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Regional Strategy for an integrated response to incidents of domestic violence (United Kingdom)

"The Other Side of the Story: Perpetrators in Change" (OSSPC)

Grant Agreement No. 881684 OSSPC

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Organizational Information

Organisation:

Author:



A. The extent of Domestic Violence at Regional level (max. 5 pages)

This section should provide an overview of the general situation in your country regarding domestic violence and abuse including:

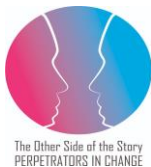
Domestic Violence Act

In the UK the nationwide response to DVA has received an enhanced focus through the development of a 'domestic violence bill' in the UK parliament. This work was solidified in 2019 with the Conservative government manifesto included a commitment to, "support all victims of domestic abuse and pass the Domestic Abuse Bill" (Home Office, 2020b). A public consultation took place in 2018, which was followed by the publication of a draft bill in January 2019. The bill included 123 commitments with both legislative and non-legislative elements which aimed to enhance victim safety, strengthen the justice process around DVA for both victims and perpetrators, and promote consistency across the nationwide DVA response. The Domestic Abuse Bill passed both Houses of Parliament and was signed into law on 29 April 2021. The Domestic Abuse Act is set to provide further protections to the millions of people who experience domestic abuse, as well as strengthen measures to tackle perpetrators.

Victims:

The Domestic Abuse Act will:

- create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of this definition, children will be explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse;
- create a new offence of non-fatal strangulation;

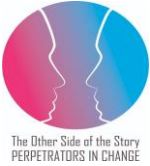


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- extending the controlling or coercive behaviour offence to cover post-separation abuse;
- extend the 'revenge porn' offence to cover the threat to disclose intimate images with the intention to cause distress;
- clarify the law to further deter claims of "rough sex gone wrong" in cases involving death or serious injury;
- create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts (for example, to enable them to give evidence via a video link);
- establish in law the Domestic Abuse Commissioner, to stand up for victims and survivors, raise public awareness, monitor the response of local authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse;
- place a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation;
- provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance;
- place the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory footing;
- ensure that when local authorities rehouse victims of domestic abuse, they do not lose a secure lifetime or assured tenancy;
- provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance;
- stop vexatious family proceedings that can further traumatise victims by clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989;





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- prohibit GPs and other health professionals from charging a victim of domestic abuse for a letter to support an application for legal aid

Perpetrators

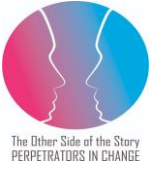
The Domestic Abuse Act will:

- prohibit perpetrators of abuse from cross-examining their victims in person in family and civil courts in England and Wales;
- bring the case of R vs Brown into legislation, invalidating any courtroom defence of consent where a victim suffers serious harm or is killed;
- enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody;
- extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences;
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order, which will prevent perpetrators from contacting their victims, as well as force them to take positive steps to change their behaviour, e.g. seeking mental health support;
- Extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences;
- Introduce a statutory duty on the Secretary of State to publish a domestic abuse perpetrator strategy (to be published as part of a holistic domestic abuse strategy).

(Home Office, 2021)

As can be seen above, perpetrators are addressed within the bill in terms of increased legal powers to hold them to account. However, it has been criticized for not going far enough in





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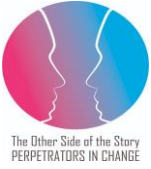


terms of outlining a strategy to prevent, manage, and support DVA perpetrators. A spokesperson for Drive, a consortium of providers of perpetrator work, noted:

“This is why we’re calling for a perpetrator strategy to go alongside the Domestic Abuse Bill. We can’t stop domestic abuse until we invest in prevention. At the moment there is very little on this in the Bill” (Drive, 2020).

In 2020 a consortium of a wide range of organisations including third sector organisations who provide services for DVA victims and/or perpetrators, some police forces and the Mayor’s Office for Police and Crime, as well as experts in the field, collaborated under a campaign organised by RESPECT to put forward a national ‘Call to Action’ for perpetrator work (RESPECT, 2019). This call to action emphasised the need for a nation-wide perpetrator strategy which would ensure consistency in provision across the UK as well as the funding to make this available. A further tenet to the call to action was the introduction of a national quality assurance system. The inclusion of survivors voices here is important, as they note that “80% of survivors have told us that they think interventions for perpetrators are a good idea – yet such programmes are patchy in their availability, limited in the range of perpetrators they can reach safely, and variable in their quality” (RESPECT, 2019). It is further emphasised in the call that services for victims and perpetrators should be, “funded sustainably, independently of each other. It is not either/or” (RESPECT, 2019). This relates to the postcode lottery of services that we currently see in the UK. The report includes some excellent initiatives that are working across the UK, but we are still not in a place where this is an offer in all areas with easy access to perpetrator support. Funding for perpetrator services is an imperative part of the Istanbul Convention as well as the Domestic Abuse Bill however the situation in the UK is that “suitable and quality-assured interventions are far from universally available – indeed there are perpetrators, for whom there are almost no suitable groups, such as LGBT+ interventions available for when this legislation is enacted” (RESPECT, 2019). Thus, we are in a situation where there is ambition for increased intervention but a lack of sustainable funding source to ensure this occurs.





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Coercive control Law

The UK adopted a new law related to DVA in the form of “Section 76 of the Serious Crime Act 2015 - Controlling or Coercive Behaviour in an Intimate or Family Relationship” (Crown Prosecution Service, 2017). This new legislation came into effect on the 29 December 2015 and was a response to the ground-breaking work by Evan Stark to highlight the way in which coercive control is fundamental in DVA perpetration. UK Statistics from November 2019 indicate that recorded coercive control offences nearly doubled within the year. The legislation had 9,053 offences recorded in the year ending March 2018, which rose to 17,616 offences by March 2019 (The Office for National Statistics, 2019). Although this shows that there has been a significant uptake in use of this new law, this also coincided with an overall decrease of police referrals to the Crown Prosecution Service as well as a decrease in the proportion of female victims reporting domestic abuse to the police (Women’s Aid, 2019). When the new legislation was introduced there was also a general concern that focusing on aspects of DVA which were not physical violence would lead to more female perpetrators being identified, however since its inception the vast majority of individuals charged under this new law have been male.

The Istanbul Convention was signed by the UK parliament in 2012 but was not ratified until July 2022.

Overview of data

Data are collected from the Office of National Statistics (ONS) and the Crime Survey for England and Wales (CSEW), a nationwide survey that collects data on police recorded crime and crimes reported by respondents but not necessarily reported to the Police. A significant amount of DVA does not come to the attention of the police; only 1 in 6 (17%) victims report their abuse to the police, suggesting that the majority remains hidden (Oliver, Alexander, Roe, & Wlasny, 2019). SafeLives (2015) found that, on average, high-risk victims live with DVA for two to three





years before getting help and support, so the official statistics are likely to represent only a small proportion of the extent of DVA.

Crime survey and police data

The Crime Survey for England and Wales (CSEW) (2020) showed an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in the year ending March 2020: a prevalence rate of approximately 5 in 100 adults. However, 43% of these reports were not subsequently recorded as crimes.

DVA makes up a significant proportion of police work in the UK. Latest data for the year ending in March 2021, showed that the police recorded a total of 1,459,663 domestic abuse-related incidents and crimes in England and Wales. Of these, 845,734 were recorded as domestic abuse-related crimes, an increase of 6% from the previous year, representing 18% of all offences recorded by the police in the year ending March 2021 (The Office for National Statistics, 2021). Police made 32 arrests per 100 domestic abuse-related crimes in the year ending March 2019, which equated to 214,965 arrests¹ (The Office for National Statistics, 2019). Additionally, the ONS report that only 77% of domestic abuse related prosecutions were successful in securing a conviction in the year ending March 2019 (The Office for National Statistics, 2019). The Home Office also report an downward trend in convictions or offences, which has reduced from 8.9% prevalence in 2005, to 6.3% in 2019 (Home Office, 2020b). However, this downward trajectory has not been necessarily seen by front-line support services. Front-line providers have reported an increase in high risk complex DVA cases, as well as a year-on-year increase in high-risk clients accessing support services (Oliver et al., 2019).

DVA as a gendered crime

The Home Office (2020a) reported that two-thirds of the victims of DVA are women. When victims do access front-line support services, it has been found by SafeLives data that women are far more likely to experience high risk or severe DVA, with women making up 95% of victims who access specialist high risk interventions, such as Multi Agency Risk Assessment Conferences (MARAC) or Independent

¹ In the 39 police forces that supplied data.





Domestic Violence Advisors (IDVA) services (SafeLives, 2015). A further issue that impacts interpretation of the statistical data on DVA prevalence is that DVA is known to be a repeat offence, with a quarter of high-harm perpetrators being repeat offenders, some with at least six different victims (RESPECT, 2019). In the *Violence Against Women and Girls (VAWG) Strategy 2016-2020* it noted that whilst there are high levels of repeat victimisation, less than 1% of known DVA perpetrators receive a specialist intervention (Home Office, 2016a).

Domestic Homicides

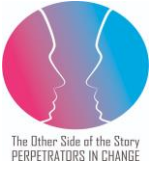
There were 362 domestic homicides recorded by the police in the three-year period between year ending March 2018 and year ending March 2020. This represents 19% of all homicides where the victim was aged 16 years and over during this period. Of the 362 homicides, 214 (59%) were female victims who were killed by a partner or ex-partner. In contrast 33 (9%) were male victims who were killed by a partner or ex-partner. The remaining 115 (32%) were victims killed by a suspect in a family category.

Cost of DVA

The costs of DVA in the UK are estimated to be £66 billion (74,166,955,104.00 Euro) accounting for the costs of anticipation, consequence, and response (Oliver et al., 2019). In addition, the costs of managing perpetrators individually is high. The Drive (2020) report noted that “without intervention, a high-harm perpetrator costs the system about £63,000 in interventions at each incident. With an intervention these repeat costs can often be avoided”

Strategic responses to domestic abuse / VAWG vary greatly across England and Wales. Many areas only have a strategy focusing on domestic abuse, some have a more comprehensive VAWG strategy and others have no strategy at all. STADA research (2020) showed that whilst 74% of areas had a dedicated domestic abuse coordinator of some kind working in their area, most commonly employed by the Local Authority, almost 50% of areas had no fully agreed CCR partnership strategy in place which was reviewed regularly.





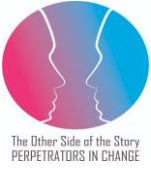
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The Coordinated Community Response (CCR) to DVA was an approach that was born out of the Duluth model. Based on the work of Ellen Pence (Shepard & Pence, 1999), the CCR seeks to develop and solidify whole community approaches to DVA, which integrate all sectors including criminal justice agencies, local government, health, education, and social services. The CCR approach was first used in the UK in the London Borough of Hammersmith and Fulham in 1989 (Kelly & Westmarland, 2015). Originally organised as the bringing together of multi-agency groups as part of a wider 'Domestic Violence Forum', it was coordinated by a third sector organisation called Standing Together Against Domestic Violence (STADV). STADV sought (and continues to do so) to provide coordination of the localised response which aimed to provide training and solidify referral pathways so that victims would receive the same supportive response wherever they presented.

The aim of this approach to the CCR is the development of non-partisan ways of working which are rooted in a feminist understanding of gender-based-violence. This model has been expanded throughout the UK, where now several hundred domestic violence coordinators work to this same framework (Kelly & Westmarland, 2015). STADV coordinate a network of DVA coordinators nationally, who sit within a range of organisational structures, including in local councils, community safety partnerships, police, and third sector organisations. Unfortunately, despite the widespread adoption of these principles, there is still not national coverage of DVA coordination in all areas of the UK, and this is in a state of constant flux (Kelly & Westmarland, 2015).





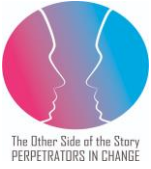
B. Multi-Agency Orientation for an integrated response to incidents of DVA (max 10 pages)

In the 2020 guidance on CCR, STADA highlighted the need for a multi-agency working approach as the way to address DVA. Although domestic abuse is a complex social problem that impacts people, communities and a wide range of services such as health, housing, social care, the Criminal Justice System (CJS) services, responses to DVA are focusing on one aspect of the issue and/or the same problem from different angles. These same agencies also have their own, sometimes conflicting processes, responsibilities, and measures of success. Survivors and their children are often caught within these structures, unclear of how to navigate services in order to get the help they need. They may receive conflicting messages and end up being blamed for the abuse perpetrated against them. Every agency who has a responsibility for dealing with survivors, their children and/or perpetrators, must work effectively within their own agency and with all other agencies who also have that responsibility, to secure the safety of the survivor and their children and hold perpetrators to account.

The CCR is an effective process which enables a whole system response to a whole person. Most importantly, it shifts responsibility for safety away from individual survivors to the community and services existing to support them. The CCR encompasses the broadest possible response to domestic abuse addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety, working with a wide range of services, pathways, agencies and systems.

The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor and their children. Instead, agencies hold information that can be shared within an effective and systematic partnership, to increase the safety of survivors and their children. Central to the CCR is the aim of holding perpetrators to account, underpinned by a full understanding of the perpetrators' pattern of coercive control, abusive behaviour and the impact this has on the survivor and any children.





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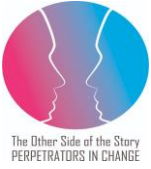


According to STADA (2020), the CCR should be based on the following values and principles: collaboration, gender inequality, individual and intersectional experiences, whole System/whole Person, responsibility for safety rests with systems and community, perpetrators held accountable, support to existing organisational responses (not replacing them), shared understanding, shared leadership. In order for the CCR to be effective, the responsibility for support and intervention should be spread across agencies, rather than held with a single agency or person. Standing Together believes that a combination of processes and people create the environment for development and improvement in ensuring effective support for survivors of domestic abuse. A nominated lead who can hold the system together and committed CCR partners are essential.

The twelve components which constitute the CCR approach are the following: survivor voice, intersectionality, shared objectives, structure and governance, strategy and leadership, specialist services, representation, resources, co-ordination, training, data, policies and processes.

CCR aims to create a whole community response rather than focusing on the individual victims. Central to this is hearing *the survivor's voice*, as STADV noted that less than 50% of survivors they surveyed felt that their local strategic partnership adequately sought the voices of survivors to inform the work (Standing Together Against Domestic Violence, 2020). *Intersectionality* is also foregrounded here, which moves a step forward from the Duluth model, which focused on gender over other intersecting issues of race, ethnicity, and class which affect the individuals' experiences of the CCR. Key components of the CCR approach to DVA include the provision of a Coordinator (or several) who works to ensure that pathways to support are open, as well as ensure clarity in the pathway to hold perpetrators to account. One of the ways that this is enacted is through Specialist Domestic Violence Courts (SDVCs). In the implementation of an SDVC, there is an assurance that staff are trained and specialised around DVA cases, and specialist victim support is provided. Data is collected by the SDVC Coordinator





who monitors the effectiveness of the court in providing victim safety outcomes (Standing Together Against Domestic Violence, 2018). It is this external verification system which is crucial to the regulation and quality control in the court, to ensure the most appropriate criminal justice response for DVA survivors.

C. Shortcomings and Challenges in the Regional Systems of coordinated response (max 5 pages)

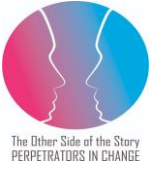
UK context:

-Barriers/Challenges to CCR:

Standing together is an UK Organization which provided very useful guidance on the effective implementation of CCR, which relies on coordination of services and appropriate resourcing.

Current challenges in UK include lack of awareness of CCR and Istanbul Convention. Recent evaluation of training conducted as part of the OSSPC revealed lack of awareness of CCR among UK professionals, with some of them acknowledging that if even though the model is useful, it does not work in practice (OSSPC,2022). This may be related to Brexit political landscape and lack of engagement with EU legislation. Additionally, other challenges involve the commissioning landscape, which includes a silo-ing process which increases competition for funding, and a shift towards addressing other types of violence (eg, gang violence) and thus failing to see how domestic violence is interweaved into them.





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Many areas simply have a crisis response in place, without any system to recognise early signs or prevent further abuse (STADA 2020). As such it is important to define early intervention: (What is early intervention: is this prearrest, is this pre act of physical violence, schools interventions), how to encourage perpetrators to access early support, provide support to perpetrators without moving the focus away from survivors their need of accountability for perpetrators.

STADA (2020) noted often in risk management processes including MARACs and DHRs the perpetrator can be invisible, with the predominant focus remaining solely on the victim themselves. They regard this as inadequate as it can result in missed opportunities to manage perpetrator behaviour, a significant point given the prevalence of repeat offending and often multiple victims. There are several reasons that perpetrator interventions have been side-lined within CCRs; one of the main reasons is that there has been a focus on the risk management from the perspective of victim safety. MARACs, IDVAs and refuges have all been set up with the focus on the safeguarding of the victim and their children. Domestic Violence Perpetrator Programmes (DVPP) are still somewhat of a 'postcode lottery' across the UK, meaning that their delivery is dependent on resourcing pressures and different local priorities.

Other challenges:

-reticence of professionals in routinely enquiring for domestic abuse/ This raises questions about how can professionals feel equipped in engaging with perpetrators.

-Lack of provision across the country and, where they are available, programmes are often not funded to work with low-level offending and may charge participants, making services inaccessible for people who want to change but can't afford a programme or don't fit the criteria





- Main gateway currently is via police, court and social services requirements mandating attendance. Experience has shown that readiness to change has an impact on the effectiveness of programmes.
- One size doesn't fit all – a range of interventions is needed.
- People seeking help don't always identify with the term 'perpetrator' and 'domestic abuse.' Naming and owning domestic abuse is a process.
- Wider professionals and friends and family often know abuse is happening but don't know what to do or have access to pathways to take action
- Facilitators (examples of good practice?) of CCR:

Targeting professionals

DARE training programme delivered to Social Care, Police, Health and a range of frontline services to capacitate professionals to initiate conversations and engage routinely and effectively with perpetrators by focusing on 3 areas: identification of DAV cases, context and risk assessment, referral to appropriate services.

The programme aims to produce a system change, through which organisations adopt DARE as the first response model, set the identification and engagement of DAV perps as responsibility of all frontline services, for a more effective tracking, management and disruption of DAV cases.

Targeting perpetrators in collaboration with police forces:





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CARA (Caution against Relationship Abuse) : Delivery of DV awareness raising programme for DV perpetrators as a conditional caution which targets perpetrators behaviour and improves safety for family members. CARA is delivered in police forces.

Make a change – an early intervention programme

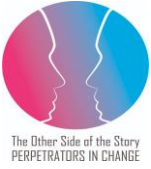
D. Potential regional organisations in the Multi Agency Approach divided in three thematic areas a) Prevention of GBV b) Protection, Care and Support Services c) Capacity Development (max 10 pages)

This section should provide the following data:

- 1) Fill in the table below with the regional organisations according to thematic areas a) Prevention of DVA b) Protection, Care and Support Services c) Capacity Development.

ORGANISATIONS ACTIVE IN THE PREVENTION OF DVA				
Name of Organisation	Status	Level of action (national/regional/local)	Services Provided	Is there any coordination mechanism in place/protocol of cooperation;
Hampton Trust		Regional	Healthy relationship sessions in schools	Yes- local



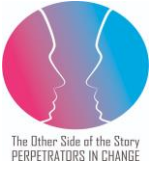


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Barnardos (Safer futures)		Regional and national	Youth outreach and support	regional
PROTECTION, CARE AND SUPPORT SERVICES				
Hampton Trust		Regional	Workforce development and (DARE) and DV perpetrator interventions	Yes- local
CAPACITY DEVELOPMENT				
Respect		National- UK Wide	National umbrella organisation promoting best practice for perpetrator work	Yes- influences national policy
Women's Aid		National- UK Wide	National umbrella organisation promoting best	Yes- influences national policy



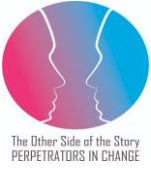


			practice for victims work	
Safe Lives		National- UK Wide	National umbrella organisation promoting best practice for victims, perpetrator work. Data collection and intervention development	Yes- influences national policy
Standing Together Against Domestic Abuse		National- UK Wide	National charity working in and promoting coordinated community response	Yes- influences national policy

- 2) Overview of the Key strategic Actions to prevent new DVA /Analysis of Protection, Care and Support Services for effective protection, care and support of DVA survivors /Analysis of Capacity Development strategies) – (summarise data from the above categories
- 3) What kind of information is shared between the organisations in the different thematic areas?

In the UK the regional approach to information sharing takes place in the MARAC- 'Multi agency risk assessment conference'. What is a Multi-Agency Risk Assessment Conference (MARAC)? A MARAC is a meeting where information is shared on the highest risk domestic abuse cases





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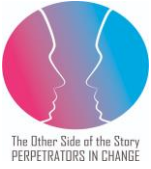


between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf. How are victims' cases referred to a local MARAC? Any frontline agency representative that undertakes a risk assessment with a victim, and thereby determines that their case meets the high risk threshold, can refer a victim's case to a local MARAC. IDVAs, police and health professionals commonly refer high risk victims to MARACs. How effective are MARACs? Early analysis shows that following intervention by a MARAC and an IDVA service, up to 60% of domestic abuse victims report no further violence. (Source: <https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>)

4) Relevant referral procedures for frontline workers

This depends on local and regional processes. Usually referral into the MASH (Multi agency safeguarding hub) for child protection, and MARAC (as above). Outside of this there are local commissioning arrangements.





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E Proposed Multi agency cooperation mechanism/structure and recommendations for an effective integrated response to DVA incidents

Recommendations RESPECT

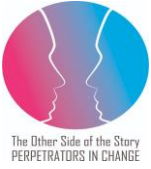
- Substantial, long-term funding to create universal provision. Must include funding for a community-based response that is free, outside of the criminal justice system and accepts self-referrals, such as Make a Change.
- Commissioners should support existing local services where possible and explore collaborative commissioning – in perpetrator services through the dual delivery of the DAPP and ISS by local perpetrator and survivor services, ideally with Respect and Women's Aid and accreditation.
- Comprehensive, coordinated training on the role of survivor support and perpetrator behaviour change programmes must be developed and embedded for commissioners and wider professionals. It should connect the workforce and include pathways to whole-family support.

Recommendations STADA (2020)

A strategic response should be informed by survivor voice, data driven and intersectional. As such it needs to be mindful of the multiple barriers and discrimination faced by survivors from particular groups, including BAME, LGBT+, older women and disabled survivors. In addition, the development of a strategy should be survivorled and truly reflective of the needs and experiences of all survivors. A trauma-informed approach, grounded in a solid understanding of and responsiveness to the impact of trauma, should be woven throughout the CCR strategy and should inform local strategic plans.

Strategy in place





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Having a local coordinator or strategic lead is part, but by no means all, of the solution in achieving strategic leadership to address domestic abuse and implement the CCR. This role is key to bringing about systemic change, increasing accountability and supports the embedding of a more sustainable response to domestic abuse in the long-term. But as a strategic lead highlighted in our research, “whilst it’s important to have strategic leadership, it’s also about making sure that other agencies and partners are working to that multi-agency culture”.

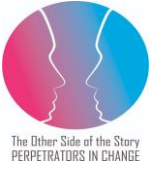
Data, local context and survivor experience

Strategies and action plans are largely dictated by local issues and national policy. Any strategy must be formulated with reference to the national policy landscape, but with clarity about the local context. What is possible in an extensive urban area may not be relevant to a largely rural area. As one strategic lead reflected during interview “we need to make sure our offer is suitable for everyone who has been affected, whether female, male, different race or background, different sexualities, whether they live in a rural location, so we gear our thinking so that our offer supports everybody”. Strategies should also be evidence based, for example using the learning from DHRs, and reviewed regularly to make sure progress is being made.

Prevention and early intervention

Strategies and strategic aims need to be pre-emptive and preventative. In some cases, specialist services will meet survivors at the early stages of their abuse; however DHRs have shown repeatedly that most often it will be general practitioners, midwives, teachers and community members who will see the early signs of domestic abuse and / or receive disclosures. The role of the statutory sector is therefore vital in any activity around prevention and early intervention. Investigation and prosecution of domestic abuse offences is often the area of





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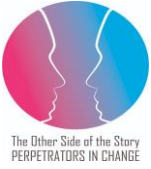
strategic partnership activity where much effort is concentrated and measured. Whilst there have been vast improvements in this area, it is not strategic to focus almost solely on this issue; it does not address the various other needs survivors have and the fact that many do not report these types of crime when they do happen. The increased focus on those at high risk, or in the criminal justice system, has impacted the breadth of services available to meet all level of need. There has appeared to be an 'either/or' approach leading to a de-prioritisation of prevention and early intervention responses, which are highly strategic in supporting survivors in the most effective way.

This is everyone's business

National and local government and decision makers have a huge part to play. All central and local government need to recognise the huge importance of implementing a coordinated and strategic response to tackling domestic abuse / VAWG, using the CCR. Relevant ministers in England (including the Home Secretary, Secretary of State for Health and Social Care, Secretary of State for Housing, Communities and Local Government, the Minister for Crime and Policing, and Minister for Women and Equalities) and in Wales (including the Minister for Health and Social Services, the Minister for Housing and Local Government, and the Minister for Mental Health and Wellbeing) all have a role to play in ensuring a focused, coordinated and comprehensive programme of work across government departments in order to tackle domestic abuse / VAWG is implemented. Police and Crime Commissioners, senior leaders across local authorities and the third sector working on domestic abuse / VAWG need to ensure that the same happens at a local level – no more silos, unsustainable and poorly managed commissioning processes that pit local expert organisations against each other, no more passing the buck to another organisation or agency.

Keep DA / VAWG high on the agenda





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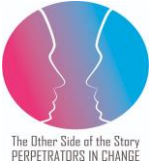


Working with our partners across the country, we know the realities of the struggle to keep domestic abuse high on the agenda, and at the same time we have witnessed the outstanding work in areas where professionals are using their CCR partnership to ensure they provide the best response to both domestic abuse crisis incidents and to ensure long-term recovery support. With this in mind, we want local areas to feel confident that they have, or are working towards, a model of practice for domestic abuse / VAWG that really works. We have seen in practice how the Coordinated Community Response is the model that works best. Deliver more than just a crisis response to DA / VAWG Standing Together has implemented its pioneering CCR to domestic abuse for decades, and it has never been more needed. It is a way of of thinking and operating that brings people together to address domestic abuse. Bringing people together, working together and standing together to end domestic abuse is what we do, and it works. It is often assumed that this approach is taken everywhere, but we have found this is not the case. Implementing the CCR will change this and in a time of ever shrinking budgets it also ensures we make the best use of the resources available to us. Ensure shared responsibility across agencies, coordination and good governance

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Ensure shared responsibility across agencies, coordination and good governance

In order for the CCR to be effective, responsibility should be shared across agencies, rather than held by a single agency or an individual. We know that a combination of agreed processes, structures and committed individuals create the right environment for development and improvement. Coordination is a critical component in this work. Often, the domestic abuse or VAWG lead, holds this function and is responsible for holding the system together. The role of domestic abuse or Violence against Women leads / coordinators go from being a single post concentrating on domestic abuse (in some, but not all areas) to a position which has responsibility for broader community safety issues, such as anti-social behaviour or work vulnerable people. The trend in watering down and reducing resources for this crucial role - whilst domestic abuse continues to be the issue that is most likely to have a major impact on violent crime levels, short and long-term health needs, safeguarding for adults and children, and fundamentally on women's lives- needs to be reversed.

Recognise the diversity of survivor experience and be trauma informed

There has been an increased recognition that more needs to be done to make sure that services are survivor focussed and a there should be a greater understanding of what a trauma informed response might look like across services. Meeting the needs of all survivors (not just those who access specialist services) must be high on all agendas. Every effort needs to be made to break barriers, address gaps in accessibility and ensure services are fully inclusive.





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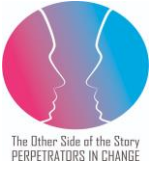


Protect 'by and for' services, focus on prevention and early intervention, and fund DA work appropriately The crucial support of 'by and for' services must be protected and enhanced. It is important to understand and address the needs of all survivors, to ensure our services are effective. Funding for prevention and early-intervention work must not be sacrificed and instead should be prioritised, alongside crisis support services. This is better for those impacted on by domestic abuse / VAWG, and more strategic on a resource basis. Funding levels should be protected and increased where needed, and funding should come from a range of budgets and agencies, reflecting the knock-on impact that domestic abuse has on other issues, for example in relation to housing, health, and children and adult social care.

Partnership is the only, and most strategic, way

A strong, effective partnership approach is the most efficient and effective way to ensure local provision meets the needs of those subjected to abuse and holds the abusers to account. There is no doubt that partnership working can be challenging at times. It requires perseverance, diplomacy and it is important that these systems are embedded locally to ensure that these new working structures are seen as core business and implemented longterm. Ultimately the CCR is the most effective mechanism to keep survivors safe and improve longterm health and wellbeing outcomes for the whole community. This guidance will support you to understand how well your partnership is working and identify any areas for improvement. The CCR ensures that everybody takes responsibility for ending domestic abuse and VAWG. A partnership is always evolving and this practical guide will ensure that you are able to check that it is as effective as it can be, and that you are providing the most effective response to keep adult and child survivors safe, and hold abusers to account.





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