

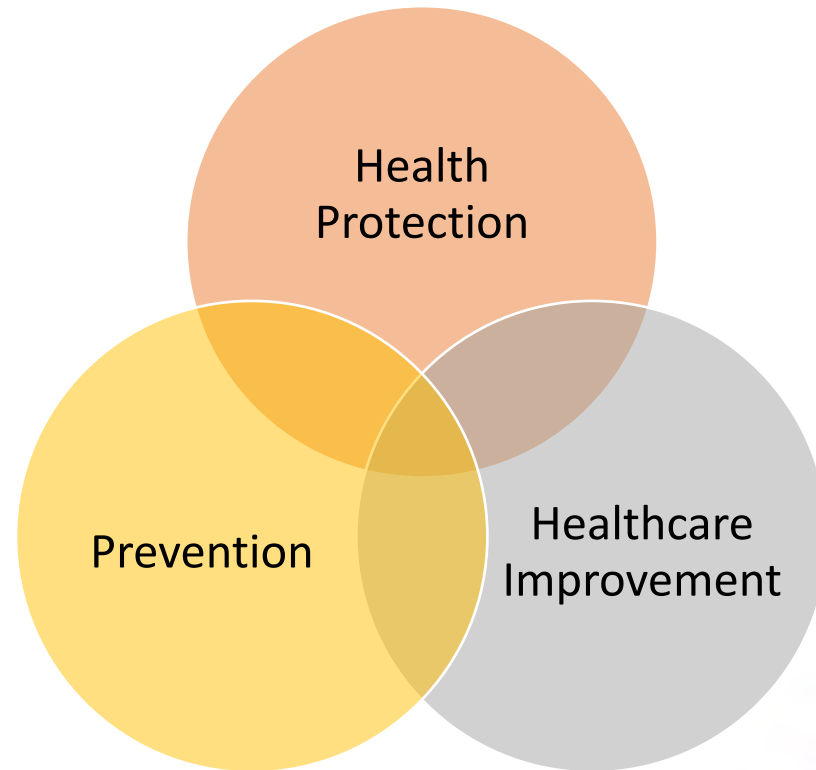
Adopting a Public Health Approach to Tackling Violence Against Women and Girls: One Year On

Katie Cosgrove

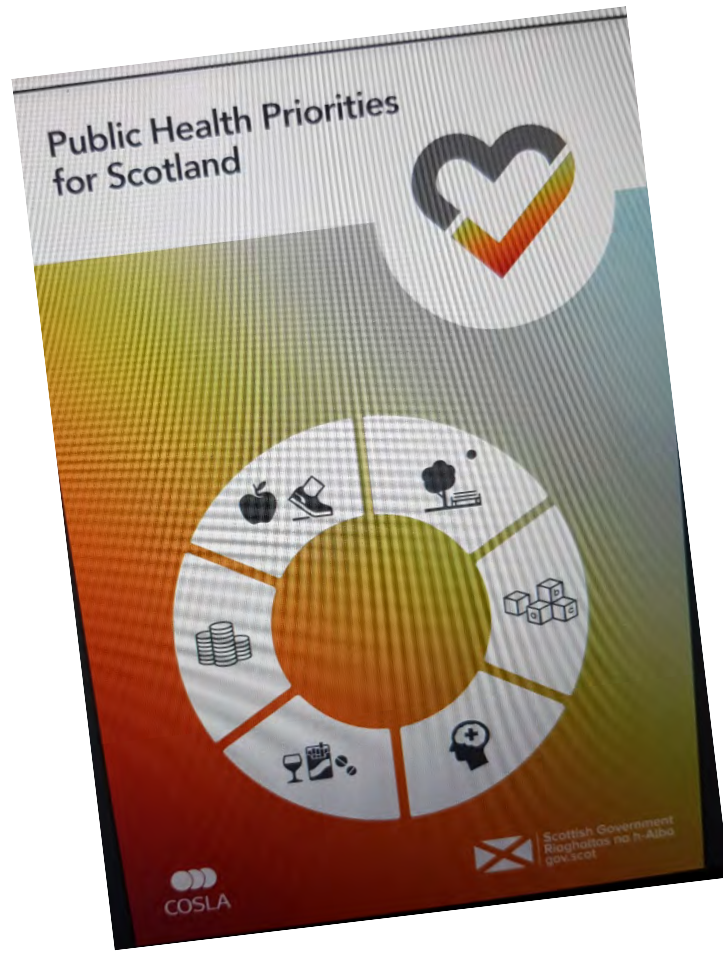
Organisational Lead – Gender-based Violence

What is public health?

“the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO)



Public Health Priorities



- ✓ A Scotland where we live in vibrant, healthy and safe places and communities
- ✓ A Scotland where we flourish in our early years
- ✓ A Scotland where we have good mental wellbeing
- ✓ A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- ✓ A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- ✓ A Scotland where we eat well, have a healthy weight and are physically active



A collage of hand-drawn graphics and text related to VAWG. It includes a circular diagram with "ACTION" in the center, surrounded by "PUBLIC HEALTH", "health response", "RADICALIZATION", "POSITIVE PARTNER SHIPS", and "WAWG". Other text includes "We need strong", "Ann Hamilton", and "VAWG as a PUBLIC HEALTH".

VAWG & ENDEMIC

THROUGH A PUBLIC HEALTH LENS

The impact of public health

Maximising health gain

Governmental level of society

Focusing on VAWG PREVALENCE

Pick-up working across every level

high level support & scrutiny

UTILISING WHAT'S ALREADY THERE

ENGAGING WITH COMMUNITIES

LIVED EXPERIENCES

ROBUST PUBLIC REPORTS

COMMITMENT IN ACTION

THROUGH MEANINGFUL
PARTNERSHIP
(PH + VAWG)

HERE

DATA - gendered
experiences

EXPERIENCE

VISIBLE FOLLOW
THROUGH
good monitoring

WE CANNOT DO
WITHOUT INCLUDING THE
CRUISE + VIOLENCE
AGAINST WOMEN AGGRESSORS

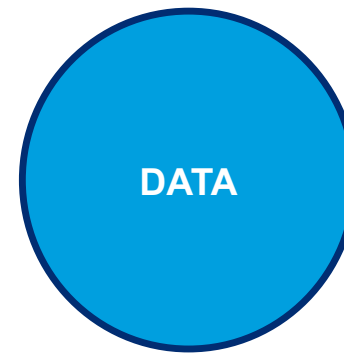
SPEAKING ABOUT THIS IN THE WORKS OF WOMEN
A PUBLIC

work THROUGH

COVID-19 and violence against women

- Impact : social, economic, health, environmental, deepening gender and health inequalities
- Challenges: capacity; behaviours, decision making, service delivery; relationships
- Opportunity?: 'Build Back Better'; recovery and resilience planning





Whole Lives Survivor Survey

Lucy McDonald

Our work in Scotland

- **Training Programmes**
 - DA Matters Scotland
 - Idaa accreditation
 - DAART E-learning
- **Marac Development Programme**
 - Support
 - Data
 - Training
- **Safe At Home in Scotland**
 - Network of DA professionals
 - 65 from 28 local authorities
 - Covid resilience
- **Whole Lives Scotland**



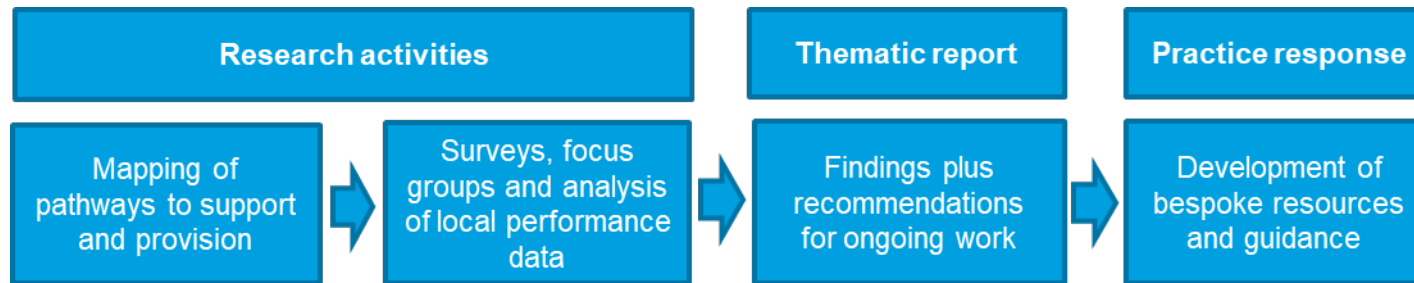
Ending domestic abuse

Whole Lives Scotland



Improving responses to domestic abuse 2018 - 2021

- 4 key objectives:
 - **Survivors are heard**
 - **Local areas gain insight and support**
 - **Practitioners gain resources**
 - **Influence change-makers**

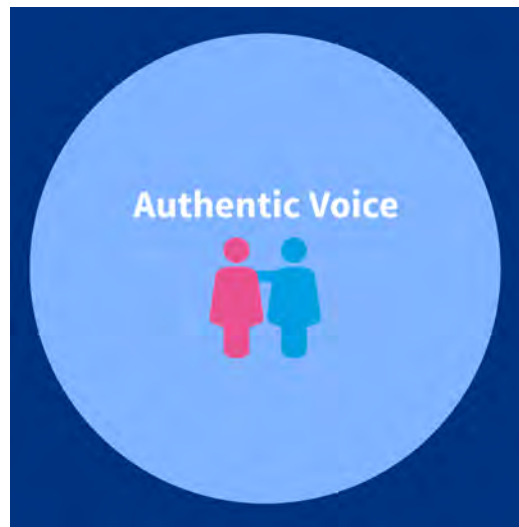


- **Renfrewshire** – mental health
 - 101 practitioners & 6 survivors
- **Stirling** – learning disability
 - 66 practitioners
- **Aberdeen City** – young people
 - Currently underway

Engagement & partnerships

- Local Authorities
- Third Sector
- Scottish Govt

Ending domestic abuse



Outcome 1 : Survivors will know their voices are heard and improving the response to domestic abuse across Scotland

- Provide a collective, diverse Scottish voice to be threaded throughout all of the work in Whole lives
- Offer guidance and oversight to activities
- Play a key role in development and implementation of guidance and tools
- Formalise relationships that had emerged through Whole Lives Scotland



Co-create resources and tools based on Whole Lives Scotland findings

Support the creation of wider policy and strategic outcomes



Review the tools, guidance and outputs from Whole Lives Scotland

Consult and campaign on wider domestic abuse issues



Ending domestic abuse

National survivor survey

- Dec 2019 – March 2020
- Shared through networks, social media & poster distribution
- **346** responses from all 32 local authorities across Scotland



Online



Online



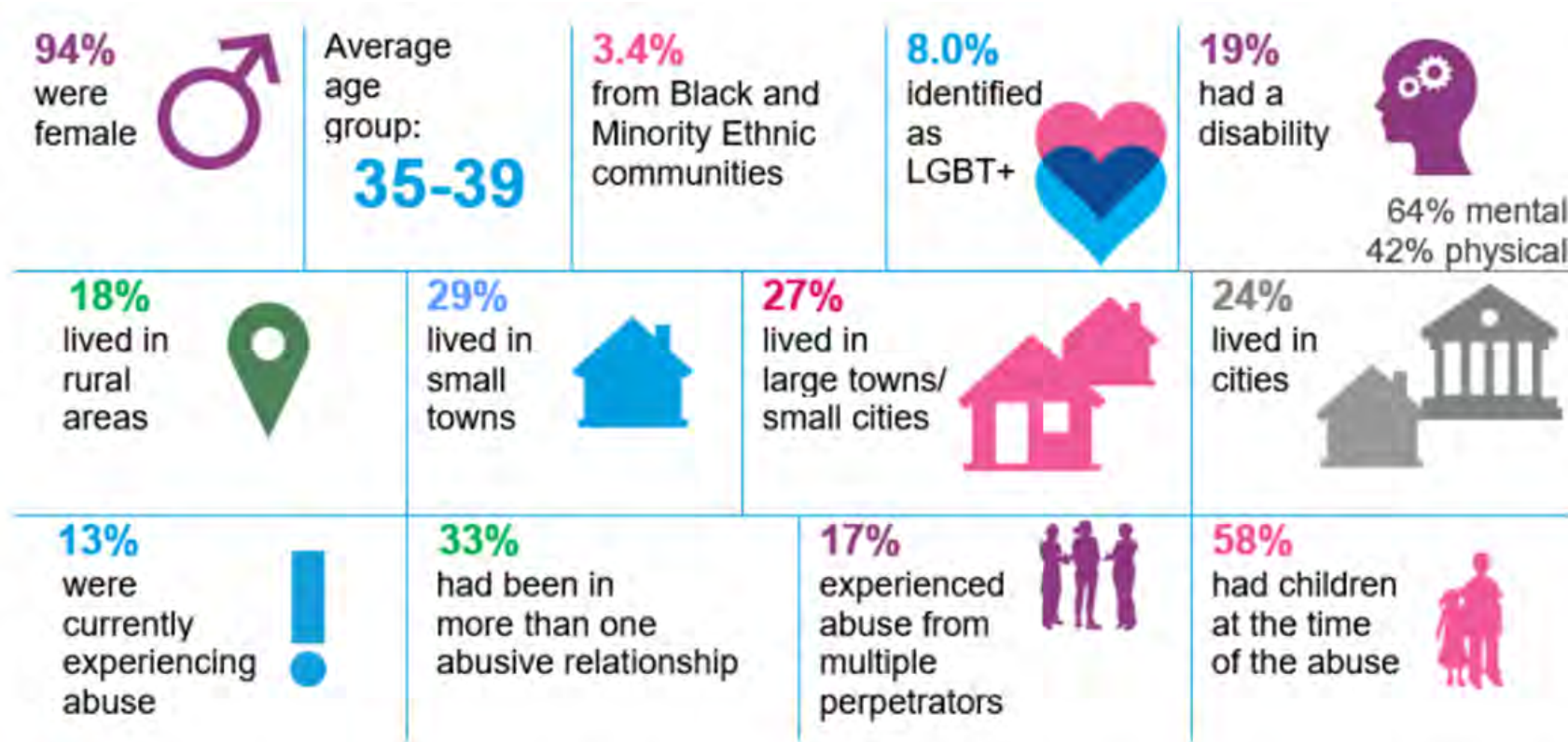
Prison




Easy Read

Ending domestic abuse

Profile of respondents



 Most frequently, those perpetrating the abuse were male partners (65%) or ex-partners (26%). One in ten (10%) victims had been abused by a female partner or female ex-partner.

Ending domestic abuse

Types of abuse

Two types of abuse on average:

- Mental/emotional (96%)
- Physical (64%)
- Sexual (30%)
- Other (16%) - economic

Prevalence varied across different groups

Length of abuse



Average length of abuse: **5.5 years**

- Varied according to abuse type
- Longer when other needs intersected
- Longer for survivors with children and those in rural locations

“

“I found it difficult to answer how long the abuse had been going on as I didn’t recognise it till it really escalated (sic) however reflecting back it was always there it was subliminal and better hidden it was like a genie came out the bottle and the same stuff happening only it was really intense and happening from hour to hour instead of odd day to day”

”

Ending domestic abuse



Most survivors
(87%) told
someone about
the abuse



Barriers varied for
different groups of
survivors

Experience of disclosure



Disabled survivors
experienced abuse
for one year longer
before they
disclosed to
someone

(5 years vs 4 years)



Survivors in rural
locations experienced
abuse for 2.5 years
longer before
disclosing than
survivors in cities

(5 years 6 months vs 3 years)

Ending domestic abuse



Survivors who did not access a specialist service still told three people about the abuse, on average

Who people told about the abuse	n=279
Family or relative	62%
Friend or neighbour	58%
Police	41%
Counsellor / therapist	40%
GP	38%
Lawyer, solicitor or other legal professional	36%
Specialist domestic abuse service	35%
Work colleague	31%
Children & Families Social Work	13%
Helpline	10%
Hospital-based health professional	6.8%
Religious or community leader (e.g. priest)	5.0%
Other	3.9%
Adult Social Work	2.2%

”

“I was a professional in a position of authority so it was difficult for me to access support locally. It was also embarrassing as it risked a loss of credibility in my employment.”

“

What concerns did you have about telling someone?	n=208
Shame or embarrassment	89%
Did not think anyone could do anything to help	55%
Worried the abuse was my fault	51%
Fear for my own safety	51%
Did not think they would believe me	44%
Did not know who to go to	41%
Fear of losing children	26%
Too trivial / not worth mentioning	26%
Private / family matter	17%
Other	10%

“Survivors told us...

Professionals did not always enquire about abuse and sometimes did not have the necessary information to respond to disclosures:

“The first person I told was my GP. It took me 3 years to summon up the courage to do this. He ignored what I was saying about myself and my children living with a very angry partner and seemed only concerned if my partner was depressed. He never asked about the safety of my children. It took me months to tell someone else because of his reaction”

Survivors called for proactive approaches from all professionals to identify abuse and refer to support:

“It shouldn't take someone to be physically abused and have the police involved before they get help for the situation they are in.”

**Awareness
of domestic
abuse**

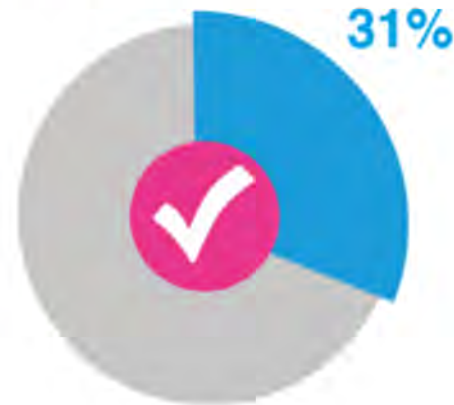
**Awareness
of services
that help**

**Proactively
asking
questions**



- Half (48%) **self-referred**
- A quarter (25%) referred by the **police**
- **8.5 years** of abuse before accessing a service, on average
- More likely to have experienced **sexual abuse** and more likely to have **children**
- Survivors referred by the police more likely to have experienced **physical abuse**, reached services faster

**One third
of survivors
accessed a
specialist
domestic abuse
service.**



“

“Womens Aid support literally saved my life and I would not be here today without their understanding and help. Practical and emotional support. Invaluable service. I am forever grateful that Womens Aid helped me to turn my life around when I had nothing and no hope left.”

”

Ending domestic abuse

Two thirds of survivors (67%) didn't access a specialist service



Half (51%) of the survivors who did not reach a specialist service said they didn't know what support was available.

Two in five (42%) survivors who did not access a specialist service said **shame or embarrassment** were factors that prevented them.



“

“The only person I told everything to was my lawyer when I sought a divorce. If he had been able to tell me about services I might have accessed support.”

”

“

“All professionals need to be informed about how to work with those affected by domestic abuse, and the perpetrators. It is not a specialist area of work – it is the bread and butter for everyone who works with families in all capacities. It is not a standalone issue – people need to understand how it relates to all other areas of people’s lives in complex ways.”



“Very under reported. Society isn’t aware until it’s too late then one problem becomes, two, three and onward. Domestic abuse needs to be dealt with under the umbrella of many more agencies and services. Public, private and charity services should be glued together to actually deal with a problem which will just become more insidious...”

”

Ending domestic abuse

Recommendations



1. Domestic abuse is recognised as ‘everyone’s business’ through sustained awareness-raising and creative engagement



2. Fully funded ‘Whole Family’ service provision across Scotland



3. Specialist approaches that reflect and respond to the diversity of survivors



4. Tailored ‘culture change’ programmes in key sectors



“I didn’t realise I was in an abusive relationship till it got much worse and was ending”



Ending domestic abuse

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Ending domestic abuse

VAWG Collective Leadership in Dundee



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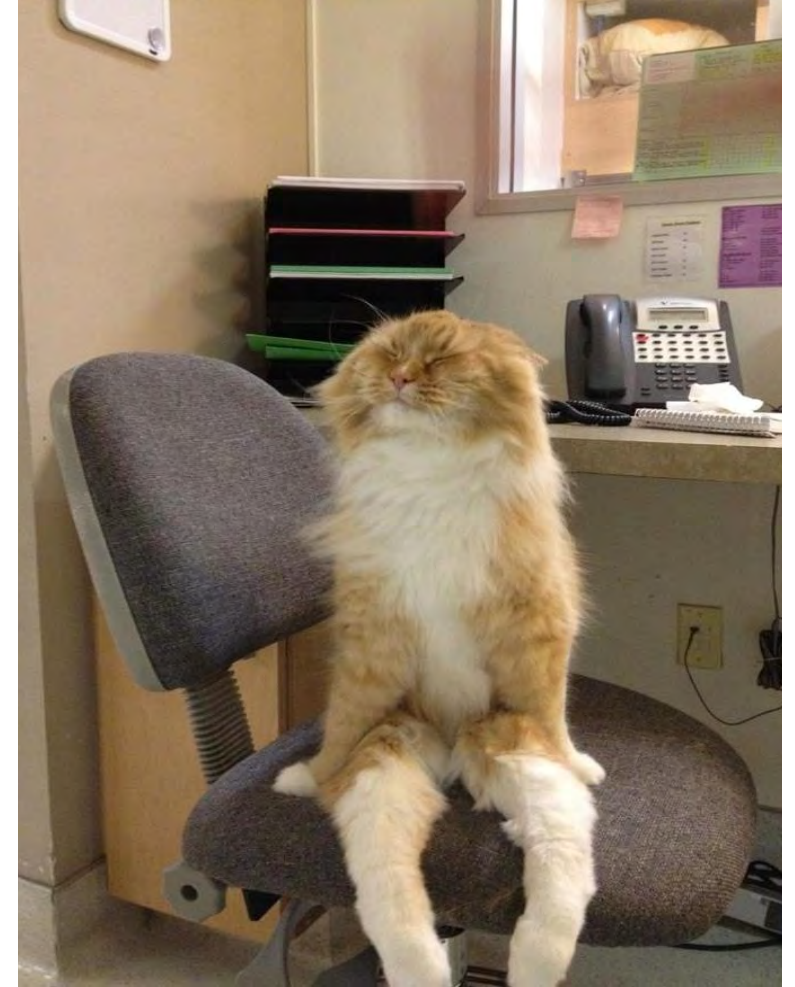


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Background - 2018



So much
progress....so
much still to
do....



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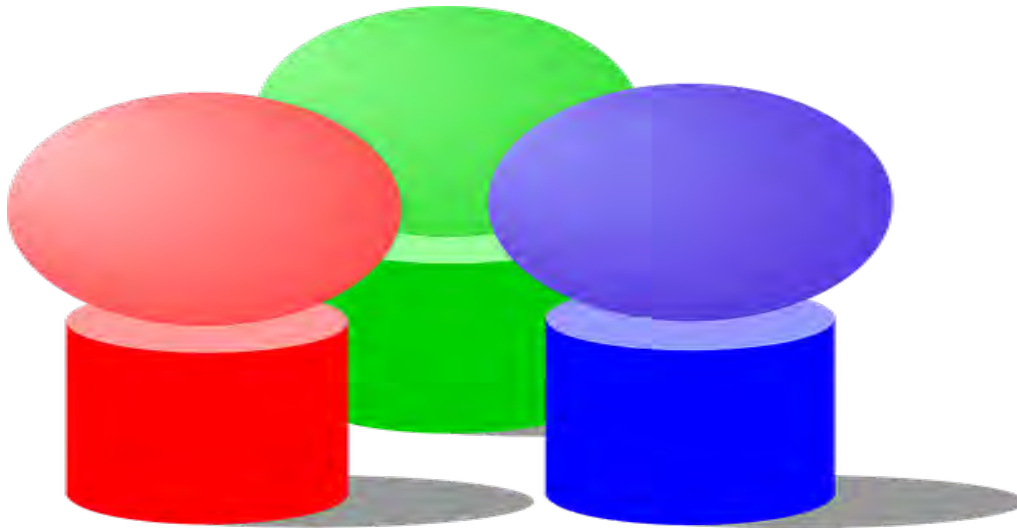
The first example is an area of development which has been both deliberate and organic in its evolution. It was and still is a journey which is far from complete but hopefully demonstrates how collective leadership around VAWG can bring about huge benefits and positive change.

In 2018, Dundee Violence Against Women Partnership began to review pathways for women affected by violence and multiple disadvantage in the city from a 'whole systems perspective.'

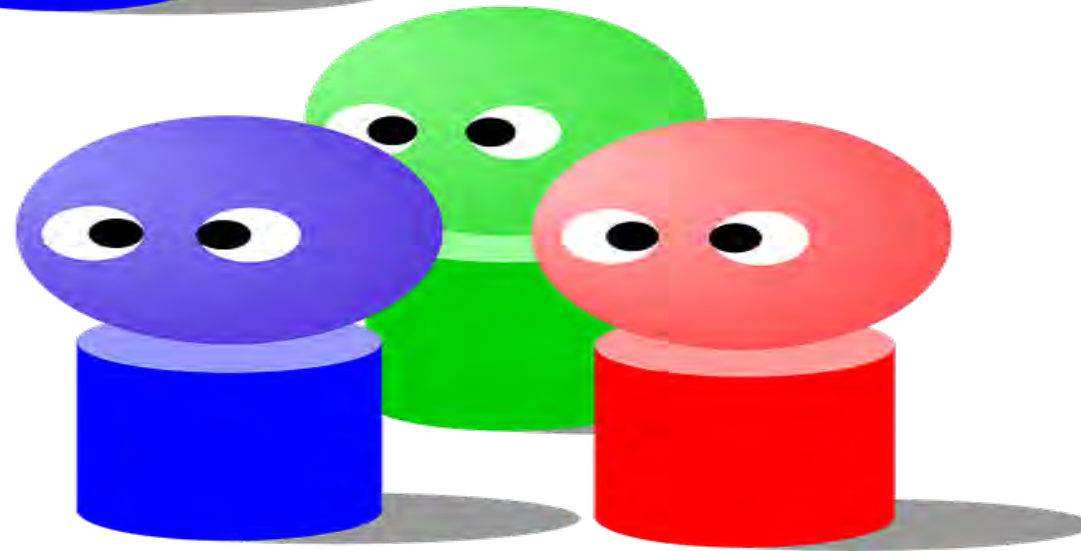
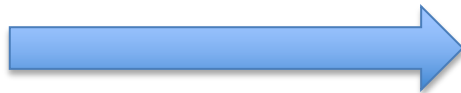
The slides demonstrate how we felt!!



VAW Pathways Group



**Homelessness/substance
use Group**



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The group undertook a review and redesign of existing pathways and a diagram which had been developed in 2011 to reflect the evolution of services and responses over that time period.

Some of the key issues we identified were a lack of resources to provide consultation for wider non-specialist services, difficulty meeting the needs of women with multiple and complex needs, lack of structured VAW training and workforce development opportunities and all of these leading to increased pressure on specialist services and strain on their resources.

After lengthy discussions it was agreed that consultancy and capacity building in mainstream, statutory services were the areas of work which could bring about the most lasting and impactful change as well as reducing the pressure on specialist services. At the same time as the review process was happening a number of other transformation activities were ongoing in Dundee (including substance use and homeless services) and a separate working group was set up under the ADP and the homelessness strategic planning groups to look at the needs of vulnerable women more broadly



2019

Responding to Drug Use with Kindness, Compassion and Hope

A report from the Dundee Drugs Commission

PART ONE – THE REPORT

Presented to the Dundee Partnership



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At the same time, at the end of 2019 the Dundee Drug Commission was published. The Commission report gave a clear message and recommendations about the importance of gendered approaches.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

The action plan for change, Dundee's response to the commission contained clear actions and priorities in relation to this recommendation and these were then discussed with and delegated to a violence against women partnership sub group.

Also at this time, research was commissioned to look at the needs of women in Dundee. It was funded by the Scottish Government Challenge Fund, with the funding secured by Dundee Women's Aid.

Clear recommendations were made around services and responses to women and changes that needed to happen in order to meet their needs more effectively.





University
of Dundee



Gendered Approaches to Service Provision



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The Gendered Services Group



This all came together in the merging of the VAW Pathways Group and the ADP/Homelessness group. They merged to become the gendered services group which reports directly to the VAWP and the ADP and has been operating for about a year now.

The collective leadership flowing from the VAWP and the ADP expanded our ability to tackle the issues faced by the most vulnerable women in our city and opened up huge possibilities for collaborative working at a strategic and operational level.

The main aim of the group is:

1. To Lead the strategic and operational planning for gender sensitive and trauma informed services in Dundee (e.g. for women experiencing VAW, substance use, homelessness and a range of other complex issues) and this involves a strong focus on women with lived experience directing our work.

Current membership of the group includes:

- Dundee Women's Aid
- Barnardos
- Action for Children
- We are With You
- Hillcrest Futures
- ISMS/H&SCP
- Dundee City Council Children and Families Social Work
- Dundee City Council Housing
- Police Scotland
- NHS Psychology
- Tayside Council on Alcohol
- Shakti Women's Aid
- Protecting People Team
- Dundee City Council Criminal Justice
- WRASAC

So What we had at this point was the VAWP pathways group identifying the need to upskill and build capacity in universal, mainstream, statutory and non-specialist services, the ADP and homelessness sector recognising the need to improve their response to women and the Commission and the research also making the same recommendations.



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Some key achievements of the GSG to date:

- Development of Women's Services Booklet – following a mapping of services - this includes all specialist services for women and also those which are not VAW specialist but have an element of women only service and who represent the gendered approach we hope to achieve
- Development of VAW Overview Training by a multi- agency consortium
- Successful funding bid to secure a 2 year post to develop a gendered approach across mainstream services in Dundee
- Gendered services briefing presentation and document
- Inclusion of gendered approach in ADP Strategic Plan and Adult Support and Protection delivery plan

Observations of the success of this group are around the bringing together of VAWG specialist agencies and those who have a broader remit or a different focus – for example substance use services. As we have worked together we have built a sense of team work and a shared vision. At times it could be that the VAWG world can feel like something of a scary and very specialised club which other services may not feel they have a place within. This group has seen that change and there is a strong motivation, commitment and drive to work together to improve the lives of the most vulnerable women in our city,



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- **Level 1** - Specialist services for women
- **Level 2** - Services with specific women only elements
- **Level 3** - Universal Services which could support vulnerable women



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The GSG is the specific example – now very briefly touch on some other examples of good collective leadership:

The key one is the transforming public protection programme which has been ongoing in Dundee for over a year now. This is a programme which does what it says on the tinand is working to move us away from unwieldy, siloed structures and ways of working to a more integrated protecting people approach.

Covid has got in the way of some of the developments we were hoping to achieve but at the same time it has accelerated some of our thinking and brought rapid paced change in the direction we had hoped to achieve.

One example of this is the development of an integrated protecting people risk register that was very quickly mobilised as lock down began. What this enabled us to do was understand the shared risks across the protecting people committees and also work collectively on our responses to these risks. Covid has brought the risks around VAWG and particularly domestic abuse to the fore and this is reflected in the risk register with highlighted risks around DA in the CPC, VAWP, ADP and ASP sections of the document. An example of a shared response is the speed at which the C&F service undertook a thorough cross referencing and risk rating exercise across all their known service users and historical cases where domestic abuse had been a factor to ensure the most vulnerable families are targeted for support. This also included a cross referencing with CJS to ensure perpetrators were included in the picture.



**WORK IN
PROGRESS**
CHECK BACK SOON!



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Despite a lot of development, collective leadership and work to progress our response to VAW and vulnerable women has faced the following challenges:

- Significant demand on services has depleted capacity available for development / improvement work – with managers in frontline services unable to dedicate time to strategic development – they are so critical as the experts in their field
- The added pressures of Covid 19, despite all the benefits there is no doubt the pandemic has affected our ability to progress in some areas of work and has meant we have had to shift focus and pour our energy into responding to the pandemic.
- There are also issues relating to funding which have an impact on collective leadership which I will briefly touch on now





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The funding climate around VAWG does present challenges for us in the following ways:

- The high proportion of funding sitting outside of local partners (approx. 75%) limits options for utilising strategic commissioning and procurement approaches to progress change
- The heavy reliance on insecure / external funding streams for core specialist VAW services and the fact that the majority of specialist provision also sits with third sector agencies creates and insecurity in the VAWG system and service provision.
- This also reduces specialist capacity to influence strategic direction and planning. Managing multiple funding streams reduces the time available to service managers and also creates an environment for staff in these agencies which is never fully secure.
- None of this is conducive to a sustained collective approach as services are perpetually chasing available funding rather than us working collaboratively and being led by the needs of the city and the women within it. This can lead to disjointed services and pathways and competition between agencies as they bid for funding.



Chief Officers Group:

- Funding and commissioning additional specialist capacity through disinvestment elsewhere in the system
- Reallocating capacity within mainstream services and making a real and tangible commitment to upskilling mainstream services to effectively tackle VAW
- Progressing work through local strategic commissioning and procurement routes to enhance efficiency and sustainability within the third sector specialist services

In light of these challenges we recently took a paper to the COG which resulted in them making the commitment to the actions shown on the slide.

We have had our first meeting with champions nominated from within the council and NHS and a real and tangible commitment to improving the situation around VAWG and the funding around it. Along with the work of the GSG - hopeful that we will build on all the progress we have made to date.





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To summarise what has been covered in this presentation - pull together what, on reflection, have been the key ingredients to some of our successes in working collectively around VAWG and these are:

- Being open to and embracing external scrutiny and review and then being reflective and constructive in response to criticism, being willing to learn and develop new approaches.
- Having a recognition of shared risks and opportunities to respond collectively to these risks – no siloes.
- Developing a sense of team around VAWG – bringing people together to see where they fit into the picture and the work we need to do to tackle the issues – broadening out from specialist agencies and a VAWG focus to include all women who are facing difficulties, barriers and vulnerabilities





**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**



Permission to Lead Implementing a Whole Systems Approach

Heather Williams

Women's Aid South Lanarkshire and East Renfrewshire
(WASLER)

Janice Thomson

East Renfrewshire Health & Social Care Partnership

Permission to Lead

Adopting a Whole Systems Approach

Equally Safe Delivery Plan: Year Three



*“Work with professional bodies and other key decision makers within local authorities and community planning organisations to explore how to **support and strengthen local capacity to implement the next phase of Equally Safe.***

*This will include working in collaboration with local and national stakeholders to identify what collective leadership and resources are needed **to ensure a joined-up, multi-agency approach** can be taken to improving outcomes for women and children in local communities across Scotland moving forward.”*