Contents

1. Foreword ........................................................................................................................................... 3
2. Executive summary ............................................................................................................................ 4
3. Introduction ....................................................................................................................................... 6
4. Why we need a domestic abuse strategy .......................................................................................... 6
5. What are we aiming to achieve? ......................................................................................................... 8
6. Background on Southwark ............................................................................................................... 9
7. What is Domestic Abuse? ................................................................................................................. 9
8. Types of abusive relationships ........................................................................................................ 10
9. What does the evidence tell us? ....................................................................................................... 11
10. The cost of domestic abuse ........................................................................................................... 14
11. What is the legislative landscape for tackling domestic abuse? ...... 14
12. How does domestic abuse link to other priorities? ...................................................................... 16
13. What works in addressing domestic abuse? ............................................................................... 17
14. How will our approach change over the next five years? .............. 19
15. How do we know we are making a difference ............................. 24
16. Acknowledgements ....................................................................................................................... 25
Appendix 1 References ....................................................................................................................... 26
1. Foreword

Domestic abuse is a blight on our society, causing untold damage to individuals and families. It needs to be a priority not just for those immediately affected but for our whole community. We have a collective responsibility to ensure that our friends, our families, our loved ones, have the knowledge to recognise and stop the emotional, physiological, sexual and physical violence that is all too prevalent.

Tackling violent crime has been and is a long term commitment for Southwark Council and its partners. Over the last decade, we have seen year on year reductions on serious violence, particularly gun knife and gang crime.

Despite these successes we recognise that there are types of violence that take place closer to home, unreported and often unnoticed, even by those closest to the people who experience it. But while people may be suffering in silence, domestic abuse has a deep and long lasting impact, not just on immediate victims but their children, passing the terrible pattern of abuse and violence to future generations.

A lot of good work to better support people who experience domestic abuse has taken place in Southwark, but the case for change is still strong, more can and should be done using a wider range of support in the health and community sector, this strategy sets out that case.

There are many challenges when it comes to preventing domestic abuse. This strategy sets out how we will address them, how we can work together to improve our services and how we can get our support right first time. We want to make better use of health and community based support, so that those suffering or witnessing abuse can discuss their experiences in the places where they feel comfortable. We want to offer a chance to those displaying markers of abusive behaviour to get help before their behaviour escalates; and we set out our challenge to those who persistently commit domestic abuse, that we will take action to bring them to justice.

But most importantly this strategy sets out our clear intention that we will do our utmost to stop domestic abuse becoming acceptable or remaining unnoticed in our borough and giving those who suffer it the opportunity to take control of their lives and to thrive not just survive.
Southwark Domestic Abuse Strategy 2015-2020

Domestic abuse affects thousands of people in Southwark every year. It is often hidden but its impact spans generations. Despite the successful work already undertaken in Southwark, there is a strong case for change and there is evidence that we can do better, using a wider range of support in the health and community sector.

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

The abuse can include, but is not limited to:
- psychological
- physical
- sexual
- financial
- emotional

Our strategy’s key principles are:
- A clear statement of intent that abuse is not acceptable
- Challenging the normalisation of domestic abuse
- Ensuring that those who have experienced abuse can take control of their lives by providing support for those who need it, in the settings where they feel most comfortable seeking it
- Taking tough action on those who perpetrate abuse
- Ensure agencies work together to get it right first time

Why we need a domestic abuse strategy
- The development of a domestic abuse strategy is one of the Fairer Future commitments of the council
- Southwark has one of the highest levels of reported domestic abuse to the police in London, with an average 2,200 - 2,400 recorded incidents a year
- Women in intimate partner relationships are significantly the highest proportion of victims and male partners, ex partners or boyfriends the highest proportion of perpetrators, however abuse can also affect men and be perpetrated by women
- People who have experienced domestic abuse are more likely to have long term health problems, including mental health, depression and suicidal tendencies
- Two out of three people who have experiences of domestic abuse had children living with them that regularly witnessed the abuse. Children exposed to domestic abuse are more likely to develop long term health problems such as depression and carry out violence themselves in adolescence and adulthood
- For many people the emotionally abusive or controlling acts have the most long term impact and accounts for 50 per cent of abuse experienced by those accessing our main support service
- Those experiencing or witnessing domestic abuse on a daily basis see it as something that is normal, in some cases a part of a “loving” relationship
- The number of people aged 16 to 18 or 71 or older accessing our main support service has increased.

www.southwark.gov.uk/domesticabuse
The law

Domestic abuse is not a criminal offence; it is an aggravating factor for other types of crime. However the Home Secretary recently announced plans to create a new domestic abuse offence of coercive and controlling behaviour. The maximum penalty will be five years imprisonment and a fine. The new law will help protect people by outlawing sustained patterns of behaviour that stop short of serious physical violence, but amount to extreme psychological and emotional abuse.

The strategy’s key recommendations include

**Prevention and awareness**

1. Aim to “get it right first time” by providing support and clear referral pathways for friends and families, including the expansion of existing Domestic Abuse Champions in community, faith and work based settings

2. Establish a wide ranging education and support programme for young people

3. Greater support for the LGBT community, people with disabilities and those from the diverse range of communities in the borough, through an awareness raising programme.

**Early identification and support**

4. Achieve a greater balance between criminal justice, health and community support by establishing a health based intervention model

5. Establish an integrated support service for complex cases of domestic abuse


**Enforcement**

7. Take action against persistent perpetrators by establishing a multi agency enforcement approach

8. Improving the criminal justice process including, lobbying for a domestic abuse specialist court in Southwark

9. Carry out an annual needs assessment review of domestic abuse.

**Accessing services**

To view the full strategy or if you are seeking advice or help on domestic abuse, there is more information on the services and support available at [www.southwark.gov.uk/domesticabuse](http://www.southwark.gov.uk/domesticabuse)
2. **Introduction**

3.1 Domestic abuse is recognised as a global challenge which persists in many countries around the world. As highlighted by the World Health Organisation, domestic abuse:

"... has devastating consequences for those... who experience it and a traumatic effect on those who witness it, particularly children" (WHO 2005).

3.2. In 2010 the council adopted the Southwark Violent Crime Strategy (SVCS) 2010-15, which included violence against women and girls as a specific priority. The key recommendation was that domestic abuse and sexual offences services to be changed to make it easier for victims to access the right support for them through one point of contact. As a result, in 2012, the council commissioned Southwark Advocacy and Support Service (SASS), a specialist domestic abuse support service for the borough.

3.3. As part of our approach in developing the Southwark Domestic Abuse Strategy, extensive consultation has been carried out with local communities. We spoke to over 200 survivors, support workers and voluntary and community groups’ representatives, as well as youth organisations. An extensive programme of focus groups was held with survivors and practitioners in order to listen to their stories and opinions first hand and offer them the opportunity to develop this strategy and its recommendations.

3.4. Addressing domestic abuse and its long term effects, is a shared priority for the Safer Southwark Partnership, Southwark Health and Well Being Board, Southwark Safeguarding Adults Board and Southwark Safeguarding Children’s Board. As such this is joint strategy that has been developed in collaboration with board members and the agencies they represent. For the recommendations we make in this strategy to be delivered practically for years to come it will be crucial that all these partnerships work together effectively.

3. **Why we need a domestic abuse strategy.**

4.1. As the following sections highlight, domestic abuse is a national and international issue. It has a long term impact, with research highlighting that:-

"One woman in three who experienced any physical violence by a current or previous partner since the age of 15 also indicates multiple incidents of physical violence in childhood (35 per cent). .....boys who were exposed to domestic violence in their childhood homes are most likely to engage in domestic violence as adults and girls who are exposed to domestic violence as children are more likely to be victims of domestic violence in their adult lives”. (The European Agency for Fundamental Rights published Violence against women - a European Union (EU) study – 2014)

4.2. *Levels of Domestic Abuse in Southwark* - Southwark consistently records one of the highest levels of domestic abuse incidents in London, compared with other boroughs. On average there are 5,700 domestic incidents recorded by the police. However this figure includes a wide variety of incidents types
which could have no identified crime element, but help the police in building a bigger picture in identifying and managing risk at the earliest opportunity. Around 2,200-2,400 of these recorded incidents have a criminal element to them and are investigated as crimes.

4.3. **Impact on Children** - Analysis of the recorded incidents of domestic abuse in Southwark highlights that in two out of three cases a child witnessed the abuse. There is a growing body of research which highlights the long term impact that domestic abuse has on children, causing aggressive, anti-social, fearful and/or inhibited behavior. Also in terms of their cognitive functions and attitudes, with the exposure to domestic abuse in the home justifying their own use of violence. As a result young people who witness abuse in the home are more likely to develop long term problems such as a depression, trauma related symptoms and be violent in their own adolescent and adult relationships (Children’s witnessing of adult domestic violence – Edleson 1999).

4.4. **Health and social changes** – There have been significant social changes over the past decade which has seen a greater acceptance of same sex and transgender relationships and our older generations leading more active and healthier lives. These changes have positive benefits for our communities, but as with abuse within families, they are not immune to the development of abusive relationships. In 2014 Southwark has seen the number of recorded intergenerational abuse cases increase by 30 per cent, and same/bi- sexual cases more than doubled.

4.5. **Psychological impact** - Extensive international surveys, involving interviews with women, highlight that whilst domestic abuse is often viewed as physical violence, the reality for victims is that it is the emotionally abusive and controlling acts which have the most long term impact. In 2013/14 victims who were accessing Southwark Council’s commissioned domestic abuse service, Southwark Advocacy and Support Service (SASS), reported that psychological abuse or controlling behaviour, including financial control, accounted for over 50 per cent of the abuse experienced (see Figure 1 below). This is consistent with the responses through our consultation and focus groups, where respondents were asked about the type of abuse that they had suffered (Figure 2).

4.6. Those experiencing and witnessing domestic abuse on a daily basis see it as something that is normal, in some cases to the point that is part of a “loving” relationship. Reference to “normalisation” of abuse which increases behavioural and health related issues over the long term, is a constant theme in much of the international and national research (Victim Support 2014, Edleson 1999, Yates 2006, Radford 2009) and is supported through the Southwark consultation, undertaken as part of the development of the strategy. It is clear that addressing the psychological impact that creates a home environment where abuse and violence become normalised, is core to a long term strategic approach that addresses domestic abuse.

4.7. **Political priority** - Tackling domestic abuse is a political priority at a national, regional and local level. In recent years there has been a focus on violence against women and girls, which has resulted in significant improvements in the way that voluntary and statutory agencies work together in this area. Whilst Southwark remains committed to this agenda, it also recognises that domestic abuse impacts across ages, genders, sexual orientation and
intergenerational family relationships. As such, the development of a Domestic Abuse Strategy is one of the Fairer Future commitments of the council. As the profile of the borough becomes increasingly diverse and our older population is predicted to significantly increase during this decade, a broader domestic abuse strategy is required. This approach will ensure that support is consistent and there is clarity of action by and across agencies, to support those suffering abuse and address those committing it.

Figure 1: Abuse experienced by victims known to Southwark’s Advocacy and Support Service - by type

4. What are we aiming to achieve?

5.1. Southwark has continued to invest in a range of support services to address domestic abuse. These services have provided support for many victims and families, with over 1,400 cases being referred to the borough’s domestic abuse service, Southwark Advocacy and Support Service, in 2013/14.

5.2. There is a significant long term impact on those who witness and suffer abuse. Despite the successful work already undertaken in Southwark, doing nothing to address domestic abuse is not an option if we are to prevent abuse spanning future generations.

5.3. However, as we have highlighted through this strategy and based on the evidence gathered through our consultation and research, there are clear principles which will help to further develop our strategic approach to address domestic abuse over the next five years. These are set out below.
6. **Background on Southwark**

6.1. Southwark has an ethnically diverse and young population. The 2014 projections estimate the population of Southwark to be 302,289, with 57 per cent aged 35 or under. Southwark has the highest proportion of residents in the country who were born in Africa (12.9 per cent), as well as a significant population from Latin America, with 70 per cent of reception-age children from black and minority ethnic (BME) groups. Over 120 languages are spoken in Southwark, with 11 per cent of households having no member of the household who speaks English as a first language. This increases to over 13 per cent where nobody over the age of 16 in the household has English as a first language. Southwark has the 9th highest population density in England and Wales at 10,173 residents per square kilometre.

6.2. In Southwark men can expect to live on average for 78.0 years. This is 15 months less than the average across England. According to analysis from Public Health England the main contributors to the gap between local and national life expectancy are excess deaths from chronic obstructive pulmonary disease (COPD), cancer (in particular lung cancer) and circulatory diseases. By comparison, women in Southwark can expect to live on average 83.1 years. This is similar to the average of (83 years) across England.

6.3. Whilst average life expectancy in Southwark has increased over the last 10 years, there are differences between the least and most deprived populations within the Borough. The latest available data (2010-12), shows that in Southwark there is a 7.1 years (males) and 7.3 years (females) difference in life expectancy between the most and least deprived populations.

7. **What is domestic abuse?**

7.1. The widely accepted definition of domestic abuse which has been adopted in the United Kingdom and across European Union member states is set out below.

7.2. The definition incorporates two significant changes. Firstly, the definition sets an age range from 16, highlighting the importance of recognising abuse in terms of adolescent relationships. Secondly it includes psychological abuse, which sufferers state as having long term impacts on them, their children family and friends.

7.3. The definition of domestic violence and abuse is:
Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

7.4. Domestic abuse also includes controlling behaviour and coercive behaviour. 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.

7.5. 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 the victim.

8. Types of abusive relationships.

8.1. The strategy recognises that abuse happens in different types of relationships. Our approach to providing an effective intervention, recognises these relationships and offers specialist emotional, practical, and criminal justice support to the abused, those who witness it or those committing it, regardless of their circumstances.

8.2. The types of relationships include:

- **Abuse within families** - Familial abuse, or abuse within relationships, remains the most common type of all recorded domestic abuse, with women accounting for, between 75 per cent and 80 per cent of all victims.

- **Abuse in adolescent relationships** – Since the inclusion of over 16 year olds in the definition of domestic abuse, the number of SASS clients aged 16 to 18 has increased from 26 to 69. Recent research carried out by the NSPCC has highlighted that young people who experience violence in the family were also more likely to state that their friends used violence, including aggression with their partners. (NSPCC 2009)

- **Abuse across generations** - Analysis of SASS clients’ data indicated that the number of clients who were 71 or older who reported domestic abuse had increased from seven in 2012/13 to 20 in 2013/14.

- **Same sex relationship abuse** - Domestic abuse can be as prevalent in same sex or transgender relationships as in heterosexual relationships. Research carried out by Stonewall has indicated that half of gay or bi-sexual men and one in four lesbian or bi-sexual women experience domestic abuse from a family member or partner. (Stonewall Health briefing)
• **Other issues associated with domestic abuse** – There are a wide range of issues associated with relationship abuse, including female genital mutilation, honour based violence, human trafficking and sex working. The strategic approach and interventional model set out in the strategy has been designed to be relevant to these wider issues. However it is recognised that in some cases a broader London wide or national approach will be required. Information on services which provide support for those who are affected by other aspects of relationship abuse can be found in attached directory of services (Appendix 3).

9. **What does the evidence tell us?**

9.1. In developing the Southwark Domestic Abuse Strategy 2015-20, we have:-

- Carried out a review of current international and national research on domestic abuse.
- Reviewed current governmental policy on domestic abuse and violence against women and girls at a national and London regional level.
- Reviewed current Southwark based statistics relating to domestic violence, including, health, children and adult services, housing, police, SASS, Southwark’s specialist domestic abuse commissioned services and community safety data.
- Conducted a consultation promoted through the council's website and social media, the council's quarterly printed publication Southwark Life and council public meetings such as community councils.
- An extensive programme of focus groups was held with survivors and witnesses of domestic abuse, Southwark Youth Council and Southwark Young Advisors as well as a wide range of organisations and voluntary groups. We also involved organisations who work directly with survivors and perpetrators.

9.2. The following table (Table 1) highlights the key statistics drawn from the different sources, which supports our strategic approach set out in Section 17 below. In summary, the common findings are as follows:-

- Women in intimate partner relationships are most likely to experience abuse and the majority of perpetrators are male partners, ex partners or boyfriends.
- Psychological or emotional abuse is the most common form of domestic abuse. (Figure 2) illustrates the replies through our consultation with survivors, in relation to the type of abuse which they experienced most.
- Sufferers of domestic abuse are more likely to have long term health problems, including mental health, depression and suicidal tendencies.
- Consistently, in two out of three cases, a child will witness the abuse.
- Children who are exposed to domestic abuse are more likely to carry out violence in adolescence and adulthood.
- Those people who suffer domestic abuse are most likely to tell a friend, family member or health practitioner.
Figure 2.
Table 1 - Key Statistics

9. SOUTHWARK
- There are on average 2,200 to 2,400 recorded domestic abuse incidents a year
- 1,400 cases are referred to Southwark specialist advocacy service
- Over three quarters of victims are women over the age of 16 and four out of five perpetrators are male.
- Two out of three victims of domestic abuse had children living with them.
- 50 per cent of the abuse experienced is psychological abuse or controlling behaviour
- The number of victims who are 71 or older and report domestic abuse has trebled (7 to 20) between 2012/13 – 2013/14.
- The number of victims aged 16-18 increased from 26-69 between 2012/13 – 2013/14.
- 66 per cent victims of domestic abuse had children who regularly witnessed the abuse
- Respondents through our consultation on domestic abuse highlighted that the most common type of abuse experienced was verbal bullying leading to lack of self confidence. (fig2)
- 71 per cent of respondents of those who had experienced domestic abuse had told someone about it.(friend family member, GP)
- During 2013/14 domestic abuse in same sex relationships accounted for around 2.5 per cent of SASS cases (Southwark data analysis 2014)
- In 2013/13 276 cases where heard at the domestic abuse high risk multi agency risk assessment conference

10. INTERNATIONAL
- 31 per cent of women have experienced one or more acts of physical violence since the age of 15 (Ref 2)
- 43 per cent of women have experienced some form of psychological violence by an intimate partner (Ref 2)
- 73 per cent of women who have been victims of violent incidents by their previous or current partner indicated that children living with them were aware of the violence. (Ref 2)
- Study of 2,245 children and teenagers found that exposure to violence in the home was a significant factor in predicting a child’s violent behaviour. (Ref.5)
- 87 per cent of the women said they would find it acceptable if doctors routinely asked about domestic abuse, if they showed the signs of violence. (Ref 2)
- World Health Organisation research of 24,000 women over 10 countries highlighted that, in all sites, experiences of physical/sexual violence tends to be accompanied by controlling behaviour by an intimate partner. (Ref 1)
- Mental health problems, emotional distress and suicidal behaviour are common among women who have suffered partner abuse. (Ref 15)

11. NATIONAL
- Each year, on average 1.2 million women suffer domestic abuse, around 330,000 women are sexually assaulted and there are around 700,000 male victims of domestic abuse.
- Survivors of domestic violence are more likely to experience repeat victimisation than survivors of any other types of crime. (Ref 4)
- One in four young people, aged 10 to 24, reported that they had experienced domestic abuse during their childhood. (Ref 12)
- 2013/14, the volume of domestic abuse referrals to the CPS from the police rose to 103,569, a rise of 17.5 per cent from 2012-13
- Nationally the police remain unaware of 81 per cent of domestic abuse victims. (Ref 4)
- On average the police receive an emergency call relating to domestic abuse every 30 seconds (Ref 13)
- A victim suffers abuse 35 times before telling someone about it.
- 25 per cent lesbians and bisexual women experienced domestic abuse in a relationship. (Ref 7)
- 40 per cent of lesbians/ bisexual women and 33 per cent of gay/ bisexual men with a disability experience domestic abuse in a relationship. (Ref 7)
- Four in five (78 per cent) gay and bisexual men who have experienced domestic abuse have never reported incidents to the police. (Ref 7)

12. LONDON
- In London, 33 per cent of violence with injury occurs within the home. (Ref 4)
- 25 per cent of girls experienced some form of physical abuse at least once in their lifetime. (Ref 4)
- 75 per cent of girls reported some form of emotional abuse at least once during their lifetime. (Ref.11)
- 31 per cent of girls reported experiencing some form of sexual violence at least once in their lifetime. (Ref 4)
- Around a quarter of referrals to the London Rape Crisis Centre are women under 25 years of age. (Ref 4)
- Between 50 and 60 per cent of women mental health service users have experienced domestic violence. (Ref 4)
- The average length of time for completions of for all sexual offence cases through the criminal justice system was 496 days. The lengthiest period of time was between report and date of summons to court (295 days). (Ref 18)
- There were 27 domestic homicides in London in 2013/14. (MPS)
10. The cost of domestic abuse

10.1. Domestic abuse has an impact on a wide range of services, from criminal justice to mental and public health provision. The estimated cost of domestic violence in England is in the region of £5.47 billion, excluding the human and emotional cost. Broken down this includes:

- Physical and mental health care - £1,639m
- Criminal justice - £1,195m
- Social services - £268m
- Housing and refuge - £186m
- Civil and legal services - £367m
- Lost economic output - £1,819m

10.2. The estimated human and emotional cost is £9,431m. (Islands in the Stream - The Trust for London and Henry Smith Foundation 2011).

10.3. In terms of Southwark, the costs of domestic abuse are estimated to be in the region of £20m per annum. These are based on the following figures:-

- Housing – there are on average 110 DA homelessness applications per year.
- Looked after children – Domestic abuse is a highlighted factor in 70 per cent of child care proceedings, child protection plans and children in care cases, although it is not the only factor. The average cost of a Southwark child in care is £45,000 per annum.
- Commissioned services – The council currently spends around £600,000 per annum on commissioning specialist support services.
- Adult health – It is recognised that domestic abuse impacts on a range of adult care services, particularly mental health services.
- Domestic Homicide Reviews – there has been two domestic abuse related homicides in the last two years. Each homicide is estimated to cost £1.74m.

11. What is the legislative landscape for tackling domestic abuse?

11.1. The act of domestic abuse is recognised as a human rights issue at both a national and international level. In 2011 the EU passed a regional instrument on preventing and combating violence against women and domestic violence. This is referred to as the Istanbul Convention. In 2012 the United Kingdom signed the convention which requires the member states to “criminalise inter alia, psychological violence, stalking, physical violence, sexual violence, including rape, and sexual harassment”.

11.2. It should be noted that in terms of the law, domestic violence is not a criminal offence. It is an aggravating factor for other types of crime. In terms of police recording, domestic abuse is not recorded as a category on its own and many of the prosecutions are as a result of threats of violence, physical violence, assault or grievous bodily harm.
11.3 In the United Kingdom there is a range of legislation which is aimed at protecting people from abuse. These include:

- Protection from Harassment Act 1997

- Domestic Violence Crime and Victims Act 2004 (amended in 2012). This introduced the requirement on all local authorities to carry out Domestic Homicide Reviews where a domestic violence homicide has taken place.

- Children Act 1989 (amended by the Adoption of Children's Act 2002). This set out the definition of “harm” as the “impairment suffered from seeing or hearing the ill-treatment of another”.

- Part IV of the Family Law Act 1996 provides for non-molestation orders and occupation orders. A non molestation order is aimed at preventing a partner or ex partner from using or threatening violence against a victim or their child, harassing or pestering them. Breach of a non-molestation order is now a criminal offence.

- An Occupation order regulates who can live in the family home and can also restrict the abuser from entering the surrounding area.

- Clare's Law - The Domestic Violence Disclosure Scheme, known as Clare's Law, was established to give members of the public a formal process to make enquiries to the Police about an individual who they are in a relationship with, or who is in a relationship with someone they know, where they have concerns that the individual may be abusive towards their partner. There are four stages to the scheme, making an application, face to face meeting with police to complete the disclosure, a multi agency panel meeting to consider the request and formal disclosure. The police have set a time limit of 35 days for a decision or disclosure from the point of the application.

- Domestic Violence Protection Orders and Domestic Violence Protection Notices were recently introduced allowing a period of time for the victim to decide the course of action after a violent incident, by stopping the perpetrator from contacting the victim or returning home for up to 28 days.

11.4 On the 18 December 2014, following consultation by the Home Office on strengthening the law on Domestic Abuse, the Home Secretary announced plans to create a new domestic abuse offence of coercive and controlling behaviour. The maximum penalty for the new offence will be five years imprisonment and a fine. The new law will help protect victims by outlawing sustained patterns of behaviour that stop short of serious physical violence, but amount to extreme psychological and emotional abuse. Victims of coercive control can have every aspect of life controlled by their partner, often being subjected to daily intimidation and humiliation.

11.5 Working Together to Safeguarding Children 2013 is a statutory inter-agency guide that sets out responsibilities on safeguarding and promoting the welfare of children. The guidance covers the legislative requirements and expectations on individual services. There is a clear expectation that all professionals who work with children and young people should read and comply with the guidance. Domestic abuse will be a factor in, identifying
children and families who are in need of help and referring cases to social care where there are concerns about a child or young person’s welfare. This might trigger an assessment and follow up action under Sections 17, 20 or Section 47 of the Children Act (Ref 19). In addition agencies should be working together to ensure that there are effective early help services, based on the local assessment of need and evidence base on the effectiveness of services. The domestic abuse definition includes young people aged 16-18. It is important to stress this age group is covered by the Children’s Act and where there are concerns about risk, including domestic abuse; referral should be made to social care.

11.6. The priority for all agencies in Southwark, working with survivors and their children, is to make them safe in their home, either through security in their home or supporting them into alternative accommodation, short term or long term. In 2014/15, the council has supported survivors in around 110 cases through its re-housing processes. Where the council is able, it takes enforcement action against the perpetrator, which could result in their eviction. As part of this approach, the council has adopted a Good Tenancy Scheme that ensures that those who commit abuse do not receive any priority in terms of re-housing. In 2014/15 the council has used its legislative powers in five cases to remove perpetrators from the family home.

11.7. In addition, it is widely recognised that cyber abuse through social media is an increasing phenomenon. Some social media platforms provide automatic delete functions which mean that it is difficult to track or gather evidence of abusive messaging. The Crown Prosecution Service is working with social media companies and the police to improve the investigative techniques to support domestic abuse prosecution cases.

12. How does domestic abuse link to other priorities?

12.1. Domestic abuse is not an issue which can be seen in isolation. It is a factor in cases of neglect, mental ill health, child sexual exploitation, gang violence, sex working, troubled families, drug and alcohol dependency and other priority area, as illustrated in Figure 3 below.

12.2. The Domestic Abuse Strategy 2015-20, is not intended to replicate the work that is already undertaken through each of these priorities. However the strategy recognises the importance of adopting a joint approach, developing a multi agency intervention model and drawing on the good practice that already exists. This will include working with businesses, voluntary agencies and local communities.
13. What works in addressing domestic abuse?

13.1. There have been a wide range of programmes developed to address domestic abuse. They vary from generic educational and awareness raising campaigns to high intensity specialist support for those affected by abuse and also for perpetrators. Appendix 3 provides a comprehensive list of services and programmes developed in Southwark or key national support networks.

13.2. Evaluation of these programmes remains limited, however those which have signs of being effective in Southwark are as follows:-

- **Independent Domestic Violence Advocates (IDVAs)** – IDVAs are highly trained advocates who support survivors of domestic abuse who are over the age of 16, regardless of their gender or sexual orientation. IDVA’s link with other support services to reduce barriers such as language or financial control. Working with the Mayor’s office for Policing and Crime (MOPAC), Southwark aims to have a minimum of 5 IDVA’s by Autumn 2015 currently and at least 3 domestic abuse case workers who support survivors of medium and standard risk. IDVAs and case workers in Southwark assessed and supported over 1,100 people in 2013/14.

- **Counselling** – survivors, perpetrators and close family members who access support, report that counselling services are highly beneficial, both in terms of dealing with the emotional trauma that years of abuse have caused and also in recognising the root cause of abusive behaviour.

- **Midwifery and health services** - 30% of domestic violence starts in pregnancy (Why mothers die, op.cit) and domestic abuse has been identified as a prime cause of miscarriage or still-birth (Mezey, Gillian (1997) "Domestic Violence in Pregnancy" in Bewley, S., Friend, J., and
Mezey, G.: (1997) (ed.) Violence against women (Royal College of Obstetricians and Gynaecologists). A number of recommendations from NICE Public Health Guidance on Domestic Abuse detail how relevant midwifery services can respond effectively to this issue. The partnership will work with midwifery services to ensure that they continue to effectively implement NICE Guidance, in particular working with consultant midwives at GSTT, King’s and St George’s.

- **Peer Support Groups** – Peer support is an invaluable approach for those suffering abuse who often feel isolated, having no one to talk to who can fully understand the issues they are facing. Peer support is equally valuable for young people who may be growing up in a household where domestic abuse occurs and do not have the confidence to disclose to an adult. It is our intention to work with survivors groups, to provide training to enable those who wish to become mentors in the future, providing one to one support at an early stage of an abusive relationship.

- **Domestic Abuse Champions** – Domestic abuse champions, based in community, health, social, educational or work based settings, play a vital role in supporting people who experience abuse. As the evidence has highlighted above, sufferers or witnesses of abuse feel more comfortable in discussing their experiences with family, friends or in health base settings, rather than to authorities. Well trained domestic abuse champions can help by giving those who are seeking help the initial strength to take action, develop a safety plan and engage with specialist support.

- **Multi Agency Risk Assessment Conference (MARAC)** – MARACs are nationally recognised as one of the most effective approaches in the identification, assessment and multi agency response to high risk cases of domestic abuse. Information about the risks faced by these victims is shared by relevant agencies (i.e. health, housing, social services) in detail and decisions are made to increase their safety, health and wellbeing, for both the adults and their children. The conference also gives consideration to the perpetrator and looks at what intervention is available. In Southwark in 2013/14 there were 276 referrals to MARAC.

- **Sanctuary Scheme** - Sanctuary schemes are designed to provide increased security for victims of domestic abuse and violence who wish to stay in their own home. This includes strengthened doors, locks, window frames and fire resistance measures. In Southwark in 2013/14 there were 266 referrals and security works were carried out in 215 cases.

- **Co-located services** – There is good evidence that co-locating a range of services can provide a seamless response for those affected by domestic abuse. Services such a counselling, health nursing, financial, legal, substance misuse, housing and IDVAs, working collaboratively from one location is most beneficial. In London the Croydon Family Justice Centre is a good example of a co-located service and the co-located SASS service has been developed using the good practice gained from Croydon and similar local authorities.

- **Criminal justice procedures that support the victim** – The criminal justice process plays a vital role in supporting those who suffer and witness domestic abuse. Victims report that the criminal justice system is most effective if they receive constant and consistent support, from the police, crown prosecution service and the courts. Well trained police officers who have experience in domestic abuse cases are essential. Officers working within specialist teams such as the Police community safety unit, recognise the important role that family members can play in supporting survivors, from the early stages of recognising abuse and throughout the criminal
justice system. At present there are 10 Specialist domestic violence courts in London, providing dedicated rooms for victims and witnesses and video evidencing facilities. However, despite the high levels of recorded domestic violence in Southwark, there is no specialist court in the borough.

- **Communication campaigns** – There is an indication that targeted communication campaigns aimed at a specific groups, or through a specific services, can have a positive impact and increase reporting. This is particularly relevant if the campaigns emphasise psychological, controlling and coercive abuse, or using evidence based approaches such as “Insight”, developed by the Home Office. This approach is based on behaviours, experiences, attitudes, emotions or beliefs and target communications activities at a key audience (Domestic Homicide Reviews – common themes identified and lessons to be learned. Home Office 2013) (Violence against Women and Girls – communication Insight pack Home Office 2014).

- **Prevention programmes** – Educational programmes in schools provides an opportunity to promote awareness of health relationships to combat domestic and dating abuse. These programmes provide young people with the knowledge to recognise what is an abusive relationship and steps to take to challenge abuse.

14. **How will our approach change over the next five years?**

14.1. It is acknowledged that there has been considerable progress made in Southwark to support those who are affected by domestic abuse and take action against perpetrators.

14.2. However, the research and consultation findings have shown that there are further opportunities to work across departments and organisations to build a domestic abuse programme that provides support in a way that really meets people where they are, rather than expecting them to come to us. Placing health and community based support at the centre of our approach will improve the earlier identification of those affected by domestic abuse and increase the awareness that abuse is not acceptable, regardless of the circumstances.

14.3. In developing an effective support based intervention model, we have drawn on our consultation with those experiencing abusive relationships, the good practice from other areas and the recommendations of the National Institute for Health and Care on domestic violence and abuse PH50.

14.4. This strategy’s approach sets out a more balanced criminal justice, health and community based response (Figure 4) which includes:

**Prevention and awareness**

Local support:-

- **Better information for friends and families and across agencies** – As with health based settings, friends and family provide vital support for those suffering domestic abuse. Providing a broader range of community based support, local awareness campaigns, targeted at specific groups, diverse community groups, schools, through work placed settings or faith groups will have a greater and more sustainable impact. This can be supported by
increasing the number of Domestic Abuse Champions on a community and voluntary basis, who can provide initial advice on safety planning and linking in with specialist services. We will engage with community organisations across the borough, including those from diverse religious and cultural backgrounds, with the aim of building their capacity and leadership in addressing domestic abuse.

- **Training** - tailored training programmes for voluntary groups, key services and professionals, including the use of safety planning tools.

- **Information on services** – There are a wide range of domestic abuse services which are available, delivered in a variety of settings. The strategy will look to ensure that information on these services is easily accessible to local communities. This will include overcoming barriers preventing people experiencing abuse from accessing information and services, such as language, isolation, cultural norms.

**Recommendations**

1. **Aim to “get it right first time”** by providing support and clear referral pathways for friends and families including the expansion of existing Domestic Abuse Champions in community, faith and work based settings.

2. **Establish a multi faceted education and support programme for young people.**

3. **Greater support for LGBT, people with disabilities and those from diverse communities who suffer abuse, through establishing a range of awareness raising programme.**

**Early identification and support**

It is important that we ensure that those affected by domestic abuse get prompt access to the right service at the right time. Our approach over the next five years will include:-

- **Support through health services** – The evidence tells us that offering support through health based settings such as GP surgeries, community nursing, midwifery and health centres is highly beneficial. The findings from the research and our consultation continuously highlighted that survivors of domestic abuse are both more willing to report their experiences to a health care professional and more likely to disclose abuse, if asked by a GP, nurse or midwife.

Primary care services are already under pressure to take on more responsibility for a wide range social issues, therefore it will be important to ensure that GPs midwives and community nurses, are provided with additional support, for example via the Iris Programme, which provides domestic abuse advocates-educators, and IDVA’s across a group of GP network practices. This approach will form part of the Locality Care Networks, which proposes to establish four GP care networks across Southwark, providing a universal service covering a local population ‘cradle to grave’.
Dedicated domestic abuse network coordinators, tailored training and awareness raising programmes and clear links to existing safeguarding routes and specialist domestic abuse services, will provide accessible and easy to navigate domestic abuse support through GP practices.

- **Clear referral pathways** – One of the key improvements to domestic abuse services in Southwark has been the establishment of a clear single point of entry to specialist support. This strategy provides the opportunity to build on this by establishing clear referral pathways at an earlier stage. We will work with businesses, faith organisations, voluntary and community groups to provide them with the tools and support to recognise those suffering domestic abuse and where to refer cases, how to obtain advice, and the established safeguarding routes. Strengthening clear referral pathways across a broader range of partners will help achieve the aim of “getting it right first time”, which is key for those who suffer abuse.

- **Information sharing** – clear information sharing arrangements between agencies which encourages cases to be discussed in the early stages to improve the identification of abuse.

- **Multi agency risk assessment and response** – establish clear processes where risks of domestic abuse can be assessed across agencies and a coordinated multi agency response can be made. The method of assessment for domestic abuse cases is the Co-ordinated Action Against Domestic Abuse (CAADA) model, which is universally recognised.

- **Integrated specialist support for complex cases** – All domestic abuse cases are complex, however in some instances an abusive relationship is one of a number of issues that need to be addressed. A co-ordinated multi agency approach is recognised as the best response for supporting families and addressing abusive and violent relationships. Developing an integrated approach, maximising services that are already commissioned will reduce the likelihood of just dealing with one aspect of the issue, for example support a victim of abuse, without addressing their substance misuse issues or providing psychological support. It is proposed that these teams are strengthened by the co-location or strong links with domestic abuse services. This co-location will be developed as the wider programme for family support (Families Matter) is progressed during 2015.

**Recommendations**

4. **Achieve a greater balance between criminal justice, health and community support for those affected by domestic abuse.**

5. **Establish an integrated support service for complex cases of domestic abuse, as part of our approach to commissioned services.**

6. **Work with the Mayor’s Office for Policing and Crime to establish a consistent pan London approach to addressing domestic abuse.**
Enforcement

- **Tougher enforcement on perpetrators** – Action against perpetrators remains inconsistent and still relies heavily on those suffering domestic abuse. As a result the sanction detection rate for domestic violence investigations is currently at 40 per cent and the number of cases which proceed to courts only accounts for around 30 per cent of the cases that proceed to charge.

- In terms of civil action, the priority is focused in ensuring the victim and their immediate family remain safe in their home. However, this often requires the victim to give up their home and local environment, whilst the perpetrator remains in the former family home. The use of Domestic Violence Protection Orders and Domestic Violence Protection Notices (paragraph 11.2) by the police will prove highly beneficial in offering respite and increase the opportunity to seek support. Whilst there have been five successful non occupation orders obtained by the council in domestic abuse cases since 2013, there have been no evictions, our commitment is to take action to remove the perpetrators from their home.

- There are dedicated domestic abuse perpetrator programmes in Southwark for both adults and under 18s through the Rehabilitation and Innovative Solutions Enterprise (RISE) on behalf of the Community Rehabilitation Company (CRC). The programme known as Building Better Relationships Programme (BBRP) is made through the National Probation Service to the court. Support is offered to the partners of men undertaking BBRP through a women’s support service. The council also commissions a perpetrators programme and offers services through the Youth Offending Service. With the exception of the NPS perpetrator programmes which are delivered following a court order, this is in the main a self referral process. The MPS are exploring the opportunities of investing in body cameras, which can be used to record the scene when they respond to a domestic violence incident, providing vital evidence in victimless prosecution cases. Developing a co-ordinated multi agency enforcement approach, using the wide range of civil and criminal powers against persistent perpetrators is a key part of the strategic approach over the next five years.

- **Domestic Violence specialist courts** - Specialist domestic violence courts provide dedicated rooms for victims and witness and video evidencing facilities as well as prosecutors and Magistrates who have received domestic abuse training. At present there are 10 specialist domestic violence courts in London. However, despite the high levels of recorded domestic violence in Southwark, there is no specialist court on the borough. The establishment of a domestic violence court in Southwark would provide better support for victims and witnesses and minimize the time period that it takes to process a case from charge to a judicial outcome.

Recommendations

7. Take action against persistent perpetrators by establishing a multi agency enforcement approach.
8. Improving the criminal justice process including lobbying for DA specialist court in Southwark.

9. Carry out an annual needs assessment review of DA.

14.5. The above recommendations will be developed through existing resources and the re-commissioning of current service provision. The changing needs of those accessing the services will be reviewed on an annual basis.

14.6. Figure 4: rebalancing our intervention model to address domestic abuse.

14.7. The intervention model outlined above is relevant to any person who is suffering domestic abuse, those who witness abuse or perpetrators, regardless of their age, gender, sexual orientation, disability or status, including those who have no recourse to public funds.

14.8. Many of the services, set out in the model, are currently in place or can be developed through existing commissioning arrangements. Where additional investment is required, it will be found through the re-commissioning of current provision, or through external/grant funding, such as the additional funding of IDVAs through MOPAC, or integrating the work of the GP Locality Care Networks.

15. How do we know we are making a difference
15.1. The Safer Southwark Partnership (SSP) has four strategic priority delivery groups, which report to the SSP Partnership Board. One of the priorities is violence against women and girls. The Southwark Domestic Abuse Strategy 2015-20, and its recommendations (as set out in section 15 above) will be managed through the delivery plan (Appendix 2), which will be the responsibility of the Violence against Women and Girls (VAWG) Delivery Group. This will include prevention, early intervention and enforcement in relation to both men and boys.

15.2. The VAWG Delivery Group includes representatives from Southwark Clinical Commissioning Group, South London and Maudsley Hospital Trust, Children’s Services, Social Care, Adult Safeguarding, Housing operations, Southwark MPS, Southwark Multi Agency Safeguarding Hub, Housing Options, Housing Strategy, Public Health, Troubled Families, National Probation Service and Education Services.

15.3. Actions arising from the recommendations and set out in the Delivery Plan (Appendix 2) will be shared across the key agencies and monitored on a quarterly basis through the VAWG delivery group and SSP Partnership Board.

15.4. We want the recommendations in this strategy to have a positive impact in the lives of those experiencing domestic abuse. The council and its partners have developed an outcomes based commissioning model which measures the impact our services have on the clients they engage with, namely:

- Reduced risk of harm after engaging with the service.
- Reduction in impact and isolation after exiting the service.
- Improvements to health and resilience.
- Help to remain safely in their homes.
- Being involved in service development.
- Experience no further incidents of domestic abuse at 6 and 12 months after exiting the service.

15.5. In addition there are outcomes for perpetrators, children and training of professionals, please refer to the delivery plan for further detail.

15.6. The Domestic Abuse Strategy 2015-20 recognises the strong links to other priorities in Southwark, particularly child sexual exploitation, neglect, substance misuse, mental well being and public health priorities. Progress on the delivery of the ambitions of this strategy will be shared across the wider Southwark partnership arrangements, specifically the Safeguarding Boards for Children’s and Adults, the Health and Wellbeing Board and Troubled Families Board.

15.7. In addition there is an established Southwark Violence against Women and Girls Forum, including a range of partner agencies, that provide support services across the domestic abuse agenda, as well as a Domestic Abuse Survivors Group. The VAWG Forum and the Survivors Group will be key in reviewing the progress and delivering the recommendations of this strategy.
16. Acknowledgements

16.1 Addressing domestic abuse and its long term effects, is a shared priority for the Safer Southwark Partnership, Southwark Health and Well Being Board, Southwark Safeguarding Adults Board and Southwark Safeguarding Children’s Board. As such this is joint strategy that has been developed in collaboration with those boards and representatives from a wide range of agencies:

- Southwark Police
- National Probation Service
- Southwark Public Health
- Clinical Commissioning Group
- King’s College hospital NHS Foundation Trust
- Guy’s and St Thomas NHS Foundation Trust
- South London and Maudsley Trust
- Community Action Southwark
- Southwark Young Advisors
- Southwark Youth Council
- Southwark Violence Against Women and Girls Forum: Bede
  Domestic Violence Intervention Project
  Faces in Focus
  Kurdish and Middle Eastern Women’s Organisation
  Latin American Women’s Rights Services
  Refuge
  Solace Women’s Aid
  Southwark Citizens Advice Bureau
  Southwark Muslim Women’s Association
  Victim Support

16.2 We would also like to acknowledge the invaluable feedback and input that survivors of domestic abuse and their support workers have shared with us during the consultation period. Their experiences and suggestions have been vital in shaping this strategy.
Appendix 1 References

1. World Health Organisation- Multi cultural study on domestic violence against women – 2005
7. Domestic Abuse – Stonewall Health Briefing - Stonewall(undated)
10. You Don’t Just Grass – youth crime and “grassing” in a working class community Youth Justice Vol 6(3)
11. Partner Exploitation and Violence in teenage intimate relationships Barter et al NSPCC 2009