

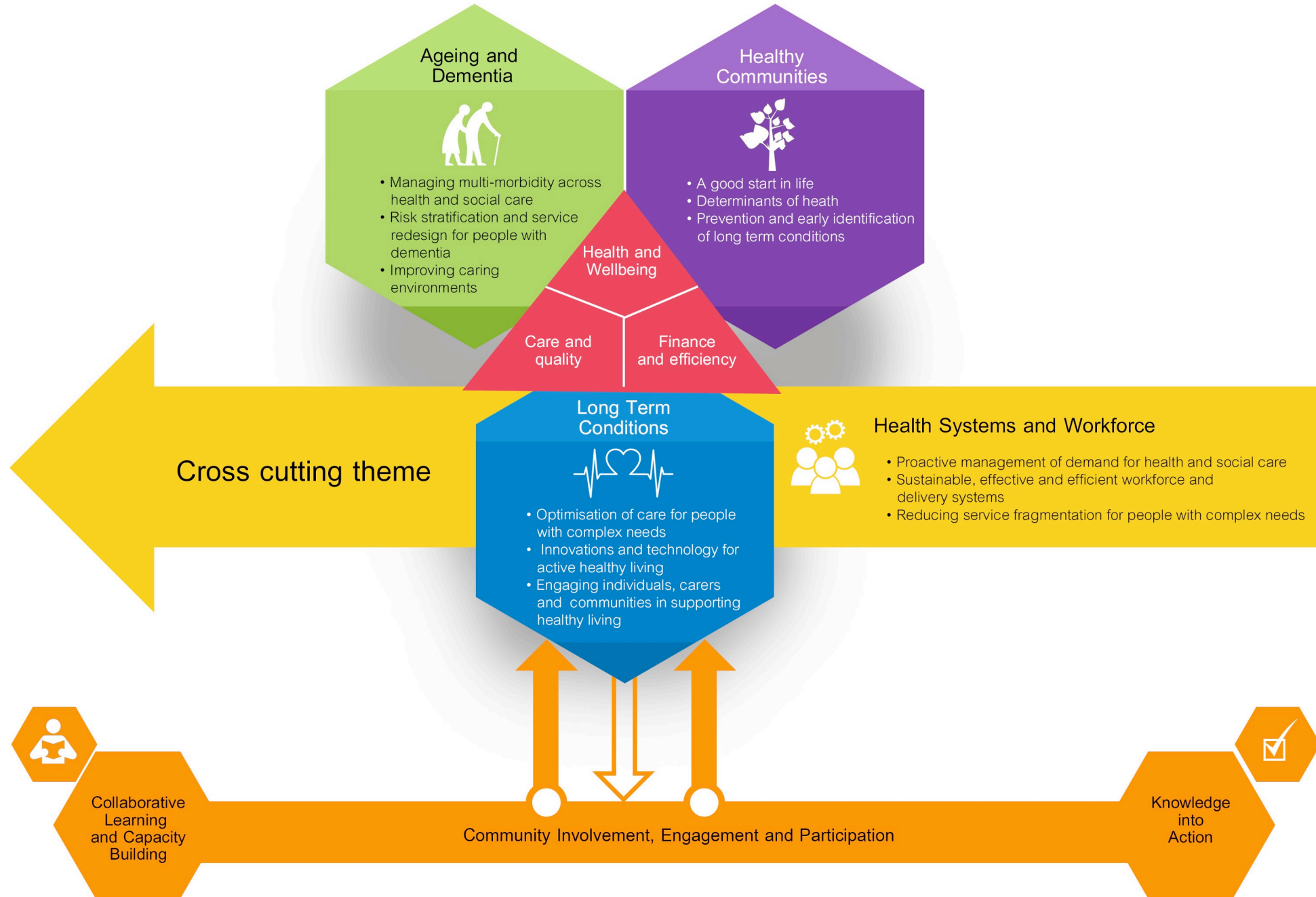


# **NIHR ARC Wessex Domestic Violence and Abuse Research**

**Tuesday 22<sup>nd</sup> June 10.30- 12.00pm**

Contact: [dalli@soton.ac.uk](mailto:dalli@soton.ac.uk)

# Overview of ARC Wessex Programme



# Hampshire High Risk Domestic Abuse Response Evaluation

An evaluation of the rapid response to high-risk domestic  
abuse cases in Hampshire

NIHR ARC Wessex Domestic Violence and Abuse Research Event

22 June 2021

Fiona Maxwell, University of Southampton

# High Risk Domestic Abuse (HRDA) process

- Daily multi-agency meeting, Monday to Friday
- 'Highest of high'-risk incidents in previous 24h discussed
- Aims to provide a faster response to those cases (vs MARAC)
- Statutory and commissioned services attend
- IDVAs represent the victim's views and wishes

# Purpose of this evaluation

- Does the HRDA process ensure a timely response to incidents?
- Do victims who have had their cases discussed at HRDA successfully engage with services?
- Does the HRDA process reduce future risk for victims, and address perpetrator risk?
- Has the HRDA process reduced the number of cases being discussed at local MARACs?
- Has HRDA reduced the administrative/resource burden on participating agencies?
- Is HRDA an effective process for prioritising highest risk cases?
- Does HRDA improve the overall response to victims at high risk?
- Is the HRDA response acceptable to victims?
- Is HRDA a sustainable part of the overall DVA response?

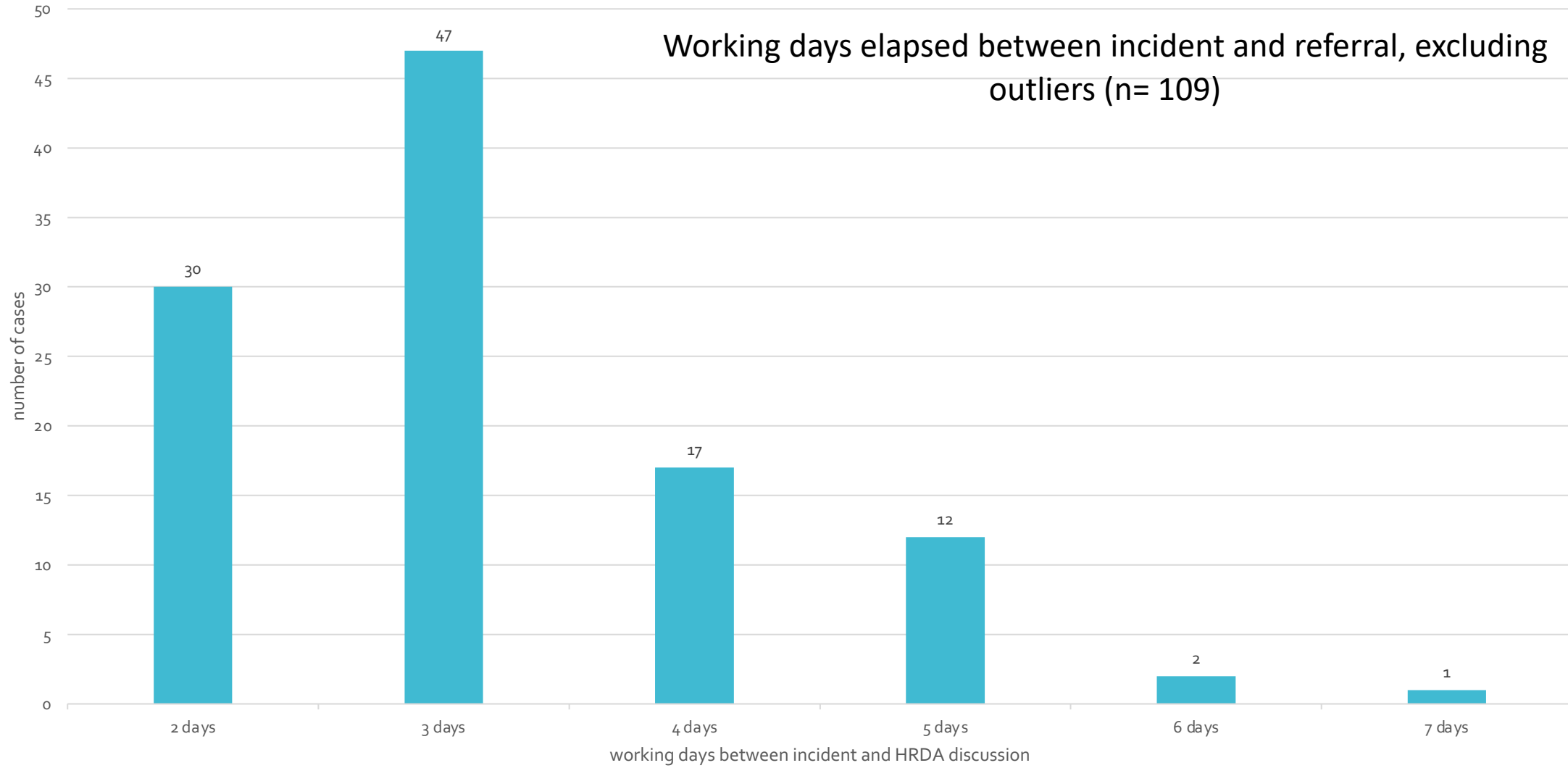
# Methods

- Analysis of secondary data and in-depth interviews with the practitioners from the agencies involved in delivering the HRDA and MARAC processes.
- **Quantitative:** secondary data analysis of all cases discussed at HRDA in the month of November 2020. 240 individuals, 120 cases (victim/perpetrator pairs).
- **Quantitative:** Representatives from all agencies involved in the process were invited to be interviewed. The interviews aimed to explore their understanding of the key aims of the HRDA process, their experience of delivering the HRDA response, and their views on the value to victims that the process offers over and above the MARAC process. 16 interviews conducted, transcribed and analysed.

FEMALE VICTIMS			
107			
FEMALE PERPETRATOR		MALE PERPETRATOR	
4		103	
IPV	IFV	IPV	IFV
0	4	97	6
MALE VICTIMS			
13			
FEMALE PERPETRATOR		MALE PERPETRATOR	
6		7	
IPV	IFV	IPV	IFV
5	1	1	6

Breakdown of cases by victim/perpetrator sex and relationship type

## Working days elapsed between incident and referral, excluding outliers (n= 109)

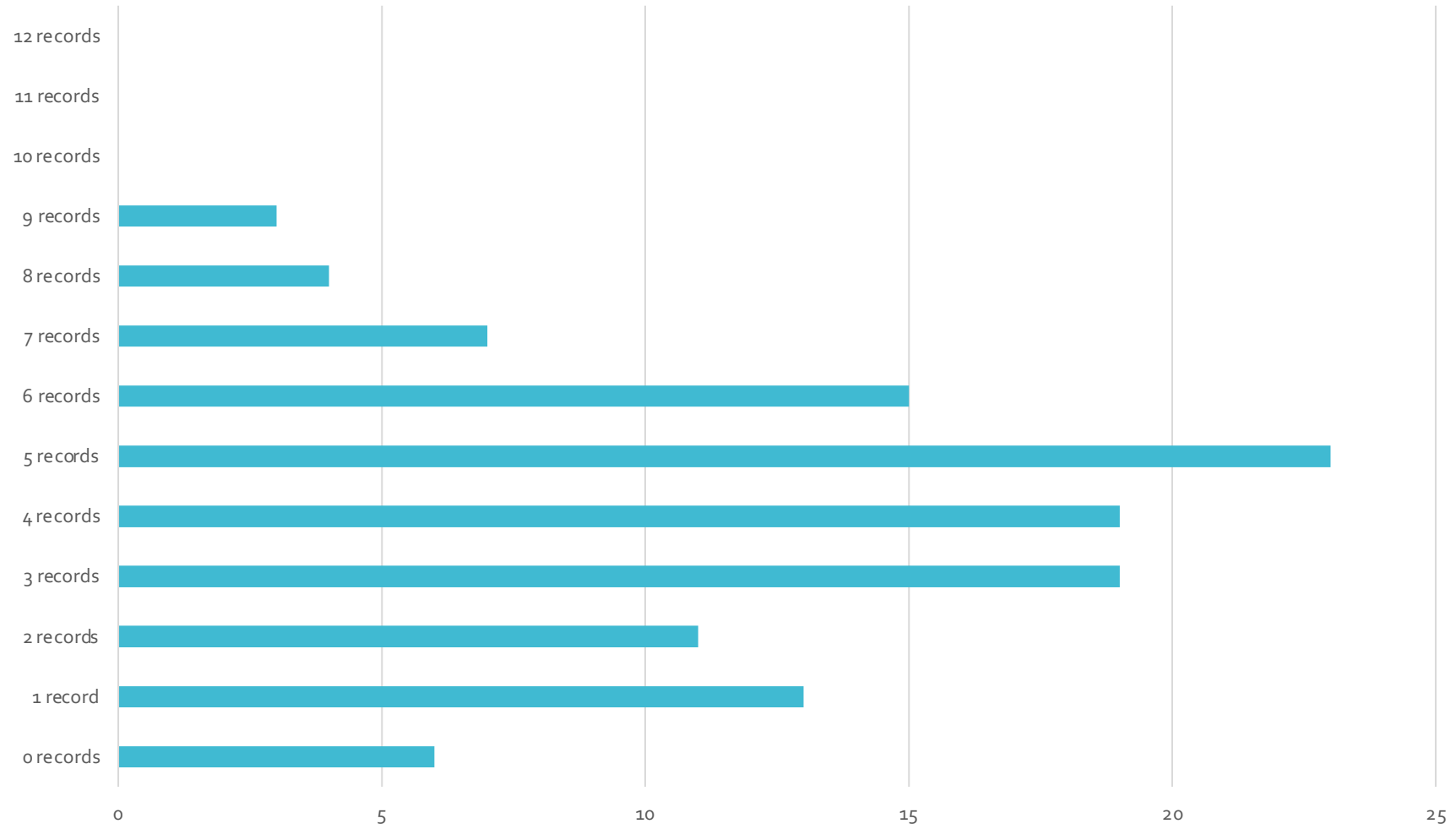




## Prioritisation of highest risk cases

- *Sometimes we do sit there and yeah, you think maybe this wasn't appropriate. But then, it's probably better, I think anyway, to be discussing cases, which we think may not have been appropriate, than missing them, so . . . (R2)*
- *I think it's, that's the target, we need to have six per days. So if there's only three that have met that criteria, then they'll expand it and then go, okay, who else has been referred to MARAC? We can look through. And I think that's highly inconsistent. And to be honest, that's not the role of HRDA. (R6)*
- *. . . at the moment, the only reason that the threshold is set where it is, because that's the funding that we had available for a HRDA worker, for an IDVA. And that's the cap on that capacity. If money were no object, and we were to trial this very differently, we may be looking at a very different approach. (R11)*

Cases (victim/perpetrator pairs) discussed - number of records held by agencies, per case



## Cases discussed

- 81 of the perpetrators (68%) were previously known to the police in relation to domestic violence. 88 (73%) were known to police for other reasons. 70 perpetrators (58%) were recorded as being known to police both for DV and other reasons. This included eight of the 10 female perpetrators (80%) compared to 62 of the 110 male perpetrators (56%).
- In 67 cases, children <18 years were recorded as resident with the victim. There were 153 children recorded in total and 9 victims were pregnant at the time of the HRDA referral.
- In terms of prior contact with any of the statutory or commissioned services, only 6 out of 120 (0.5%) of the victim/perpetrator pairs had no record of previous contact held by police, domestic abuse services, children's or adults' services, health or Inclusion.

## Impact on victims and families

- Almost without exception, the interviewees felt that HRDA has a positive impact on the victim and family and provides a mechanism by which agencies can become more fully informed of their situation, manage risk and offer support in a more timely way.
- The view was broadly shared that the IDVA was the best person to link with the victim and facilitate this, and the involvement of Stop Domestic Abuse in the HRDA process was seen as critically important.
- Most were clear that this potential window of opportunity to engage with the victim was time limited and that victims' attitudes to the incident and any ongoing situation would change over time.
- Although there were relatively few cases with children previously unknown to Children's services, they can be potentially serious. Benefits of additional knowledge of current situation are highly valued.

## Impact on victims and families - limitations

- The impact of HRDA may be more about longer-term interactions with agencies - shared intelligence impacting case management and communication with clients – knowledge of risk and ‘keeping the door open’
- IDVA contact is not always made before the discussion – limited number of victims are able to have their voice heard at the meeting (c. 35%).
- Many interviewees commented that high-risk DVA incidents would come to their notice by other (routine) processes, albeit slightly slower.
- Immediate safeguarding of victim and family may already have taken place following initial police action – HRDA meeting recorded no further action for 60% of victims and 85% of families.

## Impact on perpetrators

- Generally regarded as a 'missed opportunity'
- Interviewees able to talk about theoretical actions and pathways for perpetrators and aware that they can be discussed at HRDA
- Out of 120 perpetrators discussed in November, only seven (6%) had any actions recorded at all. Only one of these was an action aimed at engaging with the perpetrator 'ASD to refer to community team to offer support as a way to get in the door and address escalation'.
- *I think not so much support is put in place for that perpetrator, which feels a bit short sighted. Because actually, if we can address their behaviour and kind of give them more appropriate ways of communicating, expressing whatever it is, is going on them, I would hope that the incidence of abuse would reduce (R14)*

## Future direction

- *So, you know, I'm quite pleased looking at it, that we're, you know, this far down the line, and everyone who started off participating in it is still participating in it. I think that's quite an achievement, really (R12)*
- several interviewees thought that slowing the process down would actually improve it, by allowing more time for other agencies to be involved and more complete information being available before the multi-agency discussion.
- Other specific issues raised were: improvements required to supporting IT systems, more focus on perpetrators, and being able to contact more victims in advance of the meeting

# Discussion

- The HRDA process ensures early IDVA involvement and rapid multi-agency discussion. Evidence may suggest that the impact is on a medium- to longer-term basis rather than focused on immediate safeguarding.
- There is a large number of children associated with these cases. The HRDA process does speed up new referrals and provides an efficient means of information sharing and adding 'pieces to the jigsaw' for those agencies already involved with a family.
- Many cases (victims, families and perpetrators) are already known to multiple agencies - suggests ongoing, complex and potentially volatile family situations where it may be especially important for all agencies to have a means of rapidly sharing new information.



## Discussion (2)

- In the context of actions taken as a result of the meeting – most of which appear not to be related to immediate risk management – consideration should perhaps be given to whether the current model of case criteria and meeting frequency is optimal.
- If IDVAs are able to contact victims, 78% agree to some involvement. There is therefore a need to consider how to increase the rate of successful contact. For this cohort, only 35% had their views represented at the meeting.
- Only a limited number of immediate actions come out of HRDA, and for the November cohort 53 cases (44%) had no actions at all. However, many interviewees spoke eloquently of the added benefit of shared knowledge and described real life and hypothetical situations where this leads to change in approach, case management and risk assessment.

## Discussion (3)

- Consideration could be given to a district level 'all high-risk to HRDA' model, which may offer the benefit of faster multi-agency involvement with more local input/relevance and could significantly reduce the MARAC numbers. This may also help clarity around the functions of HRDA vs MARAC.
- A high proportion of perpetrators are previously known to police (as are many victims). There is little evidence of referral to police high harm teams (HHT) or other interventions aimed at addressing perpetrator behaviour. Consideration should be given to how the HRDA process can link with police HHTs for follow up and engagement with perpetrators.

# Domestic Abuse and Life-Limiting Illness: developing a resource to identify and support adults at risk



**Dr Michelle Myall**

**Dr Susi Lund**

**Dr Sophia Taylor**

**Dr Sally Wheelwright**



# Our collaborators



## We use domestic abuse to refer to:

incidents or patterns of incidents of controlling, coercive, threatening or degrading behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners, family members or carers regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial, emotional abuse and neglect.



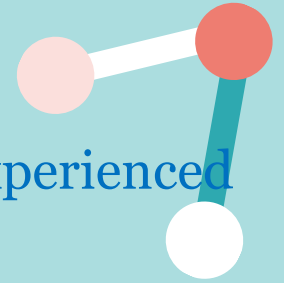
## We define life-limiting illness as:

a disease or a condition that doesn't respond to curative treatment and is likely to shorten life expectancy and lead to death including: advanced heart disease; respiratory conditions e.g. COPD; cancer; neurological conditions e.g. MND, Parkinson's; Dementia (including Alzheimer's)



# Why is the study needed?

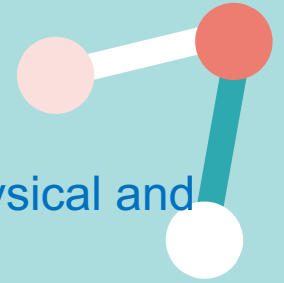
- Between March 2019 and March 2020 estimated 2.4 million adults experienced DA in England and Wales
- Over 70,000 adults in Hampshire estimated to be affected by DA.
- Prevalence of DA has been amplified by COVID-19 pandemic
  - May 2020 - 12% increase in number of DA referrals to Victim Support
  - Between April-June 2020 65% increase to National Domestic Abuse helpline compared to Jan-Mar 2020
- People living with a life-limiting illness are more likely to be at risk of DA
- COVID-19 lockdown measures will have increased risk and incidences of abuse for people with a LLI due to shielding, being 'trapped' at home with abuser, and limited access to health and care services.



# DA in the context of life-limiting illness

## What is known?

- domestic abuse can take many forms for people with life-limiting illnesses (physical and verbal abuse, coercive and controlling behaviour, neglect)
- dependency on caregivers may prevent those affected from telling anyone
- people experiencing abuse are more likely to disclose to a healthcare worker especially where a trusted relationship exists
- **What we don't know**
  - how domestic abuse affects women and men with a life-limiting illness, their experiences, support needs, and how these can be met.
  - how domestic abuse is managed within hospice and community and hospital palliative care services, and existing provision within health and social care generally
  - views of health and social care professionals, working in these services, on providing support to patients experiencing, or at risk of, abuse and their own support and training needs.



## What is the purpose of DALLI study?

- To develop a resource to help health care professionals working in hospice and palliative care to identify and support people living with a life-limiting illness who are experiencing or at risk of domestic abuse.
- To build relationships between health and social care, domestic abuse organisations, local authority agencies and other relevant stakeholders to provide support for people with a life-limiting illness affected by domestic abuse.





# What stakeholders told us ...

*I can think of a number of patients where I thought they were experiencing DA but my concern is that we are missing those at risk because we don't know how to identify them. They're not being picked up, which means they're not being referred.*

*Identifying DA is important work and there's a role for hospice and palliative care in facilitating support, information and referrals*

*Questions relating to DA are not currently part of hospital palliative care discharge, this is something we should include when assessing a patient's needs*

*There's a need for all agencies to work together to improve support*

*DA screening tools and resources currently used in healthcare settings are not necessarily appropriate for managing the complex and specific needs of people living with a LLI.*

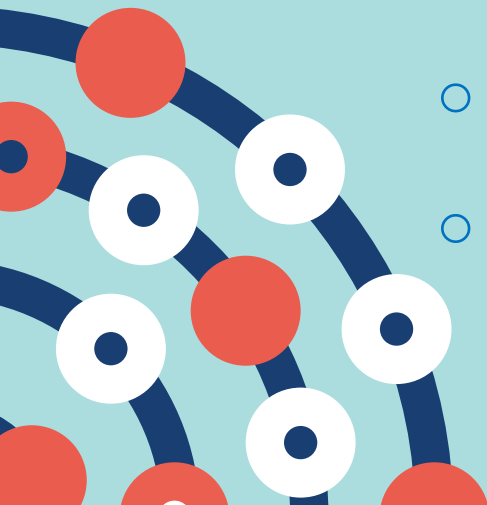


*HCPs can often feel stuck, lack confidence and awareness when it comes to asking about DA. Having training is important and there's a need to increase confidence and raise awareness when it comes to vulnerable adults. How do you have that conversation?*

# How is the study being carried out?

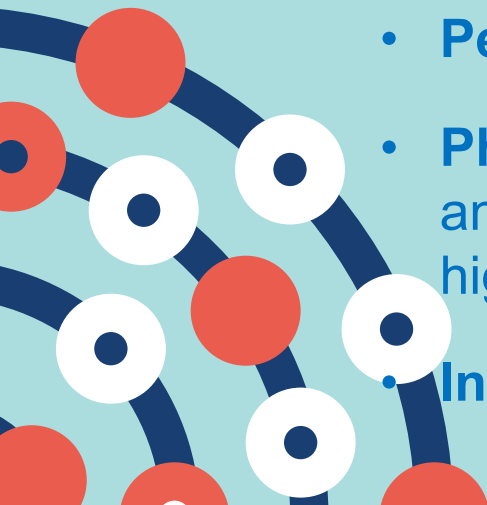
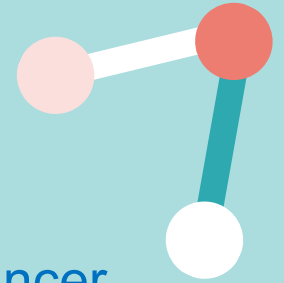
Mixed method study conducted over 30 months using:

- Literature review
- Mapping of existing service provision in Wessex
- Interviews with key stakeholders
- Collaborative stakeholder workshops to develop resource
- Preliminary testing and evaluation of resource in healthcare settings



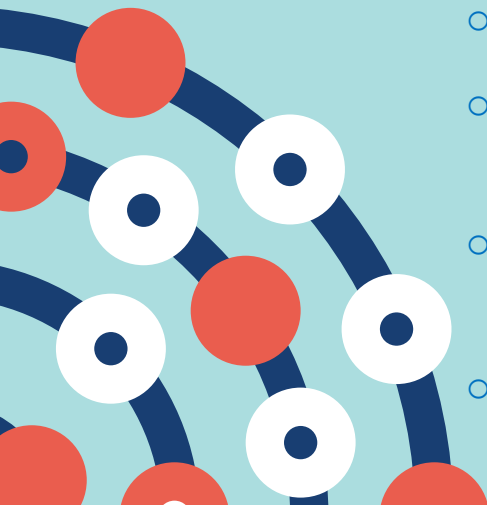
## Progress so far ... Literature Review

- Paucity of evidence on DA and life-limiting illness.
- Existing research carried out primarily in USA with women living with cancer.
- **Types of abuse reported:** physical, sexual, financial, neglect, psychological, controlling behaviour manifested through preventing access to medicines/ treatment; lack of support, controlling money; limiting or preventing access to support networks.
- **Perpetrators:** caregivers, spouse/partner.
- **Physical and emotional impact of abuse included:** higher levels of fatigue and cognitive impairment, increased stress and symptoms of depression; higher levels of pain severity; capability to make 'right' health choices.
- **Interagency approach** is important for managing DA in context of LLI



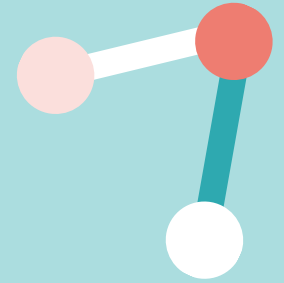
# Mapping of service provision

- Survey of people working in organisations providing care and/or support to adults with a life-limiting condition and/or adults affected by domestic abuse in Wessex
- 48 responses: DA orgs; hospices; primary & secondary care; CCGs; local authority; police; counselling and advice orgs.
- **Findings suggest:**
  - Tailored support for people with a life-limiting illness offered including: signposting to other support sources; emotional support, information-giving; financial, housing and legal advice
  - No specific DA screening for people with a LLI.
  - Some evidence of organisations having established referral pathways. This includes referrals to adults social care or DA support organisations.
  - Less than 25% reported their organisation working with other organisations to provide support for people with a LLI experiencing or at risk of DA.
  - Less than 10% of respondents reported specific training on DA in context of LLI.



# Collaborative stakeholder workshops

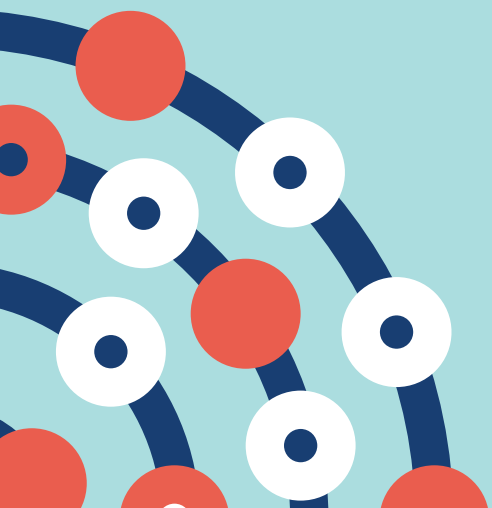
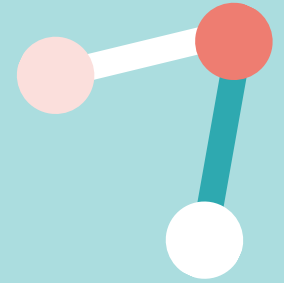
- Four workshops over 12 months
- Planning for **Workshop 1 – Friday 16<sup>th</sup> July 2021.**
  - share anonymised examples from own practice of DA in context of LLI
  - consider where their own organisation is in relation to DA
  - think about whether the screening component of resource should be universal; who should carry out; and most appropriate time to do so
- **Subsequent workshops** will focus on: developing key intervention components, identifying sources to support DA in context of LLI, simulated testing of pilot intervention, consider resources needed to support piloting in 'real world' settings, finalise intervention in readiness for testing and evaluation.



If you are interested in participating in the workshops, or would like to find out more about being involved, please email:

[dalli@soton.ac.uk](mailto:dalli@soton.ac.uk)

Twitter: @DalliStudy

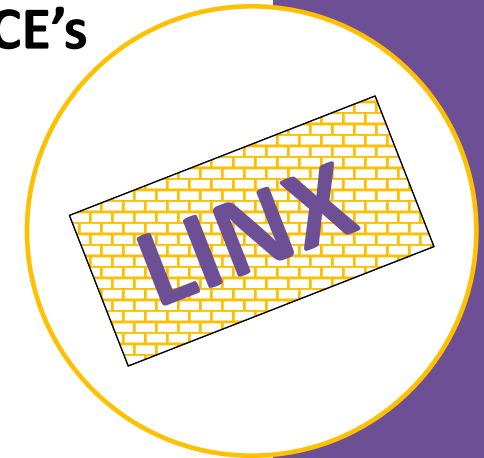


**Thanks for listening.**



# LINX

For young people between the ages of 13-17 years old living with ACE's

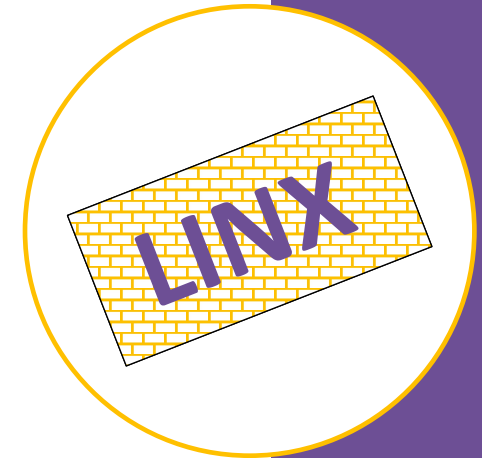


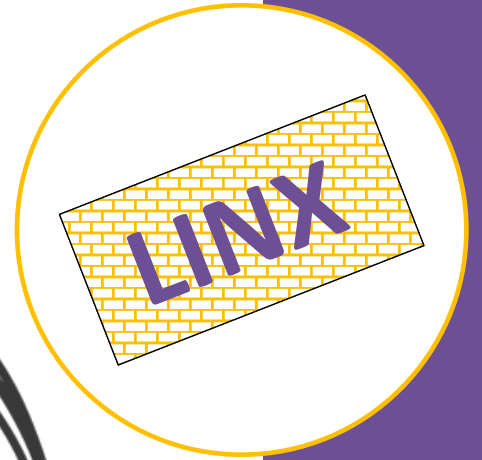
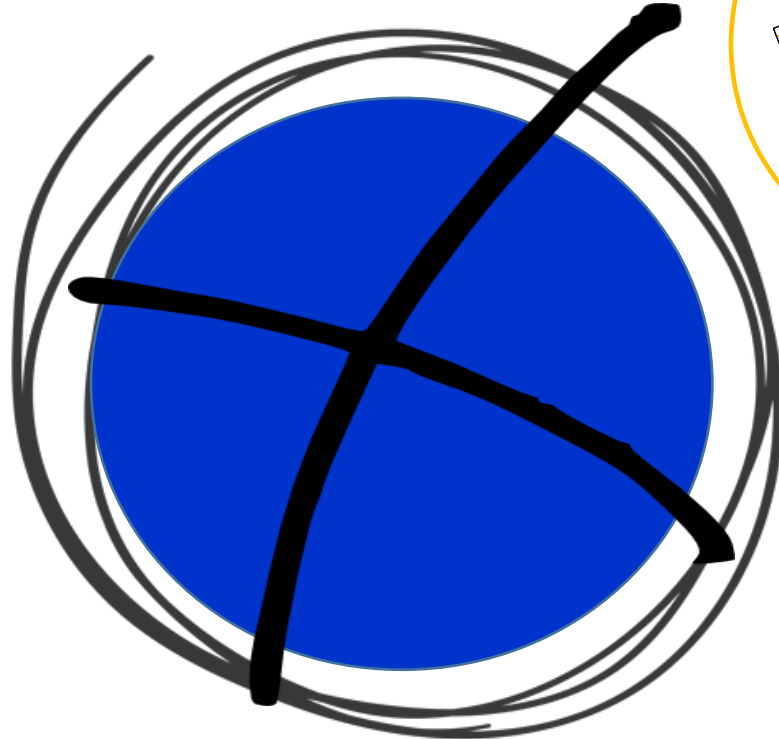
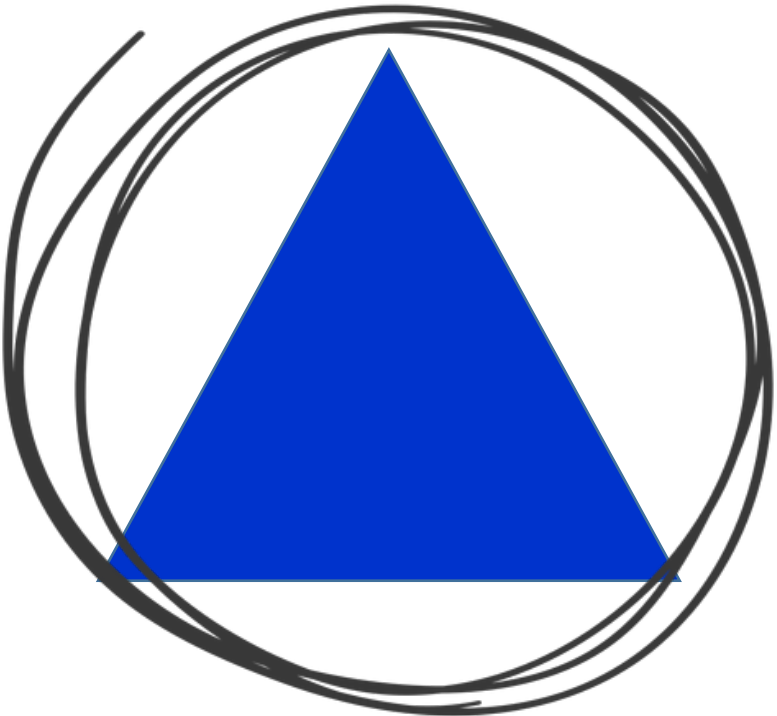
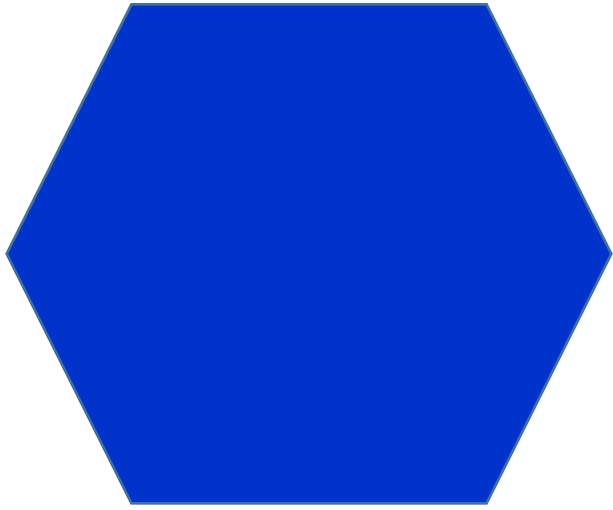
[Debbie.willis@hamptontrust.org.uk](mailto:Debbie.willis@hamptontrust.org.uk)  
[www.hamptontrust.org.uk](http://www.hamptontrust.org.uk)





- Context
- What
- Why
- How
- Impact

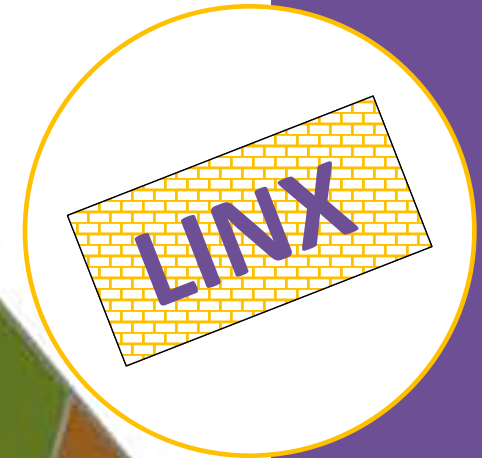




# ACE's

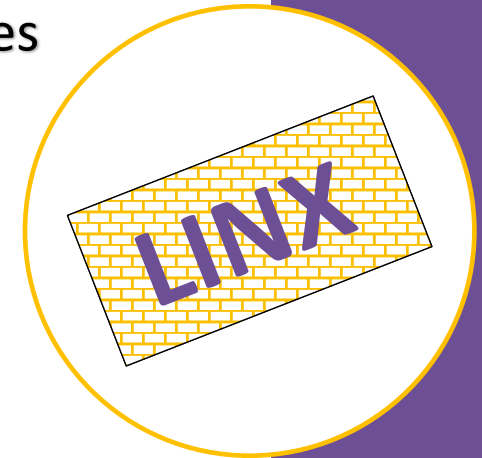
**Relationship  
between early  
childhood  
trauma and  
health and  
well-being  
problems  
later in life.**

**Source: World Health  
Organization**



# A number on a list!

- 1 in 7 children & young people under the age of 18 have lived with domestic abuse
- 80% of girls say sexual assault happens at secondary schools and colleges
- 1 in 5 young people report being bullied.
- 9 in 10 young people of black and mixed ethnicity experience racism.
- Southampton is within the 10% most deprived areas in England
- 1 in 10 young people are diagnosed with a mental health problem every year.

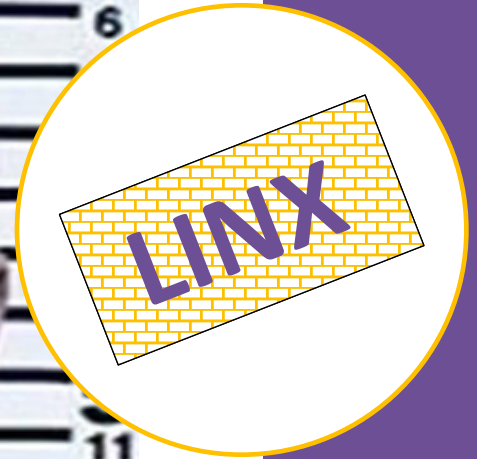


# Victim



OR

# Offender

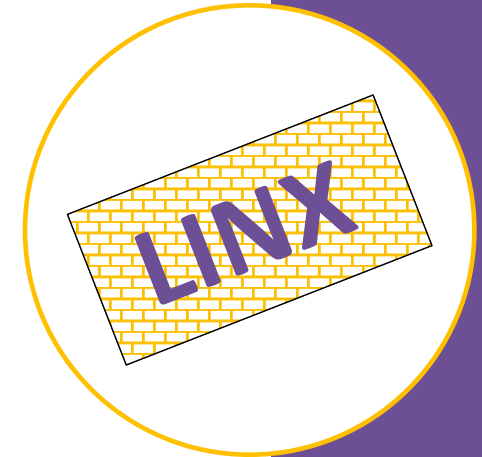


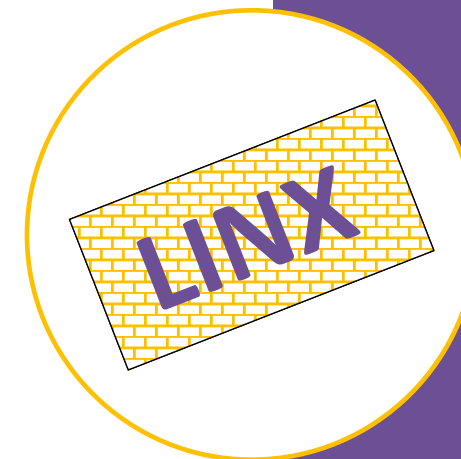
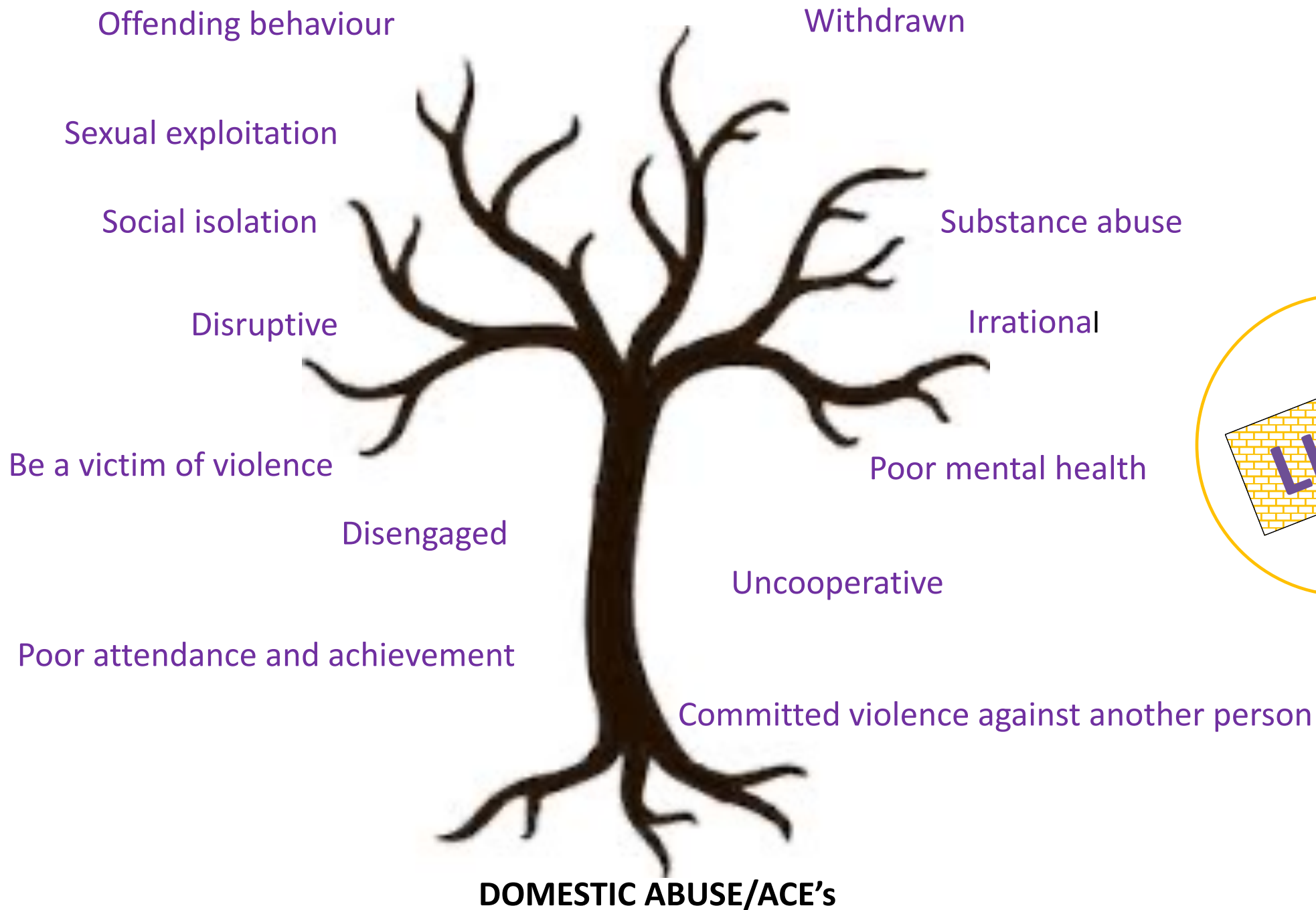
1st March 2018-28th February 2021



859 young people, subject to a criminal justice intervention for non-related domestic abuse incidents

58% were being abusive to family members and/or in their intimate relationships.





# Where we are now

- Operation Encompass,
- MARAC (Multi agency risk assessment conference)
- HRDA (High risk domestic abuse) minutes,
- Numbers of young people linked to children's services
- Violence Reduction Unit data on levels of crime and poverty in Southampton
- Everyone's Invited Ofsted report



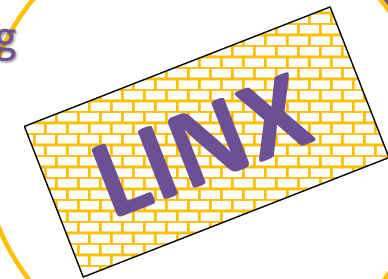




LINX takes young people through an Interactive, structured, therapeutic yet fun twelve-week programme

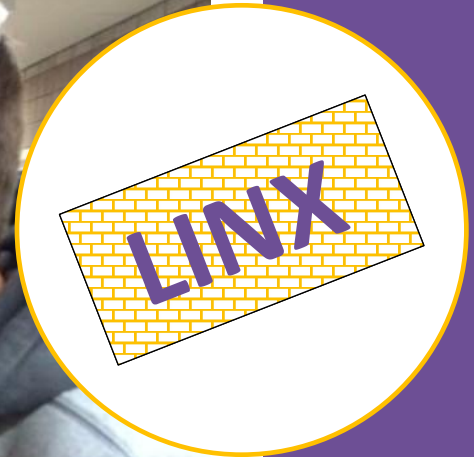
# The sessions are broken down as follows:

- ✓ Relationships \*  
Positive & negative, domestic abuse, consent.
- ✓ Home \*  
Living with abuse, poverty, domestic abuse
- ✓ Equality, Diversity & Inclusion  
Hate Crime, Black Lives Matter, sexual respect.
- ✓ Living online  
Internet safety, Instagram, pornography, revenge porn
- ✓ Goal Setting  
Education, employment and training
- ✓ Communication  
Positive, negative & managing strong emotions
- ✓ Risk, protective factors and resilience \*  
Danger zones, risky behaviour & grooming
- ✓ Mental health \*  
Positive, negative, self-esteem, confidence



# Young people in their own relationships

7.3% of women (1.6 million) and 3.6% of men (757,000) experienced domestic abuse in the last year. Women aged 16 to 19 years were more likely to be victims of any domestic abuse in the last year than women aged 25 years and over.



LINA

My  
Story

10, 30  
10, 60

# TO REBUILD MY LIFE

THE HAMPTON TRUST

Health

Employment / Training

Money

Abuse

Self-esteem

Equality

Goals

Drugs / Alcohol

Relationships

Gambling

Housing

EXPERIENCE  
LINX

THOUGHTS / FEELINGS  
LINX

ACTIONS  
LINX

# MAKING THE LINX TO REBUILD MY LIFE

THE HAMPTON TRUST

Health

Equality

Goals

Gambling

Housing

EXPERIENCE  
LINX

THOUGHTS / FEELINGS  
LINX

ACTIONS  
LINX

Money

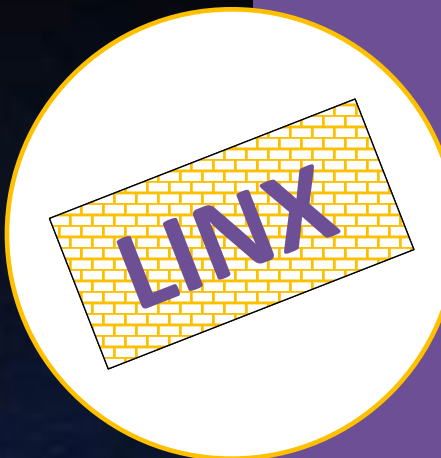
Drugs / Alcohol

Abuse

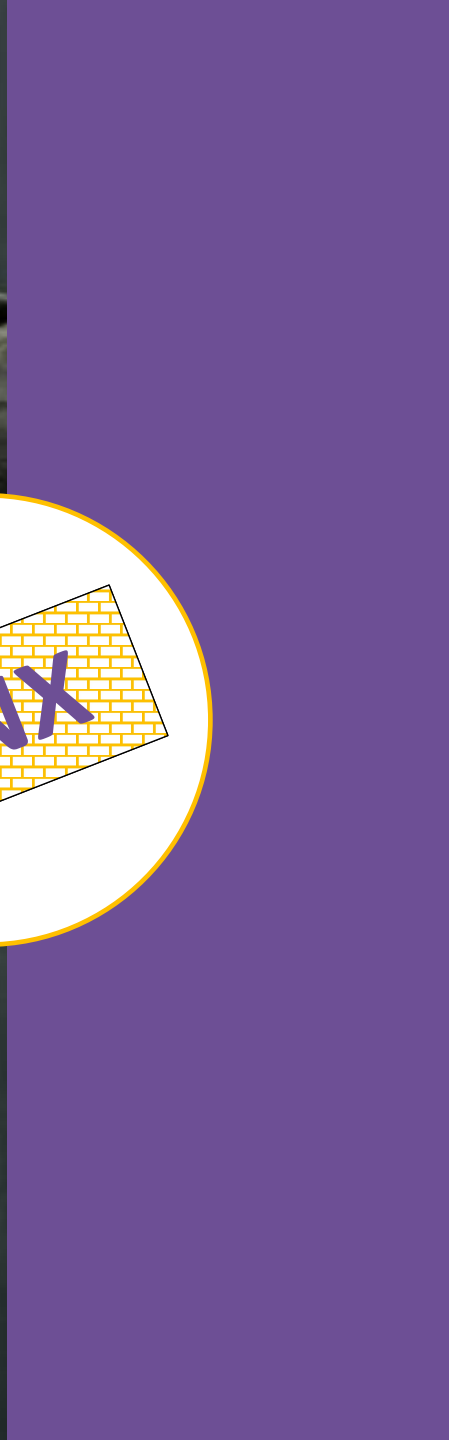
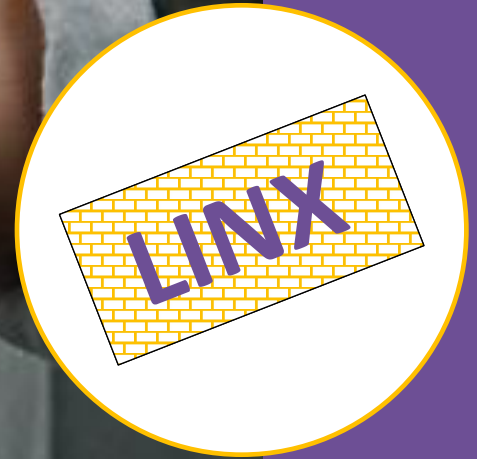
Relationships

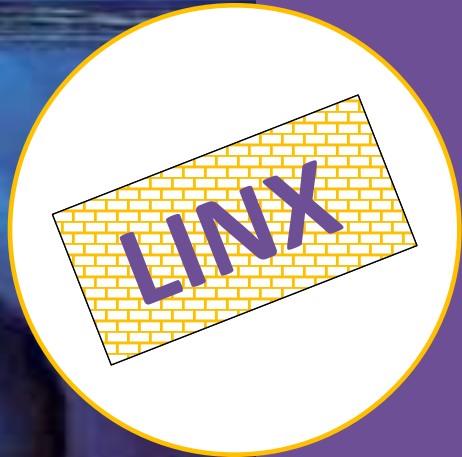
Employment / Training

Self-esteem



# Connectedness









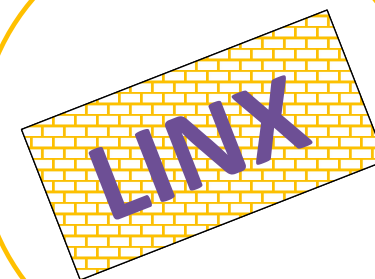
**“We did an exercise about the feelings behind anger – That helped me more than anything else”**

**“Not been in trouble once since starting this LINX course”**

**“Domestic abuse lessons should be compulsory in schools! When I started this group, I had a boyfriend. I don’t anymore!!” 😊**

**“It helped to know I wasn't the only person that felt this way”**

**“I haven't been so angry and violent and have learnt to control my actions and temper”**

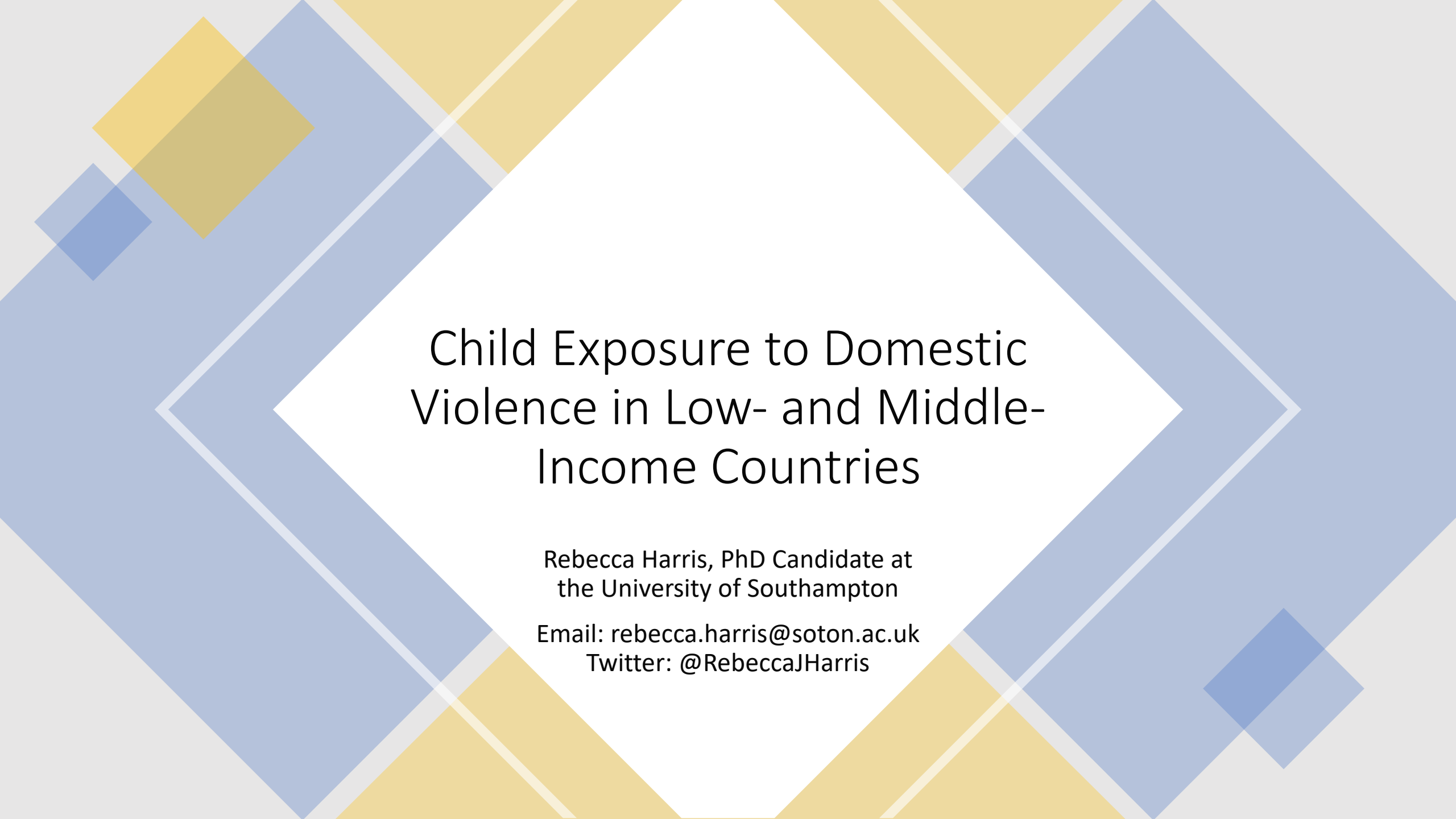


**“My mum and dad divorced; they were arguing all the time. It was so horrible and tense all the time. Me and my sister hated going home. LINX helped us to explain how we were feeling. They’re still divorced but they don’t argue as much in front of us anymore”**

**“I was a bit nervous at the beginning, but it was ok. It was a good laugh”**

**“The worst bit was being on the wrong side of the wall in real life”**





# Child Exposure to Domestic Violence in Low- and Middle- Income Countries

Rebecca Harris, PhD Candidate at  
the University of Southampton

Email: [rebecca.harris@soton.ac.uk](mailto:rebecca.harris@soton.ac.uk)  
Twitter: [@RebeccaJHarris](https://twitter.com/RebeccaJHarris)

# Background – What is Exposure to DVA?

- Relatively new concept when considered within the wider research of DVA
- “Exposure” – more inclusive term, does not assume the child observed the violence whilst it occurred
- Considered child maltreatment in some HICs
- UK Context: In 2020, 1.6 million women experienced DVA, in 90% of cases a child was present
- 2021 UK Domestic Abuse Bill
- Methodological issues in measuring – underreporting, variety of scales that are not consistently used, or validated in LMICs

# Holden's Taxonomy of Exposure (2003)

Type of Exposure	Definition	Examples
Exposed prenatally	Real or imagined effects of DV on the developing foetus	Foetus assaulted in utero; pregnant mother lived in terror; mothers perceived DV during pregnancy affected their foetus
Intervenes	The child verbally or physically attempts to stop the assault	Asks parents to stop; attempts to defend mother
Victimised	The child is verbally or physically assaulted during an incident	Child intentionally injured, accidentally hit by a thrown object, etc
Participates	The child is forced or "voluntarily" joins in the assaults	Coerced to participate; used as spy; joins in taunting mother
Eyewitness	The child directly observes the assault	Watches assault or is present to hear verbal abuse
Overhears	The child hears, though does not see, the assault	Hears yelling, threats, or breaking of objects
Observes the initial effects	The child sees some of the immediate consequences of the assault	Sees bruises or injuries; police; ambulance; damaged property; intense emotions
Experiences the aftermath	The child faces changes in his/her life as a consequence of the assault	Experiences maternal depression; change in parenting; separation from father; relocation
Hears about it	The child is told or overhears conversations about the assault	Learns of the assault from mother, sibling, relative, or someone else
Ostensibly unaware	The child does not know of the assault, according to the source	Assault occurred away from home or while child was away; or occurred when mother believed child was asleep

# Effects of Exposure

Type of Outcome	Examples
Emotion and Internalising Behaviour	Anxiety, withdrawal, dysphoria, depression, PTSD, pre-school onset ADHD
Externalising Behaviour	Impulsivity, aggression, disruptiveness, fighting and bullying, criminal/risky behaviours, alcohol/substance misuse, intergenerational transmission of violence
Interpersonal and Social Effects	Poorer social outcomes, less secure attachments, disturbances in peer relationships, difficulty forming and maintaining friendships and romantic relationships, quality of maternal attachment
Cognition and Academic Performance	Trouble with schoolwork, poorer concentration and focus, reading abilities up to 40% lower
Biological Effects	Neurobiological alterations to HPA axis stress response system, cortisol reactivity

Limited in LMICs – most research is based within High Income Countries

# Exposure Estimates Around the Globe



MDG (Millennium Development Goals) region	Estimated Number of Children Exposed to Domestic Violence – Range
Global Estimate	133 to 275 million
Developed Countries	4.6 to 11.3 million
Commonwealth of Independent States	900,000 to 3.6 million
Northern Africa	No estimate
Sub-Saharan Africa	34.9 to 38.2 million
Latin America and Caribbean	11.3 to 25.5 million
Eastern Asia	19.8 to 61.4 million
Southern Asia	40.7 to 88.0 million
South-eastern Asia	No estimate
Western Asia	7.2 to 15.9 million
Oceania	548,000 to 657,000

Regional estimates of the number of children exposed to domestic violence by Millennium Development Goal Region (UNICEF, 2006)

# My Research

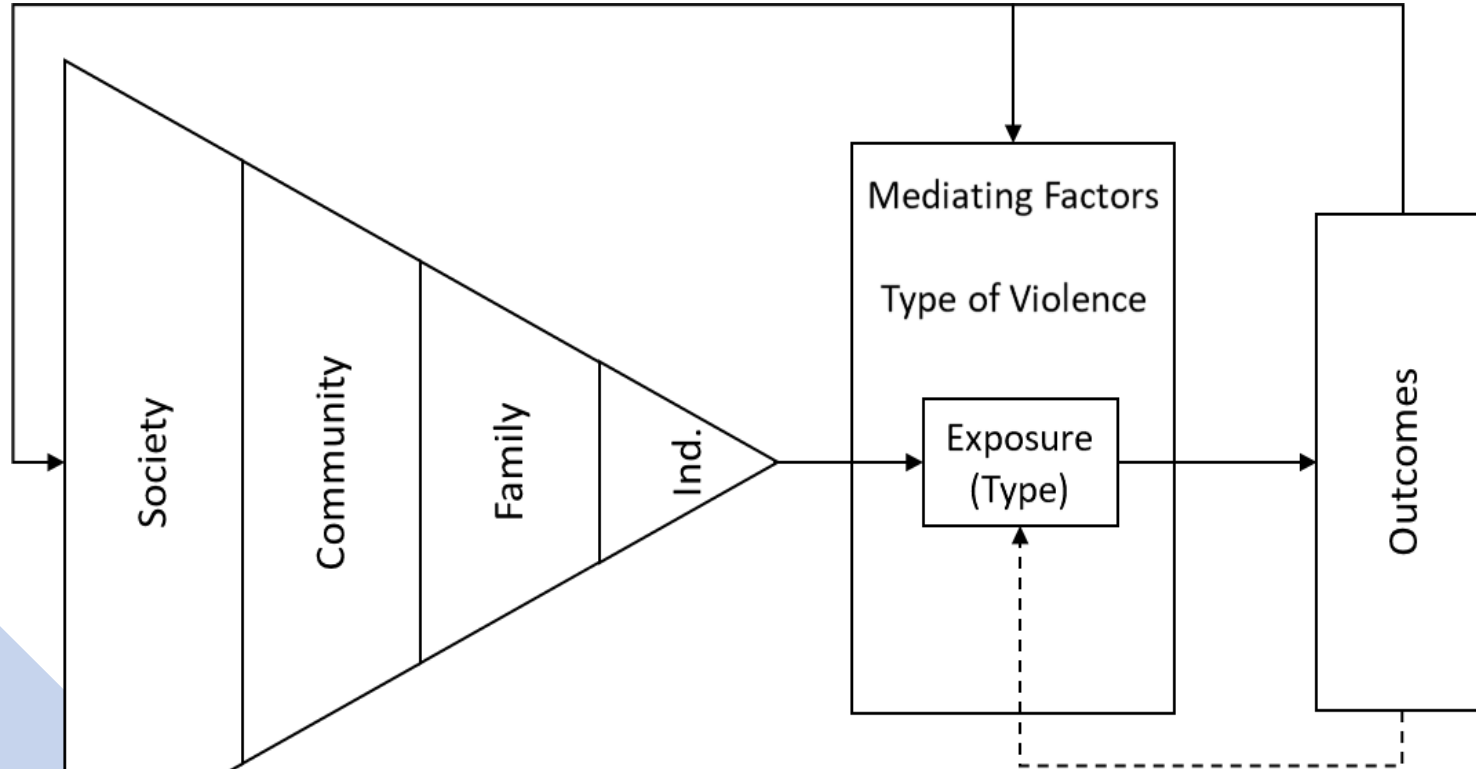
I have three research questions I am planning to explore:

1. What is the prevalence and risk factors of child exposure to domestic violence across selected low- and middle-income countries?
2. How does child exposure to domestic violence influence mental health, including substance misuse during adolescence and adulthood?
3. What are the barriers and facilitators to implementing public health interventions that aim to improve mental health outcomes for children exposed to domestic violence in Cambodia?

Questions 1 and 2 will be addressed through secondary data analysis of two surveys: the CDC Violence Against Children Surveys (VACS), and UN Multi-Country Study on Men and Violence in Asia and the South Pacific (UNMCS).



# Who is exposed?



## Examples of Risk Factors

<b>Society</b>	Societal beliefs and norms about violence; recent war/conflict; policing of domestic violence.
<b>Community</b>	Concentrated disadvantages (e.g. neighbourhood poverty); low availability of support services.
<b>Family</b>	Poor family economic conditions; parental psychopathology; parental drug/alcohol use; number of household moves; parental experience of childhood violence.
<b>Individual</b>	Co-occurring maltreatment; exposure to multiple adverse childhood experiences; level of education – attendance at school and lack of primary completion; disabilities.

# Initial Analysis of the VACS

Country	Type of Violence the Child is Exposed to (%)					
	Violence in the Home (between parental figures, “punch, hit, kick”)			Violence in Community		
	Male	Female	Total	Male	Female	Total
<b>Cambodia</b>	20.56	18.82	19.74	59.60	57.18	58.46
<b>Malawi</b>	32.92	30.71	31.87	37.60	31.58	34.74
<b>Nigeria</b>	25.73	32.22	28.46	39.23	43.32	40.95
<b>Zambia</b>	26.40	33.89	30.07	32.97	37.71	35.29

Percentage of children exposed to domestic violence within Cambodia, Malawi, Nigeria and Zambia based off initial analysis of the VACS.

# What Next?

- Secondary data analysis of the two surveys
- Preparing a paper on measuring exposure to domestic violence for publication
- Networking and preparation for fieldtrip to Cambodia
- Dissemination policy and consideration of implications
- Hopefully raise the profile of exposure to domestic violence, particularly within LMICs

# References; Any Questions? 😊

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