

# COMMUNITY SAFETY STRATEGIC ASSESSMENT 2016/17 – QUARTER 1

## DOMESTIC ABUSE



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For more information about the team phone 01223 715300

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Description:	The purpose of this document is to provide the Huntingdonshire Community Safety Partnership with an understanding of key community safety issues affecting the district. This is the first document that will be produced for 2016/17. The focus of this document will be on Domestic Abuse.
Produced by:	Nicola Gowers & Leigh Roberts Cambridgeshire Research Group <a href="mailto:Leigh.Roberts@cambridgeshire.gov.uk">Leigh.Roberts@cambridgeshire.gov.uk</a>
Additional Contributions:	Michael Soper Cambridgeshire Research Group
On behalf of:	The document has been produced by the CRG, on behalf of Huntingdonshire Community Safety Partnership and is available to download from <a href="http://www.cambridgeshireinsight.org.uk/community-safety/CSP/hunts">http://www.cambridgeshireinsight.org.uk/community-safety/CSP/hunts</a>  Huntingdonshire Community Safety Team: 01480 388388 Claudia Deeth - Community Safety Team Leader
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## DOCUMENT OUTLINE

The purpose of the strategic assessment is to provide the Huntingdonshire Community Safety Partnership (the Partnership) with an understanding of the crime and anti-social behaviour affecting the district. This will enable the Partnership to take action that is driven by clear evidence.

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

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## DOCUMENT SCHEDULE

The Partnership has a continuous assessment process that allows for strategic planning throughout the year. The aim of each document is to gain a better understanding of an agreed key issue in the district. The continuous assessment consists of 4 parts agreed by the Partnership:

Document	Key theme	Analysis & Writing	Presentation
1	Domestic Abuse	June and July	July 2016
2	Oxmoor	Tbc	October 2016
3	Child Sexual Exploitation	Tbc	January 2017
4	Violence	Tbc	April 2017

*Please note, the order for the remaining three documents has not been confirmed by the Partnership.*

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## 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=12UB> . It will be updated shortly.

## EXECUTIVE SUMMARY

The scope of crime and community safety issues tackled by local Community Safety Partnerships (CSPs) has changed over the years, with the Home Office being far less directive and therefore allowing for local issues to be prioritised. This has led to a move away from a focus on crime types to a focus on individuals, enabling the Partnership to prioritise concerns relating to victim vulnerability and the harm caused by specific offender groups.

In this report the CSP is examining aspects of domestic abuse, specify reporting, awareness and prevention, and where the Partnership can add value to existing work.

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### KEY FINDINGS

Local availability of data on domestic abuse (DA) within Huntingdonshire remains limited, with a continued reliance on police data for detailed local analysis. This continues to present a problem for the CSP in designing and implementing initiatives that will be truly effective.

Larger national datasets and surveys can provide some context and expectations of what could be happening locally, including: a guide to how prevalent DA within communities, who is most likely to be a victim and the nature of victimisation.

Both nationally and locally, partner/ex-partner abuse continues to account for the largest proportion of crimes and incidents. However there is a growing concern about familial abuse/violence between wider family members and the effects this is having on children growing up within unhealthy family dynamics.

The data for Huntingdonshire does not provide a clear picture of trend, the police incident data indicates a decline in the volume, however this is not seen for the County as a whole or nationally. Possible explanations for this change within police recorded incidents include: poor experience by victims resulting in not seeking support from police on other occasions; seeking support from family/friends; seeking support from other agencies such as voluntary sector and health; less domestic abuse taking place within Huntingdonshire (although caution must be used when considering this possibility as there is no other data source to verify this at this time).

Overall more awareness has been raised about the various types of abuse to frontline staff, including the lower age limit and the forms of coercion, therefore it would have been reasonable to expect an increase in the number of victims known to services. Therefore, given the improvement seen by HMIC in the recording and tackling issue it may be something within the hunts demographic that has created this difference.

Previous research has pointed to evidence that different communities 'report' in different ways, with the implication that a new approach may provide insight into the nature of domestic abuse in Huntingdonshire.

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## RECOMMENDATIONS

The following recommendations are made for the Partnership to consider they are split into 2 sections.

### *Prevention/Intervention*

Health engagement at a very local level:

Whilst the Health and Wellbeing board have domestic abuse as a priority, engagement between healthcare and criminal justice services at a very local level is currently limited. Therefore it is recommended that a pilot is carried out in one local area to look into early intervention using midwife and health visitors; actions should be complementary to existing roles and responsibilities, rather than take them over. There should be an emphasis that high risk cases are always referred to the MARAC and be tackled through the most appropriate route. Making the most of existing partnerships, multi-agency working, FIP and or PSG as a way of supporting those families that have low level issues, familial abuse or situational couples violence.

Consider prevention work targeted 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](http://www.devon.gov.uk/adva-education-pack.pdf) ) and continuing with Chelsea's Choice.

Improve awareness within communities of what familial abuse is, making sure to target hard to reach groups. Including targeted campaigns to address underreporting – male and LGBT victims.

### *Reporting*

With almost 1 in 5 incidents of domestic abuse being reported by a third party, one recommendation for the Partnership would be to develop opportunities to further increase third party reporting, and build on this effective method of detecting unreported crimes. This may include awareness raising of the signs of domestic abuse amongst communities, and proactive local campaigns.

Similarly, partner organisation reporting is relatively low, and therefore the Partnership should consider how they can review and improve the effectiveness of this channel of reporting.

The partnership may want to consider how they work to address vulnerability to victimisation, and how they work to address the risk factors, in part of a broader approach to tackle domestic abuse across the district.

Improve reporting pathways, particularly within Health agencies. To ensure that there is better data sharing by improving information sharing agreements. The Partnership should monitor the level of reporting over the longer term to ascertain any impact.

When looking across the district, it may be useful for the Partnership to consider the demographics of certain areas and how these may influence levels of reporting. Other factors to consider include

the type of abuse occurring and therefore the likelihood of the victim or third party to report and to whom.

There is an obvious opportunity for the Partnership here to increase the number of supported victims promoting the Victim's Hub amongst relevant local professionals.

Looking at potential resources that 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.

- The LSCB offer multi-agency training on the DVRIM and encourage partners working with families to utilise this resource. It would be advantageous for the Partnership to access training on the toolkit where appropriate, but also to increase collaboration with those using the DVRIM to identify
- However, it was clear from attending one of these sessions that further work could be done to improve communication both including referrals but also front line staff understanding the impact of a referral.

## INTRODUCTION

The purpose of this strategic assessment is to provide the Huntingdonshire Community Safety Partnership (the Partnership) with an understanding of issues of domestic abuse affecting the district. This will enable the Partnership to take action that is driven by clear evidence. This document will not re-cover evidence from the 2014 needs assessment unless relevant to a particular point. This document aims to bring together the most recent findings which are of most interest to this Partnership and adds to the overall body of evidence from Cambridgeshire Research Group.

## BACKGROUND

Where possible the findings presented within this document are for Huntingdonshire, however County and National findings are included where possible for comparison purposes. It should be noted that domestic abuse continues to be under-reported and the evidence hoped for from some agencies is still currently unavailable.

The UK definition of domestic abuse (appendix A) includes a range of behaviours including coercion, threatening behaviour, violence or sexual abuse. Domestic abuse can include some or all of these behaviours but when abuse is carried out over a long period of time the pattern of abuse can vary.

Domestic Abuse (DA) continues to be local priority for Huntingdonshire due to the high volume of police recorded incidences, and the significant harm to victims and their families.

The crime inspection report on Cambridgeshire Constabulary by HMIC, 2014, found that the constabulary has 'improved their approach to investigating domestic abuse and protecting victims.'<sup>1</sup> Despite improvements by the constabulary in reacting to incidents, the impact of DA on the victims means that awareness of the issue continues to be a priority and it is still a force-wide aim to increase reporting as DA continues to be substantially under-reported. Although there are discussions as to when the focus of activity should move away from general under-reporting to other aspects. Partnership working through the CSP is an acknowledged way of transferring this responsibility.

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## PERSONAL RELATIONSHIPS AND DOMESTIC ABUSE

Whilst the legal definition states Domestic abuse can only be recorded from the age of 16, in reality it can start during teenage years, and there can be overlap with child abuse and other vulnerability markers in childhood. This 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.

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<sup>1</sup> Crime Inspection 2014, Cambridgeshire Constabulary, 2014, <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/cambridgeshire-crime-inspection-2014.pdf>



Figure 1 below illustrates how power and control are at the centre of an unhealthy relationship, and the various parts to unhealthy relationships.

Figure 1: Unhealthy relationships/power and control wheel



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

As part of a package to tackle both domestic abuse and child sexual exploitation, the Partnership is already rolling out Chelsea's Choice. In Fenland an evaluation of the impact has recently been completed. The success of this should be evaluated with specific goals to assess impacts on local contexts. It is also important to ensure young people know who to go to when they need help to escape abusive relationships, to recognise signs that will help them avoid potentially abusive relationships. Teaching both adults and young people the signs of an unhealthy relationship is only the first step to reduction of DA. The health-related behaviour survey<sup>2</sup> (AKA Baldings) asked pupils about personal relationships.

<sup>2</sup> The Health-related Behaviour Survey, or 'Baldings Survey', is produced by the Schools Health Education Unit (SHEU) and is conducted with year 8 and year 10 pupils through schools.

## HEALTH-RELATED BEHAVIOUR SURVEY (BALDINGS)

Analysis of 2014 responses from Huntingdonshire pupils under the Violence and Aggression category identifies that:

- 20% (20% in 2012) of pupils responded that there has been shouting and arguing between adults at home at least 'once or twice' in the last month that frightened them.
- 2% (3% in 2012) of pupils responded that there has been shouting and arguing between adults at home 'every day/almost every day' in the last month that frightened them.
- 6% (6% in 2012) of pupils responded that there has been physical aggression at home at least 'once or twice' in the last month that frightened them.
- 0% (1% in 2012) of pupils responded that there has been physical aggression at home 'every day/almost every day' in the last month that frightened them.

Percentages are very similar to those produced for Cambridgeshire as a whole<sup>3</sup>.

The data shows that in both 2012 and 2014, 1 in 5 (20%) children are witnessing violence at home. This is a sizable number of young people, and does not reflect the decline seen in police recorded incidents over the same time period.

## KNOWN VICTIMS OF DOMESTIC ABUSE

Analysis by Cambridgeshire Constabulary (Problem Profile 2015) of recorded domestic abuse crimes and incidents highlighted the following for Cambridgeshire & Peterborough as a whole;

- Victim self-reported repeat crimes or incidents were disclosed by 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, tended to be recorded as familial abuse. Recording of same sex intimate partner abuse remains low compared to demographic representation.
- 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 compared to demographic representation.

## REPORTING ABUSE

The most recent Crime Survey for England and Wales<sup>4</sup> indicates that around 8.5% of all females and 4.5% of all males aged 16 – 59 became victims of domestic abuse in 2013/14.' If these proportions were an accurate representation of domestic abuse victims for Huntingdonshire then, of the

<sup>3</sup> 2014 Cambridgeshire results were 1:22%, 2:3%, 3:6% and 4:0% respectively

<sup>4</sup> Crime Survey of England and Wales 2013/14

population over 16 years<sup>5</sup>, we could expect potentially 4,323 female victims and 2,288 male victims in the district, a total of 6,611 (estimates calculated using Cambridgeshire Research Group 2013 population estimates). Police domestic abuse incident reports indicate 2,111 incidents reported in Huntingdonshire from 2015/16. This could represent as little as 32% of the potential number of incidents. This indicates the potential scale of the under-reporting Huntingdonshire might be experiencing. However, it should be noted that the CSEW questions relating to domestic abuse ask if a respondent has experienced domestic abuse in the past year, but does not ascertain whether the experiences are ongoing, or enable an assessment of the level of risk respondents are under, so should not be considered a statistical robust indicator of the extent of local problems.

## WHO REPORTS ABUSE

Data relating to how domestic incidents in Huntingdonshire are reported to the police have been analysed. For 2013/14 and 2014/15 65% of incidents were reported by the victim. For both years the second most common method of reporting was from a Third Party (19% in 2013/14 and 17% in 2014/15). What is also interesting to note, from a Partnership perspective, is that only 3% of incidents were reported by a partner organisation.

**Table 1: Domestic Incident Reporting Method, Huntingdonshire**

	2013/14		2014/15	
Reported by	Count	%	Count	%
Witness	256	12	241	12
Victim	1377	65	1273	65
Third Party	405	19	343	17
Partner Organisation	60	3	62	3
Other	40	2	44	2
Total incidents reported	2138		1963	

*Source: Cambridgeshire Constabulary*

With almost 1 in 5 incidents of domestic abuse being reported by a third party, one recommendation for the Partnership would be to develop opportunities to further increase third party reporting, and build on this effective method of detecting unreported crimes. This may include awareness raising of the signs of domestic abuse amongst communities, and proactive local campaigns.

Similarly, partner organisation reporting is relatively low, and therefore the Partnership should consider how they can review and improve the effectiveness of this channel of reporting.

<sup>5</sup> Home office definition applies to individuals over 16 years.

## OVERVIEW OF TRENDS

Domestic abuse occurs across all demographics, it is a global phenomenon that affects the whole community but continues to be largely hidden from statutory services, which gives rise to the problem of effectively intervening to prevent it or tackle it once present.<sup>6</sup>

In 2014 the HMIC published a report, 'Everyone's business: Improving the police response to domestic abuse', which identified significant weaknesses in the service provided to victims of domestic abuse. The report made a series of recommendations aimed at helping police forces to improve. A subsequent report in 2015, following part of the HMIC PEEL: Effectiveness inspection programme, assessed progress made. Tackling domestic abuse is now an important priority for the police and improved support was identified. However, HMIC have found a continued number of areas for improvement.<sup>7</sup>

April 2014 – March 2015, more than 900,000 calls about domestic abuse were received by the police service in England and Wales – this equates to an average of over 100 calls per hour. Domestic abuse-related crime constituted 10% of all recorded crime, and represented a third of all recorded assault with injury crimes<sup>8</sup>.

The most recently published Crime Survey for England and Wales<sup>10</sup> identified a rise in police recorded violent offences. A possible factor behind this is an increase in the reporting of domestic abuse and the subsequent recording of these offences by the police. This follows recent improvements in police recording of domestic-abuse incidents as crimes and forces actively encouraging victims to come forward to report these crimes across England and Wales.<sup>910</sup>

Police crimes are flagged as being 'domestic abuse related' by the police if the offence meets the government definition of domestic violence and abuse<sup>11</sup>. Police data for April-December 2015 shows that the most likely offence types to be flagged with the domestic abuse marker were 'violence against the person' (approximately 33% of VAP offences), followed by sexual offences (12%) (See Figure 2).

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<sup>6</sup> UNICEF, Behind Closed Doors, The Impact of Domestic Violence on Children  
<http://www.unicef.org/media/files/BehindClosedDoors.pdf>

<sup>7</sup> HMIC, 2015, increasingly everyone's business: A progress report on the police response to domestic abuse.  
<https://www.justiceinspectorates.gov.uk/hmic/publications/increasingly-everyones-business-a-progress-report-on-the-police-response-to-domestic-abuse/>

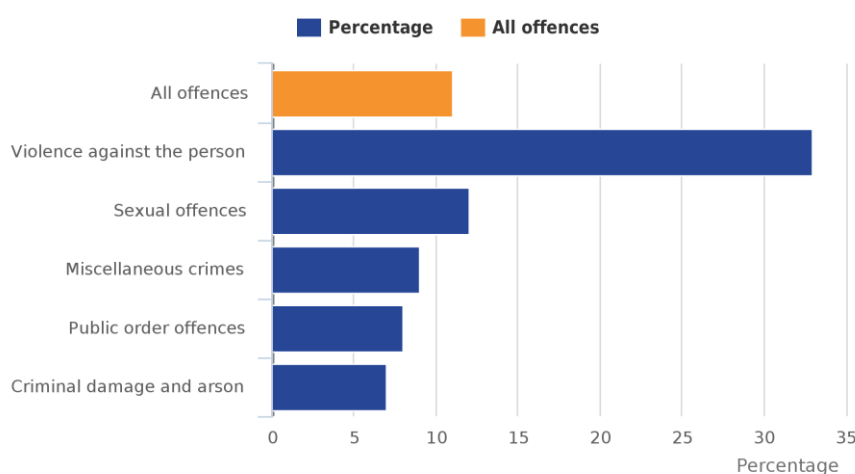
<sup>8</sup> HMIC, 2015, Increasingly everyone's business: A progress report on the police response to domestic abuse.  
<https://www.justiceinspectorates.gov.uk/hmic/publications/increasingly-everyones-business-a-progress-report-on-the-police-response-to-domestic-abuse/>

<sup>9</sup> ONS, 2016, Crime in England and Wales: Year ending December 2015

<sup>10</sup> HMIC, 2015, Increasingly everyone's business: A progress report on the police response to domestic abuse

<sup>11</sup> Defined as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

**Figure 2: Proportion of offences recorded by the police in England and Wales, flagged as domestic abuse related, selected offence groups, April - Dec 2015**



Source: Police recorded crime, Home Office. Sourced from Figure 4 in ONS (2016) Statistical bulletin: Crime in England and Wales: Year ending December 2015<sup>12</sup>

## RECORDED STATISTICS

Overall the police recorded data for Huntingdonshire does not show a clear trend. Whilst the overall crimes with a DA marker have increased, the number of incidents have decreased. The former could be attributed to better recording and conversion of incidents to crimes following the HMIC inspection. The decrease in incidents does not have a readily available explanation, particularly when Cambridgeshire as a whole did not show the same pattern (see

Figure 3). The improved conversion rate from incidents to crimes is a positive one and allows those victims greater support through the Victims' Hub. However, prosecution following DA crimes remains low nationally.

## POLICE RECORDED INCIDENT DATA

Huntingdonshire and Cambridgeshire (excluding Peterborough) follow the same long-term trend in police recorded domestic abuse incidents between 2008/09 and 2014/15. However, where Cambridgeshire recorded an increase between 2014/15 and 2015/16, Huntingdonshire saw a decrease. This means that where the rate per 1000 population for Huntingdonshire had been higher than the County rate since 2011/12 for the most recent year it is just below it. The total number of incidents recorded for Huntingdonshire over the last three years were 2,434, 2,232 and 2,111 for 2013/14, 2014/15 and 2015/16 respectively.

<sup>12</sup> Cited at

<http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingeceember2015#headline-figures-and-trends>. Note: Police recorded crime data are not designated as National Statistics. All forces have returned data to the Home Office for the first nine months of the financial year. These data are provisional.

**Figure 3: Rate of police recorded domestic abuse incidents 2008/09 - 2015/16, Huntingdonshire and Cambridgeshire**

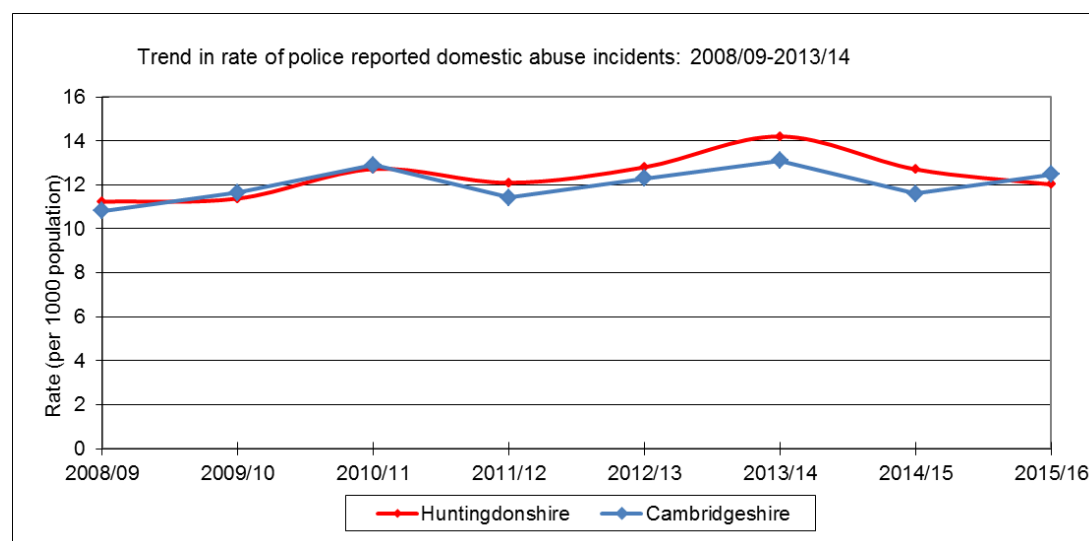
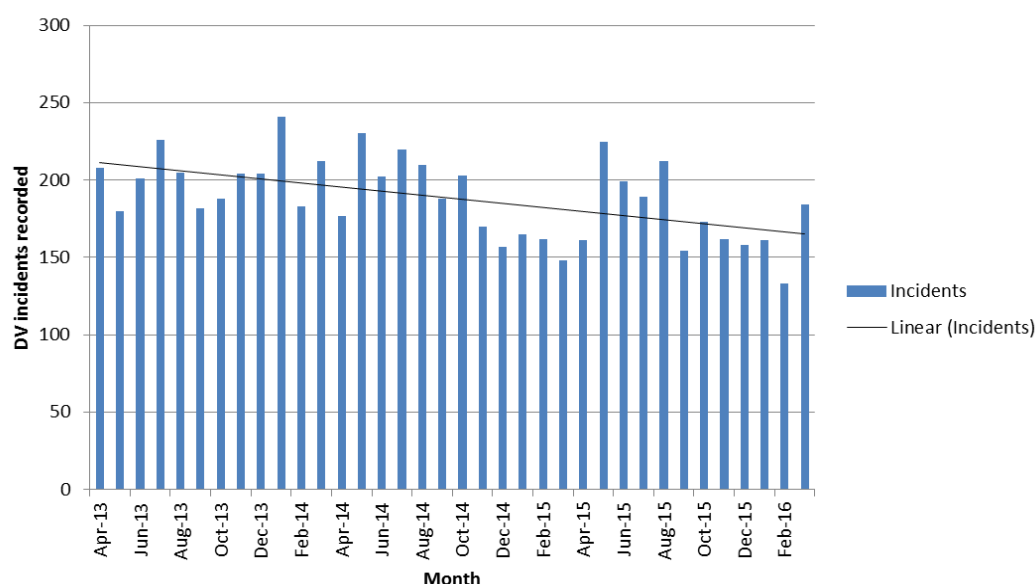


Figure 4 displays the medium-term trend of a reduction in police recorded DV incidents over recent years for Huntingdonshire. This contrasts to national data, where an increase has been noted. The national increase is, in part, attributed to improved police recording of DV incidents and active encouragement from forces for victims to come forward to report. It is unclear from the data whether the differing trend in Huntingdonshire are a result of a reduction in incidents, or whether it raises questions around under-reporting and under-recording for the area.

**Figure 4: Huntingdonshire Domestic Violence incidents 2013/14 - 2015/16**



Source: Cambridgeshire Constabulary

## POLICE RECORDED CRIME

Crimes are 'flagged' as being 'domestic abuse related' by the police if the offence meets the government definition of domestic violence and abuse<sup>13</sup>.

Table 2 below shows a count of those crimes for Huntingdonshire. The number of recorded domestic violence crimes has increased for Huntingdonshire by 24.6% between 2013/14 to 2015/16. It is important to view this information in relation to the number of incidents over the same period. The ratio of incidents to crimes has reduced from 3.7 to 2.6 over the same period (e.g. for every 2.6 domestic abuse incidents one crime is recorded). Therefore the increase in domestic abuse crimes recorded represents an improvement in performance for crime recording (from incidents to crimes) rather than an actual increase in domestic abuse.

**Table 2: Police record domestic abuse incidents and crimes for Huntingdonshire**

Year	Crimes (domestic abuse related)	Incidents of domestic abuse	Ratio (incidents to crimes)
2013/14	650	2,434	3.7
2014/15	694	2,232	3.2
2015/16	810	2,111	2.6

## GEOGRAPHIC DISTRIBUTION

Mapping of police recorded domestic abuse incidents by ward for 2010/11 and 2015/16 shows a concentration of incidents in Huntingdon, St Neots, Yaxley and Farcet (See appendix C for 2015/16). As these are densely populated areas this is relatively unsurprising. Comparison between the two years' data sets does not show much change. Although total incident counts can indicate geographical areas where a larger number of domestic abuse incidents are being reported, and thus potential 'hot spots' for action. It is important to note that total incident count only provides part of a picture.

Individual incidents were also analysed by mapping for Huntingdon, as the town had shown a higher incident count. There were no obvious hot-spots or clusters for incident counts at a localised level, though it could be visually identified that Huntingdon North ward showed more incidents, whilst neighbouring Huntingdon East ward had notably less once you moved East of Butts Grove Way. Huntingdon West ward had a concentration around the town centre, but areas to the North of the ward and also West of the train line also had fewer incidents.

Domestic abuse occurs across all demographics. Though it can occur anywhere, there are several factors which seem to increase its likelihood. These include the age of the mother (the younger the mother, the more likely she will become a victim), poverty and unemployment, and alcohol and substance abuse.<sup>1415</sup> Higher socio-economic status has generally been found to offer some apparent

<sup>13</sup> Government definition of domestic violence and abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality

<sup>14</sup> World Health Organization, 'World Report on Violence and Health', ed. By Krug, Etienne G., et al., Geneva, 2002; Moffitt, Terrie E., and Avshalom Caspi, 'Findings About Partner Violence from the Dunedin Multi-Disciplinary Health and

protection against the risk of domestic violence<sup>16</sup>, but this may just be an indicator of under-reporting. The partnership may want to consider how they work to address vulnerability to victimisation, and how they work to address the risk factors, in part of a broader approach to tackle domestic abuse across the district.

Though it is acknowledged that there are factors associated with vulnerability to victimisation, less reporting may not necessarily mean that domestic abuse is not occurring. When looking across the district, it may be useful for the Partnership to consider the demographics of certain areas and how these may influence levels of reporting, and therefore how they might tailor awareness raising and interventions locally.

Other factors to consider include the type of abuse occurring and therefore the likelihood of the victim, or third party, reporting and to whom. Below is a brief overview of two predominant types of abuse.

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#### SITUATION COUPLE VIOLENCE

The recent police problem profile for domestic abuse (Problem Profile 2015) does not breakdown the crimes and incidents into the type of abuse, 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. Further, the model of crisis intervention and low level support is often unsuitable for this type of abuse i.e. coercive control is not the main type of abuse used by one partner over the other. Couples in this situation are often in unhealthy relationships that escalate into abuse and violence. Children living in households of this nature are often unable to demonstrate conflict resolution as they have no one modelling that behaviour.

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#### FAMILIAL ABUSE

Familial domestic abuse, which occurs between family members rather than ex- or current intimate partners, is now included in the government definition of domestic abuse. The inclusion of this relationship in the definition was seen as one reason for the increases seen in DA when it first came into effect in 2013.

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

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Development Study', Research in Brief, National Institute of Justice, Washington DC, July 1999; Kishor, S., and Johnson, K., 'Profiling Domestic Violence – A Multi-Country Study', Calverton MD: ORC Macro, 2004; Population Information Program, 'Ending Violence Against Women', Population Reports, Series L, Number 11, 1999; Victoria Department of Human Health Services, 'The Health Costs of Violence, Measuring the Burden of Disease Caused by Intimate Partner Violence', Victoria, 2004. Cited in UNICEF, Behind Closed Doors, The Impact of Domestic Violence on Children <http://www.unicef.org/media/files/BehindClosedDoors.pdf>

<sup>15</sup> Barnish (2004) Domestic Violence: A literature review

<http://webarchive.nationalarchives.gov.uk/+/http://www.justice.gov.uk/inspectores/hmi-probation/docs/thematic-dv-literaturereview-rps.pdf>

<sup>16</sup> Barnish (2004) Domestic Violence: A literature review

<http://webarchive.nationalarchives.gov.uk/+/http://www.justice.gov.uk/inspectores/hmi-probation/docs/thematic-dv-literaturereview-rps.pdf>



between current or ex-intimate partners, they can also involve family members. Issues that were also highlighted in this report included;

- 22.6% of incidents also noted alcohol/substance misuse
- 17.3% of incidents noted mental health issues
- 9.3% of incidents involved young people

The majority of police recorded familial domestic abuse seems perpetrated by adult child to a parent of the opposite sex. 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%.

In the financial year to date, there were 302 police incidents in Huntingdonshire that could have been domestic abuse between family members, as determined by searching for the keywords: sibling, brother, sister, mother, father, aunt, or uncle. Inclusion of the keywords account for 31% of incidents during that time period, a similar figure to that found in 'ward X'.

An analysis of one particular ward within the County provided further insight into this issue and found that there was a higher level of familial violence within the ward than had been determined by previous reports of domestic abuse.

A brief DIP sample review of 20 incidents selected at random in Huntingdonshire revealed that whilst 65% of incidents were partner/ex-partner, 35% were familial abuse. This is similar to the constabulary findings for the Force area and whilst the sample size is too small to draw broad generalisations for the district it continues to add weight to the indication that familial abuse is a concern.

It should be noted that some of the previous analysis highlighted 'additional vulnerabilities' of the domestic abuse cases that overlap with current CSP priorities, in particular mental health.

## SUPPORT FOR VICTIMS

Providing the right support at the right time for victims through generic services poses difficulties as domestic abuse may not be the only issue that needs addressing.

National evidence indicates that the level of victimisation for domestic violence in rural and urban areas is similar, however female victims in rural areas may be more likely to seek support via health care agencies than criminal justice agencies. This is also true for older people. Therefore, for victim's that are already in contact with health workers (GP, midwife, Health Visitor, Community Nurse) there may be an opportunity to support them effectively through existing relationships with local health professionals. This evidence provides the platform for the Partnership to consider how locally it can work with health professionals to reduce and tackle domestic abuse

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## VICTIMS HUB

Since the last Victim and Offender Needs Assessment update was produced, the Cambridgeshire Office of the Police and Crime Commissioner has re-commissioned victims' services locally. The delivery is now through the Victims' Hub. All victims of crime are contacted and offered support from the Victims' Hub, regardless of what crime they were a victim of. This approach is designed to treat every victim as an individual and assess their potential vulnerability on their unique circumstances and moves from a crime based approach to a needs approach. A range of services are offered, commissioned or sign-posted to victims via the Victims' Hub, this includes all victims of domestic abuse. However, for those assessed as high risk their recovery plan and support might be delivered from a specialist services outside of the Hub itself.

The move to bespoke recovery<sup>17</sup> plans designed with the victim through the Victims' Hub is a great starting point to address the gaps that result from relying on generic services to refer DA. The goal now should be to increase use of the Victim's Hub by DA victims, as currently almost all victims known to the Hub are received via Cambridgeshire Constabulary. Only a tiny number are self-referring indicating that victims who do not wish to have criminal justice interventions may be reluctant to use the Hub, or unaware that it exists. This second point is also supported by the fact that apparently not all frontline staff are aware that the Victim's Hub exists and are therefore not making use of this resource, for referrals or as part of advice to victim's. There is an obvious opportunity for the Partnership here to increase the number of supported victims promoting the Victim's Hub amongst relevant local professionals.

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## CAMBRIDGESHIRE SAFER COMMUNITIES PARTNERSHIPS TEAM

The HCSP receives quarterly updates from the Cambridgeshire Safer Communities Partnerships Team. Most recent data (2015/16 Q4) indicates that 88% of referrals to the IDVA service engaged with the service. Levels of engagement differ across districts, and they also fluctuate each quarter. Little explanation is available for these trends, though anecdotal evidence explains that the erratic nature of the data is related to the complexity of cases and caseload capacity. The engagement rate for Huntingdonshire in 2015/16 was 84%, which, along with South Cambridgeshire, is the highest percentage of engaged clients in the County.

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## HIGH RISK CASES

Domestic abuse cases that are considered high-risk, as judged by the either use of a risk assessment matrix or a police officer involved in the case, are referred to the Multi Agency Risk Assessment Conference (MARAC). Table 3 shows the recorded referral pathways for cases into the MARAC. Note that the highest volume referrals comes 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.

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<sup>17</sup> Each victim that engages with the Victims' Hub has a specific recovery plan drawn up that clearly states what support is needed and should outline how it will be provided.

**Table 3: 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
<b>2007</b>	37	24												
<b>2008</b>	68	56	<5											
<b>2009</b>	34	106	9	<5			<5		<5					<5
<b>2010</b>	189	<5	<5			<5	<5	<5	<5	<5		8		5
<b>2011</b>	103	<5	<5	<5			11	<5	<5	5	<5			<5
<b>2012</b>	100	26	9				<5	<5	<5	<5	<5			8
<b>2013</b>	109	39	14				<5	<5	<5	<5	<5			12
<b>2014</b>	209	42	12	<5	<5		<5	<5	<5	5	<5		<5	5
<b>2015</b>	258	8	12	<5			<5			<5	<5			11
<b>Grand Total</b>	1,107	305	63	7	<5	<5	25	11	7	18	12	8	<5	46

## IDVAs

The Cambridgeshire IDVA service offers crisis support and information to victims of domestic abuse<sup>18</sup>. In quarter 2 data health IDVAs at based at Hinchingsbrooke and Addenbrookes received 40 referrals. 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 and support, 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.

Profiles of clients of the Independent Domestic Violence Advisory (IDVA) and Multi-Agency Risk Assessment Conference (MARAC) services can be produced using the MODUS case management system. Viewing client demographic information can help to understand who is accessing the service, and possible risk factors. Those who access the IDVA service are the most high-risk cases. Data for 2013/14, 2014/15 and 2015/16 were analysed for this report.

Ethnicity and gender of the clients for the last three years identified several 'unassigned' clients, meaning no data has been captured. 'White British' was the largest ethnic group recorded, ranging between 66% - 81% of clients for each year from 2013/2014 to 2015/16. Several other ethnicities were identified each year, but no other one ethnicity represented more than 1-3 clients, other than

<sup>18</sup> Independent Domestic Violence Advisory (IDVA) Service  
[http://www.cambsdasv.org.uk/website/independent\\_domestic\\_violence\\_advisory\\_idva\\_service/84187](http://www.cambsdasv.org.uk/website/independent_domestic_violence_advisory_idva_service/84187)

‘White European’ which represented 10 clients in 2013/14 (7%) and 10 clients in 2014/15 (11%). The data gap present effects the validity of any findings.

For each year of the data available, the clients were overwhelmingly female (>80% each year).

Unfortunately, analysis of ‘drug misuse’ and ‘alcohol misuse’ data was inconclusive as there were significant gaps in the data collection as clients were recorded as ‘unassigned’ or ‘don’t know’.

## **Luminus**

Luminus, a key housing provider across Huntingdonshire, has a specialist Domestic Violence Officer (DVO) who manages all cases heard at the Multi-Agency Risk Assessment Conference (MARAC). The Luminus group also supports tenants who do not meet the MARAC criteria to ensure they are offered appropriate advice and information to support them to reduce the risks to them.

To give an indication of case load, between April 2015 and March 2016 the Luminus DVO opened 36 cases which were heard at MARAC<sup>19</sup>, of these 33 cases involved the ex or current partner, three cases involved other family members, and eight cases were closed but had to be reopened due to repeat instances usually involving the same perpetrator. On one case during this period, the DVO was required to attend and give evidence at the Magistrates Court for criminal proceedings against a perpetrator of DA- the result was custodial sentence<sup>20</sup>. Appendix B details additional support offered to tenants by Luminus.

## **IMPROVING REPORTING, AWARENESS AND PREVENTION**

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.

Looking at potential resources that could be targeted to tackle domestic abuse, the evidence 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.

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<sup>19</sup> For a case to be heard at MARAC it must considered high risk which is assessed by completing a Risk Assessment using a Coordinated Action against Domestic Abuse (CAADA) Form.

<sup>20</sup> Luminus, 2016

## REPORTING

### DOMESTIC VIOLENCE RISK IDENTIFICATION MATRIX (DVRIM)

The Cambridgeshire Local Safeguarding Children's Board (LSCB) have adopted the Barnardo's DVRIM. This is a multi-agency risk assessment tool being used across the county which enables professionals to analyse the risks to children from domestic violence and safeguard children who experience domestic violence<sup>21</sup>. The DVRIM includes a system of threshold scales to identify risk factors and potential vulnerabilities. A key aspect of this tool is that practitioners are able to record 'suspected' risks as well as 'identified' risks over time, which can help to build up a profile to support decisions around what type of intervention may be required (eg, whether a case presents as a need of a 'safeguarding response' or family support).

The LSCB offer multi-agency training on the DVRIM and encourage partners working with families to utilise this resource. It would be advantageous for the Partnership to access training on the toolkit where appropriate, but also to increase collaboration with those using the DVRIM to identify vulnerable and at-risk families (these tend to be health practitioners, but are not limited to). More information can be found on the Cambridgeshire LSCB website.<sup>22</sup>

## AWARENESS AND PREVENTION

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).

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

<sup>21</sup> Barnardo's Domestic Violence Risk Identification Matrix (DVRIM)

[http://www.cambridgeshire.gov.uk/lscb/info/14/lscb\\_multi-agency\\_training/26/domestic\\_violence/5](http://www.cambridgeshire.gov.uk/lscb/info/14/lscb_multi-agency_training/26/domestic_violence/5)

<sup>22</sup> Cambridgeshire LSCB

[http://www.cambridgeshire.gov.uk/lscb/info/6/domestic\\_abuse\\_forced\\_marriage\\_and\\_honour\\_based\\_violence](http://www.cambridgeshire.gov.uk/lscb/info/6/domestic_abuse_forced_marriage_and_honour_based_violence)

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.

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. Training is already offered and accessed via the Local Children Safeguarding Board (LSCB) to social care, midwives, health visitors amongst others. However, it was clear from attending one of these sessions that further work could be done to improve communication both including referrals but also front line staff understanding the impact of a referral.

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 abuse to emphasise that it is their behaviour and not the victims that 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).

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## BEST PRACTICE IN EARLY PREVENTION

The available literature on the early prevention of domestic abuse prior to behaviours becoming ingrained is fairly extensive. The following section references the NICE briefing<sup>23</sup> on the topic and a number of papers referenced through the Violence Prevention Evidence Base<sup>24</sup> hosted by Liverpool John Moores University.

Viewing domestic abuse as a health problem can be helpful; the effects on health can be long-term, for example childhood exposure disrupting social, emotional and cognitive development. NICE are particularly clear that health services at all levels should respond effectively to domestic abuse alongside specialist providers (e.g. alcohol, drugs or sexual health services), social care, housing and education as well as criminal justice agencies.

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 3).

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<sup>23</sup> <http://publications.nice.org.uk/lgb20>, NICE, National Institute for Health & Social Care Excellence.

<sup>24</sup> <http://www.preventviolence.info/EvidenceBase>

**Table 4: 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	
Headline category	Men	Women	All
	% 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

A key point is staff across all agencies being able to identify abuse, respond sensitively supporting the victim to access services. One of the questions within the NICE action plan is “Do services provide a supportive environment for disclosing domestic violence and abuse?” (Are the early disclosure of issues encouraged?) It would be worth Huntingdonshire Community Safety Partnership considering this.

The Early Intervention Foundation<sup>25</sup> (Early Intervention in Domestic Violence and Abuse) supports the development and implementation of preventative programmes that seek to improve young people’s attitudes to relationships, violence and abuse. It also questions if this success is carried through into early adult-hood and the extent to which younger parents receive support; suggesting support could / should be provided across the ‘child workforce’ e.g. targeted outreach in relation to domestic abuse as part of a wider programme of outreach to ‘at risk’ populations such as young mothers.

The Centre for Social Justice<sup>26</sup> do high-light that most policies that “focus on intervention *after* domestic abuse also dramatically help to *prevent* domestic abuse”; tertiary prevention. But they also recommend four policies aimed at primary and secondary prevention.

- building positive caregiver-child relationships in the early years;
- encourage positive relationships in schools (a whole-school approach that communicates respect in relationships);
- help for ‘high-conflict couples at key transition points (for example in the early years of parenting);
- Prevention of ongoing and future abuse where couples want to explore staying together

Thinking broadly of the ‘team around the family’ enables greater partnership or multi-agency working that will enable services to be efficient whilst also effectively meeting the needs of all family members. This is already the direction of travel in this field, but more still needs to be done so that there is not a reliance on the policing ‘leading’ the interventions. It is not always appropriate for a

<sup>25</sup> <http://www.earlyinterventionfoundation.org.uk/places>

<sup>26</sup> <http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/DA%20Full%20report.pdf>

criminal justice agency to lead interventions and their primary role is not victim recovery, that remit sits far more easily within health agencies.

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#### SAFE PLACE CAMPAIGN

The Safe Place Campaign<sup>27</sup> 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 agent. This has been successfully implemented in Northern Ireland. Following on from a strategic assessment presented to the Fenland CSP last year, they will be adapting and piloting this scheme to see if it has a measurable impact.

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<sup>27</sup> <http://www.onustraining.co.uk/safe-place>



## APPENDIX A: GOVERNMENT DEFINITION OF DOMESTIC ABUSE

The Government definition of domestic violence and abuse is:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- 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.'

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

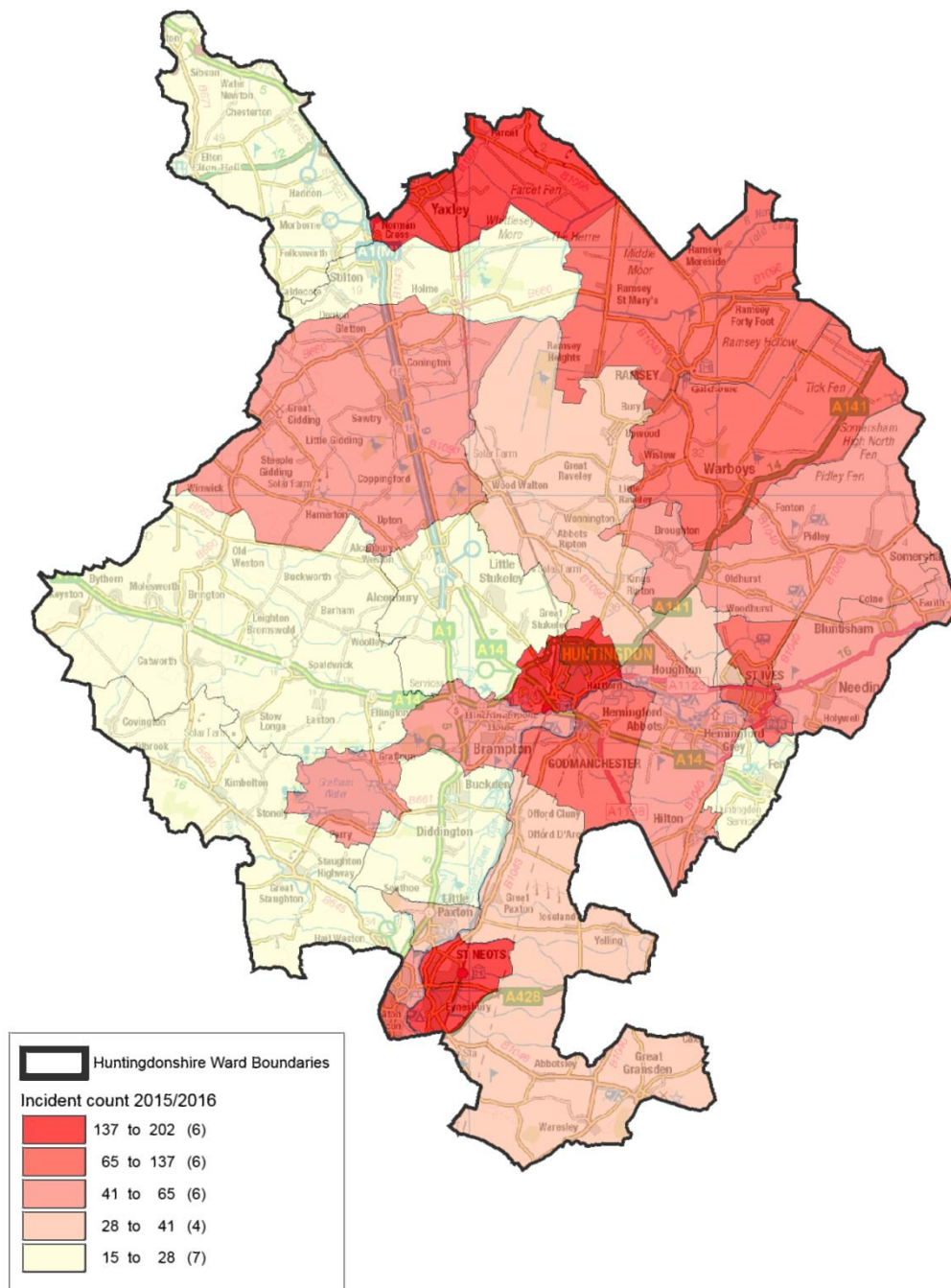
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142701/guide-on-definition-of-dv.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf)

## APPENDIX B: PRACTICAL SUPPORT PROVIDED TO TENANTS OF LUMINUS

- Housing advice
- Signposting
- Additional/changing of locks
- Security of property (inc. addition lighting, CCTV, window safety film and alarms)
- Personal alarms
- Where necessary Luminus will move a victim of DV through a Discretionary Housing Management Transfer (DHMT).

## APPENDIX C: GEOGRAPHIC DISTRIBUTION OF POLICE RECORDED DOMESTIC ABUSE INCIDENTS

Huntingdonshire Police Recorded Domestic Abuse Incidents 2015/16



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