

COMMUNITY SAFETY STRATEGIC ASSESSMENT

DOMESTIC ABUSE AND UNHEALTHY RELATIONSHIPS

FINAL

OCTOBER 2015



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Document Details	
Title:	Fenland Community Safety Strategic Assessment: Domestic Abuse and Unhealthy Relationships
Date Created:	October 2015
Description:	The purpose of this document is to provide the Fenland Community Safety Partnership with an understanding of key community safety issues affecting the district. This is the second document that will be produced for 2015/16. The focus of this document will be domestic abuse suffered by adults and a look at unhealthy relationships.
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On behalf of:	The document has been produced by the CRG, on behalf of Fenland Community Safety Partnership and is available to download from http://www.cambridgeshireinsight.org.uk/community-safety/CSP/fenland
Geographic Coverage:	Fenland district
Time Period:	Up to September 2015, with historic data where appropriate
Format:	Word
Status:	Final
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DOCUMENT PURPOSE

The purpose of this strategic assessment is to provide the Fenland Community Safety Partnership (FCSP) with an understanding of *Domestic abuse & Unhealthy relationships* issues affecting the district. This will enable the partnership to take action that is driven by clear evidence.

DOCUMENT SCHEDULE

The partnership has a continuous assessment process that allows for strategic planning throughout the year. Whilst each document will provide an overview of the partnership's performance during the year, the aim of each document will be to gain a better understanding of key issues in the district. The continuous assessment consists of 4 parts:

Document	Key theme	Analysis & Writing	Presentation
1	Safety of children & young People	June and July	July 2015
2	<i>Domestic abuse & Unhealthy relationships</i>	<i>July to September</i>	<i>October 2015</i>
3	Exploitation	October to December	January 2016
4	Empowering communities	January to March	April 2016

Lead officers for integrated offender management (IOM), drugs and alcohol (DAAT) and domestic abuse (DA) will continue to provide updates to the partnership.

DOCUMENT STRUCTURE

This strategic assessment document is set out in two main chapters:

- **Key Findings and Recommendations** – this section provides an executive summary of the key analytical findings and recommendations. This section also highlights any major developments that may affect activity and possible ways of working.
- **Priority Analysis** – this section provides an assessment of the district's main problems, illustrating it in terms of where and when most problems occur, the people and communities that are most vulnerable and where possible, who is responsible.

This document and previous strategic assessments can be accessed on the Cambridgeshire Insight pages here <http://www.cambridgeshireinsight.org.uk/community-safety/CSP/fenland>

ADDITIONAL DATA

The interactive community safety atlas provides some of the main crime and disorder issues at ward level. The atlas allows the user to review the data directly on the map or in a chart. It can be accessed here <http://atlas.cambridgeshire.gov.uk/Crime/atlas.html>

The Pyramid of Crime: victim offender interactive profile, is presented at district level and can be accessed here <http://atlas.cambridgeshire.gov.uk/Crime/Pyramid/html%205/atlas.html?select=12UD>. It will be updated shortly.

KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

At least 24% of violent crime in Fenland (CRG 2011) is believed to be attributed to domestic abuse (26% for Cambridgeshire as a whole). The rate of police recorded domestic abuse incidents in Fenland remains higher than Cambridgeshire as a whole. Over the long term the rate of police recorded domestic abuse incidents has increased in Fenland and Cambridgeshire as a whole.

Intimate partner/ex-partner violence currently accounts for largest proportion (three quarters) of domestic abuse in Fenland.

Older victims, particularly women, may be currently under-represented within the police data locally. There remains a low level of referrals to adults' social care (Cambridgeshire County Council data) for concern relating to domestic abuse of both older people and those classified as vulnerable (i.e. with a disability). It is hard to ascertain the true level of abuse due to under-reporting. Older women may also be at risk or suffer abuse in a different way; therefore their support needs may differ too.

Low income is correlated with higher levels of domestic abuse. The latest Index of Multiple Deprivation (IMD, 2015) shows that lower super output areas (LSOAs) in Fenland generally fall within the in the more deprived LSOAs in Cambridgeshire, and that those areas with relatively high deprivation have a higher rate of domestic abuse.

13.6% of open 'cases' in Fenland to Children's Social Care at 30th September 2015 were flagged as domestic abuse within the need codes. These are cases of parents experiencing domestic abuse, and the impact is therefore extended to the whole family.

In Cambridgeshire some increase in reporting from under-represented groups (males, lesbian, gay, bisexual and transgender - LGBT) has been seen but further improvement is possible.

- CSEW (2015) suggests four in ten victims are male, local police data indicates two in ten victims were male.
- Stonewall (2012) suggest 6-7% of the UK population are LGBT; this equates to potentially 5,700 to 6,700 residents in Fenland. Research by Stonewall indicates that one in four lesbian and bisexual women have experienced domestic abuse, and 81% have not reported it. Half of gay and bisexual men have experienced at least one incident of domestic abuse since the age of 16, and 78% have never reported it.

Familial (occurring between adult family members not in an intimate relationship, e.g. siblings, parent/child) domestic abuse currently accounts for a quarter of police recorded abuse it is still a concern. National data suggests there is still under-reporting of this type of abuse. Further, services are not currently designed or set up to provide the most appropriate support for familial abuse as intimate partner/ex-partner abuse.

During the production of this report it was identified that there was a lack of available data from health partners in relation to understanding disclosure of domestic abuse. Data from other sources (FRA 2014) indicates that at least 15% of victims reported to a health agency. There is no comparable local data available at this time. It was not clear from an initial review of data what the process and expectations are locally on how health professionals share data and engage with referral processes for victims of domestic abuse. Further;

- Data shows low referrals from health and education partners to MARAC.
- There is no data sharing in place at a strategic level currently that allows us to see the level of victim self-reporting to these agencies. Given the likely proportion of victims disclosing to these agencies, this gap in sharing is notable.
- The Cambridgeshire Health & Wellbeing Board highlights reducing domestic abuse as part of priority four in the 2012-17 strategy.

This report also looked at unhealthy relationships; there is however no national agreed definition of what this is. Work is ongoing (Johnson 2008) that is exploring the nature of domestic abuse and the levels and types of abuse that it encompasses. In particular for Fenland the scale of situational couple violence is worth exploring more deeply.

- In Fenland, 23% of pupils said that their boyfriend or girlfriend had got angry at them for spending time with their friends, compared to 17% in Cambridgeshire.
- An initial review of the police data indicated that for male victims over a third of domestic abuse was situation couple violence.

RECOMMENDATIONS

It is recommended that the partnership;

- Improve reporting pathways, particularly within Health agencies. To ensure that this is successful better data sharing and information sharing agreements need to be put into place. The Partnership should monitor the level of reporting over the longer term to ascertain any impact. In particular through the local area partnership.
- Review 'Safe Places' pilot in partnership with the County Domestic Abuse and Sexual Violence Partnership, consider delivery model to suit fenland residents in either in March or Chatteris.
- Work more closely with the Public Health to tackle the overlapping priority of reducing domestic abuse.
- Work with agencies to improve level of referrals to the MARAC to ensure that no matter how a victim chooses to come forward the appropriate support is available. In particular, reducing the risk of homicide by working with partners in health and housing to ensure those at greatest risk are referred appropriately.
- To support work at the county level to help shape services that will support victims and offenders of familial abuse.
- Considers prevention work targeted at to reduce the number of adults entering into unhealthy relationships by tackling teenage domestic abuse. Make use of online resources or sharing with other Partnerships to reduce costs (e.g. www.devon.gov.uk/adva-education-pack.pdf).
- Improve awareness within communities of what is familial abuse, making sure to target hard to reach groups. Including targeted campaigns to address underreporting – male and LGBT victims.
- The Partnership should agree who will be responsible for maintaining a shared list of training attended. In future the Partnership will be able to identify gaps in front line awareness.

INTRODUCTION

At the start of 2015/16 the Fenland Community Safety Partnership (FCSP) reviewed its priorities and research needs. The new priorities were agreed at the April 2015 meeting, with unhealthy relationships and domestic abuse being the second topic for the strategic assessments. The following section presents the findings from analysis regarding domestic abuse.

The UK definition of domestic abuse (see appendix 1) includes a range of behaviours including coercion, threatening behaviour, violence or sexual abuse. Domestic abuse can include some or all of these behaviours although when abuse is carried out over a long period of time the pattern of abuse can vary. Analysis by Cambridgeshire Constabulary (Problem Profile 2015) of domestic abuse crimes and incidents recorded by them highlighted the following;

- Domestic abuse incidents have increased only slightly since 2013, however improved recording practices has seen an increase in recorded crimes. Reporting of historic offences has also increased.
- Victim Self-reported repeats crimes or incidents were disclosed in 59.8% of the sample (n=92 crimes occurring between April and September 2014).
- Currently offences where the victim and perpetrator were the same sex it tended to be familial abuse. Recording of same sex intimate partner abuse remains low.
- Almost half of domestic abuse committed by a male partner was either physical or sexual in nature.
- Male victims were under-represented in the police data. Although when recorded the Male victims experienced a slightly higher proportion of 'violence with injury' offences compared to female victims.
- Overall there has been an increase in recording from ethnic minorities; however, the level indicates that there is still substantial under-reporting.

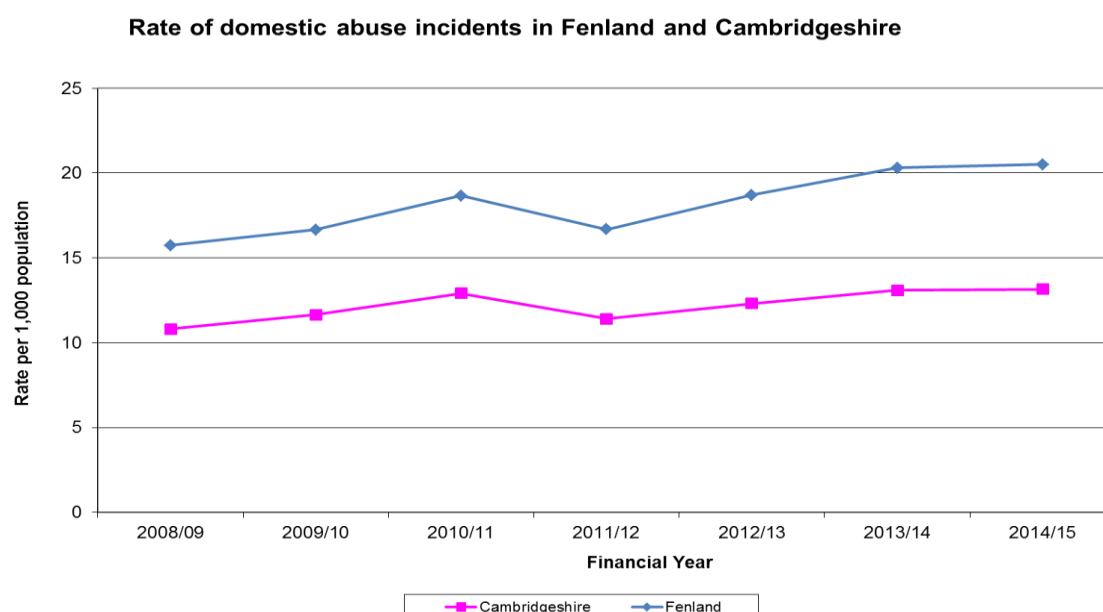
An EU-wide survey (FRA 2014) reported on who victims contacted and presented the results by Country. These results support earlier findings from national research that victims in the UK contact a range of different agencies for support. Whilst 16% of victims from the UK contacted the police, 15% contacted a hospital, 15% contacted a doctor, health centre or other health care institution (for full results see appendix B). There is currently no data sharing agreement with hospitals and health care providers to provide the Partnership with data or summaries of the number of cases of domestic abuse they are aware of. Therefore this document cannot include a profile of victims that may only have been seen by such providers (i.e. where there is no report to the police or an Independent Domestic Violence Advocate - IDVA).

OVERVIEW OF TREND

Over the long term the rate of police recorded domestic abuse incidents has increased in Fenland and Cambridgeshire as a whole. The data from the Crime Survey for England and Wales (CSEW, 2015) reports a slight decrease between 2002/03 and 2008/09. Since 2008/09 the trend has been level. The increase locally is reflected in national police recording. It is thought that the long term

increase is due to improved police recording or more incidents being reported to the police, rather than an increase in abuse.

Figure 1:



Source: Cambridgeshire Constabulary-Domestic Abuse Incident data

SOCIO-ECONOMIC CHARACTERISTICS

The 2011 Output Area Classification (OAC) is a geodemographic tool developed by the ONS that classifies output areas (comprising of about 125 households) based on socio-demographic characteristics. Across Fenland, the five groups as defined by the OAC calculation that have the highest counts of domestic violence incidents are: rural tenants, migration and churn, ageing urban living, hard-pressed ageing workers and industrious communities.

Appendix E maps the OAC 2011 and domestic violence incidents in the four Fenland towns. This is useful in regards to gaining a further understanding of the population and the way in which awareness and prevention raising may need to change to meet their differing needs. When focusing upon the towns, it is evident that there appears to be fewer incidents in the areas of urban professionals and families, with the exception to the north of March. In Chatteris, the highest number of incidents appears to be in areas of ageing city dwellers and an area of rural tenants in Birch. In March, those areas classified as industrious communities, hard-pressed ageing workers, aged urban living and challenged diversity see higher counts of domestic violence incidents. In Whittlesey there is a noticeably higher count of incidents in the area of migration and churn. The make-up of Wisbech is noticeably different to the other three towns, with more areas of challenged diversity, ethnic dynamics, migration and churn, rented family living; all of which see higher counts of domestic violence incidents.

Data on Eastern Europeans affected by domestic violence is limited. Qualitative evidence through discussions with Cambridgeshire's Domestic Abuse Advocate dedicated to working with the Eastern European Community indicates that the majority of victims are females who are/have been in an intimate relationship with the perpetrator. However, they do get some male victims and some of referrals are victims of familial abuse. The majority of referrals to the A8 IDVA are from the police

and partner agencies such as health, social care, family workers, community centres and Women's Aid. Occasionally some self-referrals are made, contacting the IDVA after speaking to an ex-client.

VICTIMS OF DOMESTIC ABUSE

While the majority of offences involve intimate partners, with data from the Cambridgeshire Constabulary Problem Profile (2015) indicating that around three quarters of offences took place between current or ex intimate partners, they can also involve familial members.

Research suggests that women who are victims of intimate partner violence often experience repeat incidents of violence (FRA 2015, CSEW 2015, Cambridgeshire Research Group 2012). A dip sample of repeat addresses recorded in the 2015/16 (to date) domestic incident data for Fenland indicates that for 18 out of 25 addresses, the perpetrator was an intimate (ex) partner, while for four the perpetrator was familial and for the remaining three no comments were provided to identify the offender.

The majority of domestic abuse victims are females, although it is important to note that across the force area there has been an increase in reporting from male victims. However, it is likely that there may still be a considerable number of hidden male victims. The 2013/14 Crime Survey for England and Wales (CSEW 2015) suggests that 8.5% of women and 4.5% of men were victims of domestic abuse within the previous year, with 6.8% of women and 3.0% of men experiencing a type of partner abuse. It is important to note that, due to the often private nature of domestic abuse, the majority of incidents will not come to the attention of the police (CSEW 2015).

The domestic abuse problem profile for Cambridgeshire force area also identifies an increase in reporting from ethnic minority groups, especially in those of "other white background", "other Asian", "Asian Bangladeshi" and "Black African". Underrepresentation of ethnic minority groups has been identified in data and highlights a need for targeting. Table 1 below breaks down the ethnic groups in Fenland based on the 2011 Census for reference to inform the partnership on those groups that could need targeting within the district.

Table 1: Ethnic group of all usual residents in Fenland, as a proportion of the total population 2011

Ethnicity	% of total population
White British	90.4
White Irish	0.4
Gypsy or Irish Traveller	0.5
Other White	5.9
Mixed/multiple ethnic groups	0.9
<i>Mixed/multiple ethnic groups: White and Black Caribbean</i>	<i>0.3</i>
<i>Mixed/multiple ethnic groups: White and Black African</i>	<i>0.1</i>
<i>Mixed/multiple ethnic groups: White and Asian</i>	<i>0.3</i>
<i>Mixed/multiple ethnic groups: Other Mixed</i>	<i>0.3</i>
Asian/Asian British	1.1
<i>Asian/Asian British: Indian</i>	<i>0.4</i>
<i>Asian/Asian British: Pakistani</i>	<i>0.1</i>
<i>Asian/Asian British: Bangladeshi</i>	<i>0.1</i>
<i>Asian/Asian British: Chinese</i>	<i>0.2</i>
<i>Asian/Asian British: Other Asian</i>	<i>0.4</i>
Black/African/Caribbean/Black British	0.5
<i>Black/African/Caribbean/Black British: African</i>	<i>0.2</i>
<i>Black/African/Caribbean/Black British: Caribbean</i>	<i>0.2</i>
<i>Black/African/Caribbean/Black British: Other Black</i>	<i>0.1</i>
Other ethnic group	0.2

Source: 2011 Census, Table KS201EW

The profile also suggests under reporting from same-sex intimate relationships, as well as familial abuse. National research suggests that domestic abuse is as common in same-sex relationships as heterosexual relationships, and as severe. However, local data indicates very low volumes of victims from these groups. MARAC cases for Cambridgeshire Central (Fenland and Huntingdon) indicate increasing numbers from black and ethnic minority groups, as well as male victims and those with a disability. There also appears to be one case a year with an LGBT marker. Stonewall (2012) suggest 6-7% of the population are LGBT; this equates to potentially 5,700 to 6,700 residents in Fenland. Research by Stonewall indicates that one in four lesbian and bisexual women have experienced domestic abuse, and 81% have not reported it. Half of gay and bisexual men have experienced at least one incident of domestic abuse since the age of 16, and 78% have never reported it.

MEDIUM/HIGH RISK VICTIMS

IDVAs (Independent Domestic Violence Advisors) help to keep victims and their children safe from harm and serve as a victim's primary point of contact. In 2014/15 in Cambridgeshire, there were a total of 942 IDVA referrals, of which 152 were in Fenland. The number of referrals in 2012/13 and 2013/14 was roughly the same in Fenland at 194 and 197 respectively. Victims who were referred to IDVAs were predominantly female, with the referral pathways often made through the police or "other", although some came from MARAC and health services. Data indicates more referrals were made in the north (89) than the south of Fenland (64) during 2014/15. Analysis also suggests low reporting from male victims, those who identify themselves as having a disability, and LGBT victims; in line with suggestions made by Cambridgeshire Constabulary (Problem Profile 2015).

VULNERABILITY

Vulnerability is variable amongst victims; this section highlights three aspects of particular relevance to Fenland district that are associated with increased vulnerability. Analysis by CSEW (2015) indicates that certain characteristics are more closely related to domestic abuse. These included the use of drugs within the last year and alcohol consumption (particularly by the perpetrator), a long-term illness or disability, age, household structure, and income.

DEPRIVATION

The CSEW (2015) suggests that women in households with an income of less than £10,000 were nearly three times more likely to experience domestic abuse (DA) than those living in the highest household income bracket (£50,000 +); 15.3% compared to 4.2%. The 2015 Index of Multiple Deprivation (IMD) has recently been released and Figure 2 below shows the correlation between IMD rank and number of domestic abuse incidents in LSOAs. A rank of 1 indicates the most deprived LSOA in Cambridgeshire, while a rank of 375 indicates the least deprived LSOA. It is evident from the analysis that areas in Fenland with relatively high deprivation have a higher rate of domestic abuse. Figure 3 plots the rate domestic violence incidents per 1,000 population against income deprivation rank and show that Cambridgeshire follows the national trend that low income is correlated with higher rates of DA. Maps are provided in the Appendix showing counts of DV incidents in each LSOA against the IMD 2015 decile (within Cambridgeshire).

Figure 2: Domestic Violence incidents and IMD rank in Cambridgeshire, October 2014 to September 2015

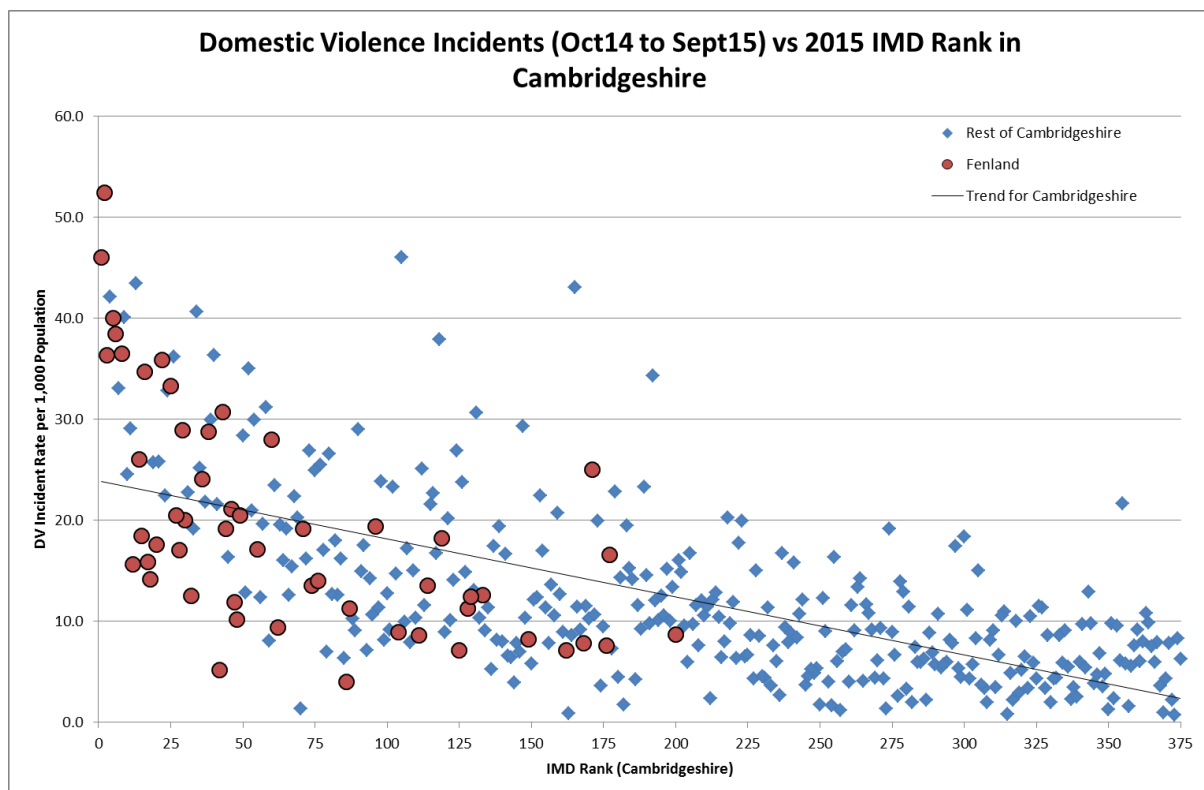
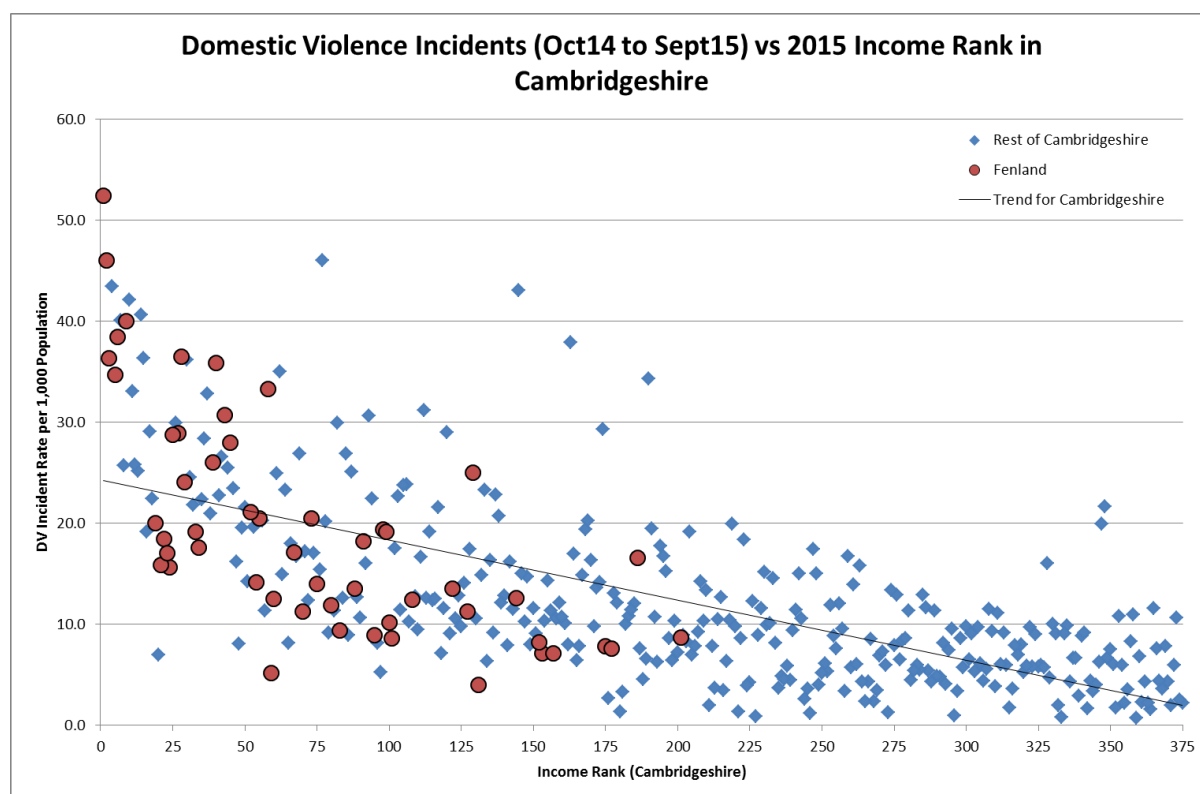


Figure 3: Domestic Violence incidents and Income Deprivation rank in Cambridgeshire, October 2014 to September 2015



DISABILITY/ILLNESS

Adults with disabilities are more likely to experience gender-based violence than those who are not disabled. Further to this, people with learning difficulties are more likely than other disabled people to experience gender-based violence (DASV 2014). No reference is made within the Cambridgeshire Constabulary Problem Profile (2015) to disabled victims of domestic abuse.

Research commissioned by Women's Aid (Hague et al 2007) revealed that both men and women with a limiting illness or disabilities are more likely to experience intimate partner violence. Disabled women are also likely to experience domestic abuse over a longer period of time and to suffer more severe injuries as a result of the violence. Perpetrators vary from intimate partners, to family members and carers. If they are already socially isolated because of their disability then it may be hard for them to disclose abuse if their carer is always present. There is a need to ensure that services are accessible for victims.

OLDER PEOPLE

There is a tendency to focus on the main victim group of females aged 20-49 years old. However, older people are and can be victims of domestic abuse as well. Data from Cambridgeshire County Council's Safeguarding of Vulnerable Adults (SOVA) team indicates that 44 domestic abuse referrals were made to them in 2014/15 across Cambridgeshire (3% of all referrals); of which almost half

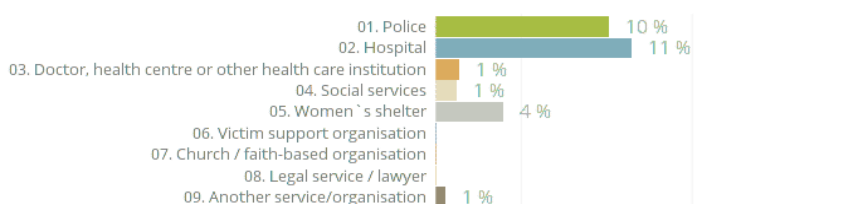
came from NHS staff, followed by care homes. From the 1st April 2015 to 9th October 2015 13 referrals have so far been made (2% of all referrals).

Domestic abuse is likely to have a wide ranging impact on the lives of older women, and their experiences may be considerably different from those in younger age groups. Older people are less likely to identify themselves as victims of violence/abuse (DASV 2014). As a result it is important to consider their needs to ensure that they are comfortable to disclose information. Data from an EU-wide survey indicates that in the UK, they could be more likely to report to police than peers (FRA 2014). Figure 4 overleaf shows how the age of the victim can influence who they report domestic violence incidents to.

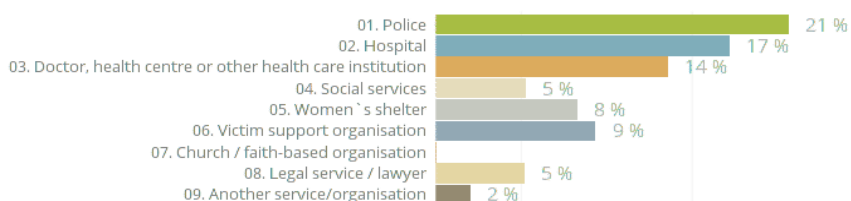
A small scale study carried out by McGarry and Simpson (2011) raises some important considerations for the partnership. Potential barriers to reporting abuse include the perception that the home is a private place, what happens here stays behind closed doors, a sense of embarrassment or shame, and how they have been treated in the past if they have previously reported abuse. The partnership need to work to ensure that older women understand that is acceptable to disclose information, and to ensure that they can do this in way that they feel comfortable. For example, this could include writing it down rather than talking about it.

Figure 4: who victims contact as a result of violence by a partner

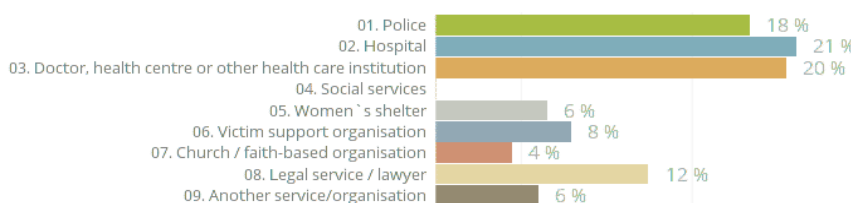
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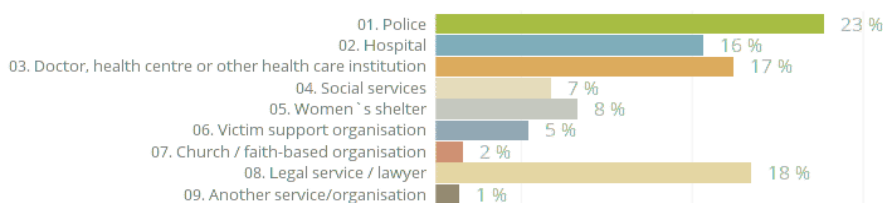
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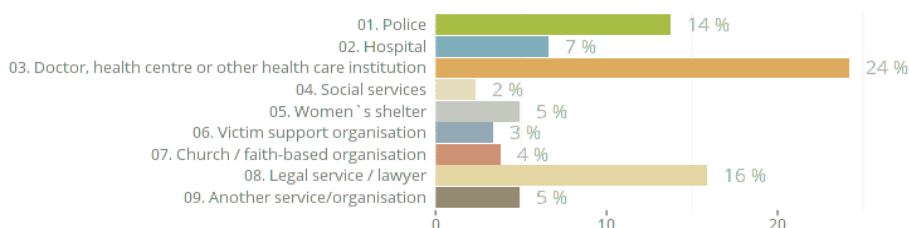
40-49



50-59



60+



© FRA - All rights reserved - FRA gender-based violence against women survey dataset, 2012 | Age | United Kingdom

The figure above demonstrates the way age affects who a victim is likely to report to. Victims in the 60+ age range were far more likely to have reported to a health agency than the police.

EFFECTS OF ABUSE

The effect of domestic abuse can be wide ranging and support services need to be available to a wide range of victims. The CSEW reports that 40% of all victims aged 16-59 years old stated that they had suffered mental or emotional problems as a result of partner abuse (see table 2).

Table 2:

Figure 4.7: Non-physical effects felt as a result of the partner abuse experienced in the last year, by sex, 2012/13 (CSEW 2014)

England and Wales	Adults aged 16 to 59		
	Men	Women	All
Headline category	% victims		
Mental or emotional problems	32	45	40
Stopped trusting people/difficulty in other relationships	14	23	20
Tried to kill self	3	5	4
Other effect (including becoming pregnant or contracting a disease)	0	1	1

Source: Crime Survey for England and Wales, Office for National Statistics

PARENTS EXPERIENCING ABUSE

While the focus of this report is mainly that of adults experiencing domestic abuse, it is important to bear in mind that children living in households where domestic violence occurs face increased vulnerability, particularly in regards to facing abuse and neglect (JSNA 2015). Looking at the totality of the Cambridgeshire open 'cases' to Children's Social Care at 30th September 2015, 393 cases out of 2663 (14.8%) included domestic abuse/violence within the need codes. Within Fenland there were a total of 86 cases out of 632 (13.6%) which had domestic abuse/violence within the need codes; very little difference from the County.

Exposure of children to domestic abuse can result in multiple physical and mental health consequences such as behavioural issues, feelings of responsibility/blame (CAADA, 2014). In 2012, it was estimated that around 130,000 children in the UK lived in households with high-risk domestic abuse, and many thousands more lived with lower level domestic abuse (CAADA, 2014).

As discussed in the Q1 Assessment looking into the risk of harm face by children in Fenland, the Health Related Behaviours Survey (2014) found that 22% of secondary school pupils surveyed living in Fenland experienced shouting and arguing between adults at home at least once or twice in the last month that frightened them; this is in line with the county figure. 3% of pupils surveyed stated that shouting and arguing between adults at home occurred every/almost every day and 6% said there had been physical aggression at home at least one or twice in the last month that frightened them, with none saying this occurred every/almost every day. In regards to other relationships, 48% of pupils living in Fenland said they worry about relationships between parents/carers in their family quite a lot or a lot, compared to 42% across Cambridgeshire.

Domestic abuse can have a serious impact on parenting capacity, creating an inconsistent and unpredictable environment, although there is evidence that parents recover once they are no longer living with domestic violence (Cleaver et al 2011, DASV 2014). The partner being abused can lose sight of their child's physical and emotional needs, and the child themselves may start acting out the behaviour they have witnessed. It can impact on more than just parenting skills. However, important to bear in mind that growing up in violent households does not automatically result in long-term problems for children.

The experience of domestic violence can undermine the mother's relationship with her children. DART (Domestic Abuse, Recovering Together) is a 10 week programme supporting families who have experienced domestic abuse, that is currently not available in Cambridgeshire. However, it provides an example of how the relationship can be rebuilt. It focuses on strengthening the mother-child relationship and is developed for mothers and primary children aged 7-14. DART works on rebuilding the relationship between mothers and children by getting them to talk about their experiences and feelings together, with the aim to: improve outcomes for children; strengthen the mother-child relationship; increase self-esteem; help deal with their emotions; and increase the mother's confidence in her parenting abilities. Evaluation of this project has found the emotional and behavioural difficulties for children attending DART were significantly more reduced than for a comparison group. Significant improvements in the mother's self-esteem and parenting confidence were also seen (NSPCC 2015). Further to this, it is important to link mothers to local support systems to stop social isolation which can contribute to parenting problems (DASV 2014).

PERSONAL RELATIONSHIPS AND DOMESTIC ABUSE

The fact that domestic abuse and child abuse can be closely linked, and that an unhealthy relationship can start during teenage years means that targeting young people in awareness raising and prevention is important. Johnson (2008) has distinguished between different types of abuse and pointed to the variation between the way in which men and women experience abuse. In particular he defines 'situational couple violence' where 'although the individual is violent neither partner is both violent and controlling'. This may look familiar to front line staff working with families where the relationship is deemed to be 'unhealthy' or 'toxic'. Couples that appear to be unable to resolve conflict successfully and the impact on young people starting their own relationships without good role models has been highlighted anecdotally to the Research Group over the past 12 months as a concern.

The partnership is already rolling out Chelsea's Choice, and the success of this should be evaluated but it is also important to ensure young people know who to go to when they need help before it becomes an abusive relationship. Teaching both adults and young people the signs of an unhealthy relationship is only the first step in reducing it. The health related survey asked pupils about personal relationships. In Fenland, 23% of pupils said that their boyfriend or girlfriend had got angry at them for spending time with their friends, compared to 17% in Cambridgeshire. This is lower than in 2012 (25%), however it must be kept in mind that one Fenland secondary did not respond to the survey. 33% of boys and 29% of girls had experienced at least one negative behaviour in a relationship, and 4% of pupils had been hit by their boyfriend/girlfriend.

Figure 5 below illustrates how power and control are at the centre of an unhealthy relationship, and the various parts to unhealthy relationships.

Figure 5: Unhealthy relationships/power and control wheel



Source: Domestic Abuse Intervention Project, taken from <http://labmf.org/facts/relationships>

SITUATION COUPLE VIOLENCE

The recent police problem profile for domestic abuse (Problem Profile 2015) does not breakdown the crimes and incident into the type of violence, except to draw out some key findings for familial domestic abuse. Therefore at this time the proportion of police recorded DA that is situational couple violence is unknown.

FAMILIAL DOMESTIC ABUSE

Analysis carried out by Cambridgeshire Constabulary (problem profile 2015) on a small sample of crimes (n=92) found the relationship of the perpetrator to the victim was as follows; son/step-son – 11%, sibling – 5%, Parent – 3%, daughter/step-daughter – 1%, other – 3%. The majority of police recorded familial domestic abuse was perpetrated by adult child to a parent of the opposite sex

MALE VICTIMS

Analysis of local data by the Domestic Abuse and Sexual Violence Partnership indicates that in a quarter of police recorded DA the victim was male (Simon Kerss 2015). A small sample of cases (n=24) where the victim was male were reviewed and although the sample is small, and therefore broad conclusions cannot be drawn, it provides indications of types of domestic abuse experienced by men. 37.5% of cases were categorised as situational couple violence, 16.6% as intimate partner violence, 16.6% as familial.

IMPROVING REPORTING, AWARENESS AND PREVENTION

The Partnership specifically asked where resources could be targeted to tackle domestic abuse. The analysis points to issues with under-reporting by victims and a lack of data sharing between partners. The Partnership should continue to support targeted awareness raising and staff training.

BEST PRACTICE

The Safe Place Campaign¹ is an initiative offering information on a wide range of services available to victims of domestic abuse. It has been developed by Women's Aid ABCLN and Onus (a social economy business). Businesses place a logo in their window that indicates that victims can go to for information on services. Businesses sign up the pledge to never commit, condone or stay silent about domestic violence, and act as a signposting. This has been implemented in Northern Ireland. The domestic abuse and sexual violence partnership are suggesting/recommending that this scheme be piloted in one town in Fenland (either March or Chatteris).

AWARENESS AND PREVENTION

Partnership working is key in raising awareness and preventing domestic abuse; services need to come together locally to provide multi-agency support that meets the needs of the victims and their children. Services already in place include The Sexual Assault Referral Centre (SARC) services including Independent Sexual Violence Advocacy Service (ISVAS), as well as IDVAs and the Domestic Abuse Investigations and Safeguarding Unit (DAISU), MARAC and Together for Families.

It is important to ensure that victims are aware of the services available to them, that sufficient resources are in place for these services; and that they meet the victim's immediate need (which is why the role of health care professionals is important). Services need to be proactive in seeking out victims from diverse backgrounds (Safe Lives 2015). For example, it has already been mentioned and identified that some groups are more vulnerable and/or hard to reach, or are suspected to be underrepresented in the data. This includes male victims, LGBT, those from ethnic minorities, eastern European communities, and adults with a predisposing underlying vulnerability due to illness or long-term disability. In considering awareness raising and service provision it is important to take into consideration the needs of victims. For example, different victim groups may access services in different ways, as illustrated when looking at who victims report to. The Health and social care community have a central role in identifying and understanding experiences and needs of older women affected by domestic abuse.

¹ <http://www.onustraining.co.uk/safe-place>

It is not just sharing information throughout communities that is important, but also the training of staff across services to ensure that the correct assessment of risk is carried out, that staff are able to identify signs of domestic abuse, making referrals quickly and to the appropriate people.

Friends and family may be one of the first to know about abuse; however they may not know how to get help. It is important to make sure that if they do use local or national websites and helplines that information is clear and local systems of support are linked (Safe Lives 2015). Further to this, ensuring that children and young people are able to identify the signs of domestic abuse so that know when to act and when to contact someone is important (Problem Profile 2015).

It is not only victims (and potential victims) who should be targeted, but also the perpetrators. This could include educating young people in schools about the consequences of committing domestic violence to emphasise that it is their behaviour and not the victims this is wrong. It is important to ensure that interventions are in place to help perpetrators who express a desire to change their behaviour (DASV 2014, Respect 2015).

Early intervention and prevention is an important aspect of local strategies (DASV 2014). Early intervention programmes that specifically target domestic abuse/violence have been successful in reducing risks, with evidence to support the use of IDVAS, whole-family initiatives and programmes delivered to mothers and children (enabling the mother to engage with child's perspective).

VICTIMS FROM A8 COUNTRIES

In regards to work targeting victims from A8 countries, various techniques have used. For example, the delivery of educational materials at small community events, through churches and community centres, often in association with other partner organisations. Discrete means of distributing contact information have often been used to ensure protection of staff and victims. The language barrier is key in targeting this group, especially if they victim is in a controlling relationship, and thus provision of information in various languages is important. Being able to identify specific communities with a larger population of eastern Europeans is also important to ensure effective distribution of information to local businesses.

REPORTING

Police recorded domestic incident data indicates that in Fenland, most incidents are reported to the police by the victim, a third party or a witness. To continue to improve reporting of incidents it is important to ensure that officers are in place to prevent, reduce and tackle domestic abuse effectively and that frontline staff have the skills they need to deal with effectively. Victims need to know that upon contacting the police they will feel safe, not judged, and be taken seriously (HMIC 2014).

Table 3: Fenland incidents recorded by Cambridgeshire Constabulary

Reported by...	2013/14	2014/15
Government Agency	36	24
Partner Organisation	38	64
Police Force/Officer ²	2	1
Staff on Duty	3	16
Third Party	337	289
Victim	1,084	1,122
Witness	204	192

Source: Cambridgeshire Constabulary Performance Team³

While it important to continue to improve police reporting, there is a need to consider improving other means of reporting. As previously mentioned, victims of domestic abuse will not necessarily report incidents to the police. Research carried out by FRA (2014) across all 28 EU member states, indicates that the majority of victims of violence do not report their experiences to the police or a victim support organisation, and that reporting varies by age. Their research indicates that 1 in 3 victims of partner violence and 1 in 4 victims of non-partner violence report their most recent incident to the police or other service. Some useful visualisations are available here <http://fra.europa.eu/en/vaw-survey-results> based on this research.

Quarter 2 data indicates 40 referrals to the health IDVAs based at Hinchbrook and Addenbrookes. Healthcare professionals play an enhanced role in identifying and helping to prevent cases of violence against women (Nice 2014). This is an important source of referral, particularly for older people, and increasing referrals from the health sector is identified as a recommendation within in DASV Needs Assessment (DASV 2014). It is therefore important to ensure that healthcare professionals are equipped with the right information to identify domestic abuse, provide immediate support following disclosure and know how to make referrals to appropriate partner agencies.

Analysis of referrals to the Cambridgeshire Central (Fenland and Huntingdon) MARAC reflects a high number made from the police, followed by IDVAs and Children's Social Care. Table 4 below shows these referrals over recent years. While a high number are made from the police, IDVAs and Children's Social Care, it is also important to note referrals coming from other sources such as housing, the voluntary sector, and mental health.

² Data replicates exact police data

³ Please note totals may vary depending on source within Cambridgeshire Constabulary. Overall trends are robust, different methodologies are sometimes used to extract from the raw data when examining different fields.

Table 4: MARAC Referral Pathways (28/06/07 to 30/09/15), Cambridgeshire Central – Fenland and Huntingdon

Year	Referral Pathway													
	Police	IDVA	Children's Social Care	Primary Care Service	Secondary Care/ Acute trust	Education	Housing	Mental Health	Probation	Voluntary Sector	Substance Abuse	Adult Social Care	MASH	Other
2007	37	24												
2008	68	56	1											
2009	34	106	9	1			1		1					1
2010	189	3	3			3	2	1	1	1		8		5
2011	103	1	3	1			11	2	1	5	1			4
2012	100	26	9				4	3	1	4	4			8
2013	109	39	14				2	4	1	1	3			12
2014	209	42	12	1	4		3	1	2	5	2		1	5
2015	258	8	12	4			2			2	2			11
Grand Total	1,107	305	63	7	4	3	25	11	7	18	12	8	1	46

APPENDIX A. DATA SOURCES AND REFERENCES

On behalf of the Fenland Community Safety Partnership, the Research group would like to thank all partners who have supported the process by providing data, information or analysis. A list of data sources used in the production of the continuous assessment is below:

PROVIDER OF DATA	DESCRIPTION OF DATA
Cambridgeshire Constabulary	<p>Problem Profile: Domestic Abuse in Cambridgeshire</p> <p>Domestic abuse incidents</p> <p>Crimes</p>
Cambridgeshire County Council	<p>Research & Performance team – socio-demographic data (including, population, deprivation and social classification information)</p> <p>Health Related Behaviour Survey (HRBS) – looks at a variety of topics including bullying, safety, drug and alcohol use, relationships and wellbeing.</p> <p>Social care referrals and open cases</p> <p>DASV – data relating to IDVA referrals and useful research</p>

Where possible, the most recent data has been used. For police recorded crime and incidence data up to September 2015 has been included. Where this has not been possible, the most up to date information has been analysed and specific time periods stated within the analysis.

Domestic abuse is defined by the UK government (2013) as⁴:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 and over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim”.

⁴ <https://www.gov.uk/guidance/domestic-violence-and-abuse>

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APPENDIX B:

2. Consequences of physical and sexual violence / Contacting organisations or services as a result of violence by a partner

Police



Hospital



Doctor, health centre or other health care institution



Social services



Women`s shelter



Victim support organisation



Church / faith-based organisation



Legal service / lawyer



Another service/organisation



© FRA - All rights reserved - FRA gender-based violence against women survey dataset, 2012 | All : All | United Kingdom - EU average

APPENDIX C. PERFORMANCE DATA TABLE

Cambridgeshire Constabulary - Recorded Crimes

Select Area:

Fenland

If inaccurate dates are entered in the period searches (e.g. if the end date precedes the start date) all cells will display zeros.

	Earlier Period		Later Period		Numeric Change	Apparent Change
	From	To	From	To		
	Jul-14	Sep-14	Jul-15	Sep-15		
All Crime	1,351		1,508		157	+ 11.6%
All Crime (excl Action Fraud)	1,351		1,508		157	+ 11.6%
Crimes with a vulnerable victim	227		344		117	+ 51.5%
Child Abuse	29		31		2	+ 6.9%
Child Sexual Exploitation	0		9		9	No Calc
Domestic Abuse	142		183		41	+ 28.9%
Human Trafficking	0		1		1	No Calc
Cyber Crime	2		16		14	+ 700.0%
Safeguarding of Vulnerable Adults	12		13		1	+ 8.3%
Victim Based Crime	1,226		1,383		157	+ 12.8%
All Violence Against The Person	316		381		65	+ 20.6%
Homicides	0		0		0	No Calc
Violence with injury	163		153		-10	- 6.1%
Violence without injury	153		228		75	+ 49.0%
Modern Slavery	0		0		0	No Calc
All Sexual Offences	32		44		12	+ 37.5%
Serious Sexual Offences	23		42		19	+ 82.6%
Rape	7		19		12	+ 171.4%
Sexual Assaults	16		20		4	+ 25.0%
Other Serious Sexual Offences	0		3		3	No Calc
Other Sexual Offences	9		2		-7	- 77.8%
All Robbery	12		4		-8	- 66.7%
Robbery (Business)	0		0		0	No Calc
Robbery (Personal)	12		4		-8	- 66.7%
Theft Offences	642		699		57	+ 8.9%
Burglary Dwelling	45		65		20	+ 44.4%
Burglary Non Dwelling	53		120		67	+ 126.4%
Burglary Shed/Garage	30		76		46	+ 153.3%
Burglary Commercial	23		44		21	+ 91.3%
Aggravated Burglary Non Dwelling	0		0		0	No Calc
Shoplifting	119		134		15	+ 12.6%
Theft from the Person	5		10		5	+ 100.0%
Theft of Pedal Cycles	67		52		-15	- 22.4%
Vehicle Crime	169		105		-64	- 37.9%
Vehicle Taking	44		27		-17	- 38.6%
Theft from a Vehicle	114		71		-43	- 37.7%
Vehicle Interference	11		7		-4	- 36.4%
All other theft offences	184		213		29	+ 15.8%
Making off without payment	19		28		9	+ 47.4%
Theft in a Dwelling	25		32		7	+ 28.0%
Other theft offences	140		153		13	+ 9.3%
All Criminal Damage	224		255		31	+ 13.8%
Criminal Damage to Dwellings	53		60		7	+ 13.2%
Criminal Damage to Other Buildings	19		34		15	+ 78.9%
Criminal Damage to Vehicles	91		76		-15	- 16.5%
Criminal Damage Other	50		74		24	+ 48.0%
Racially Aggravated Criminal Damage	0		0		0	No Calc
Arson	11		11		0	No Calc
Other Crimes Against Society	125		125		0	No Calc
All Drugs Offences	56		47		-9	- 16.1%
Drugs (Trafficking)	6		7		1	+ 16.7%
Drugs (Simple Possession)	50		40		-10	- 20.0%
Drugs (Other Offences)	0		0		0	No Calc
Possession of Weapons Offences	7		7		0	No Calc
Public Order Offences	48		46		-2	- 4.2%
Miscellaneous Crimes Against Society	14		25		11	+ 78.6%
All Racially Aggravated Crime	7		6		-1	- 14.3%
All Racially Aggravated Violence	7		5		-2	- 28.6%
All Racially Aggravated Harassment	0		1		1	No Calc
Racially Aggravated Criminal Damage	0		0		0	No Calc
Hate Crime	6		9		3	+ 50.0%
Personal Property Crime	241		165		-76	- 31.5%
Alcohol-related Violence (excl Serious Sexual Offences and Domestic Abuse)	0		43		43	No Calc
Violent Crime (excl Serious Sexual Offences and Domestic Abuse)	232		244		12	+ 5.2%

Categories coloured white constitute a breakdown of the category in grey immediately above it.

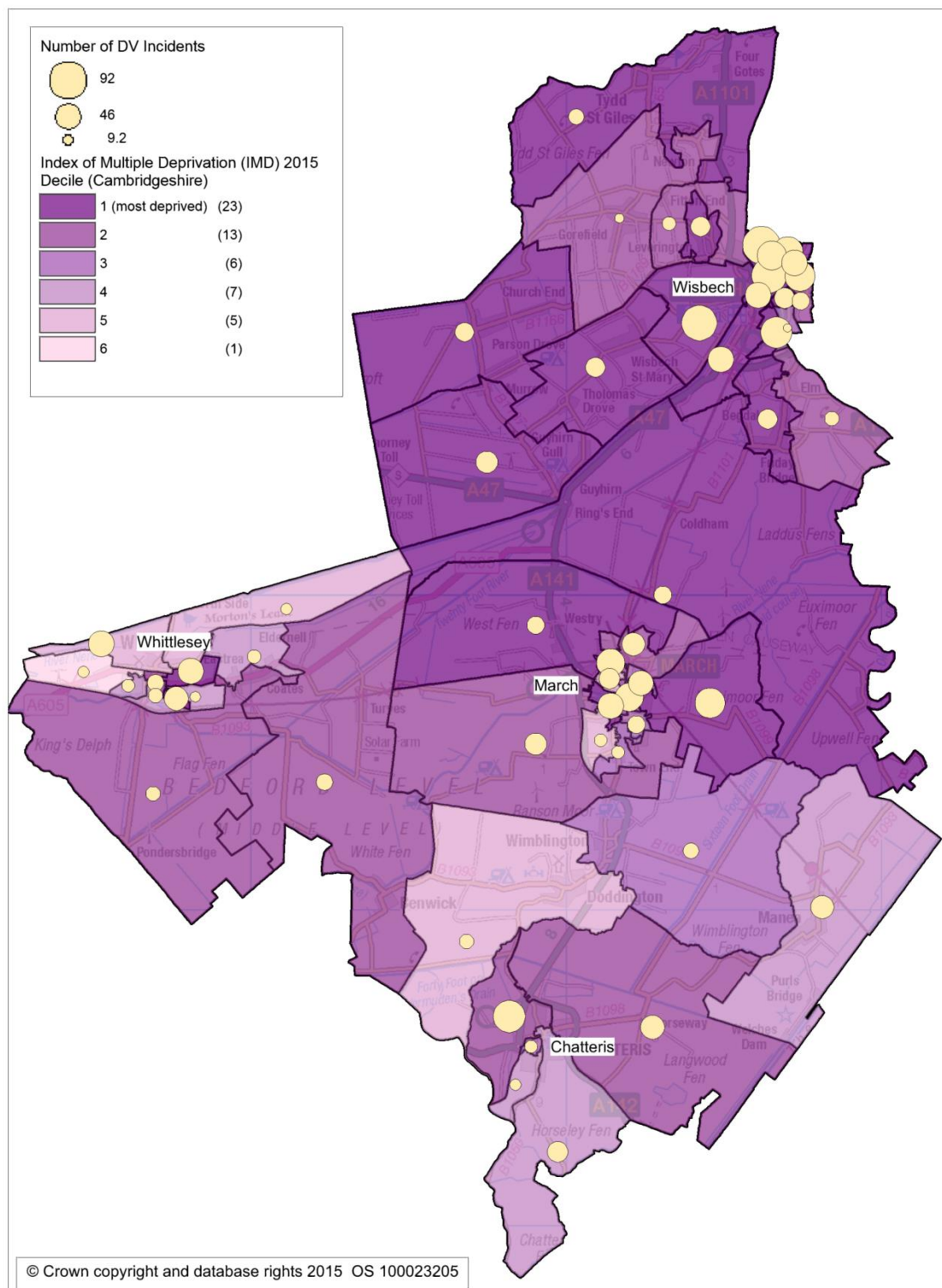
Place the mouse pointer over each category title to view a list of the Home Office Classifications included within the

corporateperformancedepartment

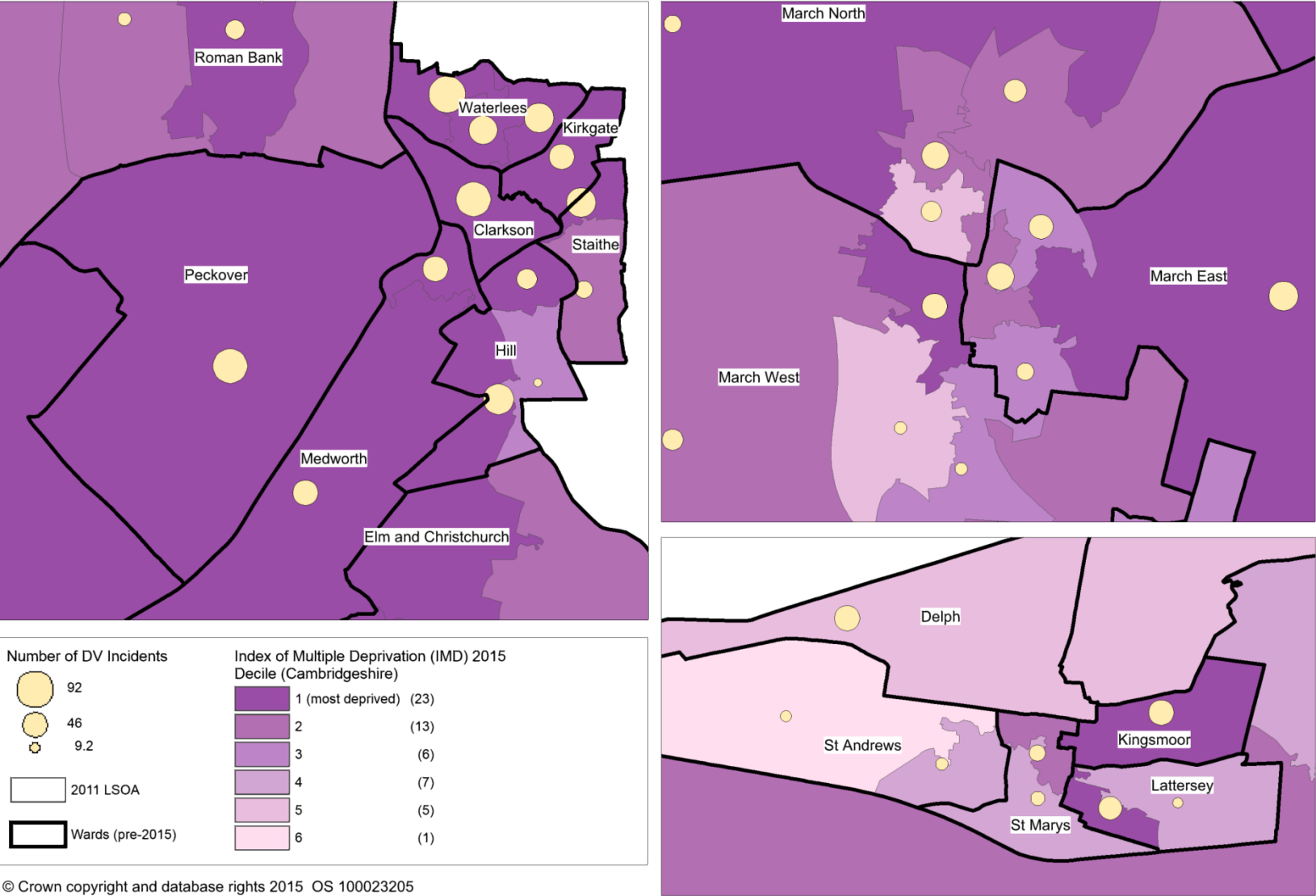


APPENDIX D. DOMESTIC VIOLENCE AND IMD

Incidents of Domestic Violence by LSOA and IMD Decile (2015) in Fenland



Domestic Violence Incidents and IMD 2015 Deciles in Wisbech, March and Whittlesey



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APPENDIX E. DOMESTIC VIOLENCE AND OAC (2011)

Domestic Violence Incidents in Fenland Towns Compared to the Socio-Demographic Nature of the Local Neighbourhood (OAC 2011)

