

MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT 2015/16

CHILDREN AND YOUNG PEOPLE

HEADING: Safeguarding (Starting and Developing Well)

THEME: Domestic Violence and Abuse

Why is this important?

Anyone can experience domestic violence and abuse. The UK Home Office definition of domestic of domestic violence as '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

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 everyday behaviour.

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

This definition also includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

Nationally each year 100,000 people in the UK are at imminent risk of being murdered or seriously injured as a result of domestic abuse.

Who is most at risk?

- Gender: Women are much more likely than men to be the victims of high risk or severe abuse - 95% of those going through Multi-Agency Risk Assessment Conferences (MARAC) - multi-agency meetings where statutory and voluntary agency representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety; or accessing the Identification and Referral to Improve Safety (IRIS) Project Services are women
- Income: Women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of

over £20,000 (1)

- Age: Younger people are more likely to be subject to interpersonal violence – the majority of high risk victims are in their 20s and 30s (2)
- Pregnancy: 30% of domestic abuse starts in pregnancy and it escalates in situations where abuse already exists (3)
- Drug and alcohol abuse: Victims of abuse have a higher rate of drug and / or alcohol misuse (whether it starts before or after the abuse). At least 20% of high-risk victims of abuse report using drugs and / or alcohol (4)
- Mental Health: 40% of high-risk victims of abuse report mental health difficulties (4)

Children and domestic abuse

- Nationally, 140,000 children live in households where there is high-risk domestic abuse (4)
- 64% of high and medium risk victims have children (on average 2 each)
- A quarter of children in high risk households are under 3 years old. On average high risk abuse has been going on for 2.6 years which means these children are living with abuse for most of their life (4)
- 62% of children living in domestic abuse households are directly harmed by the perpetrator – in addition to the harm caused by witnessing the abuse of others (5)

Physical and mental health impacts of domestic abuse on victims

1 in 5 high-risk victims attended A&E as a result of their injuries in the year before getting help. (4) As well as short term injuries there can be long-term physical health consequences. The following health conditions are associated with abuse –

- asthma
- bladder and kidney infections
- cardio-vascular disease
- fibromyalgia
- chronic pain syndrome
- central nervous system disorders
- gastrointestinal disorders
- migraines and headaches (6,7,8)

Domestic abuse often has reproductive consequences too including gynaecological disorders, sexually transmitted infections (STIs) and pregnancy difficulties (9)

In terms of mental health, 40% of high-risk victims report having mental health issues, 16% report that they have considered or attempted suicide and 13% report self-harming as a result of abuse. (2,4) Other psychological consequences for victims include anxiety, depression, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional

detachment. (9)

The impact of domestic abuse on the victim and on children – even once safety has been achieved – is severe and long lasting. Children are suffering multiple physical and mental health consequences as a result of exposure such as behavioural problems, sleeping difficulties, problems with social development and relationships, risky behaviour, worry, anger and sadness. On top of being directly harmed, the impact of poor parental mental health cannot be underestimated - poor parental mental health and wellbeing can have a significant impact on young people getting the best start in life. It can affect children’s school readiness, physical and emotional health and wellbeing, ability to develop healthy social relationships and their own mental health as they grow up. Poor mental health in parents is a risk factor for poor mental health in children and unlike with physical health problems, it is common for mental health problems to start in earlier age.

The Manchester Picture

Manchester has higher rates of domestic violence and abuse compared to other core cities. A total of 3,308 victim-based crimes reported across the city between April 2013 and March 2014 were flagged as domestic abuse – an increase of 7.3% on the previous year.

Domestic abuse is unequally distributed across the City. Between October 2010 and October 2013 more than a quarter of all domestic violence crimes reported by residents were committed in just 5 wards: Harpurhey (6.7%), Baguley (5.6%), Sharston (5.3%), Woodhouse Park (5.1%) and Gorton South (5.0%). (10)

Manchester has suffered six domestic homicides since April 2011. All areas of the city have been affected, with three from North, two from Central and one from South.(10)

Domestic Violence and Abuse is the biggest single acceptance reason for full duty homelessness decisions in Manchester, and the number of households accepted for this reason has increased steadily since 2009.

	April 09- March 10	April 10- March 11	April 11- March 12	April 12- March 13	April 13 – March 14	April 14 – March 15
DV&A acceptances	142 29%	184 29%	209 36%	197 37%	223 37%	260 33%

For Child and Family Assessments (CAFA) in Manchester during 2014/15, domestic violence and abuse was a factor in 37.6% cases compared nationally to 48.2%

Figures from the most recent Troubled Families Evaluation show that domestic violence and abuse was a presenting need in 67% of referrals.

What would we like to achieve?

Manchester Multi Agency Domestic Abuse Strategy (2010-2014) (11) highlights the overarching aims for addressing domestic violence and abuse in the City:

- To ensure domestic abuse is a strategic priority for all
- To improve early identification and prevention of domestic abuse
- To reduce the prevalence of domestic abuse
- To ensure that victims of domestic abuse *and their children* are adequately protected and supported
- To hold perpetrators to account through effective and early interventions

Key objectives of the strategy are:

1. Communication – specifically the key message that domestic abuse will not be tolerated
2. Prevention – working with partner agencies to change attitudes, provide early intervention and prevent abuse
3. Provision – working collectively with other agencies to support those affected by domestic abuse
4. Protection – Supporting the criminal justice system to provide an effective response to domestic abuse.

Through the Delivering Differently Programme, the following outcomes have been identified:

- Improved life outcomes and independence for victims / survivors
- More defined interventions for particular cohorts
- Earlier intervention
- Reduction in the number of people who are repeated victims
- Reduction in the number of people who are perpetrators
- Reduction in the number of young people with a Child Protection plan related to domestic abuse
- Improved links to early years support
- A more streamlined route into and within support
- Reduction in system costs

What do we need to do to achieve this?

In March 2014 Manchester was selected as one of 10 local authorities to be part of the 'Delivering Differently' Programme – a joint initiative between the Cabinet office, the Department for Communities and Local Government (DCLG), the Local Government Association (LGA) and the Society of Local Authority Chief Executives (SOLACE). The programme was designed to support councils to identify and implement new models of delivery for their public services through the provision of specialist consultancy support. Consultants worked closely with Manchester City Council (MCC) until November 2014 and identified key drivers for change and recommendations.

Domestic abuse is costly – both to victims and their children and to the public purse. The City Council spends approximately £1.3 million on direct services for those affected and it is estimated that the total wider cost to MCC is £24.5million. Of this total spend only just over 5% is spent on prevention, early intervention and recovery interventions.

The new delivery model is currently being developed – the principles of which are:

- A more proactive response – tackling the root causes of domestic violence and abuse
- Less complex than the current model
- Supports and empowers victims
- Manages perpetrators
- Reduces costs to the whole system
- Recognises the need for preventative work with younger people

Specifically, the new model will have clear referral pathways to ensure a consistent approach to risk assessment and intervention. There are new pathways for children including for children and young people showing violent behaviours. There will also be an updated self-help offer including universal support from 'Help and Support Manchester', the End The Fear website, and a universal campaign will be run based on the following typologies:

- Parents with children living at home
- Children and young people
- Lesbian, Gay, Bisexual and Trans (LGBT) communities
- Older people
- Black and Minority Ethnic (BME) (including so called honour based violence, FGM and forced marriage)
- Perpetrators
- Intergenerational domestic violence and abuse.

For medium risk victims and perpetrators, help will be located within the Early Help Hubs and includes time limited Early Help domestic violence and abuse coach posts to build capacity within the hubs and within schools. They will also liaise with specialist midwifery IDVAs and IRIS cases.

High risk cases will be supported by a new Multi-Agency Risk Assessment Safeguarding Hub (MARASH) function located within Multi Agency Safeguarding Hub. This will include a new family assessment tool for domestic violence and abuse, access to homelessness and specialist refuge provision and a better response to the most life-threatening and complex cases. This will be supported by an enhanced training offer for lead professionals and key workers. There will also be a new social work assessment tool.

The new delivery model is being further refined with partners and is proposed to go live in April 2016.

What are we currently doing?

- Many of the current commissioned and provided services focus on supporting victims at crisis point. Current key services include:
- Refuges – currently delivered by three providers – MCC, Manchester Women’s Aid and Saheli. All services have been operating to capacity since 2010/11 and provide housing and extra support services such as support and safety plans, help with drug or alcohol issues, job, education and training support and help to find permanent accommodation.
- Independent Domestic Violence Advisors (IDVAs) – help to keep victims and their children safe from harm from violent partners or family. IDVAs normally work with clients from the point of crisis. They discuss the range of suitable options, develop plans for immediate and long term safety, represent clients at the MARAC and help with legal and housing options. A specialist IDVA is based at St Mary’s Hospital working with women attending maternity services. This recognises the additional risk to women during pregnancy.
- Sanctuary Scheme – administered by the IDVA Service, this scheme helps victims to remain in their own home through providing enhanced security measures to their property.
- MARAC – Multi-Agency Risk Assessment Conferences meet every four weeks to discuss the highest risk domestic abuse cases. MARAC coordinators and administrators work with partner agencies to enable them to be part of MARAC and works with the Chair to identify gaps. There are three MARACs (North Manchester, South Manchester and Wythenshawe) and the system is oversubscribed. Manchester’s IDVA system is currently underfunded based on the number of MARAC cases in the system – significantly higher than other parts of Greater Manchester.
- IRIS – The Identification and Referral to Improve Safety (IRIS) Project is commissioned by the Manchester CCGs and Public Health Manchester and delivered by Manchester Women’s Aid. It provides training, support and an enhanced referral pathway for GP practices to make enquiries when domestic abuse is suspected in order to refer the

patient on to appropriate services. IRIS is a national, evidence-based programme administered locally by appropriate third sector providers.

- Victim Support Worker – MCC funds one specialist Victim Support Worker to work with victims of domestic abuse – primarily to provide help regarding the criminal justice system but also to provide other types of support.
- Children’s worker – MCC funds a specialist domestic abuse worker for children and young people who have been adversely affected by domestic or sexual abuse. The project is provided by Resolve – part of The Children’s Society. The service provides practical support for children and their families as well as counselling and intensive case work for children.
- End The Fear – endthefear.co.uk website and helpline offers generic support and advice and is funded by 9 out of 10 of the Greater Manchester Authorities (with Manchester being the primary funder). It offers generic support and advice to women, men and children affected by domestic violence and signposts to other services.
- In addition to these specialist services a number of other services provide support on domestic abuse such as homelessness and housing-related support services, Troubled Families, Social Work teams and the Contact Centre.

Community and Stakeholder Views

Considerable consultation has taken place with victims, perpetrators and the voluntary and community sector as part of ‘Delivering Differently’ that highlighted priorities and gaps in the current system. (12)

Victims identified:

- Lack of housing to move onto from refuges
- A need for more specialist support to find a job
- Need for more support groups for Asian women

Perpetrators identified:

- More courses at better times for working life
- More help whilst in custody
- More help with alcohol

VCS providers identified:

- More programmes needed for young perpetrators
- More programmes needed for male victims
- A lack of services targeted at young women
- More education in schools on healthy relationships

Statutory providers identified the need for:

- The need for DV&A model to address more complex needs

- More work with perpetrators
- Strengthening the role of schools in prevention

References and Links

1. Walby, S. and Allen, J (2004), Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London: Home Office
2. SafeLives (2015), Insights Idva National dataset 2013-14. Bristol: SafeLives
3. McWilliams, M. and McKiernan, J. (1993) Bringing out into the Open
4. SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives
5. In plain sight: Effective help for children exposed to domestic abuse CAADA's 2nd National Policy Report Feb 2014
6. Black, M.C et al (2011) The National intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary report. Atlanta GA
7. Crofford, L.J (2001), Violence, stress, and somatic syndromes in 'Trauma Violence Abuse' 8: 299-313
8. Leseman, J. and Drossman, D.A. (2007), Relationship of abuse history to functional gastrointestinal disorders and symptoms in 'Trauma Violence Abuse' 8: 331-343
9. CTC (2014), Website of the US Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention
10. Manchester State of the City Report 2013 /14
11. Manchester Multi Agency Domestic Abuse Strategy 2010-2014
http://www.manchester.gov.uk/downloads/download/4199/manchester_domestic_abuse_strategy_2010-2014
12. Delivering Differently MIB Options Appraisal September 2014 (copy available on request from Anna Thorogood, Manchester City Council a.thorogood@manchester.gov.uk)

Other JSNA Topics that this links to

- Female Genital Mutilation
- Mental Health

Date first version completed: 30th October 2015

Date of latest revision: