SAFER CORNWALL

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SAFE ACCOMMODATION

DOMESTIC ABUSE &
SEXUAL VIOLENCE NEEDS ASSESSMENT
2021/22

FINAL March 2022
Amethyst Community Safety Intelligence Team

Acknowledgements

This Needs Assessment prepared by:

- Amethyst Community Safety Intelligence Team, Cornwall Council
- With support from Safer Cornwall thematic specialists, domestic abuse and sexual violence service providers and service users

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- Cornwall Housing
- Devon and Cornwall Police
- Peninsula Crime Analysts' Network
- Probation Service
- Royal Cornwall Hospitals NHS Trust
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INTRODUCTION

Aims and objectives

The new **Domestic Abuse Act 2021** introduces specific duties with respect to providing safe accommodation, including a local needs assessment and a strategy.

The Act introduces a statutory duty on tier 1 local authorities to:

- **Assess the need for domestic abuse support** amongst victims and their children in safe accommodation including those who come from outside of their area;
- **Provide accommodation and support** to victims and their children;
- **Prepare and publish a strategy** for the delivery of the support;
- **Monitor and evaluate** the effectiveness of this strategy; and
- Appoint a **Domestic Abuse Local Partnership Board.**

Safer Cornwall have a pre-existing **comprehensive needs assessment for domestic abuse and sexual violence**, and the last update was published in 2018.

This assessment provides **specific information relating to safe accommodation**, to meet the new duty, set within the broader context of the local need for domestic abuse support services.

It **brings together the latest data and information** from a broad range of local partners – including police, commissioned domestic abuse and sexual violence service providers and housing – alongside national data and research. **Qualitative insights** have been gathered through multi-agency workshops and Lived Experience focus groups and case studies.

It is a **partner document** to the 2021/22 refresh of the wider Domestic Abuse and Sexual Violence Needs Assessment.

A community safety needs assessment aims to provide a **shared understanding of local need** around a specific theme, to inform the development of local services and enable victims, perpetrators, their families and children to have their **needs met more effectively**.

The impact of a needs assessment should be two-fold:

1. To **inform commissioning** of services and inform commissioning decisions in other areas that impact on this area of work;
2. To **influence how organisations respond** and work together around a particular theme and their development of policy and practice.

What is domestic abuse?

The Domestic Abuse Act 2020 confirms the revised **cross-government definition** of domestic abuse as:

The behaviour of a person towards another person is domestic abuse if a) the two people are each **aged 16 or over** and are **personally connected** to each other, and b) the behaviour is **abusive**. This can include behaviour directed at the child of the person experiencing abuse.

Two people are considered **personally connected** to each other if they are, or have been:

- Married (or have agreed to be)
- Civil partners (or have entered into a civil partnership agreement)
- In an intimate personal relationship
- In a parental relationship in relation to the same child
- Related to each other

Behaviour is **abusive** if it consists of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a course of conduct.

Economic abuse means any behaviour that has a substantial adverse effect on the ability of the person experiencing the abuse to acquire, use or maintain money or other property, or obtain goods or services.

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

Coercive behaviour is an act or a pattern of acts of **assault, threats, humiliation and intimidation or other abuse** that is used to harm, punish, or frighten their victim.

Types of domestic abuse

Intimate Partner Violence

Domestic abuse most commonly takes place in intimate partner relationships. The vast majority is perpetrated by men against women, but men are also subject to abuse by female partners, and both men and women experience abuse from same sex partners.

Such abuse in intimate relationships can **vary in severity and frequency**, ranging from a one-off occurrence to a continued pattern of behaviour.

It can involve or be **perpetrated alongside abuse by other family members** and in extended family households or settings, particularly where the victim is living with the perpetrator's family.

Abuse often continues even when a relationship has ended, which can be a significantly dangerous time for a victim. Post-separation abuse, including stalking, harassment and forms of physical, emotional, sexual and economic abuse often continues and causes ongoing harm. 55% of the women killed by their ex-partner or ex-spouse in 2017 were killed within the first month of separation and 87% in the first year.[1]

[1] Femicide Census, 2018

Abuse by Family Members

Abuse within a family set up **can encompass a number of different behaviours**. A wide range of family members will be considered to be "relatives" that can perpetrate and be victims of abuse. In a study of 32 Domestic Homicide Reviews, a quarter were family-related homicide, with most of those cases involving a parent killed by their adult child.[2]

Forced marriage and honour-based abuse

A **forced marriage** is where one or both people do not (or, in cases where a person lacks mental capacity, cannot) consent to the marriage and pressure or abuse is used.

'Honour' based abuse is a form of domestic abuse which is perpetrated in the name of so called 'honour'. Women, especially young women, are the most common targets, often when they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour.

Female Genital Mutilation (FGM)

FGM is any procedure that is designed to alter or injure a female's genital organs for non-medical reasons.

It's sometimes known as 'female circumcision' or 'female genital cutting' and is mostly carried out on young girls. FGM procedures can cause severe bleeding, infections and problems with giving birth later in life (including causing death of the baby).
FGM is **illegal in the UK** under the Female Genital Mutilation Act 2003. It is also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this.

FGM violates a number of human rights principles, including the principles of equality and non-discrimination on the basis of sex. It is considered as a **form of violence** against girls and women and a **form of child abuse**.

Teenage Relationship Abuse

Relationship abuse happens at all ages, not just in adult relationships: latest figures show that men aged between 16-19 were most likely to experience domestic abuse than any other age group; women aged between 16-19 were more likely to experience domestic abuse than those aged over 25.[3]

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships. Young people may experience a **complex transition** from childhood to adulthood, which impacts on behaviour and decision making.[4]

It may have an impact on the way that young people respond to abuse as well as the way that they engage with services. Additionally, they may be **unequipped to deal with practical problems** such as moving home to escape the abuse or managing their own finances. As a result, young people who experience domestic abuse do so at a **particularly vulnerable point in their lives**.

Abuse in relationships between those under the age of 16 years will

[2] Sharp-Jeffs and Kelly, Domestic Homicide Review Case Analysis, 2016
[3] ONS statistics, March 2019
[4] SafeLives, Safe Young Lives – young people and domestic abuse, 2018

be treated as child abuse as a matter of law and child safeguarding procedures should be followed. It is important to remember that abuse perpetrated by someone over the age of 18 against someone under the age of 18 also constitutes child abuse as a matter of law.

However, young people experiencing **abuse in their own relationships** need to be supported in a way that is **specifically tailored** to their needs – those aged 16 to 17, due to their age, will have to rely on specialist services designed for adult victims that are not always appropriate.

Adolescent to Parent Violence and Abuse

Adolescent to Parent Violence and Abuse (APVA) is **increasingly recognised as a form of domestic abuse**.

SafeLives data has shown that young people accessing services who cause harm to family members can do so through the same broad categories of behaviour seen in other forms of domestic abuse: **physical violence** was the most prevalent, with 57% of young people causing physical harm and nearly a quarter (24%) demonstrated **jealous and controlling behaviour**.

Dynamics and motivations behind these behaviours may be different to partner abuse but it is important that a young person using abusive behaviour against a parent receives a **safeguarding response**, which may include referral to MARAC (Multi-agency Risk Assessment Conference), regardless of whether there is any police action taken. Responders should use their discretion and professional judgement when addressing cases of APVA.

The parent experiencing abuse should also receive appropriate domestic abuse response and support. The provision of an **understanding, respectful and professional first response** is vital in determining the future resolution of this family crisis. Parents say that one of the most important forms of help and support is being **listened to and believed**.

NATIONAL POLICY CONTEXT

The Domestic Abuse Act 2021

The Act was signed into law on 29 April 2021 and provides further protections to people who experience domestic abuse as well as strengthens measures to tackle perpetrators.

The Act:

- Creates a **statutory definition of domestic abuse**, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of this definition, **children will be explicitly recognised as victims** if they see, hear or otherwise experience the effects of abuse;
- Creates a **new offence of non-fatal strangulation**;
- Extends the controlling or coercive behaviour offence to cover **post-separation abuse**;
- Extends the 'revenge porn' offence to cover the **threat to disclose intimate images** with the intention to cause distress;
- Clarifies the law to **further deter claims of "rough sex gone wrong"** in cases involving death or serious injury;
- Creates a statutory presumption that victims of domestic abuse are eligible for **special measures in the criminal, civil and family courts** (for example, to enable them to give evidence via a video link);
- Establishes in law the **Domestic Abuse Commissioner**, to stand up for victims and survivors, raise public awareness, monitor the response of local authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse;
- Places a **duty on local authorities** in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation;
- Provides that all eligible homeless victims of domestic abuse automatically have **'priority need' for homelessness assistance**;
- Places the guidance supporting the **Domestic Violence Disclosure Scheme** ("Clare's law") on a statutory footing;
- Ensures that when local authorities rehouse victims of domestic abuse, they do not lose a **secure lifetime or assured tenancy**;
- **Stops vexatious family proceedings** that can further traumatise victims by clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989;
- Prohibits GPs and other health professionals from **charging a victim of domestic abuse for a letter** to support an application for legal aid
- Introduces new **Domestic Abuse Protection Notices** and **Domestic Abuse Protection Orders** to help prevent perpetrators from contacting their victims as well as requiring them to take positive and responsible steps to change their behaviour.

Safe Accommodation

Part 4 of the Act places a **statutory duty on tier one local authorities** relating to the provision of support to victims of domestic abuse and their children residing within 'relevant' safe accommodation.

The legislation requires local authorities to ensure that **all victims of domestic abuse have access to the right support within safe accommodation**, provides guidance as to what they should do to fulfil their statutory responsibilities and further clarity on how

the new duty should be delivered on the ground.

The Government recognises that victims and their children may need to live in a **variety of different forms of safe accommodation**. 'Relevant accommodation' [also referred to as 'safe accommodation' throughout the guidance] is specified by the Secretary of State in regulations as:

- Refuge accommodation
- Specialist safe accommodation
- Dispersed Accommodation
- Sanctuary Schemes
- Move-on and/or second stage accommodation
- Other forms of domestic abuse emergency accommodation (i.e a safe accommodation place with support)

We know that some forms of violence against women and girls leave victims at **greater risk of homelessness**. The Homelessness Reduction Act 2017 introduced duties on local authorities and other public bodies to work together to prevent homelessness for people at risk.

Statutory guidance for local authorities on **improving access to social housing for victims of domestic abuse** was published in November 2018. This strongly encourages local authorities to give careful consideration to the safety and welfare of victims of domestic abuse when granting tenancies, by ensuring that where they are offering further tenancies to lifetime social tenants as a result of domestic abuse, such tenancies are granted on a lifetime basis.

Various **Government grants and initiatives** launched by the Department for Levelling Up, Housing and Communities (DLUHC) (formerly Ministry for Housing, Communities and Local Government (MHCLG) in the last year, such as the Rough Sleeping initiative and the Respite Rooms pilot are intended to provide a better understanding of the needs of rough sleepers who have experienced domestic abuse and other forms of violence and abuse, with a focus on women.

A new Domestic Abuse Strategy

The new government strategy *Tackling Violence Against Women and Girls* (VAWG) was published in July 2021.

This Strategy sets out how the Government plans to prevent these crimes, improve the experiences of victims and survivors, ensure perpetrators are brought to justice, and improve the way different organisations work together.

The Home Office is currently writing a **Domestic Abuse Strategy** which will sit within the frame of the recently published VAWG Strategy.

Both strategies will share the **same strategic objectives**, informed by the Government's Call for Evidence, underpinned by **a dedicated approach** due to the high prevalence and high harm of domestic abuse.

The Domestic Abuse Strategy, along with a refreshed **National Statement of Expectations**, will complement the VAWG Strategy and help commissioning services to provide support to victims and survivors effectively.

The *'Violence against women and girls: national statement of expectations'* is a public document that explains the actions local areas should take to ensure victims of violence against women and girls get the help they need. The Government has updated and published a refreshed statement in 2021.

Cornwall & Isles of Scilly Domestic Abuse and Sexual Violence Strategy

OUR PROGRESS

Over the last three years we have delivered a wide range of service improvements under our Domestic Abuse and Sexual Violence (DASV) Strategy 2019-2022.

We made four key commitments:

1. We will strengthen our approach to **prevention**
2. We will develop an **inclusive and needs-led DASV system** to support individuals with Complex Needs, because DASV rarely happens in isolation
3. We will progress and extend **support and interventions to change abusive behaviour**
4. We will **learn from our lessons** the first time

We aimed to strengthen our approach to prevention

Increasing public awareness of domestic abuse and sexual violence through multi-media campaigns, community led initiatives and, leading by example with Council led events to support and promote the response to domestic abuse and sexual violence

We have raised awareness of domestic abuse and sexual violence and abuse encouraging reporting and challenge of inappropriate behaviour, ensuring residents, communities and organisations are aware of abusive behaviour, issues around consent and victim blaming, the services available and referral routes into these services.

- **Coordinating and promoting interagency events**, including leading on public campaigns; including 16 days of action against domestic abuse and sexual violence/abuse awareness week; delivering Safer Lives at Board Masters Festival; Newquay Safe (night time economy); Fresher's week at Falmouth University; Royal Cornwall Show; Pride.
- **Developing a communication plan** for domestic abuse and sexual violence/abuse that aligns with the wider Safer Cornwall communication plan.
- **Refreshing the domestic abuse and sexual violence/abuse pages** on the Safer Cornwall website.
- **Developing a Domestic Abuse and Sexual Violence/Abuse System Map**, which includes a simple pathway for service users with single points of contact in Safer Futures and SARC.
- Developing a **Child Sexual Abuse services map** with the Safeguarding Children Partnership that includes quick links to service provision across Cornwall.
- Implementing a **Domestic Abuse and Sexual Violence employee policy**, training for managers and e-learning for all Council staff.

Delivering **age specific and evidence based activities to encourage healthy relationships** including sexual relationships

We have ensured children and young people receive recommended and evidence based educational activities

about healthy relationships including sexual relationships

- **Commissioning Healthy Relationships education** across primary and secondary schools over three years. This includes education on consent and healthy sexual relationships.
- **Developing the offer for whole school approaches** to DASV, including policy, teacher support and training. This has included work with safeguarding leads, embedding DA into staff policy and training staff.
- **Establishing Operation Encompass** in our schools
- **Embedding the Trauma Informed approach and skills into frontline practice** by ensuring that all Children Support Workers in our Safe Accommodation attend Trauma informed School (TiS) training and ensuring that all children living in Safe Accommodation have access to an Emotionally Available Adult.
- **Delivering Trauma informed School (TiS) training** in schools across Cornwall and the Isles of Scilly.

Challenging social norms, attitudes and behaviours that tolerate and perpetuate domestic abuse and sexual violence

We have developed community responses to DASV to promote community ownership, challenge, educate and empower members of the community.

- **Commissioning 'bystander' interventions** in community groups to encourage responsibility for noticing, interpreting and reacting to DASV- Safer Future drop ins have been hosted at colleges and family centres and unis; businesses have been trained around DASV as part of 16 days of Activism against gender-based violence; workshops and virtual trained has been delivered

4759 children and 110 parents receive Healthy Relationships education on average per quarter

Healthy Relationships is delivered on average in **51 schools** per quarter

across Safer Towns.

- **Developing a business support package** to encourage greater awareness of the signs of DASV and how to deal with disclosures, including, encouraging businesses to adapt DASV policies to address the needs of victims, perpetrators and children – Managers guide developed with Health, Safety and Wellbeing Team to support implementation of the DASV policy for Cornwall Council; DASV e-learning has been co-developed with Learning and Development Team for Cornwall Council staff; and a resources package for businesses has been developed which includes Employment policy, routine enquiry training, and a workplace toolkit.
- **Engaging with and supporting survivors of DASV** and responding to their experience to develop and deliver services.

We aimed to deliver more early intervention

Ensuring **all frontline staff are able to identify domestic abuse and sexual violence**, and individuals displaying abusive behaviours; by developing consistent pathways so that everyone knows where to get help

We have ensured frontline staff are able to identify and respond appropriately and effectively to those experiencing, have experienced or perpetrated domestic abuse and sexual violence.

899 professionals and front line workers received multi-agency DASV training in 2020/21

- **Delivering multi-agency training**[5] **to professionals and front line workers** to ensure that the workforce understand the signs and symptoms of DASV and are confident to ask questions and assess the level of risk using accredited screening tools. Staff know what next steps to take; this could mean a referral to a specialist service or simply providing the right information;
- A **three-tiered training programme has been commissioned** and is being delivered by Safer Futures. Bespoke training has been piloted for Job Centres, Royal Cornwall Hospitals Trust and Outlook South West. Training has been reviewed against Domestic Homicide Review recommendations to enable the tiered training to focus on suicide and capacity. **Extra modules planned** for older people, children and young people, families and mental health and capacity. Safer Futures has also worked in partnership with the police to deliver bespoke training to frontline officers across Cornwall.
- **Development of the integrated DASV service** to include a single point of contact and recovery pathway which offers choice to those impacted by domestic abuse.

Developing the health response to domestic abuse and sexual violence, including routine enquiry to ensure that everyone in training is asked and given the opportunity to talk about domestic abuse and sexual violence training they may be experiencing

- Evaluating **training programmes that include service user experience** which has led to the development and delivery of a bespoke training package for Royal Cornwall Hospital Trust (RCHT).
- **Commissioning a DASV Primary care service** which was launched in March 2021.
- **Formalising SARC and ISVA pathways** with a single point of contact
- Inviting local pharmacies to be part of the Safe Spaces initiative.
- Commissioning two health IDVAs based at RCHT.
- Successfully bidding for the **NHS England Sexual Violence Trauma Pathfinder** together with our partners in Devon, Torbay and Plymouth, which will reduce the fragmentation in services and increase access to professionals competent and confident in identifying and responding to the needs of adult victims and survivors of sexual assault and abuse with complex trauma-related mental health needs.
- Updating the RCHT and Cornwall Partnership NHS Foundation Trust **Adult Safeguarding Policy to include DA best practice** in the Integrated Safeguarding Service

[5] Due to the ongoing Covid-19 restrictions put in place from 23rd March 2020 most face-to-face courses delivered through the training programme have been suspended until further notice. This has resulted in very low numbers trained for quarters 1-3. DASV training has continued to be delivered online via webinars.

operating in maternity, children's mental health, physical health, learning disability and care of older people in hospital and community settings.
- Developing a **health oversight committee for DASV** to ensure the hospital trusts comply with the Domestic Abuse Pathfinder Toolkit including the commitment to embed Routine Enquiry into practice.
- Updating and rolling out **mandatory DA training for all staff across the hospital trusts** and developing bespoke DA health training with Barnardo's for all registered and frontline staff.
- Supporting the **identification of patients and children involved in MARAC cases** to allow notification of Safeguarding services, ensuring a prompt response from the team.

Ensuring that services recognise the experience and needs of children in domestic abuse situations, ensuring the emotional and mental impacts do not go unaddressed

- **Developing the service offer for children** who have experienced/been impacted by DASV with clear pathways for support, identifying any gaps in service provision.
- A **recovery pathway has been developed by Safer Futures** including recovery for children and young people affected by domestic abuse and child sexual abuse, and a DASV family programme is being co-delivered with Cornwall Council's children's services Together for Families;
- A **successful bid to Supporting Families** to enable earlier identification and response to families affected by DASV – the service will start in January 2022.
- Safer Futures and Together for Families support staff have been trained to **support families affected by child on parent abuse**; and more children and young people support workers have been recruited in our Refuges
- Ensuring **links with Child Sexual Abuse working group to ensure pathways are shared and embedded** – the sexual violence pathway has been bolstered by the sexual violence service maps for CYP and adults, supporting professionals in navigating the complex system.
- **Developing co-location opportunities with children's services**, including MARU and Family hubs; and bespoke DASV training for children's services Best Start in Life Team and Early Help workers.
- Ensuring that all children affected by sexual abuse receive the best quality healthcare and safeguarding by formalising the arrangements for **all recent and non-recent CSA cases to be reviewed by the Paediatric Centre of Excellence.**

Developing evidence-based family interventions to reduce family violence, intergenerational abuse and increased risk of Child Sexual Abuse

- **Developing family interventions and support offer in DASV services**, including whole family assessment and multi-agency support with a single point of contact – recovery pathway has been developed to provide greater amount of choice for families, including a new triage team to provide whole family assessments of need; a **DASV Identification and Referral Pathway** (IRP) is working in primary care to provide early identification and response to families who are being supported in GP surgeries.
- **Implementing life skills for children and young people** in DASV services – which are delivered

by our Refuges and Reconnect services.
- **Improving the support for parents** who have been affected by children and young people experiencing DASV.
- **Piloting DASV family workers** co-located within Family Assessment Teams and Health Visiting teams.
- **Securing funding for three children and young people ISVAs** to support those impacted by non-contact Child Sexual Abuse.

Developing our **housing support for victims**

- **Developing the DASV housing pathway**, including ensuring provision is available for victims who wish to stay safe in their own homes. The pathway will include wider housing providers such as registered social landlords and private landlords;
- **Supporting registered social landlords to adopt the principles of the Domestic Abuse Housing Alliance** (DAHA) and work towards gaining accreditation.
- A **MARAC pilot** that has successfully addressed issues raised around the criteria for **referral on the basis of escalation of harm** as part of the wider MARAC improvement and Safer lives recommendations.
- Implementing a **sexual violence recovery programme** for victims as part of the wider recovery pathway.

We aimed to develop an inclusive and needs-led system

Embedding a true multi-agency approach and joint working protocol to extend the reach of domestic abuse and sexual violence support to the **harder to reach groups** including joint assertive outreach programs

We have developed a service response to those less likely to report and hard to reach groups, including assertive outreach approaches.

- **Ensuring DASV services are actively engaged in assertive outreach** to meet the needs of those who are street homeless or require a more flexible approach to engage with services – the outreach team has expanded to include health, complex needs and LGBT+ IDVAs
- Responding to DHRs 7 and 9, and the need to **improve access for older people to DASV services**, by setting up a steering group and two working groups to take forward a pilot project in Newquay focusing on community engagement and training for professionals. We successfully secured funding from the Safeguarding Adults Board Innovation Fund for the community engagement, which will go towards recruiting, training and costs for local experts by experience to lead the process.

We are developing a **Trauma Informed service**

Understanding and better capturing the impact of Adverse Childhood Experiences (ACEs) both in early years and adults.

- We have **introduced Routine Enquiry for Adverse Childhood Experiences** into all DASV services
- Developing the **Trauma Informed Network Cornwall (TINC)** – a community collaboration of individuals and organisations that seeks to create change through raising awareness of the impact of trauma and supporting the implementation and embedding of trauma informed practice initiatives and training across Cornwall.

- **Developing a Complex Needs Strategy** for people experiencing multiple vulnerabilities.

The aim of the Complex Needs Strategy is to work with commissioners, public bodies, services and organisations to **improve access to services and opportunities** across Cornwall, so that **nobody is excluded** from the things that motivate them and create ambition. **Key priorities** in the strategy are:

- Take a **whole person approach**
- **Work with individuals to resolve the underlying issues** leading to homelessness, problematic drug and alcohol use, crime, mental health, risk of exploitation and domestic abuse, and difficulties with parenting.
- Recognising that unresolved, multiple traumas are a major contributory factor, we are working together to **ensure that a trauma-informed approach** is in place across all agencies and services;
- **Help people to be truly independent of services** by working with them to identify their own assets and resilience
- **Develop enabling relationships with individuals/residents** so that together we can help them become the best they can be.

Ensuring **Safe Accommodation is available** for people with complex and multiple needs

We have developed the accommodation provision for those with complex needs fleeing DA supporting housing providers to better support victims of abuse

- **Expanding our safe accommodation provision** including refuge and dispersed units so that it is equipped to support those with complex needs. The provision includes a new specification for our two women's refuges, one men's refuge, 24 dispersed units accepting complex needs and 12 units providing specialist support for women with complex needs fleeing DASV;
- **Upskilling the workforce on complex needs** within different accommodation units.

Improving our **pathways, tackling barriers and understanding service demands** of adults and young people with complex needs

- Developing a **joint working protocol between drug and alcohol services and DASV services**, including consideration of pre-trial therapy for victims of sexual violence to link in with Drug and Alcohol services. Reviewing our interagency working protocol for DA and Drugs and Alcohol.
- **Commissioning a DASV assertive outreach worker within specialist drug and alcohol service We Are With You**, and provided shared induction, training and learning workshops with frontline staff, as well as developing bespoke training and models of working.
- **Reviewing and formalising the DASV recovery pathway** so that single points of contact can be linked for domestic abuse and sexual violence. The triage team in the recovery pathway has been expanded so a whole family assessment is available.
- **Improving our information sharing** across service provision, ensuring all organisations are familiar with IS protocols relating to DASV with training delivered at DASV Systems days.
- Implementing a **mental health assessment within each service's assessment**, recording processes and case management systems, alongside DASH risk assessments and alcohol and drug screening and assessment.

We aimed to progress and extend support and interventions to change abusive behaviour

Developing effective pathways and programmes for those engaging in abusive behaviours; ensuring services can identify and flag individuals presenting abusive behaviours as well as those experiencing abuse

We have developed appropriate support and interventions for those who engage in abusive behaviours and we have promoted risk assessment to ensure services are able to confidently identify and respond effectively.

- **Developing pathways for those engaging in abusive behaviours** of DA and SV - including Integrated Offender Management and MARAC pathways, Change 4U programme evaluation and bespoke programmes are being developed with Harbour Housing, WAWY and Wild. CIRCLES SW is providing interventions for men engaging in sexual violence;

29 of 60 GP surgeries trained as part of the DASV Primary Care service **135 professionals** were trained on MARAC

- **Ensuring services are effectively able to identify service users' risk to others** as well as risk from others through training packages with resources and modules on identification and risk. The DASV Primary Care service has put in place an identification and referral pathway (IRP) for people demonstrating abusive behaviours and training focussing on identifying all risk to and from others. MARAC improvement focuses on identifying all risk.
- **Ensuring services identify and flag those engaging in DASV abusive behaviours** on relevant systems – including GP surgeries and the MARAC, where information sharing and risk management can be initiated for individuals engaging in abusive behaviour

Progressing a joint action plan to achieve more positive criminal justice system outcomes in domestic abuse and sexual violence

We have continued to review our criminal justice response so that we can better hold individuals engaging in abusive behaviours to account.

- **Supporting Devon and Cornwall Police in developing DASV improvement plans** that aim to increase the proportion of Domestic Abuse and Sexual Violence crimes to achieve a positive Criminal Justice Outcome. This requires more focus to reverse the current adverse trend (both a local and national issue).

We aimed to learn from our lessons the first time

Continuing to implement the learning and recommendations from **Domestic Homicide Reviews**

We have ensured that all DHRs are presented to the Safer Cornwall partners and set up a task and finish group to improve delivery of DHR learning.

- **Reviewed the delivery of DHR recommendations** and ensured that they remain relevant
- **Created a delivery plan** for future recommendations
- **Developed a DHR toolkit** and produced learning briefings.
- Developed **joint processes** for DHR, Safeguarding Adult Reviews and Serious Case Reviews.

Sharing learning and practice between the **SARC Operating Board** and the wider domestic abuse and sexual violence system

We have made efforts to improve collaboration and reduce fragmentation.

- **Producing a memorandum of understanding** between different Boards and working groups to clarify means of working where agendas overlap, such as Child Sexual Abuse and DASV.
- **Developing multi-agency groups** to understand system successes and improvements.
- **Clarified governance, accountability and reporting mechanisms** across overlapping areas of work to ensure actions have the appropriate ownership and understanding – outlined in updated Terms of Reference.
- **SARC Operational Board will share practice and service delivery** to victims of Sexual Violence across the county.

Developing a **robust and sustainable Service User Voice Plan**, to inform all aspects of development across our domestic abuse and sexual violence services

We have involved victims and survivors in developing and improving services.

- **Developing a Lived Experience Strategy** and involved service users and survivors across our work, including strategy, priorities, delivery, and review.

Safer Cornwall is committed to engaging more effectively with our local community to gain greater insight into the needs of those who use, or may use in the future, services within the DASV system, but also from those who were unable to engage with services for any reason, to listen and learn, as we set our future priorities, consider options and develop future services.

Improving our **Multi-Agency Risk Assessment Conference** (MARAC)

Expanding our high risk categorisation to include complex/multiple needs and potential escalation and to prioritise professional judgement.

- **Training more than 135 specialist MARAC reps** across all core and wider agencies and services - with a particular focus on increasing DA awareness and understanding.
- **Prioritising professional judgement and potential escalation** of risk over risk assessment tools.
- In addition, we have developed a **bespoke software system** to support the delivery of the MARAC, facilitating real time multi-agency response to risk and need, from the point of High Risk DA being identified.

Our Domestic Abuse Services

This review relates to the services commissioned by Safer Cornwall and in place up to the end of 2020/21.

There is a wide variety of choice and support options available for people who are experiencing / fleeing domestic abuse in Cornwall.

Safe Accommodation

There are **two refuges offering communal living and support for women and their children** provided by Cornwall Refuge Trust and West Cornwall Women's Aid, and there is a **men's refuge supporting men and their children**, provided by Cornwall Refuge Trust. **Dispersed units** meet the needs of people fleeing domestic abuse for whom communal living might not be suitable.

Refuges

Support in Cornwall's refuges is provided by support workers seven days per week. Direct support is provided to residents for all their needs including any specialist support for complex cases such as those with No Recourse to Public Funds, i.e. court preparation, risk/security assessments around location and technology, safety planning, and management of referrals.

Children's support workers have specialist training, such as play therapy, they build relationships with a child through conversation, play and observation. Initial needs assessments are led by observation and conversations with the parent and child. **Support is provided on an individual basis** in the play house, during family time and sometimes with all residents, and through activities outdoors. There is support for school admissions and school visits.

Resettlement support is provided in the refuges to help residents to move-on which includes support planning, registration with local agencies, application for benefits, and emotional support. There is also support for the physical move into a new home such as sourcing removals, furniture, sanctuary adaptions, and crisis care.

Dispersed units

Dispersed accommodation is provided by Live West New Horizons in the form of self-contained flats. Individuals and families are supported with general accommodation advice, guidance on benefits and paying bills. **Holistic support is based around the needs of the resident**, building a trusting relationship and emotional support is provided to help residents to move on and become independent. **Children's support workers** build relationships with the child, provide emotional support, support to move on, which is led by the individual child.

Vulnerable Women's Unit – EVA Project

The **EVA project hosted by Harbour Housing** provides specialist support for women with complex needs. Support is provided in shared houses, individual flats, self-contained units and two-person flats.

Housing related support is provided on benefits, signing licence agreements, understanding accommodation policies and behaviour. **Dynamic risk assessments, referrals and links with agencies are completed.** Support is provided to set up appointments, register with health agencies and access support services such as for substance misuse. **Support workers** help to guide residents with Smart steps enabling short and long term goals.

A **counsellor is employed to work with trauma**, there is a hypnotherapist, and other therapy rooms. A support worker specialising in **drug and alcohol support** from We Are With You provides a service on site, as well as other external agencies such as liver health. **Educational activities and enrichment** can be accessed within Harbour Housing.

Resettlement support is provided for residents to find move-on accommodations, help with bids, tenancy interviews, sourcing furniture and utilities and making connections with the community.

A **DASV recovery programme tailored for people with complex needs** is being piloted.

Community Support

Safer Futures - our integrated DASV Service is a single point of contact for domestic abuse, providing support and signposting to a range of community support across Cornwall from helpline and crisis support to recovery and therapy.

The **DASV recovery pathway aims to provide a fully inclusive approach with a choice of support**, including group and 1-1 support for **all age groups and genders**; this includes psycho educational programmes, support groups, therapy and counselling.

Independent Domestic Violence Advisors are accessible across different settings including health, courts, Multi-Agency Risk Assessment Conference (MARAC), and specialist support is provided by IDVAs for Children and Young People and people who identify as LGBT+.

Outreach support is provided across all settings, as well as specific assertive outreach workers in family hubs and drug and alcohol services – these aim to reach people who would not necessarily access services, such as those who are homeless, drug and/or alcohol dependent or displaying abusive behaviours.

Recovery pathway

Safer Futures provides a range of programmes and support for children, young people, women and men in Cornwall and Isles of Scilly who have experienced domestic abuse and sexual violence, which includes:

Service	What's provided
Education	• The Healthy Relationships Programme delivered in schools is a programme designed to enable and equip children and young people to have a clear understanding of what constitutes a healthy and respectful relationship, so they can make informed and safe decisions throughout their life.
Helpline Response Team	• Safer Futures provides a helpline, offering support, advice and information including risk assessment and safety planning with the person. • This team helps people seeking support to access Safer Futures programmes and signpost to other local and national organisations that may also be able to help.

Service	What's provided
Independent Domestic Violence Advisors (IDVAs) and Domestic Abuse Support Advisors (DASAs)	• Safer Futures IDVAs and DASAs are extensively trained to provide intensive support to individuals affected by domestic abuse. • Within this team there are specialist IDVAs for young people and IDVAs who operate within the criminal justice system and health services. There are also specialist workers within the courts, hospitals and GP surgeries. IDVAs and DASAs provide emotional and practical advice, guidance and support and seek ways to empower people to make positive safe choices. • They will seek ways to empower positive safe choices and they can liaise with other professionals on behalf of the person/family that they are supporting. The support that they provide could include helping someone through a court process or to access safe accommodation or to advocate on their behalf.
Recovery support programmes	• There is a range of recovery support programmes for individuals and families, including group work, support groups and 1-1 support. This includes counselling, therapy and psychoeducational programmes. • This can either be delivered in-house or there are direct referral pathways to other services across Cornwall if these better meet the needs of the individual, including access to gender-specific services.
Behaviour change programme	• Change 4 U is a domestic abuse programme which provides single-gender group support to men and women who display abusive behaviour within their relationships. It aims to re-educate clients about beliefs and behaviours so they can develop respectful, responsible attitudes towards others and themselves. The programme provides a wide range of support to partners and ex-partners to keep families safe.

Training	• Safer Futures provide a tiered training programme for all professionals across all sectors. There are three types of training:
	  ○ Level 1 – Awareness Raising (half day)
	  ○ Level 2 – Targeted (full day)
	  ○ Level 3 – Specialist (full day)

DOMESTIC ABUSE – KEY TRENDS

Key statistics 2020/21[6]

- **6,104 domestic abuse** crimes ▶+1%
  13.8 crimes per 1000 pop. aged 16+
- **3,511 non-crime** incidents ▶-1%
- **6% High Risk** DA crimes ▶-1% (7% in 2019/20)
- **471 stalking** offences ▲+152%
- **4,500 people** supported by Safer Futures and Refuge provision[7]

Harm linked to issues like domestic abuse and sexual violence tends to be more hidden than other types of crime, and **people in the community**, other than the victim and their family, **are less aware**.

Costs to respond to domestic abuse and sexual violence are felt in **all agencies** and can **be long-term and repeated** – as both direct costs (police and criminal justice, health, social care and housing) and indirect costs (mental and physical health impacts in later life).

There is also **a considerable cost to the economy** through time off work and reduced productivity. There is significant reputational risk to the Partnership and individual organisations if we fail to provide a robust response.

In the last year an estimated 1 in 20 people experienced domestic abuse

The Crime Survey for England and Wales (CSEW) estimates that **7.3% of women and 3.6% of men experienced some form of domestic abuse** in the 12 month period to 31st March 2020. This equates to 5.5% of the population, or 1 in 20 people.

The level of domestic abuse estimated by the survey **has not changed significantly over the last year** and over the longer term, there has been a **small decline in the prevalence of domestic abuse** compared with 2005.

For Cornwall and Isles of Scilly this provides an estimate of **21,500**[8] **people having experienced domestic abuse** in the last year – 14,740 women and 6,760 men.

The 2020/21 snapshot of data[9] from our commissioned DASV services indicates that **18% of this number received support** from our Community Service and refuge provision last year.

Gender, age, disability and sexual identity are key predictors of risk

Examining national prevalence data[10] alongside our local data helps us to understand what the **experience of domestic abuse for different groups** in our local population might look like, and their engagement in support.

Women are more than twice as likely to experience domestic abuse than men; men, however, are less likely to report domestic abuse.

Young people are disproportionately affected by domestic abuse, both as children in abusive households and as

6 Data covers 2020/21, compared with 2019/20
7 Recorded in Halo – 231 in refuges and dispersed units and 4,269 in the Community Service.
8 Crime Survey for England and Wales 2020/21 (estimates stratified by age and gender)
9 3,939 people aged 16-74 – 228 people in refuges and dispersed units and 3,708 in the Community Service – a further 564 people outside this age range are being supported, mostly children under 16.
10 Office for National Statistics (2021); Crime Survey for England and Wales: Prevalence of domestic abuse in the last year among adults aged 16 to 74, by personal characteristics and sex, year ending March 2020

young adults experiencing abuse within their own relationships. **Young people experience the highest rates of domestic abuse** in their relationships of any age group but have one of the **lowest reporting rates**.

National prevalence estimates indicate that **a person with a disability is more than twice as likely to experience domestic abuse** than a person with no disability (11.8% vs 4.6%). A third of people receiving support through our commissioned community service disclosed a long term health condition or disability, compared with 1 in 20 in the population.

Experience of domestic abuse is estimated to be **higher for people who identify as Lesbian, Gay or Bisexual** than those who identify as Heterosexual – the difference is particularly marked for Bisexual women (20% compared with 7% for heterosexual women).

There is a further consideration about older people as a particular 'at risk' group – although prevalence is understood to be lower for older age groups, **older people are under-represented in services across the system** and we know that we need to improve our effectiveness at identifying domestic abuse for this group. There are a range of **additional risk factors** that may make it more difficult to identify domestic abuse, including care and support needs and coercion and control in a relationship where one person lacks capacity.

Differing needs across the population are examined in detail in the section on mapping system needs.

More domestic abuse is reported to police but under-reporting still high

Over the same time period referred to in the CSEW, recording of domestic abuse by the police has gone up year-on-year. The survey suggests that **more victims are reporting** incidents to the police, alongside **improved standards of recording** of crime by the police.

9,615 separate incidents of domestic abuse were reported to the police in Cornwall and Isles of Scilly in 2020/21, and this was fairly similar to last year. Over the longer term, **reported levels of domestic abuse have steadily increased**, in line with national trends.

Just under two thirds of reported domestic abuse incidents were crimes, relating to **4,428 people experiencing abuse,** highlighting the continued **under-reporting gap** despite long term growth in reporting rates to the police. Based on crime data alone, under-reporting rates[11] are estimated to be similar for men and women.

21% of all recorded crimes relate to domestic abuse in the Devon and Cornwall police area, and this is higher than **the South West and national averages** (16% and 15% respectively).[12] This increases to 39% for violence against the person offences, compared with 36% in the South West and 35% nationally.

COVID restrictions increased risk of harm in the home

Over the course of the pandemic, lockdowns and restrictions on daily life temporarily reduced the general level of crime and risk to the public.
Risk of harms inside the home, such as domestic abuse, however,

11 This does not take into account non-crime incidents, for which victim data is not provided

12 ONS Domestic Abuse Statistics Data Tool 2020

increased, with some vulnerable people spending lockdown at home with their abusers, at heightened risk of harm with **limited opportunities to seek help**.

During this period, domestic abuse was a key driver in the **rise in statutory homelessness**, with 15% of cases recorded as a direct result of domestic abuse.

Over the last two years, we have seen **trends in police data fluctuate**, with lower reporting rates apparent during lockdown periods and concerns that people experiencing abuse felt **unable to seek help due to lockdown restrictions**.

An increase in cases assessed as high risk was noted but this was not consistently over the period. **Arrest rates increased** and police prioritised fast response and early engagement to get the best outcomes for victims.

When restrictions eased the numbers increased again. Recent trends show that **reported crime has remained fairly stable** since March 2021, at around 800 crimes per month.

As of 31st March 2021, we had supported **4,500 in our Community Service and Refuge** provision over the course of the year. Despite an initial drop in referrals at the beginning of the first national lockdown, the number in service steadily rose during 2020/21, with an increase of 25% in referrals by the end of Quarter 4.

We have seen a further smaller rise, within the current year (around 7%). This increase is apparent across both the recovery and crisis elements of our services, potentially indicating **impending capacity issues for recovery services** dealing with a back log of referrals as people move through the pathway.

Many of the people who experienced abuse hidden in lockdown have now come forward for support. The extended period without being able to access help has caused **needs to become more complex**, requiring more intensive support; in particular services have raised concerns about the **impact on the mental health** of people experiencing abuse (including children) without access to the usual routes of disclosure, safeguarding and support.

The legacy impact on young people due to **Adverse Childhood Experiences** will be significant.

Since March 2020, there have been **12 domestic homicides**, the same number as the total in the previous 8 years.

Stalking offences have more than doubled

Following a sustained increase throughout 2019/20, reports of **stalking** have **more than doubled** in 2020/21, with 471 cases being reported, 81% of these are linked to domestic abuse. The majority of these cases are reported from June 2020 onwards and the trend has continued on an upwards path in 2021/22.

Whilst the increase is **driven by process changes** in Home Office Counting rules[13] and additional training provided to police officers, the **rising trend is significant to note**.

Only **one quarter of stalking incidents are reported to police**

13 Since April 2018, Stalking offences will be recorded in addition to the most serious additional offence involving the same victim or offender

within 7 days, with another third not being reported for 3 months or more.[14]

In terms of outcomes, the data shows a similar picture to Domestic Abuse, with **just under 10% of cases** resulting in a Positive Offender Outcome.

It is noted that the burden of evidence makes it very difficult to prove a stalking case. The key is identifying the really dangerous cases and the high volume of demand may make it **more difficult to identify cases that present the most risk**.

The stalking clinic now sits in Plymouth and not being run in Cornwall, leaving a gap in provision with **practitioners lacking skills and tools/software to address effectively.**

Emerging risks and knowledge gaps

Child to parent/carer violence is a growing concern – local areas across the Peninsula highlight increasing/high levels of referrals for support linked to this issue and concerns from professionals.

Domestic abuse in a safeguarding context for older people has also been raised as a priority theme, particularly where dementia is an added complexity factor. In Cornwall, we have instigated **4 Domestic Homicide Reviews jointly with Safeguarding Adults.** One of these because the victim has been an older person.

Domestic abuse is a known vulnerability factor amongst people in the criminal justice system, particularly women, but we have not had local data to undertake analysis since the probation services were split into separate public and private sector bodies.

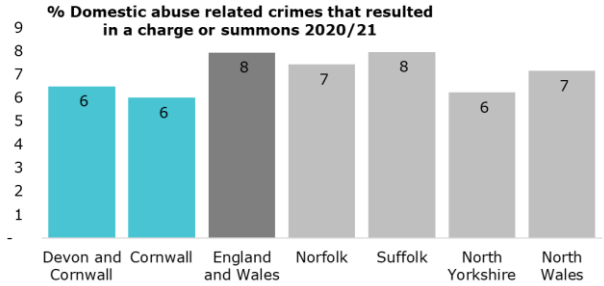
The Criminal Justice system doesn't currently sufficiently recognise the impact of abuse suffered by **women offenders** and assessments do not sufficiently capture **previous trauma.**

The closest female prison is in Gloucestershire; short sentences can result in **loss of housing and contact with their children**. Potentially women have to return home to their abuser if there is no other provision. A gap has also been highlighted with regard to the **lack of support for children with a parent in prison**.

Criminal Justice outcomes are at an all-time low

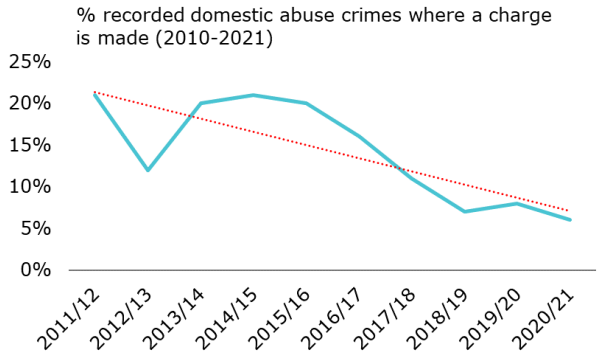
6% of all domestic abuse related crimes in Cornwall resulted in a charge or summons in 2020/21.

This is below the 8% rate for England and Wales, and also below three of our most similar police force areas.

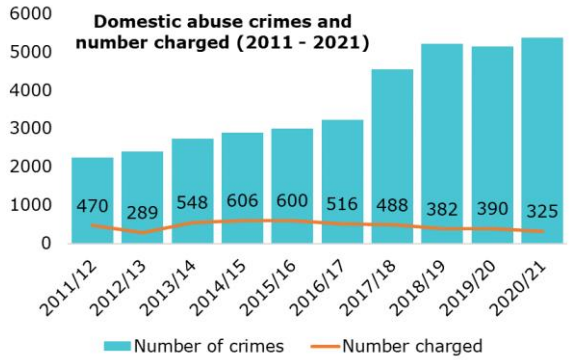


The next chart shows the **declining charge rate since 2011**, when the charge rate stood at 21% of all domestic abuse crimes.

14 471 cases in the year to end of March 2021, 133 reported within 7 days



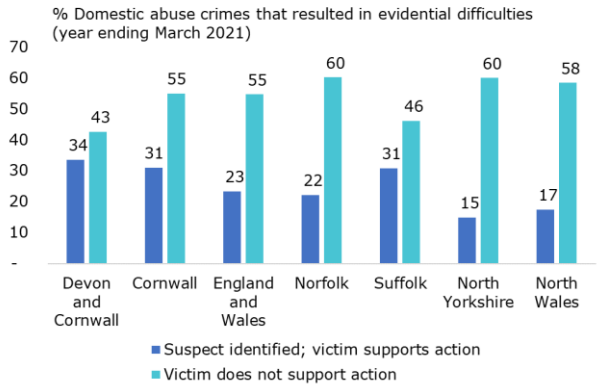
The **increased number of domestic abuse crimes reported is a key factor** in the dropping rate, but we can see that the number of crimes charged has also reduced over time.



Whilst Magistrates courts in Cornwall lead the way nationally for wait times, **Crown Courts are taking two to three years** to see cases brought to trial.

We see low numbers of evidence-led prosecutions; increases **in complexity of cases** means that victims are more vulnerable, with potential to be using **drugs or alcohol, or involved in offending**, all of which might make them appear to be **poor witnesses**.

Most prosecutions generally rely upon victims being willing to participate. **Cases are taking longer and longer to bring to court**, and evidence around coercive control is very hard to prove, meaning cases are either shelved before reaching court or victims often 'walk away'. This can feed into **cycle of negativity** around both services and the criminal justice pathway.



ONS data shows the high proportion of crimes that **do not proceed due to evidential difficulties**. Where the victim supports action, the proportion in Cornwall is higher than the national average and similar forces, but similar where the victim does not support action.

The latest data shows a very similar picture. In the year to December 2021, 9772 incidents were reported, of which 40% were closed. 83% of closed cases did not proceed due to evidential difficulties. **6% had resulted in a charge** (227 cases).

SAFE ACCOMMODATION

What is Safe Accommodation?

Safe accommodation and support have a critical role in helping people who have experienced domestic abuse and their children rebuild their lives after the trauma of their experience.

The new duty holds a **broad definition of safe accommodation** in recognition of the diversity of housing in which victims and their children may live. This includes the following:

- Refuge accommodation;
- Specialist safe accommodation;
- Dispersed accommodation;
- Sanctuary schemes;
- Move-on or second stage accommodation.

It does not include temporary accommodation, such as bed and breakfast and hotels.

Safe accommodation is only considered safe if it is **delivered with support**. This can be directly provided within safe accommodation services and as outreach support to victims in other types of relevant accommodation, including their homes in the case of a sanctuary scheme.

The government is clear that that the introduction of this Duty should not result in any negative impact on non-accommodation based local domestic abuse services. It is expected that support in safe accommodation should sit alongside and complement the support that is already available to victims.

Accommodation-based domestic abuse support includes:

- **Advocacy** support
- Domestic abuse **prevention** advice
- Specialist support for victims with relevant **protected characteristics** and / or complex needs
- **Children's support** including play therapy and children's advocacy
- **Counselling and therapy** for adults and children
- **Housing-related advice** and support

Demand for safe accommodation

Based on the recommendation by the Council of Europe[15] **Cornwall should provide 57 refuge places for women**,

There are currently **58 places of safe accommodation** in total available across Cornwall, predominantly refuge accommodation with some dispersed units. Excluding the 5 places specifically for men, there is a small **shortfall of 4 places or 7%**.

Nationally the shortfall is 30%, as reported by Women Aid.[16] There is regional variation in this shortfall and although refuge space shortfall in England has reduced slightly overall, some regions have seen it increase.

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[15] Council of Europe (2008) *Combating violence against women: minimum standards for support services* recommends: "…safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population." Estimate based on ONS mid-2019 population estimate for Cornwall and Isles of Scilly (571,802 people)

[16] Women's Aid. (2021) The Domestic Abuse Report 2021: The Annual Audit, Bristol: Women's Aid.

A range of accommodation is available including single rooms, two-person flats, self-contained, family and shared accommodation. **Services in Cornwall are inclusive** of all genders, including transgender and non-binary people, adults and children, LGBT+, complex needs, resettlement, HBV. A 16 year old can be accepted in their own right if estranged from parents and under Social Services.

A full description of services provided is shown in Our Domestic Abuse Services and mapping to specific needs is provided in Mapping Needs.

Availability of suitable accommodation is also subject to a number of limitations including **family size, suitable support and facilities** being available to meet an individual's needs, and **financial constraints** such as whether the person seeking help is in paid employment (and would have to self-fund) or has no recourse to public funds.

Since the start of the pandemic, we have seen **escalating demand for housing support amongst those reporting domestic abuse**. Commissioned safe accommodation, however, saw fewer referrals during the lockdown periods, especially during the third one in early 2021.

Numbers have since increased but people are **presenting for help with more complex needs and disclosing higher levels of harm**. Increased vulnerabilities include **financial** abuse, significant **mental health** related vulnerabilities, problem use of **drugs and alcohol**, previous trauma relating to **childhood sexual abuse** and **suicide** risk.

Statutory Homelessness

- **Statutory homelessness increased** in 2020/21, with domestic abuse being one of the main drivers (up by 72%)
- **Cornwall has a higher prevalence** of homelessness due to domestic abuse than other areas, accounting for **15% of households** owed a duty
- **23% of DA homelessness approaches were placed in temporary housing**, 7% in safe accommodation and 16% in unspecialised temporary accommodation
- The number of people fleeing domestic abuse who are placed in **unspecialised temporary accommodation exceeds the number supported in safe accommodation** (refuges and dispersed units)

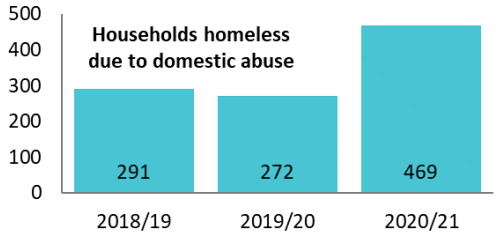
The demand on housing for support has seen a **huge rise over the last year** with 625 extra households assessed as homeless and owed a duty compared with 2019/20, an increase of 24%.

The need for Housing to get 'everybody in' during the early months of the pandemic placed **additional strain on a system that was already struggling** and meeting the increased level of demand remains a significant challenge, with further waves of demand expected due to delayed evictions.

An increase in homelessness due to **domestic abuse is one of the main drivers** of the increase. It should also be noted that this data underestimates the extent that domestic abuse is a factor in a household losing their home, as this counts only those where domestic abuse was recorded as the **primary concern**.

COVID restrictions have been a significant driving factor, increasing risk to people already experiencing domestic abuse and restricting options to flee safely and/or access other types of help. The refuges actually saw the number of referrals dip down in lockdown, especially after Christmas, but these have since increased, with additional complexity and higher levels of harm being disclosed.

In 2020/21 **469 households were assessed as homeless** or at immediate risk of homelessness[17] and owed a duty as a **direct result of domestic abuse**, a rise of 72% (197 additional households).



Other major factors are people whose family and friends are no longer willing/able to accommodate them (up by 57%, 247 households) and those leaving an institution with no accommodation available (a four-fold increase since 2019/20, 151 households).

Households homeless due to domestic abuse accounted for **15% of all households owed a duty**. This figure is **above the South West and national** figures (11% and 12% respectively) and the highest of the Peninsula local authority areas. This has increased from

[17] Ministry of Housing and Local Government (2021); Statutory homelessness: Detailed local authority tables

10% in 2019/20 (when it was more in line with other areas).

- The main disparity is for the proportion of households owed a **relief duty (in immediate need)** – **19% in Cornwall** compared with 14% for England, 13% for the South West and 15% across the Peninsula.

The data also provides information on the number of households with support needs.

- **14% of households with support needs** were identified as needing support for domestic abuse
- Domestic abuse is the **third most commonly recorded support need**, after mental and physical health needs (29% and 18% respectively)
- Although the volume of households needing help in this area has increased (up by 18% from last year), the proportion has stayed the same.

Approaches to Cornwall Housing

When an approach for housing support is made, the following options are available:

- **Private rented** – facilitated by Cornwall Housing or safe accommodation providers. Affordable private rented is subject to high demand at this time
- **Social Housing Allocation** – Homeless clients are awarded a Band C for priority, again there is high demand for limited amount of social housing vacancies
- **Other Temporary Accommodation** – a move to a Cornwall Housing managed Temporary unit
- **Return home** – any housing provider can facilitate Sanctuary scheme work to make a home safe a facilitate a move home.

Data from Cornwall Housing provides the details of **496 people who made an approach for housing support in 2020/21** due to domestic abuse.

31% of approaches did not proceed through the initial application process – their application was withdrawn, they were assessed as not homeless or contact was lost. We were unable to ascertain whether this level of attrition is common across the Peninsula.

Of those whose applications proceeded, overall **successful move-on outcomes were recorded for around half** of the applications (169 out of 342 people).

- A third were provided with temporary accommodation (113 people), **10% were placed in safe accommodation** (refuge or dispersed units) and the remaining 23% were placed in unspecialised temporary accommodation[18];
- **14% made their own arrangements** (47 people), for example staying with family or friends
- **3% remained in their existing accommodation or returned home** (9 people, *estimate*). This outcome would be supported by the installation of a tailored package of enhanced security measures, under the Sanctuary Scheme[19] policy.

[18] Non-specialised temporary accommodation covers the full range of solutions offered by Cornwall Housing through commissioned and non-commissioned providers, and includes social housing stock, private sector leased, hostels and other nightly paid accommodation which could be self-contained or with shared facilities.

[19] Sanctuary measures enable a person to remain safely in their own home (where the perpetrator does not live in the property) – this can include reinforced exterior doors and windows, extra locks, smoke detectors and fire safety equipment and in some cases a secure Sanctuary Room will be created inside the property.

- Other outcomes include applications being withdrawn or the applicant ceases to be eligible for help, contact being lost or no outcome having been achieved yet (open applications).

People approaching housing for support due to fleeing domestic abuse are:

- Primarily cis-gender **women, white, heterosexual** and aged **25-44 years**
- Most are **separated** from their previous partner (48%) or **single** (44%)
- 21% disclosed a **disability**
- 49% have **at least one child**
- 40% are **employed** either full or part-time but the majority are economically inactive or unemployed (53%)
- Unlike referrals for safe accommodation, the **majority of approaches for support are from people living in Cornwall**, with only 32 people coming from outside Cornwall (6%).

Alternative temporary accommodation

Cornwall Housing housed 113 people fleeing domestic abuse in 2020/21. Around a third were referred to safe accommodation and **two thirds were placed in non-specialised temporary accommodation**.

This means that **more people fleeing domestic abuse are placed in unspecialised temporary accommodation** than in safe accommodation.

Unspecialised temporary accommodation covers the full range of solutions offered by Cornwall Housing through commissioned and non-commissioned providers, and includes social housing stock, private sector leased, hostels and other nightly paid accommodation which could be self-contained or with shared facilities. The demographic profile of people placed in temporary accommodation is similar to the general profile, in that they are primarily cis-gender **women, white, heterosexual** and aged between **25-44 years**.

Comparing this cohort with those who are successfully placed in safe accommodation in refuge or dispersed units, there are a couple of points of note:

- There is a **higher proportion of men** – 18% compared with 10% referred to safe accommodation;
- They have **less complex needs**, with much lower (recorded) prevalence of mental health issues and drug/alcohol use
- They are **more likely to be without children**. A pregnant mother (or one who has recently given birth) and households with children are more likely to be accommodated in safe accommodation than in alternative accommodation.

Evidence drawn from case studies highlight that **absence of the right support**, or being housed in an **unsuitable place**, can escalate risks to the safety and wellbeing of the people in the household. The current housing crisis and shortage of housing options increases the likelihood of this happening.

This requires a **robust risk assessment and plan to mitigate risk** until suitable

provision can be found.

"Emergency housing in a local hotel was provided, although it meant she was removed from the family home, this young woman had no life skills in how to cope with living alone, her mental health was already under considerable stress. Supported emergency housing/refuge should have been offered."

"L was placed in a Travelodge by Cornwall Housing, but was asked to leave this accommodation with little notice, resulting in her being placed in another temporary accommodation where there was a lot of anti-social behaviour and illicit drug use, making her feel uncomfortable and questioning the suitability for herself and a young baby."

Feedback gathered from partners as part of the Safer Cornwall Strategic Assessment also highlight **a lack of holistic approach to risk assessment**, which means that **opportunities to identify domestic abuse may be missed**. An example was discussed where young mothers had missed out on housing options, because assessments didn't identify the risks.

Training in the **DASH risk assessment model**[20] is available to anyone in a front-line role and has been widely rolled out already, including in Housing.

It was noted, however, that DASH **does not always cover the complexities and duality of people's behaviour** in terms of assessing wider risks, especially in an accommodation service. **Additional screening assessments are available** such as Spousal Assault Risk Assessment (SARA).

A need for **a more joined-up approach with regard to exploitation and sex work** was also raised. The current culture does not recognise client/sex worker relationships as falling under DASV umbrella.

[20] Domestic Abuse, Stalking and Honour Based Violence Risk Identification, Assessment and Management Model – an accredited tool for all professionals working with people who have experienced domestic abuse, stalking and harassment and honour based violence.

Provision of safe accommodation

This section looks at the profile, journey and outcomes for people accessing support through our current safe accommodation providers. Safe accommodation provision in Cornwall comprises two **refuges for women**, one **men's refuge**, 24 **dispersed units** and a **vulnerable women's unit** (EVA project).

Throughout the assessment, the refuges and dispersed units are reported together, with all the data being provided from the central case management system, Halo, and the EVA project is reported separately, with the data drawn from a separate case management system, ECCO.

What we do: West Cornwall Women's Aid

West Cornwall Women's Aid (WCWA) aims to ensure that **no victim of abuse is turned away** when they need support, whether it be in relation to current or historic abuse. We provide a range of trauma informed support services and work with around **400 individuals per year**.
We provide a **refuge service which accommodates up to 11 women and 16 children** who have fled domestic abuse, sexual violence, and exploitation, including modern day slavery and organised crime, county lines and gangs.
Our service also includes **community building** where we provide counselling, a helpline and volunteer outreach support and a resettlement and support service *Beyond Refuge*.

What we do: Cornwall Refuge Trust

Cornwall Refuge Trust (CRT) provides refuge accommodation for women, men and children who have escaped domestic abuse, offering them a **safe and supportive environment in which to recover** from their experiences. We **embrace diversity** and offer support to all victims of abuse regardless of gender or sexual orientation.
We have refuge provision for women and men and they will accept individuals from 16+ years. Our women's refuge provides **accommodation for up to 6 women and 14 children** at any time, whilst our men's refuge can **support up to 5 men and 8 children**.
Our team provides a wide range of services to our clients and their families ranging from **crisis intervention, safety planning and advocacy** through to family and children's support sessions and counselling and finally a **resettlement outreach programme**.

What we do: Live West – New Horizons

New Horizons provides supported accommodation to **people with complex needs** at risk of DASV, offering **24 independent self-contained properties** throughout Cornwall.
Recognising the relationship between DASV, **drug and alcohol misuse and past and present trauma**, we offer support to those that are still actively engaged in drug or alcohol misuse with a view to reducing the risk of harm and risky behaviours that tend to come with this.
We also recognise the need for **customers who have older children** living with them to have access to safe accommodation.
Our aim is to develop **a plan for the future** that is achievable and led by the customer. To achieve this, we meet regularly with customers, to build a **trusting relationship** and support them to attain their **goals and aspirations**.
We also have **Children and Young People Support Workers** who enable us to provide a full family focus by not only supporting each child or young person individually, but also the family as a whole to refuge.

Note that this section relates to safe accommodation in refuge or dispersed units only. The EVA Project is reported separately.

- **231 people were referred to safe accommodation** in refuge or dispersed units in 2020/21, with 3 out of 10 (63 people) going on to be accommodated;
- Just over one in every ten referrals were turned down due to **lack of any available space** for them. A further 14% were declined because the accommodation was **not suitable for their additional support needs**;
- A client from the wider **rest of the UK** is almost four times more likely to be accommodated in Cornwall than someone coming from within Cornwall;
- The referral profile is predominantly **cis-gender women**, aged between **25 and 44 years** and identifying as **white and heterosexual**;
- **Information on protected characteristics** such as sexual identity and ethnicity is **largely incomplete** at the point of initial referral. Based on the smaller cohort of full referrals, where the data is more complete - problematic **substance use**, **physical disability** and **complex mental health issues** appear to be barriers to accessing safe accommodation;
- 42 clients completed their episode in the year 2020/21, with 86% leaving safe accommodation in refuge or dispersed units with a **positive closure reason**.

Team Name	Declined	Referral taken	Suspended	Total
Cornwall Refuge Trust	20	35	48	103
LiveWest	8	41	23	72
West Cornwall Women's Aid	22	38	2	62
Grand Total	**50**	**114**	**73**	**237**

In 2020/21 **237 referrals** were recorded in Halo, relating to **231 people**.

Prior to entering safe accommodation in refuge or dispersed units, an initial request for service will be made where checks are made to assess risk, support needs and suitability for provision.

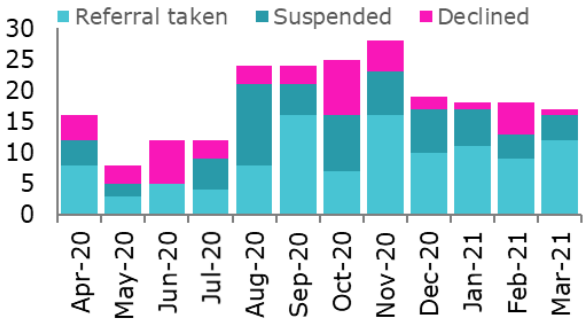
A full referral is then taken before a client becomes a resident. Prior to this point the safe accommodation workers may provide **outreach and additional safeguarding support**, especially in cases where a client cannot be accommodated immediately due to move on pressures or other complexities with their circumstances.

On exit from the **safe accommodation** in refuge or dispersed units, a client may continue to be supported in a **resettlement** episode by their keyworker as part of their ongoing recovery. During the time period covered by our analysis **38 individuals were supported into the Resettlement phase** of their intervention, around 60% of all those accommodated.

Support at this stage will generally consist of a continuation of the work done within safe accommodation, such as help sustaining a tenancy, ensuring children's educational needs are met, support into work and continuation of recovery following domestic abuse.

On average over the last year, there were **20 referrals per month to safe accommodation** in refuge or dispersed units, with around half of those referrals being taken. 27% of people referred went on to be accommodated.

There were some **notable peaks and troughs** in the year, however, largely driven by COVID restrictions.



The system does not record data going back further than this, and previous counting methods are not comparable over time.

Safe accommodation saw the number of referrals dip down in the lockdown periods, but as the referrals have increased again, services are reporting that individuals are presenting with **additional complexity and disclosing higher levels of harm**.

Additional vulnerabilities amongst DASV cases across all types of support include increased financial abuse, fragile mental health and suicide risk and problem use of drugs and alcohol, amongst both those experiencing and perpetrating the abuse.

Service providers report an **increase in cases in safe accommodation involving exploitation** and these cases are difficult to manage. The police may be aware of links but are **unable to disclose crucial information** if linked to ongoing investigation – this requires a specialised Single Point of Contact for partnership liaison work.

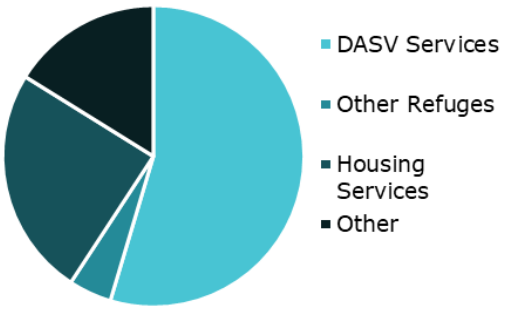
Harbour Housing's **EVA Project are supporting local people involved in sex work**. Additional vulnerabilities include immigration status and fear of being deported if/when they seek help.

Further training is needed for workers to improve our response in this area, as well exploring an **expanded remit for existing multi-agency approaches** such as MARAC and the Missing and Child Exploitation (MACE) panel.

People profile

- Clients are mainly aged between 25 and 54 years, with the **25-34 age group most likely to be accommodated.** This profile is similar to other areas and the national profile;
- The 25-34 age group is most likely to have **a child under the age of 18** joining them at refuge
- The average stay is **17-18 weeks**
- 86% of those leaving safe accommodation in refuge or dispersed units in 2020/21 had a **positive closure reason**
- A client from the **wider UK outside the South West** is almost four times more likely to be accommodated in Cornwall than someone already resident in Cornwall.

Where do referrals come from?



Where recorded, 85% of referrals are from other providers of **DASV services, refuges or Housing services**.[21]

[21] 130/237 referrals included referral route

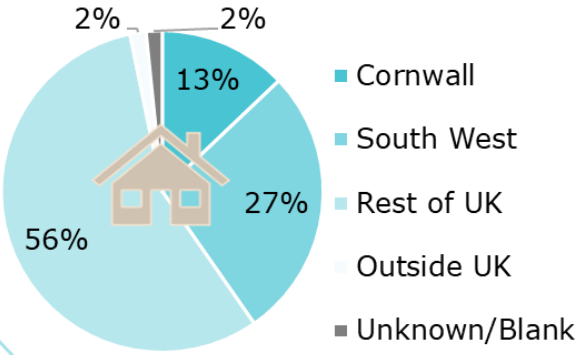
Other referral routes include **health** and **mental health** care providers, **social services**, **police** and **self-referrals**.

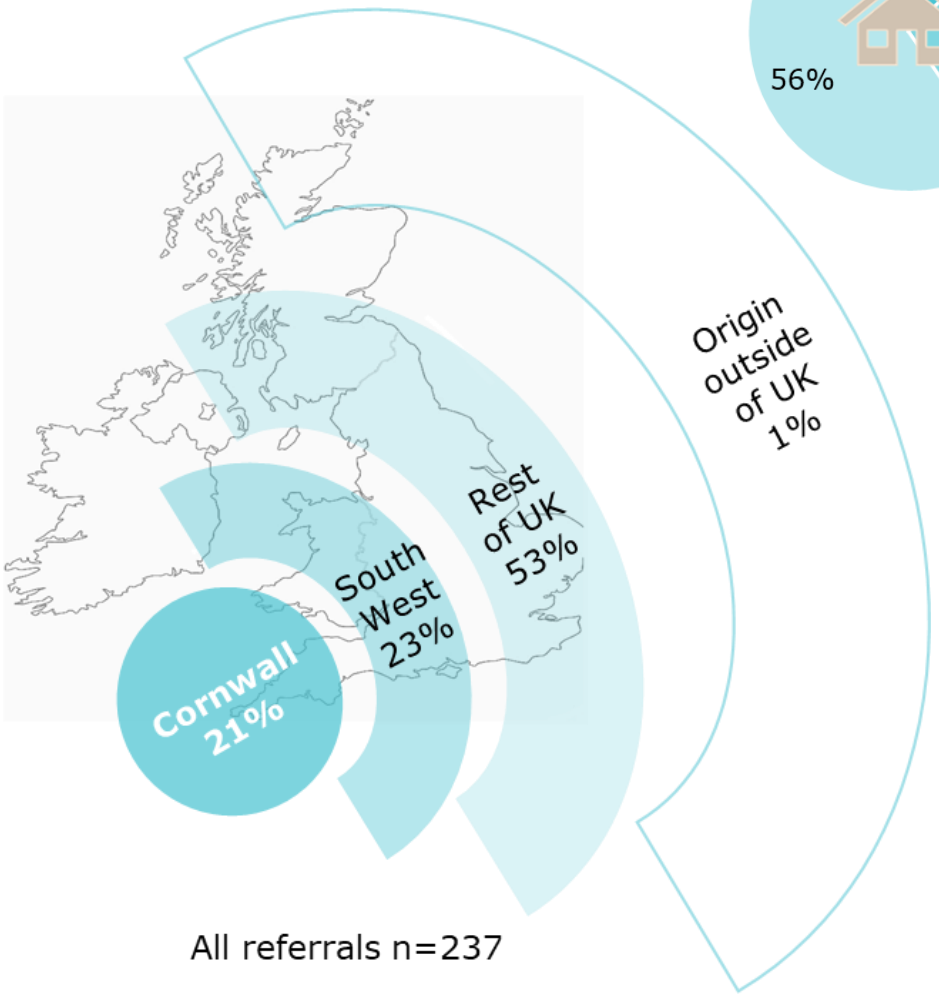
Of 237 initial requests, the referral address was recorded in 94%[22] of cases.

Where the referral address was recorded, 21% (46 people) were from within Cornwall, meaning that **around three quarters of referrals originate from outside of Cornwall.** A further A further **23% come from within the wider South West** of which just over a third (16 people) were from Devon.[23]

The remaining referrals come from the rest of the UK (53%) and there were two people from outside the UK.

Those **from Cornwall are less likely to proceed to be accommodated**[24] in our commissioned safe accommodation in refuge or dispersed units, with only 13% of people referred from within the county going on to be accommodated.

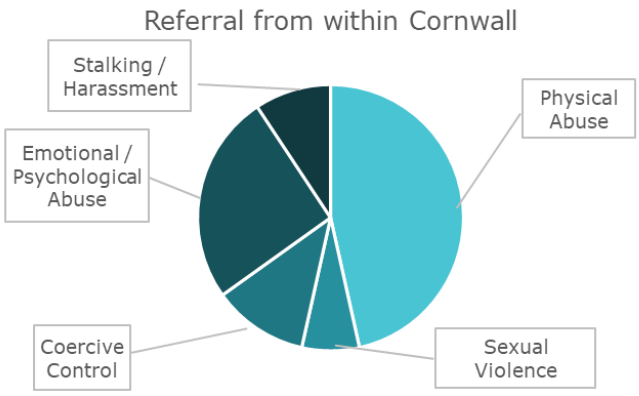


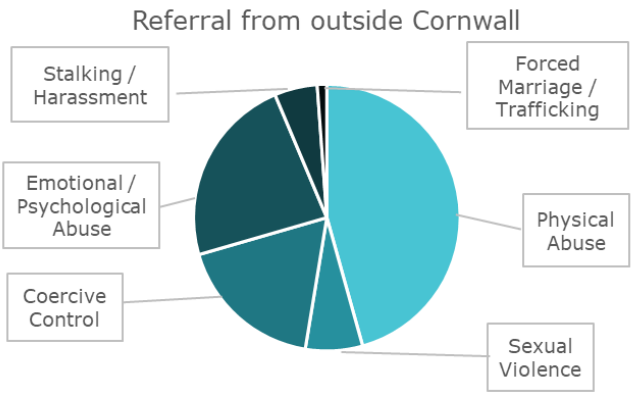


[22] 15 referrals didn't have enough data attached to identify the previous area of residence of the person being referred. These have been excluded from the denominator.

[23] Approximation, origin of applicant south or south and west of Bristol

[24] Based on 63 referrals accommodated in 2020/21





Reasons for requiring refuge are recorded under one 'main reason', but in reality, people seeking support will often be experiencing more than one of type of abuse to varying degrees.

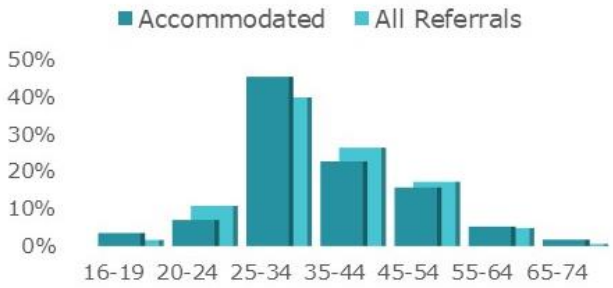
Within the data, the **main reasons for requiring safe accommodation** are dominated by those that are looking to escape from **physical violence**, making up just under half of all referrals, with the other half mainly citing **coercive control, emotional or psychological abuse** as the main reason for their referral.

These reasons remain broadly the same for those that already lived in Cornwall when compared with those that are from out of county. There is a slightly higher level of **coercive control and emotional/psychological abuse**, as well as **forced marriage and trafficking** evident in the data from outside of the county.

Referral journey

Of the 231 individuals referred into safe accommodation in refuge or dispersed units commissioned by Safer Cornwall[25] in 2020/21, 114 were categorised as referral taken, 93 went on to initiate a full referral, and 63 (27%) then went on to be accommodated.

Of this group of 63, 38 (60%) have moved on into a resettlement phase of their journey. The data needed to calculate the total time that a person spent in safe accommodation is recorded in around half of cases. Totals vary from less than a week up to a maximum of 37 weeks with an **average stay of 17-18 weeks.**



Of the 63 people accommodated, 42 have left, with **86% demonstrating a positive outcome at closure.** Positive closure reasons include the securing of alternative safe accommodation, permanent accommodation or being transferred to a more suitable refuge. The less positive outcomes included abandonment, eviction, emergency move-on and the client returning to their abuser.

[25] Cornwall Refuge Trust, Livewest and West Cornwall Women's Aid

Age and gender

Nine out of ten people referred into safe accommodation in refuge or dispersed units are recorded as **women**. There were **23 people** recorded as **men**.

Gender identity is recorded in only a small minority of cases and assumed to be cisgender unless stated otherwise. None of the people referred to safe accommodation, in the period reviewed, were recorded as transgender.

The gender split was similar for those accommodated so gender appears not to be a barrier (27% accommodated in each case).

90% of people referred are **aged between 20 and 54** years, with the largest age group, accounting for 34% (79 individuals) of all referrals, being **25-34 years old**.

Representation of the 25-34 years age group is higher for those accommodated (46%), primarily because they are more likely to have children.

Other protected characteristics

Some information on other protected characteristics (ethnicity, sexual identity, religion) is captured in the initial referral, but with **only around one third of records** having this information.

We have a much better completion rate for those progressing to a full referral (80% and above) but the lack of information at initial referral means that it is difficult to ascertain whether these protected characteristics have an impact on being accommodated.

93 individuals have a full referral form fully or partially completed.

At initial referral, ethnicity is recorded in a third of cases only. At full referral stage the completion rate increases to 86%. The **vast majority of clients (just over three quarters) identify as White British**, which we would expect due to our overall population profile. White Irish and Other White make up another 12%.

Of the 80 full referrals where ethnicity was recorded, there are 8 people from Asian, Black or Mixed ethnic groups (equating to 10% of referrals). **People of Mixed ethnicity appear to be over-represented** in the data and this would concur with the findings on prevalence from the national Crime Survey for England and Wales (with the caveat that numbers are small).

A small group of individuals were recorded as having **no recourse to public funds,** although these individuals were supported into accommodation in three out of five cases (and 2 were recorded as British nationals).

Religion has been recorded for around 90% of clients with a full referral, with more than half of these (52 people) stating that they have no religion or declining to disclose. The rest are split between Christianity (32%), Muslim, Bahai, Judaism and Hindu and Other (all <5%).

At initial referral sexual identity is also recorded in only a third of cases. Sexual identity is recorded within the full referral in 95% of cases.

Of the 88 clients where this information was recorded, **83% of clients were recorded as being heterosexual**, less than 5% were **Gay, Lesbian or Bi-sexual** with 10% either not stating their sexual orientation or not being asked. The remaining clients were either unsure or felt that their sexuality was best described as 'other'.

This suggests that around 1 in 20 referrals are from **people identifying**

as LGBTQi which is broadly **in line with the population profile.**[26]

Physical and Mental Health

A disability was recorded for more than half of all people subject to an initial referral (64%), although where a disability is disclosed, this covers a broad spectrum including physical, learning and mental health.

Following consultation with the service providers – for the purposes of this analysis, where a person has no disability recorded at the point of full referral, it has been assumed that they do not have (or disclose) a disability.

- 26% of clients with a completed full referral form disclosed a **physical disability** and 17% of referrals disclosed a **mobility issue**
- 14% disclosed a **behavioural and emotional or learning difficulty** affecting themselves or their child
- 15% described themselves as having a **literacy or speech issue**
- 31% said that they had other long-term health issues

Almost three quarters of clients at the initial request stage disclose issues with **mental health, self-harming or suicidal ideation** while the same proportion report having a practitioner diagnosed **mental health issue** at the point of full referral.

Refuges will accept clients with a history of substance use, providing that they have not used drugs or alcohol in the past 12 weeks. **Dispersed units** will consider those with more recent or current use on a case by case basis according to risk assessment.

A person's use of drugs and/or alcohol is discussed at initial request stage, with the data revealing that just over **a quarter of all clients have used substances** within the year prior to their referral. 14% of all referrals say that they have experienced **issues with drugs** whilst one in five use alcohol. One in ten disclose **problematic drug and alcohol use.**

Disclosure of problematic drug and/or alcohol use is higher at the point of full referral (40%).

Overall, two thirds of people completing a full referral go on to be accommodated. Accommodation rates are lower for people with certain factors, indicating that these may be barriers to support:

- **Physical disability** (42%)
- Diagnosed **mental health condition** (58%)

Children and family

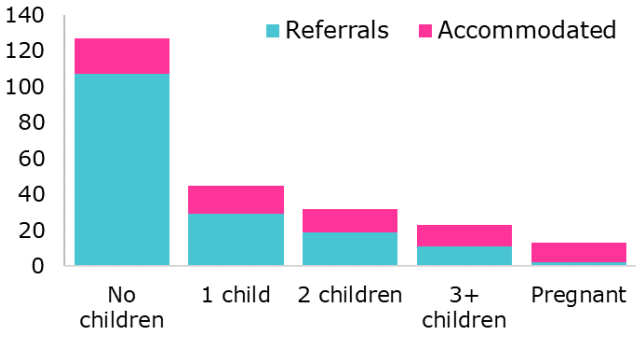
Of 231 individuals completing an initial request for safe accommodation support, 92 (41%) had parental responsibility for the care of at least one **child under the age of 18.**

Having children is a positive factor in being accommodated. 62% (38) of the 63 people that were accommodated had 1 or more child under 18.

Overall, basic details were taken for **170 children under the age of 18**, linked to those initial referrals, identifying 42 individuals caring for at least one child, 29 caring for two children and 21 with three or more children. **74 of those children went into safe**

[26] Annual Population Survey – estimates for population aged 16-74 years, 4% identify as Lesbian, Gay, Bisexual or Other

accommodation in refuge or dispersed units.



One in every 20 (6%) of women referred were **pregnant** or had **recently given birth** to a baby and nearly all of them were accommodated.

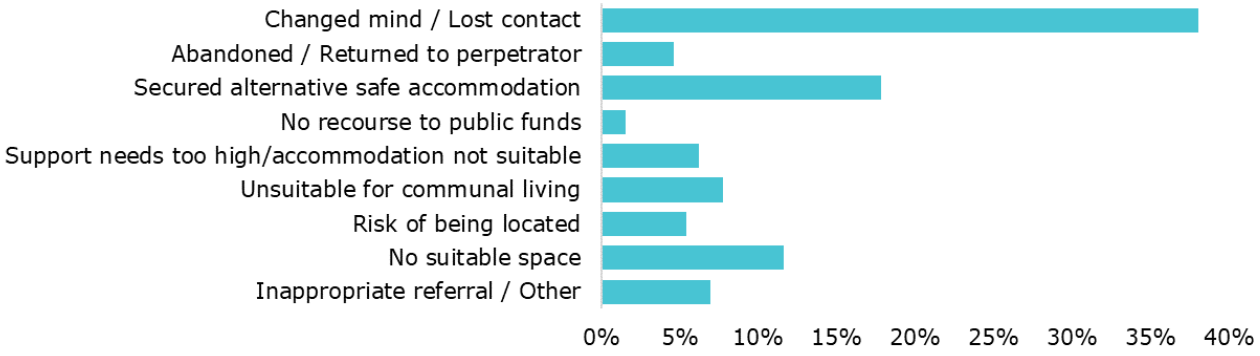
Around 3% of all initial referrals noted that a linked child had some sort of **physical, learning or developmental disability**, rising to 8% of all those going on to complete a full referral. The majority of these are made up of issues such as anxiety and psychological problems or learning and developmental disabilities.

Of the 74 children in safe accommodation, **13 (18%) were recorded as being under a Child Protection Plan**.

Referrals not accepted

Refuges are only able to accept a referral if they have the staff capacity, suitable facilities and specialist support required to meet a person's specific needs.

The provision of alternative style refuge accommodation, such as the dispersed units, alongside communal refuges allow



for some flexibility where communal living may not be suited to a person's needs.

Throughout the course of 2020/21 **165 individuals (71%) with an initial request for a referral did not progress to receiving support** in safe accommodation in refuge or dispersed units. 138 referrals went no further than the initial request stage, with a further 30 progressing to a full referral but not entering safe accommodation before the episode was closed.

Of the 129 with a closure reason recorded, 49 (just over one in three) **changed their minds or contact with them was lost** and 23 (18%) potential clients secured **alternative safe accommodation** elsewhere (including in other refuges).

Around one in every ten referrals were turned down due to **lack of any available space** for them.

10 (8%) could not be accommodated due to issues making them **unsuitable for communal living**, such as **current drug or alcohol use** (<5% of total), their **support needs being too high**, or access issues for those with mobility difficulties, for example no ground floor spaces being available at the time of the referral.

The names of people referred to safe accommodation in refuge and dispersed units have been **cross-referenced with the EVA Project** – the **resulting matches were few** and the journey varied with some being referred to the EVA Project from other safe accommodation and vice versa.

If a person is not accepted into refuge or dispersed units, an informal enquiry may be made with EVA about space, but this would not proceed to a referral via the online portal (and recorded) unless there was likely to be a vacancy. We cannot ascertain how often this is the case.

One in twenty referrals couldn't be safely accommodated in the area due to the **high risk of being located** by their abuser(s), while these numbers are small, the data doesn't appear to point only to those cases originating from within Cornwall and the wider South West, but across the UK as a whole.

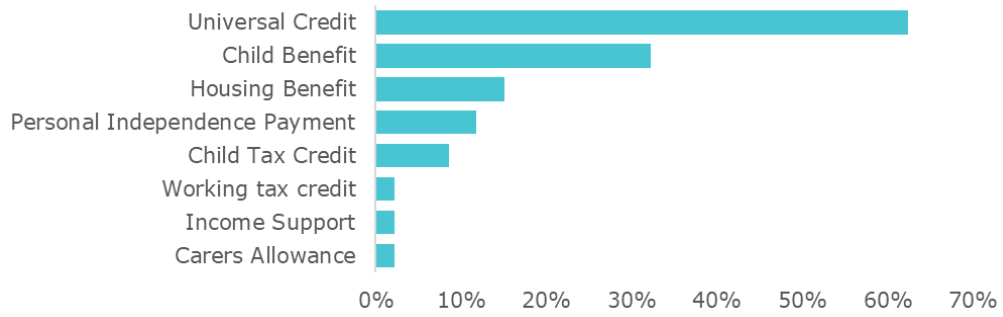
The remaining 12% of closure reasons were made up of a small number of clients either **returning to their abusive relationships**, having **no recourse to public funds** or **referrals inappropriate** to the service offer.

No recourse to public funds does not appear to be a significant barrier – of the 5 people referred where this was recorded, 3 of them went on to be accommodated.

Where this information was recorded, the **majority of people accessing safe accommodation are in receipt of benefits** – 65% of clients at the initial request stage, rising to 84% of the 93 people for whom this information was recorded as part of the full referral.

Around two thirds of applicants claim **Universal Credit** with a third in receipt of **Child Benefit.** Around one in ten are claiming **Personal Independence Payments** while 15% receive support in the form of **Housing Benefit.**

Rents in refuge are typically higher than standard as rent includes both housing and support costs, meaning women in low-paid employment may need to quit their jobs in order to access benefits to cover the cost of staying in refuge. For women in paid employment who are able to cover these costs, going into refuge may still mean having to leave her job for safety reasons. If a woman does wish to remain in paid employment and it is safe for her to do so, this can restrict the geographical area in which she can search for refuge as she will generally need to be located close to her place of work.[27]



[27] Women's Aid. (2021) The Domestic Abuse Report 2021: The Annual Audit, Bristol: Women's Aid

Specialised Provision for Complex Needs

What we do: the EVA Project

EVA stands for **Empowered, Valued, Able** and is run by Harbour Housing, a homelessness charity in Cornwall. The aim of the service is to support women fleeing DASV to feel more empowered, valued and able to create and embrace a positive future.

The ethos is to create accommodation, housing-related support, recovery and resettlement opportunities that are **inclusive of women facing multiple disadvantage**. By this we mean women fleeing DASV who also have experiences including substance misuse and dependency, criminal behaviour, mental and physical health issues, disability and debt, often referred to as 'complex needs'

Our accommodation has an **elastic tolerance model for complex behaviours**. For example, we can house high volume substance users without abstinence being a caveat for tenancy, provided harm reduction support is engaged with. We also accept most small pets and women who wish to flee but cannot fully end the relationship with their abuser immediately for a complex range of reasons.

We recognise that **many behaviours are related to trauma** and there is a complex interplay between substance misuse, mental health and DASV that we strive to better understand and address through our services for women.

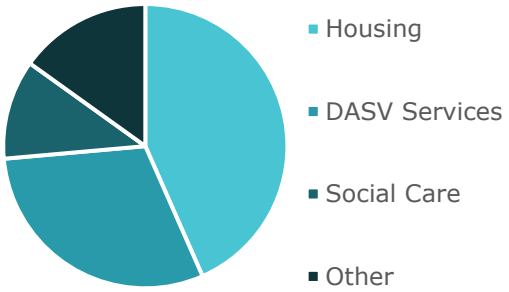
Team Name	Declined	Referral taken	Suspended	Total
Complex needs accommodation (EVA Project)	33	20	0	53

The EVA project was established in 2019 and offers 12 spaces, supporting **women with complex needs** who are escaping abuse. Referral levels vary from one quarter to the next but the average over the lifetime of the project to date has been fairly consistent at around **15 referrals per quarter**.

- A **larger proportion of referrals into EVA are accepted** (36%) than into more traditional refuge space (29%)
- **Lack of space** is the most likely reason not to accept a referral
- Clients are more likely to **be resident in Cornwall**

A total of **53 people were referred into the EVA project in 2020/21**, with 19 people going on to be successfully accommodated (36%).

The majority (85%) of referrals come from one of three organisation types: **housing services,** organisations providing support for **domestic abuse and sexual violence** and **social care** with a small number of other sectors accounting for the remaining 15%, including drug and alcohol services, health, mental health, and Probation as well as some self-referrals.



People profile

Gender has not been recorded within the data for every person who has been supported by the project, but we know that **this cohort identify as women**.

Referrals into the EVA project sit within the 16-54 age range, with the **most frequently occurring age being between 25-34 years**, similar to the main cohort, but with a more even spread of age ranges amongst those that are accommodated – however numbers are small and therefore any findings should be interpreted with caution.

The EVA project can provide support to local people that may **wish to flee but cannot fully break off their relationship with their abuser** straight away**,** in contrast to commissioned refuge provision.

83% of all referrals **originate in Cornwall** and this carries through to the accommodated population, with three quarters of these from Cornwall. As the project is still in its infancy, this may change as more out of county services learn of its existence.

Data relating to ethnicity is collected for most clients (75%) with most people identifying as 'White British' or 'White Other' ethnic groups. The **data does not include anyone from a non-White ethnic group**.

Sexual orientation was unknown or not disclosed in the majority of cases and therefore has not formed part of this summary.

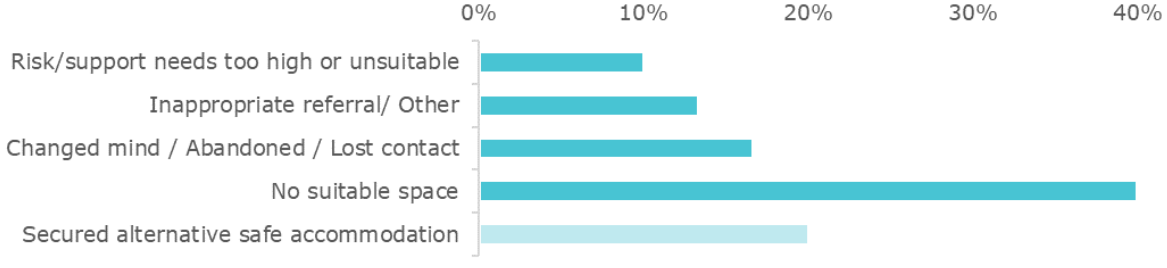
A small proportion (8%) of clients were recorded as having a **disability**, although further details were not available. 89% of referrals disclosed a **mental health issue**, 70% have problems with **substance use** and 68% report issues with both.

Referral journey

36% of all referrals into the EVA project progress to the point where an individual is accommodated, higher than the 27% in the commissioned refuges, and this may reflect the specialist nature of the referral to filter out the more **complex cases** that are **not suitable for a more traditional refuge setting.**

- The most common reason for a referral not being progressed was **lack of space** (40%);
- 6% of referrals to the EVA project (3 people) were declined due to the level of **risk/specialist support needs**.

Those who withdraw from the process may find it **difficult to commit to engagement with support**, especially given the additional complexity of these cases. The EVA Project is also **not able to accept referrals from anyone wishing to bring a child** with them, in order to manage the risks effectively, for example around clients' use of drugs and alcohol. One in every five referrals was closed with the client finding **safe accommodation elsewhere**.



As previously noted, **only four people appear in both the EVA data and the data relating to safe accommodation** in refuge and dispersed units, but we are unable to ascertain whether this is due to lack of capacity in the EVA Project (where an initial enquiry was not recorded in the system) or other reasons.

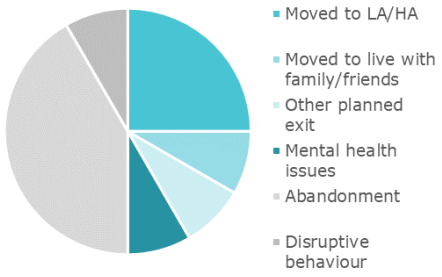
Length of stay	%
Up to 6 weeks	36%
7 to 12 weeks	29%
13+ weeks	36%

Barriers to move-on are more evident amongst this group and to allow for this tenancy can be sustained for up to two years, allowing an individual the space and time to develop a **relationship with their keyworker and address their individual needs**.

The challenges in sustaining engagement over a period of time are also recognised and the **average length of stay is shorter** than for non-complex needs provision at around 14 weeks with **more than half of the women staying for under 10 weeks**. The longest recorded stay was 45 weeks.

Outcomes

Of the 19 people accommodated, 12 had completed their stay at the time of writing, with almost half of those (42%) recording a **positive outcome** with a planned exit, an assisted move to other supported housing or moving in with family or friends.[28]



Very unusually, there were two deaths in the EVA Project in the last year and these two individuals have not been included as part of the outcomes data presented here.

One death was due to suicide. This woman's experience of trauma had led to decades of suicidal ideation, alcohol dependence and homelessness. The only alternative for her was to be street homeless as, due to the highly complex behaviours she presented with, no other accommodation service could house her. Despite constant attempts to find and engage the right mental health support for her, it is extremely difficult for someone with such alcohol dependency and emotional trauma to be assessed through current statutory means.

The other death was due to **Sudden Unexpected Death in Epilepsy** (SUDEP) in her sleep. This is a tragic but largely unavoidable death which affects 1 in 1,000 people who have epilepsy.

In cases where a **mental health** issue has been a major factor in the end of a client's stay, these clients have been assisted with accessing an appropriate mental health intervention, which would not have been available should they have been accommodated elsewhere.

[28] It should be noted that this subgroup is low in number and therefore percentages are sensitive to very small differences

Sanctuary

Sanctuary measures enable a person to remain safely in their own home (where the perpetrator does not live in the property) – this can include reinforced exterior doors and windows, extra locks, smoke detectors and fire safety equipment and in some cases a secure Sanctuary Room will be created inside the property.

Anyone can refer into Sanctuary. There is a **funding pot available** to all Cornwall Housing tenants and Private Landlords to pay for the recommended sanctuary works, as assessed by the Crime Prevention Officer (CPO). Other social housing providers have their own funding pots and maintenance teams, who will deliver the works required as recommended by the CPO.

Sanctuary funding is currently underspent and there are a number of factors in this:

- The **sanctuary works have reduced in cost**, as all works are now delivered by Cornwall Housing maintenance team, as opposed to private tradespeople;
- Referrals into Sanctuary Scheme **reduced during the pandemic and lockdowns.**

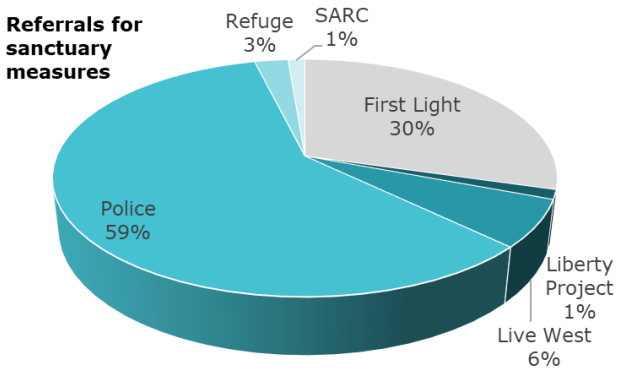
CPOs have said that they are keen to **receive some training in relation to sanctuary and fire and building safety** regulations.

Use of Sanctuary

Use of sanctuary data is presented here as a 6 month snapshot only but arrangements to collate and share information more routinely in future has been agreed.

In the 6 months from 1 April 2021 to 30th September, there were **78 referrals for sanctuary measures**, an average of 13 per month. The majority were completed (71 or 91%) with the main reason for non-completion being that the person refused or would not engage.

The most common routes of referral are via the police or First Light, together accounting for 9 out of every 10 referrals.



What our people say

Lived Experience

Safer Cornwall values the experiences and opinions of those who **are experts in their own experience** and is committed to delivering **services that fit the needs of people rather than making people fit** into our services or making assumptions that we have got everything right.

We are committed to engaging more effectively with our local community to gain greater insight into the needs of **those who use, or may use services** in the future, within the domestic abuse and sexual abuse/violence system, but also from **those who were unable to engage with services** for any reason, to listen and learn, as we set our future priorities, consider options and develop future services.

SEEDS Cornwall are a group of female survivors of domestic abuse from all areas of the county, who are committed to influencing and improving agency responses and service delivery for others living with domestic abuse. This forum is currently the main channel through which the voice of those with lived experience is heard, as representatives sit on our DASV Local Partnership Board and other relevant meetings.

We know that we need to improve the ways in which we gather the experiences and **voices of a wider range of 'experts by experience'** to include those that are routinely underrepresented, such as:

- Men
- Older people
- Those with multiple or complex needs and vulnerabilities such as drug or alcohol misuse, disability and homelessness
- Children and young people
- Women offenders
- LGBT+ community
- Gypsy, Roma and Traveller community
- Black, Asian and other ethnic minority group communities

The ongoing situation regarding COVID and responding to the needs of our community as a priority has **restricted our opportunities to speak** with a wide range of 'experts by experience', and for any consultation to be meaningful and effective we need to ensure that we employ a variety of methods and opportunities for people to share their experience with us over a reasonable period of time.

As part of our **Domestic Abuse and Sexual Violence Community Engagement Strategy**, we have embarked on a programme of activities that will enable us to hear, understand and value the experience of people living in our communities. The number or people that have shared their experience with us so far is quite small, however still valuable and has highlighted some common themes.

So, what have we heard so far in relation to safe accommodation?

What works well

- On the whole those accessing specialist safe accommodation are **happy with the quality of the accommodation and the support** that they, and their children, have received;
- Having access to **safe accommodation has saved lives**

and prevented some people being street homeless;

- **Having your own space** and where possible not having to share a bathroom;
- Being able to receive the support of **skilled and knowledgeable domestic abuse professionals** whilst in safe accommodation is a significant factor in making decisions to end a relationship and reduce further harm;
- Safe accommodation staff are invaluable in **advocacy and navigation of the system**;

The staff are so lovely and helpful, I can't praise them enough

- The majority of those accessing safe accommodation **feel valued, heard and understood by the staff** who support them within that accommodation;

It gives you faith in people

We are all human

- Having **access to clothing and food** at a time of crisis and while waiting to access benefits relieves pressure and stress
- Being within **a community of others that are in a similar situation** and so understand what you are experiencing is reassuring and often empowering;

Support from other women who had been through it was paramount for me

- Being able to **engage in activities** that help to de-stress, build confidence and develop new skills, or just to have fun, are important in recovery from domestic abuse;
- Having access to **counselling and domestic abuse recovery programmes** while in accommodation

I was lacking around relationships – I'd like to learn more about that

I didn't recognise it was abuse until services said I have experienced trauma

- **Specialist safe accommodation for women with complex needs** has provided a safe and highly tolerant environment where they can access holistic support on site around their additional vulnerabilities such as drug misuse and health.

I would have been sleeping in a doorway

I would be street homeless, because I've been to prison people don't take you seriously and don't see you need help

What is not working so well

- Some people are still **not aware what safe accommodation or Sanctuary options are available** or how to access them;

I hadn't heard of refuges or Sanctuary, I didn't think of myself as homeless as I chose to leave, I just got myself out and was told there was no help for me

I thought you needed proof of the abuse, I didn't have any

- **Myths and misinformation** persist about safe accommodation and support services, such as you can only access them if you have been physically assaulted or that you need proof of abuse such as police log numbers;
- Even where some people have disclosed domestic abuse to professionals working with them, **safe accommodation options have not been discussed** with them;

Lots of doors are shut in your face

- Some people are placed in **emergency or other temporary accommodation** such as pubs, B&B, hotels and hostels, that are **not specialised and has no support available**, some of which is of poor

We didn't want to wake up with this life

Is this all I deserve?

standard or increases people's feelings of vulnerability due to the lack of security and/or other people housed within the accommodation. They may also have to move to other accommodation at very short notice;

- Where people have been placed in emergency accommodation there is usually **no access to cooking facilities, fridges or washing machines** – this is not practical for women with children;

> I had nowhere to keep my child's milk, cook for his special diet or wash his clothes

- **Some people had tried numerous times** to access help and a safe place to stay before they were successful;

> Loads of places just kept knocking me back – I go round in a circle

- Sometimes it can feel like **choices are being made for you** and that you have no say in where you are going live;
- Those leaving safe accommodation are often **expected to move into their new properties with very short notice** with little or no furnishings;

> We have to pick ourselves and our kids up, change our lives, it's so hard

- Many of those who access accommodation are **fearful about their future and how they will cope** with living independently when they leave the accommodation.

> I wonder if I will ever be able to live on my own

> I didn't know how to start again

What are the priorities to address?

- **Further wider consultation** with a broader range of people with lived experience, especially those who did not access safe accommodation, to understand the barriers, and those who have moved on from safe accommodation;
- **Awareness raising across the county about the accommodation options** that are available and how to access them, along with some myth busting – both for the general public and professionals;
- Development of **recovery options** within or linked to safe accommodation that are accessible at the time of need;
- Sourcing **suitable emergency accommodation** for those who are unable to access specialist domestic abuse safe accommodation;
- **Outreach options** for those that are not able to access or are waiting to move into accommodation;
- Development of **resettlement support** that includes supporting people to feel confident and empowered prior to moving out of safe accommodation and **needs-led support to engage them with their local community** to reduce isolation and increase independence and resilience.

> Knowing I will have outreach reassures me

Service providers

Through system workforce focus groups, we have also gathered feedback from the professionals we work with also provides vital insight into the challenges around move-on and resettlement.

Residents in safe accommodation often **experience delays when bidding for a home** to move into when they are ready to resettle.

> Homechoice Banding for those in safe accommodation is usually awarded as a C Band unless there are additional vulnerabilities. This means that it can be a long wait for social housing, longer than the optimal 20 weeks stay in refuge.
>
> Other supported accommodation in Cornwall can apply for banding to be increased for individuals who are ready to move on, but refuges and other safe accommodation are not eligible for this scheme due to being short term.

The **EVA Project has been able to register** for the scheme as their residents can stay up to two years.

Section 106 agreements

The impact of a **Section 106 agreement**, which specifies who qualifies to occupy a home, can be significant for people escaping domestic abuse, **limiting their housing options**.

Section 106 agreements often mean that **clients have stayed in locations where they remain at risk** because they face losing the security of permanent accommodation (which took considerable time to secure).

> Most applicants on the housing register do not understand what it means and are confused as they are considered to have a local connection under Homelessness legislation which does not apply to Section 106 properties.
>
> Exceptions to Section 106 can be made but housing providers are fearful of facing fines for breaching planning restrictions.

They have had the needs of their children to consider and haven't wanted to put their children back through the uncertainty of emergency/temporary accommodation and the unsettlement this causes.

Whilst there are **mechanisms in place for discretion**, the drafting of restrictions could be looked at to allow freer movement to make the exceptions more explicit if necessary.

A more formalised approach to both the HomeChoice Banding and the Section 106 agreements could be considered as part of the **wider DASV housing pathway**.

What is a Section 106?

Planning obligations are often referred to as Section 106 agreements. They are a key mechanism in the planning system. They make development acceptable which would otherwise be unacceptable in planning terms.

They are used to achieve planning objectives, lessen the impact of development and/or compensate for loss or damage caused by development.

Section 106 agreements can cover a range of measures but the relevant one here is the requirement to have a local connection in order to access housing.

Safe accommodation needs for different groups

- The data indicates **unmet needs** for **young people and older people**, complex needs including **physical disability**, complex **mental health issues**, and **drugs/alcohol** as part of a picture of wider complex needs;
- Numbers of people accessing safe accommodation from **minority ethnic groups and who identify as LGBTQ+** are very small, although **within expected numbers** for population profile – **some barriers identified** through case studies, and may need a different approach in partnership with non-DA support services; furthermore, **trans guidance for services** would be beneficial;
- Explore whether needs could be met through **wraparound Domestic Abuse support in non-specialist housing** (i.e. not safe accommodation) – particularly for young people, people with physical and/or learning disabilities;
- Other **local authority areas across the Peninsula report similar issues** with gaps and inconsistencies in the data being a major limiting factor.

The profile of people requesting safe accommodation are predominantly cis-gender **women**, aged **between 25 and 44 years** and identifying as **white and heterosexual**.

Data on other protected characteristics is limited – either due to poor data completion or very low representation in the cohort – thus our understanding of their needs is limited to a small sample of people.

Where possible, **additional insight has been gathered through case studies** and other sources to help understand the specific needs for safe accommodation for these groups.

What we can say with reasonable confidence, is that **young people and older people (aged 65+) are under-represented** in safe accommodation and there is some unmet need.

Men are also under-represented, compared with overall prevalence, but national research suggests that **men are less likely to seek safe accommodation**.

The numbers of people accessing safe accommodation from **minority ethnic groups** and who **identify as LGBTQi** are very small, although within the expected numbers for our local population profile. **Some barriers to accessing support** have been identified through case studies, however.

Data collected on **disabilities** is mixed, it reflects a range of **different definitions and interpretations**, and disclosure in **different contexts**.

The majority of people referred to safe accommodation disclose a disability, with a **mental health condition** being the most common. Based on the small sample of people where we have full referral details, people with **physical disabilities and complex mental health issues** are less likely to be accommodated.

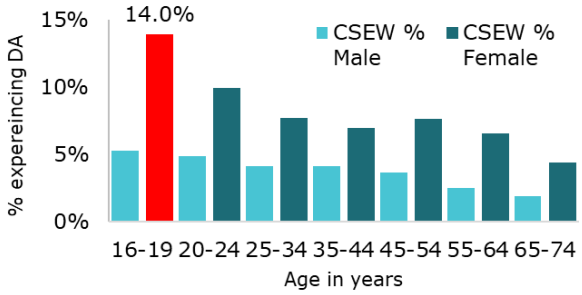
The numbers disclosing **other types of disabilities**, including learning disability, sensory impairment or speech/other communication difficulties are **too low to draw any conclusions**.

Drug and/or alcohol use does not appear to be a significant barrier to accessing support, however, it is **a factor in the wider picture of complex needs** particularly relevant to living in a communal setting.

Young people

Young people under the age of 25 are significantly more likely to experience domestic abuse[29] than older age groups.

The CSEW provides an estimate that around **21% of the people experiencing abuse in the last year were under the age of 25**, with around half of those being aged 16-19 years.



In wider community services, including the MARAC, the proportion of young people is in line with these estimates but there were **no referrals to safe accommodation** in refuge or dispersed units for any person under the age of 20 years, and only a very small number making an approach to Cornwall Housing (2%) where domestic abuse is the primary reason.

Anecdotally, young people referred for support due to homelessness **may not disclose domestic abuse** at the point of referral and therefore would not be 'counted' as making a housing approach for this reason. If placed in non-specialist housing, **the risk is that the right wraparound support is not provided**.

Care leavers are identified as a particular at-risk group, with heightened vulnerability to domestic abuse due to:

- **Early trauma and broken familial relationships** having an impact on their ability to recognise a 'safe' relationship
- The impact of going through adulthood with **variable family support**
- Poverty
- The impact of witnessing domestic abuse in their early family situation, leading to **unhealthy perceptions of role models** as victims/perpetrators of abuse

A review of case studies for young parents seeking support for abusive relationships indicated the following factors for consideration:

- Housing support is provided in **young parents' accommodation**, rather than in specific safe accommodation, with wraparound support provided by a range of services;
- Young people were **more likely to want to stay together** as a couple, particularly when they have a child/children together;
- There is a gap relating to the provision of a **safe contact space for young fathers.**

Older people

The **experience of domestic abuse amongst older age groups is much lower** – the estimated rate for people aged 60 and over is around a third of the rate for 16-19 year olds. That being said, the over 60s make up 29% of the total population and **should account for around 18% of all people experiencing domestic abuse**.

Only **2% of people** in the safe accommodation data and 3% in the housing data were **aged 60 or over**.

[29] Crime Survey for England and Wales, year ending 31 March 2020, ONS

This is in line with the national picture[30] but Women's Aid note that this is unlikely to reflect need, as we know that **older people experience particular barriers in accessing support**.

A case study provided by Adult Safeguarding **specifically highlighted a lack of appropriate emergency housing for older men**, and that "this service deficit required significate extra support for Adult Social Care to prevent this older man returning to his home and a life of abuse from his wife."

Older people are under-represented across all parts of the system, from crime reporting through to MARAC and wider community services – which raises a question about how effective we are at identifying domestic abuse for this group. There are a range of **additional risk factors** that may make it more difficult to identify domestic abuse, including **care and support needs** and **coercion and control** in a relationship **where one person lacks capacity**.

The implications are critical. In the last 5 years we have instigated **4 Domestic Homicide Reviews jointly with Safeguarding Adults** because the victim has been an adult at risk.

Men

A third of all people experiencing domestic abuse in the last year are estimated to be men, but only **1 in 10 people accessing safe accommodation is male**.

There is a **higher representation of men** in the housing approaches data (16%), of which around 1 in 5 is placed in **non-specialist temporary accommodation**.

We do commission safe accommodation for men locally and the **accommodation rate is similar for men and women**. This represents a very small sample of people but suggests that, once a referral is made, gender is not a barrier to accessing support.

Whilst the primary focus of the national Domestic Abuse Report 2021 is women, the report states that there is "some evidence that male victims need different services to female victims" citing a report from the organisation Respect:[31]

"From our helpline data from nearly 17,823 male victims it seems that men do not have the same needs as female victims. It would not be helpful for male victims simply to replicate the services or ways of helping female victims – projects working with male victims need to continue to monitor male victims' needs and ways of presenting for help, in order to help them best and to make best use of our resources." (Respect, 2019)

Disability and complex needs

The CSEW estimates that experience of domestic abuse is around **2.5 times higher for people who have a disability**[32] and this equates to an estimate of just over a third (36%) of the people experiencing abuse in one year in Cornwall, based on our local

[30] Women's Aid. (2021) The Domestic Abuse Report 2021: The Annual Audit, Bristol: Women's Aid. "Older women were underrepresented in the sample. Only 3.8% of service users in the total sample were 61 or over and this fell to 1.9% in refuge services."

[31] Respect describes its work as "a pioneering UK domestic abuse organisation leading the development of safe, effective work with perpetrators, male victims and young people using violence in their close relationships." https://www.respect.uk.net

[32] Defined as a long-standing illness, disability or impairment which causes difficulty with day-to-day activities.

population.[33] The prevalence estimate does not provide any further breakdown by type of disability.

64% of people referred to safe accommodation disclose a disability, and this spans a broad spectrum of issues with **mental health conditions being by far the most common**.

Based on this very broad definition of disability, the number of **people seeking support in safe accommodation with a disability are over-represented**, although it is noted that the proportion engaged with wider DASV community services is approximately in line with the estimate at 31%.

More detailed information is recorded for the smaller cohort of people who proceed to a full referral. Based on this data, **physical disability** and **complex mental health issues** appear to be barriers to being successfully accommodated indicating that there are **unmet needs** in these areas.

Other protected characteristics

Data provided on other protected characteristics is limited; this partly reflects **low completion rates** but is also indicative **of limited diversity amongst the people who access our services**, both for safe accommodation and within the wider community services data, some of which may be driven by our population profile rather than barriers for different groups in accessing support.

Ethnicity

The CSEW provides an estimate of **lower than average prevalence** of domestic abuse for Asian and Black ethnic groups but a higher prevalence for people of Mixed ethnicity. SafeLives report **lower reporting rates and greater risk of serious harm** within BAME communities.

Where ethnicity is recorded, the proportion of people from **Black, Asian or Mixed ethnic groups make up around 2-3% -** this is approximately **in line with our local population profile** as measured by the last published Census figures in 2011, but this would not be reflective of any increase in our local population of minority ethnic groups over the last ten years. Safe accommodation data shows a **higher proportion of people of mixed ethnicity,** but the numbers are small.

National research indicates a range of possible barriers including fear of **discrimination**, **cultural and/or language** barriers and fear of **social isolation or rejection** in the community. This assessment is unable to confirm the extent to which any of these factors may be an issue locally.

Two case studies were provided that highlighted specific local issues related to ethnicity – one highlighted **mistrust of services amongst the Gypsy and Traveller community** and another described **experiences of racist abuse** (from neighbours) in supported housing.

Sexual identity

The CSEW indicates **higher prevalence rates** amongst people who identify as **Lesbian, Gay or Bisexual** (LGB). Estimates are not provided for other sexual identities currently.

Extrapolating these prevalence rates to the population estimated to identify as

[33] Number of people with limiting long term illness, Census 2011

LGB[34], we would expect this group to account for around **6% of people experiencing domestic abuse** in the last year – sexual identity is substantially under-recorded, but where the data is available, the proportion (5%) is approximately **in line with the population estimate.** This represents a very small number of people, however.

Transgender

The **CSEW does not provide an estimate** of prevalence of domestic abuse amongst people who are **transgender** and our local data provides very limited information on gender identity.

Case studies provided for this assessment suggest that **gender identity is a barrier to accessing support**, with specialist help being sought from other support organisations due to **DASV services being seen (and experienced as) lacking in confidence and knowledge** about the needs of this group.

Clear **trans guidance may help services** improve their offer and this is something that may benefit from a Peninsula-wide approach.

Pregnancy

Our local population profile indicates that around 44%[35] of people over the age of 16 years have children.

41% of people referred to safe accommodation in refuge or dispersed units have **one or more child under the age of 18 years, and this rises to 62% of all people** who go on to be accommodated. **6% were pregnant or had recently given birth**, of which the majority (11 out of 13) were accommodated.

This means **pregnancy and/or having children** is a positive factor in securing support in safe accommodation.

[34] Annual Population Survey 2019 (sexual orientation), Office for National Statistics 2021

[35] Census 2011, Office for National Statistics

MAPPING SYSTEM NEEDS

National prevalence data[36] helps us to understand what the **experience of domestic abuse for different groups** in our local population might look like. Comparing these estimates to the profile of the people who are known to our services can **highlight potential gaps** where we may need to look at different approach to provide accessible and inclusive support.

Gender and gender identity

The **majority of domestic abuse is perpetrated by men against women** and, as such, domestic abuse is described as a gender-based or gendered crime and part of the **wider social problem of male violence against women and girls**.

Women's Aid found in their research with the University of Bristol that **sexism and misogyny** set the scene for coercive and controlling behaviours by male partners, they are **used to excuse abusive behaviours** and put up **barriers to women being believed and supported** to leave abusive relationships (Women's Aid et al, 2021).

The prevalence estimate is **14,700 women aged between 16 and 74 years** experiencing domestic abuse in the last year, of which **21%** of that number **reported crimes to the police and/or received support** through our commissioned community services.

In terms of **unmet need**, we know that the majority of people that are experiencing or at risk of harm through domestic abuse and not receiving help are women.

Both **men and women experience incidents of inter-personal violence and abuse**. National studies shows that there are important differences, however, in the domestic abuse typically experienced by women and by men. As well as being more likely to experience domestic abuse, women **are more likely to be repeat victims**, to be seriously harmed or killed and to subjected to coercive control.[37]

Our **local police data confirms higher rates of repeat victimisation amongst women** with approximately half of all women reporting to the police in the last year having already reported at least one incident previously (looking back over a three year period).

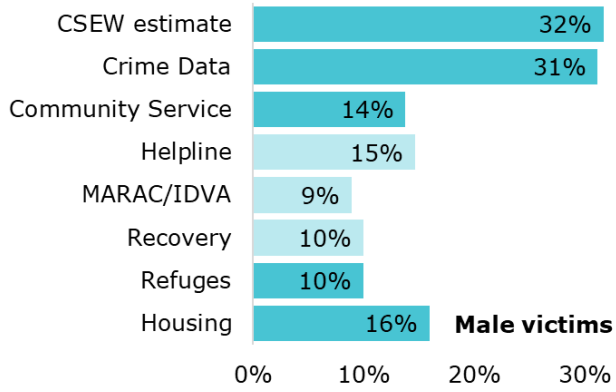
Sexual violence and stalking/harassment offences are higher for females, whereas males report a higher proportion of violent assault, particularly violence with injury (32% for male victim vs 27% for females).

[36] Office for National Statistics (2021); Crime Survey for England and Wales: Prevalence of domestic abuse in the last year among adults aged 16 to 74, by personal characteristics and sex, year ending March 2020

[37] See the Women's Aid blog, "Why data matters when talking about domestic abuse." By Acting CEO of Women's Aid, Nicki Norman (November 2020) https://www.womensaid.org.uk/why-data-matters-when-talking-about-domestic-abuse/

Male victims

The numbers



The Crime Survey for England and Wales (CSEW) estimates that **men make up one in three of all victims of domestic abuse** – in the last year 3.6% of men and 7.3% of women experienced some form of domestic abuse and this equates to **6,800 men in Cornwall**.

Local police data mirrors the prevalence estimate ratio, with **31% of reported domestic abuse crimes** involving a male victim – national data indicates that we may have a higher rate of men reporting abuse in Cornwall than the national average.

Overall, **14% of people supported through our commissioned community service** are men – we see a greater proportion contact us through the Helpline (15%) but a much lower proportion engaged in other types of support.

This indicates that **men are under-represented** in community services, although **there is specific support for male victims** in Cornwall, both in safe accommodation and the wider system (commissioned and other providers).

Barriers to accessing support

Domestic abuse against men is still **often considered a taboo subject** and not openly discussed. Men may not realise that help is out there but when they do seek help, if agencies are unfamiliar with identifying and responding to men as victims, **their experience may not be a positive one**.

Men in **same-sex relationships** may experience further vulnerabilities, for which there is no specialised support.

A recent report "Making Invisible Men, Visible"[38] by the domestic abuse charity Mankind found that men are often **unaware of existing support** and not being referred or signposted to appropriate support by professionals.

The report goes on to highlight that, in many local areas, there is very limited or no services for men already in place including safe accommodation services. Rather than move to another area, they do not leave at all, or they sleep on the streets, in cars or on friends' sofas. This means they do not receive any wraparound support at all and remain invisible to the system.

We do not know the extent to which these factors may be having an impact on male victims in Cornwall.

One case study with a male victim was provided for this assessment – specifically regarding the needs of an older male victim, for whom there was no suitable safe accommodation – this has been highlighted as a gap in the safe accommodation section.

[38] Making Invisible Men, Visible, Mankind, June 2021 – "Ensuring male victims and their children count: Safe Accommodation and the Domestic Abuse Act 2021." The Mankind Initiative is the principal, expert and specialist charity in the UK focussing on male victims of domestic abuse. I

Male

Based on prevalence estimates, men are under-represented in DASV services, particularly in safe accommodation.

There is a higher proportion of men fleeing domestic abuse in the housing approaches data (16%) and men are slightly more likely to be placed in non-specialised temporary accommodation.

Possible barriers – 'taboo' nature of DA for men, different support needs to women, lack of awareness about specific services (victims and professionals), poor experience of seeking help previously.

Additional vulnerabilities – men in same sex relationships.

Peninsula findings

Torbay - no men accessed safe accommodation in the period 2018 to 2021.

ManKind estimates around 300 men across the UK may be rough sleepers due to domestic abuse. Men are less likely to access services with men making up only 4.4% of victims of domestic abuse being supported by local domestic services.

Support in Cornwall

"Inclusive" Service provision

Safe Accommodation support
24 dispersed units are available, and a men's refuge run by Cornwall Refuge Trust Norda Project, which has 5 units - 2 singles, 2 families that are communal and 1 self-contained flat.

Across the South West Peninsula safe accommodation is available for men; in Devon there are 4 Places of Safety and 6 dispersed units; in Torbay there are 14 dispersed units; in Plymouth there are 17 dispersed units/safe houses.

***Community support**

Safer Futures Operation Emotion is a specialist education and group-work recovery programme for male 18+ survivors of sexual abuse. Weekly support over 10 weeks.

Safer Futures SUsie project offers trauma informed psycho-educational support programme for men

Other wider specialist provision

Man Down – provides informal peer support talking groups for men with mental health concerns. 18+

Pegasus is a men's wellbeing centre in Cornwall supporting men with a variety of issues including trauma, domestic abuse and sexual violence

Men's Aid is a registered charity providing information and advice to parents seeking to maintain a relationship with their children after family breakdown

ManKind Initiative offers an anonymous helpline for Domestic Abuse operated by trained people who can give both listening and practical support as well as providing information.

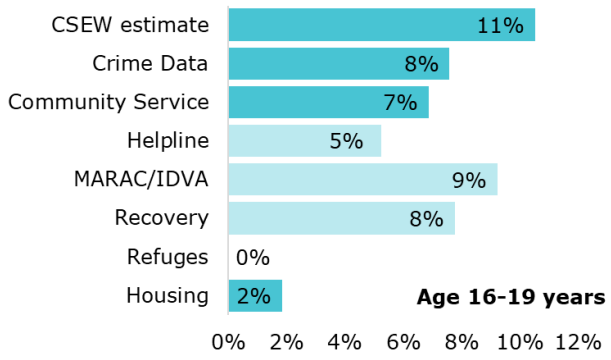
Age – young people

Young people can experience[39] **domestic abuse in a multitude of ways**. They can:

- Witness domestic abuse **in the family home** and may be directly victimised by the perpetrator of that abuse.
- They can also experience domestic abuse **in their own intimate partner relationships**.
- They may **demonstrate harmful behaviours themselves**, towards partners or family members.

This section provides an overview of the prevalence of **abuse in young people's relationships**, additional risks and barriers to accessing help. This is explored in more detail, along with other themes related to young people and families, as a priority theme – see Young People and Families.

The numbers



- **Young people experience the highest rates of domestic abuse** of any age group but have one of the **lowest reporting rates**. The number of people in this age group reporting crimes to the police accounts for only 15% of the estimated number of victims (compared with around 25% for other age groups).
- Young people in **teenage years are under-represented** in all services, particularly amongst those seeking housing support.

Risk factors

Feedback gathered from partners as part of the Safer Cornwall Strategic Assessment highlight the growing awareness that much of the abuse that young people are exposed to is **hidden** and not uncovered until the child themselves goes on to abuse or seek help as they get older.

Many cases are noted where access to support is made more difficult by **underlying vulnerabilities** such as mental health, substance misuse or a history of offending. Many offenders don't have an opportunity to access support until they reach the criminal justice system.

Young people experience **a complex transition from childhood to adulthood**, which impacts on behaviour and decision making. It may impact on the way that they respond to the abuse as well as the way that they engage with services.

This means that they may be **unequipped to deal with the practical problems** such as moving home or finances. As a result, young people who experience domestic abuse do so at a particularly vulnerable point in their lives.

- Concerns are expressed by practitioners that many **young people don't know what a healthy**

39 https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf

relationship is, abusive behaviour becomes normalised. Services must focus on impactful **early intervention**;

- **Suicidal ideation** is an emerging risk, especially amongst young parents – there have been 2 deaths in the last 6 months. Domestic abuse and exposure to domestic abuse as children increase risk factors.
- Additional vulnerabilities and a lack of a holistic approach threatens **risk reduction and recovery rates.** Identification of low-level DA can be missing, examples of young mothers missing out on housing options as assessments don't identify the risks;
- Young people commonly experience **abuse through new technologies and social media**, which can be used as a monitoring or harassment tool by the perpetrator.

Barriers to accessing support

Possible barriers – not recognising healthy relationships and/or not identifying as a victim; may prefer support to remain in relationship; services not directly targeted.

- SafeLives data shows that young people are more likely than adult victims of abuse to be in a relationship with the perpetrator at the point at which they accessed support.
- Young people may not see themselves as a 'victim', especially when they too are demonstrating some forms of abusive behaviour.

Young people

CSEW estimates that young people experience the highest rates of domestic abuse of any age group.

Young people in teenage years under-represented in all services, particularly amongst those seeking housing support.

Barriers – not recognising healthy relationships and/or not identifying as a victim; may prefer support to remain in relationship; services not directly targeted

Additional vulnerabilities – developmental, ACEs and trauma

Peninsula findings

In Plymouth – limited services and safe accommodation for teenagers, young people 18-25yrs and not enough bed spaces in non-shared accommodation.

In Torbay – a gap was identified in safe accommodation for young people aged 16yrs+ who have not been in their own accommodation and may be in low paid employment.

Support in Cornwall

Specific service provision
There are services specifically for young people in Cornwall.

"Inclusive" Service provision

Safe Accommodation support
A range of Safe Accommodation is available in Cornwall including communal living and self-contained flats for people fleeing DA. LiveWest supports a small number of dispersed units allocated at lower rent to accommodate young people in lower paid employment, and where young people on benefits receive a lower basic allowance. Case studies indicate that housing support is provided through young people's housing provision, rather than in safe accommodation.

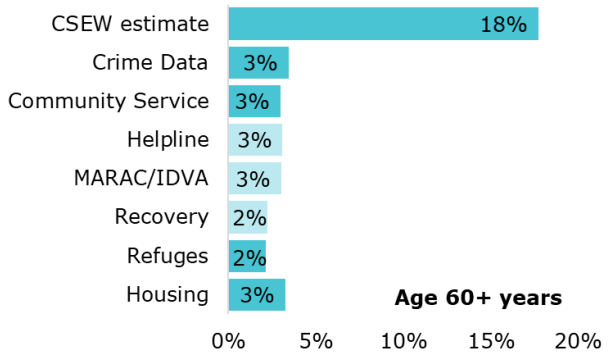
Community support
Access to all community support provided by Safer Futures, from helpline and crisis support to recovery and therapy. This includes a specialist IDVA for children and young people. Therapeutic intervention for adults and young people aged 16 and above is provided by WAVES. CLEAR provides therapeutic support up to 18 years following experiences of abuse. The offering covers a wide range of therapies designed for different age groups and levels of need.

Other wider specialist provision
Young People's Foyers – Redruth, Truro, Liskeard, Bodmin, Launceston, Padstow - accredited learning and accommodation centres.
YMCA Cornwall – helping to house disadvantaged young people.
Young People Cornwall – programmes Headstart, Heads Up – dealing with mental health and trauma.
WILD- Young Parents project – supports young Mums and Dads through group work, outreach, casework.
Gweres Kernow – service for young people displaying concerning/ harmful sexual behaviour
Gweres Tus Yowynk – run by the Youth Offending Service and Cornwall Council Children and Family adolescent service to help young people at risk.

Age – older people

This section provides an overview of prevalence of domestic abuse amongst older people, additional risks and barriers to accessing help. Older people and risk are discussed in more detail as a priority theme in the main volume of the DASV Needs Assessment.

The numbers



The **experience of domestic abuse amongst older age groups is much lower** – the estimated rate for people aged 60[40] and over is around a third of the rate for 16-19 year olds. That being said, the over 60s make up 29% of the total population and **should account for around 18% of all people experiencing domestic abuse**.

Older people are under-represented across all parts of the system, from crime reporting through to MARAC and wider community services. As previously mentioned, this raises a question about **how effective we are at identifying domestic abuse** for this group.

The implications are critical. In the last 5 years we have instigated **4 Domestic Homicide Reviews jointly with Safeguarding Adults** because the victim has been an older person.

Risk factors

There are a range of **additional risk factors** that may make it more difficult to identify domestic abuse, including **care and support needs** and **coercion and control** in a relationship **where one person lacks capacity**.

Many of the risk factors are similar to people with disabilities and these are explored in more detail in the next section on Disability.

Additional risks to consider include:

- Older people may **experience abuse over many years** within a long marriage/relationship; they may not recognise or acknowledge the abuse because it has become 'normalised'
- **Additional pressures for older carers**, caused by increased caring responsibilities or their own vulnerabilities through declining mental or physical health, may trigger or escalate abusive behaviours.

Barriers to accessing support

- Older people have similar barriers to accessing support as people with disabilities – including a **lack of awareness about support** available, **situational vulnerability**, social isolation and **physical accessibility** due to mobility issues.
- **Services are not specifically targeted** at older victims – services should be promoted in ways that are accessible and relatable to older victims, such as presented in GP surgeries, public transport and targeted media publications.
- **The home may be an inappropriate place to screen** for domestic abuse where the older person is living with their abuser.

[40] 3.2% for the 60-74 age group compared with 9.5% for 16-19 year olds.

Older People

CSEW estimates much lower prevalence of domestic abuse amongst older people but they are a significant population group and are estimated to make up 18% of victims.

Older people are under-represented in all services.

Additional vulnerabilities – long term pattern of abuse, safeguarding issues, dependency due to care needs, abuse may be masked by health issues (for victim and abuser), such as dementia

Barriers – services not targeted directly to age group, may be unaware of help available, physical accessibility issues, isolation and impairment due to disability

Peninsula findings

Plymouth - Limited services and safe accommodation for older survivors. There are also too few bed spaces in non-shared accommodation.

There is insufficient accommodation in the city to meet current or future demand including for older people.

Torbay - Wider accessibility of safe accommodation is an issue, for example the visibility of and number of older people and disabled people accessing the domestic abuse service are extremely low compared with the demographic profile and projected prevalence of domestic violence and abuse in Torbay.

Support in Cornwall

Specific service provision -
There are no specialist services for older people in Cornwall

"Inclusive" Service provision

Safe Accommodation support
A range of Safe Accommodation in Cornwall including communal living and self- contained flats for people fleeing DASV. Access may be limited due to physical accessibility or additional care and support needs – Of the 58 units 12 are accessible for people for **people with mild to moderate mobility issues** and there is 1 wheelchair designed unit.

- EVA Project has 1 wheelchair designed unit, and 9 semi-accessible units for women with complex needs
- Norda men's refuge has 1 unit suitable for mild to moderate mobility issues
- 2 of the dispersed units are on the ground floor

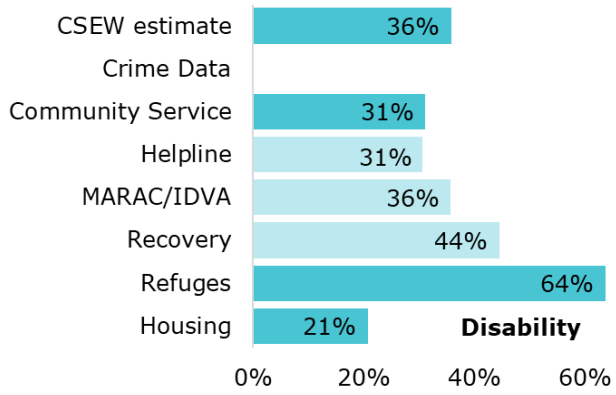
***Community support**

Other wider specialist provision

Age UK CIoS provides information and advice through a CIoS helpline and a local drop in centre.

Disability

The numbers



At the time of the 2011 Census, **1 in 20 people in Cornwall's population reported that they had a long-term health problem or disability** that limited their day-to-day activities limited a lot or a little (around 72,000 people).

The Crime Survey for England and Wales asks participants if they consider themselves to have a disability[41]. The definition of disability used is consistent with the core definition of disability under the Equality Act 2010.

The responses to the survey indicate **that a person with a disability is more than twice as likely to experience domestic abuse** than a person with no disability (11.8% vs 4.6%).

- Based on the CSEW, **just over a third of people** who experienced domestic abuse in the last year had a disability;
- Our local data indicates that the percentage of people receiving support in different settings **varies greatly from one to another** – from an under-representation in the housing data at 21% in housing data to a significant over-representation in the safe accommodation data for refuge dispersed units (64%).
- **National research spotlights significant under-reporting** as a risk factor for people with disabilities and, on face value, the opposite appears to be the case within Cornwall. The local picture is difficult to assess, however, due to inconsistent and patchy data collection, and differences will partly be accounted for by **differing recording practices and preferences**, making it difficult to draw any robust conclusions.

The CSEW does not provide a more detailed breakdown of prevalence estimates by type of disability but some information is recorded in our local case management system (physical, mental, sensory, learning).

The more detailed review of people accessing our safe accommodation highlighted that **physical disability** and **complex mental health issues** appear to be barriers to being successfully accommodated indicating that there are **unmet needs** in these areas.

Currently the system holds very little information on neurodiversity or speech, language or other communication difficulties.

Risk factors

There are a **range of additional vulnerabilities** that can add to the risk of domestic abuse for people with disabilities – these include **situational vulnerability and safeguarding** issues

[41] a long-standing illness, disability or impairment which causes difficulty with day-to-day activities. This includes physical and mental health conditions and the extent to which these are considered to be limiting or causing difficulty will vary from one person to another.

alongside **personal risk** factors (health vulnerabilities, capacity, communication, experience of childhood abuse).

Safe Lives[42] provide a wealth of resources around this topic – a summary is included here.

- A study shows a significantly **higher rate of psychological and sexual abuse in childhood** and youth for disabled people, further increasing their risk of experiencing domestic abuse as an adult.
- People with disabilities may **receive less education about sexuality, sexual and reproductive health**. They may be over-protected from exposure to issues around sexuality by family, schools or services and denied the opportunity to experience their own sexuality. Consequently, when domestic abuse does happen, a person with a disability may be less likely to understand **boundaries**, **recognise abuse**, know **their rights** and how to report it and get support.
- People with disabilities may experience more extreme **exercise of power, coercion and control**, and more pervasive and wide-ranging abuse, than non-disabled people. Abuse reported may be in the form of intrusion or deprivation of privacy.
- A disability may raise the risk of domestic abuse because it can **create social isolation and the need for help** with health and care needs, which can increase situational vulnerabilities.
- **Reliance on the abusive partner or family member** can create or exacerbate **unequal power within a relationship**, as well as creating additional difficulties in leaving an abusive situation.
- People with disabilities may experience **higher levels of socio-economic risk factors**, such as lower levels of education and employment.

Particular vulnerable circumstances may decrease the ability of disabled people to defend themselves, or to recognise, report and escape abuse.

- Certain impairments, particularly physical ones, may increase the risk of abuse by a controlling partner or carer, or **impact on a person's ability to physically defend themselves or escape** an abuser;
- Other impairments, such as traumatic brain injuries, intellectual, learning or cognitive impairments, **may limit a person's ability to understand and recognise the signs of danger and abuse**;
- People with sensory impairments may **miss visual or auditory warning signs** of abuse.

Barriers

The principal barriers to be overcome are **not recognising the signs** of abuse (both for individuals and for professionals), a **lack of awareness about support** available and a person's **situational vulnerability** and social isolation preventing them from asking for and/or accessing the help that they need. There are also some practical barriers around **physical access to services**.

- People with disabilities report **inaccessible or costly transport** as a barrier, and actual **physical barriers** in health care settings.
- They also often report being **treated poorly**, being denied care in the past

[42] https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse

and **fearing judgement** from health care providers.

Effective domestic abuse services for people with disabilities should be accessible and barrier-free. This includes providing:

- Accessible **transportation**
- **Personal care** assistants
- **Adaptations to physical space** including lifts, ramps, bathroom and kitchen adaptations, smooth floor surfaces, continuous handrails, colour-contrasted environments
- **Communication assistance**, sign language interpretation, email and text phones for helplines, flashing light alarms, vibrating pillow alarms
- **Information available in alternative formats** including video, audio and British sign language clips and easy-to-read large print information

Mental health

We know that domestic abuse can have a **severe and enduring impact on mental health** and in addition, people who have mental health problems are more likely to have other complex needs.

Prevalence of **mental health vulnerabilities** is very high amongst people accessing our support services and this **covers a broad spectrum** from anxiety and depression to complex mental health conditions.

Feedback gathered from partners as part of the Safer Cornwall Strategic Assessment highlight an increase in additional vulnerabilities around **financial abuse, mental health, substance misuse and suicide risk** amongst DASV cases, amongst both victims and abusers.

Safe Lives Spotlight Report: Disabled survivors too, disabled people and domestic abuse

Disability

CSEW estimates much higher prevalence of DA amongst people with disabilities (around 3x higher).

Barriers include the abuse not being recognised (by the victim or others around them, including professionals), lack of awareness about help available, physical accessibility issues, isolation and impairment due to disability.

Additional vulnerabilities – safeguarding, dependency due to care needs, abuse may be masked by health issues, abuse by family members, higher prevalence of childhood abuse and trauma

Peninsula findings

Devon - Housing services and specialist domestic abuse services are often inaccessible to those with protected characteristics. This is especially true for those who are deaf or have a learning disability for services that can only be accessed by phone or on-line.

Torbay - the biggest gap currently in terms of safe spaces is for those with a disability with only one safe unit having mobility access.

Support in Cornwall

Specific service provision
There are some services specifically for people with disabilities in Cornwall.

"Inclusive" Service provision

Safe Accommodation support
A range of Safe Accommodation in Cornwall including communal living and self- contained flats for people fleeing DASV. Of the 58 units 12 are accessible for people for **people with mild to moderate mobility issues** and there is 1 wheelchair designed unit.

- EVA Project has 1 wheelchair designed unit, and 9 semi-accessible units for women with complex needs
- Norda men's refuge has 1 unit suitable for mild to moderate mobility issues
- 2 of the dispersed units are on the ground floor

Physical disability and complex mental health issues appear to be barriers to being successfully accommodated indicating that there are unmet needs in these areas.

Community support
Access to all community support provided by Safer Futures, from helpline and crisis support to recovery and therapy.

Other wider specialist provision

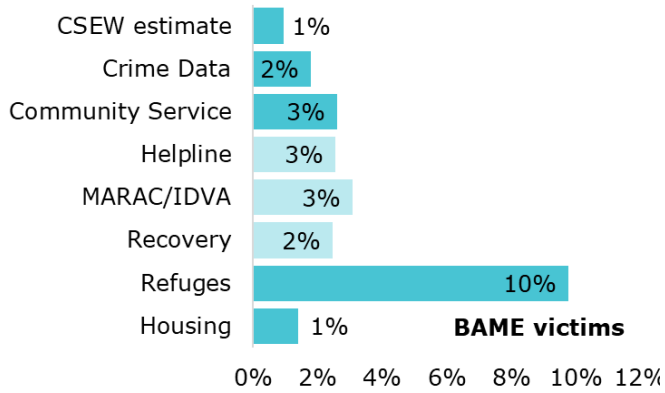
disability CIoS provides an information and advice line, care and support, hosts projects such as The Inclusivity Project, We say No to Hate, Who Dares Works.

Living Options Devon works across the South West to ensure that people with disabilities and Deaf people (who use British Sign Language) can live the life they choose.

Cornwall People First is a user-led self-advocacy charity for adults with learning disabilities or autism providing support for people to speak up for themselves and work closely with the services they receive to improve things.

Ethnicity

The numbers



Based on the 2011 Census 2%[43] of our resident population in Cornwall is from a Black, Asian or other minority ethnic group.

The CSEW estimates that **experience of domestic abuse is lower** than the population average for people from Black and Asian ethnic groups, but **higher for people of Mixed ethnicity** or from Other Ethnic groups; the prevalence estimate for the number of BAME people experiencing domestic abuse in Cornwall is 210 people. **SafeLives report lower reporting rates and greater risk of serious harm** within minority ethnic communities and this, in combination with the growth in the population of minority ethnic groups since the 2011 Census, suggests that's the CSEW figure is an underestimate.

- There was a similar number of people from minority ethnic groups in both the police and community service data, representing around **30% of the prevalence estimate.**
- There is a slightly **higher representation of people of Mixed ethnicity** – although this aligns to the national findings, there is an over-representation in the refuge/dispersed units data (but numbers are small – 6 people);
- The option to record ethnicity **as Gypsy/Roma/Traveller** has recently been added to the case management system and there are two people recorded within the referral data;
- This information comes with the caveat that **ethnicity data is missing** from a significant proportion of records[44] and this **is major limiting factor** in our understanding of the needs of minority ethnic groups.
- 5 people were recorded as having **no recourse to public funds,** 2 of which were recorded as British nationals (so we cannot make assumptions about immigration status).

Risk factors

Although there is no evidence to suggest that people from some ethnic or cultural communities are any more at risk than others, **abuse may take different forms** in some communities.

For example, there may be an increased risk of abuse through **Forced Marriage or Female Genital Mutilation** or abuse may be perpetrated by extended **family members**.

National research indicates additional vulnerabilities around **low levels of disclosure, multiple perpetrators** and higher risk of **homicide/suicide**.

- "In some communities, domestic abuse may be perpetrated by extended family members, or it may

[43] Based on the 2011 Census, will need revisiting when 2021 Census data is published

[44] 15% in police data, 31% in community services data and 65% in Refuge/Dispersed Units data.

include forced marriage, or female genital mutilation (FGM)."[45]

- Safe Lives estimate that people from minority ethnic groups are three times more likely to be abused by multiple perpetrators.
- "level of **disclosure** for Black and Minority ethnic victims of domestic abuse is **far lower** than that of the general population"[46]
- "victims from Black and Minority ethnic communities **typically suffer abuse for 1.5 times longer** before getting help than those who identify as White, British or Irish."[47]
- "Black, Asian, minority ethnic and migrant (BME) women experience higher rates of domestic homicide and are **3 times more likely to commit suicide** than other women in the UK,"[48]
- "Of BME women who experience violence **only 37% make a formal report to the police** and over one in four BME women have no recourse to public funds[49]
- Safe Lives[50] data indicates that around 15% of high-risk victims whose cases are heard at MARAC are from minority ethnic backgrounds."
- Victims from minority ethnic backgrounds tend to seek more support with housing – especially refuge interventions[51]

Barriers

Whatever their experiences, women from minority ethnic communities are likely to **face additional barriers** to receiving the help that they need – including fear of discrimination, cultural and/or language barriers, and fear of social isolation/being rejected by the community.

- **Socio-economic** factors – financial reliance on abusive partner/family members
- **Language** constraints, particularly if English is not spoken as a first language
- **Immigration** status
- **Social isolation** of BAME communities; dear of being ostracised or excluded from the community
- **Poor understanding of the issues** within minority ethnic groups by agencies, including perceived (or experienced) lack of knowledge about **cultural or religious needs**; fear of **discrimination**
- Lack of information/understanding about **welfare benefits** and access to help
- Fears about lack of confidentiality, empathy and support

[45] Women from BME communities – Women's Aid
[46] (Walby & Allen, 2004).
[47] Supporting B&ME victims – what the data shows | Safelives
[48] UK Responses to Violence Against Women | Sisters For Change
[49] Imkaan, Vital Statistics, 2010).
[50] Who are the victims of domestic abuse? | Safelives
[51] https://safelives.org.uk/sites/default/files/resources/Getting it right first time - complete report.pdf

Ethnicity

CSEW estimates much lower prevalence of DA amongst minority ethnic groups, excluding those of mixed ethnicity (which is higher) but Safe Lives report lower reporting rates and greater risk of serious harm.

The number of people from minority ethnic groups accessing support through commissioned services is very low but within expected numbers for population profile.

Additional barriers include fear of discrimination, cultural and/or language barriers, fear of social isolation/rejection in community.

Peninsula Findings

Plymouth - there are fewer advice, information, and support services for survivors from a BAME background in Plymouth. There is a need for services to provide training in order to increase knowledge and understanding of barriers that may prevent people from different backgrounds accessing support and help

Devon - Housing services and specialist domestic abuse services are often inaccessible to those with protected characteristics. This is especially true for those whose English is not their first language.

Torbay – most victim/survivors accessing services are White or White British. The next largest groups are Black or Black British, Asian or Asian British and Mixed or Dual Heritage. Current services are not set up to appropriately support victims and survivors who experience multiple and intersecting disadvantages.

Support in Cornwall

Specific service provision -
No specialist 'by and for' service for minority ethnic groups in Cornwall

"Inclusive" Service provision

Safe Accommodation support
Access to the full range of Safe Accommodation in Cornwall including communal living and self-contained flats. Single sex refuge accommodation for men and women, specialist accommodation for women with complex needs and individual dispersed units.

Community support
Access to all community support provided by Safer Futures, from helpline and crisis support to recovery and therapy.

Other wider specialist provision

Women's Centre Cornwall international programme

Pentreath Ltd community development workers offer support to minority ethnic communities, migrant workers and gypsies and travellers. They work with people across Cornwall experiencing mental health difficulties, including stress, anxiety, isolation and low mood.

Black Voices Cornwall provide support and signposting to local communities and confidential conversations and help to support incidents.

Kowetha in West Cornwall supports parents raising children of Black, Asian, other minority ethnic and mixed heritage origins.

TravellerSpace is a registered charity supporting Gypsies, Irish Travellers and New Travellers in Cornwall and the South West.

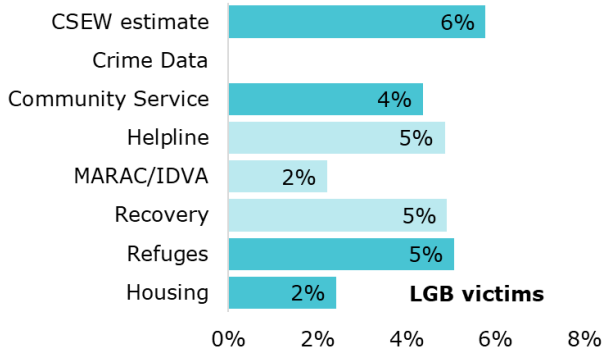
Cornwall Council and Royal Cornwall Hospital Trust have **equality officers and BAME Employee Support Forums** for BAME employees

Plymouth and Devon Racial Equality Council provides support, advice and advocacy on a wide range of issues, including DA, housing, and benefits.

Odils Learning Foundation provides English Language classes to people who are refugees, seeking asylum or part of ethnic minority groups here in the UK.

Sexual Identity

The numbers



The CSEW estimates that experience of domestic abuse is higher **for people who identify as Lesbian, Gay or Bisexual** than those who identify as Heterosexual[52] – the difference is particularly marked for Bisexual women (20% compared with 7% for heterosexual women).

Based on national estimates taken from the Annual Population Survey, there are around 13,950 people aged 16-74 in Cornwall who identify as LGB (3% of the population) – of which **1,240 (9%) are estimated to experience domestic abuse**.

Higher prevalence of domestic abuse and additional risks and vulnerabilities in the LGB population are also highlighted in research by Stonewall.[53]

- People who identify as LGB make up **6% of the prevalence estimate** for people experiencing domestic abuse in the last year, 1 person in every 18.
- **1 in 20 people supported by our community service** were recorded as identifying as LGB so this is **approximately in line with the population profile** but only relates to a small number of people. Rates were lowest in the MARAC/IDVA service (2%) and there was a similarly low proportion amongst people approaching housing for support fleeing domestic abuse;
- This information comes with the caveat that **sexual identity data is missing** from the majority of records[54] and this is a **major limiting factor** in our understanding of the needs of people who identify as LGB.

Transgender and other gender identities

The **CSEW does not provide an estimate** of prevalence of domestic abuse amongst people who are **transgender** (or other gender identities such as non-binary) and our local data provides very limited information on gender identity.

Risk factors and barriers

SafeLives[55] highlight additional barriers and for LGBT+ survivors of domestic abuse, including **fear of discrimination**, not wanting to disclose their sexual identity, **low confidence** in statutory services particularly the police and perceiving (and experiencing) that services are not 'for them' and lack understanding of and connectedness to the LGBT+ community.

[52] 8.4% of people who identify as gay/lesbian and 15.2% bisexual, compared with 5.2% of people who identify as heterosexual.
[53] Domestic Abuse – Stonewall Health Briefing (2012), published in 2015. www.stonewall.org.uk

[54] 81% in community services data and 66% in Refuge data; sexual identity is not recorded in the police data shared with Safer Cornwall
[55] Barriers to accessing services for LGBT+ victims and survivors | Safelives

Similar issues are also presented in a factsheet by LGBT+ anti-abuse charity, Galop.[56]

- LGBT+ survivors might feel unsure of or are **reluctant to disclose their relationships and identity** with non-LGBT+ organisations. LGBT+ survivors also often believe that non-LGBT services are 'not for them' and fear and/or anticipate being **misunderstood or discriminated against** by services.
- LGBT+ people are particularly **reluctant to report and engage with the police** and are not likely to opt for cooperation or criminal justice outcomes in the context of domestic abuse.
- LGBT+ survivors **may not recognise and acknowledge their experience as abuse**. Domestic abuse is often discussed as problem of 'weaker heterosexual cis woman abused by a physically stronger man'.
- It may be particularly important to the victim/survivor that they **remain in their current location**; a report by Shelter and Stonewall Housing explains that many young LGBT+ people in the UK migrate to often urban, cosmopolitan areas to try to meet other young LGBT+ people (for example, Brighton, London and Manchester).

Cultural/systemic issues highlighted include:

- A **lack of visibility and representation of LGBT+ people** within services, including featuring in public facing communications;
- A **lack of established partnerships** between LGBT+ organisations and local services and unclear pathways
- Poor understanding and awareness of professionals around **unique forms of coercive control** targeted at sexual and gender identity.

The extent to which all or some of these issues are having an impact in Cornwall is not known but case studies provided for this assessment suggest that **gender identity particularly is a barrier to accessing support**, with specialist help being sought from other support organisations due to **DASV services being seen (and experienced as) lacking in confidence and knowledge** about the needs of this group.

[56] Barriers Faced by Lesbian, Gay, Bisexual and Transgender + (LGBT+) People in Accessing Non-LGBT+ Domestic Abuse Support Services, Galop (2020) www.galop.co.uk

Sexual Identity

CSEW estimates much higher prevalence of DA amongst the LGBT+ community, particularly for those who identify as Bisexual.

The number of people who identify as LGBT+ accessing support through commissioned services is very low but within expected numbers for population profile.

Barriers include fear of discrimination, not wanting to disclose sexual identity, low confidence in services particularly the police, wanting to stay within LGB community and services seen (and experienced) as not 'for them.'

Additional vulnerabilities – higher prevalence of DA in LGB relationships, threat of disclosure/'outing' and the unique dynamic of this as a means of control

Peninsula findings

Plymouth - seeing an increase in referrals from individuals who are changing gender and still transitioning. There is very little support, knowledge and awareness, training and accessible support and services for people transitioning gender.

Torbay - unable to identify the number of victim survivors from the LGBT+ community experiencing domestic violence and abuse as the data is not consistently collected

Support in Cornwall

Specific service provision
There are limited services specifically for LGBT+ victims in Cornwall

"Inclusive" Service provision

Safe Accommodation support
Access to the full range of Safe Accommodation in Cornwall including communal living and self- contained flats. Single sex refuge accommodation for men and women, specialist accommodation for women with complex needs and individual dispersed units.

Community support
Access to all community support provided by Safer Futures, from helpline and crisis support to recovery and therapy.

Safer Futures and The Intercom Trust host an LGBT+ IDVA

Housing support was not requested by anyone identifying as transgender in the last year, although there were a small number of people from LGBT+ community supported in service.

Cornwall Refuge Trust uses an online portal for referrals for LGBT+ that is linked with GALOP – a national LGBT+ and Domestic Abuse Service to access services and accommodation vacancies across the UK.

Other wider specialist provision

The LGBT+ community are supported by specialist service **Intercom Trust**, providing advocacy and support, a helpline, and education programmes.

Safer Stronger Consortium builds strength through co-operation and innovation to create a community safer from poverty and discrimination, by providing new opportunities for those who are vulnerable, marginalised or experience multiple disadvantage.

APPENDICES

A: National and Local Policy Context

National

Key documents

- Domestic Abuse Act 2021
- Tackling Violence Against Women and Girls Strategy (2021)

Legislative and regulatory interdependencies

It is recognised that there is an array of legislative and regulatory interdependencies that inform the Safe Accommodation strategy:

- Police, Crime, Sentencing and Courts Bill
- Crime and Disorder Act 1998
- Welfare Reform Act 2012
- Domestic Violence Disclosure Scheme – "Clare's Law"
- Domestic Violence, Crime and Victims Act 2004 and the (AMENDMENT) Act 2012
- Children's Act 2004
- Children and Families Act 2014
- Health and Social Care Act 2012
- Public Services (Social Value) Act 2012
- Modern Slavery Act 2015
- Sexual Offences Act 2003
- National Mental Health Crisis Care Concordat 2014
- Mental Health Act 1983 Code of Practice, Department of Health, 2008
- Department of Health, 2005 "The Mental Capacity Act". DoH
- Department of Health, 2007 "The Mental Health Act as amended from the 1983 Act"
- Protection from Harassment Act 1997 (as amended)
- Protection of Freedoms Act 2012 (Stalking)
- Forced Marriage Act 2007
- Anti-social Behaviour, Crime and Policing Act 2014
- Domestic Violence, Crime and Victim Act 2004
- Code of Practice for Victims of Crime October 2015
- Equality Act 2010
- Data Protection Act 2018 in accordance with GDPR
- Family Law Act 1996
- Counter-Terrorism and Border Security Act 2019
- Human Rights Act 1998
- Housing Act 1996
- Homelessness Reduction Act 2017
- Gender Recognition Act 2004
- Homelessness Act 2002
- Care Act 2014
- Policing and Crime Act 2017
- Local Government Act 2000

National programmes, guidance and best practice

- HMIC inspection 2014 "Everyone's business: Improving the police response to domestic abuse";
- Department of Health "Commissioning services for women and children who experience domestic violence or abuse – a guide for health commissioners";
- HM Government 2015 "Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children";
- All Party Parliamentary Group (APPG) 2015 "Conception to age 2: First 1001 days";
- HM Government 2010 "The right to choose – multi-agency statutory guidance for dealing with forced marriage";
- National Security Strategy and response to Serious and Organised Crime Local Profiles;
- The Troubled Families Programme;
- The Code of Practice for Victims of Crime (October 2015); Victims of Crime Code of Practice (Victims' Code) 2021.
- The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, May 2011);
- Multi-Agency Practice Guidelines: Female Genital Mutilation

NHS Outcomes Framework Domains and Indicators

In addition to criminal justice outcomes, domestic abuse and sexual violence services are commissioned to deliver services in relation to all domains.

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

Public Health Outcomes Framework

The Public Health Outcomes Framework focuses on the two high-level outcomes to achieve across the public health system and beyond. These two outcomes are:

1. Increased healthy life expectancy. Taking account of the health quality as well as the length of life
2. Reduced differences in life expectancy and healthy life expectancy between communities. Through greater improvements in more disadvantaged communities.

Domestic abuse and sexual violence services form part of the set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above. The 2 overarching indicators that the service will be responsible for delivering against are:

1.11	Domestic abuse
1.12	Violent crime (including sexual violence)

The impact of domestic abuse and sexual violence is far reaching and contributes to 26 of the 70 indicators currently reported through the Public Health Outcomes Framework.

Domain 1: Improving the wider determinants of health

1.01	Children in low income families
1.02	School readiness
1.03	Pupil absence
1.04	First time entrants to the youth justice system
1.05	16-18 year olds not in education, employment or training
1.07	Proportion of people in prison aged 18 or over who have a mental illness
1.08	Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
1.09	Sickness absence rate
1.11	Domestic abuse
1.12	Violent crime (including sexual violence)
1.13	Levels of offending and re-offending
1.15	Statutory homelessness
1.18	Social isolation

Domain 2: Health improvement

2.01	Low birth weight of term babies
2.04	Under 18 conceptions
2.05	Child development at 2 – 21/2 years
2.07	Hospital admissions caused by unintentional and deliberate injuries in under 25s
2.08	Emotional well-being of looked after children
2.10	Self-harm
2.23	Self-reported well-being

Domain 4: Healthcare public health and preventing premature mortality

4.01	Infant mortality
4.03	Mortality rate from causes considered preventable
4.09	Excess under 75 mortality rate in adults with serious mental illness
4.10	Suicide rate
4.11	Emergency readmissions within 30 days of discharge from hospital
4.13	Health-related quality of life for older people

NICE Quality Standards and Public Health Guidance

Nice Quality Standards

QS116	Domestic violence and abuse
QS128	Early years: promoting health and wellbeing in under 5s
QS115	Antenatal and postnatal mental health
QS37	Postnatal care
QS133	Children's attachment
QS53	Anxiety disorders
QS8	Depression in adults

NICE Public Health Guidance

PH50	Domestic violence and abuse: multi agency working
PH40	Social and emotional wellbeing: early years
PH49	Behaviour change: individual approaches

Local

It is recognised that there is an array of local strategies, plans and protocols that inform the Domestic Abuse and Sexual Violence strategy:

- Safer Cornwall Partnership Plan and Delivery Plan
- Cornwall Council's Gyllyn Warbarth, Together We Can: The Cornwall Plan
- Cornwall Council's Business Plan
- Cornwall Public Health's Annual Report
- Cornwall and Isles of Scilly Health and Wellbeing Strategy 2021
- The Cornwall and Isles of Scilly Long Term Plan for health and care
- NHS Kernow Futures In Mind Adult Mental Health Strategy 2020-2025
- Cornwall and the Isles of Scilly Health and Social Care Plan 2016-2022 – Shaping Our Future
- Safeguarding Adults Board business plan and working practices
- Our Safeguarding Children Partnership business plan and working practices
- Cornwall and the Isles of Scilly Children's Education, Health and Social Care Plan – One Vision partnership plan
- Cornwall Council's Education Strategy for Cornwall 2018-2022
- Cornwall and the Isles of Scilly Drug and Alcohol Strategies and joint DAAT/DASV protocol
- Cornwall Housing DASV Housing Pathway and Refuge Protocol
- Cornwall Council's Localism in Cornwall – The Power of Community 2021
- Any recommendations arising through local domestic homicide reviews, Safeguarding Adult Reviews and/or serious case reviews
- Police and Crime Plan for Devon and Cornwall
- Cornwall Reducing Reoffending Strategy
- Rough Sleeping Strategy
- Anti-Social Behaviour Strategy
- Complex Needs Strategy (2019-2023).

If you would like this information in another format, please contact the Domestic Abuse and Sexual Violence Team, Resilient Communities Service, Cornwall Council; telephone: 0300 1234 100 email: mail@safercornwall.co.uk www.safercornwall.co.uk