



Bermuda: Public Health Approach Report

SafeLives
November 2022

About SafeLives



We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.



We are independent, practical and evidence-led, with survivor voice at the heart of our thinking.



We work with organisations across the UK to transform the response to domestic abuse.

We want what you want for your best friend:



Action before someone is harmed or harms others



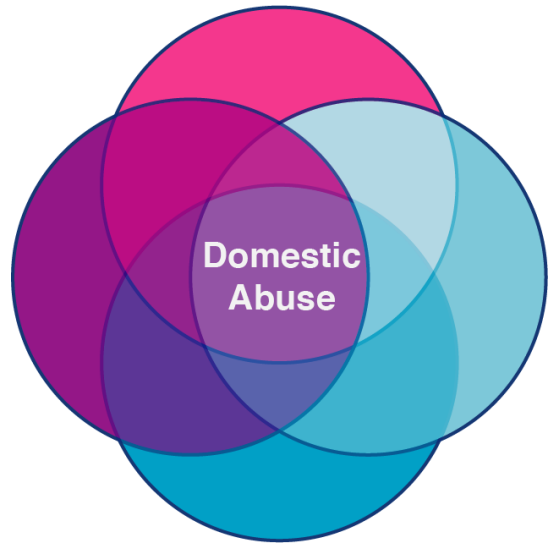
Harmful behaviour identified and stopped

Increased safety for everyone at risk



The ability for people to live the life they want after harm has happened

The Whole Picture



The whole person:
domestic abuse is never all of someone's experiences or situation.

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Introduction



About this project

SafeLives have been commissioned to undertake a whole system review of the response to domestic abuse in Bermuda by using a Public Health Approach. Using systems thinking methodology and through the lens of the whole family, we will identify opportunities for improving the risk led response, early intervention, and prevention of domestic abuse. This includes a systems-wide assessment of the current local landscape, identifying data and ongoing monitoring opportunities, consulting with service users and providers to understand risk and protective factors.

Language

Domestic violence/domestic abuse – SafeLives uses the term domestic abuse but we are aware that the term used in Bermudian legislation is domestic violence, we will use the terms interchangeably

Victim - Some prefer this term as it describes the impact of being victimised by a person. Others dislike that this can carry a connotation of being defined by what the perpetrator has done.

Survivor - This can feel like a celebration of the strengths a person has used to survive. However, not everyone survives domestic abuse. There can be a suggestion that the experience is in the past, and this does not apply to people who are experiencing abuse now.

Perpetrator - One of the most common terms use to refer to a person or persons who carries out domestic abuse. It can locate responsibility with the person causing harm, however some people may feel uncomfortable in using this term, especially in relation to someone they love.

Those who harm – the term SafeLives uses to refer to those who carry out domestic abuse

Dash – Domestic Abuse Stalking and Harassment (SafeLives' risk assessment)

Marac – Multi Agency Risk Assessment Conference

Idva – Independent Domestic Violence Advisor

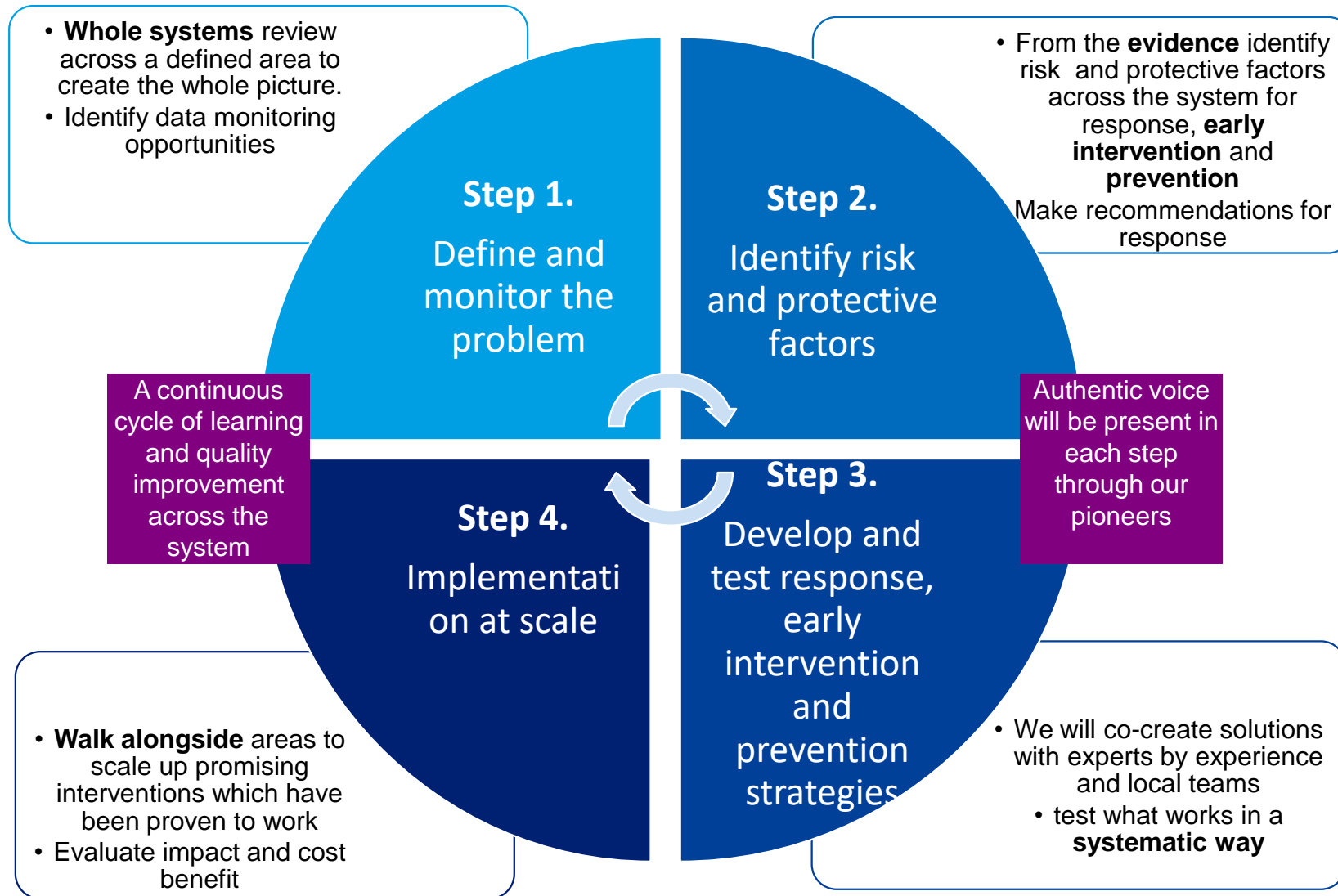
Universal Services - services which deal with a range of support issues that survivors, perpetrators or children may have, but are not specific to domestic abuse

Working in the Bermudian context

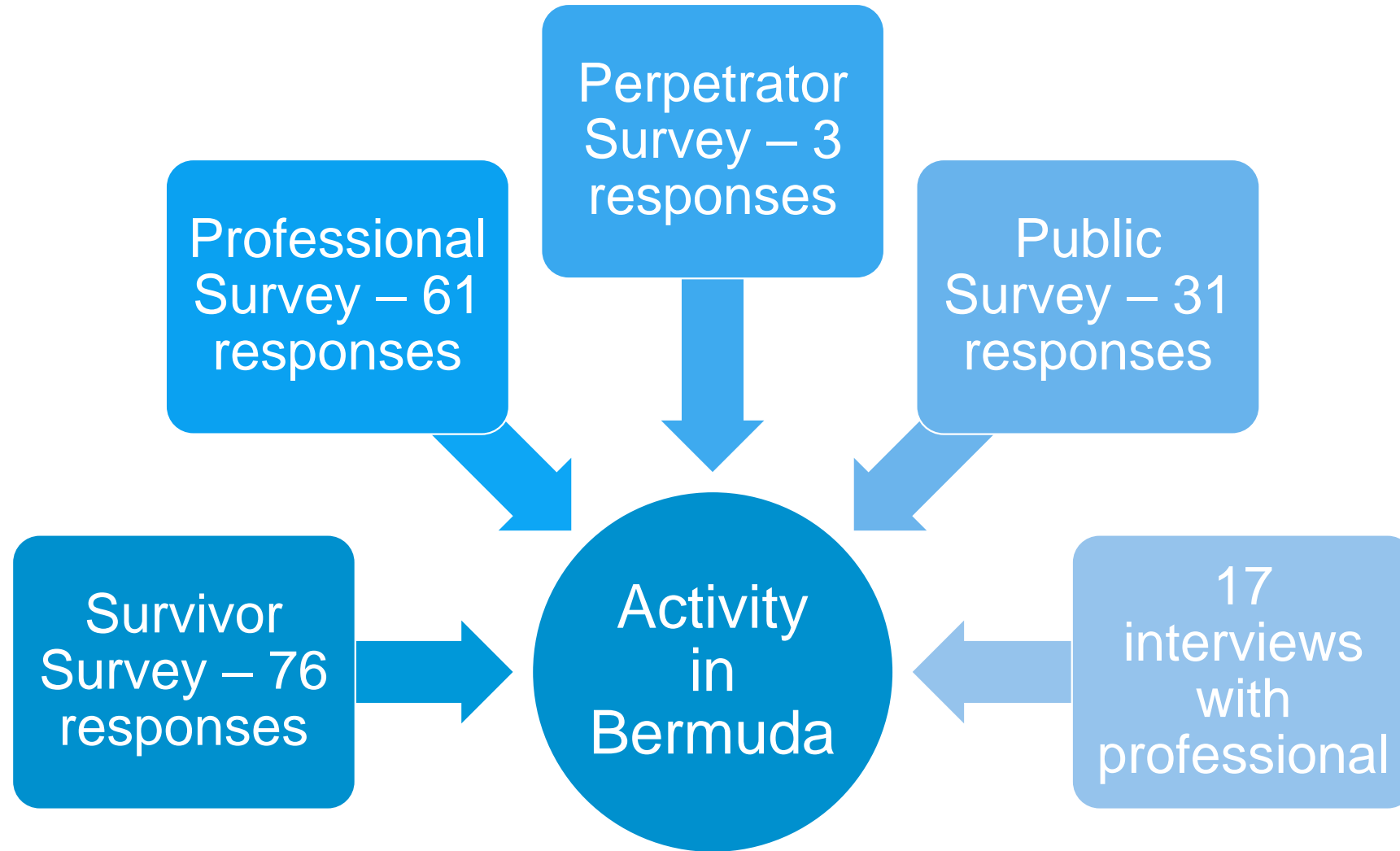
Whilst undertaking this work with Bermuda, we have remained conscious of Bermuda's unique context and history. Bermuda has close associations to the United Kingdom, influences from the United States due to its close proximity, as well as strong links with the Caribbean. Coupled with Bermuda's colonial history we have to be cognisant of the racial and gendered impacts that this has on the current response to domestic abuse and the whole system.

With this in mind, we have focussed heavily on working alongside professionals and learning from their expertise of their own culture and how this affects the way they are able to support survivors and perpetrators in Bermuda. The findings and recommendations outlined in this report have been reached alongside Bermudian stakeholders, without whose input this report would not have been possible.

Practice Team Framework for Delivery 'Whole Picture'



Activities completed in Bermuda





Prevalence of Domestic Abuse in Bermuda



Bermuda Domestic Abuse Prevalence

Over **3000** women have experienced abuse in the **last 12 months** (13% of female population)

Over **7000** women have experienced domestic abuse **in their lifetime** (27% of the female population)

Bermuda Prevalence Estimates

Theory:

- Estimate of adult female population of Bermuda: 27,723 (2016, [Government of Bermuda](#))
- Research from the WHO estimates that 1 in 3 (30%) of women globally have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. 27% of women aged 15-49 reported that they had experienced intimate partner violence (IPV). Furthermore, the WHO estimate that globally in a 12-month period 13% of the female population will have experienced IPV.

Statistics:

- Based on this research we estimate that **27% of the female Bermuda population will have experienced intimate partner violence or abuse at some point in their lifetime.** The 2016 census data therefore suggests that **over 7000 women in Bermuda have experienced IPV in their lifetime.**
- We further estimate that **over 3000 women in Bermuda have experienced IPV in the last 12 months.**

Bermuda Prevalence Estimates

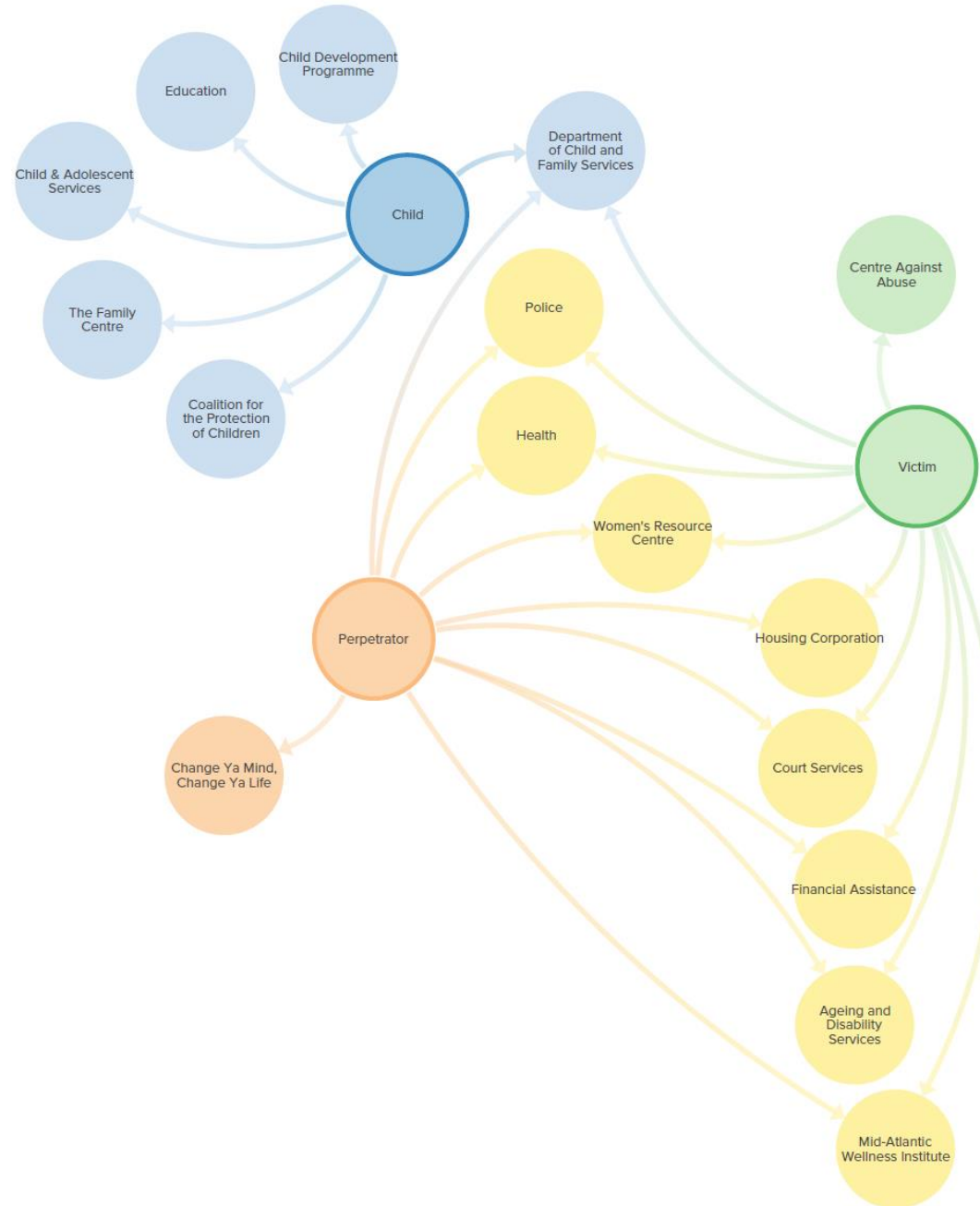
- **Male victims:** whilst domestic abuse is a gendered crime and the majority of victims worldwide identify as female, we know that anyone, regardless of their sex, gender identity, sexuality, disability or age, can experience domestic abuse. Therefore, we know that there are male victims of domestic abuse in Bermuda.
- However, there is no global estimate of male victims. The England and Wales Crime survey usually returns around 3-4% of men and 7-8% of women experiencing DA in one year. This is worked out at between 13-14% of men experiencing DA over their lifetime and 27-28% of women over their lifetime in England and Wales.
- To fully capture the gender breakdown in Bermuda, we recommend that domestic abuse services and statutory agencies collect and monitor detailed case data.
- To support male victims, it is key to understand their needs. Male victims face barriers in seeking support for various reasons related to stigma. SafeLives is conducting research into the experiences of male victims and the best ways to support them, for more information please see these resources: <https://safelives.org.uk/voices-men-and-boys>



The Systems in Bermuda

Bermuda Domestic Abuse System Map

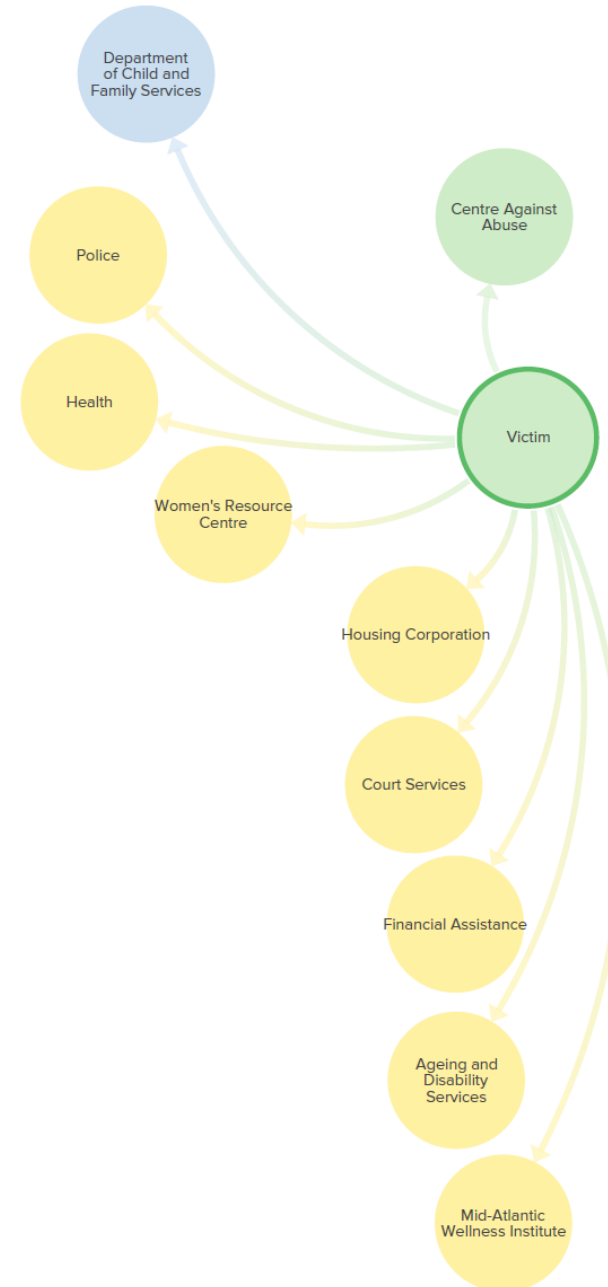
This system map represents the range of services available to support survivors, children and those who harm in Bermuda. Specialist domestic abuse services can be seen in green and orange, while the yellow and blue services are those which deal with a range of support issues that survivors, perpetrators or children may require, but are not specific to domestic abuse. We will refer to these as Universal Services on the following slides



Bermuda Domestic Abuse System Map – adult victim focus

As can be seen here, while there are a range of universal services (yellow) available which can support the holistic needs of a survivor, there is only one specialist service (green) which currently has very limited capacity.

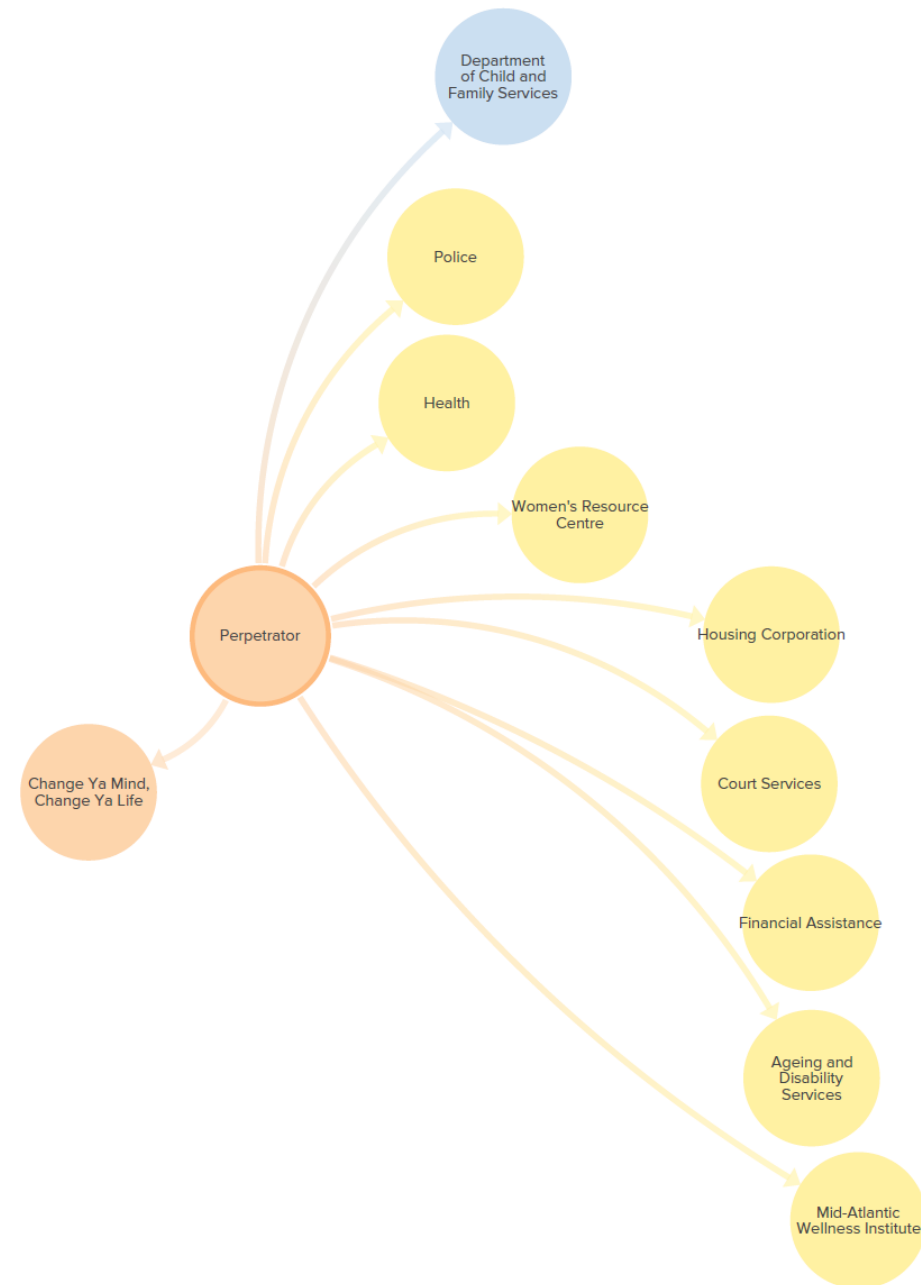
Ideally, this specialist capacity would increase to a point where they are able to support the identified number of victims in Bermuda. However, it is also imperative that universal services have the skills and understanding to respond to domestic abuse effectively.



Bermuda Domestic Abuse System Map – perpetrator focus

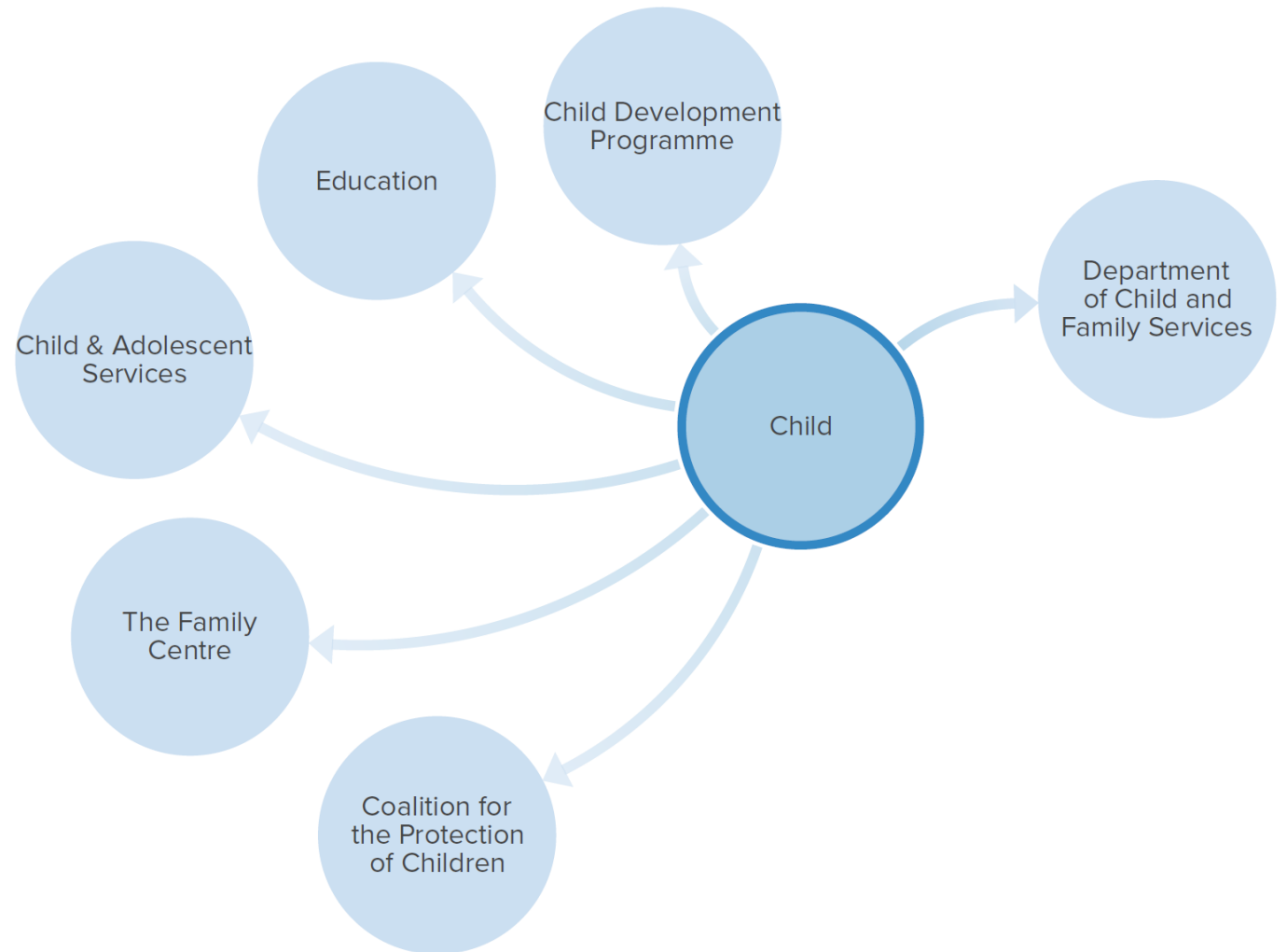
The specialist support available to perpetrators or those who harm is similarly limited, with a single service which does not currently receive any statutory funding. A formalisation of the support for perpetrators would mean that more perpetrators could access support, and that the system would be better able to track those who harm and monitor their engagement with services.

Universal services should also be upskilled to be able to identify and respond to those who harm.



Bermuda Domestic Abuse System Map – child focus

There is a comprehensive range of support available for children who have witnessed domestic abuse, as can be seen in this diagram. The key here is that those children effected by domestic abuse, whether they have been present during incidents or not, are identified and supported appropriately. This will be explored further later in the report.



System mapping

In the workshop, through the use of wool we tracked the journey of victims, perpetrators and children through the system.

We found that victims, perpetrators and children were referred back and forth through the system to different agencies as it currently stands, which is overwhelming and results in re-traumatisation.

The recommendations in this report address this issue and support a process of multi-agency working, information sharing and the use of Idvas or specialised domestic abuse services to facilitate agencies supporting individuals.





Findings and Recommendations

Findings and Recommendations

- The following findings and recommendations have been reached by compiling the various activities undertaken in Bermuda over the last 6 months, primarily surveys and interviews with the public, survivors and professionals.
- We have presented below a summary of key findings and an in-depth overview of 8 themes identified during our analysis.
- The recommendations were co-created with Bermudian stakeholders during the workshop held in October 2022.

Summary of key findings

From interviews with professionals in Bermuda included in this analysis we found that:

★ There are **areas of good practice in Bermuda:**

- ★ Professionals have positive working relationships with high levels of trust.
- ★ Child safeguarding is generally taken seriously and agencies act in the interests of children's safety.

However,

- ! There are **not enough formalised policies and procedures** surrounding domestic abuse
- ! There are **few official, regular multi-agency meetings**
- ! **Referral pathways for victims and those who harm are not always clear**
- ! Professionals raised **concerns about the levels of awareness of domestic abuse** amongst some professionals and others reported **low levels of training**
- ! There is a **gap in specialist provision for minoritised groups**
- ! There is **no funded service for those using harm** and **professionals lack training and confidence responding to those who harm.**

Bermuda specific

Professionals spoke to us about **specific issues facing Bermuda because of its political, geographical and social context.**

“ I think **we just lack general knowledge on the island. I think it's- it's something that we, kind of, as a island, sweep under the rug. It's not something that we focus enough energy on.** I think where – like I said, we focus a lot on the prevention side, but when it comes to intervention, that's something that we lack as an island. (Professional interview)

Many professionals spoke about the size of the island as a strength, but it was also identified as an obstacle, particularly for survivors

“ Because **Bermuda is so small** and because **the lack of anonymity** in Bermuda is already such an obstacle for survivors (Professional interview)

Professional interviews

- Examples of good practice in Bermuda

Professionals across agencies indicated that **child safeguarding is taken seriously**.

“ Now, in terms of general safeguarding, that's **particularly for children** are involved these situations, I think **we get a lot of training on how we deal with it, how we support the family**, and also, we do case reviews on these type of cases. (Professional interview)

There is also evidence of **strong links and mutual respect between professionals** which creates good lines of communication between some agencies.

“ I mean, because **Bermuda is so small, we all know each other very well. So we have good working relationships**... Like it's not like you're coming to the table with a stranger and you don't know your working relationship or you don't know how you can have like sort of candid conversation. **So I think that is what works well for us is because we all really engaged**. (Professional interview)

Others spoke about the **positive attitude amongst professionals to improve the systems** in Bermuda.

“ I see the **motivation and the eagerness of everyone to have a model, a best practice, proven model to be able to modify for Bermuda, to improve on how we are communicating with each other**. (Professional interview)

Key themes

During the analysis of the data from Bermuda, the following themes were identified. These will be explored in further depth in the sections that follow.

Domestic Abuse awareness



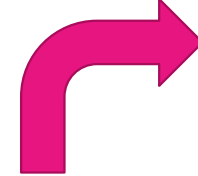
Multi-agency working



Governance and information sharing



Referral pathways



Support services & commissioning



Working with those who harm



Whole Family working



Authentic Voice



Domestic Abuse awareness



Domestic abuse awareness

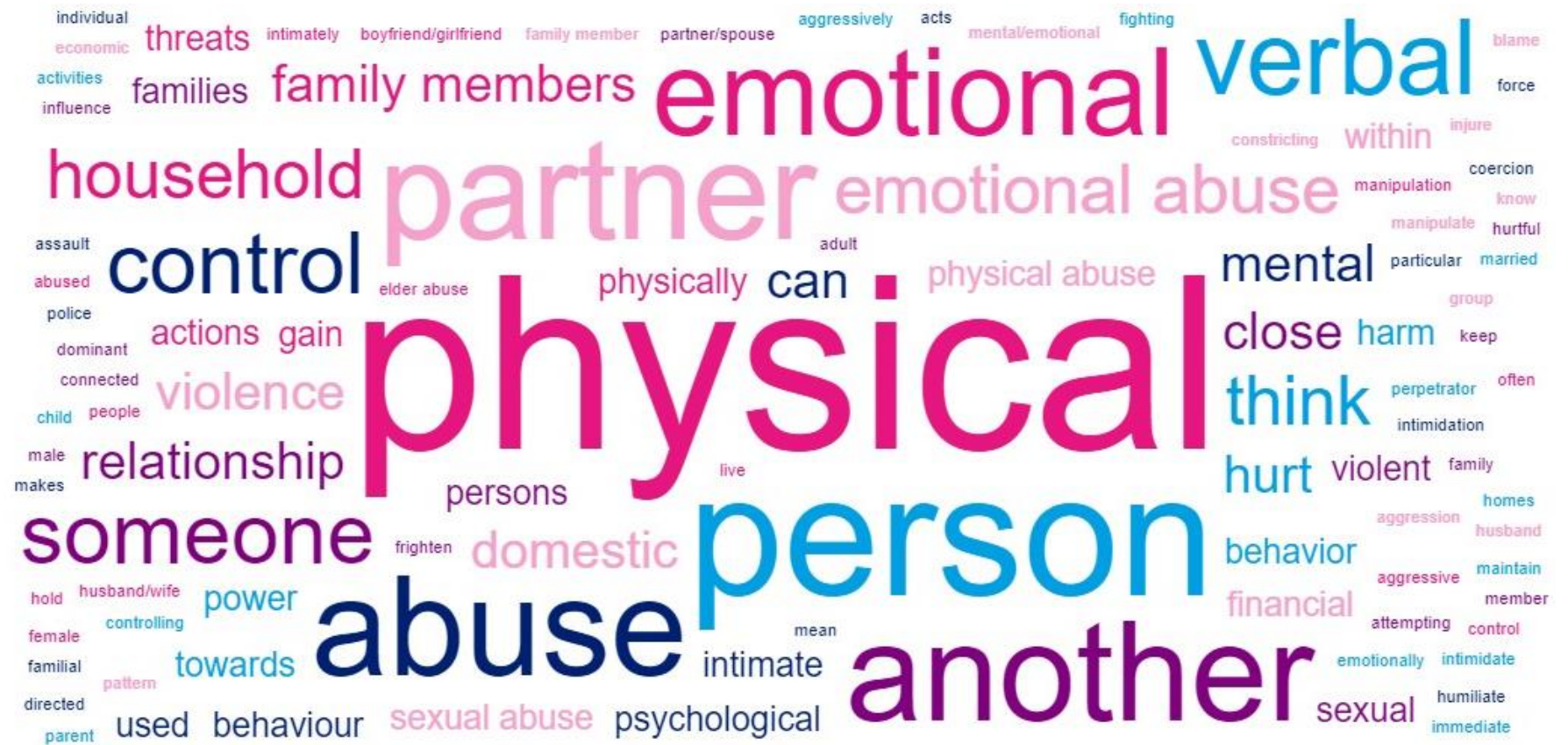
The following section looks specifically at the awareness and understanding of the public, survivors and professionals around domestic abuse. We asked in surveys and interviews about individuals' understanding of the dynamics of domestic abuse, as well as how confident and comfortable survivors feel when reporting or seeking support for domestic abuse in Bermuda. We also asked professionals about the level of training they have received, and whether they feel this is sufficient.

Domestic abuse attitudes (public survey)



When you hear the term 'domestic abuse', what do you think of?

Responses to this question in the public survey have been put together into a word cloud. The larger words represent words that came up more frequently. It is notable that the word 'physical' was the most frequently used word, which suggests a misunderstanding of the dynamics of domestic abuse, and coercive control in particular.



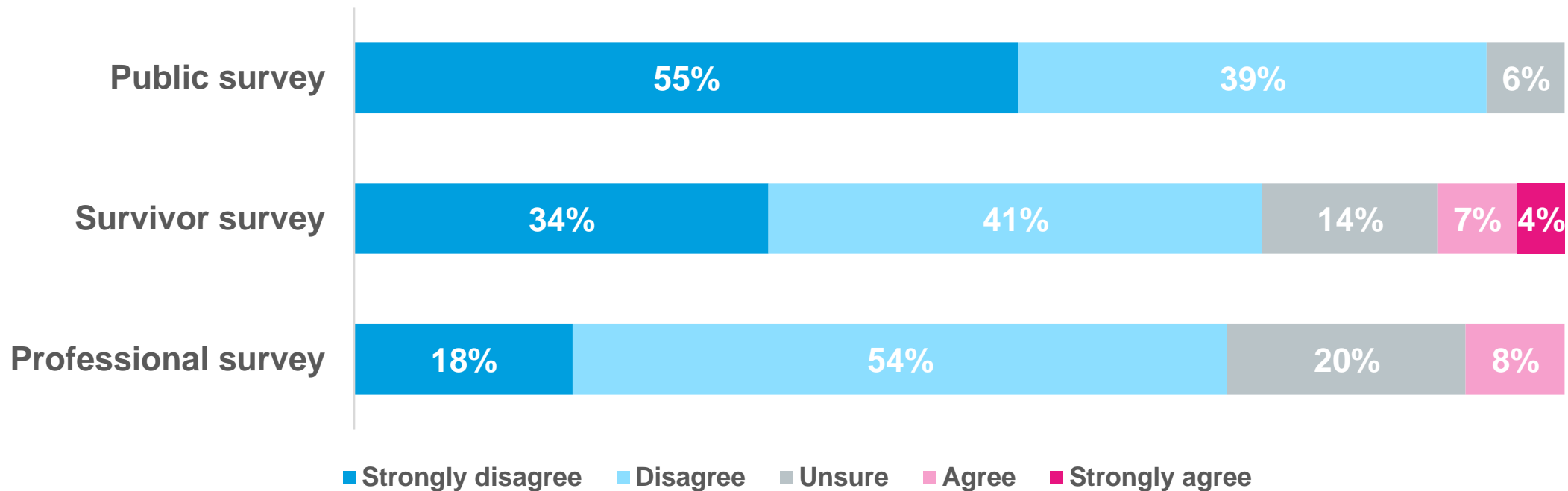
Showing words from 28 responses

Domestic abuse attitudes – surveys



The response to the following statement from all three surveys showed an overwhelming feeling amongst the public, survivors and professionals that victims are not confident that they will be believed. 94% of the public, 75% of survivors, and 72% of professionals disagreed or strongly disagreed with the statement 'victims are confident they will be believed'.

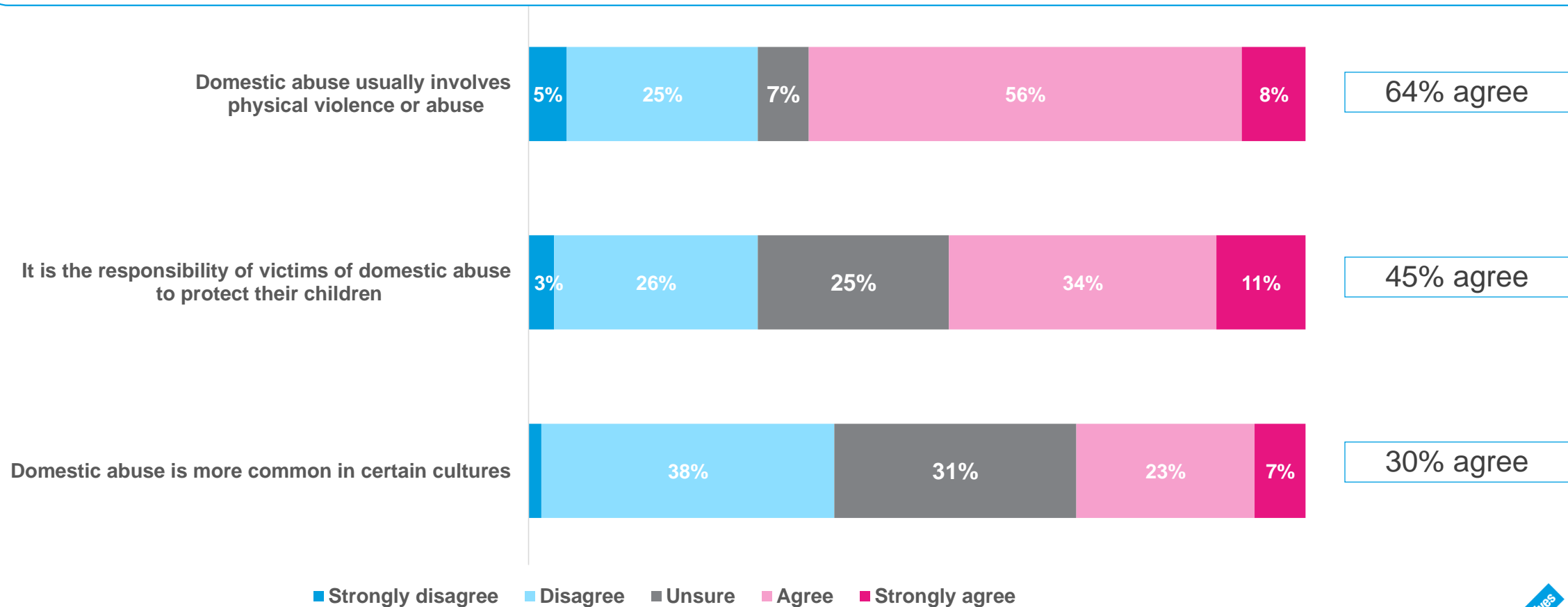
Please mark the extent to which you agree or disagree that
'Victims are confident they will be believed'



Understanding of domestic abuse (professional survey)



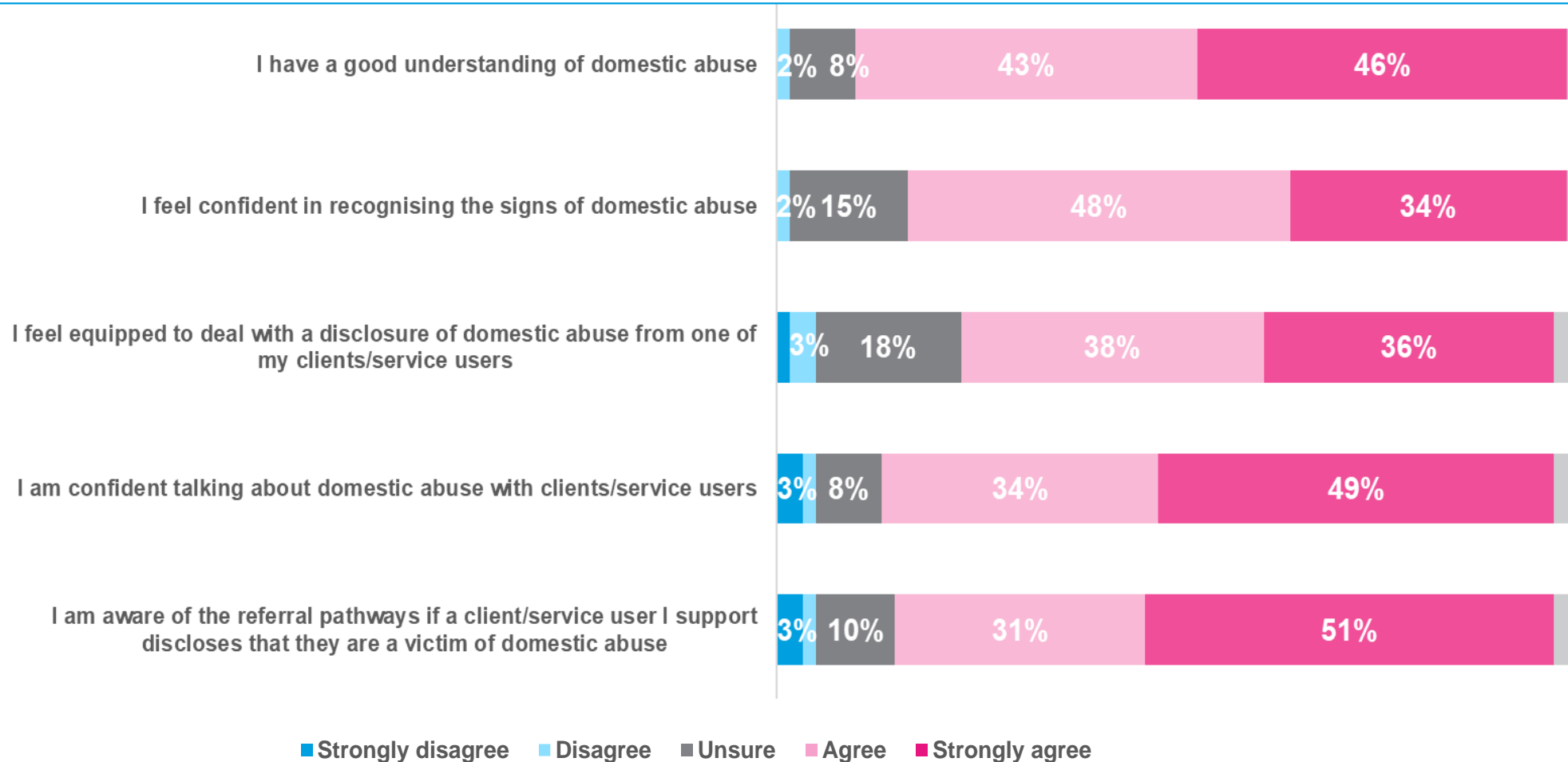
Respondents to the professionals' survey rated how much they agreed with a range of statements. Most notably, 64% of professionals agreed the domestic abuse usually involves physical violence, and 45% agreed that it is the responsibility of victims to protect their children. These are both views that require challenging through training and awareness raising.



Knowledge of domestic abuse and referral pathways in local area (professional survey)



Professionals generally felt confident in their understanding of domestic abuse, and that they know how to ask about domestic abuse and how to respond to disclosures





Professional interviews

Training and domestic abuse awareness: varying levels of awareness

Some professionals spoke **positively about the levels of awareness of domestic abuse in their agencies and the way their colleagues approach victims.**

“ I think in our organisation particularly, **we work hard on ensuring that we are using strength based language with our clients that we are encouraging them and they are supporting them instead of victim blaming** or even having them have the perception that we may be blaming them. (Professional interview)

However, there were **concerns raised about the levels of domestic abuse awareness in Bermuda** amongst some professionals.

“ [Interviewer: do you feel there's much knowledge base around domestic abuse?] **No. No. I think there's sort of like a basic understanding, but that's about it.** (Professional interview)

“ **Education for other agencies around domestic violence would probably make the process a little bit smoother**, and people will have a clearer understanding. (Professional interview)

Professional interviews

Training and domestic abuse awareness: effective training



Some professionals received **good training on domestic abuse**. Training was described as **effective where it covered appropriate risk management and was regularly reviewed and refreshed**. This professional spoke about the **benefits of training delivered online** so that professionals can fit it into their busy schedule.



I would say that they are regularly done, quarterly, we are always doing some sort of **training regarding safeguarding**. It's usually pertaining to the children but also families, so a **lot of our training I would say does have an element regarding domestic violence and they are fairly regular**. And in addition to that, **we are often offered online training as well which we can do at our leisure some of them, or some of them are structured or scheduled by our supervisors for us to attend at different periods of time**. (Professional interview)



Professional interviews

Training and domestic abuse awareness: gaps in training

Whilst some agencies undertook some regular training on responding to domestic abuse, multiple professionals from different agencies told us there were **significant gaps in the training offer**.

“ We don't have many trainings or developmental – like, we- we just don't have the- the domestic abuse trainings, as many as we probably should have, yeah (Professional interview)

“ No, no specialist, not any specialised training that really gives us some good, hard tools to be able to intervene. (Professional interview)

“ We don't do anything specific on sort of domestic abuse (Professional interview)



Professional interviews

Training and domestic abuse awareness: suggested improvements

Professionals identified **specific gaps in training and suggested improvements**. For example, this professional suggested that training is needed to improve understanding and managing risk.

“ The one thing that **I would like is specialist training for all of our staff so there is increased understanding of the risks** that impact the reasons why an individual will remain in a relationship despite the, the risks to themselves and, and their families. Just to be able to understand that and how to intervene and work with that individual, those individuals.
(Professional interview)

Another professional said that a **lack of trust in the Bermuda Police Service prevents many victims from reaching out for support**.

“ **I think right now the public do, especially the victims of domestic abuse do not trust the police, don't think that the police are capable of helping them.** Cos, you mean you see it all over social media, you hear it in chats, general conversations, oh, you know, people feel... this happened to somebody I knew and the police didn't do nothing about it, when it's more to than, you know, what they're saying. (Professional interview)

Professional interviews

Police: training



According to these professionals, there is a lack of domestic abuse training in the Bermuda Police Service. While frontline officers receive one day of DA specific training each year, there is no required training for more senior officers.

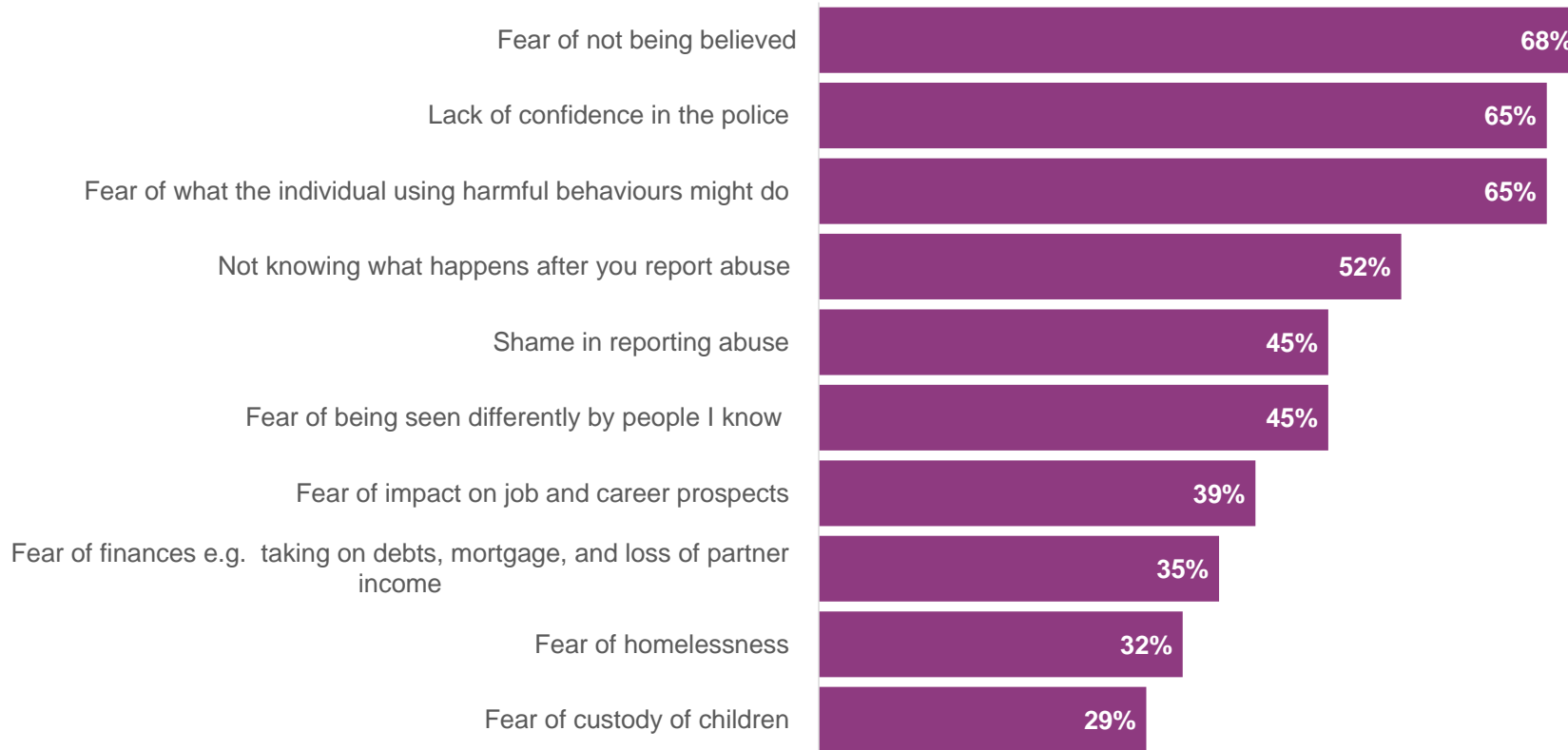
“ [Interviewer: So, what’s the training offer that you have? So, I know you said you have the CPD days, so one in every five days is domestic abuse?] Yes, no, one, so they have five training days a year and **one of those per year will definitely touch on that. So, outside of, like I say, outside of that there isn’t a daily input on it.** (Professional interview)

“ **Higher ups, I don’t think they would get that input. If they do, I don’t know where they’re getting it from. They usually don’t attend those trainings unless they’re invited to a conference or something that someone’s having.** They may attend that, but for the most part, that type of input, no, they’re not getting that. (Professional interview)

Barriers to seeking support for domestic abuse (public survey)



If you were experiencing domestic abuse, which of the following things do you think would stop you from seeking support or would make it difficult to seek support? Please tick



When asked what would stop them from seeking support, over two-thirds of respondents to the public survey said 'fear of not being believed', and slightly fewer said a 'lack of confidence in the police' would be a barrier. Significantly, this lack of confidence in the response from professionals was as big a barrier as the fear of repercussions from the perpetrator. It is clear therefore that there is a need to improve public perceptions of the response to domestic abuse across partner agencies.

Police response



In their response to the survey, survivors were particularly critical of the police response to domestic abuse and the support they received as a result of reporting incidents or breaches of court orders. Themes around victim blaming and a lack of awareness of the dynamics of domestic abuse were apparent, as shown in the following quotes.

“Police need more training. They came when called, but I felt like they were blaming me and kept saying I have no bruises.” (Survivor)

“On two occasions when I sought Police help for an ex-partner who was harassing me at my residence, they asked what did I do to cause him to come to my home and harass me. I felt and still do feel that the Police would only take me seriously if I was dead.” (Survivor)

Police response



“I personally feel that domestic violence is not taken seriously enough. Just recently I went to report a breach of a court order and was told to come back because there was no officer available to take my statement. So I'm scared and being harassed by my abuser and following the instructions I was given only to be told to come back. They did not give me a time or the name of someone to speak to. Just come back. So I terrified but have to come back. This is why I do not have confidence in the service. It's like being abused all over again. He is walking around freely sending messages and doing drive bys all breaches of the conditional discharge and I am locked in my house afraid to go out” (Survivor)

Evidence led prosecutions



For many reasons, including some of those outlined above, victims do not always feel confident, safe, equipped or supported enough to support a prosecution. In these instances, where legislation allows, it is possible for the police and prosecutors to pursue an evidence led prosecution. An evidence led prosecution allows the criminal justice system to progress cases even if this means doing so without the support of the victim, where this is in the public interest. In order to do this, police officers and prosecutors are instructed to build robust cases in which they do not need to rely on the victim's evidence.

Bermuda may wish to consider changing legislation to allow evidence led prosecutions to be pursued by authorities in order to enable the continuation of prosecutions where the victim does not feel able to support the process, as well as building stronger cases which are less likely to be challenged.

Domestic Abuse awareness - Findings



1. There is a general misconception of Domestic Abuse in Bermuda as physical violence, and a lack of awareness of coercive control
2. There is a significant consensus amongst the public, survivors and professionals that victims are not confident that they will be believed if they report or seek support for domestic abuse
3. Professionals generally feel confident in their understanding of domestic abuse; however they do not feel that the training provided specifically regarding domestic abuse is sufficient
4. There is a considerable lack of confidence amongst the public and survivors in professionals' response to domestic abuse, particularly the police
5. A significant element of this lack of trust is a fear of not being believed
6. Survivors who responded to our survey had generally not been satisfied with the police response to the domestic abuse they experienced
7. Currently, prosecutors in Bermuda do not have the legislative ability to pursue criminal charges in cases in which domestic violence is alleged without the complainant's support

Domestic Abuse awareness - Recommendations



Professionals

1. Commit to increasing domestic abuse awareness amongst professionals, focusing on developing a shared understanding and language around domestic abuse and ensuring that survivors feel believed when they seek support
2. Undertake a training needs analysis that looks in depth at the training needs of professionals across the system. See Appendix 1 for a full list of the training provided by SafeLives.
3. Roll-out SafeLives' 'Culture of Engagement' training across organisations using a train the trainer model
4. Focus particularly on police officer's awareness and attitudes in order to improve survivor's experiences of seeking support
5. Consider a legislative change to allow evidence led prosecutions to be pursued by authorities in order to enable the continuation of prosecutions where the victim does not feel able to support the process

Public

6. Focus on prevention of unhealthy relationships, including through education initiatives from the early years onwards
7. Undertake a public campaign aimed at raising awareness of domestic abuse, the support available, and increasing confidence in professionals' response

Multi-agency working



Multi-agency working

This section will be looking at multi-agency working that is currently taking place in Bermuda, as well as the scope to build on partnership working to create robust multi-agency structures. Through interviews and surveys with professionals, we discussed how confident professionals felt contacting other agencies and asked whether they had faith domestic abuse victims would be appropriately supported by other agencies. We also asked what is working well and whether they felt there could be improvements made to multi-agency arrangements.



Multi-agency working - Professional interviews

Positive working relationships

Professionals told us that **multi-agency strategy meetings work well when set up on a case by case basis.**

“ **I think what works well is the ability to be able to pick up the phone and just collaborate, or bounce and idea.** The relationships are there to be able to say ‘hey, you know what, X, Y, and Z is occurring right now. Any advice, any suggestions, any strategies, or...’ that works well. So the willingness to partner is there, **the willingness to work together is there.** (Professional interview)

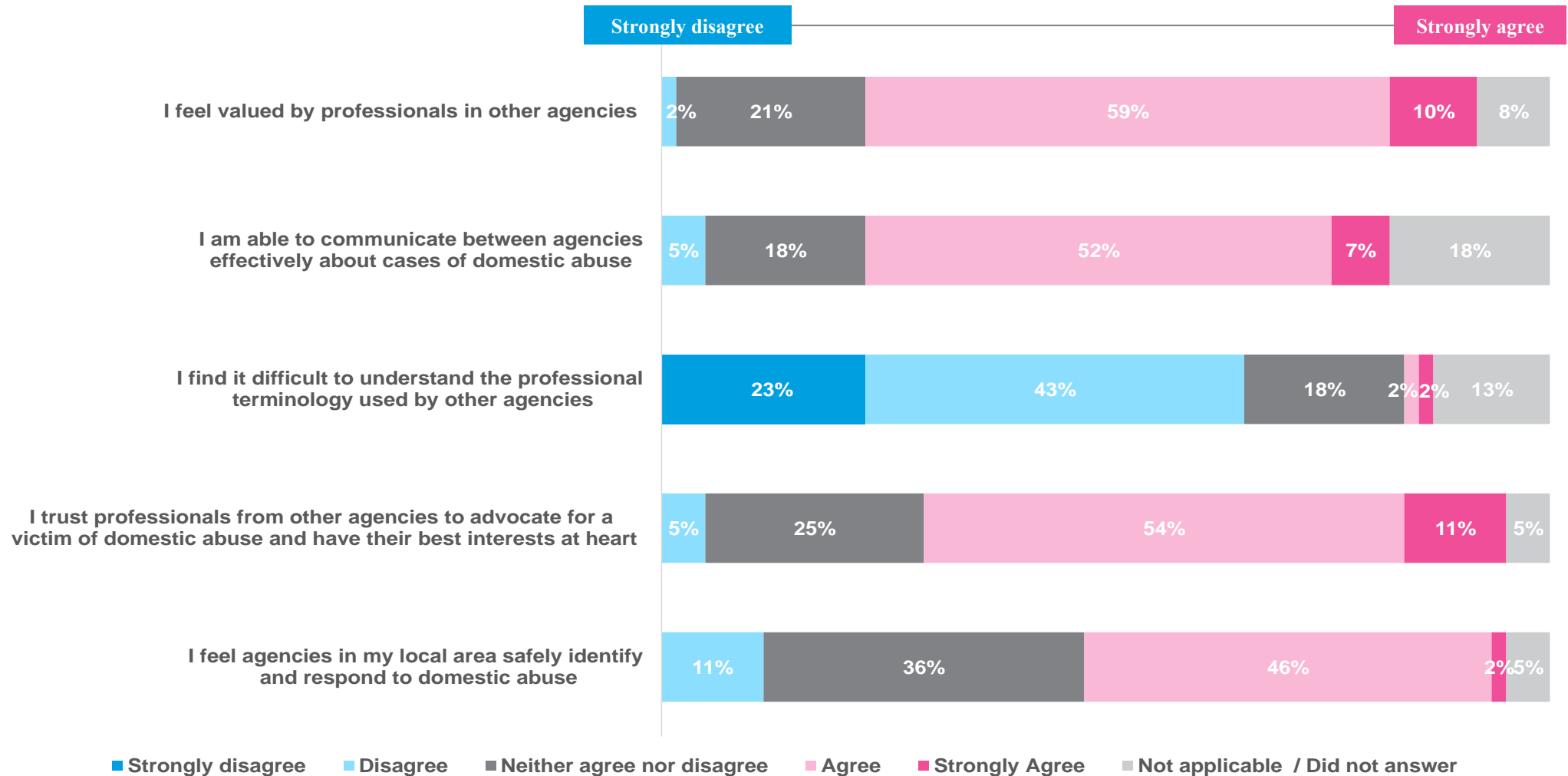
Multiple professionals said that **agencies work efficiently when there is a need to pull together support and resources in emergency cases.**

“ Lots of times, it’s like, in the middle of the night we’ve gotta find some place for this person and its like ‘oh, gosh, where are we gonna put them’? **But we always, we work it out, because being in Bermuda has its benefits.** Like you said, it’s a small country, so **we’re able to call upon our colleagues from other agencies should we need assistance with anything, and most of us, not most, all of them will assist one way or another. We’ll brainstorm it; we’ll just look at the best option.** So I like the fact, here, that we can, that the multi-disciplinary are working collaboratively. (Professional interview)

Multiagency Response: The Culture



On the whole, professionals felt comfortable to discuss cases with other agencies and felt their views were valued. But it should be noted that 30% of professionals did not feel confident that other agencies have the victim's best interest at heart, and just under half felt that agencies respond appropriately to domestic abuse.





Professional interviews

Multi-agency: current working practices

This professional noted that, while multi-agency working might not be formalised, they take **a structured approach to working in a risk-focussed manner**, involving appropriate services.

“ Right. So at the moment, we do refer to other organisations. But before we make the referral, we would **contact the agencies that we think should be involved and do a collaborative case management meeting**. And from there, the team will strategise on the best ways forward, and then they will continue to update each person as the case progresses, so that the right hand knows what the left hand is doing.

It was also noted by some professionals that **multi-agency structures that had existed pre-COVID have now collapsed**.

“ I think what would help is if we get back to... not ‘if’, when, we get back to that multi-disciplinary forum again, cos **we were ironing out stuff, we were coming up with ideas, creative ideas of, ‘out of the box’ ideas, even, of how to, you know, to navigate this DV journey with our clients**, and still keeping ourselves in check as well, you know? (Professional interview)



Professional interviews

Multi-agency: lack of formalised process

Many professionals expressed the **need for a more formalised process for a multi-agency approach.**

“ I think it probably could be one that is **more formalised wherein maybe we meet as a domestic abuse response team.** (Professional interview)

The need for a more formalised multi-agency approach was called for by some professionals who felt that the **current process relies too much upon personal relationships, sometimes negatively impacting how agencies can work together.**

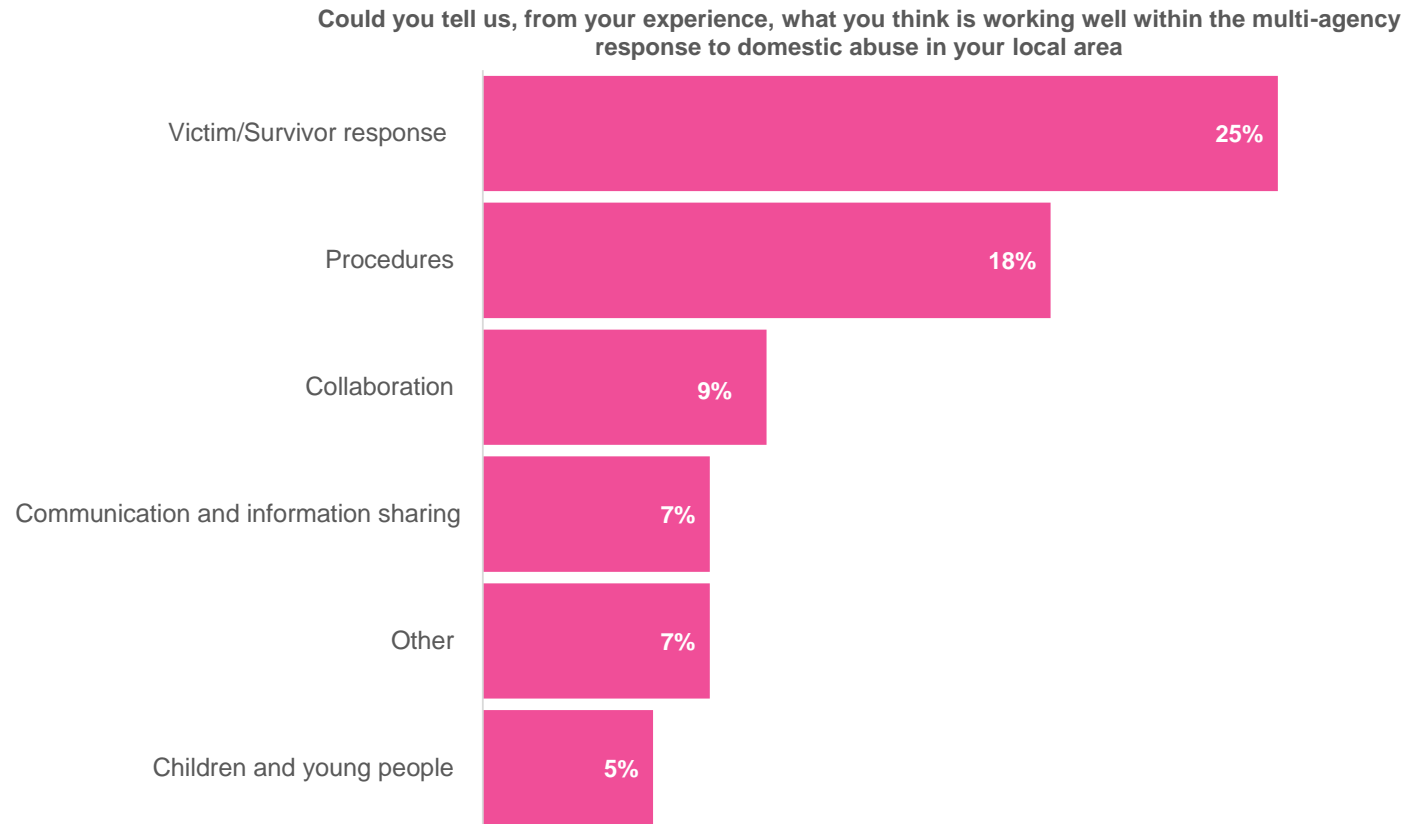
“ I think... the challenge here in Bermuda being... it has its perks, and then it doesn't. Because sometimes if things may come through our department and **we maybe relate it to that person, or peoples, and then it becomes a conflict of interest we know right away, like, 'we cannot have that case', so, sometimes that works against us too, in a sense; because, that we know peoples' business.** (Professional interview)



Multi-agency Response: What's working well?

We can see from these responses that there is a lot of room for improvement with regards to a multi-agency response to domestic abuse, and collaborative procedural approaches could improve this for professionals and families experiencing domestic abuse.

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”



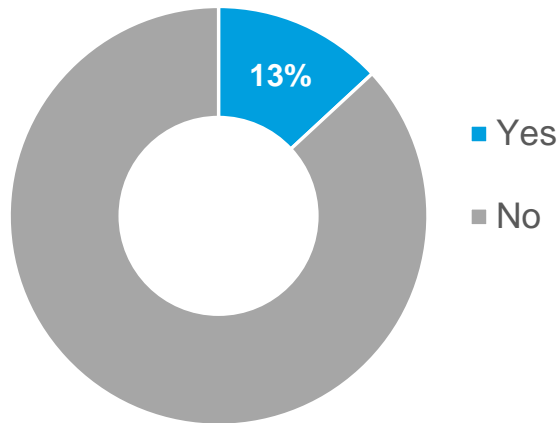
Percentages out of total number of codes = 56



Multi-agency Response: Forums

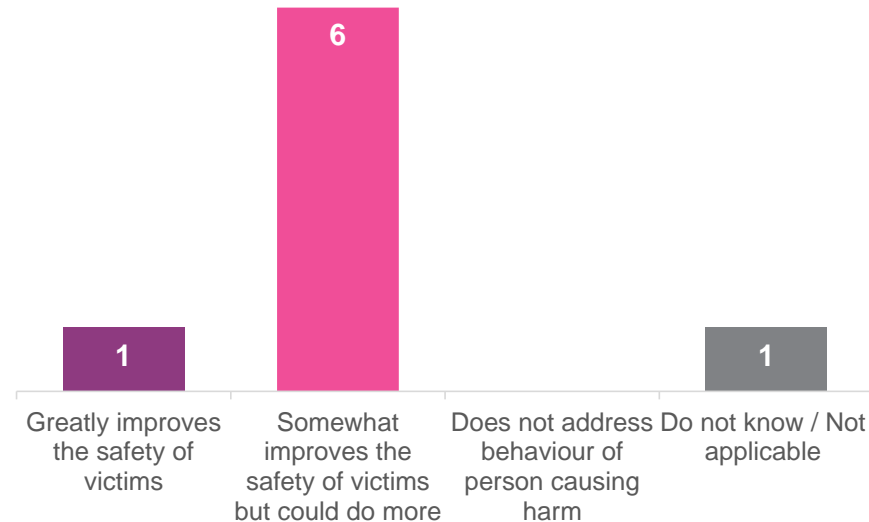
This graph highlights the lack of multi-agency forums in place, particularly for domestic abuse, and where these are taking place professionals felt more could be done to improve the safety of victims

Do you attend any multi-agency forums or meetings which discuss domestic abuse cases?



The eight respondents who said 'Yes' (13%) were asked:

To what extent do you feel these forums improve the safety of victims of domestic abuse in your local area?





Professional interviews

Multi-agency: isolated agencies

A number of professionals expressed that **their agencies felt isolated by the lack of multi-agency collaboration**, often feeling that they were left unequipped to deal with a situation alone.

“ **Not effective at all. I don't even know how to explain it. I feel as though we are putting a band-aid on the issues ... We need support from the other agencies to reinforce the interventions that we wanna implement. So it matters because we can't... We cannot do it all.** (Professional interview)

“ Whereas for us... our organisation, **we will schedule meetings with other agencies all the time because we look at it as a wraparound service. Our organisation can only do so much. What we do no-one else does.** So, we'll need to bring them into the fold. It's not always reciprocated. **So, we find sometimes that we are reaching out, reaching out, reaching out...** (Professional interview)



Multi-agency Response: What's working well?

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”

“Centre against Abuse and DCFS performs an excellent service and support to the victims of domestic abuse” (Professional)

“Frequent meetings with external partners are beneficial - allows for victims who are at high risk to receive the support Information sharing - gets victims the help and guidance they need” (Professional)

“I think that the Centre Against Abuse does a good job in responding to the concerns of our clients/service users.” (Professional)



Multi-agency Response: What's working well?

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”

‘Procedures’ - example quotes:

“What I believe works well is that there is a clear pathway or referral process to report incidents of domestic abuse and to refer individuals to seek helps [sic]”
(Professional)

“I believe the lines of reporting work well” (Professional)

“I believe front line workers know about their mandated reporting roles and do take that position seriously.”
(Professional)



Multi-agency Response: What could be improved?

“Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area

‘Ideas for improvement’ - example quotes:

“Greater training or an assigned Domestic abuse officer to be assigned to each watch to deliver first responder assistance may be useful.” (Professional)

“24-hour response for victims of domestic abuse. More safe-houses for victims of domestic abuse.”
(Professional)

“Support for the victims, whether male or female must improve. Emergency housing and on-call social workers are needed (inclusive of senior citizens).”
(Professional)



Multi-Agency Working – Domestic Homicides

Through our conversations with professionals and our review of news articles relating to domestic abuse in Bermuda, we have learned of domestic homicides that have been committed in Bermuda

“ I believe it was the beginning of this year or last year, this young woman was murdered by her partner, and then information came out, she had **contacted the police on a number of occasions and the police were unable to... Did not... Stated that they was unable to assist her. And then as a result she lost her life.** So I think we... And I'm gonna say as women, we do, we have a distrust with the police because whether it's a realistic inability to take action or adjust what they've stated, it's hard for us. (Professional interview)

“ So, I mean, everything points to the fact that he murdered her. But the question would be what we could have done better, and **there's a lot of things we could have done better.** (Professional interview)



Multi-Agency Working: Domestic Homicide Reviews

Learning Lessons

Following the tragic death of a victim of domestic abuse, Bermuda could consider establishing a mechanism through which lessons can be learnt to prevent future incidences.

As an example of this type of mechanism, in 2011 the UK established [Domestic Homicide Reviews](#) (DHRs) on a statutory footing:

The purpose of a DHR is to:

- a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- e) contribute to a better understanding of the nature of domestic violence and abuse;
- f) highlight good practice



Multi-Agency Working - Findings

1. There are very few multi-agency forums. Only a few of the regular meetings that do occur include enough organisations to be considered a multi-agency framework
2. Ad hoc multi-agency meetings are called on a case by case basis
3. Professionals have mutual respect and good working practices when they know the other professional well
4. A small workforce has created stronger professional links, however professionals feel that the current process relies too much upon personal relationships, sometimes negatively impacting how agencies can work together
5. There is a lack of confidence amongst professionals that other agencies will act in the best interests of the survivor
6. There can be a sense of isolation and silo working, with only 13% of professionals attending multi-agency meetings
7. There is a lack of opportunities to come together regularly in multi-agency forums, this can create additional strain on resources due to professionals repeatedly chasing updates on service users
8. There is a general lack of shared understanding of risks and shared professional language around domestic abuse



Multi-Agency Working - Recommendations

1. Set up a Multi-Agency Risk Assessment Conference (Marac) ¹ with core agencies in attendance to improve information sharing and partnership working
2. Set up a mechanism to learn lessons from domestic homicides and improve practices within and between agencies
3. Create a culture of professional challenge and partnership working for the best outcome of the families experiencing domestic abuse
4. Develop a strong understanding of other agencies' remits and responsibilities, which will develop professional trust
5. Create clear pathways for multi-agency working that are not dependent on established relationships
6. Develop regular procedural multi-agency working beyond the Marac
7. Implement shared risk assessment tools, such as the Dash RIC
8. Consider colocation of services and closer working practices to improve the service received by victims and their families

1. See slide 140 for Marac recommendations

Governance and information sharing



Governance and information sharing

In this section we will provide an overview of the findings relating to governance and information sharing, which were largely captured through professional interviews. We asked professionals about the processes in place to share information with other agencies, confidentiality, data collection and governance.



Governance and information sharing - Professional interviews

Information sharing: need for formalised processes

While memorandums of understanding do exist between some agencies, many professionals said that **the absence of a formalised information sharing process can be a barrier to intervention**



Well, in some agencies, there's a memorandum of understanding so that based on the nature then **we're able to come together and we'll share information without sort of confidentiality. But outside of that where there's not a memorandum of understanding I'm not really sure how that would work.** (Professional interview)



Unfortunately, we work very much in silos. **I think we are more reactionary than proactive. So if a case comes up, then we'll all come to the table and we'll share our pieces of information, but there's not necessarily meetings where we can identify something before a problem arises.** (Professional interview)



Professional interviews

Information sharing: need for formalised processes

This professional noted that the lack of formalised processes for information sharing between agencies often results in the retraumatising of victims.

“ So because **now we've introduced the PIPA Legislation, everyone is more sensitive about sharing any information whatsoever**, so unfortunate for the client, wherever they go, it would be like starting from ground zero and **they would probably have to answer the same questions over and over again because I will maintain the information that you share with me, but I'm not gonna share it with another agency, so you're gonna have to go to that other agency and perhaps answer similar or the same questions** to get your profile built in that area, **but information sharing right now is taboo.** (Professional interview)



Professional interviews

Information sharing: concerns regarding keeping to confidentiality agreements

It was stated in interviews that **there is anxiety around sharing information across agencies**, unless on a need to know basis, due to the small size of the island. Many professionals expressed **concern that information would not remain confidential**.

“ Because coming from a very small island, trust is a big thing here because everybody knows everybody, and you have to be very, very... **Essentially, you're walking on egg shells, just trying to avoid sometimes someone knowing about something that you want to keep secret or confidential.** (Professional interview)

“ I think it's just ensuring that, you know, the sharing of information is kept confidential because obviously **once you start to widen the net and Bermuda is a very small community right, a lot of information I personally think should be on a need to know basis, right? Because sometimes you're just offering up information for things that don't concern people, and is that really fair, you know?** (Professional interview)



Professional interviews

Policies and Procedures: lack of procedure

Some agencies had policies and procedures around domestic abuse but others did not.

“ [Interviewer: So as an organisation do you have any specific policies or procedures around domestic abuse?] **No. Not any defined policies or procedures, no.** (Professional interview)

Other professionals felt that their **agency needed to update its policies.**

“ Not enough, not enough, yeah, not enough... **we have a lot of antiquated policies that definitely need refreshing because as things evolve...** But we had the policies and place, but **I don't think that they are revisited enough, so there's something that could be done on a regular basis.** (Professional interview)

“ I do think Bermuda is small but we still work in silos, **so this process is just necessary and being able to have more formalised policies and procedures and meetings and a shared understanding of the direction and making this process for the victims and survivors being seamless.** (Professional interview)



Professional interviews

Policies, procedures and information sharing: gaps in data collection and evaluation

Some agencies collect data on domestic abuse while others do not. Multiple professionals said that when data is collected, it is not shared outside of their organisation, or done so only on a sporadic basis.



[Interviewer: Do you collect data on domestic abuse?] **Not specifically.** (Professional interview)



With us, it doesn't go anywhere. I mean, we use it for if somebody needs any statistics, we put it out annually with our annual report, and that's about it. There's no central organisation that holds all of Bermuda's data on domestic abuse unfortunately. (Professional interview)



Professional interviews

Policies, procedures and information sharing: gaps in data collection and evaluation

Other professionals noted that the **data collected by their agencies is not representative of actual case numbers.**

“**No, we have a database that we use to record events, but again, what skews the numbers is this big umbrella of what a domestic is.** So I think it sort of terms of reference to what the criteria is for a domestic, I think that would make our reporting numbers a lot more accurate, because right now, I wouldn't say they are accurate if, **right now if I was to ask what the last number of domestic cases in the last six months, I just think that a lot of other things will be mixed in and that wouldn't give a true reflection.** (Professional interview)

“As far as capturing data, we do have a data analysis department. The only thing with that is sometimes... a report may come in that it's a wilful damage and then the officers attend and then you find out it's a domestic, right? And then you might find another offence associated that has come out of that. **So, what's going to happen is the data can be skewed... because if it's coming in as wilful damage the primary offence isn't going to be domestic violence, right? So, it's going to come in as a secondary offence.** (Professional interview)



Professional interviews

Police: gaps in information sharing and data collection

Information sharing

This professional said that they **do not share key data with any agency unless on a case by case basis.**

“**The Centre Against Abuse we work very closely with them and the information sharing generally is very specific to a certain case.** So, if we get a report of domestic violence and the Centre Against Abuse is made aware of it then that's the extent of it. Like you may discuss with that. **But in terms of us sharing with them, how many reports of domestic violence we have overall period for the year, we don't generally have this conversation.** (Professional interview)

Data collection

One professional noted that, **while the police do have a DA code to reference in reports, this is rarely used.**

“**And then we don't even have a, well we do, we have a 1061 which is the code sign for domestic violence,** right, so I'm pretty certain that **the data is a bit skewed because if it's not entered in, like if the officer doesn't come back and enter that it was a 1061 then it's just not going to feature.** (Professional interview)

Domestic Abuse Partnership Board



When we asked interview participants about any governance or leadership around the island's response to domestic abuse, they were not aware of any existing structures.

SafeLives recommends that Bermuda establishes a multi-agency Partnership Board, comprised of senior members of staff from across partner agencies. The representative from each partner agency on the Board would become a strategic champion for domestic abuse within their organisation.

This Board would be responsible for strategic oversight of Bermuda's response to domestic abuse, including but not limited to:

- Implementing the recommendations from this report
- Overseeing the implementation of a common risk assessment tool and the Marac process
- Collecting, understanding and responding to population-level data, with the aim of better understanding the population of Bermuda and the extent of domestic abuse locally
- Developing and implementing a Bermuda domestic abuse strategy
- Ensuring effective partnership working between agencies with the aim of improving the experience of seeking support for survivors and their families.

Membership of the Partnership Board should include the Police, DCFS, Centre Against Abuse, Health, Bermuda Housing Corporation, Court Services, Financial Assistance, Social Development & Seniors, Education, mental health support, drugs and alcohol services, and other voluntary organisations as appropriate such as the Family Centre.

Governance and information sharing – Findings



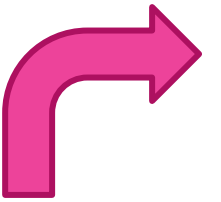
1. Information sharing about domestic abuse between agencies is not formalised, other than through memorandums of understanding on a case-by-case basis
2. There is significant confusion about the new PIPA legislation and the requirements within it amongst professionals
3. Professionals and the public share concerns about a lack of confidentiality amongst professionals
4. Specific domestic abuse policies either do not exist, or are in need of reviewing
5. Service-level data is collected by agencies on an ad-hoc basis, and does not feed in to a strategic understanding of need
6. Domestic abuse is often not accurately recorded which means that service-level data does not reflect the scale of the problem in Bermuda
7. There is no formalised governance or leadership for domestic abuse that spans across agencies
8. Stakeholders involved in this review felt that in their roles, their influence was limited and that top-level political buy-in and commitment is required in order to be able to enact some of the necessary changes

Governance and information sharing - Recommendations



1. Implement a multi-agency information sharing agreement, in line with PIPA, which would enable the sharing of information between agencies, particularly in relation to the Marac process
2. Consider developing processes that would reduce the necessity for survivors to re-tell their story to multiple professionals
3. Ensure that all professionals understand the PIPA legislation once it is enacted and are confident in their ability to share proportionate and relevant information appropriately
4. Ensure that all professionals understand their responsibility to keep information confidential and that this duty is communicated to the public and survivors
5. Scope data collection and recording processes across all agencies, ensuring that all domestic abuse cases are accurately recorded
6. Establish a multi-agency Partnership Board, comprised of senior members of staff from across partner agencies
7. Establish a mechanism to begin collection of multi-agency population-level data relating specifically to domestic abuse
8. Develop and implement a Bermuda domestic abuse strategy
9. Review individual agency policies and procedures in line with the Bermuda domestic abuse strategy, and all newly implemented processes such as Marac
10. Politicians and other strategic leaders to identify domestic abuse as a key priority and commit the necessary focus and resources to tackling it

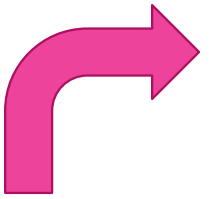
Referral pathways



Referral pathways

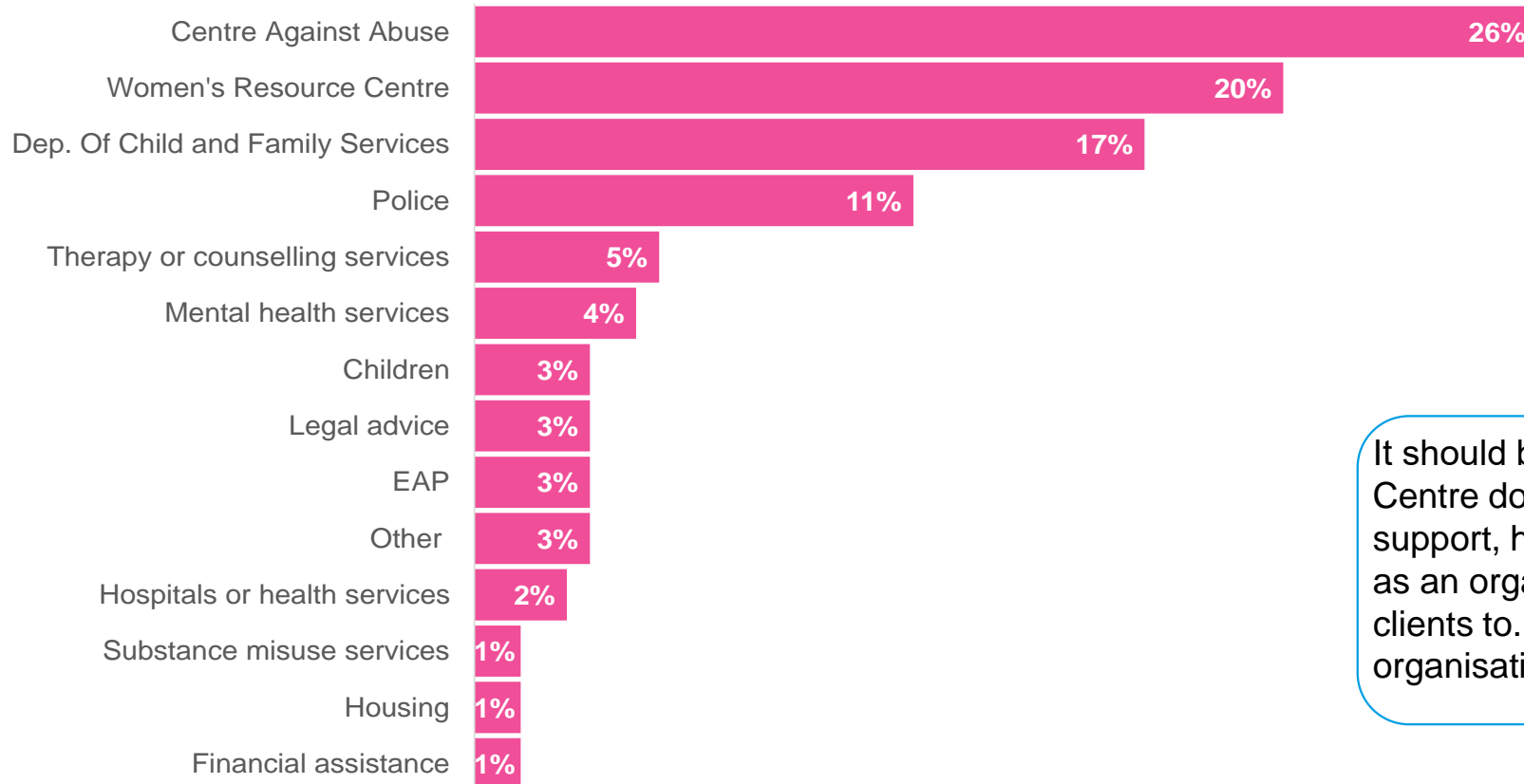
We asked professionals about the referral pathways in place in Bermuda, how those effected by domestic abuse are identified and move through services, and what currently works well on the island.

Referrals: Those experiencing domestic abuse



If you identified someone may be experiencing domestic abuse, please list the services that you are aware of and would refer victims and their families to in your local area?"

If you identified someone may be experiencing domestic abuse, please list the services that you are aware of and would refer victims and their families to in your local area?

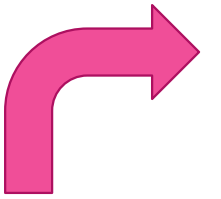


1 Centre Against Abuse

2 Women's Resource Centre

3 Department of Child and Family Services

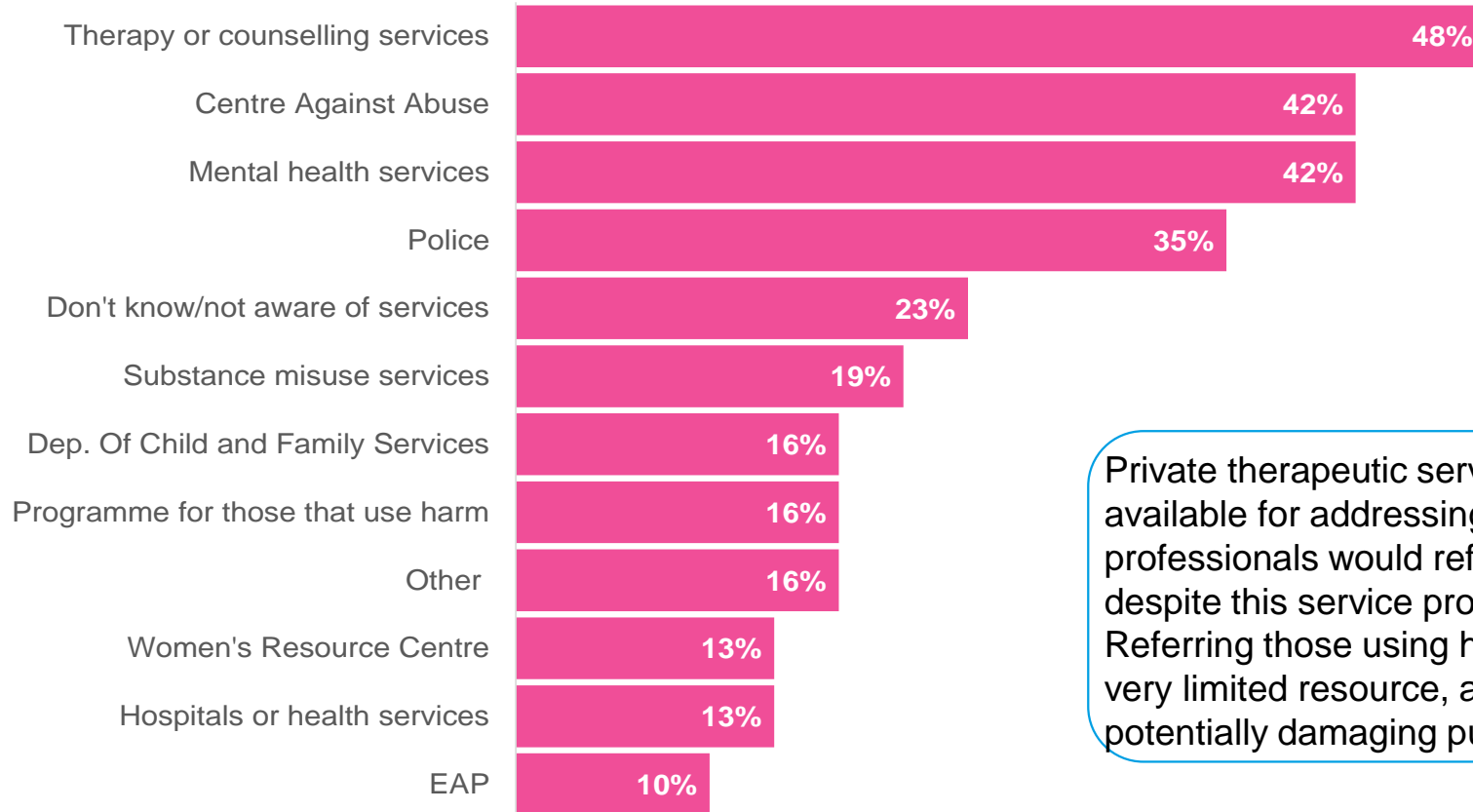
It should be noted that the Women's Resource Centre do not provide specific domestic abuse support, however they were repeatedly mentioned as an organisation the professionals would refer clients to. This highlights a need to address organisational remits to prevent incorrect referrals



Referrals: Those using abusive behaviours

"If you identified someone may be using harmful behaviours, please list the services that you are aware of and would refer the person causing harm to in your local area?"

If you identified someone may be using harmful behaviours, please list the services that you are aware of and would refer the person causing harm to in your local area?



- 1 Therapy or counselling services
- 2 Centre Against Abuse
- 3 Mental health services

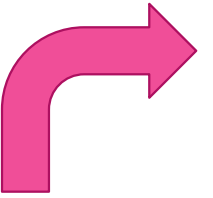
Private therapeutic services make up the majority of the support available for addressing harmful behaviours in Bermuda. Interestingly, professionals would refer those who harm to Centre Against Abuse despite this service providing support for victims of domestic abuse. Referring those using harmful behaviours to CAA puts pressure on a very limited resource, as well as creating a conflict of interest and potentially damaging public perception of the service as a safe space

Professional interviews

Resources and commissioning: response to victims

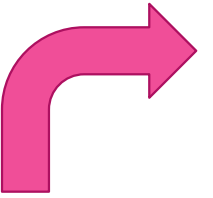
Some professionals felt that **agencies in Bermuda are disconnected and referral pathways can be convoluted**. One professional suggested **an alternative way of commissioning services where survivors can access support through one service**.

“ To be honest, I think yes, we are all different organisations and we are all different charities but having available services... **having available support all in one building**. So, like, let's say a client comes in and experiences domestic abuse. **We want to be able to take them maybe downstairs to someone who can actually support them in that moment**. Because the [whole going through the] booking the appointment, having to then do the referral, it then gives that client time to, kind of, retract everything that they wanted to do in that moment, as opposed to getting the support. **I think having the available resources immediately at your fingertips would be a lot easier. I think also being able to have that follow-up with the organisation and the client is extremely important**. To ensure safety, that is. (Professional interview)



Professional interviews

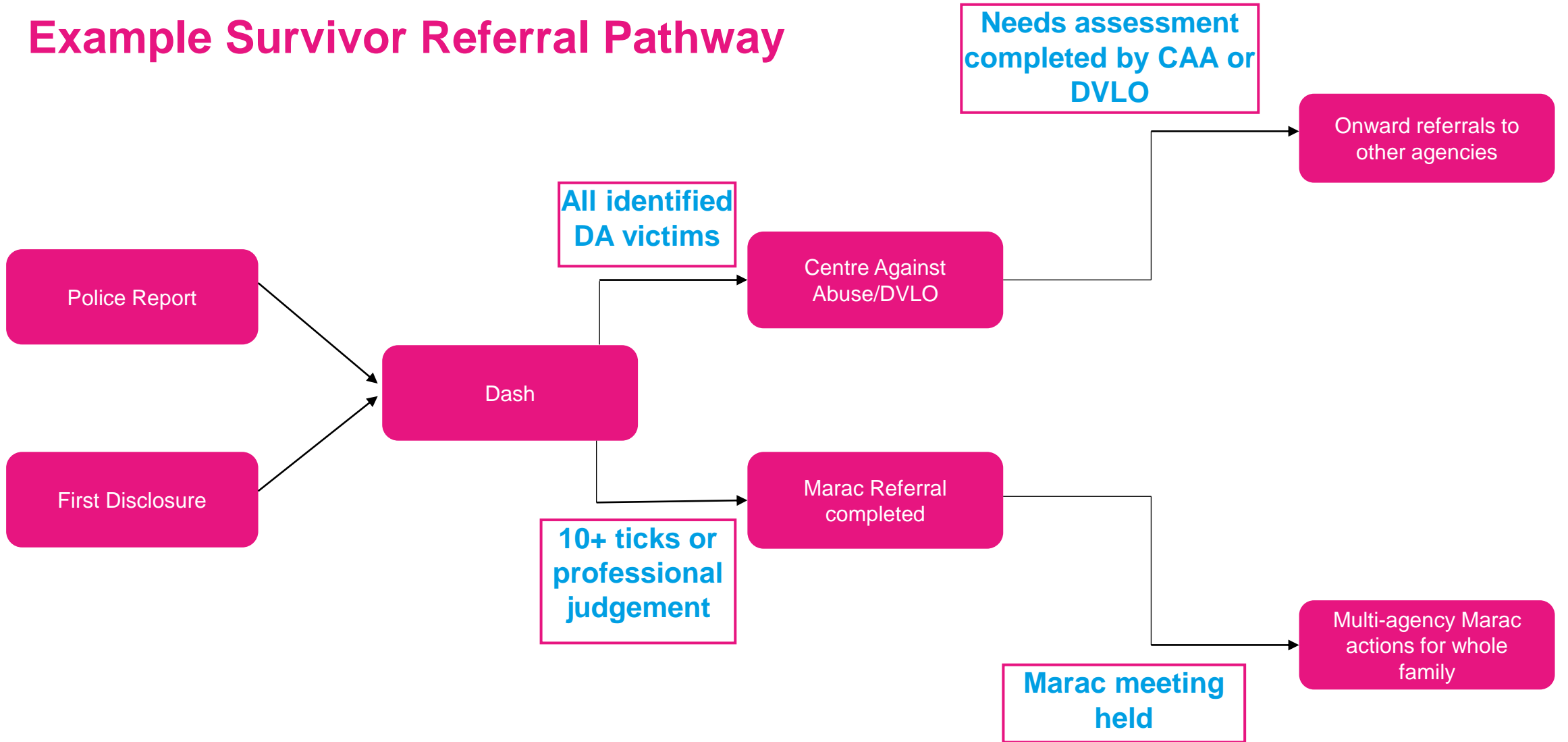
Clear referral pathways and working together



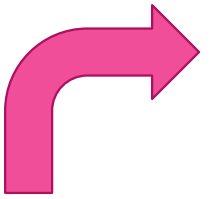
“So at the moment, we do refer to other organisations. But before we make the referral, we would contact the agencies that we think should be involved and do a collaborative case management meeting. And from there, the team will strategise on the best ways forward, and then they will continue to update each person as the case progresses, so that the right hand knows what the left hand is doing.”

“...**what we find is we lose clients**. So take for instance, we have clients that come here for the financial part, and then we have to send them across the street for the job search part. We tend to lose them just by them having to cross the street, so we're trying our best to do our due diligence and to have sort of a **one-stop shop**, and that way you maintain their interest because now they feel that while all these people are trying to take care of me, there is some seriousness around it.

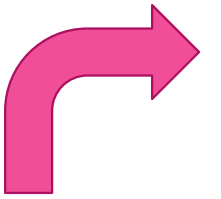
Example Survivor Referral Pathway



Referral pathways - Findings



1. Professionals are not all clear on the appropriate service to refer victims and survivors of domestic abuse with a large proportion referring to the Women's Resource Centre
2. Service users are often signposted to other organisations rather than referred in directly by professionals
3. Professionals noted that they might be aware of potential victims but have to wait for them to make contact themselves
4. There are no clear pathways for support that would lead a survivor and their family through the criminal justice process, at present this is ad hoc for each case that comes through
5. Schools are not required to refer/report domestic abuse unless it is seen to be directly impacting the child
6. For some organisations, most referrals come from family, friends, and neighbours – need for more official identification of victims to facilitate faster referrals
7. Lack of Domestic Abuse awareness in some organisations means victims and children are not readily identified and referred on to appropriate organisations



Referral pathways - Recommendations

1. Improve inter-agency networking and building up knowledge of appropriate organisations for referrals
2. Agencies to develop referral forms and “opt out” referrals to increase uptake of services and increase survivor engagement. With priority developing a formalised automatic referral, unless consent is withdrawn, from police officers to the DVLO and to the Centre Against Abuse for support
3. Increase domestic abuse risk awareness within agencies to support identification of domestic abuse to enable referrals
4. Data monitoring of referrals to assess need and success e.g. referring agency, basic monitoring details of the service user, and whether the service user engaged, declined service, or disengaged
5. Implement a process whereby survivors are supported by a single specialist domestic abuse professional who can identify needs and coordinate support from other agencies

Support services & commissioning



Support services & commissioning

In this section we will provide an overview of the findings relating to support services and commissioning – what specialist domestic abuse support is available and how effectively it meets the needs of survivors, as well as how services are planned, designed and funded.



Experience of seeking help (survivor survey)

Positive experience with services – respondents to the survivor survey spoke about positive experiences with services, and about the type of support they found most helpful.

“Centre Against Abuse helped me through counseling, providing vital and important information/ advice and went above and beyond to help me feel safe by obtaining a Protection Order . This organization doesn't get the credit it deserves for saving so many lives.”

“I felt supported and listened to.”

“All the professionals gave me immediate, unconditional validation and support. I was apprehensive to talk about it because my close family member didn't believe me but I never felt that was the case with the professionals. I definitely would recommend and do recommend anyone experiencing domestic abuse to seek professional help”



Experience of seeking help (survivor survey)

Positive experience with services: survivors were particularly positive about the mental health support they had received and support to navigate the criminal justice system

“I did not have to wait before seeing the counselor and they were very knowledgeable about verbal and emotional abuse. I felt very relieved and hopeful when I left the office.”

“Counseling is important in understanding what abuse looks like - it’s not always hitting or yelling
More information and education on emotional/psychological/spiritual abuse is needed. [sic]”

“Centre against abuse helped me with a warning letter BPS took a statement from me after a violent incident with my ex”

“I went to the Women's Resource Centre for advice on how to legally address a physically and mentally abusive relationship. They provided me with a lawyer for a minimal fee and issued a restraining order. They were very helpful, empathetic and professional and fortunately I had the funds needed to pay for their services.”

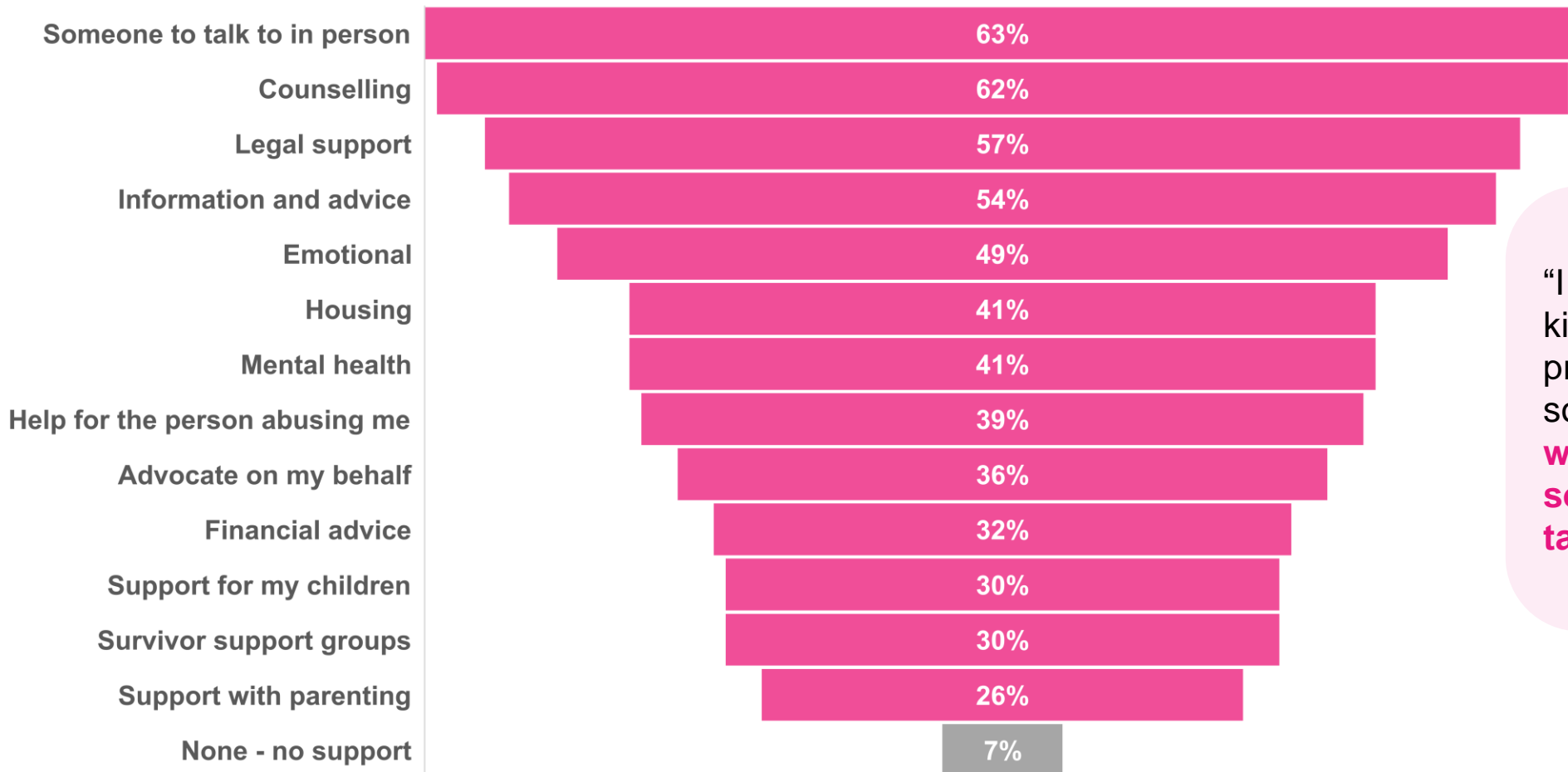
“I was given direction on providing a stay away letter to ex partner, offered therapy etc”



Preferred support (survivor survey)

The survey asked survivors about the type of support they needed in relation to domestic abuse. The most popular responses were someone to talk to in person, counselling, legal support, and information and advice.

"What type of support did/do you feel you need in relation to the abuse?"

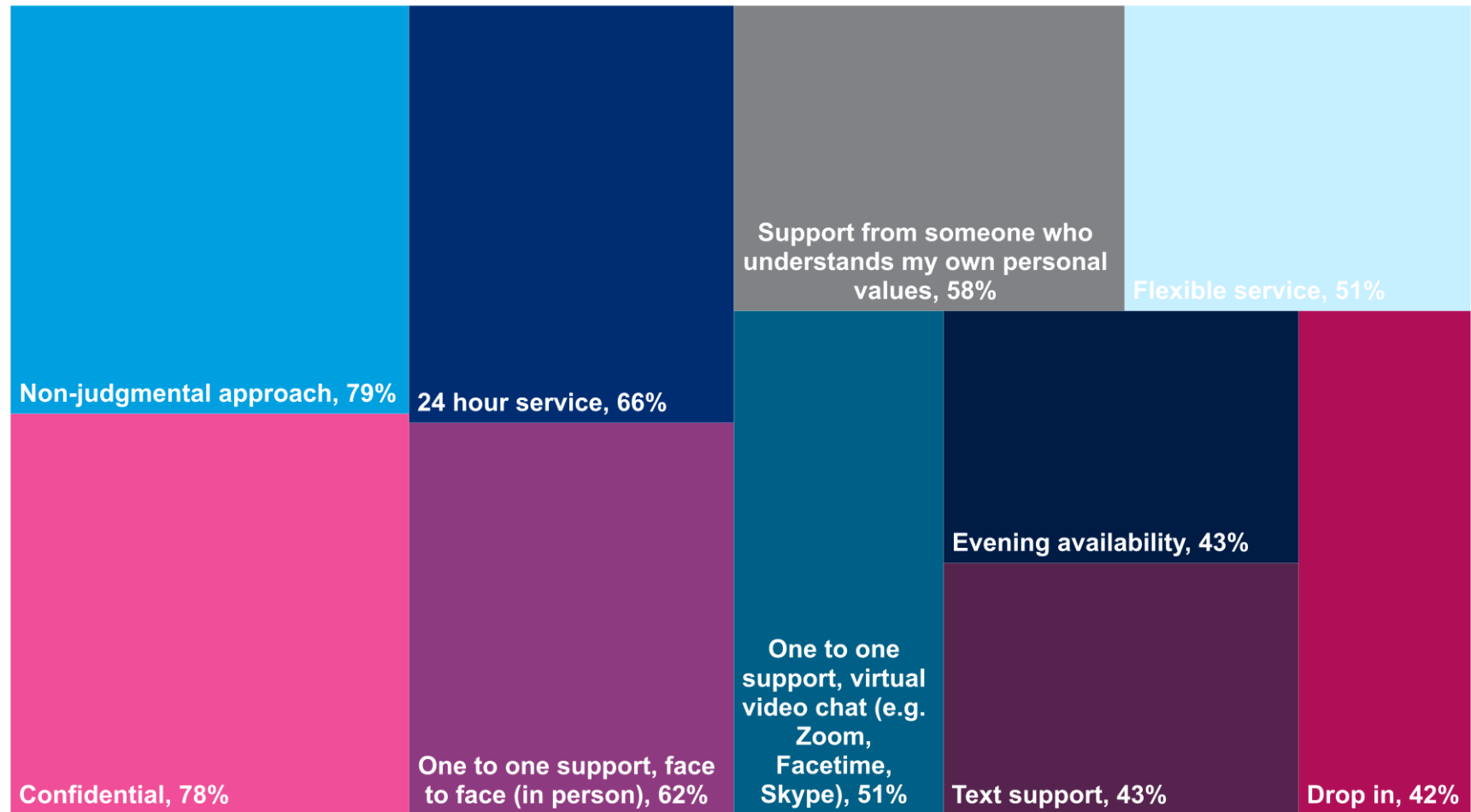


“I needed support for my kids, legal support on how to protect them in case something happens to me. **I would have preferred someone to sit down and talk to me.**” (Survivor)



Preferred support (survivor survey)

"What is/would be important to you when accessing support for domestic abuse?"
(Showing top 10 most common)



We also asked survivors about what is important to them when accessing support. This diagram shows the top 10 highest answers. The most important elements of a support service to survivors was a non-judgemental approach and confidentiality.

Size of boxes represent %s with larger boxes = higher %s. Showing top 10 highest answers only, full results in survey data report.



Negative experience with services – survivor survey

Survivors also fed back in the survey about more negative experiences with services. Survivors talked about support only being available once harm had been done, a lack of support for abuse that is not physical, and about the lack of capacity within services.

“When a person feels threatened, has been threatened, and is vulnerable there is no assistance. **Our helping services only help after the harm has been done**”

“I feel that **there are not enough employees in these services they typically are overwhelmed by the needs in the community** and are trying to manage all aspects of abuse support by themselves or with very little financial support or trained employees”

“Since the abuse was mental/emotional and not physical, I **did not feel supported** outside of counseling.”

Professional interviews

We spoke to professionals in interviews about their experiences of providing support for domestic abuse, and particularly the barriers to being able to respond effectively.



This professional noted that **the size of the island can be an added challenge to Bermuda's domestic abuse response.**

“ The hardest part with that, like I said, is **because we're small, so the men tend to find them and it creates for a really bad atmosphere,** and so then that's when we have to get the local authorities involved or some sort of security, outside security firm, **so that that doesn't get in the way of our progress with the client, so they're not distracted about their safety** (Professional interview)

Another professional spoke of how **the cultural stigma around domestic abuse in Bermuda prevents people from accessing support.**

“ I would say that what I think then are the current barriers, I think one, first of all, **culturally. People are nervous about what their neighbours, neighbours are gonna say and what other people are gonna say if they leave their homes with their children.** (Professional interview)



Professional interviews

Responding to victims/survivors: lack of safe housing

Some professionals expressed **concern at the lack of safe housing for victims of domestic abuse** in Bermuda.

“ I really, I am concerned about [...] the fact that we don't... **we used to have a 'safe house', right? I'm not sure if you knew that, but we had a 'safe house' and it was running for the longest period of time.** And then all of a sudden, I don't know if they lost funding, or whatever, but it became defunct. **And so now it can be kind of difficult, looking at where are we gonna place these people, like, where are we gonna place people, if we don't have this.** (Professional interview)

“ **Definitely need a shelter for women; I'm not understanding why we don't have that, it's just crazy.** (Professional interview)

One professional noted that the **small size of the island makes it difficult to ensure that the location of a safehouse can remain confidential.**

“ So, we utilise the Airbnb format right now, that we find works better for Bermuda. Because **there's only so long you can keep a safe house safe in Bermuda. We're only twenty-one square miles.** (Professional interview)



Professional interviews

Resource and commissioning: lack of resource and insecure funding

Professionals identified a need for secure and sustainable funding for services in Bermuda. Some expressed **frustration at the lack of available resources to support victims, children and those who harm.**

“**Money for services.** I'm gonna go really broad. I see that as a major issue. I see it as, **if we don't have the support services in place to support individuals in these situations to either get them out or to engage then what's the value?** (Professional interview)

“**As humans, you know, there's, there's frustration moments as, well, especially knowing the lack of resources we have in this area.** (Professional interview)

Another professional reflected on **the insecurity of funding and the lack of any assurance of future funding.**

“**So, the previous government, they cut the grant to zero. So, we- we received no funding. We received no funding for five years. And, you know, this- this government s- may say, 'hey, we're gonna cut their- the grant'. So, it's- it's no guarantee.** (Professional interview)

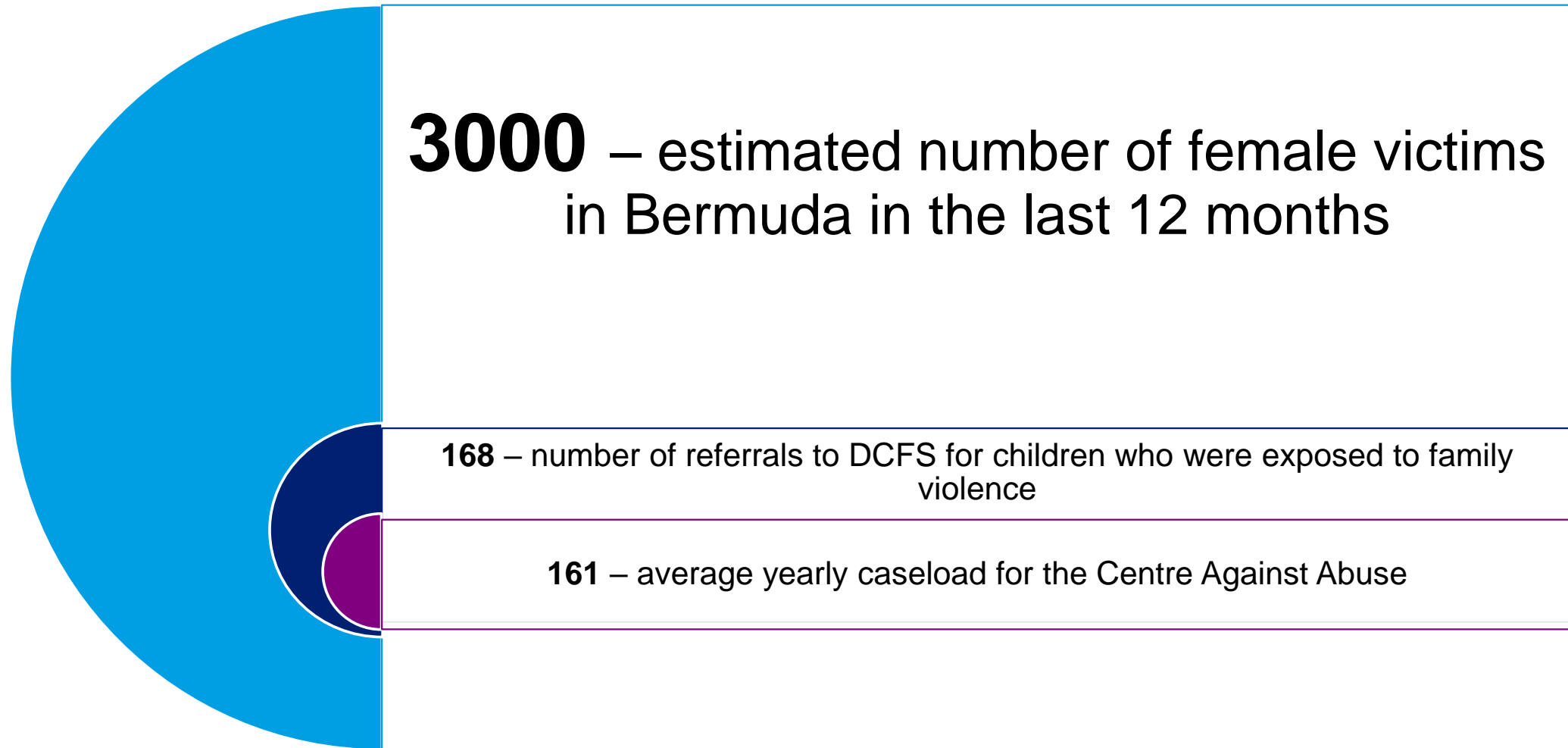
Bermuda Service data

Service data shared with SafeLives indicates an **average yearly caseload for the Centre Against Abuse of 161**. And in 2021, **family violence was a factor in 168 referrals to DCFS**. We can see therefore that based on an estimated 3000 female victims each year, services are aware of just over 5% of victims (this figure does not include victims who aren't female).

31 members of the Bermuda public answered a SafeLives survey in August 2022. The survey asks about experience of domestic abuse. Of the 31 people who answered, **20 said they had experienced abuse**. Of this 20, **9 (45%) had accessed support from services meaning 11 (55%) had not accessed any support**. Although this is a very small sample size, we can use it to model how many victims are accessing support in Bermuda. We might estimate that around half of victims will not have accessed support. Based on the estimate that around 7500 women have experienced intimate partner violence in Bermuda at some point in their lifetime, **we estimate that around half, 3750 will not have accessed any support**.

Resources and funding need to be provided so that services have the capacity to support all victims in Bermuda.

Bermuda Service data





Support services and commissioning - findings

1. Once survivors accessed specialist support services, many were positive about the support they received
2. Survivors listed someone to talk to in person, counselling, legal support, and information and advice as the types of support they needed the most
3. In keeping with earlier findings in this report, the most important aspects of a support service to survivors was a non-judgemental approach and confidentiality
4. Where survivors had a less positive experience with support services, the themes that emerged were support only being available once harm had been done, a lack of support for abuse that is not physical, and the lack of capacity within services
5. The lack of safe accommodation was a theme that emerged from interviews with professionals and while some expressed dismay at the loss of a safe house/shelter, others preferred a more dispersed model of safe accommodation
6. The DVLO role within the police is a crucial bridge between police incidents and the victim receiving the support they require. This role is not currently sufficiently resourced and additional capacity is required, particularly to provide cover for the current post holder.
7. Currently, we estimate that services are in touch with just over 5% of the actual number of female victims in Bermuda each year and do not have the capacity to support the additional victims who may need to access services
8. A substantial barrier to Bermuda's ability to respond effectively to domestic abuse is the lack of resources and insecure funding for specialist domestic abuse support. This is a significant challenge for specialist services themselves who are unable to effectively resource their service or plan for the future, but also for the multi-agency system as a whole, who cannot rely on the ongoing existence of specialists to refer survivors to and are acutely aware of their lack of capacity.



Support services and commissioning - recommendations

1. Identify the required level of support in Bermuda based on a local needs assessment, and compare this to the current range of support available, identifying gaps in service provision
2. Ensure that this gap analysis is informed by the types of support survivors have told us that they need, and that those services work in a way that is non-judgemental, and confidential
3. Undertake a review of safe accommodation in Bermuda, identifying a suitable model that would work within the context of the island¹
4. Identify and train additional DVLO capacity within the police
5. Identify a secure and sufficient funding source to enable the sustainable funding of specialist domestic abuse support service(s) at the level necessary to support the identified number of survivors in Bermuda
6. In order to effectively support survivors in Bermuda, SafeLives recommends that additional specialist capacity is required. We estimate that 4-5 (full time equivalent) Idvas or Domestic Abuse case workers are required to support victims at all risk levels in Bermuda as a starting point. Of these, 1.5 (full time equivalent) Idvas or Domestic Abuse case workers are required to support high risk victims specifically and enable the implementation of the Marac process. This required capacity may increase as professionals' domestic abuse awareness improves and they identify more victims.

¹ [A scoping review of refuge models, University of Suffolk, 2020](#)

Working with those who harm



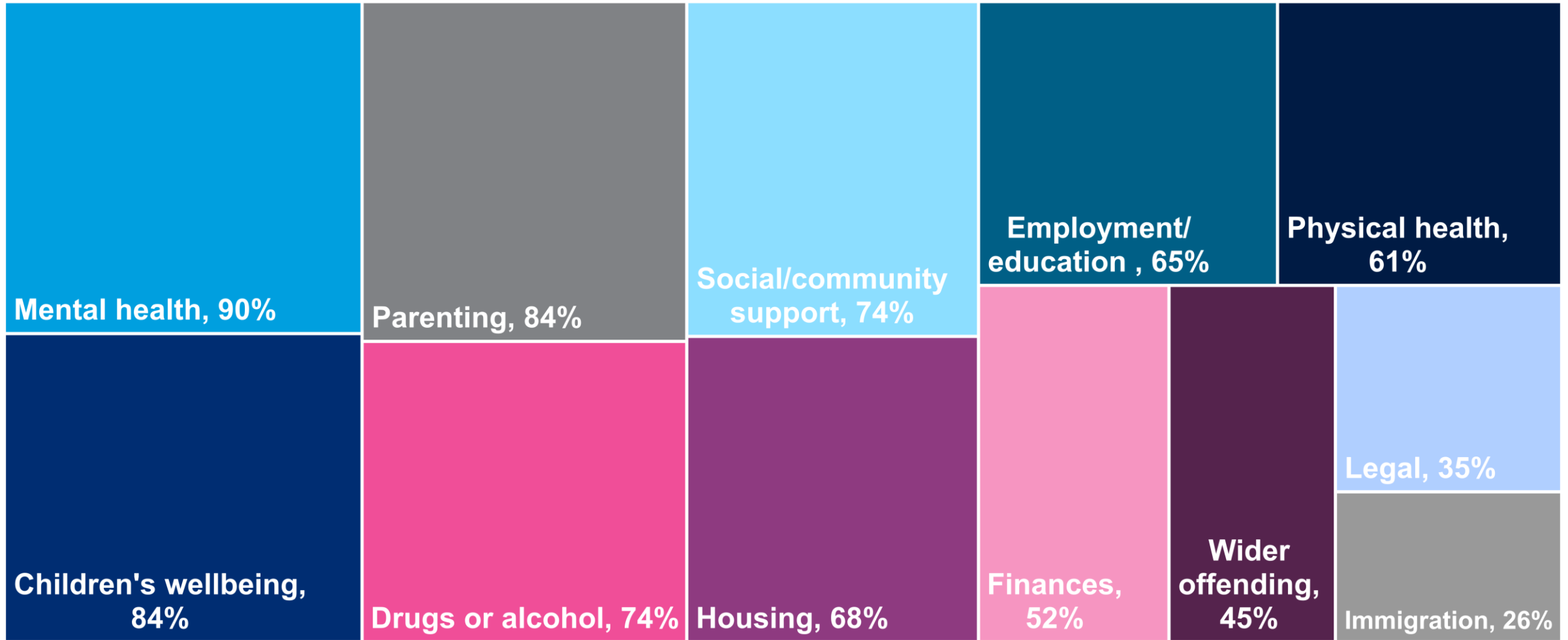
Working with those who harm

This section focusses on engaging with those who harm and the pathways into those support services. We asked professionals about the barriers to accessing support and the quality of the support available to address these harmful behaviours.



Local response to those who harm, professional survey

Identified different areas of need when working with those who harm



Percentages out of those respondents who said they had worked with clients/service users that were or they suspected were using abusive behaviours, Total N = 31.

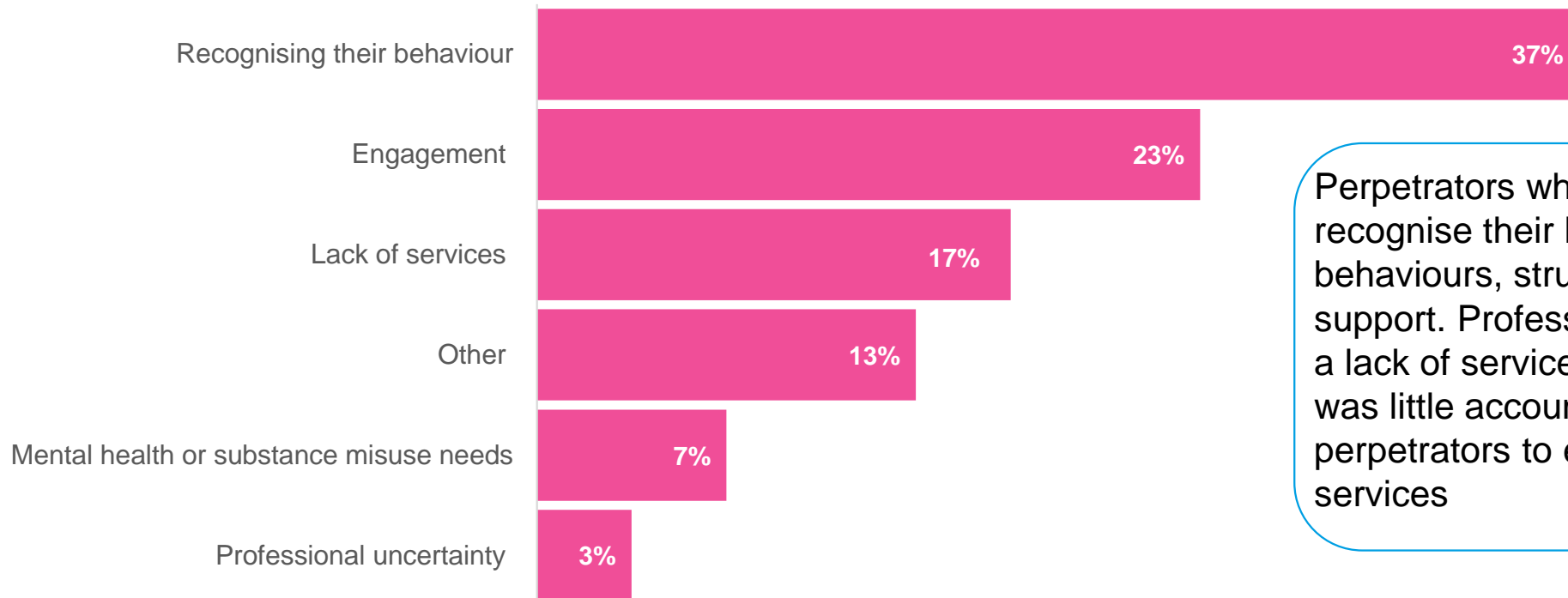


Local response to perpetrators of abuse

“When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?”

Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. A breakdown of the responses is shown below.

When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?



Perpetrators who struggle to recognise their harmful behaviours, struggle to engage in support. Professionals also noted a lack of services, and that there was little accountability for perpetrators to engage with services

Percentages out of total number of codes = 35



Working with those who Harm - Professional interviews

Multiple professionals expressed **uncertainty about how to respond to those who harm. This professional told us some staff are afraid to meet with those who harm.**



Let's say dad's the perpetrator, we need to meet with dad. But we're gonna meet with him separately, not with... Not in the same day as the mom and the children and all of that. **But staff are scared.** (Professional interview)

Professionals told us they needed more training on responding to those who harm in order to respond better for the whole family.



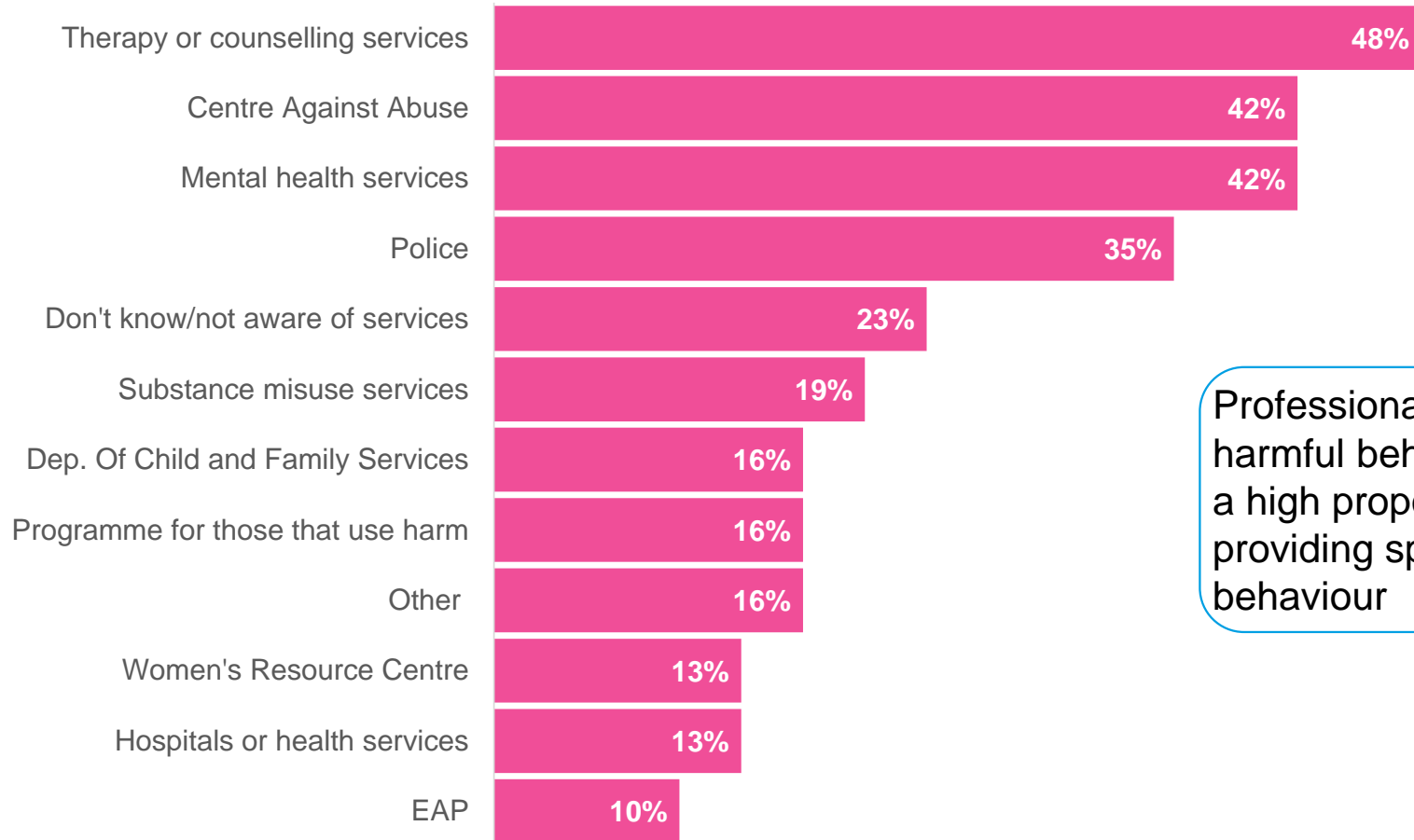
workers have to come in contact with the perpetrator, right? So we've gotta get our knowledge base up, and skill-base up, on how best to, you know, include or deal with, or acknowledge the fact that 'hey, this is the role that they played, and now they're not able to play it, and what does that mean for the familial household'? (Professional interview)



Referrals: Those using abusive behaviours (professionals)

"If you identified someone may be using harmful behaviours, please list the services that you are aware of and would refer the person causing harm to in your local area?"

If you identified someone may be using harmful behaviours, please list the services that you are aware of and would refer the person causing harm to in your local area?



1. Therapy or counselling services
2. Centre Against Abuse
3. Mental Health services

Professionals are incorrectly referring those using harmful behaviours to Centre Against Abuse, and a high proportion are not aware of any services providing specific support to address abusive behaviour



Local response to perpetrators of abuse

“When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?”

**“Often those that use abusive behaviour don’t feel they are doing anything wrong [...] the older generation (and some of the younger ones) believe that treating a woman abusively is the norm”
(Professional)**

“Their honesty in their behaviour and how it impacts the family unit. Often they tend to justify their actions and place blame elsewhere than themselves.” (Professional)

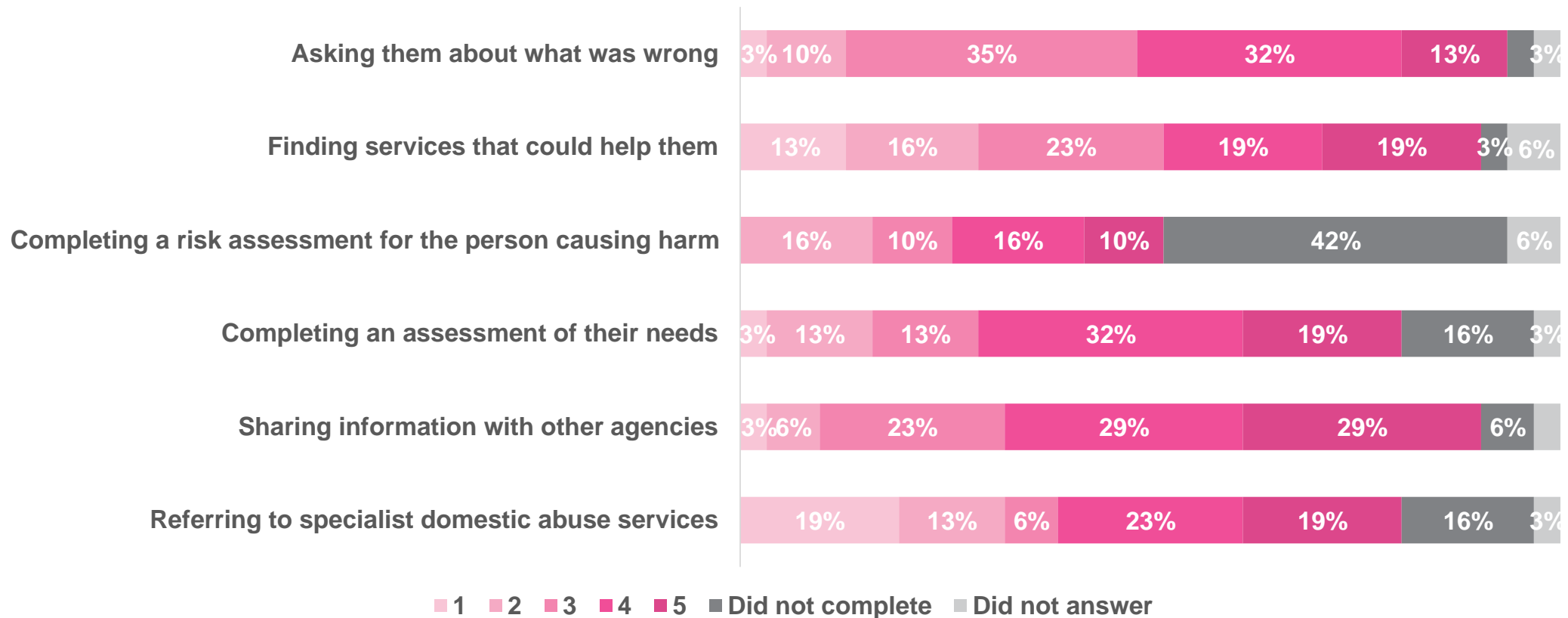
“Some refuse to identify how their actions have led to them abusing their partner or children.” (Professional)

Local response to perpetrators of abuse



51% of respondents said they had worked with clients/service users that were, or suspected were, using abusive behaviours...

How easy professionals found the following when working with people who were/suspected were using harmful behaviours, where 1 = Very difficult and 5 = Very easy



Percentages out of those respondents who said they had worked with clients/service users that were or they suspected were using abusive behaviours, Total N = 31.





Local response to perpetrators of abuse

“When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?”

“Discussing their needs with them and trying to get them to the point of engaging with us and other agencies.” (Professional)

“Getting them to admit that they are using abuse behavior and engaging in services to assist them” (Professional)

“The drive and motivation to get involved in therapy that will assist them in obtaining behaviour modification” (Professional)



Those who harm: lack of support services

There is a lack of support services for those who harm in Bermuda.



I'm going to be honest with you, **there's very limited offender, or perpetrator services that are available on the island.** (Professional interview)

The one behaviour change programme and other mental health services in Bermuda are provided privately and therefore come at a higher cost.



For the perpetrator, it's really private entities, and that comes with a cost. (Professional interview)

Professionals told us that **there was more provision in the past but that has declined in recent years.**



that system was a lot stronger than it is right now, there was a programme for perpetrators as well as a separate one for offenders, and then there was one or two persons in the community that we're doing it in private practise that we were able to make referrals to. (Professional interview)



Local response to perpetrators of abuse

“When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?”

‘Lack of services’

“Referral to an agency that can immediately help them with their issues” (Professional)

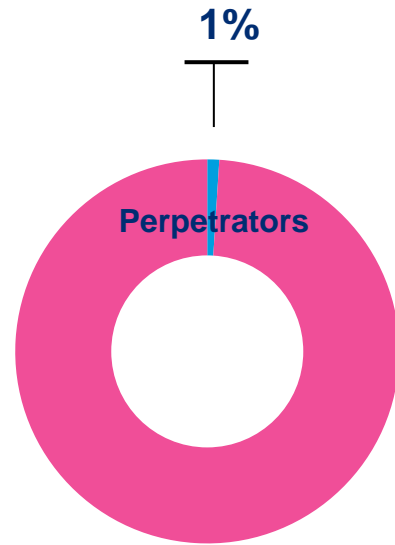
“the confidence that a helping agency is going to give them all the support they need.” (Professional)

“finding local treatment services to address the behaviour” (Professional)

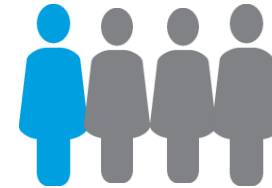


Perpetrators often remain unseen in the response to domestic abuse

Lack of direct contact with perpetrators can lead to increased risk. Little may be known about males who are involved in different households

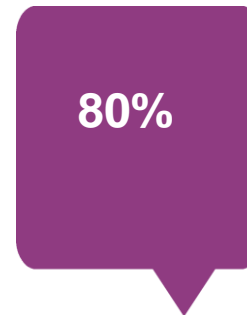


1 in 4 perpetrators are **repeat offenders**. Some have as many as six different victims.



Currently only **1%** of perpetrators receive any **specialist intervention** to be challenged or change their behaviour.

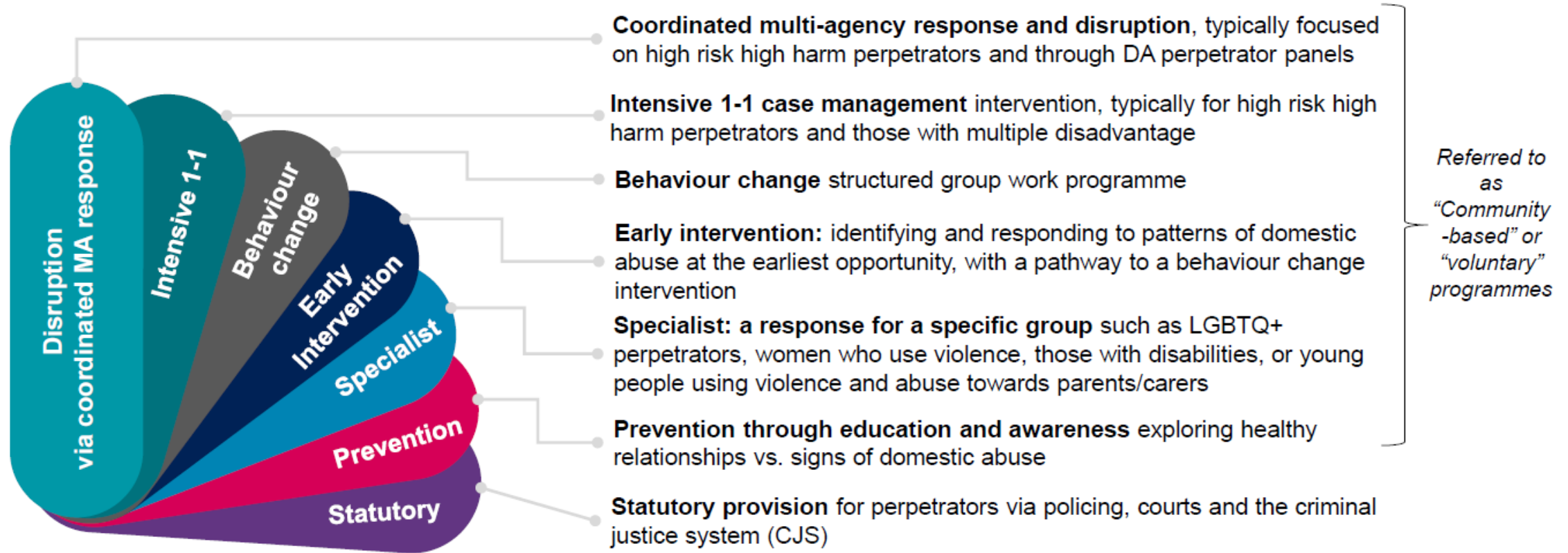
80% of survivors said they thought perpetrator programmes were a **good idea**.



A comprehensive response to perpetrators should include a range of interventions

The information in this slide comes from the [Drive Commissioning Guidance: Responding to perpetrators of domestic abuse](#) which is a very useful resource and worth reading in full

Example of a comprehensive response:



ALL INTERVENTIONS MUST BE **INTEGRATED WITH SUPPORT FOR VICTIMS** AND HAVE **BROAD AND EFFECTIVE REFERRAL PATHWAYS AND INFORMATION SHARING, CULTURALLY APPROPRIATE PRACTICE, GOOD GOVERNANCE AND QUALITY ASSURANCE**



Working with those who harm - Findings

1. There is a lack of knowledge around what resources are available for those using harmful behaviours
2. There are very limited services providing specialist perpetrator programmes, and those that are providing the service are privately run and separate to the criminal justice system
3. Lack of professional confidence when working with perpetrators
4. Those seeking support for their harmful behaviours are having to fund private support
5. Referrals into services often rely on friends or family, accountability and identification needs to rely on professionals and have a clear pathway.
6. There are no links between perpetrator programmes and other services to appropriately safeguard the victim

Working with those who harm - Recommendations



1. Commission perpetrator services, to create programmes that are robust and risk focussed
2. Embed perpetrator services within the criminal justice process through direct referrals and reporting systems for meaningful engagement
3. Training for professionals who will come into contact with those using harmful behaviours on how to manage and challenge behaviours
4. Referrals into perpetrator programmes need to rely on professional identification and have a clear pathway
5. Build links between perpetrator programmes and domestic abuse support services to ensure the survivor is appropriately supported and safeguarded
6. Perpetrator services to consider using [Respect Standard](#) for quality assurance (see Appendix 2)

Whole Family working



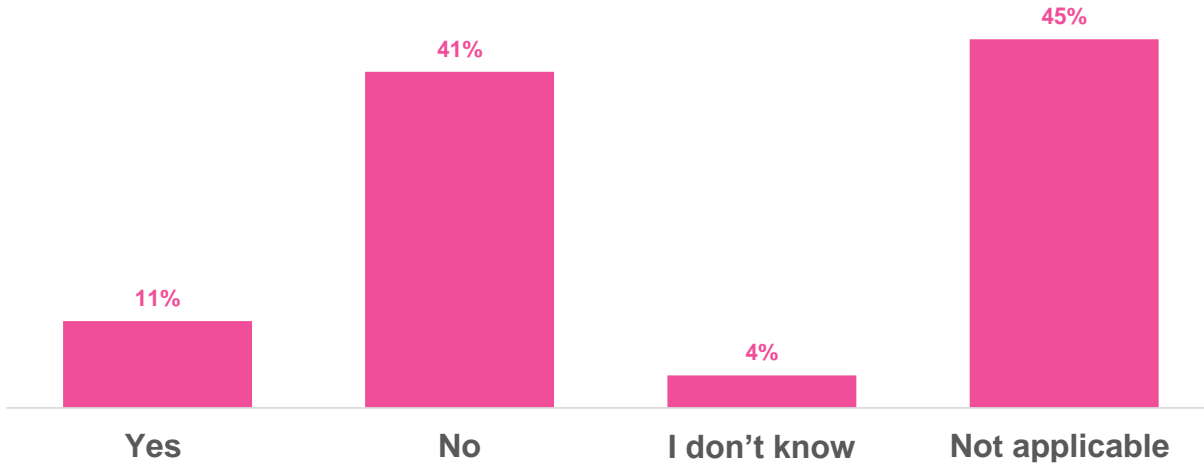
Whole Family working

This section looks at the way the current domestic abuse response works with the whole family – the victim, children, the person using harmful behaviour, and any wider family members who require support. As seen in the next slide, the vast majority of survivors told us that neither children nor the perpetrator of domestic abuse received any support.

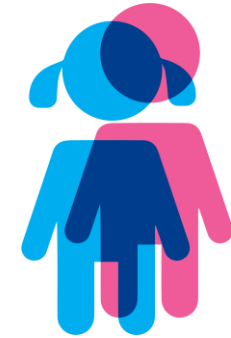
Support for the whole family (survivor survey)



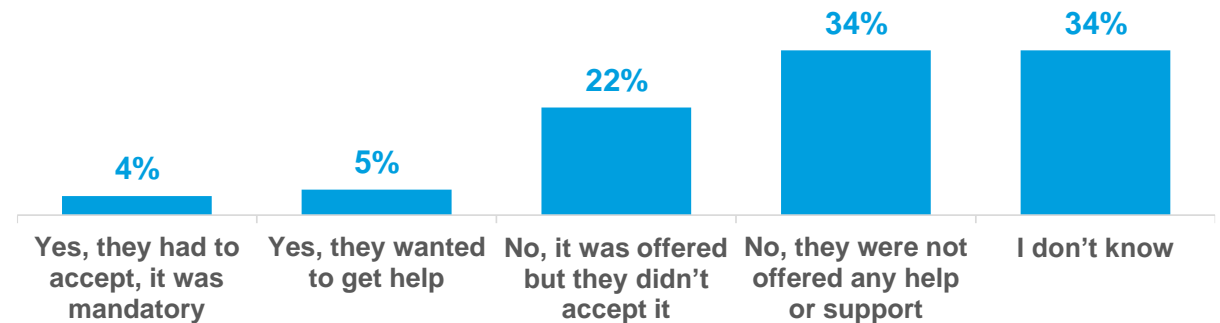
"Were any children involved offered support?"



Out of the 49 survivors who had children **only 8** said that their children received any support.



"Did the person who was abusive towards you get any help or support?"



Out of the 76 survivors **only 7** said that the person using harmful behaviours received any support.



Professional interviews

Whole family: positives around child safeguarding

Professionals from **child focused agencies** spoke passionately about the importance of the support offered to **children** exposed to domestic abuse situations.



But for us in investigations, I think where it benefits us, is that as mandated reporters and even concerned citizens, **everyone has a responsibility to make a referral if there is a child that is being exposed to domestic violence.** So that's, for us and often for the investigation as well, **we are able to bypass some of the necessary consents, as long as we are doing it in the best interests of the child,** and getting information relevant to whether the matter is that's being referred. (Professional interview)



I can tell you from our standpoint, the children, as I said, we are part of that, we are a big part of that, addressing the safety, and immediately, **once we are responding, we are ensuring that child's safety, and working on anything that needs to be put in place supportively for the child. Whether that's therapeutic, even medical assistance, anything along those lines,** we are ensuring that that takes police immediately. (Professional interview)



Professional interviews

Whole family: gaps in child safeguarding

This professional noted that **the impacts upon children exposed to domestic abuse situations are often missed by agencies that are not focussed on the needs of children.**



It varies from case to case, but I can say that depending on the circumstances of that family, sometimes **the children's voice won't be heard, because it's you're either focusing on what dad's doing to mom or what mom's doing to dad and not really realising or recognising the impact on the child.** (Professional interview)



Professional interviews

Whole family: barriers to support

Multiple professionals were concerned at the **lack of a holistic, multi-agency approach to whole family domestic abuse situations, with individuals often missing out on support due to legislative issues.**

“ I think in terms of our ability to look at things as a whole, sometimes **we are prioritising the senior in that situation because they're a legislative mandate, but we know that we need the whole family to have that care, and there's not necessarily... sufficient resources** for the adult to provide that support at the same time in a coordinated manner (Professional interview)

“ There are several things [...] that need to be changed in the Children's Act, and that's one of them. **Because if a teenager is in a domestic violence situation... there's no-one that can make an application for a DVO for that person.** (Professional interview)

“ The one thing we cannot... I guess, **if it's not impacting the child, we cannot force parents to get help. It's only when we see the impact and they're not getting help, then we have a... some legalities that we can use.** (Professional interview)



Professional interviews

Whole family working: barriers to support

Professionals spoke about the need for consent when working with families as a barrier to being able to offer the most comprehensive support at times:

“ I think **memorandums of understandings with all agencies that may be dealing with families and children are exposed to domestic violence would be helpful to us. Because once we get into a situation where we run up against a caregiver that does not want to give consent, things become very difficult for us to support the family.** It takes [us] to a level where we become, I think less initially supportive and more punitive. (Professional interview)

“ **If they're not willing to sign the release, I mean, it's nothing we can do because... people are ethically bound for confidentiality.** We definitely would just wanna know that that person is going, that they're engaging but **the collaboration can't happen without that release. So it really would be just trying to build relationships with the parents, to get them to trust that what you want the information for is for... the benefit of their child.** (Professional interview)



Professional interviews

Whole family: barriers to support

This professional explained how the **whole family response to domestic abuse is currently a fractured process due to the lack of collaboration between agencies.**



[Interviewer: How well do you think the system responds to the needs of the whole family experiencing domestic abuse? So, thinking about children and the perpetrator as well as adult victims?] I'm not sure what exactly, but **I have an impression that it's fractured.** That... you have, you know some support for the perpetrator, you have some support for the parent, you have some support for the child but **I'm not too sure how integrated that is and whether or not there's like organisations that can work together and wrap around.** (Professional interview)



Professional interviews

Children as victims

During our initial conversations with professionals, one interviewee explained to us that in line with current protocols in Bermuda, a child is only considered to be at risk of domestic abuse if they had witnessed an incident first hand:



[Interviewer: So what would, what would the definition of ‘a child present’ be? If they were asleep upstairs, would that be considered ‘present’?]

No. We would kick that back, cos they didn’t witness it. They didn’t witness it, so you don’t need to refer that to us. (Professional interview)

It is incredibly positive that following further conversations during our work in Bermuda which outlined the impact of living in a household where there is domestic abuse, even if they have not been in the same room as incidents, that there has been a commitment to review these protocols so that the risk to children is identified and support can be offered to all children affected by domestic abuse.

Whole Family working- Findings



1. Of those survivors who responded to our survey, very few reported that their children or the person who had perpetrated domestic abuse had received support
2. Where children are identified however, the support they can access is effective and professionals talk passionately about the importance of protecting children
3. Some professionals find the need for parental consent in order to support a child a barrier to being able to protect children effectively
4. Under current legislation, anyone under 18 cannot access support to apply for a Domestic Violence Protection Order
5. Professionals reflected that although all members of a family can access elements of support, the system is not integrated and communication between the different parts of the system is limited
6. It is extremely positive that a commitment has been made to review protocols and thresholds within DCFS to reflect the impact of domestic abuse on children, even if they have not directly witnessed an incident.

Whole Family working - Recommendations



1. When responding to disclosures of domestic abuse, agencies should consider the needs of all members of the family, including wider family members especially if they are vulnerable
2. Conduct a review of legislation in order to enable individuals under 18 to access support to apply for a Domestic Violence Protection Order
3. Improve partnership working so that the holistic needs of the whole family are identified and that communication between agencies enables a more integrated response to each individual
4. Enact the commitment to review protocols and thresholds within DCFS to reflect the impact of domestic abuse on children, even if they have not directly witnessed an incident.

Authentic Voice



Authentic Voice

Authentic Voice is not currently embedded within the system in Bermuda. This section will describe the principles behind using authentic voice to inform and develop best practice

Authentic Voice



“We’ve walked through fire to get our voices back; we’re not going to give them up now.”

Ursula, Pioneer

SafeLives are committed to placing people with lived experience at the heart of all we do, valuing internal and external survivors’ experience as an asset.

Working together, we can aggregate and amplify survivors’ voices and interweave authenticity and independence throughout all our work. By listening and responding to views that are different to our own, professionals and survivors can critically assess and address challenges together. To do this authentically we support survivors to tell their truth and speak with an unmediated voice.

In Bermuda, professionals said there is **very little to no opportunity for authentic survivor voices to be heard as part of the domestic abuse response** and as part of attempts to raise awareness.

What is Authentic Voice?



- **The sharing of experience and/or expertise to inform, educate and effect change.**
- **An essential part of a high-quality response to domestic abuse**
- **Valuing expertise, skills and strengths of victims/survivors.**
- **Cannot be seen as an optional extra or used to confirm your position or beliefs**

Authentic Voice – SafeLives Ethos



Data Voice Practice



Survivors are at the heart of everything we do



Pioneers help us to be human, rigorous and brave



When we speak out, we are all empowered



There is no 'them and us' - only 'us'

To create the most effective responses to DA, it is vital to partner the expertise of survivors with the expertise of professionals. This is integral to ending domestic abuse for everyone, for good.

Authentic Voice - Principles



Do No Harm

- Harm can occur as a result of what we do, or don't do
- Risk is recognised and addressed with the survivor
- Authentic voice work is trauma-informed

Expert by Experience

- Survivors and professionals bring knowledge which is vital in responding well to domestic abuse
- No 'them and us'
- Survivors are valued and compensated for their expertise

Speak Your Truth

- Survivors are not spokespeople for organisations they work with
- Survivors can choose what they share, when they share, and who they share with
- Survivors recognise the impact their voices may have on others

Heart and Start

- Survivors' voices are included at the very beginning and involved through to the end of all work
- Create not rate
- Survivors are informed of the impact of their work, and are safely acknowledged

Equality and diversity

- Anyone can experience domestic abuse, and our experience is affected by our different identities
- Services find ways to access the voices they are not hearing

Caring

- Services and survivors work together to understand the potential emotional impact of sharing their voice
- Services give choices in the support they offer survivors; survivors share responsibility in taking care of themselves
- Survivors and services learn and develop together – nobody knows everything

Authentic Voice: Quote from Bermudian Survivor



“

I know what it feels like to feel like you are drowning and you have no life support. The support is so important. If I can help someone with my story, then I have done something positive and possibly have assisted with a positive outcome for someone else.
(Survivor)

Authentic Voice - Recommendations



1. Embed Authentic Voice throughout the system through meaningful engagement with services built with, by, and for service users
2. Ensure services are accessible and trusted by the community by implementing the recommendations in this report
3. Ensure that there are strong support structures in place to allow for safe collaboration with survivors, their wellbeing is paramount
4. Implement feedback mechanisms for services and service user forums to allow for reflective working and to begin hearing the voice of the survivors being supported

Risk Assessment & Marac

Risk assessment & Marac (Multi-Agency Risk Assessment Conference)

We have worked with operational and strategic professionals in Bermuda to understand the SafeLives risk-led approach, the Dash risk assessment and the Marac process.

In this section we will provide an overview of these topics, and the actions that were identified in order to be able to implement these elements of the domestic abuse response in Bermuda.

Risk assessment

Aims of the SafeLives Dash

- To help front line practitioners identify **high risk cases** of domestic abuse, stalking and 'honour'-based violence in relation to adult victims. The abuse should be current and not have ended some time ago
- To decide which cases should be referred to **Marac** and what other support might be required. A completed form becomes an active record for future reference
- To offer a common tool and provide a **shared understanding of risk** in relation to domestic abuse, stalking and 'honour'-based violence
- To enable agencies to make **defensible decisions** based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment

Marac (Multi-Agency Risk Assessment Conference)

- A meeting where information is shared on the highest risk victims of domestic abuse
- Attendees include a range of statutory and voluntary based organisations
- Relevant information is shared and a robust action plan is formulated
- The victim does not attend the meeting but is represented by an Independent Domestic Violence Advisor (Idva)

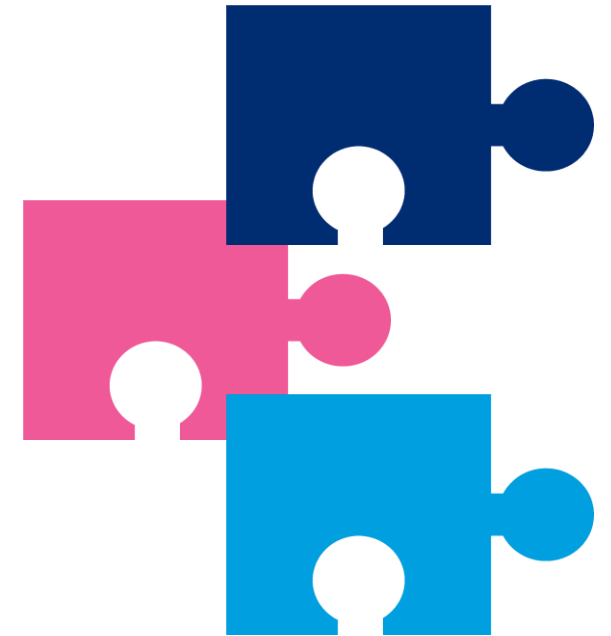
The primary focus of the Marac

At the heart of a Marac is the working assumption that **no single agency or individual can see the complete picture of the life of a victim**, but all may have insights that are crucial to their safety.

A victim identified as high risk of serious harm or homicide needs a coordinated, multi-agency response with all agencies sharing relevant information to develop an action plan that is comprehensive, robust and addresses the risk to all parties.

The aims of the Marac process

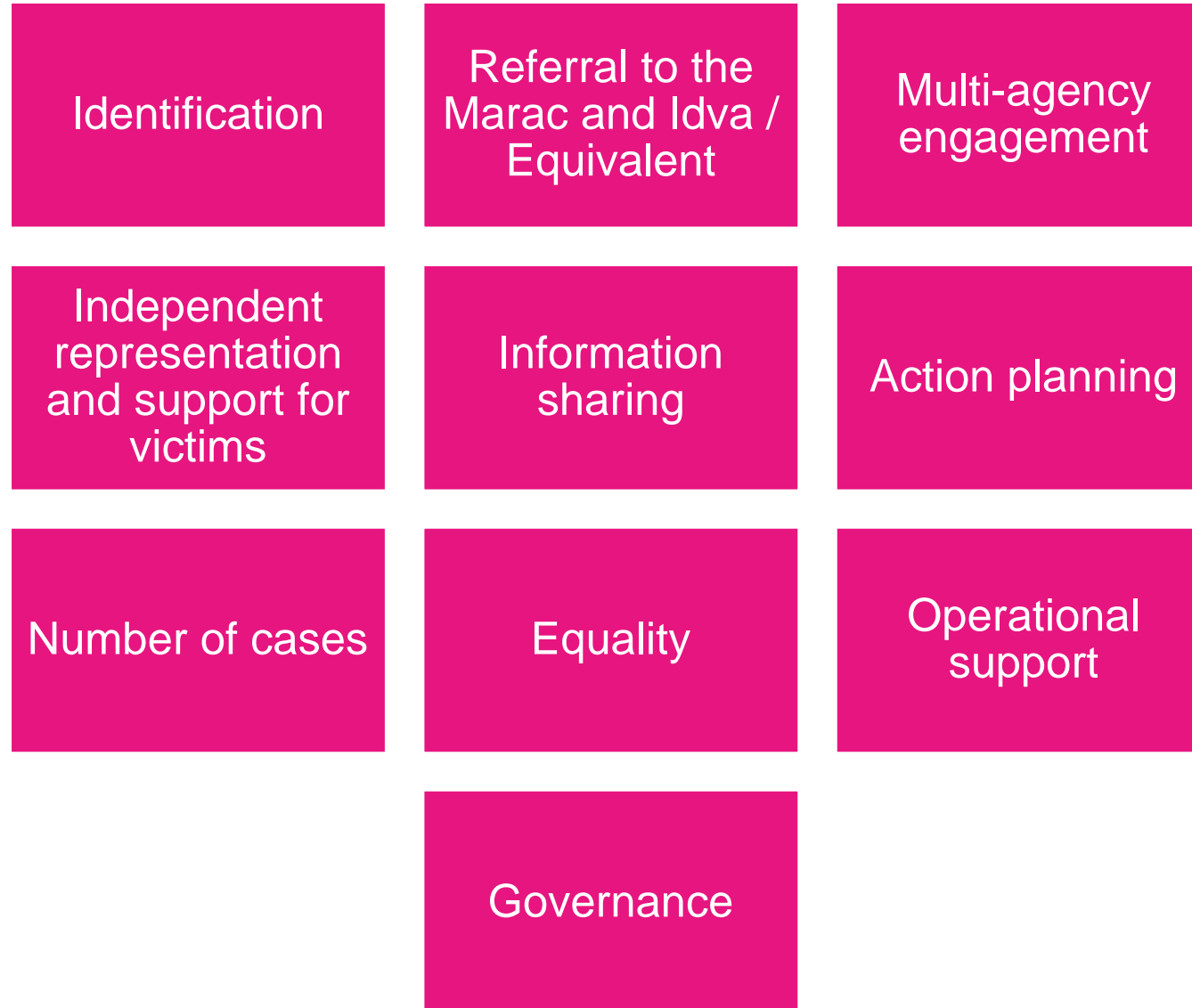
- Safeguard victims
- Address the behaviour of the perpetrator
- Make links with other public protection arrangements in relation to children, perpetrators and adults at risk
- Safeguard agency staff



Ending domestic abuse



The 10 Principles of an Effective Marac

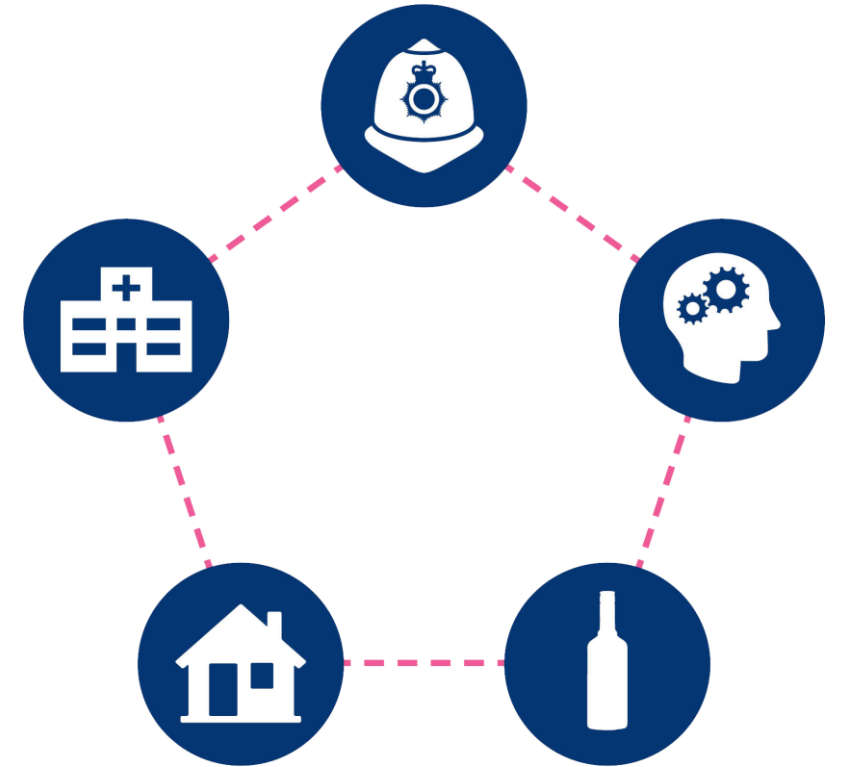


Further information about these principles can be found [here](#).

Ending domestic abuse

Representatives Required for an Effective Marac

- Police
- Specialist domestic abuse service (Idva)
- Court Services
- DCFS
- Mental Health
- Primary Health
- Substance Misuse Services
- Housing
- Ageing and Disability Service



Also valuable – Education; specialist DA voluntary services, by and for services; secondary health such as health visitor/ midwifery

Bermuda will need to identify a local core group of agencies comprised of the above and any further agencies identified locally, ensuring their commitment to the process.

Ending domestic abuse

Referral Criteria for Marac

All victims who are assessed to be at high risk of serious harm or homicide will meet the Marac threshold

Professional Judgement

- uses knowledge & professional experience
- can be based on victim's perception
- utilises observation and assessment
- 'gut instinct'

Visible Risk (Actuarial assessment)

- **often 10-14+ ticks**
- predicting from knowledge
- based on risk factors from SafeLives Dash
- informs professional judgement

Escalation

- in severity and frequency
- e.g. three domestic abuse events in a 12-month period. For example, three attendances at A&E, three police call outs or three calls to make housing repairs. This should alert professionals to the need to consider a referral to Marac.

Repeat

- Any instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to Marac

Ending domestic abuse



Information Sharing & Confidentiality

If you identify that a victim is at a high risk of harm, you have the legal basis to override client confidentiality and consent to share **proportionate and relevant information** regarding these risks

Bermudian Legal Basis for Information Sharing – Personal Information Protection Act 2016 (PIPA)

Consider the risk of sharing VS the risk of not sharing

Domestic Homicide Reviews in UK consistently recommend better information sharing between agencies and better frontline responses to domestic abuse as a crucial element to prevent future homicides.

Risk of not sharing – the risk of not sharing relevant and proportionate information through formalised information processes such as Marac is possible homicide or serious harm to the victim and/or their children

Marac Governance

A Marac requires effective strategic support and leadership of the Marac process and Idva response in order to ensure that agencies work together effectively.

SafeLives recommends the identification of a stable, visible, governance structure that provides leadership for the Marac. In Bermuda, this role could be fulfilled by the Domestic Abuse Partnership Board.

This governance group should meet at least quarterly, and has responsibility for:

- resolving and escalating any issues
- measuring outcomes and the impact and effectiveness of the Marac
- ensuring that there is a Marac operating and information sharing protocol, and that this is understood by all partners
- ensuring effective representation from all agencies

Costs and benefits

Costs

There are costs associated with the Marac that need to be considered. For the agencies that attend Marac regularly the cost is roughly equivalent to 1-1.5 days work per meeting. This breaks down between half a day at the meeting and a day gathering information ahead of the meeting and implementing actions after the meeting. The workload for the lead agency is estimated to be about 3 days per fortnight, given the time needed to put together the agenda and write up minutes afterwards, with an additional day of an administrator's time.

Benefits

“For every £1 (\$1.24) spent on Maracs, at least £6 (\$7.45) of public money can be saved annually on direct costs to agencies such as the police and health services. Maracs are saving money now and will go on to save more in future if properly resourced.” [*Saving lives, saving money*](#)

Resources required

Having undertaken the Public Health Approach review, and fully explored the possible implementation of a Marac with stakeholders in Bermuda, we recommend that the following resources will be required in order to be able to effectively implement a Marac:

1. 1.5 (full time equivalent) Idvas or Domestic Abuse case workers specifically to support high risk victims and represent them at Marac
2. Marac coordination support, 0.5 (full time equivalent)
3. Additional DVLO capacity to ensure continuity of services
4. A securely funded response to those who harm
5. A Marac Chair identified, trained, and time allocated to the Marac process within their role
6. A representative from each partner agency and a deputy identified

Recommendations – Risk Assessment & Marac:

1.	Embed routine use of the Dash risk assessment across agencies
2.	Establish a Marac steering group
3.	Identify a Marac chair and deputies
4.	Identify Marac coordination capacity
5.	Identify Idva capacity
6.	Agree who the Bermuda Marac core agencies should be
7.	Agree a local visible risk threshold for referral to Marac (suggested – 10 ticks)
8.	Ensure ongoing Marac training is provided
9.	Ensure that all representatives have access to secure email addresses and that they are used for sharing any personal information
10.	Consider how health agencies will be represented at the Marac
11.	Ensure a comprehensive understanding of PIPA and roll out, and the legal basis for sharing information
12.	Individual agencies to confirm how they will flag cases in their systems so that repeat incidences can be easily identified

Ending domestic abuse

Summary of Recommendations

Summary of recommendations – Public Health Approach:

1.	Commit to increasing domestic abuse awareness amongst professionals, focusing on developing a shared understanding and language around domestic abuse and ensuring that survivors feel believed when they seek support
2.	Undertake a training needs analysis that looks in depth at the training needs of professionals across the system. See Appendix 1 for a full list of the training provided by SafeLives.
3.	Roll-out SafeLives' 'Culture of Engagement' training across organisations using a train the trainer model
4.	Focus particularly on police officer's awareness and attitudes in order to improve survivor's experiences of seeking support
5.	Consider a legislative change to allow evidence led prosecutions to be pursued by authorities in order to enable the continuation of prosecutions where the victim does not feel able to support the process
6.	Focus on prevention of unhealthy relationships, including through education initiatives from the early years onwards
7.	Undertake a public campaign aimed at raising awareness of domestic abuse, the support available, and increasing confidence in professionals' response
8.	Set up a Multi-Agency Risk Assessment Conference (Marac) with core agencies in attendance to improve information sharing and partnership working.
9.	Set up a mechanism to learn lessons from domestic homicides and improve practices within and between agencies
10.	Create a culture of professional challenge and partnership working for the best outcome of the families experiencing domestic abuse

Summary of recommendations – Public Health Approach continued:

11.	Develop a strong understanding of other agencies' remits and responsibilities
12.	Create clear pathways for multi-agency working that are not dependent on established personal relationships
13.	Develop regular procedural multi-agency working beyond the Marac
14.	Implement shared risk assessment tools, such as the DASH RIC
15.	Consider colocation of services and closer working practices to improve the service received by victims and their families
16.	Implement a multi-agency information sharing agreement, in line with PIPA, which would enable the sharing of information between agencies, particularly in relation to the Marac process
17.	Develop processes that would reduce the necessity for survivors to re-tell their story to multiple professionals
18.	Ensure that all professionals understand the PIPA legislation once it is enacted
19.	Ensure that all professionals understand their responsibility to keep information confidential and that this duty is communicated to the public and survivors
20.	Scope data collection and recording processes across all agencies, ensuring that all domestic abuse cases are accurately recorded
21.	Establish a multi-agency Partnership Board, comprised of senior members of staff from across partner agencies
22.	Establish a mechanism to begin collection of multi-agency population-level data relating specifically to domestic abuse

Ending domestic abuse

Summary of recommendations – Public Health Approach continued:

22.	Develop and implement a Bermuda domestic abuse strategy
23.	Review individual agency policies and procedures in line with the Bermuda domestic abuse strategy, and all newly implemented processes such as Marac
24.	Politicians and other strategic leaders to identify domestic abuse as a key priority and commit the necessary focus and resources to tackling it
25.	Improve inter-agency networking and building up knowledge of appropriate organisations for referrals
26.	Agencies to develop referral forms and “opt out” referrals to increase uptake of services and increase survivor engagement. In particular, a formalised automatic referral, unless consent is withdrawn, from police officers to the DVLO and to the Centre Against Abuse for support
27.	Increase domestic abuse risk awareness within agencies to support identification of domestic abuse and enable referrals
28.	Data monitoring of referrals to assess need and success e.g. referring agency, basic monitoring details of the service user, and whether the service user engaged, declined service, or disengaged
29.	Implement a process whereby survivors are supported by a single specialist domestic abuse professional who can identify needs and coordinate support from other agencies
30.	Identify the required level of support in Bermuda based on a local needs assessment, and compare this to the current range of support available, identifying gaps in service provision
31.	Ensure that this gap analysis is informed by the types of support survivors have told us that they need, and that those services work in a way that is non-judgemental, and confidential
32.	Undertake a review of safe accommodation in Bermuda, identifying a suitable model that would work within the context of the island

Summary of recommendations – Public Health Approach continued:

33.	Identify and train additional DVLO capacity within the police
34.	Identify a secure and sufficient funding source to enable the sustainable funding of specialist domestic abuse support service(s) at the level necessary to support the identified number of survivors in Bermuda
35.	In order to effectively support survivors in Bermuda, SafeLives recommends that additional specialist capacity is required. We estimate that 4-5 (full time equivalent) Idvas or Domestic Abuse case workers are required to support victims at all risk levels in Bermuda as a starting point. Of these, 1.5 (full time equivalent) Idvas or Domestic Abuse case workers are required to support high risk victims specifically and enable the implementation of the Marac process. This required capacity may increase as professionals' domestic abuse awareness improves and they identify more victims.
36.	Commission perpetrator services, to create programmes that are robust and risk focussed
37.	Embed perpetrator services within the criminal justice process through direct referrals and reporting systems for meaningful engagement
38.	Training for professionals who will come into contact with those using harmful behaviours on how to manage and challenge behaviours
39.	Referrals into perpetrator programmes need to rely on professional identification and have a clear pathway
40.	Build links between perpetrator programmes and domestic abuse support services to ensure the survivor is appropriately supported and safeguarded
41.	When responding to disclosures of domestic abuse, agencies should consider the needs of all members of the family, including wider family members especially if they are vulnerable

Ending domestic abuse

Summary of recommendations – Public Health Approach continued:

42.	Conduct a review of legislation in order to enable individuals under 18 to access support to apply for a Domestic Violence Protection Order
43.	Improve partnership working so that the holistic needs of the whole family are identified and that communication between agencies enables a more integrated response to each individual
44.	Enact the commitment to review protocols and thresholds within DCFS to reflect the impact of domestic abuse on children, even if they have not directly witnessed an incident.
45.	Embed Authentic Voice throughout the system through meaningful engagement with services built with, by, and for service users
46.	Ensure services are accessible and trusted by the community by implementing the recommendations in this report
47.	Ensure that there are strong support structures in place to allow for safe collaboration with survivors, their wellbeing is paramount
48.	Implement feedback mechanisms for services and service user forums to allow for reflective working and to begin hearing the voice of the survivors being supported

Recommendations – Risk Assessment & Marac:

1.	Embed routine use of the Dash risk assessment across agencies
2.	Establish a Marac steering group
3.	Identify a Marac chair and deputies
4.	Identify Marac coordination capacity
5.	Identify Idva capacity
6.	Agree who the Bermuda Marac core agencies should be
7.	Agree a local visible risk threshold for referral to Marac (suggested – 10 ticks)
8.	Ensure ongoing Marac training is provided
9.	Ensure that all representatives have access to secure email addresses and that they are used for sharing any personal information
10.	Consider how health agencies will be represented at the Marac
11.	Ensure a comprehensive understanding of PIPA and roll out, and the legal basis for sharing information
12.	Individual agencies to confirm how they will flag cases in their systems so that repeat incidences can be easily identified

Ending domestic abuse



This report is the culmination of several months of collaboration and teamwork between SafeLives and many stakeholders in Bermuda. As the first area outside the UK to have undergone a Public Health Approach review, we have been reliant on the guidance and input of colleagues from a range of Bermudian agencies. We are particularly grateful to the following individuals for their time, expertise and welcome to Bermuda:

- Arthur Glasford and Petrice Madeiros, Bermuda Police Service
- Renee Brown and Maureen Trew, Department of Children and Family Services
- Laurie Shiell and Sarah Maybury, Centre Against Abuse
- Minister Tinee Furbert
- Darrin Simons, Commissioner of Police of Bermuda
- All those professionals who committed their time to attend the Bermuda workshops in October 2022
- Catherine Cooke, University of Cambridge, who kindly shared her thesis 'Searching beneath the wide Sargasso Sea: gendered violence in Bermuda' with us.



Appendix 1

SafeLives training

Training for frontline domestic abuse practitioners

- **Independent domestic violence advisor**
 - Our Idva training courses are for Idvas, domestic abuse practitioners and service managers who currently carry an active caseload or are about to start doing so. The course will enhance your practical knowledge, helping you provide the best possible support for domestic abuse victims, survivors and their children.
- **Responding to victims of sexual violence**
 - This course will build your skills, knowledge and confidence, improve your professional response and make victims of sexual violence safer. This course is one of our Specialist level courses. It is typically designed for learners who have already qualified as an Idva (or equivalent role) or Young people's advisor and want to top up their knowledge by attending a shorter (four day) course in a new subject.
- **Training for outreach workers**
 - This training is aimed at domestic abuse specialists such as outreach workers and Idvas who want to strengthen the support they offer to victims and survivors of domestic abuse. The course covers essential knowledge and skills for working with victims and survivors as part of a risk-led approach, with a particular emphasis on longer term recovery and resilience.
- **Responding to young people affected by domestic abuse**
 - Our young people's practitioner training will increase your understanding of the dynamics of domestic abuse and how it is different for young people. It will encourage you to consider how adolescence impacts on a young person's behaviour, the key risk factors for serious harm, and how to safety plan in a multi-agency context.
- **Responding to older people affected by domestic abuse**
 - This course will increase your understanding of the dynamics of domestic abuse and how it may be different for older people. It will encourage you to consider how age-related factors may impact on a person's experience of abuse, the key risk factors for serious harm, and how to safety plan in a multi-agency context.

Training for domestic abuse service managers

- Domestic abuse service managers

- Our accredited training offers real, practical solutions on how to run an effective and sustainable domestic abuse service. Learn how to ensure your service offers a high quality and consistent response to all victims of domestic abuse and their families.

Training for Maracs

- [Training for Marac Chairs](#)
 - The role of the chair is central to the efficiency and effectiveness of a Marac. This one day course is designed for those who hold the position of Marac chair, deputy, or Marac representative.
- [Training for Marac Co-ordinators](#)
 - This one day course for Marac co-ordinators has been designed to equip delegates with essential skills, enabling them to perform the lynchpin role with greater confidence.
- [Training for Marac Representatives](#)
 - This course is suitable for those who are new to the role of Marac agency representative, as well as those who want to undertake refresher training.

Training for police: Domestic Abuse Matters

- The College of Policing and SafeLives, worked with key stakeholders to develop 'Domestic Abuse Matters', a bespoke cultural change programme for police officers and staff in England and Wales. It has been designed to transform the response to domestic abuse, ensuring the voice of the victim is placed at the centre, and controlling and coercive behaviour is better understood. The programme is designed to have long-term impact: changing and challenging the attitudes, culture and behaviour of the police when responding to domestic abuse.
- The work stemmed from the 2014 HMIC report, [Everyone's business: Improving the police response to domestic abuse](#), which highlighted the need for improvements in how police forces and officers understood and responded to coercive control. DA Matters was born from this gap.
- DA Matters is much more than a training course - it is a cultural change programme designed to create long term, sustainable improvements and consistency in the response to domestic abuse across the country. It helps police understand what is meant by the term coercive control, challenges victim blaming, and prompts them to recognise the high levels of manipulation used by those perpetrating it, including in interactions with law enforcement.
- Interested in bringing Domestic Abuse Matters to your force? [Read our getting started guide](#)

Training for employers

- **Domestic abuse awareness & responding well to disclosures in the workplace**
 - These sessions will increase awareness and understanding of domestic abuse and enable delegates to feel confident in talking about domestic abuse and signposting colleagues to specialist support.
- **'Honour'-based abuse awareness in the workplace**
 - This session aims to equip businesses with in-depth knowledge and enhanced skills to identify and respond appropriately to 'honour'-based abuse and forced marriage. We will also explore intersectionality and how it can improve practice.

Engaging with those that harm

- Our new Engaging with those that harm training is based on [Engage](#), an organisational framework and set of practical resources for working with individuals perpetrating domestic abuse.
- This training course:
 - provides professionals with an empirically supported structure for tackling issues such as denial, disengagement, and disguised compliance.
 - addresses the challenges of an organisational culture that can develop around domestic abuse cases which focuses on separate and isolate as a long-term strategy to manage risk, rather than an immediate safeguarding action or a last resort.
 - encourages learners to consider the goals of building rapport and engagement to support managing risk and achieving long-term safety and stability.
 - provides a proactive framework for agencies and professionals to confidently, professionally and safely establish direct working relationships with DA perpetrators without compromising robust safeguarding and support for victims and children.

Bespoke Training Options

- Marac Representatives (1 day)
- Marac Chairs (1 day)
- Marac Champions (1 day TtT)
- Working with Families (2 days or 4 days)
- Engaging with those who harm (4 days, Accred.)
- Dash Ric
- Complex Needs
- Sexual violence
- DA Awareness



Appendix 2

Useful resources

Useful resources

Marac Guidance

- [Toolkit for Marac Representatives](#)
- [Frequently Asked Questions for Marac Practitioners](#)
- [Idva Evidence Base](#)
- [An introduction to risk identification in domestic abuse cases](#)
- [What is a Marac?](#)
- [The Marac meeting: roles and information sharing](#)
- [The Marac meeting: action planning](#)

Ending domestic abuse

Other research and guidance

- [About the risk led approach to domestic abuse](#)
- [Connect: A whole picture approach to ending domestic abuse](#)
- [A Safe Fund: costing domestic abuse provision for the whole family](#)
- [Health Pathfinder](#)
- [Psychological abuse](#)
- [A whole health approach](#)
- [Insights Datasets](#)
- [The Unseen: Blind and partially sighted people's experiences of domestic abuse](#)
- [Experiences of male survivors](#)
- [Responding to perpetrators](#)
- [Your Best Friend](#)
- [A Cry for Health](#)
- [Effective help for children living with domestic abuse](#)
- [The Care Journey](#)

Ending domestic abuse

Webinars

- [Children as victims of domestic abuse](#)
- [Drive Lunch and Learn Voice of the Child](#)
- [SafeLives Learning Lab: Exploring What Models of Support for Young Men and Boys Should Look Like](#)
- [The Domestic Abuse Act 2021: Local domestic abuse strategy and measuring your outcomes](#)

Respect Standard - Working with those who harm

What is the Respect Standard?

Work with perpetrators of domestic abuse has the potential to increase harm to survivors if not conducted safely. That's why quality assurance is key: to ensure survivors are safe and that their wellbeing is prioritised. The [Respect Standard](#) is a quality assurance framework outlining a set of principles that guide our accreditation process.

They cover areas including organisational management, safe service delivery and responding to diversity. All Respect Accredited services are held to the Standard to ensure that only safe, effective work with perpetrators of domestic abuse takes place.