Violence Against Women and Girls (VAWG)

Needs Assessment

Cambridgeshire and Peterborough

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1.0 Introduction

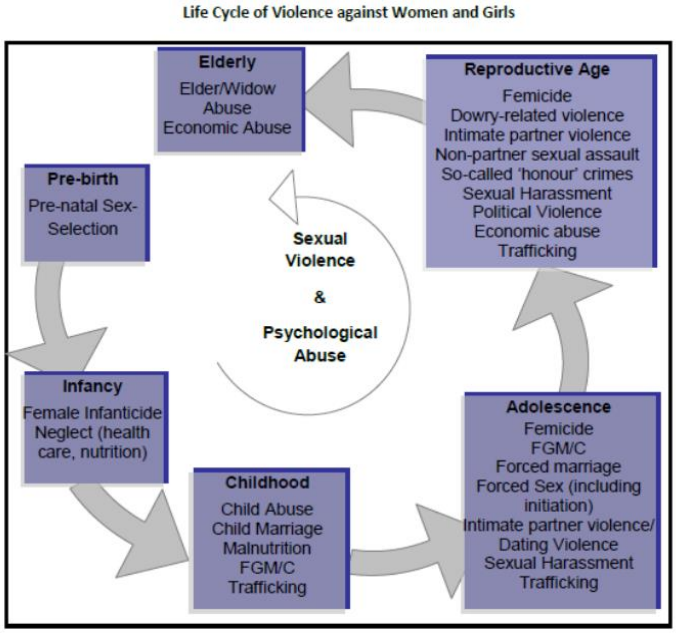
Violence Against Women and Girls (VAWG)' is internationally defined as:
'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women*, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'[1]. *This needs assessment also includes VAWG crimes against men and boys

Violence and abuse can happen to people of all ages, sexualities and cultural, social and ethnic backgrounds, which is why it is imperative for services to meet the diverse needs of victims and survivors. Abuse should also be understood as a cause and consequence of gender inequality, and as a result, impacts disproportionately on women and girls. At any stage of life it causes varying degrees of harm, vulnerability and disadvantage in a number of overlapping ways. This includes impacts on physical and mental health, damage to self-esteem and confidence, isolation, homelessness, and reduced economic prospects[2].

The most universally common forms of VAWG include:

- domestic and intimate partner violence
- sexual violence (including rape)
- sexual harassment and;
- emotional/psychological violence

Other widespread forms of VAWG include: sexual exploitation, sexual trafficking, and harmful practices, such as female genital mutilation/cutting (FGM/C), forced and child marriage.



On the understanding that VAWG is a global and multi-faceted issue, capturing and quantifying the lived experience of the issue is problematic, and is, perhaps, best understood as a continuum (Kelly, 1989), with an identifiable 'life cycle'. The model above (UN, 2013) is illustrative of this cycle of violence.

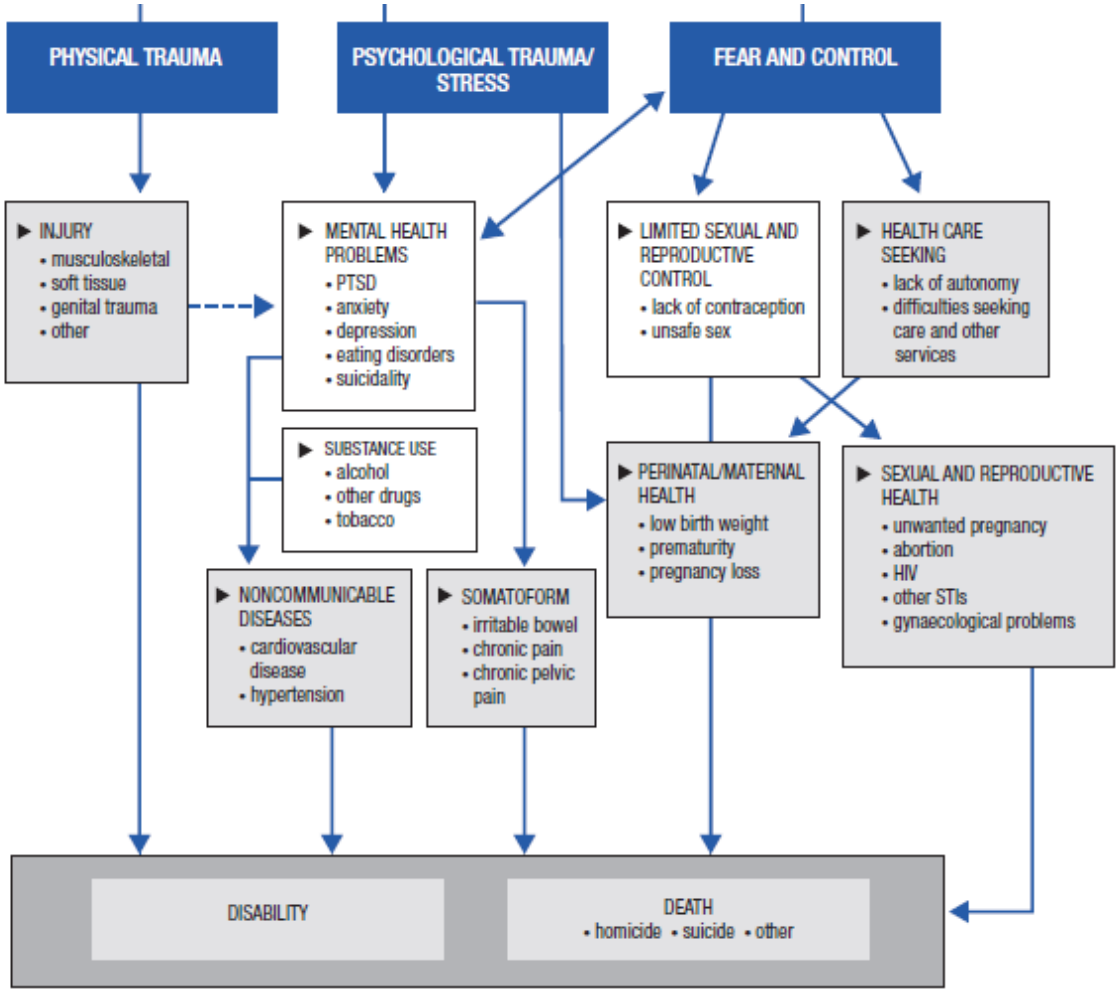
The consequences of VAWG are wide ranging. Efforts to measure these consequences (WHO, 2016) show that:

- Violence against women can have fatal results like homicide or suicide
- It can lead to injuries, with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence
- Intimate partner violence and sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV

[1] Ending Violence against Women and Girls: Strategy 2016 – 2020 – HM Government
[2] Violence Against Women and Girls Services: Supporting Local Commissioning (2016)

- Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies
- Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females)
- Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life
- Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition)

The model below illustrates the negative public health impacts of VAWG:



WHO (2013)

In addition to the negative health and social impacts of VAWG, the financial costs of violence and abuse to the economy can be calculated and are considerable. In November 2009, a report from the University of Lancaster estimated that providing public services to victims of VAWG, and the lost economic output of women affected, **costs the UK £36.7bn annually[3].**

[3] Violence Against Women and Girls Services: Supporting Local Commissioning (2016)

2.0 Purpose and Scope of Needs Assessment

The aims of this needs assessment are to:

- provide context to the issue of VAWG
- collate and present the prevalence of VAWG across Cambridgeshire and Peterborough
- map current services to support victims of VAWG
- explore the evidence-base of what interventions are effective in preventing and responding to VAWG
- evaluate the local response to VAWG
- suggest evidence-based recommendations for future strategy, policy, commissioning, and practice across the county

It is expected that the findings of the assessment will be used by key local partners (e.g. the Cambridgeshire and Peterborough Domestic Abuse and Sexual Partnership, Local Safeguarding Children Boards, Adult Safeguarding Boards, etc.) to further enhance coordinated, multi-agency responses to VAWG.

The assessment will also be integral to the development of Cambridgeshire's local Crime and Policing Plan (2017).

In the development of this assessment, the following issues have been identified:

- **Scope and scale of VAWG** – the insidious and wide-ranging nature of VAWG is such that attempts to accurately qualify and quantify the 'lived experience' of those impacted by the issue are highly likely to grossly underestimate the scale and scope of the problem. The majority of those affected do not disclose their experiences to agencies, and so the 'true' extent and impacts of VAWG are difficult to adequately quantify
- **Missing, or incomplete datasets** – academic literature has shown relevant existing datasets (such as the Crime Survey for England and Wales) to be incomplete, or biased. Local agency datasets, where they exist, have historically developed to capture data around discreet incidents of VAWG (typically domestic abuse, and sexual violence).

The issues outlined above mean that this assessment will, in the main, focus on the more 'established' and 'recognisable' indicators of VAWG, such as domestic abuse and sexual violence, but this focus is not intended to minimise the impact of the issue across the spectrum, or its impact on those affected (including male victims of domestic abuse or sexual violence).

3.0 Identifying Local Needs

3.1 Summary – Cambridgeshire and Peterborough

VAWG, 2015/16

- There were almost 7,900 VAWG-related crimes recorded by the police, with over three-quarters being females. 60% were for domestic abuse and 17% for sexual offence crimes.

Domestic abuse

- Local: Estimated 6.5% of women and 5.2% of men have been victims of domestic abuse in the last year; 14,000 women and 12,000 men
- National: Highest prevalence is in the younger age bands, most notably 16 to 19 year old females
- National: Prevalence is higher in people who are separated or divorced; lone parents; with a long-term illness or disability; lower incomes; low or no qualifications
- Local: 12,300 recorded police incidents of domestic abuse, with significantly high rates in Peterborough and Fenland.
- Local: There appears to be downward trend in the rate of incidents of domestic abuse reported to the police
- Local: 40% of domestic abuse incidents were converted to offences (crimes)
- Local: 78% of all crime victims were females
- Local: Peterborough has a significantly high rate of domestic abuse crimes compared to Cambridgeshire Constabulary's rate
- Local: One in ten of all crimes are domestic abuse related
- Local: 80% of cases go un-reported to the police
- Local: Over 1,100 domestic abuse-related prosecutions; 16% of all prosecutions
- Local: Majority of perpetrators are male. One in ten male perpetrators and one in seven female perpetrators are teenagers

Sexual Offences

- National: 3.2% women and 0.7% men experienced some form of sexual assault in the last year
- National: Highest prevalence in young women (16 to 24 years old); higher in women who are single; with a long-term illness or disability; lower incomes; go to pub at least weekly or nightclub up to three times a month
- National: 15% of sexual violence cases are reported to the police
- Local: 1,260 sexual offence crimes, of which 87% of victims were female
- Local: Significantly high sexual offence crime rates involving female victims in Peterborough and Cambridge City
- Local: Perpetrators are overwhelmingly 'partner/ex-partner' or family
- Local: In 2015/16 there were 149 prosecutions for sexual offences, with three-quarters convicted
- Local: 70 rape prosecutions, 54% convicted

Stalking and harassment

- National: 4.6% women and 2.7% men reported being victims in the last year
- National: Prevalence is highest in young women; single or divorced women; single or separated men; women with a long term illness or disability
- Local: 988 harassment crimes, three-quarters being females
- Local: 46 stalking crimes, 98% being females
- Local: Harassment crimes are significantly high in both males and females in Peterborough.

Female Genital Mutilation

- National: Carried out on young girls between infancy and 15 years old. UK communities that are most at risk include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani
- Local: No cases were reported to the police. NHS data show that there were 5 FGM attendances in obstetrics in Cambridgeshire and 10 newly recorded cases from GP practices in Peterborough, with 65 hospital attendances. All the women were pregnant

Honour based violence

- National: Likely to be more prevalent in certain communities, including BME. Young women are most common targets
- Local: 27 honour based violence crimes, 90% being female victims

Prostitution and Trafficking

- 21 trafficking crimes, of which 52% were against females. Of those 62% were in Peterborough and 38% Cambridgeshire

Forced marriage

- National: Most cases involve female victims (80%) and in younger age bands (under 25 years). Highest volume in connection with Pakistan
- Local: No data

Children and young people

- National: 1 in 5 girls and 1 in 10 boys have experienced some form of child sexual abuse. A third of teenage girls have experienced some form of sexual violence from a partner. High proportion report some form of sexual harassment at school. 2 in 5 girls report being sexually coerced by a partner. People with an extensive childhood sexual and physical abuse history are 15 times more likely to have 3 or more mental health disorders, 15 times more likely to commit suicide and 12 times more likely to be admitted to an inpatient unit
- Local: 1 in 10 Year 10 girls (who have been in a relationship) have been put under pressure to have sex or do sexual things with a current or previous partner. More girls than boys have been threatened to be hit whilst in a relationship, with more boys than girls reporting having been hit. 3% of pupils reported that there was shouting and arguing every, or almost every, day between adults at home that frightened them, with 1% reporting frightening physical aggression
- Cambridgeshire: 669 referrals to Children's Social Care were for domestic abuse/violence, a fifth were re-referrals. Decreasing trend in referrals where domestic abuse is a secondary children in need (CiN) code, most notably in pre-school children. Majority are White British. Over half of factors identified at the end of CiN assessment are domestic violence related. 438 children subject to child protection plans, with 5% due to physical abuse, 4% sexual abuse and 26% emotional abuse
- Peterborough: 734 referrals to children's social care for domestic violence, half of which went on to completion of assessment. Just over 40% of factors identified at the end of CiN assessment were domestic violence related. 257 children subject to a child protection plan, with 4% due to sexual abuse and 22% emotional abuse (physical abuse unknown due to small numbers).

3.2 VAWG Data Overview

This section examines available national and local data to highlight potential areas of greatest need across Cambridgeshire and Peterborough, in terms of geography, vulnerable groups and types of abuse. This is divided into the main areas of VAWG, with a separate chapter focussing solely on children.

As with international and national datasets, there are significant issues with the quality, consistency, and scope of relevant local data, due to the evolution of response to the VAWG agenda and data collection methodologies.

VAWG

- **Domestic violence and abuse**
- **Sexual violence**
- **Stalking, so called 'honour-based' violence – including forced marriage and female genital mutilation (FGM)**
- **Gang related violence**
- **Human trafficking**

Subsequently, the following data is presented as indicative of the scale and scope of the issue across Cambridgeshire and Peterborough. It should also be noted here that much of the following data has been collated for the first time for this needs assessment, and so establishing trends over time is currently not feasible.

The Crime Survey for England (CSEW) is the most reliable indicator of estimated prevalence of domestic abuse available. However, its methodological approach is currently under review as it has previously received a high degree of criticism regarding its failure to appropriately capture the highly gendered nature of repeat victimisation[4]. Research indicates that the number of crimes that high-frequency repeat victims are experiencing may be increasing rather than declining and that female victims of crime are continuously and disproportionately harmed.

Data relating to VAWG are heavily biased towards police reported data and, due to the relative infancy of the VAWG agenda, mostly related to domestic abuse and sexual offences. Whilst it is the only main data source available it does not truly reflect the extent of these crimes across the county. For example, it is known that 80% of domestic abuse incidents do not get reported to the police, and therefore police data are likely to be a notable under-representation.

Patterns of change in police-recorded rape, sexual offences and domestic abuse are difficult to conclude as increases in reporting are considered to be mainly due to greater victim confidence and better recording by the police[5].

One notable gap in data is that from the NHS. The NHS spends more time dealing with the impact of violence than almost any other agency[6]. However, consistent, good quality data relating to VAWG are not currently available, creating a weakness in the understanding of health needs and service usage of victims.

The majority of this data section is therefore limited to estimated prevalence, police recorded incidents and offences and prosecutions. The Crown Prosecution Service (CPS) has a VAWG

4 Official stats mask extent of domestic violence in the UK, Stats Life, 2015, Sylvia Walby, Distinguished Professor of Sociology and UNESCO Chair in Gender Research, Violence and Society UNESCO Centre, Lancaster University

5 Domestic abuse England and Wales, March 2016, Office for National Statistics

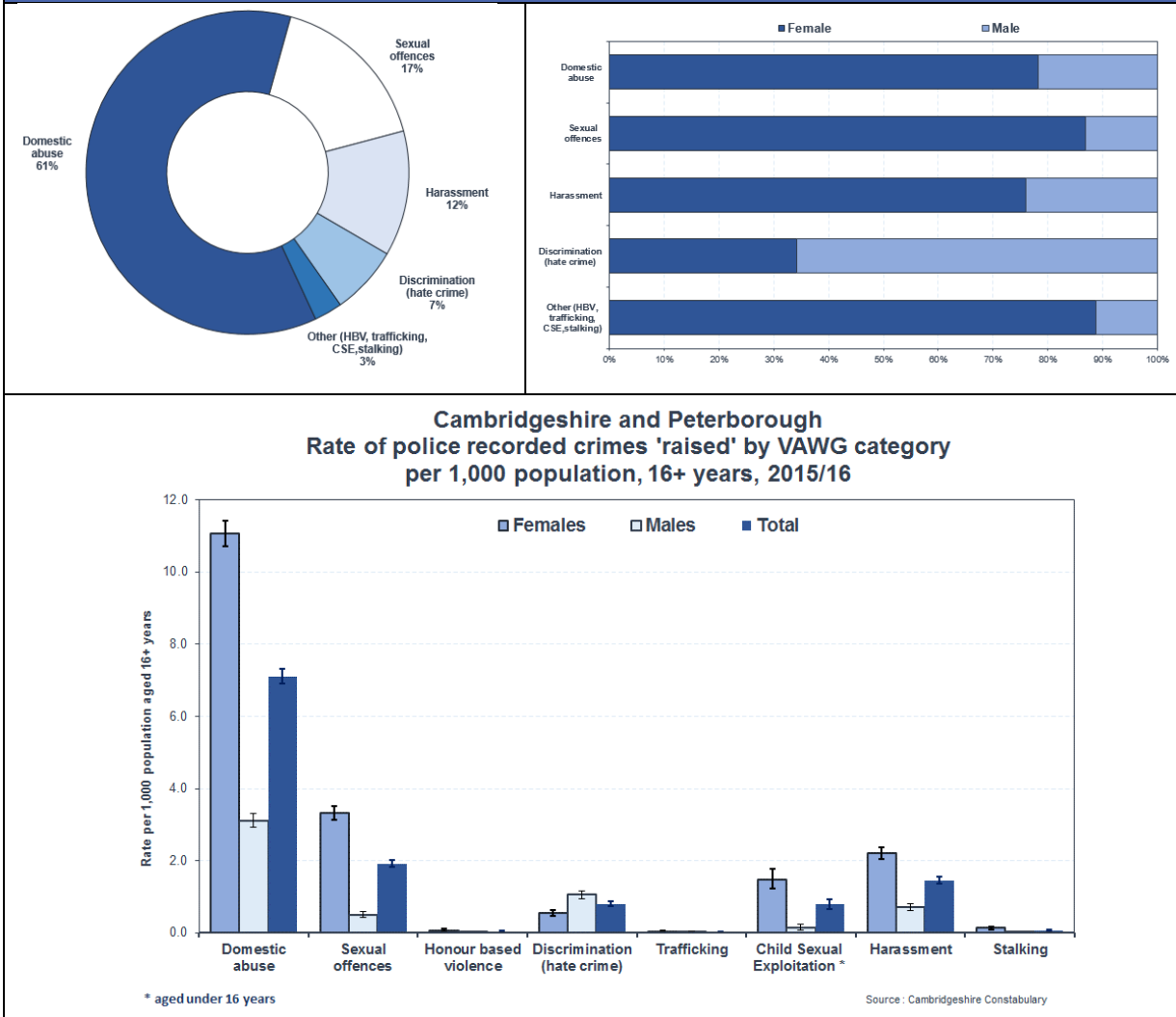
6 Responding to violence against women and children – the role of the NHS The report of the Taskforce on the Health Aspects of Violence Against Women and Children March 2010

improvement plan in place, and is actively seeking to increase the number of relevant successful outcomes in court.

Police data from Cambridgeshire Constabulary relates to Cambridgeshire and Peterborough, but is referred to as Cambridgeshire. Statistical significance testing has been undertaken on the police data to help identify geographical areas with the highest rates. However, it is important to note that areas with low recorded rates of incidents and offences may be a true reflection of the area or there could be greater under-reporting from those areas.

In 2015/16 there were almost 7,900 VAWG-related crimes recorded across Cambridgeshire and Peterborough, with over three-quarters of victims being females. Domestic abuse-related crimes and sexual offence crimes had significantly higher volumes of female victims than males, with domestic abuse offences being significantly higher than all other VAWG-related crimes reported.

Cambridgeshire, VAWG-related crimes, 2015/16



In 2015/16 there were 1,321 VAWG prosecutions in Cambridgeshire, with three-quarters of these leading to convictions. [7]

Note: Some numbers are comparatively small and recording of these crimes is relatively new
Source : Cambridgeshire Constabulary and Crown Prosecution Service

[7] Violence against Women and Girls crime report data, 2015/16, The Crown Prosecution Service

3.3 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. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. In extreme cases this includes murder.

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.

3.3.1 National

Prevalence in 2015/16:

- Prevalence of domestic abuse is highest in females (8.1%) than males (4.3%)
- Prevalence is highest in younger populations, most notably 16 to 19 year old females
- A quarter of women and one in seven men report having experienced domestic abuse since the age of 16
- Downward trend in the estimated prevalence of domestic abuse, especially in females
- A third of violent crimes are domestic abuse-related
- One in ten crimes are domestic abuse-related
- Around 80% of cases go un-reported to the police

Source : Domestic abuse in England and Wales : year ending March 2016, Office for National Statistics

Chart 1: Prevalence of domestic abuse in the last year, trend

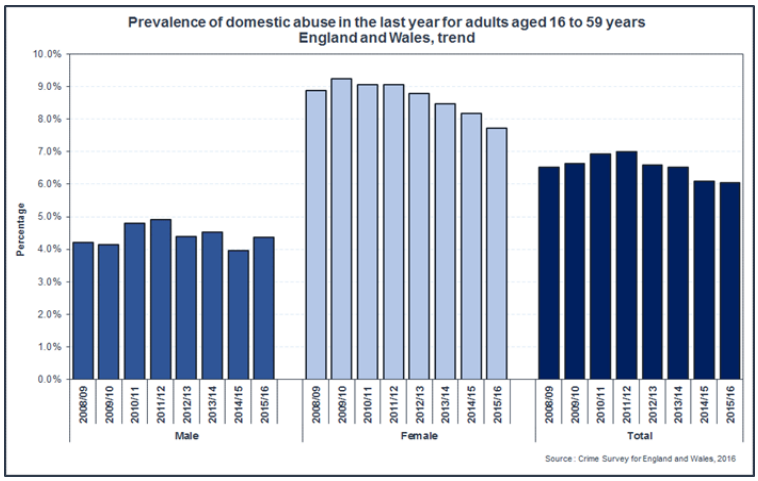
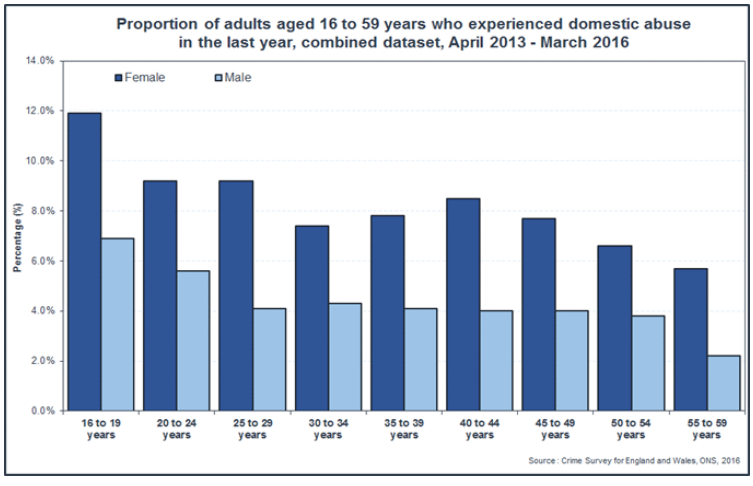


Chart 2: Estimated prevalence of domestic abuse, age and sex



3.3.1.1 At Risk Groups

A report on intimate personal violence and partner abuse[8] found:

Potential risk factors
Separated or divorced
Lone parents
Long-term illness or disability
Low income
Low or no qualifications

- Adults who were separated or divorced are more likely to be victims of domestic abuse in the previous 12 months
- Just over one in five women living in lone parent households were victims
- Both men and women with a long-term illness or disability were more likely to be victims of any domestic abuse in the last 12 months than those without a long-term illness or disability
- Over 3 times as many women in the lowest income bracket had experienced domestic abuse in the last 12 months, compared with those in the highest household income bracket
- Women with a degree or diploma are less likely than women with other qualifications or no qualifications to be a victim of any domestic abuse in the last year[8]
- Nearly 3 in 10 victims of domestic abuse suffered more than one type of abuse, with partner abuse and stalking the most commonly experienced combination
- Between 50% and 80% of women in prison have experienced domestic abuse and/or sexual abuse[3]
- Almost two-thirds of women involved with domestic abuse agencies reported that their problematic substance use began following their experiences of domestic violence[3]
- One in four lesbian and bisexual women have experienced domestic violence in a relationship Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16[9]

Homicides

A review into domestic homicides[10] found that:

- Almost three-quarters of domestic homicide victims are female, with over three-quarters of these killed by a partner or ex-partner and just under a quarter by a family member
- Around half of male domestic homicide victims were killed by a partner and the other half by a family member
- Mental health issues were present in around three-quarters of intimate partner homicides
- Perpetrator substance misuse appears to be a strong factor in intimate partner and familial homicides.

[8] Intimate personal violence and partner abuse, 2016, Office for National Statistics
[9] Stonewall research into domestic violence, Criminal Law, Stonewall
[10] Domestic Homicide Reviews, Key findings, December 2016, Home Office

Prosecutions

The Crown Prosecution Service (CPS) report that[11]

- VAWG offences account for around a fifth of CPS' workload
- Nationally 75% of prosecutions for domestic abuse end in conviction
- There have been five prosecutions for controlling and coercive behaviour since a new law came into force in December 2015

3.3.2 Local

Prevalence

Modelled estimates from Crime Survey for England & Wales suggest that 6.5% of women and 5.2% of men have been victims of domestic abuse in the last year in Cambridgeshire.

It is important to note that ONS are currently reviewing their methodology for collecting domestic abuse-related statistics due to criticism of the current method (see Appendix B for details). However, at present the current CSEW prevalence estimates are the best available.

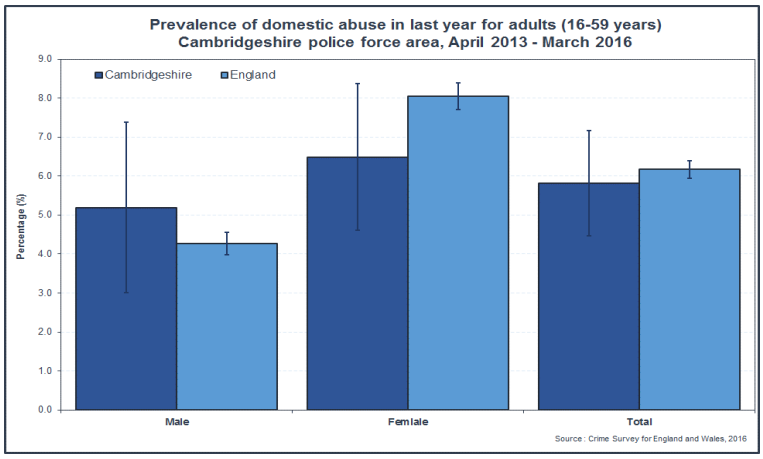
Table 1: Estimated prevalence and number of people who have been victims of domestic abuse in the last year

Cambridgeshire	Prevalence	Estimated number	% of total
Male	5.2%	11,950	45.9%
Female	6.5%	14,064	54.1%
Total	5.8%	26,014	100.0%

Source: Crime Survey for England and Wales, 2016

Cambridgeshire's prevalence of domestic abuse is estimated to be lower in females than nationally, but higher in males. Neither of these differences are statistically significant.

Chart 3: Estimated prevalence of people who have been victims of domestic abuse in the last year

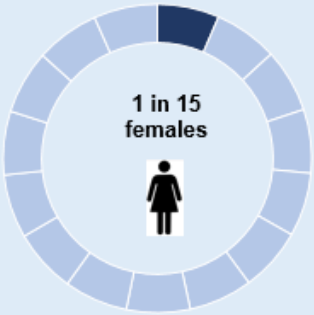


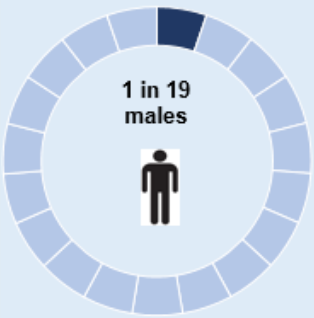
Domestic abuse in Cambridgeshire and Peterborough

It is estimated that in the last year

14,000 females
12,000 males

16 to 59 years old have been victims of domestic abuse in last year





Source : Domestic abuse Statistics – Data Tool, 2016,

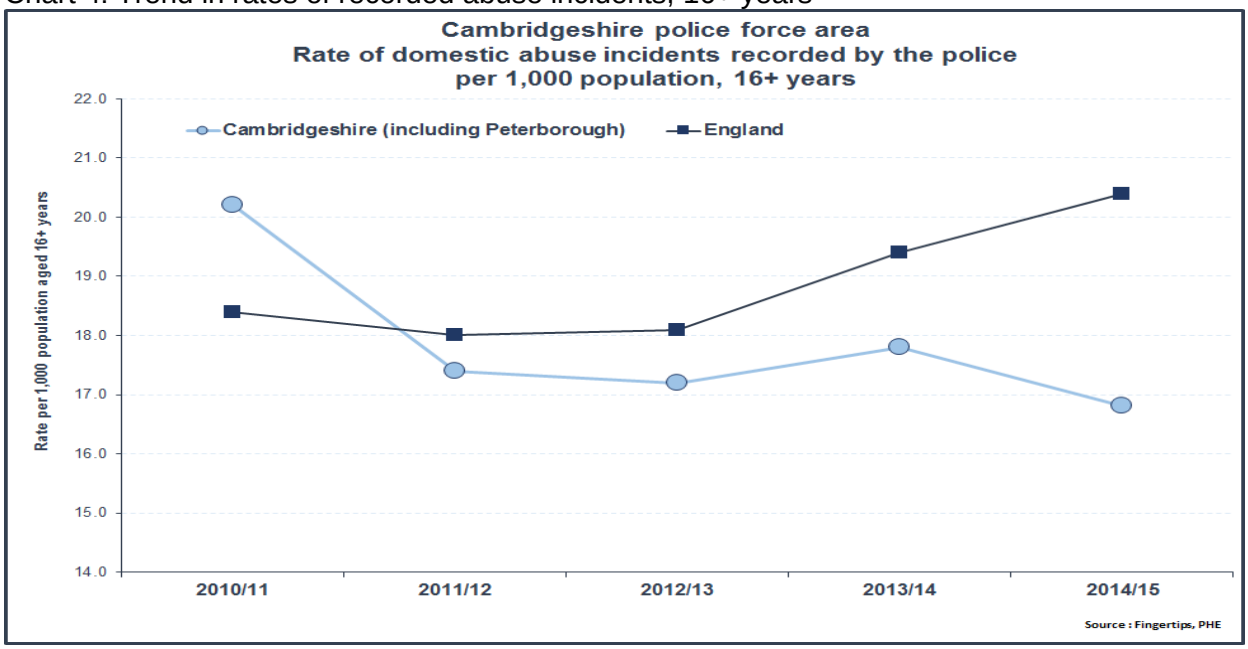
[11] Violence Against Women and Girls, Crime Report 2015/16, Crown Prosecution Service

Police Recorded Incidents

In 2015/16 there were over 12,300 incidents of domestic abuse recorded by Cambridgeshire Constabulary. The number of such incidents decreased by 5% between 2011/12 and 2015/16, with Cambridge City and Peterborough experiencing the largest decreases in actual numbers, at 10% each.

Nationally reported data also shows that there appears to be a downward trend in recorded domestic abuse incidents in Cambridgeshire, against an increasing trend being experienced in England as a whole.

Chart 4: Trend in rates of recorded abuse incidents, 16+ years



Peterborough and Fenland have notably the highest rates of domestic abuse incidents within Cambridgeshire, with both areas having significantly high rates in comparison to the average for Cambridgeshire Constabulary. All the other districts in Cambridgeshire have significantly low rates in comparison. However, Cambridge City has a significantly high rate compared to the Cambridgeshire County Council area rate.

Table 2: Number and rate of domestic abuse incidents, 2015/16

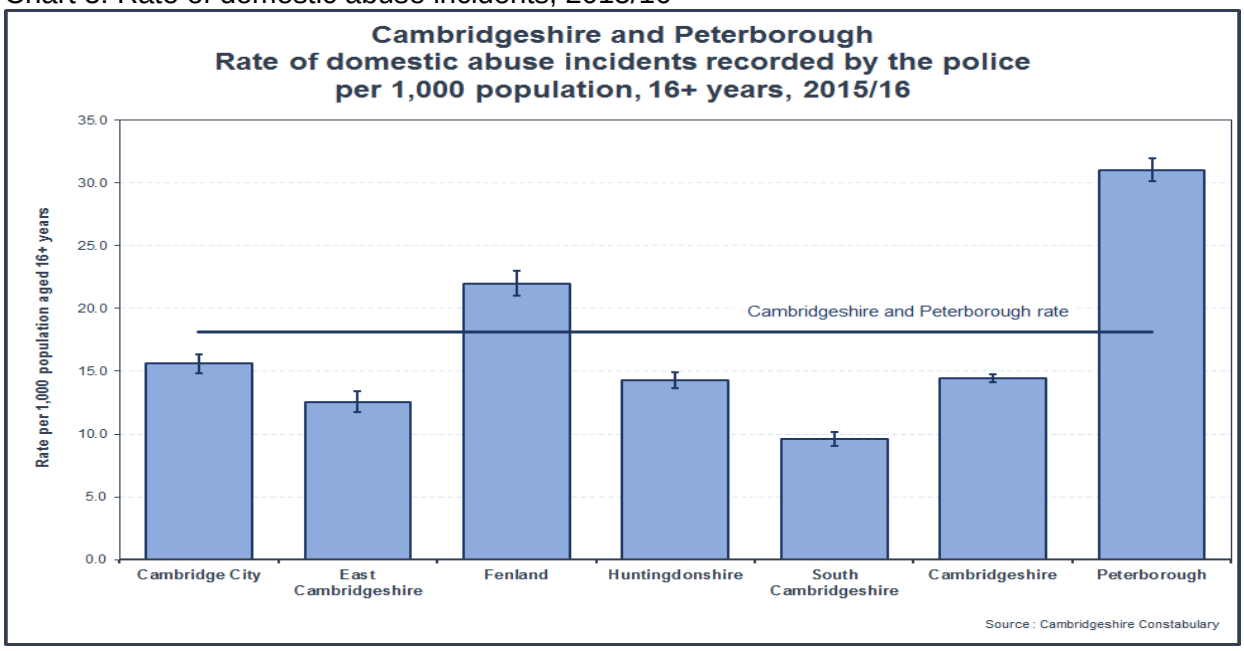
District	Number of domestic abuse incidents	Rate per 1,000 population aged 16+	95% confidence intervals
Cambridge City	1,725	15.6	(14.9 - 16.3)
East Cambridgeshire	877	12.5	(11.7 - 13.4)
Fenland	1,798	22.0	(21.0 - 23.0)
Huntingdonshire	2,028	14.2	(13.6 - 14.9)
South Cambridgeshire	1,191	9.6	(9.1 - 10.1)
Cambridgeshire	7,619	14.4	(14.1 - 14.8)
Peterborough	4,683	31.1	(30.2 - 32.0)
Cambridgeshire and Peterborough	12,302	18.1	(17.8 - 18.5)

Statistically significantly **higher** than Cambridgeshire and Peterborough rate

Statistically significantly **lower** than Cambridgeshire and Peterborough rate

Source: Cambridgeshire Constabulary

Chart 5: Rate of domestic abuse incidents, 2015/16



Police Recorded Crimes

In 2015/16 40% of police recorded domestic abuse incidents in Cambridgeshire were converted to crimes.

For this time period there were 4,900 domestic abuse crimes recorded in Cambridgeshire, 10% of all crimes reported. Just over a third of violent crimes were domestic abuse-related.

Table 3: Number and rate of domestic abuse offences, 2015/16

Police area	Domestic abuse offences			Violence against the person domestic abuse offences		
	Number	% of all offences	Rate per 1,000 population	Number	% of all offences	Rate per 1,000 population
Cambridgeshire	4,900	10.1%	5.8	3,843	34.9%	4.6
England	421,185	10.8%	7.3	327,565	32.9%	5.7

One in **ten** recorded offences in Cambridgeshire are domestic abuse-related

Source: Police recorded crime data, Office for National Statistics

Local Constabulary data for 2015/16 found that almost four in five victims of domestic abuse crimes were women. Peterborough had significantly high domestic abuse crime rates in both females and males when compared to the rate for Cambridgeshire and Peterborough. Rates in Peterborough are around double that of Cambridgeshire as a whole.

Fenland and Cambridge City have similar female domestic abuse crime rates, with both being significantly higher than the Cambridgeshire rate. Fenland has the highest male victim rate of domestic abuse within Cambridgeshire (excluding Peterborough).

The conversion of domestic abuse incidents to crimes is highest in South Cambridgeshire and Cambridge City and lowest in Fenland.

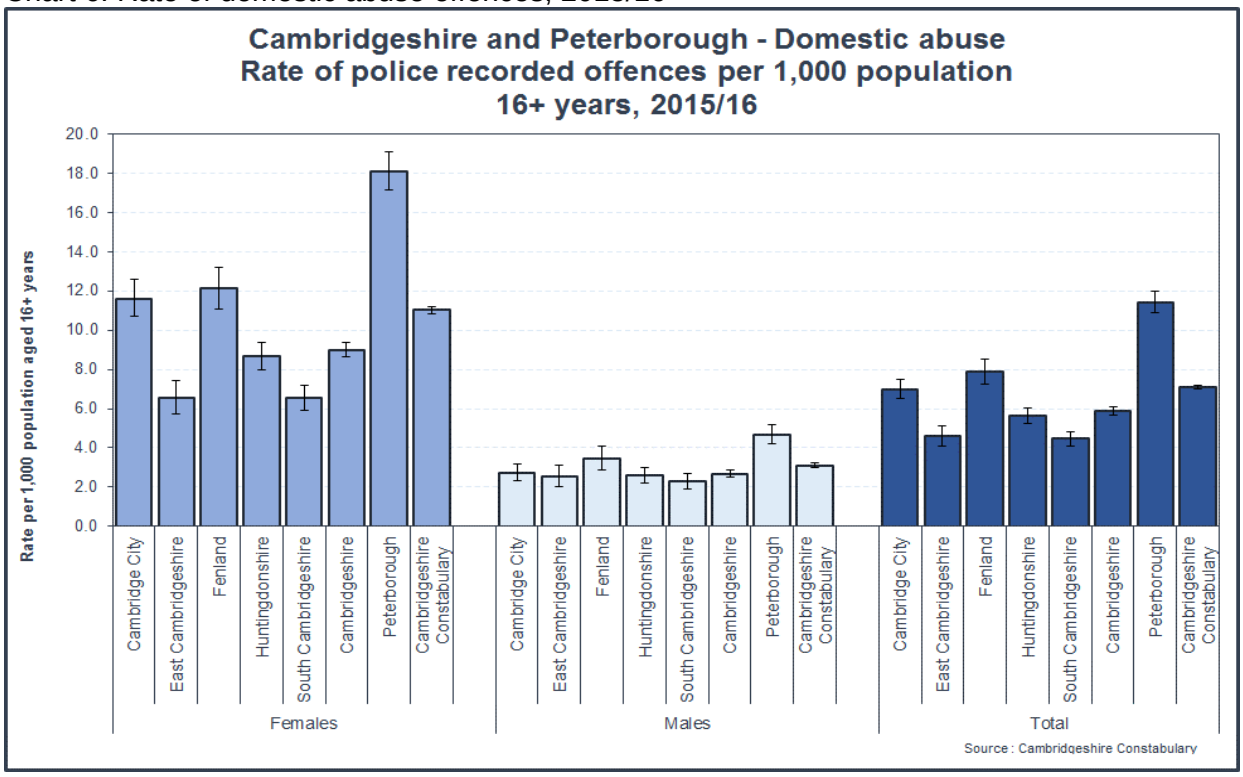
Table 4: Number of rates of domestic abuse offences, 2015/16

District	Females			Males			Total			
	Number of domestic abuse crimes	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of domestic abuse crimes	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of domestic abuse crimes	Rate per 1,000 population aged 16+ years	95% confidence intervals	Conversion of incidents to crimes
Cambridge City	616	11.6	(10.7 - 12.6)	157	2.7	(2.3 - 3.2)	773	7.0	(6.5 - 7.5)	45%
East Cambridgeshire	236	6.6	(5.8 - 7.5)	86	2.5	(2.0 - 3.1)	322	4.6	(4.1 - 5.1)	37%
Fenland	505	12.1	(11.1 - 13.2)	138	3.4	(2.9 - 4.1)	643	7.9	(7.3 - 8.5)	36%
Huntingdonshire	622	8.6	(8.0 - 9.4)	183	2.6	(2.2 - 3.0)	805	5.7	(5.3 - 6.1)	40%
South Cambridgeshire	414	6.5	(5.9 - 7.2)	140	2.3	(1.9 - 2.7)	554	4.5	(4.1 - 4.8)	47%
Cambridgeshire	2,393	9.0	(8.6 - 9.4)	704	2.7	(2.5 - 2.9)	3,097	5.9	(5.7 - 6.1)	41%
Peterborough	1,375	18.1	(17.1 - 19.1)	349	4.7	(4.2 - 5.2)	1,724	11.4	(10.9 - 12.0)	37%
Cambridgeshire and Peterborough	3,768	11.0	(10.7 - 11.4)	1,053	3.1	(2.9 - 3.3)	4,821	7.1	(6.9 - 7.3)	39%

Statistically significantly **higher** than Cambridgeshire and Peterborough rate Statistically significantly **lower** than Cambridgeshire and Peterborough rate

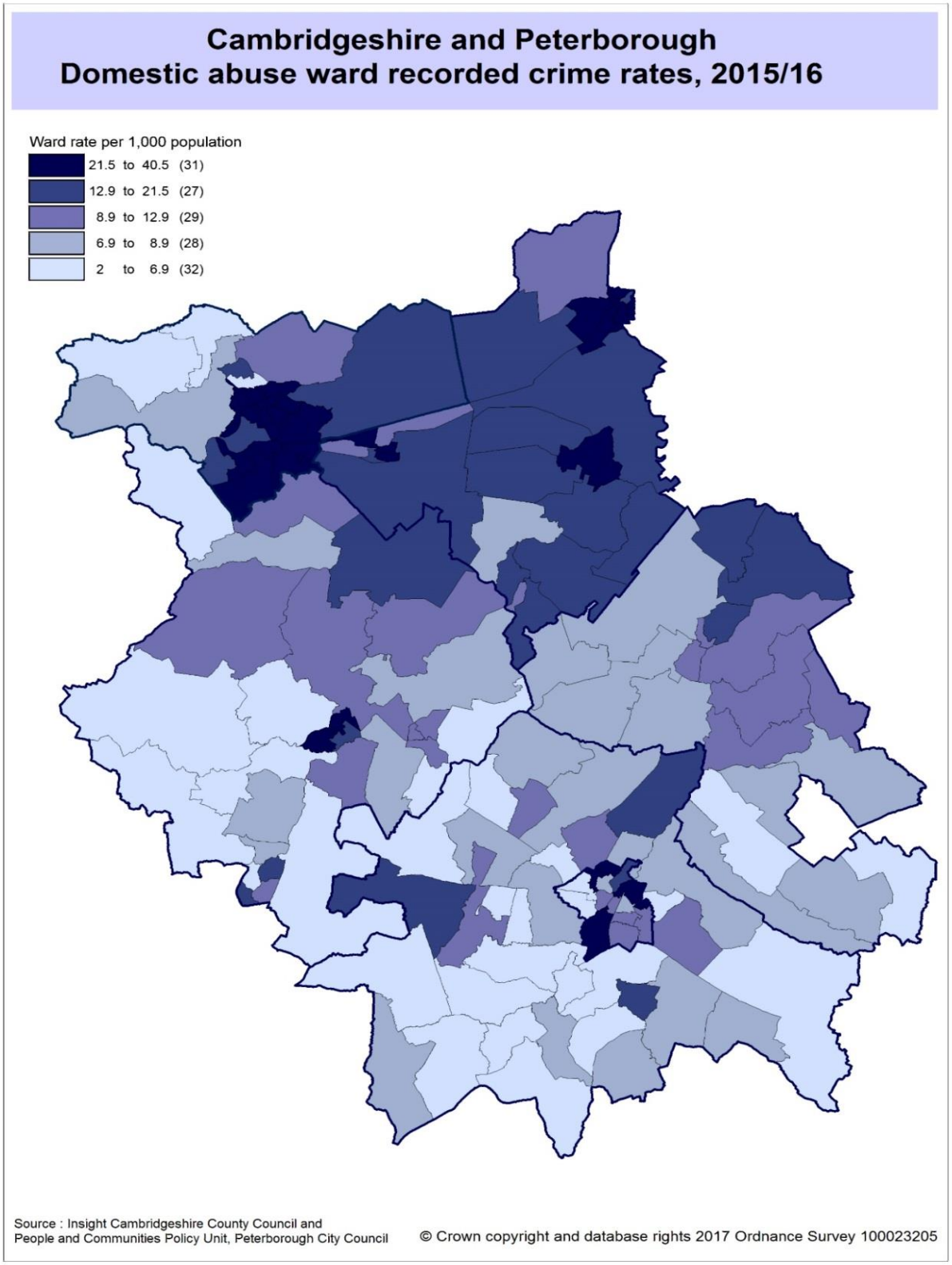
Source: Cambridgeshire Constabulary

Chart 6: Rate of domestic abuse offences, 2015/16



Geographically, domestic abuse crime rates appear to be highest in the more urban and, generally, the more deprived areas of Cambridgeshire and Peterborough.

Map 1: Domestic abuse crime rates by ward, 2015/16



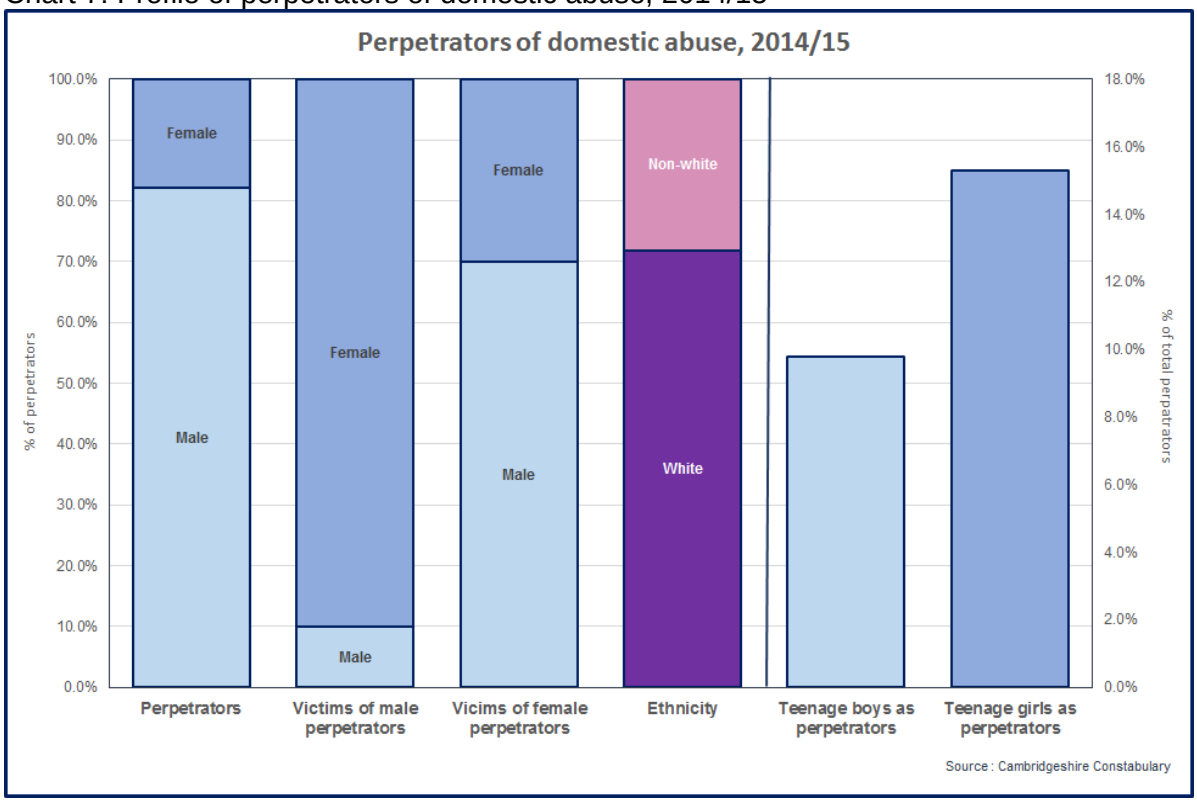
3.3.2.1 Perpetrators of Domestic Abuse

Perpetrators may often target victims from vulnerable groups, such as BME women with insecure immigration status, people living with disabilities (including mental health issues) 1 or older women, even if they don't belong to those groups themselves[3].

The most recent local research[12] into the context of those who perpetrate found a complex and diverse range of offenders within the county. The research found that:

- The majority of perpetrators were male (82%)
- Both males and females were likely to target the opposite sex, 90% of male perpetrator victims were female; 70% of female perpetrator victims were male
- Most offences involving a perpetrator and victim of the same sex tended to be between family members
- Very low recorded offences between same-sex intimate couples
- One in ten male perpetrators were teenagers; almost one in seven female perpetrators were teenagers
- 72% of offenders were White British

Chart 7: Profile of perpetrators of domestic abuse, 2014/15



[12] Cambridgeshire and Peterborough Domestic abuse and Sexual Violence Partnership, June 2016

Police profile relationships between victims and offenders of domestic abuse Cambridgeshire

- Three-quarters of sampled offences took place between current or ex intimate partners
- A quarter of offences involved other family members, mostly committed by adult children towards a parent
- Over half of offences were committed by a boyfriend or ex-boyfriend towards a female
- Husbands and ex-husbands were responsible for almost 10% of all domestic abuse offences
- Women were most at risk of abuse from an ex-boyfriend (32% of all domestic abuse)
- Almost all domestic abuse committed by a male partner (boyfriend or husband) was physical or sexual violence
- Male ex-partners also committed physical and sexual violence but around half of their offending was criminal damage, harassment, public order offences or theft
- One in ten domestic abuse offences were committed by a female partner or ex-partner

Source : Cambridgeshire Constabulary

Male victims domestic abuse or violence Cambridgeshire

- 37.5% of male victims reporting abuse or violence to the police (within the scope of the research) were also recorded by the Constabulary as having previously perpetrated domestic abuse against a female partner
- Nearly 17% of incidents reviewed found that the perpetrator of the abuse / violence was male (brother on brother, or brother to father)
- Of the incidents reviewed, only 17% showed a clear victim/offender dynamic, where the female was the primary offender in the relationship
- There was no statistical inequality (where comparable data existed) regarding police activities in response to incidents reported by male or female victims (Kerss, 2015)

Source : Local research commissioned by the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership, 2015

3.3.2.2 Prosecutions

In 2015/16 there were 1,327 domestic abuse-related referrals to the CPS in Cambridgeshire, with 68% of these resulting in a decision to charge. In total 1,102 domestic abuse prosecutions took place; 16% of all prosecutions undertaken in Cambridgeshire in the year. Of these prosecutions 80% led to a conviction, which was higher than the national average of 75%.

Source: Domestic abuse in England and Wales - Appendix tables, March 2016, Office for National Statistics

3.3.2.3 Homicides

Since the Home Office launched its first 'End Violence Against Women and Girls' strategy[13] in 2012 there have been:

- 3 domestic homicides in Cambridgeshire
- 3 domestic homicides in Peterborough
- All domestic homicide victims were female
- All had been murdered by a current or former male partner

In December 2016 the Home Office published its second overview of themes arising from national domestic homicide reviews (involving intimate partner homicide) which examined the quality and context of 40 homicides between 2013 and 2010[10].
Key themes for learning were:

- Record keeping
- Risk assessment
- Identification/understanding of domestic violence
- Organisational policy
- Information sharing between agencies
- Competence, knowledge and skills
- Multi-agency work
- Referrals
- Training
- Intra-agency communication
- Public awareness

Appendix C shows the issues for practice as identified by the reviews.

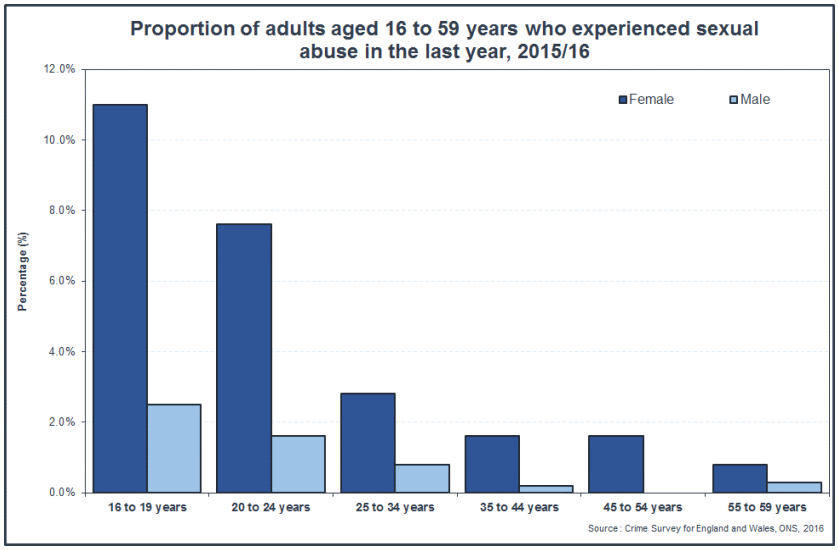
[13] Strategy to end Violence Against Women and Girls, 2016 to 2020, Home Office

3.4 Sexual Violence

Sexual contact without consent. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, social settings, during war/conflict situations.

3.4.1 National

- 3.2% of women and 0.7% of men experienced some form of sexual assault (including attempts) in the last year. The majority of these were indecent exposure and unwanted sexual touching[14]



- Prevalence is markedly highest in females aged 16 to 19 years, followed by 20 to 24 years[14]
- One in five women aged 16 to 59 years have experienced some form of sexual assault since the age of 16, in comparison to around 4% of men[14]
- The prevalence of sexual assault experienced by women has generally declined but has not significantly changed since 2005. There have, however, been small increases since March 2014[14]

3.4.1.1 At Risk Groups

- A third of young women aged 18 to 24 years old report having experienced sexual abuse in childhood[3]
- Around a fifth of girls and a tenth of boys experience some form of child sexual abuse, including rape[3]
- Around 15% of those who experience sexual violence and 10% of rapes are reported to the police[15]
- Fewer than 0.1% of men had reported experiencing sexual assault by rape or penetration (including attempts) compared with 0.7% of women[8]
- Approximately 90% of those who are raped know the perpetrator prior to the offence[3]
- In over half (57%) of serious sexual assaults on women since the age of 16, the offender was a partner or ex-partner in at least one incident[8]

[14] Domestic abuse, sexual assault and stalking, Compendium, March 2016, Office for National Statistics
[15] An Overview of Sexual Offending in England and Wales, 2013, Office for National Statistics

- Single women are more likely to be victims of sexual assault than those who were married or civil partnered, cohabitating or divorced[14]
- Females from households in the lowest income bracket (under £10,000 per year) show an increased risk of victimisation as do full time students and the unemployed[14]
- An increased risk of sexual offence victimisation in females with limiting disabilities or illnesses and those who were economically inactive due to long term illness[14]
- Sexual victimisation rates are higher for females who reported visiting a pub at least once a week or a night club one to three times a month. Those who visited a night club at least four times a month had the highest victimisation rate of any characteristic covered by the CSEW[8]
- People with a history of extensive childhood sexual and physical abuse are: [3]
    - 15 times more likely to have 3 or more common mental health disorders
    - 15 times more likely to commit suicide
    - 12 times more likely to be admitted to an inpatient mental health unit
- The number of CPS prosecutions for rape were the highest ever recorded (4,643) and almost 58% (2,689) of those prosecuted were convicted[11]

3.4.2 Local

Police Recorded Crimes

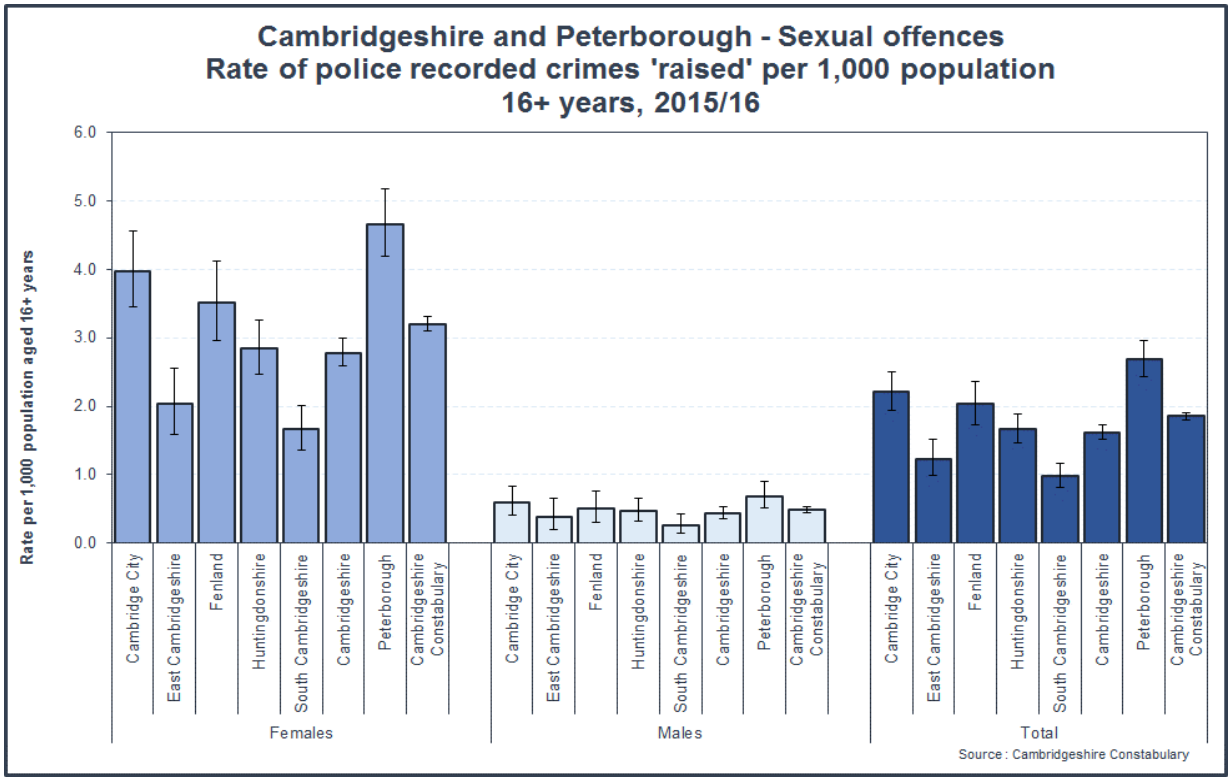
In 2015/16 there were just under 1,300 sexual offence crimes recorded in Cambridgeshire, with rates significantly high in females living in Peterborough and Cambridge City when compared to the Cambridgeshire Constabulary rate. Around 87% of all sexual offences victims were female.

Table 5: Number of rates of sexual offence crimes, 2015/16

District	Females			Males			Total		
	Number of sexual offences	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of sexual offences	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of sexual offences	Rate per 1,000 population aged 16+ years	95% confidence intervals
Cambridge City	211	4.0	(3.5 - 4.6)	34	0.6	(0.4 - 0.8)	245	2.2	(1.9 - 2.5)
East Cambridgeshire	73	2.0	(1.6 - 2.6)	13	0.4	(0.2 - 0.7)	86	1.2	(1.0 - 1.5)
Fenland	146	3.5	(3.0 - 4.1)	20	0.5	(0.3 - 0.8)	166	2.0	(1.7 - 2.4)
Huntingdonshire	204	2.8	(2.5 - 3.3)	33	0.5	(0.3 - 0.7)	237	1.7	(1.5 - 1.9)
South Cambridgeshire	105	1.7	(1.4 - 2.0)	16	0.3	(0.2 - 0.4)	121	1.0	(0.8 - 1.2)
Cambridgeshire	739	2.8	(2.6 - 3.0)	116	0.4	(0.4 - 0.5)	855	1.6	(1.5 - 1.7)
Peterborough	354	4.7	(4.2 - 5.2)	51	0.7	(0.5 - 0.9)	405	2.7	(2.4 - 3.0)
Cambridgeshire and Peterborough	1,093	3.2	(3.0 - 3.4)	167	0.5	(0.4 - 0.6)	1,260	1.9	(1.8 - 2.0)

Source: Cambridgeshire Constabulary Statistically significantly **higher** than Cambridgeshire and Peterborough rate Statistically significantly **lower** than Cambridgeshire and Peterborough rate

Chart 8: Rate of sexual offences, Cambridgeshire, 2015/16



3.4.2.1 Victims of Sexual Violence

A Victim and Offender needs assessment[16] explored the local profile of victims of sexual violence. A summary of this profile is shown below:

Gender: All data suggests that more than 90% of victims are female.

Age: The 16-24 years age group had the most reported number of 'all sexual offences' reported to the police. SARC data is similar. However, Rape Crisis data has an older profile at 35-44 years indicating the prevalence of historical reporting.

Ethnicity: All agencies report that victims are overwhelmingly White British, and are concerned that this implies a serious under-reporting or referral from ethnic minorities.

Perpetrator: All agencies highlight that perpetrators are overwhelmingly recorded as 'family' or 'partner/ ex-partner'.

Males: Police data suggests that boys aged 12 – 14 years are most vulnerable. Boys are over-represented in inter-familial offences.

Low or under-reporting: This was evident for LGBT groups, older people and individuals with physical disabilities or sensory impairment.

Vulnerable adults: Police recorded one third of victims as having vulnerabilities including mental health problems, substance misuse, learning disabilities or being a previous victim (Magilton, 2015).

[16] Victim and Offender Needs Assessment, July 2012, Research and Performance Team, Cambridgeshire County Council on behalf of Cambridgeshire Police Authority

3.4.2.2 Perpetrators of Sexual Violence

Data gathered from services such as the police and Rape Crisis found that the local profile of sexual violence perpetrators is:

- Peterborough Rape Crisis Centre: Data for victims accessing their service from Fenland and Huntingdonshire reported that the perpetrator was overwhelmingly reported as 'family member', followed by 'partner/ ex-partner'
- Cambridge Rape Crisis Centre data shows the perpetrator is a 'friend, acquaintance, neighbour' in the majority of cases, followed by 'Partner/ex-partner'
- A dip sample of offenders sentenced for sexual violence indicated that one fifth were linked to other crimes as offenders. The crimes were most likely to be violence, drug offences and ASB
- Many of the offenders came from 'troubled' backgrounds and had been abused themselves
- The age of inter-familial perpetrators ranges from 23 to 59 years at the time of first offence. The average age is 38 years
- Uncles and step-uncles are responsible for 16% or inter-familial offences with the majority of offences being against children under 13 years. Most offences committed are rapes – with both males and females targeted equally
- About half of child sexual offenders are repeat offenders; 32% of child sexual offences are linked to multiple sexual offences (not necessarily with children)
- Three in ten repeat offenders are linked to offences for violence – particularly domestic abuse
- Approximately 81.8% of offenders of sexual abuse against children are White British. Asian offenders are 8.7% of reported cases and over-represented for CSE
- Internet offenders are mainly White British, with a wide range of age and social class

3.4.2.3 Prosecutions

In 2015/16 there were 149 sexual offence prosecutions in Cambridgeshire, with 77% being convicted (78% nationally). There were 70 rape prosecutions over the same time, with 54% of these leading to convictions (58% nationally)

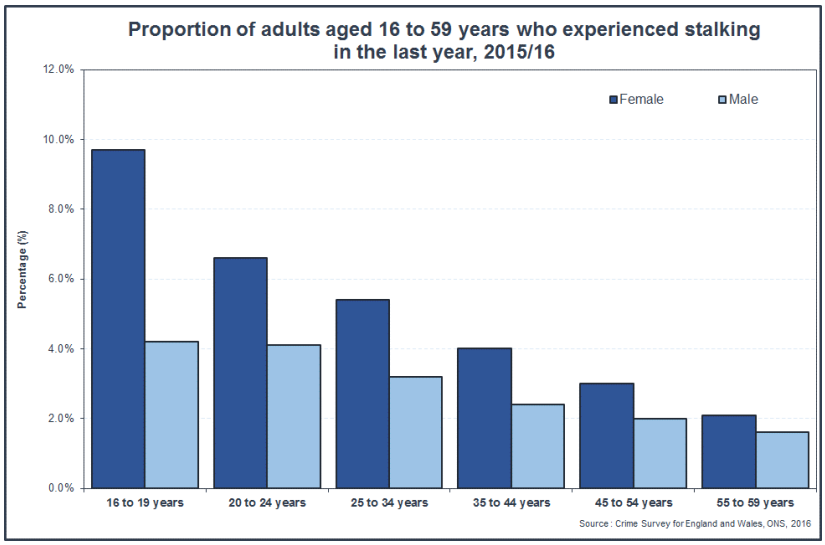
Source: Domestic abuse in England and Wales - Appendix tables, March 2016, Office for National Statistics

3.5 Stalking and Sexual Harassment

Stalking is repeated (i.e. on at least two occasions) harassment causing fear, alarm or distress. It can include threatening phone calls, texts or letters; damaging property; spying on and following the victim.

Sexual harassment is the unwanted verbal or physical conduct of a sexual nature. It can take place anywhere, including the workplace, schools, streets, public transport and social situations. It includes flashing, obscene and threatening calls and online harassment.

3.5.1 National



- 4.6% of women and 2.7% of men report being victims of stalking in the last year[14]
- Highest in younger age bands, most notably in young women aged 16 to 19 years[14]
- A fifth of women and a tenth of men report having been stalked since they were 16 years old[14]
- Of women who reported having been stalked, 42% were stalked by a partner and 14% by a family member. These proportions were 27% and 12% respectively for men[8]
- 56% of women who have experienced stalking will have also experienced another form of abuse, such as sexual or domestic violence[30]

At Risk Groups

- Women with a long-term illness or disability are more likely to be victims of stalking than those without such illness or disability[14]
- Single women and women who are divorced are more likely to be victims of stalking than women who are cohabiting and women who are married or civil partnered[14]
- Single and separated men are more likely to experience stalking than other marital statuses[14]

Prosecutions

- Nationally, of all stalking and harassment prosecutions that started in 2015/16 70% were domestic abuse-related[7]

3.5.2 Local

In 2015/16 there were 988 harassment offences and 46 stalking offences recorded by Cambridgeshire Constabulary, of which around three-quarters of harassment cases and almost all cases of stalking were female victims.

Recorded crime rates for stalking were statistically significantly high in Peterborough, in both women and men, compared to the Cambridgeshire Constabulary average rate. Cambridge City had a statistically significantly high female rate compared to the Cambridgeshire County rate.

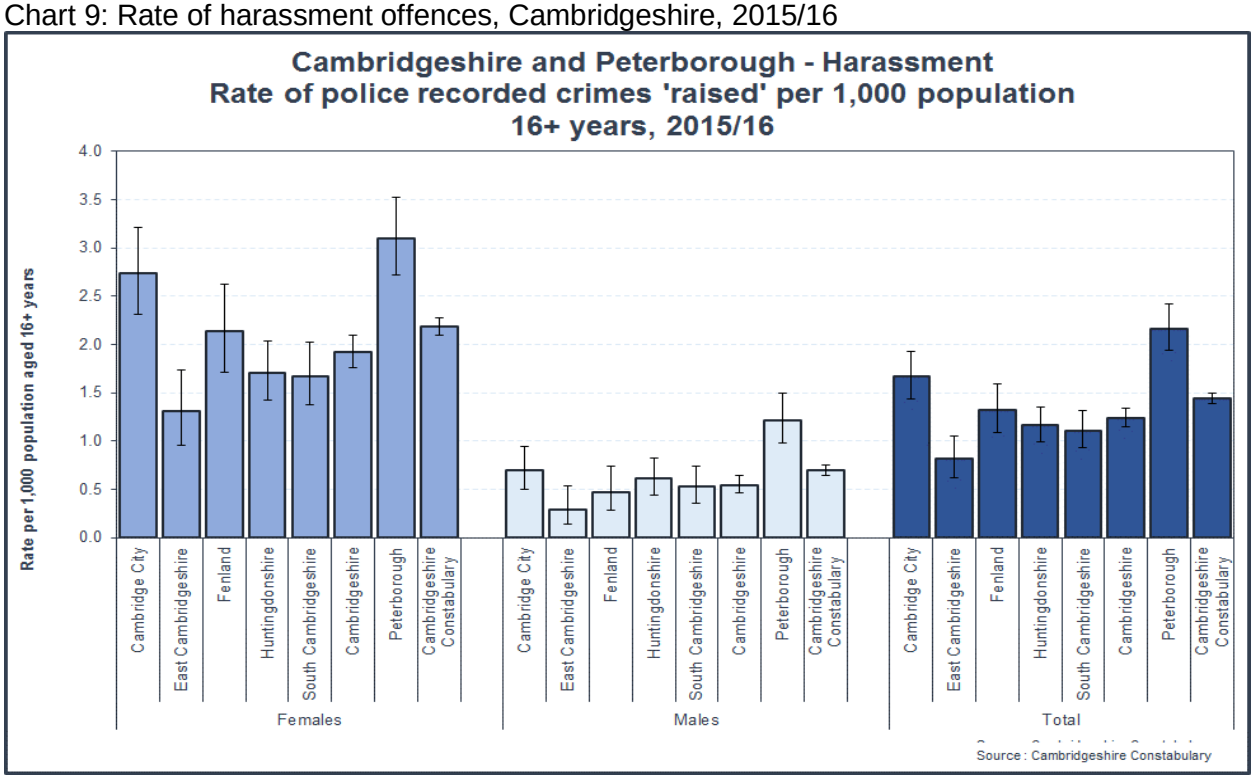
Table 6: Number and rate of harassment offences, 2015/16

District	Females			Males			Total		
	Number of harassment offences	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of harassment offences	Rate per 1,000 population aged 16+ years	95% confidence intervals	Number of harassment offences	Rate per 1,000 population aged 16+ years	95% confidence intervals
Cambridge City	145	2.7	(2.3 - 3.2)	40	0.7	(0.5 - 0.9)	185	1.7	(1.4 - 1.9)
East Cambridgeshire	47	1.3	(1.0 - 1.7)	10	0.3	(0.1 - 0.5)	57	0.8	(0.6 - 1.1)
Fenland	89	2.1	(1.7 - 2.6)	19	0.5	(0.3 - 0.7)	108	1.3	(1.1 - 1.6)
Huntingdonshire	123	1.7	(1.4 - 2.0)	43	0.6	(0.4 - 0.8)	166	1.2	(1.0 - 1.4)
South Cambridgeshire	106	1.7	(1.4 - 2.0)	32	0.5	(0.4 - 0.7)	138	1.1	(0.9 - 1.3)
Cambridgeshire	510	1.9	(1.8 - 2.1)	144	0.5	(0.5 - 0.6)	654	1.2	(1.1 - 1.3)
Peterborough	236	3.1	(2.7 - 3.5)	91	1.2	(1.0 - 1.5)	327	2.2	(1.9 - 2.4)
Cambridgeshire and Peterborough	746	2.2	(2.0 - 2.3)	235	0.7	(0.6 - 0.8)	981	1.4	(1.4 - 1.5)

Statistically significantly **higher** than Cambridgeshire and Peterborough rate Statistically significantly **lower** than Cambridgeshire and Peterborough rate

Source: Cambridgeshire Constabulary

Chart 9: Rate of harassment offences, Cambridgeshire, 2015/16



3.6 Honour Based Violence

So-called ‘Honour based violence’ is violence committed to protect or defend the ‘honour’ of a family and/or community.

3.6.1 National

There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code[17].

Examples of ‘immoral behaviours’[18] include:

- running away, coming home late
- ideological differences between parents and children
- Westernisation
- refusing an arranged marriage
- relationships outside marriage
- relationships outside the approved group
- ‘inappropriate’ make up or dress
- loss of virginity
- pregnancy
- homosexuality
- reporting/fleeing domestic abuse, coercive and controlling behaviour, forced marriage
- girls who ‘allow themselves to be raped'
- causing gossip

Honour based violence (HBV) is more likely to be prevalent in (although not limited to) certain communities, including BME communities, although data are limited[19]. Women, especially young women, are the most common targets, often where they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour. In extreme cases, the woman may be killed[20].

3.6.2 Local

In 2015/16 27 honour-based violence crimes were reported to Cambridgeshire’s police force, of which almost 90% were against females and the majority were Peterborough residents.

[17] Honour based violence, Legal Guidance, Crown Prosecution Service
[18] Reducing the risk of Domestic Abuse, Charity, Oxfordshire
[19] Call the End Violence Against Women and Girls, Equality Impact Assessment, March 2011, Home Office
[20] Violence Against Women and Girls (VAWG) Strategy 2016 -2019, Bromley

3.7 Forced Marriage

Forced marriage (FM) is a marriage conducted without valid consent of one or both parties, where duress is a factor.

3.7.1 National

Forced marriage is when a person faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if you're made to feel like you're bringing shame on your family). It is illegal in England and Wales and includes taking someone overseas to force them to marry or someone who lacks the mental capacity to consent to the marriage themselves.

In 2016 the Forced Marriage Unit (a joint Foreign and Commonwealth Office and Home Office unit) gave support and advice (through email and the public helpline) to 1,428 cases, with around 80% being female. Over a quarter of cases were in people aged under 18 years and a third aged 18 to 25 years. The FMU handled cases involving 69 'focus' countries a victim was at risk of, or had already, been taken to in connection with a forced marriage, with the highest volume from Pakistan (43%). Just over one in ten cases that were handled by the FMU had no overseas element involved, indicating that the potential or actual forced marriage could take place entirely in the UK. Around 11% of cases related to people with disabilities, with 61% of these being male.[21]

3.7.2 Local

No local data on forced marriage was available for the needs assessment.

[21] Forced Marriage Unit Statistics, 2016, Foreign and Commonwealth Office

3.8 Female Genital Mutilation (FGM)

Female genital mutilation (FGM) involves the complete or partial removal or alteration of external genitalia for non-medical reasons.

3.8.1 National

- FGM is mostly carried out on young girls at some time between infancy and the age of 15 years. It can have severe short and long term heath consequences, including severe pain and shock, infection, fatal haemorrhaging, cysts and complications in pregnancy and childbirth. Women and girls living with FGM can also experience long term effects on their physical, emotional and sexual health. FGM is now illegal across much of the globe and is considered child abuse in the UK.

- It is estimated that there are 137,000 women and girls living with the consequences of FGM in the UK and that 60,000 girls under the age of 15 are at risk of FGM.[3]

- UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.[22]

3.8.2 Local

In 2015/16 there were no FGM crimes reported to the police in Cambridgeshire.

NHS Digital has recently starting collecting data on FGM within the NHS on behalf of the Department of Health. The aim of the Female Genital Mutilation Enhanced Dataset is to improve how the NHS supports women and girls who have had or are at risk of FGM, plan local NHS services needed for both now and in the future and to help other organisations to develop plans to stop FGM happening in local communities. The data are collected from healthcare providers in England, including acute hospital providers, mental health providers and GP practices. Submission was mandated for acute trusts from July 2015 and for GP practices and mental health trusts from October 2015 onwards.

In 2015/16 there were 5 hospital attendances of FGM reported in Cambridgeshire, all of whom were seen in obstetrics and all the women were pregnant at the time of attendance. In Peterborough there were 10 newly recorded FGM cases/attendances at GP practices, 5 were 35-39 years old, age of when FGM was carried out was unknown, all cases were self-reported, the country of birth, origin and where FGM was undertaken were all unknown. Over the same time period, in Peterborough, there were 40 attendances at midwifery services, 15 at obstetrics, and 5 other and 65 attendances for women who were pregnant at the time. All of the attendees had been advised of health implications of FGM and on the illegalities of FGM. It is important to note numbers under 5 are suppressed and not reported so these figures could be an

[22] Female Genital Mutilation (FGM), The Facts, Home Office

underrepresentation. As this is a new dataset it is not yet possible to determine trends or to ascertain whether this is a complete picture.

Source: Female Genital Mutilation, April 2015 to March 2016, experimental statistics, NHS Digital

Legal guidance from the Crown Prosecution Service [23] states that FGM cases may be difficult to prosecute for a number of reasons, but primarily because of difficulties in obtaining evidence from the victim and in ensuring their continued engagement with criminal proceedings.

[23] Female Genital Mutilation, Legal Guidance, Crown Prosecution Service

3.9 Prostitution and Trafficking

Women and girls are forced, coerced or deceived to enter into prostitution and/or to keep them there. Trafficking involves the recruitment, transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries ('internal trafficking').

3.9.1 National

In England and Wales, the sale and purchase of sexual services between consenting adults is legal whereas various activities related to prostitution, such as soliciting, kerb crawling, brothel-keeping and various forms of exploitation are illegal. These activities are controlled through legal provisions which have been implemented over a period of decades, through several different laws, with a view to protecting vulnerable people from exploitation and reducing the negative impacts of prostitution on local communities[24].

There are strong links between street prostitution and the drug markets, particularly crack cocaine which appears to be increasing. Those involved in street prostitution make significant customers for drug dealers, more often for themselves, sometimes for their partner; they may be managed by drug dealers and also buy drugs for clients[24].

An increase in human trafficking for sexual exploitation is fuelling the market for prostitution in the UK, although this is largely confined to off street and residential premises such as brothels, massage parlours, saunas and in residential flats. Women may be vulnerable to exploitation because of their immigration status, economic situation or, more often, because they are subjected to abuse, coercion and violence. However, there is evidence now that trafficked women are also working on the street[25].

Many prostitutes or sex workers may face violence from their partners, especially if they are also their pimp, and domestic and sexual violence could be being used to as a form of control[25].

3.9.2 Local

A local street workers problem profile based on incidents relating to street prostitution and intelligence was compiled by the Central Intelligence Unit (CIU) at Cambridgeshire Constabulary for the time period 27 June 2015 and 26 June 2016. The key findings found that:

- There is a lack of recorded information concerning street workers, their clients and the affect they have on the wider communities in which they operate held by the police force
- There were 26 street workers identified, 88% of whom were British; over three-quarters were in Peterborough, with the remainder in Cambridge and Fenland. Two-thirds were aged 25 to 34 years
- 38% of street workers were found to be victims of domestic violence by partners or family members

[24] Street Workers Problem Profile, Central Intelligence Unit, Cambridgeshire County Council
[25] Prostitution and Exploitation of Prostitution, Legal Guidance, Crown Prosecution Service

- The majority of sex workers identified (89%) were linked to Class A possession; with 31% identified as having chronic alcohol problems
- Many of the street workers displayed a number of health and mental health issues and were at risk from self-harm and suicidal tendencies
- Women who go on to be street workers often experience problems early in life, such as poor parenting and exposure to drug taking and sexualised behaviour
- Street workers usually have long criminal records for a range of offences, predominantly for breaching court orders and theft (especially shoplifting)
- Peterborough has a red light district focussed mainly around the City end of Lincoln Road. At presents there doesn't appear to be a red light district in Cambridge City, as there had been no incidents from members of the public reporting such activity. Three years ago there was a campaign in the traditional red light area in Cambridge (Histon Road) that appears to have reduced street workers to the extent that there have been no recorded complaints from residents

A criminal business profile of organised prostitution, focussing on non-British females was completed by Cambridgeshire Constabulary. The report concluded that in Cambridgeshire:

- Sexual exploitation of non-British workers predominantly occurs in Peterborough and Cambridge, with some evidence in Huntingdon too. The wards with the highest levels of brothels are Fletton & Woodston Park and Central North in Peterborough. In Cambridge the numbers are much lower but Trumpington and Petersfield have the highest concentrations
- Mobility is high and many will have moved both within the two county cities and within the UK
- The main nationalities of non-British sex workers are Romanian, Bulgarian, Hungarian and Thai
- Largely cyber-enabled crime, facilitated by the ease of online connection and communication. Websites are used to recruit potential workers in their home countries
- Many workers do not feel that they are being exploited, though they may have been made to say that
- The motivation for workers to become involved in the sex industry is primarily to be able to send substantial amounts of money home to support families
- There appears to be no strong correlation with deprivation, with the exception of Central North ward in Peterborough
- There is a reluctance among the women to make disclosures for fear of their families finding out
- There is no evidence that the women are needing to turn to other crime, such as theft, to survive
- Owners/landlords of rented accommodation are exploiting the demand for short-term good quality accommodation and tapping into the sex industry market. Other facilitators are people who drive the workers and those who deliver food and supplies

- The defined roles within an organisation include, typically, an older and more experienced female with good English who manages the online profiles and provides a telephone booking service, with a male responsible for moving the females around the country.

3.10 Children and Young People

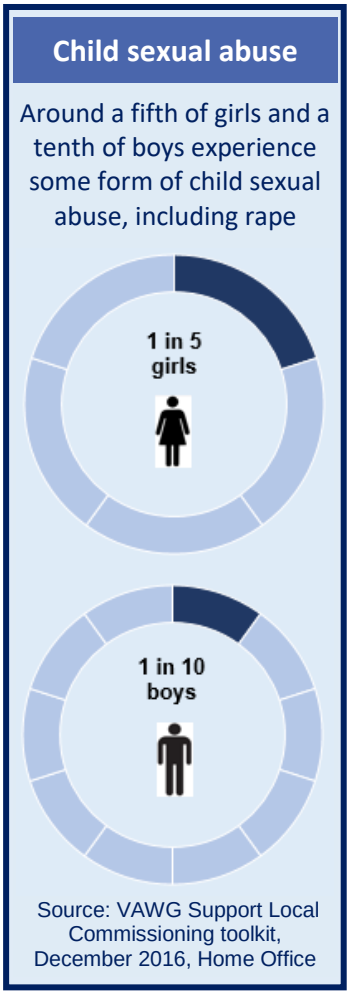
Child sexual abuse involves any form of sexual activity with children under age of consent and can be committed by adults or peers, most often by those who are in a position of trust and/or authority over the child. It can be a single incident or repeated for many years.

Child sexual exploitation is a form of child sexual abuse based on an ongoing exploitative relationship between perpetrator and child. It ranges from relationships with a significant power imbalance, where sexual activity is exchanged for gifts, protection or accommodation, to trafficking and the organised abuse of children.

Faith-based abuse is child abuse linked to faith or belief. This includes a belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

3.10.1 National

- Around three in ten young women aged 18 to 24 years report having experienced sexual abuse in childhood and almost two in ten young men. Of these 90% were abused by someone they knew and two-thirds were abused by other children or young people aged under 18 years[26]
- One in three teenage girls who have experienced an intimate partner relationship have experienced some form of sexual violence from a partner[27]
- Three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood[26]
- Almost a third (29%) of 16-18 year old girls say they have experienced unwanted sexual touching at school[28]
- 59% of girls and young women aged 13-21 said in 2014 that they had faced some form of sexual harassment at school or college in the past year[29]
- Two in five girls aged between 13 and 17 years suffer sexual coercion by a boyfriend, ranging from rape to being pressurised into going further than they wanted through physical force or other means [30]



[26] Child abuse and neglect in the UK, 2011, NSPCC
[27] Partner exploitation and violence in teenage intimate relationships, 2009, NSPCC
[28] **End Violence Against Women Poll conducted by YouGov, 2010. End Violence Against women**
[29] The scale and impact of sexual harassment and sexual violence in schools, 2015, House of Commons
[30] Ending Violence Against Women and Girls: A Guide for Schools, End Violence Against Women Coalition

- Young women and girls affected by gangs experience high levels of sexual violence including sexual exploitation, sexual assault, individual rape and multiple perpetrator rape. Rape can be carried out as an attack on a rival gang or as a method of gang initiation[31]

- The UK is a significant site of internal and international child trafficking. The vast majority of trafficked children in the UK are aged 14 to 17 years, with many girls trafficked for sexual abuse and exploitation[30]

- Research into VAWG issues in schools found that sexual harassment and sexual violence in schools is a significant issue which affects a large number of children and young people, particularly girls, across the country. Evidence shows that the majority of perpetrators of this abuse are boys, and the majority of victims are girls [29]

- People with a history of extensive childhood sexual and physical abuse are 15 times more likely to have 3 or more common mental health disorders, 15 times more likely to commit suicide and 12 times more likely to be admitted to an inpatient unit [3]

- Nationally the volume of child abuse referrals from the police to CPS increased by 3.4% between 2014/15 and 2015/16, to almost 13,300 referrals. Of these two-thirds were charged and 90% of offenders were male (where gender was recorded). Child sexual abuse convictions increased by almost 17% in 2015/16 [7]

3.10.2 Local

Pupil Behaviours

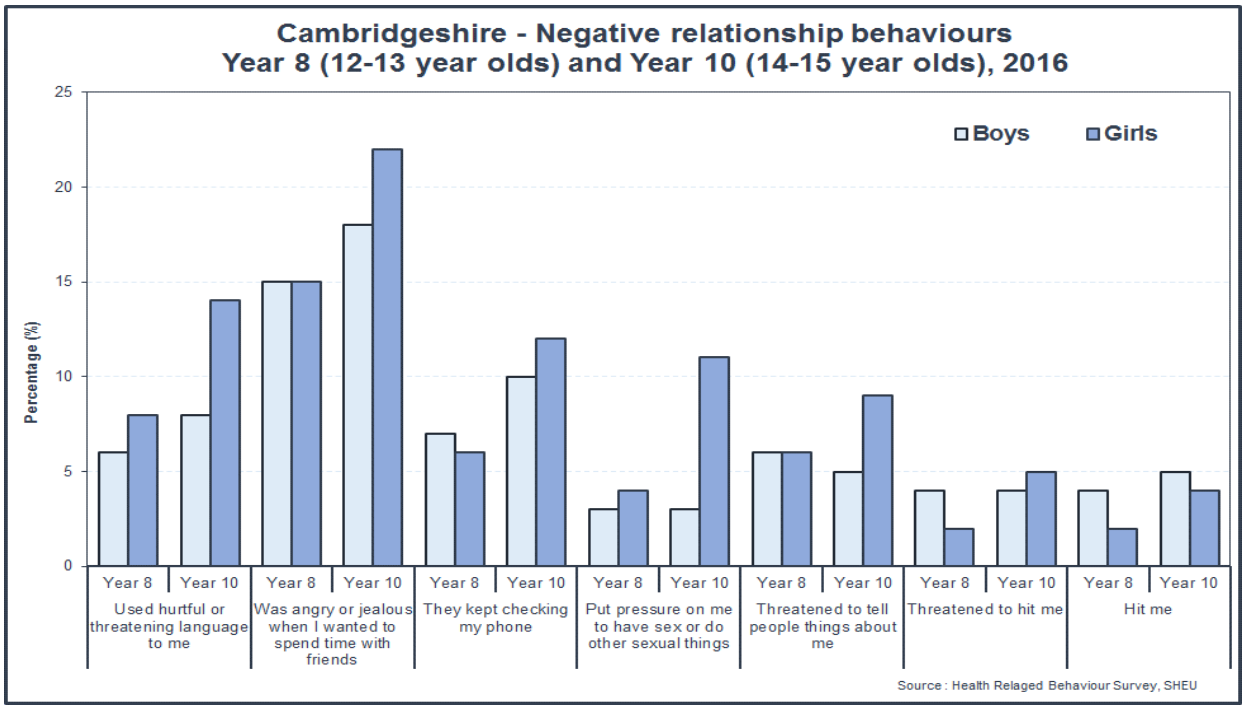
The Health Related Behaviour Survey (HRBS), a biannual health and lifestyle survey of Year 8 (12-13 year olds) and Year 10 (14-15 year olds) pupils undertaken in Cambridgeshire, examines, amongst many other areas, relationship behaviours. Currently Peterborough do not complete the survey so comparable data are unavailable.

In 2016 around one in ten Year 10 girls (who had previously been in a relationship) reported that they had been put under pressure to have sex or do sexual things with a previous or current boyfriend or girlfriend. The proportion of Year 8 girls who had been threatened to be hit and those that had been hit whilst in a relationship was noticeably lower than boys. In Year 10 more girls than boys reported being threatened to be hit whilst in a relationship, whilst more boys than girls had reported having been hit. Just over half of pupils reported that they would know what to do if they experienced threatening or negative behaviours in a relationship, with just under a fifth reporting that they would not know what to do. Around 14% of pupils responded that they would not be able to get any help in the situation.

The HRBS report concluded that the proportion of Year 10 pupils who were a young carer, in care, had free school meals or were LGBT were significantly higher to be sexually active than the average for Cambridgeshire. It is important to note that these are based on relatively small numbers.

[31] Data on violence against women and girls, Rape and sexual assault, End Violence Against Women Coalition

Chart 10: proportion of negative relationship behaviours, Cambridgeshire, 2016



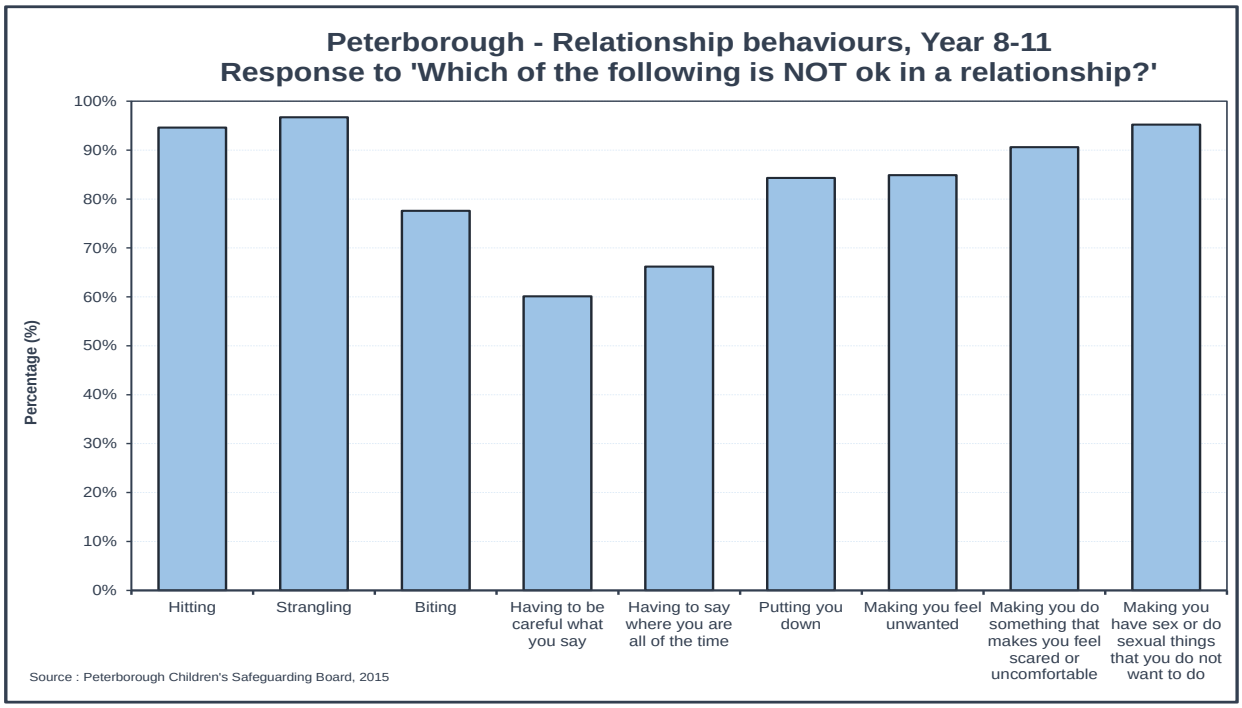
In 2016, 3% of Year 8 and Year 10 pupils reported that there was shouting and arguing every, or almost every, day between adults at home that frightened them. Around 1% of pupils reported that there has been physical aggression between adults at home 'every day/almost every day' in the last month that frightened them. In general girls reported higher levels of being frightened by shouting, arguing and physical aggression at home than boys.

In 2015 a survey on domestic abuse and healthy relationships was undertaken across 22 schools in Peterborough by the Peterborough Children's Safeguarding Board. In total there were 1,946 responses received, with 83% from Year 5-7 pupils and 17% from Year 8-11 pupils.

The majority of Year 5-7 pupils replied positively to positive relationship behaviours, such as, hugging, saying nice things, made to feel happy and sharing things. However, there was a proportion of pupils that thought it was ok to be hit (1.7%), be bitten (1.2%), made to feel scared (2.4%) and being called names (1.2%). Just over 40% of Year 5-7 pupils reported that there was shouting or arguing at home, but the survey did not clarify the severity being experienced. Almost a fifth (18%) of pupils have seen adults in their home hit each other. 16% of pupils reported that they would not tell anyone if they were scared at home.

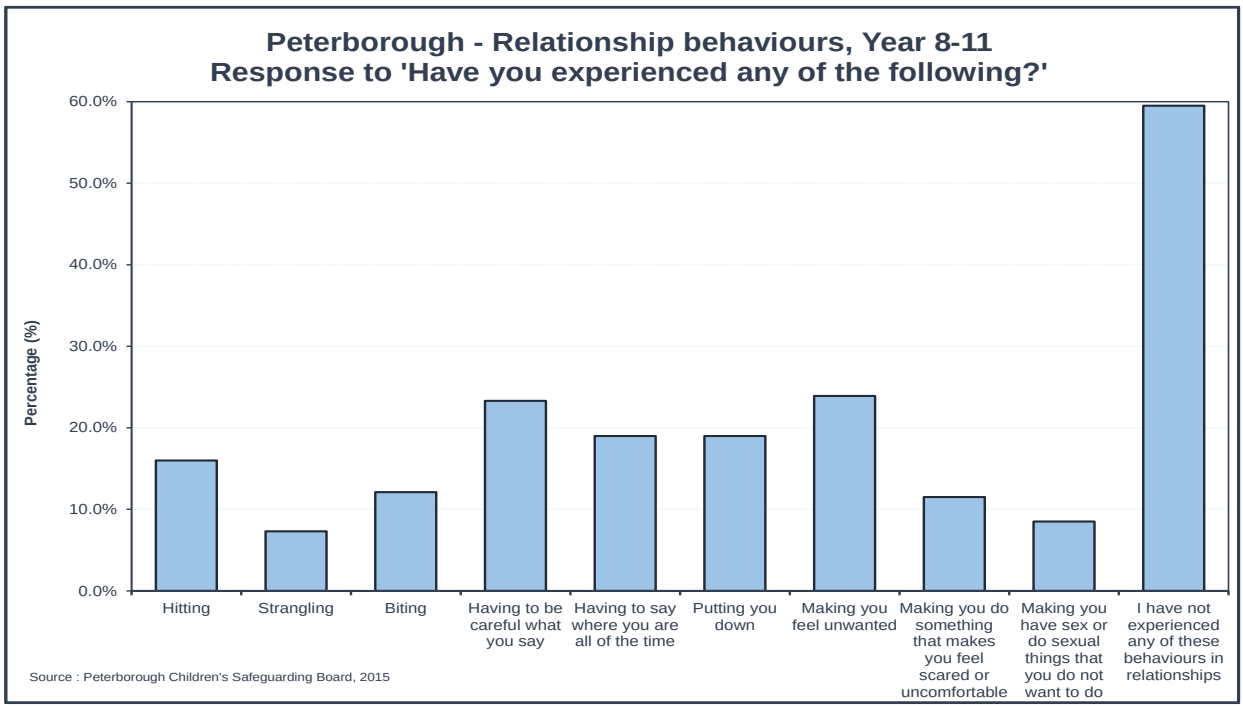
The chart below shows the responses given from Year 8-11 pupils relating to relationship behaviours. The majority of young people were able to highlight the behaviours that were not ok in a relationship.

Chart 11: proportion of response to relationship behaviours, Peterborough, 2015



Of the behaviours listed in the chart below, there are higher proportions of pupils that report emotional types of abuse compared to physical abuse.

Chart 12: proportion of response to relationship behaviours, Peterborough, 2015



Three quarters of Year 8-11 pupils reported seeing or hearing shouting or arguing between adults at home, 10% of which was on a daily basis. Just over 17% of pupils reported that they had witnessed physical abuse between adults at home. Around 40% of pupils had been sent a sexual image.

Social Care

In 2015/16 there were 669 referrals to Cambridgeshire Children's Social Care for domestic abuse/violence, with a fifth of these being re-referrals.

Over the same time period, there were 734 referrals to Peterborough City Council Children's Social Care. Of these, 394 went on to a completion of an assessment (53%). The remainder were either signposted to another agency, given information/advice or identified as no further action required. The majority of the domestic violence contacts came from the police.

Children in Need (CiN)

At the moment VAWG specific data are not collected by Cambridgeshire County Council's children's services, but this is currently being addressed. However, the following table and chart present the volume of referrals received where a secondary children in need code of domestic abuse has been recorded.

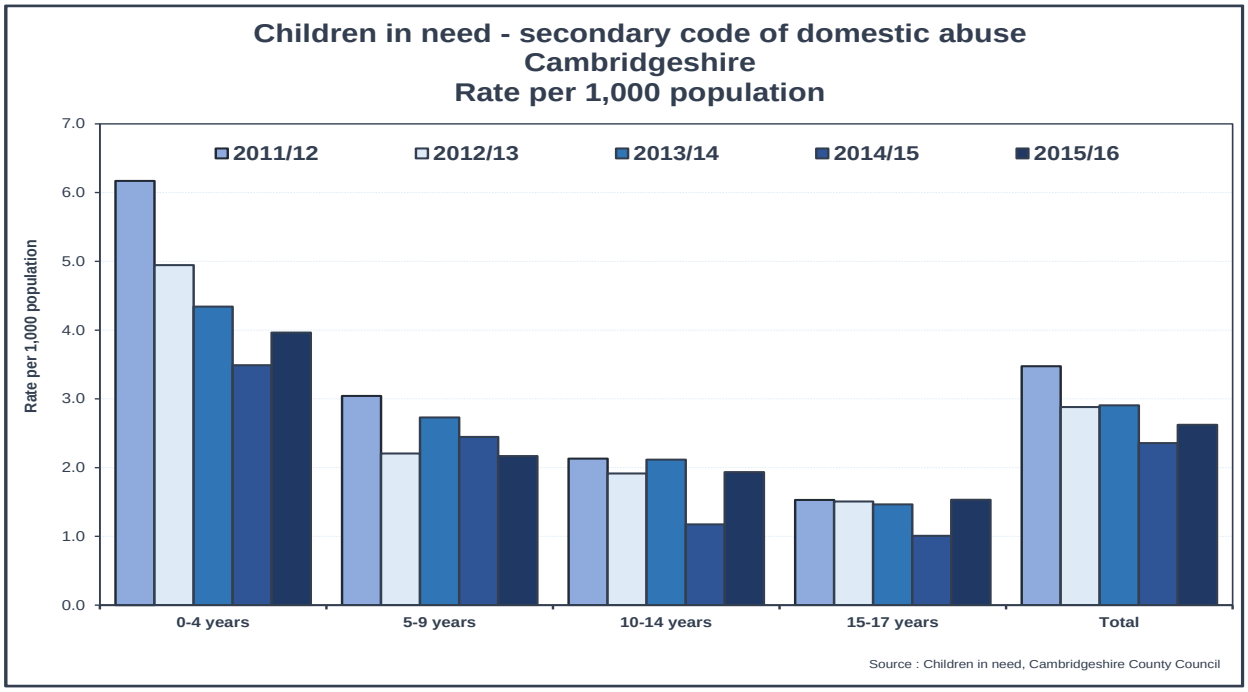
Overall referrals with a secondary domestic abuse children in need code recorded have decreased by a fifth between 2011/12 and 2015/16, with the most notable decrease seen in pre-school children.

Table 7: Number of referrals to Cambridgeshire Children's Services where domestic abuse is secondary children in need code

Age band	2011/12	2012/13	2013/14	2014/15	2015/16	% changed 2011/12 to 2015/16
Unborn	5	9	10	23	13	160%
0-4 years	228	187	166	134	153	-33%
5-9 years	103	77	98	91	83	-19%
10-14 years	74	66	72	40	67	-9%
15-17 years	34	33	32	22	33	-3%
Total	444	372	378	310	349	-21%

Source: Cambridgeshire County Council

Chart 11: Trend in rate of referrals to Cambridgeshire Children's Services where domestic abuse is secondary children in need code



Data on ethnicity regarding the above cohorts of children showed that the vast majority (70%) were recorded as 'white British', with 'any other White background' being the second highest ethnic group (9.9%).

At the end of each child in need assessment local authorities identify factors, such as mental health, domestic violence, alcohol and drug use, that they have been made aware of i.e. one child is likely to have a number of factors identified. Obviously this is susceptible to differences in capture and recording of factors and makes comparisons between areas difficult. On average there were 2.8 factors identified per assessment in Cambridgeshire, 2.3 factors in Peterborough and 2.5 factors nationally.

Over half of assessments in Cambridgeshire cited domestic violence as a factor, 41% in Peterborough. It could be expected, given the high rates of domestic abuse seen earlier in this report, that there would be a higher proportion of factors in Peterborough.

Table 8: Factors identified at end of children in need assessment, 2015/16

Local authority	Number of assessments with factors information	% of factors identified at the end of assessment - using VAWG definitions						
		Domestic violence	Child sexual exploitation	Trafficking	Gangs	Emotional abuse	Physical abuse	Sexual abuse
Cambridgeshire	3,602	53.2%	4.5%	0.2%	1.3%	19.0%	11.8%	4.8%
Peterborough	2,863	40.9%	3.2%	1.4%	1.8%	16.0%	9.2%	5.1%
England	448,200	49.6%	3.9%	0.3%	1.2%	19.3%	14.0%	6.4%

Source: Children in need statistics, Department of Education

Child Protection

At the 31st March 2016 there were 438 children in Cambridgeshire and 257 in children Peterborough that were subject to a Child Protection Plan. As can be seen in the table below the category of abuse locally appears to differ from the national picture, where locally there are higher proportions of child protection plans due to physical, sexual and emotional abuse than seen in England. However, Cambridgeshire and Peterborough both have notably higher proportion of plans due to neglect. This therefore suggests that there are either differences in local criteria, recording issues or that child protection cases seen locally are different to those seen nationally i.e. this is a true difference.

Table 9: Number of Child Protections Plans in place as at 31 March 2016

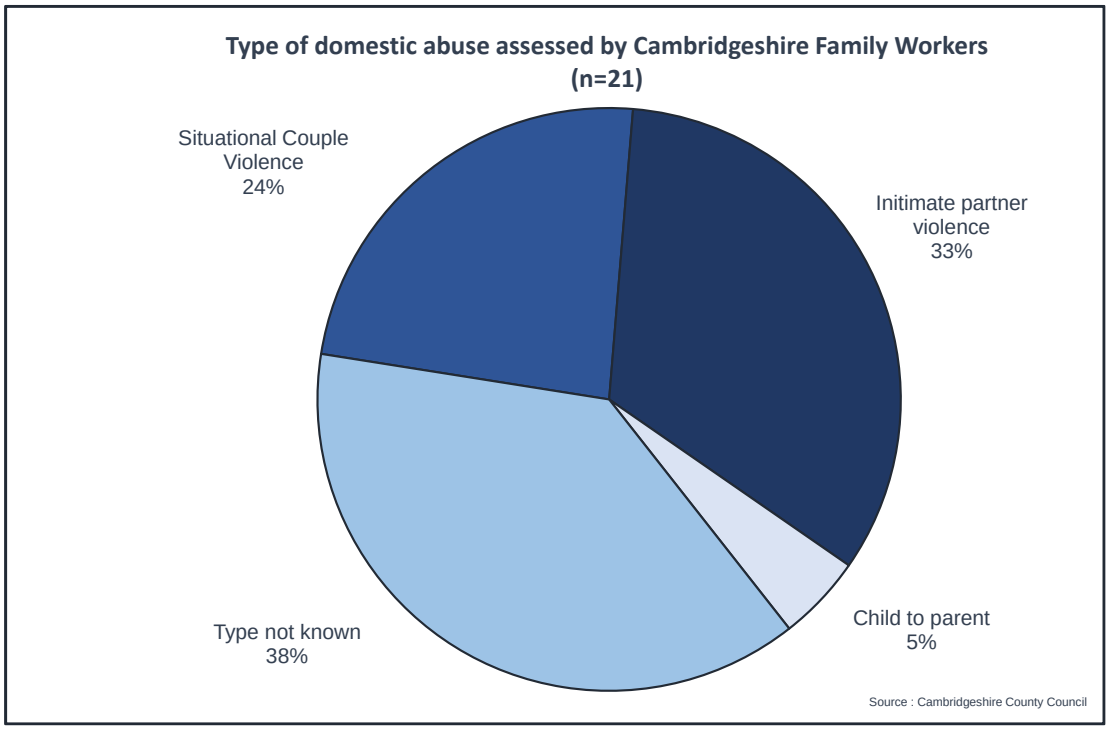
Local authority	Number of children who were the subject of a child protection plan at 31 March	Latest category of abuse				
		Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
Cambridgeshire	438	66.0%	4.8%	3.7%	25.6%	0.0%
Peterborough	257	72.0%	x	3.9%	22.2%	x
England	50,310	44.9%	7.1%	4.5%	38.3%	5.2%

Source: Children protection statistics, Department of Education 'x' denotes any number between 1 and 5

Early Help and Disability Teams

Early Help and Disability Teams do not produce management information relevant to this assessment. However, an audit completed in 2016 showed a positive impact of the training in the typologies of domestic abuse on relevant caseloads. The chart below illustrates the types of domestic abuse assessed by Family Workers at Cambridgeshire County Council.

Chart 12: Types of domestic abuse assessed by Cambridgeshire Family Workers



Youth Offending Service (YOS)

Although data was not provided by YOS to this assessment, domestic abuse is recorded on the YOIS case-management system under the following headings:

- Family/DV issues
- DV in household
- Witness DV
- Significant issues regarding aggression/Violence
- Family member known to be violent
- Victim of DA
- Critical family/DV issues.

Child Sexual Exploitation (CSE)

Cambridgeshire County Council is currently in the process of developing a new Child Sexual Exploitation Strategy and operational response to CSE

Investigations (Operation Erle) into CSE were undertaken and concluded in Peterborough in May 2015. This involved five separate criminal trials, resulting in 10 men and boys receiving custodial sentences[32].

In 2015/16 there were three CSE related exercises in Peterborough, each covering a period of 4 months[32].

- The majority of referrals were received from the police
- Male subjects were under-represented
- Highest number of referrals in 14 year olds
- The number of referrals being received which concerned an incident or risk related to internet safety or online grooming was between 19% and 34%: again representing a significant proportion of the total concerns

The Joint CSE Risk Management Tool was launched in Peterborough in August 2015.

Offenders

Information on offenders and perpetrators of child sexual abuse can be found in the 'Sexual Violence' section of this report.

[32] Annual Report 2015/16, Peterborough Safeguarding Children Board

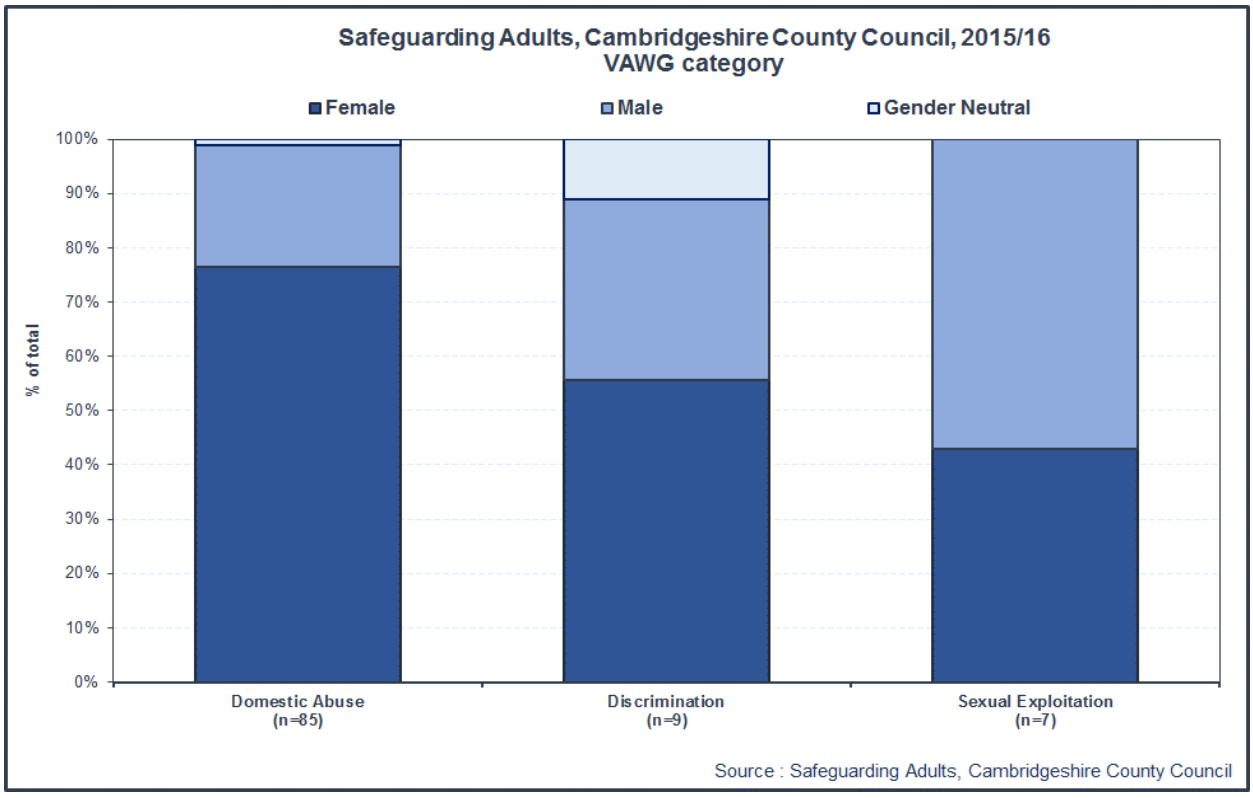
3.11 Safeguarding Adults

Adult safeguarding services at Cambridgeshire County Council and Peterborough City Council collate data relevant to this assessment for adults (aged 18+) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

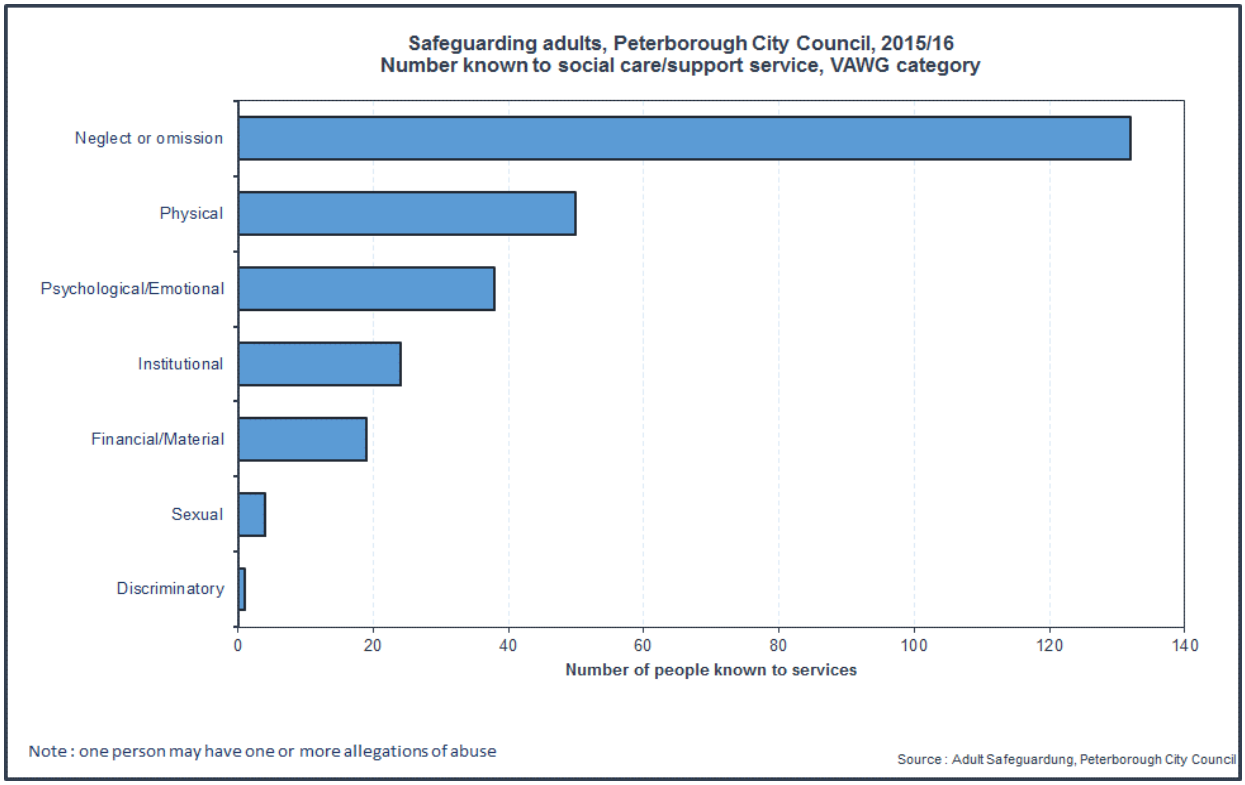
In 2015/16 there were 85 adults who were victims of domestic abuse and known to Cambridgeshire's Safeguarding Adults team, nine for discrimination and seven for sexual exploitation. Over 70% of these were females.

Chart 13: Safeguarding Adults, Cambridgeshire, 2015/16



In 2015/16 there were 268 cases in Peterborough where VAWG-related abuse allegations were known to social services/adult safeguarding (a person could have one or more allegations and therefore this figure does not relate to individuals). The majority of abuse allegations were for neglect or omission.

Chart 14: Safeguarding Adults, Peterborough, 2015/16



In 2015, a survey of adult safeguarding leads was undertaken in Cambridgeshire by the Domestic Abuse and Sexual Violence Partnership to better understand issues faced by that professional cohort. The findings are presented in the section 11 'Engagement – stakeholder, community and service-user'

4.0 Risk and Protective Factors for VAWG

The united Nations have used international research to identify a number of factors that have been shown to either aggravate or be protective of VAWG. Those applicable to Cambridgeshire and Peterborough populations are shown below;

Internationally identified risk factors for aggravating VAWG	
Witnessing or experiencing abuse as a child (associated with future perpetration of violence for boys and experiencing violence for girls)	Women's insecure access to and control over property and land rights
Substance (including alcohol) abuse (associated with increased incidences of violence)	Male control over decision-making and assets
Limited economic opportunities (an aggravating factor for unemployed or underemployed men associated with perpetrating violence; and as a risk factor for women and girls, including of domestic abuse, child and forced marriage, and sexual exploitation and trafficking)	Lack of safe spaces for women and girls, which can be physical or virtual meeting spaces that allow free expression and communication; a place to develop friendships and social networks, engage with mentors and seek advice from a supportive environment.
Low levels of education (for boys associated with perpetrating violence in the future and for girls, experiencing violence)	Normalized use of violence within the family or society to address conflict
Women's membership in marginalized or excluded groups	A limited legislative and policy framework for preventing and responding to violence
The presence of economic, educational and employment disparities between men and women in an intimate relationship	Lack of punishment (impunity) for perpetrators of violence
Conflict and tension within an intimate partner relationship or marriage	Low levels of awareness among service providers, law enforcement and judicial actors.
Internationally identified protective factors for VAWG	
Completion of secondary education for girls (and boys)	Quality response services (judicial, security/protection, social and medical) staffed with knowledgeable, skilled and trained personnel
Delaying age of marriage to 18	Availability of safe spaces or shelters
Women's economic autonomy and access to skills training, credit and employment	Access to support groups
Social norms that promote gender equality	

Source : A Framework to Underpin action to prevent violence against women, 205, United Nations

5.0 Evidence of Effective Interventions

Global best practice in addressing VAWG is founded on the ecological model (shown below). This model demonstrates the broad nature of VAWG and suggests that interventions to prevent and respond to the issue need to be wide ranging and multi-layered.

WHO (2002)

A literature review has been carried out to identify the most effective measures to prevent and address VAWG across these different levels. This review involved a detailed search, with relevant search terms, of the following sources:

- NICE Guidance, Quality Standards and Pathways
- Cochrane Collaboration
- Campbell Collaboration
- Pubmed database (published literature)
- World Health Organisation
- Google – general search for grey literature

References from the results of the above search were also used to further explore areas where appropriate.

Key areas of prevention, identification and response to violence against women and children are detailed below:

5.1 Partnership Working

A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people experiencing or perpetrating domestic violence and abuse[33]. Evidence suggests that the most effective way to deliver this is to ensure that prevention and response measures are planned, commissioned and delivered through a multi-agency partnership[34].

NICE guidance[35] suggests that these partnerships should include senior representatives from:

- local health services
- public health
- sexual violence services
- housing
- education
- crime
- community safety partnerships
- criminal justice agencies
- children and family court advisory and support service
- other relevant organisations

Those within strategic partnerships and those responsible for commissioning services should ensure that all care pathways involved in identifying, referring and providing interventions to support people who experience domestic abuse, and to manage those who perpetrate it, are fully integrated. It is also recommended that these pathways are linked into other relevant health, social care and domestic violence and abuse services, such as those dealing with alcohol and drug, and mental health issues. All pathways should have clear, consistent and robust mechanisms for assessing the risks facing those who experience domestic abuse[36].

As well as recommending strategic partnership working, NICE guidance also recommends that agencies adopt clear protocols and methods for information sharing about people at risk of, experiencing, or perpetrating domestic violence and abuse[37].

[33] NICE (2016) Domestic Violence and Abuse: Quality Standard – www.nice.org.uk/guidance/qs116
[34] NICE (2014) Domestic Violence and Abuse: how services can respond effectively –http://publications.nice.org.uk/lgb20
[35] NICE (2014) Domestic Violence and Abuse: Multi-agency working: Public Health guideline – www.nice.org.uk/guidance/ph50
[36] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[37] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)

5.2 Primary Prevention Measures

There is limited evidence regarding effective primary prevention of VAWG, especially within health and social care settings. Where information is available, the focus has often been on domestic abuse or intimate partner violence rather than some of the less prominent VAWG related offences.

Due to the limited evidence on effective primary prevention measures in both health and non-health settings, a World Health Organization report in 2010[38] compiled a list of programmes 'which had the potential to be effective either on the grounds of theory or knowledge of risk factors – even if there is currently little or no evidence to support them'.

Details of these programmes are listed in the following table and discussed further below.

[38] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence

Primary prevention strategies for intimate partner violence and sexual violence for which some evidence is available

STRATEGY	INTIMATE PARTNER VIOLENCE	SEXUAL VIOLENCE
DURING INFANCY, CHILDHOOD AND EARLY ADOLESCENCE		
Interventions for children and adolescents subjected to child maltreatment and/or exposed to intimate partner violence	□	?
School-based training to help children recognize and avoid potentially sexually abusive situations	?	□
DURING ADOLESCENCE AND EARLY ADULTHOOD		
School-based programmes to prevent dating violence	■	NA
Sexual violence prevention programmes for school and college populations	NA	?
Rape-awareness and knowledge programmes for school and college populations	NA	X
Education (as opposed to skills training) on self-defence strategies for school and college populations	NA	X
Confrontational rape prevention programmes	NA	XX
DURING ADULTHOOD		
Empowerment and participatory approaches for addressing gender inequality: Microfinance and gender-equality training	□	?
Empowerment and participatory approaches for addressing gender inequality: Communication and relationship skills training (e.g. Stepping Stones)	□	?
Home-visitation programmes with an intimate partner violence component	?	?
ALL LIFE STAGES		
Reduce access to and harmful use of alcohol	□	?
Change social and cultural gender norms through the use of social norms theory	?	□
Change social and cultural gender norms through media awareness campaigns	□	?
Change social and cultural gender norms through working with men and boys	□	?

■ **Effective:** strategies which include one or more programmes demonstrated to be effective; effective refers to being supported by multiple well-designed studies showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

□ **Emerging evidence of effectiveness:** strategies which include one or more programmes for which evidence of effectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing positive changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

? **Effectiveness unclear:** strategies which include one or more programmes of unclear effectiveness due to insufficient or mixed evidence;

X **Emerging evidence of ineffectiveness:** strategies which include one or more programmes for which evidence of ineffectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing an absence of changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

X **Ineffective:** strategies which include one or more programmes shown to be ineffective; ineffective refers to being supported by multiple well-designed studies showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

XX **Probably harmful:** strategies which include at least one well-designed study showing an increase in perpetration and/or experiencing of intimate partner and/or sexual violence or negative changes in knowledge, attitudes and beliefs related to intimate partner and/or sexual violence;

NA Not applicable.

5.2.1 Prevention Measures During Infancy, Childhood and Early Adolescence

Interventions to Reduce Child Maltreatment

Child maltreatment is a risk factor for individuals becoming either a perpetrator or victim of intimate partner violence/domestic abuse/sexual abuse. It has therefore been suggested that interventions that prevent/reduce this also have the potential to reduce subsequent levels of offence, however evidence of the direct impact of such programmes is currently lacking[39].

Health sector interventions can contribute to prevention of child maltreatment, for example through home visits, and parenting programmes[40]. Evidence shows that programmes such as the Family Nurse Partnership, which provides support for women becoming parents at a young age, have helped reduce levels of child maltreatment. However there is currently no evidence that these benefits translate into a direct reduction in frequency and severity of domestic abuse[41].

Interventions with children (and their mothers) who witness domestic abuse or who are abused also have the potential to contribute to primary prevention because of the association between exposure and future increased risk of perpetration of partner violence[42]. These are discussed further later in this chapter.

Actions to reduce, and provide treatment for, alcohol and substance use problems have been shown to be effective in the reduction of child maltreatment[43].

School Based Training to Help Children Recognise and Avoid Potentially Sexually Abusive Situations

Although there is no evidence to show that school based programmes can reduce the actual occurrence of sexual abuse, programmes that teach children to recognise and avoid potentially sexually abusive situations have been shown to be effective at strengthening knowledge and protective behaviours against this[44,45].

[39] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[40] Pulerwitz J, Martin S, Mehta M, et al. Promoting gender equity for HIV and violence prevention: results from the male norms initiative evaluation in Ethiopia. Washington, DC: PATH, 2010.
[41] Guy, J., Feinstein, L., Griffiths, A. (2014) Early Intervention in Domestic Violence and Abuse: Early Intervention Foundation Evidence
[42] Garcia-Moreno, C., Hegarty, K., Lucas d'Oliveira, A., et al.: The Health-systems response to violence against women. Lancet 2014
[43] Peacock D, Levack A. The men as partners program in South Africa: reaching men to end gender-based violence and promote sexual and
reproductive health. *Int J Mens Health* 2004; **3:** 173–88.
[44] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[45] Lundgren, R., Amin, A. (2014) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness

5.2.2 Prevention Measures During Adolescence and Early Adulthood

School Based Programmes to Prevent Dating Violence

One of the areas showing greatest evidence of effectiveness in prevention of VAWG is school-based programmes aimed at preventing dating violence* [46,47,48,49]

*(a relationship that is neither marriage nor a long term cohabitating partnership)

Exposure to gender-based violence during adolescence places individuals on a lifelong trajectory of violence (either as victims or perpetrators) and has been shown to be a risk factor of intimate partner violence in later life[50]. It is also associated with health compromising behaviours, such as un-safe sex, substance abuse and suicide attempts.[51] Therefore, the prevention of dating violence, while having many benefits in itself is likely to be preventative of VAWG in later life.

School based programmes aim to improve relationships, decrease acceptance of sexual violence and male sexual dominance, and foster gender equitable norms. This is done through group education activities (theatre, poster contests and community service), peer mentoring, relationship building and 'bystander' approaches[52].

The 'Safe Dates' programme in the USA is a multi-component school based intervention, for 11-18 year olds, that consists of sessions on areas such as personal safety, sexuality, health problem solving and communication skills. These sessions are accompanied by a community component involving training for service providers, as well as school-based newsletters and information sessions for parents[53]. An evaluation[54] of the programme found positive attitude changes in regard to dating violence norms, communication skills and responses to anger among students in North Carolina. At the four year follow up, it was found that adolescents who participated in Safe Dates reported significantly less physical, serious physical and sexual dating violence perpetration than those in the randomly assigned matched control schools. The evaluation also showed that participation in the Safe Dates programme led to a significant reduction in sexual and physical abuse victimisation, but no effect on psychological abuse victimisation. Positive changes in attitudes towards gender stereotyping, conflict resolution skills and awareness of community services were also reported.

[46] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[47] De Kocker, P., Matthews, C., zuch, M., Bastien, S., Mason-Jones, A. (2015) A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
[48] Lundgren, R., Amin, A. (2014) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness
[49] Lundgren, R., Amin, A. (2014) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness
[50] Smith, P., White, J., Holland, L. (2003) A longitudinal perspective on dating violence among adolescence and college-age women. American Journal of Public Health
[51] Wolfe, D. et al (2009) A School based program to prevent adolescent dating violence: a cluster randomized trial. Archives of Paediatrics & Adolescent Medicine
[52] De Kocker, P., Matthews, C., zuch, M., Bastien, S., Mason-Jones, A. (2015) A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
[53] De Kocker, P., Matthews, C., zuch, M., Bastien, S., Mason-Jones, A. (2015) A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
[54] Foshee VA, Bauman KE, Ennett ST, Linder F, Benefield T and Suchindran C (2004) 'Assessing the Long-term Effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victimization and Perpetration' American Journal of Public Health 94 (4) 619-624.

Evaluations of another similar US programme 'Shifting Boundaries' and the Canadian 'Healthy Relationships' programme have also shown promising results[55].

It should be noted that there has been inconsistent evidence from other school-based programmes[56,57], however in some cases negative results may be due to the briefness of the intervention (for example a 1 hr educational session)[58]. All of the effective interventions were based in multiple settings (school and community) and focused on key adults in the adolescents' environment.

There is little UK evidence available on the capacity of universal primary prevention programmes delivered through schools to achieve this behavioural, as opposed to attitudinal, change[59].

Parenting Programmes

Evidence suggests that parenting programmes may reduce intimate partner and sexual violence through modifying a number of known IPV and SV risk factors (conduct disorders and antisocial behaviour)[60]. Effective programmes aim to address harsh or dysfunctional parenting, violent discipline and child maltreatment, as well as partner communication, anger management and healthy masculinities through home visitation, couples or group education, peer or one-to one support and referrals.

However it should be noted that consistency with identified risk factors does not provide direct evidence of effectiveness, and as yet there is no longer term follow up to show that children whose parents participated in these programmes were less likely to report IPV or SV in later life than those whose parents did not.

Sexual Violence Prevention Programmes

There is currently insufficient evidence available to confirm the effectiveness of any sexual violence prevention programmes in school or college populations[61]. It should be noted that some studies have found that educating women on self-defence/safety strategies without teaching them actual self-defence skills may be potentially harmful in some contexts[62,63].

[55] Taylor B., Stein N., Mumford, E., Woods, D. (2012) Shifting Boundaries: An experimental evaluation of dating violence prevention program in middle schools
[56] De Kocker, P., Matthews, C., zuch, M., Bastien, S., Mason-Jones, A. (2015) A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
[57] Ellsberg, M., Arango, D., Morton, M., Gennari, F. et al. (2015) Prevention of violence against women and girls: what does the evidence say?
[58] Ellsberg, M., Arango, D., Morton, M., Gennari, F. et al. (2015) Prevention of violence against women and girls: what does the evidence say?
[59] Guy, J., Feinstein, L., Griffiths, A. (2014) Early Intervention in Domestic Violence and Abuse: Early Intervention Foundation Evidence
[60] Lundgren, R., Amin, A. (2014) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness
[61] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[62] Parker, E., Gielen, A. (2013) Intimate Partner Violence and Safety Use: Frequency of Use and Perceived Effectiveness
[63] Schewe, P. (2007) Interventions to prevent sexual violence. In: Doll, L. et al. Handbook of injury and violence prevention, New York

5.2.3 Prevention Measures During Adulthood

Empowerment

School and community based programmes to boost female empowerment and provide training to support gender equality have shown promise in reducing violence against women and girls[64]. Further information about school based programmes is available in section 7.2.2.

5.2.4 Prevention Measures Across All Life Stages

Reduction in Harmful Alcohol Consumption

As mentioned in chapter 4 harmful use of alcohol is a risk factor for perpetration of VAWG. This therefore suggests that any evidence based intervention to reduce harmful levels of drinking could potentially be effective in reducing violence against women and girls.

Social and Cultural Norms

Three main approaches have been explored for attempting to change social and cultural norms around VAWG;

- social norms theory – this aims to address individual's mistaken perceptions of other people's attitudes and behaviours through generating a more realistic understanding of actual behaviour norms
- media awareness campaigns to raise public awareness
- working with men and boys to change social and cultural norms

While these programmes are often among the most visible, they remain the least evaluated and evidence of effectiveness remains unclear[65]. NICE evidence supports this by stating that there is 'inconsistent evidence that media campaigns addressing domestic violence are associated with improved recall, hypothetical bystander actions, and awareness of available resources, calls to hotlines and knowledge and perceptions of domestic violence'[66].

[64] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[65] World Health Organization (2010) Preventing intimate partner and sexual violence against women: Taking action and generating evidence
[66] NICE evidence statements PH50

5.3 VAWG – Identification and Response

The recent (December 2016) publication of the Home Office's *National Statement of Expectations* (NSE) 'sets out what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need'.

Specifically, the NSE states that relevant area responses should:

1) Put the victim at the centre of service delivery;
2) Have a clear focus on perpetrators in order to keep victims safe;
3) Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG;
4) Be locally-led and safeguard individuals at every point;
5) Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

5.3.1 Health Sector Based Interventions

Victims of abuse often have frequent contact with the health service[67] and consider it appropriate that health care professionals ask questions about such violence[68]. Furthermore women subjected to intimate partner violence identify health-care providers as the professionals that they trust with disclosure of abuse[69]. They also identify healthcare professionals as potential sources of non-judgemental, non-directive support, as long as they demonstrate an appreciation of the complexity of the situation[70]. The following sections explore the evidence base about different health-sector interventions.

Screening

A recent Cochrane review[71] suggested that screening in health care settings was effective in identifying female victims of intimate partner violence. The review found a twofold increase in the number of women identified in this way compared to those experiencing usual care, and a four-fold increase in pregnant women. However despite the increase in identification no evidence was found to suggest that screening increased the uptake of specialist services, and rates were still low relative to best estimates of prevalence of IPV in women seeking healthcare. No information was available about the cost effectiveness of screening.

Evidence also suggests that there is an issue with healthcare professionals not recognising / following up with individuals when IPV was acknowledged. One study reported that only 9% of women identifying intimate partner violence in computer pre-screening had had a conversation

[67] Plichta, S. (2007) Interactions between victims of intimate partner violence against women and the health care system: policy and practice implications. Trauma, Violence and Abuse
[68] Burge, S., Schneider, F., Ivy, L., Catala, S. (2005) Patient's advice to physicians about intervening in family conflict. Annals of Family Medicine
[69] Feder, G., Hutson, M., Ramsay, J., Taket, A.: Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. Arch Intern Med 2006
[70] Pg 11
[71] O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G, Taft A. (2015) Screening women for intimate partner violence in healthcare settings. Cochrane Database of Systematic Reviews 2015, Issue 7. Art. No.: CD007007. DOI: 10.1002/14651858.CD007007.pub3.

with their doctor about the issue[72]. Other evidence suggests that only half of women are followed up when pre-consultation assessments/ questioning prompted that there was an IPV issue[73]. This suggests that screening should not be introduced as a standalone measure.

The authors of the Cochrane review concluded that there was insufficient evidence to justify implementation of IPV screening for all women in healthcare settings. They state that it would be equally or more effective to train health care professionals in effective case finding for IPV as part of the routine social history, to ask women who show signs of abuse or those in high risk groups and provide them with a supportive response, safety planning, and information.

This supports NICE recommendations to ensure:

- that frontline staff in all services are trained to recognise the indicators of domestic abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse and;
- that all services have formal referral pathways in place. These should support people who disclose they have been subjected to it, the perpetrators and children who have been affected by domestic violence or abuse[74].

The NICE guidance also recommends that health and social care service managers and specialist domestic violence/abuse related services should create an environment for disclosing domestic abuse by clearly displaying relevant information and ensuring privacy where appropriate[75].

Health Care Professional Training

There is currently inconsistent evidence as to whether training healthcare professionals is effective in improving screening or clinical practice around DV. However the strongest evidence suggests that training in education and advocacy may lead to an increase in awareness, and greater disclosure, identification and referral of domestic abuse[76,77]. This has led to NICE recommendations that health and social care professionals should have training to support identification of domestic violence and abuse, and appropriate response and referral[78].

An example of an effective health care intervention is the 'Identification and Referral to Improve Safety (IRIS)' training and support programme. This programme consists of two 2-hour multidisciplinary training sessions, targeted at the clinical team within General Practices. The sessions incorporate case studies and practice in asking about violence and responding appropriately. Evaluation of this programme has shown a substantial effect on recorded referrals to specialist domestic violence agencies and on recorded identification of women experiencing domestic abuse[79].

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[72] Humphreys J, Tsoh JY, Kohn MA, Gerbert B. Increasing discussions of intimate partner violence in prenatal care using Video Doctor plus Provider Cueing: a randomized, controlled trial. *Women's Health Issues* 2011;**21**(2):136–44. [PUBMED: 21185737]
[73] O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G, Taft A. (2015) Screening women for intimate partner violence in healthcare settings. Cochrane Database of Systematic Reviews 2015, Issue 7. Art. No.: CD007007. DOI: 10.1002/14651858.CD007007.pub3.
[74] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[75] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[76] NICE evidence statements PH50
[77] Turner, W., Broad, J., Drinkwater, J., Firth, A., Hester, M. et al. Interventions to Improve the Response of Professionals to Children Exposed to Domestic Violence and Abuse: A Systematic Review (2015)
[78] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[79] Feder, G., Davies, R., Baird, K., Dunne, D. et al. Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence a with a primary care training and support programme: a cluster randomised controlled trial, Lancet 2011

5.3.2 Psychological Interventions

Women Centred Psychological Interventions

There is evidence to suggest that 'women centred' health-sector interventions can have positive outcomes for women and their children following experiences of intimate partner violence[80]. These interventions use a combination of strategies, including psychosocial support, advocacy and counselling, and home visits to provide women with resources and support to reduce their future risk of violence, and to improve their physical and psychological health and wellbeing[81].

Evidence from the USA and Hong Kong showed that women who received a psychosocial intervention showed significantly lower rates of violence victimisation[82,83].

There is also moderate evidence that counselling interventions may improve post-traumatic stress disorder symptoms, depression, anxiety, self-esteem, stress management, independence, support and re-occurrence of violence, birth outcomes for pregnant women, motivational level, readiness to change, and/or forgiveness[84].

Other interventions involving advocacy, psychosocial support and the provision of additional assistance by a trained lay-person (to help women access services) have also shown promising results, however these programmes usually have a longer duration and greater intensity than health-service based interventions alone[85].

Child Focussed Psychological Interventions

Psychological interventions for children and adolescents that have experienced child maltreatment or who have been exposed to parental IPV have been shown to be effective in improving cognitive, emotional and behavioural outcomes[86,87]. Evidence of longer term outcomes from these interventions, showing reductions in perpetration and experience of dating violence, is also emerging[88].

[80] Garcia-Moreno, C., Hegarty, K., Lucas d'Oliveira, A., et al.: The Health-systems response to violence against women. Lancet 2014
[81] Ellsberg, M., Arango, D., Morton, M., Gennari, F.: Prevention of violence against women and girls: what does the evidence say? Lancet 2015
[82] Tiwari, A., Leung, W., Leung, T., Humphreys, J., Parker, B., et al.: A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong: BJOG (2005)
[83] Kiely, M., El-Mohandes, A., El-Khorazaty, M., Blake, S., Gantz, M.: An integrated intervention to reduce intimate partner violence in pregnancy: a randomised controlled trial: Obstet Gynecol (2010)
[84] NICE evidence statements PH50
[85] Ellsberg, M., Arango, D., Morton, M., Gennari, F.: Prevention of violence against women and girls: what does the evidence say? Lancet 2015
[86] Garcia-Moreno, C., Hegarty, K., Lucas d'Oliveira, A., et al.: The Health-systems response to violence against women. Lancet 2014
[87] Bair-Merritt MH, Lewis-O'Connor A, Goel S, et al. Primary care-based interventions for intimate partner violence: a systematic review. *Am J Prev Med* 2014; **46:** 188–94.
[88] Lundgren, R., Amin, A. (2014) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness

5.3.3 Advocacy

Advocacy interventions that have been evaluated are based around the concept of empowerment; talking through potential solutions with the victim and helping set goals to understand and make sense of the situation and their response to it. These interventions usually link survivors with legal, police, housing and financial services, and many also include psychological or psycho-educational support[89]. Evaluated interventions were all tailored to meet the wants and needs of the individuals involved.

The 2014 NICE guidance recommends that all of those currently (or recently) affected by violence and abuse should be provided with advocacy and advice services tailored to their level of risk and specific needs[90].

Currently evidence suggests that intensive advocacy may improve quality of life and reduce physical abuse in the short-term (one or two years after the intervention), however at present there is no evidence to suggest that advocacy reduces sexual, emotional or overall abuse, or that it benefits mental health[91].

Providing brief advocacy in healthcare settings, to pregnant women and those experiencing less severe abuse, may provide small short-term mental health benefits and reduce abuse, however the magnitude and consistency of these benefits is uncertain[92].

There is also moderate evidence that skill building on a range of topics with victims of partner violence has positive effects on victims' coping, well-being, decision-making abilities, safety and reduction in coercive and violence behaviour towards them[93].

[89] Garcia-Moreno, C., Hegarty, K., Lucas d'Oliveira, A., et al.: The Health-systems response to violence against women. Lancet 2014
[90] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[91] Cochrane Library (2015) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse (Review)
[92] Cochrane Library (2015) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse (Review)
[93] NICE evidence statements PH50

5.3.4 Response to High Risk Cases

Independent Domestic Violence Advocates (IDVA)

IDVAs are trained to address and secure the safety of victims at high risk of harm from intimate partners, ex-partners or family members. A training course and professional qualification, endorsed by the UK Home Office, has been developed by 'Safe Lives' (a national charity dedicated to ending domestic abuse).

There is some evidence, although this is not high quality that suggests that intensive intervention with an IDVA reduces domestic violence and abuse[94]. NICE uses estimates from this study to suggest that the use of IDVAs is cost effective compared to no intervention, although it is noted that the cost of domestic violence and abuse is so large that even marginally effective interventions are likely to be cost effective[95].

Multi-Agency Risk Assessment Conference (MARACs)

'Safe Lives' recommends the implementation at local level of MARACs. These enable relevant professionals to come together to discuss and safety planning for very high risk cases of DA. Research does suggest MARACs are cost effective, although it is not clear how much of the risk reduction was the impact of the MARAC specifically rather than the relevant agencies which might have been providing the support activity[96].

[94] Howarth, E., Stimpson, L. Barran, D., Robinson, A. Safety in Numbers: A multi-evaluation of Independent Domestic Violence Advisor Services (2009)
[95] NICE (2014) Domestic Violence and abuse: multi-agency working (PH50)
[96] CAADA: coordinated action against domestic abuse; Saving lives, saving money: MARACs and high risk domestic abuse 2010.

5.4 Interventions for Perpetrators

As with interventions provided to victims of VAWG, the majority of the relevant literature regarding those who use violence and abuse is based around those (predominately men) who perpetrate domestic abuse or sexual violence. These interventions can broadly be classified as criminal sanctions (CoP, 2016), or community-based activities.

Criminal Sanctions

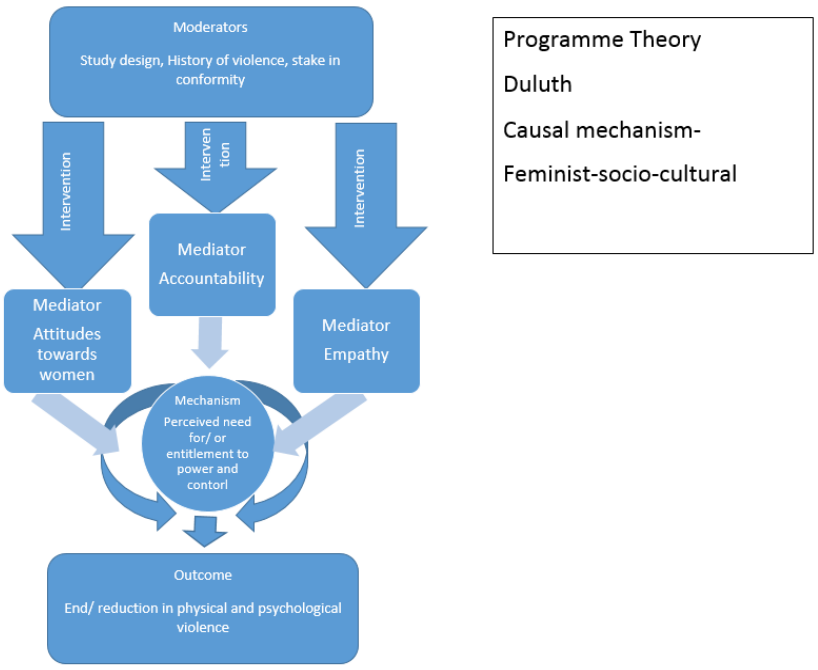
The national evidence base for the efficacy of criminal sanctions (prosecutions, convictions, custodial sentences and severity of sentences) across the VAWG spectrum is limited with a recent systematic review from the College of Policing (2016) concluding that it was 'not possible to say whether criminal sanctions increase or decrease rates of recidivism amongst offenders without further research'.

Community Based and Court Mandated Interventions

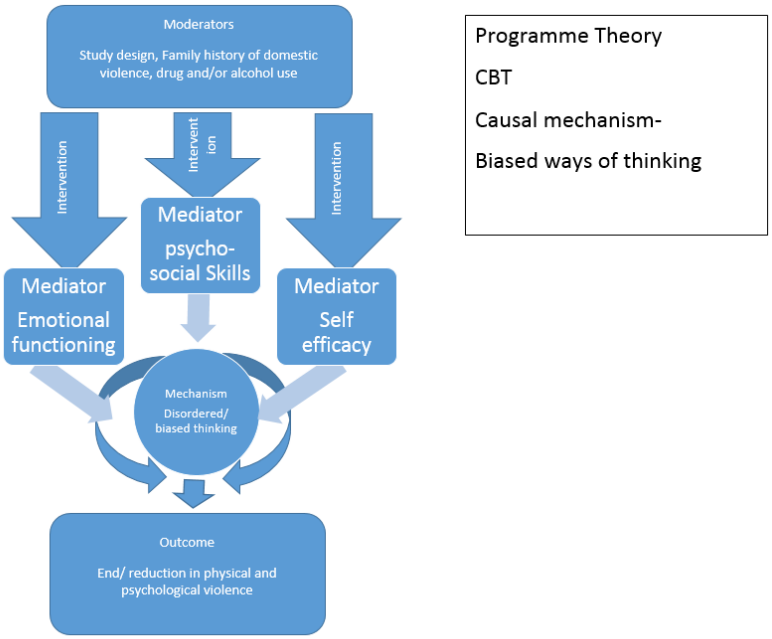
Established interventions with male domestic abuse perpetrators usually occur in group settings (with parallel support for any current or former partners) and have historically been seen as integral to the ecological model of intervention. These interventions can be disaggregated into court mandated, or community-based delivery models. Court-mandated programmes (such as IDAP – the Integrated Domestic Abuse Programme) are delivered to relevant offenders as part of their rehabilitation package. Community-based interventions (such as Choose to Change) typically receive agency and self-referrals.

Such programmes broadly fall into two ideological camps; those based on Duluth-type interventions (designed to challenge patriarchal power and control through psycho educational sessions), and those based on Cognitive Behavioural Therapies (CBT) which aim to affect change through addressing biased ways of thinking. However, elements of both approaches are often transferred between the two programme types. These approaches are modelled below.

Model 1: Duluth-type interventions



Model 2: CBT-type interventions



Vigurs, et al (2016)

Unfortunately, the evidence-base for the efficacy of perpetrator interventions is highly contradictory. Most small-scale evaluations (including those generated from programmes in Cambridgeshire) indicate positive changes in behaviour, increased safety for the partners (or ex-partners) of those attending, and a reduction in some offending patterns.

These positive outcomes were also reflected in the much larger Mirabal (2015) multi-site evaluation of RESPECT-accredited Duluth-type programmes (DVPPs), which showed overall reductions in the rates of violence used by attendees throughout the duration of the programme. Mirabal also found that perpetrator attendance on programmes provided women with 'space for action', and increased their feelings of safety and wellbeing. However, other outcomes measured by Mirabal (such as a reduction in abuse, changes in perpetrator attitudes, increased safety for children) were less obviously positive.

It should also be noted that the 'success' of the sites / programmes evaluated depended heavily on the structures supporting the interventions. These structures included the need for appropriate commissioning and the provision of specialist services to partners (and ex-partners) and any children impacted by the violence / abuse through a robust case-management process.

Despite the positive outcomes captured by the evaluations outlined above, other relevant research, typically based on broader samples, is far less enthusiastic regarding the efficacy of current perpetrator interventions. For example, Farmer and Callen's (2012) policy report for the Centre for Social Justice concluded that programmes based on the Duluth approach, the CBT approach or a mixture of the two appeared to be very successful.

International reviews, such as Slabber (2012), have also struggled to provide solid evidence for the efficacy of perpetrator interventions in the UK, Australia, New Zealand, Canada, and the United States.

In the UK, NICE (2014) has stated that the evidence-base for perpetrator programmes is weak, and that:

> There is a lack of consistent evidence on the effectiveness of programmes for those who perpetrate abuse…but such interventions are an important part of domestic violence and abuse services and, provided they are supported by robust evaluation to inform future commissioning decisions, should be recommended.

Individual Interventions

There is moderate evidence that individual interventions for abusers may help improve aggressive feelings towards partners, attitudinal change, understandings of violence and accountability, or short-term help seeking[97]. However there is little evidence of effectiveness for programmes aiming to reduce recidivism in perpetrators of violence against women and girls. Although some studies suggest decreases in re-offence rates in men who complete a full course of training addressing things such as anger management and cognitive behavioural therapy, overall the evidence for this is weak especially as these programmes tend to have very high drop-out rates[98].

There is, however, moderate evidence that behavioural couples therapy included within substance use treatment is associated with improved abuse outcomes[99]. Evidence from couples' interventions (not linked to treatment for substance users) is inconsistent.

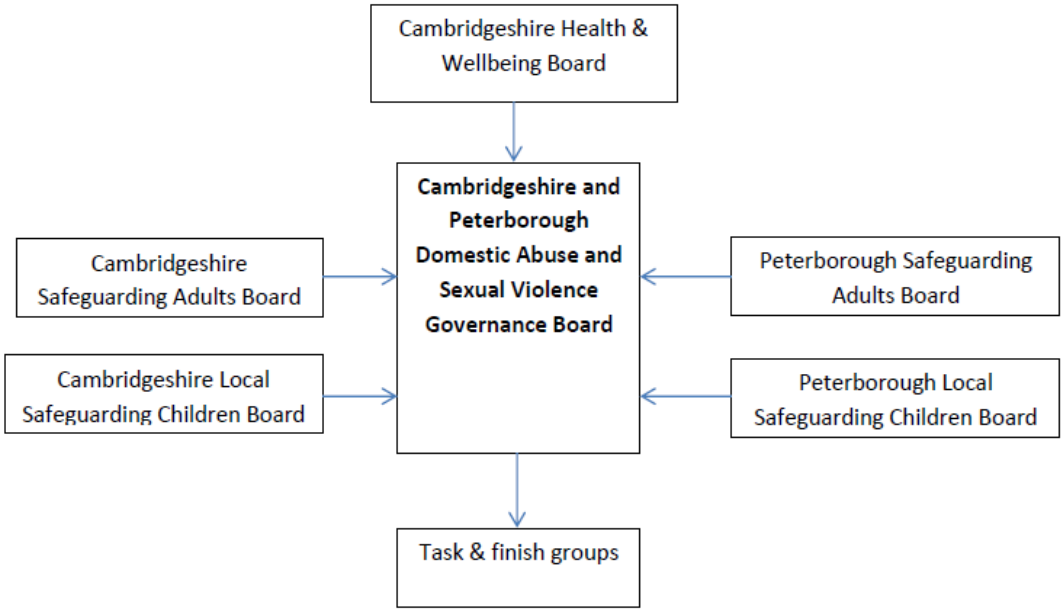
[97] NICE evidence statements PH50
[98] Ellsberg, M., Arango, D., Morton, M., Gennari, F.: Prevention of violence against women and girls: what does the evidence say? Lancet 2015
[99] NICE evidence statements PH50

6.0 Local Multi-Agency Governance, Strategy and Response

6.1 Governance

Historically, Cambridgeshire and Peterborough's responses to VAWG have been coordinated by respective Domestic Abuse and Sexual Violence Partnerships, working alongside partners such as the Local Safeguarding Boards, Health and Wellbeing Board, and the Community Safety Board.

In January 2016, the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnerships were merged, and a new governance structure developed (as modelled below).



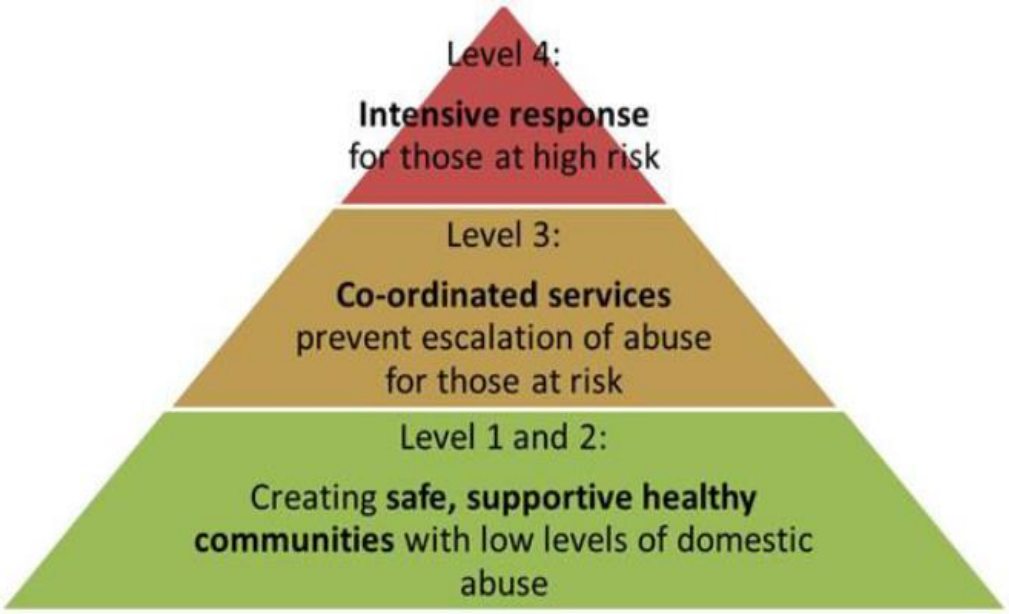
At the time of writing, further plans were being developed to rationalise this structure to make best use of opportunities to progress local work to address VAWG. These opportunities are designed to realise the potential of integrated coordination (via a new strategy and commissioning group, and a joint Cambridgeshire and Peterborough Safeguarding Board), services (such as IDVAS and MARAC), and innovative multi-agency responses at the Multi-Agency Safeguarding Hub, and at the Cambridgeshire Victim and Witness Hub. It is expected that a new joint strategy which reflects these changes will be agreed in 2017.

The joint response to issues of domestic abuse and sexual violence, since January 2016, has been delivered via a multi-agency thematic action plan. The impact of this plan has been monitored via a relevant set of Key Performance Indicators. The most recent updates to both documents are attached as appendices, and can be found at www.cambsdasv.org.uk.

To inform and improve practice around VAWG, Cambridgeshire has a number of key policies and practice guidance documents in place. These are:

- Against Violence and Abuse, *Complicated* Matters toolkit, 2015
- Cambridge City Community Safety Partnership Action Plan, 2016/17
- Cambridgeshire Crime and Policing Plan, 2017
- Cambridgeshire Safeguarding Board Domestic Abuse Strategy and Guidance, 2017
- Cambridgeshire Constabulary Domestic Abuse Improvement Plan, 2016/17
- Cambridgeshire County Council Domestic Abuse Action Plan, 2017
- East Cambridgeshire Community Safety Partnership Action Plan, 2016/17
- Fenland Community Safety Partnership Action Plan, 2016/17
- Huntingdonshire Community Safety Partnership Action Plan, 2016/17
- Peterborough City Council Domestic Abuse Action Plan, 2017
- Peterborough Safer Communities Partnership Action Plan, 2016/17

Local domestic abuse and sexual violence responses are structured according to good practice established by NICE (2014), which provides a staged response model, as below:



This staged response model interconnects with those used by the Cambridgeshire Safeguarding Children Board, and is designed to ensure that Cambridgeshire provides a coordinated response, and end-to-end service, for those impacted by violence and abuse.

Further information on how the performance of the new partnership is monitored can be found in Appendix E.

6.2 Awareness and Workforce Development

Cambridgeshire and Peterborough's previous (2012 and 2014) domestic abuse and sexual violence strategies have stressed the importance of awareness-raising and workforce development opportunities as key to the local response. Subsequently, and since 2014, the county has undertaken a range of activities to ensure that individuals, communities, and agencies are aware of VAWG issues, and are able to respond appropriately.

This approach recognises the need to provide for a range of stakeholders across the four levels outlined in the staged intervention model which includes:

- Professionals
- Agencies
- Employees / employers
- Friends and families
- Older people
- Men as victims
- Perpetrators
- Children and young people
- Victims of sexual violence
- Victims with LDDs or additional vulnerabilities
- Those victims and offenders misusing drugs or alcohol

A record of the activities undertaken are available in Appendix F.

6.2.1 Workforce Development Offer for Managers and Practitioners

Cambridgeshire has a well-established VAWG workforce development (WFD) offer for managers and practitioners which is based on relevant NICE guidance (2014). This model provides a framework for developing a common understanding of people's needs and a shared understanding of the roles and responsibilities of different services, professionals and organisations, and is cognisant of relevant LSCB and Adult Safeguarding practitioner guidance documents. Elements of the AVA toolkit (*Complicated Matters*) are also woven through the training that is on offer.

The WFD levels promote prevention, lowering risk and managing demand on our more intensive services. The aim is to ensure that there are fewer people in the higher levels, receiving more targeted, intensive support. Early help as soon as need is identified is preferable to 'late help' when problems have escalated; but intensive safeguarding and support is always available to those that need it. Getting this right requires services to build capacity in communities to support people to help themselves; as well as creating effective, coordinated pathways and referrals between organisations, as well, as ensuring that workers are professionally competent, capable and knowledgeable with respect to their role and responsibility.

Details of courses currently offered can be found in Appendix G.

Education

Domestic abuse is included in the generic safeguarding training offered to early years settings. In addition, sessions on domestic abuse are provided as part of the early years training programmes.

Schools and colleges across the county receive their safeguarding training from the Safeguarding Education Service. The generic safeguarding and designated teachers training covers issues of domestic abuse. In addition, a number of schools procure domestic abuse PHSE materials from this service to deliver within their schools.

Police

All Police Officers undertake a mandatory induction training programme which includes information around domestic abuse. Those officers who work with domestic abuse cases receive additional in depth domestic abuse training which is commensurate with their job role. At the time of writing (February 2017) the Constabulary had commissioned Safe Lives to deliver bespoke training around coercive control to relevant officers as part of their domestic abuse action plan.

Social Care

In Cambridgeshire a suite of domestic abuse training at differing levels is available to practitioners in Children's Social Care (CSC) and Adult Social Care. In Peterborough, domestic abuse is included in the practitioner's induction training and then practitioners access additional training via the PSCB domestic abuse training. Peterborough Women's Aid have previously been commissioned by CSC to deliver sessions on domestic abuse as needed, however at the time of writing no information was available about current training programmes for CSC practitioners.

Voluntary Sector

Some voluntary sector organisations offer domestic abuse training as part of their workforce development programmes (NSPCC, Barnardo's). In other organisations the practitioners access the LSCB training that is offered.

Local Practice Groups

Each year Cambridgeshire LSCB facilitates short workshops on safeguarding children, across the county, for all professionals who work with children and families. Topics include: Domestic Violence, Child Trafficking and Safeguarding Children from Domestic Violence. 2017 will see topics include Gangs and Exploitation.

Although it is difficult to bench-mark the WFD offer available across Cambridgeshire, the evidence-base to support the suite of trainings is provided by WHO (2011), NICE (2014), and the Home Office (2016). A review of similar WFD offers across the Eastern Region (February 2017) found that the Cambridgeshire model is more comprehensive than that available in Norfolk, Suffolk, Bedfordshire, or Northants.

Evaluation data from feedback forms provided by attendees on the 'Introduction to Domestic Abuse' programme (Level 2) has shown that 56 (out of 58) attendees over a 12-month period rated the training as 'excellent' or 'very good'. The same data also shows that 55 attendees felt that the training would have a positive change on their practice (Cambridgeshire County Council, 2017). A survey undertaken with attendees 6 months after the above trainings found that:

- 87.5% of attendees had a better understanding of domestic abuse
- Identification of domestic abuse had improved by 78.1%
- Understanding of the impact of domestic abuse on children had increased by 81.2%
- The identification of risk had improved by 84.4%
- Confidence in decision-making around families where domestic abuse is an issue increased by 81%
- Clarity around when and how to refer to MARAC had increased by 100%

Audit results from the Local Safeguarding Board can be found in Appendix H.

6.3 Activities Arising from Previous Need Assessments

The following are relevant activities arising from previous domestic abuse and sexual violence needs assessments (2014 and 2015) across Cambridgeshire and Peterborough. These activities are grouped according to previously agreed priority areas of: Prevent, Protect, Pursue, and Recover.

Prevent

- The establishment of a joint, multi-agency VAWG workforce development offer across Cambridgeshire based on relevant NICE guidance. This offer includes new modules at Levels 3 and 4 to provide training on: working with perpetrators, systemic approaches to addressing domestic abuse, and differentiating domestic abuse in practice
- The development of an accessible and free e-learning module for practitioners working with issues of domestic abuse and sexual violence, according to relevant NICE guidance
- The roll-out of communications/awareness campaigns (public and agency), including: Heart FM, Children's Centre posters, targeting older victims, developing 'easy-read' resources for victims with learning disabilities
- The launch of a new DASV partnership website, including resources, research, tools, and awareness-raising activities for professionals and service-users
- The development of a countywide network of partners who are able to deliver relevant prevention activities in schools and colleges
- The commissioning and development of prevention activities in schools, such as 'Chelsea's Choice'
- The roll-out of Cambridge Rape Crisis Young People's Sexual Violence programme at CRC
- Relevant activities arising from the Adult Safeguarding DASV action plan
- The implementation of the Domestic Violence Notification Order (DVPO) process

Protect

- The creation of a Young Person's IDVA post, and a Young Person's ISVA post (funded by OPCC)
- Securing an additional £300k for refuges in 2015 from DCLG.
- The development of a 'front-facing' countywide offer for victims of domestic abuse, according to NICE guidance
- The implementation of the Domestic Violence Protection Orders (DVPOs) process
- The development of activities at the Victim and Witness Hub to support victims of domestic abuse-related crimes

Pursue

- The implementation of a force-wide domestic abuse strategy and action plan at Cambridgeshire Constabulary
- The Ormiston Trust's development of a RESPECT-accredited perpetrator programme
- The development and roll-out of a multi-agency Domestic Violence Perpetrator Panel targeting prolific MARAC offenders

Recover

- Commissioning and joint funding of the Bobby Scheme to secure homes of domestic abuse survivors
- The provision, via Rape Crisis, of specialist counselling for survivors of sexual abuse
- The provision of specialist mental health workers in the county's refuges

7.0 Local Service Mapping

This section looks at the services available across Cambridgeshire and Peterborough to support victims of VAWG. The mapping reflects the relevant NICE (2015) levels of need supported, and the geographical coverage of provision.

Summary of Services provided, as at March 2017

Name	Service provided	Age range	Levels of Needs Supported (NICE)				Area covered					
			1	2	3	4	CC	EC	FE	HU	SC	PE
1 Independent Domestic Violence Advisors	Domestic abuse	All ages										
2 Cambridge Women's Aid	Domestic abuse + sexual violence	All ages										
3 Peterborough Women's Aid	Domestic abuse + sexual violence	All ages										
5 Cambridge Rape Crisis	Sexual violence	All ages										
6 Peterborough Rape Crisis	Sexual violence	All ages										
7 Refuge	Practical support across range of issues	All ages										
8 Link to Change	Child Sexual Exploitation	12-26 years										
9 Sexual Assault Referral Centres	Sexual violence	All ages										
10 Cambridge Women's Resource Centre	Practical support across range of issues	All ages										
11 Centre 33	Practical support across range of issues	All ages										
12 One Voice for Travellers	Practical support across range of issues	All ages										
13 Ormiston Trust	Practical support across range of issues	All ages										
14 The Kite Trust / SexYOUality	Practical support across range of issues	All ages										
15 The NSPCC Peterborough Service Centre	Practical support across range of issues	All ages										

A more detailed review of the services listed here can be found below.

1. Independent Domestic Violence Advisory Service (IDVAs)

- Crisis intervention provision for high-risk / MARAC clients

Cambridgeshire

The Cambridgeshire Independent Domestic Violence Advisory Service (IDVAs), established in 2002, provides crisis intervention / risk management services to high-risk victims of domestic abuse. The IDVAs also provide coordination and administration to Cambridgeshire's Central and Southern MARACs, and function as key workers in the majority of MARAC cases. Since 2010, the IDVAs have been co-located within Cambridgeshire's MASH. In addition to supporting MARACs, Cambridgeshire IDVAs also provide a range of specialist support in response to locally identified need. These posts support:

- Young people aged 13-19 years who are victims of abusive 'teen dating' relationships
- Victims and survivors from Eastern European (A8) countries
- Victims and survivors whose referrals are generated by health professionals at Hinchingbrooke and Addenbrookes hospitals

In 2015/16 there were 1,203 referrals to the Cambridgeshire IDVA service. The highest number and rate of referrals (high-risk referrals only) were from Cambridge City residents.

Table 10: Number and rate of high risk referrals to Cambridgeshire IDVA service, 2015/16

District	Number of high risk referrals	Rate per 1,000 female population aged 16+ years	95% confidence intervals
Cambridge City	216	4.1	(3.5 - 4.7)
East Cambridgeshire	92	2.6	(2.1 - 3.1)
Fenland	142	3.4	(2.9 - 4.0)
Huntingdonshire	200	2.8	(2.4 - 3.2)
South Cambridgeshire	164	2.6	(2.2 - 3.0)
Cambridgeshire	814	3.1	(2.9 - 3.3)

Statistically significantly higher than Cambridgeshire

Statistically significantly lower than Cambridgeshire

Source: Cambridgeshire IDVA service

Referrals to the IDVA's specialists posts (all levels of risk / countywide remits) show that:

- 100 referrals were made to the Health IDVA post at Addenbrookes Hospital
- 46 referrals were made to the Health IDVA post at Hinchingbrooke Hospital
- 107 referrals were made to the Young People's IDVA
- 136 referrals were made to the A8 IDVA post

Of the 1,203 referrals to Cambridgeshire IDVA's in 2015/16:		
80% (962) **engaged** with the service	35% (421) **repeat** referrals	95% were **female** victims of domestic abuse
63% were 'White UK'; 11% 'White European'; 26% BME	5% had a **disability**	1% were from **LGBT** community
81% were made by **police**	1.6% were **honour**-related crimes	0 cases of **FGM** were recorded

2. Cambridge Women's Aid

- Specialist advice and support to women and children. City based refuge provision.
- Outreach provision in Cambridge City and South Cambridgeshire

Based at a central city location, Cambridge Women's Aid (CWA) offers specialist advice and support services to women and children living locally who are affected by domestic abuse. In addition to community based support services available on a one to one or group basis, CWA also provides supported, safe refuge accommodation to women and children escaping domestic abuse. CWA have provided vital services in Cambridge since 1977 and regularly share their expertise through partnership working and training of professionals and community members. CWA services are staffed during normal office hours and a worker is available on call 24 hours a day, 365 days a year.

In 2015/16

Cambridge Refuge

provided support and resettlement to
51 women and 77 children

Outreach Project

In contact with
1,082 people
401 engaged (37%)

Over half of contacts with Cambridge Women's Aid were from Cambridge City residents. Cambridge City and South Cambridgeshire had significantly high contact rates compared to the Cambridgeshire rate (where the address was disclosed).

Table 11: Proportion of Cambridge Women's Aid contacts by district, 2015/16

District	Number of contacts	Rate per 1,000 female population aged 16+ years	95% confidence intervals
Cambridge City	468	8.8	(8.0 - 9.7)
East Cambridgeshire	43	1.2	(0.9 - 1.6)
Fenland	9	0.2	(0.1 - 0.4)
Huntingdonshire	27	0.4	(0.2 - 0.5)
South Cambridgeshire	307	4.9	(4.3 - 5.4)
Cambridgeshire	854	3.2	(3.0 - 3.4)
Out of area	33		
Did not disclose	195		

Statistically significantly higher than Cambridgeshire

Statistically significantly lower than Cambridgeshire

Source: Cambridge Women's Aid

Cambridge Women's Aid also held a series of training and support groups in 2015/16, providing a total of 115 sessions with an average of 5 participants per session.

Table 12: Support and training groups, Cambridge Women's Aid, 2015/16

Support	Area covered	Number of sessions	Total number of attendances	Average number of participants
Older women's social group	Cambridge	48	274	6
Weekly support groups for survivors		27	138	5
Art and craft suport group	Ely	33	148	4
Money matters training		1	20	5
Mum's safeguarding training		6	48	8
Total		115	628	5

Source: Cambridge Women's Aid

Cambridge Women's Aid also provided survivors with opportunities to participate in influencing local and national policy, including:

- Supporting 10 women from Cambridge City and South Cambridgeshire to complete the Cambridge City Council women's needs assessment
- Supporting 8 women to contribute to the TUC and Women's Aid research on financial abuse to help lobby for changes to Universal Credit
- Supporting 40 service users from Cambridge city and South Cambridgeshire to attend the Cambridge City Council Survivors Conference at the Guildhall in 27th November 2015.

3. Peterborough Women's Aid

- Practical advice and support. Peterborough based refuge provision.
- IDVA and outreach provision for Peterborough City

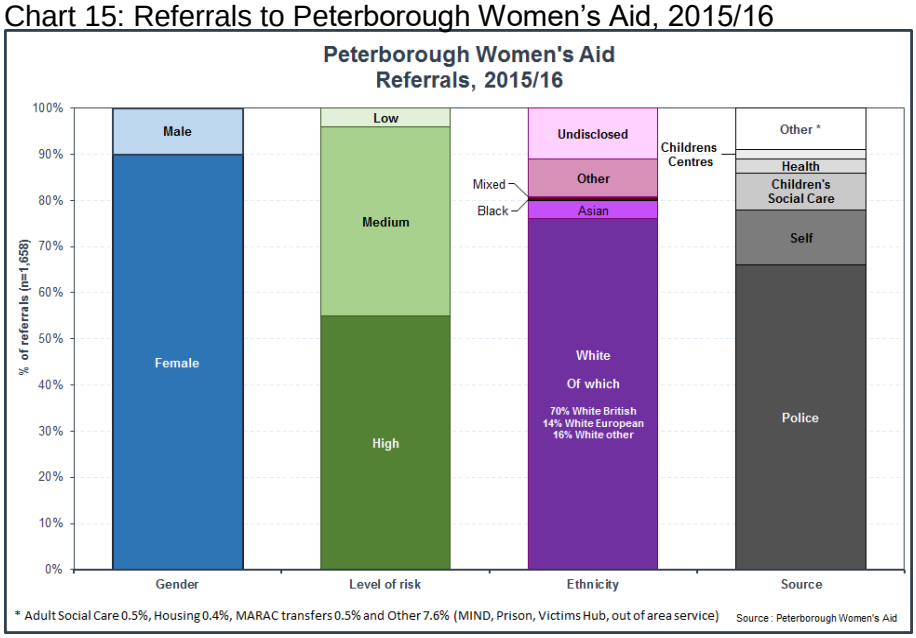
Peterborough Women's Aid is a small charity firmly embedded in the local community. Formed in 1975, the primary objective of Peterborough Women's Aid is to relieve the distress and trauma of victims/survivors who have been affected by domestic abuse and or sexual violence. The charity recognises that everyone has a right to live their lives free from the fear of domestic violence and abuse and that society has a duty to recognise and defend this right and offers support to women, men, young people and children.

Principle activities of the organisation are to:

- provide safe temporary refuge accommodation for women and children
- provide a domestic abuse and sexual violence advocacy service to offer crisis support and information in particular to those that are at risk from further abuse
- provide a group work programme aiming to improve understanding the dynamics of domestic abuse and advice to assist with developing positive lifestyle coping strategies
- provide specialist services for children and young people affected by domestic abuse and sexual violence with individuals offering great practical and emotional support to children through bewildering times

Peterborough Women's Aid provides the Specialist Abuse Service to local residents. This service supports victims of domestic abuse and sexual violence, and is offered to men, women and children. The service accepts referrals of all levels, directly from the police agencies and self-referrals. Within the team there are the dedicated domestic abuse and sexual violence advocates (IDVAs and ISVAs).

Chart 15: Referrals to Peterborough Women's Aid, 2015/16



In 2015/16

Peterborough Women's Aid

1,658 referrals
90% females
55% high risk
13% BME
66% from police

Safe refuge accommodation

32 women
42 children
87% occupancy

Legal surgery

84 victim/survivors

Freedom programme

11 programmes
229 referrals
151 completed

PWA delivered a number of trainings to partner agencies in 2015/16, including:

- Local Safeguarding Board (Level One) 'Effects of Domestic Abuse' (three full days) and, 'Assessing the Risk' (Level Two) for two full days
- Early Years Practitioners (two full days)
- Midwives DASH training workshop
- Team Support Worker (full day)
- Local Safeguarding Board Conference Workshop session
- Awareness-raising with local Women's Institute group
- Anglia Ruskin University Safeguarding Practice Day
- Three guest lecturer sessions at Anglia Ruskin University for Social Work Students
- Children and Young Peoples Coordinator delivered a session to Head Teachers regarding domestic abuse and our service
- Throughout the year, two social work students were placed within PWA

4. Specialist Abuse Service (SASP) Peterborough

- Works within Peterborough Women's Aid

The Peterborough SASP is part of Peterborough's Women's Aid, see above for service description.

As at January 2016 there were no adults on the SASP waiting list and 63 children and young people to waiting access to support.

July – December 2015
SASP referrals
39 Domestic abuse adult referrals **887 Sexual Violence adult referrals** **69 domestic abuse children and young people referrals** **9 sexual violence children and young people referrals**

NOTE – Peterborough Women's Aid/SASP

As at 31 March 2017 Peterborough Women's Aid/SASP will no longer be operating an outreach/IDVA service. This means that PWA are no longer able to take referrals from agencies, individuals or referrals for the Freedom Programme. Peterborough Women's Aid will continue to run a refuge within the city and offer safe accommodation for people from outside the area.

This also means that there will be a loss of provision of domestic abuse training in Peterborough.

From April 2017 all high risk/MARAC cases will be supported by an IDVA service provided by the local authority within the integrated Cambridgeshire Domestic Abuse Services at Cambridgeshire County Council.

5. Rape Crisis

- Specialist advice, support and counselling across Cambridgeshire and Peterborough.
- Hosts Independent Sexual Violence Advisory (ISVA) service

Cambridgeshire

Cambridgeshire employs two full-time Adult Independent Sexual Violence Advisors (ISVAs) and a full time Children and Young People's ISVA, all based at the Cambridge Rape Crisis Centre (CRCC).

CRCC is a specialist sexual violence organisation, established in 1982, providing dedicated support service to survivors of rape, sexual abuse and sexual violence in Cambridgeshire. CRCC adheres to and has successfully achieved the Rape Crisis England and Wales National Service Standards and is a professionally approved Rape Crisis Centre.

The goals of CRCC are to:

- Provide specialist support to women and girls who have experienced or are experiencing rape, childhood sexual abuse or any form of sexual violence
- Secure high quality sexual violence services for women and girls who have experienced sexual violence
- Raise awareness of sexual violence, its prevalence and effects
- Build collective expertise to improve services and policies for the benefit of survivors
- Press for change and promote the importance and need for appropriate, high-quality and specialised support for survivors
- End rape and sexual violence

In 2015/16 Cambridge Rape Crisis

ISVA clients

193 adults
86 children

Helpline

1,062 calls taken
109 emails responded

Counselling

113 clients
2,660 sessions
8 survivors attending group work
3-6 month waiting list

Peterborough

Peterborough Rape Crisis Care Group (PRCCG) was established in 1983 in response to a need amongst women for a safe, confidential, non-judgemental support service. Peterborough Rape Crisis Care Group is committed to supporting and empowering female survivors of rape and sexual abuse, regardless of race, ethnicity, sexuality, age and other discriminatory factors respecting individual lifestyles through the provision of a confidential telephone help line, a face to face support service and other appropriate support mechanisms. PRCCG are committed to raising public awareness of issues surrounding sexual violence.

6. Refuge

- St. Neots and Wisbech based refuge provision
- Outreach provision in Fenland, Huntingdonshire and East Cambridgeshire

Refuge runs two specialist safe houses for women and children escaping domestic violence in Cambridgeshire. In addition to the refuges, Refuge also runs a community outreach service, which supports women and men aged 16 and over and their children. An outreach worker offers confidential support on a range of practical and emotional issues, such as providing vital safety information to clients who are looking to leave their abusers.

Some specific activities over the period include:

- Successfully securing forced marriage protection orders thanks to work with a specialist solicitor in London
- Creating three new drop-in services to provide support for women who do not wish to report to the police
- In June 2016 Refuge was awarded a further three-year grant from BBC Children in Need to maintain its part-time specialist children's support worker. This member of staff provides a safe, supportive environment for the children in Cambridgeshire refuges, running activities including cooking, arts and crafts and day trips out. There are very few specialist domestic violence support services for children so this is a vital part of what Refuge offers
- Setting up a joint working protocol with Inclusion, a drug and alcohol agency, to support any women in the refuges with substance issues; this will involve providing in-refuge support on these issues, which will prevent women having to attend appointments at the Inclusion office – where they might be at risk of meeting other substance abuse users

In 2015/16
Refuge
340 referrals
87 women supported
75 children supported
Of the children
55% known to social services
17% safeguarding plan in place
47% known to health services (0-5 year olds)

7. Link to Change

- Early intervention and prevention for young people at risk of sexual exploitation

Link to Change was established in 2008 as the first Child Sexual Exploitation service in the East of England. Since that time, Link to Change has developed a range of activities to prevent CSE from occurring, and to directly support those impacted by the abuse. Currently, these activities include:

Project	Target group		Risk	Support type	Focus
Helter Skelter	Females	12-26 years	Experiencing or at risk of sexual exploitation	1 to 1 and group work with indiviuals, youth groups and schools	Preventative work, training and advice for parents
Dodgems	Males	12-18 years	Experiencing or at risk of child sexual exploitation	1 to 1 and group work	Preventative work. Specialist group work for young asylum seeking males
Helter Skelter Plus	All	17-26 years	Living in hostels and Foyers	1 to 1 and group work	Relationships, sexual exploitation and modern slavery
Carousel Project	All	12-18 years	Education at significant risk from sexual exploitation	Schools	Support to manage cases of CSE

8. Sexual Assault Referrals Centre (SARC)

- Providing clinical and Independent Sexual Violence Advisory (ISVA) services to acute victims of sexual violence

Cambridgeshire's SARC was established in 2010 to:

- Increase victim confidence and access to the CJS through providing support through forensic medical examination and referring to partnership agencies for follow-on support (ISVA service, Rape Crisis, Counselling, GU)
- Offer self-referral access to the SARC for a forensic medical examination, support and anonymous reporting. Samples stored for 7 years for if the client wishes to report to the police during this time
- Facilitate meetings with the police at the SARC with Crisis Worker/ ISVA support should a client wish to report to the police outside of their domiciliary setting.

At the time of writing (March 2017), the contract for Cambridgeshire's SARC has recently been awarded to Mountain Healthcare. Mountain Healthcare Limited was established in 2005 by the founding Directors of a company called Essex Medical and Forensic Services Limited. 'Essex Medical' specialised in Police Custodial Healthcare and Forensic Medical Examiner provision in Sexual Assault Referral Centres (SARCs), and went through a transition and name change following acquisition in 2008. Mountain Healthcare's aim is to provide a patient focused, safe and appropriate service delivered by well trained, motivated healthcare professionals.

Also at the time of writing, the SARC was in the process of relocating from Peterborough City centre to Hinchingbrooke, Huntingdon.

9. Provision of Services for Men

With regards to accessing services, all commissioned domestic abuse and sexual violence services in Cambridgeshire and Peterborough (with the exception of refuge-type provision and women-only peer-support groups) support male victims of domestic abuse and sexual violence. Specifically, this includes:

- Access to Multi-Agency Risk Assessment Conferences (MARACs)
- Access to Independent Domestic Violence Advisory Service (IDVAS) - Cambridgeshire provides a specialist Male IDVA post
- Access to Independent Sexual Violence Advisory Service (ISVAS)
- Access to community-based outreach support
- Access to services via Cambridgeshire's Victim and Witness Hub
- Access to relevant family interventions
- Access to housing support projects (such as Sanctuary and Bobby Scheme) to enable victims to remain safely in their own homes

Cambridgeshire and Peterborough do not commission a male-only refuge, as agencies would typically re-locate high-risk victims (of any gender) out of county. The county also does not currently commission male-only support groups as there is no evidence-base for the success of such provision, or any statistically meaningful data to support the development of such provision locally.

10. VAWG Services Commissioned by Local Authorities

Cambridgeshire

- The independent domestic violence advocacy service, providing support to victims of domestic abuse whose cases are identified as highest risk and which are therefore heard at MARAC
- The independent sexual violence advocacy service, providing support to victims of sexual violence
- Refuge and outreach services commissioned from the voluntary sector
- Support for families and children from family workers, young person's workers, FIP workers and social workers where children's services have been engaged through an early help assessment or a referral to children's social care. This work is supported by workforce development and clinician support for systemic practice. Clinicians also support staff from other agencies in the same way
- Parenting programmes and groups which promote resilience and positive parenting with the protective parent/carer
- Groups for young people to promote their resilience and confidence and an understanding of healthy relationships
- Clinical work from unit clinicians for parents who want to work to stay together

- CCC also commissions and supports a comprehensive WFD domestic abuse 'offer' across four levels, in accordance with NICE guidance and recommendations (2014). This is complemented by the LSCB Multi-Agency Training Programme.

Specific to children's services - Children's Social Care, Youth Offending Service, Disability Team, & Early Help Services

- Contributes to the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership at all levels
- Safeguarding / Domestic Violence / BDVRIM training for frontline Social Care staff, senior family workers, etc.
- Embedded use of the AVA Complicated Matters Toolkit which focuses on domestic abuse, substance use and mental ill-health
- Contribution to LSCB Thematic / Multi-Agency Domestic Violence audits (see section 4)
- Liaison with IDVA / MARAC / Women's Aid / Refuge / Probation Services where appropriate
- Supporting families to access to the National Domestic Violence Helpline / Cambridgeshire Rape Crisis Support / Youth Support Services / Young Person's IDVA / IDVA Service / The Freedom Programme
- Participation Team undertake focused sessions regarding healthy relationships
- Processing of contacts, referrals and analysis of risk where there are concerns regarding abuse undertaken in First Response and EDT
- Undertake child protection enquiries, social work assessments and early help assessments
- Social Worker attendance at daily MARAC
- CSE Co-ordinator role within First Response EDT who has oversight of all missing and CSE notifications for children in Cambridgeshire
- Interventions undertaken by social workers, family workers, YOS, support workers and youth workers with young people, children and parents
- Some teams in Early Help have practitioners trained in delivering Freedom and Phoenix programmes
- YOS teams have a DV/DA Champion who alongside DV Co-ordinator support staff on a daily basis and provide resources and training as appropriate
- Management support for case holders in supervision
- Multi-agency links and integrated responses at MASH
- Onward referrals to other agencies
- Recording and flagging to capture typologies of DA

The NSPCC Peterborough Service Centre offers a range of support for children and young people including programmes for:

- Children who have experienced, or are at risk of, Child Sexual Exploitation
- Children and young people affected by sexual abuse, including separate programme for children with learning disabilities
- Children and young people displaying harmful sexual behaviour

The National NSPCC undertook research into violence in teenage intimate partner relationships and published the findings in their report 'Standing on my own two feet'.

Peterborough

- **Children's Early Help Specialist Domestic Abuse Worker**

There is a specialist DA worker supporting children and young people who have been the victim of or exposed to a domestic abuse incident and who are being supported through Early Help. Support from this specialist service can be requested by all partners supporting families through Early Help, including professionals from early years' settings, schools and further education establishments, health services and the Police. In order to access the service, there will need to be an open and active up-to-date Early Help Assessment that details why the professional feels this is the most appropriate service.

- **Referral process**

In order to ensure that those children and young people most in need of this specialist service can access it, referrals will only be accepted through the three locality based Multi-Agency Support Group (MASG) panels. This will ensure there is a comprehensive multi-agency discussion about the most appropriate support based on the needs of the family. Requests for cases to be heard at MASG is through the use of the Peterborough City Council web-based Early Help Module previously known as eCAF. Only partners who have been trained in the Early Help Module will have access to the system. Partners requiring training to access the system or needing support in activating the MASG workflow on the system should email earlyhelp@peterborough.gov.uk or telephone the Peterborough City Council Early Help Service on 01733 863649.

Direct access to the Early Help Module can be found on the Early Help pages of the Peterborough City Council website at www.peterborough.gov.uk/healthcare/early-help/ under the heading of 'Multi Agency Support Groups'.

- **Family Safeguarding Service**

Hertfordshire County Council developed family safeguarding teams to include adult mental health, substance misuse and domestic violence workers in co-located multi-disciplinary teams with children's social workers and family support workers with the support of funding from the last round of innovation projects. This approach was supported by implementing a model of practice based on strengthening families and motivational interviewing. The approach has led to better outcomes for children on child protection and child in need plans, fewer repeat referrals around domestic abuse and reducing use of applications in care proceedings.

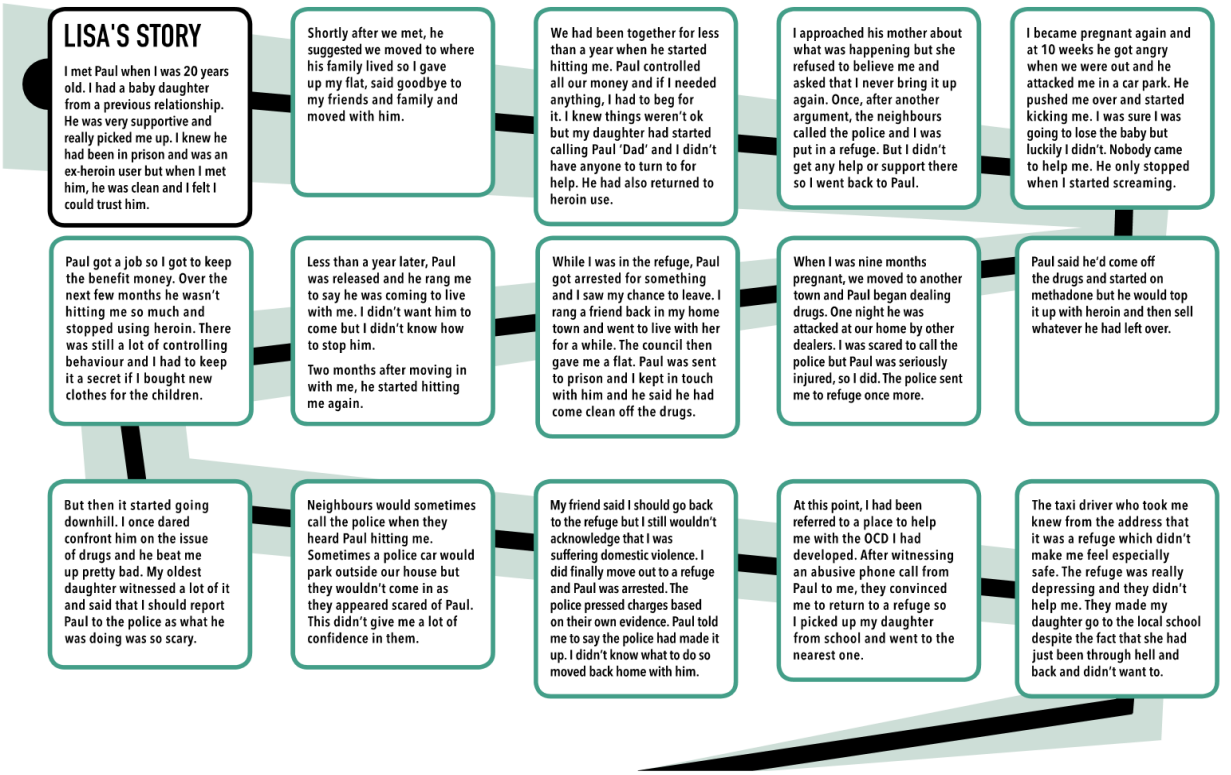
Hertfordshire will be working with Peterborough and three other local authorities to share their learning, enabling us to develop a similar approach in Peterborough, supported through innovation funding initially, and hopefully bringing similar benefits to children, young people and their families. It is hoped that the service will be running from July 2017.

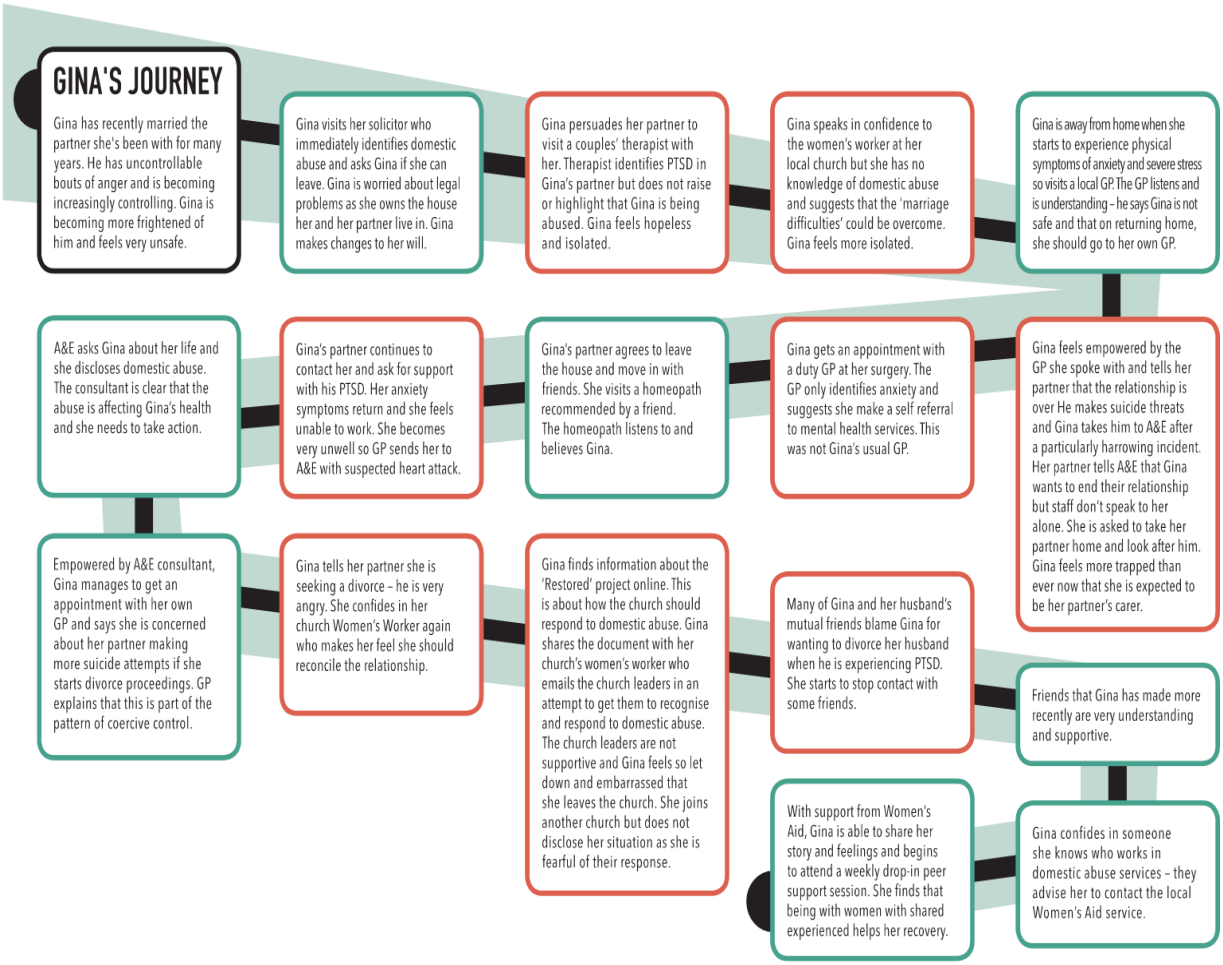
The Family Safeguarding approach is designed for use where families have younger children and is less suited to meeting the needs of vulnerable young people with complex needs. This group, at risk for a number of reasons including extreme risk taking behaviour, substance misuse, poor or inappropriate peer relationships and associated risks including self-harm, involvement in offending behaviour, frequent missing episodes and vulnerability to exploitation, are most likely to benefit from support from a range of practitioners and not necessarily only from qualified social workers.

Key is the building of positive relationships, and practitioners working with this group need to be tenacious and, critically, often available to work outside usual hours. Often, youth workers may have more success in engaging with this group than social workers, while the needs of the young people concerned will often indicate some oversight or direct involvement from practitioners with mental health expertise.

8.0 Case studies

The following case studies show the pathways for two local victims of domestic abuse.




GINA'S JOURNEY
Gina has recently married the partner she's been with for many years. He has uncontrollable bouts of anger and is becoming increasingly controlling. Gina is becoming more frightened of him and feels very unsafe.
Gina visits her solicitor who immediately identifies domestic abuse and asks Gina if she can leave. Gina is worried about legal problems as she owns the house her and her partner live in. Gina makes changes to her will.
Gina persuades her partner to visit a couples' therapist with her. Therapist identifies PTSD in Gina's partner but does not raise or highlight that Gina is being abused. Gina feels hopeless and isolated.
Gina speaks in confidence to the women's worker at her local church but she has no knowledge of domestic abuse and suggests that the 'marriage difficulties' could be overcome. Gina feels more isolated.
Gina is away from home when she starts to experience physical symptoms of anxiety and severe stress so visits a local GP. The GP listens and is understanding – he says Gina is not safe and that on returning home, she should go to her own GP.
Gina feels empowered by the GP she spoke with and tells her partner that the relationship is over He makes suicide threats and Gina takes him to A&E after a particularly harrowing incident. Her partner tells A&E that Gina wants to end their relationship but staff don't speak to her alone. She is asked to take her partner home and look after him. Gina feels more trapped than ever now that she is expected to be her partner's carer.
Gina gets an appointment with a duty GP at her surgery. The GP only identifies anxiety and suggests she make a self referral to mental health services. This was not Gina's usual GP.
Gina's partner agrees to leave the house and move in with friends. She visits a homeopath recommended by a friend. The homeopath listens to and believes Gina.
Gina's partner continues to contact her and ask for support with his PTSD. Her anxiety symptoms return and she feels unable to work. She becomes very unwell so GP sends her to A&E with suspected heart attack.
A&E asks Gina about her life and she discloses domestic abuse. The consultant is clear that the abuse is affecting Gina's health and she needs to take action.
Empowered by A&E consultant, Gina manages to get an appointment with her own GP and says she is concerned about her partner making more suicide attempts if she starts divorce proceedings. GP explains that this is part of the pattern of coercive control.
Gina tells her partner she is seeking a divorce – he is very angry. She confides in her church Women's Worker again who makes her feel she should reconcile the relationship.
Gina finds information about the 'Restored' project online. This is about how the church should respond to domestic abuse. Gina shares the document with her church's women's worker who emails the church leaders in an attempt to get them to recognise and respond to domestic abuse. The church leaders are not supportive and Gina feels so let down and embarrassed that she leaves the church. She joins another church but does not disclose her situation as she is fearful of their response.
Many of Gina and her husband's mutual friends blame Gina for wanting to divorce her husband when he is experiencing PTSD. She starts to stop contact with some friends.
Friends that Gina has made more recently are very understanding and supportive.
Gina confides in someone she knows who works in domestic abuse services – they advise her to contact the local Women's Aid service.
With support from Women's Aid, Gina is able to share her story and feelings and begins to attend a weekly drop-in peer support session. She finds that being with women with shared experienced helps her recovery.

9.0 Local Management of High Risk Cases

Multi-Agency Risk Assessment Conferences (MARAC)

Cambridgeshire's Multi-Agency Risk Assessment Conferences were established in 2006/07 and are regular multi-agency meetings to discuss how to help victims at high risk of murder or serious harm. In Cambridgeshire the MARACs are geographically divided between Northern (Peterborough), Central (Huntingdonshire and Fenland), and South (City and South Cambridgeshire). The threshold for referral to MARAC across Cambridgeshire is a score of 14 or more on the DASH risk indicator checklist, or on professional judgement.

Peterborough's MARAC (Northern) runs on a weekly basis, whereas (and since January 2016) Cambridgeshire two MARACs (Central and Southern) meet on a daily basis, with an additional weekly MARAC + meeting to facilitate action planning for more complex cases.

In 2015/16 there were 1,169 MARAC cases heard, with 1,485 children involved. Just over 40% of cases were from Peterborough. A third of cases were repeat referrals.

Table 13: MARAC activity, 2015/16

Team	Area covered	Cases heard	Number of children involved	BME		LGBT		Disabled		Male		Repeat referrals
				No	% of total	No	% of total	No	% of total	No	% of total	
Northern	Peterborough	507	646	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	33%
Central + South	Cambridgeshire	662	839	46	6.9%	2	0.3%	6	0.9%	25	3.8%	32%
Tota		1,169	1,485									

Source: MARACs n/a – not available

Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority. MAPPA-eligible offenders are identified and information about them is shared by the agencies in order to inform the risk assessments and risk management plans of those managing or supervising them. In the majority of cases that is as far as MAPPA extends but in some cases it is determined that active multi-agency management is required. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

As at 31 March 2016 there were 716 registered sexual offenders in Cambridgeshire (including Peterborough), 149 violent offenders and 16 other offenders who posed risk of serious harm.

As would be expected the level of senior involvement increases with category of offender.

Table 14: Number of MAPPA offenders, as at 31st March 2016

MAPPA level	Category 1 Registered sexual offenders		Category 2 Violent offenders		Category 3 Other offenders who pose risk of serious harm		Total
	Number	% of total	Number	% of total	Number	% of total	
Level 1	707	98.7%	130	87.2%	0	0.0%	837
Level 2	7	1.0%	16	10.7%	12	75.0%	35
Level 3	2	0.3%	3	2.0%	4	25.0%	9
Total	716	100.0%	149	100.0%	16	100.0%	881

Source: MAPPA 2105/16 annual report for Cambridgeshire

Level 1 involves ordinary agency management (i.e. no MAPPA meetings or resources)
Level 2 active involvement of more than one agency is required to manage the offender but the risk management plans do not require the attendance and commitment of resources at a senior level
Level 3 senior oversight is required

For the whole of 2015/16 there were 69 Level 2 and 3 registered sexual offenders across Cambridgeshire, 63 violent offenders and 15 offenders who posed a risk of serious harm.

Table 15: Number of MAPPA offenders, 2015/16

MAPPA level	Category 1 Registered sexual offenders		Category 2 Violent offenders		Category 3 Other offenders who pose risk of serious harm		Total
	Number	% of total	Number	% of total	Number	% of total	
Level 2	66	95.7%	59	93.7%	15	100.0%	140
Level 3	3	4.3%	4	6.3%	0	0.0%	7
Total	69	100.0%	63	100.0%	15	100.0%	147

Source: MAPPA 2105/16 annual report for Cambridgeshire

The data also shows that there were 110 Registered Sexual Offenders per 100,000 of the Cambridgeshire population.

Specialist Domestic Violence Court (SDVC)

Cambridgeshire has had a Specialist Domestic Violence Court (SDVC) based in Peterborough since 2007/08. In 2015/16, the SDVC moved site from Peterborough to Huntingdon. Although the move means that no data was provided to this assessment by the SDVC for 2015/16, SDVCs are part of a co-ordinated community response to domestic violence. They represent a partnership and problem solving approach taken by the police, prosecutors, magistrates, court staff, the probation service and specialist support services for victims (IDVAS) which provides a specialised way of dealing with domestic violence cases in magistrates' courts. A review of the first 23 SDVC systems published in March 2008 clearly demonstrated that SDVCs have contributed to improvements in both justice and safety for domestic violence victims. There are currently over 122 SDVC systems across England and Wales.

10.0 Engagement – Stakeholder, Community and Service User

Appropriately and safely engaging survivors of VAWG (female or male, young or old) to meaningfully gauge satisfaction with services, or to capture perceptions of need is difficult – ethically, emotionally, and physically. However, in accordance with best practice (HMIC, 2014; Home Office, 2012 & 2016; and, NICE, 2015), Cambridgeshire has an established tradition of engaging with survivors, either through statutory bodies, such as the LSCB, local authority, or Constabulary, or through specialist agencies, such as Peterborough Women's Aid, Cambridge Women's Aid, Cambridge Rape Crisis Centre, Peterborough Rape Crisis Centre, Refuge, IDVAS, and ISVAS. Findings from these engagements are presented, by agency, below.

Service user engagement remains central to current Home Office expectations, and so should remain as a core area of work for local agencies and partnerships.

Cambridgeshire County Council

The most recent local survivor survey was undertaken by the Safer Communities Partnership Team at Cambridgeshire County Council. The survey was hosted online at Smart Survey and ran from early December 2016 to mid-January 2017. It aimed to find out what services worked well for survivors who sought support, and to identify any barriers which prevented them from accessing support.

Over 40% of respondents said they had found out about specialist VAWG support services from the police. This indicates that the police are appropriately signposting victims to local support services. The next highest source of information received by survivors was from friends and family, which correlates with CSEW (2014) findings. The most frequent types of support accessed by the survey's respondents were entering a women's refuge and having one to one support in the community. None of the respondents reported that they had received support for their children in relation to the effects the abuse may have had on them. The duration of support offered by specialist services to those who responded to the survey was mainly within the range of 1-3 months, or over 12 months.

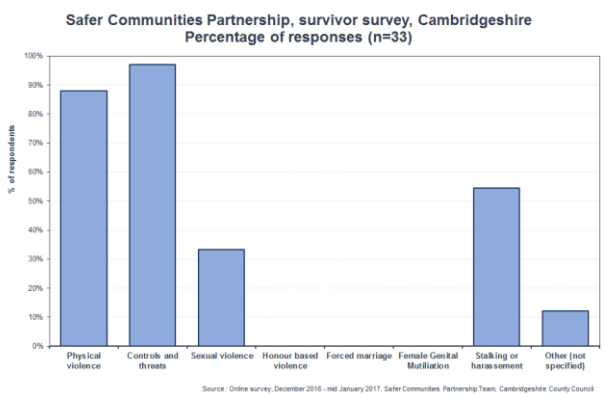
Survey

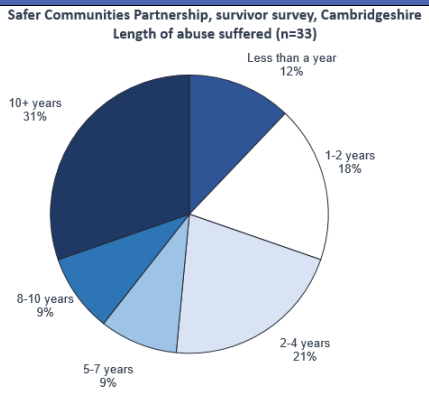
33 responses
22 reported abuse to police
22 sought support from specialist organisations
40% found out about VAWG support services from police

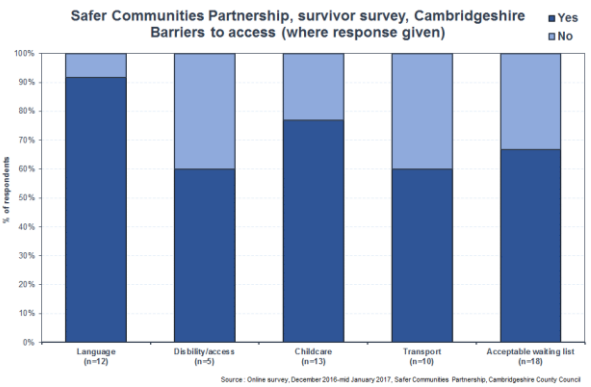
With regards to the impact of the support provided by specialist agencies, respondents felt that the two major benefits of the interventions were around enhanced emotional and psychological wellbeing, and an increased awareness of the VAWG issues / safety management. When asked to rank the positive impacts of the specialist support provided (on a scale with 1 being most important), respondents ranked increased personal safety, as illustrated below, as their number one priority.

The main reasons for accessing services were due to controls and threats and physical violence. Almost a third of respondents had suffered abuse for longer than 10 years.

Safer Communities Partnership survivor survey, January 2017







Rank	
1	Made me feel safer
2	Emotional support
3	Helped me to understand abusive behaviour
4	Legal advice
5	Meeting other survivors
6	Gave me options/choices
7	Housing advice
8	Training/jobs advice
9	Health advice

Barriers

Respondents were asked about specific barriers to accessing support, as detailed in the chart above. The answers indicate possible issues around waiting lists and transport links / accessibility of services.

Specific issues raised around barriers to accessing support and early help included:

- Police not recognising coercive control as domestic abuse
- Lack of support from church, admonishing the victim for wanting to leave the marriage
- Appointments not offered outside of working hours
- Lack of support from GP when abuse reported
- Lack of access to consistent support when moving counties
- Lack of ongoing support from police
- Lack of support from Children's Social Care
- Issues of agencies disclosing information to perpetrators
- Lack of follow up on the serial perpetrators
- Lack of support from Adult Social Care where the perpetrator had a disability.

Overall, the findings of the survey show that one to one support from specialist VAWG services was highly valued, and that specialist services were vital in increasing the emotional and physical

wellbeing of those accessing them. The findings also illustrate the importance of high-quality and consistent awareness-raising in enabling survivors to access services. Less positive findings were that accessibility to specialist services is an issue for many, and that statutory agencies are often perceived to be barriers to either accessing support, or to recovering from violence or abuse. These themes, both negative and positive, are consistent with the relevant literature (e.g. CSEW).

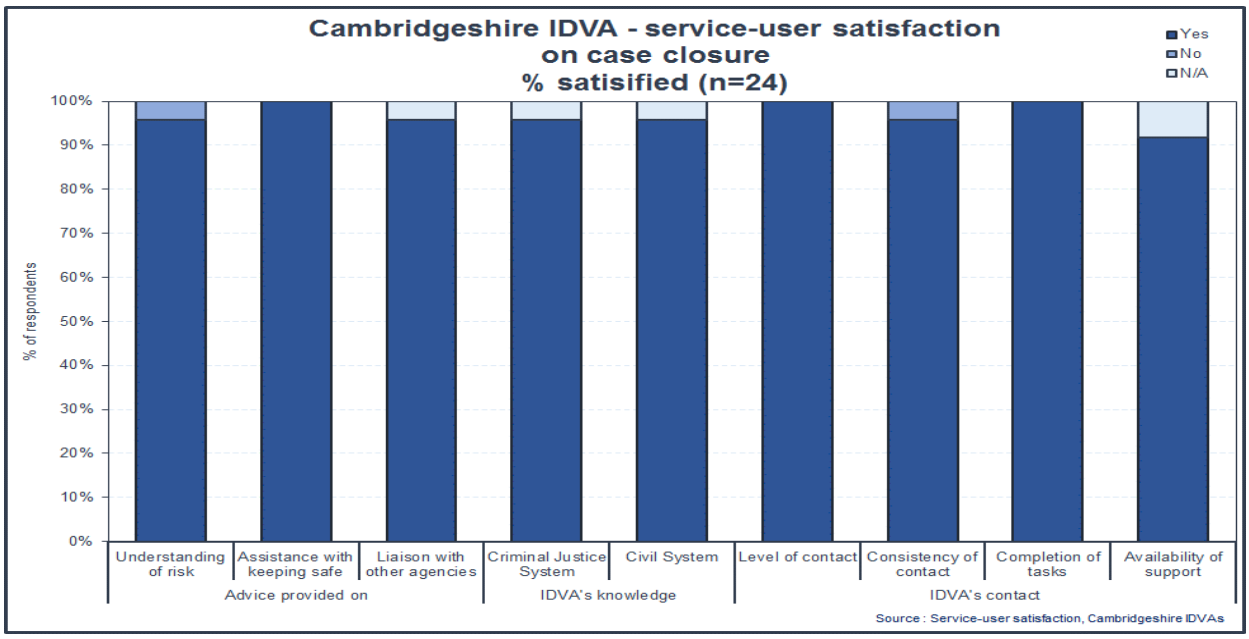
Peterborough

The Safer Peterborough Partnership is Peterborough's community safety partnership. The Partnership is made of up statutory and voluntary organisations who work together to deliver the partnership priorities. Domestic abuse and sexual violence have been priorities for the Partnership for a number of years and have just been adopted as a priority in the 2017-2020 Safer Peterborough Plan. The Partnership regularly scrutinise performance around domestic abuse and sexual violence, this includes scrutinising police and partnership data and monitoring commissioned services. The Partnership also takes a lead on Domestic Homicide Reviews.

Cambridgeshire Independent Domestic Violence Advisory Service

Cambridgeshire IDVAS have monitored service-user satisfaction with the service since 2013, based on their responses to a survey provided on case closure. Since 2013, the collated responses show that 99% of respondents have been 'very satisfied' with the service they have received. The thematic findings of the survey are presented below.

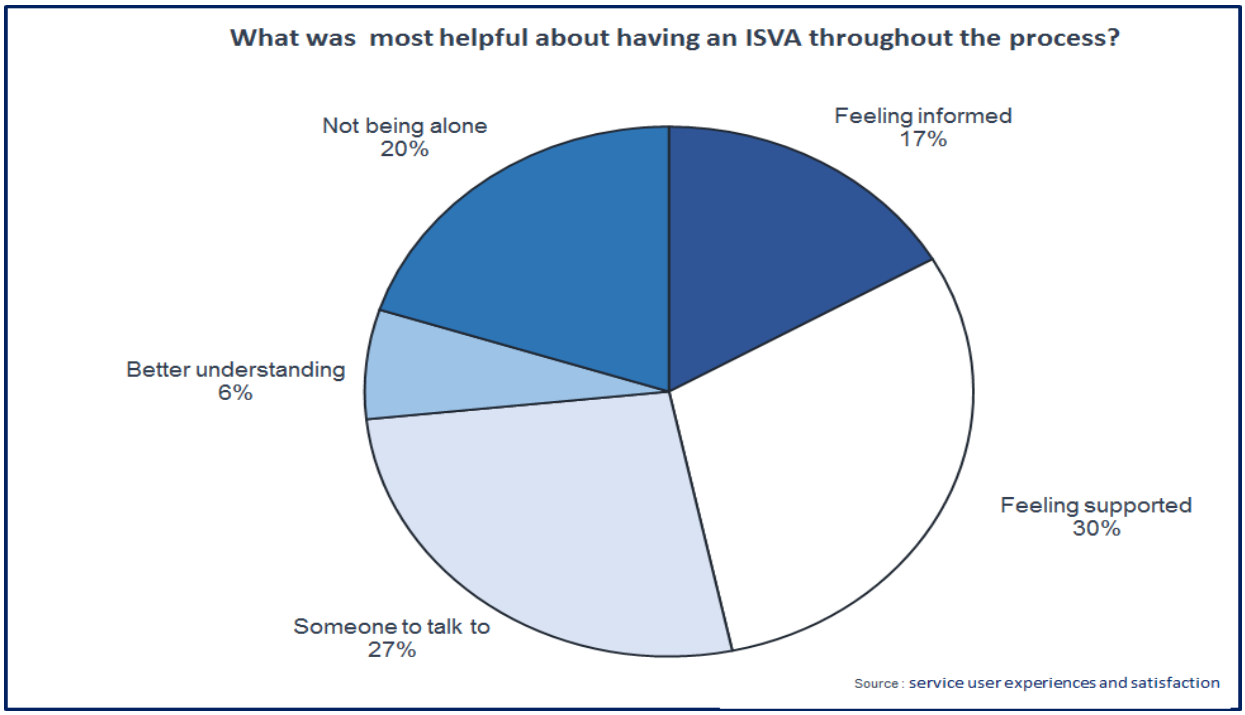
Chart 16: Cambridgeshire IDVA, Service-user satisfaction



Cambridgeshire Independent Sexual Violence Advisory Service

Cambridgeshire's ISVAS have monitored service-user satisfaction since January 2016, based on their responses to a survey provided on case closure.[100] Since monitoring began, 100% of respondents have stated that they are either 'very satisfied' or 'satisfied' by the service they have received. The stated benefits of accessing ISVA support captured by the survey are illustrated below:

Chart 17: Cambridgeshire ISVA, Service-User satisfaction



Cambridgeshire Constabulary

Although the Constabulary does not yet routinely disaggregate service-user satisfaction by crime type, it currently conducts victim satisfaction surveys in line with Home Office requirements, and in accordance with Home Office guidelines.

For the 12 month period to the end of September 2016, the rate of satisfaction with the service delivered by the constabulary in its entirety has been marginally higher compared to the year-end position (86.5% vs 86.4%).

The most recent Victims' and Witnesses Hub performance report with regards to service-user satisfaction (2105/16) showed that 99% of victims who completed an online survey at case closure said they were either completely satisfied or very satisfied with the service provided.

[100] Please note that the ISVA survey responses are received and collated by the DASV Partnership Support Officer, not by the ISVA service.

Cambridge City Community Safety (CSP) Partnership Survivor's Event

In 2015, (a further two events (Cambridge and Peterborough) are planned for March 2017) Cambridge CSP hosted an event for survivors of domestic abuse with the aim of identifying the effectiveness of the CSP activities to raise awareness of the issue.

Twenty six attendees responded to the survey.

- A third of people felt that domestic violence was a major problem in Cambridge City
- Knowledge of someone who was a victim or perpetrator was relatively high
- Respondents were more likely to be **very** comfortable discussing domestic violence with work colleagues than friends of family (84% compared to 69%)
- Respondents answered higher to being **very** likely to help a friend or family member who is a victim of domestic violence than a neighbour or acquaintance (73% compared to 46%)

Barriers to helping someone who is a victim of domestic violence included

- Fear of perpetrator/personal safety
- Fear of interfering/making the situation worse
- Gaining trust
- Fear of not providing good service/advice i.e. not qualified
- Victim's reluctance

Community Safety Partnerships

In Cambridgeshire, there are five Community Safety Partnerships (CSPs); one for each of the districts. The County Council's Research Group support the CSPs with their research, monitoring and information needs in terms of crime, alcohol and drug misuse, anti-social behaviours and evaluations of community safety projects. They have a continuous assessment process that allows for strategic planning throughout the year.

These assessments include key findings and recommendations in relation to domestic abuse and other VAWG areas. The latest findings are summarised in Appendix C.

Recommendations mainly focus on communication and training around domestic abuse issues, in all settings, but especially in health and schools. Fenland appears to have completed the most assessments relating to VAWG, which is positive given the relatively high needs in the area seen earlier in the report.

Drug and Alcohol Services

Inclusion (Cambridgeshire only)

In 2016 the Safer Communities Partnership undertook an audit of Inclusion, the commissioned drug and alcohol treatment service for adults in Cambridgeshire. The aim of this audit was to look at how information regarding children of clients, or in contact with clients, was recorded and used to inform practice. As well as considering information regarding children, the auditors also looked at information recorded about domestic abuse.

Overall 30% of the cases audited highlighted domestic abuse either current or historic. This information was mainly collected as part of the risk assessment process with clients. This is a checklist covering a large number of risks and the quality of information collected through this process varied greatly. Some risk assessments only had ticks to indicate any possible domestic abuse and auditors were therefore unable to analyse how much discussion there had been regarding any domestic abuse.

Inclusion audit
269 case files audited
34% female **63% male** **3% unknown**
Of those recorded (88% of all cases)
9% currently experiencing domestic abuse (or there was a significant risk that they could)
22% had experienced domestic abuse in the **past**
6% of cases had been taken to

In many cases domestic abuse (past or present) had been identified but there was very little supporting information to indicate if the client had been a victim or perpetrator and when the domestic abuse had happened. The best files had a narrative that accompanied the risk assessment that explained some of the context of the situation and highlighted specific risks. This was accompanied by electronic client notes that complemented this information.

As the risk assessments varied in the quantity of information provided it was sometimes unclear if a client was a victim or a perpetrator. Of those that auditors could identify there were 32 victims (18 past and 14 present) and 23 perpetrators (9 past and 14 present). This equates to 38% of all clients who disclosed domestic abuse as victims and 26% as perpetrators with another 38% where it was unclear if they were a victim or perpetrator. In two cases the client identified as both a victim and perpetrator. Most domestic abuse appeared to be between intimate partners but a small number of cases identified interfamilial abuse.

Inclusion operates a system to identify clients whose cases have been taken to MARAC using coloured dots on the outside of the file and relevant dates at the back of the file. This system indicated that 6% of all the files audited had been taken to MARAC and a further 1% mentioned MARAC or IDVA involvement.

Overall the auditors found good evidence that domestic abuse was routinely asked about and considered in risk assessments. It was less clear what the quality of this risk assessment was and whether workers explored the issue with clients where they might have concerns. For example there were clients that denied or minimised domestic abuse and little evidence that this was challenged. In some cases it was clear that workers had concentrated on physical abuse and may have minimised other forms of abuse.

The main concern identified with domestic abuse recording was how up to date this information was. Where historic abuse was identified it was not recorded when this occurred and whether the perpetrator/victim was still in contact with the client. Also where current abuse was identified records were not always updated if circumstances changed such as partners no longer living together.

Change, Grow, Live (Aspire) (Peterborough only)

As of 1st April 2016 'Change, Grow, Live' (CGL) won the bid for the integrated substance misuse service (Aspire), which includes both drugs and alcohol services for adults, young people and families.

When a client is referred to the service, as part of the risk assessment process CGL ask questions about domestic abuse. This information is recorded on their systems, and some of this information is then sent to Public Health England - NDTMS (a database which collates information and generates a report on a quarterly basis). CGL also look at domestic abuse in more detail and send this to commissioners on a quarterly basis.

Data currently show that 100% of clients who have been referred to the service who have had an assessment were screened for Domestic Abuse.

Data are captured on how many referrals are made to domestic abuse services, how many individuals are victims and how many are perpetrators. However currently data show that no referrals were made to domestic abuse services as either victims or perpetrators, but this is thought to be due to a reporting issue. Commissioners and the service manager have been tasked with drilling down into caseloads to identify more accurate figures. Another area for improvement would be a breakdown in numbers of males/females and what type of abuse this is and from whom. It is also not able to identify from figures whether abuse was past or present.

On a quarterly basis, commissioners ask CGL to provide a reflective account on domestic abuse. The latest information from Quarter 3 (2016/2017) is shown below;

All CGL staff have completed mandatory eLearning and face to face training on Safeguarding Adults. They work closely with the MASH coordinator who shares all MASH alerts with Aspire. Aspire cross references all alerts on their system and will advise MASH if any service users are or have been known to Aspire. Aspire also records all alerts on internal tracker and Locality Managers will check all new assessments prior to allocation to see if they have been historically listed with MASH and alert relevant partner agencies and open the safeguarding on their system for ongoing management.

Aspire use the CAADA dash risk assessment following disclosures of domestic abuse by service users. A safeguarding module is opened on service users systems for all at risk of/or experiencing domestic abuse and these cases are reviewed every six weeks. The service has safeguarding alerts as a standing item agenda in the daily flash meeting for staff to raise concerns and seek guidance and support. The service has two safeguarding meetings each month where cases are discussed and reviewed by a multi-disciplinary team. The safeguarding and Governance Lead at

Aspire has supported the new daily MARAC tele conference to share information and management of those experiencing domestic abuse.

Aspire receive daily MASH alerts which are processed by the Governance Safeguarding Lead. The data system and Recovery Workers are updated and MASH advised of the outcome. For those not known to Aspire referrals are offered via Mash should a client consent and where alcohol / drugs are identified risk factors. Aspire will also utilise the IDVA team and Women's Aid and refuge where appropriate.

Adult Safeguarding

In 2015, a survey of adult safeguarding leads was undertaken in Cambridgeshire by the Domestic Abuse and Sexual Violence Partnership to better understand issues faced by this professional cohort.

Of the 34 responses:

- 16 respondents worked in older people's services, 12 in mental health, 4 in learning disabilities and 3 in physical disability/sensory impairment
- Just over half were aware of the ISVAs that offer specialist support to victims of sexual violence in Cambridgeshire
- A fifth had referred service users to the ISVAs or sought advice from the service
- Almost 60% felt confident in dealing with Adult Safeguarding cases that involve domestic abuse

Perceived gaps identified were:

- Out of hours provision
- Difficulty finding who and how to refer to
- Anxiety about referring someone who has a complex mental health problem as unsure about how experienced/knowledgeable the advisor might be to deal with the person
- Perception that the risk isn't taken as seriously when the people have a learning disability
- Lack of knowledge as to whether there are advisors specialising in younger people, older people or people with learning disabilities

Suggested actions were:

- Raise awareness of the ISVA Service amongst Adult Safeguarding Leads
- Raise awareness of services that provide Outreach and those that support men
- Review services for out of hours provision for ISVAs
- Consider alternatives for CAADA DASH with mental health cases
- Raise awareness of mental health posts supporting the IDVA Service
- Raise awareness of YP IDVA and ISVA roles amongst young people disability teams
- Consider role of specialist IDVA for Adults At Risk
- Review Safeguarding of Vulnerable Adults domestic abuse training course
- Workshop to review cases where scored over 14 but IDVA Service have declined to take the case to ascertain learning points

10.1 Stakeholder Perspectives

The following is a collation of professional perspectives gathered from key stakeholders in response to the request for views of key gaps in local provision. This section is included to provide a qualitative perspective to augment the statistical data presented herein.

Workshops and consultations undertaken by the authors identified the need to respond to:

- Adolescent to parent violence
- LGBT as victims of domestic abuse
- Mapping of services
- Development of an “Early Help” offer for victims
- A co-ordinated response to perpetrators, victims and children, with evaluation of outcomes
- Young people not in school by affected by domestic abuse
- Services to teenagers (victims and perpetrators) and their parents
- More Community Engagement - early help and social media
- Support for children whilst parents working with services
- Age appropriate relationship education – including HRBS for Peterborough
- Workforce development – professional curiosity and courageous conversations
- Better understanding for the workforce on coercive control
- Training for professionals – to be able to identify, support and understand
- Ensuring points of contact know how to respond – Early Help, First Response, MASH
- Understand how MOSAIC will collect the data in a systematic way to inform future assessments
- Ensure there is a better link between mental health services and domestic abuse to ensure victims can tap into all services available

Children’s Social Care in Peterborough stated that there was a need to provide:

- Awareness and interventions for distinct ethnic groups, especially Latvians and other Eastern European nationals
- Therapeutic interventions for children and young people
- A greater range of awareness materials for staff and patients

10.2 Emerging Issues

Governance

At the time of writing, the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership were being restructured to make best use of the resources now available to the county. The new partnership group strategy and delivery group exists to co-ordinate the delivery of the multi-agency response to domestic abuse and sexual violence within Cambridgeshire and Peterborough by bringing together managers from key agencies with responsibility for domestic abuse and sexual violence.

It will focus on the multi-agency approach to prevention of, and responses to domestic abuse and sexual violence. This will be managed in a victim-focused, efficient and effective way, according to national and local standards, expectations, and strategies. Members will be committed to effective partnership working based on trust and open communication.

Key objectives include:

- Understanding the needs of domestic abuse and sexual violence victims through the commissioning of single needs assessments
- Setting out a single Domestic Abuse and Sexual Violence Strategy for the county with an associated Action Plan
- Monitoring the progress and delivery of the actions and outcomes set in the action plan to ensure a joined up approach to tackling DA and SV within agencies. This will include creating a single outcome-based performance framework which includes available data from key agencies
- Challenging under performance in a constructive and supportive manner
- Routinely reviewing the work being delivered to ensure it meets national and local best practice and delivering against the outcomes. This may include jointly commissioning, re-commissioning or de-commissioning services to ensure an equitable countywide offer
- Considering outcomes and experiences from victims and perpetrators of domestic abuse, including complaints and compliments, and ensuring they influence service improvements
- Being informed of all domestic homicide reviews in the county from Community Safety Partnerships. To take an oversight of Domestic Homicide Review action plans, disseminating learning countywide and ensuring integration of recommendations into appropriate partnership and organisational plans
- Being informed of Serious Case Review and Safeguarding Adults Review action plans, where domestic abuse or sexual violence is cited, disseminating learning countywide and ensuring integration of recommendations into appropriate partnership and organisational plans
- Ensuring Multi Agency Risk Assessment Conferences are maintained and run in line with quality standards
- Ensuring responses to domestic abuse and sexual violence link effectively with safeguarding children and adults at risk policies and procedures
- Ensuring specialist providers from the voluntary and charitable sector are appropriately represented

- Working with the Pan Cambridgeshire Communications Groups to effectively co-ordinate and manage communications relating to domestic abuse and sexual violence

The delivery group will report into the Cambridgeshire Countywide Strategic Community Safety Board chaired by the Police and Crime Commissioner.

Department for Communities and Local Government (DCLG) Grant

In February 2017, the Safer Communities Partnership Team at Cambridgeshire County Council led on a multi-agency, multi-authority bid to the Department for Communities and Local Government (DCLG) and was successful in securing a grant totalling £700,000 for the period 2017/18.

The aim of the grant is to create an integrated "End to End" provision for accommodation-based support across Cambridgeshire and Peterborough whereby victims and their children will be better able to remain in their own home, where it is safe to do so. They will be provided with additional security for their homes and individualised support delivered face to face on an outreach basis. Eight additional outreach workers will enable them to access a range of existing services such as mental health support, sexual health and substance misuse providers, as applicable. They will support victims to overcome multiple disadvantages and work collaboratively across the public sector.

The outreach posts will be linked in with those families identified across the area as on the "Troubled Families" cohort and will liaise and advise staff currently working with the families to ensure that interventions are as effective as possible. The victims within the outreach service will not all be female and there will be provision of equitable support for men as they require it. There are approximately 550 families across the bid area experiencing domestic abuse on the Troubled Families Cohort at any given time.

Where is it not possible for women and their children to remain in their own home, they will be supported to either move out of the area or to access refuge accommodation.
The fund will enable the four refuges to have capacity to support women to move into a property which is secure and adequately furnished for her and her children, whilst continuing to provide outreach to her and support her needs. Provision of this support may ensure move on is faster and therefore bed spaces at the refuges can be released.

The bid includes a Domestic Abuse Housing Policy Officer Post. The post-holder will be an expert in housing policy as it relates to domestic abuse, and will work with the largest 20 housing providers to review their policies, procedures and staff training in relation to domestic abuse to ensure their response to victims is effective. The post holder will work with local providers to embed best practice and achieve Domestic Abuse Housing Alliance (DAHA) accreditation.

Alongside this work the project will be producing short downloadable videos giving details of local domestic abuse support services to victims by way of a "talking head" format. In this way, police attending a domestic abuse incident will be able to provide need- and language-specific resources at the scene. The videos will give details of what local services offer to encourage self-directed and timely engagement.

The project will also be producing specialist films for those with specific vulnerabilities – including for those with learning disabilities or for those who are deaf. The films will be available in a range of languages including Russian, Polish, Lithuanian, Portuguese, Panjabi and Urdu. These films will also be available on the internet for any agencies that may need them to download, and these will be developed according to need.

Integrated Domestic Abuse Services

Work is currently underway to develop an integrated (across Cambridgeshire and Peterborough) domestic abuse service, using a 'single front door' approach to provision. This model, if fully realised, would bring together:

- Governance, management and administration of services
- Case management and information sharing systems
- IDSVA and IDVA services
- MARAC / MASH
- Community-based outreach provision
- Oversight and commissioning of the 3 refuges within Cambridgeshire
- Cambridgeshire's Domestic Violence Perpetrator Panel (DVPP)
- Police responses (investigation, safeguarding, and local policing)
- Services based at Cambridgeshire's Victim and Witness Hub

The new model would be split across three sites – the Victim and Witness Hub (Copse Court, Peterborough), the MASH (Chord Park, Godmanchester), and the Constabulary's Force Control Room (or FCR) at Hinchingbrooke.

The Victim and Witness Hub would act as the 'single front door' for all domestic abuse referrals (agency only) where no children are present in the household (e.g. no safeguarding concerns). It would also act as the single point of entry for medium and high-risk police referrals (where there are no safeguarding concerns for adults or children) to IDVAS.

The MASH would act as the 'front door' for all referrals where children are present in the household (e.g. child safeguarding referrals and notifications where domestic abuse is a factor). Developing activities at the MASH to create an integrated response to the safeguarding needs of adults presents a future opportunity to the project. The MARAC (based at the MASH) would be fully integrated with both Hub and MASH activities and processes, and would take referrals from both, according to established (and developing) thresholds.

The FCR would be enhanced with an IDVAS presence to respond at the earliest opportunity to domestic abuse-related emergency calls made to the police. The FCR would then have direct access to the integrated response at the MASH and Victim and Witness Hub.
It is expected that the project will be realised in full by April 2018.

Specialist Abuse Services in Peterborough (SASP)

From 1st April 2017, SASP will cease to operate in Peterborough (although Peterborough Women's Aid will continue to run the refuge there). From that date, responsibility for the

Peterborough IDVA service will be transferred to Cambridgeshire County Council. Children's provision at SASP will transfer to Peterborough City Council. SASP's closure means a loss of open and outreach provision, and the closure of Freedom Programmes in the City, however it is hoped that the Department for Communities and Local Government (DCLG) grant funding will help alleviate this loss (see previous page).

Single Countywide Sexual Violence Service

From April 1st 2017, Cambridgeshire and Peterborough will be served by a single countywide sexual violence service, delivered in consortia by the Cambridge Rape Crisis Centre and the Peterborough Rape Crisis Care Group. This new service – The Cambridgeshire and Peterborough Rape Crisis Partnership – will deliver 'wrap around' services across:

- ISVA services
- Helpline
- Email support
- Counselling
- Pre-trial therapy
- Group work
- Emotional support
- Telephone support

Child Sexual Exploitation

Cambridgeshire County Council has launched a new CSE operating Protocol and CSE Risk Assessment Tool (March 2017). This Risk Assessment is to be completed with ALL Children where CSE is believed to be an identified risk. Specialist lead workers will be assigned where CSE is identified.

Safeguarding Boards

The Care Act, 2015 placed adult safeguarding on a statutory footing but the legislation applies only to adults who are deemed to be at risk of abuse or neglect due to having care and support needs. In practice, this means that just because someone is an older person or has a disability, they are not automatically entitled to adult safeguarding support – only if they have care and support needs. Data provided by the Safeguarding Adults Team based at the MASH indicates that around a third of domestic abuse referrals and half of sexual violence referrals that go to the team do not meet the Care Act criteria. Whilst the team signpost these victims to specialist DA or SV support services, they are likely to have additional needs which cannot easily be met by current provision.

Perpetrator Focused Work

Since the data-capture process was completed for this assessment, Peterborough City Council has commissioned *Bold Moves* to provide community-based perpetrator interventions in the city.

The Cambridgeshire Youth Offending Service is also currently developing a group-based approach to addressing the needs of young people who perpetrate violence and abuse against their parents / carers. It is expected that the *Break for Change* programme will be established in Cambridge and Huntingdon during 2017.

Cambridgeshire Constabulary are developing new restorative justice (RJ) and conditional cautioning activities to address the behaviour of relevant perpetrators of domestic abuse.

Schools Based Prevention Work

The Department for Education has recently announced that the teaching of Sex and Relationship Education (SRE) will be mandatory in all schools from September 2019. The Healthy Relationships Networking Group are considering how to respond to this emerging need in a multi-agency way.

11.0 Key Findings and Recommendations

The key findings and draft recommendations emerging from this needs assessment are shown below. These are grouped according to the Home Office VAWG National Statement of Expectations[101]

National Statement of Expectation 1 – the Victim at the centre Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim's experience and voice	
Needs assessment finding	**Recommendation**
The majority of VAWG issues do not come to the attention of statutory agencies or the Criminal Justice System (CJS).	Review current service provision to ensure those not reporting/disclosing issues to the CJS/statutory agencies still have access to support/interventions. This review should include feedback from service users, especially children, young people, older people, and those from minority groups (such as BMER, LGBTQ).
Timely, voluntary, and self-directed engagement with VAWG services is most effective at securing and maintaining engagement with survivors. There is a high degree of variation in the types and quality of information and signposting available to potential service users.	Review and improve signposting information available to victims and survivors of VAWG coming into contact with CJS and safeguarding agencies. This should explore the development of tailored interventions regarding issues of Honour Based Violence (HBV) and Female Genital Mutilation (FGM) within specific communities.
Psychosocial support, including advocacy and counselling, can have clear outcomes for those impacted by VAWG. These are currently geographically limited across Cambridgeshire and Peterborough.	Improve the provision of psychosocial support, especially for children and young people, women, and older people across Cambridgeshire and Peterborough and work to increase levels of engagement with these services.
There appears to be low levels of disclosure/reporting of VAWG-type issues from male victims and minority groups (LGBT, those with disabilities, black and minority ethnic groups and those with no recourse to public funds).	Review the provision of services and potential barriers to accessing these for male victims and minority groups.
Access to the county's single specialist 'Health' IDVA post (commissioned by CCC) is limited to Addenbrookes and Hinchingbrooke Hospitals A&E and Maternity departments. There is currently no provision of a health IDVA post in Peterborough via the North West Anglia Foundation Trust.	It is recommended that work be progressed to address issues with accessibility and resource regarding the specialist Health IDVA post
There is a disparity regarding approaches to tackling domestic abuse across providers in Cambridgeshire and Peterborough.	Ensure service provision is equitable across Cambridgeshire and Peterborough.

[101] Violence Against Women and Girls, National Statement of Expectations, December 2016, Home Office

National Statement of Expectation 2 – A Clear Focus on Perpetrators In order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them.	
Needs assessment finding	**Recommendation**
Although there are positive developments at a national and local level with regards to the successful prosecution of more VAWG offenders, the rate of attrition between the volume of VAWG incidents reported to the police and the volume of cases being brought before the courts by the CPS is of concern.	Current work between the police and CPS to increase the volume of VAWG cases brought before the courts should be evaluated. This work should directly engage with service users to facilitate a better understanding of their experiences of the CJS. The CPS provides representation to the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership.
There are inconsistencies in availability and approach of specialist programmes to support perpetrators to change behaviour.	Current arrangements are reviewed to ensure that the county provides a range of accessible and evidence-based interventions to prevent VAWG from occurring, and to tackle the behaviour of those who perpetrate it. This should include provision for young people who use violence and abuse.
There is a disparity regarding approaches to tackling domestic abuse across substance-misuse providers in Cambridgeshire and Peterborough.	Review domestic abuse practice and policies within the drugs and alcohol services across Cambridgeshire and Peterborough.
No data was provided to this assessment by relevant healthcare providers (including mental health services).	Relevant local providers of health services develop and implement a policy which incorporates agency-wide responses to, and data capture about, perpetrators of VAWG (according to relevant NICE guidance).

National Statement of Expectation 3 – A Strategic, System-wide Approach to Commissioning Good commissioning always starts with understanding the issue and the problem you are trying to solve	
Needs assessment finding	**Recommendation**
There is currently no joint commissioning arrangement for VAWG in the county (recommended by NICE (2015) and Home Office (2016)), despite evidence suggesting that this would be the most effective way to deliver prevention and response measures.	A joint commissioning structure, according to NICE and Home Office guidance for VAWG is developed.
The governance of activities responding to VAWG across the county is fragmented. The range of multi-agency input to the agenda should be seen as a positive development. However, responses to VAWG issues do not feature in many relevant local strategies (such as the HWB), policies, assessments of need, and/or commissioning activities.	It is recommended that a review be undertaken to ensure that governance structures are appropriate, and that activities are coordinated to ensure best value. The Office of the Police and Crime Commissioner (OPCC) should facilitate senior officers to develop a countywide commitment to VAWG and develop a strategic action plan reflecting VAWG needs. This should be regularly monitored in order to hold key individuals/ agencies to account.
Relevant local datasets are missing (e.g. healthcare providers), or incomplete. This is problematic in establishing local need, and the efficacy of response.	Work should continue locally to establish a meaningful and coordinated VAWG dataset. This should be centrally coordinated and collated by the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership. Key partners (e.g. healthcare providers) are supported to develop good recording practices around all VAWG issues. A full countywide assessment of VAWG need is undertaken and published every four years (in line with the Home Office strategy, 2016-20).
All VAWG issues are under-reported / disclosed. However, where data are appropriate and of good quality, local trends show a significant increase in demand for all relevant services. This increase is especially evident through the data provided by relevant specialist services.	Local resource and capacity should be reviewed to ensure appropriateness for current need and future demand. A coherent local VAWG risk register should be established, and monitored quarterly by the OPCC to ensure appropriate commissioning of victims' services. Potential barriers to the reporting of VAWG should be reviewed in order to inform future service planning.
There have been an increasing volume of domestic homicides occurring across the county.	A review of the learning, and of relevant actions arising from previous Domestic Homicide Reviews (DHRs), is undertaken.
Service-user satisfaction is routinely gathered by specialist VAWG services. However, the Constabulary currently cannot differentiate between crime types when seeking data on service-user satisfaction.	The Constabulary establishes a process for capturing the experiences of victims of VAWG-type crimes.

National Statement of Expectation 4 – Locally Led and Safeguards Individuals at Every Point Commissioned services should make use of local initiatives and services already in place to utilise resource, share best practice and ensure that there are coordinated pathways of support	
Needs assessment finding	**Recommendation**
There is currently no joint commissioning / pooled budget arrangement for VAWG in the county (as recommended by NICE (2015) and Home Office (2016)).	A joint commissioning structure for VAWG is developed according to NICE / Home Office guidance.
Emerging work to synergise 'Multi-Agency Safeguarding Hub (MASH)' and 'Multi-Agency Risk Assessment Conference (MARAC)' functions and processes is encouraging.	Processes across MASH and MARAC are developed and implemented.
Work has been undertaken to embed an enhanced VAWG Workforce Development (WFD) 'offer' (based on NICE Guidance, 2014) across Cambridgeshire and Peterborough's local authorities. However, it is not clear what activities other key partners have undertaken to develop their WFD programmes to reflect the VAWG agenda.	Multi-agency best practice is shared across Cambridgeshire and Peterborough. Agency activities with regards to embedding WFD best practice in this area are monitored.
Encouraging developments have been made to service standards across the Local Authorities to ensure appropriate responses to VAWG. However, it is unclear how services are developing more generally across the county.	Service standards across all agencies supporting the Cambridgeshire and Peterborough 'Domestic Abuse and Sexual Violence' (DASV) delivery group should be reviewed and developed to ensure that they appropriately address VAWG.

National Statement of Expectation 5 – Raises Local Awareness of the Issues and Involves, Engages and Empowers Communities to Seek, Design and Deliver Solutions Commissioners should work with local partners to provide a multiplicity of reporting mechanisms to better enable victims to come forward and access the support they need	
Needs assessment finding	**Recommendation**
There is a need for Cambridgeshire and Peterborough to more consistently develop activities and interventions to prevent VAWG from occurring, and to develop community responses to the issue. Evidence suggests that one of the best ways to do this is to plan and deliver school-based programmes to reduce intimate partner violence. There is some good work occurring in parts of the county with regards to 'Healthy Relationships' school-based interventions (across some sites in Cambridgeshire and Peterborough), and community resilience activities (City – 'White Ribbon / Domestic Violence Forum' and Fenland – 'Advice Chain'). However, these activities are limited in scope and accessibility.	A common and coordinated approach to school-based VAWG prevention interventions, in accordance with best practice and Home Office recommendations and guidance should be developed and implemented. Cambridgeshire and Peterborough's Community Safety Partnerships adopt a standardised and coordinated approach to developing community capacity and resilience to prevent VAWG from occurring.

12.0 Appendices

A. Abbreviations

BME	Black and Minority Ethnic
CBT	Cognitive Behavioural Therapy
CJS	Criminal Justice System
CPS	Crown Prosecution Service
CRCC	Cambridge Rape Crisis Centre
CSE	Child Sexual Exploitation
CSEW	Crime Survey for England and Wales
CSP	Crime Safety Partnership
CWA	Cambridge Women's Aid
DA	Domestic Abuse
DASV	Domestic Abuse and Sexual Violence
DHR	Domestic Homicide Review
FCR	Force Control Room
FGM	Female Genital Mutilation
FM	Forced Marriage
HBV	Honour Based Violence
IDAP	Integrated Domestic Abuse Project
IDVA	Independent Domestic Violence Advisor
IPV	Intimate Partner Violence
ISVA	Independent Sexual Violence Advisor
LGBT	Lesbian, Gay, Bisexual and Transgender
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NCRS	National Crime Recording Standard
NHS	National Health Service
NICE	National Institute for Health and Care Executive
NRTPF	No rights to public funds
ONS	Office for National Statistics
OPCC	Office of Police and Crime Commissioner
PRCC	Peterborough Rape Crisis Centre
PWA	Peterborough Women's Aid
SARC	Sexual Assault Referral Centre
SCR	Serious Care Review
SDVC	Specialist Domestic Violence Court
SRE	Sex and Relationships Education
SV	Sexual Violence
VAWG	Violence Against Women and Girls
WFD	Workforce Development

B. Data Sources and Definitions

Crime Survey for England and Wales (CSEW) – This takes place in a random selection of 50,000 households across England and Wales per year. Those who participate are interviewed. It aims to find out about crimes which do not get reported to, or recorded by, the police and estimate the true level of crime.

The CSEW is currently reviewing its methodological approach to collating data on domestic abuse (and, as such, is reliant on police-recorded data for 2015/16), as it has previously received a high degree of criticism (Walby, 2015) regarding its failure to appropriately capture the highly gendered nature of repeat victimisation. Indeed, Walby's research actually indicates that 'the number of crimes high-frequency repeat victims are experiencing may be increasing' rather than declining and that female victims of crime are continuously and disproportionately harmed. Using general population surveys (such as the CSEW) to estimate the prevalence of domestic abuse has also attracted criticism from academics such as Johnson (1995, 2005 & 2014), who maintain that survey data captures a range of differing typologies of domestic abuse, and as such, minimises the prevalence of intimate partner violence.

Police-recorded incidents – these relate to issues including public safety and welfare, crime, anti-social behaviour and transport reported to the police from

- victims, witnesses or other third parties can tell a police officer, PCSO or member of staff either on the street or at the front counter of a police station;
- victims, witnesses or other third parties can telephone incidents to police control rooms;
- increasingly, victims, witnesses or other third parties may report an incident online;
- the police might discover the crime themselves; or
- other agencies such as social services may refer them. It is also possible that other agencies will refer an incident that is clearly a crime

All reports of incidents, whether from victims, witnesses or third parties and whether crime related or not, will result in the registration of an incident report by the police.

Police-recorded offences and crimes – is where the reporting officer believes that on the balance of probability, the offence was committed, in full or in part.

Health Related Behaviour Survey – is a bi-annual survey undertaken in areas that chose to commission it? The survey asks pupils a series of questions relating to their health and welling lifestyles and behaviours. Cambridgeshire secondary schools have been completing the survey since 2002. In 2016 almost 4,300 Year 8 and 4,000 Year 10 pupils completed the survey on line. A couple of schools were unable to participate in the survey in 2016.

C. Domestic Homicide Reviews, Issues for Practice

Issues for practice, as identified by the Home Office reviews were:

General Issues – All Agencies	Recommendations
Lack of understanding around the risks of non-physical coercive controlling behaviours	All front line staff that are likely to come into contact with victim/perpetrator should be trained in carrying out risk identification. Specific members of staff with additional skills/knowledge/training should then conduct a more detailed risk assessment. Victim's perception of danger is crucial in assessing potential lethality. Identification of risk and training around identifying risk were also included in recommended actions in the Home Office document Domestic Homicide Review, Lessons Learned (2013).
Inconsistencies in professionals' use of the Safe Lives RIC risk assessment tool. Dip sampling QA process should be in place	
Important distinction to be made between risk identification and risk assessment.	
Risk must be regularly reassessed at 'critical points' within each case.	
There is a need for risk assessment with perpetrators to be built into practice.	
Professionals should bear in mind that often friends and family or 'informal networks' hold vital information around the level of risk.	
Responsibilities	All agencies have a responsibility to follow up referrals to MARAC and proactively work together outside of MARAC meetings. MARAC is not an intervention in and of itself. Actions need to be taken to increase safety and hold perpetrators to account. Ensuring appropriate agencies' attendance at MARAC was a recommendation in the Home Office document Domestic Homicide Review, Lessons Learned (2013).

Improve public awareness	Better public awareness around the dynamics of domestic abuse, coercive control and specialist support services. Campaigns should challenge victim blaming attitudes and widely held views around domestic abuse being purely physical, caused by alcohol and substance misuse or mental health. Public awareness campaigns should be tailored to specific minority communities who may face multiple barriers when accessing services and support. Campaigns should raise awareness about the importance of third-party reporting.
Recording Keeping	Ensure records of children and perpetrator are linked. Be aware of different surnames. Consistent record keeping. Sharing of records between agencies. More awareness of carers as perpetrators and victims.
Information Sharing	Sharing of records between agencies and also between different departments/teams within the same agency. Review of information sharing agreements was a recommendation in the Home Office document Domestic Homicide Review, Lessons Learned (2013). Sharing of information between substance misuse and mental health services was a recommendation in the Home Office document Domestic Homicide Review, Lessons Learned (2013).
Policies	Domestic abuse and adult safeguarding policies must be in place and followed by all staff.
Complex cases	Use of the AVA Complicated Matters Toolkit was a recommendation in the Home Office document Domestic Homicide Review, Lessons Learned (2013).

D. Key Findings and Recommendations from Cambridgeshire Community Safety Partnerships, 2015/16

Cambridgeshire County Council's Research Group support each of the Community Safety Partnerships (CSP) with their research, monitoring and information needs. The below are the latest findings and recommendations from each of the CSP's in relation to the VAWG agenda.

Cambridge City

All Violence Including Domestic Abuse (Q3 2016/17)	
Summary	**Recommendations**
• There was a domestic homicide in November 2016. • Incident reports for domestic abuse increased by around 8.0% over the most recent year while recorded domestic abuse crimes have increased more substantially (31%); this is likely due to improvements by the constabulary in converting incident reports into recorded crimes • The main referral agency to the MARAC remains the police. • Data from primary care on domestic abuse is not collected centrally, or consistently in practices, and this remains a gap in the picture of domestic abuse across Cambridge City • Discussions with a selection of GP's in Cambridge City has highlighted a diverse range of understanding around issues of domestic abuse	• Raise awareness of coercive control and methods employed by perpetrators, focussing on professional • Consider VAWG needs assessment and recommendations. As well as the wider context of VAWG definition, especially given the ethnic diversity within the City • Facilitate communication between key domestic abuse stakeholders and agencies locally, including referral pathways to MARAC • Continue to try and strengthen the relationships between local GPs and other stakeholders to improve communication and knowledge around domestic violence. • The introduction of domestic abuse and sexual violence champions within GP locality groups would help ensure key messages were being understood.

East Cambridgeshire

End of Year Report, 2015/16 – Includes Chapter on Domestic Abuse	
Summary	**Recommendations**
• 17.8% rise in police recorded domestic abuse crimes in East Cambridgeshire, which was slightly higher than the county increase of 16%. This is due to improved professional awareness and recording practise i.e. use of the DA marker.	• Awareness raising of domestic abuse across all groups and communities, especially around the new coercion laws and young people and amongst minority groups, should be prioritised by the partnership. This is especially important with the recognition that East Cambridgeshire is host to an increasing number of migrant communities and the levels of new development planned in the next 10 years.

Fenland

Children at Risk of Harm (2105/16 Quarter 1)	
Summary	**Recommendations**
Majority of recorded crimes against children was violence without injury, followed by sexual offences in Cambridgeshire Half of all sexual offences, excluding rape, in Fenland involved children under the age of 13. Local investigations into CSE have not found evidence of large numbers of serious and organised gangs. However, CSE includes a broader range of offending patterns including the 'boyfriend' model and peer exploitation. Almost a third of sexual abuse is perpetrated by the victim's family. Integrated risk assessments and referral pathways into services for CSE is currently being embedded across Cambridgeshire.	Interventions that young people can trust and respond to Continue to tackle CSE using the broad definition, and that the work is extended beyond looking at serious and organised crime. Train front line workers to recognise signs of grooming/CSE. Clear pathways for referral The Partnership should refer to the work of Barnados and FCASE.

Domestic Abuse and Unhealthy Relationships – 2105/16 Quarter 2	
Summary	**Recommendations**
The rate of police recorded domestic abuse incidents in Fenland remains higher than 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 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. 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. 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.	Improve reporting pathways, particularly within Health agencies. 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. Considers prevention work targeted at to reduce the number of adults entering into unhealthy relationships by tackling teenage domestic abuse. 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.
Empowering Communities 2015/16 Quarter 4	
Domestic abuse between adults - rate remains higher in Fenland than other areas. • Labour exploitation - the known volume indicates that there is still a problem. • Hate crime - remains under-reported and therefore the true nature and volume is unknown. • Personal property crime - overall long term decreases continue. Within this however, there are variations and some recent small increases. • Child sexual exploitation – recent work needs embedding. Further the knowledge in the community and with young people is still likely to be limited.	

Domestic Abuse – Child Parent Violence (CPV) (2016/17 Quarter 2)	
Summary	**Recommendations**
• From recent analysis, 5.2% of police recorded DA incidents in Fenland may have been children parent violence (CPV). • Almost one third of all assessed Social Care cases in Fenland recognised that the child had exposure to at least one form of DA. • There appears to be a growing complexity of cases referred to Social Care across the County. This therefore highlights the importance of tailored interventions to try and work with children who have more complex needs that could develop if unchallenged. • Within fenland incidents the proportion of violence with injury was most common; and equal across male and female perpetrators, with almost 35% of both males and females, respectively, offending in this way. • Females are more likely to argue rather than show more severe signs of aggression, with the converse true for males. • The majority of incidents highlighted the mother as the victim, with son to mother violence/abuse most prevalent. • Perpetrators are both male and female, although it ranged from 50% to 71% of male perpetrators depending on the data source. • 70% of CPV incidents within Fenland occurred during the offender's teenage years. • Just over 12% of CPV incidents in Fenland were committed by sons and daughters aged 40 or above • The majority of CPV is committed by teenagers.	Whilst there has been progress on some actions, further progress tackling domestic abuse appears to have slowed done recently and seems to be hampered by a lack of strategic drive within Fenland before tackling CPV, it is imperative that the Partnership reviews the current local response to CPV in order to be able to correctly signpost those in need to the correct services. Tailored interventions towards preventing children committing CPV; however awareness raising is also important to identify the scale of the issue and where to target interventions. Investing in interventions to reduce CPV at an early stage could potentially result in cost savings across statutory agencies over the long-term. Work with children and young people through more general interventions may delay the start or prevent any offending at all. Targeting vulnerable adolescents who have committed or show signs of CPV via schools or alternative classes is suggested. Creative interventions use the arts, or music to encourage children to communicate their feelings in ways that do not lead to further frustration.

Huntingdonshire

Domestic Abuse 201617 Quarter 1	
Summary	**Recommendations**
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. 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.	Recommend 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. 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 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. Develop opportunities to further increase third party reporting, and build on this effective method of detecting unreported crimes. Improve reporting pathways, particularly within Health agencies.

South Cambridgeshire

Strategic Assessment 2016	
Summary	**Recommendations**
• In South Cambridgeshire there was a 34% rise in the total number of police crimes with a domestic abuse marker applied between 2015 and 2016. This is slightly higher than the force-wide increase of around 30%. • Both nationally and locally there are anecdotal reports of increases in hate crimes and community tensions. • South Cambridgeshire has not historically had even medium levels of hate crime and the increase in recorded crimes does not provide enough data to analyse in detail. • In 2016, there was 17 crimes in South Cambridgeshire where the child sexual exploitation (CSE) marker was applied. This was a slight decrease on 2015 and reported numbers continue to be low.	• Partnership should give consideration to which aspects of VAWG might benefit from additional partnership support. • The partnership should focus on prevention of cyber-enabled child sexual exploitation and the cyber activity of children and young people. • Awareness of revenge porn and the dangers of sharing sexual content should also be raised- particularly amongst children & young people and parents/carers.

E. Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership Performance

Partnership performance has been monitored via a range of previous frameworks across Cambridgeshire and Peterborough since the partnerships were established. In January 2016, the joint Governance Board agreed on a suite of indicators designed to reflect the desire of the partnership to reduce the harm, risk, and costs associated with domestic abuse and sexual violence. These indicators were based on those highlighted by Kelly, et al., (2015) as good practice in *Project Mirabal*, and were assessed against the staged model of intervention recommended by NICE (2014). The indicators, presented below reflect the Partnership's overall aim to increase the safety of victims.

Current Cambridgeshire and Peterborough indicators are:

- Total number of domestic abuse incidents reported to the police – data for Cambridgeshire, excluding Peterborough
- % of incidents that were crimed – incidents where a crime took place, not all DA incidents are crimes
- Total number of DA cases that went to court – from CPS data released annually
- % of successful outcomes at court – from CPS data released annually, cases that resulted in sanctions or sentence being placed on the offender by courts
- % of referrals to the IDVA Service that engage with the service – where victim accepts support from IDVA Service
- % of clients that are repeat clients – where an IDVA client calls the police for a domestic abuse related incident, however, it is of note that this may be due to them following a safety plan e.g. reporting the perpetrator breaking their bail conditions
- % of clients with a safety plan in place – safety plan agreed with IDVA Service
- Total number of cases heard at Daily MARAC
- Total number of MARAC cases that were heard at MARAC Plus - High/Very high risk cases discussed at MARAC Plus
- Total number supported by Women's Aid Outreach annually – number of DA victims given support of any kind, including telephone advice, City and South Cambs areas
- Total number supported by Refuge Outreach annually – number of DA victims given support of any kind, including telephone advice, East, Fens, Hunts areas
- Total number of women accommodated at the refuges annually – 3 refuges in Cambs, 1 run by Cambridge Women's Aid, 2 run by Refuge
- Total number of children accommodated at the refuge annually – children living at refuge with their mother
- % occupancy rate of refuges – recorded quarterly
- Total number of Adult Safeguarding referrals to AS Team at the MASH where domestic abuse & sexual violence was a factor
- Total number of CSC referrals & re-referrals with a secondary CIN code of domestic abuse – Children's Social Care referrals
- Total number of DA victims that received support from the Bobby Scheme – i.e. new locks, security devices, letterbox (Cambridgeshire County Council, 2017)

Although it is not possible to benchmark local performance against regional or national indicators, Partnership indicators illustrate the growing demand for all services, and a general trend in improved performance across those agencies and services monitored.

F. Awareness Raising Activities

A record of awareness raising these activities are presented below:

Activity	Target Group	Detail	Final position
HR Guidance for CCC employees experiencing DV	Employers	Update and re-launch	Guidance updated and uploaded to CamWeb. Item posted on Daily Blog to make colleagues aware
Radio Adverts	Service users, friends & family	Run ads on Kiss FM targeted at younger women. 330 30-sec ads	Kiss FM. Booking form signed. Content of ads to reflect YP use of
	Service users, friends & family	Re-run 'difficult' ad on Heart with end line changed to 'If love causes fear etc.) Aimed at women 30+. 150 slots over 21 weeks	Script finalised and agreed, invoice processed. Ads started 10th March and will run until June 2016
CCC payslips message	CCC staff	Message on CCC December payslips 'If love causes fear it's probably an abusive relationship. National Domestic Violence Helpline 0808 2000 247. Rape Crisis Helpline 0808 802 9999'	Completed.
Update Addenbrooke's 'Top Tips' document providing DV guidance to GPs and re-launch	Professionals	Update and re-launch	Completed.
Peer training - Survivors	Service Users, Friends & Family, C&YP,	Deliver training to survivors from Comic Relief money. Then survivors deliver awareness raising sessions	Completed
Children's Centres		Posters for display in Children's Centres, P/Ship to fund printing.	700 each of men's and women's versions distributed across the county including GPs and sports centres
Ensure Youthoria and Families Information Service websites have up to date information	C&YP, Professionals	Websites need to have up to date information if we are signposting to them	Completed.
Resource vol. orgs. to run their own communications campaign	All	Allocate resources to CRCC, Women's Aid, Refuge	Completed.
New DASV webpages on new CCC website	Service Users, Friends & Family, C&YP, Professionals, Employers	Update pages ready for launch of new CCC website	New site previewed and amendments requested to Web Content Team. Went live 26th March. All docs amended to new web links and partner orgs informed
DV Guidance for Childminders	Professionals, friends & family	Raise awareness of DV and effects on children amongst childminders	EA working with Professional Association for Childcare and Early Years (PACEY) to deliver parental substance misuse and DV messages to childminders
National Stalking Awareness Day 24th April 2014	Professionals	To use Police publicity materials to raise awareness. Focus is stalking at work	Article in VAWG Newsletter and on CCC Daily Blog. Working with HR to add stalking to Bullying & Harassment Policy
Bobby Scheme	Professionals	Raise awareness of scheme for CSP knowledge	Completed.
Engage with Adult Disability organisations	Community Workers, Friends & Family, Service Users	Contact disability organisations and agree ways to link and share information	Completed.
Engage with Carers Services	Community Workers, service users		Completed.
School nurses	Professionals	EA attended conference and held Q&A about DV.	Responses analysed, EA liaising with contact. Send the 'Love Hearts' poster to school nurses
Displays in libraries	All	Aimed at friends and family rather than victims	DV children's centre posters to be sent to libraries for display
World Cup posters	Public - men	Design & distribute posters around the theme of increase in reported DA during sporting events	Design of two posters complete. CSPs to assist with distribution via pubs, shops, taxis. Article for Daily Briefing and Mark's Blog. Put on CFA Info Service website and CCC DA pages
Police Comms.	Women aged 20 – 50	Radio Advert - Heart	Advert running throughout the World Cup to encourage reports

Activity	Target Group	Detail	Final position
Police Comms.	Men as victims	Social Media - Twitter and Facebook	Messages around Father's Day. Include SOVA Financial Abuse messages
CSP - Cambridge City radio ad	Service users, friends & family	City CSP to fund ad with Heart to re-run Oct to Dec	Cost and details confirmed with Heart, City CSP provided PO number and invoice will go directly to them
YOS - DV champions	Professionals	To have champion coordinator and 3 DV champions in YOS	Work ongoing with YOS to raise profile of DA
Police Comms.	CYP 12 – 17, Women aged 20 – 50	Social Media - Twitter and Facebook, You Tube	Campaign ran May-July and evaluation complete
Police Comms.	SV survivors	Social Media - Twitter and Facebook, Press release	Sexual Violence media campaign running Sept 15
Healthy Relationships with CYP	C&YP, Professionals	CRCC workshops with Cambridge Regional College, look to expand to Hunts RC	CRCC to roll out the Young Peoples Sexual Violence Prevention Programme to a range of further education colleges and schools across Cambridgeshire in collaboration with Ctr 33
Healthy Relationships with CYP & substance misuse	C&YP, Professionals	Support CASUS to attend the Chelsea's Choice showings	Ctr 33 and SexYouAlity to deliver 1 day workshops to schools aimed at Yr 9. East Cambs and City CSPs have agreed to contribute £2500 each for schools in their area (5 in each).
Increase awareness - adults with learning disability	Service Users, Friends & Family, Community Workers	Speak Out Council have requested LD specific materials	Love Hearts posters amended in collaboration with Speak Out Council. 250 copies Easy Read version of Friends and Family leaflets ordered. 150 distributed end Jan 2015, shared with Uni of Kent
Time to Talk day 5th Feb 2015	Adults	Lead by MIND to raise awareness of mental health	AW drafted article released by Police & crime commissioner re new CPN posts
Women of the World (WOW) Festival	Women - all ages	Events taking place in collaboration with Cambridge University March 15, March 16	promoted via VAWG Newsletter
Increase awareness - adults with learning disability	Service Users, Friends & Family, Community Workers	Speak Out Council have requested LD specific materials	Self Help guide for sexual violence in Easy Read format drafted Feb 2015, £200 paid from 2014-15 budget
New DASV Website	All, including professionals	Looking into setting up web site separate from CCC with areas for the public and professionals plus hosting of e-learning modules for DA and SV	Completed.
Basic Awareness E Learning package	Professionals, Community Workers	Make DA E-learning module available externally	New module developed, final formatting changes being made. Go live August 2015
Increase awareness - older people	Women aged 65 and over	Work with Adult Safeguarding to raise awareness of DA amongst older people	Poster aimed at OP sent out locally and online nationally in September 15 via CDASVP, Action on Elder Abuse, Age UK. CCG contacted re GP engagement
Increase awareness of SV	Women - all ages	create CRCC version of Self Help guide from Somerset & Avon	Cambridgeshire version developed and 500 copies ordered
Friends and Family leaflets	All	Leaflets designed to raise awareness aimed at people who may be concerned about a friend	1500 ordered, distributed to libraries, children's centres
Business Cards	All	Business cards for IDVAs and ISVAs	All IDVA and ISVA roles have cards as at Sept 15

Activity	Target Group	Detail	Final position
ISVA Leaflets	All	Leaflets about the ISVA Service for the public	1000 leaflets printed as at Sept 15
IDVA Leaflets	Professionals	Leaflets about the IDVA Service for professionals	1000 printed as at Sept 15
Council Guides	All	Adverts in City, Hunts, South Cambs district council guides for 2015/16	
Engage with Dentists	All	Ask dentists to display posters and leaflets	Information sent out via NHS end of 2015
Launch DV/Drug & Alcohol Protocol	Professionals	Agree document at DASV Implementation Board and launch	Document agreed, uploaded to DASV and DAAT websites Oct 15
Money off coupons	Public - Women	designed and 1000 printed	(City CSP paying for 500)
SV e-learning module	Professionals	E-learning around SV for professionals to be developed and hosted on DASVP website	Launched Dec 2016. Total Cost: to be split CCC and PCC
Amendments for Peterborough	Public, professionals	Make changes to website and e-learning module	Changes to website and e-learning complete.

The Partnership also produces a VAWG e-newsletter which is circulated to over 400 local professionals per month. Again, it is not possible to benchmark local awareness-raising activities, but the Partnership has received several national awards for its work, and has received a Ministerial commendation in recognition of its approach to awareness-raising across the county.

G. Workforce Development Offer for Managers and Practitioners

Course currently offered are reflected, by NICE level in the table below:

Level 1 Practitioners working at Level 1 will be able to offer universal protective factors to those affected, and will be able to signpost those impacted to specialist services, or to safeguarding agencies.	Level 2 Practitioners working at Level 2 will be able to offer universal protective factors to those affected, and will be able to signpost those impacted to specialist services, or to safeguarding agencies.	Level 3 Practitioners will provide an initial response to domestic abuse that includes assessment and risk identification. We will also provide bespoke safety plans and (where appropriate) directly refer into specialist services. We will promote a wide-ranging approach to recovery from abuse, building on individual / family need, capacity and resilience.	Level 4 Practitioners will respond to the highest level of risk by offering crisis intervention services (including fleeing to refuge-type provision), safeguarding processes and multi-agency practice. We will work directly with those affected to stop the abuse, and to prevent further abuse from occurring.
Domestic Abuse Basic Awareness eLearning via www.cambsdasv.org.uk	Introduction to Domestic Abuse (CCC Workforce Development)	Courses listed in Level 2 PLUS:	Courses listed in Levels 2 and 3 PLUS:
Forced Marriage Awareness eLearning (Forced Marriage Unit)	Children Experiencing Domestic Violence (CCC Workforce Development)	Domestic Abuse Risk Assessment (CCC Workforce Development)	Systemic Intervention & Domestic Abuse
Female Genital Mutilation (Government Website)	Children, Young People and Domestic Violence (Cambridgeshire LSCB)	Safeguarding Adults Domestic Abuse (Cambridgeshire Safeguarding Adults Team)	
	Barnardo's DVRIM (Cambridgeshire LSCB)	Domestic Abuse – Using DASH to risk assess the situation (via Peterborough LSCB)	
	Female Genital Mutilation workshops (Cambridgeshire and Peterborough LSCB)	Domestic Abuse Typologies (CCC Workforce Development)	
	Safeguarding Adults Domestic Abuse (Cambridgeshire Safeguarding Adults Team)	Engaging with Perpetrators of Domestic Abuse (CCC Workforce Development)	
	Introduction to the effects of domestic abuse (via Peterborough LSCB)		
	Honour based violence (via Peterborough LSCB)		
	Forced Marriage and Safeguarding (includes HBV – via Cambridgeshire LSCB)		
	Complicated Matters (via Cambridgeshire LSCB)		

All of the Safeguarding Children Board training (both in Cambridgeshire and Peterborough) is delivered on a multi-agency basis. In both parts of the county there is a good take up by all agencies on the LSCB domestic abuse training courses. In addition to the LSCB training a number of other agencies also offer domestic abuse training within their workforce development programmes. The training provided by the LSCB's does not replace the single agency training but complements it and provides a multi-agency perspective. The agencies detailed below are not an exhaustive list but provide a flavour of the training delivered across the county.

H. Local Safeguarding Children Board Audits

Cambridgeshire and Peterborough's LSCBs undertook domestic abuse case audits in 2016 to gauge the effectiveness of our multi-agency response. The audits were based on the *Guidance for joint targeted area inspections on the theme: children living with domestic abuse* (OFSTED, 2016). The same audit tool was used across the county and the audit process was mirrored. Agencies were notified that the Board was undertaking an audit but were not given the dates that the audit would commence. This was intended to replicate the unannounced nature of the Joint Targeted Area Inspections (JTAI).

The audit tool sought evidence of the following areas:

- Timing and appropriateness of the referral
- Understanding and assessment of risk
- Quality of assessment and planning
- Voice of the child and parents/ carers
- Effectiveness of partnership working

The results of the two audits are summarised below:

Cambridgeshire

- Practice was variable across the cases audited (from excellent, to needs improvement)
- Lack of work with perpetrators overall, and lack of services for direct work with children
- Lack of opportunity for on-going support/monitoring when families no longer disclosing domestic abuse or where children may have "normalised" the issue
- Children's voice – absent for some very young children or for teens who did not want to engage
- Inconsistent use of the available tools for assessment
- Issue with unstable housing, or sustaining housing impacting on ability to work with families (moving around, being distracted by other needs)
- Issues about planning for perpetrators being released from prison or around bail conditions ceasing
- Issues for some adult-facing services and health in being able to identify cases where children are involved for whom there are safeguarding concerns

Peterborough

- Referral processes and timings were assessed as 'good'
- There was some good evidence of multi-agency working across the partnership including joint visits, coherent short term interventions and good communication
- Auditors commented that they found the "front door" to be a strength
- The quality of the DASH forms completed? were variable
- All of the child and family assessments were completed in a timely manner and there was evidence that partner agencies had contributed to the assessments
- Variable practice (from 'good' to 'inconsistent') with regards to child protection cases
- Variable practice with regards to child in need cases
- Variable practice with regards to capturing the child's voice

- Lack of engagement with ‘significant’ males
- In addition to DA all of the cases involved substance misuse and/ or adult mental health concerns. In some of the cases the DA element of the case became “lost” as agencies focussed on the substance misuse and mental health issues
- Auditors noted that MARAC’s were routinely held however there was concern that due to the high number of MARAC cases the opportunity to monitor progress on cases was limited
- None of the cases evidenced that practitioners had used tools to assist their work with children and families

Action plans to address the findings of the audits are in place across both areas.