

**Nottingham City Domestic and Sexual Violence and Abuse Strategy**

**December 2015**



This strategy will be reviewed following the anticipated publication of the Government’s revised Violence Against Women and Girls Strategy

**Domestic and Sexual Violence Strategy for Nottingham City 2015**

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**Domestic and Sexual Violence Strategy for Nottingham City 2015**

1. **Introduction**

This strategy continues until such a time when the CDP Partnership Board considers the need for revision. It covers both domestic and sexual violence and abuse (DSVA) and builds on the partnership work in Nottingham to date.

Whilst it is a priority to maintain the existing specialist provision within the city, it is also important to innovate and develop services so that they continue to meet need and respond to new and emerging themes and approaches to working with survivors, their children and perpetrators.

1. **Why do we need a strategy?**

In Nottingham, our research indicates that 1 in 3 females are affected by domestic violence and abuse in any 12 month period; although we know that domestic violence and abuse affects female and male survivors of all ages. Research also tells us that 25% of crimes reported involved a repeat survivor and offender[[1]](#footnote-1). Both locally and nationally, the vast majority of domestic violence and abuse is perpetrated by males against females. The number of male survivors is smaller and current figures for Nottingham City indicates that 1 in 20 males are survivors[[2]](#footnote-2).

Putting this into a national context there are often two widely reported statistics. Firstly that 1 in 4 women will experience domestic violence in her lifetime[[3]](#footnote-3), and secondly that 1 in 10 female survivors will experience four or more incidents of domestic violence in a year[[4]](#footnote-4). Therefore the more recent findings taken from the draft Strategic Assessment for Nottingham City do not appear to be at odds with wider findings.

The level of reporting of sexual offences to the police is acknowledged as being low. However over the last two years there has been a year-on-year increase in the volume of recorded sexual offences in Nottingham and as a proportion of all crime. Reporting includes both current offences (within the past 6 months) and historical reports which account for a third of the figures.

Nationally we know that approximately 85,000 women and 12,000 men are raped in England and Wales each year and that equates broadly to 11 rapes of adults every hour. 1 in 5 women aged 16 – 59 has experienced some form of sexual violence since the age of 16. Only around 15% of those who experience sexual violence choose to report this to the Police and approximately 90% of those who are raped know the perpetrator prior to the offence[[5]](#footnote-5).

Without a strategy which all partners agree, there will be a lack of co-ordination and shared understanding about the nature, provision and gaps in services across Nottingham city. In accordance with the [Care Act 2014](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf) (which came into effect on 1st April 2015) domestic violence is now a recognised category of abuse under statutory adult safeguarding procedures.

A strategy is a plan about how to move forward from a current position to achieve an overall aim. The purpose of this strategy is to build on existing service provision and extend access to services so that more survivors, children and perpetrators are identified early and are able to access appropriate help and intervention.

This strategy encompasses the responsibilities of partner agencies involved in the commissioning and delivery of mainstream and specialist services. These partner agencies may also have their own internal domestic and sexual violence and abuse policies and other supporting policies and procedures which guide and support professional practice. The strategy is inclusive of all survivors, children and perpetrators living in Nottingham. The recent [Joint Strategic Needs Assessment 2014](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Domestic-Violence-(2014).aspx) (see Section 9: Local Context and Background for more information) and an earlier Equalities Impact Assessment refer to the diverse range of communities and groups living within the city and the barriers they may face in accessing support.

Domestic and Sexual Violence and Abuse is a theme that cuts across many sectors and service provision. Some aspects of behaviours that are characteristic of domestic and sexual violence can also be elements child sexual exploitation and/or modern slavery.

1. **Our Vision**

A future where adults and children live free from domestic and sexual violence and abuse.

1. **Our Mission**

To reduce the incidence and impact ofdomestic and sexual violence and abuse in Nottingham City.

1. **So when we talk about Domestic and Sexual Violence and Abuse, what do we mean?**

Domestic Violence and Abuse refers to a wide range of different behaviours which take place within a domestic context. However, Sexual Violence and Abuse can be present as part of the Domestic Violence and Abuse that a survivor experiences or in the wider community.

1. **What is Domestic Violence or Domestic Abuse?**

The government definition of domestic violence and abuse states that it is;

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse psychological, physical, sexual, financial and/or emotional.

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

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

This definition includes so called honour based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group.

(Definition taken from <https://www.gov.uk/domestic-violence-and-abuse>).

1. **What do we mean by Sexual Violence or Sexual Abuse?**

According to the UK Department of Health:

Sexual violencecovers a wide range of abusive acts directed towards an individual’s sexuality, including sexual assault, rape, sexual coercion, sexual bullying and female genital mutilation.

([Protecting People Promoting Health DH 2012](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216977/Violence-prevention.pdf))

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.

(<http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1> p.149)

1. **National Context**

In its ["Violence Against Women and Girls Strategic Vision"](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97905/vawg-paper.pdf) in 2010 the Government set out a vision to create a society in which no woman or girl has to live in fear of violence, by preventing violence from happening, providing support after violence has occurred and working in partnership to reduce risk and achieve the best outcomes for survivors. This strategy is currently under revision (September 2015).

|  |
| --- |
| **The Public Health Outcomes Framework ( PHOF), 2013-2016 recognises the Domestic Violence and Abuse can impact on adults and children in a number of different ways;**  **All forms of Domestic abuse Self-reported wellbeing**  **Violent crime ( including sexual violence) Low birth weight**  **Statutory homelessness Suicide rate**  **Mortality rate from preventable causes Social connectedness**  **Child development Child poverty**  **Pupil absence Infant mortality**  **Hospital admissions for avoidable injuries for under 18s Self harm admissions**  **Completion of drug treatment Reoffending**  **Alcohol related admissions to hospital** |

1. **Local Background and Context**

Establishing a comprehensive picture of the extent of domestic and sexual violence remains a challenge. Domestic violence and abuse is often (although not always) a hidden crime and consequently, Nottingham depends on the Crime Survey for England and Wales in order to supplement local incident data when assessing the true level of need in the population.

The [Safe from Harm Review](http://open.nottinghamcity.gov.uk/comm/download3.asp?dltype=inline&filename=59516/safe_from_harm_comm_reviewx.pdf) 2013 of domestic abuse services in Nottingham concluded that the existing specialist statutory and voluntary provision bench marked as good quality and delivered across the national prevention, provision and protection model. It concluded there are not enough services, the existing services are fragile and need to be maintained and that there is not enough prevention and early intervention work.

The Safe from Harm Review recognised that we have for some time commissioned services using an early intervention approach. However most resources have been focused on crisis intervention and higher risk and/or repeat survivors. From our understanding of the numbers of survivors and their families affected by DSVA it is apparent that we cannot commission enough specialist services to directly meet all the need across the city.

What we do know is that DSVA impacts on people’s health leading to chronic physical, emotional and mental health conditions which can affect the rest of a survivor’s or a child’s life.

Work by Walby in 2009 identifies that DSVA costs Nottingham £38 million a year in terms of costs to public services and lost economic output[[6]](#footnote-6).

This figure includes;

* £11.4m physical and mental healthcare costs
* £8.3m criminal justice
* £ 1.9m social services
* £1.3 m housing and refuges
* £2.5m civil legal
* £12.6 m lost economic output.

It also estimates that the ‘human and emotional’ costs to the city to be £65.4m[[7]](#footnote-7). (These estimates are based on 2009 estimates of population size and do not take account of the city’s young age profile and deprivation, both of which would be expected to increase these estimates).

More information about the needs of Nottingham citizens can be found in the most recent [DVSA Joint Strategic Needs Assessment](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Domestic-Violence-(2014).aspx) (JSNA) 2014. A JSNA aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

1. **Previous strategy** – **what have we done so far?**

Commissioning strategy has ensured that the £2.8 million previously invested in provision meets a range of diverse needs of survivors through specialist voluntary and statutory provision. It recognises that, with limited resources, there is a need to continue to invest in training and skills development across non specialist partnerships and agencies, raise awareness in the community and provide advice and support to professionals.

Within Nottingham our aim has been to increase reporting and decrease repeat reports of domestic and sexual violence and abuse to the police, enabling all survivors and children to receive an intervention, to reduce risk and for perpetrators to be held to account. Equality and diversity issues are identified and addressed by linking with relevant agencies and polices in order to raise existing and emerging issues affecting DSVA survivors.

To date, a key aspect of prevention work has concentrated on healthy relationship work with children and young people in schools and with young people at risk of harming and being harmed. Further work is needed to reach as many children and young people living in Nottingham as possible. Where able to do so, Nottingham has worked with our academic partners at Leicester and Nottingham Trent Universities in order to evaluate new ways of working and initiatives.

The strategy and delivery of services can be considered as three broad sections;

* Prevention – supporting communities and young people to know more about healthy and equal relationships and also resources and practice guidance for professionals
* Provision – services for survivors of DSVA
* Protection – crisis led multi-agency intervention to protect survivors and manage the risks that perpetrator pose.

Diagram 1 (page 9) depicts how the various domestic and sexual violence services across Nottingham can be considered under these three categories.

**Domestic and Sexual Violence and Abuse Strategic System**

Diagram 1

**Key strategic aim is to** increase reporting of DSV within Nottingham City

and reduce the number of repeat survivors.

At least 36,000 and 48,000 survivors in Nottingham (See Home Office definition April 2013 and Violence against Women and Girls Strategy 2012)

**Equation whole community approach**

Train professionals to identify DSV

Campaign and provide resources

Raise awareness in the community

Raise awareness with children and young people

**Prevention and early intervention** (cycles throughout whole system, with survivors, young people and children)

**Provision** (survivors are identified and risk assessed here and referred on, they may cycle through this part of the system a number of times)

**Protection (partnership and reduction in risk)** (survivorsreceive multi agency intervention &exit here, through CJS, civil courts, resettlement, support etc)

**Services**

3 Refuges with children services

Pet fostering

Sanctuary

Rape Crisis

Victim Support

Male/ female

ISAS

Young person’s advocate

**Womens Aid 24 hour helpline**

Rise Outreach

A&E DSV nurse

Police 999

EMAS 999

NUH nurse

IRIS Project with GP’s

**Services**

Rise Support

Independent Domestic Violence Advocates (HR and MR)

Independent Sexual Violence Advocates

High Risk male victims advocate

Perpetrator Programme

& Womens Support Service

High Risk Team

**Multi agency processes**

Domestic Abuse Referral Team

Multi Agency Risk Assessment Conference

City Domestic Abuse Panel

Specialist Domestic Violence Court

Sexual Assault Referral Centre

High Risk Team

Routine enquiry and DASH risk indicator check list undertaken here refer into multi agency processes or signpost to services

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**Key**

Voluntary and community sector / Statutory sector

Multi agency partnership Explanation and interconnection

**Services**

Police Domestic Abuse Support Unit and Rape Investigation Team

Anti-Social Behaviour officer

Specialist nurse

Specialist Midwife

Health Care Trust DSV practitioner

Young person’s advocate

Survivors

Children

Perpetrators

Living with DSV

Freedom programme

Stronger Families

Intervention leads to an increase in survivor and children safety and reduction in repeat reports to the police or other agencies

**There are gaps in the whole system**

1. **How do we want to move forward using the new strategy?**

This strategy builds on the positive work thus far and embeds the good practice developed in Nottingham and nationally in recent years. It incorporates lessons learned from evidence based practice and multi-agency partnership working.

A key purpose of the strategy is for domestic and sexual violence and abuse (DSVA) survivors and perpetrators to be recognised early so that survivors and their families can live well, be healthy and safe and all contribute effectively to the community within Nottingham City.

In order to achieve this partners work together to meet their collective professional and legislative responsibilities to raise awareness of DSVA and identify and support DSVA survivors and their children. The partnership continues to work to sustain and develop procedures and services ensuring that a proactive multi-agency approach to prevent and reduce risk and the harm that DSVA causes. This includes identifying and challenging perpetrators (when safe to do so) about their behaviour, providing support where appropriate and a strong message that DSVA will not be tolerated.

1. **DSVA Strategy 2015**

The overall aim of the strategy is to increase reporting of DSV within Nottingham City

and reduce the number of repeat survivors.

We will achieve this by:

* DSVA survivors and perpetrators to be recognised early so that survivors and their families can live well, be healthy and safe and all contribute effectively to the community within Nottingham City
* Increasing reporting year on year to the DSV Helpline so survivors can get support and advice earlier

    Embedding specialist practitioners in mainstream teams who will share and model good practice and ways of working to professionals

    Professionals’ assessments and work with survivors and their families to focus on incidents of abuse as part of wider patterns of coercive control[[8]](#footnote-8) and abuse rather than isolated events

    Developing appropriate responses for working with serial, enduring and multiple perpetrators and those who display emerging concerning or harmful behaviours.

These aims will be developed into objectives that will be monitored in an action plan.

The financial pressures across the public sector present an opportunity for further integration to make better use of resources across specialist DSV and mainstream services.

The table below outlines how the new strategy will build on the work so far within Nottingham City.

| **Previous strategy – what has been achieved so far?** | **New strategy 2015 – how will we build on the work to date?** |
| --- | --- |
| Increased reporting | Work to increase reporting to the free phone 24hour DSVA helpline / screening (reporting to Police as appropriate when there is a risk of harm). |
| Work to reduce to number of repeat survivors experiencing DSVA | Continue work to reduce to number of repeat survivors experiencing DSVA by encouraging earlier reporting to the DSV 24 hour Helpline and co-locating specialist workers in non-specialist services creating confident practitioners able to respond to DSV. These ways of working mean that we can reach people earlier and reduce the harm DSV causes. |
| Support early intervention services and approaches | Continue to support early intervention services and approaches and implement learning from practice to inform future commissioning and development of provision. This involves expanding the work undertaken in primary and secondary schools with children and young people to learn about healthy and equal relationships and working with communities to raise awareness of abuse and the harm it causes. |
| Work with survivors, their families and perpetrators to reduce the impact of domestic violence and abuse | Continue to work with survivors, their families and perpetrators to reduce the impact of domestic violence and abuse by supporting staff to undertake good risk assessments and safety plans and developing a wider range of responses to working with perpetrators. |
| Encourage innovation and the development of appropriate services across the city | Continue to encourage innovation and the development of appropriate services across the city. This includes embedding specialist staff in non-specialist DSV services. Identifying and responding to emerging issues such as the recent provision of a midwife who works with survivors of FGM (Female Genital Mutilation). |
| Staff trained across partner agencies to recognise factors and incidents and assess risk accordingly. | Recognise the significance of coercive control as a feature when assessing risk and accessing appropriate support – training / policy and procedures – DART, Police, Health and Social Care. |
| Work to ensure that high risk is supported and managed | Continue to ensure that high risk survivors are supported and managed and appropriate management of perpetrators is in place. This includes the learning from recent Domestic Homicide Reviews which have taken place in Nottingham. |
| Recognise that each survivor journey is unique | Future commissioning takes into account the needs of different types of survivor and that each survivor journey is unique and takes varying amounts of time. |
| Invest in training and development for colleagues across non specialist services | Continue to invest in up to date training and development for existing and new colleagues across non specialist and specialist services. |
| Ensure the non-specialist practitioners are aware of the specialist services and referral pathways | Empower and up skill non specialists through embedding specialist practitioners in teams to improve effective and confidence in working with DSVA survivors and their families |
| Raise awareness of issues such as honour based violence, forced marriage, female genital mutilation and teen survivors, girls and gangs, stalking and harassment | Develop wide spread recording of emerging issues and adequate provision (honour based violence, forced marriage, female genital mutilation and teen survivors, girls and gangs, stalking and harassment) |
| Partners to maintain specialist sector commissioning arrangements in order to ensure service provision and maintain best practice | Align commissioning decisions to reduce possible gaps in service provision and work together to develop the most effective commission processes to maintain specialist sector and best practice. |

**13. Intervening Earlier**

Following on from the recommendations of the Safe from Harm Review it is important to maintain existing approaches and the range of specialist services that exist in Nottingham City.

It is also important to build on our findings from existing practice and develop new ways of working in order to reach survivors earlier in their journey and hold perpetrators appropriately accountable for their behaviour. This requires that we maintain focus on the effective management of high risk as well as developing new initiatives that meet the needs of medium and standard risk survivors and also perpetrators.

Mostly in Nottingham the focus of work has been to identify and manage incidents of risk, especially high risk. An unintended consequence of this is that agencies can fail to identify patterns of risk and coercive control which are a key indicator of risk of harm to survivors and children. This strategy includes understanding the importance of identifying patterns of abuse as well as specific high risk incidents.

The Nottingham DSVA strategy moves towards a more holistic understanding of risk across all mainstream and specialist DSVA services as well as maintaining focus on high risk cases. For example; when working with survivors experiencing coercive control who are assessed in their current situation being standard or medium risk, the assessment needs to takes into account a long term view of risk and the pattern of abuse, rather than a focus on specific risk incident which as an isolated event may not seem high risk.

This holistic assessment of risk will be achieved by partners working to encourage an increase in earlier reporting to the **free phone 24 hour helpline.** Support will be available to ensure a survivor was able to identify patterns of risk, need and appropriate options (including calling police when life is at risk). This approach of “expanding the space for action”[[9]](#footnote-9) (time and/or space for a survivor to think and act) also acknowledges the time it takes for survivors to engage with support services and regain control of their lives.

The future focus of partnership work seeks to maintain current services and also work with both self-identified and agency identified survivors across all levels of risk, taking into account patterns of coercive control, need and intervening earlier. Due to the nature of coercive control; it closes down the survivor’s space for action both potentially in terms of self-belief and also isolation and opportunity. Therefore this requires a holistic assessment of the survivor’s experiences rather than a snapshot which is based on a particular incident which triggers intervention. Such incidents are usually assessed through the Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH RIC) which was developed to assess the risk of homicide.

1. **Working with Survivors**

The DSVA Strategy 2015 recognises that survivors come to the attention of services in different ways. **Self-identified survivors** recognise they need help or would like to make a change in their lives and seek services appropriately. **Agency identified survivors**, for many reasons, may not recognise that they have experienced domestic abuse or may not be ready to seek support for themselves; however they are at risk. These groups of survivors will have different needs which require services to work in diverse ways in order to encourage disclosure and bring about effective outcomes.

Timely intervention can also make a difference to the journey of safety and recovery that the survivor makes. It is likely that an agency identified survivor may not be ready to accept that they are at risk of harm from their partner and may, for many reasons, minimise the levels of harms posed to themselves and their children or be in denial and be at greater risk because of this.

This move in approach supports the findings from the recent HMIC report[[10]](#footnote-10) into tackling domestic abuse which highlighted that standard and medium risk survivors required a service and these aims support partners in exploring how this could be achieved. Therefore, a future strategic aim must be to intervene earlier working with both self-identified and agency identified survivors so that all needs are met and risks managed.

Many agency identified survivors will be living and will continue to live in households where perpetrators also reside. In the same way that our understanding of working with different types of survivors has evolved so has our understanding of types of perpetrator.

1. **Working with Perpetrators**

**Enduring** perpetrators have long standing relationships lasting many years and may not or no longer need to inflict physical abuse as effective forms of coercive control are in place. **Serial** perpetrators create a more complex network of survivors and their families and move from relationship to relationship/s. The term **multiple** perpetrators refers to those who collectively abuse a survivor at the same time. Prevention services are also working in schools and the youth offending services with **young people who display concerning or harmful behaviour** in order support their understanding of what constitutes healthy relationships and challenge unhelpful attitudes, thinking and choices.

Just as survivors may only come to the attention of unrelated services, many perpetrators will remain invisible until a professional becomes involved with the family in some way. Initially this could be in relation to an unrelated need such as an adult or child’s health need or other services for children and until this intervention, the person may not be identified as a perpetrator and indeed, some individuals may not have considered themselves as a perpetrator. Yet these individuals have chosen to behave in a particular way which benefits them. For workers going into the home environment this can create anxieties about; safety, intimidating and manipulating behaviour and potential conflict and what harm may take place within the household once the visit is over.

1. **Working in Partnership**

Initiatives within the City and Nottinghamshire County highlight the value of having specialist workers embedded in non-specialist teams and co-located with colleagues from elsewhere within the partnership. For example, IRIS (Identification and Referral to Improve Safety) is a domestic violence training, support and referral programme that provides support for patients in general practices, who have lived with, or still are living with domestic abuse. The project also provides domestic abuse awareness training to a range of practice staff, from GPs to receptionists.

Taking the learning forward, this strategy seeks to expand the range of survivor/perpetrator specialist practitioners co-located and in mainstream services. This not only provides the opportunity to support and advise colleagues who are working with survivors, families and/or perpetrators but also requires non specialist agencies to identify and respond to DSVA. The prevalence of DSVA is greater than specialist services can respond to alone and this approach meets the needs of an increased number of survivors and their children.

Nottingham City Council is committed to achieve a Manifesto Pledge to ‘ensure a coordinated approach across our partnerships to reduce domestic violence by 10%’. The Manifesto also states that DV services will be protected from funding cuts.  In order to work towards achieving the Manifesto Pledge without contradicting the national and local partnership drive to increase reporting, the Crime & Drugs Partnership proposes that the Pledge is met through achieving a 10% reduction in repeat survivors[[11]](#footnote-11) of domestic violence.  This measure will effectively assess the ability of partners to reduce the impact of domestic violence whilst mitigating the effect that improved survivor confidence will have on increasing domestic violence crime volume.

Therefore the work described in this strategy will capacity build the statutory sector to work more effectively, safeguard children, to intervene earlier, to develop a partnership with the specialist sector and crucially improve safety, reduce risk, reduce repeat reporting to agencies an expand the survivor’s space for action.

Domestic Homicide Reviews are now a feature of how we as partners learn and change to reduce further harm. Out approach in the City is to have independent Chairing and Authoring arrangements to ensure objectivity. We have developed a process with the Nottingham City Adults Safeguarding Partnership Board to ensure that in the event of a Domestic Homicide the most appropriate review is undertaken; serous case review, serious incident learning process or a domestic homicide review. The partnership actions for improvement following a review are managed through the Domestic Homicide Review Assurance and Learning Implementation Group which reports into both the CDP Board and the Nottingham City Safeguarding Adults Partnership Board to ensure all agencies are able to learn the lessons.

1. **Working with Children and Young People**

Intervening earlier does not just refer to when issues emerge or come to the attention of mainstream or specialist services. It is also important that children and young people understand what healthy and equal relationships are. Resources are commissioned which make such inputs available to primary and secondary school age children and young people.

It is crucial that young people are also directly supported and engaged when issues of emerging harmful behaviours or experience of DSVA in their own intimate or familial relationships is disclosed.

1. **Prevention work**

In addition to the work with children and young people described above, it is also important to continue the strong commitment to prevention work that exists in the city. This is about building a whole community approach to tackling domestic and sexual violence and abuse. This includes community wide campaigns, weeks of action, training of professionals and work in schools. An entire area benefits from a focused and sustained period of action which supports the community as a whole to understand the harm that DSVA causes and how to access services and support.

1. **Commissioning of DSVA Services**

Along with other assessments and work completed to understand the DSVA sector, the Safe from Harm review recommended a more formal arrangement for the commissioning of specialist voluntary services. This strategy denotes an additional emphasis on embedding specialist services in statutory services allowing for earlier intervention with survivors, children and perpetrators.

The CDP will continue to work closely with partners within the city and the wider county in order to progress this work.

Nottingham is one of a group of ten core cities and comparative work has identified gaps in local provision such as; the need for non-court specified perpetrator programmes (as part of the wider work with perpetrators) and specialist counselling for adult survivors. Such provision makes an important contribution to the DSVA service sector and they are something which it is hoped could be developed in the future.

1. **What does success look like?**

There will be an increase in reporting to the DSV Helpline and Nottinghamshire Police, survivors will have access to guidance and support earlier and they and their children will be safer. In accordance with the Manifesto Pledge the partnership will achieve a 10% reduction in repeat survivors of domestic violence[[12]](#footnote-12).

**How will we understand what is happening in Nottingham and if we are successful?**

The Domestic and Sexual Violence Strategy (DSV) Group is the focal point for the co-ordination of the partnership approach in the city. It is responsible for informing the development and implementation of DSVA strategy and is the central point for monitoring and scrutinising of other working groups which report into the DSVA Strategy Group.

The membership of this group is drawn from mainstream and specialist service provision and policy making and provides effective oversight and accountability within the DSVA governance structure.

A performance report is presented at each of the quarterly meetings which allows the analyses of significant issues and trends and reports on six key objectives identified below;

1. Raise awareness/increase confidence to report DV
2. Reduce repeat victimisation of DV
3. Ensure victims are effectively protected against repeat victimisation and supported to recover from DV
4. Reduce the volume and severity of DV
5. Bring perpetrators to justice and reduce reoffending of DV
6. Reduce serious sexual offences

Success will be measured by the extent to which the aims and objectives are achieved over time and will be informed by performance reports and action plans.

1. **DSVA Reporting Structure**

The range of partnership arrangements in Nottingham where there is a responsibility to reduce the harm and impact of DSVA reflects the cross cutting nature of this issue.

These are some of the strategic partnerships working to improve the lives, health and opportunities for citizens in Nottingham:

* **Crime and Drugs Partnership** is the Community Safety Partnership for the city
* **Health and Wellbeing Board** is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population.
* **Nottingham City Safeguarding Adults Partnership and Nottingham City Safeguarding Children Board** – these Boards provide challenge and scrutiny to ensure that agencies are working together to safeguard and promote the welfare of children and adults at risk.
* **One Nottingham** - is the Strategic Partnership for the City, bringing together public, private, voluntary and community sector organisations to champion our long term vision for Nottingham and tackle disadvantage.
* **Reducing Reoffending Board** seeks to reduce the severity and harm that reoffending causes for victims.

There are a number of subgroups which report into the DSVA Strategy group. Each subgroup is responsible for an area of work and produces an action plan and risk management plan to monitor progress and escalate concerns to the DSVA Strategy Group.

The chart overleaf shows the reporting structure for DSVA related activity in the city.

**Membership of the DSVA Strategy Group**

Nottinghamshire Police

Nottinghamshire Healthcare Trust

Nottingham City Council

Equation

Nottinghamshire County Public Health

Crime and Drugs Partnership

WAIS

Nottingham City Clinical Commissioning Group

Citycare

Nottingham City Public Health

Rape Crisis

**Domestic and Sexual Violence and Abuse Strategy Group Information Feeds**

Domestic and Sexual Violence and Abuse Strategy Group

DSVA Data and Performance Group

Housing Strategy Implementation Group

DSV Criminal Justice Group

Safeguarding & DSVA Group

Safer Nottinghamshire Board DSVA Group (County)

|  |  |
| --- | --- |
| **Key** | |
|  | Report to the DSVA SG |
|  | Information updates |
|  | Locality Groups and actions aligning work strategy |
|  | Criminal Justice Cross County Groups |

Sexual Violence Strategy Group

DSVA

Voluntary Sector Group

Nottingham DSVA Joint Commissioning Group

North Locality DSVA Group

Central Locality DSVA Group

St Ann’s and South Locality DSVA groups

Domestic Homicide Review Assurance & Learning Implementation Group

Children & DSVA

Steering Group (including updates from the following working groups which report into this children and DSVA grp - DART, Stronger Families, Girls & Women Affected by Gangs, FGM Group)

Advisory Group

MARAC Steering Group

1. **Next Steps**

Having a DSVA strategy in place is not enough to reduce the harm that domestic and sexual violence and abuse causes.

This is only the first part of a three stage process

1. DSVA Strategy
2. Change Map
3. Delivery Plan

The next stage is to implement the strategy across the partnership.

The following Change Map is a bridge between the strategy and the delivery plan that will identify what needs to be done to achieve the aims of the strategy. The delivery plan will be developed in the coming months.

**Domestic and Sexual Violence Strategy - Change Map**

The Change Map has been developed by Women’s Aid England in conjunction with partners in Nottingham City.

Based on the Theory of Change, it provides a simple overview of the proposed DSV strategy, and connects the strategy to the action plan and outcome framework.

It is designed to be read from the top downwards. The top of the map represents our long term goal and where we want to be in the future and the bottom of the map represents where we are currently (the direction of travel is up the page to the top).

The vision and mission boxes at the top set out the long-term vision and mission for Nottingham City.

These are supported by a series of impacts – the long-term changes that would have to happen for the vision to be achieved.

Next are the outcomes, which are the smaller steps on the way to longer-term change (these connect to the outcome framework).

At the bottom of the map there are the three main work streams that will be delivered in order to create the desired outcomes and impacts and achieve our long term goal – Provision, Protection, Prevention (these will connect to the action plan).

**Terms used:**

**Survivors** – refers to females and males living in Nottingham who have experience domestic violence and abuse. **Self-identified survivors** recognise they need help or would like to make a change in their lives and seek services appropriately. **Agency identified survivors**, for many reasons, may not recognise that they have experienced domestic abuse or may not be ready to seek support for themselves; however they are at risk. These groups of survivors will have different needs which require services to work in diverse ways in order to encourage disclosure and bring about effective outcomes.

**Perpetrators** – refers to those individuals who behave in ways which are psychologically, emotionally, physically, sexually or financially harmful to intimate partners or family members regardless of gender or sexuality.

**Enduring** perpetrators have long standing relationships lasting many years and may not or no longer need to inflict physical abuse as effective forms of coercive control are in place. **Serial** perpetrators create a more complex network of survivors and their families and move from relationship to relationship/s. The term **multiple** perpetrators refers to those who collectively abuse a survivor at the same time. Prevention services are also working in schools and the youth offending services with **young people who display concerning or harmful behaviour** in order support their understanding of what constitutes healthy relationships and challenge unhelpful attitudes, thinking and choices.

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| **Time 🡺🡺🡺🡺🡺** |  | **Our vision for Nottingham City - a future where adults and children live free from domestic and sexual violence and abuse** | | | | | |  | **🡸 Survivor voice and participation 🡺** |
| **Our mission: to reduce the incidence and impact of domestic and sexual violence and abuse in Nottingham City** | | | | | |
| **Impact** | Adult survivors can live well, be healthy and safe and contribute effectively to the community. | Child survivors can live well, be healthy and safe and contribute effectively to the community. | Perpetrators are held to account and are supported and challenged to change abusive behaviours and beliefs. | Professionals ‘get it right first time’ and work closely together to provide a timely and effective response to DSVA. | Young people are empowered to have healthy and respectful relationships. Communities are empowered to challenge DSVA and seek support earlier on. |
| **Outcomes** | **Increased safety**  Survivors are safer and better resourced to stay safe in the longer term, have increased access to justice and stable accommodation.  **Improved health**  Survivors have increased access to health treatment and support and improved physical, emotional, mental and sexual and reproductive health.  **Increased stability, resilience, and autonomy**  Survivors have increased resilience, including greater self-esteem and confidence, stronger support networks, and a greater understanding of domestic and sexual violence and abuse.  **Greater awareness of services and confidence to access**  Survivors are aware of their options and feel confident to access support. | **Increased safety**  Child survivors are safer now and better resourced to stay safe in the longer term.  **Improved health**  Child survivors have increased access to health treatment and support and improved physical, emotional, mental and sexual and reproductive health.  **Better able to enjoy and achieve**  Child survivors have their educational needs met and supported.  **Better able to make a positive contribution**  Child survivors have increased confidence and resilience, and have increased access to behavioural and therapeutic support.  **Increased economic wellbeing**  Child survivors live in safe, stable accommodation, free from poverty. | **Increased safety**  Professionals work together to increase the safety and welfare of adult and child survivors and their families and improve inter-agency responses to DSVA  **Better able to make a positive contribution**  Perpetrators are supported to make positive contributions to the lives of survivors and their families and the wider community free from violence and abuse  **Increased accountability and risk management**  Decrease in frequency and severity of violence/non- physical abuse by perpetrators resulting in a reduction of police call-outs.. Increase in availability and use of appropriate and effective court directed and other interventions for perpetrators. | **Improved response**  Professionals work closely with other agencies around DSVA cases and make early and appropriate referrals to specialist support.  **Improved Joint Approach**  Organisations and services work together to understand DSVA in Nottingham, create an environment for disclosure and plan responsive and accessible joined up services  **Improved understanding**  Professionals have greater awareness of DSVA and its impact and are better able to identify and respond to DSVA in their role. | **Increased community awareness**  Communities have a greater awareness of DSVA and its impact, and understand more about where to go for support.  **Healthier relationships for children and young people** Children and young people understand about healthy and equal relationships and consent in sexual relationships. |
| **Provision** | | **Protection** | | **Prevention** |

1. CDP 2015 Draft Strategic Assessment 2015-16 [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. Council of Europe 2002 [↑](#footnote-ref-3)
4. British Crime Survey 2008/09 [↑](#footnote-ref-4)
5. Ministry of Justice, Office for National Statistics and Home Office (January 2013) An Overview of Sexual Offending in England and Wales [↑](#footnote-ref-5)
6. AVA Co-ordinated Community Response Online Toolkit , Section 11.2 Commissioning, [The Cost of Domestic Violence: by local authority](http://www.ccrm.org.uk/images/docs/11.2costs%20of%20dv%20by%20local%20authority.pdf) accessed 11th March 2015 [↑](#footnote-ref-6)
7. This is based on the notion that people would pay something in order not to suffer the human and emotional costs of being injured. [↑](#footnote-ref-7)
8. Evan Stark (2009) Coercive Control: How Men Entrap Women in Personal Life (Interpersonal Violence), Oxford University Press [↑](#footnote-ref-8)
9. Professor Kelly L, Sharp N and Klein R (2014) [Finding the Costs of Freedom](http://solacewomensaid.org/wp-content/uploads/2014/06/SWA-Finding-Costs-of-Freedom-Report.pdf) Solace Women’s Aid [↑](#footnote-ref-9)
10. [Everyone's Business: Improving the Police response to domestic abuse](http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf), HMIC 2014 [↑](#footnote-ref-10)
11. A repeat survivor is defined as a victim of 1 or more domestic violence incidents or crimes within the previous month and at least 1 additional crime or incident in the preceding 12 months. [↑](#footnote-ref-11)
12. A performance framework will be used to measure progress and inform reporting to partners. [↑](#footnote-ref-12)