

Domestic Violence and Abuse Strategy 2017-2022

Our Vision

We can achieve real, sustainable progress to tackle domestic abuse by working together as local partners, agencies, and communities to prevent individuals from becoming victims and perpetrators of domestic violence and abuse.

Tackling domestic abuse is everybody's business. This strategy is a call to action for us all over the next five years to work together so we achieve our shared vision for the borough:

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

Our strategic approach will support professionals to identify and deal with the earliest signs of abuse, stop abuse before it happens, prevent abusive behaviour from becoming entrenched and prevent perpetrators from moving from one victim to the next. Critically, it will provide victims and their families with support before a crisis point is reached.

What is Domestic Violence and Abuse?

In 2013, the UK government defined domestic violence and abuse as:

'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 defined as 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 defined as 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 national definition of domestic violence and abuse is comprehensive. Examples of the different types of abuse are given below; this is not an exhaustive list.

Psychological: someone blaming you for their behaviour; checking up on you constantly

Physical: someone threatening to hurt you or hurting you

Sexual: being forced to take part in unwanted, unsafe or degrading sexual activity

Financial: someone restricting your access to money or work

Emotional: being criticised, humiliated, your feelings being ignored or your confidence being affected

This definition recognises that domestic abuse is experienced by men and women and in same-sex, heterosexual and familial relationships. However, national and local evidence tells us that domestic abuse is predominantly experienced by women and perpetrated by men.

UK Legislation

Legislation now underpins this definition. Coercive or controlling behaviour is a criminal offence, as is stalking. Protection orders for domestic violence, sexual violence, forced marriage and female genital mutilation (FGM) can now be enforced to protect individuals before harm occurs.

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

The *coercive or controlling behaviour offence* came into force in December 2015. It carries a maximum 5 years imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

A *domestic violence disclosure scheme* has been introduced. Under the scheme an individual can ask police to check whether a new or existing partner has a violent past. This is the 'right to ask'. If records show that an individual may be at risk of

domestic violence from a partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

Where an agency believes that an individual is at risk of domestic violence from their partner, the agency can apply for a disclosure as a 'right to know'. The police can release information if it is lawful, necessary and proportionate to do so.

In 2015 domestic abuse was added to the *Care Act 2014* as an adult safeguarding category in recognition of those victims who have care and support needs that limit their ability to protect themselves.

Female Genital Mutilation is a criminal offence. It is also illegal to aid, abet, counsel, and procure the performance of FGM on a UK national or permanent resident abroad (Female Genital Mutilation Act 2003).

National Context

Domestic violence and abuse occurs across our society, regardless of age, gender, race, sexuality, wealth, and geography of the victim or perpetrator. Domestic abuse touches the lives of many.

Evidence shows that women disproportionately experience domestic violence and abuse. This is an internationally recognised phenomenon rooted in gender inequality and historic gender-based roles.

For the year ending March 2016 the Crime Survey England and Wales reported an estimated 1.8 million adults aged 16 to 59 experienced domestic abuse in the last year, equating to a prevalence rate of 6 in 100 adults. Women were more likely to have experienced domestic abuse than men, with an estimated 1.2 million (65%) female victims compared to 651,000 (35%) male victims.

Across the UK, 750,000 children and young people witness or experience domestic abuse every year (DoH 2002, cited by Welsh Government Whole Education Approach).

The national review of domestic homicides (Home Office, 2016) reported 50 male and 107 female domestic homicide victims over the age of 16 years during 2014/15. Whilst this is a reduction in numbers nationally, each homicide has a significant and enduring impact on communities. The review challenges local areas to improve risk assessment and share information across agencies in a bid to identify, understand and respond early to domestic violence and abuse. Training of frontline staff and increased public awareness were also listed as key areas for action.

Domestic abuse is not rare. The above data suggests that in a workplace with 2000 employees, approximately 120 people will have experienced domestic abuse within the last 12 months.

Local Context: the scale of the problem in Stockton on Tees

During the 12 months April 2015 to March 2016 Cleveland Police recorded 4396 reported incidents of domestic abuse, a third of these were recorded as a crime (1469) and a little more than a fifth of incidents reported (22.5%, 991) led to an arrest.

In Stockton on Tees, interrogation of local police data suggests that 80% of the victims of reported domestic abuse are female. We need to further explore whether there is under-reporting of domestic abuse by men locally to ensure we are responding to the needs of our population effectively.

Within the borough, adult males account for 83% of reported perpetration of domestic abuse. The majority of who are aged 26-35 years.

Repeat incidence of domestic abuse is high. In Stockton on Tees, 45% of the incidents of domestic abuse can be attributed to a victim who has already reported an incident in the previous 12 months.

Withdrawal from prosecution remains high with 49% of those cases resulting in arrest not being pursued to court action by victims, this is reflected nationally. Of those cases heard in court, 75.2% result in a successful outcome for the victim.

Police and Social Care frontline services commonly identify repeat perpetrators of domestic abuse and witness perpetrators moving from one victim to the next.

In 2015/16, 776 children were referred to Stockton on Tees Borough Council's Children's Services due to risks associated with domestic abuse, this equates to 9.3% of the total referrals received. During that period, social workers identified domestic abuse as a factor among 27% of 'children in need'.

In 2016, the borough's Youth Offending Team worked with 83 young people, of whom 45% had witnessed domestic abuse in their home and 28% had been perpetrators of abuse.

We need to better understand the nature of the support that our victims need for them to feel able to pursue a life free of domestic abuse. We need to work across the system to ensure a consistent and comprehensive understanding of and approach to ending domestic abuse for today's families and for our future generations.

Our Priorities

Our ambition is reflected in both our *Joint Health & Well-being Strategy* and our *Community Safety plan*. We have committed to enabling

‘all children, young people and adults to maximise their capabilities and have control over their lives’ and ***‘all residents to live free from the fear of crime’***.

To achieve this,

1. We will use a combination of evidence-based approaches simultaneously and relentlessly in a variety of settings to change our culture and strengthen our efforts to prevent domestic abuse occurring, including a focus on healthy relationships
2. We will intervene early, and respond efficiently and effectively, to support, protect and safeguard individuals and families who are affected by domestic abuse
3. We will seek to understand, and intervene to reduce, the cycle of repeat perpetration of domestic abuse
4. We will seek to identify, understand, and support repeat victims of domestic abuse
5. We will reduce the impact of domestic abuse on children, young people and families by working restoratively with families
6. We will work together to educate, inform and challenge ourselves and our communities in the delivery of our vision.

1. Cultural change: a means to prevention

We will use a combination of evidence-based approaches simultaneously and relentlessly in a variety of settings to change our culture and strengthen our efforts to prevent domestic abuse including a focus on healthy relationships.

It is well known that cultural norms, values and attitudes impact on an individual's behaviour. The complex mix of social, cultural and institutional influences that lead to behaviours and attitudes can themselves be influenced. Success is dependent on implementing a combination of approaches simultaneously and relentlessly in a variety of settings via communities, agencies and authorities to achieve cultural change within a generation.

Implementing evidence-based policies, practices and prevention activities consistently across agencies will maximise the impact of working collaboratively to tackle domestic violence and abuse. We need to embed positive and appropriate responses to domestic abuse across the system. Workplace policies to support staff experiencing domestic abuse also signal the value-base of the organisation and the expectations of employees.

Involving, engaging and empowering communities to seek, design and deliver solutions to tackling domestic abuse and violence (Home Office NSE 2016) extends an organisation's reach into the very communities which they serve. This is evidenced for educational settings as well as among more traditional service providers.

Adopting a settings approach is well-evidenced for workplaces, hospitals and educational establishments. In 2016 the Universities UK Taskforce reported senior leadership, staff training, working with the student community; effective governance and data collection were required in combination to encourage positive behaviours in tackling violence.

Working with schools and education settings is a prime setting for shaping skills and attitudes of our young people and the wider community. *A Whole Education Approach* to domestic abuse has been recognised by the Welsh government as good practice (2015). This not only ensures safeguarding support is in place to identify and respond to those experiencing abuse, but also creates a learning environment for the whole school community. This approach is predicated on three key aspects: educating, informing and challenging attitudes and behaviours.

The Scottish 'Respect' educational programme of 8 sessions, targeted young people within secondary schools, primary schools and youth groups to promote equal and respectful relationships as part of Sex and Relationships Education (SRE). A robust evaluation found that this improved knowledge of respect, communication and equality and power (Scottish Executive, 2002).

Bystander programmes such as *Mentors in Violence Prevention* (Violence Prevention Unit, Scotland) have seen success in changing attitudes among young people, particularly those with conduct issues. Training and awareness raising among key social role models (e.g. sports coaches, youth groups and uniformed groups) has an influential effect on the attitudes of our young people.

We will work with all school employees and governors, and school children to provide opportunities for learning about domestic abuse and healthy relationships. We will encourage schools to strengthen their role in the community by inviting parents and family members to actively participate in the prevention of domestic violence and abuse. We will ensure that healthy relationships, respect and

responsibility are integral components of our SRE programmes. We will support schools and community groups to implement bystander programmes; healthy relationships champions; campaigns and the promotion of positive attitudes for self and towards others.

Social norms projects are evidenced as a means of challenging social values, perceptions and attitudes. We will use social marketing as our means to 'market' social change within our communities. By surveying segments of our communities and gaining insight into perceptions linked to domestic abuse and violence we will have the basis for developing appropriate marketing messages with and for our communities.

Increasing frontline staff's confidence, awareness and practice that is sensitive to the issues surrounding domestic abuse has shown an increase in disclosure by victims. We will provide our workforce with the skills and knowledge to provide a sensitive response to the needs of our victims.

Parenting programmes which instil self-worth, self-respect and emotional literacy in both parent and child have demonstrated positive outcomes for healthy relationships. We will ensure these components are evident in our work with parents.

We will respond to the evidence presented above and the strength of providing a combination of approaches. This will maximise our impact on domestic abuse and change our culture to one of 'there is no excuse'.

2. Early Intervention: avoiding crisis

We will intervene early, and respond efficiently and effectively, to support, protect and safeguard individuals and families who are affected by domestic abuse.

This strategy cross-references to the council's *Early Help and Prevention Strategy for Children, Young People and Families*. The *Early Help and Prevention Strategy* sets out the shared commitment to providing 'the right help, at the right time, in the right place' - providing a co-ordinated response early, to reduce risk factors and avoid crisis.

Effective delivery of Early Help requires a whole family approach and encompasses all stakeholders working with children, young people and families. Early Help is offered dependent on need: universal services (available to all); targeted single agency (for families with additional support needs) and targeted multi-agency (for families with a range of additional support needs).

To prevent perpetration of domestic abuse we need to understand the predictors of becoming a perpetrator of domestic abuse. Evidence shows that low verbal IQ; anti-social behaviour and conduct problems at 17-18 years are predictors of partner abuse. Abuse in childhood also increases the risk of perpetrating violence as an adult. We will work closely with our children and young people who are exhibiting conduct issues and support them to develop positively.

We will base our approach on activity to support healthy relationships both in school and by identifying and working with families with a focus on the inter-parental relationship.

3. Perpetration of domestic abuse

We will seek to understand, and intervene to reduce, the cycle of repeat perpetration of domestic abuse.

'Prevention is better than cure', however we need to address the harmful behaviours of those who currently perpetrate domestic abuse and violence.

A sustainable approach to preventing abuse and keeping victims safe is dependent on changing attitudes and behaviours of perpetrators. In tandem, we need to ensure our frontline and specialist services are up-skilled to be able to identify; approach; engage and rehabilitate perpetrators of abuse.

To achieve this, we need to increase knowledge and understanding of perpetrator behaviour such that the tactics perpetrators use (such as minimising, justifying and blaming others) are understood and not colluded with (Home Office NSE, 2016). We will ensure our frontline staff are skilled and confident in this approach.

Alcohol consumption is a known precursor to violence. In Stockton, during 2015/16, 20% of domestic abuse incidents were recorded as involving alcohol consumption. It is believed that this is a gross underestimation. We will seek to better understand the extent and role of substance misuse and alcohol in domestic abuse locally. We will influence the development and delivery of the local Alcohol Strategy to ensure greater combined impact.

Specialist services

The Respect Programme is a well-evidenced behaviour change intervention for perpetrators of domestic abuse, which reports *changes* in behaviour as opposed to *disrupting* behaviour following a programme of 27 weeks.

Behaviour change programmes require participants to acknowledge responsibility for their behaviour; to be 'ready' and motivated to change. We know that lack of engagement by the perpetrator poses a significant risk to the safety of the victim and the children in their care.

Perpetrators of domestic abuse typically avoid acceptance of responsibility for their behaviour and justify their actions by laying blame elsewhere or minimising their actions. A systematic review of the impact of domestic violence perpetrator programmes (Vigurs *et al*, 2016) concluded that 'domestic violence offenders differ individually in needs and motivations.... assessing the needs of the offender at intake and selecting a programme...would be more effective'. The programmes that addressed an individual's motivational factors and readiness to change showed an increase in those completing the course and subsequent reduced repeat offending. Specific skills recognised as 'motivational interviewing techniques' rely on practitioners recognising an individual's motivational factors to 'hook them' into a discussion about changing their behaviour. We need to ensure our workforce is skilled in motivational interviewing techniques as one of many tools to engage with perpetrators.

Child friendly Leeds established the 'Caring Dads' programme, which engages perpetrators to 'benefit their relationship with their children'. The use of positive language is worthy of note for the development of our services locally.

Westmarland and Kelly (2013) asked partners' and ex-partners' of perpetrators; programme staff and men on the perpetrator programme how they would measure the success of the programme. Survivors of domestic abuse included the following as their measures of success: being listened to by the perpetrator, improved communication with the perpetrator and the perpetrator's awareness of and reflection on the impact of their abuse. We can learn from survivors of abuse and will continue to consult with them in the development of our perpetrator service.

High risk, serial perpetrators of domestic violence and abuse are being targeted by a new governmental pilot programme 'Drive'. 'Drive' will offer a dual support and challenge strategy across Essex, Sussex and South Wales. Perpetrators will be supported by a key worker to address issues that may be contributing to their abusive behaviour (e.g. substance misuse, mental illness, housing and unemployment) while ensuring they experience the full consequence of the law if they continue to be violent and abusive. This approach fundamentally relies on multi-agency working, which has demonstrated an improvement in perpetrators' communication with partners and children elsewhere (The Mirabal Project, 2015).

We will develop a range of options for perpetrator programmes that are based on a robust risk assessment process and effective engagement techniques. The programmes offered will be tailored to the needs of individuals and families and will be based on what we know works.

We will strive for enforcement of meaningful consequences for perpetrators of domestic violence and abuse. This will be supported by working with the Criminal Justice Service to enhance sensitive and effective practices.

4. Victims of domestic abuse

We will seek to identify, understand, and support repeat victims of domestic abuse

The impact of domestic abuse on the victim is severe and long-lasting. Domestic abuse has a significant impact on victims' physical and mental health.

The government recognises the need to strengthen the role of health services to detect domestic abuse and intervene early to 'identify violence and abuse early and support victims to get their lives back sooner, including through improved data sharing with community' (Government mandate to NHS 2016-17).

Victims of domestic abuse use health care services more than non-abused individuals and are admitted to hospital and issued more prescriptions than the general population. Victims identify healthcare workers as the professionals they are most likely to speak to about their abuse. There is strong evidence that they will encounter healthcare services on four occasions prior to disclosing (Safe Lives, 2015). Health care professionals are in a prime position to create the opportunity for disclosure of domestic abuse and identify support needs. Locally, we need to improve opportunities for disclosure and referral for specialist support from within the healthcare setting.

The National Institute for Health and Care Excellence (NICE) recommends 'creating an environment for disclosing domestic violence and abuse' as a universal approach in healthcare (PH50, 2014). 'Routine Inquiry' has been identified as an effective means of encouraging early disclosure (DoH, 2011). It is essential that a non-judgemental, non-assuming approach is used for this to be effective. On this basis, we will provide training to frontline healthcare staff to support the implementation and follow up to a routine inquiry.

Many victims live with domestic abuse for 2-3 years (Safe Lives, 2015) and experience 35 episodes of domestic abuse before seeking help (DH, 2005). We need to make sure that victims of domestic abuse find support easily and get the support that they need.

In Stockton on Tees, during 2015/16 there were 4396 incidents of domestic abuse reported to the police, 22.5% (991) of these incidents resulted in an arrest. Of the 991 arrests in 2015/16 only 506 (51%) were progressed to court resulting in 131 prosecutions. This clearly demonstrates a low success rate in delivering meaningful consequences through court (1 in 4) and a large gap between incidence and prosecution. We need to work with colleagues across the system to ensure meaningful consequences for perpetrators. We will provide the necessary support to our victims in their pursuit of prosecution and a life free from violence. We will ensure that colleagues working in the system have an appropriate level of

knowledge to respond to the needs of our victims sensitively, consistently and cohesively from the first disclosure and throughout the process of court action.

Of the 4396 incidents during 2015/16, 45% (1,998) were attributable to a victim who had reported an incident in the previous 12 months (Cleveland Police). Repeat victimisation is also evidenced locally via child protection plans. It is well-known that domestic abuse results in a lack of confidence and disempowerment of victims. We know that a proportion of victims have subsequent relationships with different perpetrators. We will seek to better understand this cycle and continue to provide support to victims.

Safe Lives (2015) recommends improving access to services using a 'one front door' model, a Multi-Agency Safeguarding Hub (MASH) for adults and children combined. This approach offers a 'one-stop shop' for victims; streamlining of risk assessment, data management and referrals (Home Office, 2016). Locally, we will consider the establishment of a 'one-stop shop' approach to accessing services. We already implement Multi-Agency Risk Assessment Conferences (MARACs) to facilitate information sharing across agencies involved with the victim. This enables a shared assessment of risk. Building on this, we will introduce a Multi-Agency Tasking and Co-ordination (MATAC) to resolve issues for victims, ensuring that the response is flexible and appropriate to the needs and safety of the victim(s).

5. Reducing the impact on children, young people and families

We will reduce the impact of domestic abuse on children, young people and families by working restoratively with families

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. Exposure to abuse or neglect, particularly in the early years, can have a profound effect on the physical development of the brain as well as on the emotional and social development of the child.

Children affected by the trauma associated with domestic abuse experience poorer physical, emotional, mental health, educational and employment outcomes and their potential to enjoy healthy, happy respectful relationships. Without early and comprehensive intervention, the impact is life-long.

In 2016 *Operation Encompass* was established in 139 nurseries, schools, academies and colleges across Stockton on Tees to forge stronger safeguarding communication between police and schools. Between April and June 2016 there have been 193 (involving 274 children) domestic abuse incidents where children were present; 96% of these children were not currently gaining support from social care. In 17% of the cases the child was identified as the perpetrator.

The *Schools Health Education Unit (SHEU)* surveyed 1131 year 8 and 10 pupils in Stockton on Tees during 2016. It was reported that 1 in 3 pupils do not know what to do if they experience controlling/abusive behaviours and 1 in 5 pupils think it is ok to send 'sexting' text or images. Safeguarding our children's vulnerabilities is paramount. Our role in safeguarding extends to awareness raising and protecting our children from accessing inappropriate internet content and to risky online behaviour, including sharing provocative images. We will work together to promote safe access and raise awareness of risky behaviours.

Too many of our young people are experiencing forced marriage, it is estimated that there are 5000 cases each year in England. The majority are young women and girls (85%) aged between 16 and 25 who as a result often suffer domestic abuse in its entirety.

Honour Based Violence (HBV) is committed when it is perceived that a family member has brought shame on the family and/or community. There is often some degree of collusion from family and/or community members. We will work with our communities and colleagues in the voluntary sector to establish the extent of these issues within our borough.

Female Genital Mutilation (FGM) involves procedures to partially or totally remove the external female genitalia for non-medical reasons. As a safeguarding issue, we will work with the Local Safeguarding Children Board (LSCB) to ensure appropriate protocols for FGM are implemented.

We will respond to the above evidence to ensure that we are protecting our children and young people from becoming victims or perpetrators of domestic abuse now or in their future lives.

6. Working together

We will work together to educate, inform and challenge ourselves and our communities in the delivery of our vision.

A whole-systems approach to tackling domestic violence and abuse requires us to work across and within our respective organisations. Developing a unified and cohesive approach is necessary for us to realise our vision.

We will continue to advocate for changes to national and local policy to support our vision to tackle domestic violence and abuse.

Exemplary multi-agency working results in a service being provided where needs are met and the organisational identity of the provider is insignificant to the user. By

sharing information and using a single shared assessment tool we can provide seamless care at the right time with minimal repetition or duplication. By bringing together our expertise we can ensure that no risks or potential solutions are missed.

By responding as a collaborative to frontline colleagues who see that we 'must stop the tide' of domestic abuse, we can harness the skills across our organisations to prevent, intervene, treat and enforce as appropriate to the needs of our clients and to our individual roles. We can work across the spectrum of interventions to tackle domestic abuse.

We also stand to gain from developing our workforce within our individual organisations and across them. Social care reforms (2016) set out knowledge and skill statements for social care roles in a similar way to the NHS knowledge and skills framework. Individual and shared expertise makes for a stronger, well-equipped workforce to tackle domestic abuse and violence.

We can drive wider service reform as a partnership of organisations. We can improve links to other areas of safeguarding, health and needs-led interventions for victims, children and perpetrators supported by the National Standards of Expectation framework. We can promote our shared vision through all that we do as employers, service providers and employees.

We will strengthen our role in prevention, as well as consistently striving to be innovative and exemplary in our provision of support and recovery to those affected by domestic abuse and violence. We will maximise funding opportunities and resources in our delivery of our strategy.

The Domestic Abuse Steering Group, a sub-structure of the Health & Wellbeing Board, will share the responsibility for delivering this strategy and monitoring our progress towards identified measures of success. This strategy will be complemented by an annual action plan and a performance management framework. Progress will be reported directly to the Health and Well-being Board.

We will act on the evidence presented in our strategy. Our collaborative response will be to:

1. Culture Change

1. As a collaborative, implement consistent, evidence-based domestic abuse policies for employees and service users
2. Implement a whole school approach to Healthy Relationships
3. Use social marketing methods to engage local communities
4. Train and raise awareness among key social role models
5. Increase frontline staff's confidence, awareness and practice that is sensitive to the issues surrounding domestic abuse
6. Provide parenting programmes which instil self-worth, self-respect and emotional literacy in both parent and child

2. Early Help

7. Ensure effective approaches to referral and assessment of risk
8. Share information and case management approaches
9. Develop approaches to relationship support for parents
10. Explore models for delivering specific school based programmes

3. Perpetrators

11. Ensure our frontline and specialist services are up-skilled to be able to identify; approach; engage and rehabilitate perpetrators of abuse.
12. Work with schools and the Youth Offending Team to target teenagers with conduct issues
13. Better understand the extent of substance misuse and alcohol's role in domestic abuse locally.
14. Influence the development and delivery of the local Alcohol Strategy to ensure greater combined impact.
15. Introduce a tailored approach to specialist service perpetrator programmes
16. Seek to better understand the extent and role of substance misuse and alcohol in domestic abuse locally.

4. Victims

17. Strengthen the role of local healthcare services in identifying victims of domestic abuse
18. Improve referrals of victims for specialist support from within the healthcare setting
19. Training for frontline healthcare staff to support the implementation and follow up to a routine inquiry
20. Make sure that victims of domestic abuse find support easily
21. Provide exemplary support to victims to navigate our systems
22. Strive for a sensitive, consistent, cohesive approach to criminal and family court proceedings
23. Implement a 'one-stop' shop approach for victims seeking support
24. Introduction a Multi-Agency Task and Co-ordination (MATAC) group to jointly resolve issues for victims and/or the whole family
25. Work with colleagues across the system to ensure meaningful consequences for perpetrators.
26. Provide exemplary levels of support to our victims in their pursuit of prosecution and a life free from violence.

5. Children & Young People

27. Use a multi-agency approach to work with children who are perpetrators of domestic abuse
28. Raise young people's and parents' awareness of online safety
29. Work with communities and colleagues in the voluntary sector to establish the extent of Honour Based Violence and Forced Marriage across the borough
30. Work with the Local Safeguarding Children Board (LSCB) to ensure appropriate protocols for FGM are implemented.

6. Working Together

31. Work across and within our organisations to develop a unified and cohesive approach
32. Share information and expertise so that no risks or potential solutions are missed
33. Harness skills across our organisations to prevent, intervene, treat and enforce as appropriate to the needs of our clients
34. Promote our shared vision through all that we do as employers, service providers and employees.
35. Strengthen our role in prevention, as well as consistently striving to be innovative and exemplary in our provision of support and recovery to those affected by domestic violence and abuse.
36. Maximise funding opportunities and resources in our delivery of our strategy
37. Share the responsibility for delivering this strategy and monitoring our progress towards identified measures of success

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