



Domestic Abuse Needs Assessment

February 2016

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1 Executive Summary

Tackling domestic abuse is a priority for Solihull. Reducing and preventing domestic abuse is essential if we are to make any progress on our priorities of: achieving equality in the borough; reducing homelessness; improving people's physical and mental well-being; reducing the harm caused by alcohol and substance misuse; reducing the number of children at risk, in care or living in poverty; reducing the levels of offending in the borough; and on minimising its impact on employers and on the local economy.

According to local data, victims in Solihull are predominantly young and female and there is a growing concern about the impact of domestic abuse on children and young people. Benchmarking Solihull services against national best practice shows that we have a good range of services; however, fragmented and insecure funding around domestic abuse affects planning of services. Domestic abuse is a cross cutting theme and effective management is reliant on maintaining a strong partnership approach.

In September 2015, Solihull committed to the West Midlands Domestic Violence and Abuse Standards. The Standards reflect the commitment of statutory organisations and specialist domestic abuse services to address domestic abuse. They are ambitious and challenging to drive improvement across the sector by providing a framework for organisations to develop professional practice, improve services, shape commissioning of future services and deliver the right response across all settings and sectors. In addition to The Standards there is a need to ensure that lessons learnt from local, regional and national Domestic Homicide and Serious Case Reviews inform local practice.

The headlines issues emerging from this Needs Assessment are:

- In December 2015, coercive and controlling behaviour was recognised as a criminal act. Guidance on how to support practitioners to identify is required

- Sustain resources for on-going publicity campaigns to raise awareness of domestic abuse and to target specific groups and geographical locations where there is under reporting
- The Care Act 2014 expands the scope of adult safeguarding to directly include domestic abuse. Multi-agency training will strengthen understanding of the circumstances when adult safeguarding and domestic abuse overlap
- Focus on improving partner referrals into MARAC
- Agencies need to be equipped to identify and respond to Forced Marriage, Honour Based Violence and Female Genital Mutilation
- Child to Parent Violence is of particular interest to Solihull as two of our on-going Domestic Homicide Reviews involve young adults who have killed a parent and/or close family member. Suggesting there are gaps in our ability to identify and manage child to parent abuse
- Work effectively with those who have complex needs which include but is not limited to - substance misuse, mental health and domestic abuse
- To use our influence, where possible, to encourage more employers to have domestic abuse workplace policies to support staff who may be experiencing domestic abuse
- Ensure there are robust links between operational processes such as MARAC (Multi Agency Risk Assessment Conference), Domestic abuse Triage and MASH (Multi Agency Safeguarding Hub)
- Improving early help and intervention for victims, children and perpetrators will counterbalance the traditional 'hierarchy of seriousness' which has led to cases categorised as 'low risk' being unable to access services statutory services unless they escalate
- Urgent need to develop a whole system to identify and response to those perpetrating abuse in the borough
- Improve understanding on the prevalence and ways to address abuse perpetuated by technology – cyber stalking, using mobile phones, social networks and geo-location tracking
- Early intervention and prevention work needs further development to include targeted communication to those who perpetrate abuse
- Promote the West Midlands Domestic Abuse Standards and support agencies across the borough with compliance

2 Introduction and background

2.1 Introduction

Domestic abuse is about power relationships, control and fear. It can only be practiced when one person has power over another, not only physical power, but possibly financial, emotional, political or structural. It is characterised by a pattern of repeated abuse directed at one person (the victim) by another (the perpetrator). The abuse is often in many forms which may or may not always include physical assaults, but its purpose is to control another person and to maintain this control through fear. Control and fear are the factors that make domestic abuse different from other behaviours or 'domestic arguing' that happen in some peoples relationships. Men also suffer abuse, but it is overwhelmingly women who are the predominate group suffering homicide, violence and life altering control. The fact that women are primarily the victims of domestic abuse is a reflection of the inequality of power between male and female roles within society, the family and relationships; and because of the way some men choose to use fear either to keep women from leaving them or to retain them as their exclusive commodity¹. Domestic abuse perpetrated by women is seen where they have power over others, such as with older or vulnerable family members and often have a role in perpetuating and assisting in honour based violence.

The impact of domestic abuse on the lives and well-being of individuals and communities across Solihull borough is significant and its effects can be longstanding, sometimes across generations. In some cases, tragically, it leads to loss of life. Perpetrators' use of violence and abuse results in a significant financial cost to society. Domestic abuse happens regardless of class, ethnicity or sexual orientation. Research and crime statistics show that domestic abuse is gendered; that is, most victims are female and most perpetrators are male. The gender of both the victim and the perpetrator influences behaviour, the severity of risk and the harm caused. The group most likely to experience repetitive serious physical assaults, to be raped, seriously injured or to be killed as a result of domestic abuse are women. Men also experience abuse from partners/ex-partners/family members, and perpetrators can be in heterosexual or homosexual relationships. There are established links to child and vulnerable adult abuse by the same perpetrators.

The personal and intimate nature of domestic abuse can cause victims to feel shame and embarrassment over and above the abuse, with some families and communities stigmatising those who report it; all of which can prevent a victim from discussing the issue, reporting abuse and accessing help. It has been estimated that around 34% of women have probably never told anyone about the abuse they have suffered².

The effects of domestic abuse on children can affect healthy and happy development and last well into adulthood. Women's Aid Federation England has identified a number of ways in which children who experience or witness domestic abuse are affected. These include developing anxiety and depression; having difficulty concentrating at school; and suffering from flashbacks, bed-wetting, aggression and self-harm are not uncommon. Later, some will self-medicate with drugs and alcohol, and many will find relationships difficult. If they become parents, the abuse they witnessed can impact on the way they relate to their own children, resulting in a lack of connection, or even further abuse. Children living in

¹ Monkton Smith, Williams A & Mullane F (2014), Domestic Abuse, Homicide and Gender, Palgrave Macmillan

² British Crime Survey, 2006

households where domestic abuse is present are known to be more likely to experience abuse and neglect. An analysis of 268 Serious Case Reviews (SCR's) showed that 34% of cases examined were found to have domestic abuse as a risk factor³. NSPCC research in child maltreatment showed that 34.4% of under 18's who had lived with domestic abuse had also been abused or maltreated by a parent or guardian, compared with 7% of children not living with domestic abuse but who were abused or neglected⁴.

While there is no specific offence of 'Domestic Abuse' under criminal law, many forms of domestic abuse are crimes; for example – assault, false imprisonment, harassment, stalking, rape, criminal damage, attempted murder and murder. Domestic abuse represents a high proportion of violent crime occurring across the borough, but other forms of abuse such as emotional, financial and sexual abuse are considered to remain largely hidden or even unacknowledged by victim, perpetrator and within communities. Recent legislation has introduced specific offences related to coercive or controlling behaviour, Forced Marriage and Female Genital Mutilation (FGM).

Our vision for Solihull is for a place 'where everyone has an equal chance to be healthier, happier, safer and prosperous'. Domestic abuse is widespread in Solihull and is recognised as a key area for action as part of Improving the Health and Well-being of our residents and building stronger communities. Gathering a comprehensive picture of the extent of domestic abuse is problematic as it still largely remains a hidden crime and there is general consensus nationally and locally that the problem is severely under-reported.

2.2 Scope of the needs assessment: defining domestic abuse

The purpose of this Needs Assessment is to inform strategic commissioning of domestic abuse services and pathways within Solihull. In assessing what currently exists, the Needs Assessment will analyse the complex nature of domestic abuse; consider changes to the borough's demographic profile; describe and assess the current demand for domestic abuse services and the existing pathways that victims and perpetrators currently follow. The assessment will analyse gaps in services and pathways; consider evidence based good practice; and provide recommendations for future activity.

Understanding what domestic abuse is and how it impacts on individuals, families and communities is crucial to ensuring quality and cost-effective services are delivered in Solihull. On the 31st March 2013 the definition of domestic abuse was extended to include 16 to 17-year-olds and coercive, or controlling, behaviour. The previous definition defined domestic abuse as a single act or incident. The new definition recognises that patterns of behaviour and separate incidents of control can add up to abuse - including incidents of intimidation, isolation, depriving victims of their financial independence or material possessions and regulating their everyday behaviour. The new cross-government definition is intended to raise awareness about the many types of domestic abuse that can ruin lives and encourage more people to seek help and has been adopted by Solihull Domestic Abuse Priority Group.

The new definition of domestic violence and abuse now states:

³ Brandon et al, (2012), New Learning from Serious Case Reviews: a two year report for 2009-2011, London Department of Education

⁴ Radford et al (2011), Meeting the needs of children living with domestic violence in London, London, NSPCC/Refuge

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

This can encompass, but is not limited to, the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

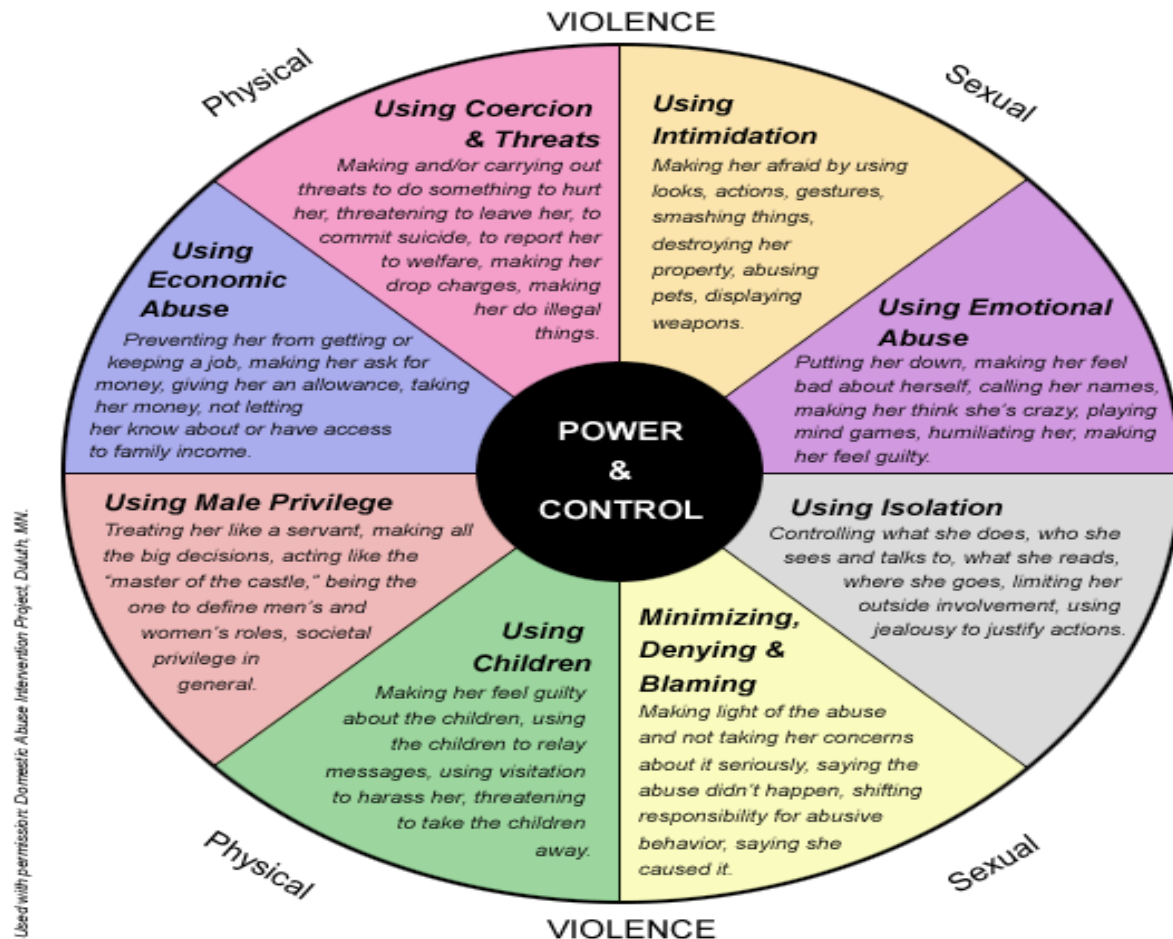
'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday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

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

- *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. (Home office 2013)*

The terms domestic violence and domestic abuse are interchangeable, some believe that using the word 'violence' alienates victims whose experiences are non-violent; similarly others argue that the term 'abuse' softens the impact of non-physical violence which is no less damaging than physical violence. Victim or survivor is used to describe the person who experiences the abuse. Victim is considered by some to be disempowering but survivor is not always applicable to those who continue to experience abuse on a regular basis. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily. Those who perpetrate abuse are also referred to as abuser or offender. The main characteristics of domestic abuse are that perpetrators choose to behave abusively to get what they want and gain control, their behaviour is intentional and is calculated to induce fear, and involves the misuse of power to control how the victim thinks, feels and acts.

Domestic abuse may comprise a number of different behaviours which are demonstrated in the Power and Control wheel below:



Specific types of domestic abuse include Female Genital Mutilation, Forced marriage, 'Honour- based violence and Family and inter-generational abuse. These are defined below:

The (WHO) World Health Organisation defines **Female Genital Mutilation (FGM)** as 'all procedures involving partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons". The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The practice of FGM derives from complex belief systems, including the beliefs that it is a religious requirement or a necessary rite of passage to womanhood; that it ensures cleanliness or better marriage prospects; prevents promiscuity and excessive clitoral growth; preserves virginity; enhances male sexuality and facilitates child birth. FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained. The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade. The age of mutilation may range from a few days old to adolescence but the most common age is

between 4 and 10⁵. Recent legislation has improved support for victims and made FGM a crime whether undertaken in the UK or overseas.

Forced marriage constitutes domestic abuse and, where it affects children and young people, child abuse. Forced marriage is distinct from an arranged marriage because in arranged marriages, although families may take a leading role in choosing the partners, the choice of whether or not to consent to the marriage remains with the potential spouses. In contrast forced marriage is when one or both spouses do not, or in the case of some adults with learning or physical disabilities, cannot, consent to the marriage and duress is involved, which can include physical, psychological, financial, sexual and emotional pressure. Forced marriage affects people from many communities and cultures, - for example, people from black and minority ethnic communities; refugees and asylum seekers; lesbian, gay, bisexual and transsexual people; and disabled people.

‘Honour-based violence’ or ‘honour-crimes’ are umbrella terms used to describe a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when it is supposed that an individual has shamed the family and/or community by breaking their honour code. Transgression of the code of behaviour is seen as a weakness which brings shame or dishonour on the family. The violence is mainly but not exclusively against women and can include assault, imprisonment and murder.

Family and inter-generational abuse is when the person perpetrating abuse is the victim’s (adult) sibling, child or grandchild. More focus is needed on this area to understand how it differs from partner abuse and what best practice is in such circumstances.

This needs assessment aims to provide a better understanding of the level and type of domestic abuse in Solihull and identify areas requiring further consideration. The assessment will look at the borough as a whole; it will include adults, children and young people and consider all protected characteristic groups (where data is available).

2.3 Legislative framework, national policy, strategies and guidance

Domestic abuse sits within an increasingly growing body of legislation, policy and guidance that is applicable to victims, perpetrators and children.

- Domestic abuse infringes the Human Rights Act 1998: the right to life (Article 2); the prohibition of inhuman and degrading treatment and torture (Article 3); and security of the person (Article 5). This includes a duty to have adequate laws in place to punish those who violate the right to life of others, or who inflict on others inhuman or degrading treatment. Parallel rights are included in the UN Convention on the Rights of the Child (Article 6 states the rights to life, Article 19 the right to protection from violence, injury, abuse, neglect and maltreatment).

⁵ www.bbc.co.uk/ethics/femalecircumcision/

- The Crime & Disorder Act 1998 places a duty on local authorities and the police to work together with other agencies to tackle crime at a local level through the provision of a Community Safety Strategy that should include domestic abuse. The police are key partners in multi-agency domestic abuse groups that have been established in most areas to develop inter-agency responses to domestic abuse and improve service provision across agencies such as health services, specialist domestic abuse services (refuges and outreach services), housing authorities and many other statutory and voluntary sector agencies. This was updated in 2004 to place a responsibility on health services to participate.

- Part IV of the Family Law Act 1996, consolidates previous legislation governing injunctions and protection orders to make civil protection against domestic abuse more effective. There are two main types of injunctions which can be applied for under Part IV of the Family Law Act 1996:
 - Non-molestation orders, for protection from all forms of violence and abuse
 - Occupation orders – sometimes called exclusion orders, or ousters, which regulates the occupation of the shared/family home

- The Housing Act 1996 sets out clearly those duties a housing authority owes vulnerable victims of domestic abuse and other violence. Under Part 7 of the Act on homelessness the duties are to advise and assist the applicant, and depending on the particular circumstances, to provide temporary accommodation while the case is investigated, followed by longer term accommodation if the authority confirms that it has a full duty to accommodate the person or household. The Homelessness (Priority Need for Accommodation) (England)) Order 2002, further clarified the statutory duty around 'reasonable to continue to occupy' in the context of violence and set out that 'a person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out' has a priority need.

- The Children Act 1989, The Childrens Act 2004 and The Adoption and Childrens Act 2002 include measures for working with children and families in both public and private family law. Section 47 of the Children Act 1989, places a duty on Local Authorities to enquire into the welfare of any child suffering or likely to suffer 'significant harm', and to decide whether they should take action to safeguard the child's welfare. The Family Law Act 1996 made an amendment to the Children Act 1989 to give courts the power to exclude someone from the home who is suspected of abusing a child within the home, where an emergency protection order or interim care order has been applied for, or is in place.

- The Children Act 2004 and Every Child Matters introduced a new long-term approach to promoting and safeguarding the well-being of children and young people. The Every Child Matters agenda incorporated legislatively in the Children Act 2004 focused on improving outcomes for children at risk of social exclusion, and dictated a new local framework for local children's services to promote integrated working between services, improved risk assessment, information sharing and detail for practitioners when dealing with children who are exposed to domestic abuse.

Section 120 of the Adoption and Children Act 2002 amended the definition of 'harm' so that it now includes 'impairment suffered from seeing or hearing the ill-treatment of another'.

- The Protection from Harassment Act 1997 legislation was introduced to tackle stalkers and to provide more effective protection for abused women, in particular those who do not live with their abuser. The provisions include the section 2 offence of harassment and section 4 involving the fear of violence. The purpose is to allow courts to deal with serious stalking without having to wait until psychological or bodily harm is caused. The Protection of Freedoms Act 2012 amended this to outlaw so called 'stalking behaviour'.
- The Female Genital Mutilation Act 2003 replaced the Prohibition of Female Circumcision Act 1985 and made it illegal for UK nationals to perform FGM outside the borders of the UK. The Serious Crime Act 2015 introduced additional legislation
 - section 70 makes it an offence to assist a non-UK person to mutilate overseas
 - section 71 provides anonymity for victims
 - section 72 makes an offence failing to protect girls from FGM
 - section 73 introduces Protection orders for FGM
 - section 74 places a duty on regulated bodies to inform the police of FGM
- The Domestic Violence, Crime & Victims Act 2004 inserted a new section (42A) into the Family Law Act 1996, making breach of non-molestation order a criminal offence and extended the scope of domestic violence legislation to include victims within same-sex relationships, cohabitants and gave those in intimate non-cohabiting relationships access to apply for non-molestation orders. Section 5 of the Act created a new offence of 'causing or allowing the death of a child or vulnerable adult' and section 9 introduced Domestic Violence Reviews as a statutory function with the intention of learning from past cases and thereby improving support for victims.
- The Forced Marriage (Civil) Protection Order 2007 provides access to those who are being/have been forced into marriage to apply to the court for protection. The Anti-Social Behaviour, Crime & Policing Act 2014 made it an offence to force someone to marry.
- The Crime and Security Act 2010 section 24 introduces Domestic Violence Protection Orders (DVPO's) which give police and magistrates the power to ban a domestic violence perpetrator from returning home or having contact with the victim for up to 28 days. The orders were initially piloted and rolled out across the UK in 2014.
- The Equalities Act 2010 requires Local Authorities and other public bodies to eliminate unlawful discrimination, harassment and victimisation on the grounds of 'protected characteristics', which include gender, sexual orientation, disability and age.

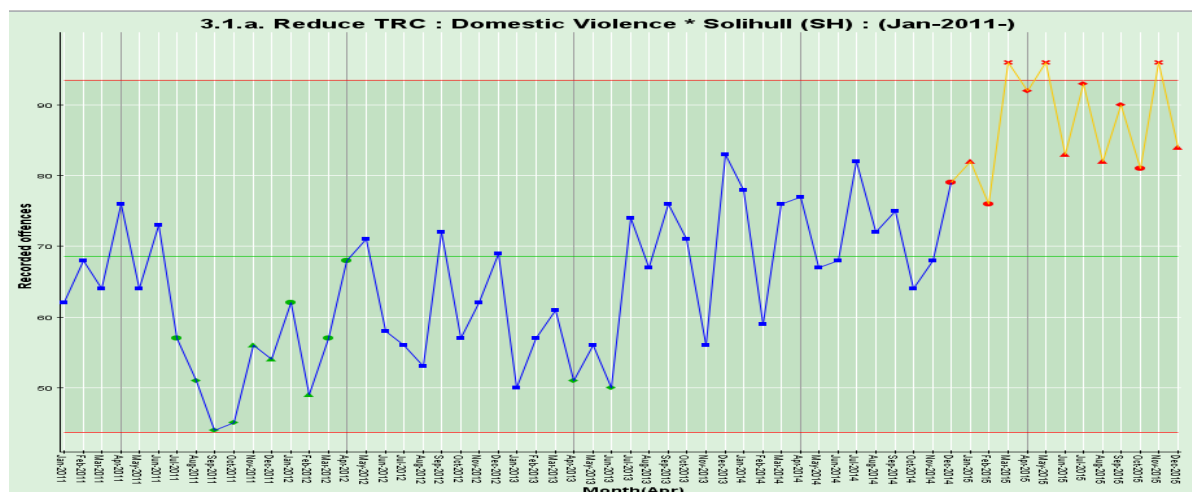
- The Care Act 2014 puts adult safeguarding on a legal footing and updates the scope of safeguarding to directly include domestic abuse. The Act specifies that freedom from abuse and neglect is a key aspect of a person's well-being.
- Domestic Violence Disclosure Scheme (DVDS), often referred to as "Clare's law" is a framework, launched in 2014, to enable the police to disclose the public information about previous violent offending by a new or existing partner where this may help protect them from further violent offending. The DVDS introduces two types of process for disclosing this information. The first is triggered by a request by a member of the public ('right to ask'). The second is triggered by the police where they make a proactive decision to disclose the information in order to protect a potential victim ('right to know').
- Serious Crime Act 2015 section 76 introduces the offence of controlling and coercive behaviour in an intimate or family relationship and provides guidance about investigation.
- In 2010, the government launched the 'call to end violence against women and girls' strategy which is delivered [via action plans, with the latest being 2014](#). . The strategy emphasises four distinct themes:
 - Prevention of violence against women and girls by challenging attitudes and behaviours which foster it and intervening as early as possible
 - Provision of adequate levels of support where violence does occur
 - Action to reduce the risk to victims and ensure that perpetrators are brought to justice
 - Partnership work to obtain the best outcome for victims and their families
- In 2013 a [Public Health Outcomes Framework for England 2013-16](#) was published which sets out opportunities to improve and protect health across life and reduce inequalities, of which domestic abuse has a role.
- In November 2013 a [Mandate from the government to the NHS Commissioning Board](#) cites that the broader role of the NHS in society is to work in partnership to contribute to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners and supports victims of crime.
- [National Institute of Clinical Excellence \(2014\) Domestic Violence and Abuse](#) published guidance on how health services, social care and the organisations they work with can respond effectively.
- [Domestic Violence and Abuse: Health Visiting and School Nursing](#) professional guidance.
- [Responding to domestic abuse: guidance for general practices.](#)

3 What are the problems and why?

3.1 The prevalence and impact of domestic abuse

Establishing a comprehensive picture of the extent and impact of domestic abuse remains a challenge. Domestic abuse is often a hidden crime and it is estimated that only 21% of offences are reported to the police. Most of our insight comes from the British Crime Survey (BCS), however Walby found that the recording is inaccurate as currently the number of crimes recorded against each individual is ‘capped’ at five. 73% of all incidents of domestic abuse are shown to be experienced by repeat victims and it is reasonable to accept that a significant proportion will have reported more than 5 crimes. Criminologists⁶ now estimate that domestic abuse statistics are 140% higher than those stated in the BCS. The Office for National Statistics says it is necessary because otherwise the sheer number of crimes committed by perpetrators against the same individual would skew the rest of the statistics.

The below chart shows the number of domestic abuse incidents recorded by Solihull Police over the past five years, as you can see the levels of recorded incidents is increasing and has significantly increased over the past year.



Nationally, the majority of domestic abuse is perpetrated by men against women, but men are also affected. Research suggests that approximately 50% of male victims were also perpetrators of abuse. According to the BCS at least 10% of women and 2.5% of men will suffer from domestic abuse in a given year and 1 in 3 women will be subject to repeat incidents, compared to 1 in 10 male victims.

Other national research indicates that:

- Domestic homicides account for approximately 35% of all homicides in England and Wales; on average two women a week are killed by their current or former partners.

⁶ Pease & Farrell, Home Office Research Group

- In the 15-44 age group, more women are killed globally in domestic abuse attacks than by in war, accidents and cancer.
- 58% of women murdered by their partner were still in a relationship with them and 29% were separated from their partner.
- 1 in 10 respondents felt that it was mostly or sometimes acceptable to hit or slap their partner in response to their partner having an affair.
- 200,000 children in England live in households where there is a known risk of domestic abuse, and a 2009 national analysis of Serious Case Reviews found evidence of past or present domestic abuse in over half (53 per cent) of cases⁷.
- An NSPCC study⁸ found clear evidence of domestic abuse in teenage relationships, with both boys and girls disclosing experience of physical, emotional and sexual abuse.
- An analysis of 32 Domestic Homicide Reviews that took place between 2012 and 2014, found that 8 related to older and disabled people. Three were mothers killed by adult sons, four were older women killed by their older partner and one was an older man killed by his younger partner.
- The UK Forced Marriage Unit (FMU) gave advice or support to 1267 cases in 2014.
- ACPO (Association of Chief Police Officers) report around 500 cases of honour violence each year but believe this is 'massively unreported' and warn that the number of girls falling victim to forced marriages, kidnappings, sexual assaults, beatings and murder by relatives intent on upholding the 'honour' of their family is up to 35 times higher than figures suggest.

3.2 Domestic abuse in Solihull

Since 2013, Solihull has undertaken three Domestic Homicide Reviews (DHR's). Two of the homicides are classified as family violence and one as intimate partner violence. Similar to regional domestic abuse homicides none of the incidents were considered as high risk and those concerned had little or no engagement with agencies prior to the homicide. In addition we have completed two serious case reviews where domestic abuse was identified as an issue within the child's home. The purpose of reviews is to identify where responses and interventions can be improved so that agencies can work better together to prevent such tragedies occurring in the future. The learning from each review is incorporated into local delivery work. An analysis of regional DHR's was undertaken by Middlesex University⁹ and

⁷ Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebottom, P., Dodsworth, J., Warren, C. and Black, J. (2009) *Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-7*. London: Department for Children Schools and Families.

⁸ Barter C, McCarry, M Berridge, D Evans K (2009), Partner exploitation & violence in teenage intimate relationships, NSPCC

⁹ Neville, Sander-McDonagh et al, 2014, Preventing Domestic Violence and Abuse: Common themes and lessons learnt from West Midlands DHR's, Middlesex University

they conclude there were six thematic areas: Process & Policy, Tools, Caring Issues, Health Issues, Services and Systemic Issues. The thematic areas are then further broken down into subcategories. From Table 1 it is clear that there are still problems with responding to domestic abuse in a robust and holistic way, problems communicating across agencies and that a high proportion of the perpetrators had additional needs.

Table 1

Theme	DHR1	DHR2	DHR3	DHR4	DHR5	DHR6	DHR7	DHR8	DHR9	DHR10	DHR11	DHR12	DHR13
<i>Process & Policy</i>													
Use of MARACs		✓		✓	✓		✓						✓
Lack of proactive response / holistic responsibility		✓	✓	✓	✓		✓					✓	✓
Fear of having children removed may prevent full disclosure				✓		✓							
More robust response from police		✓	✓	✓	✓		✓	✓			✓		✓
Disclosure of abuse of previous partner				✓	✓		✓	✓					
Domestic abuse of extended family				✓			✓						
Not following care/safety plan							✓		✓	✓			
<i>Tools</i>													
Diversity of assessment tools	✓				✓								✓
Failure to administer DASH when police called to a domestic incident		✓						✓					✓
<i>Caring Issues</i>													
Managing care / managing carers			✓						✓	✓		✓	
Failure to involve families	✓			✓					✓	✓			
Lack of transition in care									✓	✓			
<i>Health Issues</i>													
Issues related to GPs	✓	✓	✓	✓	✓		✓				✓		✓
Management of prescriptions / noncompliance	✓		✓				✓		✓	✓			
Failure to ask new mothers about domestic violence		✓		✓		✓	✓						
<i>Service</i>													
Complex needs of perpetrators	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓
Failure to engage with services offered		✓	✓				✓				✓		✓
Lack of provision of perpetrator programmes		✓		✓									
<i>Systemic Issues</i>													
Problems with partnership working / communication	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓
Staffing issues / lack of facilities		✓		✓	✓		✓			✓			
Equality issues					✓	✓		✓					✓

3.3 Cost of domestic abuse

As well as being hugely damaging in emotional, physical and mental terms, domestic abuse is extremely expensive in economic terms. The costs of domestic abuse are not always obvious and often absorbed within budgets of public sector agencies. The total cost of domestic abuse depends on the number of victims, number of incidents, the extent of the abuse on victims and their dependents in terms of disruption and harm. Costs are principally response costs and fall on four major sectors: Health, Criminal Justice system, Social Services and Housing to evidence the approximate cost to the borough.

Table 2 utilises available cost data from studies and applies the cost to data on number of incidents in Solihull (based on data for 2013/14)

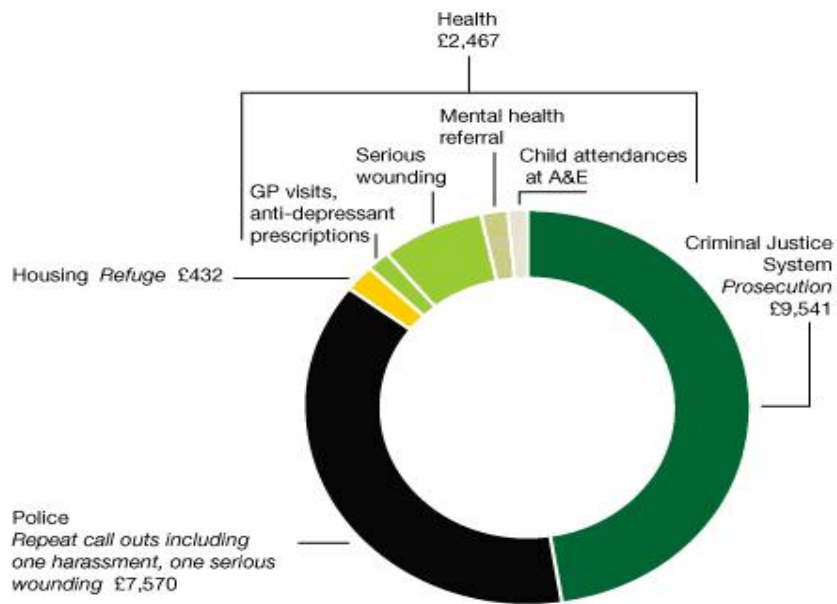
Table 2

	Estimated costs in Solihull			Notes
	Unit Cost	No. of Incidents in Solihull (2013/14)	Cost	
Health care (both physical and mental health) GPs and hospitals are the major costs included.	Homicide £670 (low cost to Health system as minor involvement with deaths)	2 Homicides	£1,340	Research shows that 72% of female victims suffered physical injuries and 31% mental and emotional problems. 27% sought medical help, 65% went to the GP and 10% used mental health services DA victims use GP services three times more than non victims per year. Common assault not included. Used BCS data severe force and minor force as an indicator
	Serious wounding £9,190	913	£8,390,470	
	Other wounding £680	570	£387,600	
	Sexual assault, including rape £680	1,825	£1,241,000	
	GP visit £48	3,150 (65% of prevalence)	£151,200	
	Mental health £332 average cost per victim	4,846	£1,608,872	
Total Health Care	£11,780,482			
The Criminal Justice system Includes Police, Prosecution services, Courts, Probation and Prisons.	Homicide £118,299	2	£236,598	2483 DA incidents in 2014 of which 63% were non-criminal. Based on 2003 costs
	Wounding £2,422	403 (violence as comparable indicator)	£976,066	

Largest cost carried by the Police	Common assault £90	154	£13,860	
Total Criminal Justice System	£1,226,524			
Social Services (Children)	Child referrals / Children in Need / Child protection / LAC	397 (34% of total referrals were in relation to DA)	£3,119,030	. Cost based on lower national estimate of 11.5% of the Childrens and Family Services budget
Total Social Services (Childrens)	£3,119,030			
Housing and Refuge	Administration of an application £1,059	102	£108,018	12% of homeless applications and 102 accommodated last year.
Cost of emergency Local Authority housing and refuges are included	Refuge support (£191,000) and housing benefit of £220 per week x 11 units	1 Refuge with 11 units (at full capacity)	£191,000 support £125,840 HB for a year	
	Temporary Accommodation (TA) £229.82 average cost per week. Average of 13 families in TA	13 families per week	£155,358	
Total Housing and Refuge	£580,216			
Total Estimated Cost 2013/14	£16,706,252			

The total estimated cost is broadly in line with a study of the financial impact of domestic abuse undertaken in 2009 by Lancaster University, which estimated the cost of domestic abuse in Solihull to be 20.1 million, including the cost of lost economic output and legal costs of claimants. Walby's costs were based on incident data from the Crime Survey England and Wales (CSEW) and recently this has been challenged, as discussed at 3.1. These new findings are expected to increase the cost to each area.

The following diagram from the Audit Commission (2011) provides a visual outline of the typical cost of one case of domestic abuse over a one year period, totaling £20,000.



In comparison to these costs, the level of funding provided for domestic abuse services in Solihull is low. The cost of domestic abuse is not universally recognised and more effort needs to be spent encouraging partner organisations to recognise this and the cost benefit which is expected to follow investment.

3.4 Local Prevalence

Solihull uses the Violence against Women and Girls ready reckoner toolkit¹⁰ and the Crime Survey England and Wales 2011/12 to assess expected prevalence levels of domestic abuse as shown in table 3 and 4.

Table 3 - prevalence of domestic abuse in Solihull based on CSEW 2011/12 data aged 16-59 yrs

	since age 16			In the past 12 months		
	Men	Women	All	Men	Women	All
Any DA (Inc. family)	9973	17991	27832	2802	4237	6958
Partner DA	7956	15728	23498	2017	3134	5133
Partner (emotional, financial)	2241	3424	5589	392	754	1141
Threats	672	1393	1939	112	348	456
Minor Force	1905	1915	2966	224	348	570

¹⁰ <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rft-table-ks603ew.xls>

Severe Force	3418	2263	3878	336	522	913
Sexual assault	1513	11375	12661	168	1741	1825
Stalking	5827	10621	16312	1513	2438	3992

Table 4 – based on Solihull census data and the ready reckoner toolkit

Women aged 16-74	Solihull		Employed		Unemployed		Economically Inactive	
	Average	%	Ave	%	Ave	%	Ave	%
Victim of domestic abuse in the past year	4,846	6.4	2,258	5	222	9	2,365	8.4
Victim of sexual assault in the past year	2,447	3.2	1,174	2.6	119	4.8	1,154	4.1
Victim of stalking in the past year	6,963	9.2	3,838	8.5	341	13.8	2,783	9.9

West Midlands's police force adds a 'flag' to identify those incidents and crimes that are classified as 'domestic abuse'. In the 12 months to 31 March 2015, recorded domestic abuse increased by 18% against the previous 12 months and accounted for 10% of all police recorded crime. Across England and Wales during the same period there was a 21% increase, with domestic abuse accounting for 10% of all police recorded crime. According to the BCS 2010/11, the police will get to know of only 21% of incidents. Victims will not always report their experiences to the police because they may believe that it is not a police matter, their experience is too trivial or fear of reprisal. In 2014/15 there were 2560 incidents recorded as domestic abuse of which 64.6% were non-crimes in Solihull. This is an increase in reported crimes suggesting victim's confidence in reporting has improved and/or an improvement in identification and recording of domestic abuse,

A HMIC 2014 audit¹¹ found that nationally the crime rate for domestic abuse incidents ranged between 42 – 98%, with only four forces below the 50% level. Since this report WM Police have a process to review all incidents of domestic abuse and feel confident that the increase in non-crime figures is a positive reflection of victims reporting at an earlier stage. Formally recording incidents below the crime threshold allows for them to form part of any assessment taken on future incidents. In 2014/15, domestic abuse made up 8% of total recorded crime, which is in line with the national average. The type of offences during 2014/15 are shown in the table below and in addition there were two murders from one incident, 20 Grievous Bodily Harm and 5 cases of stalking in this period.

¹¹ HMIC Audit, 2014, 'Everyone's business: Improving the police response to domestic abuse'

Offence	Total
Assault Occasion ABH	288
Common Assault	164
Harassment	86
Malicious Wounding	45
Criminal Damage to Dwelling	43
Breach of non-molestation order	42
Breach of restraining order	28
Putting People in Fear of Violence	25

WM Police attend all reports of domestic abuse. The force uses the DASH (domestic abuse, stalking and harassment) risk assessment toolkit when considering the risk of harm to domestic abuse victims, although officers can apply discretion if the incident is considered a non-crime or is a crime incident between family members who are not intimate partners. The exceptions to this are so-called honour-based violence and forced marriage cases, where the DASH risk assessment is mandatory.

In 2014/15, 17% of recorded crime assessed victims at high risk, 35% at medium risk and 48% at standard risk of homicide. High and medium risk cases are referred to the Public Protection Unit, Domestic Abuse team. The team is responsible for managing the victims and perpetrators. High risk cases are referred by the team for MARAC. A pilot is currently in place for medium risk victims who give consent to be referred into specialist support. Responsibility for standard risk cases remain with the local policing unit and are not currently reviewed by specialist officers. A recent HMIC report¹² concluded that there is a commitment to tackle domestic abuse but that there are some concerns that not all victims received an appropriate service and support.

3.4.1 Repeat victimisation

Domestic abuse is generally accepted as having more repeats victims than any other type of crime against the person. Repeat victimisation accounted for 76% of all incidents of domestic abuse, as measured by the 2010/11 BCS. Local police data shows that in 2014/15 there were 458 locations within the Borough which had more than one domestic abuse incident recorded; a repeat rate of 28.9%. This compares to the repeat rate for other crimes where the victim is not a company (nor related to domestic abuse or child abuse) of 19.1%

In 2014/15, there were 441 households where more than one incident of domestic abuse was reported (accounting for 1243 incidents), seven households had reported ten or more incidents, 21 had reported 6-9 incidents, 46 had reported 4-5 incidents, and 367 households had two or three recorded incidents.

¹² HMIC, 2015, Peel: Police effectiveness (vulnerability) report

Whilst the risk of staying in an abusive relationship may be high, simply leaving the relationship does not guarantee that the abuse will stop. In fact, the period after separation is often the most dangerous for the victim and their children. Many victims are frightened and some are just not ready to leave as they may still care for their partner and believe the abuse will stop, they may be ashamed or not have the physical and mental resources to consider a future free from abuse.

Repeat victimisation remains an important issue as it can signify the escalation of the abuse but can also demonstrate that victims are actively trying to protect themselves. More importantly repeat victimisation has both financial and emotional cost implications. In 2014/15, 47% of cases referred to MARAC (Multi Agency Risk Assessment Conference) were repeats, this is above the national average (28%-40%) but is thought to reflect the proactive approach adopted. The IDVA (Independent Domestic Violence Advocate) operates alongside the MARAC to support victims Both MARAC and IDVA are interventions that are designated for high risk victims. An analysis was undertaken on repeats and it was found that it was common for a significant number of cases to be referred twice to MARAC. Most repeats related to cases where the victim has not engaged with the IDVA, and cases that have been listed at MARAC in excess of five times, generally included complex needs. Referral into MARAC is not reliant on the victims consent or engagement, which may also be a contributory factor in repeat rates.

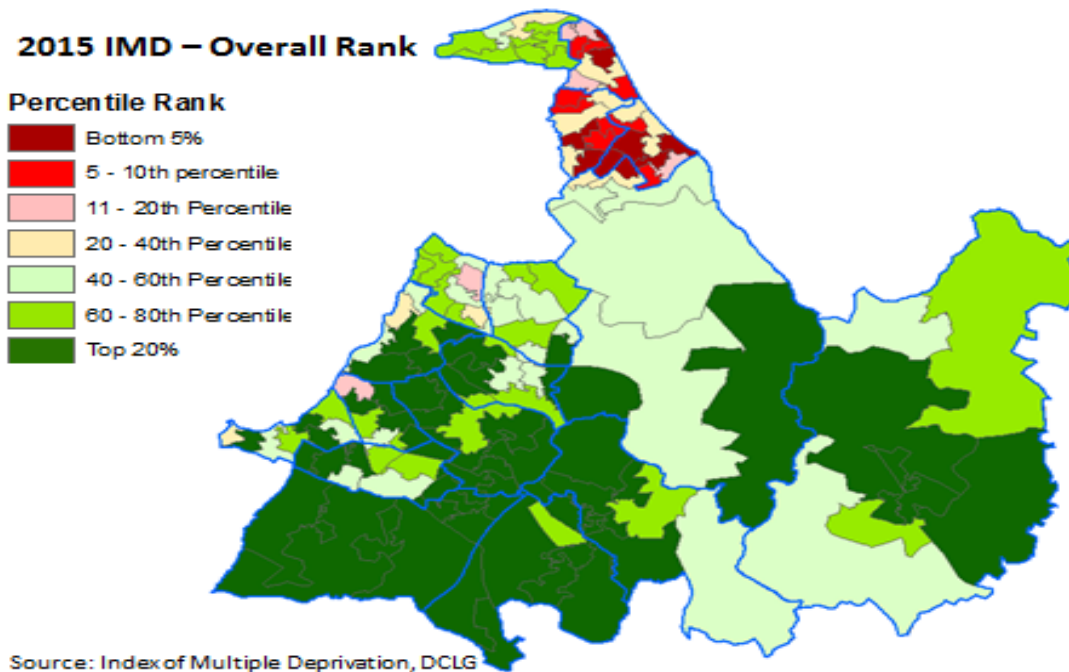
3.5 Domestic abuse by ward

Domestic abuse is not limited to certain areas or communities, it affects all walks of life. However a breakdown by ward of domestic abuse reported to the police shows that there are definite 'hot' and 'cold' spots for recorded domestic abuse. For example, there is a higher than average reporting of domestic abuse in Solihull's regeneration areas but lower than average in the more affluent areas. 35% of domestic abuse crimes recorded during 2014/15 happened in Chelmsley Wood or Smith's Wood.

Ward	Domestic Abuse Incidents per 1000 population 2014/15
Bickenhill & Marston Green	17
Blythe	7
Castle Bromwich	9
Chelmsley Wood	33
Dorridge & Hockley Heath	4
Kingshurst & Fordbridge	31
Knowle	5
Meriden	5
Smith's Wood	28
Elmdon	11
Lyndon	10
Olton	8
Shirley East	9
Shirley South	7
Shirley West	10

Silhill	8
St Alphege	4
Solihull Total	12

The BCS found an associated risk between poverty (not social class) and people living in poor households and financially insecure households and experiences of domestic abuse. Domestic abuse can lead to poverty as it makes it more difficult for the victim to hold down jobs and can increase ill health. In addition, unemployment and lack of economic resources may make it harder to leave an abusive relationship. We also know that overall there is a younger demographic in the regeneration areas which will affect the prevalence rates but some of the difference is likely to be linked to individual's help seeking behaviour and barriers. The table below provides an overview of Solihull's position in relation to deprivation:



Of the incidents recorded by the police 79% incidents occurred within the home. 94% of victims and 71% of offenders are recorded as living in Solihull; those that are outside of the borough are shown to primarily live in Birmingham East, particularly Shard End and Kitt's Green areas. The below map shows the areas within the Borough which had more than the average number of Domestic Abuse incidents during 2014/15.

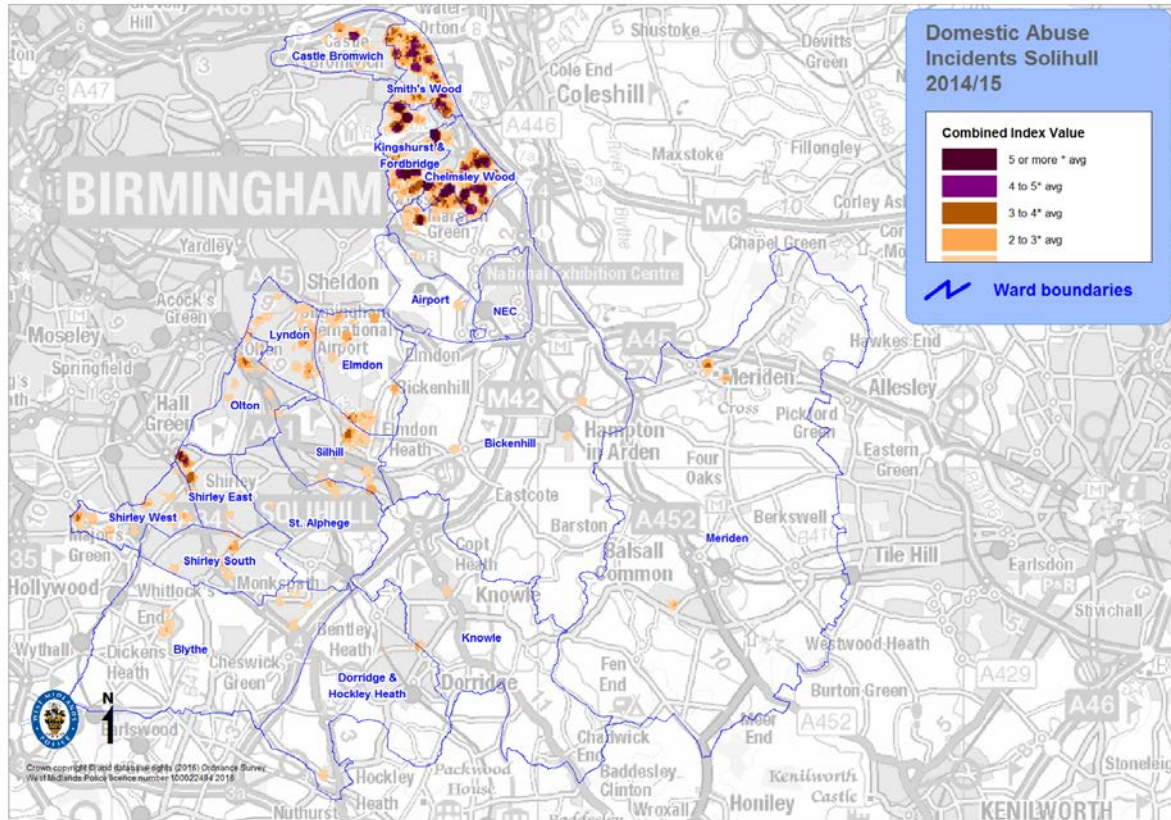


Table 5 is a simple analysis on the location of women by service type. Some women will have engaged with more than one agency, particularly the Police and IDVA (Independent Domestic Violence Advocate). There are two specific areas (Castle Bromwich and Olton) where women are actively engaging with specialist support and low police reporting in these areas suggest this is having a positive effect. On the other hand Smiths Wood is a 'hotspot' for police reports but with low engagement with the IDVA service. This intelligence will be used to allow for support to be targeted.

Table 5

	Police	IDVA	Floating Support	Community Outreach
Bickenhill	7%	2%	3%	3%
Blythe	3%	1%	0	0
Castle Bromwich	4%	5%	12%	10%
Chelmsley Wood	17%	44%	22%	25%
Dorridge & Hockley Heath	2%	2%	1%	2%

Elmdon	4%	5%	4%	5%
Kingshurst & Fordbridge	15%	8%	3%	9%
Knowle	2%	1%	1%	3%
Lyndon	7%	4%	9%	4%
Meriden	2%	1%	0	2%
Olton	4%	4%	9%	4%
Shirley	12%	10%	12%	9%
Silhill	5%	7%	3%	5%
Smiths Wood	15%	4%	9%	7%
St Alphege	3%	1%	2%	3%
Other/not known		4%	12%	8%

4 Domestic abuse and protected characteristics

4.1 Domestic Abuse and Gender

Both men and women experience domestic abuse but it impacts disproportionately on women. The vast majority of reported domestic abuse is perpetrated by men on women. The majority of those who use violence and other abusive behaviours to control and dominate in relationships are heterosexual men, last year 92% of those who are recorded as perpetrating domestic abuse were male. Research shows that men are more likely to inflict violence, threats, harassment and damage to property; and for their behaviour to control, create fear, be repetitive and escalating. In contrast, women were shown to be more verbally abusive, use some violence, to damage their own property and to use a weapon, although the weapon was often to protect themselves. Home office statistics (Homicides, Firearm Offences and Intimate Violence 2010/11) show that 48% of female homicides were committed by the woman's current or ex-partner, compared to 5% of men killed by current or ex-partners¹³. Both men and women experience domestic abuse but it poses a more serious risk to women. Where women are shown to use violence in intimate and family

¹³ Hester M, (2009) Who does what to whom? Gender and Domestic Violence Perpetrators, Violence Against Women research group, University of Bristol

relationships there are thought to be significant differences and these differences have to be accounted for when determining risk and interventions.

There is a challenge to balance targeting of services to those recognised most at risk (women) whilst not alienating males who are victims and face additional barriers precisely because domestic abuse is gendered. Ideas of masculinity are thought to make it harder for men to recognise, accept or disclose they are a victim of domestic abuse. Working with male victims is further complicated as it has been shown that a substantial number of male (primarily heterosexual) referrals involve counter-allegations where the boundaries between victim and perpetrator are blurred¹⁴. They warn of the dangers associated with incorrect identification of who is doing what to whom. If victims are incorrectly identified as perpetrators, for example, this decreases their access to protection and reduces their trust in agencies. If perpetrators are incorrectly identified as victims this allows them to continue to abuse with agencies colluding with them.

4.2 Domestic abuse and sexuality

There is limited research available to inform our understanding on the specific risks facing victims of domestic abuse who might also be experiencing discrimination based on their sexuality. Evidence suggests that lesbian and heterosexual women will experience domestic abuse in the same prevalence as heterosexual women¹⁵ and research suggests that heterosexual male victims of domestic abuse are at relatively lower risk compared with gay men¹⁶. One project found that 27% of referrals from gay men were repeats compared to only 4% from heterosexual men and a 1/3 of their respondents had experienced domestic abuse with the most common perpetrator being a partner or ex-partner. Less than one quarter of victims reported the abuse and 50% of those that did report the abuse did so to the police¹⁷. Lesbian, bisexual and gay people are reluctant to disclose abuse and seek help due to their fear of homophobia, threats of being 'outed' and fear of losing their children. Reports show that similar to heterosexual relationships there are often counter allegations which blur the boundaries between victim and perpetrator. This can be particularly dangerous for lesbian women where the perpetrator can gain access to refuge accommodation.

Stonewall LGB rights organisation say

'No one knows how many gay people there are in Britain. Due to the legacy of criminalisation and discrimination it is likely that many studies tend to underestimate numbers. However government actuaries estimate that 6% of the population, around 3.6 million people, are lesbian, gay or bisexual'

Solihull Local Authority predicts that between 1.2% and 1.8% of the local population are gay, lesbian or bisexual which equates to between 1,900 and 2,900 adults. Currently there are no specialist services for LGBT communities in the borough which limits opportunities to link in directly. There are services available in neighbouring regions and Broken Rainbow is a national organisation that provides confidential support to all members of the LGBT communities, their friends and agencies supporting them. However it is not clear if individual

¹⁴ Robinson & Rowlands, (2006) The Dyn Project, Supporting Men Experiencing Abuse, Cardiff University

¹⁵ Donovan et al (2006), Comparing Domestic abuse in same sex and heterosexual relationships. ESRC report

¹⁶ Brighton University (2009), Count me in too project

¹⁷ Brighton University (2009), Count me in too project

from Solihull would be eligible to access neighbouring services, and arrangements may need be considered to facilitate this. More services exist for women, but lesbian and bisexual women have said they are unsure about what support is available and felt that agencies assumed that the perpetrator was male and feared being stigmatised and judged¹⁸.

Awareness training on domestic abuse needs to include reference to the diversity of LGBT communities, the barriers they face and the impact. Monitoring information related to sexuality needs improving and consideration given to how underreporting can be addressed and awareness of neighbouring services promoted.

4.3 Domestic abuse and Parenting

Domestic abuse may impact on a mother's parenting. Degrading, belittling and abusing her can weaken her self esteem and confidence and the abusers criticism can be internalised and make her question her parenting ability. Abusive partners, including fathers, may try to disrupt the mother-child relationship, through questioning her authority and drawing the child in as an ally in the abuse (Humphreys et al 2008).

The Sure Start programme impact study in England found a strong correlation between domestic abuse and 'home chaos and mother's malaise' (Ball and Niven 2006), other studies have drawn attention to the impact of domestic abuse related sleep disruption on parenting as well as efforts to protect children by placating perpetrators.(Humphreys et al, 2009) However, mothers commonly describe making conscious efforts to protect their children and their parenting from the effects of domestic abuse, even if they struggle to achieve it (Lapierre 2010). Whilst some mothers' parenting appears to be adversely affected by domestic abuse, there is evidence that their parenting can recover once they are safe, particularly where their lack of social support is addressed (Stanley 2011).

'Safe and Together' is a model of working that is child centred and based on recognising victims strengths and putting a focus on how perpetrators behaviour is creating harm or risk of harm to children. The model ensures that fathers who are perpetrators are held to the same standard of parenting expectations as mothers. Setting high standards for fathers, helps children because it guarantees a more comprehensive risk assessment, safety and protective factors¹⁹for child based services. It aims to shift the focus to a perpetrators parenting. Research focusing on perpetrator's parenting is limited, despite the fact that domestic abuse perpetrated by a parent is a significant indicator of failed and dangerous parenting. There is some limited research which indicates that perpetrator's parenting is more punitive. Moreover, perpetrators frequently struggle to acknowledge the impact of their violence and abuse on children. (Stanley, 2011)

In 2016 a twelve week mother/child programme for mothers children and young people who have experienced domestic abuse will be delivered as part of our Early Help offer and will provide a community based setting for them to share and talk about their experience. The programme will validate the child's experience and help with appropriate and inappropriate

¹⁸ Home Office, *VAWG Strategy Equalities Impact Assessment*,

<http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-eia?view=Binary>

¹⁹ Mandel D, Safe and Together, Ending Violence, <http://endingviolence.com/our-programs/safe-together/safe-together-overview/>

emotions; mothers are helped to understand how the abuse has impacted on the child. Positioning the service in Early Help increases sustainability and will improve the knowledge and skills of the team.

4.4 Domestic abuse and Disability

Women's Aid²⁰ research reveals that people with disabilities are more vulnerable to domestic abuse and often face additional difficulties in attempting to access support. Disabled women are twice as likely to have experienced domestic abuse as non-disabled women. Both men and women with limiting illness or disabilities are more likely to experience partner abuse and are thought to endure it for longer because appropriate support is often not available, they are dependent on their abuser for care, are often isolated and can face difficulty financing and obtaining adaptive equipment. In addition, cognitive impairments can make it difficult to recognise abuse and seek help. Abusers often use forms of abuse which exploit a victim's impairment or condition which compounds their experience. Evidence also shows disability (and learning difficulties) may be a contributing factor to forced marriage.

A higher proportion of females in Solihull are recorded as suffering from a long term illness and/or disability (6.7% compared to 5.9%) and unsurprisingly those who describe themselves as having a long term illness or disability rise with age (from 0.6% of 0-15 year olds to 14.3% of those aged 65+). Adult safeguarding data available for 2015/16 shows that domestic abuse is either identified or suggested in 20% of all enquires. Domestic abuse is either identified or suggested in 32% of enquires related to a person with a physical disability and 15% for those with a learning disability. The majority of enquires which factored domestic abuse for physical disability relate to females but there was no differentiation between gender for those with a learning disability. The data shows that there is a weakness around either the victim identifying the behaviours as domestic abuse and/or staff recognising domestic abuse.

The Safeguarding Adults Multi agency policy and procedures contain substantial information to support good practice and domestic abuse is a key theme in the 2015/16 training programme. The local refuge is fully compliant with the DDA (Disability Discrimination Act) but this will not always be available or safe for Solihull residents. The floating support service is a flexible model and is designed to deliver support that is tailored to individual need and in 2014/15, 21% of women who engaged with the floating support service self defined as having a disability, which is a 3% increase on the previous year.

The inclusion of domestic abuse in the Care Act 2014 is driving positive change, for example; Solihull Safeguarding Adults Prevention and Early Intervention strategy contains a tactic to improve identification of vulnerability factors and potential risks and multi agency safeguarding training aims to improve understanding of domestic abuse and circumstances when this overlaps with safeguarding.

²⁰ Women's Aid Federation England (2008), Making the links – disabled women and domestic violence

4.5 Domestic abuse and Ethnicity

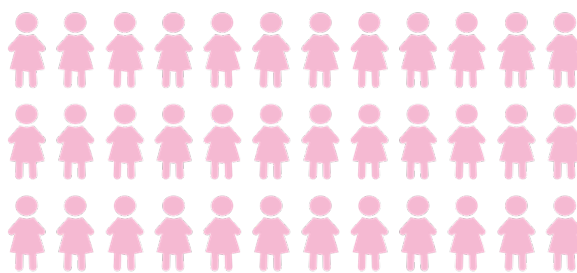
Domestic abuse affects women from all ethnic groups but women from BAME communities may face additional risks as part of their experience of abuse. For example, domestic abuse may also be perpetrated by extended family members such as parents or parents-in-law, rather than – or as well as – a partner or husband. Women from BAME communities may be more isolated, speak little or no English and fear repercussions from the family and wider community if they disclose abuse. Inappropriate responses and racism from mainstream agencies are all factors that make it more difficult for BAME women and children to disclose domestic abuse and access support.

Solihull is in the midst of a dynamic change in terms of the borough's ethnic composition, 85.8% (177,248) of Solihull residents describe their ethnic group as white British, compared with the England average of 79.8%. 22,430 (10.9%) of Solihull residents come from a Black or Asian Minority Ethnic (BAME) group. The concentration of BAME residents in Solihull is higher among younger age groups; 17.4% of the population aged 0-15 years are from a BAME group, 11.3% of the working age population and just 3.0% of the retirement age population. The 2011 census also shows that the urban west of the borough has the highest concentration of BAME residents in the borough - Silhill (17.2% of total population), Shirley East (16.9%) and Olton (15.7%). The rural wards of Dorridge & Hockley Heath, Knowle and Meriden (all 4.8%) have the smallest BAME populations in the borough. There are 1,150 households (1.3%) in Solihull where no people in the household have English as their main language. A further 2,057 (2.4%) households have at least some people in the household who do not have English as their main language.

According to police data in 2014/15 victims are most likely to be White Skinned European Females (81.6%), the second and third victim groups are Asian Females accounting for 7.1% and African Caribbean Females accounting for 5.7%. Only 4.6% of cases managed by MARAC were from a BAME community, which is 3.5% down on 2013/14. Ethnicity data provided by BSWA (Birmingham Solihull Women's Aid) shows 18.5% of service users are from BAME backgrounds, accounting for 55% of those accommodated in the refuge, 10% supported by the IDVA, 11% receiving floating support and 28% accessing community support. In addition Ashram is funded to provide generic support to BAME groups and have the skills and capacity to work with victims of domestic abuse.

4.6 Female Genital Mutilation

It is a practice that takes place worldwide in at least 28 African countries and in parts of the Middle and Far East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities. UK communities that are at risk of FGM include Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian women and girls. It is thought to be more accurate to view FGM as being practiced by specific ethnic groups in all parts of the world.



FGM is a hidden crime, so we don't know exactly how common it is. An estimated 137,000 women and girls with FGM, born in countries where FGM is practiced, were permanently resident in England and Wales in 2011. This represented a prevalence rate of 4.8 per 1,000 population 103,000 women aged 15-49 with FGM born in countries in which it is practiced were living in England and Wales in 2011, compared with the estimated 66,000 in 2001.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. Section 5B of the 2003 Act, introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onwards²¹.

New prevalence data released²² shows that:

- women who have undergone FGM do not only live in urban centers in England and Wales: while many affected women live in large cities where migrant populations tend to be clustered, others are scattered in rural areas
- no local authority area is likely to be free from FGM entirely: in many areas, the estimated prevalence is low, but there are still some women who may be affected by FGM
- London has the highest prevalence rate in England and Wales with an estimated 2.1% of women affected by FGM
- outside London, highest estimates were for Manchester, Slough, Bristol, Leicester and Birmingham
- From Public Health data published December 2015²³ there were 1,385 newly recorded cases of FGM reported, with 1,641 total attendances where FGM was identified or a procedure for FGM was undertaken

4.7 Forced Marriage

Forced marriage was often conceptualised as primarily affecting South Asian communities, but research²⁴ indicates that it is an issue in a wide range of religious and other communities outside the South Asian diaspora. These include orthodox/fundamental religious communities within the UK such as Irish Traveller women, Armenian, Turkish, some

²¹ Source: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

²² July 2015, No Local authority in England and Wales free from FGM, Trust for London

²³ Source: <http://www.hscic.gov.uk/article/2021/Website-Search?productid=19408&q=Female+genital+mutilation+figures&sort=Relevance&size=10&page=1&area=both#top>

²⁴ Hester M et al, 2007, Forced marriage: the risk factors and the effect of raising the minimum age for a sponsor, and of leave to enter the UK as a spouse or fiancé(e)

mainland Chinese communities, Eastern European communities. African communities include Eritrea, Sudan, Sierra Leone, Mozambique and African Caribbean communities.

Routes into forced marriage differ between the communities. Poverty is primarily a factor in African communities and control over sexuality in South Asian, Middle Eastern, Chinese and African communities.

Factors perceived to increase the risk of forced marriage:

- Mental ill health of an individual
- Death of a parent
- Unsuitable sexual behaviour
- Attempts to bypass immigration and asylum rules
- No recourse to public funds

Factors perceived to decrease the risk of forced marriage:

- Better support to victims (at home and overseas)
- Community awareness and education initiatives
- Community development with parents and young people and awareness amongst practitioners, young people, communities
- Improve access for victims to generic and specialist services

4.8 Honour Based Violence

In 2014/15 the police recorded 6 incidents as Honour Based Violence in the borough. Women who have been taken overseas to be married against their will are now being rescued on an almost daily basis. In an attempt to crack down on the crimes being committed in the name of 'honour' West Midlands Police have introduced a training package that will give all officers instructions on handling Honour cases and a number of training events for professionals have taken place across the region.

In 2012, Bradford recorded a total of 250 girls aged between 13 and 16 that were taken off the school rolls because they failed to return from trips abroad. Campaigners suspect many were victims of forced marriage and Home Office figures show that 15% of identified cases last year involved men and boys. Last year there was 1 incident in Solihull recorded by the Police as a Forced Marriage issue and this was a victim who was escaping from another area within the UK.

Solihull is home to Birmingham International Airport and as such has a role to play in identifying potential victims of Human Trafficking, Forced Marriage and Female Genital Mutilation. A new team has been set up²⁵, led by Border Force Officers, to collect intelligence, disrupt activity and to ensure victims of human trafficking are safeguarded.

²⁵ Source: <http://www.birminghammail.co.uk/news/midlands-news/birmingham-airport-taskforce-launched-catch-8011862>

Airport Police Officers specifically receive information about people arriving or leaving the country who may be subject to Forced Marriage.

It would appear from the data that BAME groups are over-represented as victims but the levels of engagement with services in relation to domestic abuse are also high. Young people are over-represented in BAME communities. Local data shows that language should not be a significant barrier to accessing services but there is limited information available around level of need. For the past three years WM Police have ran Operation Sentinel as a programme targeted at crimes against vulnerable persons, FGM, Forced Marriage and Honour Based Violence have been a central element in the programme.

Solihull demographics suggest that predicted levels for the prevalence of cultural associated abuse are low, however that does not mean it does not happen. We need to ensure agencies, particularly health and education sectors, are equipped to identify and respond to Forced Marriage, Honour Based Violence and Female Genital Mutilation.

5 Domestic abuse and other factors

5.1 Adolescent and Child to Parent Violence

Children who abuse a parent fall broadly into two categories – adolescents who are abusing their parent(s) and adult children who are abusing their elderly parent(s). The Care Act 2014 will be instrumental in promoting awareness and best practice responses to:

- An older person with care and support needs being abused or neglected by older children.
- A carer abused by an adult child with care and support needs (e.g. learning disabilities)
- An adult with care and support needs themselves (perhaps a physical disability) being abused or neglected by a child for whom they still have responsibilities or who remains in contact.

However adolescent to parent violence (APV) is rarely formally acknowledged and recent research²⁶ found that current responses are inadequate. Adolescent to parent violence is likely to involve a pattern of behaviour; this can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property, stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APV, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Practitioners may be required to respond to a single incident of APV, but need to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent. Adolescent to parent violence poses significant challenges to parents as it inverts traditional familial relationships of power and

²⁶ Condry (2013), Adolescent to Parent Violence, University of Oxford,

control. In addition to living in fear of assault, parents who are abused by their children report feelings of shame and blame and are reluctant to report the problem out of a fear of the consequences for their child.

Many consider APV to be the result of bad parenting, neglect or the child suffering themselves, but many abusers have had normal upbringing. Some reasons for parental abuse are (Marin 2010):

- Family breakdown
- Poor or non-existent relationships with an absent parent
- Aggressive behavioural tendencies, including frustration or inability to deal with problems
- Witnessing similar behaviors at home
- Lack of consequences for bad behaviour
- Drugs and alcohol misuse both parental and/or by the child
- Gang culture
- Poor role models
- Not being able to properly deal with a disabled or mentally ill parent(s)
- Revenge of punishment for something the parents did or did not do
- Mental illness

The lack of reporting of APV makes it difficult to determine the extent, but the evidence available suggests it is a significant problem. In 2010, a survey undertaken by Parentline revealed that their helpline received 22,537 calls over a two year period from parents who disclosed abuse by their children. Condry found almost 1900 cases of APV recorded as offences in the Metropolitan Police area in a one year period. During 2014/15 54% of the recorded Domestic Abuse incidents were marked as Partner on Partner violence which means that almost half of the incidents recorded as domestic abuse are either sibling violence or violence against a parent. A project in Oxfordshire (Adolescent to Parent Violence) found that 10% of young people supervised by the Youth Justice Service had committed a crime in the home, against the family. There is a link to children who going missing from home, as it can be a tactic used to worry parents and a correlation to households where domestic abuse between adult parents is an issue. Studies show that males are more likely to inflict physical abuse and females are more likely to inflict emotional abuse²⁷

The problem of APV poses a number of challenges to the families experiencing it and practitioners who come across it in their work with families. Parents do not know where to go for help and often find that there is simply no appropriate support available in their area. Practitioners across a range of support services may be willing to support families but do not know how to meet their needs and struggle to find information about existing programmes and examples of best practice. Interventions that focus on restoring healthy relationships in the family are the most effective response. 'Holes in the Wall'²⁸ undertook a mapping of services that can provide interventions and found that domestic abuse agencies and youth services were currently the largest responding agencies. Adolescent to parent abuse is of particular interest in Solihull as it is emerging as a factor in two on-going

²⁷ 'world report on violence and health, (PDF) summary, World Health Organisation (2002). Retrieved 10th December 2015.

²⁸ www.holeinthewall.co.uk (accessed January 2016)

homicide reviews. There are no specialist services in the West Midlands region delivering APV programmes and no clarity about our ability to identify and manage this type of abuse.

5.2 Domestic abuse and Children and Young People

Domestic abuse has a significant impact on children and young people. Since 2005, children living in households where domestic abuse is happening are identified as ‘at risk’ under the Adoption and Children’s Act 2002. Section 120 of this Act extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others. In relationships where there is domestic abuse, children are thought to witness about three-quarters of the abusive incidents, about half the children have been badly hit or beaten and they are all at risk of sexual and emotional abuse. Domestic abuse is identified as a factor in two thirds of cases where children have been killed or seriously injured²⁹. One in seven children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood³⁰. According to the NSPCC formula it is estimated that that 820 children aged under 11 years and 480 children aged 11 to 17 years are exposed to domestic abuse annually in Solihull.

Children and young people experience domestic abuse both directly and indirectly and the impact of this can be significant in terms of their emotional, behavioural, cognitive and physical well-being. Although not all children will be affected in the same way, living with domestic abuse can seriously affect children’s healthy development, relationships, behaviour and emotional well-being. Studies have found that children living with domestic abuse may use alcohol or drugs as a way of coping with their fear, anxiety and depression. Their experiences can impact on their educational attainment; having problems with memory, attention, language skills and a lower IQ score. The World Health Organisation (WHO) found that children exposed to domestic abuse are four times more likely to become abusive in their own adult relationships. Whilst it is easy to see that some children may normalise and internalise behaviours they also have individual reactions, their own views and interpretations of the abuse they are living with and their own responses to ‘survival in adversity’. It is important to avoid assumptions of ‘cycles of abuse’ which predict that children will grow up to be a victim or abuser. Local data indicates that those young people known to have been sexually exploited, a large proportion have lived with domestic abuse.

Solihull’s estimated prevalence for children and young people exposed to domestic violence between adults in their homes are presented in the table below:

	Under 11’s	11-17’s
Lifetime exposure	3078 (12%)	3365(17.5%)
Exposure in the past year	820 (3.25)	480 (2.5%)

The higher past year rates under 11’s may reflect the greater degree of risk of domestic abuse associated with younger parents. Alternatively, it could reflect a greater likelihood of mothers to report violence they have experienced in the past year. Further research is

²⁹ The Protection of Children in England: A Progress Report: Lord Laming 2009

³⁰ Radford et al (2011) This figure refers to UK average

needed to understand associations between parent age, parent gender, family structure, age of youngest child, family income and ethnicity factors.

Solihull's ability to collate information related to domestic abuse and children has improved considerably since our previous needs assessment. In 2014/15, domestic abuse was identified as a factor in 35% (629) of social work assessments, which is a 5% increase on the previous year. At the moment we are unable to collate information on how many of these children progress to Child in Need of Child Protection status.

Both Laming and Munro found limited evidence of support being provided to children whose mothers were experiencing domestic abuse below the 'high risk' threshold. Solihull's Triage system provides an opportunity to meet this need. In 2014/15, 1608 children, representing 933 families were discussed. The process has supported targeting of families identified as at risk and allowed for a proportionate response to cases assessed at level 1- 2 to be provided by a professional who has contact with the family. In 2014/15, 85 cases were increased to level 3, this is a positive indicator that the process of sharing information is used to support targeting of families for the purpose of reducing escalation and harm. Solihull has recently introduced a multi agency safeguarding hub (MASH) and an Early Help model. Management of domestic abuse has featured in the planning of both systems and will be part of evaluation. The offer to children and young people affected by domestic abuse has improved in recent years. Appendix 1 provides an overview of provision.

There is a recognition that victims are at high risk after separating from a domestic abuse relationship. However there is less thought given to the risk that children face on separation. In England, 90% of children live with their mother after separation, but the majority continues to have regular contact with the other parent (dad). Most parents (85%) organise contact themselves and more than half of women who experience domestic abuse want to maintain their children's contact with their father but find that their ex-partner uses contact to continue their violence and abuse which is harmful to children³¹. The BCS found that 29% of women who had continued to see their perpetrator because of child contact had been threatened, 13% abused in some way and 3% of children were threatened or harmed. There is little local data to inform how post-separation contact impacts on children and services and this is an area that is worth further investigation as it is thought that a high number of police call outs and cases referred to triage may be as a result of 'contact conflict'.

5.3 Domestic abuse and Teenagers

Domestic abuse in teenage relationships is very common. Several studies on young people's attitudes towards domestic abuse in relationships have been carried out over the past few years with Barter et al³²(2009) concluding that domestic abuse in young people's intimate relationships should be viewed as a significant child-welfare problem. They found that similar to adults, gender was a central issue. Girls, compared to boys, reported greater incidence rates for all forms of abuse. Girls also experienced abuse more frequently and described a greater level of negative impacts on their welfare. The research also found that younger participants (aged 13 to 15 years old) were as likely as older adolescents (aged 16 and over) to experience particular forms of abuse. 25% of girls and 18% of boys reported experiencing some form of physical partner violence and 75% of girls and 50% of boys

³¹ C Smart, B Neale & A Wade (2001) The changing Experience of Childhood, Families & Divorce

³² Partner exploitation & violence in teenage intimate relationships, Barter et al, 2009

reported experiencing emotional abuse. The study found girls reporting worrying levels of coercive control specifically over where they could go, whom they could see or what they could do. Many girls were under constant surveillance through the use of online technologies, mobile phones and text messaging which led to isolation from their peer groups.

There is a correlation between a reduction of patriarchal attitudes and a reduction in the extent to which men use abusive behaviours against their partners. Promoting equality in relationships is important across the board and is a vital element in prevention work. 71% of Solihull schools with secondary aged young people have embedded a 'Healthy and Safe Relationships' unit of learning as part of their PHSE curriculum. Incorporating it into the planned curriculum means that it is sustained learning that is re-visited and developed rather than a 'one off' delivery. Associated factors, both for experiencing and instigating teenage partner abuse, include previous experiences of child maltreatment, domestic abuse in the family and aggressive peer networks. For girls, having an older partner, and especially a "much older" partner, was associated with the highest levels of victimisation. In 2012/13 Solihull managed 27 cases of child sex exploitation and 18 of these involved exposure to domestic abuse.

In 2014/15 Solihull funded a one year post dedicated to raising the profile of domestic abuse within young people's intimate relationships. Best practice was shared with frontline practitioners to increase their understanding of domestic abuse amongst young people and to support them in responding. Birmingham and Solihull Women's Aid provide a dedicated Young Persons Advocate to provide one to one support for young women who are affected, however this is time limited.

5.4 Domestic abuse and Older People

Assumptions about age can mean that when older people are seen to be injured, unhappy, depressed or have other difficulties, these are presumed to be the result of health or social care needs³³. This can mean that signs of domestic abuse are missed. Women's Aid found that older people are rarely screened for domestic abuse with professionals viewing injuries as likely to be age-related and older men as incapable of being a serious threat. Older people may also think that services are only for younger women or only for women with children, and fear disbelief if they seek help. Some accounts have distinguished different categories of domestic abuse against the elderly³⁴.

- Domestic abuse grown old is when domestic abuse started earlier in life and persists into old age: "a continuation of longstanding abuse or resentment".
- Some older people enter into abusive relationships late in life, the perpetrators being new spouses or intimate partners.
- Late onset domestic abuse begins in old age. There may have been a strained relationship or emotional abuse earlier that got worse as the partners aged.

³³ ADASS, 2015, Adult Safeguarding and domestic abuse, 2nd Edition

³⁴ For example, see article National Committee for the Prevention of Elder Abuse (1999) 'Domestic Violence' <http://www.preventelderabuse.org/elderabuse/domestic.html>

When abuse begins or is exacerbated in old age, it is likely to be linked to one or more of the following:

- Retirement
- Disability
- Changing roles of family members
- Sexual changes

Research does not support the myth of the 'stressed care-giver' as the predominant explanation for abuse³⁵. Sometimes the abuser may be an adult child – some research suggests up to 25% of cases where older women are abused³⁶. Financial abuse is a common factor, particularly when an adult child is the abuser, and abusive adult children may be financially dependent on their mothers, this makes it harder for them to speak out. If the abuse has been long-standing, the choices and options available to a woman may be more limited than they are for young women.

Some recent research on violence against the over 65's in Solihull undertaken between November 14 and October 15 showed that of the 44 violent crimes (recorded under HOMICIDE 008) against an over 65, the main the violence was by a partner who has dementia. There had been 67 domestic abuse non crime incidents against over 65's, between November 14 and October 15 and 30 were recorded as alcohol related. however in the main it was due to their children, grandchildren or son-in-law who attend the victims address drunk and/or who are described as an alcoholic and are aggressive to the over 65 victim (both male and female) and the victim was calling the police to ask them to be removed from the home.

Solihull has an aging population and scrutiny of 2015/16 adult safeguarding data shows that domestic abuse is identified or suggested as a factor in 42% of enquires. Women are shown to be four times more likely to be the victim than men. The Care Act 2014 formally recognises domestic abuse as a type of abuse which strengthens the overlap between safeguarding and domestic abuse. Domestic abuse is a priority for the Safer Solihull Adults Board and will be a thread running through 2015/16 training with the objective of improving recognition and understanding and increasing practitioner's knowledge and confidence to make sure that those affected receive the best support, advice and options.

Solihull has limited data on the prevalence, experience and needs of older people experiencing domestic abuse outside of safeguarding, and there is no information available from statutory services or other agencies about how the presence of domestic abuse impacts on generic services that support older people.

5.5 Domestic abuse and Pregnancy

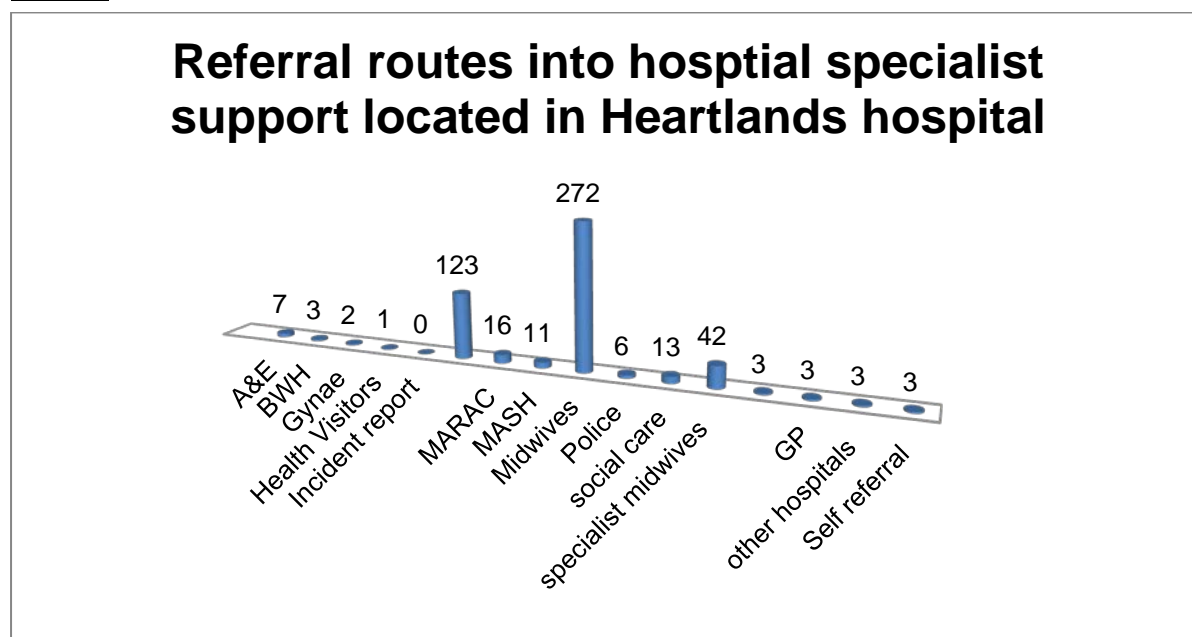
Domestic abuse can start or get worse during pregnancy, which brings an increased risk of miscarriage, still or premature birth, foetal brain injury and fractures. In Solihull information about domestic abuse services are passed to all women who attend maternity services

³⁵ Bergeron L (2001) An Elder Abuse Case Study: Caregiver Stress or Domestic Violence, You Decide, Journal of Gerontological Social Work, Vol 34

³⁶ Battered. Torn, But Not Broken: For Many Older Women Love Hurts available at <http://www.jsonline.com/lifestyle/people/jul02/56906.asp> (accessed January 2016)

within Heart of England Hospitals and midwives routinely 'positively screen' expectant women by asking about domestic abuse twice during antenatal appointments and once post natal. Health visitors positively screen for domestic abuse during visits to the home. There is access to three specialist support sessions at Heartlands hospital each week and a snapshot analysis of two reporting periods in 2014 and 2015 shows that midwives are the predominant agency referring women to access the service and this is expected to be correlated to positive screening and fits with studies which show that victims are sometimes waiting to be asked (see table 6)

Table 6



The potential links between teenage pregnancy and abuse were highlighted in the public consultation on the 'Teenage Pregnancy Strategy (DCSF 2010)', '2010 and Beyond' and the 'NHS Taskforce on Violence against Women and Girls' included teenage pregnancy as one of the many impacts of abuse. The Sure Start Plus national evaluation found 14% of teenager mums experienced domestic abuse during their current pregnancy. The NSPCC study on teenage relationships found³⁷:

- One in three young mothers reported experiencing physical violence from their current partner
- Two thirds had experienced physical violence in at least one of their relationships
- Two in three reported sexual pressure or force in at least one of their relationships
- Nearly all had experienced controlling behaviour, often directly associated with their pregnancy and motherhood. Many stated that the control and violence increased once they were pregnant or when the baby was born

This information is particularly helpful as it can inform agencies working with teenage mums to consider their vulnerability.

³⁷ Standing on my own two feet: disadvantaged teenagers, intimate partner violence & coercive control, NSPCC, 2011

5.6 Domestic abuse and mental health (including depression, self-harm and suicide)

Women who have experienced domestic abuse are significantly more likely to experience depression, anxiety, despair, trauma symptoms, self-harm and suicide and be service users of mental health services (Department of Health, 2000). Nationally 40% of victims of domestic abuse report problems with their mental health. In 2015, 49% of new contacts to domestic abuse specialist services disclosed mental health problems; this is 4% up on the year before. Women who engage with community based support are disclosing slightly lower levels of mental health. However, 65% of those accommodated in the refuge disclosed poor mental health and a significant number of residents mental health issues have been at worryingly high levels which has a direct impact on how the refuge operates and the associated costs to provide the additional resources needed to support women with complex needs.

Nationally one third of woman attending emergency departments for self harm and 50-60% of women users of mental health services have been identified as having experienced domestic abuse. Mental health factors such as depression and dementia have been found to increase the risk of abuse within a care giving relationship and the prevalence of domestic abuse of older adults suffering from dementia range from 5.4% to 11.9%.

5.7 Domestic abuse and substance misuse (including drugs and alcohol)

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

Where domestic abuse and substance misuse co-exist, it does increase risk. A number of studies have found that alcohol or drugs are dis-inhibiting factors which can increase the likelihood or severity of physical assaults (Finney 2004; Budd 2003; Brecklin 2002). Indeed substance misuse is consistently identified as increasing the threat of serious harm in risk assessment models for domestic abuse, including DASH. Alcohol abuse is both more common than drug abuse and more closely associated with domestic abuse. 63 per cent of men attending perpetrator programmes reported the dual issues of substance use and domestic abuse (Humphreys 2005).

Substance misuse is more likely among women experiencing domestic abuse. No evidence exists to suggest a direct causal relationship between the two, but some women may misuse substances as a way of coping or be introduced to substances as a means of control by the perpetrator. Alcohol gives perpetrators an excuse for being abusive; but research shows that 'most women report that their partners are also abusive when sober'. Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol and those who report domestic abuse are up to nine times more likely to misuse drugs (including prescription drugs) than other women (Barron 2004). 13% of women who engaged with specialist domestic abuse services in Solihull last year disclosed issues with substance misuse

In 2006 a joint University of Bristol and Home Office study found that perpetrators approach GPs, drug or alcohol services and other health agencies to seek help with their offending behaviour. The study found that, out of 45 men attending perpetrator programmes interviewed about which agencies they were in contact with, 32 men stated that they had been to their GP for help to tackle their violence prior to beginning the perpetrator programme, while 5 had approached alcohol services, and 4 drug services³⁸

The connections between domestic abuse and alcohol/drug misuse have important implications for service provision. There is evidence that domestic abuse issues may be overlooked by drug and alcohol treatment services. Few perpetrator programmes or services for victims address substance use systematically. Similarly drug or alcohol services which respond to domestic abuse issues for either perpetrators or victims. In the process of referral or support, one or the other issues becomes lost³⁹. Treating alcohol or drug misuse alone will not solve the problem of domestic abuse but by strengthening the links between these issues and professionals understanding will support partnership work, improve our response and reduce the associated risks. Similar to other areas, complex need is a factor in both serious case and domestic homicide reviews undertaken in Solihull and is thought to be a contributory factor in cases that are repeatedly referred to MARAC (multi agency risk assessment conference). As a consequence complex need is a primary focus in all upcoming multi agency training during 2015/16.

Middlesex University⁴⁰ analysed 13 regional Domestic Homicide Reviews to identify common themes and found that in a number of cases, the victim and/or the perpetrator had complex needs such as alcohol abuse, substance misuse and mental health, as well as involvement in domestic abuse. It was found that agencies were generally working in silos and focused on addressing one need and missing the others. Mental health is specifically highlighted as a key area for health and social care workers to consider, recommending that risk assessments are on-going with collaborative safety planning as a priority.

5.8 Domestic abuse and Homelessness

Domestic abuse is a significant cause of homelessness in Solihull. Data from April –Dec 2015 shows that domestic abuse was the reason for homelessness amongst 25% (77 cases) of accepted cases. The table below shows that since 2014, domestic abuse ranks the top reason for homelessness.

Homelessness in Solihull due to Domestic Violence					
Year	Number of homeless acceptances	DV is main Cause of Homelessness (breakdown of r/ship with partner – violence)	% of Homeless Acceptances due to DV	Rank (in terms of main reason for homelessness)	Violence (breakdown of r/ship with associated person, racially motivated & other) % of

³⁸ House of Commons Home Affairs Committee, Domestic Violence, Forced Marriage and —Honour -Based Violence, Sixth Report of Session 2007–08’ <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmhaff/1165/116502.htm>

³⁹ Domestic Violence and Substance Use: Tackling Complexity’, Humphreys C, Regan L, River D & Thiara K (2005), in British Journal of Social Work, Vol 35 No 8, pp 1303-20.

⁴⁰ Neville & Sanders-McDonagh (2014), Preventing Domestic Violence and Abuse: Common themes and lessons learnt from West Midlands DHR’s, Middlesex University, London

					acceptances
2015/16 (Oct – Dec 15)	313	77	25%	1 st	3%
2014/15	599	131	22%	1 st	7%
2013/14	510	91	18%	3 rd	5%
2012/13	409	78	19%	3 rd	3%
2011/12	330	59	18%	3 rd	5%
2010/11	311	83	27%	1 st (joint)	2%
2009/10	256	65	25%	1 st	4%
2008/09	263	67	25%	2 nd	/
2007/08	283	61	21%	2 nd	/
2006/07	314	57	18%	2 nd	/
2005/06	583	91	16%	2 nd	/
2004/05	774	125	16%	2 nd	/
2003/04	820	143	17%	2 nd	/

It should be noted that this is not considered to reflect the total number of individuals who lost their home through domestic abuse, as some people do not approach the council and others will have been helped to find alternative accommodation before having to apply as homeless. Fear of losing their home can trap women in abusive relationships.

In 2015, Solihull were successful in being awarded central government funding to set up a one year pilot project that provided dedicated specialist support to women and children living in temporary accommodation as a consequence of domestic abuse. This has provided an invaluable support service to those who would have been unlikely to access specialist support through alternative routes and recognises that leaving an abusive relationship is a particularly dangerous time for women. Moving forward there is commitment to ensuring those in temporary accommodation will continue to remain a priority to ensure reduced repeat homelessness and tenancy sustainment and Solihull Community Housing will focus on identifying abuse earlier, responding appropriately and developing processes that support early intervention such as increased use of civil orders to remove the perpetrator from the home.

Solihull 11 bedded refuge unit is used as a first point of emergency accommodation and in 2014/15, 41 women and 46 children were accommodated in the refuge. Fewer families were accommodated this year primarily due to difficulties in securing suitable move-on accommodation for a number of larger families. Most families were accommodated for less than six months. 80 requests for accommodation were refused due to being full and this did not include women who were accessing specialist support locally and needed refuge. The recommended level of provision for our area is 20 units, and this means that we generally have an average of 13 families in other temporary accommodation due to domestic abuse. Consideration has been given to expanding refuge provision but this is not currently sustainable due to financial restraints and the additional pressure it would place on providing long term accommodation.

Solihull has re-introduced a scheme which helps victims of domestic abuse improve the security of their home as an intervention to support more women to remain in their home. The basic package is primarily target hardening but this can and has been expanded to meet the needs of individual cases. In 2014/15 there were 29 referrals into the scheme and 24 successful installations. Early findings show a small decrease in homelessness

applications but we are unable at this time to assess how much if any of this is attributable to improved access to support and the target hardening scheme.

5.9 Domestic abuse and migrants with no recourse to public funds (NRPF)

The UK Border Agency provides migrants who are victims of domestic abuse with information on how to apply for permission to settle permanently in the UK (indefinite leave to remain). It provides contact details for those who need to access public funds, and signposts to other organisations offering support and advice. It also provides a confidential service that protects the identity of enquirers and their children, and moves them to different accommodation.

The Destitution Domestic Violence (DDV) concession aims to protect those eligible under the DDV concession who are victims of domestic abuse, by allowing them to notify the UK Border Agency that they need to access public funds while they make a claim for indefinite leave to remain as a victim of domestic violence.

A recent case study from a local service user highlighted how her status bound her to the relationship and the difficulties she faced with agencies refusing to accept the responsibility of the costs of her emergency accommodation and living expenses. A customer journey that sets out the service offer for women with NRPF needs to be developed to help identify the key needs and how they can be addressed.

6 Responding to Domestic Abuse in Solihull

6.1 Prevention

Solihull recognises the benefits in prevention work but it is difficult to judge the balance of investment between dealing with high risk cases and prevention and early intervention; when domestic abuse is happening and needs a response. Solihull's service model is still heavily weighted towards the provision of reactive services and investment and commitment is required to build capacity around early intervention and prevention work. The risk of domestic abuse is increased by marital dependency and lack of economic resources; the BCS found that women who are unemployed or housewives had a higher risk of domestic abuse. There are opportunities for long term change which could include increased promotion of equality amongst young people, particularly in their relationships.

Nevertheless significant progress has been made in the last two years towards prevention. Schools across the borough have undergone two days of domestic abuse training and a large number have committed to delivering a Healthy Safe Relationships package with young students. Birmingham and Solihull Women's Aid are also providing awareness work in some primary schools.

There are 32 GP practices within Solihull and the Clinical Commissioning Group (CCG) Safeguarding lead has worked closely with the practices to improve awareness and understanding of domestic abuse as part of improving safeguarding processes. An audit undertaken in 2015 confirmed:

- 33% of practices had a domestic abuse policy of which 14% covered staff.
- 49% of staff had undertaken level 1 training on domestic abuse awareness
- 39% of staff had undertaken level 2 training on domestic abuse including risk assessment
- 40% of staff had undertaken level 3 safeguarding training on domestic abuse

Solihull's Citizen Advice Bureaus are part of a national 'Ask RE (routine enquiry)' programme. All frontline advisors have received training and are routinely asking clients about domestic abuse.

Women who have concerns about their partners behaviour can ask the Police for information related to previous recorded incidents associated with domestic abuse (Clare's Law). Increasingly this is being used in a pro-active way to inform women who are identified as being in a relationship with a person who is considered a serial perpetrator.

Solihull has developed a brand to communicate a strong message that domestic abuse is not acceptable. Leaflets and posters aimed at the community, victims and young people are available for public display. In addition a dedicated page has been developed with up to date information for the public and professionals to strengthen pathways (www.solihull.gov.uk/domesticabuse). There is a need to sustain resources to maintain on-going publicity and to expand the scope to include targeted messages to community groups and areas that are evidenced to have low reporting rates.

A bespoke domestic abuse e-learning package has been developed and is available as a free resource for all frontline staff working in the borough and domestic abuse is a thread running through multi agency safeguarding training.

Employee domestic abuse workplace policies are available in some organisations and statutory partners are in an ideal position to use their influence to encourage more employers to include workplace policies for their staff.

Solihull has signed up to West Midlands Regional Domestic Abuse standards and implementation will improve awareness and understanding of domestic abuse and promote safe and appropriate responses to domestic abuse.

6.2 Provision

6.2.1 Specialist service

Currently the majority of commissioned local specialist support services are for women only, with dedicated provision for high risk male victims. The recorded numbers of high risk males is low and if the level remains the same we can expect around 5 cases per year. Case studies show that most of our identified high risk male victims, involve an adult child as the perpetrator. Low demand for the service does have implications for the long term. Currently males assessed at medium and standard risk can access support through generic victim

support service. In contrast demand for support for women assessed at medium or standard is far outweighing service provision.

A list of services has been mapped for Solihull (table 7), and work is on-going to ensure that pathways are clear and there is no duplication and identifying gaps. Generally there is good coverage of services in terms of provision and geographically and benchmarking our provision against national best practice confirms we have a good range of services. In 2013/14 additional capacity was added to the IDVA service and the community outreach was developed.

Table 7

Best Practice Service Provision	Solihull Service Provision	
Service	Service	Capacity
Multi Agency Risk Assessment conference	√	175
Specialist Domestic Violence Court	√	Delivered via Birmingham Magistrates Court
Court IDVA	√	Funded by the PCC and subject to cuts
Refuge	√	11 units
Specialist Support	√	IDVA, Floating Support and Community Outreach (outreach access does not offer casework) Service in Heartlands hospital
Young Persons IDVA	√	1 year pilot
Helpline	√	BSWA
IRIS	No	No service directly aligned to GP's
Counselling Support	√	BSWA and MIND but capacity does not meet demand. Healthy Minds but it requires a GP referral
Sanctuary Scheme	√	Target hardening scheme, approx. 20 schemes
Sexual violence support	√	Sexual Assault Referral centre jointly commissioned with Birmingham and RSVP providing advocacy and counselling
Court mandated perpetrator programme	√	Community Rehabilitation Centres
Accreditable Community Perpetrator programme	No	
Support and advocacy for children	√	Barnardos, Early Help and Children Social Care. BSWA provide support in the refuge and some in the community

Multi Agency safe guarding hub for children	√	DA triage which links Early Help and MASH and is responsible for screening children at risk
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Women can easily access initial support but the provider is ‘firefighting’ with resources to meet the needs of women who need on-going support. In addition some services are time limited and dependent on continuation funding. Specialist domestic abuse services provide good outcomes for women and children and are supporting other public sector functions and roles. See appendix 2 for examples of positive change achieved with support.

6.3 Protection

6.3.1 Specialist Domestic Violence Court (SDVC)

The purpose of an SDVC is to enable police, prosecutors, courts and specialist domestic abuse services to work together to identify and track domestic abuse cases, support victims and witnesses, bring more offenders to justice, inform sentencing and risk management of offenders and thereby reduce attrition and recidivism levels. Solihull and Birmingham SDVC’s had closed for a period but a Birmingham SDVC was re-launched in June 2013 and has responsibility for hearing Solihull cases. A multi-agency steering group has oversight of operational functioning of the court and Solihull is represented on this group.

Nationally the conviction rate for domestic abuse in SDVC’s is 73.9%⁴¹. It has not been possible to separate Solihull and Birmingham cases due to how the courts collate their data, but in 2014/15 Birmingham SDVC had 1989 cases listed and achieved a successful outcome in 68.6% of the cases. 84.5% of these cases were due to guilty pleas by the offender. Only 5% of the unsuccessful cases were dismissed after a full trial, the remaining were either withdrawn or no evidence submitted. Domestic abuse cases have the highest victim retraction rate. Improving evidence gathering by the police is one tactic to increasing successful outcomes and the second is to sustain IDVA (Independent Domestic Violence Advocacy) linked to the court.

6.3.2 MARAC

MARAC and IDVA services provide a robust system for managing identified high risk cases and are a good example of how information sharing and partnership working combines to reduce risk and support victims. Between April 2014 and March 2015 Solihull MARAC discussed 175 cases; this is just 50% of the recommended volume of 300 cases per year and is a 23% reduction from the previous year. All agencies can and should refer into MARAC but WM Police provided 92% of the referrals last year, the recommended level for partner referrals should be between 25% -40%. Low partnership referrals indicates weak identification of domestic abuse and low application of risk assessment. Cases heard at MARAC and which then have a subsequent incident, which if, reported to the police would constitute a crime, within a 12 month period are classified as ‘repeats’. Last year MARAC’s

⁴¹ Crown Prosecution Service: VAWG Annual Crime Report 2014

repeat rate was 47%, this is above the national recommendation. MARAC cases are typically those with many previous incidents and that are escalating in severity, it is therefore expected that around 40% of high risk victims will experience a further incident. A high repeat rate can be a positive indicator that there are effective processes in place for agencies to identify and repeat incidents, but it can also indicate that the MARAC is not effective at reducing risk longer term.

The leading national agency 'Safe lives' observed Solihull MARAC in May 2015, and provided overall positive feedback. A steering group has been set up to address three key areas for improvement – increase of referrals overall, increase in partner referrals and to dip sample repeat cases to verify they are being managed appropriately. Initial findings indicate that repeat cases commonly involve complex need related to the perpetrator and/or the victim and victims that choose not to engage in support.

6.3.3 Screening children at risk due to domestic abuse

Solihull has run a screening process for a number of years to identify children who are at risk of domestic abuse. When a domestic abuse incident is reported to the police and children are resident or present in the household, children's needs and risks are assessed by the police, health, children's social care, education, housing and substance misuse representatives. In October 2015, the process was re-designed to form a Domestic Abuse Triage function that enables all police notifications to be assessed on the same working day. Children considered at high risk are referred into the newly launched MASH (multi agency safeguarding hub) and those assessed at lower risk are assessed by the DA triage panel which is part of Early Help. There is no data available at the moment to analysis the new ways of working but reviews dates are scheduled.

6.3.4 Civil Orders

Domestic Violence Protection Orders (DVPOs) were designed to provide immediate protection for a victim following a domestic abuse incident in circumstances where, in the view of the police, there are no other enforceable restrictions that can be placed upon the perpetrator. DVPOs aim to give victims time, space and support to consider their options by placing conditions on perpetrators, including restricting/removing perpetrators from households, and preventing contact with, or molestation of, victim. They are seen as a welcome addition to existing responses but only 80 orders across the WM region have been put in place from April to September 2015. HMIC 2015⁴² report found that DVPO's were not generally considered by attending officers, nor encouraged by domestic abuse teams. HMIC have encouraged WM Police to consider the use of DVPO's as a safeguarding tool when bail conditions cannot be imposed.

Since January 2014, police and partner agencies have been referring victims to the National Council for Domestic Violence (NCDV). This is a charitable trust which provides access for emergency injunctions through a telephone and web based referral system. The centre organises local solicitors, if the victim is eligible for legal funding, or a lay advocate (McKenzie friend) to draft the paperwork and make the application to the court. The service has high capacity and is speedy, but there are concerns about how a victim's safety is managed as there is no robust link between them and specialist services. There is also

⁴² HMIC, 2015, Peel: Police effectiveness (vulnerability report)

some concern about the number of victims who are confident to make this application on their own.

6.3.5 Managing those who perpetrate domestic abuse

What to do with domestic abuse perpetrators continues to be a contested issue. There is support for interventions that call the perpetrator to account but scepticism about how this is done and evidence about 'what works' for all responses is weak. The primary response is considered to be via a criminal justice pathway, however in reality there is significant 'fall out' between 'report to court'.

- HMIC 2014 audit identified that West Midlands Police had a comparatively low arrest rate, arresting 50 in every 100 domestic abuse crimes.
- In Solihull approximately 2 out of 3 reports of domestic abuse are not crimed, and of those that are crimed 63% are disposed via 'no further action' and 28 receive a caution (other disposals are implemented but these are relevant to the report)
- Birmingham found that 8% of reports for domestic abuse resulted in a successful prosecution in the Specialist Domestic Violence Court (some cases may have been listed on other courts).
- Most perpetrators rarely come into contact with the police, courts or probation. The police are estimated to only come to know of less than a quarter of the worse cases,

It is fair to say the majority of perpetrators are not prosecuted giving no discernible benefit to the victim. Criminal justice has to remain the first choice for offenders, but where this is not going to provide the sanction needed to protect victims, other interventions need to be available to shift responsibility of stopping abuse from the victims to the perpetrators.

Perpetrator programmes are interventions aimed at stopping domestic abuse by challenging the perpetrators beliefs and behaviour. The National Offender Management Service has undertaken an analytical summary⁴³ of two perpetrator programmes delivered by their service. Both are cognitive-behavioural programmes, with one (IDAP) delivered over 27 weeks and the other (CDVP) delivered over 13 weeks. The evaluation focused on re-offending rates and did not include feedback from victims. The review found that both programmes had a small (10.9%) but statistically significant impact on reducing re-offending. A difference of 13% was observed and in addition those who did re-offend took just under two months longer than those who did not take part in a programme. Similar to other perpetrator programmes, two out of three perpetrators did not complete the course. They concluded that the results were promising but highlighted the high number of men who went on to reoffend.

The college of Policing⁴⁴ looked at Cognitive Behavioural Therapy (CBT) for domestic abuse perpetrators and found that offenders who received CBT had a 14% lower chance of reoffending than those who did not. The review found that the best change were associated with programmes which ran for at least 16 weeks and included retention techniques, but acknowledged that their findings were based on a small number of studies. Project Mirabel⁴⁵

⁴³ Bloomfield & Dixon, 2015, An outcome of the Integrated Domestic Abuse Programme (IDAP) and community Domestic Violence Programme (CDVP), National Offender Management Service

⁴⁴ <http://whatworks.college.police.uk/toolkit/Pages/Interventions>

⁴⁵ Kelly & Westmarland, 2015, Domestic Violence Perpetrator Programmes, Steps to Change, Durham University

reviewed community based perpetrator programmes to ascertain their role within a coordinated community response model. They considered success from a different stance than re-offending rates and women and children fed into the evaluation. Mirabel highlighted how community perpetrator programmes contribute and compliment other agencies who are intervening in domestic abuse and concluded that they have a role to play in a continuum of change. Perpetrator programmes have a high level of attrition, between 15% and 58%. Completion rates for community programmes are low. Jewell (2010) reports that predictors for not completing a programme are:

Lower age	Lower SE status	Unemployment	Lower education	history of abuse	previous arrests
Unmarried	Substance abuse	anti-social personality	history of violence	Severity of assault	

Court mandated programmes are more likely to be completed and those with the most to lose are most likely to complete. Perpetrators benefit from their behaviour so there has to be a driver to motivate them to change. Sometimes this may be the loss of the relationship but it can also be about restrictions imposed to their parenting. The Domestic Violence Intervention Project aligned with Children Services and perpetrators engagement with the programme formed part of the Child Protection plan. The added value was their availability for advice and the specialist reports they provide to Family and Criminal Court, CAFCASS, Children Services and Child Protection conferences allow evidence based decision making.

Solihull does not have a whole system response to those that perpetrate abuse. Significant progress has been made in our approach to domestic abuse in recent years but we have struggled to address those who perpetrate abuse. A commitment has been made that in 2016, the primary focus will be on clarifying opportunities to intervene and agreeing appropriate responses at each level, this is expected to include access to a community perpetrator programme.

7 Victims Voice

Monkton smith (2012) argues that it is the victim who knows the abuser and their practices the best, but who is least listened too. Putting victims at the centre of our services is a key principle. Solihull collects regular case studies and commissioned Warwick University in 2015 to run a series of workshops to help capture the voice of victims. Below are extracts about how women felt:

- Women had different though similar experiences of abuse
- They recognise abusive behaviours but do not associate their experience with the term 'domestic abuse/violence'
- Difficulty identifying their experience as Domestic Violence/Abuse as they had 'been in something for so long'
- Worried about the implications and what outcomes might be if they told someone
- Several stages between being given a number and feeling able to call, they needed to be 'ready to take the step'. Confidence is needed to seek help.
- More information needed about non-physical abuse

- Expressed that domestic abuse *'wrecks your head'* in ways that are hidden from view and how it starts gradually but then *'brings them down'*
- Worried about their children
- Unaware of what to do
- Feeling lost like a child
- Coercive control left them with little or no confidence or strength and were *'burnt out'* by it
- Confusion about what a refuge offered, many thinking it was somewhere you stayed for a few days and then left
- Most women preferred the term 'abuse' rather than 'violence'
- Information on how to protect themselves was more helpful than describing who does what to whom.

All of the women described how the initial response from services was crucial to building trust. Positive reassurance and attitudes that made them feel believed factored into their decision of whether to engage or not. Women reported mixed responses from agencies and thought that those who provided poor responses were linked to misconceptions about what domestic abuse is and how it affects individuals.

The following suggestions were made by the women:

- Women need to get the message that it is okay to tell someone – *'I went from accessing no services to all services'*
- Legal professionals and judges should listen to women and their concerns
- There are some positive responses from professionals and these should be built upon. A way for this to happen is for all professionals to be trained in all aspects of domestic abuse and its effects by specialist domestic abuse services
- Legal aid for women when going to court – *'Courts won't listen to women. He charms everybody and lords it over women and women feel absolute terror at going to court'*. More legal support and free advice – a list of solicitors providing this
- When reporting to the police, women should be given a clear explanation of what is going to happen so they have an understanding of the process – *'women aren't always aware of domestic violence officers'*
- Women suggest that the Police, Social Services, GPs and other health professionals (though they do not always give women information) are an important avenue for them to find out about domestic abuse services
- Posters and leaflets should be put in women's toilets to inform them about support services
- Information about domestic abuse services *'should be everywhere'* – buses, trains, hairdressers, supermarkets, magazines, free newspapers, shopping centres, TV adverts, play clubs, children's centres, nurseries, school noticeboards – in ordinary places where it is not obvious

- Internet is important for those with access to it as many women are not allowed to use the computer
- More advertising about non-physical domestic abuse through placing short videos on the computer, between programmes such as Coronation Street – *‘that’s something anybody can see’* – and have stories of survival from well-known personalities
- Those who had attended support groups and those who had not, equally said there should be ongoing groups for women
- One-to-one and group to support children was seen as a gap, alongside a need for more advocacy for children in relation to the court process
- A digital and paper directory of services in key sectors – substance misuse, mental health and domestic abuse, which should include case studies to *‘relate to your experiences’*
- Availability of support for children and young people as *‘they hear it all.’*
- No services to pick up teenage sons that are perpetrating abuse against their mothers
- Need to monitor the impact of child contact on children
- Just as women are sent on parenting course, men should be made to do the same

8 Consultation with professionals

In December 2015, Warwick University held a consultation session with key practitioners from across the borough. Many of the points raised are covered throughout the needs assessment; however additional professionals did identify the following gaps:

- Specialist children and young people’s work on domestic abuse, in their family and in their own relationships.
- Single point of contact for domestic abuse
- Voluntary Perpetrator programme.
- Longer term more certain funding for providers
- Additional financial support for women with no recourse to public funds.
- Regular training for all professionals on domestic abuse.
- Support for male victims
- Family work – with victim, offender, and children

Solihull safeguarding boards recently re-organised multi-agency training to embed domestic abuse as thread running through all sessions. However, professionals felt that training would benefit from being profession specific.

The Single Point of Contact is seen as a positive for professionals but issues linked to choice, independency of agencies and confidentiality will need to be considered.

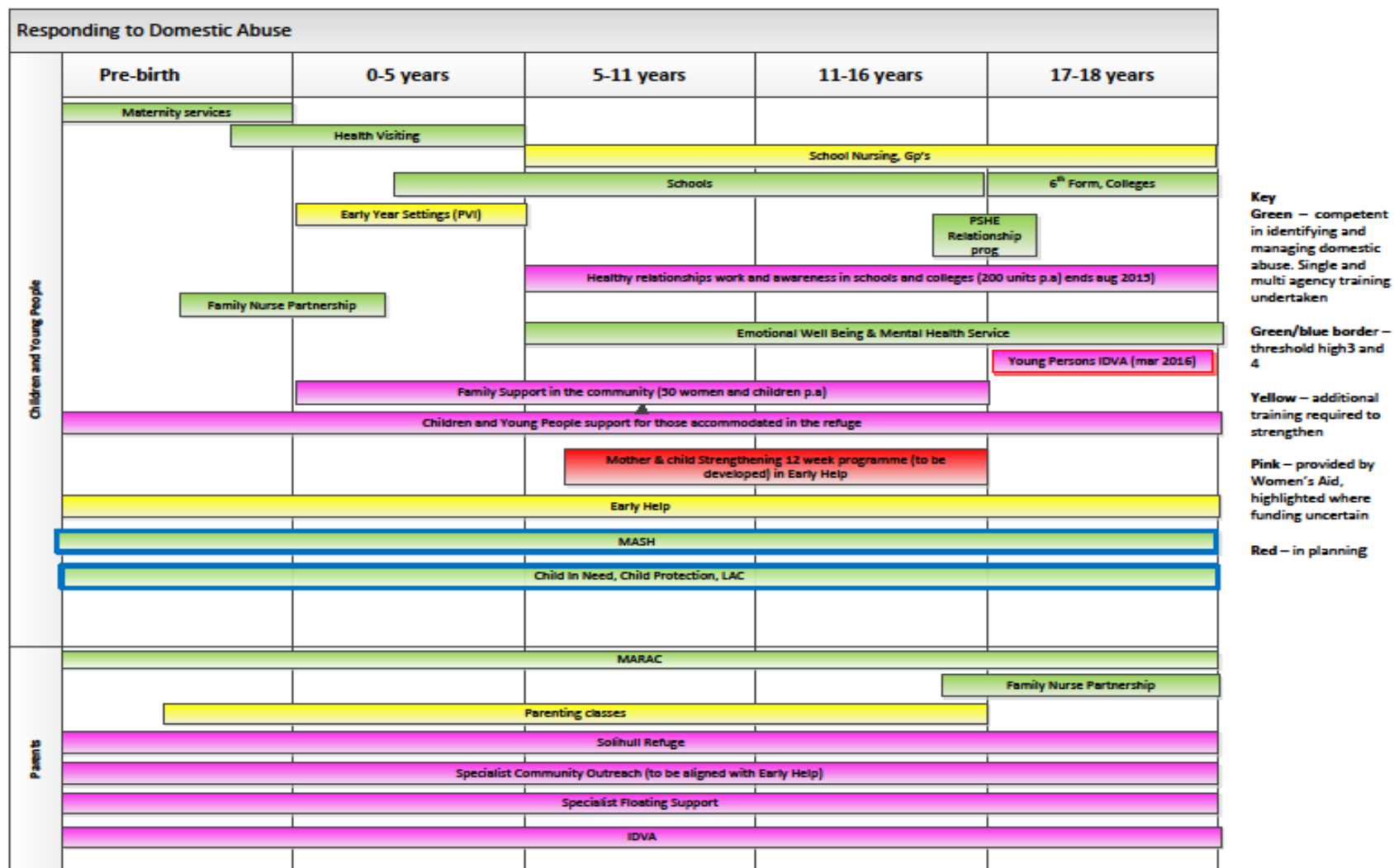
9 Projected service use and outcomes in 3-5 years

Reporting of domestic abuse remains high and service demand is expected to increase, especially as we know that not all victims are currently accessing any service. Other factors are likely to increase service demand:

- Improved screening within various settings is likely to increase the identification of domestic abuse and subsequently the increase need for support.
- Improving early help and interventions for victims, children and perpetrators will counter balance the traditional 'hierarchy of seriousness' which has led to cases categorised as 'low risk' being unable to access statutory services unless they escalate.
- The strain on public resources will drive a shift towards early intervention and prevention work and this should include targeting of perpetrators before they reach the criminal justice threshold
- Continued changes to welfare including, legal aid, child benefit, housing benefit, universal credit, under-occupancy rules and disability living allowance will have an impact on women and children affected by domestic abuse, but the extend of this has not been fully assessed.
- Technology is increasingly being used as tools to stalk, harassment and psychological abuse victims. There is a need to advance our understanding of tactics available to address this.
- Local authorities everywhere are increasingly trying to manage reduced budgets and this is directly affecting the services available to support women and children. Reductions in neighbouring authorities and wider is expected to put increased pressure on other services.
- Solihull is predicted to have an increase in older people and this may trigger an increase in the abuse of older adults.

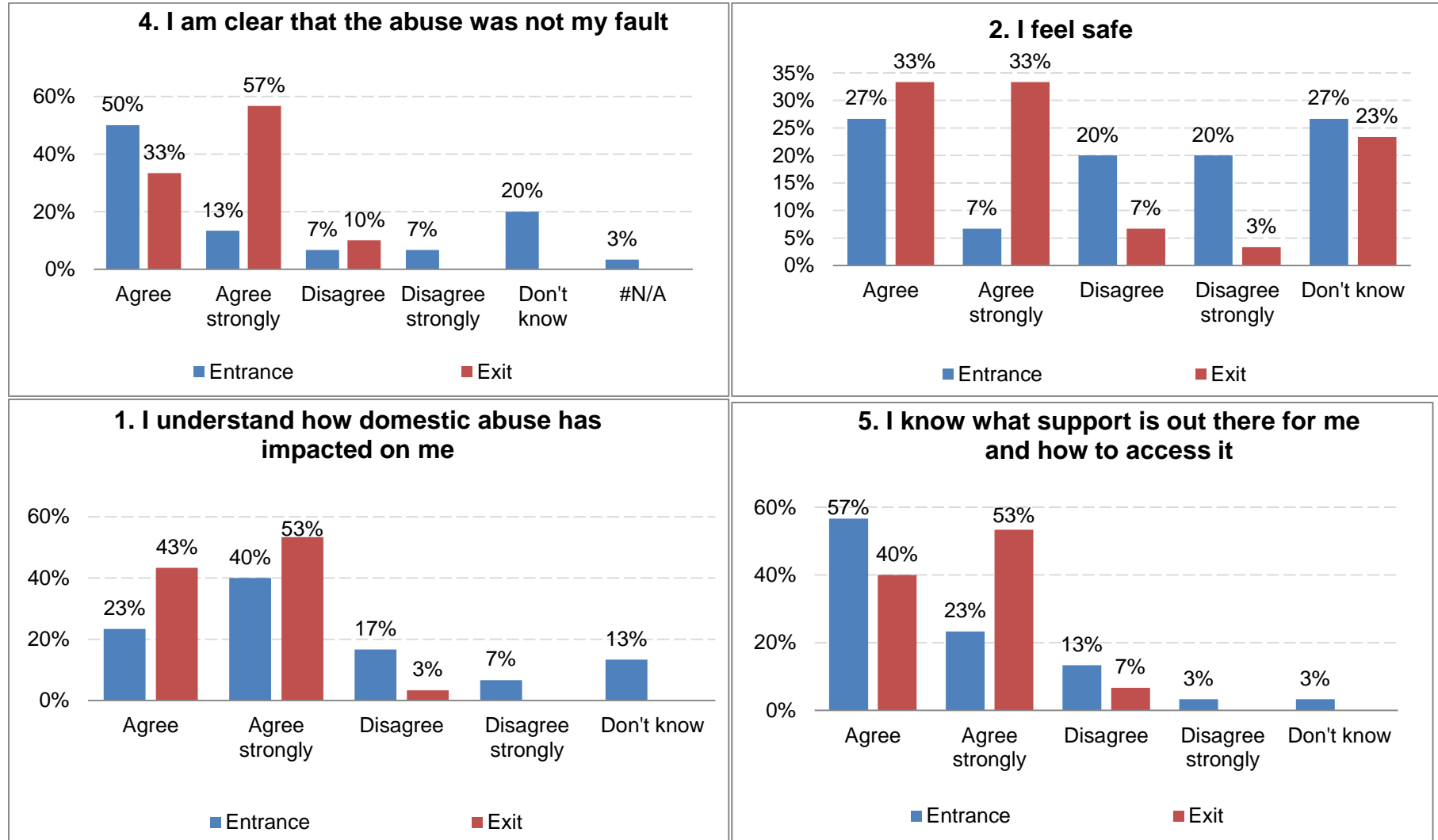
Author: Caroline Murray, Domestic Abuse Co-ordinator
January 2016

Appendix 1 – Summary of how Solihull’s offer to children and young people affected by domestic abuse

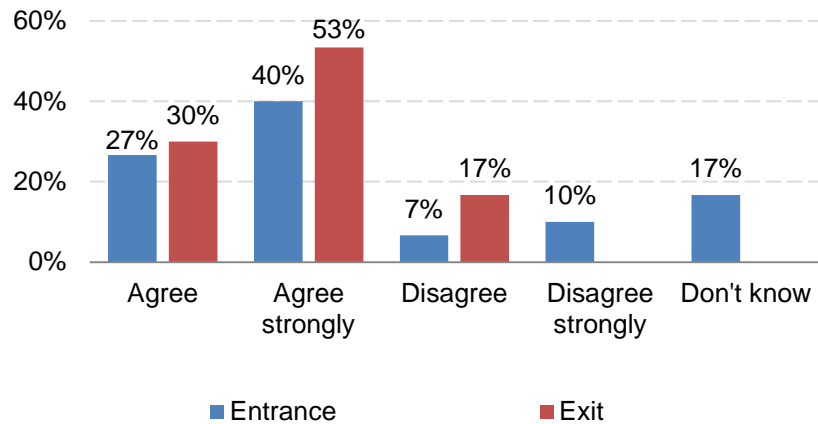


Appendix 2

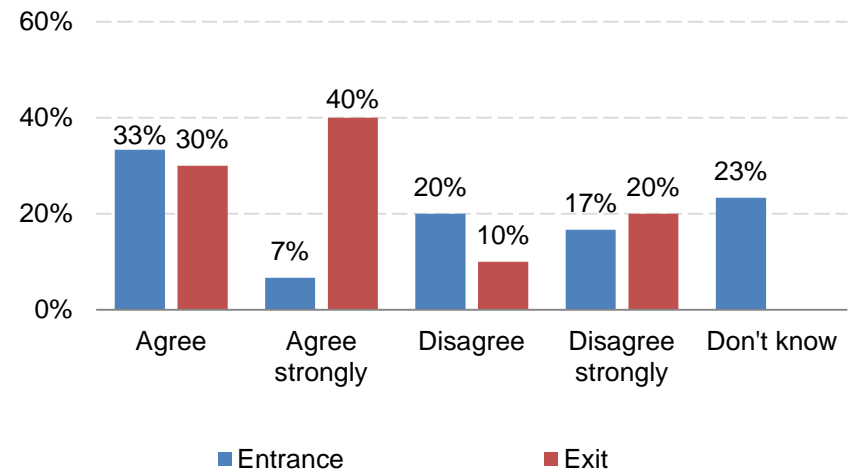
Outcomes for those who accessed specialist support



6. I feel confident about parenting my children



7. I feel positive about the future



3. I feel good/confident about myself

