



Safer Northumberland

Domestic abuse needs assessment 2013

Carried out by:



October 2013

i Executive summary

If national prevalence rates are applied to Northumberland, there is an estimated 9256 females and 6115 males who have experienced domestic abuse in the last 12 months. This equates to one in 14 women and one in 20 men.

The number of domestic violence incidents reported to the Police in 2012/13 was 4048. If we apply an under reporting percentage of 25 percent (i.e. 4048 incidents represent 25 percent of all cases), then we arrive at an estimate of 11,565 cases. In 2012/13, a total of 776 reports were made from male victims/survivors to the Police, representing 20 percent of the total.

An estimated 1854 children in Northumberland (aged between 0 and 18) have witnessed a domestic violence incident in the last 12 months. Another study provides prevalence estimates which suggest between 190 and 250 children under one year old in Northumberland live in households where there is domestic abuse.

In Northumberland, domestic abuse is recorded as a factor in 32 percent (n=1093) of all children who have Children's Social Care involvement. This number rises to 54 percent (n= 313) of Looked After Children and to 57 percent (n=323) in Child Protection Cases.

In 2012/13, Cease 24 provided an IDVA service to 436 victims/survivors, which included referrals from the MARAC (they referred 254 high risk victims into Cease 24 although it is unknown how many engaged). A total of 59 percent of these were repeat referrals (i.e. had previously been known to service).

SixtyEightyThirty provide services to around 230 women each year in the west of the county.

In 2012/13, Cease 24's Children and Young Peoples service supported a total of 53 children. The new Victim Support Relationship Abuse Project will support 75 children in south east Northumberland each year for the next two years.

Police

The number of domestic violence reported incidents in Northumberland is increasing, from 3110 in 2010/11 to 4048 in 2012/13; and increase of 23 percent over three years. Of the 4048 incidents reported to the Police in 2012/13, a total of 776 were from male victims/survivors, representing 20 percent of the total.

The area with most incidents is Ashington, followed by Blyth, then Bedlington, then Cramlington.

MARAC

- In 2012/13, there was a total of 254 MARAC referrals. Of this number, there was a total of 15 male and 10 BME victims/survivors. Most MARAC referrals are female and White British.
- In 2012/13, Cease 24 who provide the IDVA service, worked with 436 victims/survivors. In 2010/11, they worked with a total of 769 victims/survivors. This decline was due to a reduction in capacity.

Health

- There is no reliable measure of domestic violence-related hospital activity.
- Approximately one third of all women using maternity services may have experienced domestic abuse. In 2012/13, there were 4001 maternity bookings.
- We do not know how many women using maternity services are currently in a relationship where they are experiencing domestic abuse.

Housing

- In 2013, a total of 61 percent (n=86) of all homelessness was caused by domestic abuse.
- In the three years, between 2010/11 and 2012/13, a total of 179 women and 12 men and a total of 224 children were made homeless due to domestic abuse.
- A total of 58 families stayed at the Northumberland refuge in 2012/13. Families from Northumberland were the second highest group after families from outside the area. In the same year, 22 families stayed in refuges outside Northumberland.
- Since September 2009, the safe houses have had a total of 21 tenants, 19 of whom have come from Northumberland.

Offenders

- In 2012/13, there was a total of 79 offenders from Northumberland who were subject to supervision by the Probation Service that had domestic abuse linked to their offence.
- There were 13 men on statutory perpetrator programmes in 2012/13, representing 16 percent of all convicted domestic abuse perpetrators.

Needs identified by services

- Services identified the greatest need for adults in Northumberland were: outreach services for women and men; emergency accommodation for women; and better cooperation, coordination and communication between services. A commissioned IDVA service and non statutory perpetrator programmes were also top priorities.

- For children, the greatest needs were identified as: an outreach service for children; counselling and therapeutic activities; emergency accommodation; and work in schools.
- Victims/survivors felt that the greatest needs for adults were a refuge, counselling and outreach support. They felt the greatest needs for children were counselling, a trusted adult, an understanding of what is happening and a safe place to go.

Training

- In 2012/13, a total of 22 courses were delivered to 342 professionals and three courses were delivered to 70 victims/survivors.
- The voluntary sector (two organisations: Cease 24 and SixtyEightyThirty) delivers considerably more training compared to the statutory sector: in 2012/13, the statutory sector delivered three courses with 49 participants compared to the voluntary sector that delivered 23 courses with 363 participants.
- Most of the training is basic awareness training.

Gaps

We have identified the following gaps as part of this needs assessment:

- Outreach service catering for standard and enhanced risk and male victims/survivors
- Commissioned and sustainable IDVA service
- Additional children's services
- Training needs analysis and creation of a central recording system
- Research into emergency accommodation needs
- Community services to appropriately record incidence of domestic violence, including youth services and health (maternity – although it is recognised that this is not just a community based service)
- Housing providers to record target hardening activity.

Table of contents		Page number
i	Executive summary	1
1.0	Introduction	5
1.1	Methodology	6
1.2	Definition of domestic abuse	6
1.3	Local policy context	7
2.0	National and local prevalence	9
2.1	National prevalence and patterns	9
2.2	Northumberland prevalence	9
3.0	Domestic abuse services in Northumberland	11
4.0	Domestic abuse data in Northumberland	16
4.1	Police data	16
4.2	MARAC and targeted service data	19
4.2.1	MARAC data	19
4.2.2	Cease 24 and Independent Domestic Violence Advisers (IDVAs)	22
4.2.3	SixtyEightyThirty	25
4.2.4	Women's Health Advice Centre (WHAC)	26
4.3	Health data	27
4.4	Housing data	29
4.4.1	Women's refuge data	30
4.4.2	Safe houses	32
4.4.3	Target hardening	33
4.5	Probation service data	34
4.6	Children	35
5.0	Service needs assessment	38
5.1	Cumulative responses	38
5.2	Individual service area responses	39
5.3	Victims/survivors	40
6.0	Training	42
6.1	Statutory provision of domestic abuse training	43
6.2	Voluntary sector provision of domestic abuse training	44
7.0	Key findings and gaps	46
7.1	Key findings	46
7.2	Gaps	48
Appendix 1	List of acronyms	49
Appendix 2	Respondents to the consultation	50
Appendix 3	Source areas of families staying at refuges in the North East, 2010/11 to 2012/13 (averages)	51
Appendix 4	Service response detail	54
Appendix 5	ICD codes for domestic abuse	62
Appendix 6	Voluntary sector training detail: Cease 24 and SixtyEightyThirty	63
	References	66
	Endnotes	67

1.0 Introduction

This is a needs assessment of domestic violence services in Northumberland. It has been carried out on behalf of Safer Northumberland, the community safety partnership, by Barefoot Research and Evaluation, an independent sector specialist, with assistance from Gerald Tompkins, Public Health Speciality Registrar with Northumberland County Council.

The aim of this exercise, agreed by Safer Northumberland's Domestic abuse and Sexual Violence Thematic Group, was:

'To assess and examine need, current structures, service provision, service response and performance in relation to domestic abuse and to inform a Northumberland-wide coordinated community response'.

Its objectives were:

- To identify the scale of domestic abuse in Northumberland.
- To list and describe existing service provision for victims and the use made of these services.
- To develop an understanding of gaps in provision in the County and priorities for service development.

We have done this by looking at domestic abuse in a general sense across services in Northumberland; by gathering what information is recorded and then looking at what that data tells us. We have also asked services in Northumberland, again in a general way, what they think the needs of victims/survivors are who are affected by domestic abuse (as a result of resource limitations we have not carried out any large scale consultation with victims/survivors). This exercise then yields a series of key findings, which can then be used to plan services and/or to carry out further investigation. This is the correct way in which to conduct a needs assessment, working from the general to the specific. If we worked in a more prescriptive way, there would be a risk of missing important areas or determinants.

The needs assessment first presents data from a range of different sources on the prevalence and incidence of domestic violence in Northumberland. We then present the results of a broad consultation exercise which canvassed those frontline professionals who come into contact with those affected by domestic violence.

In this needs assessment we also present the local policy context and the services which are currently available to victims/survivors and children affected by domestic abuse in Northumberland. At the end, we summarise the needs assessment and present a series of key findings.

There have been many domestic abuse needs assessments carried out across the North East in recent years by local community safety partnerships. Some of them have presented great detail about the impact of abuse, the

scale of need and the service requirements¹. Others have been called *problem profiles* and others have consisted of considerable consultations with victims/survivors of abuse. Whatever the nature of these exercises, they have all presented the extent of domestic abuse and have been intended to improve the service response to victims/survivors and children affected by domestic abuse.

1.1 Methodology

The methods employed by this needs assessment were a mix of qualitative and quantitative approaches. The quantitative methods included an analysis of a range of different data sets, which included: Northumberland County Council's Children's Services; Northumbria Police; Northumbria Probation; voluntary sector agencies; Northumbria Healthcare NHS Foundation Trust; The Newcastle upon Tyne Hospitals NHS Foundation Trust. Qualitative methods consisted of questionnaires which went out to over 500 professionals across different statutory and voluntary sector services in Northumberland; a total of 100 were completed and returned. Questionnaires were also completed with a small number (n=10) of survivors of domestic abuse. We also carried out indepth interviews with a series of key sector specialists, including the Police Chair of MARAC, the women's refuge and domestic violence services.

The exercise was the subject of a specially convened task and finish group called the Northumberland Domestic Abuse Needs Assessment Group, which met monthly to oversee the research. There were seven participants from across the statutory and voluntary sector in Northumberland². The work was carried out between June and September 2013.

1.2 Definition of domestic abuse

The Home Office defines domestic violence as:

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

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

¹ The needs assessment in South Tyneside carried out by Sarah Sowden is an example of one of these, see: (http://cehi.org.uk/ST_DV_needs_assessment_Sept2011_public.pdf).

² These included: Georgie Cruddas, 608030; Alan Brown, Safer Northumberland; Bev Famliton, Northumbria Probation; Audrey Johnson, Children's Services; Rachel Gagliano, Strategic Housing; Anna English, Adult Services; and Liz Thomas, Northumberland County Council.

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.

This definition includes so called 'honour' based violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group³.

Domestic abuse has significant short and long term impacts on children who witness the abuse. Where children are witnesses, it becomes a child safeguarding issue. As such the definition of domestic violence links closely with definitions of a child in need used within child safeguarding (Sowden, 2011). For the purposes of this needs assessment, we are including children who have been affected by domestic abuse, either as a witness or as a victims/survivors themselves (i.e. from their own partners).

1.3 Local policy context

In 2010, the Government published *Call to End Violence Against Women and Girls*, which encompasses domestic violence (including male victims). This highlights:

- Prevention, including identifying vulnerable people and preventing them becoming victims or repeat victims of violence.
- Service Provision, including appropriate support services, such as IDVA, and training of front-line staff who will have contact with victims and joint commissioning to improve sustainability of services.
- Partnership Working, including engagement with third sector bodies, with whom victims are more likely to engage.
- Risk Reduction and the Justice System as core components of action to reduce violence, including bringing offenders to justice, rehabilitation and reducing risk for victims through MARAC, etc.

The Police and Crime Commissioner for Northumbria has made tackling domestic and sexual abuse one of her five over-arching strategic priorities, through the following commitments:

- Police will do all they can to make reporting of domestic and sexual violence as straightforward as possible. All frontline and specialist officers will have training, led by survivors.
- Police will listen to victims and take action to support them and make them safe even when no crime has been committed or no prosecution is wanted. This will include offering to connect them with a local specialist support group.
- An experienced Independent Domestic/Sexual Violence Advisor will be offered as a supporter and advocate to each high risk complainant.

³ www.gov.uk/government/news/new-definition-of-domestic-violence

- All incidents of domestic and sexual abuse and violence will be investigated. Police systems will ensure that repeat victims and perpetrators are identified and response officers are fully informed of the history.
- We will initiate work with the public and other authorities to make early intervention the norm, and to change attitudes and behaviours.
- We will pilot preventative projects to promote active police monitoring of perpetrators.

The Community Safety Partnership, Safer Northumberland, has established a thematic group on Domestic Abuse and Sexual Violence to lead the Partnership's work on this subject. There is a commitment to the development of a multi-agency action plan (Violence against Women and Girls Strategy) to shape the development of services to tackle the harm caused by domestic abuse, and also the causes of domestic abuse itself. This Needs Assessment is an essential first step in that work.

2.0 National and local prevalence

2.1 National prevalence and patterns

Domestic abuse in England and Wales affects around one million people a year, both adult males and females and children. National studies show that:

- A total of 30 percent of women and 17 percent of men have experienced domestic abuse since the age of 16ⁱ.
- Seven percent of women and five percent of men reported having experienced domestic abuse in the last year, equivalent to an estimated 1.2 million female victims of domestic abuse and 800,000 male victimsⁱⁱ.
- One in four women experience domestic abuse over their lifetimes, and one in 10 in any yearⁱⁱⁱ.
- Domestic violence accounts for between 16 percent and one quarter of all recorded violent crime^{iv}.
- On average, two women die as victims of domestic violence every week^v.
- Only a minority of the worst cases of domestic violence are reported to the Police (only 23 percent women and eight percent of men who are victims report)^{vi}.
- Domestic violence features in the lives of 37 percent of children who are receiving social work interventions and 60 percent of children on the at risk register^{vii}.
- The total cost of domestic abuse to services (the criminal justice system, health, social services, housing and civil legal) amounts to £3.8 billion per year, while the loss to the economy is £1.9 billion per year in England and Wales. An additional element is the human and emotional cost which is not counted in the cost of services. This amounts to just under £10 billion a year. Including all costs, the total cost of domestic abuse for the state, employers and victims is estimated at around £16 billion per year.^{viii}
- Only a minority of incidents of domestic violence are reported to the Police, with estimates varying between 23^{ix} and 35^x percent.

2.2 Northumberland prevalence

Applying national prevalence estimates (Walby and Allen, 2004) to populations in Northumberland, we see that domestic abuse affects around 15,000 adults and 2000 children in the context of a total population of 316,000⁴. This equates to an estimated 9256 females and 6115 males who have experienced domestic abuse in Northumberland in the last 12 months⁵. This equates to one in 14 women and one in 20 men.

The number of domestic violence incidents reported to the Police in 2012/13 was 4048 (see section 4.1). If we apply an under reporting percentage of 25 percent (i.e. 4048 incidents represent 25 percent of all cases), then we arrive

⁴ Census, 2011.

⁵ Walby and Allen (2004) estimated seven percent of women and five percent of men were affected by domestic abuse in the last 12 months. The 2011 Census estimated an 18 plus population of 132,225 females and 122,306 males in Northumberland.

at an estimate of 11,565 cases. In 2012/13, there was a total of 776 reports from male victims/survivors to the Police, representing 20 percent of the total.

Using national prevalence estimates for children (Stanley, 2011), there are 1844 children in Northumberland (aged between 0 and 18) who have witnessed a domestic violence incident in the last 12 months⁶. Another study (reference needed) provide prevalence estimates which suggest between 190 and 250 children under one year old in Northumberland live in households where there is domestic abuse.

In Northumberland, domestic abuse is recorded as a factor in 32 percent (n=1093)⁷ of all children who have Children's Social Care involvement.

To provide a context to these figures, we present other key public health indicators. In Northumberland, these include:

- Three out of 10 adults (16+) binge drink (around 80,000 people) ,
- One in four adults are obese (around 60,000 people)^{xi}
- One in five adults smoke (around 50,000 people)^{xii}
- One in 16 people have diabetes,(around 20,000 people)^{xiii}
- One in 14 adults have coronary heart disease (around 20,000 people)^{xiv},
- Three out of 10 deaths are due to cancer (around 1000 deaths per year)^{xv}

Section 4.0 presents up-to-date Police data, as well as other data sources, which provides a detailed picture of domestic abuse prevalence in Northumberland.

⁶ Stanley estimates that approximately three percent of children aged between 0 and 17 have witnessed domestic abuse in the last 12 months. The 2011 Census estimates a 0 to 17 population in Northumberland of 61,497.

⁷ These are actual figures.

3.0 Domestic abuse services in Northumberland

In this section, we present the services which are available to victims/survivors of domestic abuse. We have separated these into services specifically targeted at victims/survivors and children affected by domestic abuse and general, more universal services that may be nonetheless used by these groups. We have also included the limited services available to perpetrators.

Table 3.1 Domestic abuse services in Northumberland

Targeted domestic abuse services		
Service	Role	Location/Area
Cease24	<p>IDVA service for women and men supporting MARAC and SDVC. Telephone, one to one and group work programmes and training. Provision of Safe House support and a children’s service. As a result of capacity issues, Cease 24 provide a very limited outreach service. Referrals from Police, other agencies and self referrals</p> <p>Unless a victim/survivor is high risk or they live in the west of the county and could access SixtyEightyThirty, it is unlikely they would have access to outreach support.</p> <p>Victim Support is able to provide services to clients identified as standard or medium risk; however again this is limited by capacity.</p>	Northumberland
MARAC	<p>Risk management, crisis intervention and safety planning, led by the Police, of the highest risk victims/survivors. This risk is determined by answers to a questionnaire, known as the CAADA-DASH RIC (Risk Identification Checklist). If the individual answers positively to 14 or more questions (out of a total of 21), they are scored as high risk, if between nine and 13 questions are answered, they are enhanced risk and if under nine questions are answered, they are standard risk.</p> <p>It is good practice for every MARAC referral to be contacted by an IDVA. The role of the IDVA is to provide a risk-focused, safety plan for the victim/survivor, to support them in their efforts to stop or exit the situations of abuse or to pursue prosecutions or other legal options (for example, Non Molestation Orders).</p> <p>In Northumberland, Cease24 currently have 3.7 Full Time Equivalent IDVAs; two based in the South East and 1.7 covering the North. The project provides a county-wide service receiving all Northumberland high risk referrals directly</p>	Northumberland

	from the Police.	
NCC Housing Options and Homelessness Service	Emergency accommodation, permanent housing, advice and information. Fund schemes through the homelessness grant such as Safe House and Remain Sanctuary Scheme (Target Hardening).	Northumberland
Probation	Intervention with perpetrators/support of victims	Northumberland
SixtyEightyThirty	SixtyEightyThirty is a female only domestic abuse voluntary sector organisation based in Hexham, in the west of the county. They provide practical and emotional support to women in Northumberland who have experienced domestic abuse at any time in their lives. Services include one to one, counselling, group work and an outreach service. They work from a purpose built centre in Hexham.	West Northumberland
Specialist Domestic Violence Court	Hearings for domestic violence cases; one day per week in Bedlington. Cease24 provide the IDVA service covering the SDVC. The IDVA gains the victims views prior to court and feeds these views in to the relevant parties with the CJS. They will then contact the victim following the court with updates providing information and advice and will refer to appropriate organisations, such as solicitors or witness service.	Northumberland
Victim Support: Relationship Abuse Project	Providing one to one and group therapeutic work to children affected by domestic abuse. Also prevention work in schools. There is capacity to work with between 50 and 75 children each year.	South East Northumberland
Women's Refuge (Stonham Housing)	Housing and support for women and children fleeing domestic abuse. Three to six month tenancies.	Northumberland

Note: that there are a number of specialist services (for example for victims of abuse from BME communities), that are used by people from Northumberland, but based outside the county, particularly in Newcastle. These services have not been covered in this assessment but this is a gap in our analysis that could be worthy of further investigation.

General services with provision for adult victims of domestic abuse		
Service	Role	Location/ Area
Citizens Advice Bureau: Alnwick, Berwick, Blyth	Advice, support, guidance	Northumberland
DAWN (within CAB)	Specialist debt advice and family law	Northumberland
Escape	Substance misuse service; one to one and group work, therapies, counselling	Northumberland
Family Recovery Project (Children's Services)	Specialist service working with families	South East Northumberland
Financial Adviser	Free advice regarding a woman's rights in relation to partner's and her assets	West Northumberland
Grace	Counselling and support to victims of rape and sexual assault	Northumberland
Health Service: A&E, Health Visitors, GPs, Midwives, Teenage Pregnancy Team	Health support and referral	Northumberland
Housing providers ISOS, Berwick Borough Housing, Homes for Northumberland	Housing support, advice, intervention	Northumberland
LMaps (Local Multi-agency Partnerships)	Community Safety usually focussing on individuals who offend but some also involved in families where domestic abuse is prevalent	Northumberland
Northumberland Council, Strategic Housing	Housing support	Northumberland
Northumberland Council, Safeguarding Adults	Intervention and prevention - safety planning for MARAC cases and identification of domestic abuse cases	Northumberland
Northumberland Recovery Partnership	Drug/alcohol support for victims	Northumberland
Police	Intervention and safety	Northumberland
Solicitors	Some with specialist knowledge of domestic abuse	Northumberland
Stopgap	Temporary housing and support for homeless people	West Northumberland (Hexham)
Victim Support core service (based in North Shields)	Outreach support and telephone support to low and medium risk clients	Northumberland
Women's Health and Advice Centre	WHAC provide counselling to women in Northumberland with a range of problems; domestic abuse is a consistent theme. Since 2010/11, an average of 70 women each year have received counselling as a result of domestic abuse.	Northumberland
WOWI	Support for young LGBT people	South East Northumberland

General services with provision for children who have been affected by domestic abuse

Service	Role	Location/ Area
Berwick Youth Project	Children counselling service, accommodation and outreach support	Berwick upon Tweed
Children's Centres	Intervention and engagement with families with children under five. Some delivery of Freedom Programme. Support and referrals to specialist services	Northumberland
Hexham Youth Initiative	Support to young women to attend specialist agencies	West Northumberland
Locality Inclusion Support Teams	Multi-disciplinary teams working with children to provide educational support for children with additional needs	Northumberland
Northumberland Council, Children's Services, Safeguarding Children	Intervention and case management of Children in Need and those subject to Child Protection	Northumberland
Place to B	Children counselling services in schools	Certain schools in Northumberland. Predominantly South East Northumberland
Sorted	Substance misuse services for young people	Northumberland
Women's Health and Advice Centre	Counselling for children from 14 years old	Mainly South East Northumberland
YOT	Intervention, prevention, reparation for young offenders	Northumberland

General services with provision for perpetrators of domestic abuse

Service	Role	Location/Area
Probation	Intervention with perpetrators/support of victims under supervision – one to one (SOLO programme) and group work (BBR)	Northumberland

4.0 Domestic abuse data in Northumberland

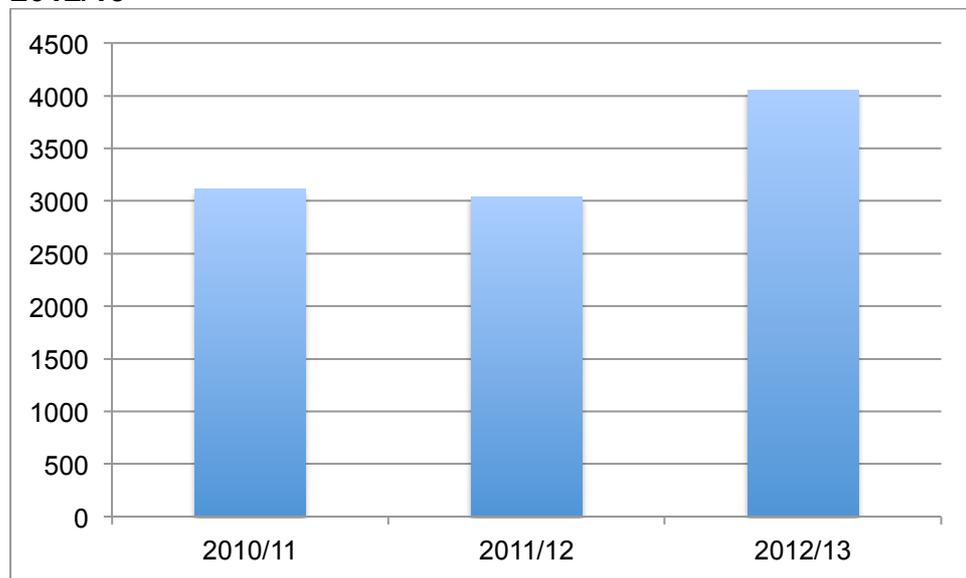
In this section, we present data on domestic abuse from a number of sources.

4.1 Police data

The following data was provided by Northumbria Police as part of their Strategic Intelligence Assessment. It shows that the number of domestic violence incidents in Northumberland reported to the Police is increasing.

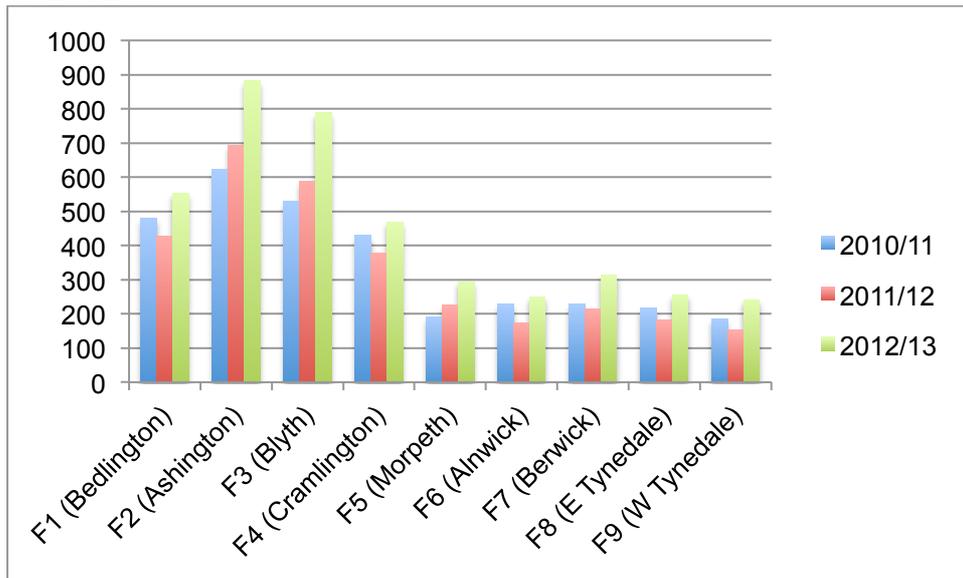
Of the 4048 incidents reported to the Police in 2012/13, a total of 776 were from male victims/survivors, representing 20 percent of the total.

Figure 4.1 Police recorded domestic violence incidents, 2010/11 to 2012/13



The following figures presents the number of domestic violence Police recorded incidents by Police sector. As can be seen, the area with most incidents is Ashington, followed by Blyth, then Bedlington, then Cramlington.

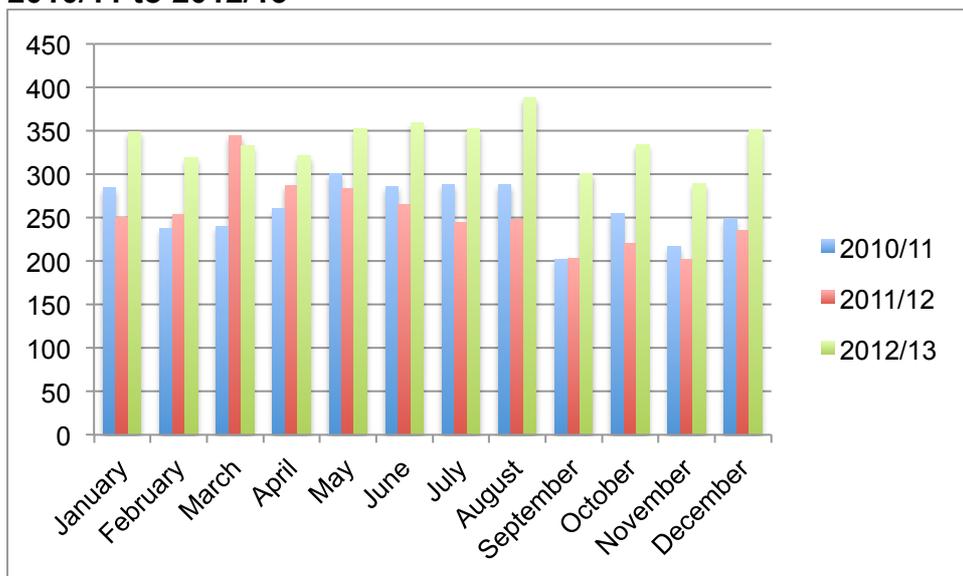
Figure 4.2 Police recorded domestic violence incidents by area, 2010/11 to 2012/13



In terms of the areas with improving and worsening domestic violence incidents: Ashington and Blyth have worsening patterns, with an increase of 14.5 percent over four years (2009/10 to 2012/13); and Alnwick and Berwick have decreases of 2.3 and 2.5 percent respectively over the same period.

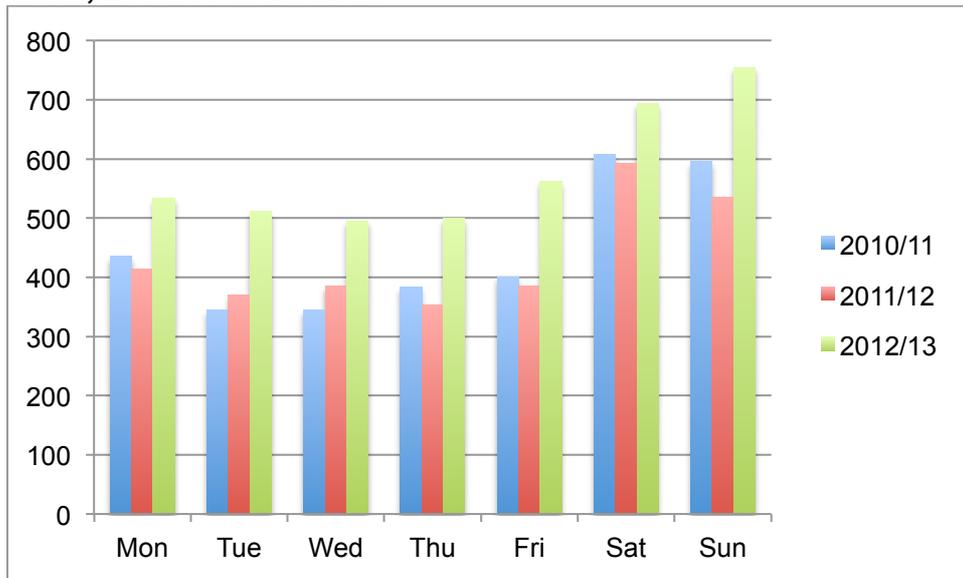
The following figure presents the variation over the year. There are peaks in the summer (particularly in August 2012/13; this corresponds to the Euro 2012 football competition) and in the Christmas period.

Figure 4.3 Police recorded domestic violence incidents by month, 2010/11 to 2012/13



The following figure presents incidents by day of the week. As can be seen, most incidents occur on a weekend.

Figure 4.4 Police recorded domestic violence incidents by day of the week, 2010/11 to 2012/13



4.2 MARAC and targeted service data

4.2.1 MARAC data

Key finding:

In 2012/13 (between March 2012 and April 2013), CAADA data shows there was a total of 254 MARAC referrals. Of this number, there was a total of 15 male and 10 BME victims/survivors. Most MARAC referrals are female and White British. However, more up-to-date Police data shows a total of 354 cases for the year between October 2012 and October 2013.

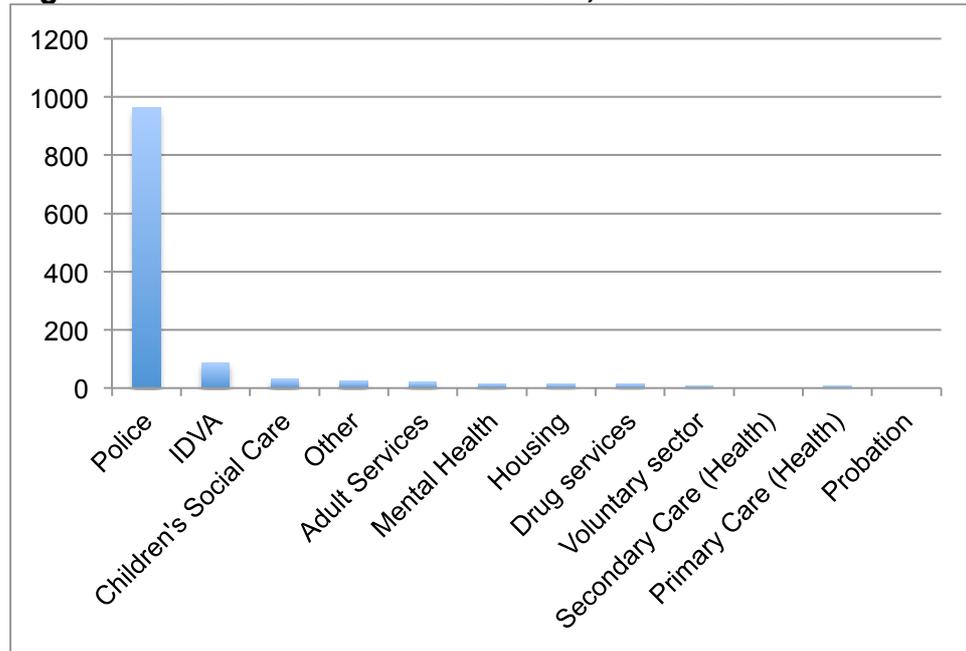
The following table presents the number of MARAC cases in 2012/13, an example of a comparison site (Cumbria) and CAADA's recommendations for number of cases and referrals based on population estimates.

Table 4.1 MARAC cases, a comparison site and CAADA's recommendations, 2012/13

Indicator	Northumberland	Cumbria (as a comparison)	CAADA's recommendation
Number of cases discussed	254	477	540
Cases per 10,000 of the adult female population	18.7	22.4	40
Number of children	494	485	-
Referrals from partner agencies	30%	68%	25-40%
Referrals from Police (%)	70%	32%	60-75%
Repeat referrals (%)	21%	19%	28-40%
BME referrals (%)	4%	-	-
LGBT referrals (%)	1%	<1%	5%
Referrals where the victim has a disability (%)	2%	3%	5%
Referrals with a male victim (%)	6%	5%	4-10%

Figure 4.5 presents the source of referrals into MARAC since the service began in 2008. As can be seen, most come from the Police.

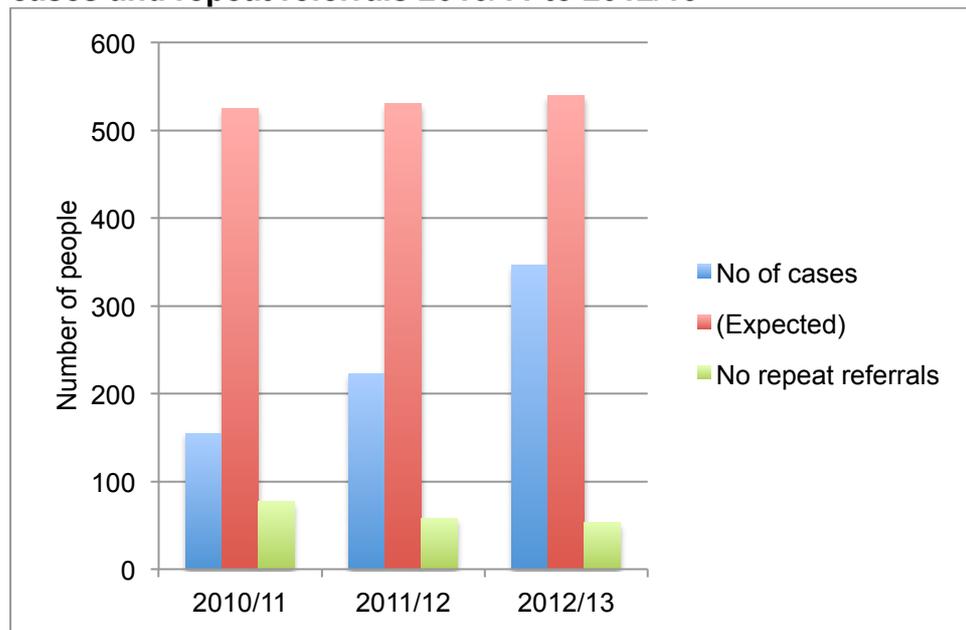
Figure 4.5 Source of MARAC referrals, 2008 to date



The following figure presents the numbers of MARAC referrals between 2010/11 and 2012/13, along with how many CAADA would expect the county to have based on population estimates and the number of repeat referrals.

Note: in this figure we are presenting data which was supplied to us from Northumbria Police in October 2013. It shows a different set of data from the CAADA data. When they were questioned about this difference, they responded by saying it was likely to be due to reporting periods, i.e. the data presented was taken between October and October, whereas their data is taken between April and April. However, that notwithstanding, the Northumbria Police data shows a significant increase in MARAC referrals, which the CAADA data does not.

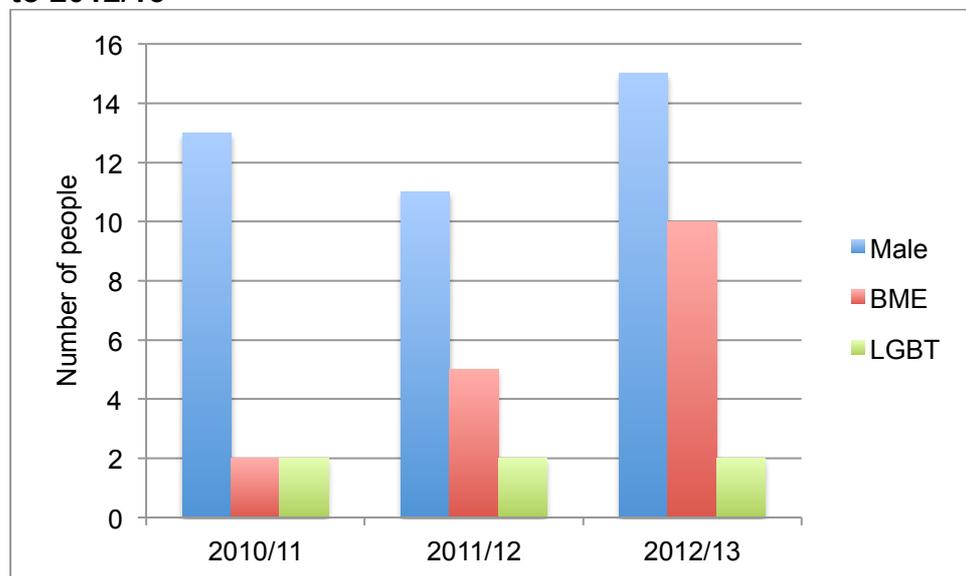
Figure 4.6 Northumberland MARAC actual cases, CAADA expected cases and repeat referrals 2010/11 to 2012/13



Data source: Northumbria Police and CAADA, 2013

The following figure shows how many MARAC referrals were male, from a black, minority or ethnic group and LGBT.

Figure 4.7 Northumberland MARAC male, BME and LGBT cases, 2010/11 to 2012/13



Data source: CAADA, 2013

CAADA recommends the following number of IDVAs based on current caseload and on their recommended caseloads.

Table 4.2 CAADA recommendations for IDVA and administration capacity in Northumberland, 2012/13

Indicator	To support the current number of cases	To support the recommended number of cases
Recommended number of FTE IDVA(s)	3.0	5.5
Recommended number of FTE administrator(s)	0.8	1.4

4.2.2 Cease 24 and Independent Domestic Violence Advisers (IDVAs)

Key finding:

In 2012/13, Cease 24 who provide the IDVA service, worked with 436 victims/survivors. In 2010/11, they worked with a total of 769 victims/survivors. This decline was due to a reduction in capacity.

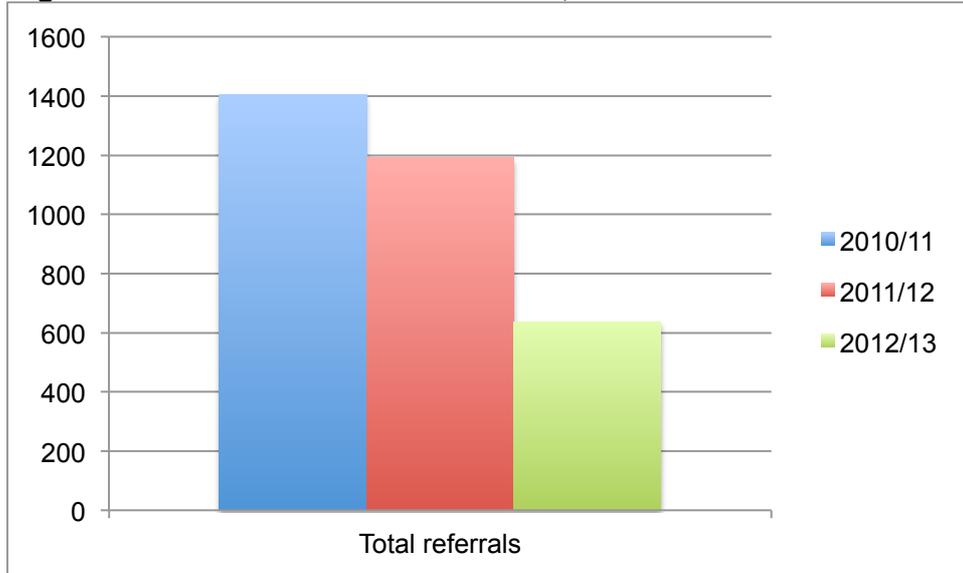
Figure 4.8 shows the total referrals made to the project between 2010/11 and 2012/13. As can be seen, the numbers of referrals (and more specifically Police referrals, see figure 4.9) have reduced significantly from 2010/11 and 2011/12 to 2012/13.

Between 2010/11 and 2012/13, referrals received by Cease24 went down by over half (n=1404⁸ to 637). Police referrals went down by nearly two thirds (n=1085 to 419). The reasons for this may be due to changes in Police referral processes: the Police moved to centralised PVP unit in 2011/12 and physically moved location from Bedlington Police Station to Middle Engine Lane in Wallsend. Whilst at Bedlington, the IDVA service had a close relationship with the PVP, knowing the Officers by name and contacting them by telephone directly. There was a good reciprocal relationship from the Police to the IDVAs. When the Police moved to a central Northumbria unit, this relationship changed: Officers changed; it was more difficult to contact them; the closeness between unit and IDVA ended; and the referral process and criteria from the Police was streamlined. It is suspected that this was key in producing such a reduction the numbers of referrals. Also, there was a reduction in the capacity of Cease24; they went down from 5.7 FTE in 2010/11 to 3.7 FTE and further to 2.7 when an IDVA went on sick leave in 2012/13. This meant that they accepted and recorded less referrals.

In addition to the 254 MARAC referrals in 2012/13, they also received: an additional 165 referrals which came from the Police; an additional 218 referrals from other agencies on top of this figure. It does not include data from the Specialist Domestic Violence Court (which had an additional 138 clients in 2012/13), however, some of these referrals may have been included in the total referrals).

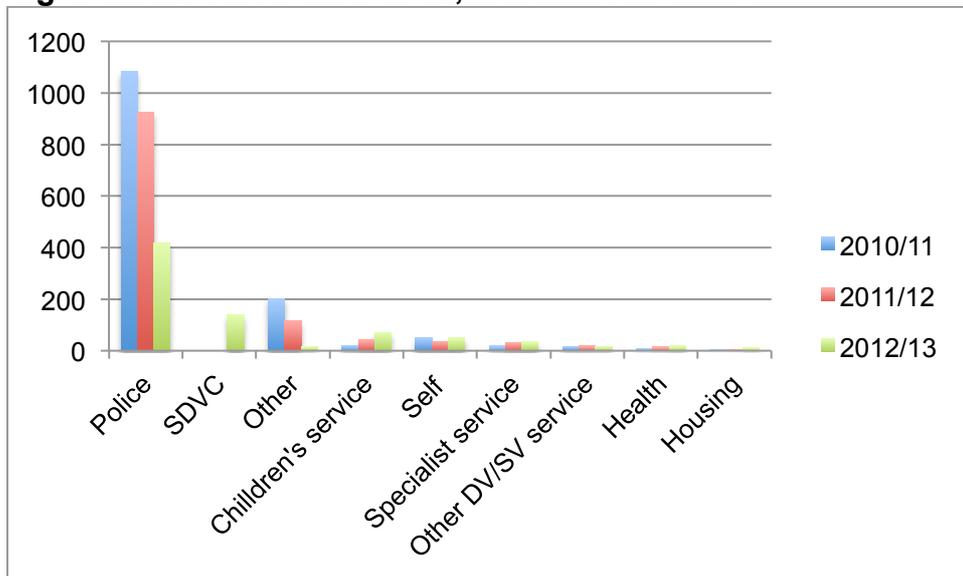
⁸ This would not represent 1404 different individuals; it would include the same individuals who have been referred on different occasions.

Figure 4.8 Total referrals to Cease24, 2010/11 to 2012/13



Most of the referrals into Cease24 come from the Police (see figure 4.9) via Victim Support’s VCU. However, they do receive referrals through other routes. The ‘other’ category in figure 4.9 includes Solicitors, Sure Start, Probation, and other voluntary sector services including Victim Support’s core service.

Figure 4.9 Source of referrals, 2010/11 to 2012/13

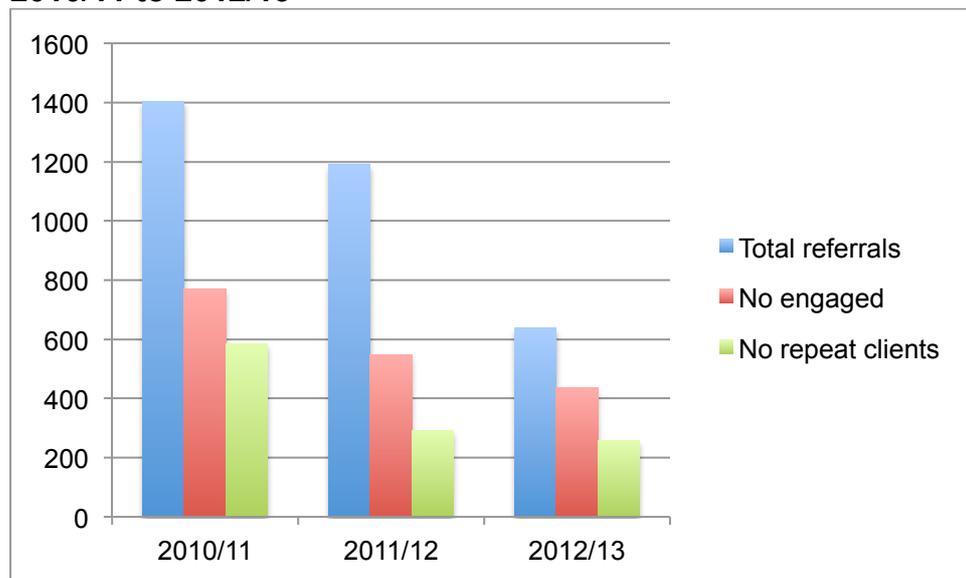


The following figure shows the number of victims/survivors who engaged with the service and the number of repeat referrals. In 2010/11, the numbers engaged represented 55 percent of all referrals (i.e. of 100 percent of victims/survivors referred (n=1404), 55 percent (n=769) engaged; in 2012/13, this figure had increased to 68 percent (n=436). However, in 2012/13, the total referrals also went down significantly.

The figures of victims/survivors engaged, in relation to the numbers of workers, equates to 134 clients per IDVA in 2010/11 (769 clients and 5.7 IDVAs) and 118 clients per IDVA in 2012/13 (436 clients and 3.7 IDVAs). CAADA advise an optimum number being between 80 and 100 clients per IDVA per year.

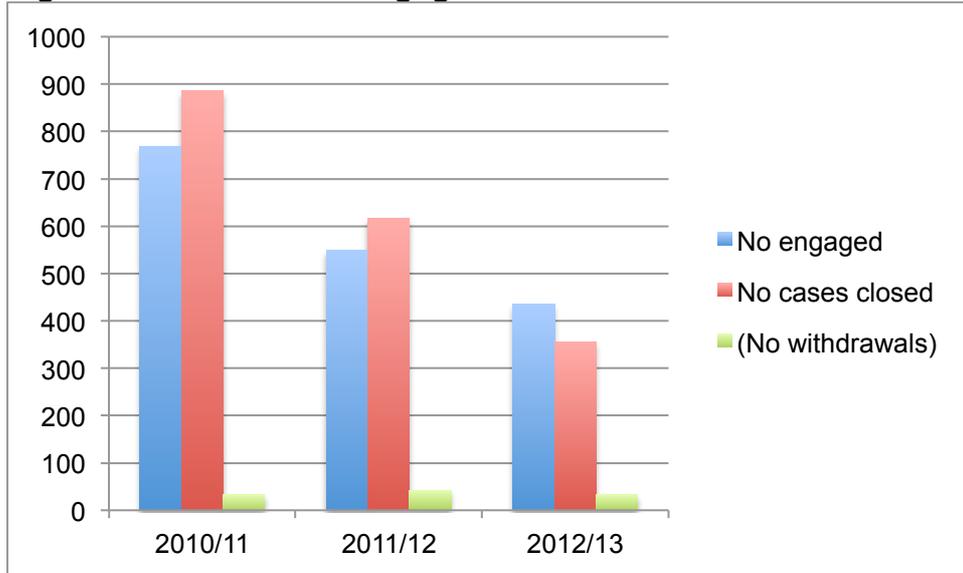
Repeat referrals are significant as they represent those victims/survivors where support has been unsuccessful in helping to stop the abuse. In all years, the proportion of repeat referrals to annual totals is high, equating to 76 percent in 2010/11, 53 percent in 2011/12 and 56 percent in 2012/13.

Figure 4.10 Cease24 referrals, number engaged and repeat clients, 2010/11 to 2012/13



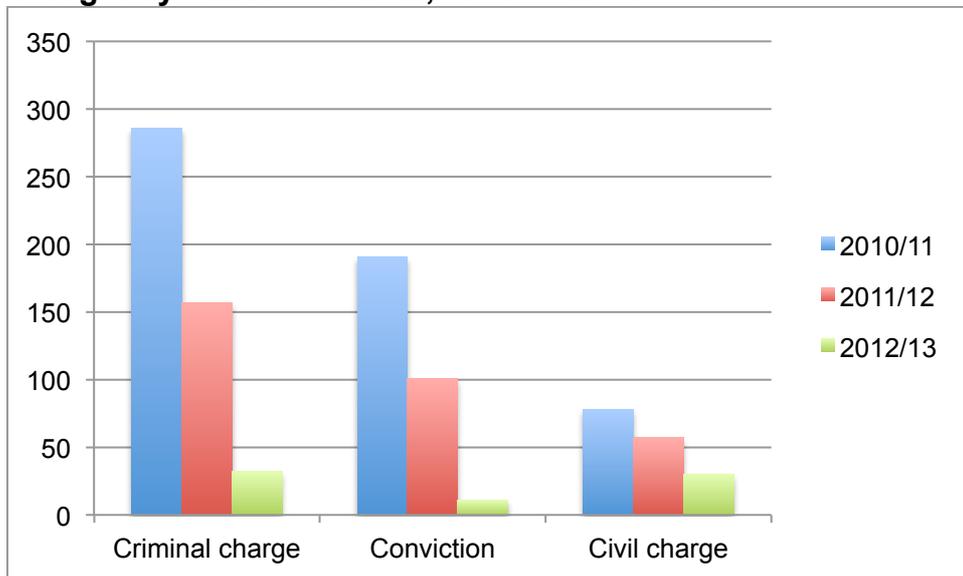
As can be seen from figure 4.11, Cease24 has closed or almost closed all of their caseload (in 2010/11 and 2011/12. The reason why they closed more cases than total referrals was reported by the project to be due to either of two reasons, either because of a roll over of clients from the previous year or some cases may have been repeat referrals and automatically closed due to the fact that they were already engaging with the service).

Figure 4.11 Number of engaged and number of cases closed



The following figure shows the number of criminal charges brought by victims/survivors supported by Cease24, the number of convictions and the number of civil cases (mostly Non Molestation Orders). As can be seen, all categories show a significant decline from 2010/11 to 2012/13.

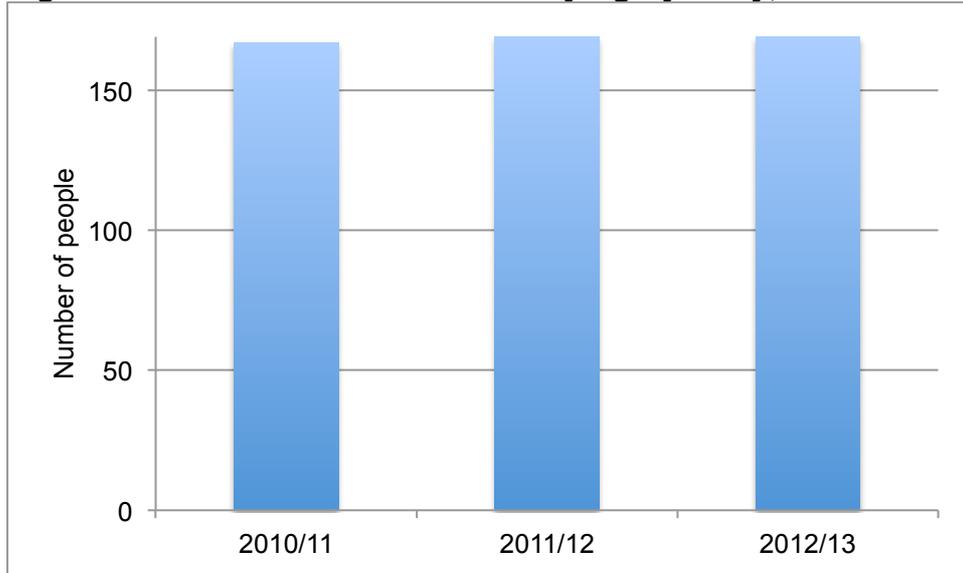
Figure 4.12 Number of criminal charges, convictions and civil cases brought by Cease24 clients, 2010/11 to 2012/13



4.2.3 SixtyEightyThirty

As can be seen by the following figure, SixtyEightyThirty has delivered domestic abuse services in the west of the county to over 150 women each year for the last three years.

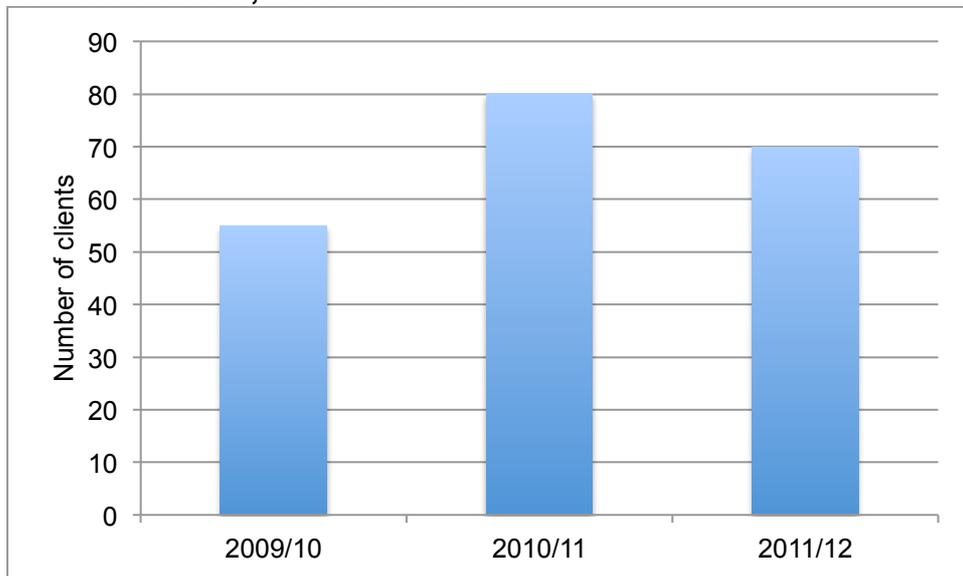
Figure 4.13 Number of clients at SixtyEightyThirty, 2010/11 to 2012/13



4.2.4 Women's Health Advice Centre (WHAC)

Figure 4.14 shows the number of clients who underwent counselling as a result of domestic abuse.

Figure 4.14 WHAC: Number of clients (female) presenting as victims of domestic abuse, 2009/10 to 2011/12



Data source: WHAC records

4.3 Health data

Key findings:

- There is no reliable measure of domestic violence-related hospital activity.
- Approximately one third of all women using maternity services may have experienced domestic abuse. In 2012/13, there were 4001 maternity bookings.
- We do not know how many women using maternity services are currently in a relationship where they are experiencing domestic abuse.

Some victims of domestic abuse will require hospital treatment as a result of injuries, and others may disclose abuse in the course of their routine care, for example during pregnancy. However, it is not straightforward to identify these individuals. This is partly because some will not disclose how they acquired their injuries, but also because of how data is handled and coded within the NHS, where the focus of the data is primarily on the injury itself, and not how it was caused or by whom.

Where treatment is required as a result of injury, domestic abuse-related incidents can only be confidently identified if one of two specific codes is used, both of which attribute the cause of harm to the spouse or partner of the patient. However, we can also estimate other incidents by identifying hospital admissions coded as 'assault' (physical or sexual), 'neglect and abandonment', or 'other maltreatment' (the schedule of data codes used in the analysis of admissions is attached as appendix) and A&E attendances coded as an 'assault', where the location of the incident is 'home'. This will inevitably include cases which do not meet the definition of domestic abuse (for example, it will capture injuries as a result of fights at house parties), and exclude cases that do (for example, as a result of domestic abuse incidents that occurred outside the home, or where there was refusal to disclose). The figures cannot be considered as a reliable measure of domestic abuse related hospital activity, and for this reason the data are presented only for the county as a whole, and no attempt has been made to break the figures down to a more local level.

The figures on A&E attendances and admissions (see table 4.3) are based on data in respect of adults (aged 16+) from the two principal NHS Trusts providing acute hospital care to the residents of Northumberland: Northumbria Healthcare NHS Foundation Trust (including Wansbeck General Hospital) and the Newcastle Upon Tyne Hospitals NHS Foundation Trust (including the Royal Victoria Infirmary). For hospital admissions, the most commonly used code is 'YO40: Assault by bodily force: Home', and the numbers coded thus have been highlighted.

Table 4.3 Hospital admissions and A&E attendances for assaults etc. at home, 2010/11 to 2012/13

Year	A&E attendances			Admissions		
	Total	Male	Female	Total (YO40)	Male (YO40)	Female (YO40)
2010/11	153*	69	83	23 (16)	9 (4)	14 (12)
2011/12	112*	61	50	22 (16)	12 (7)	10 (9)
2012/13	182	92	90	30 (24)	11 (6)	19 (18)

*Total includes one case where gender not coded

Projects have recently begun that locate IDVAs in the A&E Departments at Rake Lane Hospital and the RVI. These may provide further insight into the numbers of victims seeking urgent treatment as a result of domestic violence.

For maternity services (see table 4.4) Northumbria Healthcare maternity services have not historically recorded any information on domestic abuse, although they have now begun to do so. All women receiving maternity care via Newcastle Hospitals are asked at booking if they have suffered from domestic abuse and the numbers here are based on the positive responses from Northumberland residents. Note: all figures relate to maternity bookings, not necessarily births or terminations at the Newcastle Hospitals (as some women will choose to go elsewhere for subsequent care).

Table 4.4 Northumberland maternity cases with record of domestic abuse (Newcastle hospitals)

Year	Total Cases	Domestic abuse cases	Domestic abuse cases as % of total
2010/11	902	321	35.6%
2011/12	1028	351	34.1%
2012/13	941	297	31.6%

In compiling these figures, the Trust has made some judgments to exclude small numbers of cases. Furthermore, the figures should not be added together to give a total of mothers who have experienced domestic abuse over the three years for two reasons: firstly, there will almost certainly be some women who are booked with more than one pregnancy during the period; secondly, the question women are asked is not whether they are experiencing domestic abuse in their current relationship but whether they have experienced it at some point in their lives and this could include abuse from a former partner. Given that around a third of domestic abuse starts in pregnancy, and that existing abuse can worsen during pregnancy or after birth, it would be valuable to understand whether pregnant women are at risk .

The numbers of women booked for maternity care through Northumbria Healthcare for the past three years are presented in the following table.

Table 4.5 Maternity bookings in Northumbria Healthcare Hospitals, 2010/11 to 2012/13

Year	Total Cases
2010/11	3010
2011/12	3104
2012/13	3060

If there is no difference between the women attending Northumbria Healthcare from those attending Newcastle Hospitals, and we have no reason to think there is, then it is possible there will be similar levels of experience of domestic abuse.

The maternity data from the Newcastle hospitals present experience of domestic violence amongst women in Northumberland that is similar or slightly higher level to that in England as a whole.

Teenage pregnancy

In relation to teenage parents, for the academic years 2011/2012 and 2012/2013 in regards to school age parents there were 77 referrals to Northumberland Teenage Pregnancy Services. Out of that number there were four cases of identified domestic abuse: two in the family and between the young woman's parents; and two cases of the young woman herself being a victim of domestic abuse from her partner.

In regards to the post 16 teenage parents. Data for 2011/2013 shows that 126 referrals were received by Northumberland Teenage Pregnancy Services. Within this number 60 had experience of domestic abuse, more as a result of their own relationships and a small majority had also lived within a family where there was domestic abuse.

Northumberland Teenage Pregnancy Services feel that continuing to live with parents may be a protective factor for young parents (unless domestic abuse is an issue between the parents).

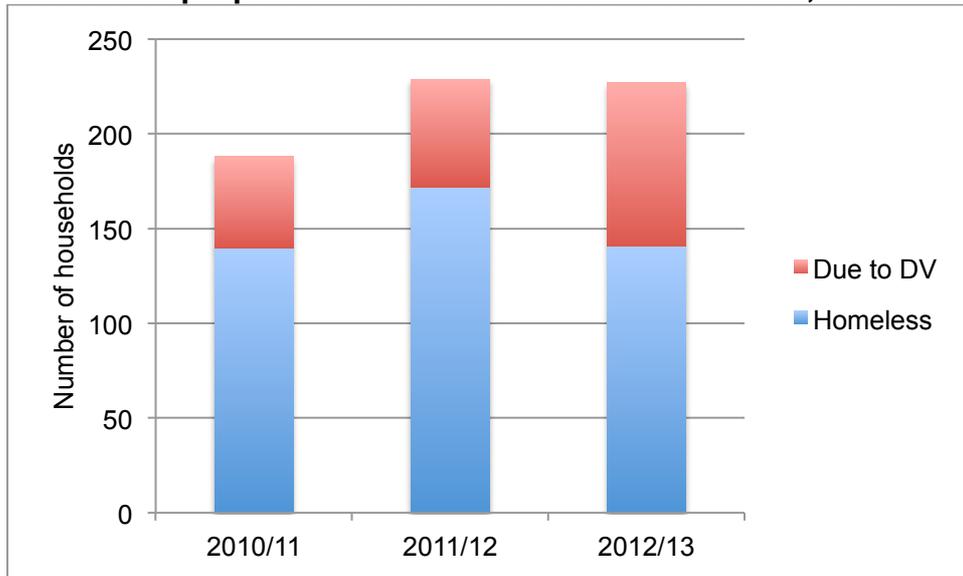
4.4 Housing data

Key findings:

- In 2013, a total of 61 percent (n=86) of all homelessness was caused by domestic abuse.
- In the three years, between 2010/11 and 2012/13, a total of 179 women and 12 men were made homeless due to domestic abuse and a total of 224 children.

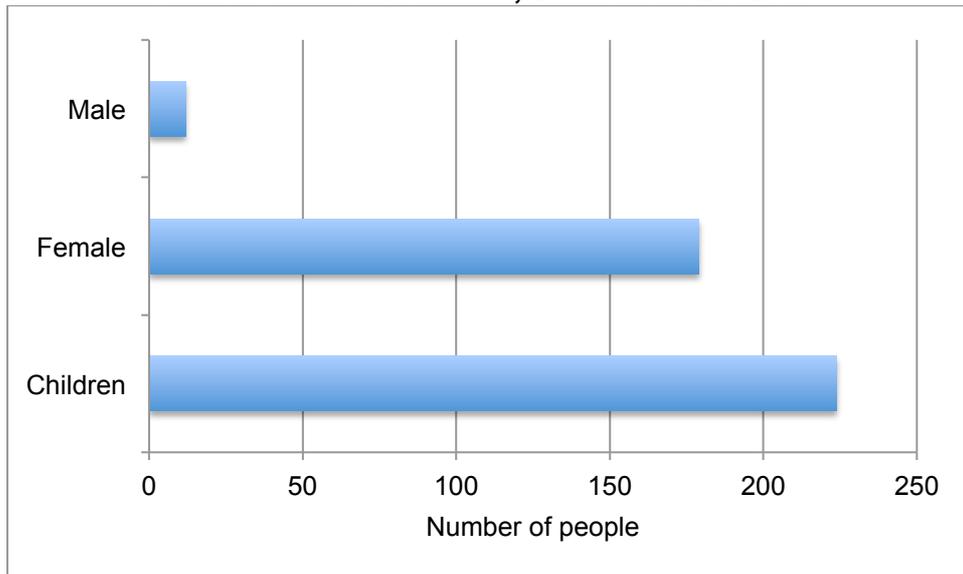
In this section, we present a series of figures which presents data on homelessness and domestic abuse. We know there are strong links between both issues, as illustrated by one Homelessness Prevention Officer, Northumberland County Council who reported, '*domestic violence is consistently the highest reason for homelessness in Northumberland*'.

Figure 4.15 Number of households made homeless due to domestic abuse as a proportion of total homeless households, 2010/11 to 2012/13



Data source: Northumberland County Council, 2013

Figure 4.16 Number of adult males and females and children made homeless due to domestic abuse, 2010/11 to 2012/13



Data source: Northumberland County Council, 2013

4.4.1 Women's refuge data

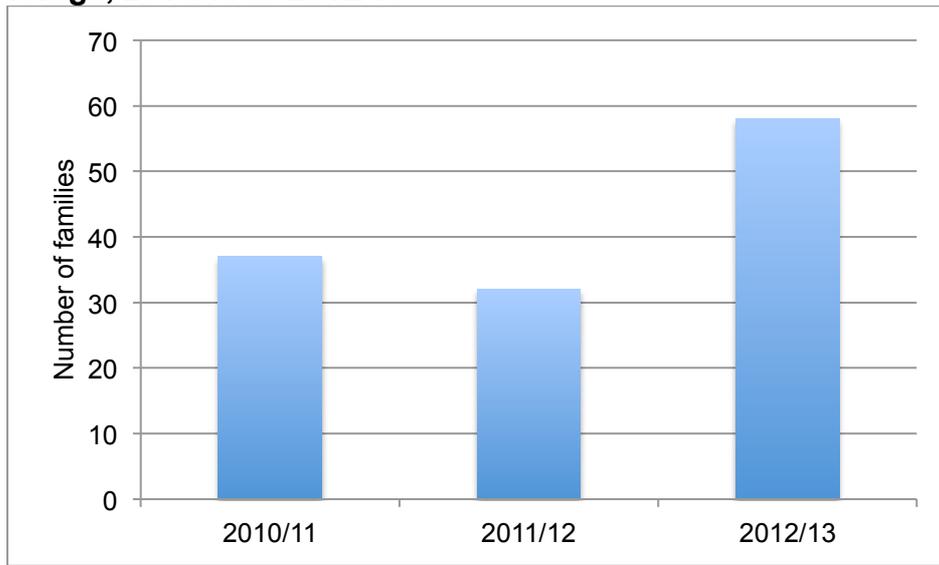
Key finding:

- A total of 58 families stayed at the Northumberland refuge in 2012/13. Families from Northumberland were the second highest group after families from outside the area.

- In 2012/13, 22 women were staying in refuges in other North East local authority areas⁹.

Figure 4.17 shows the number of families staying at the Northumberland women’s refuge from 2010/11 to 2012/13. Not all the residents of the refuge are from Northumberland; figure 4.18 shows where they came from between 2010/11 and 2012/13.

Figure 4.17 Number of families staying in Northumberland’s women’s refuge, 2010/11 to 2012/13

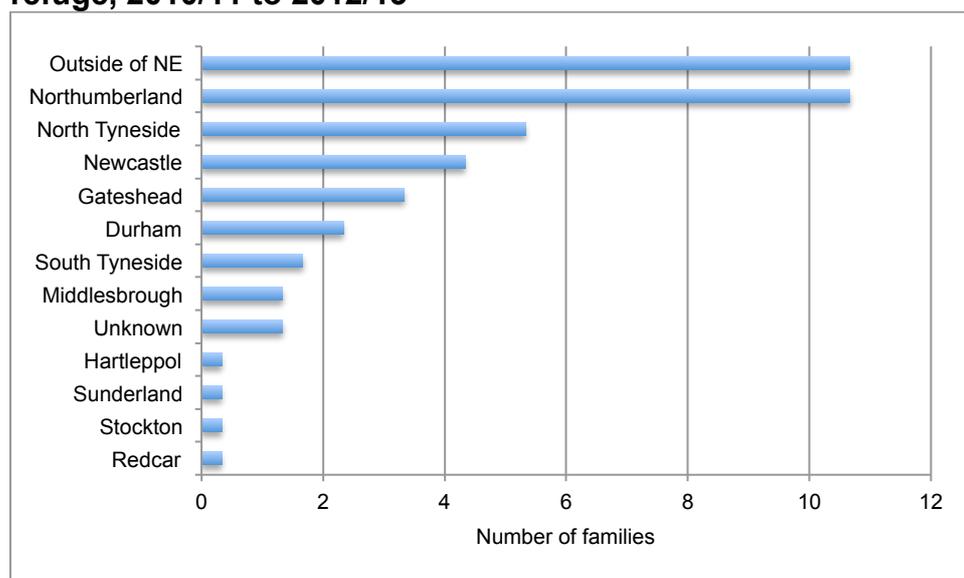


Data source: Women’s Refuge, 2013

As can be seen from the following figure, families from Northumberland are the second most numerous group, after families from outside of the North East. Refuges operate using an open access philosophy, where women from any area can be given refuge. All refuges operate like this and none closes their door to victims/survivors from other areas: families from Northumberland access refuges in other parts of the North East and in 2012/13, a total of 22 families from Northumberland stayed in other local authority areas (see appendix 3).

⁹ Darlington, one family, Gateshead, three families, Hartlepool, three families, North Tyneside, four families, Newcastle (Panah) two families, Newcastle (Women’s Aid), two families, South Tyneside, seven families

Figure 4.18 The source areas of families staying at Northumberland refuge, 2010/11 to 2012/13*



*These figures are three year averages

4.4.2 Safe houses

Key finding:

- Since September 2009, the safe houses have had a total of 21 tenants, 19 of whom have come from Northumberland. These have had a high level of occupancy (around 75 percent).

Northumberland had three safe houses: in Alnwick (opening in June 2013 and due to close in November 2013 because of an unsuitable location (neighbours share a courtyard). Berwick (there have been two houses, they both opened in September 2009, one closed in 2011 due to an inappropriate area, the other house closed in September 2013 due to compromise of the property (perpetrators identified its location) and impact of anti-social behavior from tenants on neighbours. Hexham (opening in September 2011). The safe houses are owned by Homes for Northumberland, Berwick Borough Housing (now called Four Housing) and ISOS.

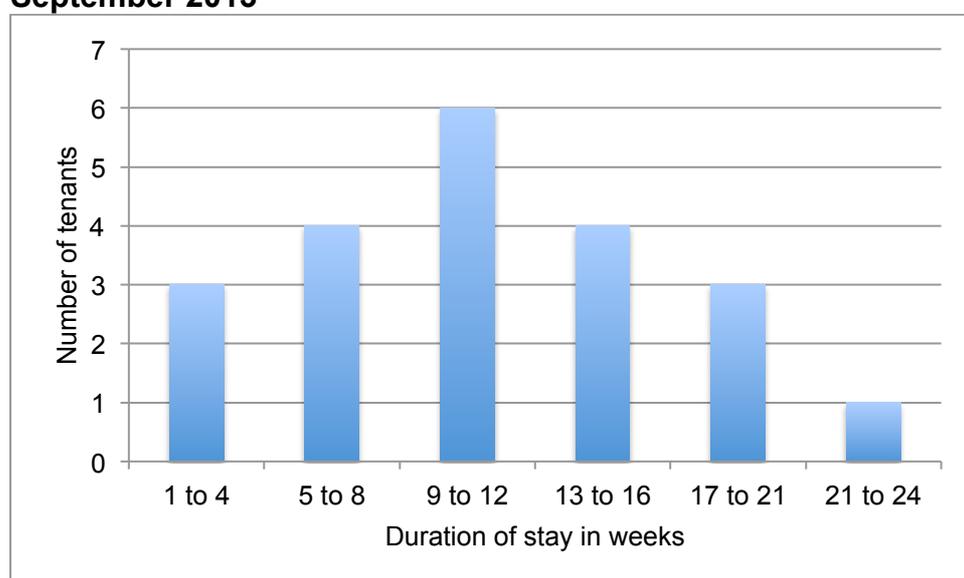
The safe houses provide temporary accommodation for families fleeing domestic violence for standard and enhanced risk cases only. Cease24's IDVAs provide support to the family. Their purpose is to get the victim/survivor to a place of safety with as little disruption to family members as possible and give them time to manage and organise affairs, such as court action, removing the perpetrator from their own property, or to receive support while they wait to be rehoused. A key aim of the safe houses is to enable families to remain in their local area enabling children to attend their schools and maintain family/friend support until situation is resolved. If there is a free place and the victim fits referral criteria, then it takes approximately one week for the moving in process to be completed. Thus, it is not as quick or immediate as a refuge place.

Referrals to the safe houses have come from the Council’s Housing Service or Children’s Services.

There have been several problems with housing victims/survivors in the safe houses. These have included: a closure of two; one client had a tenancy for three months but did not live there, having gone back to the perpetrating partner; and in another property there was a fire after a woman had stayed there for six months, so she had to move out but then moved back again (in order to qualify for rehousing).

As can be seen in the following figure, the 21 tenancies have been of a short duration, with the most common stay being nine to 12 weeks. These have had a high level of occupancy (around 75 percent).

Figure 4.19 Duration of tenancies in the safe houses, September 2009 to September 2013



4.4.3 Target hardening

The number of homes in Northumberland who received target hardening work from the Safe Partnership, via the Community Safety Fund and coordinated through the MARAC. There have been other target hardening activities carried out by social landlords although these are not centrally recorded so it has been unable to collect the data.

Table 4.6 Target hardening funded by the Safe Partnership, 2010/11 to 2012/13

Year	Number of properties
2010/11	32
2011/12	29
2012/13	25 referrals, 17 completed, 8 refused

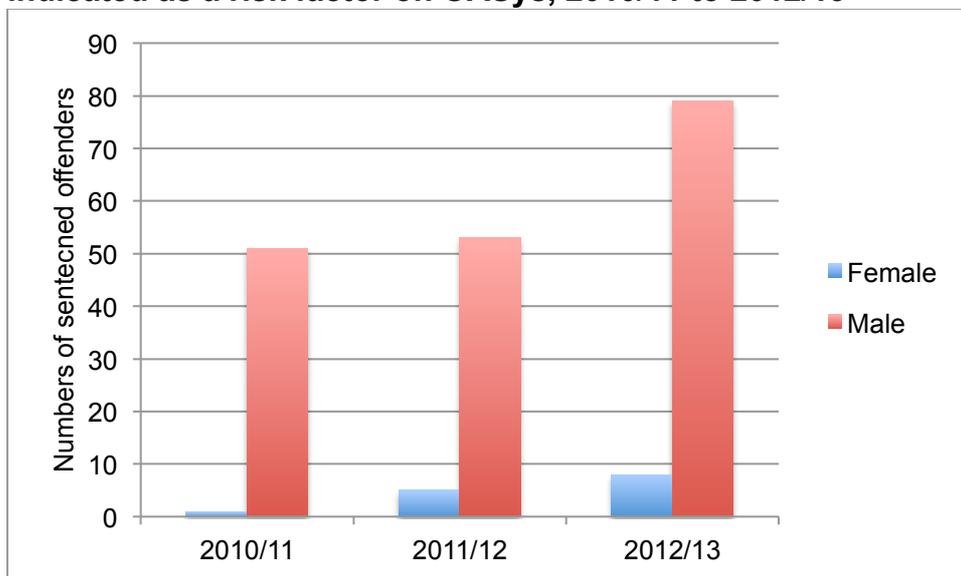
4.5 Probation service data

Key findings:

- In 2012/13, there was a total of 79 offenders from Northumberland who were subject to supervision by the Probation Service that had domestic abuse linked to their offence.
- There were 13 men on statutory perpetrator programmes in 2012/13, representing 16 percent of all convicted domestic abuse perpetrators.

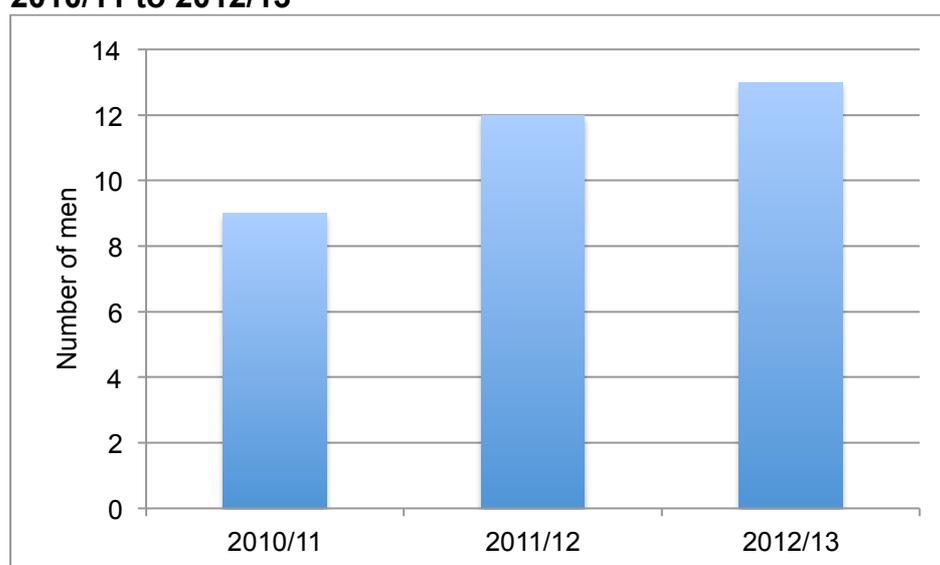
This section presents data on the number of offenders with domestic abuse as a risk factor to their offending and the number who underwent statutory perpetrator programmes. There are currently no non-statutory perpetrator programmes in Northumberland, i.e. programmes which can be enrolled on voluntarily by perpetrators or those at risk of perpetrating domestic abuse.

Figure 4.20 Number of sentenced offenders with domestic violence indicated as a risk factor on OASys, 2010/11 to 2012/13



Data source: Probation Service

Figure 4.21 Number of men on the statutory perpetrator programme, 2010/11 to 2012/13¹⁰



Data source: Probation Service

4.6 Children

Key findings:

- Using national prevalence estimates, Northumberland has 1854 children affected by domestic violence (children aged between 0 and 17 who have witnessed a domestic violence incident in the last 12 months).
- Domestic abuse is recorded as a factor in 32 percent (n=1093) of all children who have Children's Social Care involvement.
- The Big Lottery estimated^{xvi} that between 190 and 250 children under one year old in Northumberland live in households where there is domestic abuse.
- This number rises to 54 percent (n= 313) of Looked After Children and to 57 percent (n=323) in Child Protection Cases.
- There have been a total of 1295 children associated with the 655 MARAC cases in the years between 2010/11 and 2012/13.
- Between 2010/11 and 2012/13, Cease 24's Children and Young Peoples service have supported a total of 143 children.

Research has identified a range of damaging and negative effects on children witnessing domestic violence such as doubling the risk of child abuse, leading to poor attachment and leading to social and behavioural problems (see Stanley, 2011). Children are also affected by domestic abuse in the same way as adults, as victims and the government's adjustment of the definition of domestic abuse to include 16 year olds is some recognition of this.

In Northumberland it is difficult to estimate how many children are affected by domestic violence. In the UK, the NSPCC (Radford *et al*, 2011) has estimated that around three percent of children up to 18 years old have witnessed

¹⁰ In 2012/13 the CDVP changed to the Building Better Relationships (BBRP).

domestic violence in the last 12 months. In Northumberland, this would equate to 1854 children¹¹.

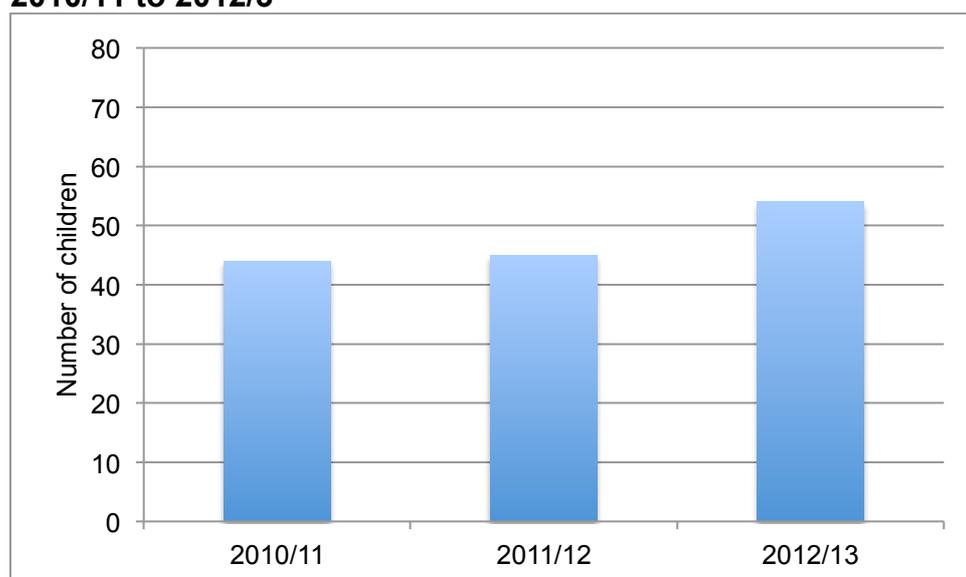
Northumberland County Council's Children's Services examined their August 2013 cohort in relation to domestic abuse and they found that approximately 30 percent of children known to adult social care were affected by domestic abuse.

Key findings from Children's Social Care include:

- In August 2013, there was a total of 3442 children open (known) to Children's Social Care from 2060 households.
- Domestic abuse is recorded as a factor in 32 percent (n=1093) of all cases.
- The majority of children who are affected by domestic abuse are White British (n=3204). However, other ethnicities are also affected, including: Asian (n=22); Chinese (n=10); Mixed White and Black African (n=10); Mixed White and Black Other (n=18); Mixed White and Asian (n=24); Mixed Other Background (n=18); White Other Background (n=54).
- This number rises to 54 percent (n= 313) of Looked After Children and to 57 percent (n=323) in Child Protection Cases.

Cease 24, the voluntary sector specialist domestic abuse service, has delivered a children's service in the north of the county since 2009. In September 2013, Victim Support has started to deliver a children's domestic violence service in the south east of Northumberland. Between 2010/11 and 2012/13, they have supported a total of 143 children.

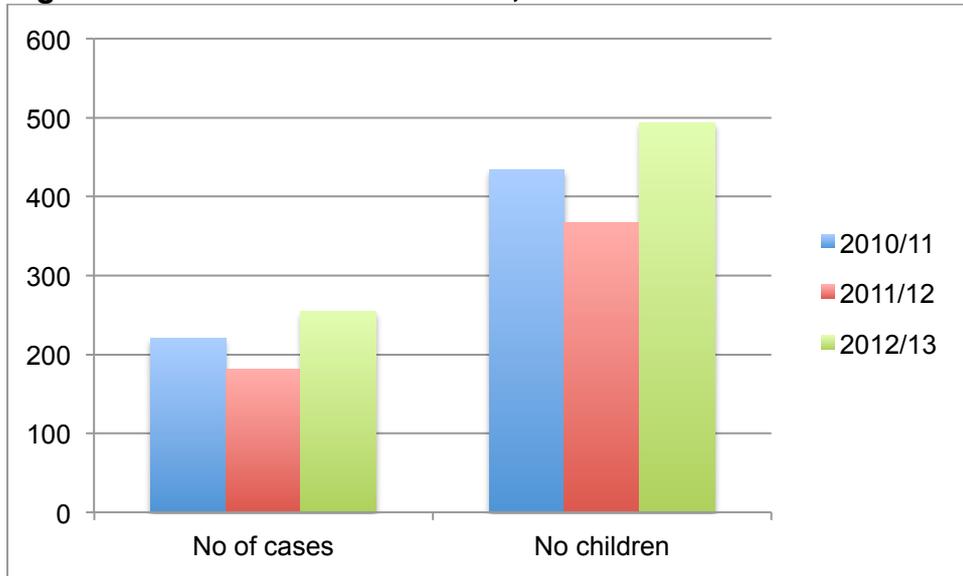
Figure 4.22 Cease 24 Children and Young People's Service caseload, 2010/11 to 2012/3



¹¹ Based on 2011 ONS estimates of 68,500 children between 0 and 19.

The following figure shows the number of children who were associated with MARAC. Since MARAC began in 2008, there have been a total of 2318 children associated with 1186 cases. There is research (for example, Bolen, 2005) which outlines the impact that domestic abuse has on attachment of infants, which in turn has significant impacts on life chances and outcomes in later life.

Figure 4.23 Children and MARAC, 2010/11 to 2012/3



5.0 Service needs assessment

Key findings:

- Services identified the greatest need for adults in Northumberland were: outreach services for women and men; emergency accommodation for women; and better cooperation, coordination and communication between services. A commissioned IDVA service and non statutory perpetrator programmes were also top priorities.
- For children, the greatest needs were identified as: an outreach service for children; counselling and therapeutic activities; emergency accommodation; and work in schools.
- Victims/survivors felt that the greatest needs for adults were a refuge, counselling and outreach support. They felt the greatest needs for children were counselling, a trusted adult, an understanding of what is happening and a safe place to go.

A key part of this needs assessment was asking services in Northumberland what they thought the needs or gaps were. The types of professionals asked included social workers, Police and Probation Officers, children's workers and domestic violence workers; in short, those staff who come into contact with people affected by domestic abuse and who need to provide some level of support/input. This type of consultation is different from a broad consultation which seeks the opinions of the general public or general staff, as we are asking professionals what could be provided that would make it easier to do the job of supporting victims/survivors.

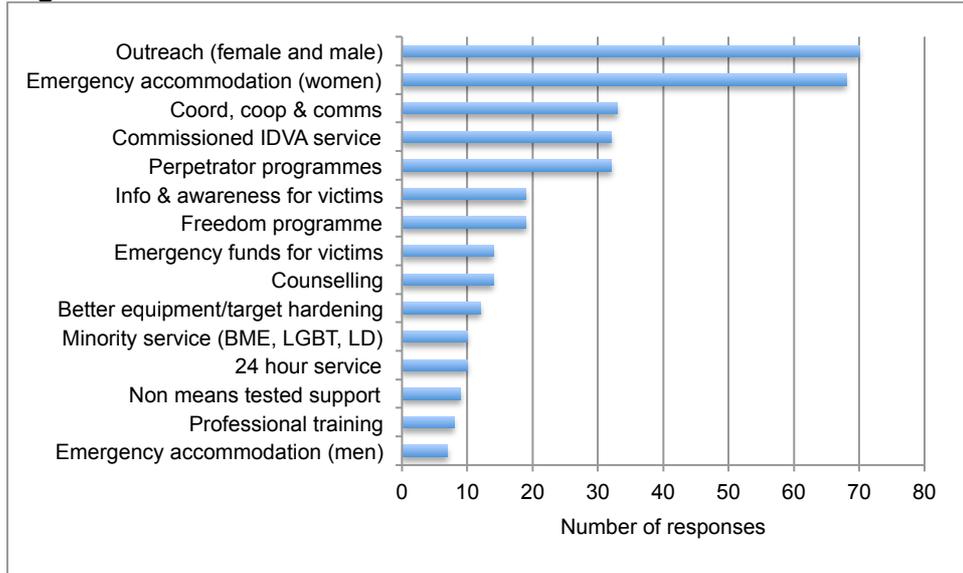
For this needs assessment, we canvassed approximately 500 individuals across Northumberland across the statutory and voluntary sector, asking them what the top three needs were for both adults and children in Northumberland. We received a total of 152 responses from a range of services, including housing, health, Police and Probation (see appendix 2). We analysed the responses both cumulatively and by service area (e.g. health responses, Police responses, etc.).

There was also a small number of victim/survivor responses which are presented in section 5.3.

5.1 Cumulative responses

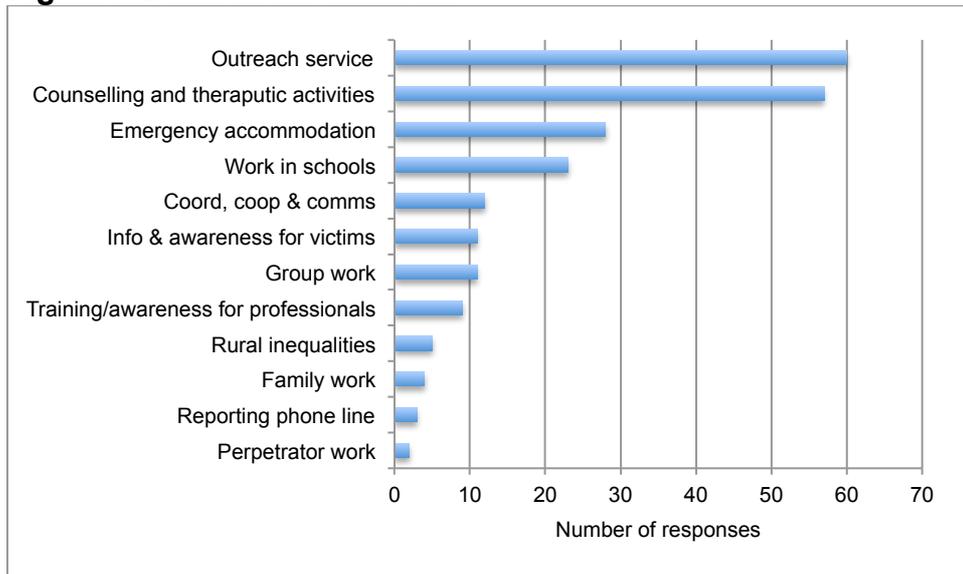
If we look at responses as a whole, we see the top identified needs for adults in Northumberland were: outreach services for women and men; emergency accommodation for women; followed by cooperation, coordination and communication between services; a commissioned IDVA service; and perpetrator programmes.

Figure 5.1 Needs for adults



If we look at the cumulative totals for children, we see the top responses being: an outreach service for children; counselling and therapeutic activities; emergency accommodation; and work in schools.

Figure 5.2 Needs for children



5.2 Individual service area responses

It is useful to present the collective responses from the service areas (children’s, health, housing, Police and prison, Probation and targeted services). By doing this, we can see the priorities of those different areas. Table 5.1 presents this information (with the detail to this presented in appendix 4).

Table 5.1 Summary of service area priorities

Service area	Top three priorities: adults and children	
	Adults	Children
Children's services	<ol style="list-style-type: none"> 1. Emergency accommodation 2. More Freedom Programme 3. Perpetrator programmes 	<ol style="list-style-type: none"> 1. Outreach 2. Emergency accommodation 3. Counselling and therapeutic activities
Health services	<ol style="list-style-type: none"> 1. Emergency accommodation 2. Information and awareness for members of public and staff 3. Cooperation, coordination and communication between agencies 	<ol style="list-style-type: none"> 1. Counselling and therapeutic activities 2. Outreach 3. Work in schools
Housing	<ol style="list-style-type: none"> 1. Emergency accommodation for women 2. Emergency accommodation for men 3. Counselling 	<ol style="list-style-type: none"> 1. Counselling and therapeutic activities 2. Outreach 3. Emergency accommodation
Police and prison	<ol style="list-style-type: none"> 1. Commissioned IDVA services 2. Emergency accommodation 3. Better equipment (e.g. panic alarms) 	<ol style="list-style-type: none"> 1. Outreach 2. Emergency accommodation 3. Counselling and therapeutic activities
Probation	<ol style="list-style-type: none"> 1. Outreach (female and male) 2. Emergency accommodation for men 3. Need for non mean tested support 	<ol style="list-style-type: none"> 1. Counselling and therapeutic activities 2. Outreach 3. Emergency accommodation
Targeted services	<ol style="list-style-type: none"> 1. Outreach (female and male) 2. Commissioned IDVA service 3. Perpetrator programmes 	<ol style="list-style-type: none"> 1. Outreach service 2. Counselling and therapeutic activities 3. Work in schools

5.3 Victims/survivors

Key findings:

- Victims/survivors felt that the greatest needs for adults were a refuge, counselling and outreach support. They felt the greatest needs for children were counselling, a trusted adult, an understanding of what is happening and a safe place to go.

This needs assessment did not employ consultation with victims/survivors as an approach (due to limited resources). However, it was informed by two

groups of victims survivors; a total of 12 women made up of clients of Sixty Eighty Thirty and tenants of the Northumberland women's refuge.

These women were asked the same questions as the professionals: what are the three top priorities for adults and children affected by domestic abuse. The top three responses for adults were: refuge provision; counselling; and outreach support. The top two for children were: counselling; and the need to identify a trusted adult. There were three areas in joint third, including: appropriate refuge provision; developing an understanding about the abuse; and having a safe place to go.

Figure 5.3 Needs for adults identified by survivors of abuse

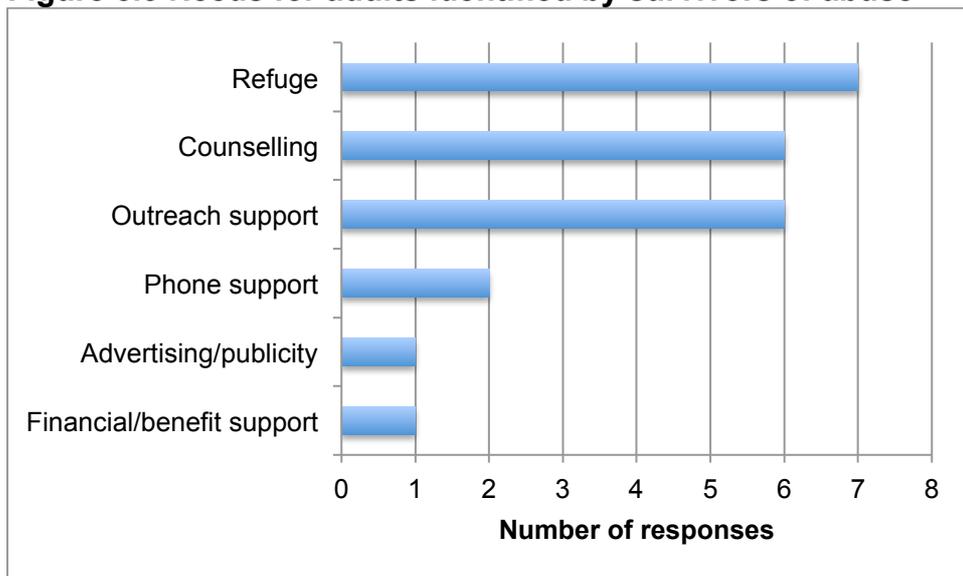
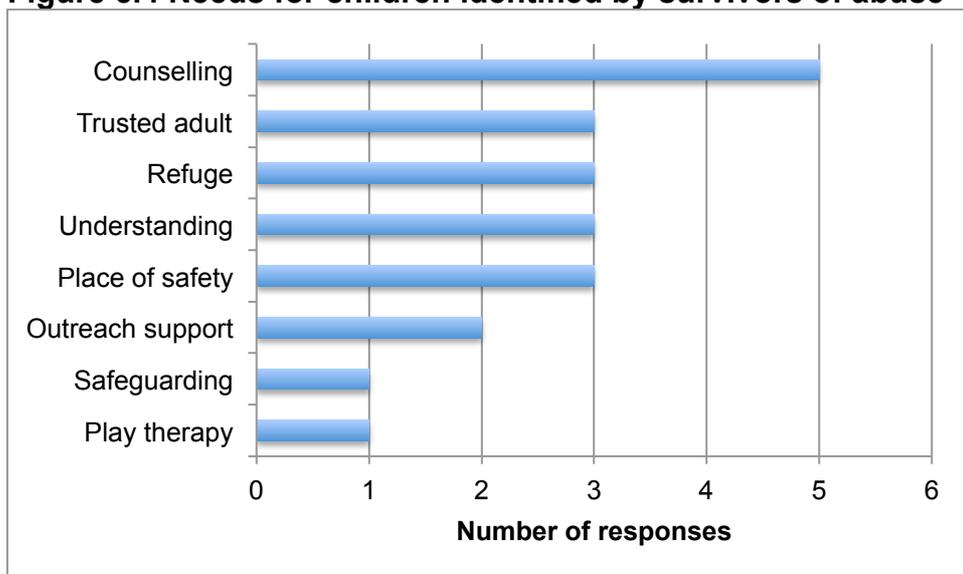


Figure 5.4 Needs for children identified by survivors of abuse



6.0 Training

This section presents the available information on domestic abuse-related training delivered in Northumberland.

Key findings:

- In 2012/13, a total of 22 courses were delivered to 342 professionals and three courses were delivered to 70 victims/survivors.
- The voluntary sector (two organisations: Cease 24 and SixtyEightyThirty) delivers considerably more training compared to the statutory sector: in 2012/13, the statutory sector delivered three courses with 49 participants compared to the voluntary sector that delivered 23 courses with 363 participants.
- Most of the training is basic awareness training.
- There is no overall coordination of domestic abuse training, nor a comprehensive understanding of the training required by different staff across the county

Background

In Spring 2007 Northumberland Domestic Violence and Abuse Partnership launched a Domestic Abuse Awareness training programme. This involved a multi-agency training team delivering an agreed half-day course in venues across the county. Participants were recruited from a wide range of services including housing, district councils, recreation facilities staff, voluntary sector organisations and local authority staff. The content of this training formed the basis of the Northumberland County Council single agency training for Children's Services.

Northumberland Safeguarding Children Board already provided a two day Impact of Domestic Abuse on Children course and in 2008 this training was revised and offered as a 1.5 day course (see below).

In 2009, Northumberland County Council (on behalf of the NSCB) purchased licenses from the Virtual College for their Domestic Abuse Awareness course. This is open to staff from any agency working with children or adults in Northumberland.

In 2010 a half-day MARAC course was developed from the CAADA training materials. The Domestic Violence Coordinator/Community Safety Partnership acted as the lead for this training programme and course delivery was supported by Children's Services and Cease 24 staff.

There is no overall coordination of domestic abuse training, nor a comprehensive understanding of the training required by different staff across the county

6.1 Statutory provision of domestic abuse training

1. E-learning via contract with Virtual College E-Academy. This is a basic awareness course which is available to anyone working with or providing services for children/families in Northumberland. A total of 250 people have completed the Virtual College E-learning via the Northumberland contract.
2. Awareness of Domestic Abuse: this half day basic training course delivered by Children's services is currently offered as single agency training for Children's Services staff, usually by request. It is an integral part of induction training for residential staff and has been very recently delivered to the new Supporting Families Team across Family Recovery Programme and Targeted Adolescent Services. When this has been delivered as part of a planned Children's Services training programme we have taken the training into the north and west localities as well as offering it in a central venue. On these occasions, spare places have been offered to the wider children's workforce in those areas. Course currently being reviewed by Cease 24, Adult Services and Children's Services to ensure consistent training across agencies.
3. Domestic Abuse and Safeguarding Children: a 1.5 day Northumberland Safeguarding Children's Board multi-agency course which focuses on the impact of domestic abuse on children and effective inter-agency working. Participants are expected to have already completed basic domestic abuse awareness training or the e-learning course before they attend. Trainer: Eyewitness Theatre Co and Children's Services.
4. MARAC: a half day course jointly developed and delivered by Cease 24, Adult Services and Children's Services. MARAC training was delivered in 2010/11 and 2011/12 but not in 2012/13 due to capacity. Revised MARAC training has now been piloted and the course is now being delivered three times a year to multi-agency groups, reaching approximately 40 learners in each session, delivered by Cease 24.
5. Freedom programme: there is some Freedom Programme delivery in Northumberland which is either delivered by trained Children's Service staff or by Cease 24. Unfortunately there is no central recording of how often this training is delivered and to how many victims/survivors. We do know however that demand outstrips supply, as providers have waiting lists.

Safer Northumberland in conjunction with the Northumberland Safeguarding Children's Board, held a conference on domestic abuse in August 2013. Approximately 120 people attended this learning event from both the statutory and voluntary sector.

GP Training

GP statutory child safeguarding training is currently delivered on a three year rolling programme, with a requirement to complete this training within GP portfolio. Domestic Abuse and MARAC awareness, including referral processes, is included within this training programme. Local GP champions are being identified within practices to attend a Domestic Abuse Workshop to raise overall knowledge levels.

Safer Northumberland had received reports that referrals from health providers including GPs had increased after receiving training. However, the researchers have investigated this and it does not appear to be the case.

6.2 Voluntary sector provision of domestic abuse training

Two specialist domestic abuse voluntary sector organisations deliver a range of training to organisations and victims/survivors across Northumberland. Some of this is delivered in partnership with statutory organisations (for example, MARAC training delivered with Children’s Services, although the numbers are captured in table 6.2 presenting statutory sector training, Freedom Programme delivered with Probation Service to their clients and children’s training delivered with Gallery Youth Project) and some is delivered by them alone. This training covers a range of topics from basic awareness to more specific targeted training (see appendix 6 for the detail of the training).

Table 6.1 Voluntary sector domestic abuse training in Northumberland, 2010/11 to 2012/13¹²

	Basic awareness (for professionals)	Freedom/Pattern Changing Programme (for victims/survivors)	Children’s training (to children)	608030 range of training ¹³
2010/11	6 courses: 82 participants	3 courses: 21 participants	1 course: 100 children	No data
2011/12	3 courses: 80 participants	2 courses: 10 participants	4 courses: 170 children	7 courses: 22 participants
2012/13	4 courses: 72 participants	3 courses: 70 participants	3 courses: 138 children	12 courses: 83 participants

¹² The detail of this training is presented in appendix ...

¹³ They also provide Freedom Programme training.

Table 6.2 Domestic abuse training in Northumberland delivered by statutory services, 2010/11 to 2012/13

	Awareness of Domestic Abuse (Children's Services - single agency)	Domestic Abuse and Safeguarding Children (NSCB - multi-agency)	MARAC training delivered with Cease 24
2010/11	1 course: 14 participants	2 courses: 36 participants	3 courses: 54 participants
2011/12	1 course: 11 participants	No NSCB course offered	No courses
2012/13	1 course: 8 participants	2 courses: 41 participants	3 courses: 54 participants

Table 6.3 Total number of courses and participants of all training, 2010/11 to 2012/13

	Statutory sector	Voluntary sector	Partnership	Yearly totals*
2010/11	3 course: 50 participants	10 courses: 203 participants	4 courses: 64 participants	16 courses: 307 participants
2011/12	1 course: 11 participants	15 courses: 272 participants	4 courses: 64 participants	20 courses: 347 participants
2012/13	3 course: 49 participants	21 courses: 350 participants	1 course: 13 participants	25 courses: 412 participants

*This includes both professionals and victims/survivors

7.0 Key findings and gaps

7.1 Findings

Prevalence amongst adults and children and services

If national prevalence rates are applied to Northumberland, there is an estimated 9256 females and 6115 males who have experienced domestic abuse in the last 12 months. This equates to one in 14 women and one in 20 men.

The number of domestic violence incidents reported to the Police in 2012/13 was 4048. If we apply an under reporting percentage of 25 percent (i.e. 4048 incidents represent 25 percent of all cases), then we arrive at an estimate of 11,565. In 2012/13, a total of 776 reports were made from male victims/survivors to the Police, representing 20 percent of the total.

An estimated 1844 children in Northumberland (aged between 0 and 18) who have witnessed a domestic violence incident in the last 12 months. Another study (reference needed) provides prevalence estimates which suggest between 190 and 250 children under one year old in Northumberland live in households where there is domestic abuse.

In Northumberland, domestic abuse is recorded as a factor in 32 percent (n=1093) of all children who have Children's Social Care involvement.

This number rises to 54 percent (n= 313) of Looked After Children and to 57 percent (n=323) in Child Protection Cases.

In 2012/13, Cease 24 provided an IDVA service to 436 victims/survivors, which included referrals from the MARAC (they referred 254 high risk victims into Cease 24 although it is unknown how many engaged). A total of 59 percent of these were repeat referrals (i.e. had previously been known to service).

SixtyEightyThirty provide services to around 230 women each year in the west of the county.

In 2012/13, Cease 24's Children and Young Peoples service supported a total of 53 children. The new Victim Support Relationship Abuse Project will support 75 children in south east Northumberland each year for the next two years.

Police

The number of domestic violence reported incidents in Northumberland is increasing, from 3110 in 2010/11 to 4048 in 2012/13; and increase of 23 percent over three years.

Of the 4048 incidents reported to the Police in 2012/13, a total of 776 were from male victims/survivors, representing 20 percent of the total.

The area with most incidents is Ashington, followed by Blyth, then Bedlington, then Cramlington.

MARAC

- In 2012/13, there was a total of 254 MARAC referrals. Of this number, there was a total of 15 male and 10 BME victims/survivors. Most MARAC referrals are female and White British.
- In 2012/13, Cease 24 who provide the IDVA service, worked with 436 victims/survivors. In 2010/11, they worked with a total of 769 victims/survivors. This decline was due to a reduction in capacity.

Health

- There is no reliable measure of domestic violence-related hospital activity.
- Approximately one third of all women using maternity services may have experienced domestic abuse. In 2012/13, there were 4001 maternity bookings.
- We do not know how many women using maternity services are currently in a relationship where they are experiencing domestic abuse.

Housing

- In 2013, a total of 61 percent (n=86) of all homelessness was caused by domestic abuse.
- In the three years, between 2010/11 and 2012/13, a total of 179 women and 12 men were made homeless due to domestic abuse and a total of 224 children.
- A total of 58 families stayed at the Northumberland refuge in 2012/13. Families from Northumberland were the second highest group after families from outside the area. In the same year, 22 families stayed in refuges across Northumberland.
- Since September 2009, the safe houses have had a total of 21 tenants, 19 of whom have come from Northumberland.

Offenders

- In 2012/13, there was a total of 79 offenders from Northumberland who were subject to supervision by the Probation Service that had domestic abuse linked to their offence.
- There were 13 men on statutory perpetrator programmes in 2012/13, representing 16 percent of all convicted domestic abuse perpetrators.

Needs identified by services

- Services identified the greatest need for adults in Northumberland were: outreach services for women and men; emergency accommodation for women; and better cooperation, coordination and communication between services. A commissioned IDVA service and non statutory perpetrator programmes were also top priorities.
- For children, the greatest needs were identified as: an outreach service for children; counselling and therapeutic activities; emergency accommodation; and work in schools.
- Victims/survivors felt that the greatest needs for adults were a refuge, counselling and outreach support. They felt the greatest needs for children were counselling, a trusted adult, an understanding of what is happening and a safe place to go.

Training

- In 2012/13, a total of 22 courses were delivered to 342 professionals and three courses were delivered to 70 victims/survivors.
- The voluntary sector (two organisations: Cease 24 and SixtyEightyThirty) delivers considerably more training compared to the statutory sector: in 2012/13, the statutory sector delivered three courses with 49 participants compared to the voluntary sector that delivered 23 courses with 363 participants.
- Most of the training is basic awareness training.

7.2 Gaps

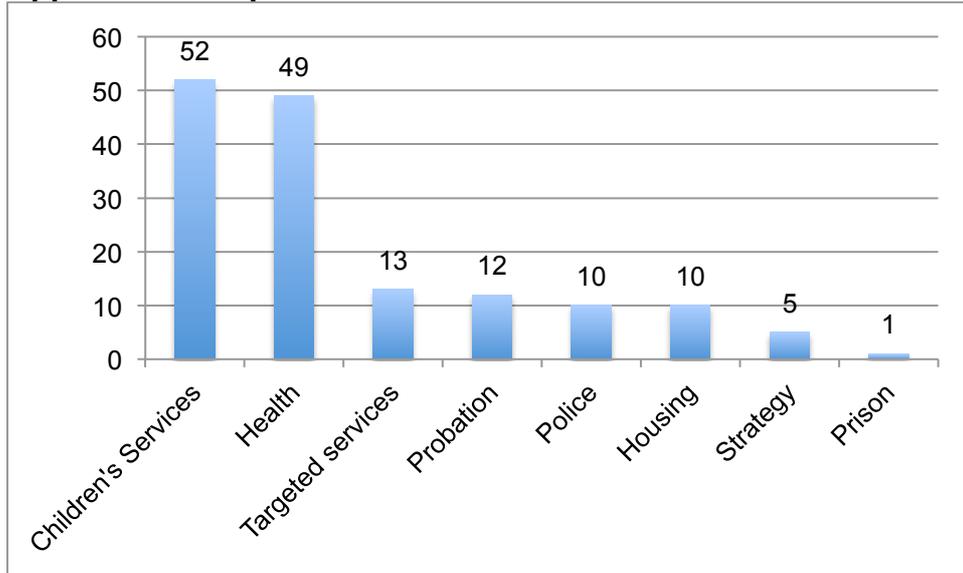
We have identified the following gaps:

- Outreach service catering for standard and enhanced risk and male victims/survivors
- Commissioned and sustainable IDVA service
- Additional children's services
- Training needs analysis
- Research into emergency accommodation needs
- Community services to appropriately record incidence of domestic violence, including youth services and health (maternity)
- Housing providers to record target hardening activity.

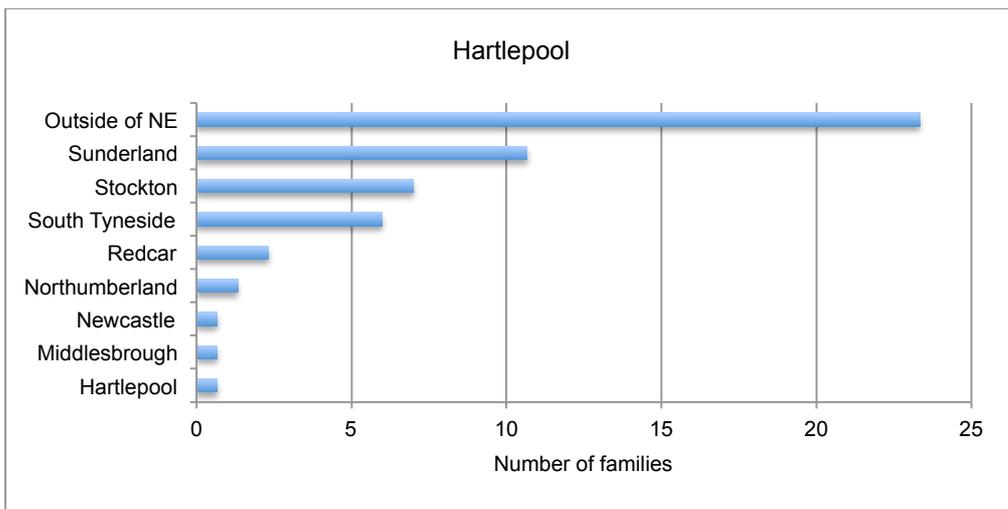
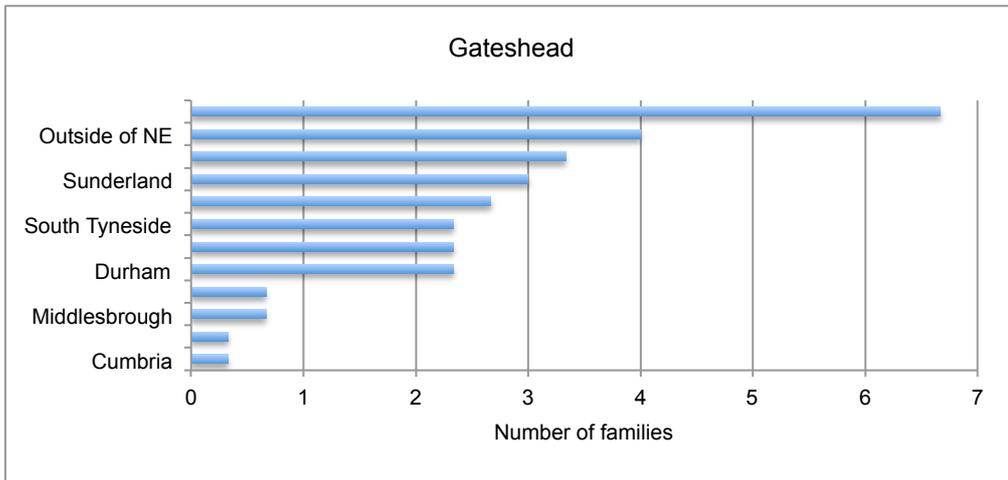
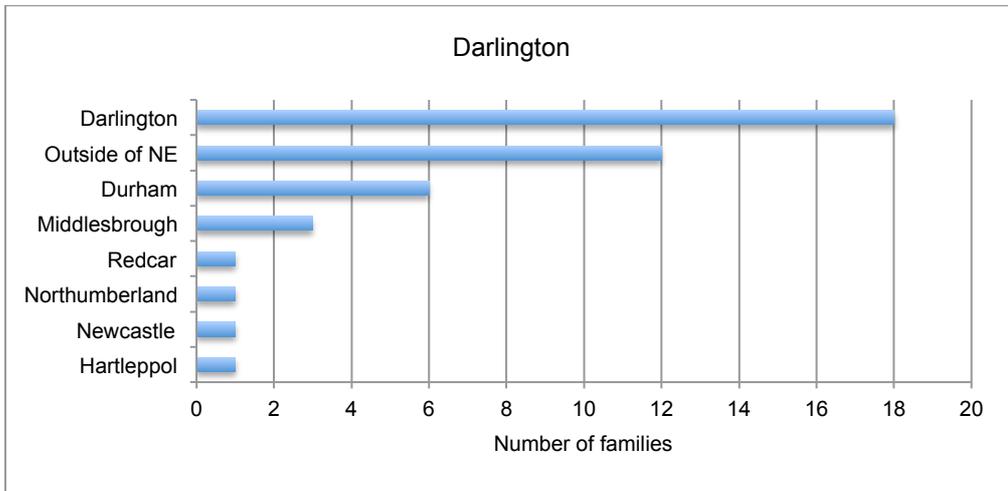
Appendix 1 Index of abbreviations

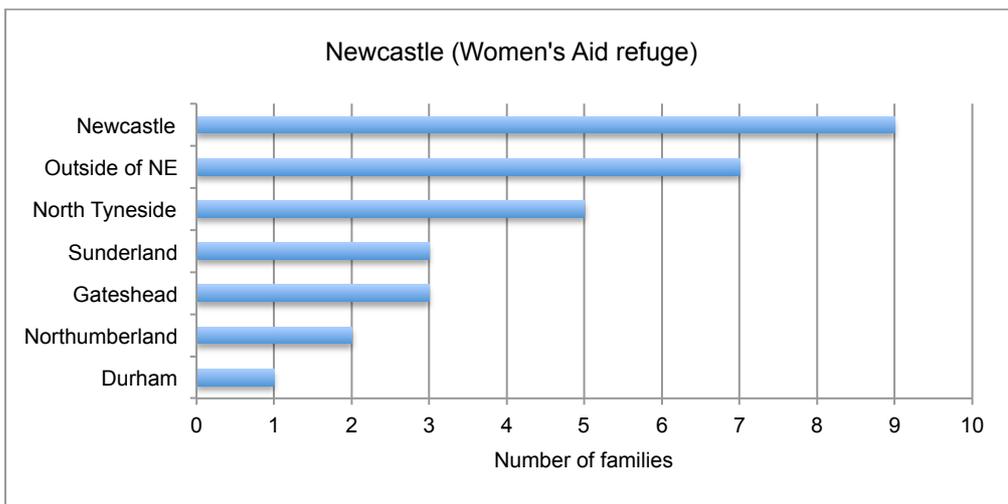
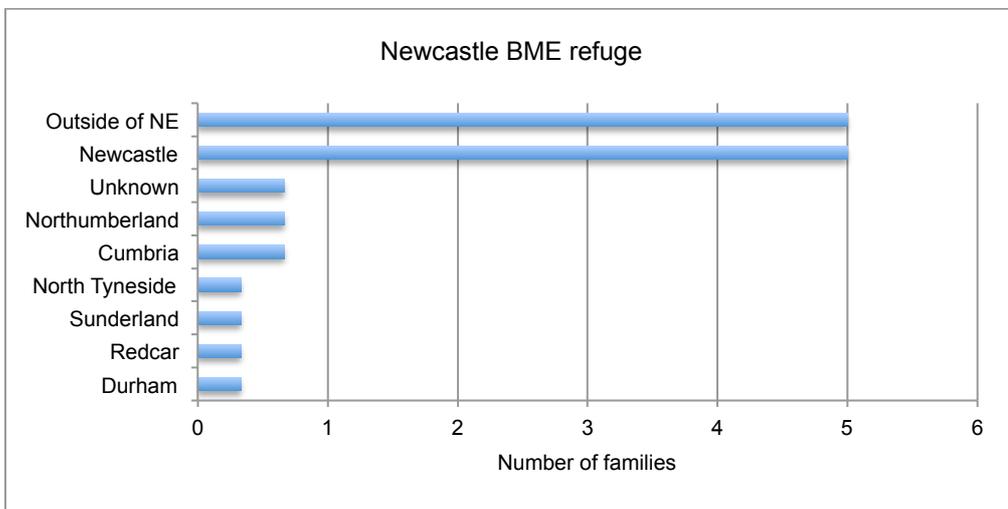
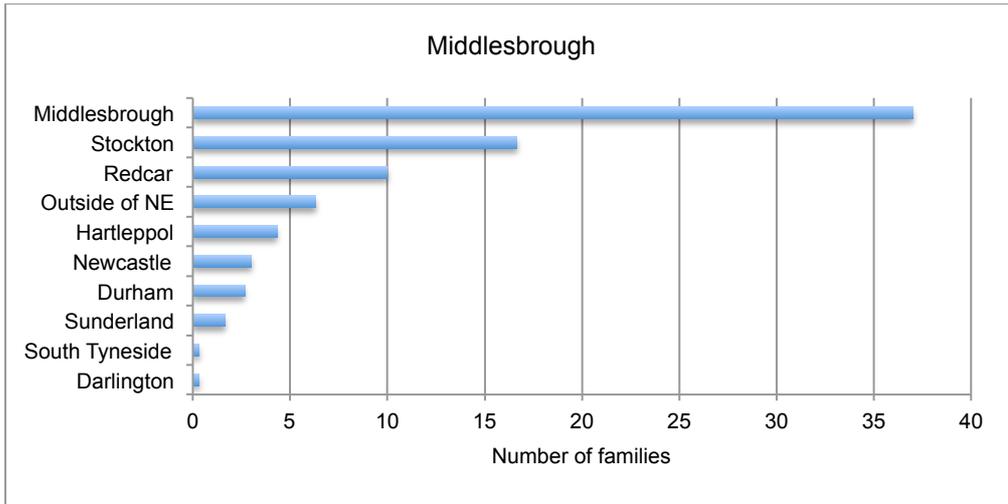
A&E	Accident and Emergency
BME	Black and Minority Ethnic
CAADA	Co-ordinated Action Against Domestic Abuse
FT	Foundation Trust
IDVA	Independent Domestic Violence Advisor
LD	Learning Disability
LGBT	Lesbian, Gay, Bi-sexual and Transgender
NSCB	Northumberland Safeguarding Children Board
NSPCC	National Society for the Prevention of Cruelty to Children
PCC	Police and Crime Commissioner
MARAC	Multi-agency Risk Assessment Conference
RVI	Royal Victoria Infirmary
WHAC	Women's Health Advice Centre

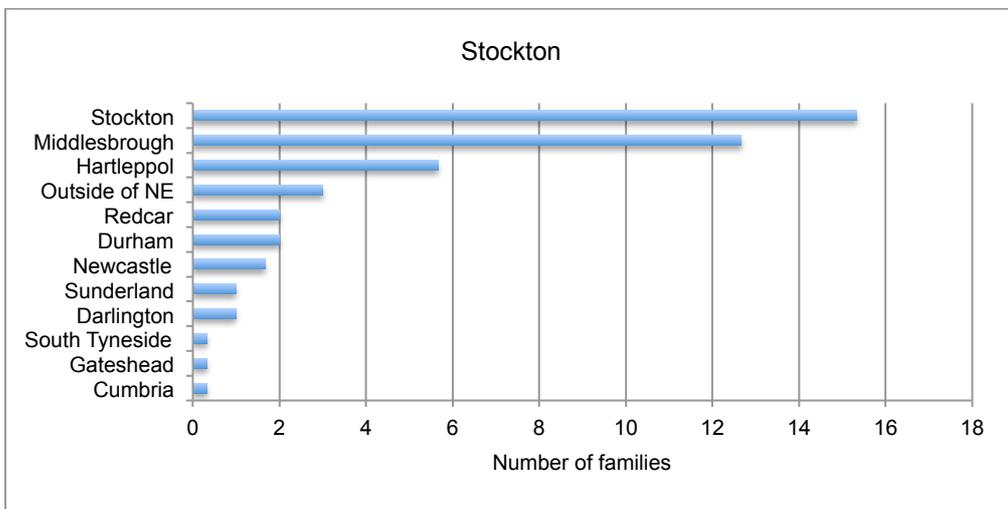
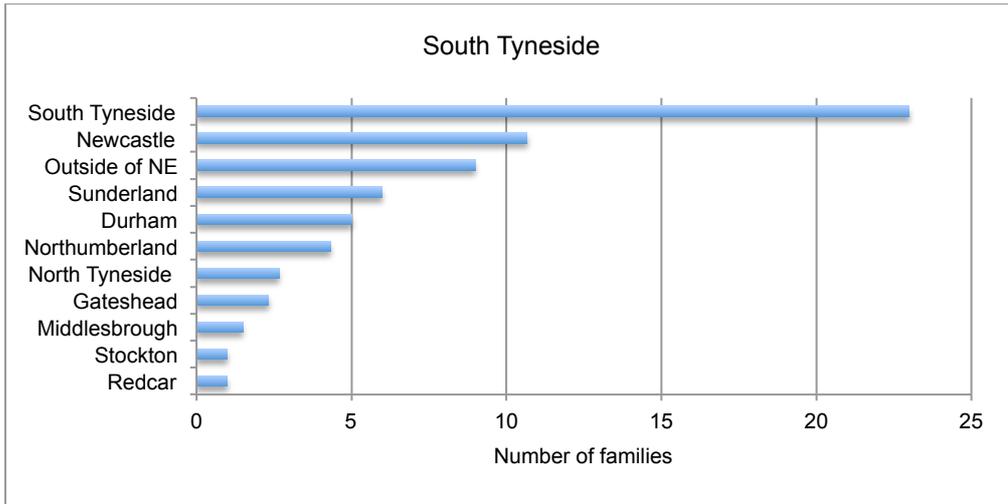
Appendix 2 Respondents to the consultation



Appendix 3 Source areas of families staying at refuges in the North East, 2010/11 to 2012/13 (averages)







Appendix 4 Service response detail

Children's services

A total of 52 individuals responded from statutory children's services including children centre and Children's Social Care professionals.

Figure A1 Needs for adults identified by children's services

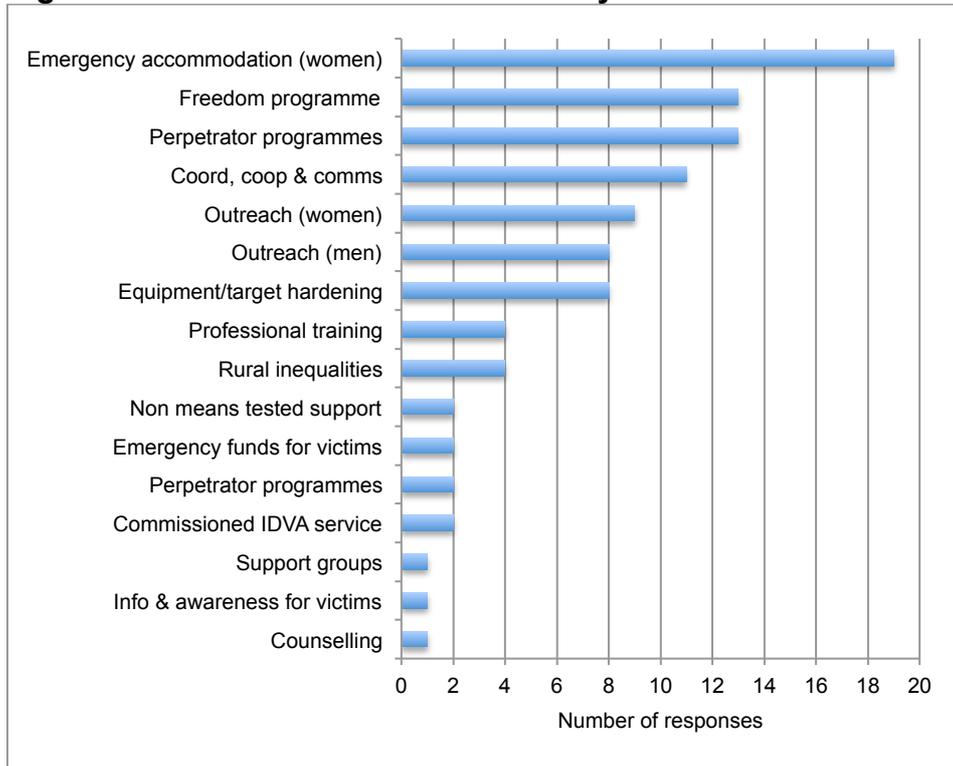
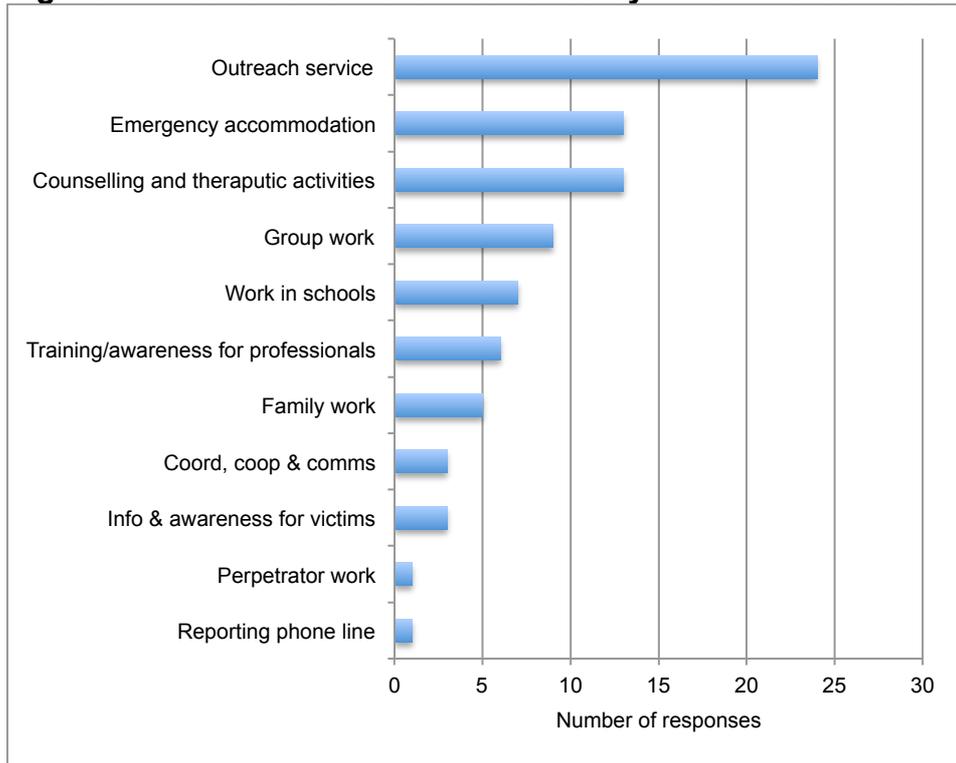


Figure A2 Needs for children identified by children's services



Health services

A total of 47 individuals responded from statutory health services including Northumbria Healthcare NHS Foundation Trust and their social care, mental health and medical professionals.

Figure A3 Needs for adults identified by health services

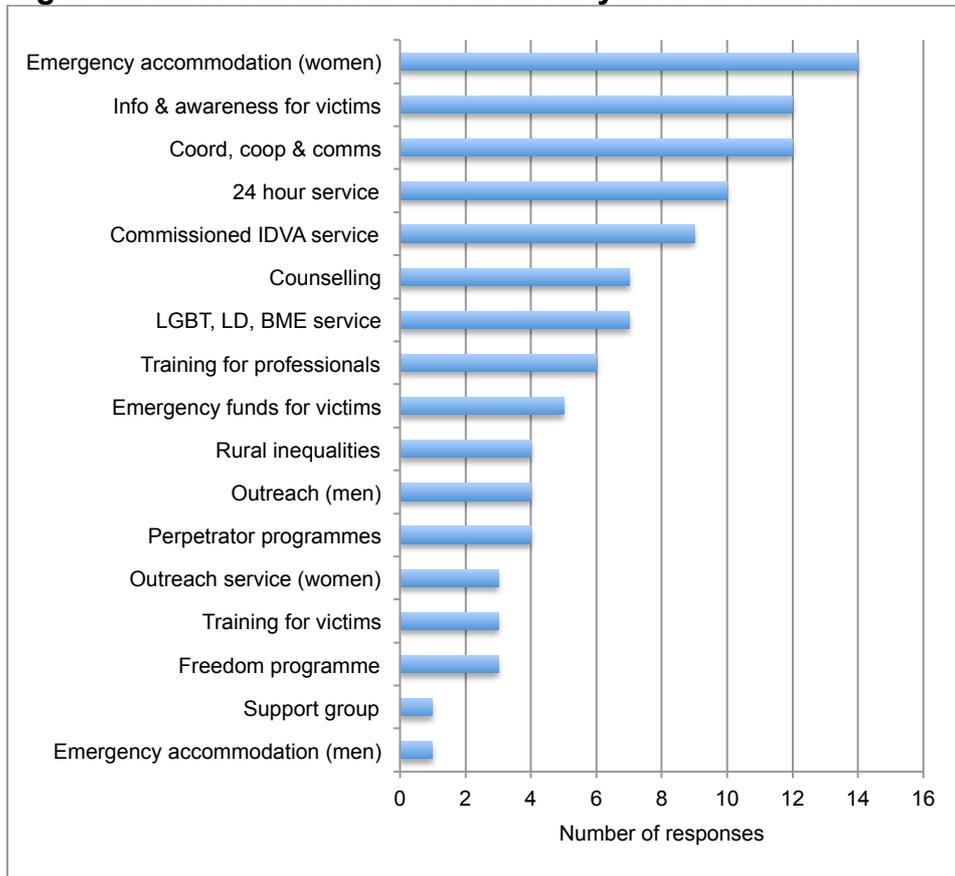
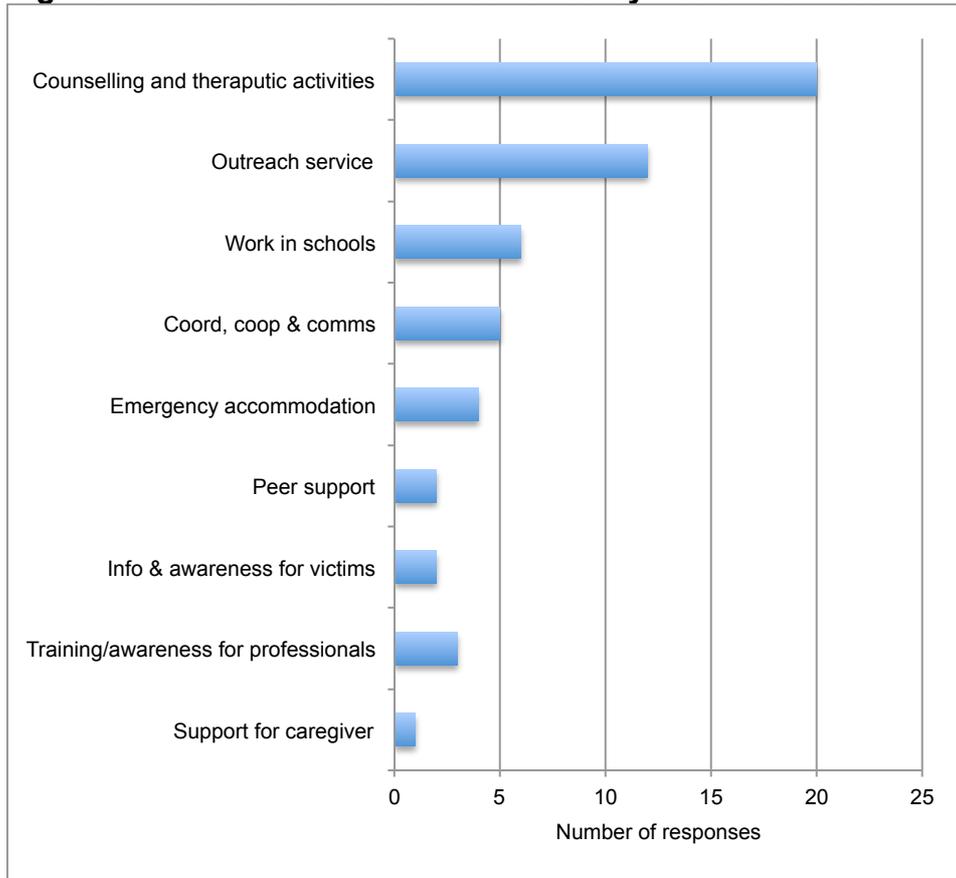


Figure A4 Needs for children identified by health services



Housing

A total of 10 individuals responded from housing services including Northumberland's homeless service.

Figure A5 Needs for adults identified by housing services

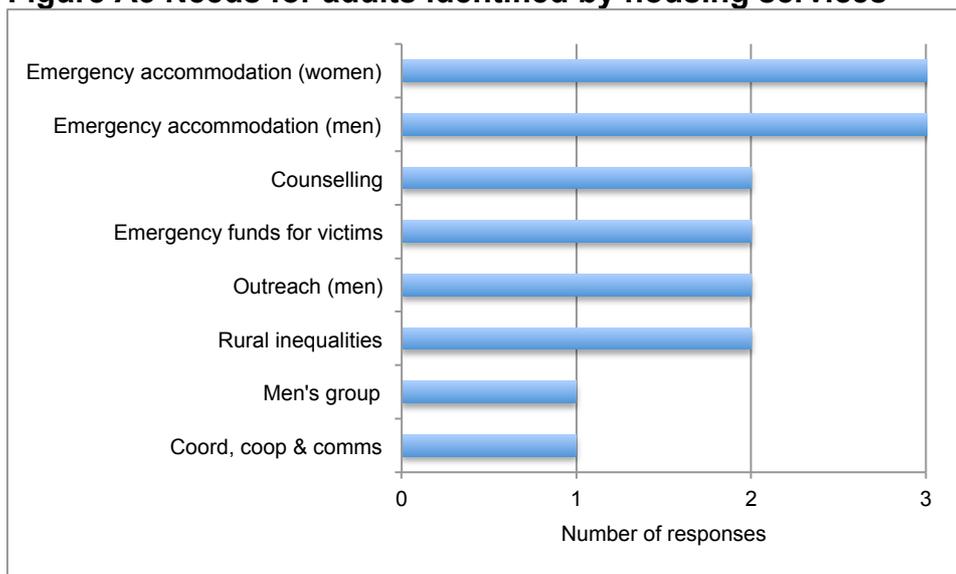
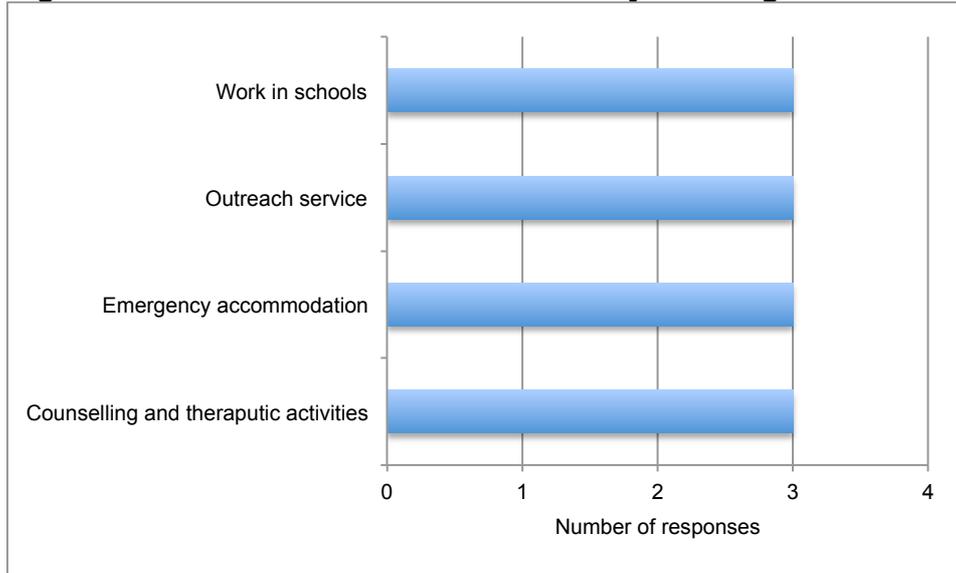


Figure A6 Needs for children identified by housing services



Police and prison

A total of 10 individuals responded from Northumbria Police and HMP Northumberland.

Figure A7 Needs for adults identified by Police and prison

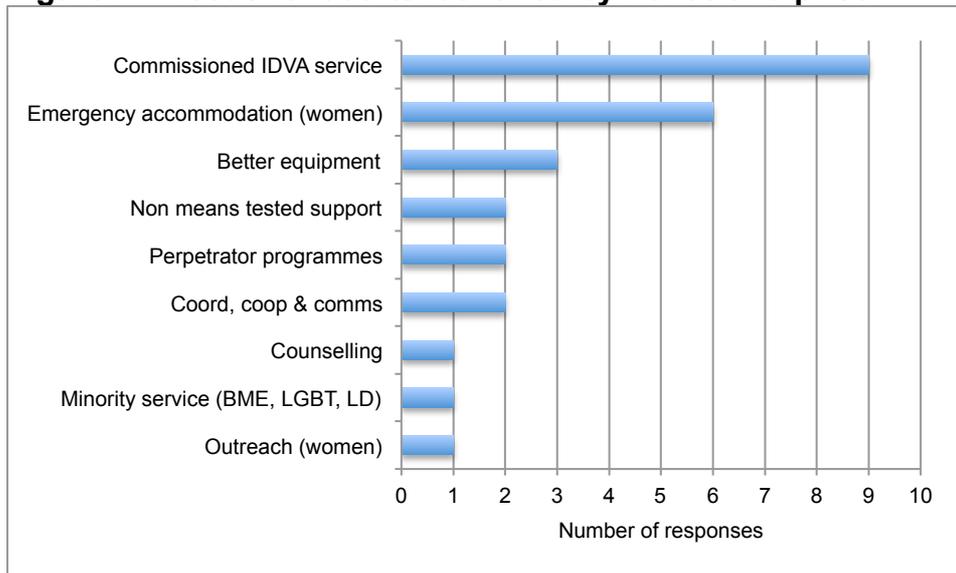
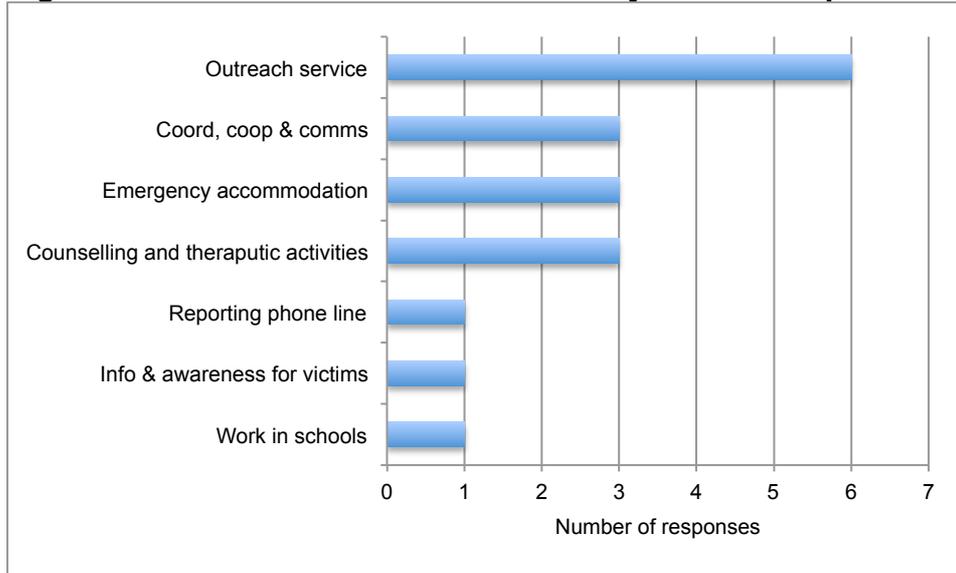


Figure A8 Needs for children identified by Police and prison



Probation

A total of 10 individuals responded from Northumbria Probation.

Figure A9 Needs for adults identified by Probation

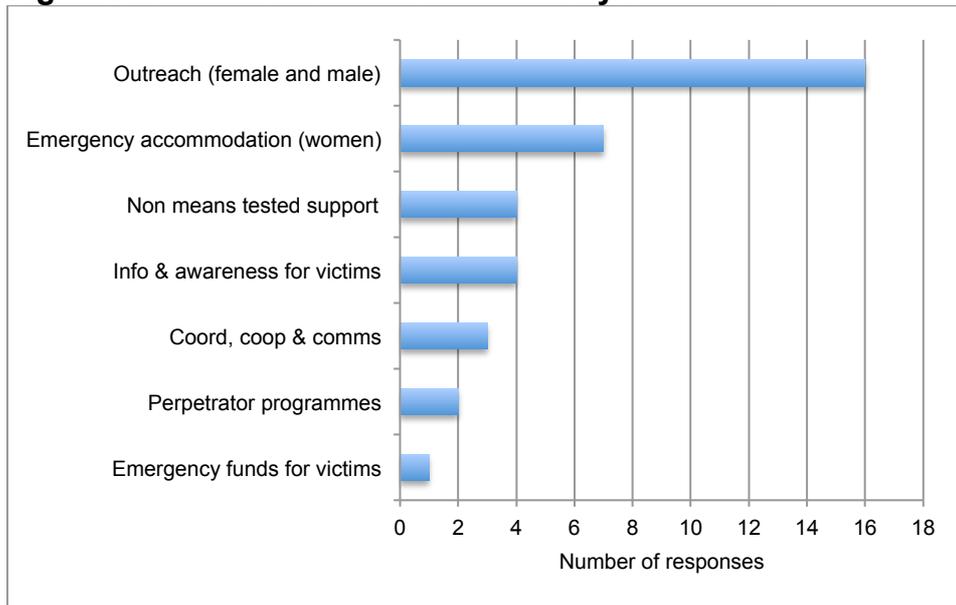
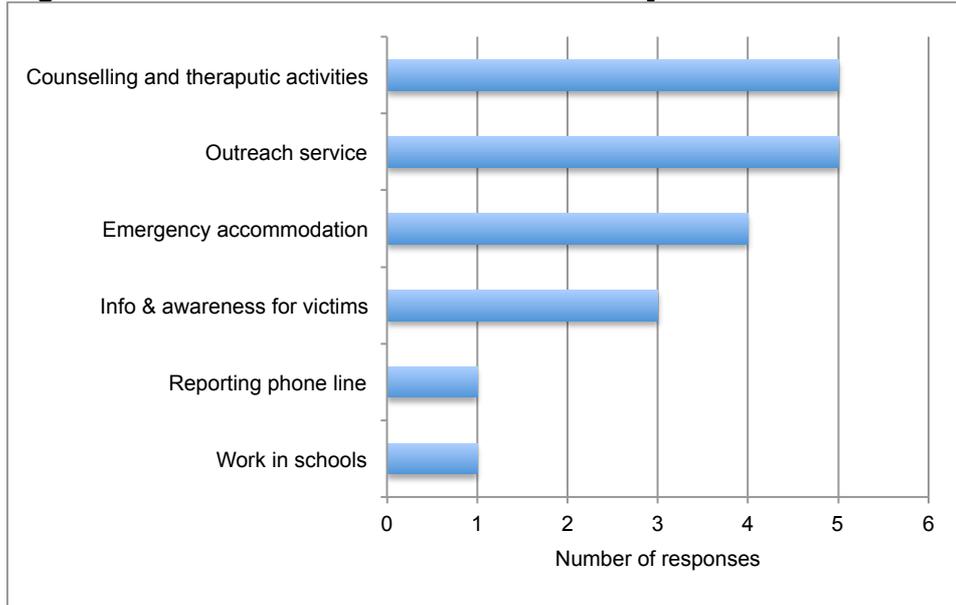


Figure A10 Needs for children identified by Probation



Targeted services

A total of 13 individuals responded from targeted services including Cease 24 and Sixty Eighty Thirty.

Figure A11 Needs for adults identified by targeted services

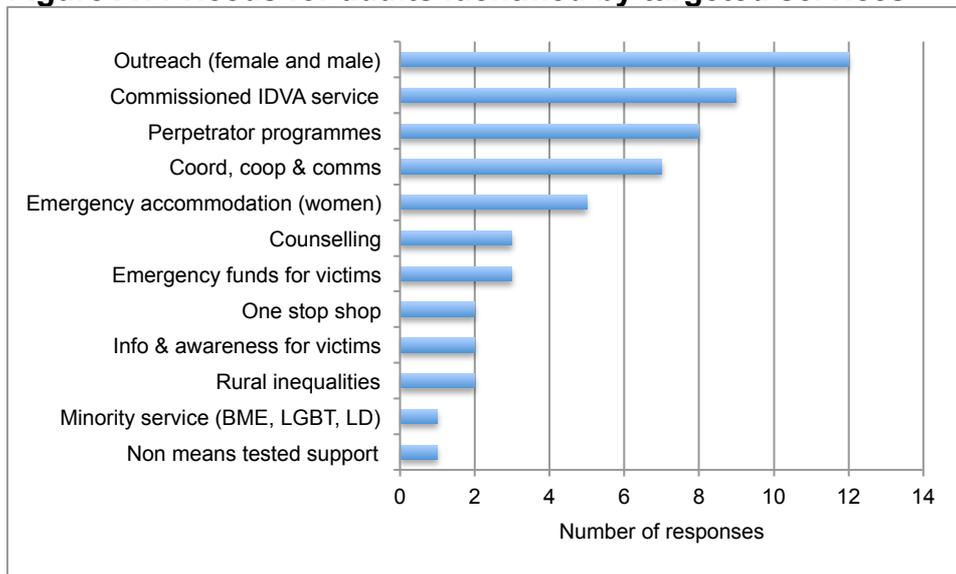
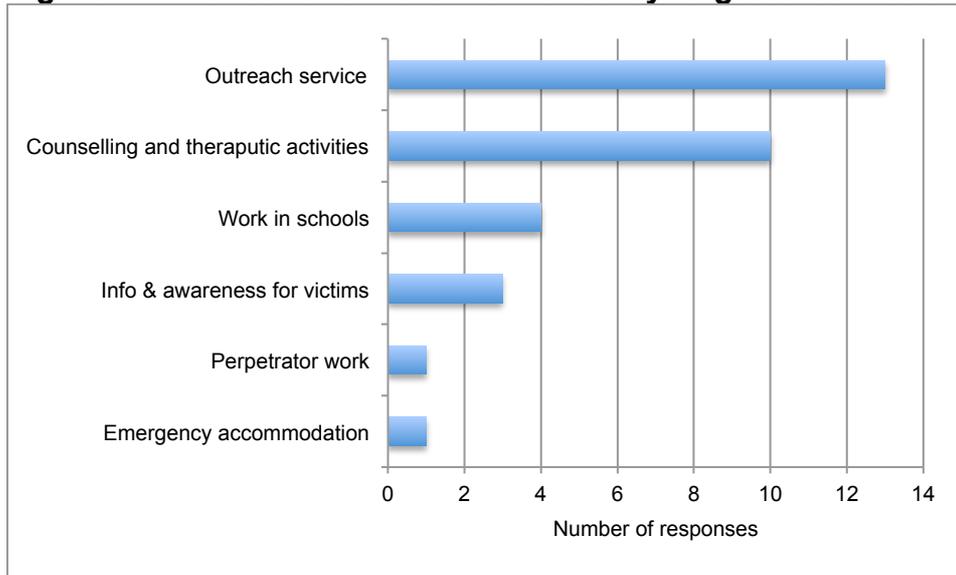


Figure A12 Needs for children identified by targeted services



Appendix 5 ICD codes for domestic abuse

X850	Assault by drugs, medicaments and biological substances: Home
X860	Assault by corrosive substance: Home
X870	Assault by pesticides: Home
X880	Assault by gases and vapours: Home
X890	Assault by other specified chemicals and noxious substances: Home
X900	Assault by unspecified chemical or noxious substance: Home
X910	Assault by hanging, strangulation and suffocation: Home
X920	Assault by drowning and submersion: Home
X930	Assault by handgun discharge: Home
X940	Assault by rifle, shotgun and larger firearm discharge: Home
X950	Assault by other and unspecified firearm discharge: Home
X960	Assault by explosive material: Home
X970	Assault by smoke, fire and flames: Home
X980	Assault by steam, hot vapours and hot objects: Home
X990	Assault by sharp object: Home
Y000	Assault by blunt object: Home
Y010	Assault by pushing from high place: Home
Y020	Assault by pushing or placing victim before moving object: Home
Y030	Assault by crashing of motor vehicle: Home
Y040	Assault by bodily force: Home
Y050	Sexual assault by bodily force: Home
Y060	Neglect and abandonment: By spouse or partner
Y061	Neglect and abandonment: By parent
Y062	Neglect and abandonment: By acquaintance or friend
Y068	Neglect and abandonment: By other specified persons
Y069	Neglect and abandonment: By unspecified person
Y070	Other maltreatment: By spouse or partner
Y071	Other maltreatment: By parent
Y072	Other maltreatment: By acquaintance or friend
Y073	Other maltreatment: By official authorities
Y078	Other maltreatment: By other specified persons
Y079	Other maltreatment: By unspecified person
Y080	Assault by other specified means: Home
Y090	Assault by unspecified means: Home

Appendix 6 Voluntary sector training detail: Cease 24 and SixtyEightyThirty

Cease 24

Adult training

External single agency basic awareness

GP training (stage 3 trainee registrars Longbenton) cease24 only

2010 - 2 x sessions to approx. 20 per session total = 40

2011 – 2 x sessions to approx. total = 50

2012 – 2 x sessions approx. total = 50

2013 – 3 x sessions total = 69

GP training for Northumberland GPs with R Swanipool

2011 – 1 x session to approx. = 30

HMP Durham (cease24 only)

2010 – 1 x session total = 12

Alnwick CAB (cease24 only)

2012 – 1 x session total = 12

Job Centre Plus (cease24 only)

2010 – 3 x sessions total = 40

Newcastle Diocese (cease24 only)

2012 – 1 x session total = 20

Training for victims/survivors

Freedom Programme

2010 – 1 x session Berwick total = 5

None delivered since due to capacity

Pattern Changing

2010 – 1 x Blyth total = 6

2011 – 2 x South East Northumberland total = 10

2012 – 1 x sessions Blyth total = 7

2013 – 1 x session Blyth total = 6

Freedom Programmes with Probation staff to their client group

2012 – 1 x session = 10

2013 – 1 x session = 13

Children and Young Peoples service

Cease 24 children's service has delivered:

Healthy Relationships together with Gallery Youth Project

2012 – 3 x sessions total = 70

2013 – 1 x session total = 15

Bullying Work Shop together with Gallery Youth Project

2013 - 1 x High School 1 x session approx. total = 17

Violence is Preventable (VIP) programme: 2010 – 2013 – 5 schools = 12 form classes total = 308 children and young people

SixtyEightyThirty

From July 2011 onwards:

Who is the victim, who is the perpetrator?

July 2011 Attendees: Legal Firm staff x2, High School Staff x2.

What are the dangers of Disclosure?

August 2011 Attendees: Children's Centre Staff x1, Senior School Staff x1.

Why do victims stay in abusive relationships?

September 2011 Attendees: ISOS Housing staff x1, Legal Firm staff x2, Tenant Support Worker x1 .

Power and control in abusive relationships

October 2011 Attendees: Children's Centre Staff x2, Volunteer Counsellor x1, Legal Firm staff x2, Financial Advisor staff x2.

Self preservation

November 2011 Attendees: Children's Centre Staff x2, ISOS Housing staff x1, Legal Firm staff x2.

January 2012 – Student Midwife x1

March 2012 – Student Nurse x1

May 2012 – Mental Health Worker x1

May 2012 – Student Nurses x 2

October 2012 – Presentation to NE LGBT Domestic Violence Forum

Attendees: Approx. 15 local youth workers and other specialist professionals

November 2012 – Tyne Met College Student Counsellors

Attendees: Approx.15 students

February 2013 – Tyne Met College Student Counsellors

Attendees: Approx. 18 2nd year students

February 2013 Hexham Student Nurse
Attendees: 4 students

February 2013 Sele Medical Practice
Attendees: 6 staff

March 2013 Student Health Visitors
Attendees: 4 staff

April 2013 Haltwhistle Children's Centre
Attendees: 9 staff

May 2013 Prudhoe Children's Centre
Attendees: 7 staff

References

Bolen, M. (2005) Attachment and family violence: complexities in knowing, *Child Abuse and Neglect*, Vol. 29, pp. 845-852.

Children in Need Census (2001), Children in Need, London.

Council of Europe (2002). Recommendation of the Committee of Ministers to member States on the protection of women against violence. Adopted on 30 April 2002 ; and Explanatory Memorandum. (Strasbourg, France Council of Europe).

CVD disease health profile for Northumberland (SEPHO, 2011).

Health and Wellbeing Board Cancer profile 2012 for Northumberland.

Home Office (2002) *Crime in England and Wales 2001/2002* (London: Home Office).

NEPHO health profile 2012.

ONS (2013) Focus on: Violent Crime and Sexual Offences, 2011/12

Radford, L., Corral, S., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011), *Child abuse and neglect in the UK today*, NSPCC, London.

Smith, K. (Ed.), Osborne, S. Lau, I. and Britton, A. (2012) *Homicides, Firearm Offences and Intimate Violence, 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11*, Home Office Statistical Bulletin, London.

Sowden, S. (2011) *South Tyneside Domestic Violence Needs Assessment*, South Tyneside PCT.

Stanley N (2011) *Children Experiencing Domestic Violence: A Research Review*. Dartington: research in practice

Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, Home Office, London.

Women's Aid, (2013) *Statistics: Domestic Violence*, www.womensaid.org.uk/core/core_picker/download.asp?id=1602

Endnotes

- i Smith, K. (Ed.), Osborne, S. Lau, I. and Britton, A. (2012) Homicides, Firearm Offences and Intimate Violence, 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11, Home Office Statistical Bulletin, London.
- ii Walby, S. and Allen, J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey, Home Office Research Study 276, Home Office, London.
- ii ONS (2013); Smith, K. (Ed.), Osborne, S. Lau, I. and Britton, A. (2012) Homicides, Firearm Offences and Intimate Violence, 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010/11, Home Office Statistical Bulletin, London.
- iii Council of Europe (2002). Recommendation of the Committee of Ministers to member States on the protection of women against violence. Adopted on 30 April 2002 ; and Explanatory Memorandum. (Strasbourg, France Council of Europe).
- iv Women's Aid, (2013) Statistics: Domestic Violence, www.womensaid.org.uk/core/core_picker/download.asp?id=1602
- v Women's Aid, (2013) Statistics: Domestic Violence, www.womensaid.org.uk/core/core_picker/download.asp?id=1602
- vi Walby, S. and Allen, J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey, Home Office Research Study 276, Home Office, London.
- vii *Children in Need Census (2001)*, Children in Need, London.
- viii Walby, S. (2009) *The cost of domestic violence: update 2009 (Word)*. Lancaster University: UNESCO Chair in Gender Research.
- ix Walby and Allen, 2004.
- x Home Office (2002) *Crime in England and Wales 2001/2002* (London: Home Office).
- xi NEPHO health profile 2012.
- xii NEPHO health profile 2012.
- xiii NEPHO health profile 2012.
- xiv CVD disease health profile for Northumberland (SEPHO, 2011).
- xv Health and Wellbeing Board Cancer profile 2012 for Northumberland.
- xvi Big Lottery, Better Start Northumberland presentation, 10th September 2013.