

North Lincolnshire Integrated Domestic Abuse Strategy 2013 - 2016



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Introduction

Domestic abuse often features alongside other problems such as mental illness and substance abuse; these may be experienced by one or both partners and have different manifestations and impacts. The co-existence of parental mental illness and substance misuse with domestic abuse represent a constellation of risks for children and young people and these can be difficult for professionals to address safely and effectively.

In April 2010, work began on a 2 year DfE funded project which aimed to improve safeguarding outcomes for children and young people living with domestic abuse where there were additional risk factors. (WomenCentre Safeguarding and Domestic Violence Pilot)

Through its Local Safeguarding Children Board, North Lincolnshire was one of 10 Boroughs from across the north of England to join the project and I (as a partner of WomenCentre) worked with a small steering group made up of people from agencies across North Lincolnshire for almost 2 years until February 2013.

During that time, the steering group agreed their priorities and carried out an in-depth case mapping review of 4 'live' domestic abuse cases in order to identify good practice, areas for improvement and lessons for the future.

The WomenCentre team developed and offered specialist training to the sites who participated in the Pilot. The training focused upon understanding MARAC and safeguarding children processes, work with perpetrators and risk assessment, supervision and reflective practice. The training was aimed at those who manage and/or supervise staff and 8 people from agencies across North Lincolnshire attended the training.

The project as a whole was evaluated by The University of Huddersfield (Peckover et al., 2013) and several major themes were identified as critical to the improvement of safeguarding outcomes for children and young people.

The steering group in North Lincolnshire were committed, open and honest and successfully stimulated awareness of reflective discussion about domestic abuse and safeguarding children and ways in which multi-agency approaches can be improved.

This 3 year Integrated Domestic Abuse Strategy reflects that commitment and sets out North Lincolnshire's plans to tackle domestic abuse and identifies the need for developments and improvements at professional, operational and strategic levels in order to ensure safe and supportive outcomes for both adults and children.

Clare Hyde MBE

1 Definition of Domestic Abuse

1.1 Legal Definition

The Home Office definition of domestic abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

This can encompass, but is not limited to, the following types of abuse:

- Psychological/ emotional
- Physical
- Sexual
- Financial

'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.'

In North Lincolnshire we fully endorse all aspects of this definition.

The definition also 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.'

(<http://www.homeoffice.gov.uk/media-centre/news/domestic-violence-definition>, 18/10/2012)

1.2 Definition of categories of domestic abuse

Psychological or emotional abuse

Most domestic violence includes emotional abuse, which can include:

- Destructive criticism, name calling, sulking
- Pressure tactics
- Lying to you, or to your friends and family about you
- Persistently putting you down in front of other people
- Never listening or responding when you talk
- Isolating you from friends and family, monitoring your phone calls, emails, texts and letters
- Checking up on you, following you, not letting you go out alone.
- Verbal abuse such as yelling, name calling
- Blaming, shaming
- Intimidation
- Controlling behaviour

Emotional or psychological abuse can be verbal or nonverbal. Its aim is to chip away at the confidence and independence of victims with the intention of making them compliant and limiting their ability to leave.

Many abused women define the psychological effects of domestic abuse as having a 'more profound effect on their lives- even where there have been life-threatening or disabling physical violence'. Despite this, there is almost always pressure to define domestic abuse in terms of actual or threatened, physical violence.

Physical violence

There are a broad range of behaviours that come under the heading of physical abuse including actions such as punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning and strangling. It should be noted that strangulation is the most common method of intimate partner homicide.



Sexual Violence

Rape and sexual abuse is common in abusive relationships because a woman's right to consent is likely to be ignored. In fact evidence suggests that 45% of all rape is committed by current partners and these incidents are less likely to come to the attention of the police than those committed by strangers. Sexual abuse is often a component of domestic violence, partners and former partners may use force, threats or intimidation to engage in sexual activity; they may taunt or use degrading treatment related to sexuality, force the use of pornography, or force their partners to have sex with other people. Rape and sexual assault are crimes, whether or not they take place within marriage or between partners or ex-partners. Research also indicates that women who are raped by their husbands or partners are likely to suffer severe psychological affects because of the prolonged level of fear they are likely to experience.

Financial Abuse

Economic or financial abuse aims to limit a victim's ability to access help. Tactics may include controlling the finances; withholding money or credit cards; making someone unreasonably account for money spent/petrol used; exploiting assets; withholding basic necessities; preventing someone from working; deliberately running up debts; forcing someone to work against their will and sabotaging someone's job.

1.3 The legal definition in respect of children and young people

The harm caused by Domestic Abuse to children and young people

The Adoption Act 2002, incorporated into the definition of significant harm:

'The impairment of a child's health or development as a result of witnessing the ill-treatment of another person.'

This definition forms the basis of statutory intervention by Children and Young People's Services.

2 Domestic Abuse Needs Assessment

2.1 The National Picture

National research identifies that domestic abuse is a significant issue which affects individuals of all ages, all ethnicity and both genders. Studies on the prevalence of domestic abuse consistently report that it is an issue which predominantly affects women and that 1 in 4 women experience it in their lifetime and that 6-10% of women suffer domestic abuse in any given year (Council of Europe, 2002). It is estimated that 26% of men have experienced at least one incident of inter-personal violence in their life time (Walby and Allen, 2004).

There are aspects of domestic abuse which constitute a crime such as physical assault, sexual assault, rape, fraud and there are aspects of domestic abuse that can constitute significant harm or cause for concern in respect of a child/young person within the context of a domestic abuse situation. The British Crime Survey found that there were an estimated 12.9 million incidents of domestic violence acts (that constituted non-sexual threats or force) against women and 2.5 million against men in England and Wales in the year preceding interview (Walby & Allen, 2004). The police receive one call about domestic violence for every minute in the UK, an estimated 1,300 calls each day or over 570,000 each year (Stanko, 2000). However, according to the British Crime Survey, less than 40% of domestic violence crime is reported to the police (Dodd et al, July 2004, Walby & Allen, 2004; HomeOffice, 2002).

Domestic abuse is rarely a single incident; the repeat victimisation rate is 44% higher than any other type of crime. (Dodd et al, July 2004). In addition domestic abuse is perpetrated by individuals known to the victim. The 2001 British Crime Survey research found that "women are most commonly sexually assaulted by men they know". When the researchers asked women about the last incident of rape experienced since the age of 16, they found that 45% were raped by current husbands or partners, 9% by former partners, and a further 29% of perpetrators were otherwise known to the victim. Only 17% were raped by strangers (Walby & Allen, 2004).

Domestic abuse does not always occur in relationships where partners live together, research has demonstrated that of the women who had experienced domestic violence, 25% reported that they had never lived with the partner who had committed the worst act of violence against them (Walby & Allen, 2004).

Domestic abuse can continue to be an issue that affects individuals even after they have separated from the perpetrator, research by Povey et al (2009) identified that 22% of victims in a study conducted, reported that violence continued or escalated following separation from the perpetrator. Research by Stanko (2000) found that domestic violence was an issue reported in nearly 1 in 5 counseling sessions held in Relate Centres in England.

In a study of 200 women's experiences of domestic violence it was found that 60% of the women had left because they feared that they or their children would be killed by the perpetrator (Humphreys & Thiara, 2002). A recent review by the Ministry of Justice found that 53% of family law cases have allegations of domestic violence or harm to a child.

A report by Women's Aid named 'Older Women and Domestic Violence – An Overview' (2007) identified that it is difficult to know the extent of domestic abuse and older people as domestic violence against older women is often subsumed under the broader heading of "elder abuse".

The report also identifies that there can be an under reporting of domestic abuse from older women as compared to younger women. In 1992 the British Crime Survey found that less than 4% of women over 60 said there had been any physical violence in their relationships – compared to 17% of 18 – 29 year olds. The self-completion questionnaires on domestic violence from the 1996 and 2001 British Crime Surveys also found that younger women were more likely to report violence than older women. The reasons for the possible reluctance to disclose have been identified as things such as; increased stigma or sense of shame, different understandings of "abuse", belief that nothing can be done, and/or there is no appropriate service or help available, fear of not being believed, fear of consequences of any intervention, (potential) responses of other family members, including adult children.



Many women use substances as a mechanism for dealing with domestic abuse. Many women who access drug and alcohol services are either experiencing domestic abuse or, have experienced domestic abuse in the past. Furthermore, women with problematic alcohol misuse experiencing domestic abuse are likely to feel isolated and doubly stigmatised. They may find it harder than other women to report or even to name their experience as abuse (ibid).

Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally (Stark, E. and Flitcraft, A. 1996). 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence (Shaikh, Zaibby and Nez, Farah, 2000).

Some women are introduced to substances by their abusive partners as a way of increasing control over them (Swan, Suzanne, Farber, Stephanie, Campbell, Donna, 2000). When a woman's partner is also her supplier, it will be particularly difficult for her to end the relationship. When a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service (Taylor, Holly 2003). Women whose partners misuse substances may minimise or excuse their violence on those grounds; it is important to emphasise that even if substance use ceases, the violence and abuse usually continues (Taylor, H. 2003).

National research indicates that domestic abuse is a considerable problem within LGBT (Lesbian, Gay, Bisexual, Transgender) relationships (Donovan, Hester, Holmes & McCarry, 2006) and underreported. It is often not recognised as being domestic abuse within same sex relationships as it is thought that they may experience more emotional and sexual abuse rather than physical abuse. About 25% of LGBT people suffer through violent or threatening relationships with partners or ex partners which is about the same rates as in domestic abuse against heterosexual women.

Research identifies that disabled women are twice as likely to experience domestic violence as non disabled women (British Crime Survey 1995). In addition research highlights that they are likely to experience

abuse over a longer period of time and suffer more serious injuries as a result of violence. If a person is disabled their abuser may also be their carer and in addition to the forms of abuse identified previously the abuser may: withhold care or undertake it neglectfully, remove essential equipment an individual may need, control finances more. It may be harder for a disabled person to seek help as they may not be able to remove themselves from the situation, may be socially isolated and may have restricted time on their own as the carer may always be present. In addition the home may have been specially adapted to meet the needs of the disabled person and this may make it more difficult to leave the family home.

The consequences of domestic abuse can be devastating; research has reported that on average, two women a week are killed by a violent partner or ex-partner (Povey, (ed.), 2005; Home Office, 1999; Department of Health, 2005.) During the period April 2011 to March 2012 there are 17 male victims of homicides that were caused by partners or ex partners (Violent Crime & Sexual Offences 2011/12).

For male victims of domestic abuse the immediate reactions of being abused by their partner are anger, emotional distress and depression (Follingstad, Wright, Lloyd & Sebastian 1991). The male suicide rate nationally is consistently higher than for women (Office of National Statistics 2011).

The impact of domestic abuse is not only on the direct victim, if there are children and young people in the household it also affects them. Half of women who have experienced domestic abuse in the last 12 months have children (Povey et al 2009). In addition recent research by NSPCC found that 1 in 7 children under the age of 18 years had been exposed to domestic violence during childhood. Domestic violence is a factor in the majority of serious case reviews into child deaths as a result of suspect abuse or neglect (Brandon et al 2008, Sidebotham et al 2011). Data by the Dept of Health (2002) identifies that approximately 75% of children subject to a child protection plan were as a result of domestic abuse. Research informs us that the majority of children witness the violence that is occurring, and in 90% of cases they are in the same or next room (Hughes, 1992).

A more recent area of national research has been in respect of young people suffering domestic abuse with their intimate relationships. A study by the NSPCC (2009) identified that 1 in 9 girls reported to have experienced some form of severe physical violence from a partner and that 4 per cent of boys stated they had experienced severe physical partner violence. This report demonstrated that girls were three times as likely as boys to have experienced repeated severe violence from their partners. Findings also tell us that the vast majority of children would want to receive education on domestic abuse – 84% of secondary age children and 52% of primary school children (Mullender, A. 2000. Children's needs, coping strategies and understanding of women abuse; end of award report, Swindon: ESRC).

What of the perpetrators? Research in respect of perpetrators of domestic abuse is limited. However Lombard and McMillan (2013) state that domestic abuse offenders are likely to have been convicted of a range of offences such as assault, criminal damage, harassment, affray. The range of explanations in respect of domestic abusive behaviour is varied as are the characteristics and individuals who perpetrate domestic abuse. However research has begun to identify the importance of individuals who perpetrate domestic abuse seeking help in respect of their behaviour. However an important aspect of this is an individual's willingness to seek help and change (Gilchrist cited in Lombard and McMillan 2013).

Men who perpetrate violence against a female partner and misuse alcohol often inflict more serious assaults than perpetrators who are free of alcohol misuse. The nature and extent of alcohol as a factor will vary among individuals. For example, some men feel less inhibited about displaying aggressive behaviour whilst drinking; others feel less concerned about the consequences of their violence. Perpetrators often try to blame their behaviour on substance misuse however there is no excuse for violent and controlling behaviour (Gortner, Gollan).

2.2 The Local Picture

Data from Humberside police identifies that between April 2009 to March 2012 there was a 12% increase in reported incidents, which appears to be increasing year on year. There is also debate about whether figures in

respect of domestic abuse should be increasing or decreasing. Locally we want individuals who are suffering or are affected by domestic abuse to seek help and receive effective support. This means that we expect to see rates of initial reports to the police rising and the repeat rate for MARAC (Multi Agency Risk Assessment Conference) increasing due to the advice given to victims from our high risk support agency that incidents should be reported.

MARAC is a multi agency process for supporting victims who are assessed at being at high risk of death or serious injury as a result of domestic abuse. The repeat referral rate for the North Lincolnshire MARAC during the period from April 2012 to March 2013 is 28% which is below the average for the Humberside area at 33%. Our repeat figure in North Lincolnshire has been reducing year on year since the commencement of MARAC in our area in 2007 and is within the guidelines from the national charity CAADA at 28-40%.

Locally approximately 60% of individuals involved in MARAC process have child(ren) whom they care for. In addition 7% of MARAC cases are young people aged 16-18 years.

Locally we have refuge in North Lincolnshire for female victims and their children who are fleeing domestic abuse, and this is a 7 bedded unit, where on average an individual will stay for 4 months. The refuge at Grimsby in North East Lincolnshire has an average stay of 3 months.

The impact of domestic abuse on children and young people is significant, within Children and Young People's Services consistently 25% of referrals for social work support are due to domestic abuse as the primary concern.

In addition we currently have on average 85 children subject to a child protection plan, in approximately 20% of these cases there are issues regarding domestic abuse.

Within North Lincolnshire we have implemented the Families Initiative. The research by Louise Casey, identified that the vast majority of troubled families had significant experiences in respect of domestic abuse. Locally we have so far had 123 families who have been

2.3 The impact on victims



involved in the Families Initiative and a high percentage have issues in respect of domestic abuse. Domestic abuse has been implemented as one of the local indicators within the Families Initiative.

Locally we have not had a serious case review since 2009 and this case did not involve domestic abuse.

Research undertaken across secondary schools in North Lincolnshire asks young people about their experiences of domestic abuse and in 2010 the data demonstrated that almost 1 in 5 girls and 1 in 6 boys in the 2010 survey said they had witnessed domestic abuse (at any time) within the family home. In addition older girls were far more likely than younger girls to say they had witnessed this in the family. In contrast there was little difference between boys.

Within the Scunthorpe and surrounding areas Humberside Probation Trust manage 738 offenders and of that number, 20% are current domestic abuse offenders or offenders that have a domestic abuse history.

From our local Drug Rehabilitation Requirement Service, Addaction, their data shows that 12% of the service users that attend their service reported issues surrounding domestic abuse during a 12 month period. Within a 12 month period at The Junction, who provides the local Drug Rehabilitation Requirement service, 55% of their caseload was female victims of domestic abuse. The current caseload with DIP (Drug Intervention Programme) indicates that 3% of their caseload are female victims of domestic abuse, with 7% being alleged perpetrators of abuse (6% being males).

2.3 The impact on victims

The report Beyond Violence (2012) identifies that domestic abuse is a larger contributor to ill health than blood pressure, smoking and weight. The report also identifies that victims of domestic abuse can suffer gynaecological problems as a persistent physical effect of the harm they are suffering. In addition victims experience the physical harm as a result of the injuries they suffer. In addition to the physical consequences of domestic abuse there are also psychological effects. Approximately 48% of female victims suffer depression and 64% suffer post-traumatic stress disorder (PTSD).

Research identifies the persistent, pervasive and extremely harmful effects that domestic abuse has. The report Beyond Violence (2012) identifies that even when victims are no longer in a domestic abuse situation they are still likely to suffer a variety of physical health problems such as:

- Chronic pain
- Coronary heart disease
- Gastrointestinal problems
- Sexually transmitted diseases

In addition there are mental health consequences which include:

- Anxiety
- Substance misuse

Despite this co-existence between people who use substances there is no evidence to suggest a direct causal link between substance misuse and domestic violence: women's substance use should never be used to justify or "explain" their experiences of violence; nor should drug or alcohol use by either partner be accepted as an excuse for violent and abusive behaviour (Raine, 2001).

Research has indicated that a third of female suicide attempts in the UK can be attributed to past or present domestic abuse (Stark and Flitcraft 1996 and Mullender 1996).

It can also upon a person's employment and housing. A national report by charity Crisis found that 63% of homeless women aged between 30 and 49 said domestic abuse was the key reason they had lost their homes. Therefore it is again reasonable to suggest that a large amount of victims experiencing domestic abuse across North Lincolnshire will also be at risk of homelessness.

The impact on children and young people is significant in respect of 'witnessing' domestic violence. Children can be caught in the middle of an incident putting them at risk of harm; they may hear the abuse of a parent, see the physical injuries and can be made to witness the sexual abuse.

Children can experience both short and long consequences as a result of witnessing domestic abuse and each child will respond individually to their experiences.

Some of the effects described in a briefing by the Royal College of Psychiatrists (2004) can be that:

- They may become anxious or depressed
- They may have difficulty sleeping
- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches
- They may start to wet their bed
- They may have temper tantrums
- They may behave as though they are much younger than they are
- They may have problems with school
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant or start to use alcohol or drugs
- They may begin to self-harm by taking overdoses or cutting themselves
- They may have an eating disorder

Children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.

2.4 The impact on services

The costs to individuals are great; in addition the costs to services are significant.

It is estimated that total cost of domestic violence to society in monetary terms is £23 billion per annum. This figure includes an estimated £3.1 billion as the cost to the state and £1.3 billion as the cost to employers and human suffering cost of £17 billion (Walby 2004). The estimated total cost is based on the following:

- The cost to the criminal justice system is £1 billion per annum. (This represents one quarter of the criminal justice budget for violent crime including the cost of homicide to adult women annually of £112 million).

- The cost of physical healthcare treatment resulting from domestic violence, (including hospital, GP, ambulance, prescriptions) is £1,220,247,000, i.e. 3% of total NHS budget.
- The cost of treating mental illness and distress due to domestic violence is £176,000,000.
- The cost to the social services is £0.25 billion.
- Housing costs are estimated at £0.16 billion.
- The cost of civil legal services due to domestic violence is £0.3billion.

The statistics collated by Walby above are recognised as an under-estimate because public services don't collect information on the extent to which their services are used as a result of domestic violence. The research doesn't include costs to those areas for which it was difficult to collect any baseline information - for example cost to social services work with vulnerable adults, cost to education services, the human cost to children (including moving schools and the impact this has on their education), and it excludes the cost of therapeutic and other support within the voluntary sector.

The cost of domestic homicide is estimated by the Home Office at over one million pounds: a total of £1,097,330 for each death, or £112 million per year. (Ref <http://www.womensaid.org.uk/domestic-violence-articles>.)

Within the CAADA (Coordinated Action Against Domestic Abuse) report 'Saving Lives, saving money: MARACs and high risk domestic abuse' it says that for every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies such as the police and health services. They estimate that there are a minimum of 120,000 victims each year that are at risk from being seriously harmed or killed by domestic abuse and 70% of the victims have children.

www.caada.org.uk



3 Our Local Action Plan

3.1 Services and support we have in place

Locally we have a number of services and initiatives in place to support victims of domestic abuse and children who have been affected by domestic abuse. In addition as part of the LSCB's role in preventative safeguarding we have developed a number of proactive programmes for children and young people who may not be experiencing domestic abuse to teach them about healthy relationships. Multi agency commitment to supporting and reducing domestic abuse is strong within North Lincolnshire and there are a number of multi agency forums that come together to consider how to improve local support and improve outcomes for adults, children and young people affected by domestic abuse.

Services

Humberside Police

Humberside Police is committed to dealing with domestic violence in a positive and professional way and our priorities are as follows:

- To protect the lives and well being of both adults and children who are at risk of domestic violence and any witnesses;
- To investigate all reports of domestic violence;
- To facilitate effective action against offenders so that they can be held accountable through the criminal justice system;
- To adopt a proactive multi-agency approach in preventing and reducing domestic violence.

It's My Right Service

The It's My Right Service provides advocacy, advice and support to survivors of domestic abuse who are at high risk of harm. The service looks at addressing their safety needs and helps manage the risk that they face.

The It's My Right service employ IDVA's all trained to the CAADA (Coordinated Action Against Domestic Abuse) standards. These IDVA's provide short to medium term case work, focusing on risk management and safety planning. They assist the survivors to access a range of legal remedies available from the civil and criminal justice systems.

Amber Project

This project provides a single holistic service with floating/housing related support services that includes advice by phone, face to face or in one of their groups/drop ins to anyone. They support both male and females living within North Lincolnshire in either the Refuge, in the dispersed properties or within individuals own homes. They also provide volunteer befriending/mentoring services and peer support.

Women's Refuge

The Women's refuge currently provides accommodation and support for up to seven women and their children. The Refuge also provides telephone support and links with the Amber Project to provide floating support for the residents as well as other residents of North Lincolnshire. This complements the new multi agency Women's Centre which offers support, advice and training outside of the refuge environment.

The Blue Door (Opening Autumn 2013)

The Blue Door will be the lead for women-centred services of excellence, encouraging and educating agencies to provide a coordinated response to the specific needs of women and their children. It will provide a place of safety without judgement, for the delivery of new and existing services, enabling the holistic needs of all women to be met. Service users will be an integral part of the strategic and operational running of the centre, they will be invited to become involved in the marketing, fundraising, service planning and service delivery. Women utilising the centre may rely less on statutory services, stop misusing substances and alcohol, be at a lesser risk of becoming a victim of or of committing crime, maintain tenancies, be reunited with their children or prevent the statutory child protection process, become able to manage their finances, achieve qualifications, gain employment and experience improvements in mental health and emotional wellbeing.

Children and young people's services

As part of the strategic intentions and commitment outlined in the Early Help Safeguarding Strategy 2013, the services available as part of the Early Help Offer, are aligned to the single organisation model and delivered at all three levels of safeguarding offer support to children and their families at the most appropriate point of their identified needs in respect of domestic abuse. Below is the single organisation model which represents a framework to describe the level of need a child, young person or family may have and the nature of services that are available at each level.

Support is offered to children, young people and their families at targeted and specialist levels of intervention through children and young people's services. The service undertakes assessments of needs using the Framework for the Assessment of Need 2000 and we also undertake DASH risk assessments on victims of domestic abuse age 16 years plus. Locally we have the Risk Analysis Framework in place that identifies the risks and protective factors for children and young people who are at risk or suffering significant harm due to domestic abuse. Interventions with children and families are based on a comprehensive assessment and plan of intervention. This involves working in partnership with multi agencies to support children and improve outcomes for them where they have been affected by domestic abuse. The service ensures that assessments and plans for intervention are informed by children and young people views and that they are consulted by the actions and decisions that affect them if they are at an age where it is appropriate to do so.

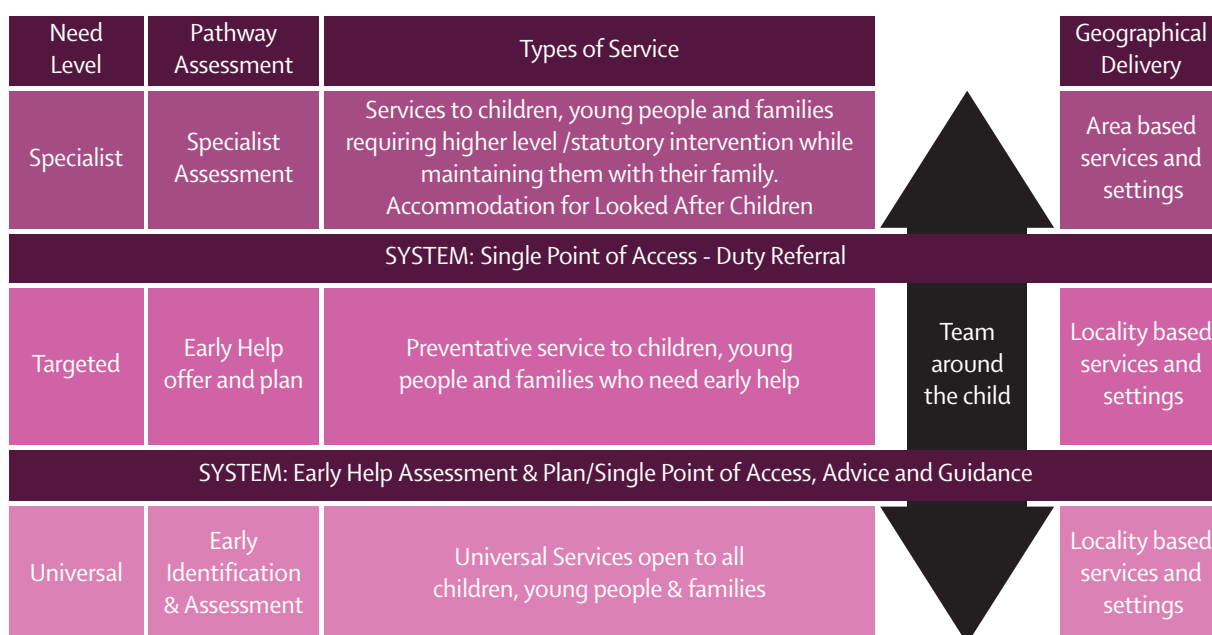
Multi agency Forums

North Lincolnshire Domestic Abuse Forum

This group of professionals and practitioners meets quarterly to discuss new legislation, share ideas and best practice.

The Domestic Abuse Strategy group

This is a multi agency strategic group, established under the auspices of the LSCB and Safer Neighbourhoods Board which endeavours to ensure that agencies are working together effectively to safeguard adults, children and young people who may be affected by domestic abuse.





MARAC

The MARAC (Multi Agency Risk Assessment Conference) considers high risk domestic abuse cases and are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim. The North Lincolnshire has in 2012 completed the Quality Assurance Process through CAADA (Coordinated Action Against Domestic Abuse) and in 2013 will be taking part in the MARAC Development Programme. This programme provides support and resources to help MARACs improve their effectiveness at a local, regional and national level, and has been funded by the Home Office until 2015.

Local Initiatives

Freedom Programme

This is a Programme for women who are experiencing or who have experienced domestic abuse. The programme aims to enable women to know more about the reality of domestic violence and abuse. Each aspect or persona employed by the perpetrator looks in turn at the tactics used to control the victim, and then examines the beliefs and values held by both perpetrator and quite often the victim too, and where these stem from, and finally it looks at how these behaviours and beliefs affect us as victims of abuse. There are a number of facilitators trained within the area. This has been running since 2011 and will continue to be delivered for the women of North Lincolnshire from The Blue Door in 2013.

Building Better Relationships (BBR)

Humberside Probation Trust is introducing the new nationally recognised programme for adult male domestic abuse perpetrators called Building Better Relationships. It can be delivered in the community and in custody and has a strong theoretical base, taking into account the latest developments in thinking and research in relation to aggression within relationships, or 'Intimate Partner Violence' (IPV).

BBR will be implemented in Scunthorpe in August 2013. BBR requires co-operation between the agencies concerned with domestic violence and prioritises the safety of women and children. Where appropriate it can be delivered within relevant multi agency arrangements.

DAY Programme

This is the Domestic abuse Awareness for Youth Programme for young people. It is a unique multimedia programme that uses these things to raise awareness and provide education about domestic abuse, in a relevant and exciting way. We aim to challenge detrimental mind-sets about domestic abuse, explores how beliefs inform behaviour, and looks at the role of the media in reinforcing unhealthy beliefs. This Programme is being piloted with targeted young groups through the summer and will be brought into the curriculum at Frederick Gough School in September.

Healthy relationships mentors

We have trained 19 young people to become Healthy Relationship mentors. This is in recognition of the need to empower and inform young people about healthy relationships, help them critique and understand the messages which they are bombarded with on a daily basis through various forms of media. We also want to inform children and young people in an age appropriate manner about domestic abuse, as other forms of abuse in order for them to be able to recognise and report it should they need to. This is work that can assist in the prevention of future victims and perpetrators and changing the next generation's attitudes and experiences of domestic abuse.

True to Me Conference 2013

There are Healthy Relationship Peer Mentors within 4 local secondary schools. They are keen to development understanding of Healthy Relationships and domestic abuse with other Peer Mentors and young people. A conference will be held in November 2013 that will be presented by these trained Peer Mentors to other schools about what is a relationship, what is an unhealthy/healthy relationship, self image and media input together with a key speaker Jim Wild. In the afternoon the conference will be directed at other professionals with the key speaker discussing main streaming of porn and sexualisation of children and young people.

Websites

There are many local websites that provide advice and assistance to both professionals and residents of North Lincolnshire about domestic abuse and where they can access help.

www.northlincs.gov.uk/people-health-and-care/children-and-young-people

www.saferneighbourhoods.net/domestic-abuse

www.itsmyright.co.uk

Training and professional development

Within North Lincolnshire there is an extensive programme of training provided to professionals about domestic abuse including challenging beliefs and assumptions about it. In addition training is available through the LSCB on how domestic abuse impacts the child, the MARAC process and issues such as honour based violence. These are available through the LSCB training calendar LSCB Training 2013/14

3.2 Our vision

Effective intervention in respect of domestic abuse is essential to prevent the longer term devastating effects. It also requires a partnership approach between those affected by domestic abuse and the agencies that can support them and offer help.

North Lincolnshire has strong multi agency partnership working arrangements in place. In addition we have a strong commitment and evidence of working in collaboration with children, young people and their families. We are committed to working together to support individuals to have healthy relationships and be supported when they are in abusive situations. This is enshrined within the Health and Wellbeing Strategy that identifies a priority area in North Lincolnshire is:

- **Safeguard and protect** – people feel safe and are safe in their home and protected in their community

We have shared priorities in respect of domestic abuse that are embedded across the multi agency partnerships in place. These are:

- To reduce the harm caused by domestic abuse
- To deliver evidence based interventions with children, young people and their families affected by domestic abuse

- To support children, young people and adults in understanding healthy relationships

Our vision is to:

- Ensure that there is a local coordinated approach to addressing domestic abuse
- Ensure that interventions to children, young people and adults affected by domestic abuse are effective and based upon research and best practice
- Ensure that agencies work collaboratively in meeting the needs of victims and perpetrators of domestic abuse
- Ensure that the voice and experience of children, young people and adults affected by domestic abuse informs and shapes the provision of local services.

To attain our vision we continue to ensure:

- Partners are committed to empowering children, young people and adults in developing healthy relationships and where they are in abusive situations we want to support them to improve their safety and outcomes through co-ordinated multi agency services that are tailored to meet individual needs.
- Partners are committed to supporting and addressing adult behaviour which is abusive towards intimate partners current or previous and the harmful impact it also has on other family members.
- Partners are committed to routine evaluation of the domestic abuse services and provide evidence of their effectiveness.
- Partners are committed to ensure training of professionals and learning from research is applied appropriately in practice who are the most likely to come into contact with victims of domestic abuse.
- Partners are committed to providing an offer of early help and ensure that children's needs are at the forefront of a comprehensive response to domestic abuse.



3.3 Our values

Beyond Violence identifies that domestic abuse is a problem with a relationship, and solutions lie within this and other relationships (for example with parents, children, relatives, friends and community members). Relationships have the ultimate power to harm but also to heal. Within this strategy we recognise the power of relationships and the strategy is built upon the ethos of respect, partnership, engagement and empowerment.

- All individuals should be treated with respect
- Everyone has the right to feel safe and be safe
- Every individual circumstances, background and culture should be recognised, respected and valued
- Individuals should have the opportunity to support and discover their strengths
- Individuals will be empowered and supported to contribute positively to their local community
- Individuals have the right to services and support that are available, accessible and acceptable
- Individuals will be involved in developing the plans, interventions and services that support them
- We will be honest with individuals affected by domestic abuse and ensure that they have the information required to support change
- Victims of abuse will not be blamed or judged for the situation they are in
- Perpetrators of domestic abuse will be appropriately challenged to support them to change abusive behaviours

3.4 Action Plan

Key Priority Area	Action Detail	Lead	Timescale
To reduce the harm caused by domestic abuse	Produce an e-learning package on basic awareness of Domestic Abuse for all workers and volunteers	DW (Task Group with HP, SP, WH)	May 2014
	Develop joint Communication Plan to ensure there are coordinated awareness campaigns	DW with Comms Team, Health, NLH, Amber	December 2014
To deliver evidence based interventions with children, young people and their families affected by domestic abuse	Continuation of Freedom Programme	DW, SP	Ongoing
	Develop Freedom Volunteers	DW, SP	March 2014
	Enhance the training to frontline staff and develop a tiered approach to training on the understanding of domestic abuse and what to do.	DW, HP	March 2015
	Continue DASH training to staff	DW, HP, SP	Ongoing
To support children, young people and adults in understanding healthy relationships	Roll out the DAY programme across secondary schools	DW, KN	May 2015
	Implement 'Healthy Relationship – True to Me' conference	DW, KN	December 2013
	Consult with primary schools regarding primary programme about domestic abuse	DW, KN	June 2014
	Run DAY programme for children in care and young people in TFI and children not in education, YOS	DW	March 2014
	Implement Talking to my mum programme in the Women's Centre	DW, SP	March 2014
To consider and research programmes for male perpetrators of domestic abuse	Reports to be presented to strategic boards to raise funding such as, Safer Neighbourhood Board, HWBB and TFI Executive Group	DW, KN	November 2013
	Speak to NE Lincs LA re joint programme Strength to Change across the North and NE Lincs	DW	November 2013
	Consider implementation of Male Freedom Programme being implemented locally.	DW	March 2014

