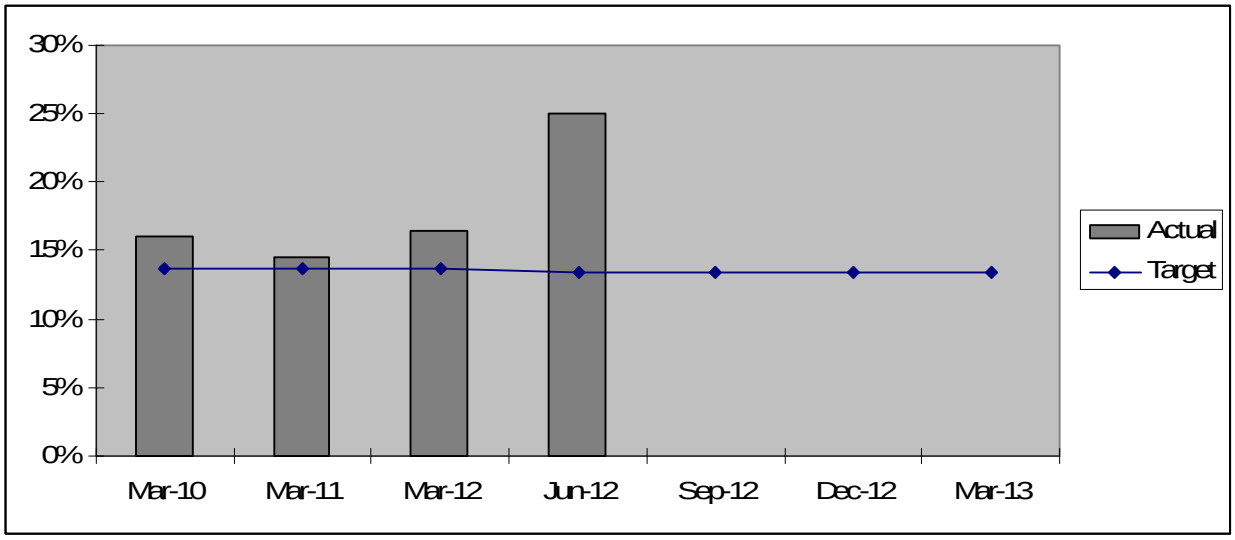
[136] David Philpot, Programme Manager, Community Domestic Abuse Programme (CDAP) and MARAC co-ordinator for Mid-Kent, (Maidstone and Swale areas) – Hearing 2nd July 2012
[137] Cited in evidence from Anne Lyttle, Rising Sun
[138] KCC (2012)

***Figure 11: % of children becoming subject to a CP plan for the second or subsequent time[139]***




6.5.3 Select Committee Members are pleased to note that the Kent and Medway Domestic Abuse Co-ordinator has been engaged in work to produce a matrix of the training required at different organisational levels within KCC and its partners. Currently there are a number of people, directorates and organisations offering training on domestic violence and abuse and the review has also identified that some of the highly skilled training resource within KCC is being under-utilised. There is likely to be an opportunity for cost savings within KCC and its partners by streamlining and targeting DVA training as well as taking opportunities to co-train professionals from different disciplines (e.g. mental health, adult protection, and substance misuse) or cross train when delivering child and adult protection courses, as well as those covering mental health and substance misuse.

6.5.4 Though there are guidelines and agreements on information sharing with regard to DVA cases[140], Members believe there would be merit in developing a series of typical 'examples' to include within guidance to give greater confidence to professionals reluctant to share information, to improve victim safety.

6.5.5 Many of the professionals (for example teachers, GPs) who find it most difficult to attend training could benefit from online training resources and embed these resources in their own training. KCC has developed a series of webinars ('live' interactive training sessions) as part of its Kent Manager programme and Members would like to see the development of a similar resource with regard to training and the dissemination of DVA information.

6.5.6 Information on recently commissioned training is given at appendix 10.

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[139] Ibid
[140] Kent Police (2011)

R6 Members welcome the development of a Kent and Medway domestic violence and abuse training matrix in order to rationalise existing provision and ensure all statutory sector professionals have the appropriate level and content of training and recommend that:

- to complement current training resources: a portfolio of domestic violence and abuse webinars is developed, with the involvement of survivors, offering professionals an alternative, quick and easy way to increase their knowledge and engagement.
- KCC Learning Resources/Training take a more proactive role in the development of training on domestic violence and abuse and ensure that there is a mechanism to engage survivors in the development of training, policy, practice and future services.

6.5.7 In order to break down some of the reticence and 'resistance' that exists to confronting the topic of domestic violence and abuse (DVA) Members believe that a number of avenues should be pursued to support legislative and policy changes that may already be contributing to public attitudinal change, including the prioritisation and championing of DVA issues. At one time it was acceptable to drink and drive; now that is no longer the case. It is only very recently that legislation coupled with improved health awareness has changed public attitudes on smoking. DVA is such a complex issue and so deeply rooted in society that it is clear longer-term and more sustained efforts will be required to bring about a similar change.

6.5.8 Kent Fire and Rescue Service (KFRS), through their Vulnerable Persons Team have been involved in work on DVA for the past two years and, along with other Community Safety Partners in Kent are committed to addressing it. Threatened or actual arson can be a component of DVA and Kent Fire and Rescue engage with every MARAC (high risk) referral to ensure that victims' risk from fire is minimised as far as possible.

6.5.9 Despite precautions, including the installation of smoke detectors in victims' homes, there has been a 25% increase in the number of DVA incidents that involve fire-setting in Kent[141]. Information about fire safety and prevention is provided to the public by KFRS via a number of routes including Multi-agency Domestic Abuse One Stop Shops. Such information and advice is welcomed by the public and carries none of the stigma that still surrounds the topic of domestic violence and abuse. Members therefore believe that there is potential for Community Safety/Fire Safety literature and other publicity to be used to convey messages and provide information links on the related topic of DVA and would welcome collaboration on this issue.

R7 That KCC seeks to influence attitudinal change on domestic violence and abuse using a 'multi-pronged' approach:

- asking the incoming Police and Crime Commissioner to have domestic violence and abuse as a top priority in the Police and Crime Plan for the duration of the Plan and that given domestic abuse represents 25% of violent crime in Kent, the new PCC is invited by Kent and Medway Domestic Abuse Strategy Group (KMDASG) to become a domestic violence and abuse Champion and to receive appropriate support and training for that role.
- asking that the County Community Safety Partnership continues to have domestic abuse as a high priority and cascades this to the local Partnerships.
- using a Public Health campaign to help change perceptions
- using Safeguarding Week 2013 to raise awareness of domestic violence and abuse
- using established community safety routes to get domestic violence and abuse information and links into the public eye (e.g. Fire & Rescue Service leaflets in GP surgeries)

[141] Stuart Skilton, Group Manager – Community Safety, Kent Fire and Rescue Service – Hearing 5th July 2012

# 7 SHIFTING ACCOUNTABILITY

## 7.1 Who should be held accountable for domestic violence and abuse?

7.1.1 The answer to the above question should be an obvious one. However, the complex nature and dynamics of domestic violence and abuse coupled with statutory child protection (CP) procedures can lead on occasion to a re-victimisation of victims who (as has been noted) may appear to be colluding with the perpetrator[142]. CP procedures place the onus on the non-abusing (usually female) partner to protect their child from harm by leaving, or requiring the abuser to leave. So, the mother is held accountable, while social workers do not (and are not equipped to) engage with the perpetrator in order to meet the children's needs (Devaney, 2008).

7.1.2 The issue of raising public and professional awareness of the issues was referred to further in the previous section. The second issue regarding child protection processes is a cause of obvious 'friction' between professionals focusing on the wellbeing of adults who are subject to domestic violence and abuse and those focusing on the protection of children. The duty to protect children is, of course, a statutory one, but the view was expressed to the Select Committee that a much better understanding of the dynamics, particularly the aspects relating to coercion, of domestic violence and abuse is required by social care professionals so that social work interventions are experienced as being more supportive and less punitive by victims of domestic violence and abuse.

> "The perpetrator of violence must be held accountable not only for the abuse of their partner, but also for the emotional abuse to the witnessing children."
> Anne Lyttle, Rising Sun

R8 That in implementing its Early Intervention and Prevention Strategy KCC creates culture change – through a process of:

- Embedding understanding of domestic violence and abuse and its impacts throughout the organisation
- Examining the interface with individuals and families experiencing domestic violence and abuse
- Ensuring that practice, processes and communications are as supportive as possible to non-abusing parents (where this does not conflict with the duty to safeguard children)

[142] Lorraine Lucas, Family Intervention Worker, Community Budgets Pilot (Families & Social Care)

## 7.2 Criminal offences

7.2.1 There is no single criminal offence of 'domestic violence' or 'domestic violence and abuse' and the kinds of crimes for which perpetrators are prosecuted range in severity from affray and common assault to Actual Bodily Harm (ABH), Grievous Bodily Harm (GBH), criminal damage, rape, attempted murder and murder. Many of the more subtle forms of domestic abuse are not 'crimes' at all but can have serious and lasting impacts on victims health and wellbeing. The Select Committee learned how, having often been subjected to a lengthy period of domestic violence and abuse, victim's expectations of the Court system in achieving justice for them often fail to be realised.

**Domestic Violence Disclosure Scheme ('Clare's Law')**

Clare Wood was murdered by her former partner in 2009. Had she been aware that he had three previous convictions under the Protection from Harassment Act 1997, her tragic death may have been averted. The Domestic Violence Disclosure Scheme could offer greater protection to individuals in the future by allowing the Police to proactively release information about known perpetrators to individuals they feel could be at risk from them. Pilot schemes will inform guidance for Police forces, who are already permitted to make such disclosures under the existing legal framework, provided it is, lawful, necessary and proportionate. Gwent Police will carry out the initial pilot, which is due to end in September 2013, and which will also include forces in Nottinghamshire and Greater Manchester.

Subject to the findings of the pilot schemes, Members would welcome the introduction of 'Clare's Law' in Kent.

Interim 'Right to Ask' Guidance is available at:
http://www.homeoffice.gov.uk/publications/crime/dvds-interim-guidance

## 7.3 Civil Remedies available to victims of domestic violence and abuse (DVA)

7.3.1 A number of civil injunctions are available to help protect victims of DVA and these demand less stringent proofs than in criminal courts; the former requiring proof beyond reasonable doubt and the latter, based on the balance of probabilities.[143] 'Family matters', including those related to domestic violence and abuse are dealt with at Magistrates Courts in Family Proceedings Courts, at county courts or the High Court's Family Division.

[143] HMCS (2007)

7.3.2 Non-molestation Orders and Occupation Orders were introduced by Part IV of the Family Law Act 1996 and may run concurrently if circumstances dictate.[144]

- Under an Occupation Order the court can exclude a perpetrator from occupying the family home and in some case from a specified distance around it. In making such an order the court looks at the 'balance of harm' to the applicant and any relevant children or failing this, take into account financial, behavioural, housing and other related issues.

- A non-molestation order covers a wide range of behaviour including harassment and threats, verbal or otherwise directed towards the applicant and relevant children and may be made for a specific length of time or until a further court order is made. The Domestic Violence Crime and Victims Act 2004 (DVCA) broadened the definition of those eligible to apply for non-molestation orders to include co-habiting same-sex couples and non cohabiting couples in an intimate personal relationship.

7.3.3 Restraining Orders – the DVCA also extended the availability of restraining orders by amending the Protection from Harassment Act 1997 to increase the range of circumstances in which a restraining order could be imposed.

7.3.4 Forced Marriage Protection Orders[145] were introduced in 2008 under the Forced Marriage (Civil Protection) Act 2007 and can be granted in 15 designated county courts and the High Court to prevent women being forced into marriage against their will and to offer protection to victims who have already been coerced into marriage (Ministry of Justice, 2012)

## 7.4 Breaches of Order

"One perpetrator I am working with has stated that the only thing that has got him to change his behaviour is the thought of going back to prison…I am a strong advocate within the criminal justice system for tougher consequences."
Lorraine Lucas, Hearing 7th June

[144] In Emergency Protection Order (EPO) or Interim Care Order (ICO) proceedings under the Children Act 1989 the court may also order that a suspected abuser, rather than the child, is removed from the home.
[145] Amending part IV of the Family Law Act

7.4.1 Since the implementation in 2007 of Section 1 of the Domestic Violence Crime and Victims Act (DVCVA) 2004[146] if a perpetrator breaches a non-molestation order he or she is committing a criminal office punishable by up to five years in prison (Burton, 2008). The new legislation was designed to replace an alternative course of action whereby the matter was treated as a Civil Contempt of Court, and had been punishable by up to two years in prison (provided a power of arrest was attached to the order).

7.4.2 The DVCVA aimed to place victims 'at the heart of the Criminal Justice System' by allowing a breach to be deal with under either Criminal Law or Civil Law. However the view was expressed to the Select Committee that "breaches are lost in the criminal court system because of all the other violent crimes they sit alongside" whereas in Civil Court a judge would have taken a much harsher view of a Contempt. A tragic case where the whole process went very wrong was highlighted to the Select Committee.

**CASE STUDY**
**BREACH OF NON-MOLESTATION ORDER**

Jane (*name has been changed*) was a working mother who had experienced severe domestic abuse at the hands of her partner and the harassment had continued after the relationship ended. Jane was not eligible for legal aid but she obtained a non-molestation order on her ex-partner, through a local solicitor's free scheme. Her ex-partner breached the Order frequently. Once he drove past her at high speed but more often the breaches were not overtly threatening – for example he would turn up continually at her place of work and elsewhere, protesting love.

The Police failed to react to his breaches and so a Contempt was applied for in the civil court. He was arrested one weekend and while in custody he was served with the Contempt paper, to which he reacted aggressively. The sergeant kept him in custody and the Police retained the Contempt papers which would be presented by the CPS to Court on Monday prior to a hearing planned for the following Friday. Jane breathed a sigh of relief when she was told by her solicitor her ex partner was in custody.

It is unclear what happened at Court on Monday. Rather than being kept in custody until the Friday, the perpetrator was released. The Magistrates Court failed to tell Jane or her solicitor of his release until Wednesday afternoon by which time it was too late. Jane had even phoned the court on Monday to find out what had happened, but was not told of his release.

Jane's ex partner went to her house at 8.30 in the morning on Wednesday, stabbed her 46 times then killed himself. During the attack, he tried to slit Jane's throat, saying 'how dare you try to put me in prison when all I wanted to do was talk to you'. Amazingly Jane survived and with the help of her family and supporters is piecing her life back together..
Source: Donna Pavne. Solicitor – written evidence

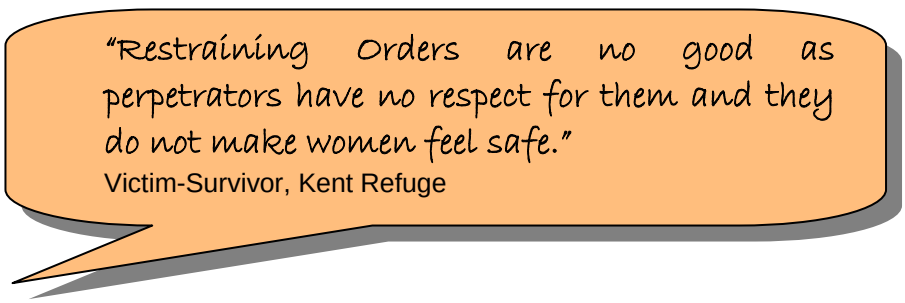
[146] The DVCA amended the Family Law Act 1996 by the insertion of Section 42

7.4.3 Members would like to be assured firstly that a firm stance is taken on breaches of non-molestation order and secondly that protocols are in place regarding communication between Courts and Victims so that victims are effectively protected. Members believe that the partnership work facilitated by Specialist Domestic Violence Courts (and the concomitant training of staff on DVA issues) is a crucial element of support for victims of DVA and hope that SDVC coverage will be extended to include all of Kent.

7.4.4 Breaching an Occupation Order is not an offence though there may be an associated power of arrest and the maximum penalty is two years imprisonment or a £5000 fine. However, without an attached power of arrest, the victim would need to go back to court to apply for an arrest warrant with the onus being on them to provide evidence and convince the court that the breach has taken place. This order relates to the short-term issue of occupancy, for example following the breakdown of a relationship, and the maintenance of safety, where there is abusive behaviour; it does not relate to ownership of the property.

7.4.5 Breaching a Restraining Order – Under Section 5(5) Protection from Harassment Act 1997 the maximum penalty is 5 years imprisonment. Sentencing will depend on the seriousness of the activity and it is possible to prosecute the breach as a separate offence.[147]

7.4.6 In the course of visits to Specialist Domestic Violence Courts in Kent, Members observed that breaches did not appear to be treated as seriously as they would have expected. In some cases penalties for breaches were lenient and in addition, penalties for successive breaches were allowed to run concurrently (providing no effective deterrent to the perpetrator and no reassurance to the victim). It was also clear, from speaking to survivors of domestic violence and abuse, that they have little faith in the ability of such orders to protect them, since perpetrators are aware that breaching an order will in many cases have little effect. The number of defendants found guilty of a breach of non-molestation order recorded in England and Wales is shown in Figure 12 on the next page[148]:




[147] Sentencing Guidelines Council (2006)
[148] HC Deb (House of Commons Debate), 3 September 2012, c132W

***Figure 12: Number of defendants found guilty of a breach of non-molestation order recorded in England and Wales[149]***

| | 2009 | 2010 | 2011 |
|---|---|---|---|
| Number of defendants found guilty | 2,279 | 2,626 | 2,552 |

7.4.7 Lack of faith in the ability of civil orders to effectively protect victims of domestic violence and abuse may be one of the reasons that both the application and granting of orders has been declining since 2002. Between 2010 and 2011, for example, applications for non-molestation orders decreased in England and Wales by 13% (from 17,843 to 15,573), and for occupation orders by 17% (from 6,106 to 5,098)[150] while the British Crime Survey statistics 2010/11 indicate that there was no statistically significant change in the prevalence of domestic violence and abuse since the previous year.[151]

7.4.8 In a recent government consultation on stalking, it was found that:

*"Many respondents thought that the courts were not enforcing sanctions and that it took several breaches before action was taken. It was also felt that sanctions were ineffective against determined or persistent offenders. There was strong support for a custodial sentence for breaches of restraining orders."*[152]

| | |
|---|---|
| R9 | That KCC asks the Criminal Justice Board to carry out a review to determine whether breaches of Non-molestation or Restraining order in domestic abuse cases are being dealt with effectively by criminal justice agencies. |

## *7.5 Perpetrator Programmes*

7.5.1 Perpetrator work with regard to domestic violence and abuse began in the UK within the voluntary sector; the learning from which is now embodied within Respect, the UK membership organisation for prevention programmes and integrated support services. The other 'arm' of perpetrator work rests within the Probation Service. Such programmes (referred to in the US as 'batterer' programmes) are a way of ensuring that perpetrators are faced with and encouraged to take responsibility for their actions before their violence and abuse escalates further. Alternatives to the types of 'batterer' programmes

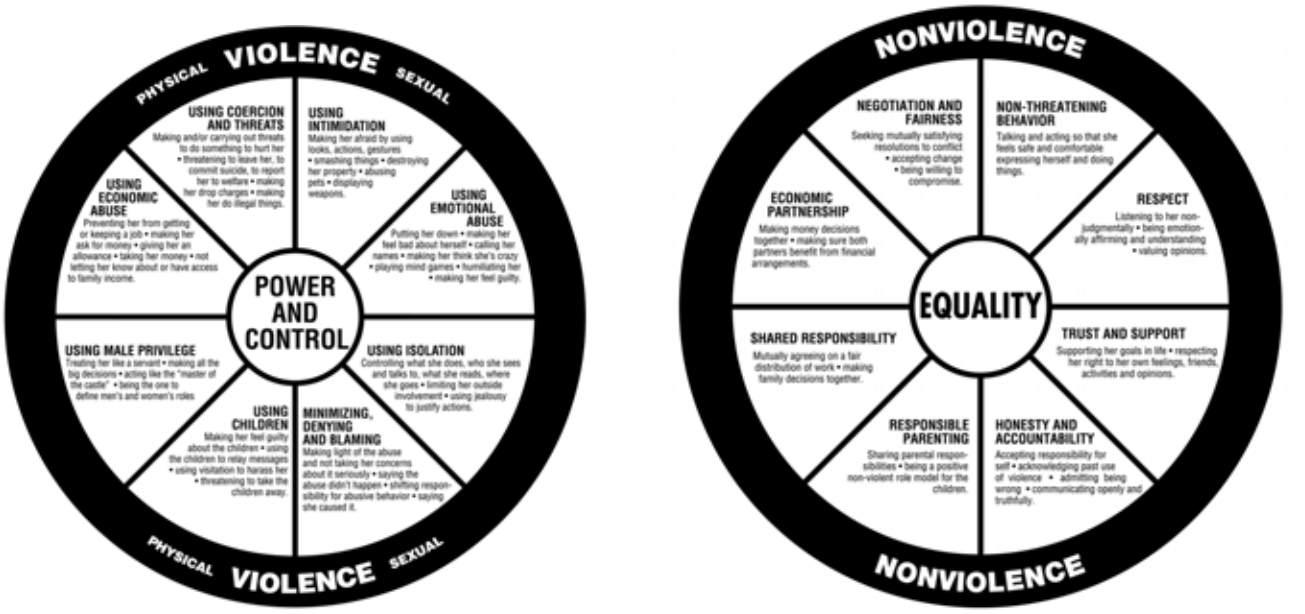
149

150 Ministry of Justice, 2012
151 Smith et al (2012)
152 Home Office (2012)

discussed here (and available in parts of Kent) are weak and lack supporting evidence. (Gondolf, 2011)

7.5.2 The Community Domestic Abuse Programme (CDAP) for perpetrators of domestic violence and abuse is based on the Duluth Model of intervention which originated in the US in 1984. It is the only such programme to be accredited by the National Offender Management Service (NOMS). CDAP uses the 'power and control' wheel shown below to describe how (coercive) perpetrators behave. It seeks to addresses the underlying attitudes and beliefs that lead to abusive behaviours and violence as well as helping (male) perpetrators to recognise and respond to their particular 'triggers', aiming to rehabilitate them to embrace concepts of equality as depicted in the second of the 'wheels' below.

***Figure 13: CDAP – violence, non-violence and equality[153]***




7.5.3 CDAP is run in Kent by the St Giles Trust, working closely with Kent Probation Trust, as a 27 week rolling programme comprising 9 modules and there are groups in Folkestone, Tonbridge and Medway (covering Swale which is part of the KCC area). Attendance is voluntary and in the six months to April 2012 there were 28 men enrolled. To ensure the course is used at optimum capacity men can join on week one of any module except the one addressing sexual respect. 24 men also completed the course during that period.

[153] Developed by: Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802 218.722.4134

7.5.4 Women's Support workers work with partners to ensure their safety while perpetrators are on the course and the 28 men referred to above had 24 women and 63 children associated with them. Members learned that the age of men attending the weekly courses ranged from 19 – 66 years. In the latter case, the perpetrator had been abusing his wife for 30 years but as a result of the course, she was able to access support and he changed sufficiently for them to keep their relationship together.[154] Feedback from individual courses contains some positive comment from participants about the way their attitudes have changed.

7.5.5 A similar programme – the Integrated Domestic Abuse Programme runs as a Court-ordered programme or condition of prison licence, however, Members learned that sentences for crimes associated with DVA are often not long enough for men to be assessed for the course. Though a prison-based course is being piloted which looks at positive relationships, evidence to this review would indicate that for perpetrators who are using power and control – this will not be sufficient unless this aspect of behaviour (and its root causes) is addressed also. Combining the research and wisdom of Johnson (2008) on types of abuse and Gondolf (2011) on different approaches to perpetrators could help to ensure that resources are directed effectively. The facilitation of group discussion and the acquisition of communication skills by perpetrators are already know to be important factors that have contributed to the success of 'batterer' programmes.[155]

7.5.6 Areas of concern expressed to Members include:

- a very small number of families are helped relative to the number of victims we know exist in Kent. (A contributor pointed out that in Ashford, for example, over a particular period there had been around 1300 incidents of abuse and not one of the perpetrators had attended CDAP).
- the cost is therefore high relative to the number of people helped
- no similar therapeutic response is available (nor were we able to gauge the suitability/need) for female abusers or abusers who are gay men.
- Courses for perpetrators are free (though clearly imposing a charge on a voluntary course may deter or prevent people from attending)
- the joint strategic needs assessment identified there was a need for longitudinal evaluation of Kent programmes. Little is known about the rate of recidivism or the longer term impact on men's attitudes and beliefs (though a longitudinal evaluation of US perpetrator programmes in 2002 found a significant reduction in violence even after four years)[156] and as noted above, alternatives have much weaker evidence.

[154] David Philpot, Programme Manager, Community Domestic Abuse Programme (CDAP) and MARAC co-ordinator for Mid-Kent, (Maidstone and Swale areas) – Hearing 2nd July 2012
[155] Dobash et al (1996)
[156] Goldolf et al (2002)

7.5.7 Members spoke to victim-survivors of DVA in refuge and the general consensus about perpetrator courses was that they 'did not work' however, it is not known whether any of the partners in question attended a programme and given the scarcity of courses and the fact that victim survivors came from a wide area (including outside Kent) that seems unlikely. A study carried out in Wales which evaluated women's views about one IDAP ('compulsory' course) found similarly that female partners of abusers were also negative about perpetrator programmes and require:

> "more comprehensive and co-ordinated services than are routinely made available to them…need direct and assertive support as well as safety services and this need is especially pronounced in rural contexts where women can be isolated from mainstream services."[157]

7.5.8 We did not obtain evidence directly from women's safety workers associated with IDAP/CDAP however anecdotal evidence suggests that (perhaps unsurprisingly) there may be some reticence/fear impacting on the relationship between these workers and independent domestic abuse advisors (IDVAs) working in support of victim-survivors. Measures which help to facilitate joint working and trust between these roles might be helpful but this issue would need careful review and boundary-setting in order not to jeopardise victim-survivor's trust, safety or perception of safety.

7.5.9 Members on balance tend to agree with the view of Respect that it costs more to do nothing[158] and:

> "unless communities engage directly with perpetrators, domestic violence will not stop".

though are hopeful that over the longer term, work with young people could dramatically reduce the incidence of DVA.

## 7.6 The Family Justice Review and contact issues

> "Children witness 75-90% of incidents. The NSPCC estimate is 30-66%… People want to come to K-DASH as they don't feel it is safe to disclose to social services."
> Niki Luscombe, Chief Executive, K-DASH – Hearing 5th July 2012

[157] Madoc-Jones and Roscoe (2010)
[158] Respect (2011)

"Help and support for parenting in families where abuse has taken place will only be available if the difficulties of providing loving care and attention are recognised in a non-blaming way."
Farmer and Callan (2012)

7.6.1 A survey of refuges carried out for Women's Aid found that 46% of respondents were aware of cases where a violent parent used contact proceedings to track down their partner.[159] Some perpetrators will use whatever means at their disposal to continue to exert power and coercive control over their victim. When this involves contact with children, the victim has very limited capacity to oppose that contact despite the fact that perpetrators are known to have gone so far as to murder their own children as a final horrific 'message' to their ex-partners. In the ten years to 2004, 29 children from 13 families in England and Wales were killed during contact. In 5 cases the contact was Court-ordered.[160] In evidence to this review from CAADA from their 'Safety in Numbers' report, out of the 699 high risk domestic violence and abuse cases considered (all of which involved children), 42% (292) had conflict over child contact, 30% (207) were afraid their partner would harm their child/children and in 11% of cases (80) their partner had made direct threats to kill the children.

7.6.2 Between March 2010 and November 2011 a government review; the Family Justice Review, was carried out into the arrangements for children following parental break-up. The review considered local authority care proceedings (public law) as well as contact disputes (private law). A key element of the government's response is the emphasis on:

"the importance of children having an ongoing relationship with both their parents after family separation (where that is safe and in the child's best interests)."[161]

7.6.3 Separating parents are also to be encouraged to settle their disputes outside of the Court arena. The government proposes instead to direct resources at evidence-based family support and prevention including mediation services (with £15 million funding). Parental Plans are given as a model of conflict-avoidance in

[159] Saunders and Barron (2004)
[160] Ibid
[161] House of Commons (2012)

family break up and the focus is on mediation in order to support shared-parenting. The review highlights, however, that certain cases are still likely to end up in family court and this includes those where there is the risk of domestic violence. This is in line with the existing government policy requirement (since 2011) for separating couples to attend a mediation awareness session prior to going to court to contest issues except in 'serious circumstances' which include allegations of domestic violence or where there are child protection issues. There is broad acceptance that mediation is unsuitable where there is domestic violence and abuse. As noted it may be appropriate to use mediation in relationships where 'power and control' or coercion is not the issue. It is entirely inappropriate where there is evidence (or allegation) of coercive control since the victim is unlikely to have either the desire or opportunity to have their voice heard. The Family Justice Review states:

"Where intervention is necessary, separating parents should be expected to attend a session with a mediator, trained and accredited to a high professional standard, who should:

- assess the most appropriate intervention, including mediation and collaborative law, or whether the risks of domestic violence, imbalance between the parties or child protection issues require immediate referral to the family court; and

- provide information on local Dispute Resolution Services and how they could support parties to resolve disputes."[162]

It is therefore of utmost importance that mediators have been comprehensively trained to understand domestic violence and abuse so that victims who may be too fearful or otherwise not ready/unable to disclose that abuse is taking place are not pushed into mediation which would be entirely inappropriate. (Recommendation 6)

7.6.4 This review did not include in its evidence gathering details on the available resources for contact between separating parents in Kent, however, anecdotal evidence and some witness comments indicate that arrangements in Kent may be unsatisfactory (particularly with regard to supervised contact) and further investigation of the amount, type and quality of these arrangements may be warranted.

[162] Source: Family Justice Review pp35.

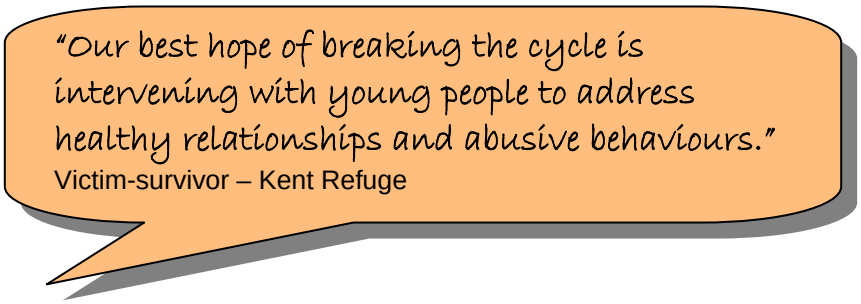
7.6.5 The Children (Access to Parents) Bill 2012-2013 is relevant to contact arrangements particularly as they affect families where there has been domestic violence and abuse. A second reading of the Bill will take place in November 2012. If enacted it will in future be an offence if a relevant body or person (including for example a local authority) does not operate under a presumption that a child has the right to have access to/contact with both parents except in exceptional circumstances.

R10 That (in the light of the Family Justice Review, and given the proven impacts on children of witnessing/experiencing domestic violence and abuse) KCC lobbies the Ministry of Justice (MoJ) with regard to making perpetrators of domestic violence and abuse more accountable for their actions:

- The select committee support the recommendations of Children and Family Court Advisory and Support Service (CAFCASS) and RESPECT[1] that, as a condition of perpetrators having contact with their children, they should be required to attend a specialist perpetrator programme and/or parenting classes and ask that these recommendations are taken into consideration by Families and Social Care during case conference proceedings

- That KCC and relevant partners conduct a review of arrangements in Kent for parental contact (including those families not in touch with Families and Social Care) and seeks opportunities for further safeguards to be put in place regarding supervision where a parent has perpetrated domestic violence and abuse

# 8 BREAKING THE CYCLE




## 8.1 The number of children exposed to domestic violence and abuse

8.1.1 The 2009/10 British Crime Survey estimates that almost 1 million children are exposed to domestic violence and abuse each year and more than two thirds of high risk domestic violence and abuse cases considered at Multi Agency Risk Assessment Conferences (MARAC) involve children[163]. Cases frequently involve more than one child and in the 2011 calendar year the 53,120 high risk domestic abuse cases across the country involved 70,126 children. Many children are made homeless by domestic violence and abuse. In 2009/10 nearly 18,000 spent time in a refuge. [164]

8.1.2 In the KCC area and Medway there were 843 high risk cases involving 1275 children in 2011[165]. The number of high risk cases represents only a small proportion (3.8%) of the reported incidents so using the average number of children involved in the known high risk cases in Kent an estimate for the number of children exposed to *reported* domestic violence and abuse in the county is 33,499. Since the child population of Kent and Medway is currently 429,800[166], this means that around 7.8% of children in Kent and Medway are exposed to *reported* domestic violence and abuse. We know that most cases go unreported; Walby and Allen (2004) indicate that the figure is more than 76% so the total number of children exposed to domestic violence and abuse in Kent at all levels of risk is very high. A rough calculation, extrapolated from reported cases using Walby and Allen's figure of less than a 24% reporting level, gives a disturbing total for children exposed to domestic violence and abuse in Kent and Medway of 139,581. If correct, this would mean that 32.5% of children in Kent and Medway are directly exposed to some level of domestic violence and abuse.

[163] Howath et al (2009)
[164] Radford et al (2011)
[165] CAADA MARAC Data for Kent and Medway January – December 2011
[166] Mid-year population estimates, Office for National Statistics

8.1.3 If the above figure seems unreasonable it may be sobering to learn that a YouGov survey for the Charity 4Children showed that over 50% of parents with dependent children reported experiencing serious or frequent conflict in their families[167]. Earlier work by the NSPCC which reviewed and analysed the calls made to Childline during 2006/7 showed that 12% (20,586) of all calls made by children and young people to the service were primarily concerned about problems in their family relationships. Many more children mentioned family relationship problems in connection with other issues and in all more than 25% of calls concerned this issue; a larger proportion of calls than on any other issue.[168]

## 8.2 The effects on children of exposure to domestic violence and abuse

8.2.1 The level of exposure to domestic violence and abuse experienced by children and the presence or absence of protective factors (see box on following page) which could increase their resilience will vary considerably. In general, children are likely to suffer more long term effects if exposure to abuse is prolonged or if that exposure is very traumatic. There is a broad spectrum of negative developmental, emotional and behavioural effects:

**Typical developmental, emotional and behavioural effects:**

Younger children:

- Anxiety
- Tummy Aches
- Bedwetting
- Sleeping problems
- Nightmares or flashbacks
- Acting younger than they are

Older children:

- Boys: outward signs of distress
  - aggression and disobedience
  - bullying
  - copying violent behaviour
  - truanting
  - alcohol and drug use
- Girls: signs of internalised distress
  - withdrawal
  - anxiety
  - depression
  - low self-esteem
  - eating disorders
  - self-harm

*Source: National Child Traumatic Stress Network, Domestic Violence Collaborative*

[167] 4Children (2012)
[168] Childline Casenotes (2008)

**Protective factors (which increase young people's resistance to harm):**

- A positive, caring, protective parent or other adult
- Positive social supports (involvement with religious organisations, clubs, sports, group activities, teachers and others)
- Good intellectual development, attention and social skills
- Doing something well and attracting praise from adults or peers
- Feelings of self-esteem and efficacy
- Religious affiliations or spiritual beliefs

8.2.2 School performance is frequently affected and truancy is common. Children and young people may also have symptoms of post-traumatic distress and be 'on-edge'. Over the longer term, children may start to display the types of behaviour they witnessed and a typical scenario is for a boy to learn from his father to act violently towards women and for a girl to learn from her mother be accepting of violence. However, individual children's response will vary greatly and depend on a range of factors.

"I did not realise the impact my husband's abuse had had on my little girl until I found her (in the refuge) with her hands round the throat of another little girl; just what she had seen her father do to me."
*Survivor, Kent Refuge*

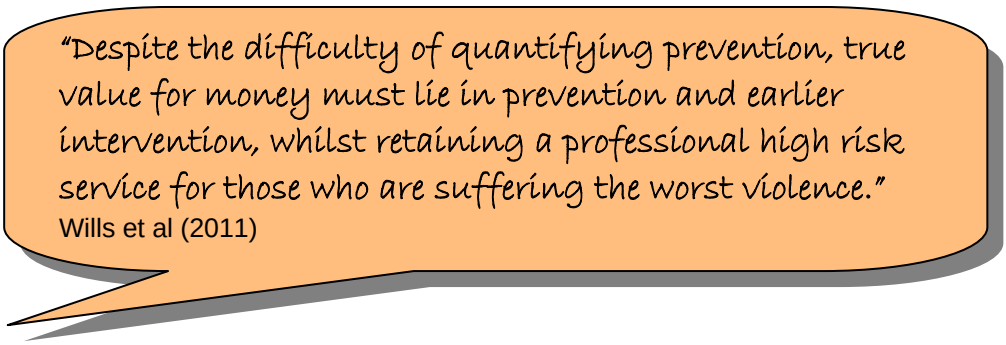
"I asked Tony, aged nine, about the time in his life when he had been most scared...he told me about a physical argument between his mum and her boyfriend when he kicked their pet across the room and injured it badly. When I spoke with mum afterwards, she was amazed that Tony remembered this as he was only 3 at the time.."
*Youth Inclusion Support Panel (YISP) Project Co-ordinator – written evidence*

8.2.3 The direct effects of childhood exposure to domestic violence and abuse and the onset of difficulties in adolescence are evidenced in the work of Kent's Integrated Youth Service. An audit of 161 cases being supervised by Youth Offending Teams showed that 44 (27.3% had witnessed domestic violence and abuse). This shows an ominous progression from exposure, to distress, to 'acting-up' as a means of venting that distress, to criminality. The same case audit also revealed the ongoing and cyclical nature of the damage through impact on future relationships: 10 of the young people (23% of those where there was known exposure to domestic violence and abuse) had already become perpetrators of,

in some cases serious, domestic violence and abuse in their own intimate partner relationships. In this case, specific data was not gathered on the victims, but there is a good chance that a number were made more vulnerable to involvement in an abusive relationship by their own childhood experiences.

8.2.4 Recent work at University College London[169] has confirmed that the impact on children of witnessing domestic violence and abuse is similar to that of soldiers with post traumatic stress disorder, having been in combat situations. The same regions of the brain are impacted neurologically; demonstrating a biological basis for the negative effects. More directly-observable effects are from mimicking negative behaviour, as noted above.

## 8.3 Prevention and Early Intervention




8.3.1 A 2009 YouGov poll of young women aged 18-21 found that only 13% had been taught about domestic violence and abuse in school and 70% would have liked this to be included.[170] The public are increasingly aware that work with young people is required to break the cycle of domestic abuse in adults. In a later YouGov poll (conducted in 2011) it was found that 25% of almost 5000 adults surveyed believed that healthy relationships work with children was the most crucial action to prevent domestic abuse in the future.

8.3.2 Through the mechanisms described earlier, children exposed to domestic abuse are at greater risk of involvement in an abusive relationship in later life than other children, and some research indicates that 50% may become either an abuser or perpetrator in the future. Preventing that exposure altogether is clearly preferable, however, if the effects are not identified and addressed early on, there is a further opportunity to seek to modify (or prevent the development of) faulty belief systems during adolescence in order to circumvent involvement in adult abusive relationships. Adolescence is a time when unhealthy, learned behaviours can begin to manifest themselves as teens begin to form romantic

[169] McCrory et al (2011)
[170] Refuge (2009)

relationships with their peers. The fact that these belief systems are already firmly established and impacting on the behaviour of teens has been evidenced by several recent surveys. A 2005 NSPCC survey in conjunction with a teen magazine found that 25% of girls were regularly hit by their boyfriends and 40% felt that such aggression was acceptable. A online survey conducted by Women's Aid and Bliss (Teen Magazine) in 2008 showed similarly that almost 25% of 14 year old girls had been coerced into sexual activity they did not want and 25% of 16 year old girls had been physically hurt by a partner.

8.3.3 Domestic abuse prevention programmes aimed at young people have been implemented in several countries but relatively few have been evaluated (Manship and Perry 2012). Evidence from Canada and the United States shows benefits from targeted work with young people in various age-groups from 5-17 are wide ranging including: reductions in all forms of violence and abuse, improved awareness and recognition of abusive behaviours as well as improved help-seeking ability. Also demonstrated in one study were significant improvements in attainment as well as reduced drug-taking and truanting.

8.3.4 Youth Inclusion and Support Panels (YISPs) are an important strand of multi-agency prevention and early intervention in Kent. They aim to prevent the type of outcomes outlined in 8.2.2 by supporting young people aged 8-17 at an early stage; when the risk of offending and anti-social behaviour is identified. Anecdotal evidence suggests that around one third of cases have domestic violence and abuse highlighted as a significant factor and in reality DVA is a factor in a much higher proportion of cases.[171] Only limited evidence was obtained on YISPs but it was suggested that research into Youth Offending, Common Assessment Framework (CAF), Police, Education, Child and Adolescent Mental Health Services (CAMHS), Children's Specialist Service and Community Safety Unit data could reveal whether referrals to YISP are being used effectively with the aim of improving the early identification of cases and support for young people.

## 8.4 School-based domestic violence and abuse prevention programmes

8.4.1 A number of (primarily) school-based prevention programmes developed for young people have been available intermittently in different parts of Kent and these have recently undergone an independent evaluation by Canterbury Christ Church University and Swale Action to end Domestic Abuse (SATEDA).[172] Findings from the evaluation together with evidence gathered by the select committee include that:

[171] Lenni Frampton, YISP Project Co-ordinator – written evidence
[172] Manship and Perry (2012)

- Schools vary in their attitude towards teaching on domestic violence and abuse and therefore in their willingness and commitment to addressing it
- Many head teachers, teachers and other school staff have insufficient knowledge and understanding about domestic violence and abuse and lack the confidence to address the issue with pupils.
- Roles such as that of school nurses and Family Liaison Officers (FLOs) that facilitate strong links between the school and family facilitate the building of trust and confidence between school and family, increasing the likelihood of disclosure/help-seeking and accessing support.
- Courses were most successful when run within school and within the curriculum
- Courses (if not universally available) must be on a secure footing financially to instil confidence in participants and referrers as well as to enable course development e.g. to provide better coverage of cultural or gender-based aspects
- Programmes aimed at raising awareness and changing attitudes are more effective than those aimed at providing information alone.

"In terms of the structure of (Kent) programmes, it was apparent that a combination of prevention work (in the form of workshops that raise awareness of the issue of domestic abuse) and intervention work (therapeutic and advocacy) works well for facilitators of programmes as well as the participants."
Manship and Perry (2012) pp38

"I knew this girl had been affected by domestic abuse at home and I had been working with her for several months, building her trust and confidence. At the point she was ready to talk more openly about it and meet with a specialist domestic abuse counsellor at her school, the support was withdrawn through lack of funding."
Lenni Frampton, Youth Inclusion Support Panel Project Co-ordinator – written evidence

8.4.2 Two programmes of targeted work with young people (one specifically and one tangentially related to DVA) have been commissioned by KCC, to begin in September 2012. Brief details of the tenders are given on the next page:

**Services for children and young people affected by domestic abuse**

**Service for:** 5-13 year olds identified as being at risk of struggling to form positive healthy relationships - value of contract: £175,000 - referral routes: School, CAF, self-referral
**Purpose:** To address previous harm and reduce the risk of involvement in abusive relationships (either as a perpetrator or victim).
**Desired outcomes**: Understanding of respectful relationships, improved confidence, wellbeing and self-efficacy, improved conflict resolution, negotiation and co-operation.

**Projects to enable vulnerable girls and young women to form and sustain positive sexual relationships**

**Service for:** vulnerable girls and young women particularly young teen mums and those in abusive relationships – value of contract £200,000 – referral routes: health services, CAF, Access to Resources Team, schools, other agencies
**Purpose**: to assist with the formation of positive sexual relationships
**Desired outcomes:** Indicators of self belief and acquisition of life skills to make positive relationship choices; increase in confidence to manage health issues and risks; improved aspirations; desire for self-improvement; improved motivation and problem-handling skills.
Source: Service Specifications and written evidence

| | |
|---|---|
| R11 | Members welcome the new services commissioned by FSC for children aged 5-13 who have experienced domestic violence and abuse and those targeted at healthy relationships (girls aged 11-16) and would like to see services commissioned for boys of this age to address unhealthy attitudes and behaviours towards girls or same sex partners in their peer relationships. Members would also like to see the gap in universal services to address healthy relationships within schools addressed through the commissioning process to augment schools' own teaching. |

8.4.3 Evidence would suggest that school is the optimum environment in which to address these issues (as well as providing an opportunity for intervention) and that in addition to dedicated 'healthy relationships' programmes, fostering a 'whole school ethos' towards gender equality and respectful, non-violent relationships is crucial.[173] Furthermore, sex education lessons should be underpinned by teaching and discussions on the emotional aspects of relationships (Schutt, 2006).

## 8.5 Factors militating against healthy relationships work in schools

> "Schools are being told to focus on results and levels of progress. There is an increase in schools concentrating on the academic side so that they can pass the Ofsted inspection therefore spending time on wellbeing is a secondary priority."
> Alan Barham, Headteacher, Hearing 9th July 2012

> "This is a big area of concern which is growing in the current climate. We hoped to have a member of staff who is trained and does an awareness couple of lessons to yr9, supported by a member of the safeguarding team. A lot of our safeguarding issues are around DA. It is an area which needs more awareness and specifically more early intervention support structures to refer parents and students to."
> Respondent to school survey conducted for the review

8.5.1 Commitment within schools to the inclusion of teaching either within or supplementary to the curriculum on healthy relationships is undermined by a lack of knowledge and understanding about many of the issues around domestic violence and abuse as well as its impacts on children and young people. In addition there is (understandably) a clear government-led focus on attainment, supported by a funding and inspection regime that may not fully take into account the profound effects of exposure to domestic abuse and violence upon children and young people; and in particular its impact on their ability to learn. Members of the Select Committee believe that an approach which combines access to

[173] Alan Barham, Headteacher, Sittingbourne Community College - Hearing 9th July; Maxwell et al, 2010

therapeutic measures for children affected by domestic violence and abuse, and awareness-raising and education on the topic for all children (and educators), will have long lasting beneficial effects over and above an approach which has attainment as its primary focus.

## 8.6 Links between schools and social support

8.6.1 A key finding of a 2010 review commissioned by the Kent and Medway Domestic Abuse Strategy Group (KMDASG) into services for children and young people affected by domestic abuse in Kent that Family Liaison Officer (FLO) and Parent Support Advisers (PSA) roles were vitally important within schools.[174] (Le Hegarat, 2010) Staff in these roles are able to build relationships of trust with parents, get to know children in the context of their families and act as links with early intervention support processes (for the child or parent experiencing domestic abuse) helping to prevent escalation and reduce risk.

> "Quite often they will come in with something like, 'Johnny doesn't want to go to school and is feeling upset. It may take weeks and weeks for them to open up about what the real problem is. Through experience I.don't ask questions too quickly. It is about building trust."
>
> Carol Hull, FLO and Senior FLO, written evidence

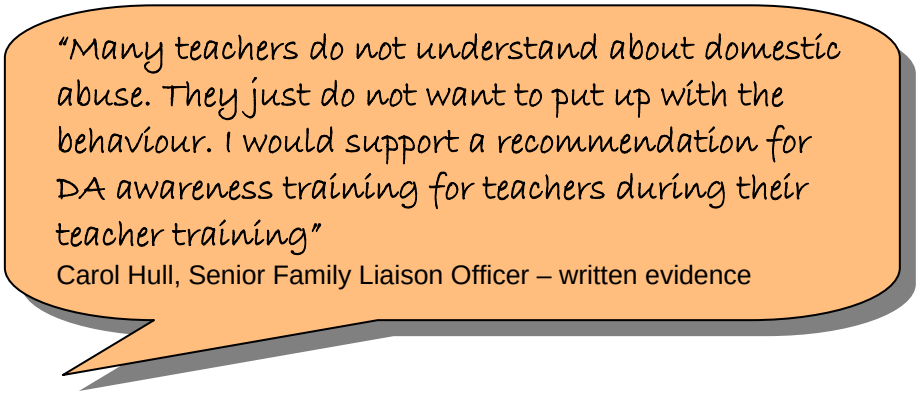
8.6.2 There are currently around 400 staff[175] in roles similar to that of Family Liaison Officers (FLOs) within the Kent area[176] with 11 lead FLO roles. Kent County Council's Education, Learning and Skills Directorate is currently undergoing a restructure in order to make £13.7m savings. The Select Committee has learned that a similar role will exist under the new title of Early Intervention Worker and these posts will be budget resource allocated to districts across the county, based within Early Intervention Teams. Their placement will be governed by a resource allocation model which was devised within KCC's Business Strategy Unit and their work will come via referrals to the Common Assessment Framework (CAF) process. KCC will also continue to provide grants to fund school-based FLO-type roles. Four of the eleven Senior Family Liaison Officers

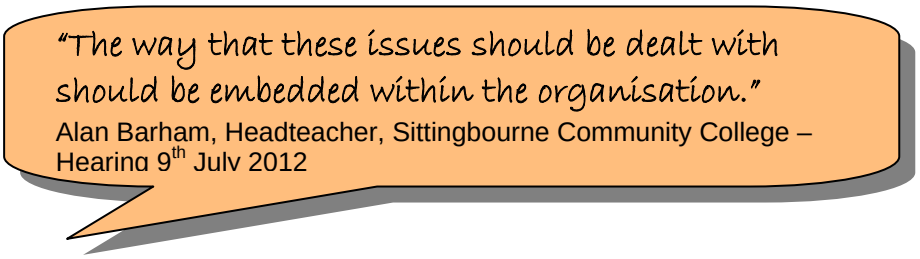
[174] Le Hegarat (2010)
[175] Around 130 of which are supported by KCC funding
[176] and roles previously called 'Parent Support Advisors'

will receive their workloads from the District Early Intervention Managers alongside their school based work.[177][178]

8.6.3 Education funding for school-based intervention workers is provided to schools through the Dedicated Schools Grant to provide vital links to social care and other forms of support for pupils who require it. Members of the Select Committee believe it is crucial that a strong foundation is maintained for joint working between schools and Families and Social Care (FSC). As evidence to the Select Committee would indicate, early intervention workers in school are an important first point of contact for a parent and/or child experiencing domestic abuse and the role is now strengthened by its inclusion within a formalised district team. Family CAF Co-ordinator roles within FSC have also been extended in the restructuring of the Directorate and this too will facilitate better joint working to support children and parents experiencing domestic abuse.

8.6.4 Members have received varying views about the level of awareness needed within schools about domestic violence and abuse[179] however, they believe that in order to respond sensitively and empathetically to children and young people affected by domestic violence and abuse, a basic level of awareness, particularly of the impacts, is desirable and a supportive ethos and framework within school for dealing with problems is essential.




[177] Wendy Mann, Acting Integrated Processes Team Leader – written evidence
[178] Ann Woodberry, Acting Manager for FLOs – personal communication
[179] The level of response to the survey sent out to Kent Secondary Head Teachers was too low to be of any significance in determining the level of domestic violence and abuse awareness.

R12 That KCC takes a number of actions designed to increase knowledge and understanding within schools of the impact of domestic violence and abuse on children and young people:

- supports links between social care and education and retains vital Family Liaison Officers/Parent Support Adviser-type roles within schools;
- asks the Kent Safeguarding Children Board (KSCB) and Kent Head Teachers to ensure there is a focus on healthy relationships within the schools' Personal, Social and Health Education (PSHE), religious or ethics frameworks and that staff are trained to recognise and respond to issues of domestic violence and abuse affecting pupils at home or in their peer relationships.
- writes to the Teaching Agency asking them to require that teacher training programmes include compulsory modules on the impact of domestic violence and abuse on children and young people.
- writes to the Department for Education asking that schools are encouraged to place a greater emphasis on the health and wellbeing of pupils, in order to underpin their ability to achieve academically;

**FUNDING FOR SCHOOL-BASED SUPPORT**

The government's Social Justice Strategy (2011) outlines how Children from disadvantaged backgrounds can receive additional support in school funded by the Pupil Premium: Funding of £1.25 billion is available in 2012-13, rising to £2.5 billion a year in 2014-15. Schools may decide how best to spend this funding in order to narrow the gap in attainment.

It also makes provision for improved NHS mental health services for children with £32 million funding for Improving Access to Psychological Therapies, with an initial focus on Cognitive Behavioural Therapies (CBT) for emotional disorders including Post Traumatic Stress Disorder; as well as parenting therapy.

## 8.7 Preventing and responding to domestic violence and abuse in youth work

> *"A healthy relationship is when you are happy with the roles you both have in your relationship, you respect each other's views, feelings and bodies. You are with them because you love them, rather than because you need them."*
> *As defined in Integrated Youth Service workshop materials*

8.7.1 For those young people who do not readily engage within the school environment, the preventative side of Integrated Youth Services' work can be an additional protective factor.[180] Youth Centre workers seek to raise young people's awareness regarding healthy relationships whether with friends, parents, partners or in the wider community, through methods such as group discussions, providing information on posters and flyers and holding quiz-type games covering:

- healthy and unhealthy relationships
- the impact of dealing with feelings self-destructively
- the effects of alcohol, substance misuse, poverty and crime on relationships
- the importance of trust, kindness and respect in relationships[181]

8.7.2 The Youth Team in Ashford communicated to the review that they are very keen to involve the young people they work with in focus groups and workshops that address the domestic violence and abuse issues faced by young people. Outputs from such work could include promotional material to raise young people's awareness of the issues which could be displayed in schools and youth centres. It may also be possible to offer young people training so that they can then in turn deliver awareness training to their peers under the supervision of and with facilitation from youth workers. Such work could complement and reinforce the messages delivered by specialist projects such as Love Shouldn't Hurt (see page 122).[182]

8.7.3 Community Youth Tutors already help to bridge the gap between schools and youth work (providing a less formal framework for learning about important social issues) acting as both a preventative and early intervention mechanism.

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[180] National Child Traumatic Stress Network, Domestic Violence Collaborative Group. (2010)
[181] Ibid
[182] Gaelle Jezequel, Area Youth Officer – written evidence

**GOOD PRACTICE EXAMPLE - COMMUNITY YOUTH TUTORS**

**SCHOOL BASED PARTNERSHIP WITH KENT POLICE**

A Community Youth Tutor working in a Kent Academy became aware of a number of young people who were at risk from domestic violence and abuse.

Recent examples included:

- The case of a young boy who had been too scared to go home being dragged out of school by his mother, who had bruising all over her arms
- The case disclosed by friends of an Eastern European girl being assaulted by her stepfather who was also planning to cut off all her hair and send her back to her home country alone (without her mother and siblings) as 'he does not like her'.

As a result, in addition to instigating the statutory and individual interventions required, the Youth Tutor arranged in partnership with Kent Police to hold Domestic Violence workshops within school to help raise pupils' awareness of the issues.

8.7.2 For young people who are experiencing domestic abuse at home, the mutual trust and respect inherent in the young person/youth worker relationship helps to maximise opportunities for disclosure (including third party) of domestic abuse and violence so that the young person and the parent experiencing abuse can be linked to help and support and if appropriate, Child Protection procedures can be implemented. In both the cases above, a referral was made to the County Duty Team as there were child protection issues. In the first case, the child was taken into local authority care and in the second case, Children's Social Care are working with the mother to find alternative accommodation away from the father, of whom she is afraid. Youth Centre workers as well as those in schools are well placed to provide effective support both pro-actively, and in response to specific incidents.

"As is the case for most youth workers the Centre is the first point of call for many young people suffering domestic abuse. The Youth Workers address these issues and support needs by seeking to build up the young person's self esteem and confidence and by enabling a culture of anti-oppressive practices."

Charlie Beaumont, Effective Practice and Performance Manager - Written evidence

## 8.8 Adolescent and young adults' violence towards parents

8.8.1 Research conducted at Loughborough University[183] revealed some interesting insights into adolescent abuse of parents, finding that there was a high level of denial on the part of the young people with 97% of those in the research cohort denying that any abuse took place and the same 97% offering explanations as to why it had happened. The same study found that the abuse was both verbal and physical ranging from swearing to spitting, punching, slapping and biting. It was directed at both male and female parents, step-and adoptive parents as well as grandparents. In addition, Behal (2012) found in her study of 112 violent young people and their parents that it was more common among young people living with a single parent and that there were indications of inter-generational transmission of violence i.e. a significant number of the young people violent towards a parent/parents had either been subjected to or witnessed domestic violence and abuse in the past.

8.8.2 A growing body of research in the UK and elsewhere (as well as evidence presented to this review) supports Behal's findings. Furthermore, we already know that domestic violence and abuse proliferates among particular communities (including 'occupation-based' communities like Police and Armed Forces) as well as Gypsy and Traveller communities and cultural groups among which honour-based violence occurs. The Select Committee were surprised by evidence which showed that, with regard to honour-based crimes, the westernisation of young people from other cultures was not always enough to dissuade them from adopting the beliefs and practices that parents may have held. The logical conclusion from this evidence is therefore that without specific and targeted interventions, a high proportion of young people exposed to domestic violence and abuse, regardless of the community of origin, will go on to emulate the criminal behaviour they witness or suffer other negative consequences.

8.8.2 Evidence was provided to the select committee of teenager who had as a child frequently heard (and tried to protect younger siblings from) her mother being subjected to severe domestic violence and abuse. This always took place in the kitchen of the family home. Now much older and living with her mum she had started to get into trouble outside the home and to behave very violently towards her. The aggression always sparked off in the kitchen. When this parallel was drawn to the girl's attention, her reaction was surprising and she had never associated her actions with what happened in the past.

"Looking at her while she was thinking about this, you could almost see the penny drop."
Lenni Frampton, YISP Project Co-ordinator – written evidence

[183] Nugent (2011)

R13 That KCC should take a lead on developing approaches to young people who show aggressive or violent behaviour towards their parent(s) and that this should be reflected in the Integrated Youth Support Strategy and pilot programmes and any other relevant strategies.

**CASE STUDY**
**TAMSIN AND PETER**

Tamsin is now 19. She lives with her parents and younger brother in a pleasant area of Kent. At 16 Tamsin started to go out with Peter who was from a less affluent background. Peter had witnessed and experienced serious violence throughout his life and as the relationship with Tamsin progressed, he started to act in a violent and controlling way towards her. Tamsin did not tell her parents at first but when things became obvious they tried, without success, to intervene. Nothing was reported to the authorities. When Tamsin was due to go to university she ended the violent relationship. One night, shortly afterwards, Peter broke into Tamsin's family home, pulled her out of her bedroom and locked them both in the bathroom. Once there he stabbed her repeatedly in her back and neck and then raped her anally. Tamsin's brother was woken up by the noise – he managed to break the door down but was seriously injured himself when he tried to help his sister.

Both siblings survived the attack but Tamsin received severe injuries. Her carotid artery was damaged, affecting the oxygen supply to her brain. She is left with partial paralysis.

Peter was charged with two counts of attempted murder and one of rape.

Tamsin and her family receive counselling support and Independent Sexual Violence Advisor services from Family Matters

8.8.3 It is impossible to say whether any particular action or intervention could have prevented the tragic sequence of events noted in the above case study. However, providing young people with a greater understanding of both the risks inherent in an abusive relationship; an appreciation of what should be considered normal and acceptable, and ready access to resources and support could help to prevent further such tragedies in future.

**GOOD PRACTICE EXAMPLE**

**LOVE SHOULDN'T HURT**

**"Real relationships, the right way"**

This programme of six one hour sessions for young people aged 11-18 was designed by Rising Sun Domestic Violence and Abuse Service for use in schools or other settings such as youth clubs or refuges.

It is delivered by young professionals to whom young people can easily relate and involves the use of media such as video clips and national campaign materials to highlight issues of importance around relationships, violence and abuse, to challenge attitudes and stimulate discussion.

Its primary aim is to prevent domestic violence and abuse from taking place in young people's current and future relationships by:

- Promoting self esteem
- Raising awareness of domestic violence and abuse in a safe environment
- Exploring myths and stereotypes about gender and behaviour
- Empowering young people to recognise safe and unsafe situations
- Exploring rights and responsibilities associated with relationships
- Expanding the knowledge and understanding of professionals working with young people

By delivering strong messages about positive relationships the course empowers young people to understand what a respectful, non-violent relationship 'looks like' and how such a relationship can be achieved.

*Source: Visit to Rising Sun and supplementary evidence*

8.8.4 Members also hope that by creating a culture of greater openness and awareness about the causes and effects of domestic violence and abuse, friends, families and neighbours as well as young people themselves will feel more empowered to and justified in raising concerns with professionals about the existence of domestic violence and abuse within their family or community. Crimestoppers already provide the opportunity to report crimes either by telephone[184] or by completing an online form, with complete anonymity. However, people who are sure about whether they should intervene or if what a friend or loved one is experiencing is domestic violence and abuse could get expert advice and allow a judgement about potential risks to be made by a professional at a local multi agency domestic abuse one-stop shop (OSS).

"Stop hiding services away – the secrecy is what the perpetrators thrive on."
Donna Payne, Solicitor – written evidence

R14 That KCC seeks to include information and links (such as www.thehideout.org.uk and the new Kent Domestic violence and abuse website - young people's resources) in materials published for young people.

[184] Crimestoppers number is 0800 555111

## Appendix 1: Common Acronyms

| | |
|---|---|
| A&E | Accident and Emergency (Hospital Department) |
| APACS | Assessments of Policing and Community Safety |
| BCS | British Crime Survey |
| BME | Black and Minority Ethnic |
| CAADA | Co-ordinated Action Against Domestic Abuse (Voluntary Sector Organisation) |
| CAF | Common Assessment Framework |
| CAO | Contact Assessment Officers |
| CDAP | Community Domestic Abuse Programme |
| CDRP | Crime and Disorder Reduction Partnerships |
| CP | Child Protection |
| CPS | Crown Prosecution Service |
| CRU | Central Referral Unit (Kent Police, multi agency) |
| CS | Children's Services/Community Safety |
| CSA | Community Safety Agreement |
| CSP | Community Safety Partnership |
| DA | Domestic Abuse |
| DASH | Domestic Abuse, Stalking and 'Honour'-Based Violence |
| DV | Domestic Violence |
| DVA | Domestic Violence and Abuse |
| DVCVA | Domestic Violence Crime and Victims Act |
| FGM | Female Genital Mutilation |
| FLA | Family Law Act (1996) |
| HRP | Healthy Relationships Programme (in-Prison course for perpetrators) |
| IDAP | Integrated Domestic Abuse Programme |
| IDVA | Independent Domestic Violence Advisors |
| IOM | Integrated Offender Management |
| ISP | Information Sharing Protocol |
| ISVA | Independent Sexual Violence Advisors |
| KCSMN | Kent Community Safety Managers Network |

| | |
|---|---|
| KCSU | Kent Community Safety Unit |
| KDAP | Kent Domestic Abuse Project |
| KDAAT | Kent Drug and Alcohol Action Team |
| KMDASG | Kent and Medway Domestic Abuse Strategy Group |
| KSCB | Kent Safeguarding Children's Board |
| LP | Lead Professional |
| MAPPA | Multi-agency Public Protection Arrangements |
| MARAC | Multi-agency Risk Assessment Conference |
| MCA | Mental Capacity Act |
| MH | Mental Health |
| MOP | MARAC Operating Protocol |
| PPU | Public Protection Unit (Kent Police) |
| RIC | Risk Identification Checklist |
| SIU | Special Investigation Unit (Kent Police) |
| TAC | Team around the Child |
| TAF | Team around the Family |
| VAWG | Violence against Women and Girls (strategic document) |
| VCSE | Voluntary, Charity and Social Enterprise (sector) |

## *Appendix 2: Hearings*

**7th June 2011 Interviews:**

- Denise Dupont, Division Manager (Kent), Victim Support
- Louise Ludwig, Detective Inspector, Kent Police
- Lorraine Lucas, Family Intervention Worker, Community Budgets Pilot (Families & Social Care)

**11th June 2012 Interviews:**

- Specialist Health Visitors and Specialist Lead for School Nursing
- Carol McKeough, Safeguarding Adults Policy and Standards Manager, Families and Social Care

**18th June 2012 Interviews:**

- Andy Pritchard, Detective Chief Inspector and Gavin Roy, Detective Inspector, Kent Police
- Dr Greg Ussher, Deputy Chief Executive Officer, Metro Centre Limited
- Malcolm Gilbert, Operations Director and Danielle Gates, Independent Sexual Violence Adviser, Family Matters.

**25th June 2012 Interviews:**

- Angela Slaven, KCC Director of Service Improvement; Stuart Beaumont, KCC Head of Community Safety and Emergency Planning and Alison Gilmour; Kent and Medway DA Coordinator
- Sue Nicolaou, Regional Manager and Karen Stevens, Family Support Worker, Sheppey Family Support Project, Family Action
- Diane Barron, Chief Executive and Pauline Deakin, MARAC Development Officer – South East, Coordinated Action Against Domestic Abuse (CAADA)

**2nd July 2012 Interviews:**

- Dave Philpot, Programme Manager, Community Domestic Abuse Programme (CDAP) and MARAC co-ordinator for Mid-Kent, (Maidstone and Swale areas)
- Sue Dunn, Domestic Abuse Volunteer Support Service and Merle Bigden, Trustee, DAVSS
- Sarah Billiald, Chief Executive and Maurice O'Reilly, Director for North Kent and lead on Domestic Abuse, Kent Probation Service

**5th July 2012 Interviews:**

- Fizz Annand, Independent Consultant and Stuart Skilton, Group Manager (Community Safety), Kent Fire and Rescue Services (Reporting for the Task and Finish Group on IDVA Services)
- Melanie Anthony, Performance and Review Manager, Supporting People
- Niki Luscombe, K-DASH Chief Executive

**9th July 2012 Interviews:**

- Alan Barham, Headteacher, Sittingbourne Community College
- Andrew Coombe, Associate Director of Safeguarding and Rosalyn Yates, Specialist Nurse for Domestic Abuse, NHS Kent and Medway
- Tim Smith, Detective Superintendent, Kent Police

**23rd July 2012 Interviews:**

- Dr Bose Johnson, Kent Public Health Unit (Rescheduled from 9th July – standing in for Jess Mookherjee)
- Claire Moulsher, Senior Prosecutor, Crown Prosecution Service

## *Appendix 3: People/teams who contributed written or supplementary evidence*

*Please note some KCC job titles may have changed (listings as shown on KNET)*

Fizz Annand, Fizz Annand Consultancy

Melanie Anthony, Performance & Review Manager, Customer and Communities (KCC)

Kel Arthur, Head of Children's Safeguards Unit, Families & Social Care (KCC)

Emma Bartley, 2 Seas Trade Project Officer (KCC)

Merle Bigden, Domestic Abuse Advisor, DAVSS (Domestic Abuse Volunteer Support Services)

Julia Bird, Finance Administrator, Children's Centre Administrator, Sure Start (KCC)

Shuna Body, Area Manager (East Kent), Kent Community Warden Service (KCC)

Sharon Buckingham, Head of Adult Learning Resource Team (KCC)

Paul Carroll, Deputy Director of Custody, NOMS, Kent & Sussex Region

Deborah Cartwright, Service Manager, (Chief Officer) Oasis Domestic Abuse Service

Lorna Coyne, Rising Sun Domestic Violence and Abuse Service

Pat Craven, Freedom Programme

Karen Davies, Matron Safeguarding Vulnerable Adults, Maidstone & Tunbridge Wells Hospitals Trust

Paula Denholm-Bassett, Team Manager Kent Support Team, Lifeways Team, West Kent Housing Association

Denise Dupont, Divisional Manager, Victim Support

Allison Esson, Supporting Parents Commissioning Officer, Commissioning Unit, Commissioning and Partnerships Group (KCC)

Dr NT Fear, Reader in Epidemiology, Academic Centre for Defence Mental Health, King's College London

Lenni Frampton, Youth Inclusion Support Panel Project Co-ordinator, Customer and Communities (KCC)

Danielle Gates, Manager of ISVA Services, Family Matters

Marie Gerald, Housing Options & Private Sector Manager, Dartford Borough Council

Alison Gilmour, Kent & Medway Domestic Violence Co-ordinator

Sheridan Grundy, Children's Centre Network Manager, Six Bells and Cliftonville Children's Centres (KCC)

Gypsy and Traveller Unit (KCC)

Steve Hams, Deputy Chief Nurse & Head of Quality, East Kent Hospitals University NHS Foundation Trust

Penny Jedrzejewski, Named Nurse for Child Protection, East Kent Hospitals University NHS Foundation Trust

Gaelle Jezequel, Area Youth Officer, Customer and Communities (KCC)

Jo Hook, Senior Commissioning Officer ( families, parents and carers). Families & Social Care (KCC)

Carol Hull, Senior Family Liaison Officer, Education Learning and Skills (KCC)

Integrated Youth Service (KCC)

Medina Johnson, IRIS Implementation Lead, Identification & Referral to Improve Safety, Next Link Domestic Abuse Services

Helen Jones, Head of Commissioning, Families & Social Care (KCC)

Janice Keen, Bishop's Adviser for Safeguarding, Children and Vulnerable Adults

Amanda Lewis, Homestart, Shepway

Management Information Unit (KCC)

Wendy Mann, Acting Integrated Processes Team leader (KCC)

Ann McNicholl, Families and Social Care (KCC)

Steve Milton, Director, Innovations in Dementia CIC

Oasis Domestic Abuse Service

Donna Payne, Solicitor

Rebecca Perry, SATEDA

David Philpot, St. Giles Trust

Gaby Price, Commissioning Manager, Kent Drug and Alcohol Action Team (KCC)

Linda Prickett, Public Health, West Kent

Douglas Rattray, Community Safety Officer, Canterbury City Council

Marie Reynolds, Business Manager, Child Health & Maternity Commissioning, NHS Kent and Medway

Heather Robinson, Children's Centres Coordinator, Gravesham Sure Start Children's Centres (KCC)

Penny Roots, Training Advisor (KCC)

Sophie Scott, Marac/Mappa Co-ordinator, Kent Police

Nick Smead, Learning Account Manager, Business Strategy & Support (KCC)

Alison St Clair Baker, Business Transformation Programme Manager (KCC)

PSE 57685 Nick Symons, East Kent MARAC Coordinator, Community Safeguarding Team

Charlotte Walker, Children's Commissioning Officer, Families & Social Care (KCC)

Karen Waters, Housing Options Officer, Swale Borough Council

Marisa White, Head of Strategic Planning, Partnerships & Democratic Services (KCC)

Victim-survivors and their relatives

Sally Williamson, Director, Project Salus

## *Appendix 4: Training and visits*

### Training

Two introductory sessions for Members were arranged:

- An overview of the topic, some local statistics and perspectives on victims and perpetrators of domestic violence and abuse (April)
- A 'Taste of Freedom' which is a taster session for professionals (designed by Karen Stephens of Family Action) based on the Freedom Programme (June)

### Visits

Visits were undertaken by individual or small groups of committee members, accompanied by an officer (except where marked with an asterisk)

| | |
|---|---|
| 24th April | Multi-agency Domestic Abuse One Stop Shop, Ashford |
| 1st May | Specialist Domestic Violence Court, Margate |
| 1st May | Multi-agency Domestic Abuse One Stop Shop, Dover* |
| 15th May | Multi-agency Domestic Abuse One Stop Shop, Swale |
| 16th May | Oasis (Refuge), Thanet |
| 23rd May | Specialist Domestic Violence Court, Maidstone |
| 28th May | Rising Sun Domestic Violence and Abuse Services, Canterbury |
| 30th May | K-DASH, Maidstone* |

## *Appendix 5: Recommended Referral Criteria to MARAC*[185]

Professional judgement: if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence. This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.

'Visible high risk': the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.

Potential escalation: the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with three or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

[185] **Source:** http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.docx

## *Appendix 6: National Helplines*

*Please note this list is not exhaustive – a selection of numbers only is provided here*

### 24-hour National Domestic Violence Freephone Helpline — 0808 2000 247

Run in partnership between Women's Aid and Refuge

### Crimestoppers — 0800 555 111

If you do not want to get involved but suspect someone is suffering from Domestic Violence, you can call the Crimestoppers charity anonymously. 'Just tell us what you know, not who you are'.

### Victim Support — 0845 30 30 900

A national charity for victims and witnesses of crime and offers a free, confidential service, whether or not a crime has been reported.

### Mankind Initiative — 01823 334244

A national charity that provides support for male victims of domestic abuse. It runs a helpline and can provide referrals to refuges and local authorities.

### Men's Advice Line (Respect) — 0808 801 0327

A confidential freephone helpline for men experiencing domestic violence by a current or ex-partner (includes men in heterosexual or same-sex relationships).

### Broken Rainbow — 08452 60 44 60

Confidential telephone helpline for lesbians, gay men and bisexual or transgendered people experiencing domestic violence operated by workers from these communities.

### Action on Elder Abuse (AEA) — 0808 808 8141

A charity working to protect and prevent the abuse of vulnerable older adults.

### Childline — 0800 1111

Free, confidential helpline for chidren experiencing abuse.

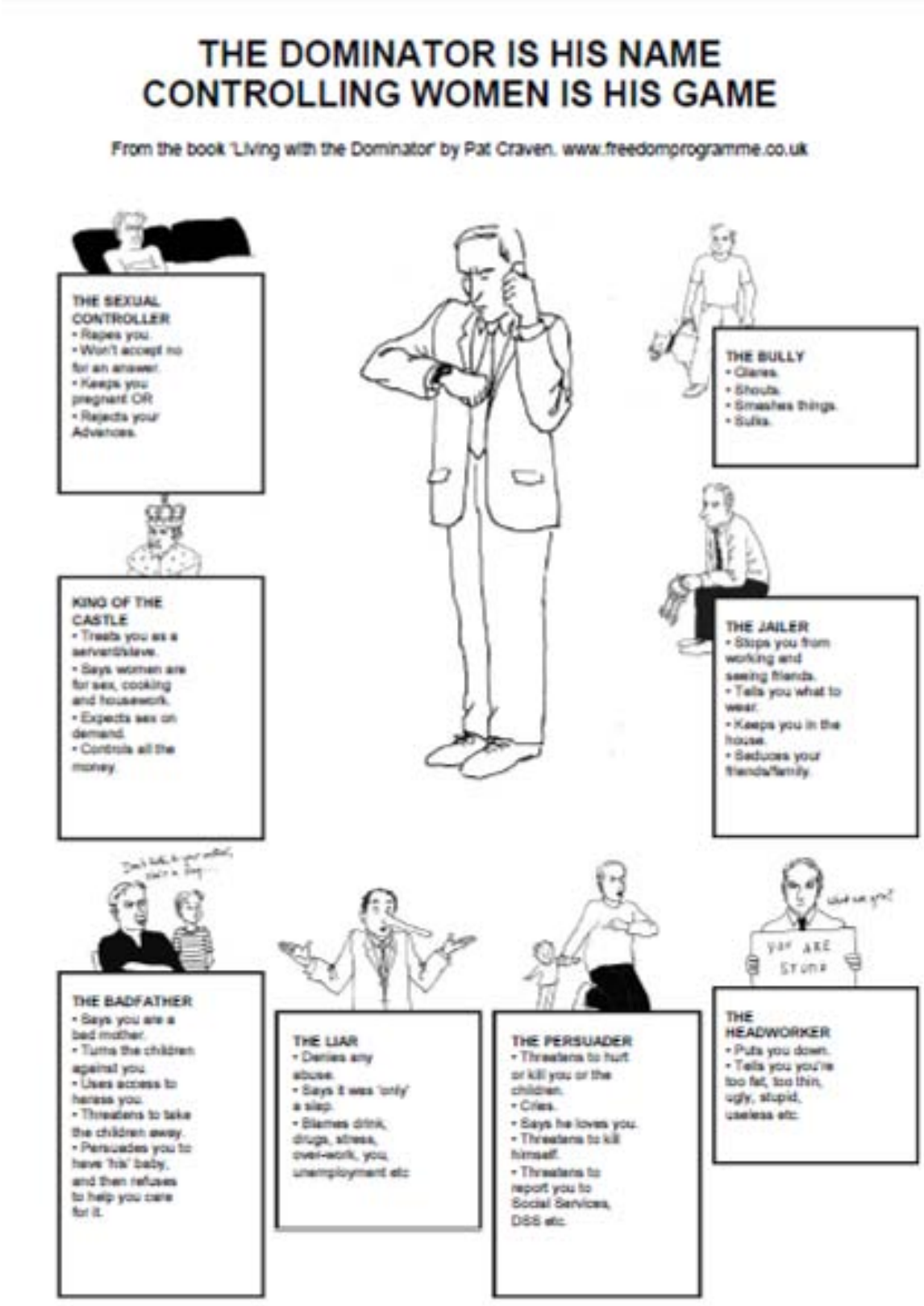
## *Appendix 7: Recommendations (short and longer term) arising from the IDVA Needs Assessment*[186]

| **Short term recommended option** | **Potential Advantages** | **Potential Risks** |
|---|---|---|
| Fund extra IDVA capacity in areas with biggest gap in provision i.e. Dartford, Gravesham, Dover, Shepway and Ashford to cover expected MARAC numbers for North and South Kent MARACs. Total 5 community + 1 court IDVA. | Relatively small extra cost ensures a minimum cover is provided to areas of highest demand and clients at highest risk. | This measure would only provide a short term fix and would do nothing to make the system work better or become more sustainable in the longer term. |
| **Estimated extra costs to partners: approximately £240,000** | | |

| **Long term recommended option** | **Potential Advantages** | **Potential Risks** |
|---|---|---|
| Pool resources and strategically, jointly commission IDVA services.Pool current public sector funding to IDVAs and bid for funds to supplement this to Police Crime Commissioner and Health and Wellbeing Boards. Jointly, strategically commission an IDVA service across Kent and Medway based on identified levels of need and demand, and allowing flexibility to address areas of highest demand. Ensure services are aligned with MARACs rather than districts and target high risk clients. Use longer term contracts/agreements so services can plan and develop. e.g. 3 year contracts with potential for extension. Invite consortia bids. Commission for outcomes rather than posts. Encourage providers to continue to access charitable funds to supplement the core, IDVA service dealing with high risk clients. Develop the outreach and volunteer base across the county and Medway to provide a more appropriate level of support for cases which are not high risk. Clarify the model of the domestic abuse support system – ensuring generic workers are contracted, trained, confident and supported to identify and address needs of victims, referring on to limited specialist services as appropriate and IDVA services are targeted on high risk cases. | Would provide better value for money due to lower overheads, management and on costs, better flexibility, coherent monitoring, provide a core funding basis on which bids could be made for charitable or 'match' funding from elsewhere. A more standardised approach could be used and gaps addressed such as the need for a single point of contact. Existing providers could take the opportunity to merge or become partners. | Potential for loss of some smaller, local third sector services along with associated experienced/trained staff.<br><br>Potential loss of charitable contributions to IDVA services. |
| **Estimated costs to partners:** To commission a community IDVA service with a capacity for 1300 clients (from expected MARAC figures) would cost £650,000. An estimate of £500 per client unit cost has been used as per national research literature. An additional £40,000 per court IDVA (4) would require £160,000 (£810k grand total). A Pooled fund should be created specifically for jointly commissioning strategic IDVA provision. If current levels of council, CSP and police funding can be maintained and pooled (259k) this leaves £551,000 to be funded from PCC and HWBs. If the 'proportionate costs model' shown on page 3 were applied to the total amount required the split between Health, CJS and Social services would be 7:4:1 i.e. Health £321k:CJS £184k:Social services £46k. | | |

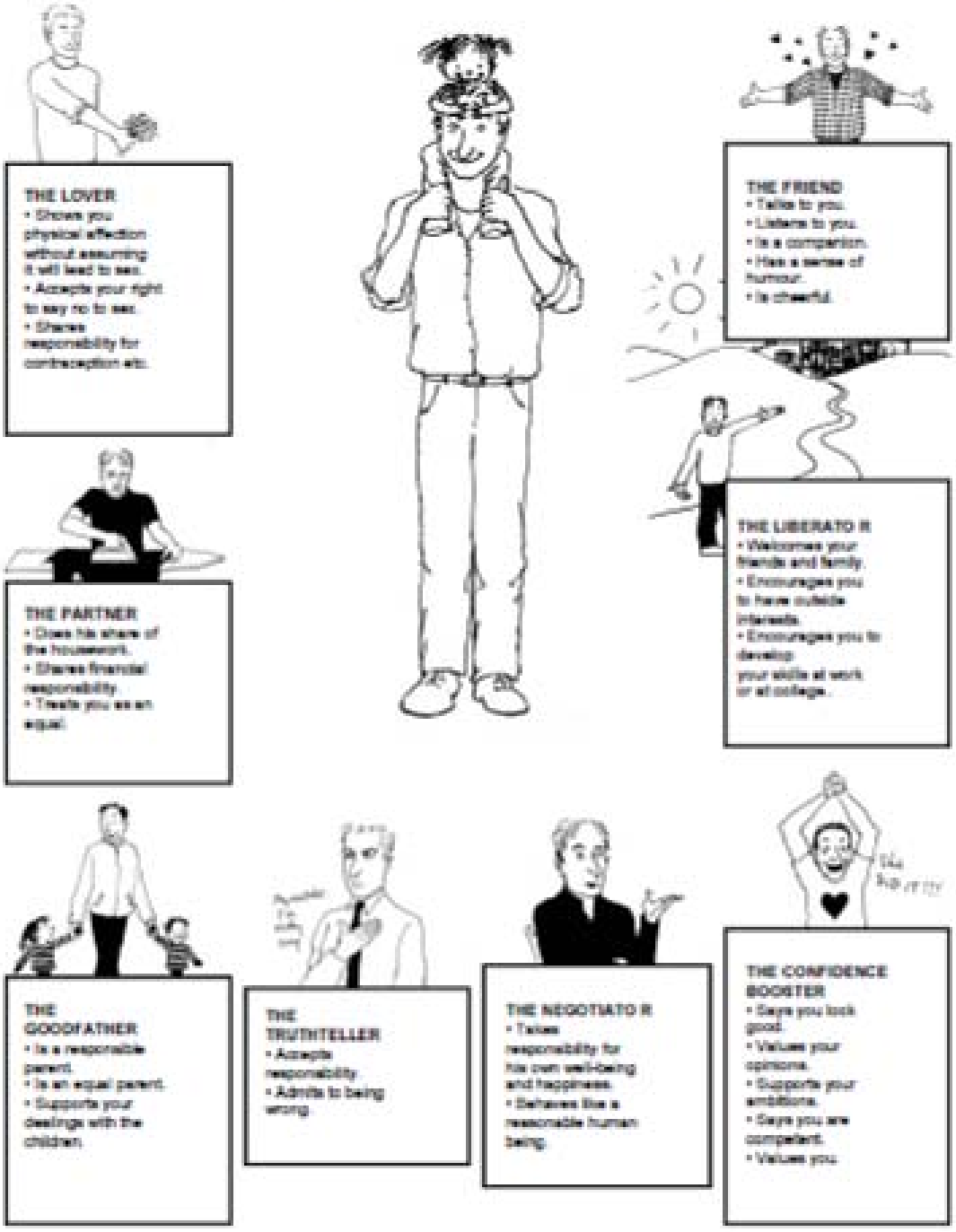
[186] *Source: Annand (2012) For full details see the needs assessment and final commissioning report*

## *Appendix 8: The Dominator and his counterpart*



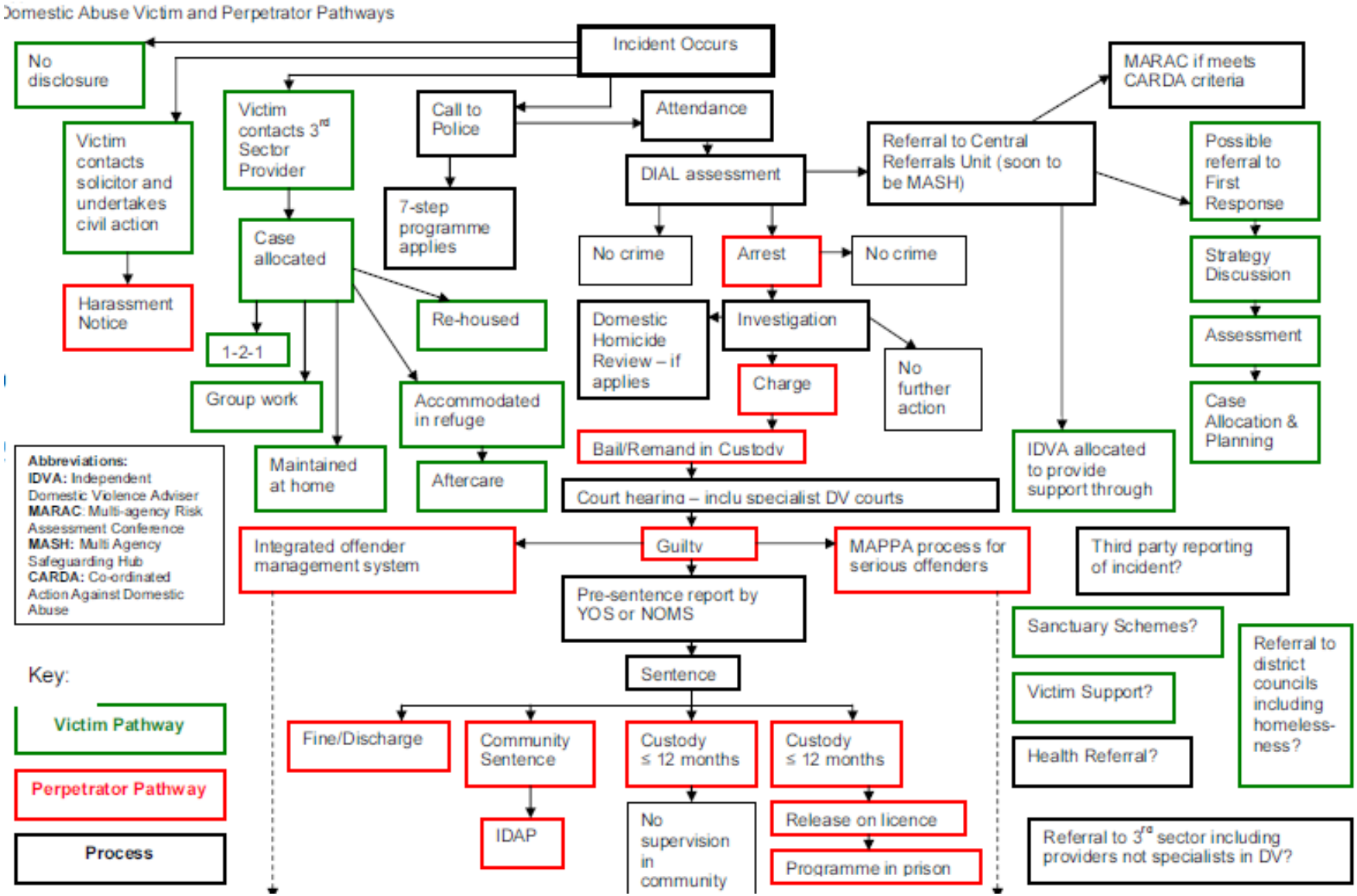
# NOT A SAINT THAT WE ARE SEEING
# JUST A DECENT HUMAN BEING

From the book "Living with the Dominator" by Pat Craven. www.freedomprogramme.co.uk



## *Appendix 9: Care Pathways for Domestic Abuse:*

1.Staffordshire Draft Victim and Perpetrator Pathway http://moderngov.staffordshire.gov.uk/documents/s23012/Domestic%20Abuse%20Pathway%20-%20Appendix%203%20V%203.pdf
2.Oxfordshire PCT Domestic Abuse Information Pathway http://www.thamesvalley.police.uk/isa-da-units-health.pdf



Oxfordshire NHS
Primary Care Trust

# DOMESTIC ABUSE INFORMATION PATHWAY.

If the POLICE are called to a household because of domestic abuse they will:

- Email the Child Health Department details of incidents involving children aged 0 – 5. (Known as Domestic Abuse Info Share report).
- If there is a high level of concern the police will directly contact the Named Nurse Child Protection.
- Inform Named Midwife (child protection) if a victim is pregnant.

↓

CHILD HEALTH will print off and send the information in the internal post within 48 hours (Monday –Friday) to the:

- Named Health Visitor for the family or:
- Named Nurse Child Protection if child/ren are not on the Child Health system. (The Named Nurse will then identify a Health Visitor).

↓

On receipt of the Domestic Abuse Info Share report the HEALTH VISITOR will:

- Assess information, share within PHCT and document information in the victims records and any children as appropriate. This may include scanning, use of read codes or written records.
- Assess if further action is required.

↓

Further action required?

YES | NO

↓

Consider liaison with named nurses, Domestic Violence Unit, DV Champions, Children, Young People and Families for advice and support.

↓

Plan appropriate response prior to any contact considering the safety of the victim, any children and professionals working with the family.

↓

Following contact with the family consider sharing information with the Domestic Violence Unity and other agencies if appropriate. Refer to Information Sharing Protocol for guidance.

January 2009

## *Appendix 10: Training Flyer: The Freedom Program Child Protection Training*

**A woman is murdered every three days by her current or former partner.**

**In these households live babies and children who have been subjected to terror and abuse all their young lives –**

**'many of them have also been murdered'!!**

# DOMESTIC VIOLENCE - THE FREEDOM PROGRAMME CHILD PROTECTION TRAINING

**examines serious case reviews where domestic violence is the presenting or underlying reason for a child's death – together with**

## Pat Craven's internationally acclaimed

## 'The Freedom Programme'

**a dynamic and powerful learning experience that will provide you with an understanding and awareness of the power and control**

## of 'Living with the Dominator'!

**oOo**

## Learning Outcomes:

## The Freedom Programme Child Protection training will:

- **Improve safeguarding and child protection performance.**
- **Gain knowledge and information from SCR's to inform future assessments and interventions in DV service delivery.**
- **Increase skillset in understanding the beliefs held by abusive men – and the likelihood of change?**
- **Increase a woman's awareness of the impact of DV on herself and her children.**
- **Improve outcomes for children subjected to domestic violence.**
- **Enable professional and personal development.**

**'This training is targeted for front line professionals working with child protection tier 3/4 services -or 2/3 early intervention and prevention services – as well as any third sector organization working with domestic violence and abuse.**

**It can also be bespoked for any other services working with woman, children and violence.**

**oOo**

**'Participants must read Living with the Dominator prior to attending training and have to hand a copy of The Freedom Programme Home Study Course for their personal and professional development.**

# Lavinia Moore

**A member of the**

# Freedom Programme Training Consortium

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