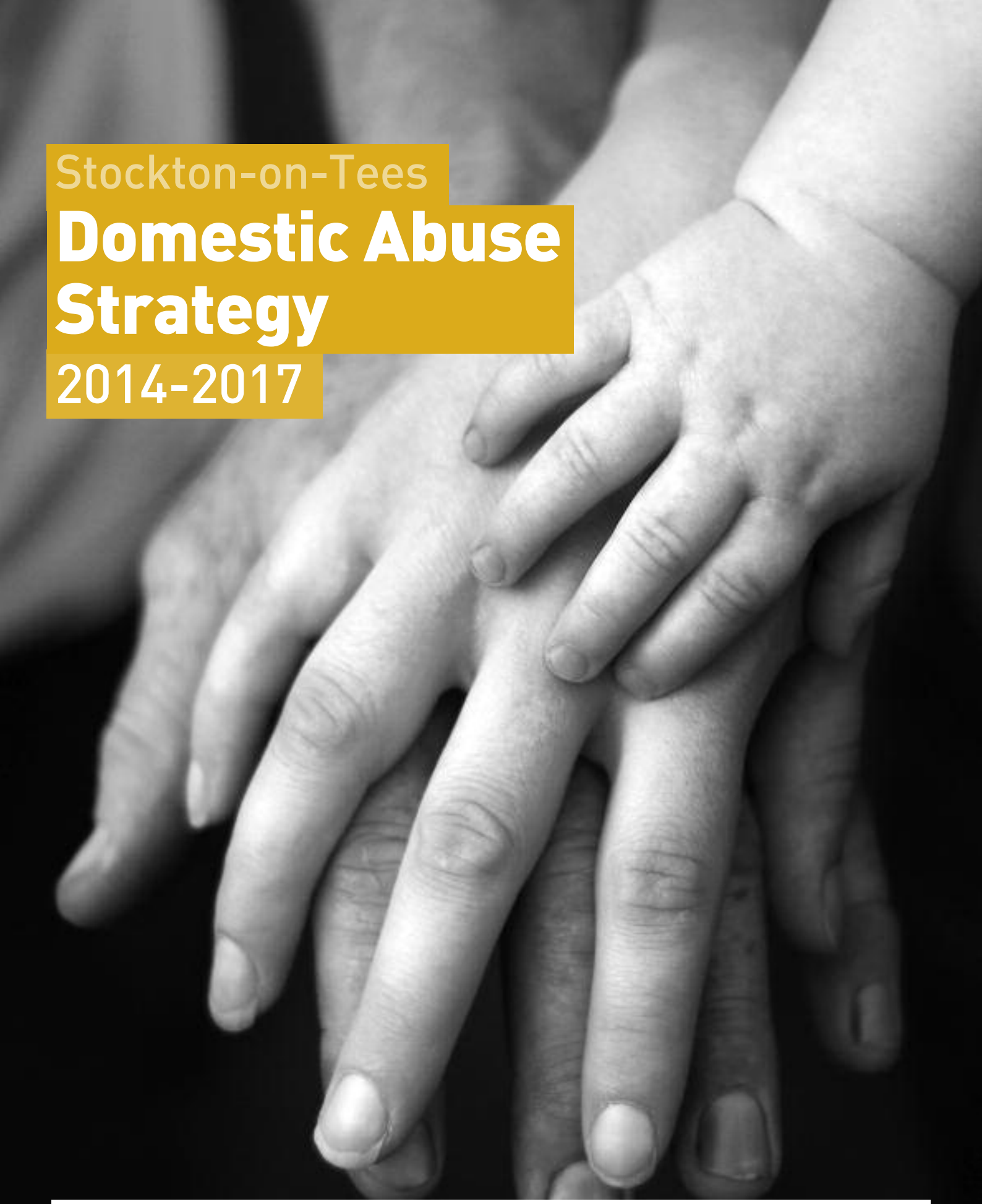


Stockton-on-Tees

Domestic Abuse Strategy

2014-2017

Stockton-on-Tees
BOROUGH COUNCIL

Health and Wellbeing

Big plans for the health of our people

Foreword

A life free of violence and abuse is a human right - one that every woman, man and child deserves.

We collectively have a responsibility to keep our society safe and both parents have a responsibility to keep their children safe. Violence and abuse should never be considered normal or acceptable.

Abuse is not something that just happens. Many of the key risk factors that make individuals, families or communities vulnerable to violence and abuse can be changed. Understanding such factors means public health based approaches to violence and abuse can be adopted. These approaches focus on the primary prevention of violence and abuse through reducing risk factors and promoting protective factors over the life course.

The impact of violence and abuse can be long lasting, affecting individuals and communities in a number of ways. This Domestic Abuse Strategy aims to improve physical, psychological and social outcomes for the residents of Stockton-on-Tees by promoting preventative measures, alongside early intervention, support and protection, to reduce the effects of harmful behaviour now and for the generations to come.

Our Vision

Our vision for our Borough is that:

Domestic abuse is
socially unacceptable.
Everyone deserves to,
and should, live without fear.
There is no excuse.

Executive Summary

Prevention of violence and abuse is a critical element in tackling many other issues as it impacts on mental wellbeing, physical health and quality of life. Violence is contagious. Exposure to violence and abuse, especially as a child, makes individuals more likely to be involved in this behaviour in later life. The consequences of abuse affect those who experience abuse the most but abuse also affects families; those who witness it, live with it and live in fear of it. Abuse can have long-lasting negative impacts across a wide range of health, social and economic outcomes.

We want a Borough that is free from all forms of violence and abuse and a culture of empowerment for those who have experienced abuse. We want to raise awareness of the health, psychological and social implications of domestic abuse and make sure that individuals know how and where they can get help.

This strategy was developed as a consequence of the commitment of Stockton's multi-agency Domestic Abuse Strategy Group to improve the prevention of, and response to, domestic abuse.

It is positive that this Strategy is supported by a number of other strategies and action plans already in place that are helping to tackle the issue, including the Health & Wellbeing Strategy, the Alcohol Action Plan, the Community Safety Plan, the Early Help Strategy and the Tees Sexual Violence Strategy Group Action Plan.

The Domestic Abuse Strategy Group believed that consultation was key to understanding the issues that needed to be addressed. Therefore, a number of consultations took place between June and December 2013, involving women who experienced domestic violence and abuse, their children, and male perpetrators of abuse. Social care staff working with families affected by domestic abuse were consulted with, along with staff involved in the provision of sexual health services. A stakeholder consultation event was held with over 100 participants from the statutory and voluntary sector. Two residents' surveys were undertaken, one relating to the Community Safety Plan and one specifically about domestic abuse. Clear priorities emerged from consultation that identified a need to focus on awareness and education, early intervention and support and protection. In addition, consultation enabled our vision statement for the strategy to be developed. Our vision for our Borough is that:

Domestic abuse is socially unacceptable. Everyone deserves to, and should, live without fear. There is no excuse.

This strategy will be supported by an annually reviewed and refreshed action plan based on consultation and data analysis.

The Domestic Abuse Strategy Group will be accountable for the delivery of the Annual Action Plan to support this Strategy. An annual summary of progress against the Action Plan will be reported to the Safer Stockton Partnership, the Health & Wellbeing Board and the Local Safeguarding Children Board.

What is Domestic Violence and Abuse?

From 31 March 2013, the Government definition of domestic violence and abuse became:

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

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *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.

The Government definition, which is not a legal 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.'

This strategy spans the Government definition of domestic violence and abuse and is deliberately written in a manner that is gender neutral. However, it must be acknowledged that domestic abuse is primarily gender based, research shows it is predominately experienced by women and perpetrated by men but there are male victims and female perpetrators and abuse also occurs in same sex relationships

In addition, not all forms of domestic abuse are illegal and defined as crimes. For example, emotional abuse can have a serious and lasting impact upon a person's sense of mental health, well being and autonomy, but is not defined as a crime in its own right.

Prevalence and Effects of Domestic Violence and Abuse – the National Picture

Teenage Relationship Abuse

Teenagers experience high levels of relationship abuse. The 2012/13 Crime Survey for England and Wales found the prevalence of intimate violence was higher for younger age groups. Women aged between 16 and 19 and between 20 and 24 were more likely to be victims of any domestic abuse (11.3% and 12.5% of the respective population) compared with those aged between 45 and 54 and between 55 and 59 (4.7% and 2.7% respectively).

In 2009 the National Society for the Prevention of Cruelty to Children (NSPCC) conducted research with a sample of children aged 13-17 in mainstream education, finding that:

- 25% of girls and 18% of boys experienced some form of physical abuse at least once in their lifetime
- 75% or girls and 50% of boys reported experiencing some sort of emotional abuse at least once in their lifetime; and
- 31% of girls and 16% of boys reported experiencing some form of sexual violence at least once in their lifetime.

Communicating online is a normal way of life for many young people and the UK's internet access is amongst the highest in Europe with teenagers' usage higher than that of adults. There are numerous ways that technology can be used in abusive relationships.

Child to Parent Violence

Anecdotally, police, youth justice workers, social workers and other specialist support services report child to parent abuse as a significant problem and part of their case load. Like other forms of domestic violence and abuse, it is very likely to be under-reported. Many of these families may be facing multiple issues such as substance misuse and poor mental health as well as domestic abuse.

Intimate Partner Violence

The British Crime Survey (BCS) 2012/13 identified that, of those respondents aged 16-59 years – both male and female - who had been a victim of partner abuse in the last year, they were more likely to have experienced non-physical abuse (emotional and financial) rather than physical abuse.

Female partner abuse victims were more likely to experience non-physical abuse (emotional, financial) (51%) than to experience physical abuse such as force, either minor (26%) or severe (28%), or threats (23%). Male partner abuse victims were also more likely to experience non-physical abuse (56%) than minor force (20%), severe force (34%), or threats (8%).

Overall, 30% of women and 16.3% of men had experienced some form of domestic abuse since the age of 16 and in the last year 7.1% of women and 4.4% of men had experienced domestic abuse (equivalent to 1.2 million female victims and 700,000 men).

The likelihood of domestic assault appears to decrease with age for both men and women; around 1% of those aged over 55 reported being assaulted in the previous year, alongside this 29% of all victims had been abused by their partner more than once.

Around a quarter (24%) of partner abuse victims reported that they sustained some sort of physical injury. The most common type of injuries sustained were minor bruising or black eye (16%) and scratches (13%). For both male and females, the category most likely to be reported was 'mental or emotional' problems (32% of male and 59% female) followed by 'stopped trusting people or difficulty in another relationship'.

Of those that were physically assaulted, a third (33%) received some sort of medical attention with an increase in males seeking help (33%, the previous survey figure for this was 15%). The majority sought help at GP/doctors surgery (81%), 21% had also then gone to Accident and Emergency and 18% to a specialist mental health or psychiatric service.

24% of all victims of domestic abuse also stated they believed their partner was under the influence of alcohol rather than illicit drugs (9%).

Around a quarter of partner abuse victims who reported abuse in the last year stated they currently shared, or had previously shared, accommodation with their abusive partner. As a result of this 35% left the accommodation because of the abuse, even if it was only for one night, with 60% staying with relatives, while staying with friends or neighbours was their next destination (20%). Reasons mentioned for not leaving were 'love or feelings for partner' (53%), 'presence of children' (43%) and 'never considered leaving' (36%). These findings are similar to previous years with exception of 'love or feeling for partner' which has increased significantly from 34%.

Family conflict and violence are among the key causes of homelessness among young people.

Intimate partner violence is a major contributor to women's mental health problems, particularly depression, as well as to sexual and reproductive health problems, including maternal health and neonatal health problems.

Psychological control can define many relationships in which partner violence occurs. These controlling behaviours relate to a series of ways in which individuals might attempt to control and/or limit the behaviours and social interactions of their partners (eg, limiting social and family interactions, insisting on knowing whereabouts at all times, being suspicious of unfaithfulness). Such controlling behaviour often co-occurs with physical and sexual violence and may be highly prevalent in violent relationships.

Children and Young People

Children who are abused or who witness domestic violence and abuse at home are at increased risk of youth violence and of both suffering and perpetrating intimate partner violence in adulthood. Particularly during the first few years of life, children's brains are shaped by their experiences and the environments in which they grow up. Exposure to abuse or severe neglect can cause the brain to develop with a focus on short term survival, at the cost of longer term wellbeing. The impact is particularly damaging when individuals are exposed to abuse and violence at an early age where it can contribute to poor health and well-being prospects across the life course. Abuse and neglect in childhood can contribute to children having lower self-

esteem, poor school achievement, poorer social skills, poorer mental wellbeing and to consider violence and abuse as a normal way of resolving conflict.

Interventions to address this, especially those in early childhood, not only prevent individuals developing a propensity for violence but also improve educational outcomes, employment prospects and long-term health outcomes. Abuse in childhood increases risks of violence in later life, but also risks of cancer, heart disease, sexually transmitted infections, substance use and a wide range of health conditions.

Adults at Risk

An 'adult at risk' is anyone with needs for care and support who is or may be at risk of significant harm. Organisations need to safeguard individuals who, as a result of their needs, are unable to protect themselves against abuse or neglect. Making links between adult safeguarding and domestic abuse is vital to ensuring people get access to the best help that can be offered, are treated with dignity and respect, and are supported to achieve the best outcomes for them. Research indicates that a disability can strongly affect the nature, extent and impact of abuse, that many abusers deliberately emphasise and reinforce dependency as a way of asserting and maintaining control and the impact of domestic abuse can be especially acute when the perpetrator is also the carer.

The UK National Prevalence Study of Elder Maltreatment in 2006 found that 2.6% of older people (aged over 65) living in private households had been maltreated by family members, close friends or care workers in the past year. In a study of family carers of people with dementia living at home, half reported having ever committed some form of abusive behaviour towards their dependent, with a third reporting abusive behaviour in the past three months. Verbal abuse was the most common reported type of abuse. Risk factors for elder abuse are high levels of dependence, mental and cognitive disorders, carer alcohol consumption and drug use, carer financial problems, carer burnout, social isolation, lack of social support, age discrimination.

Factors such as exclusion from education and employment, stigma and discrimination, a need for personal assistance with daily living, reduced physical or emotional defences and communication barriers can make disabled individuals vulnerable to violence and abuse. Systematic reviews have shown that both disabled children and adults are at increased risk of violence and abuse and have suggested that those with mental health or intellectual impairments can be particularly vulnerable.

Forced Marriage, Female Genital Mutilation and Honour Based Violence

Rules and expectations of behaviour in specific cultural or social groups can support violence and abuse and maintain harmful traditional practices such as forced marriage, female genital mutilation and honour-based violence.

Forced marriage is a hidden practice and due to its nature the full scale of the issue is unknown. It can happen to men and women, although most cases involve young women and girls aged between 16 and 25. There are estimated to be at least 5,000 to 8,000 reported cases of forced marriage in England each year. Around 85% of such cases involve female victims, who can

suffer domestic violence, rape, damage to mental wellbeing and other harms. Attempts to avoid or escape forced marriage can be met with serious, sometimes fatal, violence.

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genitalia for non-medical reasons.

Carrying out FGM is a criminal offence under the Female Genital Mutilation Act 2003. It is also an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Honour Based Violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power in order to control female autonomy and sexuality.

Honour Based Violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.

References:

Adult Safeguarding and domestic abuse, Local Government Association, April 2013

NICE Public Health Draft Guidance: Domestic Violence and abuse 2013

Protecting People, Promoting Health, A Public Health approach to violence prevention for England October 2012

Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence (2013) The Cochrane Collaboration

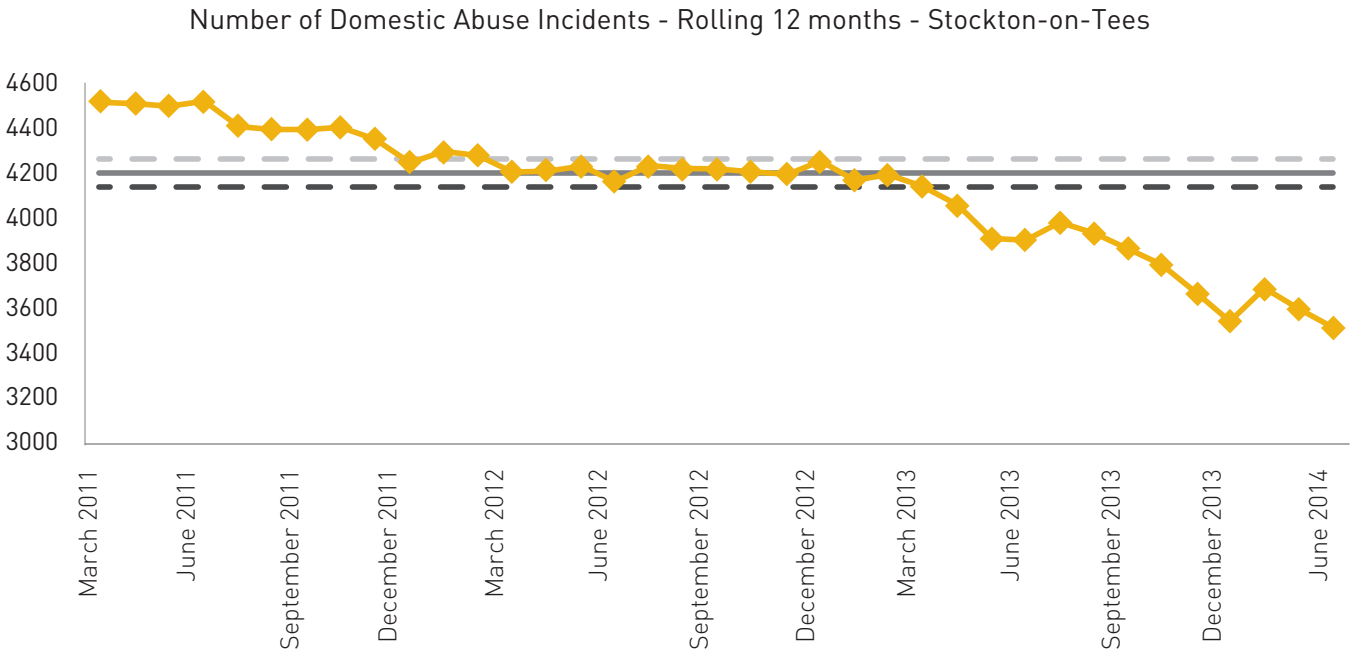
www.cps.gov.uk

Prevalence of Domestic Abuse in Stockton-on-Tees

There are nearly 192,000 individuals living in the Borough of Stockton-on-Tees, with approximately 47,500 of those aged between 0 and 19.

The following information provides a summary of what we know in relation to Domestic Abuse in the Borough.

Cleveland Police incident statistics – March 2011-March 2014



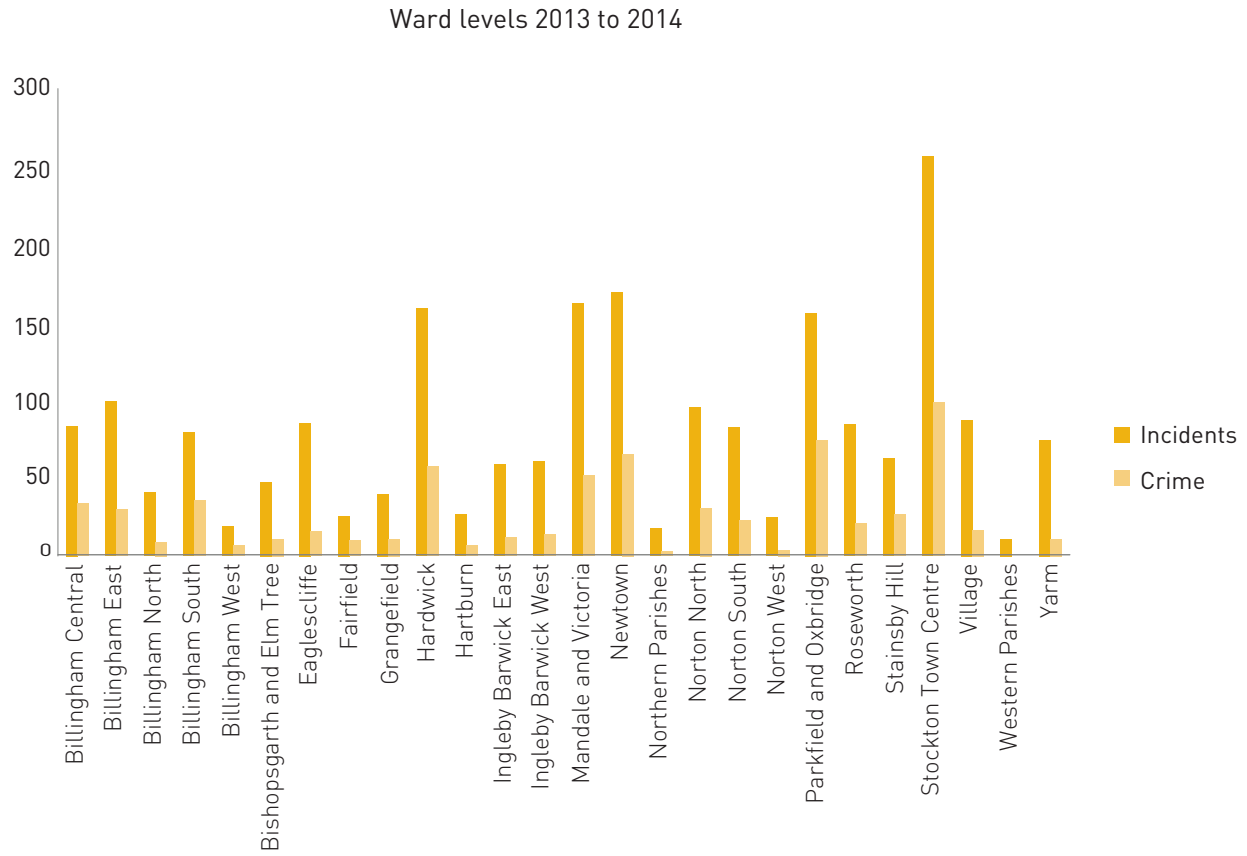
There were 3513 domestic abuse incidents recorded during the 2013/14 financial year which compares to 4144 for the same time period in the previous year; a reduction of 631 incidents (-15.2%). Incidents in Stockton-on-Tees have fallen well below average levels since the start of the 2013/14 financial year and remained that way for the 12 month period. Of the incidents that occurred during 2013/14 (3513), 38% were alcohol related.

Repeat incident rate

The table below shows the number of repeat incidents reported to the Police in 2013/14 reduced by 361 from 2012/13, equating to a 18.2% reduction. The repeat victim incident rate also reduced slightly from 47.8% to 46.1%. The repeat rate equates to the number of domestic abuse repeat incidents divided by number of domestic abuse incidents. This shows that despite a significant decrease in the number of domestic related incidents, the number of repeat victims has remained similar.

Domestic incidents	April 2013 to March 2014	April 2012 to March 2013	Diff	% Diff
Number of repeat incidents	1618	1979	-361	-18.2%
Repeat incident rate	46.1%	47.8%		-1.7%

Locations of domestic abuse crimes and incidents



The above chart shows the ward distribution for all domestic abuse related incidents from April 2013 to March 2014.

This clearly shows that Stockton Town Centre is the main ward for both domestic abuse crime and incidents. This is followed by ward areas which also feature within top five for all crime types within the Stockton Borough.

Accident and Emergency (A&E) – University Hospital of North Tees

Analysis of A&E data shows that 11% of individuals attending A&E for assault in 2013/14 stated their injuries were sustained due to domestic abuse. This compares to 13% for the previous 12 month period. The majority of individuals presenting at A&E who had been assaulted by their partner were females with ages ranging from 17 years to 83 years. 83% of females stated they had sustained their injuries whilst in their own home.

Male victims were mainly linked to assaults by relatives or parents. Male victims also spanned a wide age range.

Alcohol was an aggravating factor in 56% of domestic abuse attendances.

Total number of presentations for assault April 2013-March 2014	Number of presentations relating to DV only	DV as % of total presentations	Comparison to previous year
888	100	11%	13%

Preventing and responding to domestic abuse – the development of this Strategy

Prevention of violence and abuse is a critical element in tackling many other issues as it impacts on mental wellbeing, physical health and quality of life. Violence is contagious. Exposure to violence and abuse, especially as a child, makes individuals more likely to be involved in this behaviour in later life.

Nationally, addressing domestic abuse has a high profile with strategy and guidance documents in place to prevent, identify and respond to the issue. The Home Office produced a *Call to End Violence against Women and Girls Action Plan* in 2011 and in 2012 the North East Public Health Observatory produced Protecting People, Promoting Health – *a Public Health approach to Violence Prevention in England*. Domestic abuse and violent crime, including sexual violence, have been identified by Public Health England as areas to be monitored in the *Public Health Outcomes Framework* and in February 2014 the National Institute for Clinical Excellence produced guidelines that identify how health and social care services can respond effectively to domestic violence and abuse. Additionally, the three Police & Crime Commissioners for Northumbria, Durham and Cleveland have prioritised domestic abuse with the production of a *Violence Against Women and Girls Strategy*.

Locally, we are fortunate in Stockton-on-Tees to know that this 2014-2017 Strategy is based on firm ground as it builds upon the work undertaken within the 2011-2014 Strategy which had a key focus on reducing re-offending and reducing repeat victimisation. In addition, there have already been numerous successful initiatives to tackle domestic violence and abuse, including the Multi-Agency Risk Assessment Conferences (MARAC) which focus on the most vulnerable high risk victims of domestic abuse. MARAC provides preventative and protective responses that are tailored to the needs of those who experience domestic abuse and their children, alongside managing the risks the perpetrator poses more effectively; the Safe at Home Scheme which improves the choices available to victims of domestic abuse by helping them to remain in their own homes where it is safe for them to do so and the provision of Independent Domestic Violence Advocates to support victims going through the court process. In addition, Domestic Abuse is identified as a priority and recognised on the allocations choice based lettings scheme in the Borough to assist with re-housing in instances where a homeless application is not required. Addressing domestic violence and abuse has been a priority of the Safer Stockton Partnership for a number of years based on consultation that has taken place with residents.

There are also a number of strategies and action plans already in place that are helping to tackle the issue of domestic violence and abuse, including the Health & Wellbeing Strategy, the Alcohol Action Plan, the Community Safety Plan and the Early Help Strategy. The Tees Sexual Violence Strategy Group is committed to preventing and responding to sexual violence within intimate partner relationships.

Stockton also has a multi-agency Domestic Abuse Strategy Group which has membership from a variety of statutory and non-statutory agencies. This Group sets the direction of travel for the Borough, identifying and monitoring key issues that need to be addressed. With the move of significant Public Health functions into the Local Authority from the National Health Service in 2013 a decision was made that this Group would be Chaired by the Director of Public Health in Stockton, confirming the Borough's commitment to prevention and early intervention as well as protection. More information on membership of the Group can be found on page 19.

The Strategy Group believed that consultation was key to understanding the issues that needed to be addressed. Therefore, a number of consultations took place between June and December 2013 to inform this Strategy. A summary of the consultations follows.

Consultation – June 2013 to December 2013

Women who experienced domestic violence and abuse, and their children, were consulted with, as well as male perpetrators of abuse. Consultation took place in support groups offered by Harbour.

The women accessed specialist support via a number of routes, including referrals from their GP, Police, Safeguarding Adults and social workers. Women said that receiving support meant they had the opportunity to talk about their experiences with others and listen to others, becoming more aware of perpetrator behaviour by doing so. Most women said they had not spoken to anyone about the abuse before the referral to specialist support and they found it difficult to think about who they would have been happy speaking to in order to get help earlier. Some were concerned that if they had spoken earlier they would have been 'judged' by other people.

The women felt there needed to be more publicity around what support was on offer and concern was expressed that the supportive aspect of social care was not understood very well. Potential involvement of social care in the women's lives was cited as a possible barrier to asking for support. Education was seen as important and the women believed it would be the right thing to do to talk to school children about potential abuse in relationships. They felt there needed to be more understanding of what domestic abuse is, including controlling behaviour. One particular comment was very poignant: 'most of us experienced this kind of thing when we were kids.'

Additionally, women in the refuge said a really important aspect for them was that they now felt safe and it was important other women knew refuge support was available.

The priority for children was to understand why they were receiving special support. Sadly, some children felt they were being offered support because they had been 'naughty,' so assuring children that this is not the case and ensuring their self-esteem, emotional well being and safety are considered as part of the support offered to them is paramount.

Perpetrators of abuse stated the main reason they obtained support for their behaviour was because of social care involvement in the family and their wish to remain in contact with their children. They felt the programme they were accessing was making them understand their behaviour more and what they found most important was learning about improved social skills, how to deal with situations better, dealing with things in a more calm way and improved understanding of thoughts and feelings. The men were keen to ensure that future support offered was more tailored to individual needs and took into account issues such as 'working away.' In terms of encouraging willingness to obtain help to change behaviour, the men thought it would be helpful if the benefits mentioned earlier were promoted more and that men who had obtained support, and whose relationships had improved as a consequence, could be asked to promote it to others.

Social care staff working with families affected by domestic abuse were consulted with. The priorities they identified for further action were: more awareness and education of what domestic abuse is, including education in schools, more prevention and early help within families and consideration of domestic abuse within a family context and not just a focus on individuals within the family, improved promotion of what support is available, ensuring resource is targeted at need as not everyone needs the same level of support, more multi-agency working and good information sharing. Social care staff want to see a reduction in the number of children removed from families.

Healthcare staff involved in the provision of sexual health services in Teesside were consulted on screening and risk assessment in their services. Most people thought routine screening in sexual health settings was a good idea as long as questions were straight forward and easily understood. Some concern was expressed about time with the patient when a disclosure was made and it was felt that healthcare staff would need to be competent on referral pathways and know what to do if someone who disclosed refused to accept specialist support or what to do if a perpetrator was identified. Staff also felt it was imperative to understand what was important for victims before they left the healthcare setting, for example, safety planning and information about support local services. Staff thought the development of a Domestic Abuse Champion network would be positive.

A stakeholder consultation event was held with over 100 participants from the statutory and voluntary sector. Key developments attendees wanted to see were: improved education and training around domestic abuse, more joined-up working between agencies and improved communication about domestic abuse cases, the development of a single point of contact for domestic abuse, helping people to make informed choices when living with domestic abuse, removing barriers to reporting and signposting, ensuring resources, commitment and accountability is in place from a strategic level right through to delivery of services, collection of appropriate information and data about domestic abuse to analyse the needs of the population, improve prevention and early intervention by enabling professionals and others to recognise domestic abuse and take appropriate action, and the development of a Domestic Abuse Champion network. Stakeholders were also asked what they thought the Vision for a Domestic Abuse Strategy in Stockton should be and a number of suggestions were tabled.

The Local Authority has a residents' survey called Viewpoint and one edition of the Viewpoint survey was dedicated to domestic abuse. The stakeholder suggestions for a Vision statement relating to domestic abuse were tested out in this survey with 87% of respondents favouring: **Domestic abuse is socially unacceptable. Everyone deserves to, and should, live without fear. There is no excuse.**

Survey respondents were fairly aware of what domestic abuse is. Over 90% were aware that domestic abuse includes controlling behaviour, emotional abuse, psychological abuse, sexual abuse and (most of all) physical violence. By contrast, just over 7 in 10 were aware that it includes Female Genital Mutilation (FGM) and coercive behaviour. Only half knew it relates to young people aged 16 and 17.

There was surprise expressed to the knowledge that in 2007 it was estimated 66,000 women living in England and Wales had undergone some form of FGM but respondents were not surprised that children can experience both short and long-term cognitive, behavioural and

emotional effects as a result of witnessing domestic abuse. Surprise was also shown for the fact that of all Stockton Borough violent crimes reported to the Police in 2012/13, 41% of them related to domestic abuse.

Respondents felt key professionals to be involved in the prevention and response to domestic abuse are the Police, mental health and support services, health professionals generally, social workers and GPs.

Most people were not aware of what support is available around domestic abuse in Stockton and when asked what they would do if someone they knew asked for advice on how to get help for domestic abuse or if they needed help themselves, respondents stated they would either direct people to, or personally approach, the Police in such circumstances. Medical professionals (including GPs and Practice Nurses in particular, as well as health visitors and medical centre receptionists) were the second most popular option followed by Social Workers/Social Services.

A survey of residents was also undertaken to inform the Community Safety Plan for 2014 and beyond. Residents identified Domestic Abuse as the sixth priority to be addressed in the plan. Individuals within Black Minority Ethnic (BME) communities ranked domestic abuse higher than those from non-BME communities and those aged 16 and under and 17 to 24 identified domestic abuse as their third priority, identifying domestic abuse as a higher priority for them than drug or alcohol related offending. Females ranked domestic abuse as their fourth priority and men identified it as their eighth. Interestingly, those who responded from wards where domestic abuse features highly in crime statistics did not identify domestic abuse as a key priority to be addressed.

Clear priorities have emerged from the consultations that have taken place, identifying a need to focus on awareness and education, early intervention and support and protection.

Priority Areas for Stockton-on-Tees

Awareness and Education

Violence and abuse can be prevented. Interventions and actions can take place across an individual's life course to reduce risk factors around experiencing and perpetrating abuse. A wide variety of activities can also take place to promote protective factors; addressing abuse does not have to be the specific focus of the intervention.

Supportive structures such as Family Nurse Partnerships, health visitors, parenting programmes and respite options for carers, have a positive and protective role. Education and positive social development raises awareness and reduces risk, as does training professionals on the signs and symptoms of abuse and implementing screening programmes in appropriate settings. Provision of specific interventions around psychological and practical support to those who experience abuse, talking and family therapies, hospital based interventions - all provide protective factors.

On a societal level reducing alcohol availability and consumption and changing social norms that support abuse and violence, alongside criminal justice interventions that protect those who experience abuse and acknowledge and address the perpetrators behaviour are all activities that have a key role to play in the prevention of abuse.

The consequences of abuse affect those who experience abuse the most but abuse also affects families; those who witness it, live with it and live in fear of it. Abuse damages physical and emotional health and can have long-lasting negative impacts across a wide range of health, social and economic outcomes.

We want to promote a vision for a Borough that is free from all forms of violence and abuse and a culture of empowerment for those who have experienced abuse. We want to raise awareness of the health, psychological and social implications of domestic abuse and make sure that individuals know how and where they can get help.

We will be undertaking further consultations with specific at risk groups and will be implementing activities relating to education, awareness and training within schools and colleges and amongst professionals who may come into contact with domestic abuse in their working day. Ensuring there is more general awareness of what domestic abuse is in our society, that abuse is wide-ranging and does not only mean violence and that it affects women and men, regardless of their age, sexuality, religion or culture, is key to understanding and accessing help. Domestic abuse is not something that the majority of people experience and campaigns must also promote this: our social norm is one of healthy, respectful relationships and abuse in relationships is not normal or acceptable.

Early Intervention

Interventions, especially those in early childhood, cannot only prevent individuals developing a propensity for violence and abuse but also improve educational outcomes, employment prospects and long-term health outcomes. Helping those who experience and perpetrate domestic abuse, and the professionals they may come into contact with, to identify the need to seek help as soon as possible is a priority in ensuring support is offered at the earliest possible

opportunity. We also need to ensure that individuals and families know they can obtain support from a variety of sources and that 'specialist' domestic abuse support is not their only option. A referral to a specialist service is not one that all people will accept and offering support in a manner that best suits the circumstances of an individual at a time that suits them can only be positive. Such support routes may be via mental health services, physical health services, housing, welfare support, etc.

To achieve a focus on early intervention we will ensure that professionals are trained in identifying domestic abuse and the consequences of abuse. The structures that support young people will be engaged; schools, school nursing (healthy child) programmes, health visitors and children's centres. We want to ensure children have the opportunity to express their feelings and feel safe in their relationships with adults, also that teenagers feel safe in their personal relationships with their peers.

Additionally, we will develop a Domestic Abuse Champion network within the Borough. The aim of this is to create a network of safe environments in which those experiencing domestic abuse can feel safe in disclosing their experiences.

Support and Protection

Nationally, it is estimated that only 4% of reported incidents of domestic abuse result in a conviction. Locally, 22% of domestic abuse incidents reported to the Police result in an arrest. Not all forms of domestic abuse can be classified as a crime in legal terms and even when a crime has taken place it can be extremely difficult for victims to pursue the perpetrator through the court process. Victims may be reluctant to give evidence against someone they have loved, they may be at risk of further abuse or concerned about the reputation of their family. For some, the thought of going through a court process is simply too much. There are many different and complex reasons why victims do not seek help; we wish to break down the barriers people experience.

Whilst we wish to ensure that those who perpetrate crimes are convicted in as many cases as possible, we must also ensure that those individuals and families who experience domestic abuse are protected and supported in as many ways as possible. We are committed to ensuring that victims who decide to pursue court proceedings continue to be supported by the Independent Domestic Violence Advocates across Teesside whose role is to support the victim and ensure their 'voice' is heard in court.

Ensuring specialist support is available for those who experience domestic abuse in Stockton-on-Tees has been a key commitment of the Domestic Abuse Strategy Group. During 2013 a collaborative commissioning approach was taken to the procurement of a domestic abuse support service. A number of different Local Authority departments pooled budgets, along with a local social housing provider, to commission a holistic domestic abuse service. The service, provided by Harbour, can support adults and young people who are experiencing domestic abuse and support or intervene with those who perpetrate abuse. Harbour will work within a family context so that children can be raised safely within families and ensure service users who are parents, or who have child-caring responsibilities, are enabled to play a positive role in a child's upbringing by delivery of evidence-based Parenting and Family programmes and by delivering targeted early interventions which are aimed at children and young people affected by

experiences of domestic violence and abuse. Harbour will provide counselling for those who have experienced rape and sexual violence and will accept referrals from the Sexual Assault Referral Centre regardless of whether the violence was perpetrated within a domestic abuse setting. In addition, Harbour will provide a residential service for adults and children who need to leave their home as a consequence of domestic violence and abuse.

Harbour will also offer support for those who perpetrate domestic violence and abuse to enable perpetrators to be aware of thought processes, change behaviour, reduce reoffending and improve the safety of others.

There will also be provision of a joint bespoke programme of interventions linked with alcohol and drug treatment programmes for perpetrators and specific joint work with alcohol and drug treatment providers around the use of alcohol and/or drugs as a coping mechanism when experiencing abuse.

The Local Safeguarding Children Board is a multi-agency partnership that holds its partners to account about the extent to which children and young people are kept safe. Its duties are to:

- Produce and disseminate safeguarding policies and procedures
- Raise safeguarding awareness
- Monitor and evaluate safeguarding work
- Make sense of safeguarding data
- Conduct serious case reviews

The Board is committed to improving outcomes for children and young people by preventing and reducing the harms associated with witnessing and/or experiencing domestic violence and abuse.

The aim of the Safeguarding Vulnerable Adults Committee is to safeguard vulnerable adults against abuse and to raise awareness throughout the community to prevent further abuse. A vulnerable adult is a person aged 18+ who may need community care services due to mental or other disability, age or illness; and who may be unable to protect themselves against significant harm or exploitation. Abuse can be physical, sexual, verbal, financial, and psychological or an act of neglect or institutional practice. We will improve recognition and understanding of the circumstances in which adult safeguarding and domestic violence and abuse overlap and should be considered in tandem, ensuring the complexities of working with people who need care and support, and who are also experiencing domestic violence and abuse, are better understood with better outcomes being achieved for individuals as a result.

Measurement and Outcomes

The following outcomes are aspired to be achieved as a consequence of this Strategy:

- A reduction in domestic abuse and violence and re-offending
- Reduced repeat victimisation
- Improved safety of those who have experienced domestic violence and abuse
- Enabled Independent living and improved economic wellbeing

- Improvement in mental and physical health and wellbeing
- Increased self-esteem and confidence
- Safe relationships with family members, partners and friends
- The capacity to be an effective and caring parent and increased parental confidence in parenting abilities
- Reduction in the emotional, behavioural and psychological difficulties experienced by children
- Improved relationships between parents and children where this is appropriate and safe
- Improved family, social, community and personal relationships

It is unlikely that all of the desired outcomes can be robustly monitored. Therefore, the following information will be monitored with the aim of understanding whether the outcomes are being achieved.

- Accident & Emergency Attendances coded as Domestic Abuse
- The number of Child Protection Plans in place linked to Domestic Abuse
- The number of referrals into Children's Social Care linked to Domestic Abuse
- Referrals into and out of services relating to Domestic Abuse (the anticipation is that the number of services providing this information will increase throughout the life of the Strategy).
- The number of individuals/families supported to stay in their home via the Safe At Home Scheme
- The number of individuals/families accessing places of safety, such as, refuges
- The number of Adult Safeguarding/domestic abuse cases
- The number of cases that convert to a court process and the number of convictions
- The number of Police incidents that are categorised as a repeat incident
- The number of individuals who perpetrate domestic abuse accessing support programmes to change their behaviour, as well as subsequent reduced offending
- The number of individuals experiencing domestic abuse who access support programmes and the impact that support has had
- The number of children affected by domestic abuse who have accessed support programmes and the impact that support has had

The aim is that as much data as possible will be broken down by age and gender. We will also be striving to further understand the types of abuse that are taking place.

We will be undertaking perception surveys within the population regarding attitudes towards domestic abuse. We will also be assessing whether there is an increased use of the Common Assessment Framework (CAF) as an early help tool for those with needs associated with domestic abuse.

Accountability for Achievement

This strategy will be supported by an annually reviewed and refreshed action plan based on consultation and data analysis.

The Domestic Abuse Strategy Group will be accountable for the delivery of the Annual Action Plan to support this strategy. In addition, an annual summary of progress against the Action Plan will be reported to the Safer Stockton Partnership, the Health & Wellbeing Board and the Local Safeguarding Children Board.

Members of the Domestic Abuse Strategy Group are identified below.

Job Title/Organisation	Role on Group
Director of Public Health, Stockton Borough Council (SBC)	To co-ordinate activities of the Group and to promote an ethos of prevention and early intervention.
Corporate Director of Children, Education and Social Care, SBC	Accountability for the strategic direction of both children and adult services and for the operational delivery of services to children and adults.
Detective Inspector, Cleveland Police	To protect the public by arresting those who are suspected of committing a crime, to support those who experience domestic abuse to obtain support and to co-ordinate MARAC activities.
Chief Executive, Harbour	To ensure the specialist domestic abuse support service in the Borough is responsive to need and complementary to the activities of partner organisations on the Group.
Probation	To ensure domestic abuse perpetrators are safely managed in the community for the protection of the public and to support and contribute to domestic abuse initiatives.
Community Safety Manager, SBC	The Community Safety and Security Team work closely with the Police, Harbour and colleagues in social care in relation to supporting those who experience domestic abuse. The team co-ordinates the Safe at Home Scheme and provides initial counselling, victim and witness support. The team co-ordinates a problem solving approach with partners working with repeat victims and perpetrators of domestic abuse that are not in MARAC. The team also provides information and support in relation to Domestic Homicide Reviews.

Job Title/Organisation	Role on Group
Strategic Commissioner, Public Health	To support the role of the Director of Public Health and to co-ordinate the Domestic Abuse Annual Action Plan.
Senior Cohesion & Diversity Officer, SBC	To ensure that diversity issues are identified and responded to.
Safeguarding Lead, HMP Holme House	Collaboration with external agencies to assist in protecting victims identified through their connection with serving and remand offenders who have markers (Current or Historic PNC Alerts) for domestic violence related crimes or are identified by other criminal justice agencies or local authority as a risk in relation to domestic abuse. Raising awareness with victims regarding support avenues available.
Operations, Development & Neighbourhood Services, SBC	To fulfil the Council's statutory responsibilities in respect of homelessness and the provision of housing advice. To work in partnership with other services/organisations to identify and develop initiatives and specialist, supported accommodation to meet the needs of specific at risk groups.
Thirteen, social housing provider	Thirteen is committed to the belief that every tenant has the right to live without fear of violence or abuse from a spouse or partner, former partner, or other member of their household. A holistic approach is taken to tackling domestic abuse, supported by a wide range of agencies. Thirteen has a role in prevention, promoting awareness at every opportunity, support, alternative accommodation, enforcement action and commissioning of the Harbour service.

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