

Action for a
**SAFER
CORNWALL**

Cornwall & the Isles of Scilly
Domestic Abuse & Sexual Violence Strategy
2011-2015

'The Right Response'

Foreword

The figures in relation to the prevalence of domestic abuse and sexual violence generated from the British Crime Survey (BCS) 2009/10 are haunting.

Table 1: Summary of prevalence of Domestic Homicides, Female Genital Mutilation, Stalking, Rape, Sexual Assaults and Domestic Abuse in the UK⁷.

Form of abuse/violence	Women	Men	Total
Murdered	95	21	116
FGM	>66,000		>66,000
Stalking	>1,200,000	>900,000	>2,100,000
Raped (incl. attempts)	>60,000	964 reported	>61,000
Sexually assaulted	>300,000	Unknown	>300,000
Domestic abuse	>1,000,000	600,000	>1,600,000
Experienced within their lifetime	>45,000,000	>2,600,000	>47,600,000

Note: The BCS self-completion modules on domestic abuse & sexual violence are administered only to those aged 16 to 59. This means that there is no information about elder and child abuse.

If the 'symptoms' of domestic abuse and sexual violence were a single disease, the number of patients accessing the NHS for treatment would be greater than any other illness. World-wide the issue would be viewed as a pandemic.

If every person subjected to domestic abuse and sexual violence were to report their experience to the Police, the number of incidents created would be greater than that for any other crime.

Overall, in the UK, 1 in 4 women and 1 in 6 men will experience a form of abuse within their lifetime.

Every statistic is a person's life and the impact of these horrendous crimes can be devastating and long-lasting.

Its existence is unacceptable and never justifiable.

This new strategy follows on from the Cornwall & the Isles of Scilly Multi-Agency Domestic Violence and Abuse Strategy 2008-2011. It builds upon the successful implementation and the robust partnership framework established through its domestic violence predecessor but introduces a new element; the strategy for addressing sexual violence.

In Cornwall and the Isles of Scilly, we believe that addressing domestic abuse and sexual violence is essential to creating safer, stronger and healthier communities. We recognise that abuse is experienced by many different groups and that its impact is widespread; affecting the victim, their families and children and also the wider community.

We aim to tackle domestic abuse and sexual violence in their widest forms and ensure support is accessible to all victims throughout our area. We recognise that in fragile and restrictive economic times this is no easy task and it will only be through strong multi-agency partnerships that zero tolerance to domestic abuse and sexual violence will be achieved.

For both 'domestic abuse' and 'sexual violence', the diversity of behaviours, attitudes and crimes these phrases encapsulate are enormous, however, there are common themes; the perpetrator's belief that their behaviour is acceptable or excusable, the victim's belief that in

some way they are to blame or initiated it and society's confusion as to what it means and what can be done.

There are key messages to be delivered from this strategy and by the professionals that work within the organisations that have signed up to it. These are the messages as to how, we feel as a collective, establishing a multi-agency defence to be used for those subjected to it, against those who chose to disregard the most basic of human rights; to live without fear and achieve their full potential.

1. These behaviours are not and never will be acceptable;
2. There are no excuses;
3. The victim will not be blamed;
4. The victim did not instigate it;
5. Society can understand;
6. Society will challenge its existence and move to eradicate it.

For the men, women and children who are subjected to domestic abuse or sexual violence and for the perpetrators that chose not to respect human life, we will achieve ***the right response***.

A handwritten signature in black ink, appearing to read 'Michelle Davies', with a stylized flourish at the end.

Michelle Davies
Domestic Abuse & Sexual Violence Strategic Coordinator

Contents

1.	<i>Executive Summary</i>	<i>Pages 5-11</i>
2.	<i>Domestic abuse & sexual violence – what is it?</i>	<i>Pages 12-14</i>
3.	<i>National Policy Context</i>	<i>Pages 15-16</i>
4.	<i>Violence Against Women and Girls (VAWG)</i>	<i>Pages 17-23</i>
5.	<i>The Stern Review</i>	<i>Pages 24-28</i>
6.	<i>Local Delivery Structure</i>	<i>Pages 29-30</i>
7.	<i>Analysis of Local Need</i>	<i>Pages 31-49</i>
8.	<i>What are we going to do? The Right Response</i>	<i>Pages 50-56</i>
<i>Annex</i>		
(A)	<i>References</i>	<i>Page 57</i>
(B)	<i>Glossary</i>	<i>Page 58</i>
(C)	<i>Tables & Graphs</i>	<i>Pages 59-60</i>

1. Executive Summary

1.1 Domestic Abuse and Sexual Violence; A Priority Issue

For women;

- The World Health Organisation have identified that for all women aged between 15 and 44 violence against women is the greatest cause of female injury and illness on a global scale, when compared with cancer, malaria, traffic accidents or war.
- Each year in the UK circa 300,000 women suffer rape or attempted rape whereas 150,000 suffer a stroke.

For men;

- 1 in 6 (16%) of men aged 16 or over will experience domestic abuse in their lifetime.
- In 2008/9, 964 rapes of men aged 16 years and above were recorded by the Police¹.

For both men and women;

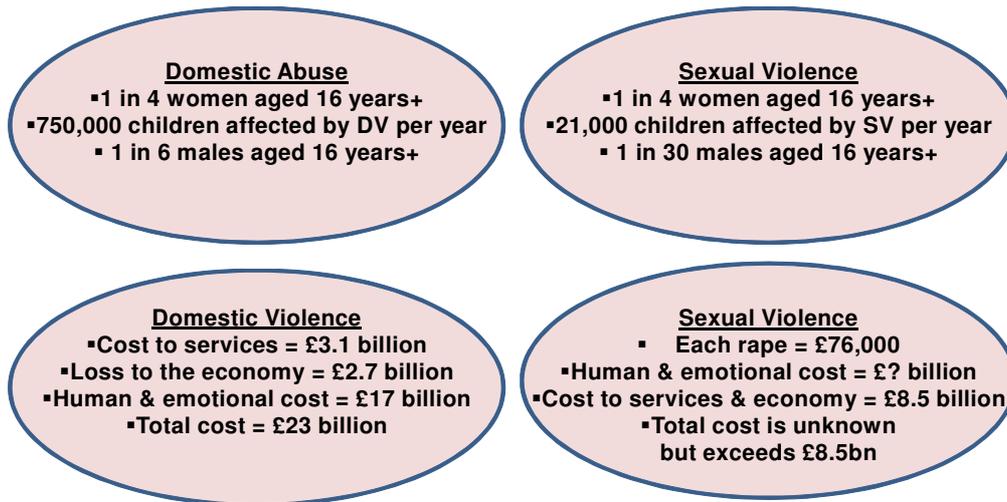
- 21% of adults have been victims of domestic abuse in their lifetime compared to only 4% of the population suffering with diabetes.
- 6% of the UK population will suffer a depressive episode in a 12 month period. This is comparable to the 5% who will suffer from a domestic abuse incident.

For children;

- In 75% to 90% of incidents of domestic violence, children are in the same or next room².
- 40-70% of cases where women are being abused, the children are also being directly abused themselves³.
- Children of abused young mothers are 80% more likely to be obese by age five, in comparison with children whose mothers are not abused. Despite similar prevalence of domestic abuse (22%) and obesity (24%) within the population, generally more is invested in the treatment and services for obesity than domestic abuse.
- Domestic violence is present in two thirds of cases of child deaths⁴.
- 11% of boys and 21% of girls aged under 16 experiences sexual abuse during childhood. 72% do not tell anyone about the abuse at the time. 27% tell someone later⁵.
- An estimated 6,500 girls are at risk of Female Genital Mutilation (FGM) within the UK every year⁶.

Domestic Abuse and Sexual Violence are issues that can affect anyone regardless of gender, social group, class, age, race, religion, disability, sexuality or lifestyle.

The impact of Domestic Abuse and Sexual Violence is costly not only to the victim, in terms of the personal, physical and emotional cost, but also to the UK economy, with increased costs for the health service, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity.



It is vital that all statutory, voluntary and community agencies are committed to working together to prevent DASV, raise awareness of the issues surrounding it and to deliver accessible and effective services to both victims and perpetrators. No single agency can adequately deal with DASV. The issue needs to be addressed by joint working and multi-agency strategies. To this end, this Strategy has utilised consultation and engagement of partner agencies in the development process and ensured that a wide and diverse range of agencies and/or individuals have been involved. This has enabled us to maximise commitment, engagement and use of best practice across statutory and voluntary agencies.

1.2 The Structure of the Strategy

The strategy has collated and utilised a range of national and local data in order to provide a platform of information upon which future actions can be rationalised, designed and implemented.

Outlined below are the key chapters within the strategy;

1.2.2 Chapter 2 Domestic Abuse and Sexual Violence (DASV) what is it?

This chapter aims to offer a comprehensive and clear definition as to what constitutes Domestic Abuse and Sexual Violence.

1.2.3 Chapter 3; National Policy Context

This chapter explores government policy and legislation and focuses on the national strategic direction for the Domestic Abuse and Sexual Violence (DASV) arena which provides the 'backdrop' for local strategies.

Many documents were consulted, listed below are the six most influential in shaping the Strategy;

- Call to End Violence Against Women and Girls (CEVAWG)
- The Stern Review
- National Community Safety Plan 2008-2011
- Equality Act 2010
- The Albetti Review
- Working together to Safeguard Children Interagency Guidance

The priorities of national policies are currently:

- Safer communities
- Prevention of sexual abuse
- Improving rape prosecution
- Prostitution and trafficking
- Early identification and intervention of DASV across the family
- Violence Against Women and Girls (VAWG)
- Forced Marriage (FM) and Female Genital Mutilation (FGM)

Additionally, the current strategic aims of national policy focus on the areas of: Prevention; Provision; Protection through Risk Management & Justice Outcomes and Partnership Working.

1.2.4 Chapter 4; Violence Against Women and Girls (VAWG)

This chapter focuses on the new government strategy 'Call to End Violence against Women and Girls' (CEVAWG) published in two parts; the strategic narrative October 2010 and the action plan published March 2011. The chapter aims to provide an overview of the strategy and explores what implications it has for the local DASV service.

1.2.5 Chapter 5; The Stern Review

This chapter details the findings in the independent review published by Baroness Stern commissioned by the Home Office and Government Equalities Office in 2006, into how rape complaints are handled by the public authorities. The Review also makes reference to the findings of the two reports published by Sarah Payne, *Redefining Justice* and *Rape: the victim experience review*, in addition to Sir George Albeti's review on the crucial role of the NHS in caring for rape victims.

All 4 reports have influenced the shape of the strategy in relation to service provision and local public authorities' response to sexual violence.

1.2.6 Chapter 6; Local Delivery Structure

This chapter describes the local landscape of Cornwall and the Isles of Scilly along with the local DASV strategic and operational structures and governance.

Historically issues of Domestic Abuse and Sexual Violence have been addressed separately and in isolation. The relatively new Domestic Abuse and Sexual Violence Strategic Group has aimed to address issues across both arenas, county wide however; strategic representation at the Group's meetings has been sporadic. This coupled with the move in 2009 from the six district Councils to the unitary Council with the associated mergers of district based DASV groups has further complicated the governance structure.

The challenges to developing a strategy that addresses DASV and is consistently implemented across the county are numerous and whilst the streamlining and restructuring of governance is a pivotal action of the strategy, there remains a plethora of Groups and Boards who choose to drive forward the objectives;

- 3 DASV forums (West, Mid and East)
- SEEDs (Survivor Forum)
- Specialist Domestic Violence Court (SDVC) Steering Group
- DASV Strategy Implementation Group
- Sexual Assault Referral Centre (SARC) Steering Group

- Peninsular SARC Strategic Board
- Safer Cornwall Partnership Board (Community Safety Partnership)
- Safer Cornwall Partnership Management Group
- Community Safety Team
- MARAC Steering Group

1.2.7 Chapter 7; Analysis of Local Need

This chapter explores the nature and prevalence of DASV throughout Cornwall and the Isles of Scilly. The local data for Domestic Abuse has been abstracted from the Strategic Assessment Evidence Base 2009/10 & 2010/11, the MARACs and SDVC. The data contained within the strategy for Sexual Violence has been taken from the Assessment conducted at the end of 2008/9, the Police and Amethyst. Both Assessments were produced by Amethyst, the Community Safety Intelligence Hub. The data for the production of the Assessments is collated from the following partner agencies;

- Cornwall and Isles of Scilly Community Safety Partnerships
- Community Safety Team
- Cornwall and Isles of Scilly Drug and Alcohol Action Team
- Cornwall and Isles of Scilly Youth Offending Service
- Devon and Cornwall Probation Trust (Cornwall and Isles of Scilly)
- Devon and Cornwall Police
- Cornwall Council
- Community Intelligence
- Environment, Planning and Economy
- Children's Trust
- Road Casualty Reduction Unit
- Criminal Justice Integrated Team

These Assessments are fundamental in determining yearly and seasonal changes along with general trends in prevalence. They further identify crime rates by Local Network areas and identify risk areas or 'hotspots' whilst offering correlations to geographical areas of increased drink and drug activity.

In addition to the data contained within the Assessments and the individual agencies listed above further information has been collated from the MARACs and SDVC Steering Group.

There were 472 recorded sexual offences in Cornwall in 2008/09 and the majority of crimes (56%) involved a victim under the age of 18. This fact highlights a priority area in terms of young peoples' awareness of what constitutes a healthy relationship and where to access support if they subjected to unwanted sexual attention or violence.

Domestic violence is more likely to be alcohol-related than non-domestic violence (54% compared with 46%).

For all domestic incidents the arrest rate at 31% appears to be average with national rates ranging from 53.3% in West Yorkshire to 9.2% in Nottinghamshire.

Women are most likely to be victims of abuse; female victims outnumber men by almost 4:1 in all incidents reported to the police in Cornwall & Isles of Scilly. However, men are less likely to report abuse and are thus under-represented in recorded incident figures. Based on national research, we can estimate that around a third of victims of domestic abuse are likely to be men. Local cases involving male victims, where support services have made (or attempted to make) contact have largely related to interfamilial violence rather than within an intimate relationship.

For both male and female victims, the under-25 age group is most likely to be victimised. 25% of incidents reported to the police involved a victim aged 16 to 24.

It is acknowledged that vulnerable adults are less likely to report incidents and it is other sources of data, such as referrals to adult social care, may provide a better indicator of local prevalence. Previous information provided by Adult Social Care showed that at least 25% of referrals received came within the definition of domestic abuse, with the alleged perpetrator being a partner or family member.

Purely in terms of age, we do know that incidents involving a victim aged over 65 years account for 3% of all incidents reported to the police (there were just under 200 incidents in the 12 month period to 30 September 2010).

Nationally, 1 in 3 Lesbian, Gay, Bisexual and Transgender (LGBT) people experience domestic abuse. However within Cornwall it is acknowledged that we do not have robust data collection which includes monitoring for minority groups and that the LGBT community is not adequately represented or catered for.

1.2.8 Chapter 8; What are we going to do; *The Right Response*

It is true; there are 'no rules' as to where a person will feel comfortable and safe to disclose they are, or have been, a victim of domestic abuse and/or sexual violence.

It is true; there are 'no rules' as to which family member will feel comfortable and safe to disclose they are living with, or have lived with, domestic abuse and/or sexual violence

It is true; there are 'no rules' as to with whom a person will feel comfortable and safe to disclose they are, or have been, a victim of domestic abuse and/or sexual violence

It is true; it's every agency's, every professionals and every member of society's responsibility to ensure that when someone discloses domestic abuse or sexual violence it is met with belief, acceptance and respect.

It is imperative that when a man, woman or child chooses to disclose they are or have been subjected to domestic abuse or sexual violence, their invested trust is met with *the Right Response*.

The Government's Strategy 'Call to End Violence Against Women and Girls' is underpinned by the 4 principles of Prevent, Provide, Partnership Working and Risk Management and Justice Outcomes. We will adopt these 4 principles but widen their application to include the call to end domestic abuse and sexual violence against men, women, boys and girls of all ages. In adopting this overall aim the strategy does not fail to recognise evidence that supports domestic abuse and sexual violence is predominately subjected by male perpetrators on female victims and that women experience significantly higher levels of severe and dangerous violence and are more likely, for example, to experience repeat victimisation or post separation violence, stalking and intimidation.

Prevention

1,375 children had access to the work of the SAFE project (Victim Support) in its first 2 years of delivery. During the first 30 months the project delivered awareness sessions to 420 children at 5 schools in 2008, 955 children in 10 schools during 2009 and a further 960 children from January to July 2010. Working with children and young people to increase their awareness as to what constitutes a 'healthy relationship' and their rights within those

relationships is fundamental to offering the younger generation choices for now and in their adult lives.

A total of 24 agencies attended the 3 CAADA MARAC training sessions held at the end of 2010. This clearly demonstrated the commitment of a multi-agency approach to tackling DASV.

An additional 71 practitioners attended the 'Used & Abused' Domestic Abuse and Substance Misuse practitioner sessions held to provide practical advice and increased awareness of available resources to practitioners within the fields of domestic abuse, alcohol and substance misuse.

Provision

The role of the Independent Domestic Violence Advocates (IDVAs) is to provide a service to victims ACPO CAADA DASH risk assessed as high. In 2010/11 there were 1001 female and 99 male referrals to the IDVA Service. This is a 39% decrease from the previous year (2009/10 1,552 female and 264 male referrals received) and is thought to be largely due to the introduction of the new ACPO CAADA DASH risk assessment and the changed threshold for high risk.

The Independent Sexual Violence Advocates (ISVAs) support the victims of rape or sexual assault. Cornwall has offered an ISVA Service for 5 years and during 2009/10 there was 1 full time equivalent ISVA that received 70 referrals resulting in 63 (90%) engaging with support. In June 2010/11 a further full time equivalent ISVA was added to the service. One ISVA covers the East of the county for female victims whilst the second ISVA covers the West of the county for female referrals and works county-wide supporting male victims of sexual violence. During 2010/11 the ISVA Service received 167 female and 13 male referrals.

More than 2,000 women received support from the Women's Rape and Sexual Abuse Centre (WRSAC) in the year 2010/11, whilst a further 2,490 accessed support through West Cornwall Women's Aid. Esteem reported a total of 73 male referrals to the service.

There are currently 3 refuges in Cornwall providing emergency accommodation to women fleeing domestic violence. Whilst the refuges receive referrals across County, they are based in Mid and West Cornwall and there is no refuge capacity located in the East. The maximum capacity for accommodation is 25 women and 44 children. However, a recent service needs review conducted by Supporting People identified the need for 125 units to provide refuge accommodation. This is based upon the Cornwall and Isles of Scilly female population and the prevalence of domestic abuse.

Partnership Working

This chapter acknowledges the number of strong DASV partnership Groups and Boards that exist, however, there has to be a fundamental mind shift; responding to victims of Domestic Abuse and Sexual Violence must be treated as core business for the statutory agencies.

This chapter focuses on how we achieve this in challenging economic times when we can no longer afford to be *reactive* to DASV, we have to be *proactive*. We need to develop and embed robust comprehensive care pathways and ensure that they are adopted by all agencies.

Risk Management & Justice Outcomes

In 2010/11 there were a total of 272 cases processed through the Special Domestic Violence Court (SDVC). From these cases there were 227 (83.4%) brought to justice outcomes with costs and compensation being the most common outcomes.

In the same period, the Devon & Cornwall Probation Trust reported within Cornwall a total of 37 male offenders completed the Integrated Domestic Abuse Programme (IDAP).

In the West and Mid Cornwall areas the overall costs for Sanctuary Scheme during 2010/11 was £14,386.54. In total 107 referrals were received across the 2 areas with 102 households received sanctuary measures. The average cost for sanctuary measures, over this period, is around £134.45 per household versus £2,500 per family for relocating and moving due to DASV.

The 6 local MARACs meet on a monthly basis and are chaired by the Detective Inspector within PPU that holds the portfolio for Domestic Abuse. The DI, Detective Sergeants of the Domestic Abuse Units and their officers work closely with the IDVA (Independent Domestic Violence Advocates). There were 600 cases processed through the MARAC.

2.Domestic Abuse & Sexual Violence – what is it?

The change in terminology used within this strategy compared with historic documents, from the term domestic ‘violence’ to domestic ‘abuse’ is purposeful. Words are powerful tools in their ability to conjure images that inform our preconceptions. What do we see when we think domestic **violence**? For the majority it will be physical injuries caused by a man subjected on a woman, it will be the bruises and the breaks that result from the violent onslaught.

What do we see when we think domestic **abuse**? It’s harder to visualise, it’s even more difficult to clearly define and explain, and it’s not quite tangible. Unless of course we revert to ‘default mode’ to the images of the physical assault as a desperate measure to be able to say ‘Yes, I know what domestic abuse is!’

It is therefore easy to understand why so many people experiencing domestic abuse do not recognise that they are a victim of a crime and as professionals are only human, it follows that, as professionals we struggle to understand, identify and appropriately respond to the victims and families we work with that experience this abuse.

Are we so focussed on identifying **violence** that we fail to recognise **abuse**? This strategy and action plan aims to ensure that everyone understands the breadth of forms of domestic abuse, the various disguises it adopts, the covert ways it is played out and recognises their own responsibility to appropriately respond to it.

The Government defines domestic abuse as *"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."*

Whatever form it takes, domestic abuse is rarely a one-off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim. Typically the abuse involves this pattern of abusive and controlling behaviour, which tends to get worse over time. The abuse can begin at any time, in the first day, month or year, or after many years together. It may begin, continue, or escalate after parties have separated and may take place not only in the home but also in a public place.

The figures evidences that domestic abuse consists mainly of violence by men against women hence the common referral to its existence as a ‘gender-based issue’. However, domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth, and geography; domestic abuse respects no boundaries, it targets no wealth or poverty, child, teenage or older generation because its perpetrators respect no boundaries or walk of life.

Society’s preconceptions often extend to what is recognised by the term ‘sexual violence’. Sexual violence is usually depicted as ‘stranger rapes’, the sort of incidents most often reported by the newspapers, where the victim and the perpetrator do not know each other. The reality is that this represents a small proportion of sexual violence cases.

In 2008 the World Health Organisation (WHO) defined its understanding of sexual violence as *"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic someone’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work"*.

The following box provides short definitions of all forms of violence covered by the strategy. There are links between the different forms including;

- similar myths and stereotypes which are used to justify or excuse the abuse
- the use of power and control
- high levels of under reporting
- low conviction rates
- repeat victimisation
- most perpetrators are known by the victim
- long-term social, psychological, emotional and economic consequences for victims
- the historic failure of agencies to achieve *the Right Response*

Domestic Abuse; a pattern of coercive control, which includes combinations of physical, sexual, psychological and financial abuse and isolation by a current or former partner or family member. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily.

Female Genital Mutilation (FGM); involves the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and 15 years of age. Unlike male circumcision, which is legal in many countries, it is now illegal across much of the globe, and its extensive harmful health consequences are widely recognised.

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

'Honour' based violence; violence committed to protect or defend the 'honour' of a family and/or community. Women, especially young women, are the most common targets, often when they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour.

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

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

Sexual exploitation; involves exploitative situations, contexts and relationships where someone receives 'something' (eg food, drugs, alcohol, cigarettes, affection, protection) as a result of them performing, and/or others performing on them, sexual activities. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the person's limited ability of choice resulting from their social, economic and/or emotional vulnerability.

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

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

Whilst childhood sexual abuse does not have a separate definition, the strategy does include addressing this issue and the on-going affects within the delivery plan. For the purpose of the strategy childhood sexual abuse is considered as acts of sexual assault, exploitation and/or rape that have occurred during a victim's childhood but recognise that the emotional and psychological impact of this will, understandably, be long-lived and can manifest itself in adult life.

When we consider the fuller definition of domestic abuse and sexual violence it becomes apparent how these behaviours can infiltrate the lives of children, women and men and how the impact can be life-long and destructive. The only common thread is the perpetrator's coercive or forceful behaviour onto another human's life.

3. National Policy Context

The focuses of national policies are currently:

- Safer communities
- Prevention of sexual abuse
- Improving rape prosecution
- Prostitution and trafficking
- Early identification and intervention of DASV across the family
- Violence Against Women and Girls (VAWG)
- Forced Marriage (FM) and Female Genital Mutilation (FGM)

The focuses of strategic aims are currently; Prevention; Provision; Protection through Risk Management & Justice Outcomes and Partnership Working.

Priority groups include; Women and Girls; Children and Young people; Vulnerable Adults; Victims of Forced Marriage; Honour crime victims; Human trafficking and Sexual Exploitation victims and Prostitution

There are a number of international and national legislative requirements and documents recently published that are moulding the approach that statutory and third sector organisations are adopting to address DASV issues. In developing this strategy it has been essential that these influential documents have been considered and the following provides a brief outline of their aims and objectives. The Call to End Violence Against Women and Girls (CEVAWG) Strategy and the findings of the Stern Review are given in more detail in subsequent chapters.

National Community Safety Plan 2008-2011; The Government laid out overarching objectives in terms of community safety;

- Make communities safer
- Reduce the risk to the UK and its interests overseas from international terrorism
- Build more cohesive, empowered and active communities
- Increase the proportion of people over 65 who are satisfied with their home and their neighbourhood
- Increase the number of children and young people on the path to success
- Improve children's and young people's safety
- Deliver a more effective, transparent and responsive CJS for victims and the public
- Reduce the harm caused by alcohol and drugs
- Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.

Equality Act 2010; this is further development from the Gender Equality Duty but will continue to place public authorities under a legal obligation to identify and take action on the most important gender equality issues which include VAWG.

Under the Act there are now 9 'protected characteristics' of which it is unlawful to discriminate against. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Albeti Review 'Responding to Violence Against Women and Children – the role of the NHS'; this review sets out 23 recommendations for the NHS in response to addressing violence against women and children. It acknowledges that less vigour has been placed on this agenda than has been applied to other areas of NHS work such as diabetes or stroke services. It recommends that the same need for high-quality care, early intervention and

evidence-based practice (and for work to improve the evidence base) applies to the VAWG issues.

The report recognises the need for increased awareness, training and education as being critical for shaping attitudes and providing skills. Whilst leadership at all levels and an outcomes-led approach to commissioning are essential and working in partnership with other sectors and agencies is also vital when dealing with the complexity of this issue.

Working Together to Safeguard Children Interagency Guidance; recognises that Domestic Abuse impacts on children and young people in a number of ways, including:

- Being at increased risk of physical injury during an incident
- Causing serious anxiety and distress which may express itself in anti-social or criminal behaviour, and adversely influence young child's social relationships
- Disrupting school attendance and performance when adolescents feel they must stay at home to protect their parent from an abusing partner

The guidance requires agencies to take a proactive, collaborative approach to identifying and responding appropriately to domestic and intimate partner violence.

Every Child Matters – Change for Children; is a shared programme of change to improve outcomes for all children and young people and sets out the national framework for local change programmes to build services around the needs of children and young people so that we maximise opportunity and minimise risk.

Two of the five outcomes are highly relevant to work on VAWG, namely 'Stay Safe' and 'Be Healthy'. Aims that relate directly to work on VAWG are included under the 'Stay Safe' outcome: "safe from maltreatment, neglect, violence and sexual exploitation", "safe from bullying and discrimination", and "safe from crime and anti-social behaviour in and out of school". The same is true for the aims included under the 'Be Healthy' outcome: "Physically healthy", "Mentally and emotionally healthy" and "Sexually healthy". This strategy should therefore be incorporated in to actions undertaken to meet these Every Child Matters outcomes.

It is understood that Every Child Matters has been archived by the Coalition Government however, at this time there is no current steer on how this document will be replaced.

Section 9 of the Domestic Violence, Crime and Victims Act 2004; From April 2011 overall responsibility and ownership for establishing a Domestic Homicide Review (DHR) rests with local Community Safety Partnership's (CSP). The CSP will hold a statutory responsibility to establish a DHR Panel with an independent Chair. The Panel will at a minimum consist of representatives from Police, Probation, Local Authority, Strategic Health Authority, Primary Care Trusts, Local Health Boards and NHS Trusts who will have a statutory duty to participate. DHR means a review of the circumstances in which a death of a person aged 16 years or above has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) a member of the same household as himself.

The purpose of a DHR is to establish lessons to be learnt for local professionals and organisations who work individually and together to safeguard victims. Whilst the primary purpose should and will be to improve the protection and safeguarding of victims of domestic violence, the review process will identify service provision gaps. These emerging finds, in conjunction with an audit of funding decisions, has the potential to open the partnership and individual agencies to scrutiny and liability.

All of the above documents have moulded and shaped our strategic direction and provided a robust framework for the action plan.

4. Violence against Women and Girls (VAWG)

**In 2009/2010, women were the victim of over seven out of ten incidents of domestic violence.
36% of all rapes recorded by the police are committed against children under 16 years of age.**

The focus of Call to end Violence Against Women and Girls (CEVAWG) strategy is based on the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). The strategy recognises violence against women and girls as a gender-based crime which requires a focussed and robust cross-Government approach underpinned by a single agreed definition.

For this reason the strategy uses the United Nations (UN) Declaration (1993) on the elimination of violence against women to direct the work across all government departments and through the inclusion of '*Any act of gender-based violence*' broadens its definition to include girls.

The vision is for a society in which no woman or girl has to live in fear of violence. To achieve this vision, society needs to:

Prevent violence through challenging attitudes and behaviours and through early intervention.

Provide adequate levels of support.

Work in **Partnership** to obtain the best outcome for victims and their families.

Reduce the risk and ensure perpetrators are brought to justice.

The strategy also recognises that women and girls face violence in the context of commercial and sexual exploitation. There are separate initiatives to deal with these issues. A new strategy to combat human trafficking is due to be published in 2011.

The CEVAWG strategy sets out the government approach and framework and will provide a strategic direction for local areas. It is important that local areas are able to work together to develop an approach that addresses their local needs in order to optimise their existing services.

This strategy is part of the coalition Governments overall approach to tackling all forms of crime which will be set out in the forthcoming crime strategy. The Government has promised a strong leadership role at national level and through clear objectives and a supported framework, has said that they will deliver strategic direction for local areas to draw on.

With changing landscapes and the pending Police and Crime Commissioners (PCCs) elections, the Government has stated they will take steps to ensure that the PCCs are familiarised and will involve them in tackling VAWG issues and to understand the role of local services in supporting the victims.

The Context

The strategy is placed in the context of historically too much emphasis was being put on criminal justice outcomes and enforcement without equal attention being paid to preventing this violence from happening in the first place. It acknowledges the 'strait-jackets' that were the national targets, rigid indicators, central directives and inspection frameworks and their consequences of removing professional discretion and innovative local solutions.

However, there are many elements that are reflective of the previous VAWG strategy and echo the concern of several previous reviews such as *The Sexualisation of Young People* by

Dr Linda Papadopoulos and the 'Taskforce on the Health Aspects of Violence against Women and Children' chaired by Sir George Alberti. The latter report outlined 23 recommendations for the NHS in response to DASV. Overall, these documents shifted focus onto the human rights issue being identified around the level of violence experienced in disproportionate levels by women and girls.

Another of the driving forces behind the altered focus around violence against women was the joint research by Equality and Human Rights Commission (EHRC) and the End Violence Against Women Campaign which reviewed provision within Local Authority areas of specialist services for this issue. The resulting review known as the 'Map the Gaps' highlighted what services each area was offering and where victims may be left without adequate support. Their reviews in 2007 and 2009 concluded provision was varied and a postcode lottery. They highlighted the need for greater awareness of the need for specialised service provision for women and identified the possibility of legal proceedings should areas not take action to remedy their provision. Thus, a focus on this as a human rights issue that needs to be addressed with adequate provision and prevention measures has been created.

The current government plans to support local areas to address this problem and deliver the services that are right for their communities by stripping away unnecessary central government targets and initiatives. The idea behind the strategy is to spread effective practice and innovations from across the country. There is also a drive to radically change the way these services are commissioned and delivered and encourage the involvement of local communities in deciding which local priorities should be funded.

The government will ensure that the Home Office funding for national help lines, Independent Sexual Violence Advocates (ISVAs), Independent Domestic Violence Advocates (IDVAs) and Multi-Agency Risk Assessment Conferences (MARACs) and their coordinators will continue on a stable basis. Whilst further support has been evidenced through the Rape Support Fund demonstrating commitment and recognising the importance of Rape Crisis Centres.

Prevention; Attitudes, behaviours and practices

The government is committed to challenging the attitudes, behaviours and practices which cause women and girls to live in fear.

The focus around prevention is the drive to eliminate negative messages which contribute to the excessive commercialisation and premature sexualisation of children. Other issues include forced marriage, 'honour' based violence and female genital mutilation.

To ensure effective action to prevent these crimes from occurring, the strategy is seeking to encourage greater reporting. It is therefore vital for women and girls to be able to seek the support most appropriate to them.

The government, amongst other activities, will:

- Develop a cross-government communications strategy which will raise awareness of sexual violence.
- Run a targeted communications campaign on violence against women and children for NHS staff, public and patients.
- Raise awareness of forced marriage among communities and frontline practitioners.
- Raise awareness of 'honour' based violence (HBV). For example, develop a resource pack about forms of HBV for new and recent entrants to the UK to assist them in understanding their rights and signpost them to support services.
- Ensure frontline practitioners have access to information regarding FGM and support outreach work with young people from communities where it takes place.
- Protect children from excessive commercialisation and premature sexualisation.

- Grant Jobcentre Plus a mechanism by which to reject job adverts where the employee is expected to carry out a performance or activity where the aim is the direct sexual stimulation of others.

Intervening Early

Children can be exposed to violence from birth and, unless an alternative view is established, are likely to grow to accept that behaviour as normal.

The current Government aims educate children early in life as to which attitudes and behaviours are acceptable and which are not and recognises the essential need to reinforce these views over time.

Schools and Academies play a vital role in this education and must help children understand the meaning of consent in relation to sex and relationships which will provide the foundation from them to make the distinction later in life.

Their aim is to ensure that staff are aware of how violence can affect a child's behaviour and what action they must take if they have concerns.

Alcohol use is associated with a fourfold increase in risk of violence from a partner and is more common when sexual violence is involved. Both of these forms of alcohol related violence disproportionately affect women and particularly so when a woman is pregnant or just after she has given birth. 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth.

Domestic Abuse is also known to be a major cause of miscarriage and still-birth. There is also a connection between violence and teenage pregnancy. Our Midwives and health visitors who are in contact with pregnant women play a vital role in early intervention but they need to be appropriately trained to recognise domestic violence and appropriately skilled to verbalise their concerns with patients and be sufficiently confident to knowledgeably and sensitively respond to disclosures.

Domestic Abuse is a significant issue for families supported by family intervention projects. In Britain there are around 142,000 families with five or more problems, including domestic violence and approximately 56,000 of these include children with behavioural problems. FIPs were shown to reduce the proportion of families reported to have this issue with domestic violence from 26% to 12%.

The government's new strategy aims to:

- Consider how to improve the teaching of sexual consent within the curriculum.
- Explore how health visitors may have a greater role in identifying the signs of domestic violence in women they visit.
- Investigate a new approach to provide greater support for families with multiple problems
- Free social workers to spend more time with children and families (Munro Review).

Getting the First Response Right

The police have an important role to play in tackling VAWG which is traditionally regarded as enforcement. But they and their multi-agency partners also make a significant contribution in preventing harm before it occurs. The strategy aims to ensure that all agencies have the appropriate and sufficient tools, such as training and data, to tackle VAWG and to be more responsible and accountable at local level.

Through the sharing of international best practice and effective models of working and through encouraging innovative and partnership working we will prevent vulnerable people becoming victims and repeat victims, prevent perpetrators becoming repeat offenders and assist all sections of our communities to feel safe.

The CEVAWG strategy aims to:

- Raise awareness of tackling VAWG to all frontline practitioners.
- Work with international police partners to learn from other countries about their response to VAWG.
- Fund the development of an e-learning course aimed at GPs. The course will cover domestic violence, sexual violence and child sexual abuse and practices. The course will also highlight the importance of engagement with MARAC which has traditionally lacked engagement by GPs.

Provision

The government's ambition by 2015 is to have created a robust commissioning framework for the provision of violence against women and girls services supported by stable Home Office funding.

Frontline Services and Funding

The Home Office has allocated a 'flat cash settlement' of over £28m over the next four years for work to tackle violence against women and girls and stated that tackling the issue will remain a key objective over the coming spending review period. The government is keen to move away from previous short-term and piecemeal funding arrangements for work that tackles VAWG. Through this funding the government want to encourage local decision-makers to ensure VAWG is not only seen only as a national priority but a local one also.

The role of MARACs, IDVAs and ISVAs at a local level are effective in protecting high risk victims and supporting victims. The government is determined to demonstrate to the local level the importance of continued provision through their commitment to continued central funding and it remains important for some aspects of service provision to remain national, for example the quality assurance of MARAC which aims to be completed by 2013.

Some women enter the UK on a spousal visa and are subsequently forced to flee that relationship as a direct result of domestic violence. The government's intention is to support these women and children while their case for indefinite leave to remain in the UK is developed and considered.

There is also the recognition that it is important to consider the needs of child victims of sexual and domestic violence. Local authorities, and in due course GP commissioning consortia, have a statutory duty to ensure that they safeguard and promote the welfare of all children.

In order to provide the identified service areas the government aims to:

- Provide funding to support IDVA posts, ISVA post and MARAC co-ordinators.
- Make £900K per year over the next four years available to support national DA&SV help lines.
- Ensure that information for the provision of services for women and girls in rural, as well as urban, areas is available to commissioners to ensure a locally-relevant response to VAWG.
- Create a sustainable funding model for rape support centres funded by the Victims' Surcharge.
- Set out a response to the Stern Review including the policy on long-term access to SARCs.
- Fund the establishment of the Diploma in the Forensic and Clinical Aspects of Sexual Assault.
- Continue support to victims of forced marriage.
- Continue work with victims of trafficking and victims of torture.
- Support local authorities and GP commissioning consortia to ensure they can identify, protect and give support to child victims.

Effective Practice and Training

The Government will support local areas to inform and develop an appropriate response to local VAWG issues through information sharing and effective practice. It will ensure that agencies have the training they need to deliver effective outcomes.

The government will also encourage information sharing and effective practice in the criminal justice system through a network of CPS specialist coordinators who will be responsible for implementing CPS policy locally.

There will be a review of the multi-agency statutory guidance for dealing with forced marriage and an evaluation of its implementation. This also involves developing policy with regards to the sensitivities in dealing with cases of forced marriage especially with victims who are women and girls with learning disabilities.

Sustainability of the Sector

The women's voluntary and community sector is dedicated to its role in protecting women and girls from violence and to the provision of adequate and consistent services to help victims. The Government wishes to work with the sector to help put this service provision on a more sustainable funding basis.

The focus is on improving the sustainability of services through the removal of inefficiencies and duplication and by identifying joint commissioning as one method of achieving this. Through establishing community budgets in 16 local areas the objective is to pool departmental budgets for families with complex needs to achieve better results.

Within the identified need for joint commissioning the health sector is important. The proposed establishment of Health and Well Being Boards it is hoped will help to promote partnership working between the NHS, social care, public health and other local services and thereby improve accountability. Value for money will be a key driver in commissioning services. It is important in these austere times that new models and ways of working are identified which help support sustainability.

Partnership Working Working with Sector Organisations and Communities

The Government's ambition is by 2015 to have supported the public, local areas and organisations to access the tools and information they need to give themselves a strong voice with Police and Crime Commissioners, new NHS commissioning structures and forthcoming public health services and service commissioners.

Partnership working will be essential in these budget constrained times. It is vital that local partners, including community and voluntary groups, work with local and national government to create a stronger response for women and girls. Effective partnerships to tackle the issues will be enabled through participatory budgeting involving local people to decide how to allocate part of a public budget to address a particular issue.

For partnerships to work there needs to be a transparency of information including maps of crime priorities and priority local areas. The Government will support women's sector organisations to compete effectively to provide services commissioned locally. This will be achieved through building an effective evidence base to influence local decisions and supporting them to work in consortia to achieve a common goal.

For commissioners and local decision makers, the new government are advocating the development of an online tool to aid the understanding of the prevalence VAWG might be in their area and what the optimum level of service provision would look like.

International Work

VAWG occurs in all countries and is an issue that crosses borders and therefore tackling VAWG does not stop at the UK shores. Issues such as FGM and FM can affect women either being forced to come to the UK or forced out of the UK as victims. It is essential to continue to strongly support the implementation of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Operational Protocol and other international human rights treaties. It will be important to annually assess the progress the UK is making.

Risk Reduction and Justice Outcomes Legislation and Justice Outcomes

There is a range of legislation in place to tackle all aspects of VAWG however, the Government recognises that it is important to understand how it is being used to protect and obtain justice outcomes prior to calling for legislative changes. The Stern Review concluded that the policies are right; it is the inconsistency of implementation that requires addressing. The government calls for the monitoring of relevant legislative provisions to ensure they are working effectively.

The introduction of the Equality Act 2010 will require public bodies to record the relevant data on how they are tackling VAWG in their area. This will allow the public to be able to hold them to account as public bodies will be required to not only record but to publish data of their work.

Section 9 of the Domestic Violence, Crime and Victims Act 2004 will also bring into law the requirement on local Community Safety Partnerships to hold a multi-agency review following a case of domestic homicide.

Protection orders and injunctions will help victims address their immediate need for protection whilst considering their options for longer term prosecution.

Cases of stalking and harassment can be difficult to prosecute because of their nature. Therefore the proposal to publish new guidance for prosecutors is a welcome move.

It is acknowledged that there needs to be a commitment to improving communication with victims across the Criminal Justice System. This will hopefully increase the trust in the system and also reduce the level of repeat victimisation.

Reducing the Risk for Victims and Supporting Women Offenders

The Government pledges to review the risk management and other protection processes, specifically around MARACs, to ensure they protect high risk victims of domestic violence. This is in addition to better supporting women offenders who have suffered violence to move out of the cycle of offending.

Almost half of women prisoners report having suffered from violence at home and about one third reporting having suffered sexual abuse. There was a drive to continue provision and over £10 million in funding was available until March 2011 to develop a network of effective community based alternatives to custody.

There is also a focus on the MARAC process through a review and to identify whether there is a case for putting MARACs on a statutory basis and whether the MARAC process could be applied in cases of sexual violence.

Local Implications of the Call an End to Violence Against Women & Girls Strategy

The strategy outlined in this section leads to numerous issues and challenges on a local level. In order to align local strategy with the governments overall ambition for the CEVAWG Strategy the following areas of concern have been identified for Cornwall & the Isles of Scilly.

1. The data; Police data is relied on heavily for identifying domestic abuse incidents in the area and there is no alternative multi-agency collective data mechanism. The police data is not currently provided to partner agencies by a male/female split and although national data evidences that females are the majority victims, the evidence to corroborate this is not available at a local level at this stage currently. However, it is corroborated by MARAC data which shows 90.8% of high risk victims are female. SDVC data also shows that the majority of defendants (92%) are male. However, with the demise of the LCJB there is now no longer a local mechanism for the collection of SDVC data which holds consequences for monitoring and performance implications for the county.

The Strategic Assessment 2008/9 recognises that there is a significant gap in our knowledge about the actual prevalence of sexual violence in the county. Additional information from other agencies would greatly enhance the limited information found in police recorded crime data, such as social services, A&E, GPs, sexual health services, substance use treatment services and the voluntary sector. Particular consideration should be given to the victim groups who have been highlighted as the most vulnerable in national research; young males and females, victims of domestic abuse and vulnerable adults.

The need for police data to clearly identify the issues of HBV, FGM and FM is also a priority as this is not readily available for analysis and forms areas of increased concern for the new government.

Required; Data requirements and gaps need to be addressed primarily within police, health and social care data.

2. Most sexual offences are against women and girls; the Strategic Assessment 2008/9 shows that most sexual offences are committed against women and girls. This indicates that the data surrounding these offences needs to be thoroughly analysed to identify areas where funding and resources could be targeted effectively for prevention purposes.

There is no data on the prevalence of sexual violence contained with the 2010/11 Assessment. In light of the considerable reduction in funding the local authority were required to prioritise their focus and concluded these to be alcohol, anti-social behaviour, domestic abuse and substance misuse, this did not include sexual violence and therefore we do not hold an up-to-date local picture of this issue.

3. Provision of IDVAs, ISVAs, MARACs and SARC; the strategy recognises the effectiveness of all of these services which includes a review of the MARAC process to consider its introduction of a statutory basis. Locally, these services are currently jointly commissioned through a number of Strategic Boards and have temporary funding solutions against their permanent need. Local agencies need to recognise the provision of these services as essential services and work towards a multi-agency funding strategy that supports their continuation on a mainstream funded basis.

Required; Develop a sustainable model for the IDVA, ISVA, SARC and MARAC services to continue in line with the current government's priority service areas.

4. Hospital admissions are majority female; the national data indicates that 84% of domestic abuse hospital admissions are female. However, there is no local data available. In order to monitor DASV presenting at hospital both in A&E and general admissions more

work needs to be done with health care partners to identify cases, to monitor presentations and effectively deliver a comprehensive initial response as highlighted in the CEVAWG strategy.

5. GP data and engagement; across the UK this is identified as an issue and through the lack of data availability it is presumed that this issue is echoed locally. This leads to a major gap in terms of the identification of the prevalence of DASV at this primary level. It is essential to fulfil the vision of the strategy that this early identification and intervention encouraged at a GP level. This links to collation and provision of data but also the engagement in services such as MARAC and access to ISVAs and IDVAs and the SARC via GP referral.

Required; Linkages and engagement with GP services needs to be improved in order to gain a perspective of the prevalence of DASV towards women and girls.

6. Partnership Working; The CEVAWG strategy explicitly highlights the need for local co-ordination. The focus on partnership is the constant theme throughout the strategy. There are many partners within the DASV field and in order to bring these together in an efficient and effective way requires a central infrastructure for strategic direction, implementation and accountability within the area.

5. The Stern Review

Commissioned by the Home Office and the Government Equalities Office, the Stern Review was published in 2006. The Review was tasked with examining the response of public authorities to complaints of rape to consider what improvements could be made so that more victims would report, more cases would result in successful prosecution and conviction and victims would receive better treatment.

The Review took 5 months to conduct and involved consultation with in excess of 200 individuals from a range of backgrounds such as victims of rape, Police, CPS and professionals that work in the supporting arena. The Review drew 11 main conclusions and made 26 recommendations which recognised process failings and were designed to make the implementation of existing policies more effective. 9 of the conclusions are summarised below whilst the recommendations have been integrated into the strategy's action plan.

Whilst this was a national review which reported on a diverse range of practices from superb and effective processes to the most appalling of treatment, the Review recognised *best practice*. It is this quality of service which this strategy seeks to achieve through its implementation. The Review has afforded the opportunity to examine local process and compare it to other Force Areas with the view to adopt the highest standard and achieve *the right response*.

The Main Conclusions;

1. *The Policies are right*

There have been substantial changes introduced in the recent years. Attitudes, policies and practices have vastly improved. We have specialised systems in place when dealing with rape at the Police, prosecution and judicial levels. We have Special Measures available in court and the introduction of Sexual Assault Referral Centres in every police force area.

Locally we have achieved a great deal, we have Specialised Domestic Violence Courts (SDVCs), dedicated Domestic Violence Units within the Police and a cohort of Sexual Offence Liaison Officers (SOLOs), whilst April 2011 sees the opening of the Willow Centre, Cornwall's SARC. However, the ultimate aim is to have these services recognised as essential services, we need to increase professional awareness of their existence and the access routes to them embedded all agencies.

2. *Implementation is patchy*

The policies are the right ones, these are not the problem. The failures are in the implementation. The Review gives examples of bad practice and recognition that all public authorities should implement the policies that have been developed and that this should be done in a way that is appropriate for their area and the number of cases that they are likely to deal with.

Locally, we have differentiating services dependant on geographical location; at best these services are aware of each other's existence and work well in partnership to achieve a seamless service. At worst, agencies work in silos, duplicating and further complicating a complex process.

3. *Positive obligations to victims must be recognised*

The Victim's Champion Sara Payne, in her report *Redefining Justice: Addressing the individual needs of victims and witnesses*, said: 'We need to reconsider our definition of "justice" so it is not just for punishing a perpetrator and preventing further crimes'.

This strategy looks at victims of sexual violence as people who have been harmed and who we have a positive obligation to protect and support in addition to the operations of criminal law. Whether the rape is reported or not, whether the case proceeds or not, whether or not there is a prosecution, victims have a right to specialised services and we have a responsibility to provide these to aid recovery and support the rebuilding of their lives.

4. *The conviction rate has taken over the debate*

Conviction rates for rape are the subject of considerable political and media attention. The six per cent figure is widely quoted. Some have found this helpful as a campaigning tool to support the need for huge improvements in the system. Others have found it a hindrance and misleading, unhelpful in reducing a victim's confidence in the process and discouraging them to report.

The way in which 'rape conviction rates' are calculated is unusual. The term 'conviction rate' usually describes the percentage of all the cases brought to court that end up with the defendant being convicted. The familiar six per cent rate in relation to rape has been calculated by different means, it refers to the percentage of all cases recorded by the police as a rape that ends up with someone being convicted of rape. When the data relating to rape cases is examined closely, the percentage of all cases charged with rape resulting in a conviction is nearer 58%.

We have a duty to be honest with our victims; we must find the considered balance of being open and honest that the process 'report to court' can be long and harrowing but equally acknowledge that the 'success' rate of prosecution is greater than often portrayed.

5. *What should our priorities be?*

If all policies within the Review are implemented it is likely that the number of reports and prosecutions will increase. However, we must take a broader approach to measuring the success when dealing with rape. We cannot simply measure this by increased reports and conviction rates whilst this is important and necessary. But in dealing with sexual violence there are a number of priorities that need to be balanced. The highest priority should always be the support and needs of the victim.

Locally, we need to listen and work with the individuals, we need to coordinate our responses to ensure *their* needs are being met not simply the needs of public authorities. Many of these have been achieved through the investment in the SARC and ISVA Service; however, very often victims' needs are there prior to the specialised services intervention and support. We need to ensure that each victim is met with respect and dignity from the outset of the process whether that be the call handler of a 999 call or a receptionist at a local GP surgery. For this to be achieved we need to not only invest in the *services* but in training the 'gateways' to these services.

6. *What have we learnt about rape?*

The Review emphasises that rape can occur in a range of circumstances however, media attention and therefore public perception primarily focuses on 'stranger rape'. These stereotypical views shrouded by myths have detrimental effects in that victims of sexual violence often do not identify themselves as such. In addition, the Review estimated that only 11% of people report sexual violence to the Police.

Locally, we have a responsibility to challenge misconceptions of what constitutes sexual violence. We need to educate professionals to ensure they understand the term in its broadest sense. We need to ensure that public awareness campaigns do not collude with the stereotypes and that children and young people understand what is consent and their fundamental right not to consent. Equally we need to educate people that there is no such term as 'implied consent' in relation to rape and sexual violence.

7. *Is the law understood?*

The Review recognises the need for the Sexual Offences Act 2003 to be understood. People need to be educated that the law does not say force has been used for it to be defined as rape. Violence is not part of the legal definition and that the absence of consent is the defining factor.

As we the earlier conclusion, education and public awareness is pivotal to drive this agenda forward. Local campaigns must be viewed as opportunities to educate; to dispel the myths such as there will always be the presence of physical injury following a rape.

8. *The Police are in the front line*

The Review acknowledges that the way the police respond to a victim's disclosure is crucial to the outcome and how the victim feels they have been treated. It recognises that there is still some way to go and there is a long history of disbelief, disrespect, blaming the victim and not seeing rape as a serious violation therefore deciding not to record it as a crime.

The first time of reporting is pivotal to the outcome of a case because it is when vital evidence can be collected. It is also when the victim will establish a view as to the way they are likely to be treated, they will form an impression as to whether this will be insensitive and intrusive and this will have huge consequences as to whether they did to pursue the complaint or not.

We have to change our mind-set, for each victim that decides not to proceed due to the inappropriate response of a professional, we haven't lost a 'non-runner' or a 'bad job', we have sent a very dangerous message to the perpetrator that their behaviour is acceptable and will go unchallenged.

Locally, Devon and Cornwall Police have invested in the recruitment of specialised SOLOs. The Forensic Medical Examiners operating from the SARC have state-of-the-art facilities and robust clinical governance. Our Crisis Workers will ensure the victim receives the necessary support and guidance through those early stages. But as previously stated, a victim's experience does start at the doors of the SARC, it starts with the first call to 999, the front desk of their local Police Station and through numerous other venues and phone lines across the county and it is here there is a substantial amount of educating and training to be provided. Furthermore, the victim's process does not end at the SARC and we must ensure that those investigating the case and those prosecuting the case have the necessary understanding of the complexity of the impact of sexual violence.

9. *Taking the case to court*

It is often said that the court case can be 'like being rape all over again'. The CPS have made changes in efforts to secure more convictions, this includes the introduction of specialist rape prosecutors in every police force area.

The use of special measures were indiscriminately utilised with the suggestion that they were viewed as detrimental to the case as 'Juries prefer theatre to film'. It is suggested that juries do not convict due to preconceived ideas and stereotypes of rape and how a victim *should* react. The well received judgement by the Court of Appeal has now given judges the licence to explain to juries in general terms the effects of rape.

It appears that once again the policies are right but the implementation of the policies is dependent on individuals rather than systemically applied. Locally, we must ensure and monitor that policies are applied all individuals for all victims and that these are not left 'open to interpretation' or 'selectively adhered to'.

In addition to the above 9 conclusions, the Review concluded that the reduction in Criminal Injuries Compensation Scheme due to unspent criminal convictions, victims being 'in drink' and the time delay between incident and report, were addressed.

The Review also acknowledged the pervading theme of the vulnerability of many of those reporting rape. With this vulnerability was the reality that they may have less capacity to consent. This finding lends further support that awareness campaigns must not continue to be targeted at victims and advise of 'staying safe' but must turn 180° and face perpetrators with the facts; 'no consent means no sex'.

6. Local Delivery Structure

The Crime and Disorder Act 1998 placed responsibilities upon Local Authorities and the Police to work together and implement a strategy to reduce Crime and Disorder. The Police Reform Act 2002 amended the Crime and Disorder Act so that the named responsible authorities were increased to include Police Authorities, Fire Authorities and Primary Care Trusts. Community Safety Partnerships were formed in accordance with this and are committed to tackling not only crime and the fear of crime, but also the causes of crime.

The commissioning responsibility predominately lies with the Domestic & Sexual Violence Coordinator. This post sits within the Community Safety Team of the local authority which is one of the statutory partners of the Community Safety Partnership (Safer Cornwall).

The Safer Cornwall partnership represents a co-ordinated approach to tackling crime and disorder which includes domestic violence services for perpetrators and victims and the children impacted by its existence.

It is acknowledged that it is no one organization's sole responsibility to deliver a reduction in domestic violence and the fear of crime but something which needs to be tackled collectively and in partnership with others.

In recognition of the need of specialist multi agency input and to ensure cross cutting governance, safeguarding and quality assurance a Domestic Abuse & Sexual Violence Strategic Group was established.

Individual agencies whose core business features domestic abuse provide strategic input and governance of the Domestic Abuse & Sexual Violence Strategy and services that are commissioned to implement the delivery plan. However, during these changing times it has been decided that in response to the lack of strategic representation on the Group, in future times this will become the Domestic Abuse and Sexual Violence Strategy Implementation Group.

Historically the Group reported to the Community Safety Partnership, providing a structure for governance with ultimate responsibility sitting with the Community Safety Partnership's Strategic Board which consists of Devon & Cornwall Police (Basic Command Unit Commander), Cornwall & Isles of Scilly Primary Care Trust (associate Director), Cornwall Fire & Rescue Service (Chief Fire Officer), Cornwall Police Authority (Police Authority Member), Cornwall Council (Director of Communities and Elected Member with Community Safety Portfolio) and Cornwall Probation Service (Assistant Chief Officer).

With pending developments of the Police and Crime Commissioners and Health and Well-Being Board, the finite governance structure remains unclear however, establishing a robust governance structure with clear lines of accountability is a key action of this strategy.

There are a number of other equally important elements to the local delivery structure which are illustrated below;

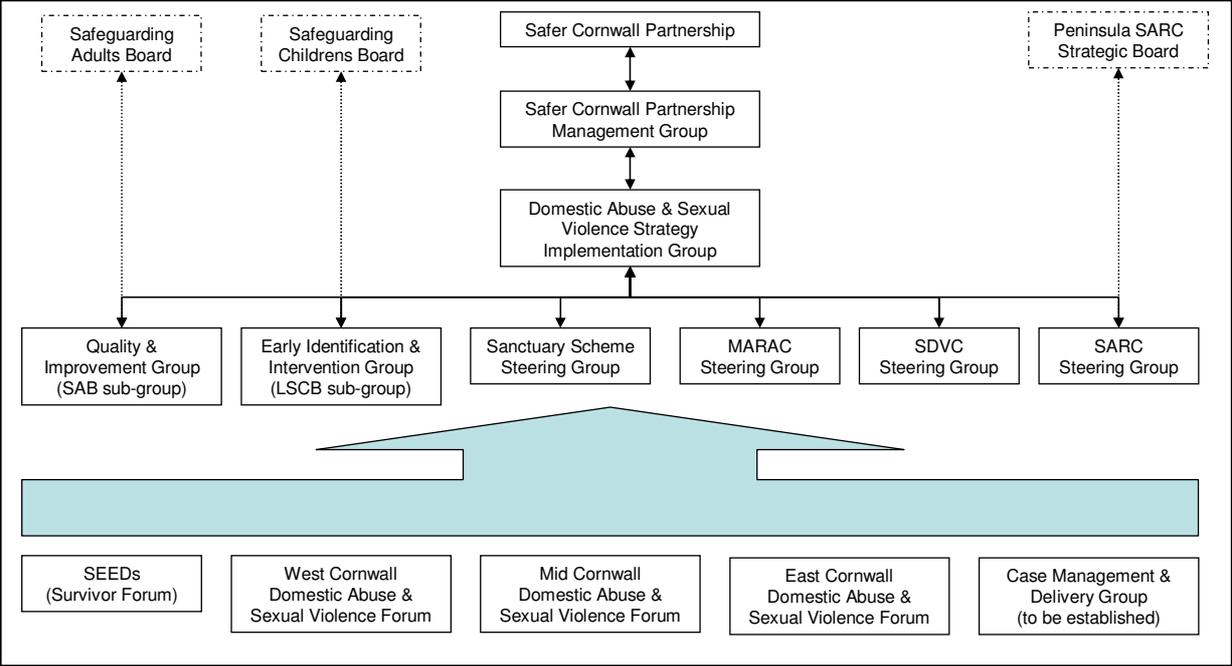


Figure 1: DASV Local structure

Together these Boards, Groups and Agencies make up the driving force for the DASV agenda and aim to;

- Provides strategic guidance and tactical expertise to any other relevant groups within the DASV remit.
- Devises, develops and implements action plans to provide/maintain sufficient effective and accessible support mechanisms for all parties involved in DASV.
- Devises standards and performance indicators and builds a specific evaluation process into each development.
- Raises awareness of DASV and related issues and aims to increase the reporting of such incidents, establishing their true scale in Cornwall.
- Liaises with other relevant bodies keeps up to date on national and international DASV related initiatives and trends.
- Promotes appropriate training amongst key partner agencies.
- Consults with users to ascertain feedback on services and strives to develop and deliver high quality services that are client centred and address local need.

The structure involves multi agency working. Below is a list of partner agencies involved in within the DASV arena:

- Bodmin and Truro Magistrates Court
- Community Safety Team
- Cornwall and Isles of Scilly Primary Care Trust
- Cornwall Council
- Cornwall Housing Ltd.
- Cornwall Housing Trust
- Cornwall Partnership Foundation Trust
- Cornwall Victim Support
- Cornwall Womens Refuge Trust
- Crown Prosecution Service
- Devon and Cornwall Constabulary
- Devon and Cornwall Probation Service

- Drug and Alcohol Action Team
- Independent Futures
- HM Court Services
- Royal Cornwall Hospital NHS Trust
- Youth Offending Service
- Womens Rape and Sexual abuse Centre (WRSAC)
- West Cornwall Womens Aid

7. Analysis of Local Need

7.1 Crime Statistics Overview

There are two main sources of official statistics on crime: the police recorded series and the British Crime Survey (BCS). There are some gaps in coverage which need to be borne in mind when interpreting the findings.

Violence against a person and sexual offences account for 21% of total reported crime. DASV could also be accounted for in other crime categories. The biggest shift has been a six percent rise in sexual offences.

7.1.1 Sexual Violence

According to the 2009/10 BCS, approximately two per cent of women aged 16 to 59 and less than one per cent of men had experienced a sexual assault in the previous 12 months. There were no changes in the overall prevalence of sexual assaults between 2008/09 and 2009/10.

Nationally, there were 54,509 sexual offences recorded by the police in 2009/10, a six per cent increase compared with 2008/09. The interpretation of increases or decreases in reporting figures must be treated with caution as an increase could well be due to increased public confidence in reporting as opposed to an increase in the actual number of crimes. This is conceivable in recent years with the initiatives undertaken by forces.

7.1.2 Reporting of Crime

On a national level the most frequently mentioned reason for not reporting incidents was that victims perceived them to be too trivial, there was no loss, or they believed that the police would or could not do much about them. These reasons for non-reporting are often echoed at a local level.

7.1.3 Repeat Victimization

The survey has been influential in highlighting the need to target crimes that are prone to repeat victimisation such as domestic violence. The BCS has captured data on domestic violence offences via a self-completion module since 2001 and the data have consistently shown that victims of domestic violence were more likely to experience repeat victimisation than victims of other crime types. Repeat victimisation accounted for three quarters (76%) of all incidents of domestic violence as measured by the 2009/10 BCS. Of the 169 victims interviewed, around a half (47%) were victimised more than once and nearly a third (30%) were victimised three or more times.

7.1.4 Domestic Abuse

Based on the 2009/10 BCS, seven per cent of women aged 16 to 59 were victims of domestic abuse in the past year compared with four per cent of men. There was no statistically significant change. Partner abuse was the most common type of domestic abuse. Prevalence of family abuse was lower.

Offender-victim relationship

Stranger violence is more likely to be experienced by men while women are at greater risk of domestic violence. According to the 2009/10 BCS, most (79%) victims in incidents of stranger violence were men. In nearly three-quarters (73%) of incidents of domestic violence the victims were women.

Influence of Alcohol and drugs as contributing factors

It is believed offender(s) to be under the influence of alcohol in around a third (37%) of all domestic violent incidents. In one in five (18%) domestic violent incidents the victim believed the offender(s) to be under the influence of drugs.

Offender characteristics

Offenders in domestic violence incidents were most likely to be male (79%). In around a third of domestic violence incidents (30%) the offender was believed to be aged between 24 years or younger, with 40% of offenders believed to be 25-39 years of age.

In summary, women are more likely to be victims of DASV, with the majority of cases being within intimate partner relationships rather than familial. Offenders are likely to be under the influence of alcohol or drugs and be male aged 25-39.

7.2 The Extent of Domestic Abuse and Sexual Violence in Cornwall

The following section will be a closer analysis of the local extent, prevalence and nature of DASV and the specific issues facing Cornwall.

We have provided details on arrests, reports and the cases within the criminal justice system. Table 2 illustrates the percentage change within the South West from 2008/09 to 2009/10. The table illustrates that overall the region has seen a decline in total offences however in line with national figures there has been a rise in sexual offences which is over the national average of six percent.

Table 2; South West recorded crime figures from 2008/9 to 2009/10

South West	2008/9	% Change	2009/10
Total offences	343,782	-9%	312,841
Sexual offences	4,745	+9%	5,173
VAP with injury	34,858	-5%	33,302
VAP without injury	39,684	-2%	39,088

Source: Home Office Local Authority Recorded Crime

Within the Cornwall area (see table 3) total offences have also declined. Recorded sexual offences have seen an increase which is in line to the national and regional trends. Cornwall has seen an increase of 7%. Violence against the person overall remained relatively stable but within this category, offences resulting in physical injury reduced and offences without injury increased.

Table 3; Cornwall recorded crime figures from 2008/9 to 2009/10

Cornwall	2008/9	% Change	2009/10
Total offences	26,631	-7%	24,692
Domestic abuse	6,574	+3%	6,759
Sexual offences	427	+7%	472
VAP with injury	3,022	-5%	2,859
VAP without injury	2,436	+7%	2,608

Source: Home Office Local Authority Recorded Crime

Overall there has been a 7% reduction in crime. For violent crimes, the largest reduction (5%) has been in the area of violence against a person with injury. The smallest reduction has been in recorded domestic abuse offences but this has still seen a decline by 3%.

7.2.1 Domestic Abuse Reports

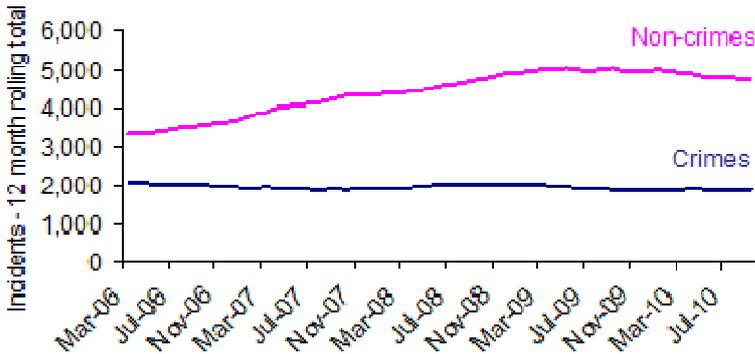
This section uses data that has been defined as a Domestic Incident (DI). A DI is a report of a domestic incident, which may have occurred in either a public or private place. This would include "Rowdy/Inconsiderate Behaviour" (raised voices/heated arguments, etc.) occurring in domestic situations involving partners (including former partners), family members or those living together in the same household." This category is designed to capture those incidents where the circumstances do not amount to a notifiable crime and also includes incidents which fall outside the Association of Chief Police Officers (ACPO) definition of Domestic Abuse.

The data reported from section 7.2.1 to 7.2.4 has been sourced from the Strategic Assessment 2009/10.

The number of incidents reported has reduced by 250 incidents or 4% since 2008/9, 3% in 2009/10 and a further 1% in the first six months of 2010/11. This is the first time in more than 5 years that the number of incidents has reduced. The trend is currently fairly flat.

The rising trend apparent over the last few years has been driven by a steady rise in the number of non-crime incidents. The chart below shows the rolling annual number of incidents, split into crimes and non-crimes, and we can see that the level of crime has remained stable at around 2,000 crimes reported each year for some time and this remains unchanged.

Graph 1: Crimed and Non-crimed domestic abuse incidents March 2006 to July 2010.



The steady rise in non-crime incidents noted in previous years has generally been perceived as a positive indicator of efforts to drive up reporting through improving the support available, building confidence in victims to report to the police and raising awareness both in the community and across a broad spectrum of services that may come into contact with victims and their families.

Devon and Cornwall Police report the following volumes of crime and non-crime incidents of domestic abuse during 2010/11 for Cornwall BCU.

Table 4: Crimed and Non-crimed domestic abuse incidents by APCO DASH assessed level of risk 2010/11.

ACPO DASH Risk Assessment	Crime	Non-Crime
High	438	279
Medium	793	1,306
Standard	614	3,439

Source: Devon and Cornwall Police

Current service provision is that Standard risk victims are referred from Devon and Cornwall Police to Cornwall Victim Support whilst High risk victims are referred to the IDVA Service. The table above shows that the highest proportions of crimed incidents are assessed at medium risk and historically there was no automatic referral pathway for these victims to receive support. The SDVC IDVA has reported that the number of Medium: High risk victims proceeding through the SDVC is approximately 3:2.

For the last 3 years West Cornwall Womens Aid has been receiving referrals from the Police for women assessed as medium risk living within the West Cornwall area. However, this is a geographical based pathway and having identified a service provision gap for the Mid and East Cornwall areas, an IDVA resource has been created to contact all medium risk victims to advise of support available.

The following table (5) shows the rate and number of incidents by community network area for the 12 month period to 30 September 2010 and the change compared with 2008/09, alongside the proportions of crimes and incidents where child/ren are recorded as resident in the household.

Table 5: Crimed domestic abuse incidents by community network area for 2008/9 and 2009/10.

Area	Population	Rate per 1000	Number of crimes	Change since 2008/09		Crimes %	Child resident %
				Change (crimes)	Change %		
Camborne & Redruth	59,500	18.6	1,104	-85	-7%	32%	49%
Penzance, Marazion & St Just	38,700	14.7	569	-46	-7%	36%	38%
Truro & Roseland	44,400	10.8	481	-41	-8%	25%	38%
St Austell	30,300	15.3	463	-63	-12%	26%	40%
Liskeard & Looe	31,000	13.7	426	43	11%	32%	41%
Newquay	26,800	15.0	401	-52	-11%	29%	40%
Falmouth & Penryn	41,500	9.6	399	-75	-16%	29%	43%
Saltash & Torpoint	33,100	10.8	356	-3	-1%	27%	45%
Bodmin	19,400	17.4	337	-4	-1%	23%	42%
China Clay	25,800	12.8	331	40	14%	24%	44%
Helston & the Lizard	32,800	9.9	325	66	25%	26%	49%
Hayle & St Ives	25,600	12.1	310	-90	-23%	28%	41%
St Blazey, Fowey & Lostwithiel	19,300	13.5	260	-22	-8%	19%	46%
St Agnes & Perranporth	17,400	10.7	187	46	33%	27%	34%
Bude	16,900	9.3	157	9	6%	35%	48%
Callington	17,800	8.8	156	19	14%	33%	38%
Wadebridge & Padstow	20,600	7.6	156	4	3%	19%	49%
Launceston	18,200	7.4	135	-56	-29%	30%	36%
Camelford	12,100	9.1	110	2	2%	24%	33%
East	205,400	8.9	1,833	14	1%	28%	42%
Central	169,100	14.9	2,522	-167	-6%	26%	41%
West	156,600	14.7	2,308	-155	-6%	32%	45%
Cornwall	531,100	12.7	6,759	-250	-4%	30%	43%

The highest recorded incidence of domestic abuse at network area level was in Camborne and Redruth, accounting for 17% of all recorded domestic abuse in the 12 month period to 30 September 2010. The area has seen the biggest drop in non-crime incidents across Cornwall, and the number of crimes has increased (mostly assaults with no injury).

The reducing trend in non-crime incidents previously noted has had an impact in the majority of the networks with the highest recorded incidence of domestic abuse.

There are some notable exceptions:

- Rising trends, predominantly relating to non-crime incidents continue in Helston and the Lizard, the villages across the China Clay area, St Agnes and Perranporth and Liskeard and Looe.
- Rises in recorded crime specifically were also noted in Pool / Illogan and Redruth, Helston town centre, Liskeard, Callington and the St Agnes and Perranporth network area (that includes the Pentire / Crantock area west of Newquay).

When assessing areas as a priority for action, not only the volume or rate of crime are relevant; a range of other factors need to be considered, such as whether the trend is improving or deteriorating, the level of crimes vs non-crimes, and whether crime is more likely to affect those who are more vulnerable in our communities. The prioritisation model

looks at the proportion of incidents where child/ren are recorded as resident in the household, victims aged under 25 years and victims from black or ethnic minority groups. Vulnerable adults, although it has been shown nationally that they are at increased risk of domestic abuse, could not be included in the vulnerable groups analysis because they cannot be identified separately as a victim group from the current data set.

The highest priority areas for tackling domestic abuse are Camborne, Redruth, Penzance and St Austell. Other areas rated as high include Bodmin (particularly Kinsman and Berryfields Estates), Liskeard South (town centre), Newquay town centre, Helston South, Trescobeas and Penwerris areas of Falmouth and Pool / Illogan.

There is strong correlation between recorded incidence of domestic abuse and deprivation, as measured by the Index of Multiple Deprivation 2007, and particularly with the health, employment and income domains. This means that as these influence of these deprivation factors increase, so does recorded incidence of domestic abuse. During the last 2 years the local Citizens Advice Bureau have reported a 41% increase in the number of enquires that have disclosed domestic abuse as a significant contributing factor to them accessing the service for advice.

7.2.2 Multi-Agency Risk Assessment Conferences (MARAC);

On report of domestic abuse the victim is assessed utilising the ACPO or CAADA DASH risk assessment and are categorised as high, medium or standard risk. The victims that are identified as high risk have their case presented to a Multi-Agency Risk Assessment Conference (MARAC). There are 6 MARACs operating through Cornwall; one per former council district. Locally the MARACs have reviewed its criteria around Domestic Abuse to reflect that some teenage victims have been identified and require access to such services. Subsequently, current MARAC definitions acknowledge that the model is for 18 years and above but Cornwall considers victims of 16 years and above.

The MARAC is a conference meeting whereby various agencies and services gather to discuss individual domestic abuse cases assessed as being high risk. The purpose of this model is to ensure that all actions and supports that can be offered are put in place to protect the victim from further incidents of abuse. Victims consent is always sought for their details to be taken to MARAC but this is not always given and non-consent is not seen as a barrier to sharing case details due to the risks involved for such victims suitable for this arena. Upon being presented to the MARAC agencies share their knowledge of the individuals involved (both victim and perpetrator) whether current or historic. Subsequently, actions are identified that various agencies and services can implement to ensure victim or child safety. Cases are not discussed again unless a further repeat incident occurs.

Members of the MARAC include:

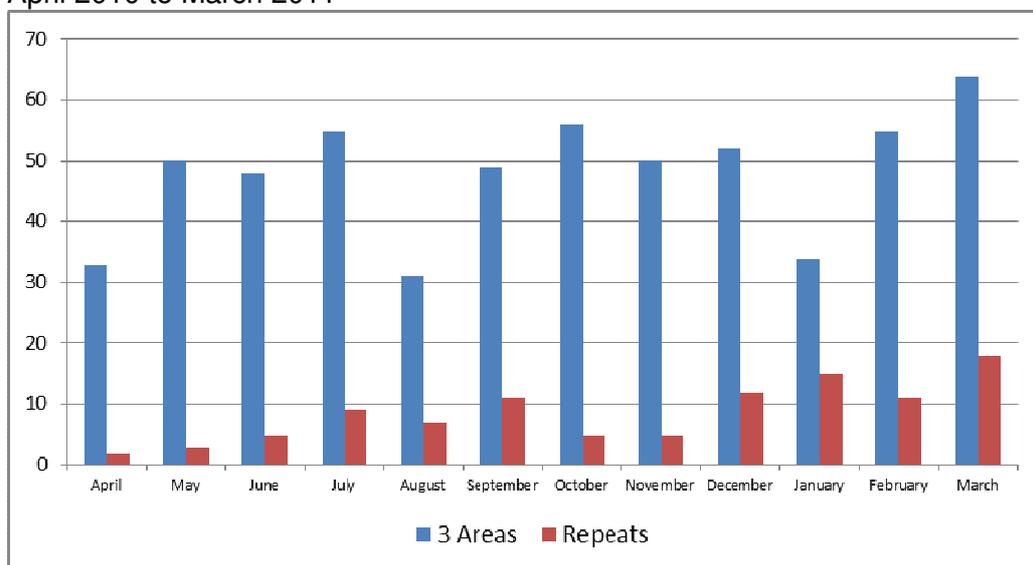
- Police
- IDVA Services
- Children's Social Care
- Council Housing
- Probation
- Health Visitors
- Adult Mental Health Services
- PCT Safeguarding and Midwife representatives
- Adult Social Care
- CAFCASS
- Drug and Alcohol Services
- Esteem
- Housing Association
- ISVA Services

- Localities for Education and Family Services
- Independent Futures
- West Cornwall Women's Aid
- Cornwall Womens' Refuge Trust
- Adult Safeguarding Unit

Of the 600 high risk cases presented to the MARACs there were 114 repeat victims during 2009/10 which is repeat rate of 19%. However, there has been an issue highlighted with regards to the ability of agencies to identify repeat victims. To date there has been no consistent 'flag and tag' capacity within agencies. Devon and Cornwall Police have recently introduced a flagging method to the reporting system. Since its implementation there has been a noticeable increase in the percentage of repeat victims.

The graph below illustrates the level of domestic abuse incidents and the level of repeat victims of domestic abuse incidents from April 2010 to March 2011.

Graph 2: Total MARAC referrals and repeats processed through the 6 county MARACs from April 2010 to March 2011



Source: MARAC Administrators Cornwall

There were 600 cases processed through the MARAC during the 12 months. The highest case volume was 64 which occurred in March 2011. Prior to this, the peak period was October through to December 2010 at 56, 50 and 52 cases respectively. It is believed that these increases are reflective of multi-agency awareness of the MARAC process and therefore deemed a positive increase in referral volume.

A total of 754 children were identified as being associated with the MARAC cases. This equated to approximately 1.3 children up to the age of 18 per case. There were 29 cases were identified as the victim being pregnant.

The level of vulnerable adults and those with disability was low with only 22 cases recorded. There was only one case where LGBT was identified in the 12 month period.

7.2.3 Arrests for Domestic Abuse and Sexual Violence

For all domestic incidents the arrest rate appears fairly low at 31%. It would be beneficial to review the arrest details and analyse the crimes for which arrests were made. This would allow for possible issues to be flagged and improvements to be made.

Table 6: Perpetrator Arrests for Domestic Abuse made from April 2010 to March 2011 in comparison to 2009/10

	No arrest	Arrest	Total DA crimed
2010/11	3,933	1,797	5,730
2010/11 %	69%	31%	
2009/10	3,458	1,794	5,252
2009/10 %	66%	34%	

Source: Devon and Cornwall Police

The table above illustrates a 9% increase in the number of crimed domestic abuse incidents from 2009/10 to the following year and a decrease (3%) in the number of resulting arrests.

7.2.4 Serious Sexual Offences

There were 472 recorded sexual offences in Cornwall in the year to September 2010 and which is a small increase (3%) from the year 2009/10. This is similar to the volume of recorded crime for sexual offences when compared to similar policing areas nationally.

The largest proportion of crimes (28%) involved sexual assault on a female aged 13 or over and rape of a female aged 16 and over (21%). For both male and female children and young people, there were significant increases in reported rapes with 50% and 57% increases on 2008/9.

Table 7: Sexual Offences by crime type for year ending September 2010 and 2008/9

Home Office offence description	Year to Sept 2010	% of total	2008/9	% of total	Change %
Rape of a female aged 16 and over	91	21%	84	20%	+8%
Rape of a female child under 13	12	3%	25	6%	+52%
Rape of a female child under 16	36	8%	23	5%	+57%
Rape of a male aged 16 and over	5	1%	0	0%	new
Rape of a male child under 13	8	2%	9	2%	-11%
Rape of a male child under 16	3	1%	2	0%	+50%
Sexual activity involving a child under 13	20	5%	19	4%	+5%
Sexual assault on a female aged 13 and over	119	28%	112	26%	+6%
Sexual assault on a female child under 13	45	10%	45	10%	0%
Sexual assault on a male aged 13 and over	6	1%	13	3%	-54%
Sexual activity etc. with a person with a mental disorder	1	0%	0	0%	new
Sexual assault on a male child under 13	19	4%	11	3%	+73%
Total most serious sexual offences	365	85%	343	80%	+6%

Source: Amethyst

There were 365 recorded serious sexual offences in Cornwall in 2010. This is an increase of 20% or 66 crimes in the number of crimes compared with the previous year. Within recorded crimes involving a victim aged 16 and over, domestic rape of a female increased. This demonstrates the considerable overlap between domestic abuse and sexual violence and supports the need to address DASV as a whole.

Only the minority of serious sexual assaults come to the attention of the police. National prevalence estimates indicate that around 83% of crimes are never reported. Whilst we cannot evidence the projected local prevalence, based upon national under-reporting estimates, this equates to a possible total of 2,147 serious sexual offences occurring within the county on a yearly basis with 1,782 SSO going unreported.

Recorded crime data shows that young people (aged 16 to 24) and females are significantly more likely to be victimised. Young males and vulnerable adults are also at higher risk of victimisation but are much less likely to report the crime; locally recorded crime for these higher risk victims is rare. The prevalence of SSOs within young people further supports the need for an awareness and protection programme that targets all schools and education facilities.

Table 8: Prevalence of sexual offences within age bands

Age Band	Year to Sept 2010	% of total
Under 16	199	46%
16 to 17	42	10%
18 to 24	73	17%
25 to 34	33	8%
35 to 44	31	7%
45 to 54	18	4%
55 to 64	5	1%
65+	4	1%
Unknown	25	6%

Source: Amethyst

Recorded crime data also shows that alcohol is a factor in serious sexual assault but is likely to underestimate to what extent. National research indicates that alcohol is a significant factor, both with regard to the offender being under the influence of drink and victims putting themselves at heightened risk. Locally, 30% of SOs have alcohol as a significant factor with 5% having occurred on licensed premises and 28% the offender is perceived to under the influence.

7.2.5 Successful and Unsuccessful Court Outcome; Crown Prosecution Service Overview

The Domestic Abuse case data in this section includes both the Truro and Bodmin Specialist Domestic Violence Courts.

Table 9 shows the SDVC court outcomes from 2009/10 compared with 2010/11. There were 275 Domestic Abuse cases presented at the SDVCs during 2010/11 which is a small 5% increase from the previous year (263 cases in 2009/10).

Table 9: CPS Defendant Outcomes 2009/10 and 2010/11

	2009/10	2010/11
Total number of cases	263	275
Committed to Crown Court	8	3
Brought to justice outcome	79%	83%
Custody – immediate	23	15
Custody – suspended	32	24
Community Order without IDAP Programme	56	43
Community Order with IDAP Programme	61	37
Dismissed	30	8
Discontinued	9	25
Discharged	23	24
Fine	4	5
Court costs	1	31
Bindover	7	6
Restraining Order	1	10

Source: HMCS

As table 9 illustrates there has been a considerable shift with regards to brought to justice outcomes sentenced within the SDVCs. Immediate custodial sentences have decreased by 35% and suspended custodial sentences by 25% whilst Community Orders with and without IDAP Programmes have decreased by 40% and 23% respectively. However, the number of discontinued cases has increased by 178%, court costs and Restraining Orders have dramatically increased by 3000% and 900% respectively. In light of these significant

changes, the SDVC Steering Group has introduced an audit process at its quarterly meetings to review the cases that have been discontinued and will further review court outcomes.

Overall there were 275 defendants, of which 227 (83%) were successfully prosecuted. The majority (92%) of the 275 defendants in the CPS system were male. There are very few female defendants in the CPS system for DV.

Due to national changes from Q3 2010/11 with regards to the collation of data, HMCS no longer provide detailed quarterly reports and therefore a full year review cannot be made.

To provide a gender split on court outcomes the review was of data conducted over the time frame of Quarter 1 until the end of Quarter 3 2010/11. During this time there were 221 cases with 120 entering guilty pleas.

Table 10: CPS Defendant Outcomes for gender split Q1 to Q3 2010/11

	Male defendants	Female defendants
Number	202 (91%)	19 (9%)
Brought to justice Outcome	158 (78%)	12 (63%)
Guilty Pleas	111 (55%)	9 (47%)
Discontinued	29 (14%)	7 (36%)
Committal to Crown Court	5 (2.5%)	0 (0%)

Source: HMCS

There are a proportion of cases that are unsuccessful. This can happen for several reasons with the majority of the main reasons focusing on the victims. For the purpose of the strategy we did not explore the breakdown of unsuccessful outcomes however, the general trend for the South West Region is that the largest proportion of unsuccessful outcomes is due to victim retractions (9%), followed by non-attendance and insufficient evidence.

We acknowledge that these reasons need to be examined more carefully on a local level however, in response to the proportion of medium risk victims proceeding through the SDVCs, the IDVA Service has expanded its remit to include contact with all victims assessed at medium risk entering into the Criminal Justice System. Nationally, it is recognised that early support has an impact on the attrition rate from report to court and it is through the 'medium-risk support service' that we aim to reduce the proportion of unsuccessful prosecutions due to victim related reasons.

The majority (94%) of defendants had their ethnicity recorded. 99% of the male defendants were white this equates to 188 defendants and all female defendants were White British. There are a very low proportion of BME (1%) defendants in the court system for DV.

Table 11: CPS Defendant Ethnicity

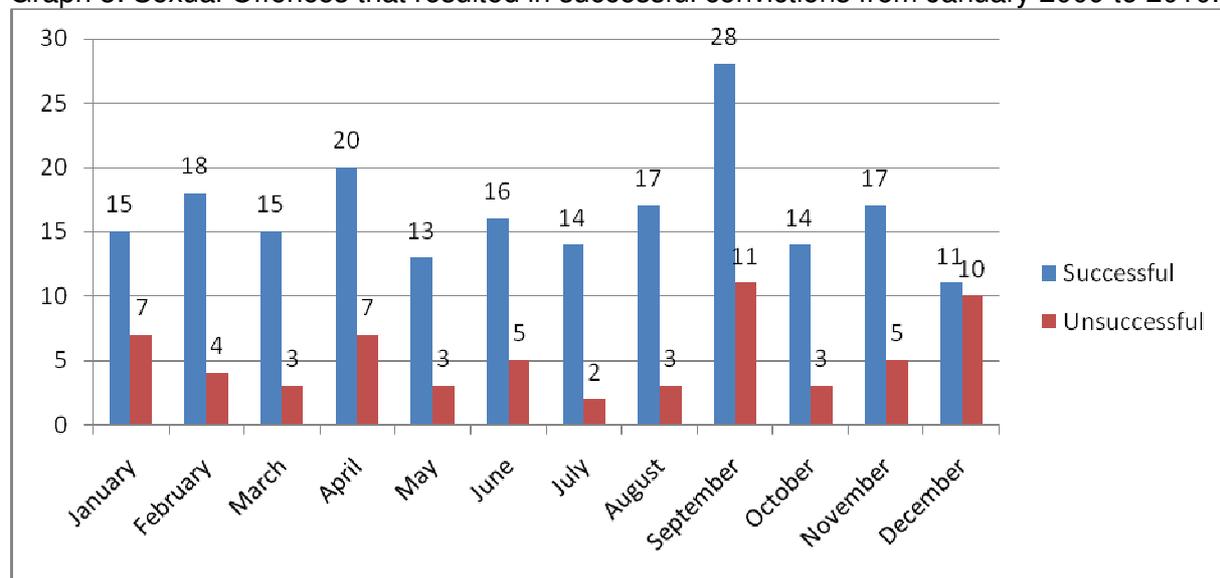
Ethnicity Q1 to Q3 2010/11	Male	Female
% Recorded ethnicity of defendants	94%	100%
% White British defendants	92%	100%
% White other defendants	7%	
% BME defendants	1%	

Source: HMCS

Nationally, much coverage is given to the low prosecution rate of rape cases with 6% being commonly quoted. As previous highlighted, the way in which rape cases are reported on is unusual in that a 'successful prosecution' is counted when a defendant charged with rape is prosecuted for rape. This differs from other crimes in that for these we quote 'brought to justice outcomes' which is a defendant is charged and a sentence is passed.

Of the 261 sexual offences that proceeded to court in Devon and Cornwall during 2010 198 (76%) resulted in a brought to justice outcome which is significantly greater than the national average conviction rate of 58% reported in the Stern Review.

Graph 3: Sexual Offences that resulted in successful convictions from January 2009 to 2010.



Source: CPS

CPS have available further breakdown of the reasons for unsuccessful outcomes of all VAW crimes, Domestic Violence, Rape and Sexual Offences. Unfortunately as CPS are aligned with Police Force Area there is no local breakdown but table 12 is the report for a rolling year ending September 2010 for Devon and Cornwall.

Table 12: CPS key reasons for unsuccessful outcomes for all VAW crimes for Devon and Cornwall for year ending September 2010.

Key reason for unsuccessful outcome	All VAW Crime		Domestic Violence		Rape		Sexual Offences exc Rape	
	No	%	No	%	No	%	No	%
Victim Retraction	76	13.9%	74	15.2%	0	0%	2	4.8%
Victim Non-attendance	8	1.5%	8	1.6%	0	0%	0	0%
Evidence of Victim does not support case	69	12.6%	66	13.6%	1	5.6%	2	4.8%
Total Victim Issues	153	28%	148	30.5%	1	5.6%	4	9.5%
Conflict of Evidence	46	8.4%	37	7.6%	4	22.2%	5	11.9%
Essential Legal Element Missing	63	11.5%	56	11.5%	0	0%	7	16.7%
Unreliable Witness	42	7.7%	40	8.2%	1	5.6%	1	2.4%
Effect on Witness mental health	2	0.4%	2	0.4%	0	0%	0	0%
Caution	20	3.7%	17	3.5%	0	0%	3	7.1%
Bindover	49	9%	49	10.1%	0	0%	0	0%
Acquittal after trial	74	13.6%	52	10.7%	8	44.4%	14	33.3%
Total key reasons	449	82.2%	401	82.5%	14	77.8%	34	81%

Source: CPS

The above table shows that 28% of unsuccessful outcomes are attributed to Victim Issues including the retraction of statements. As Section 7.2.1 table 4 illustrated, the majority of cases are of those victims assessed at medium risk and there is currently no commissioned service offering support to medium risk victims through the criminal justice process. When these figures are considered in conjunction with the immense pressure that victims can be subjected to 'drop-out' from the process or the cycle of domestic abuse which promises 'this time will be different', this fuller picture supports the need to provide early intervention and support to those victims entering the legal process.

7.2.6 Estimated Domestic Abuse and Sexual Violence Victims

We have used the British Crime Survey (BCS) as a basis to estimate the number of victims within Cornwall. The rationale is that the BCS includes information about incidents that are not disclosed to the Police and this is particularly important for DASV incidents that are significantly under-reported. The self-completion module on intimate violence covers emotional, financial or physical abuse by partners or family member, sexual assaults and stalking experienced by adults aged from 16-59.

Nationally there has been an estimated one million female victims of domestic abuse in the last 12 months with an estimated 600,000 male victims. Table 14 illustrates the calculated estimated prevalence of domestic abuse victims in Cornwall

Table 13: Estimated Prevalence of DASV in Cornwall

	Male	Female	Total
Cornwall Population	257,611	271,889	529,500
Population estimated to have been a victim of DA in the last 12 months	10,304	19,032	29,336
Population estimated to have been a victim of SV in the last 12 months	1,200	9,300	10,500

Source: Projected from BCS and Office of National Statistics of under reporting

7.2.7 DASV disclosures within a Health setting

There is no central collation process in place for hospital admissions to measure the prevalence of DASV equally this applies to General Practitioners (GPs), Health Visitors (HVs), GU Clinics and Midwives. At present there is no engagement within Emergency Departments or GPs with the MARAC process.

It is possible that disclosures of DASV would appear within the patient's notes and depending on the circumstances referrals may be made to other services. Therefore the only way to access such information retrospectively would be by a time-consuming manual review of the records which is beyond the scope of the strategy.

Many victims of domestic abuse or sexual violence do not present directly as a victim. Whilst there symptoms are recorded it appears that the use of routine enquiry is sporadic. It is acknowledged that, particularly victims of domestic violence are more likely to disclose when directly asked. This supports the need to introduce routine enquiry across all Health facilities and a mechanism to record these disclosures in a central database.

Understandably many Health practitioners are 'nervous' of routine enquiry, they do not feel skilled to implement the process and are uncertain of their statutory duty and of the options available to a patient when a disclosure is made.

Specialist health care such as Health Visitors and Midwifery are ideally placed to identify issues of DASV. Cornwall & Isles of Scilly PCT and the Royal Cornwall Hospital Trust (RCHT) have a Domestic Abuse Policy and have signed up to the MARAC process. However, it is difficult to ascertain the level of adherence to these policies and when considering the MARAC data there are concerns raised.

The MARAC data 2010/11 shows that 29 cases were processed where the female victim was identified as pregnant however, when analysing the referrals into the MARAC process there were no referrals received from Midwifery. Meanwhile there was a single referral received from Health visitors during the same period. It is possible that identified cases of domestic abuse are being dealt with 'in-house' or through Safeguarding processes but the strategy, guided by national research and strategic direction, does advocate multi-agency

working with issues of DASV as it recognises that no one agency can meet the needs of a victim.

The Midwifery and Health Visitor staff have had training on Domestic Abuse, however, there is no updating of this training which means any new members of staff coming into the service may not have received training.

When reviewing other PCT and NHS Trust areas for processes to address the apparent under reporting of DASV within Health settings there have been a number of simplistic methods uncovered.

- There is a need for routine enquiry training to be delivered on a rolling programme.
- The Midwifery and Midwifery Audit Form need to include provision for recording the response to routine enquiry so we are able to monitor the numbers of women asked and those referred.
- Comprehensive care pathways need to become embedded in all Health settings.
- Health departments need to identify resources to engage with the MARAC process.
- Health departments need to develop a 'flag and tag' system for those patients identified as high risk through the MARAC process.

In other areas there have been innovative methods of establishing the presence of domestic abuse for patients that is always accompanied to her antenatal visits. In order to get around this problem the Midwives are introducing a 'dot' system: the women all need to provide a urine sample when they come for the antenatal checks, in the toilet a notice asking about domestic abuse is present with the offer of confidential help and support, to access this the women need to put one of the provided red dots on their urine sample and they will be contacted.

Domestic Abuse posters with contact numbers have been introduced in female toilets within RCHT. Whilst leaflets containing information and contact numbers for the local and national help lines are given to all women routinely in their initial visits to the Midwife as part of their antenatal pack.

7.3.1 The Demography of Domestic Abuse and Sexual Violence

The focuses of national policies are currently:

- Safer communities
- Prevention of sexual abuse
- Improving rape prosecution
- Prostitution and trafficking
- Early identification and intervention of DASV across the family.
- Violence Against Women and Girls (VAWG)
- Forced Marriage and FGM

Three of the seven areas of focus relate directly to demography of DASV such as age, culture, ethnicity, sexuality and disability. Where possible data has been included but due to minimal reporting or recording provision in certain areas an explanation and national data has been provided in place of local area information.

7.3.2 Honour based violence (HBV) reports

The honour code means that women must follow rules that are set at the discretion of male relatives and which are interpreted according to what each male family member considers acceptable. Breaking the rules is seen as destroying the good name of the family, and is deserving of punishment at the discretion of male relatives.

Honour is an unwritten code of conduct that involves loss of face on someone's part if offended against, especially in groups where loyalty is considered paramount. It can be

directed at individuals of any age that are perceived to be challenging accepted customs and traditions. For example, any family member challenging gender or sexuality roles. This can include young people exploring their gender and sexual identity at a sensitive time of development.

Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

We currently do not have any evidence to provide a local perspective on the issue of Honour-based violence.

7.3.3 Forced marriage (FM) reports

Cultures in which HBV exists sometimes also practice forced marriage, and do not accept that a woman can have a partner before marriage, or that she can choose her own spouse. It is a sound assumption that where there is a forced marriage, there is also likely to be “rape”. Forced marriages exist where there is not the free consent of both parties.

The statistics from the Forced Marriage Unit (FMU) provides an insight in to the prevalence of FM within the UK during 2009. In 2009, the FMU gave advice or support related to 1,682 cases of forced marriage. 377 cases of forced marriage, including both assistance and immigration cases, were dealt with by the FMU. There were 240 cases of assistance, with 88 of those being within the UK. The remaining cases constituted 137 reluctant sponsors. Of the total cases 14% were male and 86% were female.

Within the UK the geographical distribution of cases was as follows, the South West has the equal lowest incidence of forced marriage in the whole of the UK. 3% of cases in 2009 were reported in the South West.

Table 14: UK geography of FM cases in 2009

Country/Region	Percentage
England	96%
London	29%
North West	17%
West Midlands	14%
Yorkshire & Humber	10%
South East	9%
East Midlands	7%
East of England	4%
North East	3%
South West	3%
Wales	3%
Scotland	1%

Source: Forced Marriage Unit, Foreign Commonwealth Office

We currently do not have any evidence to provide a local perspective on the issue of Forced Marriage.

7.3.4 Female Genital Mutilations

The practice of FGM is embedded in ancient beliefs surrounding women’s fertility and control of their sexual and reproductive capacity. The reasons given by communities who practise FGM vary widely but a common reason given for the practice is that it reduces the sexual desire of girls and women, promotes virginity and chastity, maintains fidelity in married women and is done for aesthetic reasons. FGM is practiced to enhance girls’ marriage ability

and to please their husbands. In some groups, FGM is central to girls' rite of passage into adulthood and is an integral part of society's definition of womanhood.

FGM is a human rights violation in the absence of any perceived medical necessity. The World Health Organisation estimates that globally from 100 to 140 million girls and women have undergone some type of FGM. It has been estimated that currently, about three million girls, most of them under 15 years of age, undergo the procedure every year. The majority of FGM takes place in 28 African countries but many immigrant communities continue the practice in Europe, North America, Australia and New Zealand.

UK data on FGM is limited but a study was conducted by FORWARD on FGM provides some information on the subject and therefore the information presented in this section has been extracted from this report to enable us to look at the most relevant geographical areas.

There are an estimated 65,790 women who have been subjected to FGM live in England and Wales. However it is impossible to gain robust figures of the prevalence of this issue and data is currently only available up to 2004.

Table 15 demonstrates that the South West was estimated to account for 311 cases in 2004. Other than Bristol, there is no further breakdown in terms of county prevalence for FGM and currently Cornwall does not collect local evidence to provide an indication of the local scale of the issue.

Table 15: Prevalence of FGM in England & Wales compared with the South West Region

LA/Region	2001	2002	2003	2004	Total
England & Wales	6,258	7,109	8,090	9,032	30,487
Bristol	78	115	180	239	612
Rest of South West	38	44	67	72	227
South West total	116	159	247	311	839

Source: Forward; A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales

The data does show that whilst the South West represents a small proportion of reported cases, the increase of 168% over 4 years shows a four-fold increase above the national prevalence increase of 44%.

7.3.5 Male victims of Domestic Abuse and Sexual Violence

Data on male victims is limited to that provided by the IDVA working with male victims and Esteem. In 2010/11 the IDVA service reported referrals of 99 males assessed as high risk. 88 of those referred originated from the Police and 11 were generated from Non-Police origins. Esteem reports that of the 210 men accessing the service, the majority have not reported their experience to the Police.

Gender and domestic violence: According to British Crime Survey data "...of those women who have been subject to domestic force half (48%) have also been subject to frightening threats and nearly half (41%) to emotional or financial abuse". However, men's experiences are much less nested, that is, of those subject to domestic force; only 9 per cent had also experienced frightening threats and 28 per cent emotional or financial abuse" (Walby & Allen 2004).

Gender and domestic violence: 1% of men reported frightening threats (since 16 years of age) compared to 11% of women. The researchers commented that "the context of fear is an important element in the understanding of domestic violence as a pattern of coercive control (Walby & Allen 2004 from analysis of British Crime Survey data.).

The research conducted by Respect: *Men as victims* found that men were less likely to have been repeat victims of domestic assault, less likely to be seriously injured and less likely to

report feeling fearful in their own homes. The research also found that a large majority of men, who said that they were victims of domestic violence, were also perpetrators of violence. However, of the 210 men accessing support through Esteem and completing the perpetrator screening process only 4 (2%) have been identified as perpetrators.

7.3.6 The Number of Same-sex Relationship Victims of Domestic Abuse and Sexual Violence

The Cornwall MARACs showed only one incident of LGBT domestic abuse in 2010/11 however the issue of same-sex domestic violence is real.

The Brighton and Hove project 'Count Me In Too' research found that on average 1 in 3 LGBT people experience domestic abuse, which is a higher incidence than amongst heterosexual women (estimated at 1 in 4). The common perception of mainstream organisations and services is that DASV is an exclusively 'gendered crime' and this transpires to service provision or awareness of DASV issues within the LGBT community as being hugely inadequate.

LGBT specific services providing support and counselling are scarce with one agency providing a specialised service for the county. There is a need for training and awareness raising in all mainstream organisations related to domestic violence across the voluntary and statutory sector to improve attitudes and where possible develop expertise. Understandably not all domestic violence agencies can provide the whole package of services to LGBT people but what is necessary is that they handle victims sensitively and signpost them to the range of available services where they cannot provide these themselves.

7.3.7 Number of Children and Young People (CYP) victims of Domestic Abuse and Sexual Violence

Cornwall has approximately 117,000 children and young people up to the age of 19. This is approximately 22% of the total population in the county. In January 2010, there were 69,950 children in 274 local authority maintained schools. Social Work Services are provided in different locations across Cornwall but are managed by functions: Referral and Assessment, Child Protection and Children in Care. All new referrals are handled by the new Single Referral Unit (SRU).

Children and young people can be perpetrators, victims and witnesses of domestic abuse and sexual violence and therefore the area of children and young people is a vital area to cover when examining the prevalence and issues of DASV.

Table 16 illustrates the monthly number of 121A referrals to Cornwall Council during 2010/11. In total there were 1,622 referrals in which September was a peak month for referrals with 185 121a Forms being generated, this is followed by November (180) and August (157).

Month (2010/11)	Number of DA related 121A generated
April	73
May	113
June	136
July	155
August	157
September	185
October	48
November	180
December	148
January	143

February	140
March	144
Total	1,622

Source: Cornwall Children, Schools and Families Directorate

Table 17 demonstrates from which Localities referrals originate from.

Locality	No. of 121a generated
1 (Penzance, St Ives and Hayle)	208
2 (Camborne, Pool and Redruth)	273
3 (Falmouth, Penryn, Helston and The Lizard)	160
4 (Truro, Newquay, Perranporth and The Roseland)	258
5 (St Austell, The Clays, Fowey and Lostwithiel)	228
6 (Bodmin, Wadebridge and Camelford)	133
7 (Bude, Launceston and Callington)	51
8 Liskeard, Looe, Saltash and Torpoint)	189
Unknown	120
Total	1,622

Source: Cornwall Children, Schools and Families Directorate

7.3.8 Number of children with Child Protection Plans and Children In Need plans that list DASV as directly related issues

The number of children with protection plans at year end March 2011 was 253. The rate for Cornwall per 10,000 population aged under 18 who became subject to a child protection plan in 2010 was 33.82 which is above national and regional neighbouring authorities.

Table 18: Breakdown of CYP with CP Plans by gender

Child or Young Persons gender	No. with CP Plan
Male	116
Female	130
Unborn	7
Total	253

Source: Cornwall Children, Schools and Families Directorate

The majority of children with Protection Plans were female/ male (53:47%) with the highest risk age category being group of age 0 to 4 years (47%).

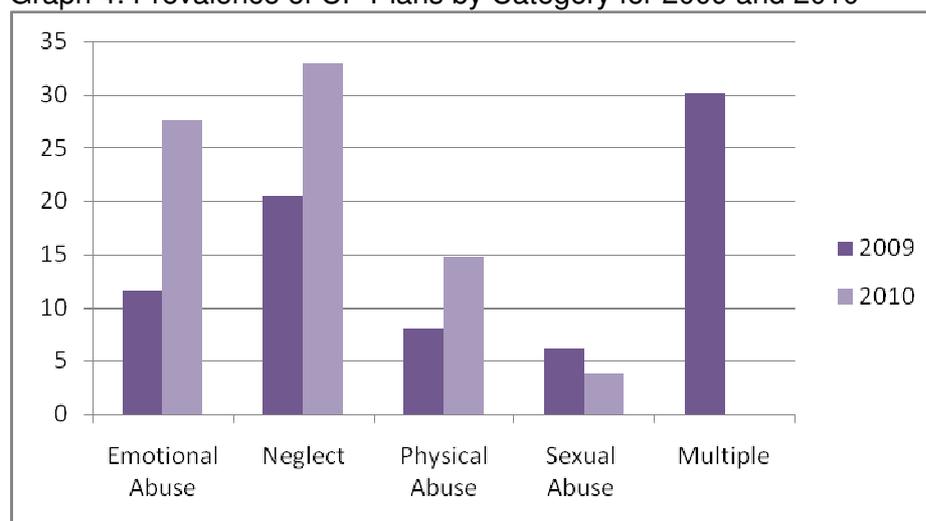
Table 19: Breakdown of CYP with CP Plans by Age

Age Group	No. of CYP with CP Plan
0-4 years including unborn	119
5-10 years	84
11+	50
Total	253

Source: Cornwall Children, Schools and Families Directorate

Graph 4 shows the categories for which the Child Protection Plan was instigated for both 2009 and 2010. There has been a reduction in the proportion of children on the CPP experiencing sexual abuse in 2010 however increases are evident in emotional and physical abuse and neglect. The most prevalent category for Cornwall is neglect which accounts for nearly 33%. The multiple category is no longer used following recommendations by the government that a single category should be used. This was implemented so that by the end of 09/10 which explains that no multiple categories are shown for 2010.

Graph 4: Prevalence of CP Plans by Category for 2009 and 2010



Source: Cornwall Children, Schools and Families Directorate

The majority of CYP (74%) have been subjects of a Protection Plan for time length.

Table 20: Length of time CYP have been subject to CP Plans

Length of time	No. of CP Plans
Less than 6 months	187
6 to 17 months	54
18 to 24 months	11
More than 2 years	1
Total	253

Source: Cornwall Children, Schools and Families Directorate

7.3.9 Number of Missing Children

In 2010 Cornwall and the Isles of Scilly developed a robust Missing Children and Young People Protocol that brings together a multi-agency approach to safeguarding the welfare of children and young people who run away or go missing from home and care. The protocol has been endorsed by the Leadership Team of Cornwall Council's Directorate of Children, Schools and Families and agreed as the operational protocol by the Council of the Isles of Scilly.

The effective joint working between agencies and professionals is paramount to safeguarding the welfare of children and young people and in particular protecting them from significant harm. Cornwall and the Isles of Scilly Joint agency protocol lays down the framework, by which practice is implemented, monitored and evaluated.

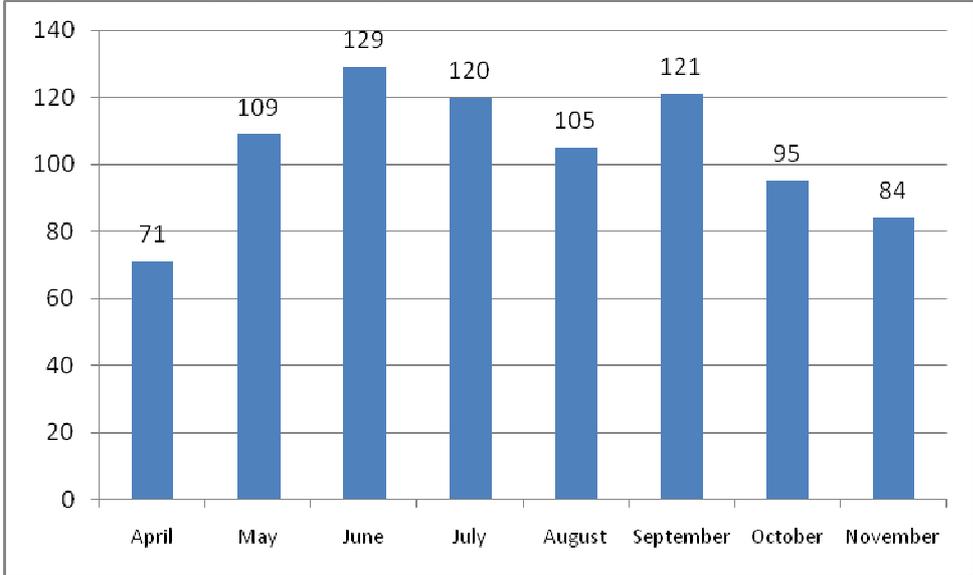
It is important to look at the prevalence of missing children as this can be crucial in identification of CYP at increased risk of becoming victims of sexual exploitation.

In total 549 CYP went missing in 2010/11. The majority (67%) of these were from a Private Home environment. 75% off the young people went missing once, 25% were repeat episodes with 11% repeating 3 or more times.

It appears that of those going missing peaked between June and September, this peak in CYP missing from home would seem to correlate with the school summer holidays and a relatively high volume of domestic abuse incidents reported to the MARAC and to the Police. Further analysis would be required but it is possible that with the absence of school, children residing in a domestic abuse home, do not have access to daily 'escape' or support. It is

imperative that CYP have awareness of and access to contact details and advice and support that is not restricted to term-time only.

Graph 5: Missing episodes by month April to November 2010



Source: Children, Schools and Families Directorate

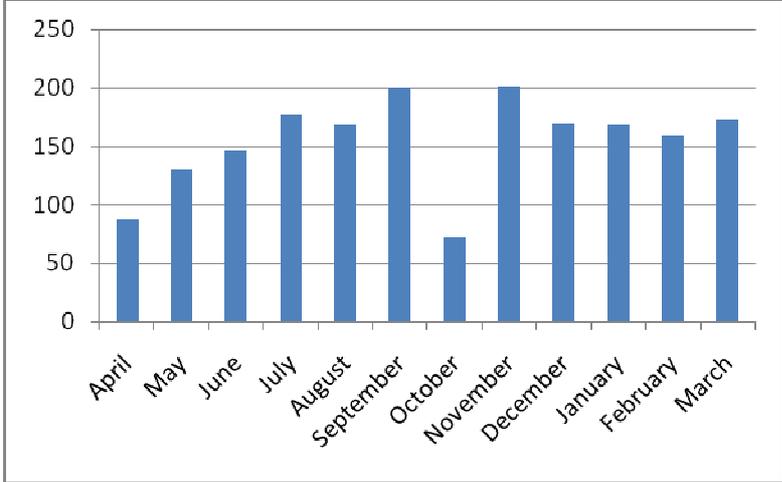
7.3.10 The children not assessed at high risk - Choices

Choices was commissioned in September 2008 to provide county-wide support to both non-abusing adults and children and young people that were impacted by domestic abuse but not assessed at high risk. The majority of its referrals are generated through Police 121A forms and are received following assessment by the Social Care Single Referral Unit. Choices is only able to work with children who are not open cases to Social Care.

The interim evaluation report published in May 2010 reported that Choices had processed referrals relating to 3,725 adult and children from January 2009 until March 2010. These individual referrals were generated from 1,604 incidents and 1,445 families throughout the county.

At the end of 2010, Choices referral gateway was opened to all agencies and self-referrals which has generated an increased volume accessing support. Graph 5 illustrates the number referrals from April 2010 until March 2011.

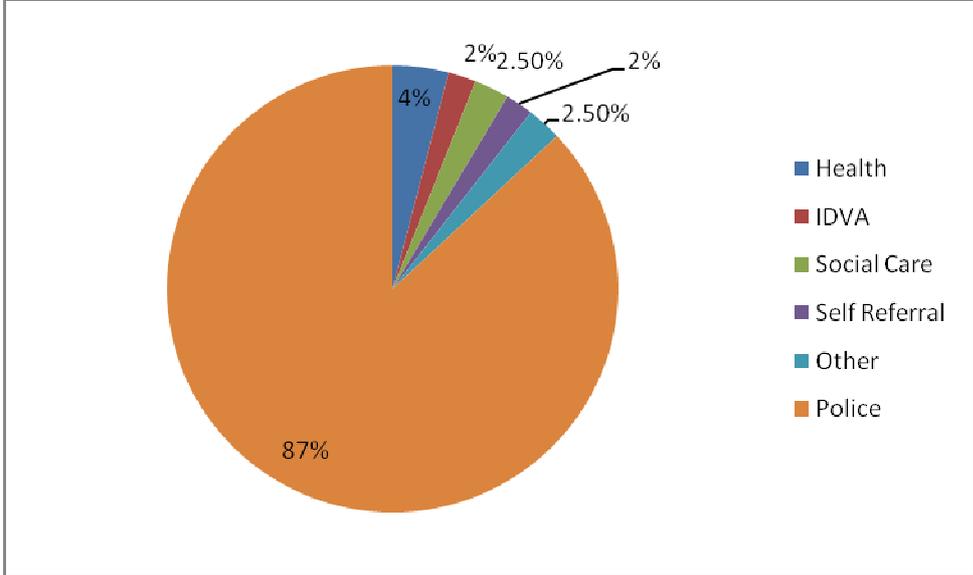
Graph 6: Monthly referrals received by Choices in 2010/11.



Source: Choices

Whilst the majority of referrals are still generated by the Police, there has been an increase in the number of referrals received through other sources and these are 13% of the total referrals received.

Figure 2: Percentage breakdown of referrals by agency.



Source: Choices

Conclusions

This chapter has illustrated the prevalence of DASV in Cornwall however, in some cases, due to the data capturing tools and the availability of the data it is difficult to confidently compare the county with other similar areas.

The evidence collected has supported the view that DASV issues concern all agencies and that there is no ‘stereotypical victim’.

Following the review of local data we can conclude that the key points to consider are;

- More women and girls are affected by DASV in Cornwall.
- Alcohol appears to be a major contributing factor to DASV.
- The large proportion of DA is occurring at standard and medium risk level.
- Young people are most likely to be victim of DASV.
- Monitoring of DASV is inconsistent across organisations.
- Professional response to disclosure of DASV is inconsistent.
- Implementation of Routine Enquiry is inconsistent and frontline staff lack training.

The evidence in this chapter supports the need for a county-wide service that provides to standard, medium and high risk, male and female victims of domestic abuse and those impacted by sexual violence. It also supports the need for services that cater for victims of all ages that are impacted by DASV.

It reports on the increasing overlap between the area of DASV and substance misuse and the needs for organisations that specialise in these arenas to understand risk indicators and hold knowledge of a comprehensive care pathway that they are confident to implement.

It uncovers the inconsistent frontline staff skills and training that would assist in identifying DASV and provide early intervention to prevent repeat or escalation of issues and provide support and advice to those affected particularly with a Health setting.

8. What are we going to do? *The Right Response*

The causes and consequences of domestic abuse and sexual violence are complex. However, every day people experience fear because of them and live in the aftermath resulting from them. Our objective is two-fold; to prevent these acts from occurring and change attitudes of acceptance to address the fear and ensure that our agencies and communities have the resources to respond in a coordinated manner so victims have access to support to facilitate their chosen outcome.

The Government's Strategy 'Call to End Violence Against Women and Girls' is underpinned by the 4 principles of Prevent, Provide, Partnership Working and Risk Management and Justice Outcomes. We will adopt these 4 principles but widen its application to include the call to end domestic abuse and sexual violence against men, women, boys and girls of all ages.

Principle 1; Prevent domestic abuse & sexual violence from happening in the first place by challenging attitudes and behaviours which foster it and intervening where possible to prevent it.

Chapter 7 has illustrated the prevalence of DASV in Cornwall and the legislation explored in Chapters 3 to 5 all echo the message that Domestic Abuse and Sexual Violence is unacceptable. An essential objective of this strategy is to ensure that we raising awareness of it for those who may come across it in a professional capacity such as health workers or to those who may close to a victim.

We need to ensure that there is effective action to prevent DASV in the first instance and to encourage greater reporting when it occurs. We need to accept that not all victims will wish to pursue justice through the criminal process but upon disclosure it is essential that they have access to appropriate and specialist support to achieve the right outcome for them.

We need to ensure that all communities are aware of the services available and that the gateway to these services are apparent and easy to find.

It would seem that Cornwall has no accessible data on cases of Forced Marriage, Female Genital Mutilation and Honour Based Crime but Cornwall has not 'escaped', there will be individuals living in fear and with the aftermath of these practices. It is our responsibility to ensure there is increased awareness of these crimes.

To ensure that the awareness raising campaign is far reaching and effective this must be undertaken in a coordinated manner.

This includes ensuring that the children and young people receive education and are challenged with regards to the concept of relationship and are afforded the opportunity to gain the knowledge and tools to become fully functioning adults and experience healthy relationships. Again, this is vital provision given that 754 children lived with the 600 victims of high risk presented to the MARACs in 2010/11.

With emerging academies and the lack of a national curriculum this is a particularly challenging concept. However, the Government states that they will 'encourage the teaching of sexual consent with the curriculum' within schools. They envisage this work to be taken forward in the context of the Department of Education's review of Personal Social Health and Economic (PSHE) education and details of the review of PHSE is expected later in 2011.

This central drive is encouraging in conjunction with the announcement that Ofsted inspections will focus more strongly on behaviour and safety including bullying as one of the four key areas of inspection. Inspectors will look for evidence of how much bullying there is and how well this is dealt with.

We want schools to ensure staff are aware of how violence can impact on a child's behaviour and what action they should take if they suspect that it is. It is imperative that education staff are equipped to deal with disclosures and this can only be achieved through workforce development. The coordination of educating children and young people with regards to sexual consent, abusive relationships and respect is vital and this strategy advocates the commissioning of such a project.

The data shows that 47% of children subject to a Child Protection Plan were under the age of 4 years and that 29 high risk victims were identified as pregnant when referred to the MARAC. National statistics state that 30% of Domestic abuse starts during pregnancy. Any violence during pregnancy can affect both mother and unborn child. Domestic Violence is known to be a major cause of miscarriage and still-birth⁹. There is a further connection between violence and teenage pregnancy. According to Women's Aid, 70% of teenage mothers are in a violent relationship¹⁰.

Midwifery and Health Visitors are in a unique position in being able to identify DASV and provide a gateway to support. We have a duty to ensure that these professionals are skilled to identify DASV and provide early intervention for the safety of the adult victim and for the safeguarding of the unborn or young child.

Through our work to **prevent** violence, we will:

- change the attitudes, behaviours and practices which contribute to domestic abuse & sexual violence by means of appropriate and targeted challenge;
- increase public understanding of domestic abuse & sexual violence by putting in place focussed awareness-raising initiatives which look to include looking at its root causes, hidden nature and economic cost;
- educate children and young people to offer them an alternative view to the damaging relationships they are exposed to and consider the 'norm'. We will offer them a choice and reinforce the concept of 'healthy relationships' which they will take forward into adulthood; and
- ensure by working with frontline partners to make them aware of the tools and systems available to them to ensure they provide the right first response.

Principle 2; Provide high quality levels of service of support where domestic abuse & sexual violence occurs.

We understand and respect that for a victim of DASV to come forward and disclose their horrendous experience takes a phenomenal amount of courage. When we consider the level of under reporting within DASV and in particular with Domestic Abuse, the number of repeated incidents prior to disclosure, getting the first response right is absolutely crucial.

Frontline practitioners need to be appropriately skilled to recognise DASV, respond to the issue when raised, provide support and to ensure they have knowledge of the local services available. This can only be achieved through workforce development. This strategy advocates the commissioning of a specialist training resource that can provide the essential development to key agencies such as Police, Children Social Care and Adult Social Care, Housing, Probation, Emergency Departments, Health Visitors and School Nurses, Mental Health Teams, Midwifery and GPs.

It will be a challenge to achieve training for all these services however, through local awareness raising of the Government's training initiatives such as the e-learning course aimed at GPs and the Department of Health's professional skills development web-based training for Health Visitors, we aim to ensure that all frontline practitioners are aware of DASV issues.

In response to the probably of DASV victims presenting to Health and the lack of designated resources we aim to pilot the provision of an IDVA within Midwifery and Emergency Departments. It is envisaged that this provision will achieve two main outcomes; 1) a specialist resource for victims presenting within these departments thereby ensuring early intervention and 2) increase staff awareness of DASV issues. The pilot will be subject to evaluation and it is proposed on conclusion that it is an effective model of service delivery, mainstream funding will be sought for its continuation.

Due to the huge overlap with Domestic Abuse and Sexual Violence issues it is imperative that the specialised services have strong connections and clear pathways between them. As many victims of DASV will present at universal services such as Emergency Departments, Sexual Health Clinics and GPs it is equally important that these have access to the expertise within the specialist services and also have clear and robust care pathways that ensure that agencies and departments do not work in isolation.

The figures contained within Section 7.3.7 to 7.3.10 identifies that children are a significant proportion of those impacted by domestic abuse and sexual abuse/violence. Furthermore, incidents of 'missing from home' escalates during school holidays which presents the question of do episodes escalate when 'escape routes' i.e. school attendance are no longer an option? We know that the impact of DASV on children and young people are long-lived which is why the strategy advocates the commissioning of a designated therapeutic service of qualified child therapists that can work with children and young people in an age appropriate model to develop their coping strategies and work through their concerns and it is essential that this is provided year-round.

Children are especially vulnerable to the negative effects of experiencing domestic abuse in their homes and can harm physical, mental, sexual and emotional health in the immediate short or long term. The total number of children in households experiencing domestic abuse is not known. We do know that in 2008/09 just under 700 children were in households where the risk of repeat victimisation was assessed as very high.

During 2010/11 there were 600 high risk cases presented to the MARAC with 538 children living within the household. For a comprehensive safety plan many high risk cases could benefit from immediate secure accommodation. However, current refuge provision is restricted to accommodating 25 women and 44 children.

The availability of space can be dependent on the women's support needs and whether this exceeds the refuge's capabilities or resources and these needs to be considered during future commissioning decisions. Refuges are challenged with women that present with additional complex needs. In order to ensure the safety of and consider the impact on other service users and staff refuges have policies that must be adhered to by the women and their families. Women that present with substance misuse, acute mental health issues and high risk behaviour can be difficult to accommodate.

The Children Act 2004 placed a duty upon all agencies to co-operate to safeguard and promote the welfare of children and to prioritise this in their service planning. All partners in Cornwall recognise that effective safeguarding is one of the basic building blocks upon which all other outcomes for children rest. It is impossible for a child or young person to achieve all or some of the 5 outcomes documented in '*Every Child Matters*' without a safe and stable

environment which includes a safe home. It is equally impossible to disentangle the effects of domestic abuse from the primary victim and the effects on the children within the household or family unit. In light of this, domestic abuse within a household with children must be viewed as a safeguarding issue and therefore housing must be considered an integral element of a safety and safeguarding plan.

Through our work to **provision of services**, we will:

- strengthen the basis for appropriate services for all experiencing domestic abuse & sexual violence by creating a robust commissioning framework; and
- ensure the right first response for victims by the provision of a training resource to all frontline partners to be able to recognise risk indicators and take appropriate action that best supports the individual or family experiencing domestic abuse & sexual violence.

Principle 3; Work in Partnership to obtain the best outcomes for victims and families.

No one agency is responsible for addressing DASV. We need to work with national and local government, statutory and voluntary agencies and communities in order to maximise success.

The voluntary sector are experts in service provision that meets the need of victims of DASV. It is imperative that these services are not removed from the experts and that no attempt is made to replicate service provision within statutory agencies, it is important that these services remain independent. However, retaining independence does not mean working in isolation. We need to ensure that there is a mechanism for the collection of data to develop business cases to evidence the need of such services and that the actions taken are represented as a collective response. We need to ensure that this information is made available to the Police and Crime Commissioner to demonstrate need and that the actions are having a positive impact on tackling crime and show the Health and Well-Being Board that intervention is reducing further health implications for DASV victims.

Recent months have seen the substantial reduction in funding for both statutory agencies and the voluntary sector, we have entered into an economic climate that requires us to spend less and work more efficiently. Historically the services for DASV have been funded on an annual basis with funding being identified at a late stage. This has a huge impact on the dedicated and specialist workforce that provide this essential and specialist services. To continue to fund services for long-term issues in this short-term matter is ineffective; we face the loss of our experts within the DASV field. The Government has led by example in allocating a flat cash settlement of £28 million over the next four years and this strategy has followed that timeframe.

To ensure we maintain the expertise invested in our services we must endeavour to mainstream fund the essential services such as the SARC, ISVA, IDVA and MARACs. It is with this in mind this strategy advocates the development of a Multi-Agency Funding Strategy so that the continuation of those 4 vital services is seen as core services and that statutory and voluntary agencies can pool financial and staffing resources to ensure high quality DASV services.

Value for money is a key driver in commissioning services. It is important that this is not interpreted as the need to secure low cost services because lower cost does not come hand-in-hand with more effective provision and quality of service. Intelligent joint commissioning, which takes note of local needs and opportunities, removes inefficiencies and duplication whilst ensuring that we commission local services that are appropriate and effective.

The voluntary and community sector is dedicated to its role in protecting victims of DASV and ensuring there are services to meet their need. As a sector dependant on a range of local and national funding sources, it has always been vulnerable to fluctuations in funding. Services emerge and disappear while few stand the test of time and remain sustainable.

Agencies face competition for piece-meal funding pots and tailor service provision to funding requirements. The disappearance of help-line numbers or reduced capacity or remit of services presents a constant demand on the need to up-date non-specialist services as to what is available and to whom. It becomes an impossible task to embed care pathways in universal services due to these changes and fluctuations.

With long-term funding secured we can develop a comprehensive care pathway that links all specialised services and offers a gateway to support for victims that present to universal services.

Communities have a huge role to play in achieving public awareness. Nationally there are some community based initiatives which can deliver collective support to victims and have the benefit of raising awareness of DASV. It is important to learn from the success of other geographical areas. It is important that we empower local communities and support them in influencing the local decision-making process.

The strategy has focussed on crisis support but we acknowledge that the impact of DASV can be long-lived. The barriers faced by those who have experienced domestic abuse/violence are substantial; isolation, poor self-esteem, lack of confidence, mental health difficulties to name a few. Add to these, issues with transport, child care and economic deprivation and it can be seen how difficult it can be for these barriers to be addressed and successfully overcome.

In 2007 Victim Support introduced the SUSIE project funded through the Learning Skills Council (LSC). This project proposed delivering a range of activities and support services tailored to meet the individual needs of women who had experienced domestic violence/abuse and were wishing to move on with their lives and develop their full personal, educational and career potential.

On uptake of the service each woman received a risk assessment to assess her safety needs and, if necessary, a safety plan was established. The project worker also devised an Individual Support Package and supported the women to identify her Personal Development Plan. Support mechanisms were built into the project to ensure that women received the support they needed at every stage of their involvement with the SUSIE Project. During the first 2 years of delivery the project exceeded their target by 96%.

The uptake of this project and similar 'pattern changing programmes' such as that delivered by WRSAC, demonstrates the need for victims of domestic abuse not only to be supported and protected during times of crisis but for there to be service provision continuum which supports victims to independent living.

Through our work to **partnership working**, we will:

- improve outcomes for victims of domestic abuse & sexual violence by supporting the delivery of crisis services by specialist service providers;
- send a clear message that the provision of services is a strategic priority and ensure all statutory agencies recognise that addressing issues of domestic abuse & sexual violence is core business;
- ensure that all statutory agencies recognise their responsibility for their contribution to a multi-agency funding strategy that supports the implementation of this strategy;

- embed a robust and comprehensive multi-agency care pathway and service provision that provides services to men, women and children of all ages assessed at high, medium or standard risk and is equally accessible across the county;
- support victims of DASV to move on with their lives and develop their full personal, educational and career potential; and
- encourage community involvement with raising awareness of DASV issues.

Principle 4; Risk Reduction and Justice Outcomes. Take action to reduce the risk to men, women and children who are victims of these crimes and ensure that perpetrators are brought to justice.

We have a duty to ensure that all relevant legislation is adhered to; this includes Section 9 of the Domestic Violence, Crime and Victims Act and the Equality Act 2010.

In light of the statutory duty of the Safer Cornwall Partnership to implement the Domestic Homicide Review process we must ensure that this does not duplicate current review processes. We need to align this Review process with those that exist and explore the opportunity to jointly commission this with Sudden Death Reviews conducted by the Adult and Children Safeguarding Boards.

In accordance to the Equality Act 2010, we must give consideration for the need for services that are specifically targeted at particular groups whilst balancing the need for services for all against funding availability.

Nationally there are 240 Multi-Agency Risk Assessment Conferences (MARACs) assessing the needs of high risk victims of domestic violence and implementing action plans to reduce that risk. Locally we have 6 MARACs operating within the county that have effectively processed 600 cases of high risk during 2010/11. However, during the CAADA quality assurance process it has been identified that we are currently operating at an estimated 60% volume given the adult population and estimated prevalence of domestic violence. Of the 600 cases presented, 96% of the referrals were generated by the Police. CAADA advises that Non-Police referrals should be approximately 40% for a 'mature MARAC'. The MARAC Steering Group has devised a one year action plan to address such issues as the low volume of Non-Police referrals.

In addition, the MARAC Steering Group are monitoring the attendance of key agencies to the MARACs and have developed an escalation process to strategic level for continued non-representation that highlight how this may increase risk for the victim.

Victims of domestic violence may need immediate protection from the perpetrator while they consider their options for longer term protection. The Sanctuary Scheme has demonstrated cost efficiently with an average household costing £134.45 to install safety measures in comparison with the average cost of £2,500 resourced to relocate the family. In cases where the risk of remaining at the home is too great we must ensure that we have secure and appropriate accommodation for those fleeing Domestic Abuse. Refuge provision is commissioned through supporting People, it is vital that the future commissioning decisions due in December 2011 are informed decisions and that strong cases that highlight risk are built to retain these services.

Many victims struggle to comprehend CPS decisions not to pursue criminal proceedings; there is often a perception that this decision is linked to a prosecutor's lack of belief in the victim account. CPS charge decisions are complex and governed by a huge number of factors based upon legislation. Whilst, at a local level, we have little influence over national guidance and legalisation, we can influence the communication process between local CPS

and victims in accordance to the recommendations of the Stern Review. Improving communication will only strengthen the level of trust victims gain in the system which in turn when increase self-confidence in their abilities to make positive decisions about disclosure and consequently, will reduce repeat victimisation.

There are currently 141 Specialist Domestic Violence Courts (SDVC) operating nationally. Cornwall has 2 SDVCs located in Bodmin and Truro. SDVC represent a partnership approach to domestic violence by the criminal justice agencies, magistrates and specialist support services. Cornwall has established a SDVC Operational Group that brings together agencies to monitor the performance of the SDVCs. Due to the complexity of Domestic Violence cases it is imperative that we ensure the continuation of provision and that we have robust monitoring and performance management systems.

We must ensure that those victims proceeding through the criminal justice system are treated with dignity and respect by those operating within the arena. We must ensure that all magistrates and prosecutors receive training in the impact of DASV crimes and therefore can support the victims through the process.

It has been identified that the majority of cases proceeding through the SDVCs are those victims assessed at medium risk. Until recently, the IDVA Service has only provided support to those assessed at high risk. A new development has been to make early contact with medium risks victims that are proceeding through the CJS, it is viewed that early intervention will have a positive impact on attrition rates. We must ensure that this service provision is commissioned with the capacity to effectively work with the number of cases reported.

Through our work to **Risk Management and Justice Outcomes** we will:

- increase the number of victims who have the confidence to access the criminal justice system by seeking to continue to improve the response to them;
- increase the capacity and maintain the quality of crisis services that reduce the risk of harm imposed on victims and drive forward the multi-agency responsibility to attain this;
- increase the capacity and quality of services that support victims through the criminal justice system;
- maintain Refuge provision space for individuals fleeing Domestic Violence and Sanctuary Scheme provision thereby allowing victims and their families to remain in their homes if they choose to do so;
- work with the criminal justice system to ensure the continuity of existing specialist courts and support the appropriate training of Magistrates and Crown Prosecution Service in understanding the complexity of domestic abuse & sexual violence cases and ensure the application of current legislative powers and risk management processes are both understood and effective;
- work with the Probation Trust to ensure the delivery of effective rehabilitation programmes is available to those convicted of domestic abuse & sexual violence offences and in addition, those wishing to voluntarily enter into a programme to break their cycle of abusive behaviours; and
- establish a Domestic Homicide Review process that strengthens current Safeguarding Reviews and avoids duplication.

Appendix A: References

Ref No	Reference
1	Walker et al (2009)
2	Stephenson, J. (2011) <i>Violence in the Home</i> , Social Work Now
3	Stark and Flitcraft, 1996; Bowker et al. (1998)
4	Brandon et al (2009) Understanding Serious Case Reviews and their Impact: A biennial Analysis of Serious Case Reviews 2005-7, DCSF
5	Cawson, P. et al (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. London: NSPCC
6	DCSF Violence Against Women and Girls Advisory Group
7	British Crime Survey 2009/10 (Homicides, firearm offences and intimate violence)
8	Domestic Violence Statistics Thompson, G. March 2010
9	Mezey, G. (1997) Domestic Violence in Pregnancy
10	Harrykissoon et al, (2008) Prevalence and patterns of intimate partner violence among adolescent mothers during postpartum period

Appendix B: Glossary

ACPO	Association of Chief Police Officers
ADS	Alcohol and Drugs Service
ASC	Adult Social Care
BCS	British Crime Survey
BCU	Basic Command Unit
CAADA	Coordinated Action Against Domestic Violence
CAB	Citizens Advice Bureau
CAF	Common Assessment Framework
CAFCASS	Children And Family Court Advisory and Support Service
CDRP	Crime and Disorder Reduction Partnership
CJS	Criminal Justice System
CMHT	Community Mental Health Team
CPS	Crown Prosecution Service
CSC	Children's Social Care
CYP	Children and Young People
DA	Domestic Abuse
DAAT	Drug and Alcohol Action Team
DAI	Domestic Abuse Incident
DASH	Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Indicator Checklist
DASV	Domestic Abuse and Sexual Violence
DAU	Domestic Abuse Unit
DI	Domestic Incident
DV	Domestic Violence
FGM	Female Genital Mutilation
FIP	Family Intervention Project
FM	Forced Marriage
FMU	Forced Marriage Unit
HBV	Honour Based Violence
HMCS	Her Majesty's Court Service
HO	Home Office
IDVA	Independent Domestic Violence Advocate
ISVA	Independent Sexual Violence Advocate
LA	Local Authority
LAA	Local Area Agreement
LEA	Local Education Authority
LGA	Local Government Authority
LSCB	Local Safeguarding Children Board
LSP	Local Strategic Partnership
MAPPA	Multi Agency Public Protection Arrangement
MARAC	Multi Agency Risk Assessment Conference
MoJ	Ministry of Justice
NSPCC	National Society for the Prevention of Cruelty to Children
PCT	Primary Care Trust
PPU	Public Protection Unit
RIC	Risk Indicator Checklist (Completed by Officer attending scene)
Sanctuary Scheme	Security Measures for homes i.e. Reinforced locks etc
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SO	Sexual Offence
SOLO	Sexual Offence Liaison Officer
TOR	Terms of Reference
VAWG	Violence Against Women and Girls

Appendix C: List of tables and graphs

Table/Graph	Description	Page
T1	Summary of prevalence of Domestic Homicides, FGM, Stalking, Rape, Sexual Assaults and Domestic Abuse for men and women within the UK	p2
F1	DASV Local Structure	p30
T2	South West recorded crime figures 2008/9 to 2009/10	p33
T3	Cornwall recorded crime figures 2008/9 to 2009/10	p33
G1	Crimed and Non-crimed Domestic abuse incidents from March 2006 to July 2010	p34
T4	Crimed and Non-crimed Domestic abuse incidents by ACPO DASH assessed level of risk 2010/11	p34
T5	Crimed Domestic Abuse incidents by community network area for 2008/9 and 2009/10	p35
G2	Total MARAC referrals and repeats processed through the 6 county MARACs from April 2010 to March 2011	p37
T6	Perpetrator arrests for Domestic Abuse made from April 2010 to March 2011 in comparison to 2009/10	p38
T7	Sexual Offences by crime type for year ending September 2010 and 2008/9	p38
T8	Prevalence of sexual offences within age bands	p39
T9	CPS Defendant Outcomes 2009/10 and 2010/11	p39
T10	CPS Defendant Outcomes for gender split Q1 to Q3 2010/11	P40
T11	CPS Defendant Ethnicity with gender split Q1 to Q3 2010/11	P40
G3	Sexual Offences that resulted in successful convictions from January 2009 to 2010	p41
T12	CPS key reasons for unsuccessful outcomes for all VAW crimes for Devon and Cornwall for year ending September 2010	p41
T13	Estimated Prevalence of DASV in Cornwall	p42
T14	UK geography of FM cases in 2009	p44
T15	Prevalence of FGM in England & Wales compared with the South West Region	p45

Table/Graph	Description	Page
T16	Volume of monthly 121A referrals to Cornwall Social Care during 2010/11	p46
T17	Volume of 121A referrals to Cornwall Social by Locality	p47
T18	Breakdown of CYP with CP Plans by Gender	p47
T19	Breakdown of CYP with CP Plans by Age	p47
G4	Prevalence of CP Plans by category	p48
T20	Length of time of CP Plan	p48
G5	Missing episodes by month April to November 2010	p49
G6	Monthly referrals received by Choices	p49
F2	Percentage breakdown of referrals received by agency	P50

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