

Wirral Domestic Abuse Needs Assessment



November 2015

Contents

Scope.....	1
Introduction	1
Who is at risk in Wirral?	2
Women	2
Men	3
Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)	3
Child-on-Parent Abuse.....	3
Teenage Domestic Abuse	3
Ill Health, Disability and Elder Abuse.....	3
Ethnic Minorities.....	4
Other Drivers Influencing the Prevalence of Domestic Abuse.....	4
The Health and Social Impact of Domestic Abuse	5
The Costs of Domestic Abuse	6
What does the Data say about Domestic Abuse in Wirral?	6
Limitations of the Data	6
The Scale of the Problem	7
Domestic Abuse Incidents.....	7
Domestic Abuse Crimes	9
Addressing Offending Behaviour.....	12
Successful Prosecutions.....	12
Specialist Domestic Violence Court (SDVC):	12
Perpetrator Programmes	12
1) 'Building Better Relationships' (BBR) Requirement.....	12
2) The 'HELP' Programme	13
Supporting Victims and Managing Risk.....	14
Wirral Multi Agency Risk Assessment Conference (MARAC)	14
Profile of Victims at MARAC during a rolling 12 month period from June 2014 to May 2015	14
The Local Impact of Domestic Abuse.....	16
Merseyside Child Death Overview Panel (CDOP)	16
A&E, Arrowe Park Hospital - Trauma and Injury Intelligence Group Data	16
Domestic Abuse and Housing	17
Women's Refuge	18
Local Stakeholder Views	19
Victims	19

Perpetrators	19
Professionals	20
Learning from Practice	21
Domestic Homicide Reviews (DHRs)	21
Serious Case Reviews (SCRs).....	22
Evidence of Improvement.....	22
What Are We Doing About Domestic Abuse?	23
The Wirral Plan, 2020 Pledge: Zero Tolerance to Domestic Abuse	23
Champs Collaborative Service - 'Be a Lover, Not a Fighter' Campaign	23
Routine Enquiry.....	23
Screening and Risk Assessment.....	23
Offender Management of Perpetrators.....	24
Increasing Access to Perpetrator Programmes	24
Domestic Abuse Training for Professionals.....	24
Development of Domestic Abuse Dashboard Dataset.....	24
Strengthening Local Governance Arrangements.....	24
What More Can Be Done?	25
Early Intervention/Prevention Services	25
Protecting Children from Domestic Abuse	25
Focussing on the Perpetrators.....	25
Increasing Local Intelligence.....	25
Costings Analysis.....	26
A&E IDVA Post.....	26
Building Local Training Capacity	26
Learning Improvement Framework	26
Recommendations.....	27
Critical Priorities:	27
Strategic Considerations:	27
Intelligence Gathering:	27
Screening and Identification:.....	28
Additional Gaps in Provision:	28
Quality Assurance:.....	28
References.....	29
Appendix A: Dedicated Domestic Abuse Services in Wirral	38
Appendix B: Additional Programmes supporting Domestic Abuse in Wirral	40

List of Figures

Fig. 1: Comparison of Rate of Domestic Abuse Incidents per 1,000 population for 2013/14.....	7
Fig. 2: Monthly Domestic Abuse Incidents in Wirral.....	8
Fig. 3: Domestic Abuse Incidents v's Crimes in Wirral.....	8
Fig. 4: Domestic Abuse Crimes per 1,000 population by Lower Super Output Area (2014/15)	9
Fig. 5: Indices of Multiple Deprivation across Wirral by Lower Super Output Area (2015).....	10
Fig. 6: Domestic Abuse Crimes per 1,000 population, as a proportion of All Crime by Lower Super Output Area (2014/15)	10
Fig. 7: Proportion of Successful Cases to Domestic Abuse Crimes	12
Fig. 8: Age Distribution of Male Offenders with BBR Requirement.....	13
Fig. 9: Comparison of Wirral MARAC Performance against Regional/National Data, Jan-Dec 2014	15
Fig. 10: Trend Analysis of the proportion of Repeat Cases at MARAC for the previous rolling 12 month period.....	16
Fig. 11: A&E Presentations at Arrowe Park where Domestic Violence was a Factor	17
Fig. 12: Underlying Reasons for Homeless Presentations	18

Scope

A number of years have elapsed since the needs assessment for domestic abuse in Wirral was last refreshed. In that time, there have been several new developments nationally, with the government adopting a broader definition about what constitutes domestic abuse. This definition now encompasses new aspects of abuse which have become apparent in recent years, such as elder abuse, domestic abuse among young people, child-on-parent abuse and harmful cultural practices.

At the same time, austerity has resulted in significant budget cuts, both nationally and locally which brings considerable pressures upon commissioners and service planners in how best to tackle domestic abuse in Wirral. There is an urgent need for better intelligence to inform decision-making about the resources required to impact upon domestic abuse locally. Information is needed about the scale of the problem and the subsequent costs of domestic abuse to public services locally. Commissioners need to know what services are needed to support victims and their children, as well perpetrators of abuse, and whether they sufficiently resourced. Commissioners need to understand what interventions are effective, in what context and with whom. It is only with this level of information that commissioners can make truly informed decisions about future commissioning arrangements that can maximise the impact the partnership has in tackling domestic abuse.

With this in mind, the local partnership has prioritised the undertaking of this needs assessment to inform future strategy and commissioning arrangements in Wirral. Drawing upon the evidence base and the best available data, this needs assessment will attempt to provide the local partnership with as complete a picture of domestic abuse, as is possible at this time. Where there are gaps in intelligence, these are highlighted, along with a recommendation about remedial action. It is therefore intended that this needs assessment is a foundation for the local partnership to build upon, to ensure that future strategy and commissioning arrangements are built upon a solid footing.

Introduction

Domestic abuse is a complex social problem which is prevalent throughout many sections of our society, regardless of age, gender, ethnicity and socioeconomic status (Wood, Bellis and Watt, 2010). Determining the true scale of domestic abuse is also extremely challenging, for reasons that it is likely to be underreported (NICE, 2014). The Crime Survey for England and Wales for 2013/14 estimated that 1.4m women and 700,000 men suffered some form of domestic abuse (ONS, 2015). Each year, over 100,000 people in the UK are considered to be at high risk of being murdered or seriously injured, as a result of domestic abuse and 130,000 children are estimated to live in homes where high-risk domestic abuse is prevalent (SafeLives, 2015a).

Domestic abuse can take many forms and have a devastating impact upon individual victims and their families. The traditional focus of domestic abuse has often centred upon the obvious, extreme harms of violence and death inflicted upon spousal partners (Websdale 1999; Dutton, 2001). Yet, the recent literature also recognises the damage caused by patterns of abusive, controlling behaviours (Stark, 2007; Pain, 2012). In addition, Aldridge and Browne's (2003) review found extensive evidence that abuse is often a precursor in the vast majority of spousal homicides.

Moreover, domestic abuse is closely associated with substance misuse and poor mental health (Barron, 2004). While this will doubtless have a negative impact upon the individual victims of domestic abuse, there are additional concerns where children are concerned. Cleaver et al (2011) cited domestic abuse, parental substance misuse and poor mental health as factors affecting parenting capacity. These three factors are also recurring themes in Brandon et al.'s (2013) systematic analysis of neglect

and serious case reviews (SCRs) in England (2003-11). Further evidence suggests that the impact on children extends beyond the immediate abuse and into adulthood (Bellis et al., 2014).

The traditional misconception of domestic abuse occurring between heterosexual couples, with victims being exclusively female has been shown to be flawed. Barber (2008) suggested that traditional roles can be reversed, with females as perpetrators of abuse and men as victims. Contemporary family structures have also evolved (Gerson and Torres, 2015) and with it, the range of relationships in which domestic abuse can occur. For example, there is a growing body of evidence to suggest a high prevalence of domestic abuse within LGBTI relationships. Letellier and Island (2013) called for a greater recognition of this problem, as part of a wider commitment to eradicating domestic abuse in all its forms. Meanwhile, Coogan (2013) described child-on-parent violence as a '*growing social problem*', one which is becoming increasingly visible among children and young people who have been referred into child and adolescent mental health services for behavioural problems. As life expectancy increases and people tend to live longer, abuse of the elderly is also becoming prominent in the media. Penhale (2008) suggested that elder abuse can occur in a variety of settings, including the elderly person's home. She further argued that despite increased recognition of elder abuse, not enough is known about the extent of the problem and more needs to be done. Finally, as globalisation has led to an increasingly diverse society within the UK, other aspects of abuse also receiving media attention relate to the harmful cultural practices which are prevalent within other ethnic minority groups. These include honour-based violence (HBV), Female Genital Mutilation (FGM) and forced marriage (Iranian and Kurdish Women's Rights Organisation, 2015).

In acknowledgement of the harms caused by all forms of domestic abuse, the Government has redefined domestic violence and abuse 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" (Home Office, 2013a).

This definition included psychological, physical, sexual, financial and emotional aspects of abuse, as well as honour-based violence (HBV), Female Genital Mutilation (FGM) and forced marriage.

Who is at risk in Wirral?

While the problem of domestic abuse is prevalent throughout all social strata within society, there are a number of factors associated with increased risk. These risks are discussed within the context of the following groups:

Women

Females are certainly at increased risk of experiencing domestic abuse; with national data suggesting that the likelihood of females experiencing domestic abuse is estimated to be double that of males (ONS, 2015). That risk is heightened during particular periods, for example, around the ending of a relationship (Richards, 2004; Smith et al., 2011) and during pregnancy (Harrykisson et al., 2002), although Bowen et al. (2005) cite pregnancy as a protective factor in some cases.

There is also evidence to suggest that female victims suffer more severe forms of domestic abuse, violence and control (Walby et al., 2004). In addition, Rose et al. (2011) asserted that females experience barriers to disclosing domestic abuse, such as fear of not being taken seriously, of further reprisals or of social services involvement where children are involved. As such, there is likely to be significant underreporting of domestic abuse incidents within this group.

Men

Perhaps influenced by historical misconceptions that domestic abuse victims were exclusively female, research has focussed heavily upon males in the role of perpetrator (Drijber et al., 2012), however recent evidence has shown that males can be victims also. Evidence would suggest that male victims are not likely to report domestic abuse incidents to the police and they fear nor being taken seriously were they to do so (Barber, 2008; Smith et al., 2010; Drijber et al., 2012).

Although the literature suggests that males are less likely to become victims of domestic abuse than females and experience less severe forms of abuse, there remains a group of males where the effects of domestic abuse are felt no less seriously (Kimmel, 2002; Humphreys and Thiara, 2003). Humphreys and Thiara (2003) further asserted the lack of services to support male victims, as well as a lack of acknowledgement of their circumstances, can exacerbate their isolation. Combined with a reluctance to report abuse, they suggested that male victims are largely hidden.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)

There is a growing body of evidence within the literature which suggests that domestic abuse is highly prevalent within the LGBTI community. Roch et al. (2010) found that as many as 4 in 5 (80%) trans people have experienced some form of domestic abuse by their (ex) partner. For lesbian, gay and bisexual people, 2 in 5 (38%) have reported suffering domestic abuse, although this is likely to be higher (Donovan et al., 2006). Prejudice and fear of homophobic responses are cited as one of the underlying causes of underreporting by a number of research studies (Balsam, 2001; Humphreys and Thiara, 2003; Nicholson et al., 2003).

Child-on-Parent Abuse

Child-on-Parent abuse remains largely hidden, perhaps due a reluctance of parents to report such problems (Kennair and Mellor, 2007). Holt (2012) describes child-on-parent abuse as '*a pattern of behaviour that uses verbal, financial, physical or emotional means to practise power and exert control over a parent*'.

Teenage Domestic Abuse

Domestic abuse within teenage relationships is also becoming increasingly visible. In a study by Meltzer et al. (2009), 72% of girls and 51% of boys, aged 13 to 16 years, reported experiencing emotional abuse within an intimate partner relationship. In addition, 31% of girls and 16% of boys reported experiencing sexual violence, while 25% of girls and 18% of boys reported experiencing physical violence (Meltzer et al. 2009). Barter et al. (2009) found that 1 in 6 females had suffered

The profile of domestic abuse among teenagers is also very similar to that of adults, in that females are more like to experience domestic abuse and more likely to experience more severe forms. Likewise, young people in same sex relationships were at increased likelihood more likely to experience domestic abuse.

Adults at Risk (Ill Health, Disability and Elder Abuse)

Smith et al. (2011) reported that the risk of experiencing domestic abuse is increased almost twofold for individuals who are living with a disability or long-term illness. Additionally, individuals with a mental health disorder were found to be at increased likelihood of becoming a victim of domestic violence (Trevillion et al., 2012; Howard et al., 2013). Women's Aid (2015) suggested that between 50% and 60% of female users of mental health services will have experienced domestic violence at some stage while up to 20% will be currently experiencing abuse.

In other vulnerable groups, O’Keeffe et al. (2007) estimated in a UK survey that up to 227,000 people, aged 66 and over, were neglected or abused in the previous 12 month period. Perpetrators included family members, friends and carers and the range of abuse included psychological, physical, sexual and financial elements.

Ethnic Minorities

There are a number of other additional forms of abuse, otherwise known as harmful practices, which some ethnic minority groups are vulnerable to. These include Female Genital Mutilation (FGM), Honour-based violence and forced marriage. Estimating the prevalence of each of these forms of abuse is extremely challenging and incidences are likely to be underreported (NICE, 2014).

The World Health Organisation defines FGM as ‘*all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*’ (WHO, 2014). According to the Foundation for Women’s Health Research and Development, there are 137,000 females living with the consequences of FGM in the UK and a further 60,000 girls under the age of 15 are at risk of FGM (FORWARD, 2015).

Honour-based violence and forced marriages can occur across a range of different faiths and cultures but are more likely to occur in some more than others. This is particularly true of the Pakistani, Kurdish and Gypsy and Traveller Communities where there is an oppressive patriarchal culture (Home Affairs Select Committee, 2008; Brandon and Hafez, 2008). In 2014, the Forced Marriage Unit dealt with 1,267 possible cases of Forced Marriage and where the age of victims was known, 11% of cases involved a minor under the age of 16 years.

Other Drivers Influencing the Prevalence of Domestic Abuse

As previously discussed, domestic abuse affects the whole of society, regardless of age, gender, ethnicity and socioeconomic status (Wood, Bellis and Watt, 2010). Certainly, the charity, Refuge (2015) declared the assumption that ‘*domestic abuse only occurs in deprived communities*’ to be a myth. Yet, while this may be true in part, there is evidence to suggest that the prevalence of domestic abuse increases with deprivation. ONS (2014a) data reported that 9.1% of women living in the poorest communities (20% most deprived) had experienced domestic abuse, compared to 5.6% of women living in the most affluent communities (20% least deprived) and 6.7% for the remainder of the female population. Jutte et al. (2014) attributed this phenomenon to the fact that poverty can erode an individual’s resilience and capacity to cope with stress, which can then be manifested across a range of other problems including domestic violence.

There are also strong links between alcohol and violent crime (Institute of Alcohol Studies, 2014). The findings of studies which have sought to explore the co-occurrence of domestic abuse and alcohol consumption are extremely varied. In a study of 6,000 households in the US, Kantor and Straus (1987) found co-occurrence in 25% of cases of intimate partner violence, whereas Pernanen’s (1991) Canadian study reported a rate which was closer to 50%. However, Gilchrist et al.’s (2003) analysis of domestic violence in the UK suggested that alcohol was a factor in as many as 73% of cases of domestic violence. Thus, although not necessarily a causal factor, the evidence would suggest that alcohol consumption is an exacerbating factor in domestic abuse incidents.

The Health and Social Impact of Domestic Abuse

The health and social impact of domestic abuse is extensive and costly, both to the individual victims and to wider society. In the most extreme cases, domestic abuse can be manifested in the form of violence, leading to physical injury, sexual abuse, rape and death (Bellack et al., 2013). In cases where domestic violence continues through pregnancy, there is evidence to suggest an association with increased risk of miscarriage, premature delivery and low birth weight (Murphy et al., 2001; Janssen et al., 2003).

Yet, victims are far more likely to experience surreptitious, non-physical forms of domestic abuse, causing psychological, emotional or financial harm to the victim (ONS, 2014). The outcome of asymmetries of power and control in the relationship between the perpetrator and the victim can often lead to the latter becoming social isolated (Stark, 2007; Pain, 2012; Hester, 2013). This can lead to absenteeism from work, either temporarily to avoid detection of injuries or as part of more systematic control.

The longitudinal effects of domestic abuse upon victims' mental health can also be considerable and far reaching. Herman (2001) cites domestic abuse as the most prevalent cause of depression in women and a contributor to self-harm, suicide and post-traumatic stress disorder (PTSD). The findings of a study by Ludermir et al. (2008) suggested that 50% of women who had experienced domestic violence had a clinical mental health diagnosis compared to 20% of women who had not experienced violence. As a result, Dutton et al. (2005) asserted that for women who have experienced domestic violence, the risks of developing depression, PTSD, substance misuse problem or suicidal ideation are between 3 and 5 times greater.

Substance misuse, particularly in respect of alcohol, is considered to be both a precursor and symptom of domestic violence (Barron, 2004). A research study undertaken by Rees et al. (2011) found that victims of domestic abuse are 5.5 times more likely to be diagnosed with a substance misuse problem over their lifetime. At the same time, Smith et al. (2012) suggested that 21% of victims of intimate partner abuse believed their attacker was under the influence of alcohol while 8% believed they were under the influence of drugs. As previously, discussed, Cleaver et al. (2011) have suggested that factors such as domestic abuse, parental substance misuse and poor mental health undermine the victims parenting capacity.

By far the most worrying aspect of domestic abuse is the impact on children, as the evidence shows an association between Adverse Childhood Experiences (ACEs) and problems in adulthood. For example, Larkin et al. (2012) found evidence that substance misuse, poor mental health and behavioural problems in adulthood could be linked back to past events, such as experiencing domestic abuse as a child. Similarly, Bellis et al. (2014) reported that ACEs '*contribute to poor life-course health and social outcomes in a UK population*' and further suggested a link between ACEs and involvement in violence, early unplanned pregnancy, incarceration and unemployment in adulthood. More importantly, Bellis et al. (2014) asserted that those individuals with higher incidence of ACEs carried a greater risk of exposing their own children to ACEs. This would suggest that there is a cyclical, intergenerational 'transmission' of domestic abuse which highlights the critical importance of children's needs in any domestic abuse strategy.

In addition, there are other implications to consider in respect of development of children and young people who experience domestic abuse. Statistics from the Troubled Families programme suggested that 82% of families had a problem related to education (unauthorised absence, exclusion, NEET), 29% were experiencing domestic abuse while 35% had a child who was either a Child in Need, was subject to child protection arrangements or had been taken into care (DCLG, 2014). It is also likely that this same cohort of children will be among those who are most at risk of Child Sexual Exploitation (CSE). The Child Exploitation and Online Protection Centre observed similar patterns of controlling behaviours

within child sexual exploitation, as can be seen within domestic abuse (CEOP, 2011). In a review of CSE in gangs and groups, undertaken on behalf of the Office of the Children's Commissioner, Berelowitz et al. (2013) suggested a clear link between young people who have experienced domestic abuse and their potential vulnerability to CSE as they develop into adults.

The Costs of Domestic Abuse

Measuring the true extent of the costs of domestic abuse is extremely challenging, not least to the victims for whom the personal cost is immeasurable. Citing Walby's (2009) methodology, HM Government (2015) estimated that the costs of public services to support victims of abuse and the resultant lost economic output of victims equates to £15.8 billion each year in the UK. The costs to health and social care services, housing, criminal justice services and civil legal costs are thought to add a further £3.9 billion to the annual costs.

There are presently no estimated costs of domestic abuse in Wirral, though these are likely to be considerable. Widely regarded as the most reliable method of estimating the cost of domestic abuse, Walby's (2009) methodology could potentially be used to try to ascertain local costs. Although a thorough review of Wirral's domestic abuse costs is beyond the scope of the present needs assessment, it is recommended that this exercise is undertaken to better inform future commissioning arrangements.

What does the Data say about Domestic Abuse in Wirral?

Limitations of the Data

The quality of any needs assessment is dependent upon the data which informs it. While the data presented in this section will give the reader a sense of the scale of domestic abuse in Wirral, where it occurs and who might be affected, there are also gaps where data isn't readily available or routinely at this present time.

For example, there are several 'at risk' groups identified within the literature which appear to be considerably underrepresented, or for which there is either little local data. In the case of FGM, HBV and Forced Marriage, there is a regional piece of work to develop regional intelligence which can eventually be used to inform future needs assessments. However, for some of the other groups, such as LGBTI, there appears to be a significant level of underreporting of domestic abuse locally than the literature would otherwise suggest. Services working with these groups should seek to improve screening and identification processes in a manner that enables disclosure, thereby increasing the reliability of local prevalence data. While Wirral's Multi-Agency Risk Assessment Conference (MARAC) [see pp. 14-16] is one of the more reliable datasets available, this could be further refined to provide some means of categorising victims discussed at MARAC against the 'at risk' groups identified within the literature.

There was also evidence that local service provision is currently insufficient to meet demand but it is not clear how great the gap is between the two. Certainly, the number of cases discussed at MARAC in 2013-14 was in excess of the number of anticipated cases (see fig. 7, p. 16). Little is currently known about the prevalence of lower risk cases that do not meet the thresholds for MARAC. This is partly due to a gap in the provision of early intervention/prevention services that has existed since the closure of a local voluntary organisation that was responsible for delivering such services.

Other than conviction rates through the courts and the proportion of Repeat Victims that are discussed and managed at MARAC, there is little other data to evidence the effectiveness of local service provision. Such measures are important in determining what interventions work locally and help to

inform commissioners about where they should allocate resources. All agencies working to reduce domestic abuse in Wirral must be able to demonstrate their value of their offer and the effectiveness of their provision through outcome data. One key measure that should be developed is the effectiveness of interventions with perpetrators. Although the method of achieving this is contested in the literature, it is suggested that perpetrators' re-offending rates should be routinely monitored to determine whether interventions are successful in reducing domestic abuse locally.

There is also a lack of intelligence about the local impact of domestic abuse on children, despite evidence of a range of negative outcomes (Bellis et al., 2014) and the critical role of domestic abuse in serious case reviews of child deaths or incidents where children have suffered significant harm (Wirral LSCB, 2014). There is a sense from anecdotal reports locally, that domestic abuse is a common feature in cases of young people Not in Education, Employment or Training (NEET), Child in Need, Child Protection and Looked After Children. The literature also suggests there may be a link between children and young people who have experienced domestic abuse and then later becoming vulnerable to child sexual exploitation (Berelowitz et al., 2013). This intelligence is critical to understanding the wider impact of domestic abuse upon children's future health and social outcomes, as well as the effect this might have on future prevalence through intergenerational transmission.

As a result of these gaps in data, it is therefore difficult to determine the true scale and cost of domestic abuse to the local partnership. Without this information, it also becomes increasingly difficult for commissioner to make a case for continued/further investment, particularly in the presently challenging financial climate. As the local dataset is developed, the local partnership should undertake a full costing analysis, using a local adaptation of Walby's (2009) methodology. The outcome of these actions will be critical in supporting local commissioners and service planners to make effective, informed decisions, while strengthening the quality of future needs assessments for domestic abuse.

The Scale of the Problem

Domestic Abuse Incidents

According to Public Health England, of the 39 constabularies in England, Merseyside Police reported the second highest incidence of domestic abuse for 2013/14, at a rate of 28.4 incidents per 1,000 population (Public Health Outcomes Framework, 2015). Comparable data shows an England average rate of 19.4 incidents per 1,000 population, with West Yorkshire the highest reporting force at a rate of 30.4 incidents and Cheshire the lowest, at a rate of 4.9 incidents.

Using mid-2013 population estimates, analysis of local 2013/14 baseline data calculated the crude rate of domestic abuse incidents for each local authority area (see fig. 1), although there is a very slight discrepancy in the Merseyside rate from that cited by Public Health England above.

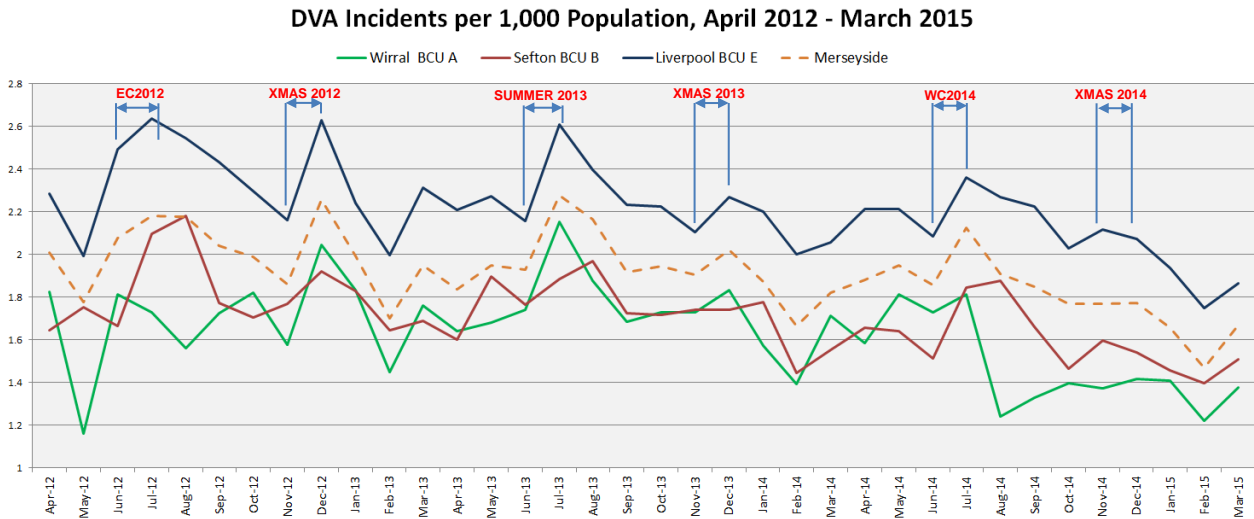
Fig. 1: Comparison of Rate of Domestic Abuse Incidents per 1,000 population for 2013/14

2013/14	Domestic Abuse Incidents	Mid-2013 Pop. Estimates 16 years and older	Rate of Incidents (per 1,000)
<i>Knowsley</i>	3,456	117,688	29.4
<i>Liverpool</i>	12,599	391,997	32.1
<i>Sefton</i>	5,688	226,432	25.1
<i>St Helens</i>	3,944	144,296	27.3
<i>Wirral</i>	6,643	260,929	25.5
Merseyside	32,330	1,141,342	28.3

Source: Merseyside Police (2015) - Delphi System

Further analysis of this data was undertaken to plot the monthly rate of domestic abuse incidents for each local authority area over time. The results are presented in the graph below (see fig. 2), although data for Knowsley and St Helens have been omitted to make it easier for the reader to identify Wirral data and make comparisons. Nevertheless, the rate of domestic abuse incidents in Wirral is consistently lower than the Merseyside average and generally lower than the other areas.

Fig. 2: Monthly Domestic Abuse Incidents in Wirral

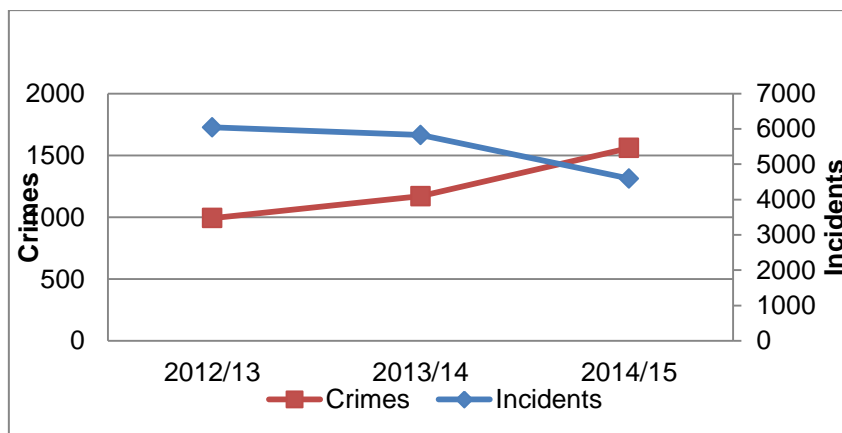


Source: Merseyside Police (2015) - Delphi System

The peaks in reported domestic abuse incidents are quite strongly associated with periods of increased alcohol consumption within the general population. These include notable footballing events, summer and Christmas. While alcohol consumption may not necessarily lead to domestic abuse in most cases, the data suggests that it can be a trigger for some individuals who are already predisposed to abusive behaviours.

It should also be noted that the peak during Christmas 2014 is less pronounced than it would otherwise have been. This is due directly to a change in reporting practices which Merseyside Police introduced in September 2014, in line with national guidance. To better understand the effect of changes in the way crime is recorded, it is useful to consider and compare the local trends for domestic abuse incidents versus crimes.

Fig. 3: Domestic Abuse Incidents v's Crimes in Wirral



Source: Merseyside Police (2015) - Delphi System

The total number of domestic abuse incidents or call-outs recorded by Merseyside Police for the Wirral area has fallen considerably across the previous three financial years, from 6,043 incidents (2012/13), through 5,826 incidents (2013/14) to 4,591 incidents (2014/15). In contrast, the number of domestic abuse crimes has risen by 57% from 992 crimes (2012/13), through 1,170 crimes (2013/14) to 1,560 crimes (2014/15).

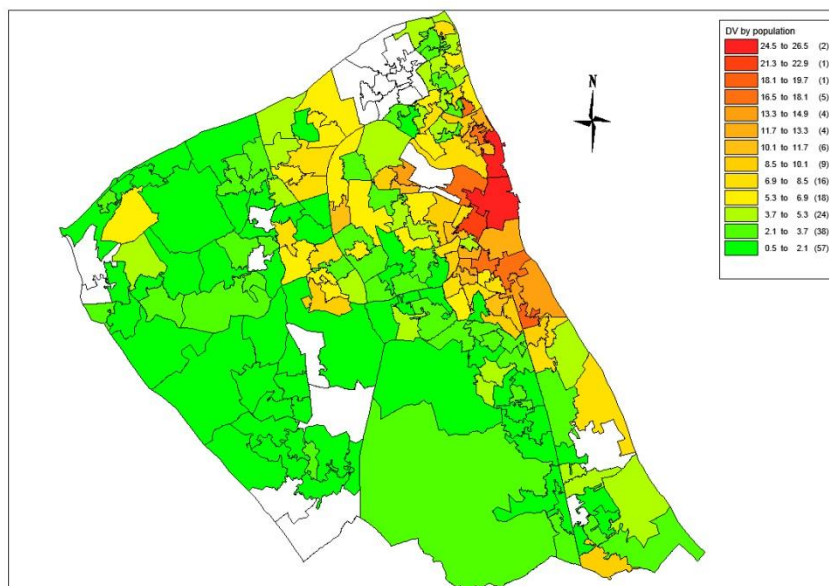
Data analysts for Merseyside Police have suggested that the seemingly contradictory nature of these data trends can be attributed to two specific factors. Firstly, national guidance recommended that domestic violence incidents should be closed as '*violence against the person with a domestic qualifier*', as opposed to being previously closed as a '*domestic incident*'. After Merseyside Police adopted this practice in September 2014, there was a noticeable decrease in recorded domestic incidents and a corresponding increase in the number of '*violence against the person*' incidents. It has been suggested that incidents data in figure 3 is likely to be an underrepresentation and the actual number of domestic abuse incidents is likely to have remained unchanged.

At the same time, the number of domestic abuse crimes has steadily been increasing. Analysis of wider datasets pertaining to violent incidents/crimes against the person showed that the incident-crime ratio for violence across the sub-region has increased from 1.0 to 1.4. In other words, a 40% increase in violent crimes has been recorded for the same number of incidents. As a data subset, domestic abuse incidents/crimes displayed a similar pattern. Moreover, further analysis of the datasets indicated that the number of the most serious violent incidents has remained steady at approximately 100 incidents across the force each month. This would suggest that any increases in domestic violence incidents are being driven by lower level violence than by serious assaults.

Domestic Abuse Crimes

A greater number of domestic abuse crimes occur in Birkenhead Town Centre and some of the more deprived communities surrounding it (see fig. 4).

Fig. 4: Domestic Abuse Crimes per 1,000 population by Lower Super Output Area (2014/15)

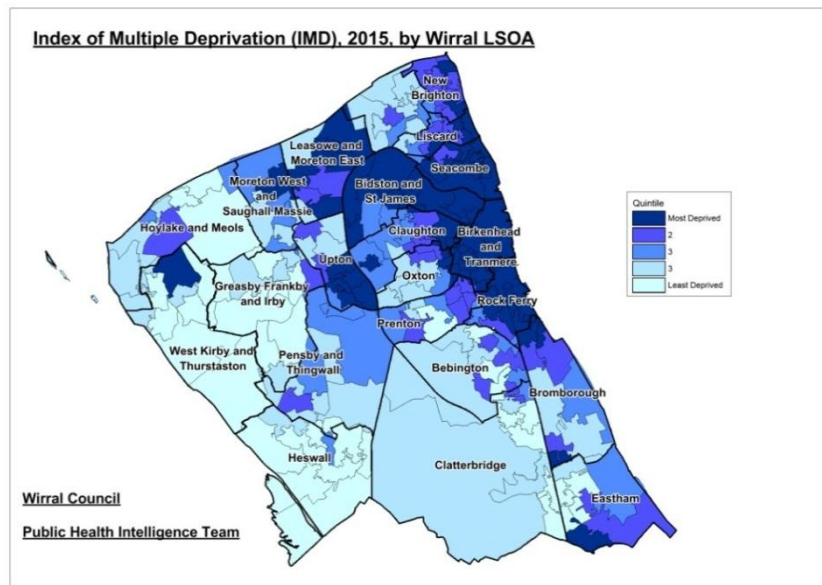


Source: Merseyside Police (2015) - Delphi System

It should be noted, however, that Birkenhead Town Centre might be disproportionately affected due to a greater number of crimes being committed within the night-time economy. Irrespective, of the seven areas where domestic abuse is highest (Birkenhead Central, Seacombe Ferry, Hamilton Square, Egremont Central, Higher Tranmere, Seacombe Library and Birkenhead Park Station), six of them rank

among the 3% most deprived areas in England. All rank among the top 5% most deprived areas in England (see fig. 5).

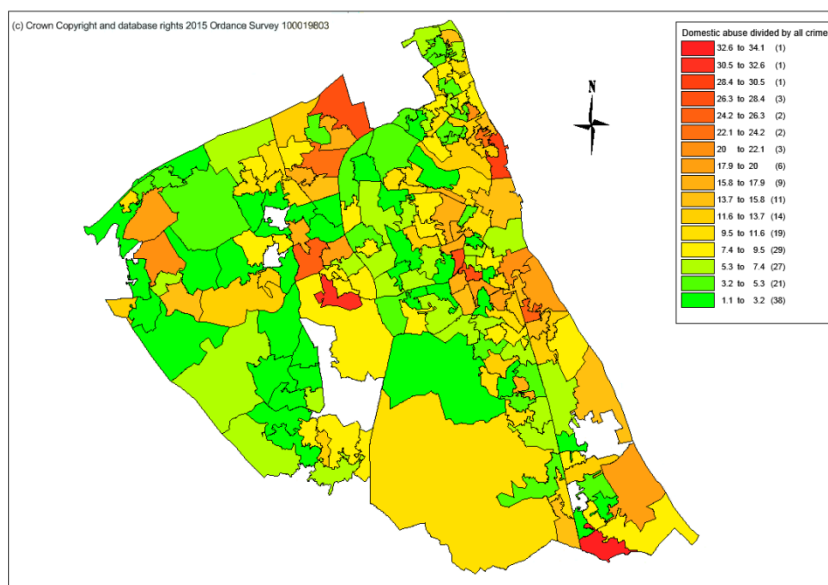
Fig. 5: Indices of Multiple Deprivation across Wirral by Lower Super Output Area (2015)



Source: Wirral JSNA (2015)

Although the data presented in fig. 4 and fig. 5 shows suggests a correlation between domestic abuse and deprivation, there is a widely held belief locally that domestic abuse within affluent communities remains a hidden problem. However, by mapping domestic abuse crimes as a proportion of all crime by LSOA across Wirral shows a clearer picture, where domestic abuse crimes become more apparent in the more affluent areas to the Southwest of the borough (see fig. 6).

Fig. 6: Domestic Abuse Crimes per 1,000 population, as a proportion of All Crime by Lower Super Output Area (2014/15)



Source: Merseyside Police (2015) - Delphi System

Further to previous arguments, it is suggested that victims/perpetrators in deprived communities are also more likely to be engaged with public services to address underlying health and social problems they might be experiencing. The argument therefore follows that victims/perpetrators in affluent communities are less likely to be engaged in public services and are therefore less visible.

Exploring domestic abuse as a proportion of all crime is a slightly crude but effective way of identifying other geographical areas of Wirral where domestic abuse may be a hidden problem. For example, some of the most affluent areas of Wirral, such as West Kirby South, Newton South and Royden Park, also indicate a greater prevalence of domestic abuse crime than might be expected for an area with fewer social problems.

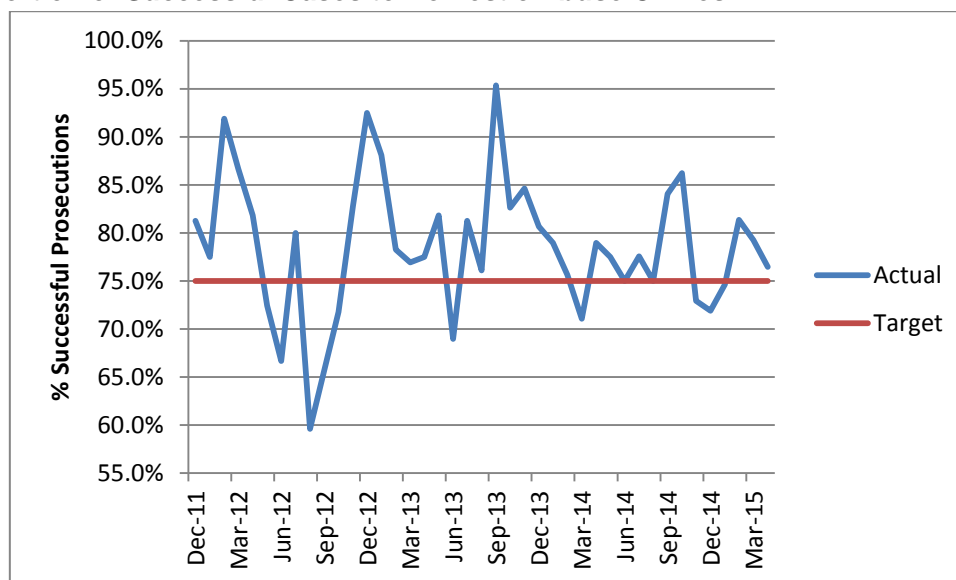
Hence, the evidence suggests that domestic abuse occurs across all communities in Wirral, rich and poor. Where domestic abuse as a proportion of all crimes is greater in affluent areas, this could indicate those parts of the Borough where domestic abuse is a 'hidden' problem. Nevertheless, the evidence overall supports an argument that the more deprived communities are disproportionately affected by domestic abuse.

Addressing Offending Behaviour

Successful Prosecutions

There are numerous, complex factors which can affect the chances of successful prosecutions being achieved. Refuge (2014) attributed some of the underlying reasons for failure as the judgemental attitudes toward victims, disengagement of victims from the process and failure to seek and prepare strong cases. Nevertheless, level of successful prosecutions achieved has largely been greater than the target of 75% since November 2012.

Fig. 7: Proportion of Successful Cases to Domestic Abuse Crimes



Source: Merseyside Police (2015) - Delphi System

Specialist Domestic Violence Court (SDVC):

The Specialist Domestic Violence Court is a dedicated resource, staffed by specially trained magistrates and staff. The SDVC is intended to fast-track perpetrators through the criminal justice system, while offering specialist support to victims of domestic abuse.

In August 2015, the SDVCs of Liverpool, Wirral and Knowsley were merged and are now located at Liverpool Family Courts. There has been little disruption to the court service as a consequence of this merger and relocation; hence the SDVC has continued to hear Wirral cases. However, data relating to Wirral cases is presently unavailable, as the courts are unable to disaggregate data by borough, although this is currently under review.

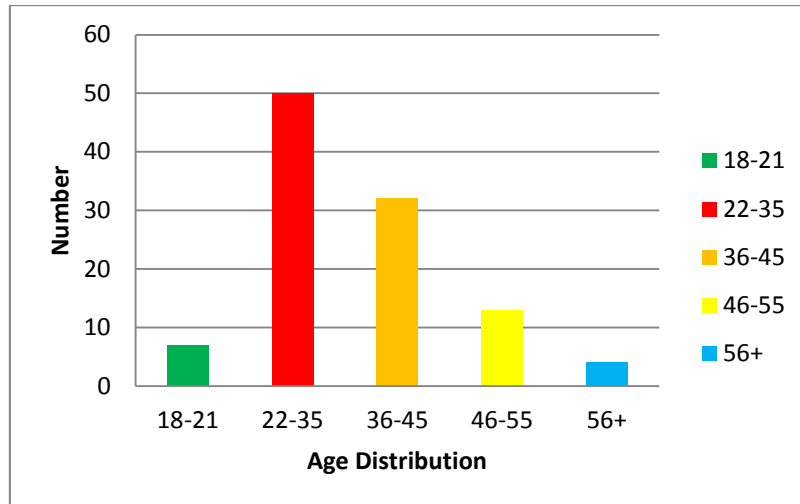
Perpetrator Programmes

1) 'Building Better Relationships' (BBR) Requirement

'Building Better Relationships' is a nationally accredited group work programme, consisting of 24 weekly group work sessions, supplemented by some one-to-one sessions. The programme is designed to reduce offending among adult males who have been convicted of intimate partner violence. The Courts may stipulate a requirement to engage in the BBR programme as part of a court order, or a BBR requirement may form part of an offender's licence conditions following a prison sentence. The programme seeks to address aspects or deficits within the offender's cognitive functioning, emotions and relationships which might have contributed to their offending behaviour.

As of July 2015, there were a total of 785 male offenders being managed by the Wirral Service Delivery Unit of Merseyside Probation Service, of which 14% (n=106) had a BBR requirement. Of these 106 offenders, more than 3 in 4 were between 22 and 45 years of age (see fig. 8). Analysis of this group's criminogenic needs indicates strong correlations between their offending behaviour and relationship problems, poor cognitive functioning, attitudes and alcohol use.

Fig. 8: Age Distribution of Male Offenders with BBR Requirement



Source: National Probation Service (2015)

Where offenders pose a serious risk of harm to the public, they can be subject to specialist risk management processes, otherwise known as Multi Agency Public Protection Arrangements (MAPPA). As of August 2015, Merseyside Probation Service was managing 441 MAPPA cases across all levels of risk management (see MoJ, 2012). Of these cases, 82 were the subject of Domestic Violence flags, with 30 cases managed in the community and 52 in custody. Since April 2014, Merseyside Probation have achieved 24 completions of the BBR programme, with a further 50 offenders either attending the current programme, or booked to attend in the near future.

2) The 'HELP' Programme

Merseyside CRC currently deliver a voluntary 12 week 'HELP' programme, designed to support males who struggle with a range of relationships and are in danger of being convicted of domestic abuse. Until recently, access to the HELP Programme has been restricted to current clients of Merseyside Probation/CRC or via referrals from partner agencies in health and social care services, family and children services, housing, etc.

Since the launch of the HELP Programme in May 2014, a total of 29 Wirral residents have commenced the programme, of which 21 have completed. CRC is currently planning to expand the programme to include female perpetrators and open up access to a wider audience by delivering within voluntary sector organisations.

Supporting Victims and Managing Risk

Wirral Multi Agency Risk Assessment Conference (MARAC)

Wirral Multi Agency Risk Assessment Conference (MARAC) is a fortnightly meeting where a range of professionals come together to manage the risk of domestic abuse to victims. Professionals include representation from the police, health, social services, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and the voluntary sectors.

Professionals who are concerned about the safety of individuals who are/may be experiencing domestic abuse are able to make a case referral, together with a risk assessment, to the Family Safety Unit for consideration. Where the relevant thresholds for are met, high risk cases will then be referred in for discussion at MARAC. Those lower risk cases which do not meet the thresholds for MARAC are signposted to other provision, usually early intervention prevention services, for ongoing support.

All information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to victims. In addition, MARAC also considers actions for managing the behaviour of perpetrators. All agencies work to an agreed, coordinated plan of action but every agency remains individually accountable for actions undertaken on behalf of the victim's welfare.

Profile of Victims at MARAC during a rolling 12 month period from June 2014 to May 2015

- Female victims were involved in 737 (97.4%) of the 757 cases discussed.
- Only 20 cases (2.6%) involved a male victim, against a recommended minimum of 10% (SafeLives, 2015b). This is consistent with Humphreys and Thiara's (2003) assertion that male victims are largely '*invisible*' and suggests that male victims in Wirral are unlikely to report experiencing domestic abuse.
- Just 7 victims belonged to the LGBTI group, equating to 0.01% of the total number of cases. Estimating the LGBTI population is difficult but Household Survey data suggested that 1.6% of adults aged 16+ years regarded themselves as lesbian, gay or bisexual (ONS, 2014b). SafeLives (2015b) suggests that LGBTI representation at MARAC should be between 5-7%. Notwithstanding the difficulties in obtaining a reliable estimate for the purpose of comparison with local data, LGBTI cases are clearly underrepresented at Wirral's MARAC compared to the estimated proportional representation in the wider population.
- Of the cases discussed at MARAC in this period, 34 cases (4.5%) involved a victim with a disability. This is short of the recommendation of SaveLives (2015b) recommended minimum of 17%.
- Currently, although referral data for adults at risk is currently limited, this cohort suggests that such incidents are underreported and therefore the number of local victims is likely to be considerably greater.
- SaveLives (2015b) recommends that a minimum of 8% of MARAC cases relate to victims from BME groups, on the basis that the proportional BME representation in the UK population is 14% (ONS, 2012). Yet, BME groups make up only 5.03% of Wirral's population (Wirral JSNA, 2015), against which a total of 25 cases (3.3%) of cases were discussed at Wirral's MARAC in 2014.
- A total of 6 cases (0.79%) of honour-based violence or forced marriage were known to MARAC during this period. A regional strategic group is presently looking at FGM, Honour-based violence and Force Marriage to better understand local/regional prevalence and form an appropriate response. The findings of this regional group will be used to inform future local needs assessments of domestic abuse.

- The prevalence of all child-on-parent abuse is currently unknown, for reasons that MARAC data only includes perpetrators who 16 years and older and younger perpetrators are not discussed at MARAC. However, there is data from a Multi-Systemic Therapy Programme supporting families where their children have behavioural problems. Of the last 100 families supported, 94 parents had been in a domestically violent relationship and 63 children and young people had been violent towards one or more of their parents. Further intelligence is needed in this area.
- In this period, a total of 26 cases (3.4%) involved young people aged 16-17 years. In 17 cases (2.2%) the young person was the victim and in 9 cases (1.2%) the young person was the perpetrator.

Clearly, there are a number of 'at risk' groups that are currently underrepresented among the cases discussed at MARAC. Yet, the profile of representation at the MARAC is dependent on partner referrals into the system, hence more needs to be done to encourage the identification of domestic abuse in these groups, so that victims can be referred into and supported through the MARAC process.

Otherwise, the evidence suggests that Wirral MARAC performs very effectively and compares favourably with its neighbouring equivalents (see fig. 9 below).

Fig. 9: Comparison of Wirral MARAC Performance against Regional/National Data, Jan-Dec 2014

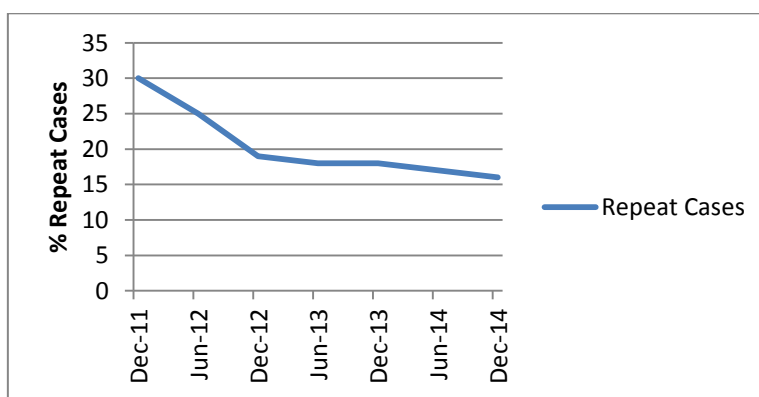
	National	Merseyside	Knowsley	L'pool North	L'pool South	Sefton	St Helens	Wirral
No of MARACS	285	6	1	1	1	1	1	1
Cases discussed	76,336	2,892	304	630	320	480	465	693
Recommended cases		2,350	250	520	260	480	290	550
Cases per 10,000 population (SafeLives recommends 40)	32	49	49	48	49	40	63	51
Children in household	96,523	4,475	482	1,020	495	703	569	1,206
Year on year change in cases	18%	7%	41%	-12%	-3%	-9%	63%	11%
Repeat cases (SafeLives recommends 28%-40%)	24%	20%	30%	17%	18%	21%	22%	16%
Police referrals	62%	65%	65%	69%	65%	67%	75%	54%
Partner agency referrals	38%	35%	35%	31%	35%	33%	25%	46%
BME (BME pop. = 8%)	15%	4%	1%	8%	14%	1%	2%	3%
LGBTI (SafeLives recommends 5%+)	1%	1%	1%	0%	1%	1%	1%	0%
Disability (SafeLives recommends 17%+)	4%	2%	4%	0%	2%	0%	1%	5%
Males (SafeLives recommends 4%-10%)	4%	3%	2%	3%	4%	4%	2%	3%
Victims, aged 16-17 years	1,335	68	4	23	5	12	5	19
% Cases where victim is aged 16-17 years	2%	2%	1%	4%	2%	3%	1%	3%
No. harming others aged 17 or below.	733	36	3	13	1	12	-	7

Source: Merseyside Police (2015) - Delphi System

In the calendar year of 2014, Wirral MARAC discussed more cases (n=693) than any other on Merseyside and 26% more than the expected SaveLives (2015b) estimates, based on the likelihood of high-risk victims reporting domestic abuse to the police. Wirral MARAC enjoys a good level of partner engagement, with the highest proportion (46%) of partner agency (non-police) referrals of any MARAC on Merseyside.

Moreover, Wirral MARAC has fewer repeat victims (16%) in Merseyside, considerably lower than SaveLives (2015b) recommendation of 28% to 40%. As one measure of the local system's effectiveness in tackling domestic abuse, Wirral MARAC has managed to halve the proportion of repeat victims discussed over a three year period, from 30% at the end of 2011 to 16% at the end of 2014 (see fig. 10 below).

Fig. 10: Trend Analysis of the proportion of Repeat Cases at MARAC for the previous rolling 12 month period



Source: Merseyside Police (2015) - Delphi System

The Local Impact of Domestic Abuse

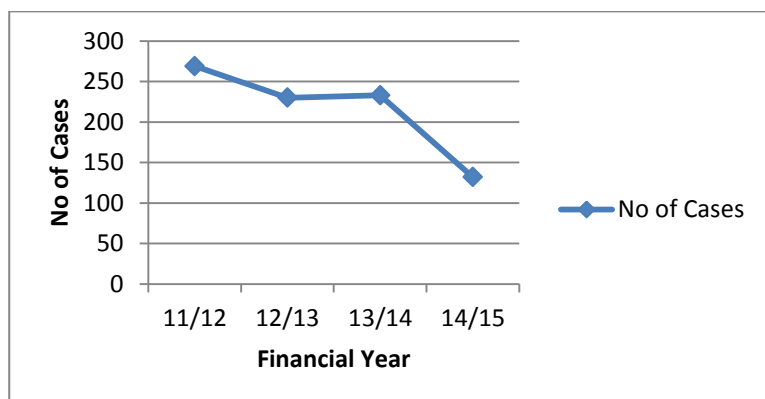
Merseyside Child Death Overview Panel (CDOP)

Domestic abuse continues to be regularly associated with neonatal and infant deaths on Merseyside. Of the 88 child deaths that occurred in 2014-15, domestic abuse was a feature within the care records of 42% (n=37) of all cases (Merseyside CDOP, 2015). In their annual report, Merseyside CDOP (2015) referenced the difficulties of establishing the presence of an adult male within such cases and a direct causal link between domestic abuse and death. It is likely therefore those child deaths from homes where domestic abuse is prevalent are underreported.

A&E, Arrowe Park Hospital - Trauma and Injury Intelligence Group Data

From 2011/12 to 2014/15, A&E data reported a total of 864 presentations where domestic violence was a factor (see fig. 9). During 2014/15, there was a significant downturn in the number domestic violence cases recorded, although this is likely to be an issue with reporting within A&E, rather than a real reduction in cases.

Fig. 11: A&E Presentations at Arrowe Park where Domestic Violence was a Factor



Year	No of Cases
2011/12	269
2012/13	230
2013/14	233
2014/15	132

Source: Liverpool John Moores University (2015) – TIIG Data

Of the 865 presentations where domestic violence was a factor during this period, 43% (n=372) admitted to consuming alcohol in the previous 3 hours, while 46% (n=397) believed their attacker was drunk. Overall, alcohol consumption was an underlying factor in 61% of all A&E presentations where domestic abuse was a factor.

Domestic Abuse and Housing

In extreme cases of domestic abuse, particularly where there is violence, it may not be possible for the victim and perpetrator to continue living together. Traditionally, this has often led to the victim presenting to Local Authority to be re-housed. Where a victim presents to the local authority for re-housing on the grounds of domestic abuse, they are usually assessed as being in priority need and consequently regarded as statutory homeless and, as such, owed a duty to be re-housed by the Council.

Potential housing options available to victims of domestic abuse can include:

- Re-housing in alternative general needs accommodation.
- Temporary accommodation in bed and breakfast¹ (including out of area).
- Temporary accommodation the Women’s Refuge (including out of area).
- Temporary accommodation in young people’s accommodation, where appropriate

Options to be accommodated out of area are usually only considered in those cases where the likelihood and consequences of violence occurring are extremely high.

The Housing Options and Homelessness Teams report that there has been an increase in the number of cases where violence was the main cause of homelessness over the last year. The table below shows that homelessness, as a consequence of violence, increased by 47% in 2014/15 when compared with the previous year.

¹ This is not a housing option for women with children except in an emergency and even then, only for a maximum of six weeks

Fig. 12: Underlying Reasons for Homeless Presentations

Main Reason for loss of settled accommodation (full duty)			
	2012/13	2013/14	2014/15
Parents no longer willing to accommodate	23	26	13
Other relative no longer willing to accommodation	11	23	11
Relationship Breakdown	14	14	8
Violence	35	17	25
Harassment	6	3	4
Mortgage arrears	15	12	5
Rent arrears	8	3	3
Loss of rented accommodation	31	19	17
Left institution (prison/hospital/other)	7	11	9
Other	15	9	5
TOTAL	165	137	100

Currently, data reporting requirements do not disaggregate domestic abuse from all other types of violence associated with Statutory Homelessness, such as racially-motivated violence. Nevertheless, it is the opinion of local experts that re-housing on the grounds of violence is predominately driven by cases of domestic abuse. In recent developments, the Supported Housing and Homelessness Division has recently implemented a web-based supported housing referral system which will improve local data collection about the housing and support needs of domestic abuse victims. This data will then be used to inform future strategic commissioning arrangements.

Women's Refuge

In cases where a victim needs to be urgently re-housed for their own safety Wirral Council, through its Supported Housing Programme a local charitable agency, to provide a Women's Refuge. This service is delivered through a purpose-built accommodation-based service comprising 12 bed-spaces that enable a mix of single women, as well as women with children, to be accommodated.

The Refuge delivers a range of housing-related support to its residents, including:

- Assistance to secure permanent accommodation.
- Support to maximise benefits.
- Advice around accessing primary healthcare services.
- Employment, training and education opportunities.
- Specific domestic abuse support such as safety planning.
- Transitional resettlement and outreach support for former residents of the Refuge that have secured independent accommodation in the community.

Over the past 3 years, the Refuge has seen a 65% increase in the numbers of people accommodated. In 2013/14, the Refuge received 224 individual referrals, from which they accommodated 53 women and 90 children. Of these 53 women, just over a quarter (26.4%) were aged 18-25.

The Supported Housing Team has worked closely with Refuge to refine and optimise their policies in relation to access to the service. In addition, a collaborative bid has been submitted to central government for funding towards the recruitment of a complex needs worker and young person's worker to be based at the Women's Refuge. In addition, a collaborative bid has been submitted to central government for funding towards the recruitment of a complex needs worker and young person's worker to be based at the Women's Refuge. It is hoped that a successful bid will enable the Refuge to

accommodate a greater number of domestic abuse victims who present with complex needs and enhance the service provided to young victims of domestic abuse.

Local Stakeholder Views

Victims

All of the women who were interviewed recognised their status as a victim of domestic abuse but this recognition occurred at different points in their journey. In one case, the victim realised early on in the relationship while another needed to research the internet before coming to that conclusion. The majority, however, only seemed recognise they were 'victims' when things had escalated to the point of violence. For one woman, *'it was my life'* and all she had ever known.

The reasons that women gave for seeking support were varied, although children and family were cited as significant factors. For others, fear for their lives, the inability to *'take it anymore'* and a desire to rebuild self-confidence were all mentioned. Victims mostly approached voluntary sector organisations for support although the police and social services were also mentioned. Another woman approached her family initially. Fear of the perpetrator, fear of not coping alone, feelings of low self-worth and not feeling ready were all reasons given for not seeking support sooner. One victim stated that she failed to seek support earlier because her perpetrator said *'there wasn't a problem because he wasn't hitting me'*.

Victims' opinions concerning the support they subsequently received were also varied. For some women, local services were *'very helpful'*; with one woman claiming that this *'is the first time I feel supported in 21 years'*. On the other hand, some women felt unsupported by statutory services. For one woman, the initial support received was welcome but seemed to fall away over time. In terms of what could have been done to improve their experience of services, half of the women interviewed implied that a greater awareness of local provision to support victims might have helped. The other half suggested that more understanding and empathy from professionals, about why victims *'put up with it for as long as we do'*, despite *'us being vulnerable and scared'*. In addition, one woman felt that professionals needed to understand how manipulative perpetrators could be and should be *'better trained to understand victims and perpetrators behaviour'*.

Perpetrators

The following represents self-reported feedback from participants who attended the 'HELP' Programme in addition to comments from the programme facilitators. It should be noted that it does not include any data from individuals subject to a 'Building Better Relationships' (BBR) requirement. Programme participants analysis of the underlying issues contributing to their relationship difficulties revealed a number of common themes. Substance misuse, stress and worry, managing emotions and communication problems featured prominently.

All participants were asked a range of questions before starting and after completing the programme, as a means of evaluating attitudinal change. Prior to the programme, all participants expressed a desire to learn from their past experiences and make positive changes for the future. They lacked confidence that they would be able to do so, although this increased considerably following completion of the programme. Similar increases were seen in participants' ability to see another's point of view but each struggled to acquire greater recognition about their own contribution to their relationship difficulties.

Following the programme, all participants reported increases in their ability to control emotions, to trust others, to resolve problems and conflict effectively, to express themselves clearly and calmly and to listen to their partner. All participants spoke highly of the programme, the facilitators, the delivery and the benefits they gained from their attendance on the programme.

One participant managed to secure and sustain employment during the programme, while his relationship with his partner and family improved considerably. Another participant reported that the skills taught within the programme helped him to reconcile his acrimonious relationship with an ex-partner for the sake of their children. The final participant was reported to be making better decisions in her relationship, while recognising how to manage the shortcomings of her partner.

Professionals

Professionals were asked to complete a short survey which sought to explore their views about the local system to tackle domestic abuse and a total of 48 responses were received.

Survey participants felt that the public were generally aware about domestic abuse, although many felt that more could be done to raise public awareness through local media campaigns, advertising and social media. It was widely recognised that disclosing domestic abuse can be very difficult for many reasons. Both love and fear of the perpetrator were mentioned, along with fear of social service involvement with children, stigma and embarrassment, loss of control, familial and financial ties, lack of confidence and a perceived lack of support. It was also noted that victims might fail to see domestic abuse in the same way as domestic violence.

In terms of knowing where to access appropriate support, only a minority of participants believed that victims and perpetrators would know where to look (Victims=19%, Perpetrators=5%). Most participants generally believed victims and perpetrators to be unaware of the support available (Victims=45%, Perpetrators=86%). The remainder were unsure (Victims=36%, Perpetrators=9%).

In the case of victims, a number of participants suggested that more often than not, victims would only tend to access support, following an emergency call-out to the police. Others felt that while victims might be aware of the support available, they were less inclined to access support for the reasons previously stated. A number of professionals perceived that the recent loss of provision, namely the Zero Centre, meant that there was no longer any drop-in provision that victims could use to access support voluntarily. In the case of perpetrators, participants felt that some perpetrators were either ignorant or in denial of their role in the abuse. Several felt that many perpetrators would not be inclined to access support unless it was part of a Court order and even if they were inclined, there is little preventative support for perpetrators under a voluntary basis, and little advertising of what support is available.

A broad range of suggestions were made as to how disclosure of abuse might be better enabled. Greater public awareness through local media was suggested, along with better identification of abuse through routine enquiry supported by increased access to domestic abuse training for staff. It was suggested that a local support network should be established for victims and while another suggested a network of volunteer advocates or domestic abuse champions should be established across local services. It was also felt that the presence of an Independent Domestic Violence Advocate in the local A&E Department could be an important avenue for offering support.

Only a quarter (24%) of professionals felt that there are sufficient opportunities locally to access domestic abuse misuse training, with two thirds (66%) believing access to be limited and the remainder (10%) unsure. Although the quality of training was well-regarded, factors such as limited training sessions, long waiting lists and cancelled training sessions were cited as some of the problems concerning training provision.

In terms of local provision to support victims, the minority of participants (17%) believed it to be sufficient, over half (51%) believe it to be lacking, with almost a third (32%) reportedly unsure. A considerable number of participants made specific comments on the lack of early intervention/prevention support currently for '*low to medium risk*' victims. The majority of participants (59%) also believed that there is insufficient provision to support children affected by abuse, while the

remainder (41%) were unsure. Some of the available provision was described as '*excellent*' but service capacity and long waiting lists were cited as problems. Likewise, a similar proportion (56%) believed that provision to support perpetrators is insufficient, while the remainder (44%) were unsure. Not a single participant felt provision for children or perpetrators currently meets demand.

Responses as to how the local system could be improved elicited a range of answers but there were some common themes. Greater awareness about domestic abuse among the public and professionals, improved multi-agency working and greater investment in service provision were some of the initial suggestions made. It was also suggested that improved strategic coordination is required, that links the LSCB, Adult Safeguarding and Community Safety Partnership Boards. This, along with a long-term strategic plan would help to avoid hasty, ill-informed commissioning decisions. Recruitment of more IDVAs with the local system, particularly those located at local A&E services, was cited by a number of professionals. Other suggestions included the provision of more therapeutic services for victims and children, as working with young people in relation to healthy relationships.

Learning from Practice

Together, Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs) for children and young people and local quality assurance audits can help to create a 'window' on the local system's effectiveness in tackling domestic abuse. Used collectively, they can demonstrate and evidence the local partnership's capability to derive 'intelligent' learning concerning those parts of the system that are not working as effectively as they could. Further, that any subsequent actions taken by the partnership as a result of this learning is well-informed, appropriate and is most likely to lead to improvements, both within the local system, as well as frontline practice.

Domestic Homicide Reviews (DHRs)

Within the past 5 years, there have been a total of four Domestic Homicide Reviews conducted in Wirral, one of which is still ongoing at the time of writing. Of the three DHRs which have been concluded, a number of common themes emerged. In each case, the male perpetrator and female victim had been in a long-term relationship and the deaths occurred following a break-up of that relationship. There was evidence of past incidents of domestic abuse within each relationship (or in one case, a prior relationship) which seemingly escalated at the point of separation. There was also evidence that one murder was committed under the influence of alcohol while in a second case, the perpetrator's use of alcohol had become problematic to the point of requiring support from a local substance misuse service.

All of the female victims were considered to be resourceful, intelligent women who were either employed in professional posts or ran their own business. As such, each was more than capable of seeking support and had access to resources that should have guaranteed their safety. Despite this, none of the women decided to disclose previous incidents of domestic abuse, nor were they engaged with public services associated with the more deprived communities. e.g. social services, substance misuse, mental health, etc. Thus, there were minimal opportunities which might otherwise have been able to detect abuse and intervene in each case, thereby preventing their deaths. Two of the cases involved children who were present during past incidents of domestic abuse in the home and in one case, a child witnessed the stabbing of his mother.

In line with Home Office (2013b, p. 20) guidance, the Overview Report and Executive Summary of each DHR have been made publicly available. The purpose of publication is to inform professionals about the learning derived concerning what went wrong and increase transparency and public confidence in local efforts to tackle domestic abuse. In each case, the accompanying report makes a series of recommendations for action. Looking back, there is evidence across some of the partnership strategic groups that some of recommendations of DHRs have been acted upon, such as the Community Safety

Partnership's engagement of local solicitors who provide legal advice about divorce/separation. However, there is no public evidence of this, such as an update or addendum to the published reports.

In addition, some of the other recommendations made seem somewhat impractical and miss opportunities for deeper learning. For example, in one DHR, the manager of one of the victim's stated that despite regular, confidential one-to-one sessions with the victim, there was no disclosure or signs of domestic abuse, no cuts and bruises, nor unexplained absences from work. The recommendation followed that local company HR policies should be audited and reviewed to ensure managers felt confident to support a colleague suffering domestic abuse. It is highly likely that the partnership's capacity to deliver against this recommendation would be limited at best but even in this particular case, the manager held 'no suspicion' of abuse so it is questionable how a specific domestic abuse policy could have made a difference. Moreover, it failed to ask a deeper question about why the victim chose not to disclose abuse and kept the circumstances hidden. Perhaps a more appropriate recommendation would have been for the local partnership to undertake research with victims of domestic abuse to better understand why women in these circumstances fail to disclose abuse.

Serious Case Reviews (SCRs)

There have been two serious case reviews in Wirral since April 2011. The first case involved four children who were taken into foster care. Following the acrimonious separation of their parents, the children remained in the care of their father. Across a protracted period of four years, a number of incidents raised concerns about the children's safety which culminated in their removal. The SCR suggested that there was significant evidence that the children were suffering neglect and experiencing domestic abuse while growing up.

The second case involved the murder of a seventeen year old female who was killed by her eighteen year old boyfriend in May 2012. The timing of the subsequent reviews occurred around the time of the government's revised definition of domestic abuse in February 2013, which included 16 and 17 year olds). In such cases, the Home Office (2013b) advised that where the '*victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review and a Domestic Homicide Review*'. The guidance further suggested that an SCR and DHR can be run in parallel, although the Crown Prosecution Service (2015) advised that the SCR should take precedence. Having sought advice, this review of this death was conducted as an SCR.

The SCR suggested that parental alcohol misuse and marital difficulties during the victim's early development had impacted negatively on her home life. The review suggested that the victim's behaviour was unmanageable at times and ultimately led to her moving in to young people's supported accommodation. Although education offered the victim some level of stability, there was evidence that substance misuse also played a part in the weeks leading up to her death. In addition, both the victim and perpetrator had mild to moderate learning difficulties.

Evidence of Improvement

The local partnership should seek to maximise opportunities to derive as much learning as possible from DHRs, SCRs and other near misses. Rarely can serious and untoward incidents be attributed to a single causal factor and are often arise from a chain of events (Taylor-Adams and Vincent, 2004). For this reason, new methods of inquiry such as the 'whole systems approach' promoted by the Social Care Institute for Excellence (2008) undertake a deeper analysis of such events. This investigation explores how things like culture, organisational structures, systemic interfaces and frontline practice can combine to contribute towards a serious and untoward incident and how intelligent learning might prevent it from recurring.

While many of the recommendations of DHRs and SCRs have been actioned locally, this is not evident in the public facing documents or Council website pages. If the purpose of the publishing reports is to

increase transparency, accountability and public confidence, it follows that good practice would include some sort of narrative about how practice has changed from the learning derived. In addition, the local partnership should seek assurances through audit of practice that recommendations have been fully implemented and adopted across all partners, thereby further evidencing local improvement.

What Are We Doing About Domestic Abuse?

The Wirral Plan, 2020 Pledge: Zero Tolerance to Domestic Abuse

The impact of domestic abuse on victims, perpetrators and their families, as well as the broad range of partners tasked with tackling domestic abuse, is widespread and extensive. Cognisant of the damage it causes across the local community, Wirral Council and their partners have made domestic abuse one of their 20 key priorities with Wirral's strategic plan, to be achieved by 2020 (Wirral Council, 2015). In a pledge of zero tolerance towards domestic abuse, Wirral Council and their partners have made a strong declaration about their commitment to tackling this issue.

Champs Collaborative Service - 'Be a Lover, Not a Fighter' Campaign

Both the literature and local evidence suggests that domestic abuse affects the whole population. While domestic abuse within deprived communities may more visible (through better screening and identification within public services), the problem remains hidden within our more affluent communities. In order to root out domestic abuse in all its forms, across all social strata of our community, it is vital that the public recognise the signs and symptoms of abuse. With this in mind, the Champs Collaborative Service delivered a community engagement and public awareness campaign in 2015, on behalf of the Directors of Public Health in Cheshire and Merseyside. The campaign theme of 'Be a Lover, Not a Fighter' was marketed across a range of materials which were distributed in the Pyramids Shopping Centre, Birkenhead and the Cherry Tree Centre, Wallasey. This campaign also offered opportunities to have conversations with local people about the issue and make referrals into services where appropriate. Wirral will continue to be involved in the continuation of this campaign throughout 2016.

Routine Enquiry

As the literature has revealed, and as DHRs have shown locally, there is a reticence among some victims to disclose domestic abuse or seek support, sometimes until it is too late. This has largely been attributed to the fact that domestic abuse remains a taboo subject (Mildorf, 2007; Barber, 2008; Standing Together, 2011). It is estimated that victims experience 50 domestic abuse incidents before getting effective support (Walby, 2004; Safe Lives, 2015c). One method of instigating local conversations with those who might be experiencing abuse and who may be reluctant to disclose abuse is through routine enquiry. Hester and Westmarland (2005) asserted that routine enquiry was particularly effective in enabling disclosure within healthcare settings. The local partnership plans to embed the use of routine enquiry into everyday practice across a broad range of disciplines.

Screening and Risk Assessment

There are presently two methods of risk assessment tool being used in Wirral. The first is the Merseyside Risk Identification Tool (MeRIT), developed by Liverpool John Moores University in 2009. Police Officers attending call outs use MeRIT to classify victims into one of three categories (gold, silver or bronze), based on the level of immediate risk to the victim and the likely consequences were an incident to occur. The level of risk assessment would determine what action would then be taken in order to manage the presenting risks and keep the victim safe.

However, the wider partnership has elected to use a tool the Domestic Abuse, Stalking and Honour Based Violence (DASH, 2009) Risk Identification, Assessment and Management Model, developed and promoted by the organisation, *Coordinated Action Against Domestic Abuse* (CAADA). This model

similarly seeks to assess the risks and possible consequences of abuse to victims but allows the professionals undertaking the assessment to use a greater degree of discretion in their judgement.

Running these two models concurrently has required information from one assessment to be transposed to the format of the other for the purposes of referral to MARAC and/or other agencies. While a high degree of specialist expertise has been involved within this process to date, the transfer of information between two different models carries inherent risks which potentially impact upon the safety of victims locally. For this reason, a review of the most appropriate risk assessment tool to use across the partnership is currently being undertaken.

Offender Management of Perpetrators

The Integrated Offender Management (IOM) Unit has been highly successful in targeting and managing some of the borough's most problematic offenders, most notably individuals who are considered to be Prolific and Other Priority Offenders (PPO). This approach involves a specialist team providing intensive support and challenge to offenders with a view to them addressing and reducing their offending behaviour. The IOM Unit has made a significant contribution to the reduction of acquisitive crime and violence in Wirral. There are plans currently to manage domestic abuse perpetrators intensively, using the same methods to achieve similar reductions in offending behaviour.

Increasing Access to Perpetrator Programmes

Recognising that perpetrator programmes have traditionally only been accessible to those individuals already known to Merseyside Probation Service, there is a local appetite to increase accessibility across the partnership. In future, the offer of interventions such as the 'HELP' Programme will be broadened to include female perpetrators and will be made accessible under a voluntary basis for those individuals who are experiencing difficulties in their relationships generally.

Domestic Abuse Training for Professionals

In order to support the local workforce to feel competent and confident when supporting victims and managing risk, the local partnership is taking great efforts to ensure that local domestic abuse training is of the highest quality. The content of training is under constant review and now involves a great deal of input and commitment from several local experts to ensure it delivers against the learning objectives in a challenging area. While this is undoubtedly one of the positive aspects of local development, training capacity across the partnership remains an issue.

Development of Domestic Abuse Dashboard Dataset

Work is ongoing across the partnership to develop a Domestic Abuse Dashboard Dataset which will be used to routinely collect data with a view to building a comprehensive picture of domestic abuse in Wirral. The gaps in intelligence which have been highlighted within this needs assessment will be used to develop the existing dataset, so that commissioners and service planners have a better understanding of the local picture, what works and how best to utilise resources to maximum effect. This will ensure that only the most effective and cost effective interventions are used in pursuit of local strategic objectives but more importantly, that victims and perpetrators get the right support at the right time.

Strengthening Local Governance Arrangements

This needs assessment has highlighted several areas of good practice in Wirral but there is a sense from partners that this tends to occur in pockets and would benefit from greater coordination. As the Chair of the Community Safety Partnership will now also assume the role of Chair of the Domestic Abuse Committee, coordination of domestic abuse activities across Wirral LSCB, the Adults Safeguarding Board and the Community Safety Partnership can only improve. In addition, the

forthcoming launch of Wirral's Domestic Abuse Strategy will ensure the local partnership is working to a single, coordinated plan, informed by future needs assessments.

What More Can Be Done?

Early Intervention/Prevention Services

Early intervention/prevention services support standard and medium risk victims of domestic abuse, with the intention of preventing the abuse from escalating any further. Guy et al. (2014) suggested that early intervention/prevention services are a critical component of any local system, helping to reduce both the risks and the long-term negative consequences of abuse. Early intervention/prevention services can help to reduce costs and prevent intergenerational transmission across families.

Up until the close of last year, early intervention/prevention services for domestic abuse in Wirral were delivered by the charitable organisation, The Zero Centre, however the service closed in December 2014 due to financial difficulties. Efforts have been made locally to fill this gap in the interim, as another organisation took over the delivery of some aspects of the service but this arrangement is only temporary.

In addition, local services have expanded the capacity of specialist domestic abuse programmes which focus on raising victim's awareness and understanding about the issue. While these specialist programmes have an important role within the local system, they are usually time limited and may not offer the same level of ongoing support.

A review of commissioning arrangements for coordinated early intervention/prevention services should be the main priority for the local partnership. The review should seek to provide some security about the future delivery of such services, while ensuring that capacity of provision meets local demand. Failure to consider this aspect can only increase the risks and consequences to potential victims, inevitably leading to rising costs of interventions at higher risk thresholds.

Protecting Children from Domestic Abuse

Breaking the cycle of domestic abuse which recurs across different generations should be another key strategic priority. The impact of domestic abuse upon children can have hugely detrimental consequences, potentially creating the victims and perpetrators of tomorrow, not to mention a range of other negative health and/or social outcomes. Protecting children who have experienced domestic abuse is one way of reducing the likely future prevalence of domestic abuse in Wirral. For this reason, the local partnership is introducing the use of the Barnardo's Domestic Abuse Risk Identification Matrix to assess the impact on children living with domestic abuse. However, consideration should also be given to the range of provision to support children, including what interventions are most effective to prevent intergenerational transmission.

Focussing on the Perpetrators

Much of the strategic focus to date has been upon supporting and protecting victims and while this is important, this only represents half the picture. Without addressing the underlying behaviours of perpetrators, it is unlikely that partnership will achieve a concerted reduction in the local prevalence of domestic abuse. Consideration should be given to the provision of early intervention programmes for perpetrators. Monitoring local rates of perpetrator re-offending would enable an evaluation of what interventions are effective in reducing the prevalence of domestic abuse.

Increasing Local Intelligence

As previously discussed, there are many gaps in local intelligence which obscure the true picture of domestic abuse in Wirral. The development of the local domestic abuse dataset and the increased data

which is routinely collected will help to improve this; however the local partnership will need to draw upon other sources, such as the regional work on FGM, HBV and Forced Marriages. In addition, given the pace of developments to tackle domestic abuse locally, it is recommended that the needs assessment is refreshed annually, in order to strengthen the strategic overview of the problem.

Costings Analysis

Building upon the last point, a full costings analysis should be undertaken as the local dataset is developed, to determine the true cost of domestic abuse in Wirral. Without an adequate level of early intervention/prevention services presently, it is likely that there will be an escalation of domestic abuse in a proportion of cases. This will mean that subsequent interventions will tend to occur at higher risk thresholds and carry a greater cost. Developing a fuller understanding of the costs of domestic abuse is critical to effective/cost effective resource allocation.

A&E IDVA Post

For some time, SafeLives (2015d) have been campaigning for the introduction of hospital-based IDVAs, as a means of reaching hidden victims of domestic abuse. They argue that victims presenting at hospitals suffer more severe abuse, are not likely to be engaged with any other services and are more likely to still be living with the perpetrator. Further, that these victims are much younger and often have multiple, complex needs. SafeLives (2015d) suggested that these victims could be identified at a much earlier stage through a hospital-based IDVA. As the recent DHRs highlighted, identifying hidden victims of domestic abuse who are otherwise unknown to services is a potential gap. Consideration should be given to the deployment of an A&E IDVA Post to pick up and engage these victims.

Building Local Training Capacity

A key finding from the professional's stakeholder survey identified a strong need for domestic abuse training across the local partnership. While the quality of the local training provided is well-regarded, there is insufficient capacity to satisfy demand. Training delivery is dependent upon the input of a range of local experts which undoubtedly drives up quality. However, if capacity was to be increased, this would take those local experts away from their primary responsibilities of their job roles in order to deliver more training sessions. Yet, training is vitally important to ensuring a competent workforce that is able to better identify potential victims of domestic abuse and can enable disclosure. A balance must be struck between the two and local partnership must explore alternative ways of increasing training capacity without it taking critical staff away from the frontline service delivery.

Learning Improvement Framework

The local partnership should consider implementing a Learning Improvement Framework which employs a whole systems approach to derive learning, from which a collective action plan could be developed, updated and communicated across the local partnership. This would increase the partnership's sense of ownership of and accountability for the plan, while also increasing transparency with the public. It is further recommended that deep-dive audits of current cases are then subsequently conducted as a quality assurance mechanism, to ensure that any changes have been implemented and fully adopted by all partners.

Recommendations

Critical Priorities:

1. Given the loss of the Zero Centre earlier in the year, there is a lack of coordinated early intervention services in support of victims of domestic abuse and their children. Despite attempts to consolidate alternative resources to mitigate this loss, this gap remains a key priority for the local partnership and immediate consideration should be given to as to how to address this.
2. Strengthening work already being undertaken, particular focus should be given to children who witness or who are also subjected to domestic abuse and are therefore victims of abuse themselves. Support services should include strategies to reduce the immediate risks to health, the need for social care involvement and the potential vulnerability to CSE. In addition, interventions which mitigate risks of children becoming future victims/perpetrators are vital to break intergenerational cycles of domestic abuse.

Strategic Considerations:

3. Based on the strong correlation between domestic abuse, substance misuse and mental health, the local partnership should build on the strengths of existing interdisciplinary collaboration. To support this effort, domestic abuse should be further embedded as a cross-cutting theme of local strategies in respect of children and families, substance misuse, mental health, BME Community Engagement and crime reduction.
4. Local governance arrangements should be further consolidated to ensure effective leadership and a clear strategic vision in local efforts to tackle domestic abuse. This must be clearly communicated across the local partnership to ensure a 'golden thread' runs from the relevant strategic groups all the way through to frontline workers across all partner agencies.
5. A clear, joint commissioning approach should be adopted throughout the local partnership to obtain the best outcomes across the spectrum of domestic abuse services.

Intelligence Gathering:

6. Following this needs assessment, the local partnership should investigate the financial costs of domestic abuse in Wirral, using an adaptation of Walby's (2009) methodology. This should provide the best estimate of the true cost locally which will be vital for local commissioners to make informed decisions about future commissioning arrangements.
7. Future intelligence gathering should investigate the prevalence of domestic abuse among those groups where there is presently a lack of local data. This should include male victims, victims within LGBTI and ethnic minority groups, adults at risk, victims of child-on-parent abuse and young/teenage victims of domestic abuse. The MARAC dataset could be refined to include additional data corresponding to the 'at risk' groups identified in the literature.
8. The needs assessment process has highlighted a number of gaps in intelligence concerning the impact of domestic abuse in Wirral. It is recommended that the existing performance management framework is further developed to include additional measures, such as the number of NEET, Child in Need and CP plans or the number LAC cases where domestic abuse was a significant factor.

Screening and Identification:

9. Routine enquiry concerning domestic abuse must be further implemented across the full range of health and social care services and voluntary sector agencies. This will support identification of hidden abuse and expedite victim's disclosure of abuse.
10. Other than a call to Merseyside Police when circumstances have completely deteriorated, primary care pathways remain a likely route of disclosure for most victims. For this reason, consideration should be given to the commissioning of an IDVA post with A&E services, as well as a domestic abuse programme for GPs which emphasises the importance of routine enquiry.
11. The duality of using two risk assessment screening tools (MeRIT/DASH) across the local partnership should be re-considered. This practice carries inherent risks which could impact negatively upon victims, their children and their families. The recent review of this arrangement undertaken by Merseyside Police concluded that a single tool should be used to ensure a consistent approach. This should be implemented as a priority for the local partnership

Additional Gaps in Provision:

12. As with victims of domestic abuse, there is presently a lack of early intervention/support available for (potential) perpetrators of domestic abuse. An expansion of and increased access to such provision could prevent an escalation of abusive behaviours among perpetrators to critical levels, which then demands more costly, intensive specialist interventions.
13. Currently, there is little or no local provision for male victims/female perpetrators of domestic abuse. Future consideration should be given to addressing this gap.

Quality Assurance:

14. The effectiveness of local perpetrator programmes is a critical component of tackling and reducing the prevalence of domestic abuse locally. Mechanisms should be put in place to monitor re-offending rates for known perpetrators of domestic abuse as a measure of local perpetrator programmes. This cohort should be monitored for a minimum of 18 months following completion of a perpetrator programme.
15. Local evidence suggests that while domestic abuse training provision for professionals is of good quality, demand for training outstrips capacity, thereby creating problems with accessibility. Expansion of this capacity is crucial to roll-out of routine enquiry and victim disclosure.
16. The findings of Domestic Homicide Reviews should form part of a learning improvement framework that is easily accessible to professionals and communicated widely to all partners and the public. The learning improvement framework should include a mechanism for evidencing that changes in practice have been fully implemented and adopted. It is proposed that this is facilitated by the local partnership's Domestic Abuse/Harmful Practices Committee
17. Linked to 15., the local partnership should undertake a regular, deep-dive audit of domestic abuse cases as a part of a systematic review of current practice. This should optimise performance between systemic interfaces and ensure that all partners are consistently delivering against best practice.

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Appendix A: Dedicated Domestic Abuse Services in Wirral

Victims:

Independent Domestic Violence Advocate Service

<https://www.wirral.gov.uk/my-services/community-and-living/community-safety/domestic-violence>

Supporting	Description	Resources	Delivery Agent	Commissioner
Female victims of abuse	Specialist wrap around support to high risk victims of domestic abuse. Includes risk assessment and safety planning, as well as practical assistance around housing, finances, court action and support for children.	1 Team Manager and 4 IDVAs	Family Safety Unit	Community Safety Partnership

Wirral Women and Children's Aid (WWACA)

<http://www.wirralwomensrefuge.co.uk/>

Supporting	Description	Resources	Delivery Agent	Commissioner
Female victims of abuse and their children	Provides temporary refuge for females and children of domestic abuse. Additional services include alternative therapies, a support group and an outreach service to support re-location back to the community	Service can accommodate a total of 12 parents and 28 children	Wirral Women and Children's Aid	Wirral Council

Perpetrators:

The 'Building Better Relationships' Programme

<http://www.merseysidecrc.co.uk/building-better-relationships.2064.aspx>

Supporting	Description	Resources	Delivery Agent	Commissioner
Male offenders convicted of domestic abuse, aged 18+ years	Mandatory programme to address problems with aggression towards intimate partner. BBR requirement can form part of court order or condition of licence.	2 Group Facilitators	Merseyside Probation Service	

Appendix A: Dedicated Domestic Abuse Services in Wirral (cont'd...)

Children:

Multi-systemic Therapy (MST)				
https://www.wirral.gov.uk/my-services/childrens-services/integrated-youth-support/multisystemic-therapy				
Supporting	Description	Resources	Delivery Agent	Commissioner
Young people with serious behavioural disorders, particularly with respect to violent behaviour	Therapists work intensively with small caseloads of 4-6 families, providing on average 60 hours of treatment. Service seeks to address the behavioural problems of young people, with a significant proportion of cases involving child-on-parent violence and parents who have been victims of domestic violence.	1 Clinical Psychologist and 3 Therapists	Wirral Council	Wirral Council

The Leapfrog Programme				
http://www.involvenorthwest.org.uk/2015/01/breaking-the-cycle-of-domestic-abuse-leapfrog-scheme-for-young-people/				
Supporting	Description	Resources	Delivery Agent	Commissioner
Children and Young People, aged 5-10 years	10 week programme supporting parents, children and young people who have witnessed or experienced domestic abuse within the family unit. Families must not currently be in an abusive situation.	2.5 FTE Domestic Abuse Advocates	Involve Northwest	Grant Funded
Children and Young People, aged 10-15 years				

Listening Ear				
http://www.listeningearmerseyside.org.uk/				
Supporting	Description	Resources	Delivery Agent	Commissioner
Young victims of domestic abuse, aged 6+ years	Service offers a support programme for children and young people who have lived in a household where there is domestic abuse.	30 places funded for Wirral	Listening Ear	Police Crime Commissioner

Appendix B: Additional Programmes supporting Domestic Abuse in Wirral

Victims:

The 'Freedom' Programme				
http://www.freedomprogramme.co.uk/vs.php				
Supporting	Description	Resources	Delivery Agent	Commissioner
Female victims of abuse	12 week programme supporting women who have been in an abusive relationship	Programmes run across 5 sites throughout each of the localities	Children Centre staff	

Tomorrow's Women Wirral				
http://www.tomorrowwomenwirral.org/				
Supporting	Description	Resources	Delivery Agent	Commissioner
Female victims of abuse, aged 18 years	Female only environment, offering 4 x 10 week 'Freedom for You – Justice for Being You' per year, counselling and mentoring support for women who are currently or are in danger of experiencing domestic abuse.	Group facilitators Staff mentors	Tomorrow's Women Wirral	Grant Funded

Women's Enterprising Breakthrough				
http://webmerseyside.org/				
Supporting	Description	Resources	Delivery Agent	Commissioner
Female victims of abuse	Services offers up to 10 weeks of counselling for females who have experienced abusive relationships	Unknown	Women's Enterprising Breakthrough	

Appendix B: Additional Programmes supporting Domestic Abuse in Wirral (cont'd...)

Perpetrators:

The 'HELP' Programme

<http://www.merseysidecrc.co.uk/help-programme>

Supporting	Description	Resources	Delivery Agent	Commissioner
Males, aged 18+ years	Voluntary 12 week programme for males who have problems with managing relationships in general and intimate relationships in particular. Open to males who have yet to be convicted of domestic abuse (or have been 'lightly' convicted of low level offences).	2 Group Facilitators	The Community Rehabilitation Company	