

South East Regional Public Health Group Information Series 1

Preventing Violence and Abuse: Creating Safe and Respectful Lives

This information series has been compiled by the Regional Public Health Group based in the Government Office of the South East. They aim to summarise key public health issues based upon evidence, in order to facilitate good practice and improve health at local and regional levels. They are NOT policy documents.

Vision

The prevention of violence and abuse involves the creation of safety and well-being in relationships, families and communities where dignity, equality and the rights of all are respected.

Audience

Public Health and Health Care Providers, Police and Criminal Justice Services, Schools and Education, Local Authorities and Social Services, Youth Services, Voluntary and Community Sector, Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

Why it's Important

Violence, abuse and the fear of violence and abuse, are pervasive in our society. Additionally, through fear and shame, much of violence and abuse is hidden (see under Family/partner violence in the table overleaf) which maintains the power and control base of the abuser. The impact of all forms of inter-personal violence and abuse can continue over the life-time and has numerous detrimental outcomes:

- Withdrawn or disruptive behaviour at school resulting in low educational achievement, including school drop-out and exclusions;
- Violence or abuse impairs brain development with alterations of neurophysiology and chemistry, resulting in learning and memory difficulties, dissociative disorders, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, depression and anti-social behaviour;
- Increased anti-social behaviour and risk taking, including drugs and alcohol misuse and criminal activity and an increased risk of re-victimisation;
- Short and long-term health outcomes, including physical injuries, teen-age pregnancy and Sexually Transmitted Infections, increased depression and suicide, and long-term higher risk of cancers and coronary heart disease;
- The estimated annual cost to the economy of violence and abuse for England and Wales is probably somewhere between £22.9- 36.5 billion. The overall cost to society may be much more than this, if the real cost of individuals having not reached their full potential is factored in;
- Violent crime, including sexual and physical assaults, hate crime, domestic and child abuse, constitute over 25% of all crimes, however their impact upon societal fear is disproportionate compared to many other crimes;
- Violence and abuse has a wider detrimental effect on social well-being, by enhancing inequalities, family breakdown, fear and social exclusion, and decreasing community trust and active engagement in society.

Terms used in International Violence – World Health Organisation Typology

Nature of Violence	Family / Partner Violence			Community Violence	
	Child	Partner	Elder	Acquaintance	Stranger
One of or a combination of the below:	All forms of abuse, including prostitution and sexual exploitation	Domestic violence/ abuse	All forms of elder abuse including financial control	Bullying	Bullying
Physical		Intimate partner violence		Youth Violence	Youth violence
Sexual		Dating violence		Sexual Assault	Sexual assault
Psychological				Prejudice and hatred crimes	Prejudice and hatred crimes
Deprivation or Neglect					

Current Situation

Prevalence of Violence and Abuse – Estimated from population surveys of experience of violence or abuse at least once in a lifetime:

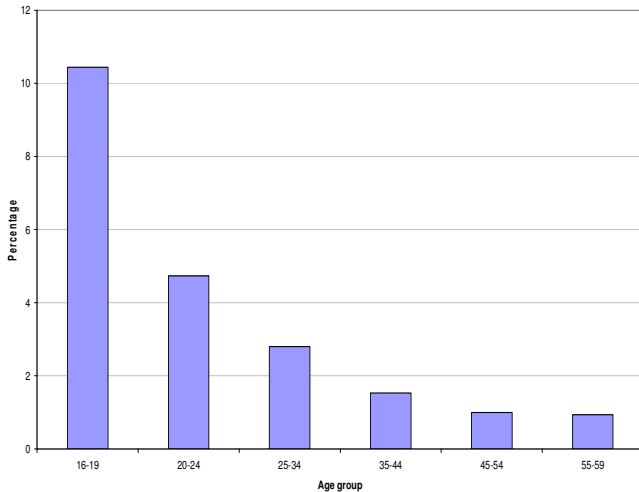
Type of Violence	Female	Male	Source and Location of Study
Child Sexual Abuse (all forms and contact abuse)	21% all forms 16% contact abuse	11% all forms 7% contact abuse	Cawson, (2000) NSPCC UK Study
Child Physical Abuse (violent treatment from anyone)	23%	27%	Cawson, (2000) NSPCC UK Study
Child Emotional Abuse (humiliation by parents)	20%	16%	Cawson, (2000) NSPCC UK Study
Bullying (10-14 yrs old at School)	46%	43%	Smith, (2000) England
Youth Violence (16-24 yrs old victims of violent crime in last year)	7.6%	15.5%	Dodd, (2004) England and Wales
Sexual Assault and Rape (16-59 yr olds ever experienced)	Sexual Assault: 23% Rape: 5%	Sexual Assault: 3% Rape: 0.4%	British Crime Survey, (2004/5)
Partner Abuse (non sexual) (16-59 yr olds ever experienced)	25%	16%	British Crime Survey, (2004/5)

There were 601 male homicides and 232 female homicides in England and Wales in 2003/04.

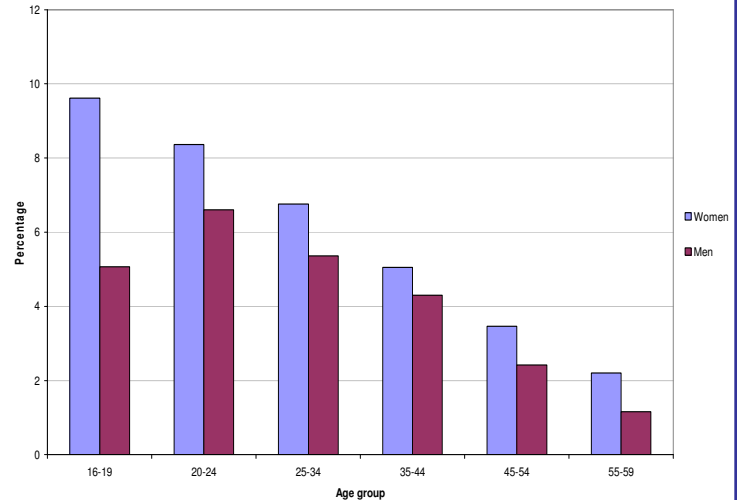
See figure on hidden impact of violence and abuse on inequalities across the life course overleaf.

Sexual Assault and Partner Violence in England:

Percentage of all women experiencing sexual assault by age in the last year (BCS, 2004/05).



Percentage of women and men experiencing partner abuse, (non-sexual) in the last year (BCS, 04/05).



Economic Cost of Violence and Abuse in England *per year* (2003/04 figures)
(The Economic and Social Cost of Crime against individuals and households, 2003/4.)

Type of Violence	Estimated Cost/ year	Cost Based Upon
Child Maltreatment	£1 Billion	<ul style="list-style-type: none"> • Health • Criminal Justice • Social Services • Housing • Emotional and Physical Impact • Lost Economic Output • Victim Services • Security Services
Youth Violence	£12.6 Billion	
Sexual Violence	£2.5 Billion	
Intimate Partner Violence	£22.9 Billion	

Estimated total cost per violent crime in England, 2003/04
(The Economic and Social Cost of Crime against individuals and households, 2003/4.)

Type of Violence	Physical & Emotional Costs	Lost Output	Health Services
Homicide	£860,380	£451,110	£770
Wounding	£4,554	£1,116	£1,348
Sexual Offence	£23,015	£4,430	£916
Common Assault	£797	£269	£123

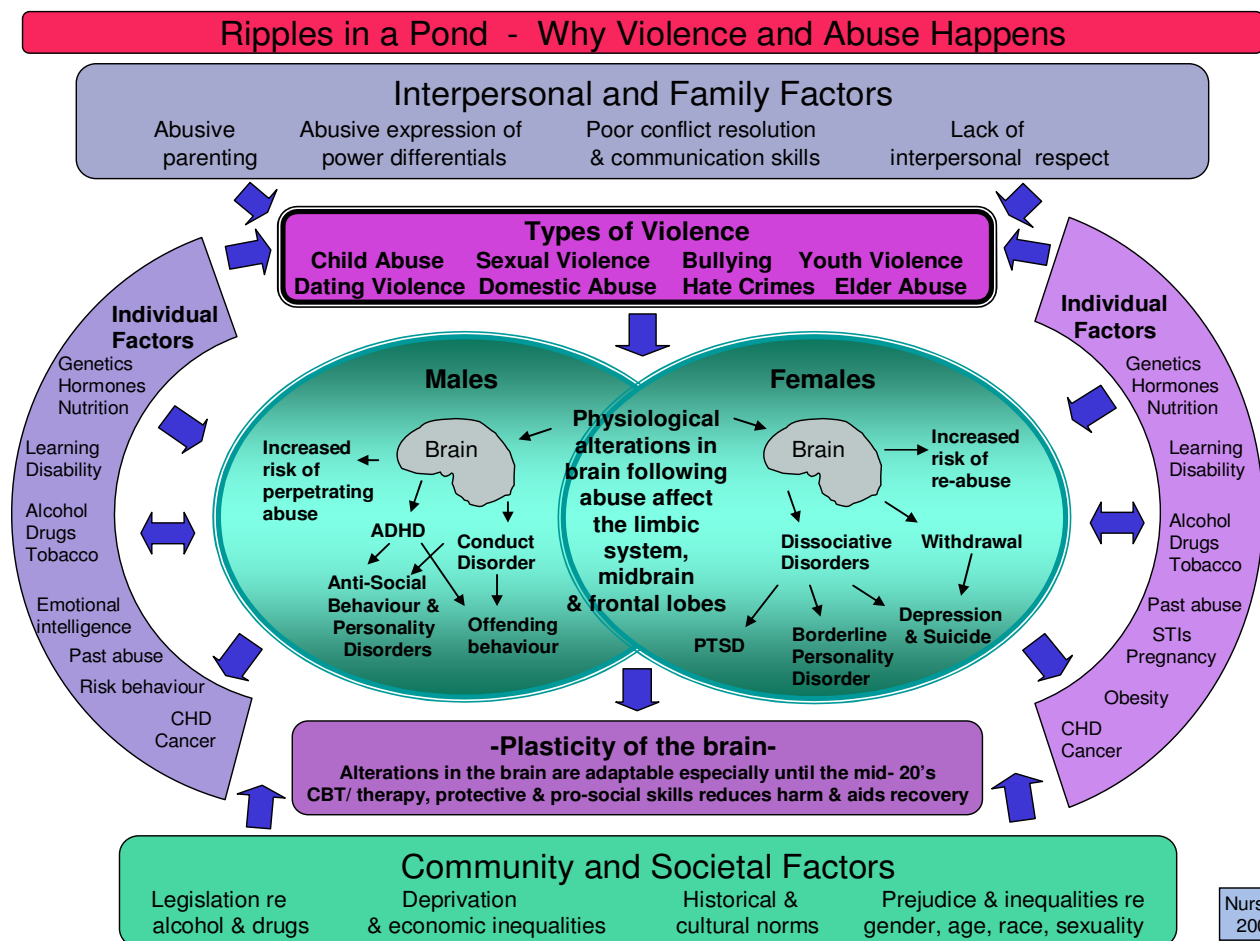
In the South East:

- From prevalence studies (Cawson 2000), at any one point in time in the SE there would be an estimated *182,000 girls (21%), and 83,600 boys (11%),* who have been sexually abused;
- In comparison to Child Protection Data, we are probably only aware of approximately *1 in 800* cases of child sexual abuse;
- The risk of sexual assault is especially high for young women, with over 1 in 10 sixteen to nineteen year olds experiencing a sexual assault each year (2004/5 figures, see graph);
- Recent studies in the SE found that of reported rapes in Hampshire 45% were between the ages 13-20. In Kent reported domestic violence cases followed several hours after peaks in alcohol related night-time economy violence.

General Risk Factors Associated with Violence and Abuse:

Risk Factors Associated with Being a <u>Victim</u>	Risk Factors Associated with Being a <u>Perpetrator</u>
<ul style="list-style-type: none"> ▪ Young age ▪ Female: being a victim of Child Sexual abuse, bullying, sexual assault and domestic abuse, being pregnant increases risk of domestic abuse. ▪ Male: being a victim of physical abuse, bullying and youth violence ▪ Witnessing violence or being a victim of abuse increases the risk of further abuse, especially for females. ▪ Alcohol and drugs misuse ▪ Socio-economic disadvantage and Inequalities. ▪ Urban compared to rural areas ▪ Cultural and media norms, including availability of weapons and alcohol. 	<ul style="list-style-type: none"> ▪ Young age ▪ Male: Young men are more likely to perpetrate violence. ▪ Majority of abusers are known to the victim ▪ Witnessing violence or being a victim of abuse increases the risk of becoming a perpetrator of violence, especially for males. ▪ Parenting styles of poor parenting supervision and support, or overly harsh parenting is associated with increased dating violence perpetration. Poor maternal bonding due to post-natal depression can affect parenting style negatively. ▪ Alcohol and drugs misuse ▪ Socio-economic disadvantage and Inequalities. ▪ Urban compared to rural areas ▪ Cultural and media norms, including availability of weapons and alcohol

The figure below, based upon the World Health Organisation ecological model, illustrates the complex relationship and interaction of why violence and abuse happens with the consequences of violence and abuse. The risk and impact of violence and abuse tend to be expressed differently according to gender norms as illustrated in the central circles. However, exceptions to the norm exist as gender is expressed on a continuum.



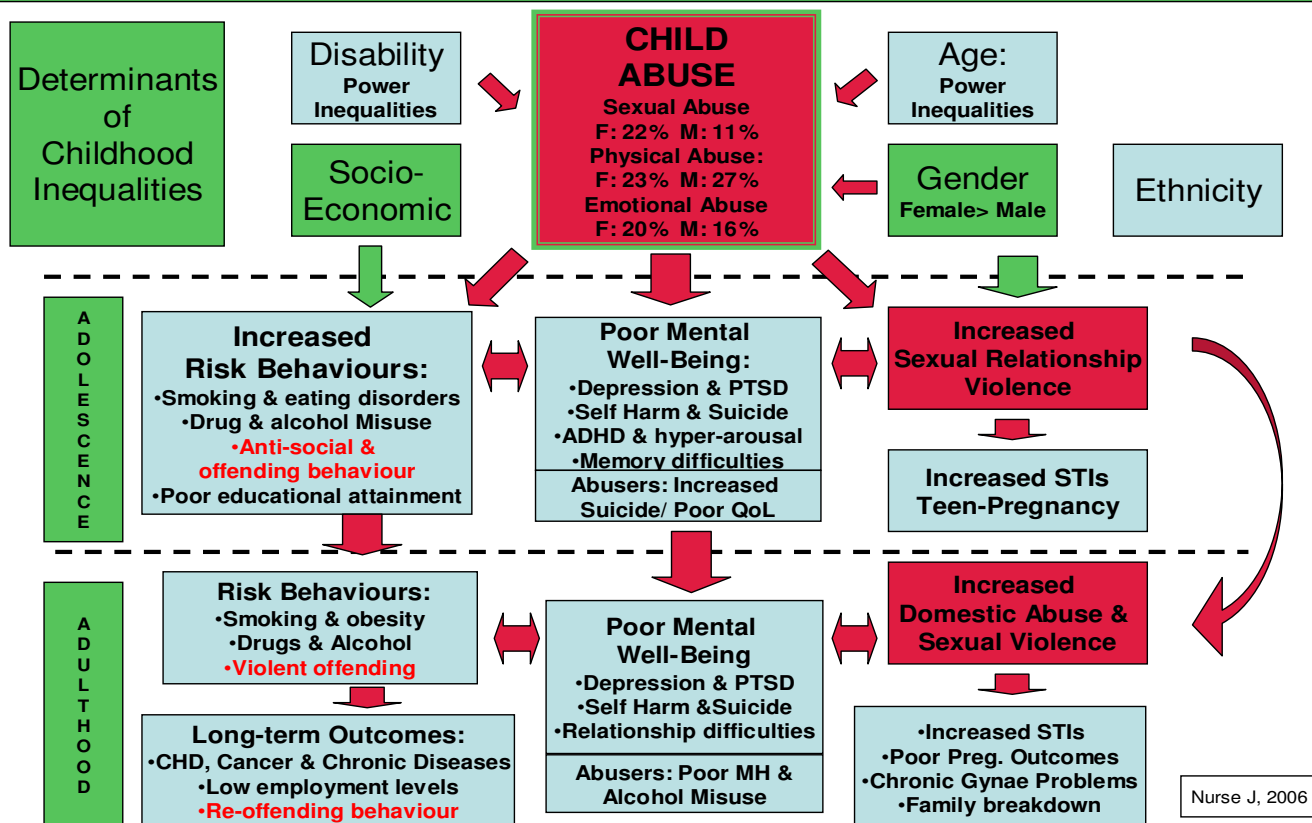
Likelihood of behaviours and outcomes associated with dating violence for males and females.

FEMALES	MALES
<ul style="list-style-type: none"> ▪ Attempted suicide (x 8.6) ▪ Pregnancy (x 3.9) ▪ Bulimia/ laxative use (x 3.7) ▪ Cocaine use (x 3.4) ▪ Multiple sexual partners (x 3.3) ▪ Heavy smoking (x 2.5) ▪ First intercourse below age 15 (x 2.4) ▪ Not using a condom (x 2.0) ▪ Binge drinking (x 1.7) ▪ Poor health related quality of life scores (as victim, x 1.7) ▪ Increased violence during pregnancy (x1.9), and increase pre-term delivery(x3.5) 	<ul style="list-style-type: none"> ▪ Perpetration of dating violence associated with poor health related quality of life scores (x 2.3) ▪ Victim of dating violence associated with attempted suicide (x 2.3) ▪ Number of times of getting someone pregnant (x 1.7) ▪ Perpetration of dating violence associated with suicide attempts (x 1.5) ▪ Experiencing abuse associated with antisocial and violent behaviour

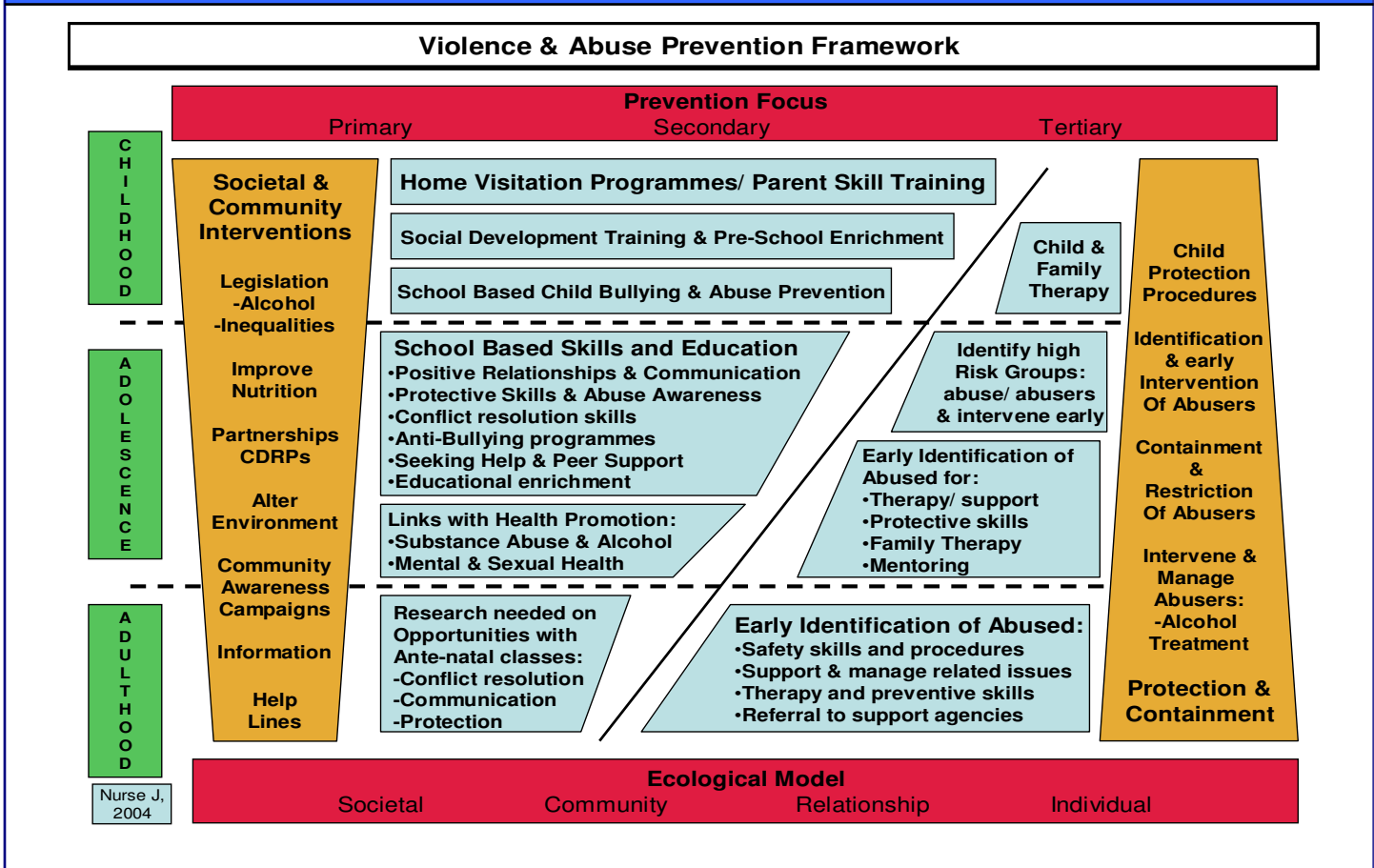
These results are based upon a variety of studies in North America, and describe the number of times more that a behaviour or outcome is associated with dating violence compared to adolescents who had not experienced or perpetrated dating violence. In most cases, it was not possible to distinguish the impact of perpetration compared to victimisation and whether the increase in association is cause or effect. Additionally these factors frequently interact. The picture below summarises the effects of all forms of child abuse across the life course.

The following diagram illustrates the inter-relationship of associated risk factors and outcomes of violence and abuse across the life-course:

Associated risks & hidden impact of violence & abuse on inequalities across the life-course



What Works – Prevention of Violence and Abuse



Ways Forward

Childhood (0-10 year olds)	
<p>General Population</p> <ul style="list-style-type: none"> - Delivered by: Health Visitors, Schools, Police, VCS 	<p>High Risk Groups</p> <ul style="list-style-type: none"> - Delivered by: Health Visitors, Child Health, CAMHS, VCS, Social Services, Police, Schools
<p>Parent education programmes:</p> <ul style="list-style-type: none"> ▪ Warmth, positive regard, empathy ▪ Clear boundaries and positive discipline <p>School based Social Development Training</p> <p>Social and Emotional Aspects of Learning (SEAL's)</p> <p>A voluntary primary school integrated curriculum programme, with aspects relevant to violence prevention: peaceful problem solving, calming down strategies, understanding emotions, being assertive and anti-bullying.</p> <p>Student Education and skill development regarding abuse awareness and prevention, anti-bullying, 'healthy' relationships (family and friends), and seeking help.</p> <p>Whole school approach for behaviour improvement, including bullying and abuse prevention: with staff training on educational and communication styles; prevention policies, including improved nutrition and physical exercise.</p>	<p>Home Visiting programmes:</p> <ul style="list-style-type: none"> ▪ Parental sensitivity and attunement <p>Pre-school enrichment programmes</p> <p>Protective skill training for abuse prevention: for high-risk children for abuse, (e.g. looked after children, children with disabilities, families experiencing domestic violence).</p> <p>Training of professionals in contact with children in order to identify abused children to refer for protection, therapy and protective skill training.</p> <p>Early identification of abusive behaviour - e.g. Conduct Disorder, in children for additional pro-social skills and parenting programme interventions.</p>

Key references are at the end of fact sheet

Adolescence (11-20 year olds)

General Population

Delivery by: Schools, Youth Services, Police, CAMHS and Schools nurses, VCS

High Risk Groups

Delivery by: Child health, Schools, School nurses, Police, Youth Services, CAMHS, Sexual Health, Midwives, Health Visitors, Social Services, YOT's, VCS, DAAT's

Mainstream violence and abuse prevention - pro-social and protective skill development - within the school curriculum, integrate with mental health, sexual health and substance misuse programmes. Ensure development of:

- Mutual rights and respect in relationships (peers, family and dating);
- Challenge gender norms supportive of sexual relationship violence;
- Abuse awareness, protective skill Development;
- Communication, conflict resolution Skills;
- Where and how to seek help.

Link with Healthy Schools, Personal Health and Social Education and citizenship, Sexual and Relationship Education the development of the Social Emotional and Behaviour Skills programme for secondary schools.

Ensure a whole school zero violence approach for preventing bullying and abuse and developing respectful relationships between teachers and students; include improved nutrition.

Improve Parent Skills: key areas that promote adolescent well-being include:

- Love and connection;
- Monitor and observe;
- Guide and limit;
- Model and consult;
- Provide and advocate.

Ensure low educational drop-out - provide educational enrichment programmes, extended schools and after school clubs.

Provide brief interventions on protective skills re sexual assault to college students

Training of Professionals in contact with young people regarding abuse issues and develop protocols and referral pathways.

Ensure educational maintenance and vocational training of young people who are at high risk of violence and abuse.

Identify high-risk young people for abuse:

- Previously abused children;
- Behaviour and conduct disorders;
- Looked after children;
- Young people with disabilities;
- Families experiencing domestic violence;
- School excludees;
- Teenage mothers;
- Young offenders;
- Substance misusers.

To provide additional interventions on **pro-social relationships and protective skill development** for the prevention of abuse, ensure referral for drugs or alcohol misuse problems.

For abused young people - ensure accessible advice centres and help-lines with counselling and support Services. Where appropriate include family therapy and mentoring, and referral for alcohol or drugs misuse. Ensure interventions on **pro-social relationships and protective skill development** are available.

Where possible contain, educate and manage adolescent abusers.

Where appropriate, build restorative strategies that facilitate offenders to recognise and then reduce harm caused.

Address Underlying Risk Factors for Substance Misuse: *The evidence base to support school based mental health promotion and violence prevention programmes is much stronger than that to support substance misuse (alcohol, drugs, tobacco), programmes which are largely ineffective. In that some substance misuse is driven by emotional distress, mental health promotion and violence prevention programmes are likely to represent a better investment. (Stewart-Brown S, 2006).*

Case Study – What Works – Developing positive relationships and protective skills regarding dating violence in a secondary school based programme.

Safe Dates Project, USA, (Foshee, 1996, 1998, 2000, 2004): One large Random Clinical Trial study, 14 schools, 1,886 students, (51% females, age range: 11-17), involved a 10 x 45 minute education and skill building sessions covering:

- Defining caring relationships, relationship and sexual abuse, why people abuse and how we Feel;
- How to help friends, images of relationships and equal power through communication;
 - School poster contest, peer run theatre production;
 - Community activities: training of service providers, adolescent crisis support line, support groups and information materials for parents.
- **One month follow-up** found 25% less psychological abuse perpetration ($p < 0.05$); 60% less physical violence perpetration ($p < 0.05$); and 60% less sexual violence perpetration ($p < 0.10$).
- **At four year follow-up** there was a significant reduction in perpetration of physical ($p < 0.02$) and sexual ($p = 0.04$) dating violence, and less victimisation of physical ($p < 0.05$) and sexual ($p < 0.01$) dating violence.

Adulthood

General Population

Delivery by: Health Care, Social Services, Employers and Human Resources, VCS

High Risk Groups

Delivery by: Health Care, Police, Social Services, Employers and HR, DAATs, VCS, Criminal Justice Service

Develop parent and relationship skills e.g. by Health Visitors or as part of ante-natal classes to develop positive relationships within families.

Professional education and training to recognise different forms of abuse (Health, Education, Social Services and Police).

Develop work based conflict resolution and communication skills to include organisational culture and management styles.

Early recognition of abused, by developing protocols and referral pathways.

Promote workplace anti-abuse and bullying policies and training, and the development of work environments which promote mental health.

For those who have been abused, ensure availability of support, counselling and treatment services. Ensure protective skill development provided to minimise risk of further victimisation.

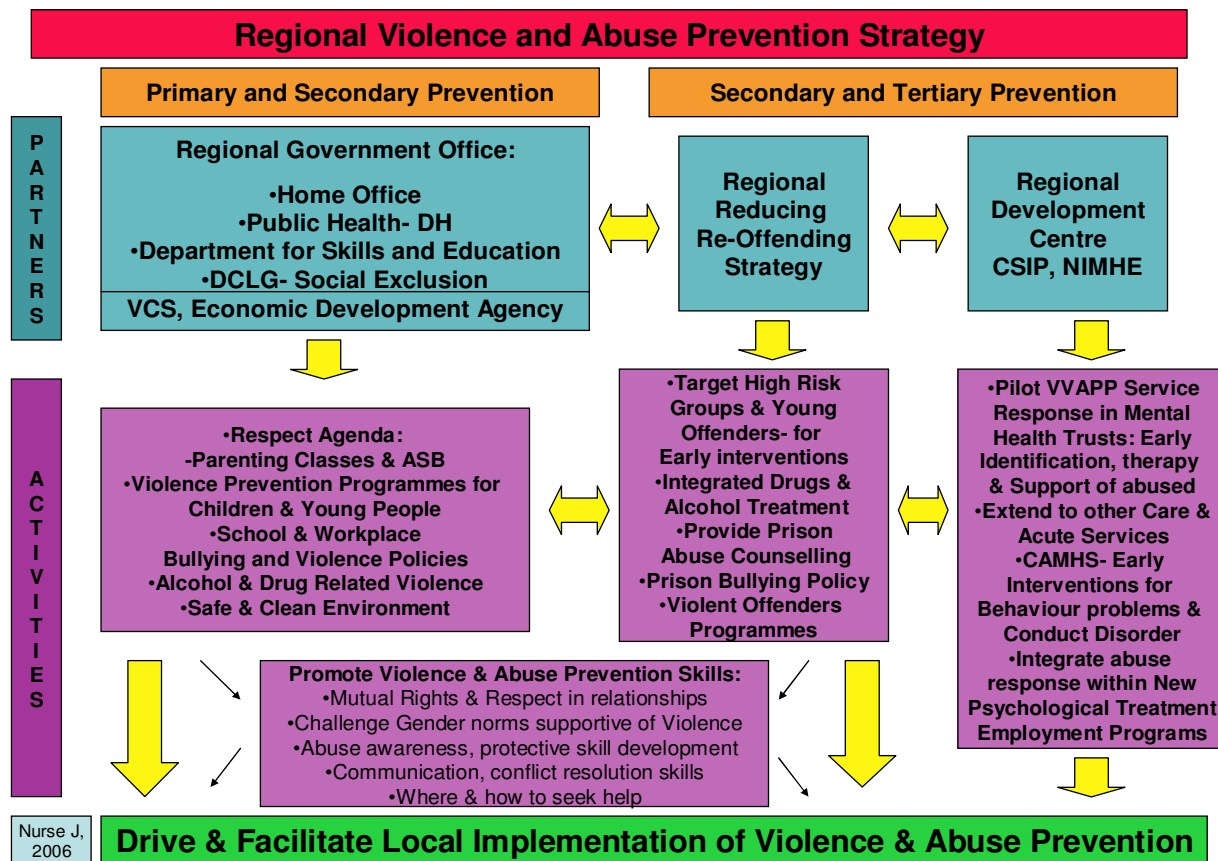
Preventing elder abuse: By providing multi-agency support for lay carers including respite care. Also provide training and inspections for care homes on elder abuse. Review poly-pharmacy and minimise medications prescribed.

Provide adequate resources for help lines, shelters, crisis centres, and advocacy services, for dating violence, and the development of multi-agency Sexual Assault Referral Centres (SARCs).

Prioritise alcohol treatment for recognised abusers and victims of abuse.

Abusers: Identify, contain, educate and manage abusers.

Below is a summary of a regional joint approach to addressing violence and abuse:



Local Community Based Interventions

Multi- agency partnership working with police, health, local authority, Social Services, Schools, VCS and business sector via LSPs, CDRPs and DAATs to reduce violence and abuse:

Develop training, protocols and systems for multi-agency individual and aggregate **information sharing** of violence and abuse with health, police, DAAT, Social Services/ Children’s Trusts and Local Authorities to inform local strategic approaches to include:

- Opportunities to develop early prevention approaches with Healthy Schools, Health Visitors, Children’s Trusts, CAMHS services and the VCS;
- Joint procedures, referral and communication regarding Child Protection;
- Using LAA and Community Strategies, prioritise early prevention initiatives with a focus on parenting skills, violence prevention and mental health promotion within schools, work and high risk groups;
- Promoting Safer Communities: through planning and urban design, which enhances social capital, clear visibility, street lighting, noise reduction, CCTV, and community policing.
- Local Authority responses to alter the environment, e.g. lighting, transport, fast food outlets, litter to reduce violence associated with the night time economy;
- Providing brief interventions for alcohol misuse in Primary Care, A & E and Prisons;
- Encourage licensing Committee to reduced discounted drink promotions, increase staff training, inform public of risks, provide non-alcoholic drinks and a cooling down period.

See ‘preventing Community Violence’ diagram for a summary integrated approach

Implementing Violence and Abuse Prevention at Community Level, based upon the Cardiff Model:



National Drivers

Key National Drivers for Violence and Abuse Prevention:

- Every Child Matters, 2004;
- Violent Crime Strategy (in development)
- Respect Action Plan, 2006. www.respect.gov.uk;
- Youth Justice Board targets to reduce reoffending www.youth-justice-board.gov.uk;
- Public Health White Paper Choosing Health (2004): <http://www.dh.gov.uk>;
- Tackling Drugs to Build a Better Britain. The Government's Ten-Year Strategy for Tackling Drugs; Misuse (1998). <http://www.archive.official-documents.co.uk/document/cm39/3945/3945.htm>;
- Alcohol Harm Reduction Strategy for England, 2004, www.strategy.gov.uk/su/alcohol/index.htm;
- Mental Health National Service Framework, 1999 <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/MentalHealth/fs/en>;
- Itzin C 'Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse' Programme Implementation Guide for the Victims of Violence and Abuse Prevention programme, 2006. DH/ NIMHE/ HO. www.dh.gov.uk/publications;
- DH 'Responding to domestic abuse: A handbook for health professionals' 2005; www.dh.gov.uk/publications;
- Tackling Sexual Violence Guidance for Local Partnerships www.crimereduction.gov.uk/dv13pdf;
- 'Making It Possible' a framework for Improving Mental Health and Wellbeing, Department of Health, 2005, www.dh.gov.uk/publications;
- 'A Five Year Strategy for Protecting the public and Reducing Re-offending' and 'The National Reducing Re-offending Delivery Plan' Home Office 2006 www.noms.homeoffice.gov.uk;

References and Resources

- Krug et al, 'World Report on Violence and Health' WHO, 2002. www.who.int/violence_injury_prevention/
- Violent Britain, People, Prevention and Public Health, 2005 and Follow up www.cph.org.uk
- 'Corporate Alliance Against Domestic Violence' – raising awareness of and taking action to reduce the human and economic impact of domestic violence in the workplace - www.corporateallianceuk.com
- British Crime Surveys: www.homeoffice.gov.uk/rds/index.htm
- Finney A, Home Office Research Report 12/06 'Domestic violence, sexual assault and stalking: findings from the 2004/05 British Crime Survey' 2006. <http://www.homeoffice.gov.uk/rds>
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- Sarah Stewart Brown "What is the evidence on school health promotion in improving health or preventing Disease and, specifically, what is the effectiveness of the health promoting schools approach?" WHO, Euro, 2006, http://www.euro.who.int/HEN/Syntheses/healthpromotion_schools/20060224_7
- Cawson P et al 'Child Maltreatment in the United Kingdom' 2000, NSPCC www.nspcc.org.uk
- *Healthy Minds* Promoting emotional health and well-being in schools; Ofsted Report, 2005, www.ofsted.gov.uk
- Cochrane Reviews: on Parenting Programmes, Day Care, Conduct disorder, ADHD, managing offenders. www.cochrane.org/reviews
- *Alcohol and Violence Briefing* Statement, Faculty of Public Health, 2005 www.fph.org.uk
- Foshee VA, Bauman KE, Ennett ST, Linder F, Benefield T, Suchindran C (2004) 'Assessing the long-term effects of the safe dates program and a booster in preventing and reducing adolescent dating violence victimisation and perpetration' *American Journal of Public Health*, April, Vol.94, No.4.pp. 619-624
- *Safety and Justice: sharing personal information in the context of domestic violence - an overview* (2004), N. Douglas et al. Home Office Development and Practice Report No. 30. http://uk.sitestat.com/homeoffice/homeoffice/s?rds.dpr30pdf&ns_type=pdf&ns_url=%5Bhttp
- Feletti et al, 'Adverse Childhood Experiences' studies <http://www.acestudy.org/>
- Advice on Violence Reduction in Schools, DfES, (includes weblinks for school resources on whole school approaches to violence reduction in schools) www.teachernet.gov.uk/violencereduction
- School Based Violence Prevention Programs for Preventing Violence Against Girls and Young Women: A web-based information resource, which collates descriptions and evaluations of school based programs for sexual violence prevention in children and adolescents in North America. Includes prevention programs on dating violence, child sexual abuse, sexual harassment, sexual assault, sexual exploitation, bullying and conflict resolution. <http://www.ucalgary.ca/resolve/violenceprevention/English/index.htm>

Local Area Agreements

Indicators proposed in guidance and areas to consider

Children and Young People's Block

- Number of re-registrations on child protection register;
- Percentage of 11 to 15 year olds who state they have been bullied;
- Percentage of young people who drink alcohol;
- Reduce the proportion of young offenders who re-offend/reduce the number of first time entrants to the youth justice system;
- Voluntary and community engagement by children (targeting high risk groups);
- Permanent and fixed period exclusions from school.

Suggested areas to consider developing into an LAA:

- Percentage of schools/ number of services targeting high risk groups, providing training on promoting pro-social skills (e.g. emotional intelligence via SEALs), conflict resolution, developing respectful relationships and protection from all forms of bullying, violence and abuse;
- Provide increased access to training on parent skills for all new mothers/ high risk groups, and for families with older children with conduct or behaviour disorders.

Safer and Stronger Communities Block:

- Reduction in violent crime, including alcohol related violence, domestic violence, sexual offences, hate crime and the use of weapons;
- Increase the proportion of violent crimes that result in sanction detentions;
- Reduction in the proportion of adults saying that they are in fear of being a victim of crime;
- Indicators measuring the use of particular initiatives (such as Anti Social Behaviour Orders (ASBOs) coupled with a 'change in behaviour' such as improvements in school attendance;
- Measurements of ASB – environment or other criminal activity which are recorded as a crime type (usually by the police) – e.g. criminal damage, incidents of graffiti, abandoned cars and fly-tipping.

Suggested areas to consider developing into an LAA:

- Create safe green and open spaces with good lighting, visibility (including CCTV) and community wardens

Respect Agenda Mandatory Indicators:

- Increase in percentage of people who feel informed about what is being done to tackle anti-social behaviour in their local area;
- Increased percentage of people who feel that parent in their local area are made to take responsibility for the behaviour of their children;
- Increased percentage of people who feel that people in their area treat them with respect and consideration;
- Reduce people's perceptions of ASB (using the 7 issues stated in the Survey).

Healthier Communities and Older People Block:

- Number of schools achieving Healthy School Status (*including Mental Well Being and Bullying prevention*);
- Alcohol related hospital admissions, rate per 100,000 per year;
- Percentage of young people drinking alcohol;
- Low birth weight babies (*ante-natal identification of domestic violence with referral for support*).

Suggested areas to consider developing into an LAA:

- *Alcohol brief interventions for perpetrators of Domestic Violence;*
- *Sharing of aggregate A & E information on violent injuries via CDRPs to inform police and LA prevention activities and reduce alcohol related injuries relate to the night time economy;*
- *Development of a multi-agency Sexual Assault Referral Centre .*

Economic Development Block:

- Reduce the incidence of child poverty, contributing to the national targets of halving child poverty by 2010;
- Number of people helped from disadvantaged groups and areas into sustained work of 16 hours a week or more for 13 consecutive weeks or more;
- Number of basic skills awards to offenders in custody and the community (*including DV perpetrator programmes, conflict resolution, communication and pro-social skills*);
- Increasing the number of businesses participating in corporate social responsibility initiatives (*including the 'Corporate Alliance Against Domestic Violence'*).

Suggested areas to consider developing into an LAA:

- *Create a safe environment at work with zero tolerance of violence and abuse at work, increase uptake of work place policies on bullying, harassment, domestic violence and alcohol.*

Above Indicators are in LAA Guidance: <http://www.odpm.gov.uk/index.asp?id=116135>

For further information please contact: jo.nurse@dh.gsi.gov.uk

For additional copies of the Information Series please visit the SE Regional Public Health Group website www.gose.gov.uk/gose/publichealth