Warwickshire Domestic Violence and Abuse Needs Assessment
2015-16

July 2016

Executive Summary
Version 1.2
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Contact

Please contact Louise Williams (louisewilliams@warwickshire.gov.uk) or Sue Ingram (sueingram@warwickshire.gov.uk) if you have any questions regarding this report.
Introduction

The needs assessment has presented an in-depth analysis of the national and local picture of domestic violence and abuse (DVA). It aims to inform the ongoing development of Warwickshire’s response to Violence Against Women and Girls (VAWG) and in particular the re-commissioning of the county’s specialist DVA support services.

The document is focused primarily on those aged 16 and over. However, support for children and young people, and the issue of education have emerged as gaps, and appropriate recommendations are included to reflect this.

Included within the scope of this analysis is the available and accessible national and local data on DVA including information on the use of the existing specialist services available to support adults affected by DVA in Warwickshire.

There are limited references to other forms of violence such as female genital mutilation, forced marriage, ‘honour’ based violence, stalking, harassment and trafficking, as these will be addressed in separate needs assessments in due course.

The following is a summary of the document’s main sections. The full version is available at:

www.safeinwarwickshire.com/vawg

Key Findings and Emerging Themes

A summary of the key findings and themes that have emerged from the needs assessment are as follows:

- Current specialist community based support and refuge services are not meeting the estimated DVA need in Warwickshire. This is demonstrated by the statistics and also by victim-survivor and practitioner feedback.
- The existing specialist commissioned provision offers the right service elements but capacity needs increasing to improve quality and meet need.
- The IRIS (Identification and Referral to Improve Safety) programme has proved to be an effective addition to the service provision in 2015/16 and should be maintained.
- Particular gaps are evident in support for children affected by parental DVA and in programmes for perpetrators.
- More and improved (coordinated) training in DVA awareness, identification and safe referral is a common theme.
- An improved and more consistent response to DVA victim-survivors and their families is required in relation to access to housing and move-on accommodation.
- More education for children and young people is needed alongside support for the teachers delivering it.
Recommendations for the Warwickshire VAWG Board

The following recommendations are identified for consideration by Warwickshire’s VAWG Board:

- Commissioners to take on board the views of victim-survivors and practitioners, and identified best practice, when reviewing the specialist DVA commissioned provision.
- Service providers to take on board the views of victim-survivors and practitioners, and identified best practice, in the ongoing review and development of their service delivery.
- Commissioners to consider incorporating IRIS as a permanent element of the commissioned DVA support services going forward.
- Consideration to be given to developing services for children affected by parental DVA.
- Consideration to be given to developing programmes for perpetrators of DVA.
- A single programme of learning and development to be established for Warwickshire practitioners.
- A workshop with housing authorities and housing providers to be arranged to consider the feedback related to this particular area and develop solutions to the barriers identified.
- A specific needs analysis should be undertaken with regards to DVA education programmes in Warwickshire’s schools.
Prevalence and Impact of DVA

The National Picture

Key findings:

- 8.2% of women and 4.0% of men experienced DVA in 2014/15 (Crime Survey of England and Wales).
- Women’s experience of DVA is different to men’s with women more likely to experience intimate violence.
- Prevalence of intimate violence is higher amongst younger age groups.
- Domestic abuse risk factors include gender, relationship inequality, previous experience of DVA, child abuse, pregnancy, separation, disability, sexuality, poverty and social exclusion.
- Victim-survivors from BME communities are less likely to disclose DVA and access support services due to greater isolation issues, language barriers, fear of family and wider community repercussions, racism, stereotyping and discrimination based on religion and insecure immigration status.
- One in three victims of DVA are estimated to be older women, but the majority do not seek professional help due to lack of awareness on their own part and also lack of awareness on the part of professionals.
- One in three children and young people will be exposed to DVA to some degree during their childhood.
- Childhood exposure to DVA is known to impact on mental wellbeing, substance misuse, educational attainment and cognitive development.
- One in 10 disabled women and men are affected by DVA.
- DVA is a feature in one in four LGBT adult relationships, and LGBT victim-survivors’ experience of DVA is often compounded by their sexuality or gender identity, abuse from past and present sexual partners, type of relationship, extended family members, as well as abuse from entire communities and wider society.
- DVA victim-survivors are 15 times more likely to use alcohol and nine times more likely to use drugs.
- DVA is associated with a range of physical and mental health problems.
- Women with histories of domestic and sexual violence are significantly over represented in the criminal justice system as offenders or are at risk of offending and have complex needs.
- One in ten people who had experienced DVA had been forced to take time off work because of its effects, 20% of these had been absent for more than a month.
Key findings:

- Police recorded DVA saw a gradual reduction over the period 2010 – 2015. However, new recording practices introduced in 2015/16 are changing this trend quite significantly.
- Nuneaton and Bedworth Borough recorded the highest rate of DVA incidents per 1,000 population with the lowest rate recorded in Stratford-on-Avon District.
- Violence with injury accounted for 51% of DVA crimes recorded; violence without injury accounted for 34%.
- 39% of the DVA crimes recorded were tagged with a drugs/alcohol interest marker.
- Between 2010 – 2015 the fiscal cost of DVA to agencies in Warwickshire is estimated to have been £99 million.
- There are an estimated 450 deaf women at risk of DVA in Warwickshire.
- There were 2,789 cases discussed at MARAC during 2010 – 2015 involving 3,574 children.
- Alcohol was a feature in 29% of the MARAC cases, drugs 21%, mental health 12%.
- The number of DVA cases heard by the courts in Warwickshire increased from 182 in 2012/13 to 259 in 2014/15. However, the percentage that resulted in a successful prosecution dropped from 77% to 64% in the same period.
- The number of DVA cases heard by the Specialist Domestic Violence Court increased from 312 in 2011/12 to 466 in 2014/15. The percentage that resulted in a successful prosecution has seen a gradual increase from 79% to 83% in the same period.
- Number of calls to the Warwickshire DVA helpline reduced over the period 2012 – 2015 but referrals for specialist support increased from 1,500 in 2012/13 to 3,843 in 2014/15.
- Warwickshire has 23 units of refuge accommodation available to female DVA victim-survivors and their dependent children. This is a shortfall of 32 based on Council of Europe recommendations of 1 bedspace per 10,000 population.
- A high percentage of Victim Support referrals are DVA victim-survivors.
- Services in Warwickshire for perpetrators are limited with some work delivered by DACS and some through the Integrated Offender Management function.
- In 2014/15, details of 1,148 DVA offenders were recorded by Warwickshire Police. The vast majority of offenders were male (82%) and between the ages of 20-29.
Key Statistics

The following illustration highlights the key DVA statistics identified in the needs assessment. The figures are per annum and are the average number based on the period analysed.

- **9,232** Females affected by DVA
- **93** Females accessing Refuge
- **2,227** Referrals to specialist DVA services
- **558** Cases considered by Multi-Agency Risk Assessment Conferences (MARACs)
- **245** Male referrals to specialist DVA services
- **921** Calls to the Warwickshire Helpline
- **412** Independent Domestic Violence Advisor Referrals
- **1,662** DVA crimes recorded by Police
- **7,162** DVA incidents recorded by Police

Views of the Public and of Practitioners

Views of both the general public and practitioners on what DVA support is needed in Warwickshire were gathered via online surveys and focus groups. The focus groups were conducted by Warwick University. This section highlights the key findings from that work:

**Key findings:**

- Access to safe accommodation, emotional support to cope and recover from DVA, and support for children affected by DVA were identified as the top 3 forms of support required by victim-survivors.
- Overall views of the commissioned service provision were positive. However, provision was not felt to be sufficient enough to meet the need.
- Better communication and coordination of support where other agencies are involved were key areas for improvement.
- Increasing the visibility (publicity) of services and access to services (e.g. out of hours, rural areas) were common themes as well as more peer support/victim-survivor befriending provision and support for the wider family.
- Support for children and young people affected by parental DVA was felt to be particularly lacking, and more education provision in schools was regularly identified.
- Practitioners are concerned about the rise in online abuse.
- Training for universal services consistently appears throughout the feedback from practitioners to help improve their understanding of DVA and the support and empathy they give to victim-survivors.
- More services for perpetrators are needed to address the cause of the problem.
- An improved and more consistent response to DVA victim-survivors and their families is required in relation to access to housing and move-on accommodation.
Best Practice to Inform Commissioning

Key findings:

Best practice is identified across 3 main areas:

1. **Primary prevention**, covering:
   - Measures designed to raise awareness among local communities and enhance the capacity of community, family and friends of victim-survivors and perpetrators
   - ‘Whole school’ approaches to gender equality and VAWG education work, using nationally evaluated, evidence-based interventions
   - Targeted and universal awareness raising campaigns
   - Self defence programmes for women and girls
   - Workplace awareness campaigns
   - Minimum standards for all agencies to publicise DVA and to encourage early identification and disclosure
   - Programme for involving and training victim-survivors in development and review of service interventions

2. **Early intervention**, covering:
   - Training for professionals and frontline staff to spot early signs and risk factors of DVA
   - Fully accessible universal/mainstream services so that victim-survivors, children and young people and perpetrators face minimal barriers in seeking help and accessing support
   - Routine and selective (safe) enquiry and improved initial response to disclosure across public services for adult victims and children
   - Targeted early intervention work with groups who possess certain risk factors including FGM, forced marriage, pregnancy, young people, substance misuse, mental health
   - Early identification and response to perpetrators across all agencies, especially NHS, children’s and adult services

3. **Provision of ongoing support**, covering:
   - Accessible universal services for victim-survivors, children and perpetrators delivered by trained, skilled staff equipped to identify and respond effectively to DVA, based on the principles of safety, accountability, and undoing the harm caused
   - Provision of independent, accessible specialist DVA services for victim-survivors and perpetrators – adults and children
   - Specialist individual support service for children and young people including supervised child contact centres
   - Programmes for perpetrators and related women’s safety services
   - Supporting families with complex needs
   - Multi-agency risk management systems (MARAC)
   - Specialist Domestic Violence Courts
# List of Abbreviations (Acronyms)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACC</td>
<td>Assistant Chief Constable</td>
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<tr>
<td>AHSC</td>
<td>Adult, Health and Social Care</td>
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<tr>
<td>BACP</td>
<td>British Association of Counselling &amp; Psychotherapy</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
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<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
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<tr>
<td>CAFCASS</td>
<td>Children and Family Court Advisory and Support Service</td>
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<tr>
<td>CATS</td>
<td>Case Administration and Tracking System</td>
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<td>CPS</td>
<td>Crown Prosecution Service</td>
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<td>CQS</td>
<td>Casework Quality Standards</td>
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<td>CRC</td>
<td>Community Rehabilitation Company</td>
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<td>CSE</td>
<td>Child Sexual Exploitation</td>
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<td>CSEW</td>
<td>Crime Survey for England and Wales</td>
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<td>CSP</td>
<td>Community Safety Partnership</td>
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<td>CYP</td>
<td>Children and Young People Service</td>
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<td>DA</td>
<td>Domestic Abuse</td>
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<td>DACS</td>
<td>Domestic Abuse Counselling Service</td>
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<td>DASH</td>
<td>Domestic Abuse, Stalking and Harassment</td>
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<td>DAU</td>
<td>Domestic Abuse Unit</td>
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<td>DHR</td>
<td>Domestic Homicide Review</td>
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<td>DVA</td>
<td>Domestic Violence and Abuse</td>
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<td>DVDS</td>
<td>Domestic Violence Disclosure Scheme</td>
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<td>DVPN</td>
<td>Domestic Violence Protection Notice</td>
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<td>DVPO</td>
<td>Domestic Violence Protection Order</td>
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<td>EEA</td>
<td>European Economic Area</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>FM</td>
<td>Forced Marriage</td>
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<tr>
<td>FMPO</td>
<td>Forced Marriage Protection Order</td>
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<td>FMU</td>
<td>Forced Marriage Unit</td>
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<td>GU</td>
<td>Genito-Urinary</td>
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<td>GUM</td>
<td>Genito-Urinary Medicine</td>
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<td>HBV</td>
<td>Honour Based Violence</td>
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<td>HMCTS</td>
<td>Her Majesty's Courts and Tribunals Service</td>
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<td>HOCR</td>
<td>Home Office Counting Rules</td>
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<td>HWB</td>
<td>Health and Wellbeing Board</td>
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<td>IDVA</td>
<td>Independent Domestic Violence Advisor</td>
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<td>ILE</td>
<td>Indefinite Leave to Enter</td>
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<tr>
<td>ILR</td>
<td>Indefinite Leave to Remain</td>
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<td>IRIS</td>
<td>Identification and Referral to Improve Safety</td>
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<td>ISVA</td>
<td>Independent Sexual Violence Advisor</td>
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<td>LBGT</td>
<td>Lesbian, Bisexual, Gay and Transgender</td>
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<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
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<td>MAPPA</td>
<td>Multi-Agency Public Protection Arrangements</td>
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<td>MARAC</td>
<td>Multi-Agency Risk Assessment Conference</td>
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</tbody>
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MASH  Multi-Agency Safeguarding Hub
NCDV  National Centre for Domestic Violence
NCRS  National Crime Recording Standard
NPS  National Probation Service
NUM  National Ugly Mugs
OCC  Operations and Communication Centre
ONS  Office for National Statistics
PCC  Police and Crime Commissioner
PTSD  Post Traumatic Stress Disorder
PVP  Protecting Vulnerable People
SARC  Sexual Assault Referral Centre
SCR  Serious Case Review
SDAC  Specialist Domestic Abuse Court
SDVC  Specialist Domestic Violence Court
SHPO  Sexual Harm Prevention Order
SNT  Safer Neighbourhood Team
SRO  Sexual Risk Order
SROI  Social Return on Investment
SWISH  Sex Workers into Sexual Health
SWPB  Safer Warwickshire Partnership Board
VAWG  Violence Against Women and Girls
WADA  Warwickshire Against Domestic Abuse
WCC  Warwickshire County Council
WCU  Witness Care Unit
WLWS  Warwickshire Local Welfare Scheme
WSCB  Warwickshire Safeguarding Children Board
YPVA  Young Persons Violence Advocate