

**Domestic Abuse in Cambridgeshire**

**1. Facts, Figures and Trends:**

**1.1** British Crime Survey (BCS) data and Home Office estimates suggest that 15,173 women aged 16-59 were victims of domestic abuse in Cambridgeshire in 2010/11<sup>1</sup> – a figure considerably higher than the current number of individuals reporting to the police during the same period (7718 reports).<sup>2</sup> The 2010/11 BCS also states that:

- Nationally, six percent of women and four percent of men had experienced partner abuse in the last year;
- Non-physical abuse is the most common form of abuse experienced by women and men;
- 27% of partner abuse victims suffered a physical injury as a result of the abuse;
- Only 23% of partner abuse victims reported the abuse to the police.<sup>3</sup>

To quote 'The Cost of Domestic Violence in Cambridgeshire (2005),' 'Police recorded crime data is likely to be a gross underestimate of true levels of victimisation caused by domestic violence.'<sup>4</sup> This is problematic in that accurate data on harm, risk and cost is almost impossible to estimate using police data alone.

It should be noted that in the period 2005 – 2009, the number of incidents reported to the police rose by more than 41.9%;<sup>5</sup> subsequently, the number of victims accessing services has risen dramatically. For example, the Independent Domestic Violence Advocacy Service received 324 high-risk referrals from the Constabulary in 2005. In 2008/09 that figure was 1536 (an increase of 377%).<sup>6</sup> The tables below show the increase in reporting, by year, to the Constabulary.

Chart 1

<sup>1</sup> British Crime Survey, 'Ready Reckoner,' 2011.

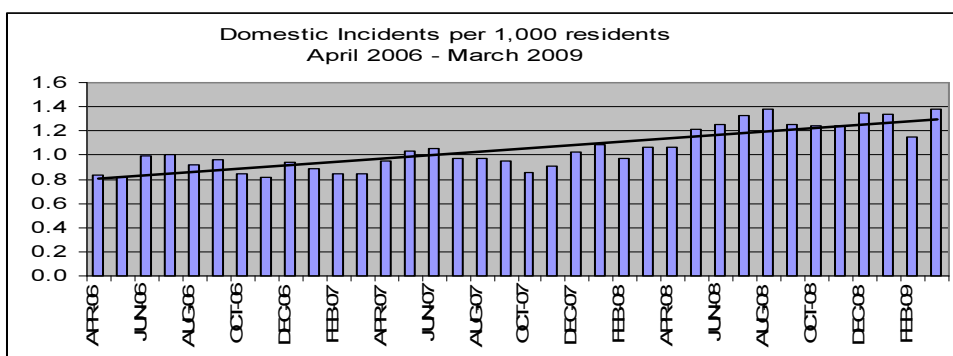
<sup>2</sup> Cambridgeshire Constabulary, 2011.

<sup>3</sup> British Crime Survey, 2012.

<sup>4</sup> Cambridgeshire Crime Research Team, 'The Cost of Domestic Abuse in Cambridgeshire (2005).'

<sup>5</sup> Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

<sup>6</sup> Cambridgeshire County Council, 2011.



However, recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting to the police<sup>7</sup> – a trend which is matched in the British Crime Survey (Intimate Violence) for 2010/11.

These same assessments also show a disparity between the volume of domestic abuse incidents reported, and the numbers of ‘crimes raised’ as a result:

Chart2

District	DV Incidents	DV Crimes Recorded	Ratio of incidents to DV crimes recorded
Cambridge City	1850	488	3.8
East Cambridgeshire	788	173	4.6
<b>Fenland</b>	<b>1686</b>	<b>306</b>	<b>5.5</b>
Hunts	2109	427	4.9
South Cambridgeshire	1194	271	4.4
<b>Cambridgeshire</b>	<b>7627</b>	<b>1665</b>	<b>4.6</b>

The increase in reporting to police, although a welcome trend, has also led to an increase in DV-related referrals to Children Services and an estimated increased reliance on health providers:

- Between 01/07/2009 and 30/06/2010, Children’s Services Contact Centre received 10,250 DV-related referrals for children and young people at risk;<sup>8</sup>
- It is estimated that between January 2008 and June 2009, 34.2% of all those children and young people subject to a child protection plan had domestic abuse as the primary issue;<sup>9</sup>
- It is further estimated that 31.7% of all Children’s Social Care contacts between September 2008 and August 2009 were for domestic-abuse related issues.<sup>10</sup> Although data from other Children’s Services, such as Locality Teams, is unavailable, using the above data, it is estimated that a third of all Locality Team contacts are also DV-related;

<sup>7</sup> Research and Performance Team (LGSS), 2012.

<sup>8</sup> Cambridgeshire County Council, 2010.

<sup>9</sup> Ibid.

<sup>10</sup> Cambridgeshire County Council, 2009.

- City Council also states that 14.28% of all statutory homeless applications in 2009 were caused by domestic abuse;<sup>11</sup>
- Cambridgeshire's Multi-Agency Risk Assessment Conferences, which risk-assess and safety plan for those at most risk of homicide heard 376 cases (involving 584 children) in 2010/11;<sup>12</sup>
- 8% of respondents in the Year 8 and 10 Cambridgeshire Secondary Survey in 2010 indicated the presence of domestic abuse issues in their home environment;<sup>13</sup>
- At least 75% of LAC and 50% of children subject to a Child Protection Plan in Cambridgeshire have domestic abuse backgrounds.<sup>14</sup>

### Geographical Issues

Although the majority of reported domestic abuse incidents (2006 – 2009) come from urban areas within the county (please see table below, which shows the Cambridgeshire wards of highest need (according to volume of police-reported incidents) by year),<sup>15</sup> it should be noted that those living in more rural areas are less likely to have protective family, neighbours and friends witness and report abuse. Rurality is also a risk factor when considering isolation and access to services. Recent Strategic Assessments have shown a marked increase in reporting from East and South Cambridgeshire, and although volume in these areas remains relatively low, the increase in reporting is indicative of an overall need in the most rural parts of our county.

Chart 3

2006 / 2007	2007 / 2008	2008/ 2009
Wisbech Waterlees	Wisbech Staithe	Huntingdon North
Abbey	Kings Hedges	Wisbech Clarkson
Kings Hedges	Wisbech Waterlees	Kings Hedges
Huntingdon North	Huntingdon North	Wisbech Waterlees
Whittlesey - Lattersey	Wisbech Peckover	Wisbech Staithe
East Chesterton	Arbury	Abbey
Wisbech Staithe	Wisbech Medworth	Whittlesey - Lattersey
Wisbech Clarkson	Abbey	Wisbech Medworth

Using more recent LSOA data (April 2011) we can see that the prevalence of domestic abuse is a significant issue in new and emerging communities such as Orchard Park, Cambridge and Cambourne, South Cambridgeshire.<sup>16</sup>

Research commissioned through the University of Bristol by the Women's Institute (WI) supports the above, in-so-much as it shows that those living in rural areas are just as likely to be a victim of all forms of domestic abuse as those living in more urban / deprived areas.<sup>17</sup> This means that by addressing

<sup>11</sup> Cambridge City Council, 2010.

<sup>12</sup> Cambridgeshire County Council, 2011.

<sup>13</sup> Cambridgeshire Secondary Survey, 2011.

<sup>14</sup> Cambridgeshire County Council / LSCB, 2010.

<sup>15</sup> Ibid.

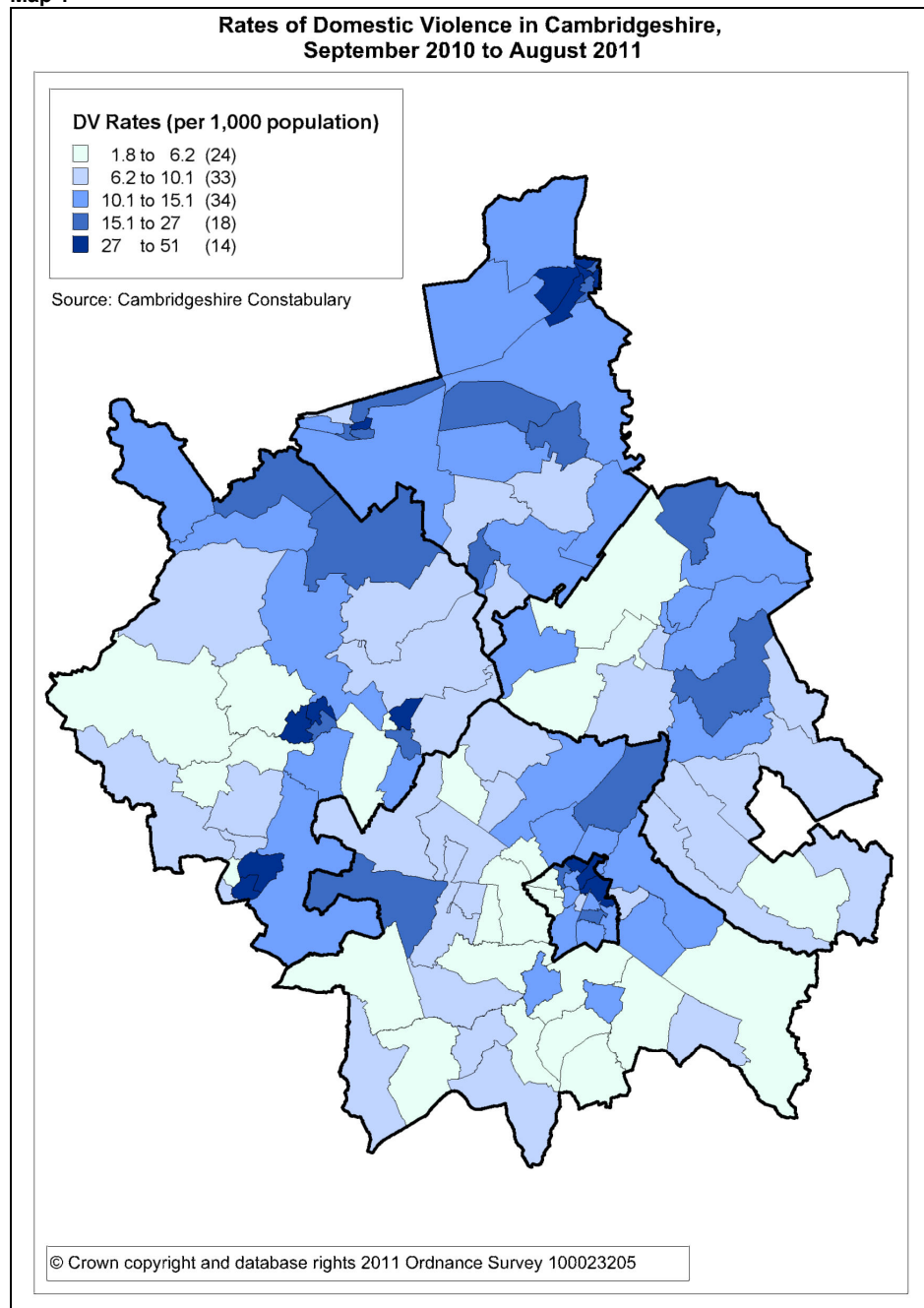
<sup>16</sup> Cambridgeshire Constabulary, Highest Density of DA incidents by Lower Super Output Area, 2011.

<sup>17</sup> University of Bristol, 'Violence Against Women in Rural Areas,' 2010.

volume by targeting Cambridgeshire's 'hotspots,' need and risk in more rural areas should not be ignored.

The distribution of the last year's (2010/11) domestic violence incidents are shown on the following map, and identifies that Fenland has the biggest domestic violence hotspots within Cambridgeshire.<sup>18</sup> These are mainly within Wisbech, Whittlesey and to a lesser extent March and the rural area around Wisbech. The level of severity of domestic violence in Fenland is all the more of concern since the partnership strategic assessment concluded there was likely to be a significant amount of under reporting. There are also further hotspots within wards with a high percentage of social housing in Cambridge, Huntingdon, St Neots and St Ives.

Map 1

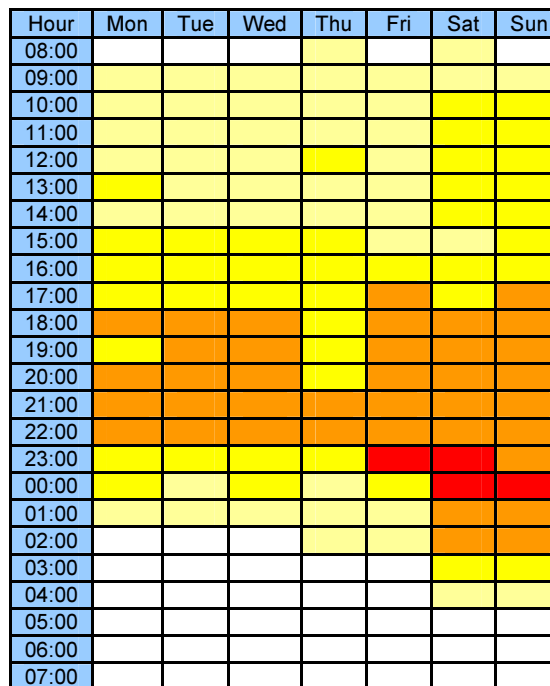


<sup>18</sup> Research and Performance Team (LGSS), 2012.

## Temporal Issues

Constabulary research, seen in the following table, indicates that demand for police services can be identified and managed. This information is especially useful in planning future provision.

Incident data shows that there is a consistent high demand for police resources between 18:00 and 23:00, Monday to Friday, and between 18:00 and 02:00 Saturday and Sunday. The occasional peaks on Mondays can be put down to continuance of the week-ends hostility (including secondary and tertiary reporting of an ongoing incident) or, to a lesser extent late reporting of the incident<sup>19</sup>.



The above chart identifies the time of day and day of week when the highest number of calls are made. Bands represent calls within a 1 hours time block per day of week; data from 3 years of incidents

0	99
100	199
200	299
300	399
400+	

Seasonal similarities exist in each year period; peaks occur on Christmas and New Year days and a prolonged peak between the latter parts of May to Early September, coinciding with school holidays.<sup>20</sup>

## Victim / Offender Profile

Although there are variations across the county, the typical victim of domestic abuse is an 18-25 year old 'White UK' female.<sup>21</sup>

<sup>19</sup> A dip sample of incidents recorded on a Monday showed 18% where the cause was an ongoing argument or disagreement from the weekend, and 6% where the aggrieved reported post incident. Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

Children are involved as victims, witnesses or offenders in just over half of all domestic abuse incidents in the county and form a significant risk group<sup>22</sup> (though this figure rises to more than 80% across high-risk cases).<sup>23</sup>

Again, recognising local variations (please see following sections on Ethnicity and Migrant Workers), the typical domestic abuse perpetrator is a 'White UK' male aged 20-41. Both of these statistics are in line with national research findings.<sup>24</sup>

The offenders' occupation is: 44% of crimes (2292) show offenders as being unemployed, with 41% of crimes (2110) showing offenders working in manual labour roles. 8% of crimes (391) show the offender as giving a 'professional / office based' job as their occupation, and in 7% of crimes (377) the offender stated that they were in full time study<sup>25</sup>.

The likelihood is that both victims and offenders are misusing alcohol and drugs and are resident in areas of high child poverty (see Chart 5, page 8).

### **Substance Misuse**

In a recent study of high-risk repeat cases of domestic abuse, 15% of victims disclosed that they were misusing alcohol, with a further 9% disclosing a misuse of drugs. For offenders, these percentages were 47% misusing alcohol and 35% misusing drugs.<sup>26</sup>

Chart 4 (below, page 7) shows that the majority of referrals to Children's Social Care (related to domestic violence) were for parental alcohol misuse (36% of total referrals) or parental substance misuse (21%), making overall substance misuse the greatest contributing factor to domestic violence related safeguarding referrals.<sup>27</sup>

The 2010/11 British Crime Survey indicates that 21% of those who 'had experienced partner abuse in the last year thought that the offender was under the influence of alcohol, while 8% thought they were under the influence of illicit drugs.'<sup>28</sup>

In keeping with the local research mentioned above, BCS data also shows that 'victims were more likely to report that the offender was under the influence of alcohol or illicit drugs than themselves.'<sup>29</sup>

The 2010/11 BCS also states that 'levels of alcohol consumption and illicit drug use may be an indicator of lifestyle that may affect or be affected by vulnerability to partner abuse,' rather than causality of the abuse.<sup>30</sup>

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<sup>22</sup> Ibid.

<sup>23</sup> Simon Kerss, 'Review of High-Risk Repeat Domestic Abuse Incidents from Cambridgeshire Constabulary to Cambridgeshire Independent Domestic Violence Advocacy Service,' 2012.

<sup>24</sup> Ibid.

<sup>25</sup> Offenders described their occupations in 5170 crimes; these were then categorised manually by the author into 'manual' jobs such as builder/mechanic/painter, 'unemployed' (which included housewife / mother / house husband / disabled/ in custody), 'professional / office based' (traditionally white collar workers, emergency services and Armed Forces) and 'study' which included any form of student (including home study).

<sup>26</sup> Simon Kerss, 2012.

<sup>27</sup> Research and Performance Team (LGSS), 2012.

<sup>28</sup> BCS, 2012.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

## Male Victims

Unfortunately, current local data is not a reliable indicator of need for male victims of domestic abuse. There are a number of reasons why this should be so, but primarily it is recognised that men typically fail to report domestic abuse to the police.<sup>31</sup>

However, it should be noted that current research has shown that a proportion of those men who do report abuse, are actually perpetrating abuse themselves. None-the-less, it is apparent that men do suffer abuse at the hands of their partners, though many of these incidents are from within same-sex relationships.<sup>32</sup>

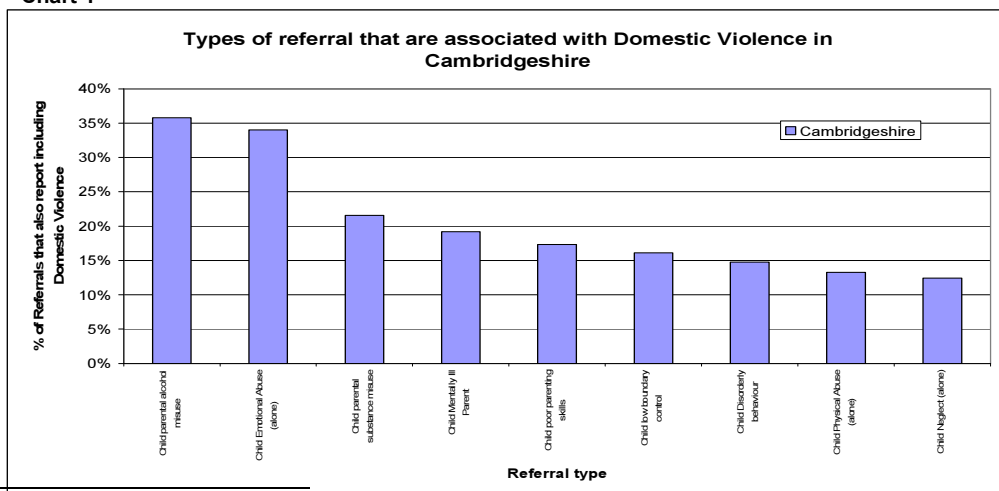
2009 data from Cambridgeshire Constabulary shows that 24% of reported incidents came from men in the period 2006 - 2009.<sup>33</sup> Of the 985 high-risk referrals to the Independent Domestic Violence Advocacy Service (IDVAS) in 2009, 12% were for male victims – this had fallen to 4% for 2010/11.<sup>34</sup>

Overall, and despite police-recorded data, British Crime Survey statistics for 2010/11 suggest that 4% of the male population of Cambridge were victims of domestic abuse in the past year.

## Children and Young People

Domestic violence or abuse is the most frequently recorded reason for entry into the child protection system according to the 2010 LSCB Annual Report, accounting for up to 50% of the cases.<sup>35</sup> There were 10,250 DV-related referrals made from Cambridgeshire Constabulary to the Cambridgeshire Children’s Services Contact Centre (following a reported DV incident) between July 2009 and June 2010, with an estimated 31.7% of all Children’s Services Social Care contacts (between September 2008 and August 2009) being domestic abuse-related.<sup>36</sup> The following chart shows other factors associated with referrals to Children’s Social Care in 2010/11:<sup>37</sup>

Chart 4



<sup>31</sup> Please see British Crime Survey (Intimate Violence), 2010/11.

<sup>32</sup> Hester, M., 'Who Does What to Whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with Northern Rock,' 2003.

<sup>33</sup> Cambridgeshire Constabulary, 2009.

<sup>34</sup> Cambridgeshire County Council, 2012.

<sup>35</sup> Cambridgeshire Local Safeguarding Children Board, 'Annual Report,'

<sup>36</sup> Cambridgeshire County Council, 2010.

<sup>37</sup> Research and Performance Team (LGSS), 2012.

According to recent local research in East Cambridgeshire and Fenland, 30-50% of all Enhanced and Preventative Services work through Children's Services Locality Teams is targeted at those affected by domestic abuse.<sup>38</sup>

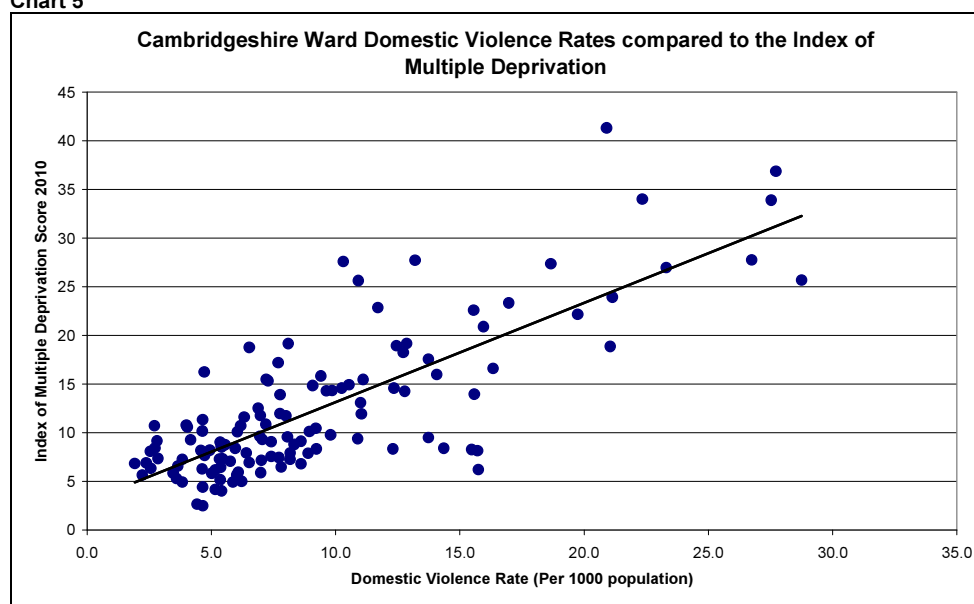
584 children and young people were part of Multi-Agency Risk Assessment Conference (MARAC) hearings (for high-risk cases of domestic abuse where homicide is a risk) in 2010/11.<sup>39</sup>

Children are involved as victims, witnesses or offenders in just over half of all domestic abuse incidents in the county and also form a significant risk group for domestic abuse. However, a review of high-risk cases of domestic abuse has shown that children are present in 82% of cases where homicide has been identified as a risk factor.<sup>40</sup>

Within the crimes recorded for the period 2009-2010, victims aged between 0 and 10 years old, all have a familial relationship with the offender(s). In 51 out of 54 crimes, the offender is their parent. The relationship type between victim and offender begins to include intimate relationships from the age of 11, and increases notably in victims aged 16 or over.<sup>41</sup>

There is a strong relationship between the rate of deprivation within a ward and the rate of domestic violence. This relationship is demonstrated in the graph below; generally the higher the rate of deprivation the higher the rate of domestic violence.<sup>42</sup>

Chart 5



The 2010 Cambridgeshire Secondary Survey (annual Balding Report for Years 8 and 10) showed that, when asked 'Has there been any physical aggression (e.g. hitting, punching, slapping) at home in the last month that

<sup>38</sup> Cambridgeshire County Council, 2012.

<sup>39</sup> Ibid.

<sup>40</sup> Simon Kerss, 2012.

<sup>41</sup> Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

<sup>42</sup> Research and Performance Team (LGSS), 2012.



frightened you?' 6% of children reported abuse occurring once/twice a week; 2% once a week and 1% stated that violent abuse was occurring everyday.<sup>43</sup>

The following table shows the volume of notifications sent to schools from Cambridgeshire County Council following a police reported incident from 2006 – 2011:<sup>44</sup>

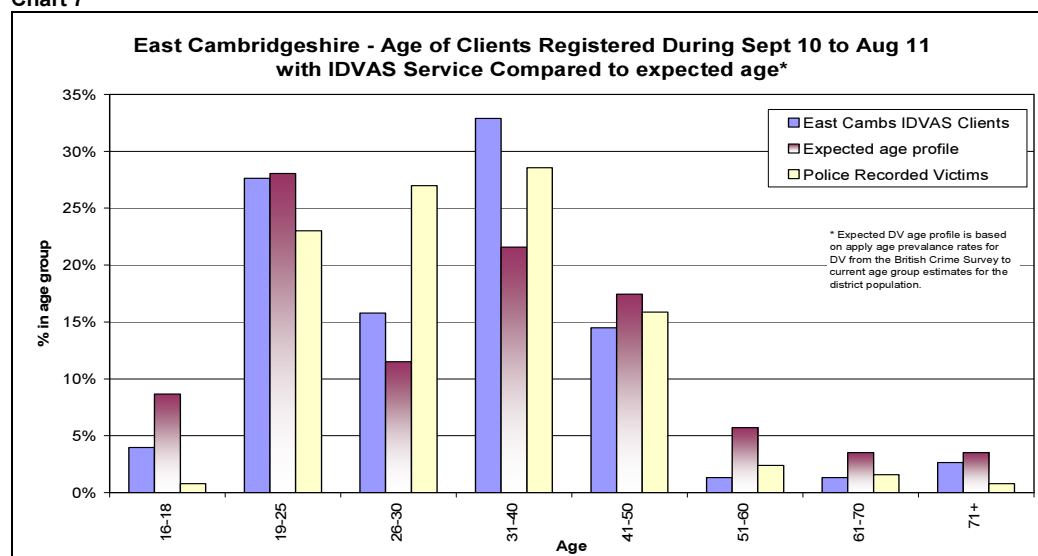
Chart 6

DOMESTIC VIOLENCE REPORTS STATISTICAL ANALYSIS					
	2006 - 2007	2007 - 2008	2008 - 2009	2009-2010	2010-2011
DV Reports	1506	2022	2212	2048	2114
Letters to Schools	1213	1960	2444	2280	2657
School Age Children	2096	2667	3282	3052	2951
Possible CME	not available	89	113	104	39
EHE	not available	5	1	10	5
Staff	not available	6	3	4	1

## Older People

Broadly, the following chart shows that a higher than expected proportion of older women are reporting domestic violence (recorded being victims of crime) and represented on the Independent Domestic Violence Advocacy caseload.<sup>45</sup>

Chart 7



However, there are significant gaps in recording the effects of domestic abuse on older people, especially with Adult Social and 'health' providers.

<sup>43</sup> Cambridgeshire Secondary Survey, 2011.

<sup>44</sup> Cambridgeshire County Council, 2011.

<sup>45</sup> Research and Performance Team (LGSS), 2012.

## **Mental Health**

There are significant gaps in local knowledge regarding the synergies between mental health and domestic abuse. Cambridgeshire and Peterborough Foundation Trust (CPFT) do not collate or produce data on the issue. However, what local data does exist strongly indicates a correlation between poor mental health and domestic abuse for both victims and perpetrators.

The 'types of referral that are associated with domestic violence in Cambridgeshire (section on Children and Young People)' chart (above, page 7) shows that nearly 20% of domestic abuse related referrals to Children's Social Care are for those children whose parent(s) is 'mentally ill'.<sup>46</sup>

Recent local research into the context of high-risk repeat incidents of domestic abuse indicates that 39% of victims and 31% of offenders were either recorded by police as having mental health issues or had disclosed the same during assessment by police or IDVAS.

The same research has also shown that approximately 33% of the 67 cases reviewed (according to the methodology employed by the research team at Cambridgeshire County Council), showed a possible Safeguarding of Vulnerable Adults (SOVA) issue. Of that 33%, half were related to depression and a further third related to other mental health issues.<sup>47</sup>

According to 2010/11 management information generated from Adult Safeguarding SOC388 forms, 0.9% of SOVA cases where domestic abuse had been identified (7 of 772 in total) also had a diagnosed mental health issue.<sup>48</sup>

A 2011 review of admissions to Addenbrooke's Emergency Department has shown that a 'psychiatric diagnosis' was third (behind 'no clear diagnosis' and 'head injury') in a hierarchy of risk factors. The same review has stated that 'self-harm' and 'overdose' are 4.5 times more likely to occur in those disclosing domestic abuse at the hospital than those in an associated control group.<sup>49</sup>

British Crime Survey data for 2010/11 shows that 39% of those surveyed disclosed that the abuse had left them with 'mental or emotional problems,' and that 4% had tried to kill themselves as a result of the abuse.<sup>50</sup>

It should be noted that domestic abuse is mentioned once, in relation to a risk factor affecting depression, in the 2008 JSNA.

## **Adults with Learning Difficulties**

The only data available to the author comes via the SOC388 forms (see above) from Adult Safeguarding, which shows that 4 of the 28 recorded

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<sup>46</sup> Ibid.

<sup>47</sup> Simon Kerss, 2012.

<sup>48</sup> Cambridgeshire County Council, 2012.

<sup>49</sup> Addenbrooke's Hospital, 2012.

<sup>50</sup> BCS, 2012.

SOVA / DV cases had identified 'learning disabilities.' This is 0.5% of the total number of SOVA cases for 2010/11.<sup>51</sup>

### Adults with Sensory Deprivation

The only data available to the author comes via the SOC388 forms (see above) from Adult Safeguarding, which shows that 2 of the 28 recorded SOVA / DV cases had identified 'learning disabilities.' This is 0.25% of the total number of SOVA cases for 2010/11.<sup>52</sup>

### Homelessness

Data from District Council housing departments from 2010/11 shows that between 5.5 and 18% of all statutory homelessness acceptances were for domestic abuse related issues (the following table gives a breakdown by district).<sup>53</sup>

Chart 8

District	No. DV	Total No.	% DV
South Cambs.	4	72	5.5%
Hunts	11	169	6.5%
Fen	13	72	18%
City	19	137	13%
East	6	36	17%

British Crime Survey data for the same period states that 23% of partner abuse victims reported sharing accommodation with their abusive partner.<sup>54</sup>

Recent (January 2012) data from the Chronically Excluded Adults project in Cambridgeshire shows that 27% of 'registered' clients had disclosed current or historical issues of domestic abuse.<sup>55</sup>

### Same Sex Relationships

3% of police DV1 records within the data set used in the 2009 Force Profile relate to a same sex couples. Due to insufficient data on sexual preferences it is impossible to state whether this is significant. However the figure is within the nationally recognised ranges for same sex couples, suggesting that this group is not significantly over or under reporting<sup>56</sup>. Bi-sexual relationships cannot be tested due to the limited information held about offenders and victims.

In 2010/11, 1% of IDVAS high-risk clients identified themselves as LGBT.<sup>57</sup>

<sup>51</sup> Cambridgeshire County Council, 2012.

<sup>52</sup> Ibid.

<sup>53</sup> Cambridgeshire District Council Housing Departments, 2011.

<sup>54</sup> BCS, 2012.

<sup>55</sup> Cambridgeshire County Council, 2012.

<sup>56</sup> Office for National Statistics: Sexual Identity Project, UK experiences of administering a question on sexual identity. Survey estimates: Estimates were obtained for most of the surveys. Rates of the proportion of respondents self-identifying as LGB ranged from 0.3% to 3.0%, lower than the government estimate of LGB people constituting 5% to 7% of the population. Ibid.

<sup>57</sup> Cambridgeshire County Council, 2012.

## Ethnicity of Victim / Offenders and Migrant Workers

Again, there are significant variations across Cambridgeshire where the ethnicity of victims and offenders is considered. However, the following points are indicative of the countywide picture:

- Victims defining their ethnicity as 'Black'<sup>58</sup> are overly represented when statistically tested against population estimates;<sup>59</sup>
- There has been an increased level of reporting by 20 to 30yr old females across all ethnic groups;
- Despite being unable to effectively identify victims coming from New European states through recorded data, using the 'White – Other' ethnic group gives an indicator of levels of victimisation. In just under 50% of cases victims have been abused by members of their own nationality. Recent data also shows a disproportionate number of DV-related crimes recorded in Fenland having been perpetrated by the 'White – Other' cohort. This cohort includes residents of A8 nations currently resident in Cambridgeshire;<sup>60</sup>
- Typically, members of Gypsy/Traveller/Roma communities do not report domestic abuse issues to any relevant agency within the county. However, recent research has indicated that up to 61% - 81% of women from these communities has been a victim of domestic abuse;<sup>61</sup>
- Victims and offenders from A8 nations, typically migrant workers in Cambridgeshire, are over-represented across all districts, but most acutely in Fenland. The following table shows the recorded ethnicity of offender across the county for 2010/11 (please note that 'White Other' is a police designation for Eastern European nationals):<sup>62</sup>

Chart 9

District	Number	Peak age	Ethnicity
Cambridge	114	19-40	White British 68% White Other 11%
East Cambs	40	31-40	White British 88% White Other 8%
Fenland	110	31-40	White British 75% White Other 17%
Huntingdonshire	138	31-40	White British 82% White Other 6%
South Cambs	71	41-50	White British 80% White Other 7%

<sup>58</sup> Ibid.

<sup>59</sup> Using data from DV1 forms between 01/04/2007 – 31/03/2008, and applying formulae to determine *standard error* with a *confidence level* of 95% - See Appendices

<sup>60</sup> Ibid.

<sup>61</sup> Equality and Human Rights Commission Research Report, *Inequalities Experienced By Gypsy and Traveller Communities: A Review*, 2009.

<sup>62</sup> Research and Performance Team (LGSS), 2012.

## **Repeat Victimization**

Domestic abuse has the highest repeat victimisation rate of any crime,<sup>63</sup> and subsequently costs associated with addressing the issue are repeated many times over.

For all levels of risk, police data shows that between 24% and 36% of incidents reported are marked as repeats.<sup>64</sup>

Data available via NI32 (% repeat referrals to MARAC) in 2010/11 showed that current rates of repeat victimisation for those at most risk stood at 34.5%.<sup>65</sup>

A review of recent high risk repeat cases of domestic abuse has shown that, on average, each high-risk client referred to Cambridgeshire IDVAS from the Constabulary had reported 6.8 previous incidents of domestic abuse (ranging from 0 to 36 previously reported incidents).<sup>66</sup>

## **The Cost of Domestic Abuse in Cambridgeshire**

### **Summation of Cost (2005)<sup>67</sup>**

The total annual cost of domestic violence to agencies in Cambridgeshire in 2005 was estimated at £57,662,541, rising to £139,136,155 when 'emotional and physical' costs were taken into consideration (please note that the 2009 costs do not include 'emotional and physical' costs). Details of the breakdown of the costs in each area are outlined in the sections below. The bulk of these costs were met by the victims themselves, principally through the emotional and physical costs of the abuse. The total cost to agencies amounted to £57,662,541 and is disaggregated into the costs for individual agencies below.

Based on the prevalence rates available to the researchers in 2005, it was possible to calculate the average cost per incident within the county. This amounted to £4,843 in total and £1,236 in costs borne by agencies. However, the researchers stated that if these figures were to be used to calculate the potential saving by reducing domestic violence, then they are potentially misleading. Therefore, using the total number of police recorded 'offences with a DV marker' an estimated cost per recorded crime was calculated. This was an attempt to account for the under-reporting of domestic abuse issues both locally and nationally.

Subsequently, the total estimated average cost per police recorded offence with a DV marker in 2005 was £15,566.

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<sup>63</sup> Home Office, 2010.

<sup>64</sup> Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

<sup>65</sup> Cambridgeshire Domestic Abuse Partnership, 2010.

<sup>66</sup> Simon Kerss, 2012.

<sup>67</sup> From, 'The Cost of Domestic Violence in Cambridgeshire,' Cambridgeshire Crime Research Team, 2005.

Chart 10

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Criminal Justice System Costs	£15,784,653	£611,230	-	£16,395,883
GP Treatment Costs	£870,723	£202,668	-	£1,073,391
Hospital/Ambulance Costs	£11,353,688	-	-	£11,353,688
Emotional and Physical Costs	-	£81,473,614	-	£81,473,614
Lost Economic Output	-	-	£20,245,758	£20,245,758
Social Services Costs	£1,562,444	-	-	£1,562,444
Housing Costs	£492,788			£492,788
Civil Legal Costs	£292,950	£1,097,647		£1,390,597
Mental Health Costs	£5,147,992	-	-	£5,147,992
<b>TOTAL Cost of DV</b>	<b>£35,505,238</b>	<b>£83,385,159</b>	<b>£20,245,758</b>	<b>£139,136,155</b>
Average Cost per Incident	£1,236	£2,902	£705	£4,843
Average Cost per Police Recorded 'Offence with a DV Marker'	£15,566	£36,556	£8,876	£60,998

The majority of the agency costs in 2005 were met by the health services and the police, who between them accounted for nearly three quarters of all agency costs. In comparison, the direct cost to other agencies was much less. The costs estimated here have focused principally on costs to local agencies and therefore national costs, for example, in housing benefit have been omitted completely and others, such as legal aid, are not included in the table below but are included elsewhere.

The table below shows the estimated cost to individual agencies in 2005.

Chart 11

Agency	TOTAL Cost
Police	£8,223,341
Probation Service	£565,084
Prison Service	£1,908,131
District Councils	£246,958
Health Services	£17,372,403
Social Services	£1,562,444
Court Service	£1,452,011
Crown Prosecution Service	£970,532

### Summation of Cost (2009)

In November 2009, and as part of the 'End Violence Against Women and Girls' national strategy release, the Home Office issued a toolkit to estimate

the prevalence and costs of domestic abuse in local area, based on British Crime Survey findings.

This toolkit did not have the breadth of scope or detail included in the local 2005 research, but is instructive in gaining a more balanced view of contemporary costs and prevalence.

Based on a total population size on 595,000, the Home Office estimates that:

- 15,173 women were the victims of domestic abuse in the past year;
- 4,760 women were the victims of a sexual assault in the past year;
- 20,887 women were the victims of stalking / harassment in the past year.

The total estimated cost to the county in addressing these issues, according to Home Office data in 2009, was £113,661,662. As with local research in 2005, the bulk of these costs were borne by Health and Criminal Justice agencies.

It is interesting to note that by comparing the 2005 and 2009 data, we see an increase in agency spending on domestic abuse within Cambridgeshire of £55,999,121 during a period when reporting to the police rose by 41.9%. If current trends continue, the county can expect to see further expenditure becoming necessary.

By discipline, a breakdown of the above figure shows that estimated costs in 2009 were:

**Chart 12**

<b>Discipline</b>	<b>Cost</b>
Physical and Mental Health Care	£24,492,476
Criminal Justice Agencies	£15,426,969
Social Services	£2,905,198
Other (housing, civil legal, employment)	£70,837,019
<b>Total</b>	<b>£113,66,662</b>

To provide further context to the above figures with regards to Children's Social Care involvement, from 01/07/09 to 30/06/2010 the Contact Centre received 10,250 DV-related referrals at a cost of £27.45 per referral.<sup>68</sup> Without any further action, administrating these referrals is costing Children's Services an estimated £281,362.50 per annum.

## **1.2 Domestic Abuse as a Public Health Issue:**

Unfortunately, screening and recording of domestic abuse issues by health providers in Cambridgeshire is by no means comprehensive, and the Public Health Intelligence Team in the county has stated that information on domestic abuse is not collected at source from 'inpatient admissions, A&E, outpatient, Ambulance Service and Mental Health Trust' and is, therefore, not available. Consequently, it is not yet possible to provide any meaningful data from local providers, other than that provided in the paragraphs above.

<sup>68</sup> Cambridgeshire County Council, 2010.

However, much work has been undertaken nationally to show the effects and costs of domestic abuse to health agencies. These studies show that:

- In 2005, the cost of DV to the NHS nationally was £1.2 billion;<sup>69</sup>
- 50% of women in contact with mental health services have suffered abuse/violence;<sup>70</sup>
- Domestic violence is the most common cause of depression in women;<sup>71</sup>
- Women in abusive relationships are admitted to hospital more frequently and are in receipt of more prescriptions than other women;<sup>72</sup>
- 64% of abused women suffer post-traumatic stress disorder against 1-2% of non-abused women;<sup>73</sup>
- Domestic violence is a factor in 49% of suicide attempts by BME women, and 22% of attempts from White communities;<sup>74</sup>
- More than 14% of maternal deaths occur in women who have disclosed DV to their health providers;<sup>75</sup>
- 40-60% of women experiencing DV are abused while pregnant;<sup>76</sup>
- At least 1% of all emergency department visits in the UK are attributable to domestic abuse.<sup>77</sup>

Despite the relative lack of local data, some work has already been undertaken to show the prevalence on domestic abuse issues facing health providers and the associated costs:

- It is estimated that each admittance to Accident and Emergency Departments costs the relevant Acute Trust £70 - 90 on average, rising to £400 per night if the patient is admitted to a ward.<sup>78</sup> From police research, it is apparent that 'violence against the person' constitutes 81% of all DV-recorded incidents (please see table below), and by using this data we can assume that a large percentage of victims require some form of medical attention, either via Accident and Emergency or their GP;

Chart 13

Crime category	Total (top 12)	% (of top 12)	% (of all DA crimes)	In relation to total crime per category in 3 yr period
Violence against the person	5112	85%	81%	17%
Harassment / threats	308	5%	4.9%	0.5%
Criminal damage	434	7.25%	6.9%	1%
Public order	128	2%	2%	n/a

*Top 12 crime types recorded over the 3 year period with Domestic Violence Markers*

<sup>69</sup> Department of Health, 'Responding to Domestic Abuse (2005).'

<sup>70</sup> Greater London Domestic Violence Project, 'Sane Responses (2008).'

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> Department of Health, 'Responding to Domestic Abuse (2005).'

<sup>76</sup> Ibid.

<sup>77</sup> Boyle, Kirkbride and Jones, 'Record Linkage of Domestic Abuse Assault Victims Between an Emergency Department and the Police (2005).'

<sup>78</sup> Addenbrookes Hospital, 2010.



- The average cost associated with a patient visiting a GP, in parts of Cambridgeshire, for a short consultation is £28 (excluding any prescription).<sup>79</sup> National research has shown that health providers (especially GPs) are victims' preferred first point of contact,<sup>80</sup> and subsequent costs based on overall numbers of victims within the county can assumed to be substantial;
- The effects and costs of alcohol and drug-related health issues within Cambridgeshire are well documented - the co-relation between substance misuse and domestic abuse equally so (of Cambridgeshire's last ten Serious Case Reviews (SCRs), 100% had substance misuse as a primary contributing factor, with 80% having the same for domestic abuse). Through closer examination of substance misuse-related treatment issues and costs to health providers, it is clear that a large percentage of these relating to women and girls is actually expenditure on domestic abuse.

### **1.3 Local Views:**

The Cambridgeshire Domestic Abuse Partnership works with Service User Sub-Groups (SUGS) facilitated by Voluntary Sector partner agencies (Cambridge Women's Aid and Refuge) to ensure that services are meeting need and that future planning is appropriate.

The Partnership also uses Participatory Budgeting, where possible, to ensure relevant services are commissioned and a Positive Deviance approach to problem solving in Fenland and Cambridge City.

Community Safety Partnerships also use public consultations to determine priorities for their Districts, which frequently include addressing domestic abuse.

A 'Positive Deviance' approach to community engagement has been instigated in Fenland and Cambridgeshire, where two community groups are working to a Home Office pilot to increase the safety of those affected by domestic abuse.

### **1.4 Evidence and Best Practice:**

Member agencies of the Cambridgeshire Domestic Abuse Partnership work to an internationally recognised model of intervention known as the 'Community Coordinated Response' model and the Partnership is responsible for implementing Central Government's 'End Violence Against Women and Girls (VAWG)' strategy through its multi-agency countywide strategy.

Cambridgeshire's domestic abuse services are mapped against the Local Government Framework for 'excellent' domestic abuse services. This has shown that, although Cambridgeshire is well on its way to achieving 'excellent' services for most adults, significant gaps remain around provision for children and young people, those from BME groups and those with no recourse to public funds.

In addition to the above, Cambridgeshire's Independent Domestic Violence Advocates (IDVAS) are trained to a professional Coordinated Action Against Domestic Abuse (CAADA) level.

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<sup>79</sup> Cambridgeshire PCT, 2010.

<sup>80</sup> Department of Health, 'Responding to Domestic Abuse (2005).'

Professionals from all disciplines are trained in addressing domestic abuse through a training strategy that is LSCB accredited.

### **1.5 Current Activity and Services:**

The Cambridgeshire Domestic Abuse Partnership has recently launched a Multi-Agency Referral Unit (MARU) that will act as the central point of contact for all DV issues within the county. The MARU currently contains staff from the Independent Domestic Violence Advocacy Service (IDVAS), the Independent Sexual Violence Advocacy Service (ISVAS), the Multi-Agency Risk Assessment Conference (MARAC), Cambridgeshire Constabulary, Cambridge Women's Aid and Refuge. It is expected that additional agencies (such as housing and health) will be based at the unit later in 2011/12.

The Cambridgeshire IDVA Service (5.2 FTE staff) currently supports approximately 1000 high-risk victims of domestic abuse per annum via a service-level agreement with the Constabulary and through the MARAC process. The team delivers crisis intervention services to those most at risk and who are reporting to the Constabulary. There is no referral pathway to the IDVAS open to those not reporting DV crimes due to the capacity and small size of the team. One of the Cambridgeshire IDVAS currently works from the Emergency Department at Addenbrookes Hospital for one day per week as part of a pilot project to identify those attending that provision with DV-related injuries.

An A8 IDVA pilot, funded in partnership with the Cambridgeshire Drug and Alcohol Action Team (DAAT), Constabulary and Domestic Abuse Partnership, is currently running in Fenland (to end March 2012) to address the specific needs of A8 nationals in that area.

A further Young Person's IDVA pilot, funded for 2012/13 only, is currently in development to meet the needs of young victims in intimate relationships.

Cambridgeshire's MARACs heard 384 very high risk cases (where a risk of homicide has been identified) per annum, with a further 584 children forming part of the referrals to the process in 2010/11.

The Cambridgeshire ISVA Service (1.8FTE staff) supports those affected by Sexual Violence across the county.

The Voluntary Sector also provides specialist services to victims of domestic abuse in Cambridgeshire. The Domestic Abuse Outreach Project (3 FTE staff) provides support in the community for women regardless of whether they are seeking a criminal justice solution to their issues. This service expects to provide support to approximately 600 women per annum.

The county's three Refuges (City, St Neots and Wisbech) provide accommodation predominately for those fleeing other areas. Women from Cambridgeshire are typically placed elsewhere for their safety.

'Freedom Programmes' have been established in Cambridgeshire since 2005, and provide group therapy and support for women aged 18 and over with an aim to reducing repeat victimisation. These are delivered in Cambridge by Women's Aid, and through Cambridgeshire County Council's Children's Services in St Neots, Huntingdon and March. Children's Social Care also delivers a 'Freedom Programme' to its clients in City and South Cambridgeshire.

Cambridgeshire has a countywide Sanctuary Scheme, which enables victims to remain in their own home through a series of security measures that are designed to withstand a sustained attack for over 30 minutes. Each District housing department is responsible for resourcing this scheme, though its future is very much in doubt following cuts to the relevant funding stream.

'Freedom for Young People' programmes run in the community for girls aged 14-24 in Huntingdon and Wisbech and are delivered through Cambridgeshire's Connexions Service. A school programme for Years 8-10 is also delivered through a Parent Support Adviser at Sawston and Linton Village Colleges.

The Cambridgeshire and Peterborough Probation Trust facilitate five court-mandated perpetrator programmes (IDAP) across Cambridgeshire and Peterborough for those convicted of DV-related crimes. A community-based domestic abuse prevention service (the New Directions Service) was rolled-out across Cambridgeshire in 2011. This programme is open to all men and women and is led by a Social Enterprise working in partnership with the Cambridgeshire Domestic Abuse Partnership.

An Information Sharing Protocol (ISP) has existed since 2005 between the Constabulary, Cambridgeshire County Council, Midwifery Services and the Mental Health Trust to pass on notifications of police-reported domestic abuse incidents to relevant agencies. This has enabled Cambridgeshire County Council to advise schools across the county when a child has been involved in a domestic abuse incident at home. Midwifery Services in Cambridgeshire also consistently screen for domestic abuse during their practice.

In April 2011, Domestic Homicide Reviews were brought into statute and responsibility for undertaking these reviews was given to the five Cambridgeshire Community Safety Partnerships. These reviews will be undertaken whenever a DV-related homicide occurs in the county and will run alongside other similar reviews and investigations.

## **1.6 Governance of Activity and Services in Cambridgeshire**

From 2005 – 2010, Cambridgeshire and the five District Councils (through their Community Safety Partnerships) had addressing domestic abuse as a local and strategic target, based on the recommendations of the relevant Strategic Assessments. In 2011, four of the five Community Safety Partnerships dropped domestic abuse as a priority in favour of a wider associated action to 'reduce repeat offending.' Only Cambridge City chose to retain domestic abuse as a priority, following public consultation. However, the Cambridgeshire Community Safety Plan currently retains addressing domestic abuse as a priority, and as of February 2012, all but one of the Community Safety Partnerships (South Cambridgeshire) has re-prioritised addressing domestic abuse for 2012/13.

Since 2002, the projects outlined above have been governed via the Cambridgeshire Domestic Abuse Partnership. This partnership includes the relevant statutory and voluntary sector agencies across the county and has produced rolling three-year strategies and associated action plans with the aim of raising awareness of the issues, reducing the prevalence of domestic abuse and preventing repeat victimisation.

The roll of Cambridgeshire Domestic Violence Coordinator was also established in 2002 with contributions from key partner agencies (Constabulary, Districts, Probation Service, Youth Offending Service and the Primary Care Trust) to develop a countywide strategy and raise awareness of the issue. In 2009, this post was deleted and restructured to a countywide Domestic Abuse Partnership Manager, who is responsible for servicing the Partnership on behalf of the commissioning agencies and leading on the domestic abuse agenda.

Historically, the Partnership's Strategic Group has reported directly to the county's Safer / Stronger Strategic Board (SSSB) and then to Cambridgeshire Together. The Partnership's Implementation Group, charged with delivering the DV action plan, and the two regional DV Taskgroups (Central and Southern) tasked with raising awareness of DV-related issues reported to the countywide Strategic Group.

In October 2010, the Domestic Abuse Partnership's Strategic Group was dissolved in reaction to structural changes at the SSSB level and certain functions of this group were transferred to the Multi-Agency Referral Unit (MARU) Project Board. The countywide Implementation and regional Taskgroups were retained in this restructure. However, in response to Central Government's call to 'End Violence Against Women and Girls,' these remaining groups are now also facing a restructure and a new countywide VAWG Partnership is to be established in 2012/13, which will report to the Shadow Health and Wellbeing Board.

The new VAWG Partnership will seek to address the range of VAWG issues (domestic abuse, sexual violence, forced marriage, prostitution, etc.) through a coordinated and integrated countywide strategy (due for development in March 2012).

The initial meeting of the countywide VAWG Partnership prioritised 'Prevention' as its key aim and will primarily look to address gaps in service provision to children and young people across the county.

## **2. Key Inequalities**

**2.1** Several key inequalities for those affected by domestic abuse are evident in Cambridgeshire. These are:

- Lack of appropriate and accessible services across the county for children and young people (both as victims and perpetrators) of domestic abuse;
- Lack of services for female victims of domestic abuse from A8 nations, Gypsy/Traveller/Roma and other BME communities;
- Lack of services and appropriate access to services for those with no recourse to public funds across the county;
- Lack of appropriate support for victims and offenders through 'Health' providers across Cambridgeshire in comparison with other counties nationally;
- An increased likelihood of being a victim of a domestic abuse-related crime in Fenland as opposed to the other four Districts;
- Reduced access to a specialist intervention programme for those who use violence in their relationships for residents outside of Cambridge City;

- A disproportionate number of LAC and children subject to a Child Protection Plan have domestic abuse backgrounds;
- A disproportionate number of women from A8 background are victims of domestic abuse in Cambridgeshire;
- A disproportionate number of teenage mothers are victims of domestic abuse across the county.

As the new 'End Violence Against Women and Girls' agenda progresses, and domestic abuse is recognised as a public health / wellbeing issue in addition to a criminal justice issue, more progressive partnership working will be required to address the above inequalities.

### **3. Identified Gaps in Knowledge and Services**

#### **3.1** There are significant gaps in knowledge relating to domestic abuse in Cambridgeshire. These gaps have arisen primarily because key agencies do not routinely record domestic abuse issues appropriately, if at all.

No 'health' provider in the county records domestic abuse in a meaningful way that enables management information to be examined to determine costs, trends and prevalence. It is, therefore, extremely difficult to assess the impact of addressing domestic abuse within these agencies. Consequently, improving the efficiency of these providers and the services they provide is currently not possible.

Children's Services at Cambridgeshire County Council also do not record domestic issues impacting on their provision appropriately (in a way that would lead to the production of management and contextual information). Although domestic abuse is recorded by the Children's Services Contact Centre as a cause of referral, once allocated to Children's Social Care Area Teams recording is not accurate and management information is unreliable.

Similarly, Children's Services Locality Teams and the Youth Offending Service cannot state, with any certainty, the affect domestic abuse has on their service provision or the prevalence of domestic abuse within their cohorts.

Relying on police and IDVA/MARAC data alone is a major hindrance to addressing domestic abuse in the county effectively, as national and local research indicates that the majority of victims do not report their issues to the Constabulary.

A lack of local knowledge has also hindered the commissioning of services to:

- Children and young people;
- Those from A8 and BME / Gypsy / Traveller / Roma communities;
- Those victims and perpetrators with additional health and social needs.

It should be noted that these gaps in provision have also been identified through incomplete actions arising from the 2008 – 2011 Cambridgeshire Domestic Abuse Strategy, the Local Government Framework for 'Excellent' Domestic Abuse Services and from practitioner testimony from professionals working with the above groups (the 2009 Children's Social Care conference being a prime example).

#### **4. Is What We Are Doing Working?**

- 4.1** Performance indicators from the IDVA Service show that that service is effective at reducing the prevalence of repeat victimisation. National research suggests a 40 – 50% repeat victimisation rate across all levels of risk, whereas the IDVAS have a countywide average of 27% (201/11). Research included in this paper also supports the assertion that IDVA interventions reduce the agency costs associated with repeat victimisation (£15,556 per police recorded incident).
- 4.2** Police data suggests that performance on detecting domestic abuse incidents and converting these incidents to crimes (especially in Fenland) is improving.
- 4.3** Local MARAC data shows the effectiveness of that multi-agency process in addressing the safety needs of those most at risk of a DV-related homicide.
- 4.4** A recent review of the Cambridgeshire 2008 – 2011 Domestic Abuse Strategy has shown the effectiveness of partnership working in addressing the issue across the county and developing appropriate services at a time when pressure on available resources is evident.
- 4.5** Setting Cambridgeshire’s domestic abuse services to ‘White – UK’ communities affected by the issue against the Local Government’s Framework for ‘Excellent’ DV Services is also indicative of the progress made by the Domestic Abuse Partnership since 2008.
- 4.6** To better understand the prevalence and costs associated with addressing domestic abuse in Cambridgeshire, more robust recording of the issue by key agencies is necessary. This information could then be used to identify duplication in processes, reduce associated costs, enable an increase in appropriate provision to fill gaps in provision and support enhanced partnership working in future.