

Director of Public Health Report for West Dunbartonshire 2017-19: Domestic Abuse

November 2017

Forward by the Director of Public Health

The Director of Public Health report is published every two years. It is an independent report on the health of the population using data and information on health and its determinants. It also describes services, initiatives and programmes designed to improve health and well-being and prevent ill-health and identify any gaps in provision or areas for improvement. It has a wide audience of the public, NHS Boards, IJBs and CPPs. The previous DPH report described the overall health of the population of NHS Greater Glasgow and Clyde. This year I have focused on specific challenges for public health. I have also produced separate reports for HSCPs to ensure that local needs and priorities are recognised. This report is focused on one of the major challenges for West Dunbartonshire; that of domestic violence, the reported rates being the highest in Scotland. The report has involved a review of published research and evaluation of what works in the prevention of domestic abuse and also identifies activities for which there is no or limited evidence of effectiveness. It has to be said that there are some promising programmes that do not yet have sufficient evidence of effectiveness rather than there is evidence that they do not work.

Responses to domestic abuse require efforts by communities, community planning partners and wider society to tackle gender inequality but at the same time we must address the immediate effects of abuse and ensure victims and their children can be safe and protected from financial hardship or homelessness. As Aysha Taryam said *“If we are to fight discrimination and injustice against women we must start from the home for if a woman cannot be safe in her own house then she cannot be expected to feel safe anywhere.”*

There is an association between the use of alcohol and domestic abuse. Although domestic violence should never be excused when alcohol and other substances are involved, there is a need to confront the problems of alcohol over-sue as part of our strategy to prevent domestic violence. West Dunbartonshire has led the way in overprovision policies in the past and should continue to show such courage in this matter.

We must also be very aware of the harm to children living in homes with where there is domestic abuse. Anyone who has read my previous DPH reports will be aware of my continued emphasis on the needs of children and their families. I have in previous reports made strong recommendations on the need for evidence based parenting support which is an area for which I continue to advocate and is recommended in the report.

We need to define the recommendations further and ensure responsibilities and timescales are clear. I look forward to working with colleagues in West Dunbartonshire on this.

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Domestic Abuse in West Dunbartonshire

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1. Introduction

Domestic abuse, a form of gender based violence, can be perpetrated by partners or ex partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money, and other types of coercive and controlling behaviour such as isolation from family and friends, and withholding access to health care, education or employment opportunities. In recent years there has also been an increased use of social media to perpetrate domestic abuse (1).

Men and women are both potential victims and perpetrators, however, gender based violence is experienced disproportionately by women. 79% of all reported incidents of domestic abuse in Scotland in 2016-17 (2) had a female victim and a male accused where gender was recorded. 18% reported incidents had a female perpetrator and male victim; 2% had a male victim/male perpetrator; and 1% had a female victim/female perpetrator.

Gender based violence is not limited to domestic abuse. The term also includes rape and sexual assault, childhood sexual abuse, sexual harassment, stalking, commercial sexual exploitation, and harmful traditional practices such as female genital mutilation and forced marriage.

2. Policy, legal and data context

2.1 Policy and legal context

Equally Safe (3) is the Scottish Government's strategy to take action on all forms of violence against women and girls. Published in March 2016, it is the most recent iteration of the government's longstanding objective to tackle gender based violence. Equally Safe prioritises a focus on prevention whilst upholding a commitment to continuous improvement in service responses to survivors of abuse. It also acknowledges that while violence against women and girls occurs in all sections of society, not all women and girls are at equal risk. Some factors can increase vulnerability to abuse and keep women and girls trapped. These include age, looked after status (current and former), financial dependence, experience of child abuse

and neglect, poverty, having a physical or learning disability, homelessness, insecure immigration status, and ethnicity.

The Equally Safe programme of work set out proposals to improve the legal framework related to domestic abuse. The Domestic Abuse (Scotland) Bill (4) introduces an offence of 'Abusive behaviour towards a partner or ex-partner'; this criminalises psychological abuse including coercive control. It also provides for an associated statutory aggravation that the perpetrator, in committing the new offence, involved or affected a child, or that a child saw, heard or was present during an incident. The law is also strengthened through the Disclosure Scheme for Domestic Abuse (5). The scheme aims to prevent domestic abuse by giving men and women the right to ask about the background of their partner, potential partner or someone who is in a relationship with someone they know, and there is a concern that the individual may be abusive. Of the 2144 requests made in the first two years of the scheme (from October 2015), 927 people have been told their partner has an abusive past (source: Police Scotland).

The Children and Young People (Scotland) Act 2014 (6) is about strengthening the rights of children and young people and improving their wellbeing. The new responsibilities require specified public authorities, including all local authorities and health boards, to report every three years on the steps they have taken to secure better or further effect of the United Nations Convention on the Rights of the Child (UNCRC). The Act includes key parts of Getting it right for every child (GIRFEC) (7). GIRFEC outlines protective factors which may help to address the impact of domestic abuse on children through early intervention; a common framework, coordination and planning between agencies; and child centred approach. The Named Person scheme (8), a part of GIRFEC, provides a central contact for addressing support needs and concerns of children. In addition, The Children and Young People (Information Sharing) (Scotland) Bill (9) will introduce a duty on public and other services to consider if the sharing of information will promote, support or safeguard the wellbeing of a child or young person.

Violence Against Women Partnerships (VAW Partnerships) are the multi-agency mechanism to deliver on Equally Safe at a local strategic level. The West Dunbartonshire and Argyll and Bute Violence against Women Partnership is chaired by the West Dunbartonshire Head of Children's Health, Care & Criminal Justice and Chief Social Work Officer.

Table 1: West Dunbartonshire and Argyll and Bute Violence Against Women Partnership Agency Members

| | |
|--|---|
| Argyll and Bute HSCP | West Dunbartonshire HSCP |
| Children's Services | Children's Services |
| Criminal Justice Services | Criminal Justice Services |
| Health Promotion | |
| Argyll and Bute Council | West Dunbartonshire Council |
| Education Services | Education Services |
| Elected Member VAW Champion | Housing |
| Child Protection | Equalities Officer/Policy Planning and Performance |
| Adult Support & Protection | West Dunbartonshire Third Sector Organisations |
| Argyll and Bute Third Sector Organisations | Dumbarton Women's Aid |
| Argyll Third Sector Partnership/Argyll Voluntary Action | Clydebank Women's Aid |
| Argyll & Bute Women's Aid | |
| Rape Crisis Argyll & Bute | Agencies which cover both areas |
| Argyll Presbytery | Assist |
| Befrienders | Police Scotland |
| Homestart MAJIK (Mid-Argyll, Jura, Islay, Kintyre, Cowal & Bute) | |
| Homestart Lorn | |
| VAF | |
| Family Mediation | |

2.2 Domestic abuse data

The police and the justice systems are currently the most advanced in the availability, quality and comparability of data (10) in relation to domestic abuse.

There were 109 incidents of domestic abuse recorded by the police in Scotland (2) per 10,000 population in 2016-17 (n= 58,810), an increase of 1% from 2015-16. Levels of domestic abuse recorded by the police have remained relatively stable since 2011-12 at around 58,000 to 60,000 incidents a year. West Dunbartonshire recorded 155 incidents per 10,000 population (n= 1395). This is the highest incident rate in Scotland. Previously released data suggests prevalence has been markedly worse in the most deprived areas, with 49% of reported incidents from Clydebank (11).

In 2016-17, the 26-30 years old age group had the highest incident rate for both victims (274 incidents recorded per 10,000 population) and those accused (265 incidents recorded per

10,000 population) in Scotland. Incidents of domestic abuse recorded by the police are more common at weekends with 36% of all incidents in 2016-17 occurring on a Saturday or Sunday (2).

Community planning partners in West Dunbartonshire have estimated that one in 10 children were adversely affected by domestic abuse. The number of children and young people involved rose from 1578 in 2014-15 to 2008 in 2015-16, allowing for repeat incidents. The numbers indicate an increase of 27% in both incidents and children (11).

According to the Scottish Crime and Justice Survey 2014/15 (12), partner abuse is commonly experienced on multiple occasions, over a long period of time. Over two-thirds (67.5%) of those who reported an incident of partner abuse in the last 12 months also reported at least one incident prior to this period.

The risk of partner abuse varied by gender, age, access to money and deprivation, and other types of victimisation. The risk of partner abuse (in the last 12 months) was highest amongst young people aged 16 to 24 years (6.9%) and lowest amongst those aged 65 or over (0.4%). Nineteen per cent of respondents living in the 15% most deprived areas of Scotland had experienced partner abuse since the age of 16, compared to 13.2% of those living in the rest of Scotland. Victims experienced a range of abusive behaviours, both psychological and physical. Victims experienced psychological abuse more commonly than physical abuse.

For some victims, the impact of partner abuse extended to the wider family. Not all respondents who experienced partner abuse considered themselves to be a victim. Respondents were more likely to view physical abuse as a crime, compared to psychological abuse. Respondents were more likely to tell people from their informal networks about their experiences of abuse than professionals. Of those who experienced partner abuse in the last 12 months, two thirds (62.8%) had told at least one person or organisation about their most recent (or only) experience of abuse. One third (35.1%) told friends and one fifth (18.5%) told relatives about their experiences. A further 13.8% told a doctor, and 11.6% told the police. One fifth (19.5%) said that the police came to know about the most recent (or only) incident of partner abuse. A quarter (28.0%) of those who experienced partner abuse in the last 12 months appeared to have had told no one about the abuse. Men were more likely than women to have told no one about their experiences of abuse (35.0%, compared men, compared with 23.1% respectively). Therefore quoted data will be an underestimate.

3. Health and wellbeing links to domestic abuse

Gender based violence is a major public health problem. It impacts on women's physical, sexual, reproductive and mental health (13). Survivors have chronic health problems including: gynaecological disorders, chronic pain, neurological symptoms, gastrointestinal disorders, and self-reported heart disease. The most prevalent effect is on mental health,

including post-traumatic stress disorder, depression, anxiety, suicidal ideation, and substance misuse (14).

The risk of experiencing domestic abuse is increased if someone: is female; is aged 16–24 (among women) or 16–19 (among men); has a long-term illness or disability; has a mental health problem; is a woman who is separated (there is an elevated risk of abuse around the time of separation). The risk is also increased if a woman is pregnant or has recently given birth. In addition, there is a strong correlation between postnatal depression and domestic abuse (15).

There is also evidence (16) that a number of factors may mask prevalence of domestic abuse experienced by older women (e.g. domestic abuse being poorly defined among older women or subsumed under the generic term of elder abuse).

Women previously treated in hospital due to severe violence continue to live with risk of repeat violence or suicide (17). Mothers experiencing abuse may be more likely to seek medical attention for their children than for themselves (18). Evidence suggests women with higher levels of fear of physical or sexual assault at the hands of specific perpetrators are also more likely to display risk avoidance behaviour in certain situations and places. Women's quality of life, including their freedom of movement, may therefore be curtailed because of worry about victimisation (19). This can prevent women from accessing health, community, and education or training opportunities.

Children and young people experience high levels of domestic abuse. The scale of the issue is both significant and under-reported (20). 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (21). Children who have experienced domestic abuse in the home display increased fear, inhibition, depression, as well as high levels of aggression and antisocial behavior, which can persist into adolescence and adulthood. There is also evidence to suggest that such children may have difficulty forming adolescent and adult relationships (20). Understanding the effects of and preventing Adverse Childhood Experiences (ACES) is an emerging area of research and practice in Scotland.

4. Prevention

Equally Safe prioritises prevention. While its core objective is primary prevention – preventing violence before it occurs – Equally Safe recognises the need to also employ actions that prevent violence from recurring (secondary prevention) and which reduce the impact of violence and abuse after it occurs (tertiary prevention). There is currently insufficient high quality evidence of what works. Prevention requires an understanding of

the factors which influence violence. The social-ecological model (22) suggests that action is necessary across individual, relationship, community and societal factors at the same time.

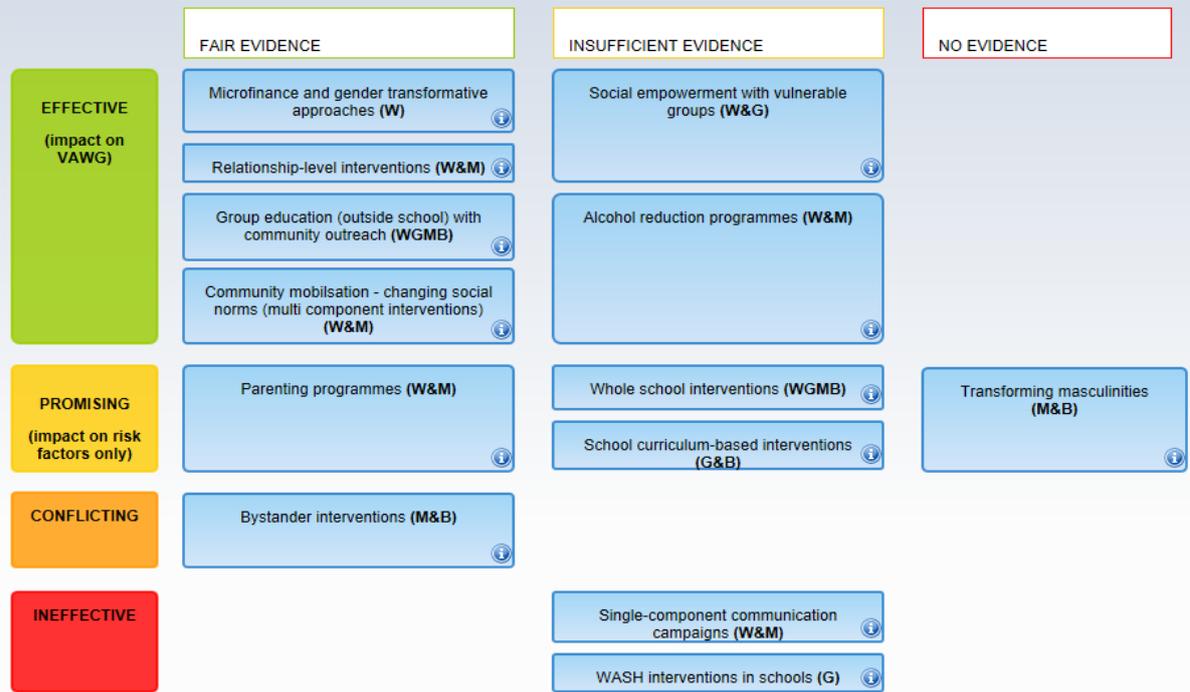
The most successful interventions (23) are considered to be those that seek to transform gender relations and that result in not only changes in attitudes, but also behaviours. Addressing men's roles in caregiving in the family or increasing women's economic participation are examples of this type of transformation.

There is also evidence that interventions that work with both men and women are more effective than single sex interventions (23). Interventions, such as the White Ribbon Campaign (24), that combine group education and adopt a gender transformative approach as intense community mobilisation are promising but need more evaluation (25). (The White Ribbon Campaign in Scotland supports men and boys have a role to play in creating a culture where abuse against women and girls is considered unacceptable. There is a school programme which aims: to raise awareness of abuse through curriculum activities and whole of school approaches; to enable teachers to deal with disclosures of abuse from girls and boys; and to provide support to teachers who may be involved in domestic abuse. The campaign acknowledges that teachers themselves may be experiences domestic abuse and aims to ensure that they are supported.)

There is inconsistent evidence on the impact of media campaigns. They may be more likely to be successful when combined with group training and efforts to develop leadership (26). Media campaigns should also link to services. Some studies reported improvements while others lacked reach to the intended audience, suggesting that media campaigns have the potential to raise awareness of domestic abuse and services but may be hindered by issues with implementation (27). In an evaluation of a past Scottish campaign, for example, it was found that most respondents expected the freephone telephone service to take the form of a staffed helpline, providing practical and emotional support, and were surprised and dismayed to discover that it consisted of a recorded message and leaflet request service. It was widely felt that callers would feel let down by such a service and considered likely that many would feel unable to leave a message (28).

Figure 1: Summary of international evidence for different types of interventions to prevent violence against women and girls

[Click here for more information and !\[\]\(2b9000c261447981d88674ebdb52dc1e_img.jpg\) hyperlinks](#)



Note: Interventions with Women (W), Girls (G), Men (M), Boys (B)
 Source: Based on Table 1 from Fulu, E, Kerr-Wilson, A and Lang, J (2014). [Effectiveness of Interventions to Prevent Violence Against Women and Girls. A Summary of the Evidence.](#)
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4.1 Primary prevention

Primary prevention is about preventing violence before it occurs (3). This approach focuses on changing behaviour, building the knowledge and skills of individuals, and delivering a progressive shift in the structural, cultural and societal contexts in which violence occurs. Prioritising primary prevention challenges the notion that violence is inevitable or acceptable.

4.1.1 Gender inequality

Gender inequality is a root cause of violence against women and girls. Societal factors influencing gender based violence include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society at the same time. At the same time, these broader structures and cultures are influenced by the attitudes and behaviours of individuals (26).

The Scottish Social Attitudes Survey 2014 (29) indicates that stereotypical views on gender roles persist in Scotland. Those who held stereotypical views on gender roles were consistently less likely to view a wide range of abusive behaviours as wrong or harmful.

An intended outcome of Equally Safe is that power, decision-making and material resources are distributed more equally between men and women. The gender pay gap of 9% is one example, and the overrepresentation of women in lower paid sectors and underrepresentation of women in senior posts is another. Women do not currently have the same life chances as men. To help address these issues, the Scottish Government have launched an programme of work aimed at increasing employability, addressing the gender pay gap, improving the flexibility of work and reducing occupational segregation. The Economy, Jobs and Fair Work Committee (30) reports that the Scottish Government calculates the gender pay gap in Scotland to be 6%, but state that more than one measure is needed to give an accurate reflection of the gender pay gap. (Excluding part-time workers from the calculation discounts 40% of female workers.) The Committee suggest an overall hourly pay gap of 16% to be more representative of the gender pay gap in Scotland.

West Dunbartonshire has lower levels of economic activity compared to Scotland as a whole but its labour market performance is better than that of the other authorities in Greater Glasgow and Clyde with the exception of Glasgow city.

Table 2: Labour market in West Dunbartonshire 2016

| | Women in West Dunbartonshire | Women in Scotland | Men in West Dunbartonshire | Men in Scotland |
|--|------------------------------|-------------------|----------------------------|-----------------|
| Economically active¹ | 73.7% | 73.1% | 78.9% | 80.9% |
| Hourly pay excluding overtime (full time workers)² | £11.37 | £12.99 | £14.22 | £13.95 |
| Claiming out of work benefits³ | 2.2% | 1.6% | 4.9% | 3.2% |
| Unemployed⁴ | 5.7% | 4.1% | 5.6% | 4.8% |

¹ % are for those aged 16-64 (Apr 2016-Mar 2017)
² Median earnings in pounds for employees living in the area 2016
³ % is the number of claimants as a proportion of resident population of area aged 16-64 and gender (August 2017)
⁴ % are for those aged 16 and over. % is a proportion of economically active (Apr 2016-Mar 2017)

Source: Office of National Statistics

Victim blaming attitudes also contribute to a social climate in which domestic abuse is tolerated and legitimised. Blaming the women who are treated with violence by their partners is a form of second victimization that can undermine their mental health and hinder their recovery and psychosocial adjustment (31).

4.1.2 Alcohol and domestic abuse

In a systematic review (32) of alcohol interventions, alcohol policy and intimate partner violence (IPV), there was consistent evidence that alcohol use by one or both partners contributes to the risk and severity of IPV.

Employing strategies to reduce problematic alcohol use integrated at all levels of the ecological framework and combining alcohol and IPV interventions could have the potential to reduce the incidence of IPV and enhance the safety of victims where alcohol use is intertwined with patterns of IPV perpetration.

Population-level pricing and taxation studies found weak or no evidence for alcohol price changes influencing IPV. Studies of community-level policies or interventions (e.g. hours of sale, alcohol outlet density) showed weak evidence of an association with IPV. Three cross-sectional studies provided additional insight into the possible mediating role of alcohol consumption in the relationship between outlet density and IPV. The remaining five studies were cross-sectional designs which revealed inconsistent findings regarding the association between outlet density, type of outlet and IPV. Couples-based and individual alcohol treatment studies found a relationship between reductions in alcohol consumption and reductions in IPV but their designs precluded attributing changes to treatment.

Despite evidence associating problematic alcohol use with IPV, Wilson states the potential for alcohol interventions to reduce IPV has not been adequately tested, possibly because studies have not focused on those most at risk of alcohol-related IPV. There is sufficient evidence from the review to suggest that the association between alcohol outlet density and IPV is worth further investigation.

4.2 Secondary prevention

Secondary prevention involves targeting services for those at risk of experiencing domestic violence and preventing violence from recurring.

4.2.1 Parenting programmes

Parenting programmes aim to improve relationships between parents and their children, and teach parenting skills. Poor or harsh parenting is a risk factor for domestic abuse. Positive parenting can buffer the effects of community violence or other negative influences. Addressing child abuse, harsh parenting and conduct disorder in children are key goals in

and of themselves. These can also contribute to the prevention of other forms of gender based violence (25).

NHS Greater Glasgow and Clyde and its partnering local authorities provide a range of parenting programmes including the Triple P Positive Parenting Program (33). In West Dunbartonshire, a range of HSCP and Education staff including health visitors, social care staff and early years outreach workers are trained to deliver the Triple P Parenting Programme which involves work with the parent in developing simple practical strategies to use at home on a wide range of behaviours.

Group activities for parents or those in a parenting type role are held throughout West Dunbartonshire. West Dunbartonshire is currently participating in NHS Psychology of Parenting Project focusing on the Incredible Years programme (34). Incredible Years aims to strengthen parent-child relationships, promote children's social and emotional skills, and prevent and reduce aggressive and oppositional behaviour. It does this through training programmes for parents, children and teachers. Family Learning Campuses are being developed in Clydebank as part of the Scottish Attainment Challenge in West Dunbartonshire. This contributes to work supporting transitions from nursery to primary school, initially with parental support as an integral part of its development.

4.2.2 Work with young people

The Young People's Attitudes To Violence Against Women Report (35) suggests more may need to be done to educate and inform young people about violence against women and acceptable behaviour in relationships. It recommends a focus on educating and influencing the views of young people. Young people were less likely than adults to think the various kinds of violence against women that they were asked about were very seriously wrong, or to think that they would cause a great deal of harm. The report suggests that, in some cases, the extent to which young people appear to hold more permissive views than adults about violence against women is striking. Differences in attitudes were apparent by gender, with boys being less likely than girls to class behaviours as very seriously wrong, and in some cases less likely to cause a great deal of harm. Girls were also less likely than boys to hold stereotypical views on gender roles. The report suggests such gender differences should be taken into account when planning early intervention strategies and targeting information in a way that is accessible to boys. New strategies may also be needed to deal with online abuse.

While there is limited evidence on primary prevention programmes for young people, there is modest evidence that secondary prevention programmes which target young people at risk of partner violence may improve knowledge, attitudinal (towards violence and gender roles) and interpersonal outcomes. Programmes tended to focus on attitudinal changes

though some studies conducted with young people at high risk for abuse also measured and reported modest reductions in violent behaviours (27).

One review of studies (36) investigated any programme that delivered educational and/or skills-based interventions to adolescents or young people with the aim of preventing dating or relationship violence, compared with no intervention, a placebo intervention or standard care. With the exception of a small increase in knowledge, the results of this review showed that the interventions had no significant effect on reducing episodes of violence or improving attitudes, behaviors, and skills toward relationship violence.

Whole-of-school interventions are more effective than implementing a single strategy such as a group education programme (26). A separate review (37) found the most effective interventions have the most comprehensive programmes based in multiple settings, including individual-level curricula and community-based components. Interventions which were not effective were of shorter duration compared with those that were effective; they consisted of a curriculum only.

Relationships, sexual health and parenthood education (RSHPE) is an integral part of the health and wellbeing area of the Curriculum for Excellence (38). The West Dunbartonshire curriculum approach has been jointly developed by West Dunbartonshire Council Education, West Dunbartonshire HSCP, and Glasgow City HSCP Sandyford in line with the best practice identified in the Pregnancy and Parenthood in Young People Strategy (39). West Dunbartonshire has a strong RSHPE curriculum which is underpinned by staff training, local policy which supports implementation of the Conduct of Relationships, Sexual Health and Parenthood Education in Schools (40). This approach aims to address some of the gaps identified in the Scottish Parliament Review of Personal and Social Education (PSE) (41).

Additional programmes which have been delivered in West Dunbartonshire to support this work include which have been delivered in include arts based activities and resources by Baldy Bane Theatre (42) such as the Gold Stars and Dragon Marks (P4-7) and Crush (S3-6). The Reduce Abuse Project ran the 'What's Gender got to do With it?', initiative in Primary Schools as an integral part of the West Dunbartonshire and Argyll and Bute Violence against Women Partnership in 2011. This initiative helped children's explore their perceptions of gender, and their view of whether boys and girls should subscribe to particular gender roles. An evaluation of the initiative suggests children's attitudes had been positively informed as a result, with evidence (43) of an enhanced capacity to critique gendered inequalities. As a result Reduce Abuse has now been mainstreamed.

A number of West Dunbartonshire schools are also involved in the Unicef Rights Respecting Schools award (44). There are four areas of impact for children at a Rights Respecting school;

wellbeing, participation, relationships and self-esteem. It is intended that the Rights Respecting school makes a positive impact on the whole community.

4.3 Tertiary prevention

Tertiary prevention involves reducing the impact of violence and abuse after it occurs. Women may leave their home in order to escape domestic abuse. Just over a third of households in West Dunbartonshire stated their reason for homelessness as being a dispute within the household. Just over half of these were violent or abusive. 85% of these households were female (45). Those experiencing domestic abuse list economic concerns as the top barrier to leaving their abusers. It is therefore critical to ensure not only long-term safety for those who have experienced violence but also to assist them in gaining long-term economic stability. Offering financial literacy education to women experiencing domestic abuse may be an important aspect of supporting their empowerment process (46). Signposting and referring to income maximisation services, e.g. through NHS GGC's Healthier Wealthier Children work, may also support economic stability. There is a legal responsibility to provide safe temporary accommodation. This is usually fulfilled through temporary refuge or local authority accommodation. There is, however, also a need to ensure that women and children are able to live safely in the longer term and that, in addition to financial literacy, women have access to information and support to assist them manage a household and tenancy agreement.

4.3.1 Responding to domestic abuse in health and social care

Health appointments may be the only opportunity a woman has to be alone with someone they can trust and to whom they feel able to disclose abuse (47).

In September 2008 NHS Chief Executives Letter (CEL) 41 (48) was issued to all territorial health boards to improve the identification and management of gender based violence. CEL 41 required Boards to introduce routine screening for gender based violence in key services. It was aimed at reducing the well evidenced negative health impact of domestic abuse and other forms of gender based violence on the lives of many service users. Routine enquiry is cited in Equally Safe as an NHS priority.

In 2012 the Scottish Government provided guidance to NHS Board Chief Executives which included a commitment to enhance the public health focus on abuse and consider how the specific skills and unique perspective of public health can support the wider preventative efforts around violence and abuse.

Within NHS GGC, routine enquiry of abuse was embedded in 9 key settings (maternity; health visiting; sexual health; mental health; substance misuse; acute emergency services, emergency children's services; gynaecology; and learning disability services), some of which now operate under HSCP Partnership arrangements. CEL 41 took a systematic approach to

embed the issue firmly within policy, planning and service provision. Staff training, guidance, setting specific pathways and protocols for identification and management of disclosures have been introduced to facilitate the practice of routine enquiry within the key settings.

Recent developments in NHS GGC health care data recording systems for key services, such as EMIS (health visiting and mental health) BADGER (maternity services) and TRAKCare (acute services including emergency services) have potential to embed gender based violence in data capture and reporting arrangements. A gender based violence e-module is available to all staff via Learn Pro.

Staff guidance and care pathways and e learning modules for female genital mutilation and human trafficking are also in place and NHS GGC has developed a Forced Marriage Policy. There is also child protection and domestic abuse emodule and plans to have gender based violence dimension strengthened within adult support and protection training. Within NHS GGC, work on gender based violence is part of the Board's Equality Scheme and progress is reported within its annual Equality Scheme Monitoring Report.

The measure for gender based violence intervention in NHS GGC is "evidence of disclosure of gender based violence within maternity":

- % of patients asked about past or current experience of gender based violence.
- % of patients who disclosed past or current experience of gender based violence.
- % of care plans where action taken in response to disclosure had been taken.

At NHS GGC Board level gender based violence work is led by the Director of Public Health with operational support from the Equality and Human Rights Team. A Gender Based Violence Resource Unit within the Women and Children's Directorate leads on the implementation of local and national gender based violence action plans and builds capacity across women and children's services to ensure staff know, understand and meet their responsibilities in relation to all forms of gender based violence. Advisors in the unit can be contacted by email at: gbvunit@ggc.scot.nhs.uk or by phone on 0141 201 (1) 9777 (Monday – Friday, 9am - 5pm).

Partner organisations should also recognise that staff may be experiencing or be at risk of domestic abuse. Policies should be supportive of staff and referral and signposting pathways made available through staff health and management routes. The experiences and potential vulnerability of staff should be addressed in routine enquiry training.

4.3.2 Responding to domestic abuse in primary care

A study (49) suggests women experiencing violence want the following from their GP in relation to domestic abuse: to ask regularly how things are at home; to ask regularly about domestic abuse when women consult with low mood or anxiety or visible injuries; for GPs to

receive training on how to approach abuse issues; posters and leaflets in waiting rooms; and systems put in place for women to get referrals or make connections with an advocate.

The effectiveness of domestic violence training models for primary care clinicians remains uncertain. A trial to test the effectiveness of a programme of training and support to improve the response of primary health-care practices to domestic violence found training and organisational change within health-care systems can increase the identification of women experiencing domestic violence but revealed uncertainty about the effect of these interventions on referral to specialist services for domestic violence or other outcome measures beyond identification (15). NHS GGC ran a pilot project in 2014 with eight GP practices across NHS GGC aimed at supporting the practices to identify and respond to patient experience of domestic abuse. Training was provided by staff from the NHS GGC Gender Based Violence Unit. Overall learning from the pilot suggests that the availability of fast tracked support services are required to facilitate the involvement of GP practices.

A Police to Primary Care (P2PC) GP Notification Scheme was piloted from 2013. This provided a mechanism for police to inform GPs if a high risk patient had experienced domestic abuse. This notification was undertaken with the consent of the patient. The pilot scheme lost impetus because it coincided with the reorganisation of policing in Scotland into Police Scotland. Police Scotland and Health Scotland are, however, in the process of producing a proposal for Police Scotland to re-establish the scheme for a trial period in a limited number of localities.

4.3.3 Women's experiences of intervention

Understanding women's experiences of support and interventions can inform service development and training. A review of women's experiences of social work interventions (50) suggests the threat of having children removed by social workers is acutely felt by women. Often this threat denies the efforts women have made to protect their child from abuse, and does not take into account the challenges and the increased risk of violence face by women when leaving their abusive partner. Women are most often seen as primarily responsible for child safety, despite the perpetrators' responsibility for harm and abuse. Social workers and health and social care staff may need training and guidance in order to develop appropriate responses to women. Responsibility lies within each service to ensure staff know where to access guidance, information and training. West Dunbartonshire Council provide training for staff on the impact of domestic abuse on children and young people as well as risk assessment/management and safety planning.

The context of abuse, and of coercive control, is often not understood by practitioners, resulting in inappropriate demands being placed on women. A failure to recognise the context of women's lives and respond appropriately can re-traumatise women who have already experienced abuse and trauma.

A study (51) exploring women's experiences of support and help seeking when they are affected by co-occurring substance use and domestic abuse suggested there is a disconnect between issues and services. For example, women in the study reported being declined refuge because services were unable to meet the needs of women experiencing substance use. Relatively few of the services in the study had specialist drug or alcohol workers. Women with both substance use and domestic abuse also reported a fear of disclosure linked to concerns about children being taken away.

4.3.4 Advocacy services

Improving and increasing services for women, children and young people is an aim of Equally Safe. Advocacy services aim to help abused women directly by providing them with information and support to facilitate access to community resources. A Cochrane Review (52) suggests evidence is consistent with intensive advocacy decreasing physical abuse more than one to two years after the intervention for women already in refuges, but there is inconsistent evidence for a positive impact on emotional abuse. Similarly, there is equivocal evidence for the positive effects of intensive advocacy on depression, quality of life and psychological distress. Brief advocacy increases the use of safety behaviours by abused women. There is also equivocal evidence to determine whether intensive advocacy for women recruited in domestic violence shelters or refuges has a beneficial effect on their physical and psychosocial well-being. Reviewers were not able to determine if less intensive interventions in healthcare settings are effective for women who still live with abusive partners.

4.3.5 Perpetrator programmes

A number of local authorities outwith the Greater Glasgow and Clyde area are participating in a pilot of The Caledonian System. This programme is an integrated approach to address men's domestic abuse and to improve the lives of women, children and men. It does this by working with men convicted of domestic abuse related offences on a programme to reduce their re-offending while offering integrated services to women and children. Learning from this programme is now emerging and there is scope to influence local approaches. An evaluation (53) including interviews with male participants, staff and female partners showed that the programme is rated highly. Women reported that they felt safer, attributing this to: safety planning; support to contact the police about breaches of no-contact orders; and being better able to keep track of men's behaviour because of their involvement with the men's programme. Men who complete the programme were judged by case workers as posing a lower risk to partners, children and others by the end of the programme. Although the evaluation provides evidence of positive perceived impacts, limitations of timescale and available data mean that it cannot conclusively demonstrate impact. Recommendations for the future have included larger scale evaluation and improved data collection.

In a study (54) of domestic violence perpetrator programmes (DVPPs), it was recognised that DVPPs are more than a men’s behaviour change programme. As well as their services for women (and sometimes children), they contribute to informed decision making by a wide range of agencies which are intervening in domestic violence. The study suggests that group work is part of what enables men to change. It is the length and depth of DVPPs which makes it possible to go beyond simple behaviour disruption to deeper changes which make a difference in the lives of women and children.

5. Planning and reporting across partnerships

Most women do not report violence. This means that policy and practical responses to address violence against women are not always informed by comprehensive evidence. The EU has highlighted the lack of available and comparable data in gender based violence and through The European Union Agency for Fundamental Rights (FRA) survey set out to provide data relating to women’s experiences of violence to provide an EU-wide dataset on the extent, nature and consequences of violence against women, as reported by women (19).

The VAW Partnership Guidance (55) sets out minimum standards that the Scottish Government and the Convention of Scottish Local Authorities (COSLA) expect all VAW Partnerships to work towards meeting. These include having a strategic plan that outlines how the partnership will implement Equally Safe at a local level and a performance management framework to measure the progress they are making towards achieving the partnership’s agreed activities, outputs and outcomes. An Equally Safe Performance Management Framework (56) will support VAW Partnerships to capture key performance data and facilitate a consistent approach to measuring and reporting on the performance of services and processes in place at a local level to prevent and eradicate violence against women and girls. Local activity indicators will give an overview of the type and volume of work that is being undertaken at a local level to prevent and eradicate violence against women and girls (VAWG) and the numbers of people engaging with these activities. These are likely to be:

- No of women and children affected by VAWG, who are referred to specialist services for support.
- Average length of time women and children affected by VAWG need to wait to access specialist support services.
- No of perpetrators of VAWG who are referred to perpetrator interventions.
- % of women and children who report feeling safer as a result of the support they have received.
- % of women and children who report having increased levels of wellbeing as a result of the support they have received. The framework suggests VAW Partnerships may want to

supplement this information with qualitative data to provide additional learning on the internal and external factors that impact of people's feelings of wellbeing.

- % of professionals who attend VAWG training who report improvements in their knowledge, skills and behaviours as a result of this training.
- % of people who attend VAWG awareness raising sessions who report improvements in their knowledge, skills and behaviours as a result of these activities.

Guidance will be developed to support specialist services to collect and report on this information in a consistent, robust and age-appropriate way.

The West Dunbartonshire and Argyll and Bute Violence against Women Partnership Action Plan is currently being developed across the priorities outlined in Equally Safe. Domestic abuse is also identified as an area for improvement in the Joint Children's Services Inspection Improvement Action Plan 2017 (11) and is included in the Local Outcome Improvement Plan. West Dunbartonshire Council Housing and Employability Strategic area are also developing a protocol and community approach called No Home for Violence (45).

In addition to VAW Partnerships and police and justice data, routine data can be also collected from the health and social services, and other agencies that come into contact with cases of violence against women (10). Partnerships should consider how to add value to existing commissioning strategies or local datasets for violence against women and children. Suggestions from the literature follow. The majority of services collate outcomes that include reduction in risk and ensuring that the service user is safe; independent living; improvements in mental health and wellbeing and whether the service met their specific needs (57).

Outcomes can occur at many levels: individuals; families; the community; the environment; organisations; and policy. Patient or service user reported outcomes can be utilised for services. These might include: being healthy: staying safe, enjoying and achieving: making a positive contribution: achieving economic wellbeing: the legal system: and violence against women services (57).

Anonymised health data has an important role to play in preventing local violence. Health data sources available at a local level include: Accident and emergency (A&E) data, hospital admissions data, and ambulance service data. This information can inform needs assessments, support licensing decisions, and contribute to the evaluation of violence prevention activity. The use of anonymous health data in local violence prevention relies on the regular sharing of data between health services and local partners involved in addressing violence (58).

Multi-Agency Risk Assessment Conferences (MARACs) are currently the mechanisms for sharing information about high-risk domestic abuse victims between local agencies with the aim of agreeing immediate actions to protect victims and disrupt the perpetrator. The multi-agency domestic abuse coordinator (MADAC) post has enhanced the earlier identification of children affected by domestic abuse and had sharpened focus on domestic abuse issues (11).

The need for clear national and local protocols, and data collection and information sharing protocols is outlined in Equally Safe. Guidance from NICE (16) suggests commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse should:

- Take note of the Data Protection Act and professional guidelines that address confidentiality and information sharing in health services. This includes guidelines on how to apply the Caldicott guardian principles to domestic violence.
- Develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse.
- Ensure information-sharing methods are secure and will not put anyone involved at risk.
- Identify and train key contacts responsible for advising on the safe sharing of domestic violence and abuse-related information.
- Ensure all staff who need to share information are trained to use the protocols.
- Ensure any information shared is acknowledged by a person, rather than by an automatically generated response.

6. Structures and interventions in West Dunbartonshire

West Dunbartonshire Violence against Women Partnership has issued guidelines (59) to raise staff awareness of and understand their responsibilities in relation to domestic abuse. NHS Greater Glasgow and Clyde have also provided staff with guidance and policies in relation to gender based violence including domestic abuse (60).

The Care Inspectorate found that partner agencies worked well together to support families and carers to access help and support at an early stage (11). Support services provide safety advice and support to those experiencing domestic abuse as well as delivering Relationship Level Interventions. In West Dunbartonshire these services include:

- WDHSCP Criminal Justice Women's Safety and Support Service: The women's safety support service offers support to women particularly when there has been Criminal Justice, Social Work or Court Intervention: 01389 738484
- WDHSCP CARA (Challenging and Responding to Abuse) provides a counselling support information and advocacy service for children and young people affected by Domestic Abuse. Call: 01389 738664.

- WDHSCP Cedar (Children Experiencing Domestic Abuse Recovery) is a group work programme for children, young people and their mothers who have experienced domestic abuse. Phone: 0141 562 8870
- The ASSIST specialist domestic abuse advocacy and support service aims to ensure that all victims of domestic abuse – women, children and men – are safe, informed and supported throughout their involvement with the criminal justice system. It does that through providing a high quality service tailored to individual needs and circumstances.
- Women’s Aid Groups operating in West Dunbartonshire provide information, support and, where appropriate, refuge for women and any accompanying children who have experienced or at risk of domestic abuse. Dumbarton Women’s Aid offer counselling for children and young people as well as outreach support for women, children and young people. They also contribute to preventative activity as part of the implementation of Equally Safe through working with a range of partners including schools and community groups where capacity allows.
 - [Clydebank Women’s Aid](#) | Telephone 0141 9528118 | Email: collective.clydebankwa@gmail.com
 - [Dumbarton District Women’s Aid](#) | Telephone 01389 751036 | Email: info@ddwa.org.uk

The Care Inspectorate also found that support from CEDAR and CARA programmes enabled vulnerable children and young people to come to terms with difficult life experiences. However, there were also instances of children who may have benefitted from similar support but there was no evidence of a service having been offered to them. The Inspectorate also found that some families affected by domestic abuse could have benefitted from support at an earlier stage to understand better the impact of domestic abuse on children.

Victims of domestic abuse can also contact:

- The 24-hour Scottish Domestic Abuse and Forced Marriage Helpline on 0800 027 1234
- Shelter's free housing advice helpline on 0808 800 4444
- ChildLine 0800 11 11
- Men's Advice Line - Tel: 0808 801 0327 for male survivors of domestic abuse
- Respect help line - Tel 0808 802 for perpetrators of domestic abuse

There are other programmes across Scotland from which learning is likely to emerge. Edinburgh, for example has adopted The Safe Lives model (61). Safe Lives helps workers to partner with domestic abuse victims and engage with people who have committed domestic abuse to enhance the safety and well-being of children. It also provides resources for front line worker as well as other professionals. West Dunbartonshire is now exploring this model.

7. Recommendations

- 7.1 Community Planning West Dunbartonshire consider the supports required to reestablish the process for holding Multi Agency Risk Assessment Conferences in respect of reducing risks to adult victims of domestic abuse.
- 7.2 Community Planning West Dunbartonshire consider how best to identify social attitudes that fuel domestic violence in public sector agencies and consider how to promote positive, non stereotyped gender roles and opportunities through supportive organisational policy and communications.
- 7.3 West Dunbartonshire HSCP undertake a programme of ongoing targeted prevention group work with young people at risk for partner violence which involves both genders using resources available within the partnership.
- 7.4 Community Planning West Dunbartonshire continue to contribute to national discussions about the potential expansion of access to the Caledonian system as per the Scottish Government commitment in Equally Safe to “look at perpetrator programmes and consider where further efforts are required to identify and tackle behaviour with a view to rehabilitation and change”.
- 7.5 NHS GGC and West Dunbartonshire HSCP to increase identification of domestic abuse and strengthen health and social care service responses by:
 - a. NHS GGC to continue to improve the quality and consistency of routine enquiry in maternity, sexual health and emergency services.
 - b. NHS GGC to support auditing routine enquiry in GP practices and strengthen practice through training, effective information systems, and referral pathways. The GP role is pivotal; GPs need to be confident that local support is both available and reliable in order to raise the issue with their patients.
 - c. West Dunbartonshire HSCP to improve the quality and consistency of routine enquiry in health visiting services and scope out the implementation of routine enquiry in wider HSCP services in such as mental health and drug and alcohol services.
 - d. Local partners should use data such as TRAKCare to understand more about presentations of domestic violence in order to inform practice and identify opportunities for prevention and intervention.
- 7.6 Community Planning West Dunbartonshire to continue its bold leadership with West Dunbartonshire HSCP, as chair of the Alcohol and Drugs Partnership in its contribution

to the widely recognised West Dunbartonshire Licensing Board Overprovision Policy in relation to reducing the problematic consumption and availability of alcohol.

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