

Domestic Violence Action Plan for Leeds 2012/13

Safer Leeds
tackling drugs and crime

Introduction

The human and financial costs of violence against women and children are immeasurable, causing harm and disruption to families, communities and society on a massive scale. The negative impact on individual lives, public services and economic output are widely recognised and illustrated through numerous pieces of research and consultation. Responding to violence against women and children is a huge task and needs to be tackled on many levels through partnership work, effective commissioning and unrelenting commitment to delivering excellent standards of service to victims and effective responses to perpetrators.

This action plan offers a context and framework for tackling violence against women and children in Leeds. It is informed by intelligence led data, feedback from victims locally and nationally and perspectives from partner agencies.

Aims of this Plan

- To reduce the prevalence of violence against women and children.
- To reduce the impact of violence against women and children.

Definition

Tackling domestic violence must start with a clear definition that is understood and promoted across all partner agencies. It is important that this definition is gender specific; recognising that gender based violence is overwhelmingly male violence against women and disproportionately affects women and their children. The government has chosen to adopt the definition found in the United Nation's Declaration on the Elimination of Violence against Women (1993):

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

In Leeds, we have adapted this definition to include children. This is in recognition that children are often the hidden victims in all forms of violence against women. The needs of children and young

people can be overlooked if they are not explicitly highlighted and we aim to address this in Leeds. The Leeds definition reads:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and children including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

Why a Gendered Strategy?

The Gender Equality Duty 2007 requires public authorities to ensure due regard to relevance and proportionality when promoting equality of opportunity between men and women. In relation to violence, this means we need to take into account the volume of violence in our area, who the victims are, the impact of the violence and effective responses. Violence against women is widely recognised as representing both a cause and consequence of gender inequality. Simply delivering gender neutral services to victims and perpetrators of violence is not a targeted or cost effective way of addressing particular types of violence such as domestic violence, sexual violence and honour based violence. There is significant evidence that women-only services are the most appropriate delivery method in many circumstances and produce better outcomes for girls and women. Equally, we know that the most effective way of protecting children from violence is by supporting their primary carer, usually the mother. The gendered nature of domestic violence underpins the approach in this action plan and will therefore focus on violence against women and children.

We recognise that men can be victims and that violence occurs in a range of circumstances, for example, in same sex relationships. This plan promotes the inclusion and accessibility for all victims and encourages good practice to extend to all marginalised groups.

National Government Strategy

In November 2010, the government produced a paper, 'Call to End Violence against Women and Girls'.¹ This document describes violence against women and girls as a gender based crime and

states that 'the vast majority of these violent acts are perpetrated by men on women'. It suggests that work to address this should focus on four areas; **prevention, provision, partnership and reduction of risk** and encourages local areas to develop approaches that address the needs of local women and girls affected by gender based violence.

Every year, thousands of women and children in the UK experience some form of violence including domestic violence; sexual violence and rape; forced marriage and honour based violence; sexual exploitation; trafficking; stalking and murder.

Domestic Violence

- At least 1 in 4 women in the UK will experience domestic abuse in their lifetime (British Crime Survey (BCS) 2010/11)
- Domestic violence accounts for 18% of all violent incidents (crime in England and Wales 2010/11)
- In the 2010-11 BCS, 73 per cent of incidents of domestic violence were experienced by repeat victims, and of the victims interviewed, just under half were victimised more than once, and nearly a quarter were victimised three or more times
- Every year around 400,000 women are sexually assaulted and 80,000 women raped (BCS 2010/11)
- Domestically, the cost of providing public services (including health, legal and social services) to victims and the lost economic output of women affected runs to billions of pounds. An indicative figure for the minimum and overlapping cost of violence against women and girls is £36.7 billion annually
- In January to December 2010 the forced marriage unit received 1735 reports relating to possible forced marriage, and provided direct support in 469 assistance and immigration cases
- Approximately 66,000 women with female genital mutilation are living in England and Wales (Forward)

Domestic violence makes up the majority of violence against women and children and nationally and includes physical, psychological, sexual violence; emotional abuse; financial exploitation and stalking. It is best understood as a pattern of

behaviour characterised by the misuse of power and control and often escalates over time.

It is common for victims to experience multiple incidents of sexual violence, sometimes over long periods before seeking help. It is important to note that victims of sexual violence perpetrated by a current or former partner are likely to be victims of the most severe forms of domestic violence.

- Approximately 51% of serious sexual assaults and rapes are committed by current or former partners of the victim (British Crime Survey 2005)
- 55% of rapes take place in the victim's home (ibid)

Impact of Domestic Violence on Women and Children

The impact of physical, sexual and psychological violence can result in a range of negative and harmful effects on their health, well-being and outcomes in life.

Physical and sexual abuse can cause short term, long term and permanent injuries or conditions. Psychological abuse can lead to a variety of problems such as low self esteem; disturbed patterns of eating and sleeping; lack of confidence; depression; extreme anxiety; alcohol and substance misuse; self harm and suicide.

The social and economic consequences of violence can include homelessness; loss or separation from family friends; isolation; loss of employment, debt and destitution.

The correlation between domestic violence and safeguarding children is widely recognised and accepted. Domestic violence is an indicator of child abuse and has featured significantly in child protection proceedings and serious case reviews. Children are affected by domestic violence in a number of ways:

- Domestic often begins or escalates during pregnancy resulting in injury or death to the foetus.
- Children witness violence, are forced to take part in the violence or be directly abused themselves.
- Contact with children is used by perpetrators after parental separation to coerce women into reconciliation, to cause further distress or to pressure women into withdrawing from any

involvement in civil or criminal proceedings. This can cause severe stress for children and result in poor health; slow development; loss of concentration; withdrawn or disruptive behaviour; self blame; low confidence and social isolation.

- The effects of living with domestic violence can lead to children being more vulnerable to grooming and teenage pregnancy and increasing their likelihood of becoming involved in crime; anti social behaviour; alcohol and substance misuse.
- The majority of childhood sexual abuse is committed by a man known to the child. Where domestic violence is present in a family, there is an increased likelihood of child sexual abuse.

Domestic Violence and Male Victims

Although the volume of male victims of domestic violence is low compared to female victims, it is important to recognise that men do experience domestic violence. Like women, men can find it difficult to disclose the violence to family, friends or services for a range of reasons. In addition, they may face disbelief or ridicule due to stereotypical attitudes to masculinity.

The impact of domestic violence on men may be different to women in that they are less likely to experience the same levels of fear, risk, continued harassment after separation and child contact issues, nevertheless, it is vital that men receive help, support and protection when they disclose domestic violence.

Consultation with men and findings from good practice indicates that men presenting to services as victims benefit from assessment tools which cater to their particular needs and do not simply mirror services to women.

Same Sex Relationships and Domestic Violence

There is limited research on the prevalence of domestic violence in same sex relationships but consultation with lesbians and gay men indicates that they face a range of issues and barriers when seeking help. These can include disbelief and homophobic attitudes leading to exclusion from services and a lack of protection. This plan promotes inclusion and accessibility for all victims of domestic violence and encourages good practice to all those affected by the issue.

Substance Misuse and Domestic Violence

Alcohol is a factor in approximately 50% of domestic violence incidents reported to the police in Leeds and in a significant percentage of MARAC cases, but links between alcohol and domestic violence are complex and can feature in the experiences of both perpetrators and victims.

Men who perpetrate violence against women are more likely to inflict serious assaults when they have been drinking. The nature and extent of alcohol as a factor in domestic violence varies among individuals. When drinking, some men are less inhibited about displaying aggression whilst some are less concerned about the consequences of their violence. Some may drink in order to provide an excuse for violence.

It is important not to view alcohol and drugs as a cause of domestic violence. Whilst the chances of physical and sexual violence are increased when, for example, the perpetrator has been drinking, other forms of violence such as controlling behaviour or emotional abuse are often present at other times in the relationship. It is important that any interventions with perpetrators who misuse alcohol take account of both the alcohol misuse and the abusive behaviour.

Substance misuse does not feature in the profile of domestic violence perpetrators to anywhere near the extent that alcohol does however many women misuse alcohol and drugs as a consequence of and response to abuse and therefore a significant number of women approaching services may present with multiple support needs. Women with problematic alcohol and/ or drugs misuse problems experiencing domestic violence are likely to feel isolated and doubly stigmatised. They may find it harder than other women to report or even to name their experience as abuse. They are in an especially vulnerable position and may be unable to access suitable sources of support.

Vulnerable Groups

There is no research to suggest that the prevalence of domestic violence is higher in any one or more socio-economic, ethnic or racial groups. However, patterns of reporting indicate that some groups are more or less likely to report domestic violence to the police. More work is needed to identify specific

groups who under-report and to recognise the barriers facing them when seeking help. Some groups experience particular vulnerabilities, for example:

- Domestic violence against older women is often deemed and treated as 'elder abuse'.
- Domestic violence often begins or escalates during pregnancy.
- Disabled women are more likely than other women to be sexually assaulted.
- Honour based violence, forced marriage, female genital mutilation and human trafficking disproportionately affect black and ethnic minority women and women from abroad.
- A three city comparison of client violence 2002 showed that 28% of women involved in street based prostitution reported attempted rape (Barnard 2002).

Perpetrators

There is a dearth of research on effective interventions with domestic violence perpetrators. Evaluations of domestic violence programmes for men are generally limited to short term outcomes. Practitioners working with male perpetrators should place the safety of women and children at the heart of all interventions. All agencies working with male perpetrators should refer to the Respect Accreditation Standard. This is a comprehensive framework to assist agencies to develop minimum standards and good practice based on available evidence based research. More information can be found at: www.respect.uk.net

The Cost of Domestic Violence

Taking population from the Office of National Statistics mid-year bulletin from 2010, Leeds had a population of 798,800. Of women and girls aged 16-59, 24,363 are estimated to have experienced domestic abuse, 15,976 sexual assault and 28,750 have experienced stalking just in the past year. According to the Home Office Domestic Violence Ready Reckoner, the costs to services in Leeds are estimated at **£76,296,584**. This is broken down as follows:

Physical and Mental Health care costs	£15,440,832
Criminal Justice costs	£11,355,515
Social Services costs	£1,950,144
Other costs (inc hsg, civil legal, emp)	£47,550,093

Total **£76,296,584.**

In addition, the human and emotional costs for Leeds are estimated at **£243,599,490**

Sylvia Walby conducted research into the cost of domestic violence in 2004 and again in 2009. When the research was revisited in 2009, the cost of domestic abuse overall had remained static, but this was due to an increase in the use of services and a decrease in actual incidents of domestic violence.

How We Will Respond

This document outlines the city's approach to tackling domestic violence. It has a particular focus on domestic violence but also includes actions on sexual violence against women and children and work with male victims.

It supports the Safer Leeds Partnership Plan 2011-2015 strategic priority of improving safeguarding and reducing vulnerability. It is key to the work of the city's Children's Trust Board and Leeds Safeguarding Children Board (keeping children and young people safe from harm), the work of the Adults Safeguarding Partnership (protecting vulnerable adults) and the city's Health and Well Being Board.

This plan has been developed following discussions and workshops involving the Leeds Domestic Violence Strategic Group. It also takes account of the government's strategic paper 'Call to End Violence Against Women and Girls' and its accompanying national action plan produced in March 2011. It links with the government's subsequent paper: Call to End Violence against Women and Girls Taking Action – the next chapter (March 2012). It is informed by current research, statistics and by local needs identified through:

- Safer Leeds Domestic Violence Profile
- Consultation with 130 women using domestic violence services in Leeds
- Analysis of cases of male victims referred to MARACs over a three year period in Leeds
- Stakeholder feedback and consultation

Aims

There are two key aims of the plan:

- § Reducing the prevalence and impact of domestic violence
- § Reducing the prevalence and impact of violence against women and children

Key Performance Indicators

- § Number of reported incidents of domestic violence
- § Repeat victimisation rate
- § Number of cases referred to MARACs
- § Repeat victimisation rate for MARACs
- § Number of children and young people involved in MARACs
- § Number of organisations attaining the Leeds Domestic Violence Quality Mark
- § Number of practitioners trained on domestic violence

The plan has four key priority work strands for 2012/13:

1. **preventing violence** through early intervention and challenging attitudes
2. **improving the provision of services** through commissioning activity, city wide and locality based partnership working and workforce development
3. **working in partnership** to achieve the best possible outcomes for children
4. **reducing the risk** to women and children through working with perpetrators

Governance Arrangements – “How we will deliver and performance manage this plan?”

The focus will be on supporting partners to work together with local communities to meet the two key aims of the plan. Governance arrangements will complement wider governance arrangements for community safety priorities and safeguarding work at local, area and citywide levels.

Lead officer for plan:

Michelle De Souza, Domestic Violence Team Manager, Community Safety.

Local partnership for developing the plan, progressing actions and monitoring progress:

Leeds Domestic Violence Strategic Group (LDVSG) which will report quarterly to the Safer Leeds

Executive and ensure linkages are made with related priorities and workstreams in other city and area based partnerships.

Challenge and support, link to area and city priorities and strategy:

Munaf Patel, Leeds Community Safety.

Safer Leeds Executive:







Meets bi-monthly Chair: Neil Evans
 Represented from Domestic Violence Strategic Group: LDVSG Chair.

Priority 1 - Prevent violence through early intervention and challenging attitudes.

	Action	Timescale	Lead	Progress	●
1.1	Support local and national initiatives/campaigns, including the 16 Days of Action and White Ribbon Campaign, to raise public awareness of VAWC and challenge public attitudes to domestic violence and sexual violence.	Dec 12	Safer Leeds (Michelle De Souza) West Yorkshire Police (Julie Sykes) Leeds PCT (Pia Bruhn)	16 Days of Action theme agreed as links between alcohol and DV. DV Team linking with men's health orgs in priority cluster areas, organising city centre walk to promote campaign and launching Alcohol and DV workshop. Links being made with Leeds ACT to deliver public awareness work on human trafficking.	●
1.2	Deliver a domestic violence and alcohol campaign.	Nov 12	Leeds PCT (Bushara Boston) Safer Leeds (Michelle De Souza)	Planning in progress.	●

Priority 2 – Provide services for victims through commissioning activity, partnership working, workforce development

2.1	Quality assure services using the Leeds DV Quality Mark to promote consistent good practice including addressing the needs of children, perpetrators, male victims and marginalised/hard to reach groups such as BME victims, victims with no recourse to public funds, victims of HBV and FM, older victims and disabled victims.	Various	Safer Leeds (Michelle De Souza)	<p>LCC Children’s Social Work Service L2 - achieved Stoneham Refuge L3</p> <p>LDVS L3</p> <p>Police Safeguarding Unit</p> <p>2 C&YP Organisations L1</p> <p>LCC Adult Social Care</p> <p>3 x Drugs/Alcohol services L1</p> <p>5 x Health commissioned orgs Level 1</p> <p>WY Probation Level 2</p> <p>2 x BME organisations</p>	<p>●</p> <p>●</p> <p>●</p> <p>●</p> <p>●</p> <p>●</p> <p>●</p> <p>●</p>
2.2	Promote and deliver Leeds Domestic Violence Services and Stonham refuge to maximise access to refuge provision, outreach, resettlement and IDVA support.	On-going	Leeds Domestic Violence Services (Kate Bratt-Farrar) Stonham Home Group (Sarah Clark)	Posters with tear off slips and help cards produced by DV Team. Stoneham, LDVS and DVT to disseminate widely.	●

2.3	Work with commissioners in LCC and Leeds PCT to ensure VAWC is integrated into all appropriate contracts and SLAs.	On-going	Safer Leeds (Michelle De Souza)	<p>Report on health work submitted to May LDVSG. Further report to go to Health & Well Being Board re commissioning of DV post within DVT.</p> <p>Contracts for Midwifery and Health Visiting include key DV points for 2012/13.</p> <p>PCT for vol sector include DV Quality Mark requirement</p>	  
2.4	Hold 3 x monthly divisional MARACs to reduce high risk, particularly within families with multiple and complex needs.	3 x MARAC meetings held monthly	Safer Leeds (CI Julie Sykes) Leeds Domestic Violence Services (Nik Peasgood)	Approximately 60 cases heard within Q1	
2.5	Implement good practice and strengthen processes identified in MARAC Review.	May 12	Safer Leeds (CI Julie Sykes)	CAADA Quality Assurance Process delivered. Significant changes implemented in response to CAADA initial report. Final report due from CAADA end July.	
2.6	Undertake DV homicide reviews in accordance with statutory requirements and ensure that key actions are addressed.	April 13	Safer Leeds (Keith Gilert, Michelle De Souza)	<p>One DV homicide in April 12. Decision to not hold a DHR due to limited agency involvement. Criminal proceedings taking place. DV Team liaising with police re engaging with victim's family re identifying any lessons learned.</p> <p>Home Office directive to undertake a review in DHR6 case.</p>	

2.7	Continue to support routine enquiry, staff training, promote early identification and intervention, facilitate information sharing and engagement with MARACs in health settings.	April 13	Leeds PCT (Pia Bruhn) Safer Leeds (Michelle De Souza)	<p>Routing enquiry fully implemented and dip sample evaluation to be carried out. MARAC briefings being delivered in health settings and training delivered re Vulnerable Adults & DV.</p> <p>Supervision delivered to Family Nurse Partnership.</p> <p>A&E data being shared on DV cases. ISA to be signed.</p>	<ul style="list-style-type: none"> ● ● ●
2.8	Commission outreach services in A&E departments, antenatal clinics and in the NHS Walk-In Centre.	On-going	Leeds PCT (Pia Bruhn)	Services commissioned.	<ul style="list-style-type: none"> ●
2.9	Develop good practice in alcohol services to improve responses to domestic violence and facilitate inter-agency working between DV, Health and Alcohol Services.	Dec 12	Safer Leeds (Michelle De Souza)	Alcohol and DV workshop being developed to launch in Nov 12. Alcohol services and front line DV services to be targeted to promoter inter-agency working.	<ul style="list-style-type: none"> ●

2.10	Devise and deliver a comprehensive city wide DV Training Plan including the development of new materials; multi-agency training, health training, MARAC briefings, cluster training and improved evaluation and monitoring systems.	Training Plan developed and delivered from April 2012	Safer Leeds (Michelle De Souza)	<p>Training Plan being delivered on schedule.</p> <p>New materials in process of development.</p> <p>MARAC briefings delivered</p> <p>Electronic monitoring and evaluation system established</p>	<ul style="list-style-type: none"> ● ● ● ●
2.11	Review and re-launch LCC's Domestic Violence Policy	Jun 12	Corporate HR, LCC Safer Leeds (Michelle De Souza)	Initial contact made with HR	●
2.12	Develop FABDAs to address the needs of families experiencing standard and medium risk domestic violence.	Sept 12	LCC Children's Services (Martyn Stenton, Gail Faulkner) Safer Leeds (Michelle De Souza)	Various models being developed in cluster areas. Delays due to recruitment of TSLs.	●

2.13	Support the development of sexual violence services to ensure the needs of victims are addressed at a local level and that structures are in place to feed into regional planning and provision.	Jan 13	Leeds PCT (Bushara Boston) Safer Leeds (Michelle De Souza)	SARSVL established help line and secured premises. Service standards being developed by Leeds SV Group Sexual violence workshop in development	● ● ●
2.14	Undertake consultation to ensure that good practice work is informed by the experience of victims and service users.	Dec 12	Safer Leeds (Michelle De Souza)	Consultation to take place over 16 Days of Action	●
2.15	Provide a Last Resort Fund to support women with no recourse to public funds.	On-going	Safer Leeds (Michelle De Souza) LIAP Women & Violence Trust (Pauline Ellis)	Fund in place and accessed appropriately	●

Priority 3 – Work in partnership to achieve the best possible outcomes for children.

3.1	Develop good practice in schools and children and young people settings on a cluster basis to address domestic violence.	Mar 13	Safer Leeds (Michelle De Souza)	<p>Bramley – Presentations delivered to most schools. Full day training to be delivered to key staff.</p> <p>Seacroft/Manston – Multi agency presentations delivered. In process of engaging school in order to deliver presentations.</p> <p>JESS – Most schools had presentations. DV sub group focusing on Alcohol and DV. Running joint session with Platform on Alcohol and DV.</p>	● ● ●
3.2	Ensure LCC Social Work Service attains the Leeds DV Quality Mark Level Two.	Mar 2013	Children Leeds (Gail Faulkner) Michelle De Souza (Safer Leeds)	Fully achieved. Training on-going in order to capture new staff.	●
3.3	Continue to develop good practice in response to DV across Children's Centres and to quality assure Children's Centre Services using the Domestic Violence Quality Mark.	Dec 12	Early Help Service (Amanda Ashe) Michelle De Souza (Safer Leeds)	All CCs attained Level 1 and 20% attained Level 2 in 2011/12. 12 month follow up evaluation highlighted the quality assurance process had made a major positive impact on service responses to families living with domestic violence. Evaluation identified future areas for further work.	●

3.4	1 Work with partners to map need for specific support to children affected by DV and work with commissioners to increase provision	Sept 12	Safer Leeds (Michelle De Souza)	Currently liaising with partners to collate information.	●
3.5	Develop work to address child to parent violence based on good practice in Wakefield.	Mar 13	Children's Services (Jenny Bright)		●

Priority 4 – Reduce the risk to women and children through the delivery of interventions to perpetrators.

4.1	Expand current DASSL scheme to include an increased volume of referrals from CSWS, MARAC, priority cluster areas and police custody suites.	Oct 12	Safer Leeds (Michelle De Souza)	Business case to be submitted to Safer Leeds Exec and Troubled Families Board in Sept. Links with Leeds Prison established. Secondee from prison to join DV Team to work on DASSL	●
4.2	Deliver mandated programmes to perpetrators with Community Orders.	On-going	Lisa Parker (West Yorks Probation Service)		
4.3	Deliver group work with perpetrators who self refer.	On-going	STOP (Kathy Grogan)		
4.4	Deliver the CPS Business Plan actions on Violence Against Women.	On-going	CPS (Sally Sharp)		
4.5	Monitor the work of the Leeds Specialist Domestic Violence Court (SDVC) to ensure maximum effectiveness.	Dec 12	Safer Leeds (Michelle De Souza)	DV Courts running but a number of operational issues raised at Steering Group meetings. High level Chair still needed.	●

4.6	Refine referral processes between the police safeguarding unit and the CSWS Integrated Unit.	Sept 12	WYP (Julie Sykes) CSWC (Carol Carson)	<p>Work is ongoing following LCC Children's Social Work Service restructure. IT is being installed within Millgarth police station and 2 members of staff will work alongside the police DV Coordinators to assess referral needs in DV incidents attended by police. The aim is for referrals to be sent to the right person first time rather than via a circuitous route to Social Workers.</p> <p>A Task and Finish Group has been established within Leeds Children's Social Work Service to progress the police and Health co-location within the Duty and Advice Team.</p>	●
4.7	Develop work to promote good practice and a consistent city wide approach to work with perpetrators	Dec 12	Safer Leeds (Michelle De Souza)	Practitioner Forum being developed to promote minimum standards.	●

Glossary

DV	Domestic Violence
MARAC	Multi Agency Risk Assessment Conference
FABDA	Families Affected by Domestic Violence
C&YP	Children and Young People
DASSL	Domestic Abuse Service Safer Leeds
CSWS	Children's Social Work Service
CPS	Crown Prosecution Service
CC	Children's Centre
LDVS	Leeds Domestic Violence Service
DVT	Domestic Violence Team