



Domestic Abuse In North Somerset: A Scoping Exercise

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Introduction

This is a report for North Somerset Crime and Drugs Partnership on the findings from a scoping exercise on services for families affected by domestic abuse, conducted by Barnardo's Policy and Research Team based in the South West. The report is structured as follows:

- An executive summary listing the main findings and recommendations
- Background information to work on domestic abuse in North Somerset
- The methodology used in the exercise
- A review of literature from 2000 to date
- Analysis and findings organised under the following best practice indicators:
 - definitions of domestic abuse
 - monitoring and screening
 - developing policies and guidelines
 - prioritising safety
 - training
 - evaluation
 - multi-agency working
 - guidelines for work with survivors
- Conclusions and recommendations
- Appendices and bibliography.

In accordance with terminology used by practitioners in the field of domestic abuse in North Somerset the term 'abuse' will be used, not 'violence', unless it is in a direct quote from the literature or from informants. The same will occur for the term 'survivor' in place of 'victim'.

Executive summary

Introduction

The findings which have emerged as a result of this scoping exercise encompass both policy and practice in the field of domestic abuse. The following findings and recommendations reflect both these areas and will inform the new strategy on working with domestic abuse which is being developed in North Somerset.

Policy

There is considerable support for survivors in North Somerset, although this is more evident for adults than children. Many gaps in service delivery have been identified by practitioners and survivors. There needs to be a coherent strategy for future service development in the area and a number of recommendations for the types of services required have been given.

Recommendations: to consider the identified gaps in domestic abuse service provision across North Somerset and develop a strategy for future service development; to include the views of survivors in future development; to address the most frequently identified needs for adult survivors which are:

- counselling
- outreach for rural areas
- advocacy support
- a one-stop shop

To address the most frequently identified needs for child survivors which are:

- counselling
- specific groups for children living with domestic abuse
- a dedicated children's worker
- preventive work in schools
- training for early years practitioners to ensure earlier identification of children experiencing domestic abuse.

The appointment of the domestic abuse co-ordinator has been widely welcomed and already had some impact on current domestic abuse provision. Her restructuring of the Domestic Abuse Forum is perceived as providing an effective platform for future developments in domestic abuse work in North Somerset.

Recommendation: the domestic abuse co-ordinator should continue the positive work that has been started and work in partnership with all agencies.

There are different definitions of domestic abuse being used by practitioners across North Somerset. To aid understanding and co-operative working there needs to be a core definition of domestic abuse which is shared and understood by all practitioners.

Recommendation: there should be a core definition on domestic abuse which is shared and understood by all those working in North Somerset. The definition needs to clarify what constitutes domestic abuse.

There also needs to be a core policy on domestic abuse which supports the definition of domestic abuse being used by practitioners.

Recommendation: to develop a core policy that can be understood and shared by all those working with domestic abuse in North Somerset. This policy may be expanded to suit the needs of individual services. Survivors should be involved in the development of a core policy.

Male victims felt that male and female domestic abuse is viewed and treated differently. This was not specific to North Somerset, but perceived as a bias embedded more broadly in public policy. Some professionals also stated that the issue of male domestic abuse needs to be explored further and addressed if necessary.

Recommendations: to explore this concern in more depth; to raise awareness of the issue of male survivors amongst the public and practitioners; to advertise services for male survivors more widely.

There is also concern that the needs of survivors from minority groups are not understood.

Recommendation: to raise awareness and understanding of the issues faced by survivors from minority groups in North Somerset.

The extent to which evaluation of domestic abuse services occurs is unknown. This needs to be determined and evaluation strategies put in place if appropriate.

Recommendations: to determine the extent of current evaluation of domestic abuse; to develop further evaluation strategies for services working with domestic abuse; to incorporate survivors views into any evaluation strategy.

Multi-agency working is developing well in North Somerset. Practitioners and survivors would like this to be developed further. A number of recommendations to facilitate this are given.

Recommendations: to continue developing the structure and work of the domestic abuse forum and ensure all agencies are included; to continue to develop effective channels of communication and ensure all services across all areas of North Somerset are included; to consider how the development of Children's Centres might facilitate multi-agency working; to develop the concept of a one-stop shop.

The views of survivors are vital to any future developments in domestic abuse in North Somerset.

Recommendation: Strategies need to be found to include their voices in developing a policy, an evaluation strategy, future services and raising awareness.

Obtaining the views of children was not possible within the constraints of this scoping exercise. Future work should be considered in order to hear their voices.

Recommendation: the views of children should be sought to hear their experience of living with domestic abuse, their views of the services they have received and to inform future developments of services for children.

Practice: practitioners

There is good sharing of information on domestic abuse between the police and other statutory agencies.

Recommendation: this good practice should continue and be developed further if appropriate and practical.

Few services implement data monitoring procedures on domestic abuse. There needs to be robust data monitoring procedures so that the characteristics of the population experiencing domestic abuse may be determined. This will aid future service development.

Recommendation: to develop robust data monitoring procedures which can be used by all services working with domestic abuse. The procedures need to be sufficiently detailed so that a range of characteristics can be identified including how many survivors services work with, the make up of the population and the types of abuse. There is further guidance on the types of data which can be collected.

Although there has been considerable work on raising the awareness of domestic abuse in North Somerset there is still considered to be a lack of awareness of the issue by the public and some

practitioners. A number of recommendations are given to help raise awareness. The information booklet produced by North Somerset Against Domestic Abuse is highly praised and is a welcome resource.

Recommendations: to raise awareness of the public about domestic abuse and local services through a variety of media; to raise awareness of practitioners about domestic abuse and local services through training; to ensure that publicity about domestic abuse occurs throughout the whole of North Somerset; to continually update and make available the information booklet produced by North Somerset Against Domestic Abuse.

Many practitioners have received training on various aspects of domestic abuse. More training is required and a comprehensive programme of training at different levels is suggested.

Recommendations: to implement a comprehensive rolling training programme. This should include awareness raising as well as specific topics such as the impact of domestic abuse on children and working with children; to consider whether the training should be multi-agency and/or team based; to ensure that practitioners give the same advice so that survivors do not receive different messages. This is especially pertinent when survivors are seeking advice about what to tell their children.

Many services offer referral and signposting. Whilst this is appropriate, it may also be creating problems for some practitioners and survivors. A coherent system of referring and signposting needs to be developed.

Recommendation: in the absence of a single point of referral or one-stop shop, consider ways to reduce the number, multiplicity and inappropriate referrals being made.

Practice: survivors

Many practitioners have identified procedures for working with survivors of domestic abuse and these need to be continued and developed.

Recommendation: it would seem inappropriate to have set procedures for working with domestic abuse across all services. However, individual services should be encouraged to develop their own procedures incorporating best practice guidelines and liaising with the domestic abuse co-ordinator.

Survivors would like routine screening for domestic abuse by healthcare professionals. Training for this is currently under consideration.

Recommendation: to ensure that plans to implement routine screening of domestic abuse by midwives and health visitors are fully discussed by all those involved and taken forward as appropriate.

Recommendation: to implement training to enable healthcare professionals to react effectively when handling disclosure of domestic abuse.

The safety of survivors is seen as a priority by many practitioners. A number of recommendations for increasing their safety are given.

Recommendations: to continue the development of MARACs; to determine the timescale of the development of SDVCs in North Somerset; to develop advocacy support and/or Independent Domestic Violence Advisors in North Somerset.

There is very little support for perpetrators in North Somerset and a strategy to address this may need to be developed.

Recommendation: to carefully consider ways to support perpetrators in North Somerset. This may include the development of a perpetrators programme.

1. How the study was conducted

Background information

Recorded domestic incidents in North Somerset increased by 94% between 2004 and 2005. On average, there are currently 221 incidents reported each month. One year ago the average was 114 incidents a month and two years ago the average was 50 incidents a month. This increase in reporting is a positive indication that more people are coming forward and reporting what is happening to them. Due to the increase, local service providers are finding it increasingly difficult to accommodate the increasing demand for support.

A small scale research study was carried out a few years ago on domestic abuse services in North Somerset. Representatives from a number of agencies were interviewed including social services, health, education, the police and housing. Positive findings from the study were:

- there was a marked increase in public confidence to contact the police
- there had been a successful introduction of safe housing for survivors through the Gemini Project
- there was a willingness on the part of most agencies to work constructively together.

However, there were a number of key concerns:

- a lack of effective co-ordination and accountability between agencies
- little formal accountability for providing support to survivors
- perpetrators were not held accountable
- a shortage of data on outputs and outcomes
- little provision outside of Weston-Super-Mare and in rural communities
- an acute shortage of support for childrenⁱⁱ.

Whilst some of these concerns are acknowledged today there are some specific opportunities ahead:

- a domestic abuse co-ordinator has been appointed to work as part of the Community Safety & Drug Action Team on a fixed term contract until 2008
- additional resources have been identified to provide therapeutic services for children
- there is the potential to influence partner organisations' resource allocation. For example, as part of North Somerset Council's Annual Performance Assessment, domestic violence has been identified as a priority. This is reflected in the Single Plan for children and has become part of the Council's medium term financial planning process for 2006-07.

This present scoping exercise was commissioned by the North Somerset Crime and Drugs Partnership and its purpose was to assist in the development of effective, evidence-based and joined-up service provision for families in North Somerset who are affected by domestic abuse. The project had a number of specific aims which were to:

- describe the range and content of services in North Somerset for families affected by domestic abuse

- survey the views of a sample of a) practitioners and b) survivors on the appropriateness of current provision and any gaps in services
- identify local and national examples of good practice
- provide a range of information that could inform the development of a domestic abuse strategy for North Somerset
- survey the impact of the scoping exercise one year after the end of the study period.

Methodology

There were four distinct sources for the scoping exercise:

- a literature review
- questionnaires with practitioners and people involved in domestic abuse
- interviews with practitioners
- interviews with survivors.

The original brief requested interviews with children. Although the value of this for developing services in North Somerset was recognised it was not considered to be practical or desirable within the timeframe for the exercise. This subject should be considered for further discussion at a later date. The investigators believe that this subject is important enough to warrant a separate study.

Literature review

A brief review of the literature from 2000 to date was carried out. There was a specific focus on good practice guidelines and good practice examples relevant to North Somerset from other parts of the UK.

Questionnaires with practitioners

Fifty eight services were identified by the domestic abuse co-ordinator to receive a questionnaire. A letter was sent out by the co-ordinator on behalf of the research team explaining the exercise and giving informants the opportunity to opt out of the study (see Appendix A for a copy of the letter). Research ethics committee approval was sought from North Somerset Research Ethics Committee in order to collect information from health professionals. However, the exercise was judged to be consultation rather than research and formal permission was not required.

A questionnaire was constructed. Questions were grouped around the best practice indicators developed from a previous piece of research¹. The questionnaire was piloted with the Barnardo's domestic abuse community of practice. This is a group of practitioners who are interested in, and work in, the field of domestic abuse in Barnardo's South West. The community of practice is a forum where they meet, discuss practice and continually update and extend their knowledge and understanding of domestic abuse work. Their comments were shared with the North Somerset domestic abuse co-ordinator and then incorporated into the final questionnaire (see Appendix B)

The questionnaire was sent out by post and e-mail in March 2006 to representatives from the 58 services. The services covered a range of agencies - for a list see Appendix C. The questionnaire

was followed up four times by e-mail, letter and where possible telephone call to maximise the response rate.

Interviews with practitioners

Twenty practitioners were identified by the domestic abuse co-ordinator to take part in a telephone interview. These practitioners were additional to the people taking part in the questionnaire but from similar agencies (for this list of agencies see Appendix D). The purpose of the telephone interviews was to acquire more fine grain information about domestic abuse services in the area. As previously, a letter was sent out by the co-ordinator and an interview scheduled constructed and piloted (see Appendix E for the interview schedule).

Interviewees were contacted by telephone to arrange an interview at a date and time convenient to them and the interviews were conducted between the beginning of April and the middle of May 2006. All telephone interviews except one were tape recorded and transcribed. After analysis the tapes were destroyed. Detailed notes were taken of the interview that was not tape recorded and written up.

Interviews with survivors

These were facilitated by domestic abuse agencies in North Somerset who identified and organised two groups of survivors, one male group (n=3) and one female group (n=5). A letter explaining the scoping exercise along with Barnardo's code of ethical conduct was sent to the participating groups. An interview schedule was constructed and discussed with the domestic abuse co-ordinator (see Appendix F). The interviews were conducted between the middle of May and the beginning of June 2006 at a time and place convenient to the interviewees. Consent letters were signed and returned prior to the interview commencing (see Appendix G).

2. Literature review

Introduction

Domestic violence or abuse is a serious crime that has devastating consequences for victims and families as well as the wider community. It accounts for 17 percent of reported crimeⁱⁱⁱ. The best available data on domestic abuse for England and Wales comes from the British Crime Survey^{iv}. This survey involved men and women aged 16 to 59 years and found that 23 percent of women and 15 percent of men reported being a 'victim' of domestic assault and women were more severely affected than men. In addition, half of all adults who had suffered abuse from a partner or ex-partner in the last year were living with children under 16 years of age^v. Specifically, at least 750,000 children a year witness domestic abuse and almost three quarters of children on the 'at risk' register live in households where domestic abuse occurs^{vi}.

In recent years domestic abuse has moved up the political agenda with an inter-departmental group progressing work in this area. This group published Domestic Violence: A National Report in March 2005^{vii} which details the progress made since 2003. This has encompassed actions to:

- prevent domestic abuse;
- protect survivors and bring offenders to justice;
- support survivors and their children.

In addition, the group has developed a core definition of domestic abuse and this has been adopted by the Home Office and those working in the field. The definition is:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'⁷ (p.7).

Work has been taken forward at a local level by North Somerset Council and domestic abuse is one of the priorities for 'Staying Safe' in the Single Plan for Children and Young People. In North Somerset, children and young people have said that they need to feel safe wherever they are in the area and the plan states that over the period 2006/09 the Council will:

'develop services to support children and young people emotionally traumatised by domestic violence'^{viii} (p. 26).

Currently the domestic abuse forum in North Somerset is working to the domestic violence best value performance indicator^{ix}.

Working with families where there is domestic abuse

In 2000, a team of researchers carried out a mapping exercise of domestic abuse services for children, women and men across the UK¹. They found that:

- service provision for domestic abuse across the statutory and voluntary sectors in England, Scotland and Wales was patchy

- the largest provider of services was Women's Aid and related organisations
- only one percent of projects across the four main children's charities were dedicated to domestic abuse. Seventy three percent of general projects paid attention to the effects of domestic abuse but one fifth of projects did not see the relevance of domestic abuse to their service users
- nearly two thirds of provision through social services departments was integrated with other services and provided through voluntary organisations
- initial awareness training was undertaken to varying degrees across different organisations.

They were also able to identify eight indicators of good practice:

- defining domestic abuse
- monitoring and screening for domestic abuse
- developing policies and guidelines for domestic abuse
- prioritising safety
- training
- evaluation
- multi-agency working
- guidelines for work with survivors.

The literature review will now focus on findings and good practice in relation to these eight indicators and it will be apparent that there is overlapping detail between many of the indicators.

Indicator 1: defining domestic abuse

Developing a definition of domestic abuse sets the parameters for practice and policy development, screening and multi-agency working. In 2000 it was estimated that there were approximately 20 definitions of domestic abuse reflecting different philosophies and perspectives⁵. In order to work together and develop coherent policies and practice it is necessary to agree a core definition which all agencies can sign up to^x. The Home Office definition cited earlier is used across all government departments in England and is acknowledged as recognising the range and complexity of the problem. This is also the definition used in North Somerset.

Indicator 2: monitoring and screening

Typically domestic abuse data are collected on the numbers and characteristics of people approaching services, types of domestic abuse experienced and help required. The main purpose of collecting data is to ensure the safety of families experiencing domestic abuse. Data can be used to assess the prevalence and scope of domestic abuse, understand its impact, identify needs and develop baselines to monitor effective services. In order to ensure effective collation of data there needs to be some guiding principles including a shared definition and policies for staff and managers, agreed information sharing protocols and multi-agency training^{xi}.

The Home Office, in partnership with the Prime Minister's Delivery Unit, has been developing a National Domestic Violence Reduction Delivery Plan for 2005/2006. This plan has a number of objectives and two relate to this area: objective one to increase the early identification of, and

intervention with, survivors through routine enquiry and objective four to increase the rate at which domestic abuse is reported.

Under-reporting by survivors of domestic abuse is high. It is estimated that only 25 percent of survivors will report to the police and two percent to Women's Aid. In addition, survivors will suffer 30 or more assaults for an average period of seven years before informing any agency¹. It was also estimated that only nine percent of agencies working with domestic abuse collected data (Stanko, 1998 cited in¹¹). However, more recent findings indicate that the majority of agencies working with domestic abuse regularly collect information on domestic abuse and the main information collecting agency is the police¹⁰. Any data on domestic abuse should be collected as part of a multi-agency strategy, use a wide range of sources and collect information on a range of criteria including gender, disability, type of help requested and accessed¹⁰.

Many women do not mind being asked about domestic abuse especially in a healthcare setting. There is evidence to show that screening by health professionals increases the identification of domestic abuse, however, there is insufficient evidence at present for improved outcomes for women as a result of routine screening^{xii}. Currently, a national screening programme for domestic abuse is not advocated but there is now a Department of Health handbook for healthcare professionals on responding to domestic abuse^{xiii}. This identifies how to provide an effective environment conducive to disclosure, what to ask, how to ask and what to do in the event of disclosure. A number of initiatives in relation to routine enquiry of domestic abuse have been evaluated.

Routine antenatal enquiry for domestic abuse

A year long study looked at the effectiveness of early enquiry during pregnancy. Seventy nine community midwives in North Bristol NHS Trust underwent specialist training on domestic abuse. The effectiveness of the training was assessed after six months and levels of disclosure were assessed at nine months during implementation. Findings were that midwives had increased confidence in dealing with the issue of domestic abuse and this increased the number of opportunities for women to disclose abuse. Midwives needed sufficient training and support to incorporate this into their general practice^{xiv}.

Impact of routine enquiry: Suffolk Tools for Practitioners

This project set out to develop a range of tools or interventions combined with training so practitioners could respond to survivors whilst keeping safety central. Routine enquiry was followed by safety planning for those who disclosed. An extensive guidance manual was produced and the tools were used primarily by health and social care practitioners. Findings were that practitioners were initially resistant to routine screening and they needed training and support to implement it. Health visitors found it easier than social care workers to incorporate routine enquiry into their work. Overall, there was greater understanding of domestic violence by all

practitioners and the number of incidents reported increased. The work also greater resulted in greater multi-agency links^{xv}.

Impact of training: Wakefield Support and Survival Health Initiative

This project set out to provide training which would increase the recognition of domestic abuse by healthcare professionals, improve evidence gathering and improve the health of survivors. Prior to training practitioners were resistant to the idea of routine enquiry but following training they became more confident and willing to include routine enquiry as a part of their daily practice. Practitioners understood the issue better and this enabled them to deal with survivors more appropriately¹⁵:36.

Indicator 3: policies and guidelines

Many documents and good practice guidelines emphasise the need for shared policies and procedures to identify and respond to domestic abuse. Some organisations have produced their own policies and standards for working with families who may be experiencing domestic abuse which may provide a starting point for shared policies.

Policies and guidelines should underpin all work and be developed in conjunction with a shared definition and data monitoring procedures. Developing an effective strategy with policies and guidelines should be co-ordinated through a domestic abuse forum involving local authority departments, the police, probation, health services, Refuges and other agencies. There are many factors which enable fora to work effectively and these include:

- having a full-time paid co-ordinator
- having input from practitioners and support from senior managers and policy makers
- moving beyond networking to developing principles, policies, shared action plans and objectives (for a complete list see⁵).

Indicator 4: Prioritising safety

This indicator includes safety planning with individuals as well as at an organisational level. As previously stated, information sharing maximises safety for survivors and children¹¹. Failing to do this can put survivors and children at risk. One way of sharing information and assessing risk is through domestic abuse multi-agency risk assessment conferences (MARAC).

Multi-Agency Risk Assessment Conference

A MARAC is a formal conference to support the risk assessment process. The aim is for agencies to share information in order to identify individuals at a 'very high' level of risk and construct a management plan to provide professional support. In South Wales this approach has reduced crime and disorder and protected vulnerable individuals¹⁰:13.

The use of Independent Domestic Violence Advisors (IDVAs) has proved helpful in ensuring the safety of survivors in a range of ways including helping survivors report to the police, use the criminal justice system and reduce repeat victimisation. The role of an IDVA is to advise and support survivors to help ensure their safety. The Home Office^{xvi} provides detailed guidance on what advisors or advocates can do in relation to domestic abuse. To act effectively they need to be: independent, a case worker not a volunteer, know all safety options, work from the point of crisis to ensure short-term and long-term safety and understand the management of risk. IDVAs should also have clear outcomes such as: reduced repeat victimisation, fewer withdrawals of witness statements and increased reporting of children at risk of harm⁷. To be successful projects using advocacy need close links with the police and survivors need to see the police positively. Projects which have achieved this have been where project workers were based in the police station or police officers were based in the project. Either way, survivors feel more able to approach and work with the police. The following are examples of successful projects which use advocacy and support to increase the safety of survivors.

Camden Safety Net

This is a project based in the police community safety unit. They use project workers to provide advocacy to increase reporting on initial incidents and increase arrests. The project also includes specialised support for women from black and other ethnic minority communities. Findings from the project show that police referrals to the project increased, there was increased reporting to the police and an increase in incidents resulting in arrest. Specialist support for black and other minority ethnic women increased their engagement with the criminal justice system¹⁵.

Bradford Staying Put – accompanying women to court

This project used a dedicated legal support/ advocacy worker to support women using the criminal and civil law system. It aimed to decrease the number of women withdrawing their statements, increase convictions and enable women to stay in their own homes. By accompanying women to court they were more likely to turn up and to enter a guilty plea. Women were enabled to stay in their own homes by advocacy alongside the provision of a 24 hour helpline and enhanced security in the home. Project users experienced a reduction in repeat victimisation and the combination of home security and a panic alarm appeared to have the greatest effect¹⁵.

Northampton Sunflower Centre – intensive advocacy and support

This project supported women to use the criminal and civil law through proactive incident investigation carried out by police officers seconded to the project. The aim was to increase the detection, conviction and sentencings related to domestic abuse and increase the rate of survivor's application to the courts. The project increased conviction rates and reduced attrition through the courts¹⁵.

Leeds HALT

HALT Domestic Violence (Help, Advice and the Law Team) provide support, advice and advocacy to women and their children experiencing violence from a man they know. Their work includes a confidential helpline, one-off telephone advice, face-to-face ongoing support, advocacy and practical and emotional support throughout their contact with the legal system. They have found, when supported, a guilty plea was more likely and fewer women withdrew their statements. Overall, when given appropriate support, advice and liaison women will support a prosecution^{xvii 15}.

Croydon Domestic Violence Advocate Service (CDVAs)

This project provided an advocacy service to enable women to access the legal process. Support was practical assistance, safety advice, an out of hours phone line and support during child contact proceedings. It aimed to reduce repeat victimisation. The project approach led to a reduction of repeat victimisations for some women and more active engagement with the criminal justice system¹⁵.

Another way of ensuring survivors' safety is through the implementation of specialist domestic violence courts (SDVCs) and fast track systems (FTS). Common features of both of them are:

- a focus on criminal matters;
- dealing mainly with pre-trials;
- arranging to identify domestic abuse cases and then cluster or fast track such cases;
- the presence of advocacy support and or police domestic violence officers;
- multi-agency working;
- training for all involved.

Evaluation of specialist domestic violence courts and fast track systems

A recent evaluation of five pilot models of the above systems from November 2003 to January 2004 showed:

- enhanced effectiveness of court and support systems for survivors;
- easier advocacy and information sharing between agencies;
- improved survivor participation and satisfaction;
- increased public confidence in the criminal justice system^{xviii}.

At an organisational level domestic abuse impacts on workers and employers through circumstances such as lost work time due to injury or seeking help from professionals. It is estimated that the total lost economic output due to domestic abuse is around £2.7 billion per annum¹⁰. As a result many organisations see domestic abuse as a human resources issue and there is guidance for the workplace from organisations such as Women's Aid and the TUC^{xix xx}.

Indicator 5: training

Training needs to involve awareness raising and specialist courses through a rolling programme. Awareness raising can be developed on two levels; raising the awareness of society and raising awareness of practitioners who may come into contact with families experiencing domestic abuse. There needs to be clear and accessible information through campaigning at a national and local level. Information also needs to be available in public places as well as more creative places; the back of till receipts has been suggested^{10; 7}.

Training for practitioners needs to encompass awareness raising especially for those who do not see domestic abuse as a regular feature of their work. There also needs to be more specialised training for those who work directly with families and this will also have an element of raising awareness. The work highlighted under routine enquiry demonstrated the benefits of training on domestic abuse for practitioners and showed how understanding the issues facing families can result in more appropriate practice. It is also advantageous if training can take place in a multi-agency context so that practitioners can hear the same message and learn from one another⁶.

Indicator 6: evaluation

The framework of indicators provides parameters for evaluation of work with survivors, children and perpetrators. Evaluation should include: independent evaluation, including the voices of survivors and children, and follow up and feedback to determine what works in the field.

Objective seven of the National Domestic Violence Reduction Delivery Plan is concerned with developing knowledge and gaining evidence to understand domestic abuse and close gaps in knowledge⁷. In order to achieve this, services need to collect and monitor data and establish baselines¹¹. A further requirement is to include survivors' views in service delivery and evaluation (Mullender and Hague in^{xxi}). Finally, Hester and Westmarland¹⁵ identify areas that require further evaluation and research to determine what works and these include:

- approaches to assess attrition of domestic abuse cases within the criminal justice system
- the use and impact of photographic evidence
- the impact of domestic abuse interventions.

Indicator 7: multi-agency working

The need for multi-agency working is recognised within the National Domestic Violence Reduction Delivery Plan objective one⁷. It is also mentioned in every piece of domestic abuse documentation and the mechanism for co-ordinating multi-agency responses is through the domestic violence forum which has been discussed previously. The key to developing effective multi-agency working is employing a domestic abuse co-ordinator who needs to work with all agencies and organisations to agree a strategy and action plan⁹.

There are several models of multi-agency working but two particular models which are effective are the:

- ‘virtual’ team arrangements where agencies work together, but continue to be based in their own agencies
- the physical ‘one stop shop’ where professionals are based in a single building.

Both models reduce the need for survivors to be frequently referred and there is evidence to suggest that the more referrals that are made the less likely there will be a positive outcome⁷. Two examples of the above approaches are the Cardiff Women’s Safety Unit and Northampton’s Sunflower Centre.

Cardiff Women’s Safety Unit (WSU)

The WSU is staffed by one operational manager, two support workers, one seconded police officer and one administrator. The WSU provides a central point of access for women and children experiencing domestic abuse. The main aim is to ensure safety. The team provides advice, advocacy, specialist counselling services, legal services, housing services and Refuge provision. Therefore, survivors are provided with an effective, immediate and consistent range of support services at one referral point. So far the WSU has resulted in declining numbers of repeat victimisations, increased numbers of women making complaints, increased numbers of those being charged with domestic abuse crimes and increased numbers of concern for children reports. In addition, feedback from women using the unit has been overwhelmingly positive^{xxii}.

Northampton’s Sunflower Centre

This project has been referred to previously. It offers a fully integrated approach to dealing with domestic abuse for both men and women. It has a team including two police officers, individual advocates, a health visitor, a specialist in mental health and substance misuse, children’s work and housing. Demand for the centre is high receiving 1500 referrals in its first year. The project is achieving lower repeat victimisations and higher levels of reporting^{10; 15}.

Indicator 8: Guidelines for work with survivors

The guidelines for working with domestic abuse survivors are usually for women and children. It is recognised that survivors may be men or individuals from same sex relationships and they may need different services. In addition, although services for adults and children may be linked they also need to be discrete taking into account their differing needs.

Survivors

Mullender and Hague in ²¹ state that women survivors suffer repeated attacks before they get help and usually they have tried other, more informal, sources of help first, for example family and friends. Survivors report that advice and services vary from one local authority to another and the range of responses from local authorities can sometimes be inconsistent, often involving various referrals²¹. Survivors seek most help from social services and housing despite their fears that their children might be removed. However, most are fairly satisfied with the responses from the housing staff with whom they come into contact^{xxiii}.

Overall, most women rate Refuges and their services highly (Mullender and Hague in²¹) although they prefer the option of staying in their own home if safety can be guaranteed. One model of this is the Sanctuary Scheme set up by the London Borough of Harrow.

The Sanctuary Scheme - Harrow

This is a victim-centred initiative which makes it possible for survivors to stay in their own home and feel safe. It is tailored to meet the needs of the individual and its main feature is the creation of a sanctuary room. There are three levels of sanctuary:

- sanctuary – a room with a door which acts as a barrier, multiple locks and room viewer
- sanctuary plus – this has additional features such as window grilles
- sanctuary minus – this is not a safe room but general safety precautions are made

Anyone can be eligible for the scheme not just council tenants and it is free, the only test referrers need to apply is to be sure that without the work the person would probably be homeless. So far 57 out of 71 sanctuaries have been completed at a cost of approximately £800.00 per sanctuary paid for by the Homelessness Service^{xxiv}.

General Practitioners (GPs) are often approached early, due to injury sustained through abuse, when domestic abuse may not have previously been disclosed. Survivors would welcome the opportunity to talk to their GP; however the response is reported as being variable²¹. For those who are pregnant or have children the midwife or health visitor may be more convenient to talk to. This places further emphasis on the need for routine enquiry of domestic abuse as discussed previously.

Survivors value advocacy and support¹⁶ and they like support and advice to be in one place, a 'one-stop shop' or at least to have one point of referral. They prefer long term help rather than short term crisis intervention and support needs to be tailored to the individual. They particularly value support when using the legal system and the effectiveness of advocacy in this situation has previously been highlighted. In relation to the legal system women contact the police most frequently and find their services to be improving although still patchy. Projects which have close links with the police tend to be most effective¹⁵.

Outreach services are important especially for those living in rural locations. Survivors living in rural areas can become more isolated and it is easier for the perpetrator to exert control. One example of an effective outreach project is the following:

Cheshire Domestic Violence Outreach Service

This is a project with an outreach co-ordinator, outreach workers and trained volunteers. Outreach workers develop a structured plan with each woman they see which consists of a contract, action plan and specific outcomes. They provide support to women and act as advocates

representing the woman to other agencies. Evaluation has found high levels of satisfaction from users and other agencies with high levels of effectiveness¹⁵.

Counselling and group work is also important to survivors and is something generally not provided by advocacy or support workers. An example of this type of work is the Camden Safety Net.

Camden Safety Net

This project aimed to set up individual counselling and group work. The work resulted in women becoming more self aware and recognising abuse. It gave them the opportunity to share experiences with others and allowed them to move on in their situation¹⁵.

The above authors state that in order to support women in this way and be effective projects should be clear about intended outcomes of this work and find ways to measure them.

When providing support to survivors from different cultural groups additional factors should be taken into account. Cultures which place emphasis on family life and the role of the woman may make it more difficult for them to acknowledge domestic abuse. In some cultures, there may be uncertainties concerning immigration status which may prevent survivors from coming forward. Current advice is that there should be specialist support workers for these survivors who are aware of the needs and difficulties of these group^{xxv}.

Children

Work in this area should relate to prevention as well as protection and direct work. A comprehensive guide for services for children and young people affected by domestic abuse is provided by LGConnect⁶. This looks at services for children and young people in relation to tiers of intervention and need.

Prevention

Many children and young people hold worrying attitudes towards gendered violence indicating the need for primary prevention work in schools and elsewhere. Burton et al ^{xxvi} found that of 2,039 14 to 21 year olds surveyed, nearly half the young men and a third of the young women believed that in some circumstances it would be acceptable for a man to hit a woman. Follow up research found that young people's attitudes were more positive and informed in relation to domestic abuse^{xxvii}. However, some young people continued to believe that women and girls provoke abuse through their own actions and could be to blame for the violence they experience at the hands of men.

Further research funded by the Economic and Social Research Council Children 5-16 Programme^{xxviii} showed that at primary and secondary age boys were less clear about who was to blame when a man hit a woman and were more likely to excuse the perpetrator.

There are a number of projects for schools, both primary and secondary, aimed at raising awareness of domestic abuse and decreasing tolerance towards it. Many programmes have been developed in collaboration with the Zero Tolerance Trust. Primary prevention projects which have been evaluated found that work was particularly beneficial when it was student-centred and interactive with visual input such as drama. Findings indicated that pupils had increased their awareness of factual information in relation to domestic abuse but teachers were concerned that interventions had short term effects. Teachers needed training to use the project materials and on how to handle disclosures. They also needed effective multi-agency links¹⁵.

Protection

Children may be affected in many ways by living with domestic abuse and they are often more aware than adults realise²⁸. Children are affected depending on their age and developmental stage (for an overview of the impact of domestic abuse on child development see^{xxix}). Kitzmann et al (2003) cited in¹⁰ found from a meta-analysis of 118 studies of psychosocial outcomes of children exposed to domestic abuse there was a significant correlation between domestic abuse and child problems. Witnessing domestic abuse in the pre-school years results in more difficulties such as behaviour problems when older. This is explained by the fact that pre-school children have fewer emotional and cognitive resources to withstand witnessing abuse⁶. According to Refuge^{xxx} there are more children under five years of age growing up in homes where there is domestic abuse than any other age group. This may be partly due to the additional stresses on families coping with very young children. However, there are few services to address their needs.

There is also a strong relationship between domestic abuse and child abuse. Between one and two thirds of men who are violent to their female partners are also likely to be violent to their children and 52 percent of child protection cases involve domestic abuse⁶. Assessing risk and making decisions about child protection issues is difficult. One scheme which provides a model of how to assess risks is the Barnardo's Northern Ireland domestic violence outreach scheme.

Barnardo's Northern Ireland domestic violence outreach scheme – DVOS

Based on a Canadian model of child protection procedures this project uses a risk assessment model consisting of nine assessment areas:

- nature of the abuse
- risks to children posed by the perpetrator
- risks of lethality
- perpetrators pattern of assault and coercive behaviours
- impact of the abuse on the woman
- impact of the abuse on children
- impact of the abuse on parenting roles
- protective factors
- the outcomes of the woman's help-seeking.

A six month pilot study was commissioned by Health and Social Services Trusts in 2004 to apply the model in their family and child care teams. Training and mentoring was provided and the model helped practitioners to be more specific in their work with children and families. The

threshold scales are being used by a range of staff including A&E hospital social work staff, child protection nurse specialists, women's advocates and health visitors^{xxxii}.

Listening to children is vital in order to pick up on domestic abuse and protect children from its effects. Good practice identified by the Home Office¹⁰ states that children should be taken seriously when disclosing they are living with domestic abuse and help should be obtained promptly. Mullender et al^{xxxiii} outline the dangers of not listening saying that where agencies respond without listening to children they often get it wrong resulting in children being in danger or at least feeling ignored.

One particular area where children are in need of protection is in relation to post-separation contact. Women's Aid^{xxxiii} provides a briefing paper on the report by Her Majesty's Inspectorate of court administration on domestic violence, safety and family proceedings. The report details the ways in which CAFCASS fails to ensure the safety of survivors and children in private law family law proceedings. Overall, children's safety was found to be severely compromised. Many organisations have now brought out guidelines in order to protect and support children^{10:31:6}.

Direct work with children

Work with children can take place in Refuges, children's groups and individually. Humphreys and Mullender²⁸ state that many Refuges have designated children's workers and research cited by them shows that childcare Refuge work is a major resource for children despite chronic under funding.

Group work can benefit children from ages four to sixteen. Evaluation cited by Humphreys and Mullender²⁸ has demonstrated effective outcomes for children in terms of making them feel less responsible and how to keep safe. A Home Office development and practice report^{xxxiv} highlights good practice pointers for engaging in group work. These include: the need for practitioners to be trained; to be flexible to the needs of children and to be mindful of current living arrangements.

One to one work and counselling is less readily available for children. Those that have received such help have found it useful and recommend it to other children. Mothers also consider this type of help essential for their children²⁸.

Perpetrators

The eight indicators of good practice are intended to be used by organisations working with survivors and children. However, work with perpetrators needs to be considered. Objective five of the National Domestic Violence Reduction Delivery Plan⁷ aims to increase the rate of prosecution of perpetrators. Encouraging survivors to disclose and use the criminal justice system in the ways highlighted earlier will go some way to achieving this. There also needs to be consideration of perpetrators' programmes. Mullender and Burton in²¹ discuss elements that should be considered in implementing perpetrator programmes. They propose that any model of intervention should:

- deal with substance misuse separately

- not focus exclusively on anger management
- not engage in work with couples
- work should be based on social learning/cognitive behavioural approaches
- include gender attitude change
- include group work.

RESPECT^{xxxv} details good practice guidelines and appropriate programmes for change.

Summary

There is a core definition of domestic abuse which is generally accepted by those who work in the field and the need for policies and guidelines is also accepted although these need to be negotiated at a local level through the domestic abuse forum. It is apparent that training and awareness raising on domestic abuse is necessary as well as evaluation of domestic abuse services which needs to include the voices of survivors and children.

There are a number of initiatives which appear to be successful such as Independent Domestic Violence Advisors and Specialist Domestic Violence Courts however, thought needs to be given to how these might best be implemented at a local level. More needs to be known about data collection and monitoring and the best way to facilitate this. Also more needs to be known about direct work with children especially assessing risk and work with under fives and good practice with perpetrators.

3. Analysis and findings

Questionnaires with practitioners

Fifty eight questionnaires were sent out to a range of representatives from the voluntary, statutory and private sectors including: health, education, social services, housing, the church, law, local and national government, advice services and domestic abuse services (for a full list see appendix C). Forty responses were received (69% response rate) and these represented most of the organisations contacted. Of these, five respondents felt unable to respond as they did not have sufficient information or knowledge to reply appropriately, and two responses were incomplete. Views of health visitors and midwives were obtained at managerial level but no midwife or health visitor practitioners were included in the list of agencies contacted. This omission will be partly rectified during the follow up interviews in June 2007.

Interviews with practitioners

All 20 interviews were conducted across the full range of agencies identified.

Interviews with survivors

Two groups of survivors were interviewed, one group of five female survivors and one group of three male survivors. There were distinct differences between the two groups. All the females had been married, and most of them had young children living with them, at the time of experiencing domestic abuse. The amount of time that they had experienced domestic abuse before seeking help varied from two years to a lifetime. All of the survivors had left the partner committing the abuse and were now living with their children.

The male survivors were not married to their partners at the time of the abuse and the children in the household at the time were not the biological children of the interviewees. They had experienced domestic abuse from between two and five years before seeking help and now none were living with their own children. Female alcohol abuse was reported in all three cases as a precipitating factor.

This section will now draw together the findings from the questionnaires and interviews under the eight best practice indicators discussed in the literature review.

Indicator 1: defining domestic abuse

From the questionnaires, 17 services followed a definition of domestic abuse and 18 didn't. All services working directly with domestic abuse followed a specific definition; other than that there was no obvious pattern to which services did and which did not. All services using a definition cited the Home Office definition given in the literature review.

From the telephone interviews, 16 services cited a definition and only four did not. Those that did not were all services where domestic abuse was not integral to their work: Sure Start, a substance misuse agency, one housing organisation and adult social services. Of those that cited a definition,

ten used the Home Office definition, five services had developed their own definition and one used the Northampton Sunflower Service definition "to protect and empower victims of domestic abuse and reduce repeat incidents, regardless of age, gender, social class, religious beliefs, sexuality, marital status, physical or mental ability; by adopting a multi-agency response"^{xxxvi}. Across both the questionnaire responses and the telephone interviews there was some confusion by North Somerset Council services as to whether or not they had a definition of domestic abuse and if they did whether it was the Home Office definition or their own.

According to the literature, a shared definition is integral to practitioners' understanding of domestic abuse. The confusion and lack of definition by some services was noted by the female survivors who were aware that some services had a lack of understanding as to what constitutes abuse "some services don't see behaviours as domestic abuse" "financial and mental abuse – there is no evidence for this".

Indicator 2: monitoring and screening

There were 20 responses from the questionnaires where there were no data monitoring procedures or they were unsure what it meant. In terms of information sharing, the police, through the domestic violence liaison unit, report figures for incidents on a daily basis to health, education, social services and victim support. Incidents involving children under five years of age are reported to the child protection lead for health who then reports to the appropriate health visitor for the family. Incidents involving children over five years of age are reported to educational welfare who then informs the identified school lead in the relevant school. Educational welfare maintain a database of all reported domestic abuse cases but at present it is unclear whether the database can link all live domestic abuse cases to active child protection work. All incidents involving children are reported to social services and all incidents are reported to victim support. Some services have data monitoring procedures as part of other returns they need to do, for example, quarterly returns to the North Somerset Children's Fund.

Respondents were asked to supply figures on those they were currently working with but only 11 informants were able to do this. The figures supplied were small and only a few respondents (n=5) gave figures for male survivors. This may reflect a lack of reporting by male survivors or that male domestic abuse is not considered as much as female domestic abuse. One service reported that their figures were low if domestic abuse was considered as the primary issue in their work with families but this rose substantially if it was considered as a secondary issue. Services were also asked to report on waiting lists and only five services had a waiting list and these were all ones where counselling or one-to-one support was given.

Responses from the telephone interviews were also mixed. One third of interviewees did not have data monitoring procedures, one quarter did and the remainder were unsure. Often any monitoring kept in this category was down to the individual recording data for their own interest. As indicated in the literature the police kept the most comprehensive records along with housing, North Somerset Against Domestic Abuse (NADA) and the Refuge. The police shared information as discussed above as well as all completions of domestic abuse incidents. The need for services to have data monitoring procedures as discussed in the literature was highlighted by one interviewee: "we haven't got proper information in terms of what the balance is, in terms of what the family

compositions are. In other words what is the profile, what is the shape of it, what is the ethnic origin, the age, the location of this” (telephone interviewee).

Nine telephone interviewees were able to give figures. The police supplied the figures they pass on to other services and these were:

Total domestic abuse incidents for 2005	2,656
Average domestic abuse incidents per month during 2005	221
Total for the last quarter of 2005	660
Referrals to North Somerset Victim Support (last quarter 2005)	179
Incidents involving school age children reported to Education Welfare	183
Incidents involving under 5's and pregnant women reported to health	143
Incidents of child involvement reported to social services	288

Previous monthly figures cited in the proposal for the scoping exercise were 114 so the monthly figure for 2005 of 221 represents a 94 percent increase in reported incidents.

Social services reported that in 52 percent of their cases domestic abuse constituted a significant figure. For other services the figure ranged from all their cases if a specialist domestic abuse agency to very low if domestic abuse was peripheral to their work. There was a particular issue for educational family support as their figures had recently gone down from 89 percent to 63 percent. It was thought that this could be because when they reported the higher figure they were working with children up to Year 6 whereas they currently work with children only up to Year 4. There is a feeling that as they are now concentrating on the younger children domestic abuse is not being picked up as an issue because of the children's inability to articulate their problems. It is reported in the literature that children's language development may be adversely affected by living with domestic abuse²⁹. There was a concern from a number of practitioners that there were an increasing number of adolescent boys attacking their mothers and siblings but there was no data to support this. Figures for a waiting list were low with only six services keeping a waiting list. Reasons for this were that some services do not keep a waiting list because they continuously work at over capacity and some do not keep figures on those they turn away. The need for a good database was mentioned when informants were asked what makes an effective service for survivors of domestic abuse.

The issue of routine enquiry emerged from the interviews. One of the plans for future development in domestic abuse services for health was training for midwives and possibly health visitors on routine screening: “training the primary care staff, midwives particularly, about asking the right questions early, early on when women are going to book their pregnancies” (telephone interviewee). At present there is an embargo on all training in the health service due to current changes and financial uncertainties. The need for some training on disclosure for all health professionals was also recognised and one practitioner stated: “I’ve heard many other survivors saying that they might have started talking if they were actually asked” (telephone interviewee).

Routine screening was also requested by the female survivors: “When I was having my ante-natal check-up the midwives found a bruise on my arm. They looked at each other as if to say that’s not right. I wished they’d asked me about abuse because I think that was all I needed – to be asked the question, to tell someone. They should be routinely asking about abuse, should be incorporated in”.

Indicator 3: policies and guidelines

From the questionnaires 19 services had policies and/or procedures and 16 did not. As with the definition there was no obvious pattern to those who responded positively or negatively. North Somerset Council had its own policy and procedures incorporated into its child protection policy. Others had their own policy and/or procedures linked to their own umbrella organisation.

From the telephone interviews 12 interviewees had a policy and procedures, four did not have a policy but had procedures and three had no policy or procedures. One interviewee was currently developing a policy on working with domestic abuse. Of those that had a policy it was not necessarily a policy explicitly on working with domestic abuse but was linked to issues concerned with domestic abuse for example confidentiality.

From both the questionnaires and the telephone interviews there was confusion concerning the difference between policy and procedures. Where this difference was understood there was support for an overall policy on working with domestic abuse which could be shared with all agencies in North Somerset: “It would be useful to have a co-ordinated approach” (telephone interviewee). It was felt that any policy could not be too detailed but could give guidance and provide understanding on the issues involved when working in the field. It was not felt to be appropriate to have procedures for working with domestic abuse which covered all agencies. It was felt that procedures depended upon the organisation, the service being provided and the way in which individuals worked. It was also felt, from previous experience, that practitioners should be working with individuals and responding to their needs and that set procedures would prevent that approach: “If we have a standard format there is not much room for manoeuvre, and the whole point for us around domestic abuse, is that it needs to be client led” (telephone interviewee).

According to the literature the domestic abuse forum is the place to develop policies and that the domestic abuse co-ordinator is the person to facilitate this. The forum in North Somerset has recently reconfigured so there is now a strategy group and a practitioners group. There were

many positive comments regarding this development from the interviews and there was a general feeling that the co-ordinator was taking them in the right direction: “She’s been very good in drawing things together and coming up with policies and protocols so I think we are getting there” (telephone interviewee).

Although not stated in the literature it was felt by many practitioners that the voice of survivors should be incorporated into any policy that is developed as they are the experts “...look at drawing up a policy but I would want that to be led very much by the people who are much more in the know and that is the victims really” (telephone interviewee).

The survivors made many comments which would need to be addressed in any policy that was drawn up. Male survivors were very concerned that different views were held by practitioners on male and female abuse: “They think it is the bloke that commits domestic abuse not the woman” (male survivor). They suggested that any policy that was developed should contain information in a gender neutral way.

Female survivors were very concerned that they got told different information by different agencies on the same topic for example on what to tell their children. They felt that often agencies were working to their own agendas and did not put the survivors first. They felt that domestic abuse should be at the front of any work that is carried out and should certainly be addressed through any policy.

Indicator 4: prioritising safety

When asked what makes an effective service for survivors of domestic abuse informants from both the questionnaires and telephone interviews highlighted safety: “a good data base for sharing information” (questionnaire) was seen as a necessary prerequisite for ensuring safety along with “a safe environment” and “anonymity and confidentiality so users can feel safe” (questionnaires). In relation to policy and procedures safety was again highlighted through confidentiality procedures, responding to phone calls and assessment procedures.

Safety was seen as crucial by both the Refuge and those supplying housing services “we need to be safe from day one, we have to look at all the risks that will be involved in helping this family and so it’s the safety aspect that’s paramount to us” (telephone interviewee). One respondent mentioned that talks had been held about the Multi-Agency Risk Assessment Conference (MARAC) highlighted in the literature review and saw this as a positive development. Specialist Domestic Violence Courts (SDVCs) were also mentioned positively by a number of respondents. There are currently SDVCs in other parts of Avon and Somerset and there is a timetable for their development across the whole of the region including North Somerset although the exact timing for this was not known at the time of the interview. The current SDVCs in the region are being evaluated and “early results are producing some good results” (telephone interviewee).

Many respondents discussed or mentioned advocacy. Many services carry out elements of advocacy in relation to their own service for example housing but there is not a dedicated

advocacy service for survivors in North Somerset. The main service for providing advocacy support is Victim Support although this is a volunteer service for victims of all types of crime. This service was highly praised by the male survivors. There is also a Sure Start service providing a form of advocacy, the family support service, although this is not focused specifically on domestic abuse.

Survivors did not use the term advocacy but when asked what they would have liked to help them deal with the abuse they talked about advocacy: “I needed someone to do everything for me because I was blanking out (female survivor) and “you need someone to speak up on your behalf and understand emotionally” (female survivor).

Indicator 5: training

As stated in the literature review the first aspect of training in relation to domestic abuse is awareness raising of both society and practitioners. From the telephone interviews many interviewees were unsure about the level of awareness by families of domestic abuse services in North Somerset. They were able to state strategies that had been used in the past to raise awareness such as: adverts in GP surgeries, libraries, and public toilets, producing credit card sized information cards, beer mats and having a march to highlight the issue. However, there was a recognition that often people only become aware when they are looking for the information and that many people do not see or hear the information: “I think there are always going to be, or unfortunately there is at the moment, a huge percentage of people that just aren’t aware of what’s out there for them” (telephone interviewee).

Many respondents stated that most advertising occurred in Weston-Super-Mare and that there was very little in the rest of North Somerset. There was also considerable praise for the information booklet produced by NADA. It was seen as an excellent resource that agencies could use with survivors.

According to survivors, services for domestic abuse in North Somerset were not widely known and services for male survivors were hardly known at all. There was a view from the male survivors that all the national campaigning on domestic abuse featured male violence towards women. There was the suggestion that there should be a 30 second advert which showed the woman as the perpetrator.

All survivors felt that North Somerset should advertise services more: “You can never do enough” (female survivor). It was also felt that they should be more creative in their advertising. Some initial suggestions for raising awareness were larger adverts in local papers, in train stations, on buses and anywhere young people go.

Awareness of services in North Somerset by practitioners was mixed. From the questionnaires the five most frequently mentioned services that practitioners were aware of were:

- North Somerset Against Domestic Abuse (NADA)
- The Gemini Project

- Don't know
- The Women's Project
- Voluntary agencies.

The statutory sector was mentioned infrequently and the Mankind Initiative not at all, supporting the view by male survivors that services for male survivors were largely unknown. The response of 'Don't know' is worrying and the infrequent mention of the statutory sector may reflect either a lack of awareness of domestic abuse services or the use of a narrow definition in relation to what constitutes a domestic abuse service. The lack of awareness is a concern when considering the number of practitioners who signpost survivors to others services. Again the NADA booklet was described as excellent.

During the telephone interviews interviewees discussed both services in the voluntary and statutory sectors and the Mankind Initiative was also mentioned. However, a fear was expressed that the Mankind Initiative was not well known amongst practitioners in the area.

In relation to training of practitioners the main request from all respondents was for raising awareness and updating information especially about services in the area this reflected an awareness of practitioner's lack of knowledge. For some services this was a particular issue as they did not see domestic abuse as an issue for them: "We have never had training in this area because it is rarely a facet of our work" (questionnaire). For others training was problematic because obtaining training was dependent on a manager who again might not see domestic abuse as an issue.

Some specific areas for training were identified:

- issues facing children and young people living with domestic abuse especially keeping them safe and assessment. Again this was pertinent as some services did not consider that children might have particular needs
- working with perpetrators
- working with children especially pre-school children
- data monitoring and IT
- domestic abuse and the law.

Many respondents mentioned the need for a rolling programme of training to accommodate new people into the team and to provide the opportunity for continual updating of knowledge. It was also felt that a rolling programme should be run at different levels the first level being awareness raising. There were two views about training on awareness raising. One view was that training should be multi-agency as this would provide the opportunity for networking and to learn from one another. The other view was that training should occur in team groups: "They, as I see it, really do need to have a team of people there whether it's social services, housing or the police or solicitors that are all genuinely singing from the same hymn sheet. So in other words there should be common training for all of those people" (telephone interviewee).

Another level to training should consist of more detailed modules on specific subjects for those who work more directly with domestic abuse. There was also the suggestion that there should be training to develop advanced practitioners in domestic abuse who could be on call and provide immediate support to survivors.

There was a particular issue in relation to schools obtaining training, as often this could be difficult for them as they had to pay twice: for the training itself and then for supply cover for the individual being trained.

Many practitioners thought they could get the training they needed from North Somerset. Others could get training from their own organisation or from another domestic abuse organisation either locally or nationally. Within North Somerset training can be provided by the Council, by NADA, the Mankind Initiative and the Women's Project.

Many of the survivors supported the views expressed by practitioners. Awareness raising was seen as crucial so that practitioners could understand the nature of domestic abuse and so that they can "recognise when something is not quite right" (female survivor). Training was also needed so that the same advice was given to survivors. More than one survivor stated that "you get different advice" (female survivor). They were also conscious that practitioners did not necessarily understand the effects of domestic abuse on children: "Children could be excellent at school but if they are affected and doing average then they're okay. If a child is quiet or withdrawn and quiet they get overlooked" (female survivor). Male survivors felt there was a lack of understanding of female violence on men and that practitioners needed training on this. They felt this was particularly the case for the police, housing and social services.

The current background and experience of practitioners working with domestic abuse is wide and varied ranging from none to twenty years and more working in the field. Some practitioners had received professional training as social workers or in education, health, housing or counselling. Many had considerable experience working with domestic abuse or working with women. Some had general experience working with children and families. There were also a few practitioners who had personal experience through family members experiencing domestic abuse or they were survivors themselves.

Current knowledge as indicated by practitioners' knowledge of good practice varied from none to in-depth knowledge of research in the field. Current initiatives and examples of good practice mentioned were:

- children's workers in Refuges
- police research
- the sanctuary scheme
- the Cardiff one-stop shop model
- cultural issues
- Specialist Domestic Violence Courts
- Multi-Agency Risk Assessment Conferences
- the Duluth model of working with perpetrators.

Indicator 6: evaluation

There was not a specific question about evaluation but a number of respondents mentioned the need for evaluation to occur and that a robust database and data monitoring procedures were required to determine the makeup of domestic abuse in North Somerset and provide baselines for future measurement. Survivors' views should also be incorporated into any evaluation.

There is currently some evaluation of the Specialist Domestic Violence Courts operating in other parts of Avon and Somerset. There is also an accredited perpetrator programme being run by the probation service which has been evaluated nationally and is currently being evaluated in Avon and Somerset. The evaluation is based on a two year reconviction rate and to date it has only been running for a year so there is no data available yet. They are also experimenting with larger groups for the programme and this is also being evaluated.

Indicator 7: multi-agency working

Everyone noted the importance of and the need for multi-agency working in this field. When asked what makes an effective service many respondents mentioned good communication and agencies working together "one point of contact but clear communication between all agencies" (questionnaire).

Working in partnership was also noted as a need for future development and that all services needed to be involved. There were particular issues which needed to be addressed. Bringing adult and children's services together was seen as necessary in order to work with the whole family effectively: "We need to do much more joined up work around the...looking at domestic abuse from a kind of crime, community safety, adult perspective, and the kind of child protection, child safety, safeguarding board perspective. There's a lot more work I think needed to be done to bring those two agencies together. They feel at times as if they're on separate tram lines" (telephone interviewee).

Another partnership needing to be drawn together was the one between the statutory and voluntary sectors. Some respondents felt there was currently a gap between the two sectors which needed to be bridged: "Sometimes there seems to be a little bit of a divide between the statutory and voluntary agencies" (telephone interviewee). Others were aware that the voluntary sector was already involved and that it was essential that this partnership was developed: "There's a big role here that the voluntary sector have been playing and that we need to be mindful of that" (telephone interviewee).

Some partners did not feel as involved as they thought they should be particularly those dealing with domestic abuse as a secondary issue to other problems such as substance misuse and mental ill-health: "On the periphery of domestic abuse it's quite good between us but direct with people who are working directly with domestic abuse, if you were to ask me who they were I couldn't tell you" (telephone interviewee). Some services just felt left out and not fully integrated into the system and this was a particular concern for the Mankind Initiative.

Some respondents were very positive and hopeful about the new Children's Centres being developed in the area: "Good information sharing between agencies, this should be helped by the closer integration of services and the establishment of Children's Centres" (telephone interviewee). Others were very positive about the role of the domestic abuse forum in enabling multi-agency working. A number of respondents were less than enthusiastic about the way the forum used to work prior to the new co-ordinator's appointment: "I think there are, you know, a wider spectrum of agencies who are not being communicated with because that hasn't been a priority in the past" (telephone interviewee). However, there was great enthusiasm for the new structure discussed earlier and how this might facilitate closer working between agencies: "I think that all sorts of improvements are going to come with the new structure and the way it's proposed that people's views and ideas will feed into the steering group. I think it's going to be open to a much wider audience than it has been" (telephone interviewee). Although this is positive there are, however, still some agencies who are not aware of the domestic abuse forum and need to be included in the new arrangements "but there is no lead agency for domestic abuse so everybody comes up with their ideas and at some stage somebody needs to stand back and say well let's pull this together, try and co-ordinate it somehow" (telephone interviewee).

When asked about gaps in services the need for a one-stop shop was a frequent request although there was confusion as to whether this should be a central point of access or a centre housing all agencies. Survivors liked the idea of a central point of contact and certainly when disclosing felt there needed to be a central point of contact "similar to a rape suite, sit down somewhere like a living room. Sit down and be explained what is going on and where the help is" (female survivor).

Generally, communication between agencies was felt to be patchy but improving. There were pockets of good communication especially between the police and other agencies and areas where it was less well developed for example between the voluntary and statutory sectors and education and social services. Communication seemed to be variable across different parts of North Somerset with more effective communication in the North of the district than the South.

Referrals are a good indication of effective communication and multi-agency working and when asked about support provided many services itemised referrals and signposting as one form of support, for some services this was the only support offered. When asked about the pattern of referrals in and out of their service there appeared to be a range of referrals occurring and it was difficult to get clarity on this as there was a lack of data monitoring on referrals in and out of many services. The main referrals taking place were to: counselling, NADA, the Gemini Project, the Women's Project, Citizens Advice Bureau, housing, health visitors and social services. Half of the services interviewed by telephone took self-referrals and for one service this made up 50 percent of their referrals.

It was noted that referrals often depended on the area in which someone lived and the first agency they approached resulting in some getting too many referrals and some not enough. One interviewee stated "I do think some of the survivors must get very confused because either there's no help or there can be masses and I've heard survivors talk recently and say "I've seen eighteen different people you know'" (telephone interviewee). In relation to reporting, this multiplicity of referring was confirmed by one survivor who said: "So every time I reported to the police there

were two reports sent, one to social services and one to victim support. Victim support realised there were children involved and reported to social services” (male survivor).

This complicated web of referrals combined with the lack of awareness of services in the area by some agencies could result in inappropriate referrals and wasted time for survivors. When asked about families they had been unable to help, six of the 20 telephone interviewees had been unable to help for this reason with referrals made for men to women only groups or for elder abuse.

Indicator 8: work with survivors - adults

Views about survivors

Survivors include children, women and men. From the interviews with male and female survivors there was a distinct difference in the way they felt they were treated. The view from male survivors was that they were not taken seriously, especially by the police and also to some extent from housing and social services: “I spoke to a male officer and I got absolutely no sympathy or reassurance that anything would be done at all, absolutely nothing” (male survivor). “The police laugh at you” (male survivor) was another comment. As stated previously, men wanted domestic abuse to be treated in a gender neutral way: “They can do this with Asian and same sex relationships, but not for male heterosexuals who are abused” (male survivor).

While data on numbers of male survivors are available nationally, information was more difficult to obtain locally. When asked to give figures for the numbers of survivors with whom they worked, many services reported no figures for men. Some responded with ‘not applicable’, some with ‘?’ and others with ‘???’. It was also noted by one professional interviewee that the issue of male survivors needed to be addressed in North Somerset: “...issue to do with men as victims of domestic abuse. I don’t think we’ve looked at men as a priority” (telephone interviewee).

Men interviewed reported that they felt male violence was viewed as ‘normal’ whereas female violence was an aberration and therefore excused: “Like time of the month, PMT, hard day with the kids – there’s always an excuse” (male survivor). However, female survivors reported the flip side of this and said it was difficult to be believed: “A lot of men appear credible, when women are contacted they are neurotic, emotional and stressed” (female survivor). This was highlighted by one survivor who stated: “I went to the doctor with a broken finger and came away with anti-depressants” (female survivor).

One point of agreement between the male and female survivors was that it took a while for them to understand that they were experiencing abuse: “It takes a long time to know what’s going on, after a while it’s violent, by that time you’re already excusing it” (female survivor).

One other issue in relation to survivors is the perceived lack of knowledge by practitioners concerning survivors of domestic abuse from other cultures: “People in North Somerset are not particularly aware of the race issues especially issues like child abduction and the laws pertaining to different religions” (telephone interviewee).

Current provision, gaps and future development

When asked about current service provision many different types of support was mentioned:

- counselling for mothers and children
- assessments for court and care
- healthcare
- support groups
- emergency grants
- referrals/signposting
- temporary (six domestic abuse units) and permanent housing
- advice –general and financial
- help with their children for example parenting courses
- Refuge (two male and 12 female bed spaces although they take referrals from all over the country)
- support planning
- link worker
- resettlement support
- home visits/accompanied visits to different places for example court appearances
- one-to-one support
- training and information
- help, advice and counselling for men
- helpline
- one offered activities for women and children.

There were four specialist domestic abuse services, one for men, one for men and women and two for women although these were only for women who had left or were going to leave their partners.¹ The remaining services saw survivors of domestic abuse as a part of their client group or saw them as having a secondary issue to problems such as substance misuse and mental ill-health. A lot of the support was aimed at very high levels of need and there seemed very little provision for low level need.

The reported gaps in services own provision were:

- to try and supply more of the same especially counselling as they felt they couldn't meet demand
- routine screening
- provision in different areas of North Somerset
- training to raise awareness of the needs of children so they could help the parent
- outreach in the community
- awareness raising
- help with meeting the needs of those with dual diagnosis for example substance misuse and domestic abuse.

Some of the future developments planned by services were aimed at addressing some of the perceived gaps:

¹ A fifth specialist service, the STAR project, has been relaunched in the county in recent weeks. It is run through Victim Support and funded by the Women's Project and offers practical and emotional one-to-one support to male and female victims of domestic abuse via specialist domestic violence workers.

- routine screening for midwives and possible health visitors
- increase training on disclosure for GPs
- training to help relationships work
- utilise domestic abuse units more effectively
- Specialist Domestic Violence Courts
- the Sanctuary Scheme
- setting up the police public prosecution unit so that officers could take on more of an investigative role.

Services were also asked about the barriers they had to overcome in order to develop further. Barriers mentioned were:

- capacity – having enough staff
- lack of funding
- the health service reconfiguration
- the lack of joined up working between agencies.

Services were asked what they thought made an effective service. Responses ranged from words to describe people who provided the service such as: tact, sensitivity, non-judgemental to ways of working such as having a single point of contact with good inter-agency communication.

In terms of the type of service and working practices according to respondents there should be a good database, a safe environment, anonymity and confidentiality so users can feel safe, an ability to meet individual needs 24 hours a day, good practice, a single point of contact with an effective referral system, the provision of a speedy and integrated response and good inter-agency work. There should also be more emphasis on prevention, more training, advocacy work and a one-stop shop. Specifically, children's centres were identified as having the potential to be effective and there should be recognition of the difference in provision between universal and specialist services: universal services can do more to support and specialist services can offer targeted help. Overall, any effective service ought to be modelled on service users and their input included in future developments.

Qualities needed by practitioners working with families experiencing domestic abuse included: understanding, knowledge of domestic abuse and local services, compassion, objectivity, consistency, care, friendship, tact, sensitivity, the ability to be non-judgemental and non-discriminatory and to be able to listen. They also needed to be able to empower survivors and talk with one voice.

Gaps in North Somerset

Informants were asked what they thought were the current gaps in the area. There were 14 respondents who were unable to comment due to lack of awareness of what was currently available and a small number stated none. The gaps noted by other respondents were:

- working with male victims
- more counselling
- Refuge spaces especially for men

- routine screening
- a more responsive service although more work needs to be done to determine who, what, where and how
- outreach for rural areas possibly a mobile bus
- advocacy support
- long term help especially developing the work of NADA
- more in the North of the area
- activities for the non-abusing parent and child
- a one-stop shop
- mediation work
- support for minority groups including elder abuse
- fast track partnership working for those suffering dual diagnosis
- a team working with the domestic abuse co-ordinator
- inclusion of the voice of survivors: “The only people who are experts in service provision are people who use the services because we, we don’t know what it is like to use their services unless we’ve used them ourselves so I think it’s really important to keep coming back to that” (telephone interviewee).

Views of survivors

Survivors were able to comment about the services they had used. As discussed in the literature when first disclosing their abuse both males and female survivors told the police, their family or friends. There was a distinct difference in how the police were viewed by men and women. The female survivors praised the police although one noted that she had received a different response when living in a different geographical area: “I’ve had a different experience in North Somerset, depends on where you are in the country, North Somerset police are good” (female survivor). The male survivors did not agree with this, though they tended to blame “the system” rather than individual officers. There was also a difference in their treatment from GP’s with a variable response by women and praise by the men. There was also praise for Victim Support by the men. There was praise for the Refuge by the women and a lack of praise for the housing department by the men. Both male and female survivors were wary of social services because of their fear that their children might be taken away. They also stated that they received different messages from different services.

When asked what they would have liked, they mentioned advocacy services although this exact terminology was not used, routine screening for domestic abuse and help with evidence gathering.

Work with survivors – children

Current provision, gaps and future development

There was less support available for children experiencing domestic abuse than for adult survivors.

Support and services mentioned were:

- counselling
- assessments
- emergency grants
- direct work if at risk of exclusion from school
- referral to other agencies
- groups for children although not specifically for children experiencing domestic abuse
- care placements
- sponsored day-care for under fives
- CAMHS services
- healthcare
- arts and crafts activities.

As with the adult survivors, many services only see children with high levels of need and there is no real support for low level need therefore: “many children may be slipping through the net” (questionnaire). There also seemed to be a lack of support for children under five years of age.

Identified gaps in their own services were:

- a children’s worker in the Refuge
- specific service for children experiencing domestic abuse
- preventive work in schools
- a children’s worker in the long term support service for survivors.

Future developments that services were hoping to implement were:

- a pack and training for early years workers so they can pick up children living with domestic abuse earlier
- preventive work in schools using the social and emotional aspects of the curriculum
- a children’s worker in the Refuge
- work with Barnardo’s through the North Somerset Children Fund to develop activities for children
- Children’s Centres.

There were felt to be different barriers to service development with children than with adults.

Barriers identified were:

- a lack of understanding of the impact on children and this inhibited attempts to fundraise for children’s services. However, NADA are currently producing an information booklet on the impact of domestic abuse on children and this should be a valuable resource for services in North Somerset.
- a lack of knowledge and awareness of the impact of domestic abuse on young children by practitioners in early years settings: day nurseries, preschools and nurseries.

Gaps in North Somerset

There was concern that there really was nothing for children living with domestic abuse who did not exhibit high thresholds of need “you can have huge social, behavioural problems within the school but not actually meet the criteria for child protection” (telephone interviewee). There was also the need for an accessible service for children: “what is missing I suppose is a more general, accessible service where maybe children and young people could self refer” (telephone interviewee). Preventive work was also viewed as necessary and the example of the children’s worker with the Community Safety Drugs Action Team was given as a model for a similar worker with children experiencing domestic abuse: “She works with children of substance misusing parents and she offers preventive work, she also carries out an education role” (telephone interviewee). Other gaps in provision for children in North Somerset were:

- counselling
- a children’s Refuge worker
- activities for children
- support for disabled children living with domestic abuse
- joint working between social services and education with support groups in schools
- a supervised professional contact centre for children. There is only one staffed by volunteers which is good but not enough.

Views of survivors

As discussed in the literature, many of the survivors reported their children suffering abuse from their partner with male survivors reporting their partners hitting and neglecting their children. Children were aware of and remembered more than the adults realised at the time. Children were frequently upset, having nightmares and their education suffered. Many of the children became used to violence and shut themselves away. Male survivors reported that their partners turned the children against them whilst the female survivors reported their children becoming very protective of their mother and younger siblings, taking on a motherly role.

The services and support that children received were variable. Health visitors were good providing emotional support: “They did activities with them, they’d draw their nightmares and put them in the freezer and they’d be gone by morning” (female survivor). Schools were also praised: “Schools are brilliant, schools are fantastic, when I told the school they were really helpful” (female survivor). Some were offered support from CAMHS but it took too long and by the time they received the appointment it was no longer needed. All the female survivors were not happy with the input from CAFCASS or solicitors. Their intervention upset the children and often they gave different advice to other services for example when survivors wanted to know what to tell their children. Survivors reported that CAFCASS and solicitors stated that talking to their children about the abuse constituted abuse, whilst the counselling service said it was good to talk about it. Survivors also backed up the view that there was a lack of knowledge and awareness by early years practitioners, as for one practitioner the domestic abuse had not been picked up when her child was in nursery.

When asked what services they would have liked for their children survivors mentioned family therapy, more counselling, especially in school, and the need for their children to be listened to and believed. This was especially in relation to young children: “Children need to be believed

more, they can say something quite small and if you question it, it can get bigger” (female survivor).

Obstacles preventing access to services in North Somerset

Services were asked what they thought the specific obstacles were to accessing domestic abuse services in North Somerset. The responses were the same for both adult and children’s services:

- the fact that social services can only work with families with high need
- the number of rural locations so abuse remains hidden
- a lack of transport to rural areas
- funding
- a lack of awareness amongst the public and practitioners
- the lack of publicity
- a lack of services in the North of the area
- not really knowing what the need or demand is or where it is located
- particular practitioner groups for example GPs
- a lack of initiative or fear amongst survivors from coming forward
- the view of some services by survivors
- a lack of joined up working
- a lack of knowledge about prosecution rates may prevent disclosure.

Work with perpetrators

Very few services offered support to perpetrators. The support that was offered consisted of:

- healthcare
- advice and information
- referral to RESPECT or other agencies
- housing
- listening
- counselling
- try to include in assessments
- help in reduce offending and managing risk
- an accredited domestic abuse programme run by the probation service, although this is not suitable for all perpetrators and they need to be assessed for suitability. There is a high completion rate for the programme and this is attributed to the low group numbers although they are currently experimenting with expanding group sizes. Survivors are kept informed of the progress made by perpetrators and are asked to corroborate any progress in behaviour reported by perpetrators.

Work with perpetrators is acknowledged to be a significant gap in service provision in North Somerset and some services would like help in including perpetrators in their assessment procedures when working with families.

As already stated male survivors thought there was a difference in the way that male and female perpetrators were viewed by practitioners. When asked if their partner had sought help for their abuse one of the male perpetrators stated that his partner had received counselling, which they had first attended together then she attended by herself. When the female survivors were asked

the question they all laughed and responded with “men don’t seek help” although one of the survivor’s partners sought psychiatric assessment for his severe mental health problems. The female survivors also discussed the issue of male perpetrator control and four of the survivors had been reported to social services as unfit mothers by their partners.

It would seem that although there is a gap in support for perpetrators there might be an issue in ensuring that perpetrators attend any support made available to them. Ways of determining progress made by perpetrators must also be considered.

4. Conclusions and recommendations

The recommendations that follow will inform the domestic abuse strategy being developed in North Somerset. Recommendation one provides the starting point for this strategy.

There are many different types of support available for adult and child survivors although there is less dedicated support for children. Many gaps in services for adults and children have been identified in North Somerset and although some services have plans for future service development this will not address all the gaps. In addition, there are perceived to be particular barriers to service development which need to be overcome.

1. Recommendations: to consider the identified gaps in domestic abuse service provision across North Somerset and develop a strategy for future service development; to include the views of survivors in future development; to address the most frequently identified needs for adult survivors which are:

- counselling
- outreach for rural areas
- advocacy support
- a one-stop shop

To address the most frequently identified needs for child survivors which are:

- counselling
- specific groups for children living with domestic abuse
- a dedicated children's worker
- preventive work in schools
- training for early years practitioners to ensure earlier identification of children experiencing domestic abuse.

Many practitioners praised the appointment of the new domestic abuse co-ordinator and felt that changes that had been implemented so far in relation to the domestic abuse forum had been positive.

2. Recommendation: the domestic abuse co-ordinator needs to continue the positive work that has been started and work in partnership with all agencies.

Although many informants worked with the Home Office definition there was not an overall coherence on a definition especially between North Somerset Council's own services. The absence of a shared definition impacts on understanding of and working practice with domestic abuse and according to survivors some practitioners are unsure about what behaviours constitute domestic abuse.

3. Recommendation: there should be a core definition on domestic abuse which is shared and understood by all those working in North Somerset. The definition needs to clarify what constitutes domestic abuse.

There is currently good practice in sharing information between the police, social services, health, education and the victim support unit.

4. Recommendation: this good practice should continue and be developed further if appropriate and practical.

There is currently a lack of data monitoring procedures on domestic abuse in North Somerset. This results in a lack of knowledge concerning the characteristics of domestic abuse incidents in the area which impacts on the ability to effectively target services.

5. Recommendation: to develop robust data monitoring procedures which can be used by all services working with domestic abuse. The procedures need to be sufficiently detailed so that a range of characteristics can be identified including how many survivors services work with, the make up of the population and the types of abuse. There is further guidance on the types of data which can be collected¹¹.

There are currently plans to implement routine screening of domestic abuse by midwives and possibly health visitors. Survivors would support this development. The evidence base from the literature is inconclusive.

6. Recommendation: to ensure that plans to implement routine screening of domestic abuse by midwives and health visitors are fully discussed by all those involved and taken forward as appropriate.

There are plans to train healthcare professionals concerning their role when there is disclosure of abuse. There is a Department of Health document¹³ to support this training and survivors report the need for this.

7. Recommendation: to implement training to enable healthcare professionals to react effectively when handling disclosure of domestic abuse.

Effective working with domestic abuse needs a policy which supports the core definition of domestic abuse being used by practitioners. In North Somerset some services currently have a policy whilst others do not.

8. Recommendation: to develop a core policy that can be understood and shared by all those working with domestic abuse in North Somerset. This policy may be

expanded to suit the needs of individual services. Survivors should be involved in the development of a core policy.

There is confusion by some practitioners concerning the difference between a policy and procedures. Some services have detailed procedures they use when working with survivors of domestic abuse. Some practitioners feel that procedures inhibit ways of working with survivors and deny an effective response to individual needs.

9. Recommendation: it would seem inappropriate to have set procedures for working with domestic abuse across all services. However, individual services should be encouraged to develop their own procedures incorporating best practice guidelines and liaising with the domestic abuse co-ordinator.

Safety of survivors was seen as a priority by services and many steps are being taken to improve on safety arrangements in North Somerset including the development of Multi-Agency Risk Assessment Conferences (MARACs) and Specialist Domestic Violence Courts (SDVCs). There is not a dedicated advocacy service for survivors of domestic abuse and practitioners and survivors would like to see this.

10. Recommendations: to continue the development of MARACs; to determine the timescale of the development of SDVCs in North Somerset; to develop advocacy support and/or Independent Domestic Violence Advisors in North Somerset.

There is felt to be a lack of awareness by the public and some practitioners about domestic abuse and the services that are available for this in North Somerset. It is felt that advertising of domestic abuse occurs more in some parts of North Somerset than others.

11. Recommendations: to raise awareness of the public about domestic abuse and local services through a variety of media; to raise awareness of practitioners about domestic abuse and local services through training; to ensure that publicity about domestic abuse occurs throughout the whole of North Somerset; to continually update and make available the information booklet produced by North Somerset Against Domestic Abuse.

There are concerns by some practitioners and all male survivors that different views are held about male and female survivors and that this impacts on practice with male and female survivors being treated differently and male and female abusers being viewed differently.

12. Recommendations: to explore this concern in more depth; to raise awareness of the issue of male survivors amongst the public and practitioners; to ensure that any services for male survivors are advertised widely.

There is also concern that the needs of survivors from minority groups are not understood.

13. Recommendation: to raise awareness and understanding of the issues faced by survivors from minority groups in North Somerset.

Practitioners and survivors identify the need for training for practitioners on domestic abuse. There was discussion concerning the need for a rolling training programme operating at different levels and whether the training should be multi-agency or team based. Whichever format is used training should ensure that all practitioners give the same advice to survivors. There are considerable resources which could be utilised for training both from practitioners within the Council's own services and from practitioners working in specialist domestic abuse agencies such as NADA, the Mankind Initiative and the Women's Project.

14. Recommendations: to implement a comprehensive rolling training programme. This should include awareness raising as well as specific topics such as the impact of domestic abuse on children and working with children; to consider whether the training should be multi-agency and/or team based; to ensure that practitioners give the same advice so that survivors do not receive different messages. This is especially pertinent when survivors are seeking advice about what to tell their children.

There was no direct question asked about evaluation of domestic abuse. However, from the lack of robust data monitoring procedures it would appear that evaluation of services is variable.

15. Recommendations: to determine the extent of current evaluation of domestic abuse; to develop further evaluation strategies for services working with domestic abuse; to incorporate survivors views into any evaluation strategy.

All services see multi-agency working as crucial to effective practice with survivors and perpetrators. Many practitioners state that the current reorganisation of the domestic abuse forum will ensure greater multi-agency working. Further development is needed to ensure all agencies are involved in working together. Some practitioners think that the development of Children's Centres will facilitate this. Many practitioners and survivors support the concept of a one-stop shop although there needs to be greater clarity about how this would work in practice.

16. Recommendations: to continue developing the structure and work of the domestic abuse forum and ensure all agencies are included; to continue to develop effective channels of communication and ensure all services across all areas of North Somerset are included; to consider how the development of Children's Centres might facilitate multi-agency working; to develop the concept of a one-stop shop.

There are currently many services offering signposting and referral as a support to survivors. Depending on the service first approached and the area in north Somerset some survivors may receive many referrals and some few. Some services are also experiencing inappropriate referrals.

17. Recommendation: in the absence of a single point of referral or one-stop shop, consider ways to reduce the number, multiplicity and inappropriate referrals being made.

There is very little support for perpetrators in North Somerset and only one programme for perpetrators run by the probation service. This significant gap was acknowledged by many respondents and they felt this needed addressing.

18. Recommendation: to carefully consider ways to support perpetrators in North Somerset. This may include the development of a perpetrators programme.

Midwives and health visitors were not included in the list of informants for this piece of work and this may need to be addressed.

19. Recommendation: to seek the views of midwives and health visitors for any future service developments which may involve them during the follow up interviews to be conducted in June 2007.

It was not possible to include the views of children within this scoping exercise.

20. Recommendation: the views of children should be sought to hear their experience of living with domestic abuse, their views of the services they have received and to inform future developments of services for children.

Appendix A

Introductory letter to participants

Dear

North Somerset Domestic Abuse Scoping Exercise

North Somerset Crime and Drugs Partnership have commissioned Barnardo's Research and Policy team to carry out a scoping exercise of services for families affected by domestic violence. A report is to be delivered at the end of June 2006. We have asked the research team to:

- Describe the range and content of services in North Somerset for families affected by domestic abuse.
- Survey the views of a sample of a) practitioners and b) victims on the appropriateness of current provision and any gaps in services.
- Identify local and national examples of good practice.
- Provide a range of information that can inform the development of a domestic abuse strategy for North Somerset.
- Survey the impact of the scoping exercise six months after the end of the study period.

As part of the survey, the researchers will be sending a short questionnaire to members of key organisations. They also wish carry out interviews – by telephone - to gain an in-depth and informed view of the current situation. Questionnaires will be sent out in March. People will be contacted in April to arrange a convenient time for a telephone interview.

We wish to advise the research team that you are a key informant in this matter. Your views and knowledge are vital to us in helping build an effective range of services to reduce the impact of domestic violence on children and families. The North Somerset Crime and Drugs Partnership would be most grateful for your co-operation. Please contact me if you are not in a position to help. If I do not hear from you, I will forward your contact details to the research team, who will be in touch directly in the second half of March.

Yrs etc

Appendix B

Questionnaire to be sent to professionals

Organisation _____

Questions

1. What definition of domestic abuse, if any, do you follow in your work?

2. Do you have a domestic abuse policy and/or procedures to follow?
Yes No

3. What support do you currently provide to:
 - a. Victims/Survivors

 - b. Children (*please indicate the age range you work with*)

 - c. Perpetrators

4. What services do you currently offer for families affected by domestic abuse?

5. What gaps, if any, are there in the services you currently provide?

6. What are your plans for future service development around domestic abuse and do you see any barriers to development?

7. What domestic abuse monitoring procedures do you follow?
8. How many service users do you currently work with in North Somerset where domestic abuse is an issue? Male Female
9. Do you have a waiting list? Yes No
10. How many service users from North Somerset are currently on it where domestic abuse is an issue? Male Female
11. How many people currently work in your team?
12. What are the current training needs of team members and is this training available to you?
13. What other support for families involved with domestic abuse is currently available in North Somerset?
14. What future provision for domestic abuse would you like to see in North Somerset and how might this be implemented?
15. What makes an effective service for families experiencing domestic abuse?

16. What is your background and experience of working with domestic abuse?

Thank you for your time in completing this questionnaire

Appendix C

List of agencies sent a questionnaire

Advice Centres
CAFCASS
Churches
Connexions
Counselling services
Councillors
Domestic abuse services
Education
Health
Housing
MPs
Police
Relate
Social services – children and adults
Solicitors
Substance misuse services
Sure Start
Voluntary sector projects
Youth Offending

Appendix D

List of agencies involved in telephone interviews

Alcohol and drugs service

Community work

Domestic abuse agencies

Education

Health

Housing

Police

Probation

Social services – children and adult services

Sure Start

Appendix E

Questions for telephone interview

Confirm anonymity and confidentiality

Service

- What definition of domestic abuse do you follow in your work?
- Do you have a domestic abuse policy and/or procedures to follow?
- What support do you currently provide to:
 - Victims/Survivors?
 - Children? *(what age of children do you work with?)*
 - Perpetrators?
- What services do you currently offer?
- What gaps, if any, are there in the services you currently provide?
- What plans do you have for future service development?
- Do you see any barriers to future service development?

Referrals/demand

- How do families get referred to the service?
- Who do you refer service users to?
- What domestic abuse monitoring procedures do you follow?
- How many service users do you currently work with where domestic abuse is an issue? *(male/female)*
- How many do you typically work with in a 3 month period?
- Do you have a waiting list and how many are currently on it? *(male/female)*
- Have there been families you have been unable to help?
 - Why?
 - What did you do?

Training/research/legislation

- What is your background/experience working with domestic abuse?

- What skills and knowledge does your team have for working with domestic abuse?
- What are the future training needs of team members?
- Is this training available to you?
- How many are currently in your team?
- What examples of good practice/research are you aware of that could be adopted locally?
- What impact are the recent changes in domestic abuse legislation having on domestic abuse in North Somerset?
- Are there any other changes in legislation/government policies which you think should be implemented locally?

Provision in North Somerset

- What other support for families involved in domestic abuse is currently available in North Somerset?
- Do you think families are aware of this support?
- What gaps are there in the current provision for domestic abuse in North Somerset?
- What future provision for domestic abuse would you like to see in North Somerset?
- How might this be achieved?
- What are the obstacles preventing families accessing domestic abuse services in North Somerset?
- Are the channels for communication between different agencies working with domestic abuse in North Somerset effective?
 - If yes – what contributes to the effectiveness?
 - If no – what contributes to the ineffectiveness?
- How might communication channels between services be improved?

Good practice

- What makes an effective service for families experiencing domestic abuse?
- Can you provide examples of good practice in working with families experiencing domestic abuse in North Somerset?

Appendix F

Interview questions for survivors of domestic abuse

How long did you experience domestic abuse before you sought help?

Where did you go for help?

How quickly did you receive help and advice?

Which services were most helpful?

Why were they helpful?

Which services were least helpful?

Why were they less helpful?

What other sorts of help would you have liked?

Did your partner seek help for his/her behaviour?

If yes – was it helpful?

If no – why not?

If you have children what were the effects of domestic violence on them?

Was there recognition of children's needs by professionals involved?

What help and advice did your children receive?

What else would you have liked for them?

How were you aware of the range of services available in North Somerset?

How did you find out about the services available?

How might North Somerset make people more aware of services?

What is helpful in making services approachable?

Appendix G

Consent letter for survivors

Date

North Somerset Domestic Abuse Scoping Exercise

We have been asked by North Somerset Crime and Drugs Partnership to speak to people affected by domestic abuse. We want to hear your views on services in North Somerset, any gaps you think there are in services and what improvements might be made.

We would like to ask you a range of questions about your experience of using services. Notes will be made of the discussion and a final report produced. However, we will ensure that confidentiality and anonymity is maintained. This means neither your name or anything that can identify you will be written down.

If you are willing to take part, we would be grateful if you could sign the consent form below.

I understand the purpose of the research and agree to take part. I also understand that if appropriate my views may be used anonymously in a final report.

Signed _____

Date _____

Bibliography

- ⁱ Humphreys, C and Mullender, A. (2005) *Children and Domestic Violence*. Dartington: Research in Practice
- ⁱⁱ Barran, D. (2003) *North Somerset Domestic Violence Report and Recommendations*. D. Barran
- ⁱⁱⁱ Her Majesty's Court's Service (2005) *Specialist Domestic Violence Court Programme Guidance*. London: Crown Prosecution Service and the Home Office
- ^{iv} Walby, S and Myhill, A. (2000) *Reducing Domestic Violence...What Works? Assessing and Managing the Risk of Domestic Violence*. London: Policing and Reducing Crime Unit
- ^v Crime Concern (2000) *Tackling Domestic Violence*. Swindon: Crime Concern
- ^{vi} LGConnect (2006) *Vision for services for children and young people affected by domestic violence*. London: LGA Publications
- ^{vii} Crime Reduction Unit (2005) *Domestic Violence: A National Report*. March. www.crimereduction.gov.uk/domesticviolence51.pdf
- ^{viii} North Somerset Council (2006) *Single Plan for Children and Young People – April 2006*. www.n-somerset.gov.uk
- ^{ix} LGA (2005) *Implementing the new domestic violence Best value Performance Indicator*. London: LGA Publications
- ^x Home Office (2004) *Developing Domestic Violence Strategies – A Guide for Partnerships*. London: Home Office Violent Crime Unit
- ^{xi} Hall and Wright (2003) *Making it Count. A practical guide to collecting and managing domestic violence data*. London: Hall and Wright
- ^{xii} Ramsay, J., Richardson, J., Carter, Y. H., Davidson, L. H and Feder, G. (2002) *Should health professionals screen women for domestic violence? Systematic review*. BMJ, Vol. 325, 10/08/2002. www.bmjournals.com
- ^{xiii} Department of Health (2005) *Responding to domestic abuse: a handbook for health professionals*. London: Department of Health

- ^{xiv} Salmon, D., Baird, K., Price, S and Murphy, S. (2004) *An impact evaluation of the Bristol pregnancy and domestic violence programme to promote the introduction of routine antenatal enquiry for domestic violence at North Bristol NHS Trust*. Bristol: Faculty of Health and Social Care, University of the West of England
- ^{xv} Hestor, M and Westmarland, N. (2005) *Tackling Domestic Violence: effective interventions and approaches*. Home Office Research Study 290. London: Home Office Research
- ^{xvi} Home Office (2005) *Tackling Domestic Violence: providing advocacy and support to survivors of domestic violence*. www.homeoffice.gov.uk/rds/pubsintro1.html
- ^{xvii} www.halt.org.uk
- ^{xviii} Cook, D., Burton, M., Robinson, A and Vallely, C. (2004) *Evaluation of Specialist Domestic Violence Courts/Fast Track Systems*.
- ^{xix} www.womensaid.org.uk
- ^{xx} www.tuc.org.uk
- ^{xxi} Taylor-Browne (2001) *What Works in Reducing Domestic Violence*. London: Birch Publishers
- ^{xxii} Robinson, A. L. (2003) *The Cardiff Women's Safety Unit: A Multi-Agency Approach to Domestic Violence. Final Evaluation Report*. Cardiff: School of Social Sciences, Cardiff University
- ^{xxiii} Housing Support Unit (2002) *The provision of accommodation and support for households experiencing domestic violence in England*. Housing Research Summary, No. 176. London: Office of the Deputy Prime Minister
- ^{xxiv} www.lga.gov.uk/Documents/Briefing/Our_Work/Projects/Sanctuary.pdf Preventing homelessness through security measures in the homes of domestic violence victims – The Sanctuary Scheme
- ^{xxv} Parmar, A., Sampson, A with Diamond, A. (2005) *Tackling Domestic Violence: Providing Support to Survivors from Black Minority Ethnic Communities*. www.crimereduction.gov.uk/domesticviolence49.htm
- ^{xxvi} Burton, S., Kitzinger, J., Kelly, L. and Regan, L. (1998) *Young People's Attitudes Towards Violence, Sex and Relationships*. Edinburgh: Zero Tolerance Charitable Trust
- ^{xxvii} Burman, M and Cartmel, F. (2006) *Young People's Attitudes Towards Gendered Violence*. Research in Brief, www.hebs.com/research/cr/
- ^{xxviii} Humphreys, C and Mullender, A. (2005) *Children and Domestic Violence*. Dartington: Research in Practice

xxxix CAFCASS (2005) *Domestic Violence Policy and Standards*. www.cafcass.gov.uk

xxx Refuge (2005) *Refuge assessment and intervention for pre-school children exposed to domestic violence*. www.Refuge.org.uk

xxxii Hopkins, G. (2006) *Danger Signals - Domestic Violence Special Report*. Community Care, 18-24 May, pp40-41

xxxiii Mullender, A., Kelly, L., Hague, G., Malos, E and Imam, U. (2005) *Children's needs, coping strategies and understanding of woman abuse*. Economic and Social Research Council. www.esrc.ac.uk

xxxiv Women's Aid (2005) *Briefing on the HMICA Report: Domestic Violence, Safety and Family Proceedings*. www.womensaid.org.uk

xxxv Mullender, A. (2004) *Tackling Domestic Violence: providing support for children who have witnessed domestic violence*. Home Office Development and Practice Report. London: Research, Development and Statistics Directorate

xxxvi www.changeweb.org.uk/respect

xxxvii www.sunflower-centre.org