Domestic Abuse

H&WB Development Session

Striving for excellence

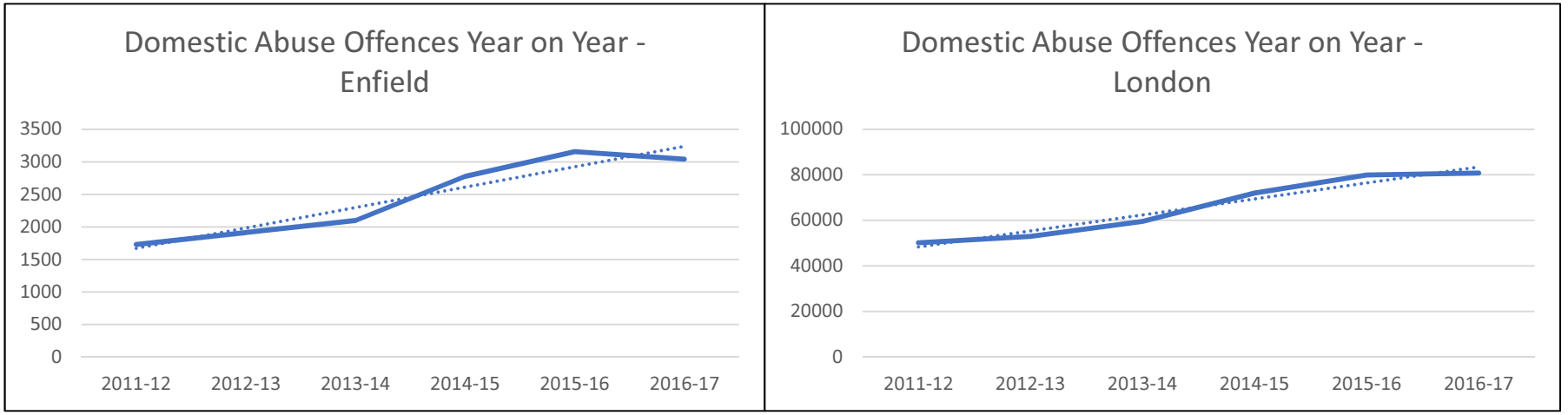
www.enfield.gov.uk

ENFIELD Council

- An overview of domestic abuse
- Challenges and opportunities
- Characteristics of victims
- Benefit of perpetrator programmes
- Health and domestic abuse
- Costs of domestic abuse and return on investment
- How can we change / improve outcomes?

The local and regional picture

Enfield has seen a rise in domestic abuse offences year on year since the establishment of a 2011/12 baseline. However, in the 12 months (to 31st July 2017) there have been 2813 reported domestic abuse offences. This constitutes a 4.4% decline in Domestic Abuse offences in the previous 12 months but a 62.6% rise from the MOPAC 2011/12 baseline (1730).



The local and regional picture

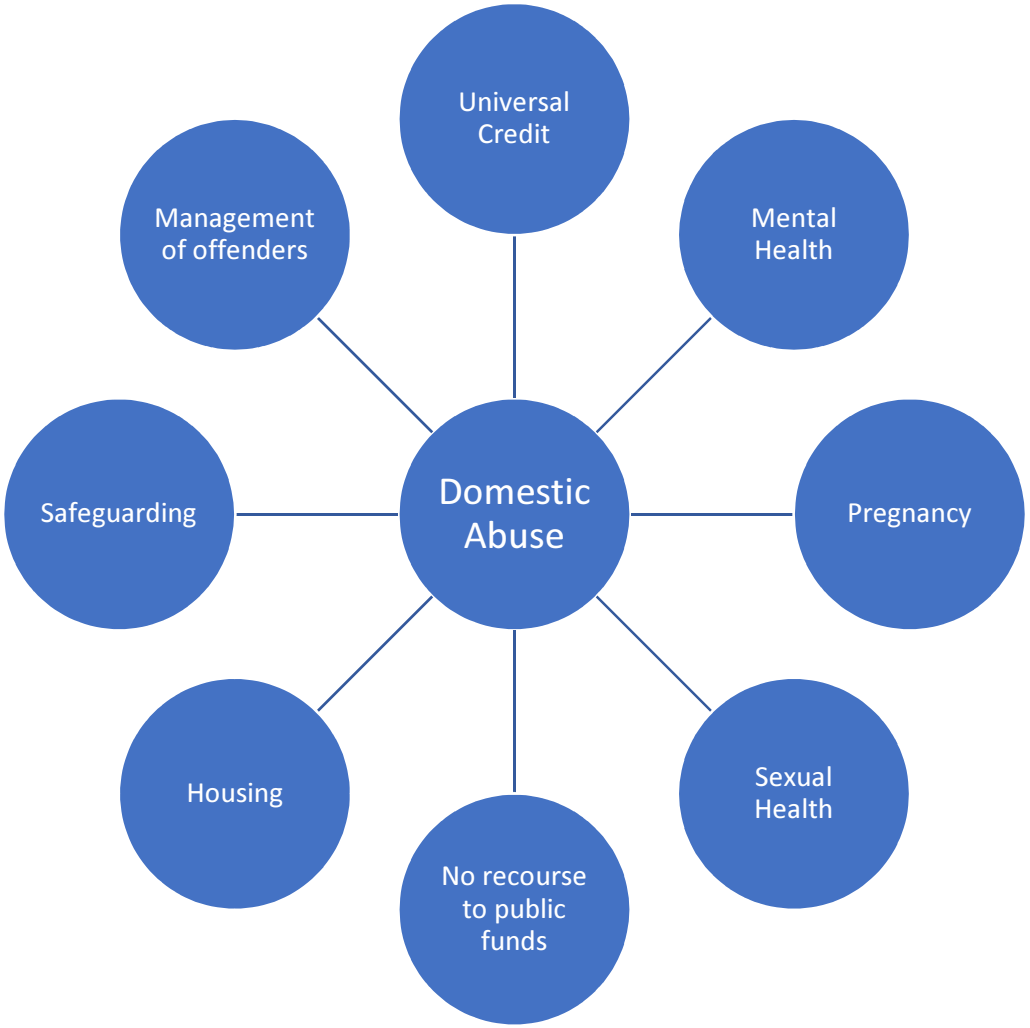
	Enfield			London		
Offence type	August 2015 to July 2016	August 2016 to July 2017	% change	August 2015 to July 2016	August 2016 to July 2017	% change
Domestic Abuse Incidents	5893	5969	1.3%	150186	146094	-2.7%
Domestic Abuse Offences	1730	2813	62.6%	75160	76066	1.2%
Domestic Abuse Violence with Injury	549	553	0.7%	14854	14350	-3.4%

- Domestic Abuse Incidents have increased in Enfield by 1.3% compared with a 2.7% reduction across London
- Domestic Violence with Injury has increased slightly in Enfield by 4 offences (0.7%) compared with a 3.4% reduction in London
- A domestic incident is a report of a domestic incident which occurs in either a public or private place where the circumstances do not amount to a crime. A Domestic Offence is where a crime is determined to have taken place.

Some common health consequences of violence against women

Physical	**Sexual and reproductive**
• acute or immediate physical injuries, such as bruises, lacerations, burns, bites, fractures, broken bones or teeth • more serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen • gastrointestinal conditions, poor health status, including chronic illness • death	• unintended/unwanted pregnancy • abortion/unsafe abortion • sexually transmitted infections, incl HIV • pregnancy complications/miscarriage • vaginal bleeding or infections • chronic pelvic infection • urinary tract infections • painful sexual intercourse
Mental	**Behavioural**
• depression , stress, anxiety, PTSD • sleeping and eating disorders • self-harm and suicide attempts • poor self-esteem	• harmful alcohol and substance use • multiple sexual partners • lower rates of contraceptive and condom use

Challenges and Opportunities



Characteristics of victims

- Being female
- Having a long-term illness or disability (this almost doubles the risk) (Smith K (Ed) Osborne S, Lau I et al, 2012)
- Age (women in younger age groups, in particular in those aged 16–24 and men aged 16-19 are at greatest risk (Smith K,Coleman K, Eder S et al,2011)
- Pregnancy - the greatest risk is for teenage mothers and during the period just after a woman has given birth (Harrykissoon SD, Vaugn IR, Wisemann CM, 2002)
- Having a mental health problem (Trevillion K, Oram S, Feder G et al, 2012)
- Alcohol consumption (alcohol use is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred) (Gill-Gonzales, D et al, 2006)
- Poverty, economic stress and unemployment and/or no financial control

Perpetrator programmes

NHS Hull commissioned Perfect Moment to support an economic assessment of the perpetrator project which was implemented by Strength to Change in 2010.

Analysable data available from its first 16 months of operation demonstrated that even though the project was still in its relative infancy, it had already brought about measurable change in the 75 men and the families involved (88 women and 151 children and young people) with significant savings attached to that impact

Comparison of police callouts since engagement with StC with the annual average calculated from the two years preceding engagement shows:

- Men involved with the scheme have been in involved in 66% fewer incidents
- Men still on the scheme have been involved in 75% fewer incidents
- Men who have left the scheme have been involved in 54% fewer incidents

Good news / good practice / investment

- Funding: over the last two years we have secured funding in joint borough bids from the Home Office and DCLG
- New Information Sharing Protocol agreed
- Continuation of the Identification and Referral to Improve Safety (IRIS) scheme
- The Community Safety Unit continues to provide DV training to multi-agency professionals
- Increased reporting and communications
- Reduction in repeat victimisation
- New Violence Against Women and Girls (VAWG) Strategy
- Awareness Raising Campaign and digital marketing
- Contribution to the Joint Strategic Needs Assessment (JSNA)
- Increase in Independent Domestic Violence Advocates (IDVAs)

Awareness raising campaigns

TACKLING DOMESTIC ABUSE

Boyfriend Material?

HAPPY TO CHECK YOUR PHONE AND EMAIL MESSAGES

KNOWS 5 WAYS TO HIT YOU WITHOUT LEAVING A MARK

MORE THAN WILLING TO DRIVE YOU TO A&E

WON'T HAVE A PROBLEM ISOLATING YOU FROM FAMILY AND FRIENDS

IF THESE SOUND FAMILIAR, HE'S DEFINITELY NOT BOYFRIEND MATERIAL

For more information and support go to:

www.enfield.gov.uk/dv

SAFE ENFIELD

METROPOLITAN POLICE

SSCB

ENFIELD Council

Local and Central Government VAWG Strategies

The new local strategy sets out how we will address and prevent violence against women and girls in Enfield and mirrors the Mayor's Office for Policing and Crime (MOPAC) Crime and Policing Plan and central government VAWG strategy.

After the Home Office, the highest number of actions in the Govt strategy sit with health. This is positive as research shows when victims do not report to police health settings can provide a key route into accessing specialist services (Safelives, 2016)

Health and domestic abuse are inextricably linked

- Women who experience domestic violence present more frequently to health services. They are admitted to hospital more often than their non-abused counterparts and are issued with more prescriptions. (Povey D. et al, 2009, cited in Smith et al, 2011).
- A high proportion of women attending A&E, primary care, family planning, reproductive and sexual health settings are likely to have experienced domestic violence and abuse at some point (Alhabib, S. et al, 2010).
- In relationships where there is domestic violence, approximately half of the children witnessing the incidents have themselves been badly hit or beaten (Royal College of Psychiatrists, 2012).
- These children have an increased risk of developing acute and long term physical and emotional health problems (Felitti VJ, Andrea RF, Nordenberg et al, 2002). Many will be traumatised by what they witness, whether it is the violence itself or the emotional and physical effects the behaviour has on someone in the household.

Domestic abuse – an issue for employers

25% of women are affected by domestic violence during their adult lifetimes

16% of men are affected by domestic violence during their adult lifetimes

75% of people who endure domestic violence are targeted at work

58% of abused women miss at least 3 days of work a month

68% of people who endure abuse are diagnosed with clinical depression

Example of good practice: IDVA's based at A&E

Domestic abuse already puts enormous strain on our NHS. With a small investment, we can unlock the potential in our health service and make victims safer, faster and reduce repeat victimisation.

Domestic abuse costs £1.73 billion to the NHS already. Our doctors and nurses already do an incredibly tough job.

It's difficult to ask a routine question without specialist services to refer onto. Clear referral pathways could reassure and support victims in their journey to safety and provide support and guidance to clinical staff and other hospital based professionals.

How can we change / improve outcomes?

"Victims of violence identify health care workers as the professionals that they would be most likely to speak to about their experiences" (HM Government, 2016a)

Ideas could include:

- Commitment to audit how far Enfield is meeting the NICE guidelines on DV and audit how far Enfield is meeting these
- A commitment to rolling out routine enquiry in wider health settings
- Placement of IDVA's in A&E / co-locating DV specialist workers (similar to IRIS model)
- Take a joint commissioning approach
- Increased data sharing / analysis
- Identify a HWB DSVA Champion as part of wider partnerships
- Expanded DV report on JSNA to include wider health determinants and links
- Any others?

Please discuss whether these suggestions are achievable and what else we can do?

For reference: NICE guidelines

- Create an environment for disclosing domestic violence and abuse
- Plan services based on an assessment of need and service mapping
- Develop an integrated commissioning strategy
- Commission integrated care pathways
- Tailor support to meet people's needs
- Help people who find it difficult to access services Identify and where necessary refer children and young people affected by domestic violence and abuse
- Provide specialist domestic violence and abuse services for children and young people
- Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
- Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
- Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
- GP practices and other agencies should include training on and a referral pathway for domestic violence and abuse
- Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
- Participate in local strategic multi-agency partnership to prevent domestic violence and abuse
- Adopt clear protocols and methods for information sharing
- Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse

Further information: the role of health services in responding to violence against women

The 2016 NHS Mandate recognised the vital role that the NHS can play in tackling domestic violence, setting out expectations to ensure it helps identify abuse early and provides or identifies the relevant support. The Public Health Outcomes Framework (PHOF) 2013-2016 contributed to developing practices to integrate domestic violence with healthcare and has been supported by NICE through the development of a specific domestic violence and abuse Quality Standard.

What is now vital is the ability of the frontline to deliver the vision of the PHOF as expressed through the four quality statements within the Standard:

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