Domestic and Sexual Violence and Abuse (DSVA)

Topic information	
Topic title	Domestic and Sexual Violence and Abuse
Topic owner	*DSVA Strategy Group*
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Topic quality reviewed	*Date*
Topic endorsed by	*DSVA Strategy Group*
Current version	*2017*
Replaces version	*2014*
Linked JSNA topics	*FGM, adult drug users, adult mental health, alcohol, mental wellbeing, homelessness, sexual health and HIV*

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Executive summary

Introduction

Domestic and sexual violence and abuse (DSVA) is a worldwide public health issue, which whilst affects both sexes, disproportionately affects women and girls.

DSVA can lead to a variety of physical and mental health problems, including, but not limited to, fatal outcomes like homicide or suicide, physical injuries, unintended pregnancies, gynaecological problems, mental health problems including depression and posttraumatic stress. There are also wider social and economic consequences as a result of DSVA, such as isolation, restriction in ability to work and achieve financial independence.

DSVA also results in wider costs to society and can lead to higher levels of smoking, substance misuse and alcoholism amongst survivors. The consequences experienced for the survivor themselves can be severe and long lasting, as well as the consequences for their families and children.

An estimated 1.9 million adults aged 16-59 experienced domestic abuse in the UK in the last year, 1.2 million women and 713,000 men (ONS, 2017). This equates to around 5% of the adult population, or 1 in 20.

It is estimated 3.1% of women (510,000) and 0.8% of men (138,000) aged 16 to 59 experienced sexual assault in the last year, 1 in 25 adults. Most victims of sexual

assault choose not to report it, the Crime Survey for England and Wales showed that around 5 in 6 victims (83%) did not report their experiences to the police.

This JSNA chapter covers both domestic and sexual violence and abuse. This chapter considers the needs of both men and women, however acknowledges that DSVA is a gendered crime and disproportionately affects women and girls. The needs of Trans survivors are also considered here.

'Honour' based violence, female genital mutilation (FGM) and forced marriage are not covered in this JSNA. Further information regarding FGM can be found in the FGM JSNA.

Unmet need and gaps

- It appears demand for refuge may be at risk of outweighing supply, as the number of households moving out of refuge has decreased 58%, in turn increasing the time women and families are in refuge accommodation. Longer lengths of stay can delay the women's ability to rebuild their lives in the community.
- Local intelligence suggests not all schools provide healthy relationships education, as such prevention activity is not the same across the City.
- Local intelligence suggests survivors can find themselves in-between services when it comes to mental health support, with some being too high threshold for one service but too low for another.
- The Police and Crime Commissioner (PCC) have identified a lack of long term specialist therapeutic (for example re PTSD) and psychological support services relative to demand in relation to sexual violence and abuse.
- Local intelligence suggests there is a gap in mental health support for survivors of domestic abuse, with some reporting an unclear pathway as to where survivors can receive support and in what circumstances. There is considerable anecdotal evidence that mainstream mental health services are difficult to access and are not trauma informed. Both SV and DVA victims and survivors report that the services are too short even if they do manage to access them
- The PCC have also identified that although a specialist SV counselling service is commissioned the waiting list for this is very high and continues to grow. In addition, the service cannot meet all the mental health needs of victims and survivors
- There is a lack of common language and understanding about the clinical therapeutic needs of victims and survivors who have suffered trauma and how best to support them
- There is evidence that victims and survivors do not feel believed when disclosing to health and other professionals, this is a barrier to service provision
- Whilst sexual violence is a gendered crime which disproportionately affects women and girls, men are victims too and this presents challenges for

commissioners and providers in ensuring that services are equitably publicised and accessible for all who need it.

Recommendations for consideration by commissioners

Domestic violence and abuse

Housing

- Commissioners and policy makers should explore possible ways of moving women and families through refuge in a more timely manner, potentially through housing policy or initiatives such as Housing First.
- It is also important to consider the potential effects of the Homelessness Reduction Act on provision and any potential changes to service provision or access criteria that may be required. Housing was cited by survivors as a barrier to leaving, as such ensuring adequate access to alternative housing is crucial to enabling women to leave abusive situations and not experience repeated domestic violence and abuse.
- A further piece of work may be required to publicise housing options to survivors in refuge, as local intelligence suggests many survivors and support workers believe that waiting for social housing is the best option to move out of refuge. However, as the social housing stock decreases this can lead to longer waiting times and in turn a silting up of refuge resulting in new survivors being less likely to be able to access refuge services.

Education

- Commissioners and policy makers should explore how consistent healthy relationship education provision is across City schools and ways to encourage more schools to engage specialist services to deliver this. Being young is a risk factor for domestic violence, as such it is imperative children and young people are educated about healthy relationships as part of early intervention work to prevent domestic violence occurring. Programmes in school also enable children and young people who are living with domestic abuse to get earlier help and support.
- As both domestic abuse calls to the helpline and reported domestic incidences are increasing, it is important to (as far as possible) to ensure provision can meet demand. The helpline (for all survivors, families and professionals) and IDVA support (for high risk survivors) were the services survivors felt made the most difference to them.

Health

- There is much evidence to support the importance of effective response to DV amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively

respond to disclosure of DV, as well as referral pathways being effectively communicated on a regular basis.

- Work may be required to ensure mental health support is linked to specialist services and that appropriate referral pathways are established and known, to enable survivors to receive the mental health support they may require following trauma.
- Ensure IAPT are equipped to deal with PTSD that may present in DV survivors and thresholds for service are clearly communicated to the sector.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of domestic violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist and mainstream mental health services.
- Pathways for support, particularly therapeutic and MH support should be made clear to agencies and the public to enable clearer knowledge and improved access to services.

Specialist support

- NICE recommends provision of specialist children's support, such as advocacy or therapy, as such it is recommended where possible provision of teen advocacy and therapy for children, such as Stronger Families, continues.
- Continue to provide perpetrator programmes delivered in the criminal justice system to address perpetrator behaviour with aligned survivor support services as per NICE guidelines and to explore non-criminal justice interventions.
- Continue to provide specialist support to survivors of DSVA. NICE recommend provision of specialist support, as well as specialist support being valued by survivors themselves.
- As per Safe Lives recommendations and the City's DSVA strategy aim to ensure victims are effectively protected against repeat victimisation and supported to recover from DV, it is important to ensure we continue effective MARAC's in the City and provision of the right number of IDVA's per head of population.
- Continuation of DART would help ensure provision across the spectrum of risk and increase early intervention.
- Providers should be encouraged to consider how they can help support survivors to develop 'Space for Action'.

Equalities

- As BME survivors are over-represented amongst domestic violence services, however under-reported in reports to the police, it may be worth further exploring how we can work with BME groups to encourage reporting of domestic abuse.
- Local intelligence suggests women in the UK on spousal visas/ with no recourse to public funds affected by DSVA may be prevented from reporting

and being offered support. It is important we review and understand how we can enable access to support for these women.

- Support should be available to those experiencing familial domestic violence as well as intimate partner violence, 56% of all familial domestic violence and abuse was parent/child relationships. It is important we put in place and publicise pathways, practice guidance and support for these groups.
- It is important to ensure all DSVA services have given appropriate consideration to trans survivors to ensure access to services.
- It is important we ensure all DSVA services are LGBT friendly to ensure equity of access as well as encourage LGBT survivors to seek help. Part of this could be encouraging services to monitor equality characteristics more effectively so we can identify gaps in provision and barriers to access.

Sexual violence and abuse

- Being a student is a risk factor of sexual violence; it is important we work with, and continue to work with, our universities and student population to raise awareness of consent, promote respectful attitudes towards women and girls, ensure that universities can effectively respond to disclosure and that students know how to stay safe and respect each other's boundaries. Continuation of current work being undertaken in the universities around sexual violence would work towards achieving this.
- Consideration should be given to whether we should expand the work going on in universities to colleges and FE institutions.
- As there is a strong link between sexual violence and the NTE, with 40% of all recorded sexual violence offences recorded in the early hours, it is important we continue with the initiatives we have implemented to make the NTE safe and provide safe spaces, Drinkaware crew, street pastors and awareness campaigns.
- The younger cohort appear more at risk of sexual violence, suggesting the importance of working with these groups to prevent attitudes that may facilitate sexual violence and explore consent.
- Ensure sexual violence support services are appropriately linked in with mental health support, and that the support available is suitable for need. These services should be accessible in a timely fashion and meet demand. This should include trauma support for survivors of both current and historic sexual abuse.
- There is much evidence to support the importance of effective response to sexual violence amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of sexual violence, as well as referral pathways being effectively communicated on a regular basis. Local research identified survivors stated they received a poor response when they had disclosed sexual violence.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of sexual violence survivors

and how best to meet needs. This should lead into work to review and develop clear pathways between specialist (SV counselling) and mainstream mental health services.

1) Who is at risk and why?

The cross-government definition of domestic violence and abuse is (Home Office, 2013):

any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

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

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

This is not a legal definition (Home Office, 2013).

The cross-government 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. However, 'honour' based violence, female genital mutilation (FGM) and forced marriage are not covered in this JSNA. Further information regarding FGM can be found in the FGM JSNA.

Sexual violence (SV) is defined by the World Health Organisation (2010) 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'. This definition includes rape. As per the Sexual Offences Act 2003, rape has legally been defined in the UK as the penetration with a penis of the vagina, anus or mouth of another person without their consent. The Act describes penetration of another person's vagina, mouth or anus with any part of the body other than the penis or with an object without their consent as "assault by penetration".

This chapter covers both domestic and sexual violence and abuse. The chapter recognises that domestic and sexual violence and abuse is gender-based. Gender-based violence and

abuse both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.

It is also worth noting that sexual violence and abuse can be prevalent in cases of domestic abuse.

Risk of Domestic violence and abuse

An estimated 1.9 million adults aged 16-59 experienced domestic abuse in the UK in the last year, 1.2 million women and 713,000 men (ONS, 2017). This equates to around 5% of the adult population, or 1 in 20.

The police recorded 1.1 million domestic abuse-related incidents and crimes in the year ending March 2017 and of these, 46% were recorded as domestic abuse-related crimes; domestic abuse-related crimes recorded by the police accounted for 32% of violent crimes. Domestic abuse is often a hidden crime which is not reported to the police, hence the estimated prevalence of domestic abuse is higher than the reported incidence of domestic abuse.

Domestic violence and abuse is a gendered crime, with women much more likely to experience DVA than men. An estimated 4.6m women (28% of the adult population) have experienced domestic abuse at some point since the age of 16 (ONS, 2014). Women are also much more likely to experience high-risk domestic violence and in turn be referred to MARAC (multi-agency risk assessment conference), 95% of those going to MARAC or accessing an IDVA service are women (Safe Lives, 2018). The majority of victims of domestic homicides recorded between April 2013 and March 2016 were females (70%), over three-quarters of female victims of domestic homicide were killed by a male partner or ex-partner. This contrasts with victims of non-domestic homicides, where the majority of victims were male (88%) (ONS, 2017).

Approximately 42% of victims are victimised more than once. Victims experience an average of 20 incidents of domestic violence in a year, which can often increase in severity each time (Wlaby & Allen, 2004).

On average high-risk victims live with domestic abuse for 2.3 years before getting help and 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse (Safe Lives, 2018).

Factors associated with domestic and sexual violence occur at individual, family, community and wider society levels. Some are associated with being a perpetrator of violence, some are associated with experiencing violence and some are associated with both (WHO, 2017).

Gender inequality and norms on the acceptability of violence against women are a root cause of violence against women.

The risk of experiencing domestic violence or abuse is increased if someone is (NICE, 2017):

- Female
- Young
- Disabled
- Has a mental health problem
- If a woman is pregnant or has recently given birth
- Is separated
- The majority of trans people (80%) experience emotional, physical or sexual abuse from a partner or ex-partner (Roch et al. 2010).

Women are also more likely to experience domestic violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence, male privilege, and women's subordinate status (WHO, 2017).

Some forms of violence and abuse 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.

Risk of Sexual violence and abuse

An estimated 20% of women and 4% of men have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims and 631,000 male victims (ONS, 2018).

It is estimated 3.1% of women (510,000) and 0.8% of men (138,000) aged 16 to 59 experienced sexual assault in the last year, 1 in 25 adults. 12.1% of adults aged 16-59 have experienced sexual assault since the age of 16, an estimated 4 million victims. Most victims of sexual assault choose not to report it, the Crime Survey for England and Wales showed that around 5 in 6 victims (83%) did not report their experiences to the police.

Indecent exposure or unwanted sexual touching was more common (11.5% of adults aged 16 to 59, 3.8 million victims) than rape or assault by penetration (including attempts) (3.4%, 1.1 million victims), amongst those who had experienced sexual assault since the age of 16.

An estimated 3.6% of adults have experienced domestic sexual assault (including attempts), that is sexual assault perpetrated by a partner or family member. Around three times as many adults experienced sexual assault (including attempts) by a partner (3.1%) than by a family member (0.9%) (ONS, 2018).

The overall prevalence of sexual assault experienced by adults aged 16 to 59 in the last 12 months has not changed significantly since the year ending March 2005 CSEW, ranging between 1.5% and 3.0% over this period (ONS, 2018).

Women are significantly more likely to have experienced sexual assault in the last year than men (3.1% compared with 0.8%). Indecent exposure and unwanted sexual touching was experienced by around three times as many women as men (2.7% compared with 0.8%). Fewer than 0.1% of men had experienced rape or assault by penetration (including attempts) compared with 0.9% of women.

Whilst it is acknowledged that men are affected by sexual violence, because women are disproportionately affected, much of the discourse on sexual violence in this chapter will focus on women.

The World Health Organisation has identified risk factors which make women more vulnerable to sexual violence. Because one of the most common forms of sexual violence around the world is that perpetrated by an intimate partner, being married or co-habiting is thought of as one of the most important risk factors for vulnerability to sexual assault. Other factors influencing the risk of sexual violence include (World Health Organisation, 2002):

- being young; (ONS states those aged 16-24 were significantly more likely to be victims of sexual assault in the last 12 months than any other age group)
- consuming alcohol or drugs;
- having previously been raped or sexually abused;
- having many sexual partners;
- involvement in sex work;
- becoming more educated and economically empowered, at least where sexual violence perpetrated by an intimate partner is concerned;
- poverty.

ONS identify further factors influencing risk of sexual violence, including:

- Being single- Single women were more likely to have been victims of sexual assault (6.4%) than women with other marital statuses; single men were also more affected.
- Long-term illness or disability-Women with a long-term illness or disability were more likely to be victims of sexual assault in the last 12 months than those without a long-term illness or disability (5.3% compared with 2.7%).
- Being a student- Students (6.4%) were more likely to have been a victim of sexual assault in the last year than adults of other occupations.

It is recognised that WHO cite being married or co-habiting as a risk factor and ONS cite being single as a risk factor, this indicates further insight required to understand the nature of relationship in sexual assault.

Consequences of Domestic and Sexual Violence

Health consequences

There are many health consequences to survivors as a result of the domestic and sexual violence and abuse they experience. DSVA can cause short and long-term physical, mental, sexual and reproductive health problems for women. DSVA also affects survivors children and can lead to high social and economic costs for women, their families and society.

Health consequences include:

- Fatal outcomes like homicide or suicide.
- Physical injuries, with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence.
- Unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV.
- Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies. Women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth.
- These forms of violence can lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. Women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking.
- Health effects can also include headaches, back pain, abdominal pain, gastrointestinal disorders, limited mobility and poor overall health.
- Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females) (WHO, 2017).

Social and economic costs

The social and economic costs of domestic and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children.

Domestic violence and abuse is estimated to cost the NHS £1.7 billion per year (Walby, 2009), as well as costing other public services £2.1 billion. AVA have extrapolated these figures based on local population to give the following estimate of costs of DVA to Nottingham.

The total cost to core public services and lost economic output in Nottingham City is estimated as £38 million. This includes £1.4m 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. AVA also estimate the ‘human and emotional costs’ (as defined by Walby 2009) to the city to be £65.4m.

These estimates are based on 2009 estimates of population size and do not take account of the city’s young age structure and deprivation, both of which would be expected to increase these estimates.

The typical cost of one case of domestic violence and abuse over one year is estimated at £20,000.

2) Size of the issue locally

Domestic violence and abuse

Prevalence/ demand/ incidence

Extrapolations based on the Crime Survey for England and Wales (ONS, 2017) indicate that around 15,500 Nottingham City residents are likely to experience some form of domestic abuse each year, almost 8000 (62%) of these women and 5000 (38%) men (aged 16-59). This equates to 7% of the adult population (aged 16-59), 1 in every 14 adults.

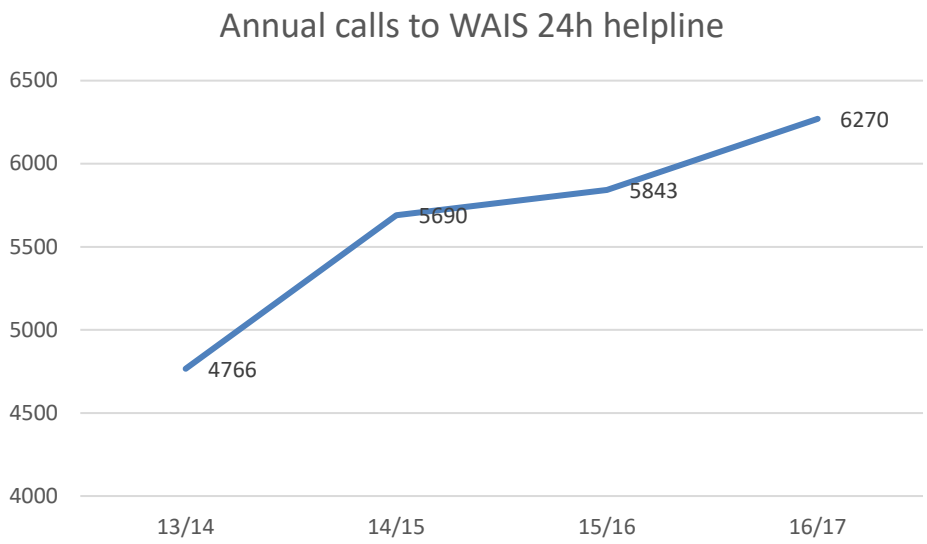
However, local analysis based on prevalence of risk factors for domestic violence in Nottingham City has estimated the prevalence to be much higher than those from ONS extrapolations. It is also worth noting the way ONS capture incidences of domestic violence; each survivor is capped at having 5 incidences of DV within a year, we know for many survivors this will not be the case and in reality this may be much higher.

Analysis conducted by Nottingham City Crime and Drugs Partnership used social deprivation data to estimate a range of survivors in Nottingham City, this has found the range of estimated survivors much higher than the ONS estimates. This is not surprising, again due to levels of deprivation but also due to the aforementioned cap imposed on recording of incidents of DV in the survey. This analysis estimates there are between 36,355 and 48,525 survivors of domestic violence and abuse in the city, both male and female (Crime and Drugs Partnership, Nottingham City, 2014).

Calls to WAIS 24h helpline

In 2016/17 there were over 6000 calls to WAIS DSV 24 hour helpline (WAIS, 2017), there has been a year on year increase in calls since 13/14 amounting to a 32% increase over the period. Whilst demand and reporting has been increasing, this is a positive thing as it is estimated domestic violence is under-reported. It is worth noting 60% of calls to this helpline are from Nottingham City residents as the helpline serves both Nottingham city and county.

Figure 1: Calls to WAIS 24 hour helpline



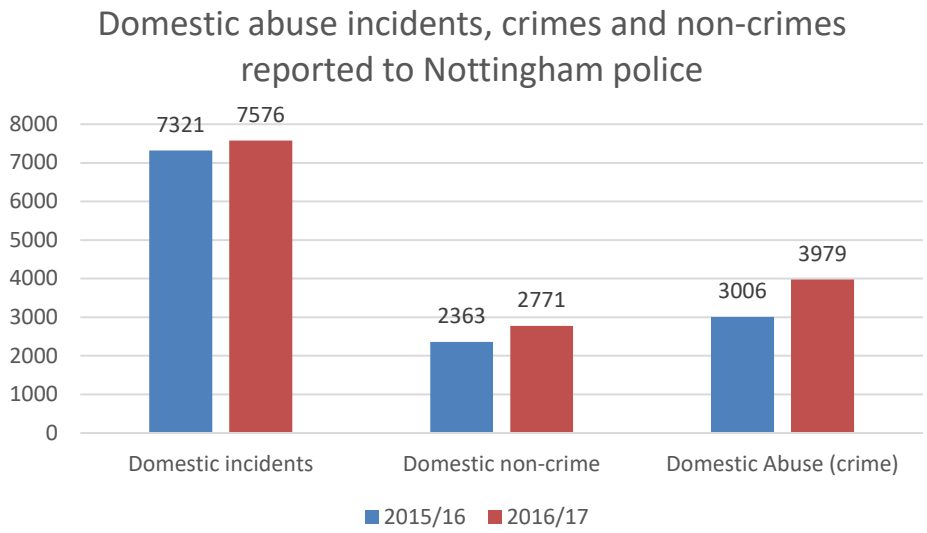
Considering it is estimated by ONS that 15,500[1] Nottingham citizens are likely to experience domestic abuse each year, and an even higher estimate by the CDP, we can see that there is disparity between estimated incidences and reporting.

Domestic incidences

Nottingham police recorded 7576 domestic incidences in 2016/17 (CDP, 2017). All reports of domestic abuse are classed as 'domestic incidences' whether they are reported by the individual or a third party. Domestic incidences can be recorded as crimes, non-crimes, or kept as domestic incidences. There were 2771 domestic non-crimes and 3979 domestic abuse crimes recorded in the same year, all of these were an increase on the previous year, see Figure 2.

[1] As per ONS estimates.

Figure 2: Domestic abuse incidents, crimes and non-crimes

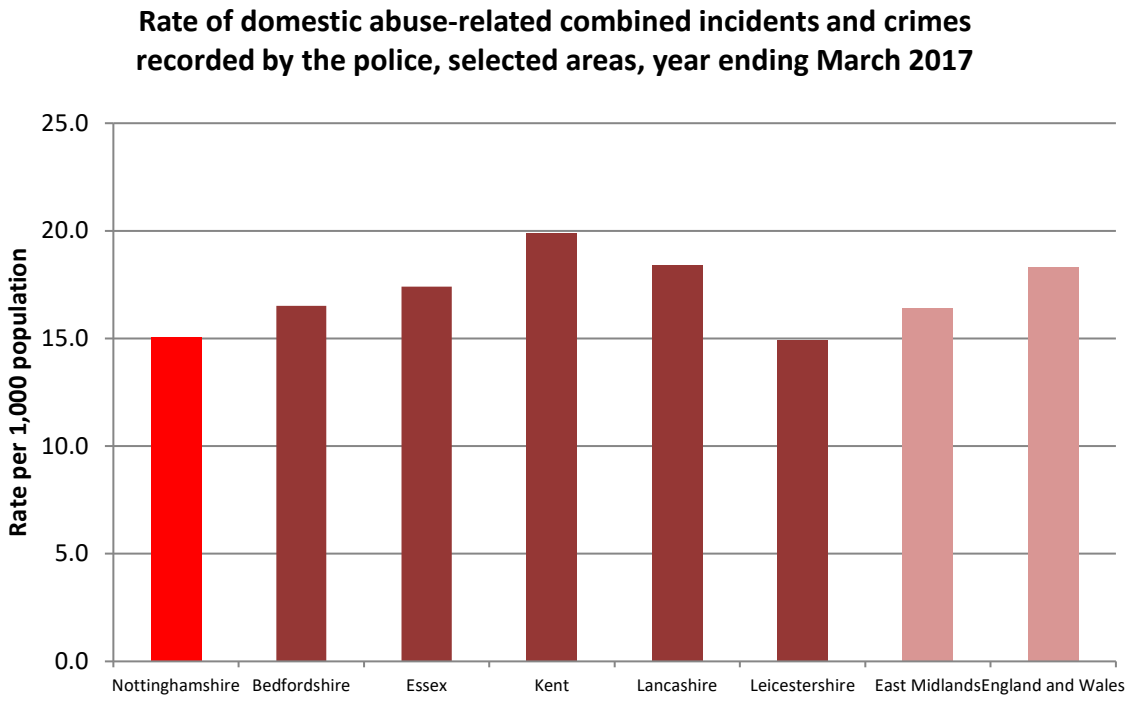


The majority of domestic abuse crimes are violence against the person (77%), followed by 'other offences' (20%) then sexual offences (3%).

Benchmarking

When we compare Nottinghamshire's 'rate' of domestic abuse to similar police forces, we can see that Nottinghamshire has a lower rate of reported domestic abuse related incidents and crimes than neighbours.

Figure 3: Rate of domestic abuse related incidents and crimes Nottinghamshire



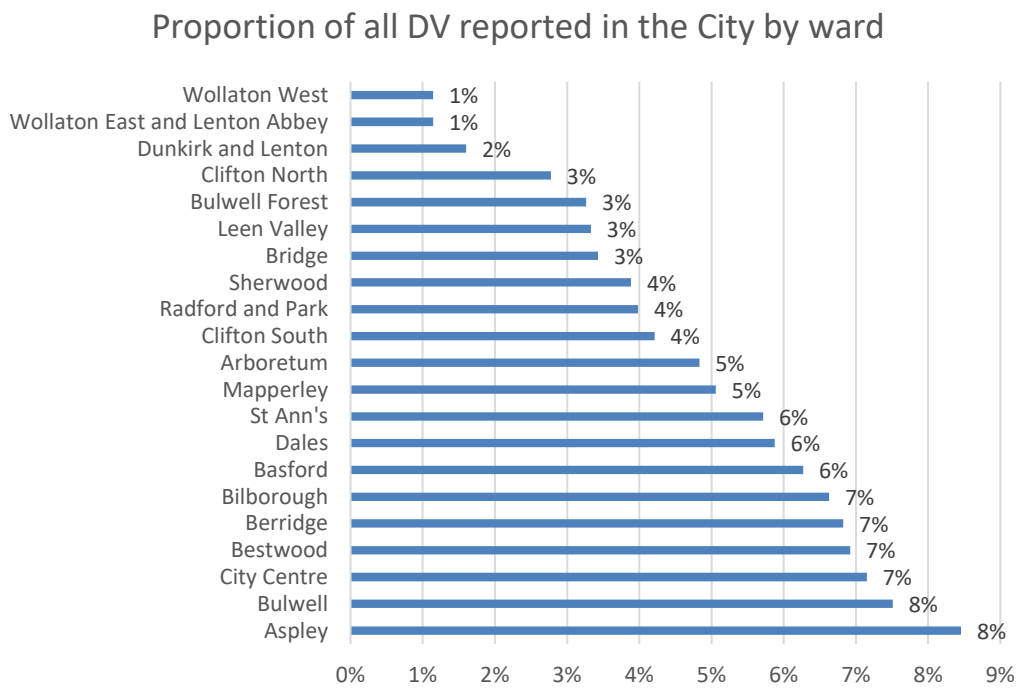
It is worth noting that this does not necessarily mean less DV incidents occurring, rather than less reporting. However, Nottingham has made progress in increasing reporting as per local targets (see Figure 3 above).

Where does domestic violence occur locally?

It is important to remember that DV can occur in any setting, even though the majority of recorded DV crimes (82%) occurred in a dwelling. 376 recorded offences in 2016/17 occurred in public or open spaces, with a further 148 at other locations (CDP, 2017).

Aspley and Bulwell have the highest proportion of domestic violence reports of all wards in the city, at 8% respectively, however Aspley has seen the largest increase in numbers of reported incidences year on year. The mechanism behind this is not entirely clear, however overall there has been an increase in reports so some of this increase may be explained by a rise in reporting generally. There has also been some targeted work in some areas of the city including Aspley to increase reporting.

Figure 4: Locality of domestic violence incidences reported



When does domestic violence occur?

The largest proportion (31%) of DV offences recorded between September 2016 and August 2017 occurred between 18:00 and 23:59. Sunday and Saturday were the most frequently recorded days of the week, with 35% of DV offences occurring on these two days (Crime and Drugs Partnership, 2017).

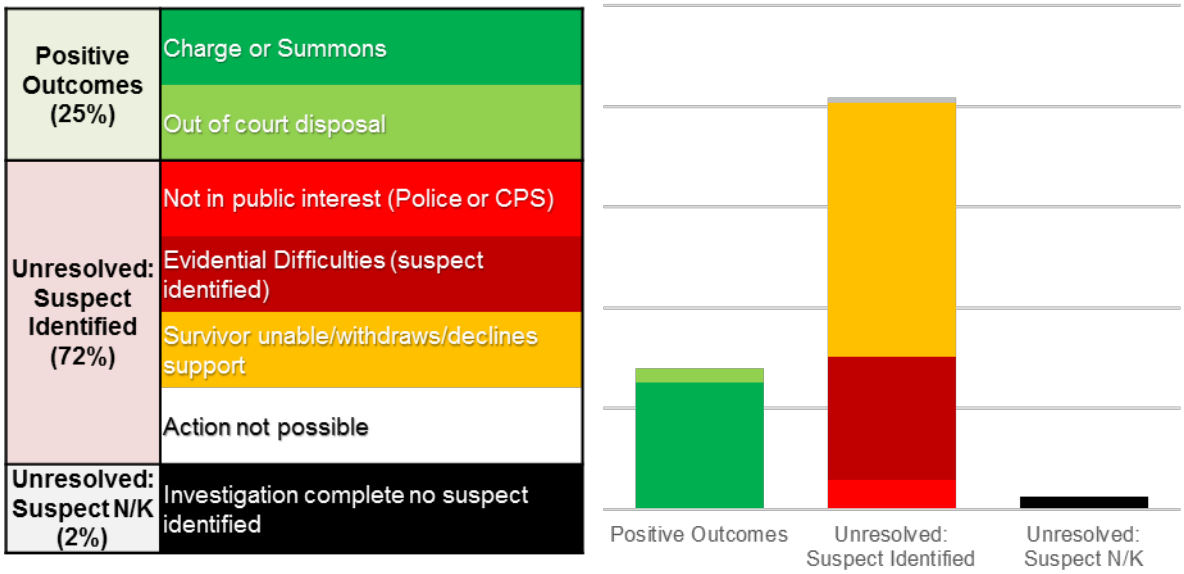
Figure 5: Temporal analysis of domestic violence offences recorded

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Early Hours (00:00 - 5:59)	84	76	68	76	57	137	173	671
Morning (6:00 - 11:59)	84	54	61	73	68	98	99	537
Afternoon (12:00 - 17:59)	134	134	138	114	134	133	131	918
Night Time (18:00 - 23:59)	127	115	116	121	142	171	145	937
Total	429	379	383	384	401	539	548	3063

Outcomes

The 12-month period ending in August 2017, around 25% of recorded DV crimes resulted in a positive outcome.[2] This is a slight reduction compared to last year (32%), however the figure is likely to increase depending on the outcome of 'live' investigations (Crime and Drugs Partnership, 2017).

Figure 6: Domestic violence outcomes 16-17



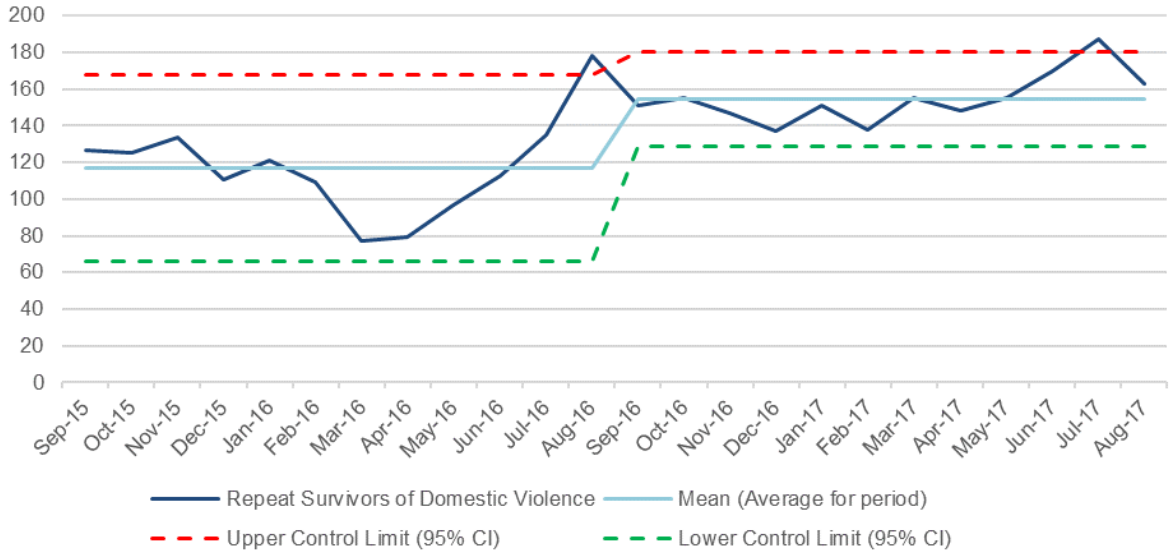
As shown in Figure 6, the majority of positive outcomes were charges or summons, with a small proportion being carried out thorough out of court disposals. What is worth noting is that despite the terminology, there are a number of other outcomes deemed positive by survivors. An example of this could be a situation where a survivor is not ready to support court action, but reported a crime to seek support or temporarily remove the perpetrator from the household.

[2] Crimes which resulted in a sanctioned detection such as Charge, Adult Caution, Penalty Notice, Summons or a Youth Caution. This sample excludes 234 'live' investigations

Repeat domestic abuse

The rise in reporting is against a backdrop of increased repeat domestic abuse reporting. Repeat domestic violence crimes have increased 32% ytd between August 15/16 and Aug 16/17. Part of this increase may be attributed to an audit of how domestic violence crimes are recorded, however, it is anticipated this will not be the cause of all of the increase (CDP, 2017).

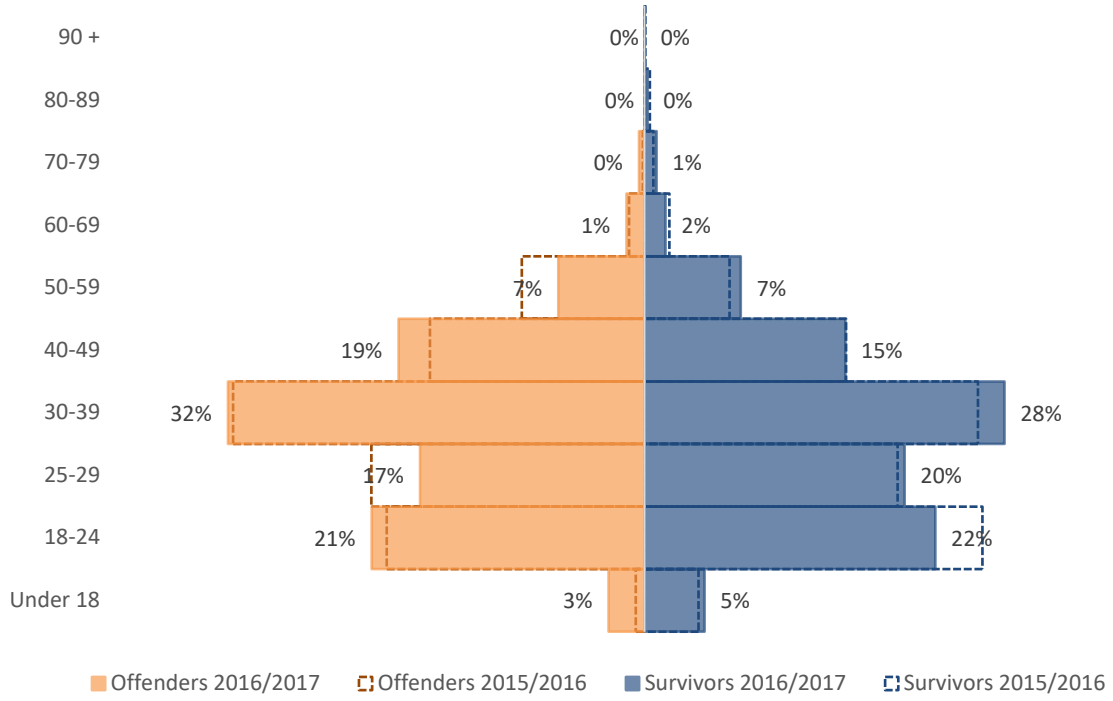
Figure 7: Trends in reports of domestic violence crimes



Who is affected by DV?

Age- Survivors of domestic violence tend to be a younger age demographic than perpetrators, with 42% of survivors aged 18-29 and 38% of offenders aged 18-29. The age breakdown has stayed fairly stable over time (CDP, 2018). See Figure 8.

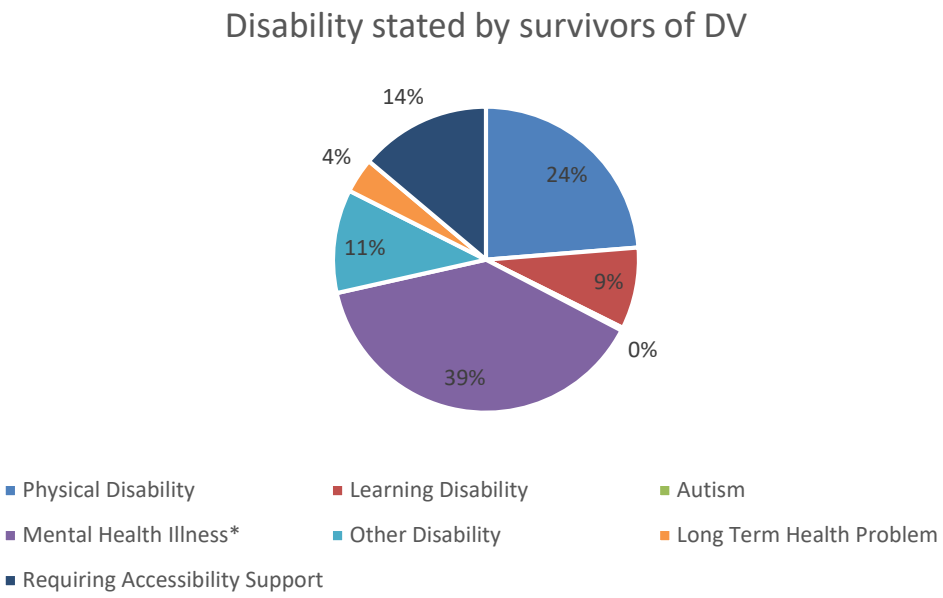
Figure 8: Age breakdown of domestic violence and abuse survivors and offenders 16/17



Ethnicity- 42% of DV survivors in services were Black Minority Ethnic in 16-17, this is an over-representation when compared to the BME population in Nottingham (35%). 58% were White British (CDP, 2018).

Disability- Of survivors who disclosed if they had a disability or not, 49% had a disability. Of this who disclosed what their disability was, mental health was most commonly cited, 39% of those asked cited this (CDP, 2018), see Figure 9. This shows over-representation of disability in the domestic abuse survivor population, as 18% of Nottingham's population has a long term limiting illness (Census 2011, 2017). Nationally disabled women are twice as likely to experience domestic abuse than non-disabled women (Women's Aid, 2018)

Figure 9: Disability as stated by survivors of domestic violence and abuse

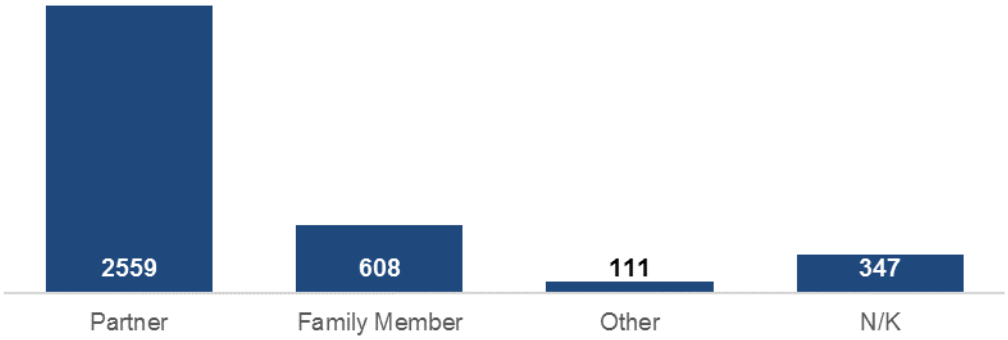


Who perpetrates DV?

The majority (71%) of domestic violence offences in 2016/17 involved a partner as the perpetrator, with offences that occurred between family members accounting for 17% of recorded crimes within this category. Figure 10 provides an overview of recorded relationship type within domestic violence offences in 2016/17 (Crime and Drugs Partnership, 2017).

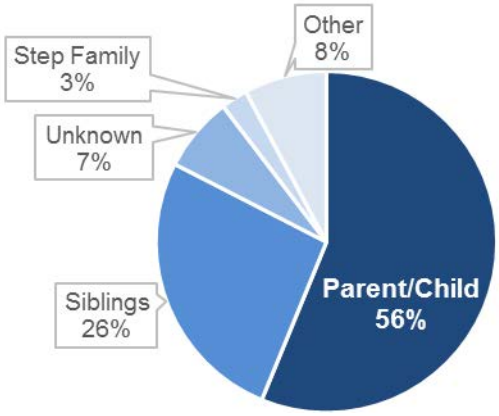
Research has identified that, particularly when it comes to male perpetrators, many male victims were found to actually be perpetrators of domestic violence.

Figure 10: Relationship between survivor and perpetrator of domestic violence 16-17



Previous analysis has looked in more detail at offences where the recorded survivor/perpetrator relationship indicated familial connection, examining the free text field attached to crime reports to determine the specific type of relationship. The results are summarised in Figure 11 (Crime and Drugs Partnership, 2017).

Figure 11: Nature of familial relationship between domestic violence survivors and perpetrators 16-17



Use of refuge

Female survivors (and their children) escaping domestic violence and abuse are offered a placement in a refuge as emergency accommodation. Analysis of data held by the Homelessness Prevention Gateway shows that from 2014-15 to 2016-17 the number of households moving out of refuge has decreased by 58%, which would indicate a substantial increase in the amount of time single women and families are residing in refuge accommodation. Anecdotal insight suggests that the reason for this is mainly because of limitations in the availability of social housing and residents preferring to wait to access that type of accommodation because of the additional security, stability and support it is deemed to provide in comparison to the PRS (Nottingham City Council, 2017).

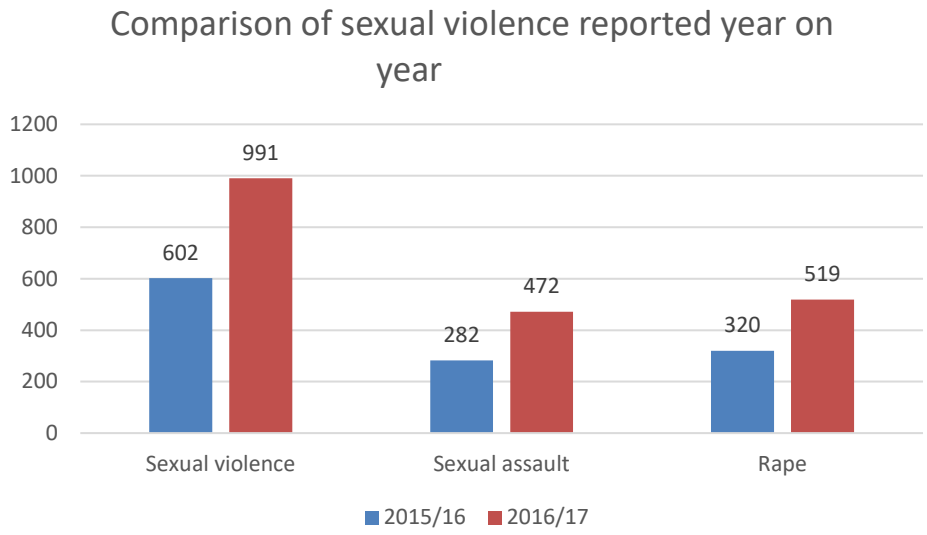
In 2016-17, there were 103 households who were provided with emergency accommodation in refuge via the Homelessness Prevention Gateway or WAIS helpline.

Sexual violence and abuse

Sexual violence comprises of sexual assault and rape, as Figure12 shows, sexual violence reporting in all forms has increased over the last year (CDP, 2017), however, following an audit of how crimes were defined and what comprise sexual violence, the way sexual violence is categorised has changed which has led to a rise in recorded numbers. It is difficult to ascertain how much of this rise was down to the audit or down to an actual increase in sexual violence.

There has been an overall increase in reporting of sexual violence (under all categories cited below) of 194%. There has been around a 60% increase in reporting in each category from 15/16 to 16/17.

Figure 12:Comparison of yearly report of sexual violence, assault and rape



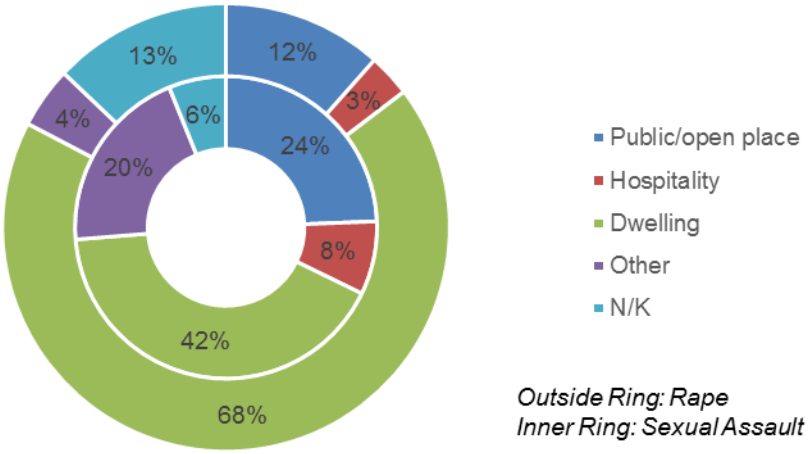
Of those sexual offences reported in 15/16 and 16/17, 80% were current offences (reported within 12 months of the incident) and 20% were historical offences (reported over 12 months after incident).

Local services have also cited an increase in adult referrals, due in part to awareness raised around historical and institutionalised sexual abuse.

It is also worth noting that many incidences of sexual violence go unreported, for a variety of reasons.

Where does sexual violence occur locally?
The majority of sexual violence occurs in dwellings, this is true for both rape and sexual assault. See Figure 13 (CDP, 2017).

Figure 13: Locality of reported incidences of sexual violence



When does sexual violence occur?

There appears to be a strong link between sexual violence and the night time economy, with 40% of recorded sexual violence offences occurring in the early hours (occurrence time 00:00-05:59, Sep'16 – Aug'17)[3]. Figure 14 shows temporal analysis of SV, breaking it down into sexual assault and rape offences (Crime and Drugs Partnership, 2017).

[3] This does not necessarily mean the night time economy was accessed by survivor or perpetrator, this is purely temporal analysis

Figure 14: Temporal analysis of reported incidences of sexual violence 16-17

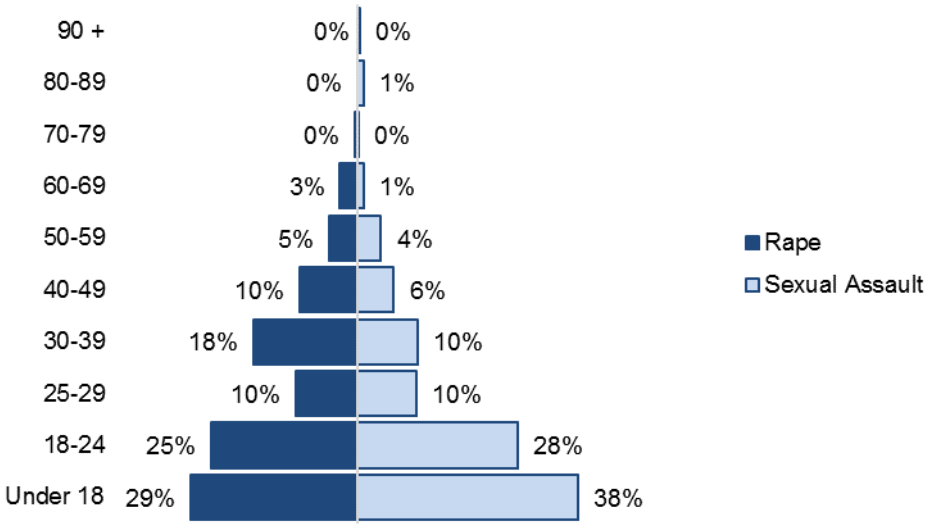
Sexual Assault	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Early Hours (00:00 - 5:59)	23	26	29	19	23	34	33	187
Morning (06:00 - 11:59)	9	13	9	13	8	5	7	64
Afternoon (12:00 - 17:59)	15	17	18	19	11	10	16	106
Night Time (18:00 - 23:59)	10	19	15	17	20	22	12	115
Total	57	75	71	68	62	71	68	472

Rape	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Early Hours (00:00 - 5:59)	30	30	24	35	21	36	44	220
Morning (06:00 - 11:59)	9	4	10	14	8	14	11	70
Afternoon (12:00 - 17:59)	17	14	12	12	20	7	14	96
Night Time (18:00 - 23:59)	22	15	19	16	20	20	21	133
Total	78	63	65	77	69	77	90	519

Who is affected by sexual violence?

Sexual violence is a gendered crime, meaning that the majority of survivors in this category are female, particularly in the rape category (9 out of 10 recorded survivors were female in 2015/16). Whilst all ages are at risk of sexual violence, the biggest age group amongst recorded survivors is the under 18 category (2016/17, 33%) followed by 18-24 (26%). Figure 15 shows the population pyramid for survivors of sexual violence in 2016/17, split by rape and sexual assault.

Figure 15: Age breakdown of sexual violence survivors



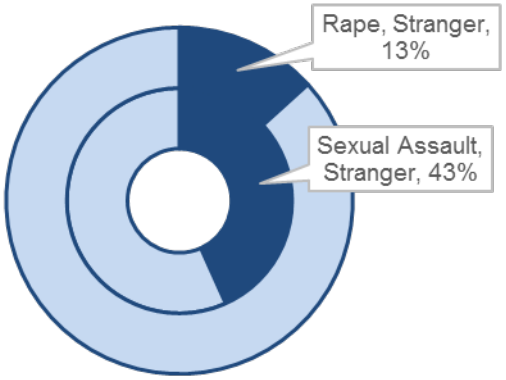
There appears to be underreporting amongst the 25-29 age group, particularly when looking at survivors of rape offences. However, further research is needed to gain a better understanding of the potential reasons behind this.

Who perpetrates sexual violence?

Figure 16 shows the recorded survivor/offender relationship for sexual violence offences recorded between September 2016 – August 2017 (excluding blank entries). Whilst stranger was the most frequently recorded type of relationship in sexual assault offences in 2016/17 (43%), it is one of the least frequently recorded relationship types within the rape category (13%).

Figure 16: Relationship between survivor and perpetrator of sexual violence

	Sexual Assault	Rape
Partner Current or Ex	5%	26%
Stranger	43%	13%
Acquaintance	23%	28%
Family member	12%	13%
Other	16%	18%
Survivor refuses to identify	1%	3%



The majority of recorded rape offences in 2016/17 were perpetrated by a known offender, acquaintance being the most frequently recorded relationship type (28%), closely followed by partner (current or ex, 26%).

Drugs and alcohol as a driver of sexual violence

Drugs and alcohol are frequently linked to sexual offences, in particular in relation to the Night Time Economy. Whilst not always the driver, drugs are often used to enable rape and sexual assault – the analysis of the MO notes (free text attached to crime reports) shows a number of recorded crimes where the victim was under the influence of drugs, often after their drink was 'spiked' without their knowledge.

A keyword search was conducted on the MO notes looking for occurrences which indicate alcohol consumption. 8% of sexual violence crimes recorded in 2016/17 mention alcohol consumption, although caution should be taken as it is not possible to determine the causality due to methodology limitations. Some of the MO notes indicate that offenders targeted intoxicated victims in the Night Time Economy.

3) Targets and performance

DSVA strategy objectives-

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 (Nottingham City Crime and Drugs Partnership, 2015).

The DSVA strategy for Nottingham City aims to:

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

Nottingham City Council Plan targets- The Nottingham City Council Plan states the local authority will work with partners to reduce the number of victims of domestic violence by 10%.

There is also an equality objective within the Nottingham City Council Plan to provide inclusive and accessible services for our citizens, by protecting from cuts to services for the most vulnerable citizens.

Nottingham Labour Manifesto- The Nottingham Labour Manifesto to 2020 pledges that Nottingham Labour will protect domestic violence services from cuts. It also pledges a co-ordinated approach across our partnerships to reducing domestic violence by 10%.

Crime and Drugs Partnership plan- The Crime and Drugs Partnership Plan 16/17 states that the partnership will work towards achieving a 20% reduction in victim based crime by 2020, this includes domestic and sexual violence (Nottingham Crime and Drugs Partnership , 2017).

Nottingham City Domestic and Sexual Violence and Abuse strategy- The Nottingham City DSVA strategy outlines a vision and mission for the City. The vision is- A future where adults and children live free from domestic and sexual violence and abuse. The mission- To reduce the incidence and impact of domestic and sexual violence and abuse in Nottingham City (Nottingham City Crime and Drugs Partnership, 2015).

4) Current activity, service provision and assets

Networks

There are a variety of strategic partnership groups operating in Nottingham with the purpose of working together to take action to prevent and respond to domestic violence in the city. Below is a description of these networks; however a diagram can be accessed here:

DSVA Governance Chart

DSVA Strategy Group- The DSVA Strategy Group is a multi-agency partnership group, which meets 4 times per year. The purpose of the group is to be responsible for informing the development and implementation of the domestic and sexual violence strategy and action plan, as well as being responsible for the development of the domestic and sexual violence needs assessment. The group are the central point for monitoring and scrutinising the progress of Domestic and Sexual violence and abuse working groups and providing effective oversight and accountability within the DSVA governance structure. The group co-ordinate partnership approach to domestic and sexual violence in Nottingham as well as analysing and considering any significant issues and events, including the recognition of trends (Nottingham City CDP, 2014).

Sexual Violence Action Network- The SVAN is a multi-agency partnership group, which meets 6 times per year. The aims of the group are to focus on those offences of sexual violence, offending and rape that appertain to adults and young people, to ensure that Nottingham has an effective partnership response to sexual violence and to work to promote positive culture and equality, by preventing misogyny and sexual harassment (Nottingham City CDP, 2017).

DSVA Safeguarding Group- The DSVA safeguarding group is a multi-agency group which meets quarterly, comprised of representatives from crime, children's, adult's, health, housing and the VCS. The group aim to implement good practice in safeguarding for DSVA for all sectors that support children adults and young people. They also aim to raise awareness of safeguarding re DSVA and strengthen co-ordination and pathways by taking the whole household into account.

Children and Domestic Violence Group- The Nottingham Children and Domestic Violence Sub-Group seeks to support survivors and their children and hold perpetrators to account. The group is multi-agency and meets 4 times per year. The objectives the group are seeking to achieve are as follows;

- To reduce the impact and prevent further incidents of domestic violence with a focus on early intervention
- To ensure provision of services for children and young people.

Domestic Homicide Review Assurance Learning Group- The Domestic Homicide Review Assurance Learning Group is responsible for overseeing the implementation of multi-agency recommendations resulting from Domestic Homicide Reviews and providing assurance regarding progress to the Nottingham City Domestic and Sexual Violence Strategy Group. The group meet quarterly to review the progress of recommendations

Voluntary Community Sector Domestic Violence Group- The VCS DV group is attended by delegates from Voluntary Sector Organisations with a domestic violence specialism, representatives from local area groups and the City Domestic Violence Strategy Officer.
The aim of the group is to provide a conduit through which the voluntary sector and area groups can propose strategy and respond to developments of policy and practice in Nottingham. It is also to provide a consultation opportunity and provide a mechanism through which voluntary sector bodies with a domestic violence specialism and local area groups can feed into the Nottingham City Crime and Drugs Partnership Domestic Violence Strategic Group.

Women's Safety Reference Group- The purpose of the Reference group is to help inform the Police and Crime Plan regarding women's safety issues; raise concerns and issues with the Nottinghamshire Police and Crime Commissioner (PCC) pertaining to the safety of women and related criminal justice; to be consulted for possible solutions to issues and concerns and to be informed by the PCC regarding relevant community safety developments. The group meets quarterly and attendance is on invite from the PCC.

Nottinghamshire DSVA Criminal Justice working group- The objectives of the Nottinghamshire Domestic and Sexual Abuse Criminal Justice Group are to monitor and improve: the multi-agency approach to domestic abuse within the criminal justice system; the journey and outcomes for victims, survivors and witnesses of domestic abuse; the efficiency and effectiveness of the Specialist Domestic Violence Court (SDVC), as well as sharing best practice.

Girls, women and violence network- The GWVN network aims to hold 3-4 conferences a year. The conferences will be held in a variety of locations and will include specific topics involving women and girls affected by violence and abuse. The conferences aims share knowledge, skills and the tools available to work with all women and girls affected by violence and abuse. The network ensures that all groups have the opportunity to develop safe practice and appropriate signposting within emerging topics and community issues.

MARAC Steering Group- the purpose of the MARAC Steering Group is to oversee and monitor the facilitation of the MARAC and address any operational issues, to evaluate the MARAC data, strategic development and raising awareness of the MARAC, ensure the MARAC operates in line with legal responsibilities and is up to date with changes in legislation.

Integrated Research Group (IRG)- The IRG is a research group comprised of key stakeholders including survivors and service user and carer groups. We will be building on existing collaborations and networks to develop our links further. The aims of the IRG are to establish a core regional, national and international network of across discipline partners and key stakeholders with a commitment to improving the lives and health of those affected by family violence.

Systems/ structures:

DART (domestic abuse referral team)- The purpose of the DART is to ensure that children and vulnerable adults affected by domestic abuse are identified, protected and supported at the earliest possible opportunity. The DART is a multi-agency team of people who continue to be employed by their individual agencies (local authority, police and health services) but who are co-located. Co-location is considered the most effective way of building relationships, trust and understanding between agencies so that staff are confident about sharing information. This multi-agency team deal exclusively with domestic abuse concerns within the City where there are children or a pregnant woman in the household or where a vulnerable adult who meets the threshold for Social Care Services is being subjected to domestic abuse (Equation, 2017).

Domestic Abuse Support Unit (DASU) - The Domestic Abuse Support Unit (DASU) based at Oxclose Lane is formed of specialist domestic violence trained police officers and IDVA's. They work jointly to risk assess each incident of domestic violence and refer on to the appropriate agency. It may be appropriate to refer to DART (domestic abuse referral team), which is set up to safeguard vulnerable adults and children.

Specialist Domestic Violence Courts- In essence, the specialist court programme is a co-ordinated community response to DV which combines both criminal justice and non-criminal justice interventions and forms a multi-agency response that creates greater victim safety and brings perpetrators to account. The SDVC Programme was developed following several independent evaluations, which demonstrated that by adopting particular working practices, significant improvements could be made to the outcomes of domestic violence cases. It also used the evaluation of the role of the IDVA and the MARAC process in improving outcomes for victims. For example, these approaches:

- enhanced the effectiveness of court and support services for victims
- made support for victims and information-sharing easier
- improved risk management of victims and children
- led to greater accountability of the perpetrator
- improved victim participation and satisfaction
- increased public confidence in the Criminal Justice Service (CJS) (Home Office, 2006).

Domestic homicide review- When someone has been killed as a result of domestic violence (domestic homicide) a review should be carried out. Professionals need to understand what happened in each homicide and to identify what needs to change to reduce the risk of future tragedies (Home Office, 2013). Domestic homicide reviews are carried out in any local authority where someone has been killed as a result of domestic violence.

Domestic violence disclosure scheme-From 8 March 2014, the domestic violence disclosure scheme was implemented across England and Wales. This follows the successful conclusion of a 1 year pilot in the Greater Manchester, Nottinghamshire, West Mercia and Wiltshire police force areas (Home Office, 2013). The domestic violence disclosure scheme comprises two elements, Right to ask and Right to know.

Right to ask: Under the scheme an individual can ask police to check whether a new or existing partner has a violent past. This is the 'right to ask'. If records show that an individual may be at risk of domestic violence from a partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

Right to know: This enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. Again, the police can release information if it is lawful, necessary and proportionate to do so.

Domestic violence protection order- Domestic violence protection orders (DVPOs) have been implemented across England and Wales from 8 March 2014. This follows the successful conclusion of a 1 year pilot in the West Mercia, Wiltshire and Greater Manchester police force areas.

Domestic violence protection orders are a new power that fills a gap in providing protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident. With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police couldn't charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time (Home Office, 2013).

Forced Marriage Protection Order- A forced marriage protection order is a legal order that can be obtained from the courts which can serve as an injunction against a person to prevent someone being taken out of the country for the purpose of forced marriage and /or someone being in contact with a potential victim with the intention of forcing them into marriage. This can include the confiscation of passports as a protective measure.

MARAC- Nottingham City MARAC is a regular local meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, share information and create an action plan for each case heard.

Sanctuary scheme- The Nottingham City Sanctuary Scheme aims to help survivors of domestic violence to remain in their own homes and feel safe. This is done by providing additional security to the survivor's property. For example, reinforcing front and back doors, and installing intruder alarms. There are three levels of Sanctuary, which can be installed to a property, depending on the level of risk faced by the survivor.

All applicants to the scheme receive support from the Sanctuary Plus Support Workers. Workers provide support to the survivor while the physical aspects of the Sanctuary are being installed and for a short period afterwards. Applicants to the scheme are also offered legal advice so that they are able to exercise their rights of occupation and exclude the perpetrator from their property. All properties with a Sanctuary installed are also tagged with the emergency services. This is so that, if a 999 call is made from a property, the emergency service operator can see immediately that a Sanctuary has been installed at the address.

Night Time Economy Vulnerability Campaign (Drinkaware)

Nottinghamshire Police, the Office and Police Crime Commissioner, Nottingham City Council and the Nottingham Bid have sought funding, to work in partnership with Drinkaware in relation Nottingham Cities Night Time Economy (NTE). The project is to provide a holistic approach to the reduction of alcohol harm and associated vulnerabilities in the NTE. The Drinkaware Project will provide the following:

- *Drinkaware crews within Nottingham City Centre bar/club venues*
- *Training for taxi marshals*
- *Training for fast-food outlets*
- *Drinkaware alcohol awareness vulnerability e-learning package:*
- *Launch their already well established social media campaign for Nottingham's NTE*

Club Crew will be supporting door staff at specific City Centre venues to reduce vulnerability and offer alternative support to ensure that women can get home safely.

Nottingham Street Pastors

Nottingham Street Pastors is a project set up by the Malt Cross in 2010 to help improve Nottingham's nightlife. The project sees over 70 volunteers go out to care for and look after the on average 30,000-40,000 visitors who use Nottingham city centre's nightlife every weekend.

Street Pastor volunteers patrol the city in teams of three on Friday and Saturday nights between 10pm and 3am to help when someone's night out takes a turn for the worst. Support is offered to help vulnerable people at risk for their own safety or that of others.

Independent Inquiry into Child Sexual Abuse (IICSA)

IICSA is investigating the extent to which institutions have failed to protect children from sexual abuse. There will be a number of distinct inquiries included within IICSA's work, one of which will focus on child abuse which took place in children's homes in Nottinghamshire.

Senior Management Group (SMG) Operation Equinox

In response to the police Operations Daybreak, Xeres and Bulbed, the City and County Councils, CCGs and the Office of the Police and Crime Commissioner (OPCC), working under the umbrella of the safeguarding boards, formed a Senior Management Group (SMG) and developed a Historical Child Abuse Victim/Survivor Support Strategy. The draft Strategy's aims include enabling victims to find appropriate assistance, identifying appropriate resources to meet the support and therapeutic needs of the victims and agreeing a Health Pathway to identify and provide support for victims. The Strategy has three key objectives, the third of which is to ensure that services meet the needs of victims/survivors.

Services:

WAIS Helpline- The 24 hour Domestic and Sexual Violence Freephone helpline is for any woman affected by domestic violence or abuse living in Nottingham or Nottinghamshire. It's available 7 days a week, 365 days a year. The helpline is run by a specialist team of female staff and volunteers experienced and specifically trained to understand domestic abuse and the impact it has on women and children. They provide specialist information and advice to both survivors, families, communities and professionals working with survivors and is also the main access point for the city's refuges. The helpline can help women think about safety planning and accommodation options, whether women are ready to leave or not, as well as provide support and signposting.

IDVA service- IDVAs help keep high risk survivors and their children safe from harm from violent partners or family.

Serving as a survivor's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk. They:

- discuss the range of suitable options
- develop plans for immediate safety – including practical steps for victims to protect themselves and their children
- develop plans for longer-term safety
- represent their clients at the MARAC
- help apply sanctions and remedies available through the criminal and civil courts, including housing options

These plans address immediate safety, including practical steps for survivor's to protect themselves and their children, as well as longer-term solutions (Home Office, 2013).

Integrated offender management (IOM) IDVA- IOM IDVA's work with survivors who have been referred because the perpetrator is under supervision of probation or being managed by the Police IOM team. This can include current, ex-partners and any other women thought to be at risk from the perpetrator. The women are offered 12 weeks of support and the function of the IOM IDVA service is the same as described for the IDVA service.

Rise (outreach service) - Rise offers both immediate crisis support for up to 4 weeks and ongoing emotional and practical support for up to 12 weeks to women who have experienced domestic violence and abuse. All elements of the service can be delivered flexibly in the woman's own home or in safe, accessible community venue (WAIS, 2017). This team also supports the Sanctuary Scheme.

Stronger Families- Stronger Families is a 12 week mother and child therapeutic programme delivered in both group and individual sessions to children and young people aged 5 and over and their non-abusing parent.

The programme will:

- support the parent to avoid future abusive situations,
- help the parent better support their child's reaction to the abuse
- help the children and young people to understand and overcome problems resulting from Domestic Violence and Abuse, which are adversely affecting their present and future happiness and achievement.
- support the development of skills in key agencies working with these families

The programme is based on the Ontario model in Canada ' The Community Group Programme for Children Exposed to Women Abuse' a Concurrent Group Programme for Children and their Mothers: 2006 which has been evaluated as an effective tool for work with children and women who have lived with Domestic Violence.

Domestic violence children's refuge workers- Children's Workers provide play sessions and support for children during their stay in refuge as well as information and advice to mothers on childcare issues such as feeding, nutrition, toileting, sleeping and behaviour problems. Children's Workers also encourages mothers to seek the help available in the community and from other services. All refuges in the City currently have one of these.

Teen advocate- WAIS provide a teen advocacy service in Nottingham City, offering a personalised package of practical advocacy and emotional support for teenage girls aged 13 to 17 years experiencing abuse in their intimate relationships. Generally lasting for up to 12 weeks, support includes safety planning which takes into account the specific issues faced by teens including online abuse, sexual exploitation, honour based violence and forced marriage (WAIS, 2017).

Freedom programme- Freedom programme is an 8 week education programme for survivors of domestic violence and abuse. This course explores what makes relationships healthy or unhealthy and helps women to understand and make sense of what has happened to them.

It also looks at the effects of domestic violence on children and improves confidence and self-esteem all in a supportive environment.

Equation- Men's service

This service will provide time-limited support to men who are experiencing domestic violence and abuse.

- Risk assessment will be undertaken to identify risk of harm to the client using a DASH RIC form (you may already have completed one of these as part of your support).
- The type of support provided will be identified against risk level and need.
- Support may include practical and emotional assistance, and signposting to other specialist services such as counselling
- Assessment will be made to ensure that work with the individual is appropriate and safe.
- Equation operates structured safeguarding and assessment protocols in its work with men.

In addition to this, a male IDVA service is provided to high risk victims.

Stride- The Stride project delivers training to staff within Children Services to support them to respond appropriately to DV cases. This is comprised of a training plan for all workers and development of domestic abuse leads within Children's Services.

Response to complexity (R2C)- R2C is a Department of Communities and Local Government (DCLG) funded project to provide a service in Nottingham for women survivors (with or without children) of domestic and sexual violence and abuse with complex needs, which includes mental ill health, substance misuse (including alcohol) and/or dual diagnosis.

The aim of the project was to provide:

- 1 additional refuge with 4 bed spaces with wrap around support services from multi-agency specialists, including substance misuse, mental health and homeless health team support in refuge.
- Wrap around services would also include: access to specialist complex needs domestic violence support worker; additional language translation and interpretation services; health and welfare advice; and post-accommodation support after refuge in the community (Nottingham City Council, 2017).

Pet fostering project- (WAIS) The Pets Project helps women and their children reluctant to leave abusive relationships because of their pets, by providing a fostering home for their animals. Pets are cared for by volunteers who have been checked for their suitability whilst the women continue to pay for their animals feed. Every attempt is made to find appropriate foster homes for each animal and we are always looking for fosterers for all types of animals (WAIS, 2017).

Imara- Imara is a specialist service that supports children, young people and their family following a disclosure of child sexual abuse. Referrals are received directly from the Nottingham Police Child Abuse Investigation Unit and clients are supported from a legal, advocacy and therapeutic perspective. Trauma Care support will be provided to families for a minimum of 12 months, including young people and vulnerable adults within the family network. Imara offers support in the form of:

- Information, advice and consistent contact throughout the judicial process
- Specialist assessment and referral on to appropriate support agencies and access to pre-trial therapy
- Support with education, health, housing and financial concern (IMARA, 2017).
- IMARA also has a worker trained as an ISVA/CHISVA (Children's Independent Sexual Violence Advocate).

East Midlands Children and Young People's Sexual Assault Service (delivered by Nottingham University Hospitals NHS Trust) - A holistic regional Sexual Assault Referral Centre (SARC) service that is the gateway into support for all children and young people under 18 who are victim of sexual violence. The services delivers from hubs in Nottingham and Northampton. The service includes provision of forensic and historical examinations, mental health assessments, short term therapeutic support and referrals into sexual health, mental health, social care and other relevant support services. Referrals can be made by any agency and victims and survivors can also self refer.

Topaz Centre (delivered by Mountain Healthcare) - A Sexual Assault Referral Centre (SARC) service for all adults (18+) who are victims of sexual violence. The service provides forensic and health assessments, crisis support and onward referrals to other support services. Referrals can be made by any agency and victims and survivors can also self refer. Medical examination can take place up to 7 days after the incident to gather forensic evidence, this service is available without Police involvement for those over the age of 18.

Independent Sexual Violence Adviser (ISVA), delivered by Notts SVS Services - The ISVA service provides a range of practical, informational and emotional support and advocacy for all adult victims and survivors, including through the criminal justice systems. ISVAs help survivor to unlock the blocks they are face, whether that's about practical issues such as housing or health services or support with reporting to the police or through court.

CHISVA service, delivered by Imara- The CHISVA service provides an ISVA service to all children and young people under 18. Referrals are via the East Midlands Children and Young People's Sexual Assault Service.

Specialist SV counselling, delivered by Notts SVS Services - Provision of face to face and telephone counselling to individuals and groups, creative therapeutic groups including mindfulness and counselling helpline. Support is available for women and men and regardless of how long ago the sexual violence occurred. Referrals are from the police,

other agencies and self referrals. Notts SVSS also provides support for survivors of historic and institutional abuse, specifically in relation to the National Independent Enquiry into Child Sexual Abuse (ICCSA).

Safer Living Foundation Prevention Project- the Safer Living Foundation Prevention Project works with individuals who think they may be at risk of sexually offending, with the aim of preventing them from doing so and keeping potential victims safe. The service provides therapy for individuals and takes referrals form agencies and self-referrals.

Nottingham Women's Centre- Nottingham Women's Centre provide the 'Safer for Women' project, in conjunction with NTU and UoN. Safer for Women is a project to address misogynistic incidents affecting women in Nottinghamshire, including street harassment, sexual assault and unwanted sexual advances, cyber harassment and verbal and physical assault. This project is funded by the Office of Nottinghamshire Police and Crime Commissioner and delivered in partnership with key local agencies such as Nottinghamshire Police and the Safer Nottinghamshire Board. Work has been undertaken with Nottinghamshire Police to implement misogyny as a locally monitored hate crime category.

Change that lasts- Nottingham and Nottinghamshire became one of three areas in the country to pilot a new model of working with domestic abuse survivors. The City and County is piloting Change that Lasts, developed by Women's Aid Federation of England in consultation with survivors and member services. It offers an exciting opportunity to pilot a new model of working with survivors and share in local and national learning about how to keep women safe. Informed by survivor and professional feedback and best practice research, Change that Lasts places the survivor and her needs at the heart of its response. Funded by the Big Lottery, the first of the three schemes launches in Autumn 2017.

Domestic and Sexual Violence Specialist Nurse, Emergency Department- The DSV specialist nurse is based at the Emergency Department at Queens Medical Centre. The purpose of this role it to raise awareness of domestic abuse with staff and patients, provide specialist advice to colleagues regarding DV, refer patients to specialist DSV services and provide domestic abuse training to ED staff. In addition, the role supports the development and implementation of policies, protocols, procedures and good practice guidance on domestic abuse for ED and the wider trust.

Specialist Domestic Abuse Nurse- The purpose of the specialist domestic abuse nurse is to provide specialist expertise on DVA to community and primary health care staff (working with both adults and children) within Nottingham City. This is to ensure an effective response by community and primary health staff, caring for both adults and children affected by DVA, through the provision of training and specialist expertise. The specialist domestic abuse nurse post develops and rolls out training, provides advice to colleagues, assists with the DART and attends MARAC.

Specialist Domestic Abuse Midwife- The specialist domestic abuse midwife at NUH provides support to staff within NUH re DV, providing training, resources and acting as a point of reference for maternity staff. The midwife is also a case-holding midwife working with some of the most complex cases and works closely with refuges in the City.

Domestic Abuse Camhs Worker- Within Nottingham City Child and Adolescent Mental Health Service there is a specialist domestic abuse practitioner.

Notts Healthcare Trust Specialist practitioner domestic violence and abuse- Notts Healthcare Trust employs a specialist practitioner re domestic violence and abuse.

Equation- Education programmes

Great project- Good Relationships are Equal And Trusting (GREAT) is a fun and interactive project delivered to primary school pupils in Years 5 and 6. Designed in collaboration with teachers and pupils, GREAT raises awareness about domestic violence, improves children's access to support services, changes attitudes to prevent future domestic violence, and empowers young people to aspire towards healthy relationships.

GREAT has been delivered in 54 of the 80 primary schools in Nottingham City.

Choices- Choices is a targeted positive and creative 8-week project for young men. The project addresses the risk of abusive behaviours and attitudes through empowering the young men to manage their feelings, recognise their responsibilities and choices over their behaviours, and developing their aspirations for healthy relationships.

Know more project- Know More is a targeted interactive and creative 8-week project for young women. It addresses the risk of domestic abuse and sexual violence by focusing upon building young women's self-esteem and confidence within relationships, empowering them to make positive choices about their lives.

Previous Know More participants agree that the project helped them to make positive changes to their life, by a score of 8/10

Equate project- Equate is an innovative whole school approach to educating young people about domestic abuse, gender equality and healthy relationships. Designed for secondary school pupils in all year groups, the comprehensive selection of lessons fits well into PSHE and other key areas of the curriculum. Sessions include sexting, personal space, child sexual exploitation, and staff training on domestic abuse.

Equate is delivered in 70% to 4,000 pupils in Nottingham City and County each year.

Refuges:

Nottingham City Council currently uses around 28% of the total spend on DSVA services to provide safe accommodation for survivors. There are 31 bed spaces across three commissioned refuges and an additional 6 bed spaces provided by Central Refuge for women with complex needs.

There is a dual access route into this safe accommodation via the Women's Aid Integrated Services (WAIS) Domestic Violence Helpline along with the Homelessness Prevention Gateway.

Amber House- Amber House provides refuge accommodation and support for women and children affected by domestic violence. The refuge can house up to 10 women with or without children. Survivors are supported to make informed decisions about their future and suitable accommodation, as well as offered support, information, advice, support, information, advice,

signposting for legal and housing services to enable women and their children to live safely and independently.

hisignposting for legal and housing services.

Other advice is available, including signposting to legal and medical services. The service aim to help survivors move on within 12 weeks, although this depends on individual circumstances and needs.

Zola- Zola refuge is a self-contained accommodation with 9 flats, providing safe temporary accommodation for women and their children escaping domestic abuse. Zola refuge offers support, information, advice, signposting for legal and housing services to enable women and their children to live safely and independently.

The refuge specialises in supporting women with specific cultural needs from Black, Asian and Refugee communities. Staff are skilled and experienced in supporting women with forced marriage and so called honour based violence issues and can also work with some women who have no recourse to public funds.

Umuada- Umuada provide refuge for women and their children which provides emergency, short term accommodation for those experiencing domestic abuse. There are 12 bed spaces at Umuada and support is provided to residents around employment, education, independent living, welfare benefits and life skills.

Central- Central refuge is a 6 bed refuge for women with complex needs.

University services and initiatives-

Nottingham Trent University- NTU have a newly appointed dedicated sexual violence project officer. The 'Consent is Everything' campaign has run for the third year and is one of the main strands of their prevention work. Training regarding consent is offered to wellbeing officers, who are often placed within sports societies, as well as students union bar staff being trained to notice any signs that someone may be at risk from a sexual assault.

NTU have trained 8 staff who can work with sexual violence survivors in a supportive role, as well as being a point of contact for any staff member who receives a disclosure. NTU will be starting to roll out first responder training to staff members who come into contact with students, such as residence assistants, student leaders, counsellors, front desk staff and tutors.

NTU are also running a 1-year project to train and support staff in how to manage student disclosures of sexual violence, 5 new student support advisors have had specific sexual violence training.

University of Nottingham- Nottingham University are running the "Let's be clear on consent" campaign on campus. They hold road shows on each campus where students and staff will be able attend the road shows and collect a new updated brochure along with other resources.

The TOPAZ Centre have been running a pilot clinic scheme on campus once per week. This was located in a separate space on campus between October 2017- December 2017. The pilot scheme will be reviewed and evaluated by the University.

Criminal Justice Perpetrator programmes:

Building better relationships- BBR is a perpetrator programme undertaken via court order or license conditions. The programme is made up of 4 modules, a foundation module, then My relationships, My emotions and My thinking. Each module consists of 6 sessions and then a 1-1 support session at the end of each module. The programme lasts a total of 24 weeks and the aim it to enable perpetrators to recognise, understand and change their abusive behaviours.

Safer choices- Safer choices is a pilot programme aimed at 'lower' risk DV perpetrators with the aim of preventing/reducing domestic violence through education on healthy relationships. The programme lasts for 8 weeks and consists of 8 sessions, participation is via probation referral.

5) Evidence of what works

Across the body of guidance and evidence there are key themes that emerge, specifically these are in relation to early identification and intervention, effective provision and response, multi-agency working and clear referral pathways for service.

Home Office- The Home Office released their 'National statement of expectations' re VAWG in December 2016, this sets out what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need (Home Office, 2016).

Within this, there are 5 key expectations in regards to local strategies and services:

1. Put the victim at the centre of service delivery
2. Have a clear focus on perpetrators in order to keep victims safe
3. Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG
4. Are locally-led and safeguard individuals at every point
5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

Chief Medical Officer- The Chief Medical Officer's (CMO's) 2014 report on the health of the 51% women makes policy suggestions relating to gender based violence. These include:

- Ensuring healthcare professionals are trained to recognise and response to gender based violence, this could form part of the healthcare curriculum.
- Initiatives that challenge gender stereotypes
- Ensuring inclusion of marginalised groups in service provision and pathways, including proactive and outreach access
- Monitor the implementation of NICE DSVA guidance locally

- Commission specialist sexual violence services in all areas to link with SARCs

DfE- The DfE have published advice for schools titled 'Sexual violence and sexual harassment between children in schools and colleges' (DfE, 2017). This outlines guidance for schools in regards of their legal responsibilities, preventing child on child sexual abuse and harassment and responding to reports of sexual violence and harassment. In regards of prevention, the guidance recommends a whole school approach involving governing body, parents, staff children and ensuring policies and procedures include safeguarding and child protection as a recurrent theme; ensuring policies and procedures in relation to sexual violence and sexual harassment are clear and transparent and easy to understand. Providing safeguarding training to staff and ensuring preventative education in school through a planned curriculum were also cited as recommendations for prevention. This education could include healthy relationships, respectful behaviour, gender roles and stereotyping, body-confidence, sexual violence and harassment and addressing cultures of sexual violence.

NICE guidance-

NICE have issued guidance regarding domestic violence and abuse. This sets out evidence based recommendations for health and social care in order to effectively prevent and respond to domestic violence. This guideline includes recommendations on:

- planning and commissioning services
- local strategic multi-agency partnerships
- identifying domestic violence and abuse
- providing tailored support and specialist advice and advocacy
- support for specific groups affected by domestic violence and abuse, including people who find it difficult to access services, children and young people, and people who have a mental health condition
- support for people who perpetrate domestic violence and abuse
- training for health and social care professionals

Nice quality statements: NICE have released quality standards in relation to domestic violence and abuse. These comprise of four main statements regarding health and social care practitioners, and come with recommendations as to how commissioners can implement them.

1. People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.
2. People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.
3. People experiencing domestic violence or abuse are offered referral to specialist support services.
4. People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.

The above quality statements require staff to be trained to sensitively ask about domestic violence and abuse as well as referral pathways being clear and communicated so that upon disclosure practitioners can refer to appropriate services for both survivors and perpetrators.

NICE Local Government Briefing: Domestic violence and abuse, how services can respond effectively- The NICE local government briefing identified that multi-agency partnerships are needed, with clear, open communication channels and jointly agreed policies and procedures. (Examples include local safeguarding boards for children and adults, Safe Network and Multi-agency risk assessment conferences, see NICE public health guidance 50.) They should offer long-term generic and targeted services as part of a 'whole system' response. Local authorities are uniquely placed to coordinate and support this response.

The briefing also identified that all health and social care staff need training to identify and respond sensitively to a disclosure (see definition in NICE public health guidance 50) of domestic violence and abuse. This includes being able to ensure people's safety and being able to direct people to specialist support services.

Multiple perpetrators- Equation have released 'Good Practice Guidance for Managing Risks Associated with Multiple Perpetrators of Domestic Violence and Abuse in Nottingham City' (Equation, 2017). This offers guidance to professionals working with victims of multiple perpetrators and how to respond to disclosures and most effectively safeguard the victim.

DSVA strategy- The DSVA strategy identifies the need to intervene earlier, reduce repeat incidences of domestic violence, work together, embed specialists in organisations to increase confidence in reporting. The strategy also includes need to educate and also treat perpetrators, also identified need across the risk spectrum, do not be fooled if not high risk, abuot identifying and intervening earlier.

Local evaluation- There have been local evaluations of initiatives operating in the City, including Response to Complexity and the IRIS project.

National research- Dr Liz Kelly identifies the importance of follow up support for women after they have fled violence. In order for women to effectively build their lives, support needs to be ongoing and practitioners need to understand the pattern of behaviour associated with coercive control and that women are likely to experience post –separation abuse (Kelley, et al., 2014).

6) What is on the horizon?

Domestic Violence and Abuse Act- In February 2017 the Prime minister announced plans for a programme of work which will look at what more can be done to improve support for victims especially in the way the law, and legal procedures, currently work for such victims. Experts in this area will be invited to contribute ideas and proposals for improving the way the system works which is likely to lead to legislation – making it much easier for law enforcement bodies to find and use more consistently the measures at their disposal.

Homelessness reduction act- The act introduces two new stages of duty to the local authority. The local authority has to offer support to prevent homelessness occurring if someone is threatened with homelessness within 2 months. If the homelessness can't be prevented, the local authority has to try to relieve their homelessness by supporting them to find alternative accommodation. Public sector bodies are also under a new duty to refer people whom they identify as at risk of homelessness to the local authority for support. There is likely to be an increase in the amount of people seeking support and housing services will be looking to refer people to services appropriate to their support needs – so if those support needs are assessed as being DVSA related, housing will be utilising those services and therefore those services, such as refuge accommodation, will be under further demand.

Supported housing proposals- The government are currently consulting on proposals to change the way supported housing, including refuges, is funded. This presents a new grant-funding model for refuges. Whilst this grant funding will be ring-fenced for all supported accommodation, the proportion of this to be spent on refuge accommodation is up to the local authority in question, as such, there is likely to be disparity across the country in regards of refuge provision, potentially increasing refuge demand in other areas which have continued to prioritise funding refuge. Refuges will no longer be able to receive enhanced housing benefit to fund bed spaces, although individuals would still be able to apply to receive housing benefit.

Women's Aid predicts that this change in the funding model for refuges will lead to many refuges closing. Many refuges are currently not commissioned by local authorities and rely solely on enhanced housing benefit to survive. This includes refuges in Nottinghamshire.

The size of the grant will be based on local projections of future need. However, it will be difficult to predict the knock-on effect of refuges closing elsewhere across the region and nationally, and the resulting increase in need**.**

IRIS- Recently the IRIS service has been decommissioned, as such it is important to keep the momentum of referrals to the DV pathway from GP's and to ensure they are receiving appropriate training so that they continue to be confident in making referrals re DV and to receive and act on disclosures. Currently GP's have been trained re this in their 'Practice Learning Time' however, this may be considered a standing item yearly to ensure GP's continue to feel empowered to effectively encourage and respond to disclosures of DV.

Online dating- Recently there has been an increase in perpetrators of sexual violence who met online, as such it may be wise to look at possible interventions and awareness campaigns re this in order to kerb this increase.

Response to Complexity (R2C)- The R2C project is DCLG funded, this was only for a set periods of time and funding is due to cease within the next 6 months. It is not clear whether the project will be able to continue unless other funding streams are identified.

Court prosecutions- Local intelligence suggests recent developments in the court judicial system have resulted in more police requests for information ion victims. This can be seen as detrimental to victims and their privacy, as such in future we may see a reluctance amongst women to come forward and continue with prosecution, or a more negative experience for those who do.

Legal Aid- In January 2018 the government announced more support for survivors of domestic violence and abuse to take their abusers to court via Legal Aid.

Domestic abuse bill: consultation on proposals- On the 8th March the government announced consultation on proposals as part of the Domestic Violence and Abuse Bill. As part of this the government are proposing to introduce:

- Domestic Abuse Protection Orders to better shield victims against further abuse by enabling courts to impose a range of conditions on abusers. Under the proposals, breaching the order would become a criminal offence (these are different to current DVPO's as include the new wider definition of domestic abuse, not just violence).
- Creation of a statutory aggravating factor in sentencing, similar to those already in law for hate crimes, for domestic abuse to toughen sentences when it involves or affects a child,
- Creation of a Domestic Abuse Commissioner to hold the government to account.
- Economic abuse will be recognised for the first time as a type of domestic abuse, covering controlling circumstances in which victims have finances withheld, are denied access to employment or transport, or are forced to take out loans and enter into other financial contracts.

As part of the consultation the government will also be seeking views on how to allocate some of the £20m funding announced last year. Some of these proposals include:

- An £8 million fund will be allocated to support children who witness domestic abuse, and help with their recovery through locally commissioned projects.
- £2 million will be dedicated to supporting female offenders who have been victims, as over 60 per cent have indicated they have experienced domestic abuse.
- £2 million will be used to extend a healthcare pathfinder pilot across further hospital trusts and help direct domestic abuse victims to the full range of services they need.

The government are also reviewing the way in which refuges and supported housing are delivered in response to the call for sustainable funding for refuges from the sector.

Male service standards pilot

Notts SVSS are working with Lime Culture and the Male Survivors Partnership to implement male service standards within the organisation. This includes meeting certain criteria and being assessed and accredited. Further information can be found here: http://www.malesurvivor.co.uk/male-service-standards/

7) Local Views

Consultation has been undertaken with WAIS service users via the WAIS garden party (WAIS , 2017). A cohort of 50 respondents shared their experiences via a survey to find out if

agencies are ‘getting it right’. The findings are insightful and provide some insight into the needs of survivors, what is working for them and what could be better. Below these findings are summarised:

Disclosure- The majority of women had first disclosed their domestic abuse to their GP or practice nurse (30%), showing how important it is for our healthcare staff to be able to respond effectively to disclosure. The second most common agency for initial disclosure was police followed by the DV helpline. 97% of women had a positive response from the agency they first disclosed to.

Safety- When women were asked what makes them feel safer, the most common response was ‘Safety planning with my Women’s Aid worker’ (70%), followed by ‘Knowing I could call the WAIS 24 hour helpline at any time’ (62%), showing women value these services.

Of those women who’s case had gone to the MARAC, 75% stated they felt safer immediately as a result of MARAC actions, however this was a small sample.

Housing- More than half of women stated housing was a strong barrier to leaving an abusive relationship, with a further 16% stating it was a slight barrier. This shows the importance of accessible housing in facilitating women to leave abuse.

8) Unmet needs and service gaps

- It appears demand for refuge may be at risk of outweighing supply, as the number of households moving out of refuge has decreased 58%, in turn increasing the time women and families are in refuge accommodation. Longer lengths of stay can delay the women's ability to rebuild their lives in the community.
- Local intelligence suggests not all schools provide healthy relationships education, as such prevention activity is not the same across the City.
- Local intelligence suggests survivors can find themselves in-between services when it comes to mental health support, with some being too high threshold for one service but too low for another.
- The Police and Crime Commissioner (PCC) have identified a lack of long term specialist therapeutic (for example re PTSD) and psychological support services relative to demand in relation to sexual violence and abuse.
- Local intelligence suggests there is a gap in mental health support for survivors of domestic abuse, with some reporting an unclear pathway as to where survivors can receive support and in what circumstances. There is considerable anecdotal evidence that mainstream mental health services are difficult to access and are not trauma informed. Both SV and DVA victims and survivors report that the services are too short even if they do manage to access them
- The PCC have also identified that although a specialist SV counselling service is commissioned the waiting list for this is very high and continues to grow. In addition, the service cannot meet all the mental health needs of victims and survivors
- There is a lack of common language and understanding about the clinical therapeutic needs of victims and survivors who have suffered trauma and how best to support them
- There is evidence that victims and survivors do not feel believed when disclosing to health and other professionals, this is a barrier to service provision
- Whilst sexual violence is a gendered crime which disproportionately affects women and girls, men are victims too and this presents challenges for commissioners and providers in ensuring that services are equitably publicised and accessible for all who need it.

9) Knowledge gaps

- Further work may be required to understand why there is an increase in repeat domestic abuse calls. Once the mechanism behind this is clearer, the DSVA strategy group can take action to address the cause/drivers of repeats, such as ensuring effective response to disclosure first time.
- Further exploration of the increase in sexual violence reporting may be required to ascertain whether figures have gone up or whether this was as a result of the police data audit. This should be closely monitored and potential drivers behind this explored

so that these can be addressed. Recent PCC commissioned research has shown there is a gap between reporting of sexual violence and number of survivors.
- Further work may be required to explore if LGBT groups are effectively supported by existing domestic violence and abuse provision in the City. Currently there is no LGBT specific service.

10) Recommendations for consideration by commissioners

Domestic violence and abuse

Housing

- Commissioners and policy makers should explore possible ways of moving women and families through refuge in a more timely manner, potentially through housing policy or initiatives such as Housing First.
- It is also important to consider the potential effects of the Homelessness Reduction Act on provision and any potential changes to service provision or access criteria that may be required. Housing was cited by survivors as a barrier to leaving, as such ensuring adequate access to alternative housing is crucial to enabling women to leave abusive situations and not experience repeated domestic violence and abuse.
- A further piece of work may be required to publicise housing options to survivors in refuge, as local intelligence suggests many survivors and support workers believe that waiting for social housing is the best option to move out of refuge. However, as the social housing stock decreases this can lead to longer waiting times and in turn a silting up of refuge resulting in new survivors being less likely to be able to access refuge services.

Education

- Commissioners and policy makers should explore how consistent healthy relationship education provision is across City schools and ways to encourage more schools to engage specialist services to deliver this. Being young is a risk factor for domestic violence, as such it is imperative children and young people are educated about healthy relationships as part of early intervention work to prevent domestic violence occurring. Programmes in school also enable children and young people who are living with domestic abuse to get earlier help and support.
- As both domestic abuse calls to the helpline and reported domestic incidences are increasing, it is important to (as far as possible) to ensure provision can meet demand. The helpline (for all survivors, families and professionals) and IDVA support (for high risk survivors) were the services survivors felt made the most difference to them.

Health

- There is much evidence to support the importance of effective response to DV amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of DV, as well as referral pathways being effectively communicated on a regular basis.

- Work may be required to ensure mental health support is linked to specialist services and that appropriate referral pathways are established and known, to enable survivors to receive the mental health support they may require following trauma.
- Ensure IAPT are equipped to deal with PTSD that may present in DV survivors and thresholds for service are clearly communicated to the sector.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of domestic violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist and mainstream mental health services.
- Pathways for support, particularly therapeutic and MH support should be made clear to agencies and the public to enable clearer knowledge and improved access to services.

Specialist support

- NICE recommends provision of specialist children's support, such as advocacy or therapy, as such it is recommended where possible provision of teen advocacy and therapy for children, such as Stronger Families, continues.
- Continue to provide perpetrator programmes delivered in the criminal justice system to address perpetrator behaviour with aligned survivor support services as per NICE guidelines and to explore non-criminal justice interventions.
- Continue to provide specialist support to survivors of DSVA. NICE recommend provision of specialist support, as well as specialist support being valued by survivors themselves.
- As per Safe Lives recommendations and the City's DSVA strategy aim to ensure victims are effectively protected against repeat victimisation and supported to recover from DV, it is important to ensure we continue effective MARAC's in the City and provision of the right number of IDVA's per head of population.
- Continuation of DART would help ensure provision across the spectrum of risk and increase early intervention.
- Providers should be encouraged to consider how they can help support survivors to develop 'Space for Action'.

Equalities

- As BME survivors are over-represented amongst domestic violence services, however under-reported in reports to the police, it may be worth further exploring how we can work with BME groups to encourage reporting of domestic abuse.
- Local intelligence suggests women in the UK on spousal visas/ with no recourse to public funds affected by DSVA may be prevented from reporting and being offered support. It is important we review and understand how we can enable access to support for these women.
- Support should be available to those experiencing familial domestic violence as well as intimate partner violence, 56% of all familial domestic violence and abuse was parent/child relationships. It is important we put in place and publicise pathways, practice guidance and support for these groups.

- It is important to ensure all DSVA services have given appropriate consideration to trans survivors to ensure access to services.
- It is important we ensure all DSVA services are LGBT friendly to ensure equity of access as well as encourage LGBT survivors to seek help. Part of this could be encouraging services to monitor equality characteristics more effectively so we can identify gaps in provision and barriers to access.

Sexual violence and abuse

- Being a student is a risk factor of sexual violence; it is important we work with, and continue to work with, our universities and student population to raise awareness of consent, promote respectful attitudes towards women and girls, ensure that universities can effectively respond to disclosure and that students know how to stay safe and respect each other's boundaries. Continuation of current work being undertaken in the universities around sexual violence would work towards achieving this.
- Consideration should be given to whether we should expand the work going on in universities to colleges and FE institutions.
- As there is a strong link between sexual violence and the NTE, with 40% of all recorded sexual violence offences recorded in the early hours, it is important we continue with the initiatives we have implemented to make the NTE safe and provide safe spaces, Drinkaware crew, street pastors and awareness campaigns.
- The younger cohort appear more at risk of sexual violence, suggesting the importance of working with these groups to prevent attitudes that may facilitate sexual violence and explore consent.
- Ensure sexual violence support services are appropriately linked in with mental health support, and that the support available is suitable for need. These services should be accessible in a timely fashion and meet demand. This should include trauma support for survivors of both current and historic sexual abuse.
- There is much evidence to support the importance of effective response to sexual violence amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of sexual violence, as well as referral pathways being effectively communicated on a regular basis. Local research identified survivors stated they received a poor response when they had disclosed sexual violence.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of sexual violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist (SV counselling) and mainstream mental health services.

Key contacts

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