JSNA Chapter – Domestic and Sexual Violence and Abuse (DSVA)

Topic information	
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Executive summary

Introduction

Domestic and sexual violence and abuse (DSVA) is a worldwide public health issue, which whilst affects both sexes, disproportionately affects women and girls.

DSVA can lead to a variety of physical and mental health problems, including, but not limited to, fatal outcomes like homicide or suicide, physical injuries, unintended pregnancies, gynaecological problems, mental health problems including depression and posttraumatic stress. There are also wider social and economic consequences as a result of DSVA, such as isolation, restriction in ability to work and achieve financial independence.

DSVA also results in wider costs to society and can lead to higher levels of smoking, substance misuse and alcoholism amongst survivors. The consequences experienced for the survivor themselves can be severe and long lasting, as well as the consequences for their families and children.

An estimated 1.9 million adults aged 16-59 experienced domestic abuse in the UK in the last year, 1.2 million women and 713,000 men (ONS, 2017). This equates to around 5% of the adult population, or 1 in 20.

It is estimated 3.1% of women (510,000) and 0.8% of men (138,000) aged 16 to 59 experienced sexual assault in the last year, 1 in 25 adults. Most victims of sexual assault choose not to report it, the Crime Survey for England and Wales showed that around 5 in 6 victims (83%) did not report their experiences to the police.

This JSNA chapter covers both domestic and sexual violence and abuse. This chapter considers the needs of both men and women, however acknowledges that DSVA is a gendered crime and disproportionately affects women and girls. The needs of Trans survivors are also considered here.

'Honour' based violence, female genital mutilation (FGM) and forced marriage are not covered in this JSNA. Further information regarding FGM can be found in the FGM JSNA.

Unmet needs and gaps

- It appears demand for refuge may be at risk of outweighing supply, as the number of households moving out of refuge has decreased 58%, in turn increasing the time women and families are in refuge accommodation. Longer lengths of stay can delay the women's ability to rebuild their lives in the community.
- Local intelligence suggests not all schools provide healthy relationships education, as such prevention activity is not the same across the City.
- Local intelligence suggests survivors can find themselves in-between services when it comes to mental health support, with some being too high threshold for one service but too low for another.
- The Police and Crime Commissioner (PCC) have identified a lack of long term specialist therapeutic (for example re PTSD) and psychological support services relative to demand in relation to sexual violence and abuse.
- Local intelligence suggests there is a gap in mental health support for survivors of domestic abuse, with some reporting an unclear pathway as to where survivors can receive support and in what circumstances. There is considerable anecdotal evidence that mainstream mental health services are difficult to access and are not trauma informed. Both SV and DVA victims and survivors report that the services are too short even if they do manage to access them
- The PCC have also identified that although a specialist SV counselling service is commissioned the waiting list for this is very high and continues to grow. In addition, the service cannot meet all the mental health needs of victims and survivors
- There is a lack of common language and understanding about the clinical therapeutic needs of victims and survivors who have suffered trauma and how best to support them
- There is evidence that victims and survivors do not feel believed when disclosing to health and other professionals, this is a barrier to service provision
- Whilst sexual violence is a gendered crime which disproportionately affects women and girls, men are victims too and this presents challenges for commissioners and providers in ensuring that services are equitably publicised and accessible for all who need it.

Recommendations for consideration by commissioners

Domestic violence and abuse

Housing

- Commissioners and policy makers should explore possible ways of moving women and families through refuge in a more timely manner, potentially through housing policy or initiatives such as Housing First.
- It is also important to consider the potential effects of the Homelessness Reduction Act on provision and any potential changes to service provision or access criteria that may be required. Housing was cited by survivors as a barrier to leaving, as such ensuring adequate access to alternative housing is crucial to enabling women to leave abusive situations and not experience repeated domestic violence and abuse.
- A further piece of work may be required to publicise housing options to survivors in refuge, as local intelligence suggests many survivors and support workers believe that waiting for social housing is the best option to move out of refuge. However, as the social housing stock decreases this can lead to longer waiting times and in turn a silting up of refuge resulting in new survivors being less likely to be able to access refuge services.

Education

- Commissioners and policy makers should explore how consistent healthy relationship education provision is across City schools and ways to encourage more schools to engage specialist services to deliver this. Being young is a risk factor for domestic violence, as such it is imperative children and young people are educated about healthy relationships as part of early intervention work to prevent domestic violence occurring. Programmes in school also enable children and young people who are living with domestic abuse to get earlier help and support.
- As both domestic abuse calls to the helpline and reported domestic incidences are increasing, it is important to (as far as possible) to ensure provision can meet demand. The helpline (for all survivors, families and professionals) and IDVA support (for high risk survivors) were the services survivors felt made the most difference to them.

Health

- There is much evidence to support the importance of effective response to DV amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of DV, as well as referral pathways being effectively communicated on a regular basis.
- Work may be required to ensure mental health support is linked to specialist services and that appropriate referral pathways are established and known, to enable survivors to receive the mental health support they may require following trauma.
- Ensure IAPT are equipped to deal with PTSD that may present in DV survivors and thresholds for service are clearly communicated to the sector.

- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of domestic violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist and mainstream mental health services.
- Pathways for support, particularly therapeutic and MH support should be made clear to agencies and the public to enable clearer knowledge and improved access to services.

Specialist support

- NICE recommends provision of specialist children's support, such as advocacy or therapy, as such it is recommended where possible provision of teen advocacy and therapy for children, such as Stronger Families, continues.
- Continue to provide perpetrator programmes delivered in the criminal justice system to address perpetrator behaviour with aligned survivor support services as per NICE guidelines and to explore non-criminal justice interventions.
- Continue to provide specialist support to survivors of DSVA. NICE recommend provision of specialist support, as well as specialist support being valued by survivors themselves.
- As per Safe Lives recommendations and the City's DSVA strategy aim to ensure victims are effectively protected against repeat victimisation and supported to recover from DV, it is important to ensure we continue effective MARAC's in the City and provision of the right number of IDVA's per head of population.
- Continuation of DART would help ensure provision across the spectrum of risk and increase early intervention.
- Providers should be encouraged to consider how they can help support survivors to develop 'Space for Action'.

Equalities

- As BME survivors are over-represented amongst domestic violence services, however under-reported in reports to the police, it may be worth further exploring how we can work with BME groups to encourage reporting of domestic abuse.
- Local intelligence suggests women in the UK on spousal visas/ with no recourse to public funds affected by DSVA may be prevented from reporting and being offered support. It is important we review and understand how we can enable access to support for these women.
- Support should be available to those experiencing familial domestic violence as well as intimate partner violence, 56% of all familial domestic violence and abuse was parent/child relationships. It is important we put in place and publicise pathways, practice guidance and support for these groups.
- It is important to ensure all DSVA services have given appropriate consideration to trans survivors to ensure access to services.
- It is important we ensure all DSVA services are LGBT friendly to ensure equity of access as well as encourage LGBT survivors to seek help. Part of this could be encouraging services to monitor equality characteristics more effectively so we can identify gaps in provision and barriers to access.

Sexual violence and abuse

- Being a student is a risk factor of sexual violence; it is important we work with, and continue to work with, our universities and student population to raise awareness of consent, promote respectful attitudes towards women and girls, ensure that universities can effectively respond to disclosure and that students know how to stay safe and respect each other's boundaries. Continuation of current work being undertaken in the universities around sexual violence would work towards achieving this.
- Consideration should be given to whether we should expand the work going on in universities to colleges and FE institutions.
- As there is a strong link between sexual violence and the NTE, with 40% of all recorded sexual violence offences recorded in the early hours, it is important we continue with the initiatives we have implemented to make the NTE safe and provide safe spaces, Drinkaware crew, street pastors and awareness campaigns.
- The younger cohort appear more at risk of sexual violence, suggesting the importance of working with these groups to prevent attitudes that may facilitate sexual violence and explore consent.
- Ensure sexual violence support services are appropriately linked in with mental health support, and that the support available is suitable for need. These services should be accessible in a timely fashion and meet demand. This should include trauma support for survivors of both current and historic sexual abuse.
- There is much evidence to support the importance of effective response to sexual violence amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of sexual violence, as well as referral pathways being effectively communicated on a regular basis. Local research identified survivors stated they received a poor response when they had disclosed sexual violence.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of sexual violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist (SV counselling) and mainstream mental health services.