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Scrutiny review: Domestic Abuse

Review of the Improving Lives Select Commission

April – July 2013

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Executive summary

Domestic abuse is one of the four priority areas for the Safer Rotherham Partnership (SRP) as determined through the Joint Strategic Intelligence Assessment - "Reducing the threat and harm to victims of Domestic Abuse, Stalking and Harassment, Honour Based Abuse and Forced Marriage". It is also a priority in the Children and Young People's Plan and features in the South Yorkshire Police and Crime Commissioner's plan for 2013-17.

A wide number of organisations currently deliver domestic abuse-related support within Rotherham; across local authority, criminal justice, health and voluntary sector services. It is important that a coordinated approach is taken across partner agencies to ensure appropriate and timely support is provided through effective use of resources.

The review recognised that some excellent work is taking place locally driven by the Domestic Abuse Priority Group, on behalf of the SRP, with the Domestic Abuse Coordinator leading on many positive changes to local practice in the last few years.

Voluntary and community sector partners play a major role across all risk levels, but particularly in standard/medium risk cases, in delivering specialist services and in providing ongoing practical and emotional support for victims and their families, with very much an "open door" policy.

The two Independent Domestic Violence Advocates represent the voice of the victim at the Multi-Agency Risk Assessment Conference (MARAC) and other panels, and coordinate a range of measures, often working very creatively, to reduce risk to victims. However the IDVA service is only funded on a year by year basis which appears inconsistent with the level of priority afforded to domestic abuse within the SRP. This short-term approach inhibits service planning for what is an essential and effective service.

The MARAC works effectively on high risk cases, many of which are exceedingly complex, despite staffing resources being below the levels recommended by Coordinated Action Against Domestic Abuse. Good information sharing between partners and a willingness to work together is evident.

However the view is that long term success for Rotherham in addressing domestic abuse would ultimately mean fewer incidents of domestic abuse, including fewer MARAC cases and fewer repeat cases to MARAC. This leads to questions of resource allocation between high risk cases, where people are assessed as being in danger of serious harm or death, balanced against resource allocation for standard/medium risk cases through preventive and early intervention measures to try and avoid escalation.

While the prime focus of the review was concerned with support for victims of domestic abuse it was noted that currently there is no non-criminal justice system perpetrator programme, an important element in prevention, despite this being a component of the Specialist Domestic Violence Court.

The impact on children and young people of domestic abuse is significant and in addition to dealing with immediate issues it is important to ensure that children are coping with the impact of domestic abuse in the longer term, building resilience and developing positive relationships. Sustainable support and services for children and young people of all ages under 18 need to be available.

Although work on high risk cases is governed by clear protocols there is much less consistency and integrated working by partners for standard and medium risk cases, which has led to some areas of duplication, particularly in relation to referrals and with regard to

different agencies contacting the victim initially. There are also inconsistencies in risk assessments as all partners do not yet use a common assessment tool.

Domestic abuse structures within the SRP and attendance at meetings should be reviewed as the current structure seems resource intensive in terms of officer/worker attendance at meetings. Roles and responsibilities within the structure for commissioners and service providers also require clarification as a number of people attend both the Domestic Abuse Priority Group and the Rotherham Domestic Abuse Forum.

Statutory health partners play an active role in the MARAC and within the SRP structures, but uncertainty exists over their wider role and responsibilities. Positive work is ongoing to raise awareness with health staff on how to recognise and report domestic abuse, as referrals are still low from many health partners, such as GPs and dentists. In a time of austerity and needing to maximise the efficient use of resources an integrated approach should be explored between the Council, police and health partners for joint funding and joint commissioning. This should also be extended to consider possible models for joint working, across all risk levels, such as a “one stop shop” approach.

A number of recommendations have been made by the review group and these focus on ensuring that agencies in Rotherham work together effectively and efficiently to tackle domestic abuse at all risk levels and to ensure appropriate support for victims. There also needs to be greater integration of domestic abuse as an explicit golden thread within major plans and strategies, including the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and RMBC Corporate Plan when they are refreshed.

The review recommendations are summarised below, covering the following areas:

Commissioning and funding – mainstreaming funding for the IDVAS; carrying out an audit of need for domestic abuse support and services; exploring joint commissioning and joint funding of services and training; and considering the feasibility of more integrated working through a “one stop shop” or a “golden number”.

Strategy – as a priority for SRP domestic abuse should be explicit within other key strategies when they are refreshed; workstreams for drugs and alcohol need to take account of domestic abuse; sexual violence in non-domestic settings should be more integrated in work on violence against women and girls; and links with local organisations who work with 16-17 year olds need to be strengthened.

Roles and responsibilities – reviewing the structures, communications and governance arrangements with the SRP to clarify and reaffirm roles and responsibilities.

Protocol and process – ensuring the ACPO DASH risk assessment form is used by all agencies; developing a standard multi-agency protocol and process for contacting victims at all risk levels to avoid duplication; and developing a similar protocol and process for standard/medium risk assessments to ensure consistency and common pathways.

Prevention and early intervention – developing a perpetrator programme to comply with the Specialist Domestic Violence Court components; reviewing resource allocation in order to focus on standard/medium risk cases to prevent escalation to high risk; and continuing to raise awareness with young people about coercive relationships and domestic abuse, reviewing who is best placed to deliver the training.

Forced marriage and so called “honour” based violence – to be the subject of a separate review by Improving Lives Select Commission in 2014.

1. Why Members wanted to undertake this review

At its meeting on 23 January 2013 the Improving Lives Select Commission agreed to undertake a scrutiny review of domestic abuse services to establish how different agencies work together in Rotherham to support people who have experienced domestic abuse. The review wished to address any service gaps and areas of duplication, to identify opportunities for working more effectively and efficiently, and to ensure agencies could respond to future challenges. Domestic abuse has been the subject of previous scrutiny reviews in 2002 and 2005 and with many recent policy changes both locally and nationally it was considered an opportune time to revisit this area of work.

There were four main aims of the review, which were to consider:

- What a 'good' service looks like (drawing on national guidance and best practice elsewhere)
- How well partners work together at a strategic level
- How well partners work together operationally
- How well partners listen to the voice of the victim and their families

2. Method

The review was carried out by a sub-group of the Improving Lives Select Commission, consisting of Cllrs Ahmed, Burton (Chair), Clark, Lelliott and Russell.

An initial presentation to the full commission provided an introduction and set the context, both national and local – including the definition of domestic abuse and how this manifests; profiles of domestic abuse victims and offenders; and domestic abuse services. Several evidence gathering sessions then followed during which a range of partners from both statutory and voluntary and community sectors participated to provide information (details in Appendix 1). Current structures and processes, resources, information sharing between partners, assessing and reducing risk, and work at both strategic and operational level were themes explored in depth during the review.

Anonymised case studies were used to scrutinise service user experiences and to understand how our existing approaches are used to protect victims of abuse, taking account of differing individual circumstances and protected characteristics such as age or disability.

Members would like to thank everyone who gave evidence for the review and in particular they gratefully acknowledge the help and support received from Cherryl Henry-Leach and Helen Wood in identifying witnesses and sources of evidence to inform the review.

3. Background

Domestic abuse is defined 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. It can encompass, but is not limited to the following types of abuse - psychological, physical, sexual, financial or emotional abuse."

As the definition removes the focus on single incidents of domestic violence it encourages practitioners to look at patterns of abusive behaviour beyond any physical violence –

ensuring victims receive appropriate support regardless of risk.

High risk cases are ones where people are at risk of serious harm, where the risk is either life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

Domestic abuse is a global issue experienced across every section of society regardless of social group, ethnic background, age, gender, disability, sexuality or religion. Its effects are profoundly damaging for individuals, families and society as a whole and it will need a radical transformation in attitudes and cultures worldwide to eliminate it.

Domestic abuse has a considerable affect on services in terms of monetary cost and the long term harmful effects, both physical and emotional to primary victims and their children. Over recent years, the current Government and previous administration, has recognised that, in addition to the tragic incidents of domestic homicides and serious injury, domestic abuse is fundamentally linked to other social problems be it poor mental health, substance misuse, or homelessness. Its impact on children is also profound with it being a major factor in child abuse and neglect, issues of sexual exploitation, and adolescent violence.

In November 2010, the Government set out its vision and ambition to tackle domestic and sexual violence in 'A Call to End Violence against Women and Girls'. In March 2011, it published 88 supporting actions for taking that strategy forward; with the Action Plan reviewed and updated in March 2012 and again in March 2013 when the broader definition of domestic abuse to include 16-17 year olds and coercive control was introduced. One of the guiding principles in the strategy is:

"To prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours that foster it and intervening early to prevent it."

A wide number of organisations currently deliver domestic abuse-related support within Rotherham; across local authority, criminal justice, health and voluntary sector services. It is important that a coordinated approach is taken across partner agencies to ensure appropriate and timely support is provided through effective use of resources.

To give a brief indication of the scale of domestic abuse in Rotherham in 2012-13 5555 incidents were responded to by the police and of these 961 were crimes (see page 23 for an explanation of crimed and non-crimed incidents). Of the 5555 incidents, 348 (336 women and 12 men) were high risk and referred to the Multi-Agency Risk Assessment Conference (MARAC). In the same year domestic violence accounted for 31% of all violence against the person offences in Rotherham, slightly up on the year before. 2,957 children and young people were the subject of new contacts to the Contact and Referral Team in 2012 due to domestic abuse. 26% of these contacts (769 young people) then progressed to referrals for services including assessment. Further national and local statistics are included in Appendix 2.

4. Rotherham's Response to the Call to End Violence against Women and Girls

The Government strategy and action plan underpins the work of all partner agencies working within the domestic and sexual abuse sector. It requires a coordinated response and seeks to protect and support victims and to hold perpetrators to account.

4.1 Strategy

Rotherham's response is led by the Domestic Abuse Priority Group (DAPG) on behalf of the SRP through a three pronged strategic approach:

Prevent - We will make it more difficult for domestic abuse to happen.

Protect - We will identify and safeguard those at risk.

Pursue - We will identify perpetrators, disrupt and prosecute where possible.

In the short to medium term, work is focused on encouraging victims to come forward and report violence and abuse, whilst at the same time reducing repeat victimisation. In the longer term the focus will be seeking to eliminate violence against women and girls. More specifically agencies in Rotherham have responded by:

- recognising domestic abuse as a safeguarding issue
- aligning work on domestic abuse and sexual violence
- complying with the Specialist Domestic Violence Court (SDVC) components
- developing a process to review domestic homicides and serious incidents of domestic abuse
- ensuring support for direct victims of domestic abuse aged 16 and 17
- delivering multi-agency training, which is regularly updated
- agreeing an operating protocol to establish accountability and reporting structures for the MARAC and to outline the MARAC process
- ensuring early intervention agendas are reflected in responses, such as taking account of the needs of children living with domestic abuse
- developing a strategy and action plan
- creating a robust new performance framework to measure and monitor progress
- providing support for men and boys although recognising that domestic abuse is primarily a gender based form of abuse
- initiating a project to work with serial perpetrators
- having clear procedures in the housing allocation policy

Rotherham is seeing an increase in referrals each year and expects this upward trend to continue. Although this may be attributable in large part to growing awareness of what and how to report following all the work that has been carried out, it could also mean more incidents are happening. Either way it creates increased work for agencies and adequate resources used effectively and efficiently to meet demand is imperative.

Rather than provide details of the precise roles of every individual partner involved in tackling domestic abuse a broad overview follows. Specific points for individual agencies who are not mentioned below, such as health partners, are covered in section 6.

4.2 SRP Domestic Abuse Coordinator

The review recognised that some excellent work is taking place locally (as indicated above) driven by the DAPG, on behalf of the SRP, with the Domestic Abuse Coordinator leading on many positive changes to local practice, training and strategy development in the last few years. The coordinator is involved with the DAPG, RDAF and the MARAC and as such retains a key overview of both strategic and operational issues.

4.3 Independent Domestic Violence Advocacy Service

Rotherham currently has two Independent Domestic Violence Advocates (IDVAs) whose main role is to secure the safety of victims at high risk of harm from intimate partners, ex-partners or family members and the safety of their children. Following a referral the IDVAs attempt to contact a victim within 48 hours and they are the victim's primary point of contact, working with the victim to assess the level of risk, discuss suitable options and develop safety plans. As well as addressing immediate safety issues the IDVAs also work on developing longer term solutions through MARAC, the courts and other services such as housing.

The IDVAs are independent, which is essential for them to be effective advocates and their caseload is up to 30 clients at a time. Their role in all multi-agency settings including MARAC is to represent the victim and make sure the victim's perspective and safety is at the centre of proceedings. However the posts are not mainstream funded and are renewed on an annual basis, at short notice. From the case studies discussed during the review it was evident how vital the knowledge, skills and experience of the IDVAs is in Rotherham and the service should not be jeopardised through the short term approach to funding.

4.4 Multi-Agency Risk Assessment Conference (MARAC)

This is a multi-agency meeting chaired by the Public Protection Unit in South Yorkshire Police (SYP) which takes place fortnightly to discuss the highest risk cases of domestic abuse in order to reduce the risk of serious harm or murder. Partners are committed to the MARAC but it is resource intensive in terms of time commitment and there are concerns regarding attendance at meetings by some agencies when referrals are made.

4.5 Voluntary and Community Sector partners

In Rotherham the VCS partners provide an extensive range of emotional and practical support and services for victims of domestic abuse and their families, across all risk levels, but particularly in standard/medium risk cases. Specialist services include counselling; access to safe accommodation; support for Black and Minority Ethnic women; advocacy; support through the criminal justice system for victims and witnesses; support with immigration status; applications for criminal injury compensation; and maternity services liaison – ensuring the voice of women affected by domestic abuse is heard in the development of services. Training delivery is another key element of their work.

Other services involve: 1:1 and group work with victims; floating support; safety planning and risk assessment; help with benefits, debt and related money issues; parenting support; target hardening; children's activities including therapeutic work; skills and personal development; and outreach. Outreach services are important in helping and supporting victims of domestic abuse to identify choices and make informed decisions. Outreach support also includes looking at healthy relationships and trying to prevent engagement in future abusive or violent relationships.

As is the nature of the voluntary and community sector here in Rotherham organisations very much have an "open door" policy, which is positive and much relied upon, but does have resource implications and services may become more stretched as a result.

The evidence presented during the review illustrated the depth of experience and specialist knowledge within the VCS partners. However like the IDVAS the sector also experiences short term funding for many contracts, which again impacts on service planning and may also affect continuity and stability for service users. One partner agency also noted that the competitive nature of tendering has a destabilising effect.

5. Findings

5.1 What a 'good' service looks like

Overall a good service could be summarised very briefly as one which achieves a good outcome for the victim and their family. This may mean increased safety and support if the victim does decide to stay with the perpetrator, as for many reasons victims do not always leave an abusive relationship, or may not leave for a long period of time.

Developing and maintaining a good service will draw upon the following for guidance:

- 'A Call to End Violence against Women and Girls' strategy and action plan - the national policy framework
- Specialist Domestic Violence Court (SDVC) programme - which aims to provide continuity of support to victims and a victim centred approach to the criminal justice process
- Co-ordinated Action Against Domestic Abuse (CAADA) - practical help to support professionals and organisations working with high risk domestic abuse victims
- Domestic Homicide Review findings and recommendations – nationally and locally

CAADA's view is that the Rotherham MARAC is well established and therefore should receive more cases and more repeats than the present volume. Whilst the review group fully endorsed the need for the MARAC to protect people at high risk our measure of success in the long term would be fewer cases of domestic abuse overall. This would include fewer cases going to MARAC, and fewer repeat cases, because cases have been responded to in a manner which has avoided escalation or prevented recurrence. This leads to questions of resource allocation between high risk cases, where people are assessed as being in danger of serious harm or death, balanced against resource allocation for standard/medium risk cases through preventive and early intervention measures to try and avoid escalation.

Existing good practice in Rotherham has already been acknowledged, but it is worthwhile highlighting examples of good practice in other parts of the country that Rotherham may be able to learn from in order to realize further improvements to our services.

The national VAWG strategy promotes a number of good practice examples such as Cardiff, which has a Women's Safety Unit, comprising a comprehensive range of services at one referral point for women who have survived domestic violence and/or known perpetrator rape. Oxford has set up a one stop shop for victims located in a neutral location, where a multi-agency team provides the frontline element of integrated support and advice. More detail about Oxford's Champions Scheme and services in Sheffield, also cited as good practice in the strategy, is given below, together with other examples from across the country.

- **Sheffield – Helpline and Co-location**

In 2010 Sheffield reorganised its domestic abuse services so they were co-ordinated in a more strategic way. A helpline was instigated as a single point of contact for both victims

and agencies to telephone with referrals, with signposting then resulting as appropriate. The outreach service, helpline and IDVAS were co-located with the police and children's social care. Benefits of co-location in the same building include rapid information sharing which helps to reduce duplication. Police attending incidents will ask the victim if they wish to be referred to the helpline and if consent is given this results in a proactive call (for standard/medium risk cases) to explain possible support available, thus enabling an early intervention to be offered to people who may not otherwise have accessed support.

- **Oxfordshire County Council – Champions Scheme**

The aim of the scheme was to encourage early disclosure and an effective multi-agency response to domestic abuse. Champions act as the lead for domestic abuse within their own agency and as a link to other local support services. Oxfordshire currently has a total of over 800 active champions in local organisations. The scheme has been successful in leading to increased incident reporting and in being an effective approach for early intervention.

- **Hackney – Vulnerable Families Centre**

Hackney's in-house Domestic Violence and Hate Crime Team supports standard risk victims of domestic violence through advice, information, advocacy, support and counselling services. In 2011 they moved to joint premises with the Drug and Alcohol Services to create a Vulnerable Families Centre in recognition of the links between the two services. (Home Office research has shown that alcohol use was a feature of 62% of DV offences.) The team also runs a freephone DV Helpline number.

- **Gateshead – Youth Offending Team and Children's Services**

The Youth Offending Team provides advice to victims of domestic abuse and signposting to other specialist services that can offer more appropriate help. If there is a risk of domestic abuse identified within the household or in a relationship of any YOT clients the individual will be offered a place on the voluntary Respect Adolescent Program.

Gateshead's Children's Service supports families in which domestic abuse is a feature (for both Child In Need and Child Protection cases) and includes direct work with victims, perpetrators and children around the impact of abuse within families. The service also offers Specialist Children's Domestic Violence Workers within the Referral and Assessment Team and Safeguarding Teams, which allows direct work with children experiencing domestic abuse.

- **Cambridge – Mainstream Resources and Multi-agency referral unit**

The Multi-agency Referral Unit provides a seamless service to 999 callers and agencies reporting domestic abuse and can be used as a point of contact for all risk levels. This helps to reduce the likelihood of escalation and duplication, with obvious benefits to victims, whilst reducing the impact on the agencies involved. Resources for the Domestic Abuse Partnership and the IDVAS have been mainstreamed so they are not reliant on grant funding.

5.2 How well partners work together at a strategic level

Section 6 details specific issues that emerged during the course of the review in relation to partnership working at strategic level. The main finding from the review is that although there is much good work taking place locally on domestic abuse it is not yet a fully integrated function at a strategic level across all partner agencies or within the structures of the SRP. No overall audit of need for the borough has been carried out to inform commissioning and budget allocation and there is no reference to domestic abuse and its impact on adults in the JSNA.

5.3 How well partners work together operationally

Members found a clear distinction between operational partnership working at high risk level, which is more unified, and operational partnership working on standard/medium risk cases, which is less evolved. Section 6 draws attention to potential areas for improvement.

Two major areas of duplication identified in the review were victims being contacted initially by more than one agency, and referrals being made to more than one agency simultaneously. This may in part be due to the lack of clear pathways and protocols for standard/medium risk cases, although it does also occur in high risk cases, but it is not a good use of resources.

- **High risk**

The MARAC is an effective group for work on high risk cases with good commitment, agreed protocols and timescales for actions to be completed and effective information sharing between members, despite staffing resources for both the IDVAS and administrative support being below the levels recommended by CAADA.

Many very positive working relationships have developed between staff in partner agencies and following receipt of a high risk referral by the IDVAS within an hour there may be 16 agencies working together to support that person/family.

Out of hours cover is provided through Rothercare Direct and SYP. Rothercare Direct will provide sign posting advice and ensure the IDVAs are informed of any cases picked up out of hours.

A joint working arrangement is in place between the IDVAS and the SARC (Sexual Assault Referral Centre) whereby the two services liaise to determine whether the IDVA or the Independent Sexual Violence Advocate (ISVA) would be best supporting a victim.

- **Standard/medium risk**

Although work on high risk cases is governed by clear protocols there is much less consistency and integrated working by partners for standard and medium risk cases, which has led to the areas of duplication, as mentioned above. As not all partners use the ACPO DASH form as a common assessment tool inconsistencies are also found in risk assessments.

5.4 How well partners listen to the voice of the victim and their families

Agencies do try and capture the voice of the victim but it is a sensitive area and often difficult to know when might be an appropriate time to ask for feedback. Understandably many victims just want the abuse to stop and may not wish to revisit their experiences, for example through journey mapping, once their safety is secured. However the new performance framework will endeavour to capture more qualitative information in addition to the quantitative measures.

For high risk cases the IDVAs work very closely with victims and advocate on their behalf at meetings in order to put forward the victim's perspective. They do get feedback from clients as the positive quotes below show but there is no formal process to record this, although it is under consideration:

“I could not have left without your support”

“You supported me to make my own choices”

“You never judged me”

“You believed me and I felt safe”

Service user involvement in delivering services features strongly in the work of VCS partners, helping to inform service development and delivery:

- **Apna Haq:**
 - there are 12 places on the management board and seven are service users who have been trained up to fill those roles
 - service user stories are published on their website which include feedback about the organisation and support provided
“extremely grateful to Apna Haq for how supportive they were and how quickly they acted once I realised that he was not going to change”
- **Choices and Options:**
 - people come back and help/volunteer once they are ok themselves
 - feedback is requested and fed in (expected as part of Supporting People contract) but there are barriers around sensitive issues e.g. mentioning social services and children
 - experiences vary but for most it is “thank goodness someone is listening”
- **GROW:**
 - service user comment: “My GROW worker was fantastic and made me realise I wasn’t alone and I was able to speak freely without judgement”
 - Friends of GROW is a service user group that helps shape services
 - maternity services liaison ensures the voice of women affected by domestic abuse is heard in the development of services
- **Rotherham Women’s Counselling Service:**
 - weekly drop-ins run by service users for service users
 - at the AGM three survivors spoke about their personal experiences
- **Rotherham Women’s Refuge:**
 - women will come back as they have built a relationship and trust with a worker, even if it is a few years on
 - service user comments are posted on their website, for example:
"I have come a long way, without you people I would not have got where I am"
- **Victim Support:**
 - seek qualitative feedback from victims through quality of service calls to check needs are met
 - national satisfaction surveys are published monthly, 92% positive (May 2013)

6. Conclusions

6.1 Independent Domestic Violence Advocacy Service

The IDVAs are skilled, experienced staff who have undergone an intensive, specialist six month training programme with CAADA and who represent the voice of victims of domestic abuse at MARAC and other panels. Longer term funding would assist in planning future services, help to retain experienced workers and would prevent the service from having to prepare an exit strategy each February. As such and given the priority afforded to domestic abuse in the JSIA and by SRP, Members were unanimous that their most important recommendation is to secure mainstream funding for the IDVAS.

6.2 Joint Strategic Needs Assessment (JSNA)

The JSNA establishes the current and future health and social care needs of the community. Using this information to agree commissioning priorities and targeting resources to those most in need leads to improved outcomes and reductions in health inequalities.

In the current JSNA there is no reference to the incidence and impact of domestic abuse on the health of adults although the prevalence in referrals into children's social care services is mentioned. The review group noted that misuse of drugs and alcohol plays a significant part in cases of standard and medium risk domestic abuse and through identifying need workstreams in these areas should link in with prevention work. Drug and alcohol harm and offender management are also overarching themes in the JSIA.

6.3 Audit of need

No full audit of need for domestic abuse support services for both adults and children and young people has been carried out across the borough to inform commissioning and resource allocation. An audit could potentially be included within the refresh of the JSNA and would enable an integrated joint commissioning plan to be developed, taking a more strategic approach to targeting resources effectively across statutory partners.

In addition to support for victims and their families this approach could also extend to training for staff across partner agencies.

Insufficient counselling to meet local needs was one area identified in the review as there are lengthy waiting lists for specialist counselling for adults and no specialist or play therapy for children. Further support and services for children and young people affected by domestic abuse, or who experience domestic abuse in their relationships, including for children under the age of 16, was identified as a need.

Carrying out a full audit of need would not preclude the necessity of securing the funding for the IDVAS as an immediate priority.

6.4 MARAC

The DAPG acts as the steering group for the MARAC and is currently overseeing the completion of a MARAC self assessment under the auspices of CAADA, which will assist in identifying any areas for improvement. The MARAC is working effectively but is resource intensive with regard to officer/worker time with up to 20 people involved for potentially a full day every fortnight. In addition to the core membership other partners are required to attend if they have made a referral to the MARAC and this coupled with attendance at DAPG and/or RDAF does amount to a significant time resource implication, particularly for smaller VCS organisations. This is one reason why Members recommend a review of the SRP structure and roles/membership of DAPG and RDAF (see below) to ensure appropriate attendance at all meetings whilst trying to reduce resource pressures.

6.5 Safer Rotherham Partnership structure (Appendix 3)

- **Roles and responsibilities**

Domestic abuse structures and attendance at meetings for the Domestic Abuse Priority Group (DAPG) and the Rotherham Domestic Abuse Forum (RDAF) within the SRP should be reviewed and possibly streamlined, as the current structure seems resource intensive in terms of officer/worker attendance at meetings.

Roles and responsibilities within the structure for both commissioners and service providers also require clarification as a number of people attend both the DAPG and the

RDAF. Although the DAPG is the strategic group and the RDAF more operational in focus in practice the respective roles and responsibilities of the two groups are blurred.

Both groups have fairly recently appointed new Chairs so it is timely to revisit this to avoid any duplication and perhaps reduce the number of meetings people attend as many people currently attend both groups, which is a considerable commitment for smaller partners, especially from the VCS, who may also have to attend MARAC on a fortnightly basis.

- **Governance and communications**

There is a lack of clarity with regard to governance arrangements and although domestic abuse is a SRP priority it is uncertain if this is reflected in the actual work and emphasis within the SRP structure above DAPG level. Although recognising that improvements are being made with regard to two way communication and reporting between the different tiers within the SRP, Members felt this was an area necessitating further work, particularly linkages between the SRP Board/Executive, Joint Action Group (JAG) and DAPG.

Members recommend a review is carried out of the membership, roles and responsibilities of the DAPG and the RDAF. They also recommend a review of governance arrangements and communications between the SRP Board/Executive, Joint Action Group (JAG) and DAPG.

6.6 Services for 16-17 year olds

All four areas in South Yorkshire had already run a successful MARAC pilot for this age group, with Rotherham receiving two referrals and obtaining positive outcomes for the young people, before the new national definition was introduced by the Government. Providers of floating support through Supporting People contracts have extended their provision to include people who are 16+. There were some clear recommendations from the pilot to take forward and further work is needed to link in with other local agencies who work with this age group, including strengthening the involvement of the Integrated Youth Support Service (IYSS) within the multi-agency structures.

6.7 Portfolio responsibilities

Domestic abuse is a complex issue with implications for many areas of strategy and policy, with service provision requiring a multi disciplinary approach. By its very complexity it cuts across the portfolios of several Cabinet Members – adults; children and young people; equality and Integrated Youth Support Service; health and wellbeing; and safe communities – all of whom recognise the importance of the issue, but there is no single clear lead. In order to facilitate a strategic approach at Cabinet level the review group recommends that one Cabinet Member is nominated as the overall strategic lead for domestic abuse.

6.8 Risk assessments

Ensuring consistency in completing risk assessments for domestic abuse incidents, at all risk levels, is important in order to provide appropriate interventions and support for victims and their families. This is the case both within and between different partner agencies. The review group noted disparities in the level of risk sometimes assigned to cases between assessments carried out by domestic abuse professionals and those carried out by the police, which may be attributable to the use of different risk assessment forms. Members recommend that all partners use the ACPO DASH risk assessment form, with training to support this roll out.

Domestic abuse risk assessments are not carried out as routine for standard/medium risk in pre-birth assessments, which is a potential missed opportunity. A consistent approach

to assessment is required by both social care and wider partner agencies, including health professionals, with regard to the Common Assessment Framework (CAF). Further work is needed to align the MARAC risk assessment process with other risk assessment processes in CYPS.

6.9 Standard and medium risk referrals

If a worker completes an ACPO DASH risk assessment form and using their professional experience decides it is a standard or medium risk case rather than high risk there does not seem to be a clear standard agreed process and pathway for referring this appropriately. Members recommend that this is a key area to develop.

6.10 Pathways and protocols

The JSIA stressed the importance of agencies within the SRP avoiding duplication of work, and as stated in Section 5 the two main areas of duplication identified in the review were victims being contacted initially by more than one agency, and referrals being made to more than one agency simultaneously.

Pathways and protocols in Rotherham need to be sensitive to local need. Evidence shows that duplication is not good for victims, possibly also increasing risk through different agencies making contact, in addition to not being an effective use of resources.

A further step beyond developing clear pathways and protocols to reduce duplication would be to develop a service on similar lines to Sheffield, which features a co-located team in a “one stop shop” and a dedicated telephone helpline. Recognising that Rotherham borough is very different and much smaller than Sheffield the review group are keen to explore the feasibility of having either an integrated “one stop shop” approach or a single “golden number” for all initial referrals and queries with specialist trained staff.

6.11 Prevention and Early Intervention

Increasingly in recent years there has been a focus on prevention and early intervention (or early help) across a number of workstreams in Rotherham, and as stated earlier it is a guiding principle in the national VAWG strategy. Domestic abuse is an area where potentially there is scope to revisit the present allocation of resources to allow greater investment in prevention and early intervention. This would entail a greater focus on standard and medium risk cases, in order to try and reduce escalation to high risk for the victim and the need for referral to the MARAC. Training and awareness raising, for example with staff in schools so they can identify and report concerns, as well as awareness raising work with young people also lends support.

- **Work with perpetrators**

Although the review scope was primarily scrutinising support for victims central to the prevention and early intervention agenda will be the establishment of a non-criminal justice system perpetrator programme, which is also one of the core SDVC components and is not currently complied with locally.

- **Target hardening**

Funding for target hardening has been reduced in recent years. Currently council tenants are able to access target hardening through Housing and Neighbourhood Services for any risk level and the IDVAs will contact the relevant team for any high risk cases they are involved in where work is needed urgently. High risk non-council tenants can be given some target hardening as this is funded by the IDVAS but if the tenure is private and the risk is standard or medium then there is no funding available at present. Funding allocation for target hardening should be reviewed as Members noted the effectiveness of easy and low cost interventions such as changing door locks, installing chains and bolts or

sealing letterboxes that may prevent escalation, which costs significantly more to deal with and means victims may endure more sustained abuse.

- **Children and Young People's Services**

Although it is at an early stage Members welcomed the new multi-agency Early Help Support Panel that has been established, with involvement from the Domestic Abuse Coordinator. The IDVAs are also involved in Families for Change work and the Multi Agency Support/Legal Gateway Panel in CYPS. The Early Help Support Panel is a forum for practitioners to discuss cases where they feel there are significant risks for families but below the threshold for social care and other statutory complex or acute services. This is an important development given the high percentage of domestic abuse cases impacting on children (407 children from 221 families in the 348 cases to MARAC in 2012-13, plus the referrals to CART mentioned above) and will improve collaborative working to resolve these cases and prevent escalation.

All domestic abuse notifications originating from SYP (GEN118 forms) go to the Contact and Referral Team (CART) with high risk ones usually leading to a child protection assessment known as an S47. However the vast majority of notifications are standard risk and are now screened by the Early Help Assessment Team, who then determine any action that is required.

6.12 Training and awareness raising

Some of the issues have been covered in other sections of the report, so they are briefly summarised again here:

- Risk assessment - consistency is the key at all risk levels
- Joint commissioning of training – for more efficient use of resources
- Referral pathways and protocols – need to be understood by all workers, officers and professionals across partner agencies

- **Children and Young People**

The British Crime Survey in 2009-10 identified young people aged 16-19 as the group most likely to experience partner abuse. Educative work with young people on positive relationships and how to identify and report abuse is therefore vital and it is imperative to involve schools in this work. The Healthy Schools website has a number of teaching resources on domestic abuse and positive/abusive relationships. In addition to raising young people's awareness teachers and school staff also need to be aware of referral pathways to report incidents and access support for their students.

Currently the IDVAs deliver some awareness raising sessions in schools but the review group questioned whether their specialist skills and experience would be more valuable in supporting victims and families in medium risk cases as well as high risk. Members emphasised the importance of working with colleges and children's centres as well as schools in raising awareness of domestic abuse with children and young people, but recommend a review of the training strategy, in particular who is best placed to deliver such training.

Besides having effective support for children and young people affected by domestic abuse support is also needed for parents to understand the effects of domestic abuse on children and parenting. Training for agencies who are involved with families experiencing domestic abuse is also critical to enable professionals to understand the significant impact on children and the importance of supporting the non-abusive parent. Often there is a lack of understanding of risks that may be present within an abusive relationship, and the lasting effect this can have on a parent even when the intimate relationship has ended.

- **Multi-agency training**

Training for staff across all partner agencies in relation to domestic abuse is essential. However accessing training sessions is frequently problematic for workers in direct service delivery roles as it may be difficult for services to cover staff absence without a negative impact on services. Recognising these pressures means an appropriate balance needs to be found in terms of workshop based training and building in time for workers to access the new e-learning modules that are being developed. Joint commissioning and joint funding for training should be explored.

6.13 Statutory health partners

Statutory health partners play an active role in the MARAC and within the SRP structures, but uncertainty exists over their wider role and responsibilities. Positive work is ongoing to raise awareness with health staff on how to recognise and report domestic abuse, as referrals are low from many health partners, such as GPs and dentists. The review was unable to explore referrals from Accident and Emergency services (A&E) at Rotherham Hospital.

Members welcomed the development of the referral flowchart for GPs that is being developed and recommend it is rolled out to include dentists, who must come across facial injuries, and possibly pharmacists.

Work is ongoing with midwives to develop a practical and safe mechanism for them to ask questions of women using their services, given that risk escalates during pregnancy.

Although domestic abuse affects people's physical and mental health and wellbeing few referrals are made to RDASH other than for drug and alcohol misuse support services.

It is important to monitor referrals from GP's, A&E and health partners to measure the impact of any new measures, and this will be captured through the new performance management framework and feedback from the VCS partners who are providing support to GPs on risk assessments.

In a time of austerity and needing to maximise the efficient use of resources an integrated approach should be explored between the Council, police and health partners for joint funding and joint commissioning of services and training.

Public health moving into the Council presents new opportunities for integrating domestic abuse within the health agenda to improve services for all. The Director of Public Health has responsibility for the local authority's role in co-operating with the police, probation service and prison service to assess the risks posed by violent or sexual offenders. There are "placeholders" for domestic abuse and violent crime (including sexual violence) in the national Public Health framework but it is not certain whether these will become performance indicators with targets.

6.14 Public Protection Unit

The forthcoming centralisation of the unit raised concerns with Members regarding the impact this will have for Rotherham given the current differences in approach across the four districts in South Yorkshire. Members were also concerned about a potential loss of local knowledge about Rotherham which could impact negatively on victims and their families.

6.15 Sexual violence

Sexual abuse and sexual violence are behaviours that may manifest as part of domestic abuse and are included within the national VAWG strategy and within Rotherham's

structures and protocols for domestic abuse. However, sexual violence perpetrated by strangers also occurs outside domestic settings and although that falls outside the specific scope of this review Members wish to ensure that adequate support and provision is in place to support victims of sexual abuse in all circumstances.

6.16 Domestic homicide reviews

Tragically domestic homicides do occur and a domestic homicide that meets the definition in the legislation will result in a domestic homicide review. Agencies are required to establish and act upon lessons learned regarding how professionals and partners work individually and collectively to ensure appropriate support for victims and to avoid future incidents. SRP has delegated the Domestic Homicide Review Process to the DAPG but reviews are time consuming and costly and sufficient resources should be allocated by the SRP Board to allow for any additional work. SRP also need to ensure compliance with new statutory guidance published under section 9(3) of the Domestic Violence, Crime and Victims Act (2004) which came into force on 1 August 2013. The guidance is clear that review panels should appoint an independent Chair, who is not directly associated with any of the agencies involved in the review. The Chair will oversee the review and the production of the overview report, and may also be the report author, but if they are separate roles then the report writer should also be independent.

6.17 Forced marriage and so called “Honour” based violence

One of the Anonymised case studies scrutinised by the review group involved a potential forced marriage and Members noted that the case was handled very well by the agencies involved. During the review there was less time to consider Forced marriage and so called “Honour” based violence as specific issues within domestic abuse than envisaged and Members would like to have the opportunity to scrutinise this area in greater depth as a separate piece of work.

7. Recommendations

Commissioning and funding

- 1 In order to facilitate longer term planning and retain skilled and experienced staff IDVAS funding should be mainstreamed rather than being 12 monthly.
- 2 A full audit of need for domestic abuse support and services is recommended with a view to moving towards joint commissioning of services.
- 3 Agencies need to ensure a balance of appropriate workshop based training and e-learning is available for all relevant staff, workers and professionals, considering joint commissioning and joint funding to make the best use of time and resources.
- 4 Members recommend that the statutory agencies i.e. the Council, Police and Health explore and report back on the feasibility of a pooled budget for domestic abuse services.
- 5 Members recommend that agencies explore and report back on the feasibility of an integrated joint working approach across all risk levels, such as a “one stop shop” or a “golden number” for domestic abuse referrals.
- 6 The SRP Board should ensure sufficient resource allocation to enable any domestic homicide reviews to comply with the revised statutory guidance published by the

Home Office in June 2013.

Strategy

- 7 Domestic abuse is an issue that cuts across multiple portfolios therefore Cabinet might wish to consider identifying a Cabinet lead for domestic abuse.
- 8 As domestic abuse is a priority it should be made more explicit within other key strategies and plans. The JSNA and HWBS are both being refreshed, as is the Council's Corporate Plan, so this provides an opportunity to strengthen the focus on domestic abuse.
- 9 Drugs and alcohol play a significant part in domestic abuse cases, especially for standard/medium risk; therefore workstreams should take account of domestic abuse.
- 10 Links with schools/colleges and other local organisations who work with 16-17 year old young people need to be strengthened to ensure age appropriate services and support.
- 11 Sexual violence should be integral to strategies and plans for work on violence against women and girls, whether it occurs in domestic or non-domestic settings.

Roles and responsibilities

- 12 A full review of domestic abuse structures, communications and governance arrangements within the SRP should be carried out to clarify and reaffirm roles and responsibilities between:
 - a) DAPG and RDAF
 - b) SRP Executive, JAG and DAPG

Protocol and process

- 13 The ACPO DASH risk assessment form should be used by all agencies, supported by training, to ensure a universal and consistent approach to risk assessment.
- 14 A standard multi-agency protocol and process should be developed for standard and medium risk assessment to ensure consistency in approach and common pathways communicated and understood by all partners, to include risk assessment in children's health and social care such as pre-birth assessments.
- 15 A standard multi-agency protocol and process should be developed for contacting victims at all risk levels to avoid duplicating referrals or initial contact.
- 16 Subject to agreement with CAADA Members recommend that NHS South Yorkshire and Bassetlaw be approached with a view to rolling out the GP flowchart setting out how to respond to domestic abuse to dentists and pharmacists.

Prevention and early intervention

- 17 A perpetrator programme should be established in Rotherham as part of the work on prevention and early intervention and to ensure compliance with the SDVC components.

- 18 A review should be carried out on resource allocation in order to focus more on standard/medium risk cases as part of the early intervention and prevention agenda and to prevent escalation to high risk and MARAC which is very resource intensive. Funding allocation for low cost but effective target hardening measures should be considered in the review.
- 19 Members emphasised the importance of raising awareness with children and young people of how to recognise coercive relationships and to recognise and report domestic abuse, but recommend a review of the training strategy, including who is best placed to deliver the training, in order to ensure the best use of staff resources.

Forced Marriage and so called “Honour” based violence

- 20 Members recommend that Forced Marriage and so called “Honour” based violence be the subject of a separate review by Improving Lives Select Commission in 2014.

8. Thanks

Our thanks go to the following for their contributions to our review:

Councillor John Doyle, Cabinet Member for Adult Social Care
Councillor Mahroof Hussain, Cabinet Member for Communities and Cohesion
Councillor Paul Lakin, Cabinet Member for Children, Young People and Families' Services
Councillor Rose McNeely, Cabinet Member for Safe and Attractive Neighbourhoods
Councillor Ken Wyatt, Cabinet Member for Health and Wellbeing

Shaun Wright, South Yorkshire Police and Crime Commissioner

Partners

Zlakha Ahmed – Apna Haq
Sue Barratt – GROW
Yvonne Cherry – Victim Support
Deborah Drury – Rotherham Foundation Trust
Beverley Garbett – Choices and Options
Alison Higgins – Sheffield Domestic Abuse Coordination Team
Zena Jones – Sexual Assault Referral Centre
Mark Monteiro – South Yorkshire Police
Sandra Moule – Rotherham Women's Counselling Service
Michaela Power – RDASH
Chris Prewett – RDASH
Mel Simmonds – Sexual Assault Referral Centre
Tim Staniforth – South Yorkshire Police
Jean Summerfield – RDASH
Kate Tufnell – Rotherham Clinical Commissioning Group
Emma Wells – Probation Service
Emma Wheatcroft – South Yorkshire Police
Alun Windle – Rotherham Foundation Trust
Ian Womersley – South Yorkshire Police
Susan Wynne – Rotherham Women's Refuge

RMBC Officers

Janette Burgin
Sally Dodson
Ruth Fletcher-Brown
Cherryl Henry-Leach
Nicola Humphries
Sam Newton
Kay Nicholes
Steve Parry
Clair Pyper
Dr. John Radford
Amanda Raven
Joyce Thacker
Sue Wilson
Helen Wood

9. Background papers

Presentation to Improving Lives Select Commission 24 April 2013

Notes of evidence sessions:

9 May 2013

15 May 2013

16 May 2013

5 June 2013

12 June 2013

3 July 2013

Call to End Violence against Women and Girls HM Government November 2010

A Call to End Violence Against Women and Girls: Action Plan HM Government April 2013

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013, Home Office, June 2013

Joint Strategic Intelligence Assessment 2013-14

Joint Strategic Needs Assessment 2011

Early Help Support Panel Terms of Reference

Domestic abuse scrutiny review reports:

- Cambridge County Council

- Gateshead

- Hackney

Local information:

Draft SRP Strategy to Eliminate Domestic Abuse and Sexual Violence 2012- 2015

Draft Performance Management Framework

Domestic Abuse Priority Group Action Plan 2011-14

Domestic Abuse Priority Group Terms of Reference

Rotherham Domestic Abuse Forum Terms of Reference

DASH Risk and MARAC Referral Form

SRP MARAC Operating Protocol

Domestic Violence Statistics for South Yorkshire 2012-2013

Domestic Violence Statistics Overview 2012-2013

Specialist Domestic Violence Court Data 2012-2013

Specialist Domestic Violence Court Performance Report

Comparative Data 2012 and CAADA Recommendations

Appendix 1

Details of evidence sessions

| 9 May | 15 May | 16 May | 5 June | 12 June | 3 July |
|---|---|---|--|---|--|
| Themes discussed | | | | | |
| Multi-agency domestic abuse framework | Anonymised MARAC case studies | Domestic abuse service in Sheffield | Cabinet portfolios | Health overview | Role of Police |
| Performance management | | Role of VCS partners | | | Role of Health |
| IDVAS | | | | | |
| Witnesses | | | | | |
| Chair of Domestic Abuse Priority Group | Children and Young People's Services: - education welfare - children's safeguarding | Manager of Sheffield Domestic Abuse Co-located Team | Cabinet Member for Adult Social Care | Public Health Specialist (Mental Health and Domestic Abuse) | Public Protection Unit, South Yorkshire Police |
| Domestic Abuse Coordinator | Independent Domestic Violence Advocate IDVA | Apna Haq | Cabinet Member for Children, Young People and Families' Services | | Chief Inspector Operations, Rotherham District, South Yorkshire Police |
| Adult Safeguarding Coordinator | NAS: - housing - adult safeguarding | Choices and Options | Cabinet Member for Communities and Cohesion | | Rotherham Clinical Commissioning Group |
| Neighbourhood Crime & Justice Manager | Probation Service | GROW | | | Rotherham Foundation Trust |
| Performance & Quality Manager | Rotherham, Doncaster and South Humber Foundation Trust | Rotherham Women's Counselling Service | | | Rotherham, Doncaster and South Humber Foundation Trust |
| Independent Domestic Violence Advocate IDVA | Rotherham Foundation Trust | Rotherham Women's Refuge | | | |
| | Sexual Assault Referral Centre | Victim Support | | | |
| | Public Protection Unit, South Yorkshire Police | | | | |

Appendix 2 National and local statistics about domestic abuse

National 2011-12

- 112 women and 21 men were killed by a current or former partner
- 750,000 children were affected
- Accounted for 25% of violent crime
- 12 million incidents – NHS
- Key factor for 63% of homeless women aged between 30 and 49
- Costs to the State, victims and employers - £23billion per year
- The cost to the NHS of repairing physical damage to victims of domestic abuse is estimated to be £1.22 billion (NHS Employers), excluding dental or mental health treatment
- Employers lost £2.7billion due to time off due to injuries

Local 2012-13

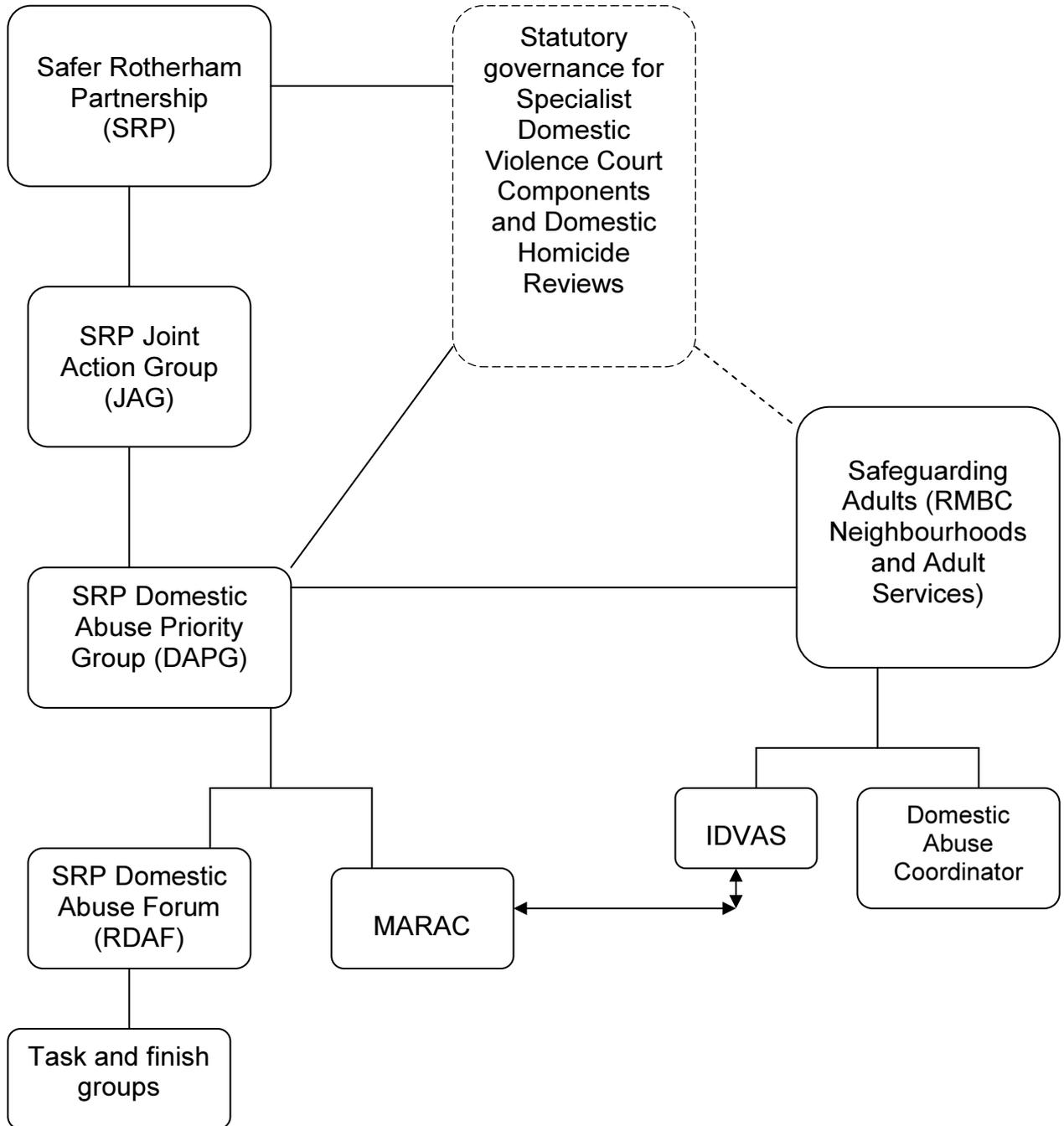
- 5555 incidents responded to by SYP
- 961 incidents were recorded as a crime
- Of these 961 – 702 (73.05%) resulted in arrests
- Of the 5555 incidents, 348 were high risk and referred to the Multi-Agency Risk Assessment Conference (MARAC) supported by the IDVAS
- 348 cases at MARAC
 - 336 women and 12 men
 - 40 Black and Minority Ethnic women
 - 1 Lesbian, Gay, Bisexual and/or Trans person
 - 0 disabled people
 - 407 children affected from 221 families
- 74 of the MARAC cases were repeats (21%)
- 0 domestic homicides
- 42 victims of so called “Honour” based violence were supported by Apna Haq and 7 were being forced into marriage
- 2,957 children and young people were the subject of new contacts to the Contact and Referral Team in 2012 due to domestic abuse. 26% of these contacts, or 769 young people, progressed to referrals for services including assessment.
- 58% of recorded harassment crimes/incidents were domestic related (1/4/12 - 17/12/12); many occur when a couple have separated and the majority of incidents in Rotherham relate to unwanted gifts and communications
- The SARC supported 160 victims of sexual violence, an 9% increase from 2011/12 – 56 were supported by the ISVA

Data for South Yorkshire by District 2012 - 13

| | Crimes | | Non-crime | | Total incidents |
|----------------------------------|-------------|-----------------------------------|--------------|-----------------------------------|-----------------|
| | Total | % of total incidents for district | Total | % of total incidents for district | |
| Doncaster | 1279 | 20% | 5073 | 80% | 6352 |
| Barnsley | 665 | 15% | 3659 | 85% | 4324 |
| Rotherham | 832 | 18% | 3825 | 82% | 4657 |
| Sheffield | 1461 | 17% | 7303 | 83% | 8764 |
| Total for South Yorkshire | 4237 | 18% | 19860 | 82% | 24097 |

Notes

- 1) A crimed incident is an incident recorded as a crime on the Police National Computer, and from these a sanction will follow such as a criminal prosecution, harassment warning or police caution. Non crimed incidents cover breaches of the peace, verbal arguments, instances where the victim wants the perpetrator to be informally warned by the police to stop abusive behaviour or civil breaches that do not constitute an offence, such as a breach of undertaking.
- 2) Data is for 10 months - March 2012 to January 2013



Glossary for Domestic Abuse Scrutiny Review

| | |
|-------|--|
| ACPO | Association of Chief Police Officers |
| CAADA | Co-ordinated Action Against Domestic Abuse |
| CAF | Common Assessment Framework |
| CART | Contact and Referral Team |
| CPS | Crown Prosecution Service |
| DAPG | Domestic Abuse Priority Group |
| DASH | Domestic Abuse, Stalking and Harassment and “Honour” Based Violence |
| IDAP | Integrated Domestic Abuse Programme |
| IDVA | Independent Domestic Violence Advocate |
| IDVAS | Independent Domestic Violence Advocacy Service |
| ISVA | Independent Sexual Violence Advocate |
| JSIA | Joint Strategic Intelligence Assessment |
| JSNA | Joint Strategic Needs Assessment |
| LCJB | Local Criminal Justice Board |
| MAPPA | Multi-Agency Public Protection Arrangements |
| MARAC | Multi-Agency Risk Assessment Conference |
| NPS | National Probation Service |
| PPU | Public Protection Unit |
| RDAF | Rotherham Domestic Abuse Forum |
| RDASH | Rotherham, Doncaster and South Humber NHS Trust |
| RFT | Rotherham Foundation Trust |
| RWCS | Rotherham Women’s Counselling Service |
| RWR | Rotherham Women’s Refuge |
| SARC | Sexual Assault Referral Centre |
| SDVC | Specialist Domestic Violence Court |
| SRP | Safer Rotherham Partnership |
| SYP | South Yorkshire Police |
| VAWG | Violence Against Women and Girls |