

# Knowsley Joint Strategic Needs Assessment

## Domestic Abuse

## This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

**The purpose of this report is** to set out current understanding of issues relating to Domestic Abuse in Knowsley, based on analysis of the latest available data.

**The report is intended to inform** the Strategy for Knowsley, which sets out the Partnership's high level priorities and strategic direction.

This report is one of a substantial series of *Joint Strategic Needs Assessment Reports* that help Knowsley to meet its statutory duty to determine health and wellbeing priorities, based on analysis of needs.

*This report is based on the most recently published formal statistics. Where later data is available but still classed as 'provisional' it will only be referenced if it signals significant change. New data releases will be monitored to ensure that the report can be updated as necessary.*

## Contributors

The majority of this report is based on evidence and analysis from the following organisations:

- Knowsley Domestic Violence Support Service (KDVSS)
- Overview and Scrutiny Board
- Local Authority
- Clinical Commissioning Group
- Police
- Multi Agency Risk Assessment Conference organisations

The document has also included wide consultation with various organisations and individuals.

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## EXECUTIVE SUMMARY

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This summary is intended to provide a stand-alone briefing on current intelligence about domestic abuse in Knowsley.

### **What are the most critical Domestic abuse challenges facing Knowsley?**

- Reducing the number of domestic abuse incidents.
- Increasing conviction rates.
- Improving data quality (see below).
- Rationalising different cross-boundary approaches, systems, protocols and programmes.
- Creating a more systematic approach to abuse prevention and reducing its impact.
- Improving support for victims that are not identified as at 'high risk'.
- Increasing the flexibility of budgets for some victim support services.
- Increase numbers through perpetrator programmes.
- More community-based programmes.
- More long term evaluation of the effectiveness of domestic abuse prevention, victim and child support and perpetrator programmes.

### **What is the scale of the problem, and who is most affected by domestic abuse in Knowsley?**

Typically, there are around 3,500 reported incidents a year in Knowsley.

Headline facts:

- Around 85% of victims were females and the majority of perpetrators were male.
- Over 75% of victims were 18 to 45.
- Peak age of perpetrators was 31 to 40.
- Recorded incidence highest in more deprived areas.
- Some groups at greater risk of becoming a victim, including People with disabilities, some ethnic groups and where relationship inequalities exist, particularly due to issues with access support and difficulties leaving abusive relationships.
- Almost a third of victims and a fifth of perpetrators had consumed alcohol.
- Perpetrators are often impulsive, aggressive, disregard social norms and have antisocial personality disorders.
- Incidents are reported as being as common in same sex relationships as heterosexual relationships.
- Incidents are more common in families with young children (up to age 7).
- Three quarters of children living with domestic abuse nationally witness it personally, and half are directly abused.
- Dependency, power and control factors create environments that can lead to carers becoming perpetrators of domestic abuse.

### **Have things been improving or getting worse?**

Nationally, domestic abuse has been decreasing since 2004/05, but still evidence suggests that almost a third of women and almost a fifth of men have experienced domestic abuse since the age of 16.

Locally, domestic abuse incidents have remained consistent over the last 4 years with around 3,500 incidents per year. However, domestic related crime offences have risen significantly with the numbers doubling between 2011/12 and 2014/15, due to an improved conversion rate between incidents and crimes. The numbers accessing support services continue to increase, with the number of high risk clients being supported increasing by 63% between 2013/14 and 2014/15.

### **How are things expected to change over the next few years?**

It is difficult to predict and apply projections to domestic abuse data, due to the number of unreported cases. However, it is likely that, without a significant change in approach and in the economic and cultural context, the number of domestic abuse incidents is likely to remain similar.

### **How do we compare with national and regional averages, and statistical neighbours?**

Due to data issues it is difficult to compare Knowsley's domestic abuse figures with regional and national comparisons. However, given the risk factors associated with domestic abuse perpetrations and the number of incidents, and through support services, it is likely that Knowsley has higher levels than regional and national figures.

### **How good is the available intelligence, and where are the gaps in our knowledge?**

- Actual extent of domestic abuse unknown and often under-reported.
- Better data collection, sharing and linkages especially in health and wellbeing services to identify and support victims and their children.
- Greater intelligence, insight and understanding required on intimate teenage partner violence and child on parent abuse.
- No systematic approach to primary prevention, and evidence of what works has been limited.

# DOMESTIC ABUSE

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## 1. WHY IS DOMESTIC ABUSE IMPORTANT?

Domestic abuse is a significant public health issue, having a major impact upon those directly affected and their families (Humphreys, 2007; McDowall, 2010). 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”. This encompasses but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Domestic abuse has significant short and long term impacts on victims, and their children. This includes physical injuries, disfigurement, miscarriage, loss of hearing or vision, and severe mental health and behavioural issues. Victims are more likely to be diagnosed with depression or psychosis, suffer post-traumatic stress disorders, self-harm and it is one of the strongest risk factors for suicide attempts. It can also have a negative impact upon lifestyle and behavioural choices, with increased risk of ‘suffering from eating and sleeping pattern disruptions; and turning to alcohol or drugs as a coping / self-medication mechanism’ (NWPB, 2012). Substance misuse, particularly alcohol is common in victims.

Domestic abuse is linked with sexually transmitted diseases, teenage pregnancies and miscarriage (Ellsberg et al., 2008). Furthermore, this can have long lasting impacts on victims, with relationship, isolation, trust and intimacy problems common (Bellis et al, 2012).

It can have serious long-term impacts on an individual’s wellbeing with a victims’ sense of safety, confidence, self-esteem and autonomy affected which can restrict their ability to fully participate in society (Bellis et al, 2012). These can all have immediate and long lasting impacts on employment, poverty and housing leading potentially to homelessness. Leaving home on a permanent or short-term basis can impact on access to employment, training, education and upon personal finances. Locally victims often present as being homeless, requiring temporary refuge or support to remain in own home. For employment, victims may have to be absent from work, leave work or lose their job as a result of abuse (Smith et al., 2010). Offending is also linked to domestic abuse, with over half of women prisoners having suffered abuse (Social Exclusion Unit, 2002).

The estimated costs to the public sector, individuals and the local economy are considerable. For Knowsley, using calculated estimates (Järvinen et al,

2008), the costs of responding over the year would be up to £73 million. This includes the cost of primary care, mental health care, housing, the criminal justice response and human and emotional costs amongst other associated costs.

## 2. WHAT IS THE SCALE OF THE CHALLENGE FOR KNOWSLEY?

Identifying the scale of domestic abuse is difficult on a local and national level because it is often unreported, with almost half of victims staying in an abusive relationship for 3 years before leaving (WAFE Census, 2005).

There is a reliance on national sources of intelligence. Nationally, domestic abuse has been decreasing since 2004/05, but still evidence suggests that almost a third of women and almost a fifth of men have experienced domestic abuse since the age of 16 (Flatley, 2014). However, the level has remained relatively stable since 2008/9. If these estimates were applied locally, **about 15,000 women and 7,500 men** have experienced domestic abuse since the age of 16. However, given the characteristics of the borough and that the estimates do not include under 16's and over 60's, it is likely to be an underestimation.

Merseyside police records incidents that are domestic in nature, and the number of crimes that are domestic related. This figure is then reflected as a percentage of all crime and the percentage of incidents that are then converted into crimes due to the nature of the act committed. The table below shows Knowsley data on recorded domestic abuse incidents and crimes from 2011-12 to 2014-15.

Year*	All Crimes	Domestic Abuse Crimes	DA % of all Crimes	Domestic Abuse Incidents	Conversion Rate – Incident/Crime
2011 – 12	9710	440	4.5%	3805	11.5%
2012 – 13	8854	496	5.6%	3537	14%
2013 – 14	8822	553	6.2%	3356	16.4%
2014 – 15	9238	947	10.2%	3406	27.8%
<b>TOTAL</b>	<b>36,624</b>	<b>2,436</b>	<b>N/A</b>	<b>14,104</b>	<b>N/A</b>
<b>AVERAGE (A YEAR)</b>	<b>9,156</b>	<b>609</b>	<b>6.7%</b>	<b>3,526</b>	<b>17.3%</b>

\*Financial year – April 1<sup>st</sup> – 31<sup>st</sup> March

Merseyside Police records for 2014-15 show that around 10% of all crimes are domestic abuse related, this has percentage has increased year on year and has over doubled since 2011-12.

Domestic abuse crimes in 2011 and 2012 (440 and 496 respectively) are fairly consistent but there is then a rise, particularly in 2014-15 when it rose to 947. This would suggest a massive spike in domestic abuse offences, however this is not borne out in the number of incidents, where in fact data from 2011 to 2015 shows that on average the police deal with approximately three and a half thousand domestic incidents each year in Knowsley and this has been relatively consistent. The main explanation for the change is the conversion rate of incidents to crimes which has risen consistently in each of the last four years from 11.5% in 2011/2012 to 27.8% during 2014/2015. This is as a result of more rigorous reporting and recording standards, greater scrutiny of police incident logs to ensure that they comply with National Crime Recording Standards, and also a greater importance being placed on the issue and thus more thorough investigation methods. In addition, there has been significant media interest, high profile cases and campaigns to raise awareness of domestic abuse.

### **3. WHO IS MOST AT RISK?**

Domestic abuse occurs across all sectors of 'society, regardless of age, gender, race, sexuality, wealth, and geography' however, key risk factors are associated with greater risk (Wood, Bellis and Watts, 2010).

#### **3.1 Gender and Age**

Gender is a significant risk factor, with females at greater risk and more likely to experience severe and/or repeated incidents (CESW, 2012). Locally, approximately 85% of victims were females and the majority of perpetrators were male (KDVSS, 2012; Merseyside Police, 2010).

Age is a significant factor, with young females under thirty at greater risk than women over forty, with highest rates in 16 to 24 year olds (Flatley, 2013). Locally over 75% of known victims were 18 to 45, with a peak age of 26 to 35 and few under 18 (Merseyside Police, 2010). Locally for perpetrators, the peak age was 31 to 40 according to MARAC data with increases in under 25's over the last two years.

#### **3.2 Ethnicity**

There is some evidence that it can be more difficult for some communities and ethnic minorities to access support and leave abusive relationships. For example, in Asian communities' victims have spoken about collusion from the perpetrator's extended family (Mullender et al., 2000) and some face additional difficulties when trying to disclose or leave an abusive situation due to languages / interpreting problems, fear of 'white' organisations and a loss of a community that has been a shelter from racism and prejudice (Wellock,

2010; Anitha, 2011). Family and societal collusion also occurs in the 'white' community too, with men's violence excused and tolerance often promoted.

### **3.3 People with Disabilities**

Power and Control is a significant factor, with perpetrator power over victims increased when there are more barriers to leaving and isolation from the wider society. For example, victims that have a long term illness and/or a disability are at increased risk (Flatley, 2013) but are more likely not to report incidents due to fear and dependency (Hague et al, 2008). Housing adaptation, support packages and accessibility needs act as further barriers to reporting especially if dependent upon partner for care (Hague et al, 2008).

### **3.4 People with Drug and Alcohol Problems**

Domestic abuse and substance misuse is strongly related, with it featuring in the experiences of perpetrators and victims (WHO, 2009). Locally, almost a third of victims and a fifth of perpetrators had consumed alcohol (Merseyside Police, 2010). Although this may reflect general population prevalence it is highly likely that abuse is under reported due to the victim attributing blame on the alcohol but this is no excuse for violent and controlling behaviour (Gortner, Gollan and Jacobson, 2009). Half of the men in perpetrator programmes have substance abuse issues (Chermack, Fuller and Blow, 2000) and are eight times more likely to commit violence on a day in which they have consumed alcohol (Fals-Stewart, 2003).

### **3.5 People with Mental Health Problems**

Perpetrators are often impulsive, aggressive, disregard social norms and have antisocial personality disorders (WHO, 2010). Barnish (2004) identified "anti-sociality, narcissism, avoidant, dependent and psychopathic personality traits' in more perpetrators than non-violent men. Furthermore, 'interpersonal dependency, jealousy, a lack of empathy and attitudes that excuse violent behaviour' are also common. (Gilchrist, 2003)

### **3.6 LGBT**

Domestic abuse is reported as being as common in same sex relationships as heterosexual relationships (Henderson 2003). However, Lesbian, Gay, Bisexual or Transgender persons face issues to seeking help, especially if it is the victim's first same-sex relationship and are less likely to report incidents to the police (Donovan et al, 2006). This can include disbelief, fears of losing their children or of being 'outed' to agencies / family and homophobic attitudes (Townley 2002).

### **3.7 Carers**

Relationship inequality is a significant risk factor especially when marital dependency or a lack of economic resources in one partner is present (Palmer et al, 2011). Power and Control is a significant factor, with

perpetrator power over victims increased when there are more barriers to leaving and isolation from the wider society. See section 3.3: people with disabilities.

### **3.8 Young Families**

Domestic abuse is more common in families units with young children (up to age 7). The police incident audit (March – May 2010) indicated that of the 685 domestic abuse reports, 320 (48%) had at least one child (under the age of 18) in the family. Further analysis showed that over forty-five percent of children affected were 5 and under and fifty-four percent if you include 6 year olds. Evidence shows that child abuse is 23 times more likely in a family where domestic violence is present during the child's first five years than families where it is not present.

### **3.9 Impact on Children and Young People**

Three quarters of children living with domestic abuse nationally witness it personally, and half are directly abused (Royal College of Psychiatrists, 2004). The impact on children and young people of experiencing domestic abuse directly and indirectly is particularly damaging, and can contribute to poor health and wellbeing chances across the life course (Gilbert et al, 2009; NWPFO, 2012). Domestic abuse is present in many child protection plans and safeguarding assessments.

Many children who witness abuse demonstrate significant behavioural and/or emotional problems including psychosomatic disorders, stuttering, anxiety and fears, sleep disruption, excessive crying and problems at school. Children whose parents are depressed are more likely to experience declines in emotional wellbeing through adolescence and have been found to have more behaviour problems.

Children who witness domestic abuse and/or are abused themselves in the home are at increased risk of further victimisation and of becoming perpetrators of violence themselves in adolescence and later life (Duke et al, 2010).

Estimates of overlap between mothers being abused and the children in the family being abused are between 30%- 66% (Delusion, 1999). This rises to almost 100% in the most chronically violent cases.

## **4. WHICH AREAS OF THE BOROUGH ARE MOST AFFECTED?**

Domestic abuse incidents and offences are highest in North Huyton, a highly deprived part of the borough which has acute health inequalities. Overall, around 25% of Knowsley cases were in this highly populated area. On a ward level, three Kirkby wards, followed by two in North Huyton had highest rates, with the five wards (out of 21) accounting for 37% of all incidents (Merseyside Police, 2011). There is a clear link with deprivation, with conversely the

lowest incident rates recorded in the least deprived areas. However, many incidents go unreported and it is highly likely that individuals from more affluent families are not truly represented.

Relationship inequality is a significant risk factor especially when marital dependency or a lack of economic resources in one partner is present (Palmer et al, 2011). For example, unemployed women and/or housewives are at a higher risk (ONS, 2013).

## **5. HOW DO RESIDENTS, COMMUNITIES AND STAKEHOLDERS VIEW THIS ISSUE?**

Over the last few years, there has been consultation with stakeholders on domestic abuse in Knowsley. Below are the key findings;

### **Knowsley Overview and Scrutiny Wellbeing Theme – In depth review of Domestic abuse - (August - October 2013).**

The Overview and Scrutiny Board undertook a review of domestic abuse in the borough. The aim of the review was to examine the findings of the domestic abuse needs assessment to ensure that it reflected local community knowledge and understanding and to help reduce domestic abuse and its impacts on those affected.

The review included three evidence sessions, which included input from expert witnesses on:

- The scale of domestic abuse and its impacts on health and wellbeing of victims and their children. This included gaining unique insight from a domestic abuse victim survivor, (with support from an Independent Domestic and Sexual Violence Advisor) who discussed her own experience of domestic abuse, her needs, issues and the support she received.
- An overview of domestic abuse prevention and support services in operation in Knowsley. This included an overview of the criminal justice and multi-agency response to incidents, the support services available for victim survivors, perpetrator programmes and how children affected by domestic abuse are identified and supported and;
- An overview of the evidence of effective primary violence prevention approaches to reduce domestic abuse. An overview of the gaps in provision and intelligence identified within the draft needs assessment. The draft National Institute of Clinical Excellence (NICE) guidance on domestic violence recommendations were presented and linked to the outcomes of the previous evidence sessions.

The elected members on the working group scrutinised the expert witness evidence and identified 6 high level recommendations. These were as follows;

- That the strategic approach to domestic abuse be reviewed.
- That data and intelligence issues in relation to domestic abuse be resolved.
- Seek all opportunities to break the cycle of domestic abuse through a greater focus on prevention.
- That support for victim survivors is reviewed.
- That support for affected children is reviewed.
- That the way perpetrators are dealt with is reviewed.

Under each recommendation, there were specific actions required to ensure that the recommendation is achieved.

### **Knowsley Safeguarding Children Board Spring Conference, 21 May 2013**

This event was used to consult and review the emerging findings of this needs assessment. A wide range of stakeholders were involved, with over 90 attending the event.

Overwhelmingly, participants would like a clear and simple pathway/framework with an integrated budget and lead commissioner to take a holistic view and plan accordingly. This would ensure better data collection and information sharing.

There is a desperate need for quality data sharing from all services including GPs, housing and schools.

Pathways would be for perpetrators as well as survivors and children. Schools and other agencies should be more involved in awareness raising, enabling people to talk more openly about domestic abuse, make a stand and so facilitate prevention and protection of survivors.

It is not clear what, if any, support is available for elder abuse and same sex relationships. There is some division of opinion on relationship counseling. Some feel there is not enough while others feel it is not appropriate. Either way, men don't want talking therapies.

Participants found it hard to think of measures of success, straying into solutions for issues. However, a variety of measures were suggested, including;

- Data from schools and other services on attendance, attainment, emotional development, self-esteem, confidence, health & wellbeing / mental health.
- Feedback from children and young people
- Fewer incidents in crime
- Fewer referrals
- Increased use of services
- Number of incidents/repeat incidents reported to the police and more convictions.
- Reduction in risks. Less attendees at A&E and walk-in centres because of domestic abuse.
- More refuge places
- Fewer homes lost because of domestic abuse/abusers moved out of the home.
- People talk more openly about DV and prepared to make a stand. More avoidance programmes for teenagers and perpetrators.

### **Victim / Survivor Insight**

Victim / Survivor insight has been collected from users of the Knowsley Domestic Violence Support Service. The following is the key points obtained from the consultations with the users.

#### **What services helped you?**

- Health services delivered in the refuge support us
- Options Service helped me look after my health
- Freedom Programme
- [Support worker] picking up my child enabled her to stay in school for her last year.

### What didn't help?

- Having to leave everything
- Scared about social services taking my child
- It's him that's done wrong yet we are the prisoners
- The law is against us
- You have to put a mask on for your kids
- Letters and correspondence goes to the wrong address
- Need to look into history. Not just incident driven

### What services would you like to see?

- You should only have to give your story once
- Legal support and guidance
- A crisis Loan
- Services for my child – to talk
- Swift access to benefits and support

### Domestic Violence Support

- I wouldn't be here without DV support
- Made me stronger
- Empowering
- Developing trust and friendships
- Reducing isolation

All of the above insight from victim/survivors and other key stakeholders should be used to influence commissioning and domestic abuse prevention initiatives. It is particularly important to continue to gain insight from victim / survivors.

## 6. HOW DOES THIS ISSUE IMPACT ON SERVICE PROVISION AND USE?

The First Step (formerly KDVSS) has seen a further large increase in the number of victim/survivors accessing their services, for 2014/15 compared with 2013/14 there has been a 63% increase in high risk victim/survivors (350 cases) and a 29% increase in low/medium risk victim/survivors. High risk victims are supported through the Multi Agency Risk assessment Conference (MARAC) and the individuals are supported by Independent Domestic Violence Advocates (service commissioned by the Local Authority).

During the years 2013 / 2014, 29% of high risk cases were repeat situations (victimisation during the previous 12 month period). This figure is in line for 'mature' MARAC's where the repeat rate is expected to be between 28% and 40%.

The continued increase in the numbers accessing support from domestic abuse services coincides with the number of domestic abuse incidents being converted into crimes. It also implies that more victim/survivors are aware of and are prepared to access support. This could be due to a combination of greater referrals to services and a greater awareness due to local awareness campaigns.

The impact on services goes beyond that of specialist victim support services and perpetrator programmes. Domestic abuse (as detailed in section 1) has an impact on primary care, hospital services, acute mental health provision, children and family services, social care, housing, employment and the criminal justice system.

There is a growing concern about the number of intimate teenage partner abuse and child on parent abuse but the scale of the problem and impact on services is currently unknown.

## 7. DO WE HAVE EVIDENCE OF WHAT WORKS?

The Knowsley domestic abuse needs assessment (2013) and the Scrutiny Review (2013) provides a detailed overview of the evidence to prevent and reduce the impacts of domestic abuse.

The National Institute of Clinical Excellence (NICE) have produced draft guidance on domestic violence, which is due to be published shortly. This should be utilised when considering the strategic and operational approach to tackle domestic abuse.

## 8. WHAT IS THE CURRENT POLICY DIRECTION?

### 8.1 National

In November 2010, the government introduced a national strategy: A Call to End Violence against Women and Girls. It sets out a strategic vision "for a

*society in which no woman or girl has to live in fear of violence". There are several distinguishing features of national policy on domestic abuse namely;*

- a shift towards a **gender-based agenda** with increased focus on female victims;
- a **Cross-departmental approach** with domestic abuse prevention becoming central to agendas on public health, vulnerable adults, safeguarding children and promoting equality;
- more of an emphasis on **early Intervention and prevention**;
- a shift towards a **localised approach** to address needs and the local community response;
- More priority given to addressing the impact on children and families (**child protection**).

## 8.2 Changing Domestic Abuse Context

Recent legislative changes have broadened the accepted definition of domestic abuse to include controlling and coercive behavior. This may in time increase reporting of domestic abuse.

Since May 2014 Domestic Violence Protection Notices have been available to police forces. This gives the police the power to exclude perpetrators from premises for a period of up to 28 days. This allows breathing space and an opportunity to provide support services to both parties. In the last twelve months (2014/15), 410 notices have been granted across Merseyside.

The Domestic Abuse Disclosure Scheme otherwise known as Clare's Law was introduced in April 2013 and gives members of the public the ability to enquire into the background of suspected perpetrators of domestic abuse. It is then possible for police to disclose previous offending to new partners. Twenty four requests have been made in Knowsley (up to July 2015).

Knowsley Council Safer Communities Team is developing a capability to support low and medium risk cases of domestic abuse through the delivery of a brief intervention. Priority is being given to those cases where there is a risk of statutory involvement of social care teams.

Specialist Domestic Violence Courts were introduced nationally in 2006 as a means of providing a coordinated community response to domestic violence and to enhance the effectiveness of court support services for victims.

Since April 2015 all cases are now heard at a centralised court for Merseyside based in the QE11 Courthouse (some minor deviations to this which do not affect Knowsley). Although subject to further evaluation early indications are that the arrangement is providing an effective and efficient response to court business. This will in turn improve victim and witness experience.

Campaigns to raise awareness of the issues have been undertaken both with a community safety perspective and from a public health angle. These have provided a platform for raising awareness and discussion between agencies in checking their approach and responses to domestic abuse.

### 8.3 Local Related Policies

The overarching Strategy for Knowsley, Joint Health and Wellbeing Strategy, Children and Young People's Strategic Plan; Community Safety Plan and the partnership Safeguarding arrangements need to be considered.

The following local policies need to be considered Family Policy; Behaviour Change Policy; Stronger Families and Health Inequalities Policy Framework.

## 9. CHALLENGES AND STRENGTHS

### Challenges

- High numbers of domestic abuse incidents, but few ending in conviction and limited number of perpetrator programmes to change behavior.
- Cross boundary issues exist with some different approaches, systems, protocols and programmes in operation.
- Need to continue to have a systematic approach to domestic abuse prevention and reducing its impact, in the context of reducing public sector budgets.
- Data/Intelligence:
  - Actual extent of domestic abuse unknown and difficult to ascertain as often under-reported (no definitive source of intelligence).
  - Better data collection, sharing and linkages are needed especially in health and wellbeing services to identify and support victims and their children.
  - Greater intelligence, insight and understanding required on intimate teenage partner violence and child on parent abuse.
- Victims and children:
  - Issues around supporting those that are not identified as at 'high risk' and the thresholds applied (see above regarding Knowsley Council Safer Communities Team).
  - Inflexible budgets for some support services limits sustainability and are restrictive.
- Perpetrators:
  - Small numbers complete perpetrator programme and limited community based programmes.

- Evaluation:
  - Limited long term evaluation of the effectiveness of domestic abuse prevention, victim and child support and perpetrator programmes.

### **Strengths**

- Knowsley has in place most programmes identified in the evidence as effective.
- Strong MARAC process with good engagement from partners.
- Perceived increased awareness of and uptake of support services.
- Robust Knowsley Needs Assessment and in-depth Scrutiny review (2013) into domestic abuse highlighted key areas for improvement.

## **10. SOURCES OF EVIDENCE AND FURTHER INTELLIGENCE**

Direct sources of intelligence and evidence;

- Knowsley Domestic Abuse Needs Assessment (2013)
- Domestic Abuse Scrutiny Review (2013)
- Merseyside CAADA Report (2014)
- Link to Public Health Violence Prevention evidence (WHO / LPHO) and /or VIPER.