Domestic and Sexual Violence
Strategic Needs Assessment
2011/2012

Working together to reduce Crime, Disorder and the misuse of Drugs

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Nottingham
Crime & Drugs Partnership
Executive Summary and Recommendations

i.i Domestic and sexual violence are complex areas to tackle due to the hidden nature of offending and victimisation. Historically, both issues have been addressed in separate strategic documents, despite the overlap between the two. For example, over a third (36%) of people report some experience of domestic violence, sexual victimisation or stalking in their lifetime and victimisation is concentrated amongst a minority, largely female, who suffer multiple attacks and experience more than one form of inter-personal violence. Furthermore, the majority of the perpetrators of inter-personal violence are men who are known to their victims.

i.ii It is this increased understanding of the overlap between domestic and sexual violence that precipitated the Coalition Government’s National Strategy: Call to End Violence against Women and Girls. In response, the Crime and Drugs Partnership is bringing together, for the first time, the assessment of domestic and sexual violence in order to inform strategy and commissioning. It is important to note, however, that Nottingham’s approach is inclusive of domestic and sexual violence perpetrator towards males.

i.iii National research and local data highlights that incidence of domestic violence is wide-spread in Nottingham and, despite relatively high levels of reporting in the city, there are still significant levels of underreporting. Conversely, Sexual violence is fortunately low in incidence but only a fraction (11%) of offences are reported to the police. Additionally, the inherent difficulties of prosecuting cases of rape and serious sexual assault mean that criminal justice outcomes are poor, although it must be noted that Sexual Assault Referral Centres (SARCs) are being supported by national funding in order to increase the use of forensic evidence.

i.iv A number of key themes emerge from the national evidence in regards to both domestic and sexual violence including substance misuse (especially alcohol) and mental health. Many perpetrators of violence had been drinking at the time of the offence, and whilst not a cause of violence, it can increase the severity of the attacks. The impact on victims is also apparent as many alcohol and drug service users are victims of abuse. The impact can often have a long lasting detrimental affect on the lives of women and children. The Corston Report found that almost half the women in prison suffered domestic violence and coercion by men featured strongly in women’s pathways into crime. As a result the issues surrounding violence and women can be far more complex and go beyond the initial instance of violence.

i.v The level of need and harm posed by domestic and sexual violence is significant in Nottingham. The domestic and sexual violence sector has developed over time in response to local need and based on the national strategic framework. Thus services are commissioned under the following framework:

- Preventative Work
- Provision
- Partnership
- Reducing the Risk
Summary of Recommendations

Due to the new financial climate, and the reduced level of public funding available, it has become necessary to review service provision and develop a recommended commissioning framework that will enable partners to make informed decisions about future service provision. In order to do this a tiered framework has been devised based on priority. It is important to note, that whilst all projects in Nottingham offer a service of value, economic pressure dictates that difficult decisions be made and this necessitates a prioritisation process. It is proposed that services, based on the review, be tiered on the following basis:

- **Core Services**: Services absolutely essential for the protection and prevention of harm (including crisis provision).
- **Supporting Services**: Services that are a key component in the support and delivery of core services.
- **Extended Services**: Services that play a valuable part but fall short of the threshold to be considered core or supportive services. This tier may include projects that offer a function that could potentially be covered by another service.
- **Supplementary Services**: Services that are valuable, and could be viewed as ‘going the extra mile’ for the vulnerable, but under the economic climate are deemed supplementary. This tier may include projects that offer a function currently offered within the delivery of another service.

It is recommended that:

- Commissioners have regard to the review of services and give priority to maintaining ‘core services’ and ‘supporting services’ (see page 36)
- Current levels of reporting regarding domestic violence be maintained
- Sexual violence reporting be encouraged
- Preventative work be targeted in high reporting areas
- Awareness raising to be targeted at most at risk
- Domestic Violence Awareness training be mandatory for mental health, substance misuse and other relevant front-line workers.
- The enforcement focus to be on effectively dealing with ‘high risk’ cases (especially first time callers) and reducing repeat incidents of domestic violence
- Interventions be geared towards keeping survivors safe in their homes where possible.
- That partners work together to improve throughput in refuges where beneficial and appropriate to survivors needs.
- Consent and Consequence Awareness Training be provided as part of Healthy Relationships training.
- The Sexual Assault Referral Centre be maintained and promoted.
- Partners and services learn how to be more effective in targeting disabled people, elders and LGBT communities in order to address hidden need
- Partners and services learn how to be more effective in targeting BMER communities in regards to Honour Based Violence, Forced Marriage and Female Genital Mutilation.
- That each refuge has a full time Children’s worker
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1. Background and Purpose

1.1 This Strategic Needs Assessment builds on and refreshes the analysis outlined in the domestic violence chapter of the ‘Nottingham City Joint Strategic Needs Assessment’ (April 2010)¹ and the jointly produced NHS ‘Sexual Assault Referral Centre (SARC) Health Needs Assessment’ (Oct 2010)². In line with the national strategy, ‘Call to End Violence against Women and Girls’³, this document aims to bring the assessment of domestic and sexual violence into one place. Its purpose is to identify and analyse the level of need in regards to male and female victims across Nottingham City with a view to making recommendations and informing future strategy and commissioning decisions.

2. Introduction

2.1 Domestic and sexual violence is a complex issue and the complexity is further compounded by the hidden nature of offending. Research highlights that on average survivors of domestic violence are assaulted up to 35 times before they contact the Police⁴ and it is estimated that only 11% of rapes are actually reported⁵. It is also worth noting, that historically, domestic and sexual violence has been addressed in separate assessments/strategies, despite the overlap between the two issues.

2.2 Over a third (36%) of people report some experience of domestic violence (abuse, threats or force), sexual victimisation or stalking in their lifetime. The level of violence, however, is concentrated amongst a minority, largely female, who suffer multiple attacks and experience more than one form of inter-personal violence. Furthermore, the majority of the perpetrators of inter-personal violence are men who are known to their victims. For example, 54% of rapists were intimates and a further 29% were known to the victim⁶. Against this backdrop of national research and evidence, the Coalition Government’s ambition is to ensure that tackling violence against women and girls is treated as a priority at every level. It is worth noting, however, that Nottingham’s approach includes work with men and boys, although it is acknowledged that females are predominately the victims.

2.3 The assessment looks at national and local data in order to determine the level of need in Nottingham in regards to addressing domestic and sexual violence. The assessment looks at the level of incidence and the long-term effect that victimisation has on survivors and their children. A key element of the assessment is a review of criminal justice outcomes and current service delivery. Finally, the assessment proposes a commissioning framework and other recommendations based on the evidence outlined.

3. The Interrelationship Between Inter-Personal Violence

3.1 A greater understanding of interpersonal violence⁷, brought about by an innovative computerised self-completion questionnaire included in the 2001 British Crime Survey (BCS), has shed more light on the interconnected relationship between domestic violence, sexual assault and stalking. There is a group of people, largely women, who experience more than one, sometimes

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¹ Inter-personal violence comprises crimes of domestic violence, sexual assault and stalking.
all three, forms of inter-personal violence. As figure 1 highlights, 3.3% of women experienced all three forms of interpersonal violence at some point in their lives (compared to 0.3% for men).

**Figure 1: Female overlap between types of inter-personal violence, proportion of population**

![Venn diagram showing overlap between domestic threats, sexual assault, and stalking with percentages: 4.8%, 3.3%, 3.1%, 4.4%]

3.2 It is this increased understanding of the overlap between domestic and sexual violence that forms the rationale behind the Coalition Government decision to deal with both issues together in their national strategy: Call to End Violence against Women and Girls. In response, the Crime and Drugs Partnership is bringing together, for the first time, the assessment of domestic and sexual violence.

4. **Defining Domestic and Sexual Violence**

4.1 The national strategy identifies violence against women and girls as a gender-based crime which requires a focused and robust cross-government approach underpinned by a single agreed definition. In line with the national strategy, the Partnership is using the United Nations (UN) Declaration (1993) on the elimination of violence against women to guide our work. It defines violence against women as:

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

4.3 The national strategy provides a broad definition of gender-based violence against women but it is also useful to clarify what we mean by domestic and sexual violence in a general sense that acknowledges male victims as well.

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ii The percentages relate to the proportion of the population, rather than the proportion of victims, who have experienced inter-personal violence.
4.4 **Domestic violence** is defined as:

> “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”.

4.5 This includes issues of concern to Black and Minority Ethnic and Refugee (BMER) Communities such as so called “honour based violence”, Female Genital Mutilation (FGM) and forced marriage⁹.

4.6 **Sexual Violence** is more complex and lacks a Home Office approved definition. The World Health Organisation defines sexual violence as

> “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”⁰.

4.7 A more simple definition used in the ‘Sexual Violence and Abuse is always Wrong’ campaign defines it as “any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent”¹¹. For the purposes of this assessment, sexual violence focuses primarily on rape (inc. attempts) and serious sexual assault. Appendix A provides a legal definition.

5. **Context: Domestic and Sexual Violence Nationally**

5.1 Analysis of domestic violence is a problematic area due to the fact that victims are less likely to report their experiences to the authorities¹² because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. There is thus significant under-reporting of domestic abuse by victims, and it is acknowledged that data on reported incidents and cases prosecuted, which has recently started being collected by the criminal justice system, represents only the tip of the iceberg.

5.2 Unlike other crimes, it is often difficult to separate occurrences of domestic violence into discrete ‘incidents’: abuse may be continuous (e.g. living under a threat), or may occur with such frequency that the victim cannot reliably count the instances.

5.3 Sexual violence is also massively underreported due to the very private and personal nature of the offence (it is estimated that only 11% of rapes are actually reported¹³). Nonetheless, despite the apparent difficulties there are some clear messages from the research on the subject and the following highlights some of the key findings:

- Less than 40% of domestic violence is reported to the police¹⁴
- Reported domestic violence accounts for 16% of all violent crime nationally¹⁵, however, other studies estimate the figure to be closer to 25%¹⁶.
• The vast majority of domestic violence (73%) is perpetrated by men against women. Thus the new national strategic vision focuses primarily on men as offenders.

• 54% of rapists were intimates and a further 29% were known to the victim.

• The British Crime Survey estimates that one in ten women have been sexually victimised since age 16.

• 1 in 4 women experience domestic violence over their lifetimes and between 6-10% of women suffer domestic violence in a given year.

• Domestic violence is prone to incidents of repeat victimisation (more than any other crime) and the British Crime Survey highlighted that 57% of victims are involved in more than one incident.

• Despite underreporting, the police still receive on average one call about domestic violence every minute (over 570,000 per year).

• 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth. During pregnancy is also a key point where severity and frequency of abuse will increase.

• According to Women’s Aid, 70% of teenage mothers are in a violent relationship.

5.4 **Substance misuse**, particularly alcohol, is a key characteristic in the majority of domestic and sexual violence cases, whilst not a cause, it is an important factor for perpetrators and survivors:

• 73% of Domestic violence offenders had been drinking at the time of the assault.

• Many perpetrators of sexual violence drunk alcohol immediately prior to the incident and/or have drinking problems.

• A number of domestic violence studies found that the perpetrators’ use of alcohol, particularly heavy drinking, was likely to increase the severity of the injury.

• Several US studies of alcohol treatment populations show clear evidence of high rates of domestic violence perpetration among treatment populations.

• There is evidence to suggest an individual’s increasing alcohol consumption heightens their risk of becoming a victim of domestic violence and that that a survivors alcohol problems is worsened by domestic violence through the use of alcohol as a coping mechanism.

• Many victims of sexual violence also develop drinking problems.

• There is a high rate of prevalence of domestic violence victimisation among women presenting to alcohol and drug services.

5.5 Domestic and sexual violence can often have a long lasting detrimental affect on the lives of women, men and children. The Corston Report found that

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iii The fact that females are disproportionately affected raises one of the controversial issues about domestic violence; the question of gender. The controversy stems from the attempts of some commentators and researchers to ignore the gendered nature of such violence or equate men’s violence to women with women’s violence to men. Domestic violence is not a gender neutral problem. Historical and current evidence shows that women, and children, suffer more domestic violence and abuse than men. There is now adequate evidence of the gender imbalance to counter any need people and organisations might have to avoid the issue of gender for fear of offending men or to defend, unnecessarily, men’s experiences as victims. Of course men suffer domestic violence and it is a serious and inadequately addressed problem but it is not rooted in the political, legal and socio-cultural context that, historically, has ignored or condoned men’s violence to women.
almost half the women in prison say they suffered domestic violence and one in three has experienced sexual abuse\textsuperscript{41}. Furthermore, the report highlights that relationship problems and coercion by men feature strongly in women’s pathways into crime (e.g. through substance misuse, prostitution, sexual abuse etc). It is clear that the issues surrounding violence can be far more complex and go beyond the initial instance of violence:

- There are well-established links between perpetrating adult domestic violence and child abuse\textsuperscript{42}
- There is increasing evidence that women and men who have been abused as children are at increased risk of developing adolescent and adult substance problems – either drugs or alcohol\textsuperscript{43, 44}
- Longer-term issues for children who have been exposed to domestic violence include lack of self-esteem and relationship and trust problems\textsuperscript{45}

**Domestic and Sexual Violence Against Male Victims**

5.6 The issue of domestic and sexual violence towards men has a history of conflicting and contentious perspectives and working practices. Violence against men does exist and research about men’s experiences of domestic violence stretches back to the late 1970’s. This section attempts to highlight some of the key issues and more information is available in Nottingham Domestic Violence Forum’s “Supporting Men Who Experience Abuse from (Male or Female) Intimates Partners: A Guide for Good Practice (2008)”\textsuperscript{46}.

- The British Crime Survey 2001 highlighted that 1 in 7 men experience domestic violence in their lifetime (compared to 1 in 3 for women). Furthermore, 1 in 20 men experienced domestic violence over the last 12 months (compared to 1 in 8 for women).
- Research in Scotland in regards to male victims identified in the Scottish Crime Survey (2000) found that approximately 50% of the men had perpetrated severe abuse and injuries to their partners (who they claim were abusing them)\textsuperscript{47}.
- Consideration of the 50% false reporting finding means that the statistic about men experiencing domestic violence in a 12 month period changes significantly to roughly 1 in 40 (2.5%).
- Reports to the Police from the ‘Domestic Violence Day Count’ (Sep 2000) in England revealed that 8% of calls related to violence perpetrated by women against men and 7% in regards to men in a homosexual relationship.
- Men do experience repeat victimisation (defined as 4 more incidents) in regards to domestic violence, albeit at a significantly lower rate to women (1 in 10 men compared to 1 in 3 women who reported domestic violence in the last 12 months)\textsuperscript{48}. In the general population it is estimated that 1 in 400 (0.25%) of males will experience repeat incidents in a 12 month period\textsuperscript{iv}.
- Men can be victims of sexual attack regardless of their sexual orientation. And while the attacker is more often male, men can be and are sexually assaulted by women. Rape and other forms of sexual assault are violent crimes that involve sexual acts and while the

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\textsuperscript{iv} It is important to note, however, that the BCS is carried out with adults who are residing in their own home. It does not therefore reflect a core group of adults who are surviving and escaping domestic violence who will be in temporary accommodation (e.g. hostels or staying temporarily with family and friends).
sexuality of those involved can sometimes be a factor, it is frequently not. For many attackers, the most significant thing is that they are taking control of the victim, expressing anger or seeking to hurt someone - albeit through a forced sexual act.

5.7 Men can experience a broad range of physical, emotional and financial abuse and have children used against them and it is important to note that domestic violence against men can be perpetrated in a same sex relationship and by family members in the context of forced marriages and honour based violence.

6. Domestic and Sexual Violence in Nottingham

6.1 The CDP Strategic Assessment 2010/11 assesses patterns and levels of offending in Nottingham. Crucially, the most recent assessment highlights the emergence of violence (generally) as the number one priority for the partnership and around 30% of all violence in the city falls within the definition of domestic violence. Addressing domestic violence, therefore, will need to remain a significant element of any strategy to tackle violence within the city. Sexual violence, however, was not initially identified as a priority due to the apparent low levels of reporting and by virtue of the fact that it does not feature highly as a community priority through consultation. Nonetheless, sexual violence is considered a priority due to the interconnected relationship with domestic violence and the severe level of harm it poses to victims.

6.2 The main purpose of conducting a Domestic and Sexual Violence Strategic Needs Assessment is to identify the level of need in Nottingham in order to inform strategic and commissioning decision making. Despite the fact that domestic and sexual violence is largely a hidden crime, it is possible to utilise local data, in conjunction with national research, in order to identify the level of need in Nottingham. Whilst the issues of domestic and sexual violence are closely related, it is necessary to initially look at the level of need regarding the two issues separately.

7. Domestic Violence in Nottingham

7.1 Who is at Risk and Why?

7.1.1 Women are more likely than men to experience all forms of intimate violence, but the risk will vary among different groups of women. For example, younger women are more likely to be victims than older women and some forms of violence against women are more likely to be experienced by particular sub groups of the population, e.g. Black and Minority Ethnic and Refugee (BMER) women are more likely to experience female genital mutilation (FGM) and forced marriage and so called honour based violence.

7.1.2 Children are also affected by domestic violence through exposure to violence perpetrated against their mothers. Children and young people may also be directly abused themselves, most commonly by a family member or other trusted adult.

7.2 What are the causes of domestic violence?

7.2.1 In terms of the causes of domestic violence, the Duluth Power and Control model asserts that it is caused by the abuser’s belief in the benefits of
behaviour which exerts power and control over their partner, ex partner, children or other family members. Nottingham adheres to this model, which views that domestic violence is supported by institutional sexism and an imbalance of power, including stereotypical beliefs and negative attitudes about the roles of men and women. A combination of factors allows domestic violence to continue, including society’s inadequate response (inc. failure to prosecute, insufficient housing, lack of childcare and tendency to blame the abused). Domestic violence is not caused by alcohol, drugs, unemployment, stress or ill health, however, these will be cited as reasons (excuses) by perpetrators and are likely to be triggers but not the cause of domestic abuse.

7.3 The level of need in the population

7.3.1 Nottingham has a population of approximately 125,829 women aged over 16 years-old and, according to the British Crime Survey (BCS) at least 10% of women will suffer from domestic violence in a given year. This equates to an estimated 12,500 women in Nottingham in any rolling 12 month period. It is estimated that 4,100 will be suffering repeat victimisation (1 in 3 victims will be subject to repeat incidents). The BCS also indicates that 25% of women will experience domestic violence at some point in their lives (equating to 31,500 possible survivors in Nottingham).

7.3.2 Nottingham has a male population (aged 16 and above) of approximately 125,570 and, according to the BCS (2001) at least 5% will experience domestic violence in a 12 month period. Taking in to account research that suggests 50% of male victims are actually perpetrators as well it is estimated that 2.5% of the population will be affected by domestic violence in a given year. This equates approximately 3,000 men. It is estimated that 300 of these men will suffer repeat victimisation (1 in 10 victims will be subject to repeat incidents). In terms of high risk victims, males constitute between 2% and 4% of MARAC caseload.

7.3.3 Calls and Reports to the Police: In response to the issue of underreporting, the focus in recent years has been on encouraging reports in order to get a more realistic picture of domestic violence in Nottingham and consequently reporting levels are now amongst the highest in the country. After an initial period of increasing reports to the police, levels are now relatively stable (levels in Q3 2010/11 are only 2% above the same period in 2006/07) (Figure 2). As a result, C Division receives between 11,000 and 12,000 calls per year relating to domestic violence.

7.3.4 A similar pattern is evident in terms of recorded offences and incidents; after a minor increase, recorded offences and incidents are now only 0.4% below where they were in 2006/07. On average the Police record between 7,000 and 8,000 offences and incidents per year (in 2010/11 83% were in relation to female victims and 17% male victims). It is important to note, however, that many people are repeat callers (at least 33% - see section 7.3.5) and thus there is still significant levels of under reporting (based on the assumption that there are 12,500 female survivors in Nottingham in any rolling 12 month period).

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5 Including offences and incidents
7.3.5 Repeat Victimisation: As part of the Repeat Victimisation project, numbers of repeat victims have been measured on a monthly basis and between 63% and 69% of all repeat victims are DV victims. Overall repeat victimisation is falling (-25% in the last 12 months) and so too is the DV repeat victimisation rate, albeit not as fast (-17%). Interestingly though, the repeat DV victimisation rate is reducing at a much faster rate than the relatively stable levels of overall domestic-related crimes and incidents. Thus repeat incidents are reducing at a greater rate than DV as a whole. Ultimately this highlights a positive trend in relation to repeat cases being effectively addressed yet new cases (and potential future repeat cases) keep emerging at a fairly constant and stable rate.

7.3.6 Based on the analysis of repeat domestic violence victims (based on recorded offences and incidents) it is possible to gain an indication of how many of the total recorded DV related offences and incidents reported to the police relate to repeat callers, thus removing double counting and providing a truer indication of underreporting in Nottingham. In 2009/10 the Police recorded 7,711 DV offences and incidents. In the 12 month period ending 13th April 2010, the Repeat Victimisation project identified 2,580 recorded DV offences and incidents (from 858 callers). Thus at least 33% of the calls received by the Police relate repeat callers. Therefore, in 2009/10 a maximum of 5,989 individuals reported domestic violence compared to the estimated 12,500 female survivors based on the BCS estimate. Nonetheless, up to almost 48% of cases are being reported to the police.

7.3.7 The top ten repeat Domestic violence victims, on average contacted the police almost 12 times each in a year and the number one caller had called

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It is important to note that the repeat victim project methodology is based on 3 or more offences/ incidents. Thus it must be noted that there may be some repeat callers who only call 2 times within a 12 month period. Nonetheless, it is safe to assume that 33% of recorded offences and calls relate to the same repeat victims.
25 times. It is important to note, however, that frequent callers do not necessarily represent the most 'at risk' and it could be the case that those most at risk have not yet reported or have only contacted an agency (Police, Women’s Aid etc) once. Analysis of top offenders showed that they were largely the partner/ ex-partner of top 10 victims. Previous analysis, however, highlighted that there were 9 repeat DV offenders in Nottingham who victimised 3 or more people in 4 years, indicating that serial DV offending exists but at a small scale.

7.3.8 Violence Generally and Distribution of DV Call Outs to the Police: It is important to highlight that violence is falling generally (-13%)\textsuperscript{vii} across the city (and nationally), yet, at the same time, calls and recorded offences of domestic violence remain fairly constant. The sanctioned detection rate\textsuperscript{vii} dropped in 2009/10 from historical levels of 52 - 54% to 46.6%. Provisional Q2 2010/11 data\textsuperscript{vi}, however, highlights rates have returned to usual levels (52.4%).

7.3.9 Figure 3 shows Police call out data to domestic violence incidents across the city. The disparity between the BCS and reports to the police (when repeat callers are discounted) indicates that this is probably an undercount. Nonetheless, some clear hotspots are evident with Broxtowe having the highest volume of reporting.

7.3.10 There is on average one domestic violence related homicide per year in Nottingham\textsuperscript{vi}. Nationally, 2 women are killed on average a week in the UK, this constitutes around 40% of all female homicide victims\textsuperscript{vi}.

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\textsuperscript{vii} A sanctioned detection occurs when (1) a notifiable offence (crime) has been committed and recorded; (2) a suspect has been identified and is aware of the detection; (3) the CPS evidential test is satisfied; (4) the victim has been informed that the offence has been detected, and; (5) the suspect has been charged, reported for summons, or cautioned, been issued with a penalty notice for disorder or the offence has been taken into consideration when an offender is sentenced.
7.3.11 **Calls to the Helpline:** Another reliable source of data highlighting the level of need in Nottingham and Nottinghamshire is through the Domestic Violence Helpline (managed by Women’s Aid but a universal service for anyone seeking advice in regards to domestic violence). Data for Nottinghamshire, shows that calls have steadily risen year-on-year (except 2005/06) since 2001/02, although the increase in recent years have not been as pronounced (Figure 4).

7.3.12 The helpline is county-wide but Nottingham receives the majority (37% in 2009/10) of the calls. Data for just the city is only available since 2007/08. The helpline also receives calls relating to FGM and Honor Based Violence,
however, it is currently not readily extractable from the monitoring system. Systems are being put in place in order to allow monitoring from 2011/12 onwards.

**Figure 4: Calls to Nottinghamshire the Helpline 2001/02 to 2009/10**

7.4 **Housing Related Information**

7.4.1 Nottingham City Homes and the Housing Gateway collect a number of different sources of data pertaining to domestic violence.

7.4.2 **Nottingham City Homes** represents the largest Register Social Landlord in the city with over 28,000 properties. NCH respond to reports of domestic violence and, in partnership with other agencies including Notts Police, Community Protection and Women’s Aid, takes action to tackle the problem through various options (including civil enforcement proceedings, supporting the survivor to remain at home safely and re-housing). Despite the relatively large number of tenants that NCH manage on average less than 100 cases per year are reported to NCH by either partner agencies or the survivor. Nonetheless, action is taken in the cases that are brought to NCH’s attention and 21 injunctions were served in 2009/10 in order to protect survivors.

7.4.3 Joint working between the Partnership Analyst and NCH identifies that over half of the top 15 DV victims (as identified through the Repeat Victims Project) are NCH tenants. One repeat victim has moved home 5 times in the last 6 years due to domestic violence. NCH recognises that re-housing a DV survivor does not always resolve DV issues but does re-house victims in appropriate cases. This number is reducing as other interventions are put in place that enable survivors to stay in their homes (e.g. civil proceedings and additional security features through the sanctuary project). The proportion of
NCH DV victims accepted for re-housing has reduced from 36% in 2009/10 to 18% year-to-date (Feb 2011).  

7.4.4 **The Homeless Prevention Gateway** accepted a duty to re-house 53 people in 2008/09 and 40 people in 2009/10 due domestic violence. Provisional data from 2010/11 (up to Dec 2010) highlights the number to be 50 and so it is likely that the figure will be higher by the end of the financial year.  

7.4.5 The Gateway also collates figures on the number of people placed in to domestic violence refuges. In 2008/09 162 people were placed in a refuge compared to 181 in 2009/10. Provisional data for 2010/11 indicates 140 placements and it is likely that the end-of-year figures will show a continuing annual increase.  

7.4.6 The ‘average time spent’ in a refugee in 2010/11 (to-date) was 51 days compared to 180 in 2009/10. Anecdotally, the reason for the significant change is that a significant few were in refuge accommodation that ultimately had no recourse to public funds in the UK and, therefore, were not eligible to be ultimately re-housed. These problematic cases took some time to resolve and increased the ‘average time’ significantly. It is important to note that the number of specific DV related bed spaces has reduced from 46 (2009/10) to 31. Furthermore, the number of women and men in mainstream hostels (family hostels, mother and baby units etc) due to domestic violence is not known.  

7.4.7 **Community Protection** is the lead enforcement service for the local authority and is proactively involved in partnership working to reduce domestic violence across the city. The service has dedicated an Anti Social Behaviour Officer to provide support to survivors of domestic abuse. In addition, Officers are able to pursue legal action on the survivors behalf against the perpetrator by using civil tools such as Housing Act Injunctions and Antisocial Behaviour Act Legislation. Other legal sanctions have been used parallel to criminal proceedings; since 2010 to date, Community Protection has assisted CPS in obtaining 23 Restraining Orders as part of the prosecution process.  

7.5 **Other sources of Data indicating the level of need**  
- There will be approximately 7,000 to 10,000 children and young people living with domestic violence in Nottingham. 3 children in every class room of 30.  
- Nottingham Children’s Social Care Service received 1,283 referrals between July 2010 and February 2011 where domestic violence was identified in the ‘trilogy of concern’ assessment.  
- The Probation Service monitor the number of offenders that have a ‘domestic violence flag’. Offenders with a ‘DV flag’ have steadily increased from 633 in 2008/09 to 878 in 2009/10 and 939 year-to-date. The increase, however, is likely the result of Probation staff getting better at applying the ‘flags’ (through better identification) rather than it representing a real increase.

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ix Domestic violence was identified through the ‘trilogy of concern’ within referral assessments. Trilogy of concern only fully implemented in July 2010. It is estimated that the figure would be approximately 1,900 in a 12 month period.
7.6 Domestic violence and deprivation

7.6.1 Women in households with an income of less than £10,000 were three and a half times more likely to suffer domestic violence than those living in households with an income of over £20,000, while men were one and a half times more likely. The nature of the links between poverty and risk of interpersonal violence is unclear. It may be that poverty is associated with the onset of domestic violence, or it may be that in fleeing domestic violence women are reduced to poverty.

7.6.2 Needs Assessment work has been carried out jointly by the PCT and the council, to Mosaic profile data sets related to domestic violence and safeguarding risk. These included substance misuse referrals, attendance at Emergency Department with injuries that occurred at home, mental health referrals, being a lone parent, being aged 16-24, living in rented accommodation and having low income. Risk factors for safeguarding and domestic violence were identified from the British Crime Survey and the Laming report. This profiling showed which types of families were more likely to experience each of the particular indicators. ‘Risk’ maps were then produced for each of the indicators which showed where these types live. A combined risk map (Figure 5) was then produced to show where the most at risk types across all the indicators live in the city.

Figure 5: Combined risk map for safeguarding/domestic violence
7.6.3 This is largely a map of deprivation as many of the risk factors identified are correlated with deprivation. The methodology was based on the Children’s Trust needs assessment that has been carried out, which has already mapped where types of families with children most at risk of being referred to social services live.

7.6.4 It is important to note that nobody is immune from experiencing domestic violence; it cuts across all sections of society. ‘Average’ risk is still high at 10% of women and 2.5% of men\(^x\), therefore, local policies need to be careful not to stigmatise universal services such as the helpline, so that people from all areas and backgrounds will access them. However, to help combat areas where people are at higher than average risk of domestic violence, preventative work should be targeted in these areas and should include:

- Respectful relationship work with children and young people;
- Awareness raising with communities; and,
- Training for staff on work with survivors and challenging perpetrators safely.

8. Sexual Violence in Nottingham

8.1 Who is at Risk and Why?

8.1.1 Sexual violence represents a form of gender inequality and, similarly to domestic violence, women are disproportionately affected by sexual violence compared to males\(^71\). Single, separated or divorced women are nearly 4 times more likely to report a sexual assault in the last year than married women.

8.1.2 Adult sexual violence and child sexual abuse is normally committed by someone known to the victim and many are partners or family members\(^72\). Rape is associated with the most severe cases of domestic violence, and is a risk factor for domestic homicide\(^73\). The British Crime Survey (2004-5) found that 51% of serious sexual assaults were committed by current or former partners of the victim and 11% were committed by strangers.

8.1.3 The risk of sexual violence will vary among different groups of women, for example younger women are more likely to be victims than older women\(^74\). In particular, women aged 16 to 24 are 4 times more likely to have experienced sexual assault in the last year than women 45 – 59 years\(^75\). There are, however, no significant differences in domestic or sexual violence against women between urban and rural areas\(^76\).

8.1.4 Whilst females are disproportionately the victims of sexual assault it is important to note that males are also victims. The British Crime Survey (BCS) section of the Annual Crime Report 2008/2009 found 1% of men aged 16-59 years disclosed that they had experienced a sexual assault in the previous twelve months (April 2008 - March 2009) (compared to 3 % for females).

\(^x\) Based on experience in the last 12 months and the research that suggests 50% of male victims are also perpetrators. Of those who did experience domestic violence in the last 12 months, repeat victimisation is significantly higher for women (1 in 3 compared to 1 in 10 for men).
8.2 What are the causes of Sexual violence?

8.2.1 The causes of sexual violence are complex and numerous theories exist. The psychopathology model, which purported rapists to be mentally ill or chemically imbalanced, theorised that individuals who committed sexual assaulted did so because they could not control their sexual impulses. As a result rape and rapists were initially thought to be relatively rare. This approach was challenged in the 1970s as activists began advocating for increased awareness of sexual violence and crisis centres and help-lines were established. It then became much more obvious that rape and sexual assault was more prevalent than first envisaged and that perpetrators were often known by the victim.

8.2.3 Although the psychopathology model was eventually abandoned, the belief that rape is a result of irresistible sexual impulses continues to dominate thinking about sexual assault. Under this view, men rape because they cannot control their sexual desires. According to this myth - because men have difficulty controlling themselves - it is women's responsibility to avoid "provoking" a rape (by dressing non-provocatively or acting in a non-promiscuous manner etc). This myth contributes significantly to the "true" and "false" rape dichotomy, according to which there are some (a few) women who are "truly" raped, but many more "false" rapes, situations in which the victim actually "provoked" the assault by failing to take steps to avoid arousing the perpetrator's uncontrollable sexual desire.

8.2.4 In part, the "irresistible impulse" myth about sexual assault is connected to understandings of gender roles. Sexual aggressiveness in men is viewed as both natural and admirable. As a result, behaviours that force or coerce sexual contact are often characterized as something men cannot "help," or dismissed with the phrase, "boys will be boys."

8.2.5 Feminists and activists began to draw these connections between sexual assault and patriarchy. In her 1975 book, Against Our Will, Susan Brownmiller argued that rape is a tool of intimidation used by men to control and ensure the subordinate status of women. These theories eventually developed into the current understanding of sexual assault—namely, that rape and other forms of sexual assault are acts of violence, not acts of sexual desire. Although sexual desire is sometimes relevant to issues of sexual assault, perpetrators are motivated by a desire for power and domination. "Like other forms of torture, it is often meant to hurt, control and humiliate, violating a person's innermost physical and mental integrity." Thus the prevailing theory surrounding the causes of sexual violence are similar to the adopted Duluth Power and Control model in regards to domestic violence.

8.2.6 In regards to sexual assaults perpetrated against men, whilst the attacker is more often male, men can men can be and are sexually assaulted by women. Although the sexuality of those involved can sometimes be a factor, it is frequently not. For many attackers, the most significant thing is that they are taking control of the victim, expressing anger or seeking to hurt someone - albeit through a forced sexual act.
8.3 The level of need in the population

8.3.1 Assessing the level of need in Nottingham is problematic due to the high level of underreporting (only 11% of rapes are actually reported to the police\textsuperscript{79}). Furthermore, sexual offences overall represent a relatively small number of recorded offences in regards to all reported crime (around 1.4% in 2009/10) and as a result offences can appear to fluctuate greatly in percentage terms. There are, however, a number of sources of information that can help provide an understanding of the likely level of need in Nottingham.

Incidence of Sexual Violence

8.3.2 Nottingham has a population of approximately 125,829 women aged over 16 years-old\textsuperscript{80} and, according to the British Crime Survey (BCS)\textsuperscript{81}, 0.5% will suffer serious sexual assault and 0.3% will experience rape within a 12 month period (compared to 0.2% of men who were subject to any form of sexual assault). Based on these reported rates of incidence, it is estimated that there will be:

- 629 female victims of serious sexual assault\textsuperscript{82}; of which,
- 377 were female victims of rape in any rolling 12 month period
- It is estimated that there are 250 male victims of any form of sexual assault.

8.3.3 The jointly produced Sexual Assault Referral Centre (SARC) Health Needs Assessment\textsuperscript{82} contains a more sophisticated method of calculating incidence rates for serious and less serious sexual assaults. The method used takes account of the fact that the incidence of sexual assault is uneven and varies by demographic, socio-economic and lifestyle characteristics. The British Crime Survey 04/05 investigated the relationship between various factors and the incidence of different types of intimate violence. For males no significant factors were identified; however for females two factors were strongly associated with incidence of sexual assault within the last year. These were marital status and age. Local data for these factors has been used with national incidence rates to provide an estimate of local incidence.

8.3.4 Comparison of national and local incidence has been used to calculate an ‘uplift factor’ for local areas. Uplift factor >1 indicates local incidence was higher than the national average. Uplift factor <1 indicates local incidence was lower than the national average. This uplift factor has been applied to British Crime Survey national rates from 04/05 to 08/09 to provide trends and projections over time.

\textsuperscript{80} Serious sexual assault – assault involving penetration of the body without consent. Within this are the following sub-categories: Rape (1994) – penetration of the vagina or anus by the penis without consent (legal definition in 1994); Rape (2003) – in addition to the 1994 definition penetration of the mouth by penis without consent (extension to the definition of rape in 2003); and, Assault by penetration (2003) – penetration of the vagina or anus by other body parts or objects (new offence). Note: excluded from this are ‘Less serious sexual assaults’ – incidents of flashing, sexual threats or touching that cause fear, alarm or distress
Table 1: Incidence of all (serious and less serious) sexual assaults (including attempts) among women aged 16 to 59 years in 2004/05

<table>
<thead>
<tr>
<th>Area</th>
<th>Incidence</th>
<th>Comparison to national incidence (uplift factor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Britain</td>
<td>2.83%</td>
</tr>
<tr>
<td>Local/unitary authority</td>
<td>Nottingham</td>
<td>3.91%</td>
</tr>
<tr>
<td>Ashfield</td>
<td>2.67%</td>
<td>0.94</td>
</tr>
<tr>
<td>Bassetlaw</td>
<td>2.56%</td>
<td>0.90</td>
</tr>
<tr>
<td>Broxtowe</td>
<td>2.67%</td>
<td>0.95</td>
</tr>
<tr>
<td>Gedling</td>
<td>2.61%</td>
<td>0.92</td>
</tr>
<tr>
<td>Mansfield</td>
<td>2.69%</td>
<td>0.95</td>
</tr>
<tr>
<td>Newark &amp; Sherwood</td>
<td>2.50%</td>
<td>0.86</td>
</tr>
<tr>
<td>Rushcliffe</td>
<td>2.59%</td>
<td>0.92</td>
</tr>
</tbody>
</table>

Sources: British crime survey 08/09, British Crime Survey 04/05, ONS mid year population estimates, marital status from ONS Population Trends 2009

8.3.5 Table 1 shows the incidence of sexual assault (inc. serious assaults like rape and the less serious incidents like exposure/ flashing) within Nottingham is possibly 1.4 times higher than the national average. There is no evidence to support adjustment of male incidence which is therefore the same (0.58%) for all PCTs and Local/Unitary Authorities.

8.3.6 The estimated incidence of all sexual assaults occurring in a 12 month period in Nottingham (based on 2008 data) is 3,664 sexual assaults, with 89.9% experienced by females. This includes an estimated 746 (20%) classified as serious sexual assaults, with 91.5% (683) experienced by women (Table 2, Appendix B). However, only a small proportion of these whose assaults has recently taken place will require the services of the SARC. The relationship between incidence of sexual assault and reporting of crime or referrals to the SARC is explored further in Section 8.4.11.

Trend and Forecast in Incidence

8.3.7 Estimates of incidence of sexual assaults for Nottinghamshire were calculated by applying the ‘uplift factor’ (see above) to the national incidence rates reported in the annual British Crime Surveys and applying this to annual population estimates produced by the Office for National Statistics for 2004 – 2008. Forecasts of local incidence were calculated by applying the modelled relationship between the national incidence rates and time to local incidence estimates and population forecasts. The results show a slight downward trend in regards to serious and less serious sexual assaults against females (and a more pronounced reduction for males) (Figures 6 and 7, Appendix B).

Police Reported Rapes and Sexual Assaults in Nottingham

8.3.8 Offences reported to Nottinghamshire Police are recorded on a central database and an extract of reported rapes (inc. attempts) and sexual...
assaults in the city since 2006/07 provides an indication of the level of reporting taking place each year. Rapes have remained relatively static over the last 5 years showing a minor reduction of just 8 offences (-4.5%). Sexual assaults, however, show a slight downward trajectory, despite a minor spike in reporting in 2009/10, showing a reduction of 42 offences (-17.6%) (Figure 8).

8.3.9 The Police also record the number of sexual assaults and rapes that are later deemed ‘not to be a crime’ or ‘no crime’. This relates to reported offences where it is impossible to prove that a crime took place (this would include incidences of false reporting). Encouragingly, the number of ‘no crimes’ for rape and sexual assault is reducing.

8.3.10 Based on the research that highlights only 11% of rapes are actually reported to the police it is estimated that up to 1,527 rapes and attempted rapes occur in Nottingham each year (based on an average of 168 offences per year reported to the Police).

Figure 8: Police Recorded Rapes and Sexual Assaults (2006/07 to 2010/11)

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It is important to note that the Police recording of sexual assault includes both serious (i.e. assault by penetration) and less serious sexual assault (unwanted touching).
Police Reported Sexual Assaults in Nottinghamshire

8.3.11 Due to the differing typology used by the police and the BCS, additional analysis has been carried out in order to compare the prevalence of ‘serious sexual assault’, as identified by BCS, with actual reports to the police. An extract from the Nottinghamshire Police Crime Recording Management System of sexual offences recorded between April 2004 and March 2010 were categorised as less serious or serious sexual assault according to the definitions used in the British Crime Survey. In 2009/10:

- 171 serious sexual assaults were reported in Nottingham City compared to 240 less serious assaults.
- 37% of all serious reports in Nottinghamshire were in the City
- The majority of serious sexual offences were reported by 25 to 34 year olds (20%), 16 to 20 year olds (19%) and 13 to 15 year olds (19%).
- Female victims represented 92% of reported serious sexual assaults
- Half of serious sexual assaults (n=234) reported to police in Nottinghamshire were acute presentations (reported within 7 days) and half non acute presentations (reported after 7 days).
- In regards to serious sexual assaults, the majority (74%) of offenders were known to the victim (compared to 40% in relation to less serious sexual assault).
- In regards to non-acute reports of serious sexual assault to Nottinghamshire Police, 44% reported the incident between 8 and 364 days; 23% report between 1 and 5 years and 24% over 10 years.
- There has been a decrease in the number of less serious sexual offences reported to Nottinghamshire Police from 2004/05 and 2009/10, with approximately 40 fewer per year. However this is not the case for serious sexual offences which have remained relatively static over the same period, at around 400 reported cases per annum (Figure 9, Appendix B).
- Comparison of estimated incidence of serious sexual assault and reported crimes in 2009/10 highlights that only 10% of serious sexual assaults were reported to Nottinghamshire police.

Calls to Rape Crisis

8.3.12 Nottingham Rape Crisis Centre is a registered charity that supports women over the age of 16 in the Nottinghamshire area who have suffered any form of sexual violence. Data on call levels is available, however, due to many of the calls being anonymous or silent, it is not always possible to record all the necessary monitoring information (e.g. age, residency of caller etc). As a result it is not possible to accurately determine how many calls relate to city residents. Furthermore, rape crisis offer counselling and therapeutic support and some callers are therefore repeat callers. In 2009/10 Rape Crisis:

- Received 849 silent calls
- 254 new callers (total calls inc. all know regular callers was 3,023)
- 103 calls (57.5%) related to rape

The standard Police recording category of ‘sexual assault’ is made up of serious and less serious sexual assaults. Whereas the BCS differentiates between the two: serious sexual assault encompasses rape and sexual assault by penetration and less serious sexual assault includes exposure/ flashing etc. Thus additional analysis has been necessary in order to compare like with like and make an assessment of reporting compared to incidence.
61 calls (34%) related to child sexual abuse
Only 34% of callers had reported it to the police prior to contacting Rape Crisis
A large proportion (50%) of calls related to incidents that occurred over 5 years ago
33% of callers were from Nottingham.

It must be noted, however, that the data does not provide a balanced sample due to the recording difficulties inherent to calls relating to sexual violence.

8.4 Other Sources of Data indicating the level of need

- 12% (54 cases) of Child Protection Plans in 2009/10 identified children at risk of sexual harm (compared to 47 cases representing 11% in 2008/09).\(^8^4\)
- A Rape Survey conducted by Rape Crisis as part of the ACPO Rape Working Group for the period Jan 2010 to March 2010 (Q3) highlighted that 44% of victims identified the perpetrator to be either a current or ex-partner.
- 163 victims of serious sexual assault presented to the SARC in 2009/10 (city clients only) (43% were acute presentations).\(^9^5\)
- There is a clear correlation between level of deprivation of SARC clients and access to the SARC, with those accessing the SARC more likely to live in a more deprived area, this correlates to the evidence base. There is little variation in this pattern between acute and non acute clients.\(^8^6\)

9. Equality and Diversity Implications of Domestic and Sexual Violence

- Research suggests that based on a male population of 125,000, Nottingham will have 300 men who experience 4 or more incidents from a partner (male or female) in a 12 month period.\(^8^7\)
- Most women at risk of domestic violence experience at least 4 incidents of abuse. This is reflected in the Nottingham Multi Agency Risk Assessment Conference (MARAC) statistics in the first year 2% of high risk cases were male and 98% female (2007/08). In 2009/10 male victims accounted for 4% (19 high risk male victims compared to 492 high risk women victims at MARAC)
- Women and young girls from specific communities are more likely to be subject to forced marriage, ‘honour’ based violence and female genital mutilation.\(^8^8\)
- National and local research on men indicates that 50% of men who identify as victims may be perpetrators and so best practice is to screen men to ensure that they are genuine victims, this helps to avoid child protection issues and other problems with housing, civil and criminal law.
- Domestic violence occurs within same-sex relationships with the same statistical frequency as in heterosexual relationships, approximately 25 - 33% of relationships.\(^9^0\)
- Using the BCS and other Nottingham equalities data, with a BMER population of about 20%, it is expected that there are about 2,000 women from BMER communities living with domestic abuse in Nottingham.
Nottingham has a Lesbian, Gay, Bisexual and Transgender (LGBT) population of between 6% and 10%, it is expected that there are between 1,200 and 2,000 people from the LGBT community to be experiencing domestic violence or abuse.

With 20.1% of Nottingham’s population registered as having a limiting long term illness or disability, it can be assumed that at least 2,000 of those will be living with domestic violence. This number may be greater as the BCS indicates that people with disabilities (and women under 25) are more at risk of domestic abuse than other groups. Research indicates that disabled women are twice as likely to experience domestic violence\textsuperscript{93}.

Adults with a disability, people involved with prostitution and adults abused as a child are most at risk of adult sexual violence\textsuperscript{94}.

28% of women involved in street based prostitution reported attempted rape\textsuperscript{95}.

10. Impact and Risk Factors of Domestic and Sexual Violence

10.1 General Impact

10.1.1 The immediate and long-term health implications of domestic and sexual violence are devastating. There are direct health consequences in terms of physical harm (including internal injuries, cuts and bruises), sexually transmitted diseases and contributory factors that impact on long-term health including mental health problems, alcohol misuse, trauma, unwanted pregnancy, abortion, and risky sexual behaviour. Obesity and dental neglect, although less recognised, cause potential longer-term health problems, stemming from activities such as over eating (as a coping mechanism).

10.1.2 Failure to address the victim’s immediate and ongoing needs can have a considerable and long-term impact on their emotional well-being and health. It can also cause the victim to disengage from the criminal justice process, reducing the opportunity for offenders to be brought to justice\textsuperscript{96}. In regards to sexual violence, victims do not always get the support they need. As a result, 40% of adults who are raped tell no-one about it and 31% of children who are abused reach adulthood without having disclosed their abuse. Studies suggest that only 15% of rape allegations against people 16 years and over are reported to the police, and of those reported fewer than 6% result in the offender being convicted. However, where an allegation of rape is prosecuted, 58% of prosecutions result in a conviction\textsuperscript{97 98}.

10.1.3 Whilst the true extent of domestic and sexual violence underreported, the devastating and long-lasting impact (physically and psychologically) of abuse is becoming more widely recognised through research. Research also highlights common risk factors associated with domestic and sexual violence, although it must be noted that these do not excuse or cause abuse – responsibility solely sits with the perpetrator. They do, however, help identify those most at-risk and help inform preventative interventions.

10.2 Children and young people

Domestic violence is more likely to begin or escalate during pregnancy. More than 30% of cases of domestic violence start during
pregnancy and domestic violence has been identified as a prime cause of miscarriage or still-birth.

- In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents.
- Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs.
- The link between child physical abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study.
- 70% of children living in UK refuges have been abused by their father.
- Children with a disability, missing or looked after children and children from families affected by domestic violence are most at risk of child sexual abuse.
- Research shows that sexual abuse is most prevalent in the 5 to 14 age category.
- Of children abused, 33% were abused by more than one abuser, and 60% were repeatedly sexually abused.
- Children experiencing sexual abuse are more likely to be part of a family experiencing physical violence.

10.3 Physical and Mental Health Consequences

- Domestic violence against has serious consequences on physical and mental health, and victims can suffer from or chronic health problems of various kinds.
- Abused women and men are more likely to suffer from depression and anxiety.
- The cost of treating physical health of victims of domestic violence, (including hospital, GP, ambulance, prescriptions) is £1,220,247,000, i.e. 3% of total NHS budget and the cost of treating mental disorder due to domestic violence is £176,000,000.
- Rape carries a 5% risk of pregnancy.
- Between 50% and 60% of women mental health service users have experienced domestic violence, and up to 20% will be experiencing current abuse.
- Domestic violence commonly results in self-harm and attempted suicide: one-third of women attending emergency departments for self-harm were domestic violence survivors and abused women are five times more likely to attempt suicide.

10.4 Alcohol and Substance Misuse

- Many victims are sexually assaulted when they have been drinking alcohol. Alcohol was involved in 34% of rape cases reported to the police.
- In a significant proportion of rape and sexual assault cases the victim has consumed alcohol prior to the assault. 17% of victims indicated they were incapable of providing consent at the time of assault.
- Operation Matisse (2006) found that in 119 of 120 cases of suspected drug assisted assault, the victim had been drinking alcohol prior to the assault.
- The association between alcohol consumption and sexual assault may be due to people taking more risks when they have been consuming
alcohol, such as walking home alone, specifically targeted by perpetrator when drunk. Alcohol may be used as part of the grooming process for childhood sexual abuse.  
- Research suggests perpetrators of sexual violence / abuse have consumed alcohol immediately prior to incident and/or have drinking problems. Also, alcohol consumption can be associated with increased sexual violation and physical aggression.
- Alcohol and drug abuse can be used as a coping mechanism in response to sexual violence. One study highlighted that 67-90% of women with alcohol and drug addiction problems were survivors of sexual abuse.
- Many women develop ‘alcohol problems’ as a result of victimisation through domestic violence.
- Research has highlighted that victims are 15 times more likely to abuse alcohol and 9 times more likely to abuse drugs than women generally.
- Some women are introduced to substances by their abusive partners as a way of increasing control over them. Furthermore, in some situations when a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service.
- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence.

10.4.1 People with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other people to report or even to name their experience as domestic violence; and when they do, are in a particularly vulnerable position, and may be unable to access any suitable sources of support.

11. **Criminal Justice Outcomes for Domestic and Sexual Violence**

11.1 Criminal justice outcomes data has been provided by the Nottinghamshire Criminal Justice Board (CJB). The timeframe and definitions (especially in regard to sexual violence) differ to police reported crime and so a direct comparison is problematic. The Nottinghamshire CJB records both the number of offences and offenders so crime outcomes will not necessarily equate to reported crime as there may be more than one offender for each offence. Justice outcomes are also completed over varying lengths of time, which are dependent on a wide range of factors, and as a result outcomes do not relate systematically to when the crime was reported. A final point to note, is that the CJB definition of a serious sexual offence includes sexual activity with a child or other vulnerable people.

11.2 Broadly, once a crime is reported it can be categorised into 3 different states:
- No crime;
- Undetected; or,
- Sanctioned detection.

11.3 A sanctioned detection occurs when (1) a notifiable offence (crime) has been committed and recorded; (2) a suspect has been identified and is aware of
the detection; (3) the CPS evidential test is satisfied; (4) the victim has been informed that the offence has been detected, and; (5) the suspect has been charged, reported for summons, or cautioned, been issued with a penalty notice for disorder or the offence has been taken into consideration when an offender is sentenced.

**Domestic Violence**

11.4 Assessment of the ‘Charge to No Prosecution Ratio’ (April 2010 Dec 2010) for C division highlights that the police put forward 491 cases for prosecution, of which 369 proceeded to prosecution. This equates to a 75% (compared to 79% on A division, 77% on B Division and 71% on D Division).

11.5 Over the period April 2010 to Jan 2011, 71% of domestic violence cases resulted in successful conviction (compared to 75% on A division, 71% on B Division and 68% on D Division).

**Serious Sexual Offences**

11.6 Assessment of the Rape ‘Charge to No Prosecution Ratio’ (April 2010 Dec 2010) for C division highlights that the police put forward 25 cases for prosecution, of which 12 proceeded to prosecution. This equates to 48% (compared to 70% on A division, 48% on B Division and 32% on D Division).

11.7 Over the period April 2010 to Jan 2011, 56% of Rape cases resulted in successful conviction (compared to 50% on A division, 36% on B Division and 36% on D Division).

11.8 Table 3 shows Offences Brought to Justice (OBTJ) in regards to Serious Sexual Assaults and Rapes in Nottinghamshire. OBTJ measures the number of offences brought to justice by means of conviction, caution, offences taken into consideration or issued with a penalty notice for disorder compared to the number of recorded crimes. As the table indicates, the rate for serious sexual assault overall is relatively stable at 30 to 33%. Rape, however, is performing poorly year-to-date with only 5% of successful outcomes compared to the number reported.

<table>
<thead>
<tr>
<th></th>
<th>Serious sexual assault (including rape)</th>
<th>Rape only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recorded</td>
<td>OBTJ</td>
</tr>
<tr>
<td>2008/09</td>
<td>780</td>
<td>253</td>
</tr>
<tr>
<td>2009/10</td>
<td>834</td>
<td>279</td>
</tr>
<tr>
<td>2010/11</td>
<td>547</td>
<td>162</td>
</tr>
</tbody>
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11.9 The consultation paper, *Convicting Rapists and Protecting Victims – Justice for Victims of Rape*,\(^{19}\), established a number of reasons why the conviction rate is so low, the first concerning evidential difficulties and the burden of

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\(^{19}\) The definition of Serious Sexual Assault covers various Home Office Categories: Abuse of Children through prostitution and pornography, Causing sexual activity without consent, Rape, Sexual activity with a person with a mental disorder, Sexual activity involving a Child under 13, Sexual Assault and (Human) Trafficking for sexual exploitation. Importantly it covers includes rape and penetrative and non-penetrative acts of sexual assault.
proof. The report concludes that, in the majority of cases, rape is committed by someone known to the victim, where more often than not there are no bruises and a lack of forensic evidence. It is often cited that rape is one of the hardest crimes to prove being one person’s word against another with generally no witness involvement. Contrary to public expectation, ‘acquaintance rapes are by far the majority of cases to come before the courts, when there are no witnesses, forensic or medical evidence, and so proving beyond reasonable doubt is almost insurmountable’.

11.10 Sexual Assault Referral Centres (SARCs) are vital in terms of improving forensic evidence and providing immediate counselling for the victims. A major set back is that a large amount of cases reported are non-acute (reported after 7 days) when the opportunity to collect forensic evidence is lost.

12. National Strategic Framework: Out with the Old, In with the New

12.1 There has been a shift over recent years in the Governments approach to tackling domestic and sexual violence. Until recently (November 2009) the national framework was based on the previous Government’s strategy: Together We Can End Violence Against Women and Girls. The strategy recognised all forms of violence and abuse against women and girls. This marked a move away from the narrower definition of domestic abuse to broader forms of violence to women and girls (including sexual violence and abuse, female genital mutilation, forced marriages and so called honour based violence). The Strategy was based around actions to improve the three ‘Ps’:
- Prevention;
- Provision; and,
- Protection.

12.2 It is important to note that under the new coalition government this policy document has largely been superseded and it has been removed from the Home Office website and archived. The previous strategy (and the 3 Ps), however, largely influenced the delivery framework of services in Nottingham.

‘Call to End Violence against Women and Girls’

12.3 The coalition government’s strategic vision in regards to domestic violence is now set out in the document ‘Call to End Violence against Women and Girls’ and, as the title suggests, the focus remains more ‘all encompassing’. The strategic vision highlights the long-term detrimental affect violence against women and girls can have including increased risk of offending and subsequent risk of incarceration, risk of substance misuse (inc. alcohol) and poor physical and mental health outcomes. The document also encompasses the issues of sexual violence, prostitution, violence against Black and other Minority Ethnic (BME) women and trafficking. The links between these issues was previously understood by professionals but the coalition government’s strategic vision now explicitly brings them all together.

12.4 Whilst the strategic framework has not changed dramatically, there are slight differences in terms of the language used but essentially the same ethos is present.
12.5 The new objectives are divided over four areas:

i) **Prevention**: Prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it;

ii) **Provision**: Provide adequate support where violence does occur;

iii) **Partnership Working**: Work in partnership to obtain the best outcome for victims and their families; and,

iv) **Reduce the Risk**: Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice

12.6 The new framework still places a strong emphasis on early intervention through education\textsuperscript{135} and training in order that front-line workers are equipped with the knowledge and skills to identify issues earlier\textsuperscript{136}.

12.7 The coalition government’s strategic vision outlines its planned activity and approach over the coming spending review period (2011/12 to 2014/15) in regard to violence against women and girls. There are many references within the document\textsuperscript{137} to pending legislative changes including the introduction of Police and Crime Commissioners\textsuperscript{138}, the new NHS commissioning structures and the forthcoming public health service\textsuperscript{139}. Thus it is clear that some of the activity will not be implemented in the short to medium-term. The document does, however, provide some clear direction in regards to the future commissioning of services.

12.8 A clear message is that any central funding provided will be on a stable basis, however, it is clearly emphasised that funding levels will not be as high as they were in the past. There is a commitment to support existing rape crisis centre provision and to establish new centres on a stable basis but, in terms of a flat cash settlement, only £28m has been allocated nationally over the next four years. Therefore, most of the funding for services will need to be provided locally.

12.9 The £28m will come from the Home Office and will be to support core frontline services. This means that there will be Home Office funding over the coming spending review period for:

- Independent sexual violence advisers (ISVAs)\textsuperscript{140};
- Sexual assault referral centres (SARC)s\textsuperscript{141};
- Independent domestic violence advisers (IDVAs)\textsuperscript{142}; and,
- Multi-agency risk assessment conference (MARAC)\textsuperscript{143} co-ordinators/administrators.

12.10 The funding will also provide for the quality assurance of MARACs and for training places for IDVAs and MARAC co-ordinators to ensure there is a consistent delivery of service across the country. There will also be £900,000 available per year over the next four years to support national help-lines. The government clearly sees these services and projects as essential in tackling the issue.
13. The Local Strategic Framework and Provision of Services

13.1 A strategic approach, mirroring the government’s strategic objectives has been adopted in Nottingham. Thus services are commissioned under the following framework:

- Preventative Work
- Provision
- Partnership
- Reducing the Risk

13.2 In Nottingham, the domestic and sexual violence sector has developed over time in response to local need and based on the national strategic framework. Agencies have developed and been commissioned by statutory agencies to provide support to victims of sexual violence and support survivors and their children on the pathway out of domestic violence (including the provision of immediate safety). The sector includes services from the third sector and from the statutory and civil law organisations working together in partnership to ensure that the survivor, children and perpetrator receive the right response.

Current Service Delivery

13.3 The following section provides a summary of the services currently available in Nottingham and where they sit in terms of the national and local strategic framework. Please note there is some degree of overlap in regards to some services and where they sit in the framework (especially in regards to partnership).

13.4 Preventative Work

- Nottinghamshire Domestic Violence Forum Information and Resources: (NDVF) run quarterly free seminars on a range of domestic violence related topics offering mainstream services the opportunity to train front-line staff in domestic and sexual violence awareness. A library of resources for agencies and the community is available on line at www.ndvf.org.uk

- NDVF works with children and young people in schools (Targeted and Universal). The Impact Project working with vulnerable young people on healthy and respectful relationships

- Freedom Programme: 12 week programme with women in the community including survivors to identify health relationships (Women’s Aid Integrated Service and NCHA)

- The Stronger Families Programme: within Early Intervention is managed by Women’s Aid which focuses on parallel programmes for children and their mothers, aiming to rebuild relationships damaged by domestic violence and promoting positive relationships.
13.5 Provision

- **24 Hour Help-line**: The 24 hour free phone helpline is commissioned by a range of statutory agencies and although managed by Women’s Aid it is a universal service for anyone experiencing domestic violence or wishing to seek advice. Male survivors will be transferred on to M.A.L.E and anyone from the LGBT community will be transferred to Broken Rainbow. The helpline includes text phone for deaf women and language line for women whose first language is not English. The helpline is also able to support women and children with pets to go into refuge by providing a secure pet fostering service. They work closely with the Gateway to enable women to access refuges locally, regionally and nationally. The helpline also provides information and support to staff working with women and children. Women’s Aid also provides a drop in with crèche during the week and the weekend.

- **Domestic Abuse Liaison Nurse in Emergency Department**: Supports Emergency Department (ED) staff to identify and risk assess survivors where it is safe to do so, signpost to services and to referring to Multi Agency Risk Assessment Conference (MARAC) where appropriate. Nottingham University Hospital Trust also conducting an audit of the number of DV cases in hospital and Emergency Department.

- **Refuges**: There are 3 refuges commissioned by the City Council (Zola, Umuada and Amber House) in the City with 31 bed spaces.

- **Outreach for Hard to Reach Groups**: Specialist outreach services to emerging communities and vulnerable groups (inc. BMER, elderly people, people with disabilities and LBT). The service offers a Freedom Programme for hard to reach groups and encourages reporting.

- **Victim Support**: Victim Support offers practical and emotional support to any victim of domestic or sexual Violence no matter what their gender or any other diversity characteristic. Specialist support is available to victims and witnesses of domestic and sexual violence. VS does not normally support high risk DV victims as that is provided by the Independent Domestic Violence Advisors (see section 13.6). The service is primarily for standard and medium risk victims (male and female).

- **Roshni**: Provides a refuge for South Asian women and children) and culturally sensitive counselling/ group work and advocacy to BMER women aged 16 to 25. This project, however, is funded externally through the Sojourner Project (Home Office).

- **Time 4 U**: The Family Care project Time 4 U is aimed at children and young people survivors of domestic violence who require emotional support individually or in a group work setting.

- **Rape Crisis**: Survivors may also seek help and support from Rape Crisis for women and girls, ISAS (Incest and Sexual Abuse Survivors) for women and men and the Topaz Centre (Sexual Assault Referral
Centre) for young people 13 years and above and women and men survivors of rape and sexual assault. Victim Support is the key agency for men at risk of domestic violence and accepts self referrals, referrals from the police and from the MARAC.

- **Shine Floating Tenancy Support**: Specialist tenancy sustainment for re-housed survivors of domestic violence and their children

- **Children’s Workers in Refugees**: Support, advocacy and protection for children and young people in refuges

- **The Family Intervention Project (FIP)**: A member of the team is a trained domestic violence specialist who works with high risk and complex families.

### 13.6 Partnership

- **Sanctuary Scheme** - The Sanctuary Scheme installs physical security and provides additional support to survivors and their children to enable them to remain in their own home, where the perpetrator has been excluded.

- **Sexual Assault Referral Centre (SARC)**: The Nottingham SARC is a joint Local Authority, Police, NHS and voluntary sector initiative. The centre provides a one-stop location for victims of recent sexual assault to receive medical care and counselling and enabling the collecting of forensic evidence.

- **Multi-Agency Risk Assessment Conference (MARAC)**: The MARAC brings local statutory and voluntary agencies together to protect those survivors at highest risk from repeat domestic violence. In Nottingham, the top 20 high risk cases are referred to the MARAC every fortnight. The Independent Domestic Violence Advisors play a key role at the MARAC as they are commissioned by statutory partners to provide direct support and advocacy to high risk survivors. Representatives from all agencies are trained as MARAC champions in order to deliver MARAC awareness training within their own organisations.

- **Independent Domestic Violence Advisors (IDVAs)**: Trained specialists providing independent advocacy and support to high risk victims. There are currently 6 IDVAs in Nottingham and they also support survivors at the specialist domestic violence court.

- **Specialist Domestic Violence Courts (SDVCs)**: Enable police, prosecutors, courts and specialist services to work together to identify and track domestic violence cases, support victims and bring more offenders to justice.

- **DV Nurse Safeguarding Team**: Represents health at the MARAC, provides mandatory training to all health staff and acts as a point of contact for advice and sign posting. The team is collocated with the Police Domestic Abuse Support Unit (DASU).
13.7 Reducing the Risk

- **Police Domestic Abuse Support Unit**: Key Specialist criminal justice service for survivors, their children and perpetrators based with the Police’s Public Protection Unit.

- **Anti Social Behaviour Officer**: Community Protection provides a specialist Officer to concentrate on local authority civil orders to support survivors of domestic violence and hold perpetrators to account. The officer is collocated with the DASU.

- **Integrated Domestic Abuse Programme (IDAP)**: Probation manage the IDAP Integrated Domestic Abuse Programme for high risk court mandated male perpetrators with an associated Women’s Safety Service.

Specialist Services Sensitive to Equality and Diversity

13.8 A number of specialist services exist covering a number of groups, including BMER women who are most at risk of Forced Marriage, Honour Based Violence and Female Genital Mutilation. Services also exist for LGBT community and the elderly.

13.9 Black and Minority Ethnic and Refugee Communities

- **Black Minority Ethnic and Refugee (BMER) Refuge**: Nottingham City Council Adult Services currently commissions 1 specialist BMER Refuge: Zola is the BMER specific service (offering 9 spaces). Umuada (12 spaces) is a generic refuge with additional space for women with no recourse to public funds.

- **BMER Outreach project**: Nottingham City Council Adult Services also commissions a BMER outreach project. Also outlined under section 13.5.

- **BMER working group**: Nottingham and Nottinghamshire Domestic Violence Officers lead a joint BMER working group which includes issues such as honour based violence, forced marriage, female genital mutilation, trafficking and women with no recourse to public funds.

- **Female Genital Mutilation**: Nottinghamshire Domestic Violence Forum previously held a seminar on FGM in partnership with Forward the FGM specialist service from London. The Crime and Drugs Partnership (CDP) has commissioned NDVF to deliver a series of training session on women with no recourse to public funds, the legal rights of trafficked women and children, FGM and Forced Marriage (including the new FM prevention orders). There is also a FGM midwife who had developed a referral path way.

- **No recourse to public funds**: Children Services and Adults Services are currently developing a joint protocol and budget to address the needs of people with no recourse to public funds. The government
have just launched the Sojourner Pilot which will support women with no recourse for 4 months. It is essential that Nottingham have its own protocol and budget prepared for the end of the national pilot.

Lesbian, Gay, Bisexual and Transgender Services (LGBT)

13.10 Nottingham has no specialist services for these groups; however work is being done to ensure resources are available to this community. Examples include:

- The Helpline will transfer calls to Broken Rainbow for information, counselling and signposting.
- Women's Aid refuges and domestic violence floating support services will support lesbian, bisexual and transgender women (post op - with gender recognition certificates).
- The Multi Agency Risk Assessment Conference (MARAC) diversity target has set up a cross authority and multi agency working group to improve the response of agencies to LGBT communities and to raise awareness of domestic violence with LGBT groups.
- Victim Support aim to provide services for all men who experience domestic violence including gay, bi and trans-men.
- The Health Shop provide a LGBT Drop-In Service for domestic and sexual violence.
- NDVF also publicises Broken Rainbow the government funded national helpline for LGBT survivors of domestic violence through the website www.ndvf.org.uk.
- The SARC monitor the numbers of LGBT people who use the service to enable them to understand usage and whether they need to further promote the service.

Services for Men

13.11 Nottingham has a range of services specifically designed for male survivors. In terms of reporting, everyone is encouraged to phone the help line and although run by Women’s Aid it is for anyone with concerns about domestic violence. The helpline leaflets and promotional materials have been re designed to make them gender neutral. Essentially males can access the same services except Women’s Aid and the refugees.

13.12 National and local research on men indicates that 50% of men who identify as victims may be perpetrators and so best practice is to screen men to ensure that they are genuine victims, this helps to avoid child protection issues and other problems with housing, civil and criminal law. Current service provision for men include;

- The Helpline will transfer calls to M.A.L.E (The Men’s Advice Line) for information, counselling and signposting (which includes information
about emergency housing).

- Nottinghamshire Domestic Violence Forum developed a good practice guide to work with male victims in 2008 which includes a directory of resources and the screening tool. NDVF provide training for all staff on this best practice and the website also promotes the national government funded helpline for male victims.

- NDVF held the first national meeting for male refuges and found that a high number of men at risk of domestic violence were at risk of forced marriage and honour based violence from male family members, at risk of homophobia from families and violence from male partners.

- Victim Support who lead in Nottingham on support to men who have experienced domestic violence are trained to use the screening tool and have begun to monitor referrals to their help line.

- The Crime and Drugs Partnership has commissioned NDVF to develop a training programme for all substance misuse agencies on direct enquiry about domestic violence with service users and this includes training on the screening tool (the first training of this kind for statutory services.)

- NDVF has developed a perpetrator programme with support to survivors from Women's Aid which they are piloting with the Family Intervention Project. There is also a national helpline for male perpetrators called Respect.

- A Male Independent Domestic Violence Advisor is available to support high risk cases at the MARAC. Women's Aid Integrated Services will supply the service as of September 2011.

**Mental Health and Services for Disabled people and Elders**

13.13 There are no specialist services for these groups although work is being done to ensure resources are available to this community. Examples include:

- Women's Aid refuges undertook a Disability Discrimination Act access audit when it first came in and developed action plans to improve access and service.

- Nottingham City Council Housing Aid has developed the Sanctuary Scheme in partnership with Nottingham City Homes and Women's Aid to provide additional physical security and support to survivors and their children to enable them to remain in their own home where the perpetrator has been excluded. This is particularly helpful for disabled survivors or survivors with disabled children or dependants and for elders. The Scheme is currently reviewing its service for men and also actively promoting itself to disability groups.

- The MARAC diversity target for Disabled people is being met and exceeded\(^{xvi}\).

\(^{xvi}\) There are 4 equality targets for the MARAC regarding caseload (20% be BME, 20% be LGBT, 20% be disabled people, and 3% be Male)
• NDVF have developed some guidance on disability and promotes training on this topic, it also publicises national and local support on the website and produces accessible materials for visually impaired women. A signed DVD will be produced for deaf women workers which will promote the domestic violence service directory.

• NDVF has also run a seminar in partnership with the Nottingham University Hospital on Elders and domestic violence and will continue to support the research in this area.

• The Stella Project is a national pilot funded by the Department of Health through AVA (Against Violence and Abuse). Nottingham is one of three pilot areas developing good practice on mental health, substance misuse and domestic/sexual violence.

• Women's Aid Federation England and Bristol University have published research (Making the Links) on the links between disability and domestic violence and the findings have been taken to the Adult Safeguarding Board. Subsequently work is being developed to ensure that Self Directed Support includes risk assessment for domestic violence and abuse.

• The Adult Safeguarding Team has also promoted briefings for Adult Social Workers by NDVF on domestic violence and the differences and similarities with the abuse of Vulnerable Adults and services available.

• The City and County Council have established a Domestic Violence and Disability Working Group. The group will examine the situation in Nottingham and Nottinghamshire for disabled women experiencing domestic violence and implement a countywide action plan to assist in improving responses.
14. **Review of Current Domestic and Sexual Violence Services in Nottingham**

14.1 Due to the new financial climate, and the reduced level of public funding available, it has become necessary to review service provision and develop a recommended commissioning framework that will enable partners to make informed decisions about future service provision. In order to do this a tiered framework has been devised based on priority. It is important to note, that whilst all projects in Nottingham offer a service of value, economic pressure dictates that difficult decisions be made and this necessitates a prioritisation process. It is proposed that services, based on the review, be tiered on the following basis:

- **Core Services**: Services absolutely essential for the protection and prevention of harm (including crisis provision).
- **Supporting Services**: Services that are a key component in the support and delivery of core services.
- **Extended Services**: Services that play a valuable part but fall short of the threshold to be considered core or supportive services. This tier may include projects that offer a function that could potentially be covered by another service.
- **Supplementary Services**: Services that are valuable, and could be viewed as ‘going the extra mile’ for the vulnerable, but under the economic climate are deemed supplementary. This tier may include projects that offer a function currently offered within the delivery of another service.

14.2 **Appendix C** contains a review of each service in terms of benefits and the implications/risks in terms of funding cuts or decommissioning. The Review also includes the rationale behind the placement of services within the 4 tier framework.

14.3 Tables 4 and 5 below provides a summary of the findings and where each services currently sits and makes a distinction between those services delivered by statutory agencies and those services that are commissioned.
### Table 4: Tiered Prioritisation of Domestic and Sexual Violence Services (Commissioned)

<table>
<thead>
<tr>
<th>Strategic Framework</th>
<th>Preventative Work</th>
<th>Provision</th>
<th>Partnership</th>
<th>Reduce the Risk</th>
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</thead>
<tbody>
<tr>
<td><strong>Core Services</strong></td>
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<tr>
<td></td>
<td>- NDVF Work in schools (universal)</td>
<td>- 24 hour free phone DV helpline</td>
<td>- Independent DV Advocates (MARAC and SDVC)</td>
<td></td>
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<tr>
<td></td>
<td>- NDVF Work in schools (targeted)</td>
<td>- Refuges</td>
<td>- Independent Sexual Violence Advocates (SARC)</td>
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<tr>
<td></td>
<td>- NDVF Information and Resources</td>
<td>- Zola (9 beds)</td>
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<td></td>
<td></td>
<td>- Umuada (12 beds)</td>
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<td></td>
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<td>- Amber House (10 beds)</td>
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<td></td>
<td>- Central (6 beds)</td>
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<td></td>
<td></td>
<td>- Children’s Workers in refuges</td>
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<tr>
<td><strong>Supporting Services</strong></td>
<td>- Stronger Families Programme</td>
<td>- Outreach for hard to reach groups</td>
<td>- Sanctuary Scheme</td>
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<td></td>
<td>- Stronger Families Programme</td>
<td>- Rape Crisis</td>
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<td><strong>Extended Services</strong></td>
<td>- Stronger Families Programme</td>
<td>- Stronger Families Programme</td>
<td>- Sanctuary Scheme</td>
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<td>- Outreach for hard to reach groups</td>
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<td>- Shine Floating Tenancy Support</td>
<td>- Sanctuary Scheme</td>
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<td></td>
<td>- Time 4 u Family Care</td>
<td>- Sanctuary Scheme</td>
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<td></td>
<td>- Victim Support</td>
<td>- Sanctuary Scheme</td>
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<tr>
<td><strong>Supplementary Services</strong></td>
<td>- Freedom Programme</td>
<td>- Children’s Outreach Project</td>
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<td></td>
<td>- Freedom Programme</td>
<td>- Children’s Outreach Project</td>
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### Table 5: Tiered Prioritisation of Domestic and Sexual Violence Services (Statutory Services)

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<tr>
<th>Strategic Framework</th>
<th>Preventative Work</th>
<th>Provision</th>
<th>Partnership</th>
<th>Reduce the Risk</th>
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<tr>
<td><strong>Core Services</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Police Domestic Violence Support Unit (DASU)</td>
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<td><strong>Supporting Services</strong></td>
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<td>- ASB Officer (DV)</td>
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<td>- DV Nurse Safeguarding Team</td>
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<td><strong>Extended Services</strong></td>
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<td></td>
<td>- Integrated Domestic Abuse Programmes for Perpetrators (IDAP)</td>
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<td>- Women’s Safety Service to Support the IDAP</td>
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<tr>
<td><strong>Supplementary Services</strong></td>
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<td></td>
<td></td>
<td>- DV Nurse in Emergency Dept.</td>
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<td></td>
<td></td>
<td>- Domestic Abuse Midwife</td>
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15. **User Views**

15.1 A snapshot investigation was undertaken in November 2009 through NHS Nottingham City to explore the attitudes to domestic violence enquiry and disclosure held by both health service staff and domestic violence survivors in Nottingham. Focus groups, individual and telephone interviews and small group discussions were used to glean views from domestic violence survivors, Health Visitors and Midwives; GPs and Practice Nurses; nurses in the Nottingham University Hospitals Trust (NUH) Emergency Department and the CitiHealth Trust NHS Walk-In Centre. Some recommendations from the snapshot include:

15.2 Survivors;
- Domestic violence is often obvious, even if the survivor denies it when asked. Staff need to ask for and act on disclosures when they see signs (an aggressive partner or frightened woman), and routinely when working with women and families.
- Disclosure and leaving are dangerous and difficult. Ask and offer information and support safely (in a separate room); be direct, confident and well-informed (provide information, explain the choices and respect their choice, which may be to wait until they have more support to leave).
- However, if a person is at risk of serious harm or being killed, override requests to not act or to keep the disclosure confidential (share information with appropriate agencies, following procedures for safeguarding vulnerable adults and children).
- Survivors visited Emergency Departments and GPs but most only found out about domestic violence services once they were getting the right help. Information needs to be distributed where people are likely to visit, but attention needs to be paid to doing this safely - small information cards placed on supermarket pharmacies and reception desks, Helpline number on barcodes, etc.

15.3 Health Professionals;
- Senior managers felt that domestic violence should be more of a priority for all staff in all Trusts and GP practices.
- All health staff should have the same in-house domestic violence training so that they can “all sing from the same hymn sheet”. A substantial block of training is required, whether as stand-alone, discrete domestic violence training or integrated into Child Protection training.
- Following training, domestic violence should be asked about, wherever there is contact with a woman. Specifically, GPs and practice nurses should routinely ask the domestic violence question: GPs should be encouraged to be centrally involved in responding to domestic violence.
- The principal of GPs/practice nurses undertaking routine questioning as part of the GP new patient check should be explored and established.
- Commissioners should consider a discussion with CitiHealth senior management regarding the flexibility/inflexibility of advice within the Midwifery Service, which cautions against safety planning, and midwives seeing themselves as part of the bigger “health wheel”.
- Commissioners to further clarify with health partners exactly what data...
is collected by the different staff groups; what information systems exist and the reporting capabilities of these systems.

- When translation services are required in domestic violence situations, Language Line Services should always be used and female interpreters always provided, in order to avoid danger.
- The current statutory/community/ voluntary sector domestic violence services should be strenuously supported, including added support to Refuges, Shine and the Women’s Aid 24 Hour Helpline at week-ends, so that out of hours access is improved.
- The roles, responsibilities and priorities of CitiHealth/ Health Visitor and Midwifery management should be clarified in relation to data collection, auditing and circulation of information on domestic violence.

15.4 In addition, Adult Services has recently undertaken some focus groups and interviews with women from a range of BMER communities regarding the development of a specialist refuge with self contained units in a larger project for a range of different BMER groups. The findings were as follows:

- Interpreters, translation and staff with community languages are crucial as many people will not have English as a first language.
- Staff with knowledge and skills on a range of BMER related issues is essential, these include FM, HBV and FGM.
- Staff with knowledge and skills on a range of BMER related practical issues such as immigration and no recourse to public funds are crucial.
- Staff with group work skills to enable awareness raising activities for the variety of different groups to enable them to respect and understand each others cultures is essential.
- The promotion of equalities and respect between women and children in the refuge is essential.
- Staff to have time to undertake complex support needs is key to enabling the women to resolve a range of difficult issues.
- Staff for children are important to enable children from a range of cultures with different languages to communicate and support each other as they may have experienced very high risk abuse.

16. **Projected Service Use and Outcomes**

16.1 Despite the British Crime Survey showing a national reduction of 64% (since 1997) in domestic violence, reports in Nottingham remain fairly static and at a high level. The reports do, however, appear to have reached a plateau but further work needs to be done to gain the confidence of some communities in reportingxvi. Encouragingly, repeat reports of domestic violence (as measured by the Repeat Victimisation Project) are reducing. Nonetheless, new cases keep emerging and the police are identifying 70 to 100 ‘high risk’ cases per month (with the MARAC only having capacity to manage 40 cases per month). It is important to note, however, that a new risk assessment tool (DASH RICxviii) was implemented by the Police in Dec 2010 and the anticipated impact is that fewer cases will be identified as ‘high risk’.

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xvi Further work is required to ensure that all communities are aware of the 24 hour free phone helpline if they are not going to initially report to the Police. Men and people from LGBT communities may want to call the National Help lines MALE and Broken Rainbow, although they will be signposted if they call locally.

xviii Domestic Abuse, Stalking, Harassment and Honour Based Violence Risk Identification Checklist
16.2 Nottingham’s domestic violence sector needs to meet the requirement of communities and people that have not previously been met; these include Lesbian, Gay, Bisexual and Transgender communities, disabled people and those with long term illness and elderly people. Emerging issues for Black and Minority and Refugee communities such as Forced Marriage (FM), Honour Based Violence (HBV), Female Genital Mutilation (FGM) and no recourse to public funds also need to be addressed.

16.3 Evidence from Police reporting figures and the MARAC indicate that some of these communities are not reporting and given agencies don’t currently collect data on FM, HBV and FGM (except the Hospital FGM Midwife who identified 211 cases of FGM in 2008 and 120 news cases in 2009/10) it is difficult to assess how many of these crimes or incidents are currently taking place. Consequently, the prediction for domestic violence service use in the short and medium term is that the level of need will remain high and fairly constant. Furthermore, as more complex communities and issues are identified either more specialist services will need developing or existing services will need to tailor service delivery in order to meet the demand. Until the prevention agenda begins to take effect domestic violence will not dramatically reduce although the government statistics are encouraging.

16.4 In 2009 Nottingham City ASH commissioned an independent needs modeling for current and future supported housing options across a range of client groups including survivors of domestic abuse. This needs modeling provides indicative at risk populations and suggested target numbers for survivors to receive a service. Provisional modeling indicates that for Nottingham 364 survivors will need housing related services, 30% will need accommodation based services, 85% non-accommodation services (using information on duration of service use taken from SP service performance workbooks and SP client record outcomes data). For detailed results see HGO Consultancy Needs Modeling Nottingham City 2009/10)

16.5 In regards to sexual violence, the overall incidence trend is decreasing for both males and females (based on BCS research and population data for Nottinghamshire). Nonetheless, it is estimated that only 10% of serious sexual assaults are reported to Nottinghamshire Police and the long-term projection (based on reports) shows a slight increase. Thus as the incidence of serious sexual assault has decreased, the proportion of incidents reported to the police have increased.

16.6 Consideration of these factors, coupled with the poor criminal justice outcomes (particularly in regards to rape) highlights the need to encourage early reporting and maintain the provision of the SARC at its current level in order to support victims and strengthen legal cases through increased forensic evidenced. It must be noted, however, that a significant amount of cases fall outside the ‘acute’ timeframe of reporting (within 7 days). There is an opportunity to explore whether it is possible to increase the proportion of SARC referrals within the window of forensic opportunity (<7days) as this will certainly impact positively on criminal justice outcomes.
17. **Unmet Needs and Service Gaps**

17.1 The key issue for the domestic and sexual violence sector is maintaining voluntary and statutory sector services, some of which are not mainstream funded and developing new initiatives as issues emerge. These include Honour Based Violence, Forced Marriage, Female Genital Mutilation and support to women with no recourse to public funds.

17.2 **Gaps in Services or activities:**

- Mandatory domestic violence awareness training (inc. working with perpetrators) for staff with a significant role in working with families living with domestic violence such as Social Care
- Programmes such as the Freedom Programme for survivors and women who wish to develop an awareness about domestic violence in the community made more available
- Programmes such as the respectful relationship project to be made mandatory for primary and secondary schools and to made more available for other youth settings
- The development of respectful relationship programmes for men with an interest in combating domestic violence
- Employee domestic violence policies for all partner agencies and training for Human Resources Staff who will manage them
- Ongoing commitment to resourcing awareness raising campaigns such as the White Ribbon Campaign with all communities, this campaign is particularly aimed at men and boys
- Full time Children’s workers in refuge and family hostels
- Safe Contact Centre for children and their non abusing parents
- Services or integrated services for communities with emerging issues, such as Disabled People, Elders, Black and Minority Ethnic and Refugee communities and Lesbian, Gay, Bi and Transgender communities
- Development of the High Support Needs refuge for women with mental ill health, substance misuse or women who are exiting prostitution or trafficking.
- Development of therapeutic services for survivors and children building on the work of the Stronger Families Programme (including improved links with mental health services)
- Ensuring all IDAP programmes have sufficient Women’s Safety Services
- Development of new community and court mandated perpetrator provision including for women and Lesbian /Gay/ Bi men and women where appropriate

**Issues not related to mainstreaming funding and service development include**

17.3 The amount of reported domestic violence in Nottingham, which is amongst the highest in the UK, puts huge pressures on the resources which are available, particularly in regards to the police initially. Nationally and locally domestic violence is hard to prosecute which means that perpetrators are not sanctioned enough to give a strong message, this means that other ways need to be found to promote the message amongst communities and individuals that domestic violence is unacceptable

17.4 Nottingham adheres to the Power and Control model of domestic violence which indicates that the cause of domestic violence is behaviour based on the belief that domestic violence has benefits to the perpetrator and is an
acceptable response in relationships. This means that the message to all young people both boys and girls that domestic violence is not beneficial or acceptable is important to promote as any young person (especially boys) may go on to perpetrate domestic violence.

17.5 Domestic violence is not recognised by some individuals and agencies as the financially and socially costly issue that it is and more effort needs to be spent encouraging organisations to recognise this and the cost benefit which follows investment in this work.

18. **Recommendations for Consideration by Commissioners**

18.1 Based on the available evidence of need the following recommendations for consideration by commissioners have been made.

It is recommended that:

1. Commissioners have regard to the review of services outlined in Section 14 in terms of future commissioning decisions and give priority to maintaining ‘core services’ and ‘supporting services’ (see Table 4 and 5 on page 36).

2. Current levels of reporting regarding domestic violence be maintained through the promotion of domestic violence awareness raising (inc. White Ribbon Campaign) and promotion of the helpline (particularly in areas of lower than expected reporting).

3. Sexual violence reporting be encouraged (inc. effective training, response and fostering a more positive culture)

4. Preventative work be targeted in high reporting areas and should include: Respectful relationship work with children and young people; Awareness raising with hard to reach communities; and, training for staff on working with survivors and challenging perpetrators safely.

5. Awareness raising to be targeted at most at risk (disabled, pregnant women, low income groups etc)

Due to a reduction in public spending it is necessary to evaluate the Domestic and Sexual Violence services currently commissioned and develop a prioritisation framework to inform future commissioning decisions.

Whilst reporting remains relatively high in Nottingham with up to 48% of incidents being reported, a significant amount of incidents still go unreported.

Sexual violence is significantly underreported and increase reporting (particularly within 7 days will improve criminal justice outcomes)

Nationally the incidence of domestic violence is reducing and locally ‘repeat victimisation’ is falling but long term gains will only be achieved through preventative work (mainstream delivery and targeted) that addresses attitudes and the underlying causes of domestic violence.

Whilst domestic violence affects all communities and groups, certain people are more at risk.
6. Information cards and other promotional material be readily available in front-line services highlighting the domestic and sexual violence support services available.

A key element of maintaining reporting is the provision of promotional material in mainstream front-line services.

7. Domestic Violence Awareness training be mandatory for mental health, substance misuse and other relevant front-line workers.

A significant number of substance misuse and mental health service users are victims of abuse. Furthermore, certain key agencies (Social Care and Housing) come in to regular contact with victims and perpetrators.

8. The enforcement focus to be on effectively dealing with 'high risk' cases (especially first time callers) and reducing repeat incidents of domestic violence.

Research shows that victims of domestic violence suffer repeat victimisation (more so than any other crime) and so efforts should be focused on reducing the risk of repeat victimisation.

9. That each refuge has a full time Children's worker.

Children represent the majority of residents within refuges and the impact on children in terms of experience of domestic violence is significant.

10. Data sharing be increased with RSLs in regards to Domestic Violence victims.

A significant proportion of top repeat victims are RSL tenants yet only a fraction are known to housing providers due to lack of reporting and information sharing amongst partners.

11. Interventions through projects like the Sanctuary Scheme & the use of Housing Act civil enforcement tools are geared towards keeping survivors safe in their homes (as opposed to being relocated) where possible.

Partnership working with CP & NCH have reduced the proportion of residents that are relocated due to the Sanctuary Scheme. This also takes pressure off the limited number of refuge spaces available and is less disruptive to a young person’s education and life generally.

12. That partners work together to improve throughput in refuges where beneficial and appropriate to survivors needs.

With decreased capacity in refuges it is necessary to reduce the average amount of time a survivor spends in a refuge before being re-housed.

13. Consent and Consequence Awareness Training be provided as part of Healthy Relationships training.

The issue of consent is central to rape and serious sexual assault cases and alcohol affects a person ability to provide consent in law.
14. The Sexual Assault Referral Centre be maintained and promoted.

15. Joint police and CPS case building meetings be established

16. Existing Domestic and Sexual Violence Strategies be refreshed and integrated in line with this assessment and the national strategy

17. Partners and services learn how to be more effective in targeting disabled people, elders and LGBT communities in order to address hidden need

18. Partners and services learn how to be more effective in targeting BMER communities in regards to Honour Based Violence, Forced Marriage and Female Genital Mutilation.

19. All Responsible Authorities develop and implement an employee domestic violence policy (inc. training for Human Resources Staff)

Criminal justice outcomes for rape and serious sexual assault are poor and SARC's are supported nationally in order to improve the use of forensic evidence.

Offences Brought to Justice in regards to Rape have reduced considerable in 2010/11

Separate strategies exist but a refresh is required in order to align with the national strategic direction.

Research shows that certain groups are more 'at risk' yet they do not access services. This unmet demand will need to be met through existing services working differently.

Reporting and data on HBV and FGM is patchy but it is expected that Nottingham will have a level of need due to the large and diverse ethnic population.

The cost of domestic violence in terms of productivity is substantial.
Appendix A: Sexual violence definitions in the law


4 offences are non-consensual offences in that they all require proof of an absence of consent on the part of the victim; each carries the potential of a maximum life sentence.

For the purpose of these and other offences in the 2003 Act consent is defined for the first time as

“…a person consents if he agrees by choice, and has the freedom and capacity to make that choice.”

The word “consent” in the context of the offence of rape is now defined in the Sexual Offences Act 2003. A person consents if he or she agrees by choice, and has the freedom and capacity to make that choice. The essence of this definition is the agreement by choice. The law does not require the victim to have resisted physically.

Rape now includes non-consensual vaginal, anal and oral sex; involving penetration with a penis. While only a man can commit the act of rape both men and women can be victims of rape. Other acts include assault by non-penile penetration, sexual assault and causing a person to engage in sexual activity without consent.

Penetration, touching or any other activity is sexual if a reasonable person would consider it sexual because of its nature.

The 2003 Act also includes a set of situations where it will be harder for the defendant to argue that his victim consented.

These are called “presumptions” in law. There are two kinds of presumptions within the Act. The “conclusive presumptions” make it impossible to use a consent defence and therefore much more likely that a defendant will be found guilty. These cover situations as when the assailant intentionally deceives the victim into thinking his actions have another purpose, such as a medical examination or pretends to be someone you know.

The “rebuttable presumptions” simply mean that the defendant has to produce more evidence if he wants to argue that there was consent.
### Appendix B:

Table 2: Estimated incidence of sexual assaults (incl. attempts) in Nottinghamshire County, Nottingham City and districts in 2008 by sexual assault category and gender.

<table>
<thead>
<tr>
<th>Area</th>
<th>Gender</th>
<th>All Sexual Assault</th>
<th>Serious Sexual Assault</th>
<th>Less Serious Sexual Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Notts</td>
<td>Female</td>
<td>8,486</td>
<td>1,759</td>
<td>7,837</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1,177</td>
<td>202</td>
<td>1,166</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>9,653</td>
<td>1,959</td>
<td>8,995</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>Female</td>
<td>3,297</td>
<td>683</td>
<td>3,045</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>368</td>
<td>63</td>
<td>364</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3,664</td>
<td>746</td>
<td>3,409</td>
</tr>
<tr>
<td>Notts County (inc Bassetlaw)</td>
<td>Female</td>
<td>5,189</td>
<td>1,075</td>
<td>4,792</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>809</td>
<td>139</td>
<td>802</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5,989</td>
<td>1,213</td>
<td>5,586</td>
</tr>
<tr>
<td>Ashfield</td>
<td>Female</td>
<td>808</td>
<td>167</td>
<td>746</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>120</td>
<td>21</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>928</td>
<td>188</td>
<td>865</td>
</tr>
<tr>
<td>Bassetlaw</td>
<td>Female</td>
<td>714</td>
<td>148</td>
<td>660</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>117</td>
<td>20</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>831</td>
<td>168</td>
<td>776</td>
</tr>
<tr>
<td>Broxtowe</td>
<td>Female</td>
<td>786</td>
<td>163</td>
<td>726</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>124</td>
<td>21</td>
<td>123</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>910</td>
<td>184</td>
<td>849</td>
</tr>
<tr>
<td>Gedling</td>
<td>Female</td>
<td>753</td>
<td>156</td>
<td>696</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>114</td>
<td>20</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>867</td>
<td>176</td>
<td>809</td>
</tr>
<tr>
<td>Mansfield</td>
<td>Female</td>
<td>703</td>
<td>146</td>
<td>649</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>105</td>
<td>18</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>808</td>
<td>164</td>
<td>853</td>
</tr>
<tr>
<td>Newark and Sherwood</td>
<td>Female</td>
<td>708</td>
<td>147</td>
<td>654</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>113</td>
<td>19</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>821</td>
<td>166</td>
<td>766</td>
</tr>
<tr>
<td>Rushcliffe</td>
<td>Female</td>
<td>718</td>
<td>149</td>
<td>664</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>116</td>
<td>20</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>834</td>
<td>169</td>
<td>778</td>
</tr>
</tbody>
</table>

Figures by sexual assault category may not sum as a person may have experienced sexual assault in more than one category.

Sources: British crime survey 08/09, British Crime Survey 04/05, ONS mid year population estimates, marital status from ONS Population Trends 2009
Figure 6: Trend and forecast in the estimated incidence of serious sexual assaults in Nottingham (including city and Bassetlaw) by gender

Sources: British crime survey 08/09, British Crime Survey 04/05, ONS mid year population estimates, marital status from ONS Population Trends 2009
Figure 7: Trend and forecast in the estimated incidence of less serious sexual assaults in Nottinghamshire (inc city and Bassetlaw) by gender

Sources: British crime survey 08/09, British Crime Survey 04/05, ONS mid year population estimates, marital status from ONS Population Trends 2009
Figure 9: Reported Sexual Assaults to Nottinghamshire Police (all Divisions)

Trend in the number of sexual offences reported by offence class

Source: Nottinghamshire Police Crime Recording Management System
Information provided by Helen Lawrence, Senior Performance Analyst, Force Crime & Intelligence Directorate.
Appendix C: Review of Domestic and Sexual Violence Services in Nottingham (Dec 2010)

This table outlines domestic abuse and sexual violence services in Nottingham across the statutory and voluntary sectors and is divided into prevention, provision, partnership and reducing the risk (as per the national and local strategy). The document sets out the service, how it supports survivors and children or challenges perpetrators and what the implications would be for cuts in provision. To enable prioritisation, services have been categorised based on a 4 tier system:

- **Core Services**: Services absolutely essential for the protection (particularly crisis provision) and prevention of harm (including Prevention and Early Intervention).
- **Supporting Services**: Services that are a key component in the support and delivery of core services.
- **Extended Services**: Services that play a valuable part but fall short of the threshold to be considered core or supportive services.
- **Supplementary Services**: Services that are valuable but under the economic climate are deemed supplementary.

<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Benefits and Implications for cuts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nottinghamshire Domestic Violence Forum (NDVF) work in schools (universal)</strong></td>
<td>This work is preventative, it aims to reduce the prevalence of domestic violence in society</td>
<td>Research by Mullender 2000 found that 31% of young men aged 11-12 agreed with the statement 'some women deserve to be hit' and this figure increased to 41% in young men aged 15-16. 62% of boys and young men agreed that women get hit if they have done something to make men angry</td>
</tr>
<tr>
<td>Respectful relationship work in schools and youth groups with children and young people (boys and girls) promotes the belief that domestic violence is not a benefit and that there are a range of consequences</td>
<td>It also provides information for the 3 children in each classroom of 30 that are living with domestic violence that it is not their fault and there is help for them.</td>
<td>1:5 teenage girls have been hit by a boyfriend and 1:3 of girls think that cheating justifies violence from their partner NSPCC 2005</td>
</tr>
<tr>
<td>Awareness raising with staff working with children and young people on how to identify and prompt disclosure and to offer safeguarding</td>
<td>Staff working with children who are able to identify children and young people at risk of domestic violence are able to recognise the impact on the victim, other children and the school, share information with other agencies and offer support to the children and information to victims</td>
<td>Children and young people believe that domestic violence can be justified in some circumstances and this belief may lead to domestic abuse as adults unless a culture of respect is promoted.</td>
</tr>
<tr>
<td>Work with the whole school community to stigmatise domestic violence and abuse (NDVF) <a href="http://www.respectnotfear.org.uk">www.respectnotfear.org.uk</a></td>
<td>Included in Empowerment contract (see Outreach)</td>
<td>Children living with domestic violence are at risk and feel very isolated and responsible.</td>
</tr>
</tbody>
</table>

**Universal service, reaching high numbers of children and staff**

- The service is targeted to the 4 areas of the city with the highest of DV reporting and also 2 areas where reporting is lower than expected (i.e. areas where under reporting is a concern).

**Decision: Core Service**

**Rationale**: The prevention of domestic violence through awareness raising and changing attitudes is a central element of the national and local strategy. Education within schools is a vital to achieving a change in behaviour and attitudes and so this work has been deemed a core service.
<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Benefits and Implications for cuts</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDVF work with vulnerable/excluded groups of young people (Targeted work)</td>
<td>Targeted service aimed at a smaller group of vulnerable/excluded/hard to reach young people. The service supports the victim’s pathway in the same way as outlined above but in relation to a targeted group.</td>
<td>The service supports the victim’s pathway in the same way as outlined above but in relation to a targeted group.</td>
</tr>
</tbody>
</table>
| NDVF Information and Resources for survivors, families and agencies. | Universal service reaching high numbers of the community and staff  
- This service trains 2,000 statutory agency staff a year in Nottingham to recognise domestic violence and how to deal with it.  
- It provides information to the public (friends and family and communities) about domestic violence and its identification and consequences through campaigns and publicity. 50,000 people reached through media campaigns in 09/10  
- It maintains a website for victims, family and friends, children and young people, perpetrators and agencies staff to help people understand what domestic violence is, what the effects are on adults and children, what their options might be and where to get help. 500,000 hits on the website in 09/10  
- Supports the third sector response to domestic and sexual violence through training, resources and networking opportunities | Universal services staff not trained to identify symptoms of domestic abuse, prompt disclosure and to intervene early to offer choices to survivors and to safeguard children  
- Victims not recognising that they are experiencing domestic violence and abuse until they and their children are at greater risk  
- Friends, family and communities unable to access information and advice on supporting victims or actively colluding with perpetrators because they don’t recognise the indicators and risks to the victim and their children  
- Perpetrators not held to account by friends, family communities or agencies and confident to control and abuse their partner and children |

**Decision: Core Service**  
**Rationale:** The prevention of domestic violence through awareness raising and changing attitudes is a central element of the national and local strategy. Targeted work with vulnerable young people most at risk is a vital to achieving a change in behaviour and attitudes and so this work has been deemed a core service.

**Decision: Core Service**  
**Rationale:** Successful identification and screening of domestic violence by front-line staff is central to the national and local strategy. Without training staff will not be equipped with the skills and knowledge to identify the issue. Thus this work has been deemed a core service.
<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Benefits and Implications for cuts</th>
</tr>
</thead>
</table>
| **Stronger Families Programme**  
(Therapeutic programme for groups of children and their mums)  
(Scotland)  
**Women's Aid Integrated Service**  
(This service is for girls and boys and their mums, referred from schools, youth groups, refuges and social care.)  
**Specialist service providing a service to children identified through schools and youth groups**  
- Innovative early intervention programme, working with children and young people and their mums in parallel programmes to support parenting and understanding of the impact of domestic abuse on children  
- Improves Mothers’ emotional responses to their children so that children feel understood, loved and supported, and are more able to participate in their educational and social opportunities.  
- Provides mothers with the practical strategies and confidence to manage challenging behaviour which has developed as a result of living with domestic violence.  
- Builds children’s emotional well-being so that in turn they are more likely to parent their own children well  
- Provides workers involved with a greater understanding of all aspects of Domestic Violence, its impacts on children’s emotional well-being, and its potential for becoming a safeguarding issue. It integrates skill development and confidence into the workforce that will benefit children and young people at risk of or involved in domestic violence.  
| **At full capacity can save services in Nottingham up to £272,288 a year in incremental savings based on a cost benefit analysis of repeat incidents.**  
| **4 out of 6 children show improved school attendance after completing the Stronger Families Programme.**  
| **9 out of 10 women who have completed the programme have not been involved in any repeat incidents of domestic abuse.**  
| **Helps to prevent children becoming involved with crime, drugs, alcohol, truancy and unhealthy relationships.**  
| **It provides children with a sounder basis for future parenthood by helping them to unlearn unhelpful beliefs about their future adult relationships.**  
| **Supports children living with domestic violence who are referred from a variety of sectors: Social Care, Health, Education and the Voluntary Sector with just under a third of all of our referrals coming from the Family Intervention Project who work with the most ‘at risk’ families.**  
| **Decision: Supporting Service**  
**Rationale:** This project is a supporting service to the respectful relationship work in schools, as it provides teachers with somewhere to refer child survivors for more intensive support. Without this programme issues would be highlighted but not addressed. Furthermore, there is clear evidence of cost savings and reduced incidents of repeat victimisation. |
| **Freedom Programme**  
Women’s Aid Integrated Services and NCHA deliver this programme  
**Universal service to small numbers of women to identify healthy relationships**  
- 12 week programme with women in the community including survivors, comprising of information on what domestic violence is, how to spot the behaviour of a potential perpetrator, how to stay safe, how to enable children to be safer, the impact of domestic violence on self esteem, health, children etc  
- Help to identify healthy relationships and skills on how to have them  
| **Tool and resource to offer women to help them build self esteem, to help them recognise that they are not alone, women develop and grow in confidence and capacity to keep them selves safer**  
| **Equips survivors with life skills, they may not have previously been allowed to control the practical and emotional aspects of their lives**  
| **Decision: Supplementary Service**  
**Rationale:** This service, although universal, does not impact on a large number of people. Furthermore it does not cover a crisis group (or children). This is very much a project that goes ‘the extra mile’ and so whilst the service is beneficial it is deemed supplementary. |
<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Benefits and Implications for cuts</th>
</tr>
</thead>
</table>
| Universal service reaching high numbers of community, survivors and staff | • This service provides information, support and advice for survivors, their friends and family and for other service providers about options anonymously if required  
• The project keeps an up-to-date regional refuge bed space list which is used by all local services  
• The service refers survivors and children to refuge  
• Refers survivors to other specialist services including Floating Support, the Police domestic abuse support unit, health services and civil law  
• Provides on going support for survivors who are beginning to identify that they are living with domestic violence and help them understand what their options are and help them to be safer  
• Supports survivors who have left the perpetrator but who have a range of practical and emotional issues to resolve.  
• The drop In service provides an opportunity to talk to someone face to face and somewhere to wait whilst staff look for refuge places or other services  
• Children may be able to access the crèche whilst their mum is getting support  
• Picks up safeguarding children and adults issues identified by help line staff and makes referrals where appropriate | • The helpline launched in 2001-02 and received 4,201 calls during that year; in 2009-10 the helpline received 12,971 calls.  
• During a similar period calls to the police increased from 4,587 in 2002/3 to 11,890 in 2009-10  
• The helpline is the key service for survivors, their families and staff in the statutory and voluntary sector to call to discuss safety planning and victims’ options.  
• The helpline provides 24 hour crisis support and access to refuges and hostels for any women and children. The helpline can also signpost male victims or perpetrators.  
• The helpline is the key service for survivors and without it, both individuals and agencies would not have access to skilled and knowledgeable staff  
• The help line prevents time consuming activity by other agencies, including the search for refuge places, advice and information and safeguarding issues.  
• There is also a Rape Crisis helpline and the possibility of merging the two services will be explored. The Rape Crisis Line provides a service beyond a helpline but there could be scope to merge the service with the 24 hour DV helpline. |
| 24 hour free phone helpline with drop-in and crèche facilities (links to refuge and homeless gateway) |                                                                                                                                                                     |                                                                                                                                                                                                                                  |
| The helpline manages crisis and is the first port of call for survivors and their children as well as family, friends and agencies |                                                                                                                                                                     |                                                                                                                                                                                                                                  |
| Womens Aid Integrated Services                                          |                                                                                                                                                                     |                                                                                                                                                                                                                                  |
| This service is aimed at women, but will sign post men to specialist national services. |                                                                                                                                                                     |                                                                                                                                                                                                                                  |
| Receives referrals from national helpline for refuges out of hours and to support local survivors |                                                                                                                                                                     |                                                                                                                                                                                                                                  |

**Decision: Core Service**

**Rationale:** In Nottingham the service is a gateway to immediate support and advice regarding domestic violence. Although there has been funding allocated nationally for a helpline, the national service currently diverts to the local helpline for access to emergency hostel provision out of hours and thus the national help-line does not replace the need for a local service in its current form. the out of hours elements prevent self harm, suicide, homelessness and children going into care over night As such the service is central to the DV network in Nottingham and as such deemed a Core Service.
<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Benefits and Implications for cuts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuges</td>
<td>Specialist crisis direct access provision for survivors of domestic violence and their children</td>
<td>Refuges are the key crisis provision for survivors of domestic violence and their children</td>
</tr>
<tr>
<td></td>
<td>• Provides secure, temporary and emergency accommodation for survivors and their children at any point on the pathway.</td>
<td>Nottingham will reach its Performance Indicator for refuge space in March 2011 dropping bed spaces from 42 to 30. Nottingham has the highest reporting of domestic violence in the UK and meeting a performance indicator set in the 1970’s seems to be absolute minimum provision.</td>
</tr>
<tr>
<td></td>
<td>• Refuges provide emotional and practical support to survivors and children enabling them to understand that domestic violence is not their fault and that they can rebuild their lives</td>
<td>Without refuges women and children would be forced to stay in increasingly risky situations with violent and abusive partners, or to stay with family and friends, bringing risk to them or access shrinking numbers of family homeless accommodation without skilled staff or security</td>
</tr>
<tr>
<td></td>
<td>• Survivors may not have lived on their own before and may not have life skills to manage their resources, refuges help them with that</td>
<td>Safeguarding issues will increase as children are put in increasingly risky situations</td>
</tr>
<tr>
<td></td>
<td>• Refuges provide support with civil and criminal remedies, and help with benefits and debt management</td>
<td>Refuges ameliorate the impact on women’s health, mental health, etc of domestic violence</td>
</tr>
<tr>
<td></td>
<td>• Safeguarding children</td>
<td>Refuges prevent additional costs to other services as solutions need to be found for survivors and children by statutory agencies (including police, social care, housing etc)</td>
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<tr>
<td></td>
<td>• Enable re-housing and resettlement</td>
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<tr>
<td></td>
<td>• Provide access to other services (including solicitors, health, drugs, alcohol, mental health)</td>
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<tr>
<td>Note: Central (Womens Aid Integrated Services) which provided 6 spaces is now decommissioned.</td>
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</table>

**Decision: Core Service**

**Rationale:** In some incidents, the emergency provision of accommodation is necessary in the protection of survivors and their children. The 4 refuges provide 37 bed spaces. The minimum requirement in Nottingham has been identified by Supporting People is 31 bed spaces (based on BVPI 225 which ended in 2008 and based on the Parliamentary Committee of 1976 and which set a target of 1:10,000 per head of population). The CDP domestic violence strategy refers to a European Union target set in 1997 of 39 bed spaces at a ration of 1:7,500 per head of population based on the increase in reporting of domestic violence in Nottingham. Despite the differences in recommended numbers, a minimum provision of refuge spaces is deemed a core service.
## Strategic Framework: Provision

<table>
<thead>
<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
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</tr>
</thead>
</table>
| Children’s workers in refuge (3 Full-time children’s workers. For service providers see above) | Support, advocacy and protection for children and young people in refuge  
- Children need a lot of support when they leave their home, family and friends and children’s workers within the refuge help with that  
- Children’s workers support children and young people of all ages from babies to teenagers with practical and emotional help  
- Help parents learn about the impact of domestic violence on their children  
- The service advocates for children and young people in refuge and links with Safeguarding procedures and case conferences  
- Enables children and young people to access school and college which can be complex and difficult  
- Enable children and young people to access health care both in the refuge and through local Health Centres  
- Supports children to remain safe when their mums are going through civil and criminal law  
- Early intervention work with children and young people working on messages about keeping safe in the medium term, but also avoiding domestic violence as adults in the future  
- Refuges work on safer contact with the abusive parent |  
- Children are the biggest and often most diverse group in refuge (their age can range from 0 – 16), with a set of complex practical needs in terms of accessing health care, education, uniforms, school dinners, transport, access to play and access to therapeutic support.  
- There may be criminal, civil law, contact or child safeguarding issues which require advocacy and support from knowledgeable staff  
- There may be attachment issues between parent and child which needs support to resolve with parenting skills  
- Children need opportunities to express themselves about the impact of living with domestic violence which they may feel responsible for and which they don’t understand.  
- Children may be missing the perpetrator and put their mums under pressure to return to familiar surroundings, even when they are very afraid or unhappy living with the perpetrator (including replicating their fathers behaviour)  
- Refuges are unable to function properly where there are no children’s workers |

**Decision: Core Service**  
**Rationale:** Children’s workers within refuges play a key role for the children, survivors and workers within the refuges themselves and address the key issues in relation to advocacy in relation to education and safeguarding. The disruption and stress caused to young people needs negating by the support of a children’s worker and as such their role is considered a core service.
**Strategic Framework: Provision**

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<tbody>
<tr>
<td><strong>Rape Crisis</strong></td>
<td>Therapeutic support to survivors of rape and sexual assault</td>
<td>• Interventions can help reduce the psychological impact of sexual violence and/or sexual abuse on women and children. Without this support, victims can also remain at a higher risk of re-victimisation by a different offender.</td>
</tr>
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<td></td>
<td>• Therapeutic counselling and support to survivors referred from the SARC after 7 days. After 7 days there is no forensic evidence that can be gathered and thus rape crisis are the only place that survivors can be referred. Supports all survivors except those in the CJS being supported by the ISVA’s.</td>
<td>• Victims could be at risk of developing problems such as: alcohol misuse problems; drug abuse; self-harm and eating disorders; panic attacks and flashbacks; unresolved anger; sexual dysfunction; social phobia (including lack of/diminished communication skills) relationship issues risk of repeat victimisation; post-traumatic stress disorder (PTSD); mental health problems; parenting issues</td>
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<td></td>
<td>• Rape Crisis centres are closing at an alarming rate due to the lack of funding. In 1984 there were 68 Rape Crisis centres in England and Wales – today there are just 38 centres in the UK</td>
<td>• Physical health: – gynaecological problems; sexually transmitted infections; unintended pregnancy; asthma, respiratory problems, multiple allergies; intestinal disorders, including irritable bowel syndrome; back pain; migraines; hip and joint pain/difficulty in walking; chronic, pelvic pain/groin pain; stiffness and muscular tension in jaw, neck and shoulders; dental neglect due to dental phobia; chronic fatigue; sleeping disorders; and obesity</td>
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<td></td>
<td>• For a number of years the national conviction rate for rape cases is 6%, therefore 94% of rape cases ends in a non-conviction. This sends out a message to society, communities, victims-survivors and perpetrators that rape is a crime that is easy to get away with and is not treated seriously. Although rape is serious crime that if convicted could result in a life sentence.</td>
<td>• A Reduction in Rape Crisis services will have a medium and long term impact on individuals and communities in Nottingham.</td>
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<td></td>
<td>• 40% of adults who are raped tell no-one about the assault and 31% of children who experience sexual violence reach adulthood without disclosing the abuse.</td>
<td>• The Stern report notes that ‘only a small proportion of rape is reported to the authorities (about 11%)’ – it is acknowledged that women are often hesitant to come forward to report a rape and may only do so weeks, months or years after the rape took place. This makes Rape Crisis a crucial part of the support framework as their needs will not be met from the SARC alone.</td>
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<td></td>
<td>• The rape crisis line could be combined with the domestic violence helpline, however the rape crisis line offers therapeutic support and counselling staffed by trained student counsellors and so provision would have to be made to refer on for face to face or telephone counselling through the diversion of funds. There are some saving, however, that would be achieved through economies of scale.</td>
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</table>

**Decision: Supporting Service**

**Rationale:** SARCs represent the core service in relation to a crisis response to sexual violence and Rape Crisis represents a valuable supporting service to survivors who have been raped over 7 days ago (and whom the SARC cannot support). As such, Rape Crisis has been deemed a supporting service due to its integral supporting relationship to the SARC.
<table>
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</table>
| **Shine Floating Support (NCHA)**  
This service is for women survivors and their children | Specialist tenancy sustainment for re-housed survivors of domestic violence and their children  
- Support to survivors who have been re-housed from refuge or hostel with practical and emotional help, including benefits, tenancies, debt, resettling in the community  
- Prevention for future homelessness and domestic abuse  
- Support with sign posting to other agencies as required |  
- A reduction in Shine services will mean that survivors are less likely to sustain their tenancies and more likely to be at risk from their ex partners and from future perpetrators who may target them.  
- Survivors will re-enter the revolving door of homelessness where they are left to manage debts, benefits, tenancies, children in school, transport, identifying health services themselves, to varying degrees of success as they manage the impact on their self confidence and life skills of the domestic violence.  
- Some survivors have not managed bill payments, bank accounts, benefits, practical household management by themselves before and Shine enable survivors to learn how to do this and to remain independent from predatory perpetrators who they may have felt they need to rely on previously. |

**Decision: Extended Service**  
**Rationale:** Specialist tenancy support of this nature provides a key function to survivors who have been re-housed and are not at immediate risk of domestic violence. The provision of the service is useful in terms of preventing homelessness through a failed tenancy and/or other problems with managing independently. However, the service is not immediate crisis provision or central in the support of other core services. As such it has been deemed an extended service.

| Domestic abuse nurse Emergency Department (ED)  
NUH  
This service is for women and men survivors / victims | Risk assessment for survivors and support to staff in identifying survivors at Accident and Emergency  
- Awareness raising with all staff and patients through internal campaigns, risk assesses patients and makes referral to refuge and other services.  
- Ongoing training programme ED NUH staff  
- Supports staff working with survivors  
- Links to NEMS / out of hours GP’s and practice nurses  
- Safeguarding children issues and vulnerable adults  
- Alerts on perpetrators who may visit ED  
- Improvement in staff identifying domestic violence and documentation when people coming in with obvious injuries, and less obvious indicators such as suicides, mental ill health etc  
- Not a 24 hour/ seven day a week provision. |  
- Reduction in the identification of DV in ED and women and children would be put at greater risk  
- Harder to reach groups attend ED to avoid identification through involvement with other agencies, including the police and this may be one of the few opportunities to reach these people (including disabled people, people from BMER communities and LGBT communities)  
- Risk assessments and MARAC referrals would be unable to be carried out by ED due to workload  
- Information sharing affected, GP’s children’s services, safeguarding, would be compromised  
- Staff at greater risk, due to lack of knowledge regarding safely managing perpetrators who may attend with survivors (to prevent disclosure) |

**Decision: Extended Service**  
**Rationale:** The identification of victims of DV through screening is a key component of the national and local strategy. The DV nurse plays a key function in the screening and identification of victims that is encouraged by all front-line workers, however, this is not a 24 hour/ 7 days a week service and thus screening should be carried out by front-line staff and supported and facilitated by this role. Screening by front-line staff is a core function and as such this post is deemed an extended service because it not currently operating in a supporting way.

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<th>Service</th>
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</table>
| Outreach for hard to reach groups | Specialist outreach services to emerging communities and vulnerable groups  
- MARAC which considers the highest risk domestic abuse cases in a month has highlighted that some groups seem to lack knowledge or confidence in reporting domestic abuse.  
- The JSNA (Joint Strategic Needs Assessment) has identified 6 geographical areas in the city of potential high incidence which correlates with high reporting.  
- The project runs a Freedom Programme for survivors in some hard to reach groups  
- The project encourage reporting and offers support to hard to reach groups  
- The project works in partnership with community organisations on reaching survivors and giving messages about consequences (including the deaf society, Asian Women’s Project etc) | • Only specialist project working with hard to reach groups in Nottingham  
• The project has staff speaking some local community languages  
• The hard to reach groups are hard to engage and hard to build confidence and trust  
• These groups may not be able to access information about domestic violence or services  
• Existing staff working with these groups may not recognise the prevalence or impact of domestic violence (particularly some disability projects)  
• 200 women with Female Genital Mutilation attended the City Hospital in 2009 and it is estimated that up to 2,000 women live with FGM in Nottingham.  
• Women in Nottingham will also be at risk from Honour Based Violence and Forced Marriage |

**Decision: Supporting Service**  
**Rationale:** The new national strategy places a focus on these hard to reach group and whilst identification through screening should be happening universally there is a need to target hard-to-reach groups. As such this an important supporting service.

| Time 4 U Family Care | Specialist therapeutic support to children and young people with behavioural difficulties  
- Referrals from a range of agencies with children and young people affected by domestic violence and abuse (including refuges, schools, self referrals, police and CAHMS)  
- One to one work from 10 – 20 weeks to enable children and young people to understand the deep impact of extended domestic violence and how to manage their feelings, how to stay safe and how to avoid domestic violence in future  
- Helping children develop practical coping strategies to deal with the impact of the abuse including behavioural difficulties, poor educational attainment, self harming, youth offending, drugs, alcohol and other risky behaviours  
- Early intervention project and prevention project enabling families to stay together and for re-attachment | • This specialist therapeutic domestic violence project is the only project working one to one with children and young people on the trauma they have experienced and which will affect them for the rest of their life.  
• Family Care works in partnership with the Stronger Families Programme and provides highly experienced and trained staff to support the programme.  
• These projects help improve, behaviour, school attainment and challenge risky choices, giving children the tools to survive their traumatic experiences |

**Decision: Extended Service**  
**Rationale:** This project is aimed at individual children and whilst offering a valuable service it is something that could be picked up by the Stronger Families project and thus this project has been deemed an extended service.
<table>
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<tbody>
<tr>
<td>Victim Support Outreach, telephone and office visit (links to refuge and homeless gateway)</td>
<td>Emotional and Practical support to high numbers of DV and SV victims and witnesses</td>
<td>• Victim Support has over 35 years of service and development in supporting victims, including DV and SV</td>
</tr>
<tr>
<td>Victim Support is able to offer Practical Support, Emotional Support and Information Provision to victims and witnesses of DV and/or Sexual offences. They receive referrals from Police, CPS, Self Referrals and other voluntary agencies, including the SARC. Victims not wishing to access the Criminal justice System are still able to access support from Victim Support</td>
<td>• This service provides information, support and advocacy to victims, their family and witnesses attending court</td>
<td>• From April 2010 to March 2011, Victim Support in Nottingham City received 1954 referrals for DV and 153 Referrals for Rape or serious sexual assaults of which 18 were DV related</td>
</tr>
<tr>
<td>Victim Support</td>
<td></td>
<td>• Victim Care Officers identify needs and coordinate service provisions to meet support needs</td>
</tr>
<tr>
<td>This service is aimed at anyone affected by DV and/or SV crime. Receives referrals from Police, CPS, Self Referrals, National Helpline and other third parties, including voluntary agencies. Support provided by trained volunteers, staff and practical work commissioned to suitably accredited service providers</td>
<td></td>
<td>• Most support needs are within Victim Support core services. Those that are not are signposted or referred on and if funded provision is not available, VS can organize and fund some practical safety and support services</td>
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<td>• Victim Support core services are funded by Central Government Grant Funding which has been secured for the next 3 years</td>
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<td>• The Young Witness Service is a national award winning service that supports and prepares children and young people attending court to give evidence</td>
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<td>• Victim Support have a local helpline open between 8am and 8pm and a National Helpline open between 9am and 9pm each day (Both reduce hours at weekends and public holidays)</td>
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<td></td>
<td>• Victim Support front line services and support to DV and SV victims and witnesses is provided by specialist trained volunteers who are only paid expenses for mileage and telephone calls</td>
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</table>

**Decision: Extended Service**

**Rationale:** Victim Support represent an extended service in relation to support needs of DV and SV victims and witnesses. With individual needs assessments conducted and services tailored to each individual’s needs, the service is able to meet victims’ needs. Where needs fall outside of Victim Support remit and funding, victims are signposted to appropriate agencies. Witness Service provide specialist support and information for witnesses and offer an enhanced level of support to Vulnerable and/or Children and Young People who have to attend as witnesses.
<table>
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<th>Strategic Framework: Provision</th>
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<tbody>
<tr>
<td><strong>Service</strong></td>
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</table>
| Children’s Outreach Project (Empowerment Contract) | Support to children who are being resettled in the community  
- This project provides practical and emotional support to children who are in Sanctuary accommodation or who are being supported by Shine  
- The team is part of the only programme working in structured partnership with substance misuse and mental health projects for children through the Empowerment Contract (includes Family Care and NDVF working with What About Me a drugs project and the Carers Federation)  
- The learning from Serious Case Reviews due to child deaths consistently identifies a link between substance misuse, mental ill health and domestic violence and this project was developed to address that. | • The impact on children affected by domestic violence are well documented, the additional impact for any children also living with substance misuse, who may be acting as a young carer identifies a chaotic lifestyle.  
• This project helps children settle into communities or access local communities they haven’t been able to be involved in due to the domestic abuse in the past  
• There are a number of issues which the project assists with including links to CAFCASS and support with contact issues.  
• Contact is one of the most unsafe areas for children and young people who have left a violent perpetrator  
• The project runs a 6 week programme for each child including safety planning etc and then refers the child on for therapeutic work usually to Family Care (see below) |
| Women’s Aid Integrated Services | | |  
This service is for girls and boys.  
This project formed part of the Empowerment Contract which identified the trilogy of risk experienced by children of parental substance misuse, children at risk of domestic violence and young carers. this project worked closely with projects supporting young carers and children of parental substance misuse. |
| Decision: Supplementary Service  
Rationale: This service is working with standard and medium risk children and young people. Whilst offering a valuable service, it is not a core or supporting service. As such the project has been deemed a supplementary service that very much represents go ‘the extra mile’. |
| Domestic Abuse Midwife | Midwifery support to women in refuges and homeless accommodation  
- Domestic violence often begins in pregnancy, this post supports women in refuge and hostels who have lived with domestic violence | • This post provides a skilled and knowledgeable member of staff to support these vulnerable survivors, however, through training of mainstream midwives this is something that can be picked up by them. |
| Citi Health | | |
| Decision: Supplementary Service  
Rationale: Training front-line staff to be able to screen and identify DV is a key priority and as such this is an area that is being addressed by mainstream midwives. Thus this service is deemed supplementary. |
<table>
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<tbody>
<tr>
<td><strong>Independent Domestic Violence Advocates (IDVA's)</strong>&lt;br&gt;Womens Aid Integrated Services&lt;br&gt;IDVA's support the MARAC (multi agency risk assessment conference) and SDVC (specialist domestic violence court)</td>
<td>Advocacy and support for the most complex, hard to engage and highest risk survivors  • Works with the highest risk and hardest to engage survivors of domestic violence identified through the DASH risk assessment and discussed at MARAC  • Work closely with Police and other partners at MARACs and with survivors whose partners are at Specialist domestic violence court  • The IDVA team was increased from 4 to 6 to manage the high numbers of survivors referred to MARAC  • Nottingham has the highest level of reporting of domestic abuse in the UK and we have the highest number of cases going to MARAC in the UK.  • The Police Domestic Abuse Support Team in partnership with the IDVA team assesses approximately 100 high risk cases per fortnight for 40 MARAC places. (the police have between 600 -700 reports of domestic violence between standard, medium and high risk per month)  • The aim of the MARAC is for agencies to share information and identify actions. The role of the IDVA team is to engage, support and advocate for the highest risk cases which are referred to MARAC.  • The aim of the IDVA team is to increase safety and reduce victimization of survivor and children</td>
<td>These survivors are often the most complex cases, with drugs, alcohol, mental health and child protection issues. Contacting and engaging is very time consuming and the numbers mean that the team is stretched at all times.  • The IDVA team also support survivors at the Specialist Domestic Violence Court. They attend 2 courts every Wednesday morning and 1 Wednesday pm and support survivors to enable them to remain engaged in the criminal justice system.  • Recent research undertaken by the Court has shown that there is a greater likelihood of a positive criminal justice outcome where a IDVA is engaged with the survivor  • The National Strategy prioritises IDVAs and highlights their essential role in the MARAC.  National research also found that:  • Survivors are on average in a relationship with a violent perpetrator for 5 years and the cost to services of the abuse is approximately £20K per year. (£100,000 each survivor over 5 years)  • The Home Office has found that for every £1 spent on an IDVA service £6 is saved to local agencies</td>
</tr>
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</table>

**Decision: Core Service**<br>**Rationale:** IDVAs are a crucial component of the MARAC process, both of which have been highlighted as priority areas in the National Strategy. IDVA's also offers excellent cost benefit as outlined by the Home Office. Thus they have been deemed a core service.
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| MARAC Co-ordinator | Co-ordinates the MARAC, including training, updating documentation and collecting data  
- Maintain and review partnership terms of reference, including information sharing protocol, MARAC protocol, MAPPA / MARAC protocols, MARAC logs etc  
- Promote and train agencies on risk assessment and MARAC  
- Administer and support the MARAC Steering Group  
- Ensure all relevant data collected and partner accountability maintained  
- Support the chair, administrator and IDVA team as required | Nottingham was identified and provided with pump priming funding to launch a MARAC. This included funding for an IDVA team and administration. To ensure that the MARAC launched in a timely manner the CDP identified funding for a role to develop all the relevant documentation for the MARAC and to arrange the training for partners.  
The MARAC was inspected as part of a national programme of development and the co-ordinator role was key to ensuring that the Nottingham MARAC passed the inspection.  
That role was developed to include MARAC co-ordination and also support the extension of the domestic violence role to include sexual violence and prostitution. The role was a secondment opportunity from the CJIT team. |
| **Decision: Extended Service**  
**Rationale:** MARAC coordinators have been highlighted as a priority area in the National Strategy, however, the actual administration of the conferences is carried out by the administrator. The coordinator is not a full-time role and the functions, if necessary, could be picked up elsewhere. Thus this role as been deemed an extended service. |  |

| Topaz Centre - Sexual Assault Referral Centre (SARC) with Independent sexual violence advocates (ISVA’s) | ISVA team provide advocacy through the criminal justice system for survivors of rape and sexual assault  
- The ISVA provides advocacy and support to survivors of rape and sexual assault who have attended the SARC and who are proceeding through the criminal court system.  
- The SARC provides co-ordinated crisis support, forensic examination, police video facilities and sexual and physical health provision 24 hours a day to survivors of rape and sexual assault for women and men and girls and boys age 13 years and upward.  
- The SARC is able to keep forensic material for up to 99 years should the survivor not wish to make an immediate report to the police but wishes to leave their options open, this may assist with serial rapists identified at court.  
- The Centre provides services to the whole of Nottinghamshire Police Force  
- ISVA’s attend Multi Agency Risk Assessment Conference’s when required |  
- Reduction in women engaging with criminal justice system and reduction in successful prosecutions  
- Increase in the confidence of perpetrators of rape and sexual assault.  
- Increase pressure on Police Rape Team, health services such as GP’s the GU and A&E and Walk In Centres  
- The role of the ISVA is to support them through all of these issues and advocate on their behalf. Rape often has a domino effect and the ISVA seeks to prevent things escalating and causing further damage to a person’s life. i.e. time at court may impact on someone ability to work, complete education or their child care arrangements.  
- The SARC sees approximately 500 survivors per year and a number of these receive support from the ISVA. Court cases can take up to 2 years and ISVA’s will be supporting survivors during that time. Ideally we would be expanding the ISVA staff team to meet demand. |
| **Decision: Core Service**  
**Rationale:** ISVAs and SARCs have been highlighted as priority areas in the National Strategy. Thus they have been deemed a core service. |  |
## The key services in Partnership

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<tbody>
<tr>
<td><strong>Sanctuary Scheme</strong></td>
<td>The scheme provides additional security and floating support to survivors in their homes</td>
<td>• The Scheme prevents further re-victimisation - the police have been called out to 23 of the 77 properties involved in the Scheme (70% of Sanctuaries reported no further incidents.)</td>
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<tr>
<td>Early Intervention Programme</td>
<td>• The scheme offers physical security, tagging on police, fire and ambulance services data bases and outreach support to survivors</td>
<td>• Nationally domestic violence is the cause of 13% of homeless applications. In Nottingham since the launch of the Sanctuary Scheme in 2007 domestic violence as a cause of homeless applications has dropped to 5th place from 3rd place. Out of 77 installations since 2007 only 2 women had moved and that was not due to domestic violence.</td>
</tr>
<tr>
<td>Housing Aid and Womens Aid Integrated Services</td>
<td>• It is an alternative to refuge, managing crisis for women who wish to remain in their own home and whose partner doesn’t live with them or has been evicted</td>
<td>• Sanctuary can be shown to save money directly from housing budget lines and saves Nottingham City Council approximately £2K for each household where a Sanctuary is installed as opposed to £5K for someone to become homeless.</td>
</tr>
<tr>
<td>This service is for women and male victims</td>
<td>• Children can retain normality – access to schools, friends, neighbours</td>
<td>• The Sanctuary Scheme is our key response to any need identified by disabled people.</td>
</tr>
<tr>
<td>The service provides additional security and support to enable survivors to remain in their own home, the advocacy may assist with ouster injunctions for perpetrators and with short term support with resolving child protection issues and other civil and criminal matters</td>
<td>• Offers support with civil and criminal remedies (injunctions, separation, etc)</td>
<td>• Vulnerable adults with carers are not able to access refuge provision, so the Sanctuary Scheme with Sanctuary Plus will be the main Nottingham City Council response for this group.</td>
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<td></td>
<td>• Offers support with safe contact for children or through the court processes</td>
<td>• According to the Nottingham Sanctuary Scheme report about 5% of referrals to the scheme are from people identifying as having a disability or long term illness. The average in Nottingham is 12% disabled including 8% with a long term illness with a 20% total.</td>
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<td>• Is a key safeguarding service for children at risk</td>
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<td></td>
<td>• Provides practice support with managing benefits, debt, access into education, training or work (paid and unpaid)</td>
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### Decision: Supporting Service

**Rationale:** This service enables survivors to stay in their homes and it is therefore a valuable supporting service in relation to the provision of emergency accommodation through refuges. Keeping survivors in their homes, where possible, is the ideal outcome. There is also a clear cost benefit to this service, saving Nottingham City Council homelessness costs as outlined in the Sanctuary Scheme report.
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<tbody>
<tr>
<td>Domestic abuse nurse safeguarding team (Nottingham NHS)</td>
<td>This role provides training to health staff, support at MARAC and advice and support to health staff • Carries out all mandatory training for health staff • Represents the health community at MARAC, providing all background information about the case and taking all actions back to health colleagues • Provides support and advice to health colleagues supporting survivors and children • Links to local safeguarding board and serious case reviews • Attends complex case conferences • Contributes to domestic violence policy in health • Co-located at the Police DASU • Accepts referral from police regarding safeguarding children and ensures that all High Risk children or children under 5 are referred to their health visitors and GP’s • Provides key support to partnership work on domestic violence • Supports health staff with risk assessment process</td>
<td>• Provides the practical link between child abuse and domestic violence issues in health • Has key role in capacity of health to support MARAC and support highest risk survivors – safeguarding would be affected by reduction in this service • Without this service Health would not have capacity to develop specialist knowledge and deliver training • This service ensures that health have capacity to work across domestic violence specialist agencies such as the DASU • Ensures health’s capacity to ensure all high risk children are flagged in health services • Health is the key agency for survivors and this role supports staff to ensure they are confident to help survivors and their children</td>
</tr>
</tbody>
</table>

**Decision: Supporting Service**

**Rationale:** This service is a key element in ensuring health implications are addressed at the MARAC and that front-line workers within Health Care settings are appropriately trained and advised. For these reasons, the service is deemed a supporting service.

<table>
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<tr>
<th>Service</th>
<th>How services support the victims pathway</th>
<th>Implications for cuts</th>
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<tbody>
<tr>
<td>Police Domestic Abuse Support Unit (DASU)</td>
<td>Key specialist criminal justice service for survivors, their children and perpetrators • Supports high risk survivors through MARAC • Referral point for all High Risk MARAC cases • Chairs MARAC • Supports the Specialist Domestic Violence Court • Joint work with partner agencies, including co-location and mini MARACs where appropriate • Support to Frontline Police regarding domestic violence risk assessment process • Central point for all domestic violence related injunctions to enable Police to access information on data base</td>
<td>• Loss or reduction in specialist team which deals with the highest risk survivors of domestic violence and their children would put survivors at risk. • DASU is the central point for all intelligence and assistance with case management briefing and supporting police colleagues dealing with High Risk, Medium Risk and Standard Risk survivors • This team promotes excellent partnership work with other statutory and voluntary sector key agencies</td>
</tr>
</tbody>
</table>

**Decision: Core Service**

**Rationale:** This service plays a central role in the Police’s response to domestic violence and in the MARAC and SDVC process. Loss of this team would significantly reduce the effectiveness of the police response to DV and the MARAC process. As such the DASU is considered a Core Service in the prevention and protection of survivors.
<table>
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<tr>
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</tr>
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<tr>
<td>Anti Social Behaviour Officer (domestic abuse)</td>
<td>Key specialist for support to survivors through civil tools • Utilises the civil tools available (injunctions, applications for possession, ASB orders, warnings) for survivors through survivor tenancy and housing management functions (Housing Act 1996) • Provides assistance in obtaining Restraining Orders as part of ongoing criminal proceedings (Protection from Harassment Act 1997) • Supports survivors in partnership with other agencies (including transport and attendance at court) • Support with re-housing and link to housing providers • Sign posting to other key agencies (FIP etc) • High risk survivors referred through MARAC • Specialist domestic violence support to ASB team • Safeguarding issues addressed where appropriate (children and vulnerable adults) • Support to strategy and policy development • Co facilitate MARAC training and the proactive use of civil tools to other RSL’s</td>
<td>• Reduction or loss in specialist knowledge and skills in working with civil tools and domestic violence at the Police DASU and with ASB team • Lack of capacity for partnership working • 10% of all ASB in Nottingham is domestic violence related (this is increasing and doesn’t take into account young people and night time economy) • Loss of capacity to hold perpetrators to account though civil tools • Increase in homelessness • Increase in socio economic deprivation for survivors and children • Impact on safeguarding issues and preventative messages to young people • Impact on equalities issues – Forced Marriage, Honour Based Violence etc in Nottingham diverse community (including male survivors, LGBT and disabled survivors or with disabled children) • Nottingham City Council providing practical leadership in tackling domestic violence and abuse</td>
</tr>
</tbody>
</table>

**Decision: Supporting Service**

**Rationale:** The DV ASB officer is a key supporting service to a number of elements in Nottingham’s response to tackling DV including the MARAC and DASU and helps enable survivors to stay in their homes and facilitates a remedy in relation to the violence. For these reasons, it is deemed a supporting service.

| Integrated domestic abuse programme (IDAP) for perpetrators | Programme for male perpetrators • Programme for perpetrators of domestic violence mandated to attend through the court system aims to enable perpetrators to understand the consequences of their behaviour and to take responsibility for their actions • Support colleagues in probation to understand role of perpetrators in domestic violence and impact on partners and children • FIP have purchased space on programme with non court mandated men | • A loss of the programme would mean a reduction in holding high risk men to account for their attitude, thinking and behaviour and challenges men to change • Offender management target on completions 58 and exceeded it with 70 this year • Compliance target for men to finish 68% and probation have exceeded it with 74% |

**Decision: Extended Service**

**Rationale:** This service provides rehabilitation of male perpetrators but does not represent a core service (e.g. prevention through education or the provision of a crisis service) or support a core service. It falls short of the threshold and as such the service has been deemed an extended service as no other agencies are covering this area or potentially able to.
### Strategic Framework: Reducing the Risk

<table>
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<tr>
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</table>
| Women’s Safety Service to support the IDAP | **Support to partners of men on the perpetrator programme**  
• Support to survivors of domestic violence whose partners are on the perpetrator programme (ensures that information is fed to and from the programme safely)  
• Provide safety planning, support and signposting  
• Supports probation colleagues on domestic violence awareness and safe working practice  
• Supports women on probation themselves who may be survivors of domestic abuse  
• Supports women where men are high risk but not on programme | • The IDAP is unable to operate safely without the WSS as it ensures that intervention with perpetrators doesn’t put women and children at greater risk  
• Loose opportunity to evaluate the programme  
• Probation would lose specialist knowledge of impact on survivors  
• Supports approximately 150 women per year |

**Probation Service**

This service is for women

**Decision: Extended Service**

**Rationale:** This service is an essential component of the IDAP and is thus deemed an extended service also.
References


2. The SARC Health Needs Assessment covers sexual violence and was co-written by NHS Bassetlaw, NHS Nottingham City and NHS Nottinghamshire County.

3. HM Government (Nov 2010)


8. Based on the sample where the self-completion was completed by the respondent

9. Home Office. Domestic violence. What is domestic violence?


12. In the 2008/09 British Crime Survey Sample, 42 per cent of victims of all violent offences reported the incident to police, compared with 16 per cent of domestic violence victims. [Home Office Crime in England and Wales 2008/09, Table 2.09; Homicides, Firearm Offences and Intimate Violence 2008/09, Table 3.18]


20. An analysis of 10 separate domestic violence prevalence studies found consistent findings (Council of Europe, 2002).


BCS 2011

In 2009/10 there were 7,742 Violence Against the Person (VAP) offences in Nottingham (iQuanta). This represented a 10% reduction over 2008/09.

The annual Strategic Assessment is conducted in order to identify the priorities for the partnership over the next 12 months. The prioritisation process uses a 5 point matrix in order to ensure that potential priorities are assessed consistently. The prioritisation matrix looks at 5 areas: Volume (how big is the issue compared to other issues in the city?); Direction of travel (is the problem getting better or worse over time?); Comparators (how does Nottingham compare to its Most Similar Family of Community Safety Partnerships in regards to a particular issue?); Victim Impact (how severe is the impact on victims?); and, Consultation (what does the community think the main priorities should be?).

The Duluth Model is based on a strict “violence is patriarchal” model, and assumes that all domestic violence in the home and elsewhere is perpetrated by men on women victims. The model focuses on the men’s use of violence in abusive relationships, rather than on the behaviour of all parties concerned. This helps the men to focus on changing their personal behaviour in order to be nonviolent in any relationship. The Duluth Model originated from the Duluth Power and Control Wheel.

2009 Mid-year population estimates (ONS)


An analysis of 10 separate domestic violence prevalence studies found consistent findings (Council of Europe, 2002).


The 2006/07 Local Area Agreement ensured a strategic focus on domestic violence through the inclusion of two reward targets relating to increasing reports and sanctioned detections (respectively).

Quality Assurance Report Nottingham City MARAC 2009 (Page 10)

Q3 2010/11 compared to Q3 2006/07

Repeat victims are defined as those who have at least three offences against them in a rolling 12 month period

Repeat victimisation rate measured between 18/11/08 - 1/1/09 and 15/2/10 - 14/2/11

Data taken from CRMS 15th Dec 2010 covering a 12 month period.

Quanta – Violence Against the Person reduced from 7,906 offences (1st Feb 2009 to 31st Jan 2010) to 6,914 (1st Feb 2010 to 31st Jan 2011)

April 2010 to Sep 2010

Over the period 2006 to 2010 (based on calendar years) there have been 5 DV related homicides in Nottingham (including 2 in 2008, 1 in 2009 and 2 in 2010).


In 2008/09 NCH accepted 28 DV cases for re-housing (representing 36% of all DV cases reported to NCH). In 2009/10 the number accepted was 24 cases (representing 25%) and year-to-date (Feb 2011) the number of cases accepted was 12 (representing 18%).

Based on the assumption that 10% of the female population of Nottingham (over 16 years old) will be at risk (The British Crime Survey: Domestic Violence, sexual assault and Stalking: 2004).

Children and Young Peoples Plan

1st April 2010 to 28th Feb 2011


Ibid


2009 Mid-year population estimates (ONS)


SARC Needs Assessment (jointly produced by NHS Bassetlaw, NHS Nottingham City and NHS Nottinghamshire County) (Nov 2010)

Source: Nottinghamshire Police Crime Recording Management System. Information provided by Helen Lawrence, Senior Performance Analyst, Force Crime & Intelligence Directorate. (SARC Needs Assessment)

May be part of a multiple categories, i.e. child could also be at risk of Neglect, Physical or Emotional

Source: Topaz Centre Database, April 2009 – March 2010

SARC Health Needs Assessment (Nov 2010)


In 2009, where the age of the victim was known, 37.5% of assistance cases dealt with FMU involved children, with 16.5% of those being under 16 yrs (HM Government, Nov 2010: Call to End Violence Against Women and Girls)

Underreported in the UK: Between January and September 2010 the Forced Marriage Unit (FMU) received 1241 reports relating to possible forced marriage (HM Government, Nov 2010: Call to End Violence Against Women and Girls).

66,000 women are estimated to be living with the consequences of FGM in England and Wales (HM Government, Nov 2010: Call to End Violence Against Women and Girls)
Health in England. The proposed reforms will ultimately be included in the forthcoming Health and Social Care Bill.

Department of Health / Home Office (October 2005) National Service Guidelines for Developing Sexual Assault Referral Centres.

Home Office (October 2009) Revised National Service Guide – A resource for developing Sexual Assault Referral Centres.


Royal College of Psychiatrists, 2004

Department of Health, 2002


Bristol: Women’s Aid Federation England


Operation Matisse (November 2006) Investigation into Drug Facilitated Sexual Assault Association of Chief Police Officers.


Ibid


The Home Office website has changed. Information from before 7 May 2010 has been archived on the National Archives website

HM Government, Nov 2010

Making sure young people understand the importance of healthy relationships and respect the right to say no.

For professionals and frontline staff to spot early signs and risk factors of domestic and sexual violence, child sexual abuse, and harmful practices.

“Call to End Violence against Women and Girls” (HM Government, Nov 2010)

As introduced by the Police Reform And Social Responsibility Bill

As outlined in the White Papers - Equity and Excellence: Liberating the NHS” and, Healthy Lives, Healthy People: Our Strategy for Public Health in England. The proposed reforms will ultimately be included in the forthcoming Health and Social Care Bill.

ISVAs provide support and advocacy to victims of sexual violence and abuse throughout and beyond the criminal justice process.

SARCs are one-stop locations where victims of recent sexual assault can receive medical care and counselling quickly and which allow for the collection of forensic evidence for potential prosecutions.

IDVAs are trained specialists who work with victims who are at high risk of harm, addressing their safety needs and helping them manage the risk of further abuse.

The MARAC is a multi-agency meeting that focuses on the safety of high-risk domestic violence victims. MARAC co-ordinators oversee this process.