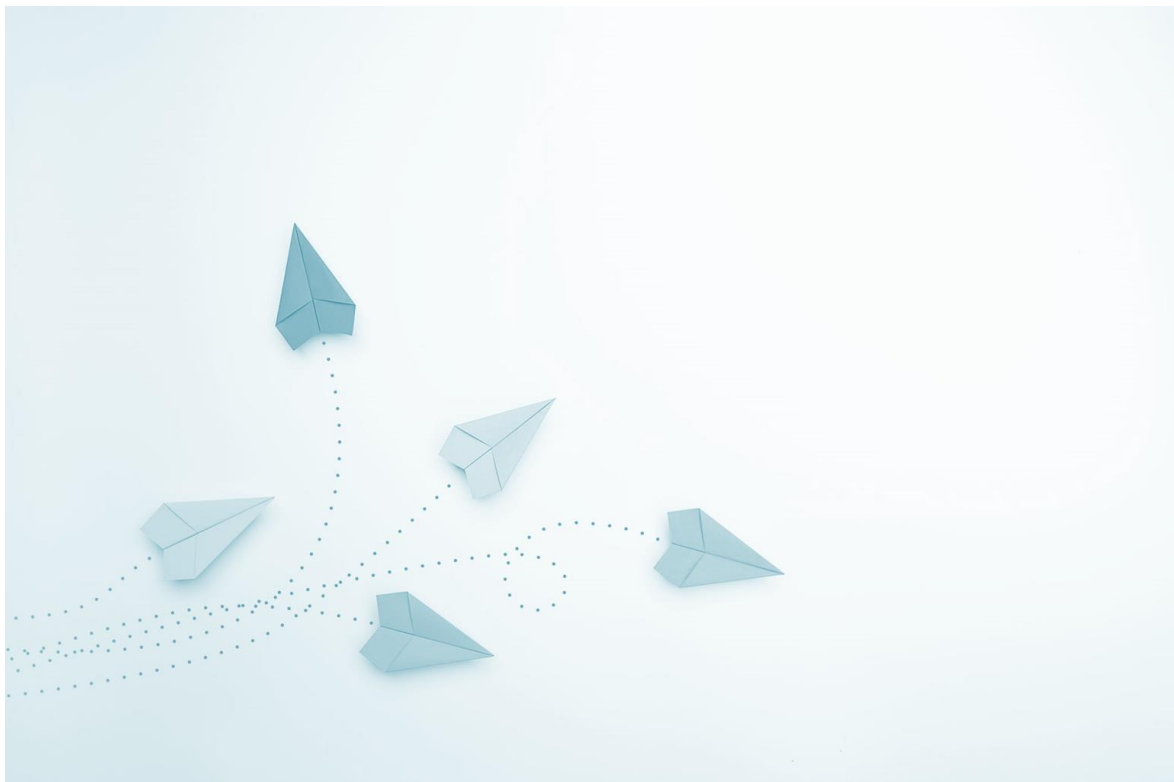


# SAFER CORNWALL

Kernow Salwa

## DOMESTIC ABUSE & SEXUAL VIOLENCE NEEDS ASSESSMENT 2021/22



# Acknowledgements

Domestic Abuse and Sexual Violence 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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# INTRODUCTION

## Aims and objectives

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 this document should be two-fold:

1. To **inform commissioning** of domestic abuse and sexual violence services and inform commissioning decisions in other areas that impact on this area of work;
2. To **influence how organisations respond** to domestic abuse and sexual violence and their development of policy and practice.

The last **comprehensive needs assessment** on domestic abuse and sexual violence in Cornwall was published in 2018.

This update **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.

The new **Domestic Abuse Act 2020** introduces specific duties with respect to providing safe accommodation, including a local needs assessment and a strategy.

A separate **Safe Accommodation Needs Assessment** has been developed for this purpose and is a partner document to this one.

This needs assessment is presented as **two volumes – Domestic Abuse and Sexual Violence** – recognising that there is a significant crossover between the two areas.

# 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.

This legislation provides the tools and powers for the national **Tackling Domestic Abuse Plan**, published March 2022 to drive down the number of people who face domestic abuse and better support victims and survivors.

The Plan complements the **Tackling Violence Against Women and Girls Strategy** and sets out how various aspects of the Domestic Abuse Act 2021 will be delivered through:

- A **whole pillar dedicated to preventing domestic abuse** from ever happening in the first place,

including actions to enhance the delivery of the new Relationship, Sex and Health Education curriculum so young people have greater awareness and understanding of abusive behaviours.

- **More support for victims and survivors**, through multi-year funding package to deliver community-based support services, delivery of the duty for accommodation-based support, and a commitment to review whether the current statutory leave provision for employees does enough to support victims and survivors.
- **Tougher, more robust actions which deal with domestic abusers**, through the delivery of DAPNs and DAPOs, more robust management of domestic abusers, including the option of creating a register of domestic abusers, and provisions for electronic monitoring of the most harmful perpetrators.

### Tackling Violence Against Women and Girls Strategy 2021-2024

The **Tackling VAWG Strategy** sets out the actions the Government will take to increase the support for survivors, ensure perpetrators are brought to justice, and support frontline professionals to work effectively together. A **Domestic Abuse Strategy** currently being written by the Home Office will share the same strategic objectives informed by the Government's Call for Evidence.

The Tackling VAWG Strategy and Domestic Abuse Plan are clear that the Government's long-term, fundamental ambition must be to reduce the

prevalence of these crimes, and local areas have a key role to play in achieving this aim.

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

The NSE sets out how local areas should commission effective services to ensure the **whole system response** to VAWG is as **collaborative, robust and effective** as it can be so that all victims and survivors, including children as victims in their own right, can get the help they need.

The NSE aims to ensure each area has embedded a local infrastructure that **raises awareness** of VAWG among local agencies and people, robustly **pursues perpetrators**, supports **reporting** by victims and survivors and uses **multi-agency approaches** to understand and meet the needs of victims, survivors and family members to support a **process of recovery** and to achieve positive life outcomes.

Wider work across Government to tackle violence against women and girls includes: the **End-to-End Rape Review** on the criminal justice system response to rape; the Ministry of Justice's Concordat on women in or at risk of contact with the Criminal Justice System; **the Police, Crime, Sentencing and Courts Act 2022** ending the halfway release of offenders in prison for serious violent and sexual offences.

## 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 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





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

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



- **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 Futures 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 training has been delivered 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<sup>1</sup> 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, Cornwall Foundation 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) and Cornwall Foundation Trust (CFT).
- **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

<sup>1</sup> Due to the ongoing Covid-19 restrictions put in place from 23<sup>rd</sup> 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 health 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 affected 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. A DASV family programme is being co-delivered with the Council's children's services Together for Families;
- A **successful bid to Supporting Families** enabling earlier identification and response to families affected by DASV (from 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 process 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 – 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 trauma is a major contributory factor, we are working together to **ensure a trauma-informed approach** 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.

# HAVE YOUR SAY

## Public survey

Safer Cornwall's "Have Your Say" survey **asks residents about the community safety issues that matter to them** on a day-to-day basis in their local area and what they think partners should do to improve things. The survey was available on-line between August and December 2021 to gather people's views to inform the development of the new Safer Cornwall Partnership Plan 2022-2025.

As part of the 2021 survey, we asked some specific questions about domestic abuse and sexual violence and analysed the responses.

*Do you know how to access support if you think someone is experiencing sexual violence or abuse? If you thought that someone was experiencing or had experienced sexual violence or abuse, would you feel comfortable asking them if they needed help?*

*Do you know how to access support if you think someone is experiencing domestic abuse? If you thought that someone was experiencing domestic abuse, would you feel comfortable asking them if they needed help?*

*What do you think we should do to help increase awareness of domestic abuse and sexual violence and the services available to help?*

## Responses

### Reaching out and signposting to support

**Most respondents said that they would feel comfortable** approaching a potential victim of domestic violence (90%) and sexual violence or abuse (90%). People reported almost identical responses to both questions.

Those **residents who were 60 and over were far more likely to feel unable to ask** someone if they needed support. Some of these people specifically mentioned their age as the reason for not engaging: "*I am too elderly to interfere*".

As a combined age-group they were also **the most likely to not know how to access support**. This suggests that over 60s, if surrounded by peers of a similar age, are most at risk of someone not offering support, or if they are offered support, the person is unlikely to feel they have the knowledge to support them effectively.

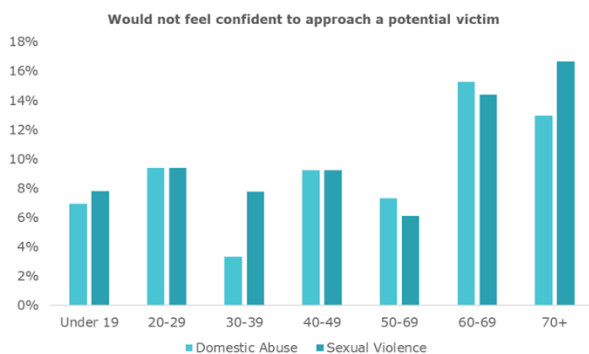
**Men were slightly less likely than women to feel comfortable** approaching a person that they thought were at risk and other genders were the most likely<sup>2</sup>.

<sup>2</sup> Relatively small sample (11 people)



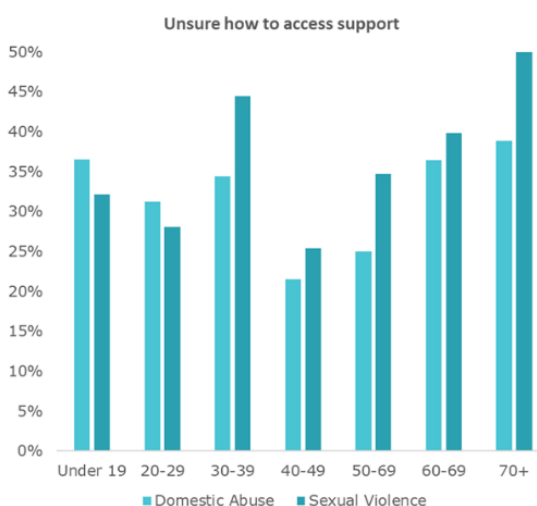
People aged between 30 to 39 years were far **more likely to feel able to talk** to someone that they thought was experiencing **domestic abuse** than any other age group.

They were significantly **less likely to talk** to someone that they thought was experiencing **sexual violence**, however, and the second **most likely not to know how to access support** for



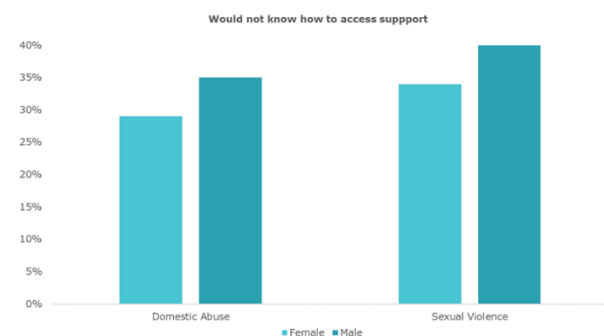
sexual violence (44%).

Educating people in this age group about support for both domestic abuse and sexual violence may have a more positive impact on Cornish residents compared with other age groups in terms of signposting people that need help to the right services.



Overall, residents were **more likely to know how to access support** if they thought someone was experiencing **domestic abuse** (31% said that they did not know how to access support) than if they thought they were experiencing sexual violence (36%).

For both abuse types, **men were less likely to know how to get help compared with women**; they were 6% less likely to know how to access support for both domestic abuse and sexual violence.



We also asked people **why they would feel uncomfortable** approaching someone that they thought was at risk.

The most common reason given (1 in 10 people) was feeling uncomfortable or **not knowing how to word the conversation in a sensitive way**. The next two most common reasons were that the person experiencing the abuse may find it **intrusive** or feeling that speaking to the person may mean that they themselves or their family may be **targeted in some way by the abuser**.

People also felt concerned that **their interaction may cause the situation to become worse** for the person experiencing the abuse.

Many people mentioned that having a **closer relationship would increase the likelihood of them talking to the person** experiencing the abuse. Anecdotally, the respondent's relationship with the person experiencing the abuse was a strong predictor of



whether they felt they could approach the person or not. There was a recurring worry that their relationship with the person may be damaged or end.

Concerningly, almost **10% of people felt that this safeguarding issue was not their responsibility**, calling it either "a *private issue*", "not their concern" or stating that the person experiencing the abuse should take the responsibility to approach someone for help rather than be approached.

The interaction between the gender of the person experiencing the abuse and the person displaying abusive behaviours and their own gender was also mentioned as a consideration. Some men reported feeling able to speak to another man, but not if the potential victim was a woman.

### Raising awareness

We asked **what we should do to increase awareness** of domestic abuse and sexual violence: many of our residents feel that **healthy relationships education** should be on the curriculum, a larger focus in **schools and youth groups**, and that this education should ensure that people know that **domestic abuse affects men** as well as women.

More advertising on **social media and posters or leaflets in public areas** and community buildings such as supermarkets, GP surgeries and pubs was one of the most common suggestions. Several people suggested placing **posters of the inside of pub and supermarket toilets** so that information can be noted down without anyone noticing.

### Who Responded?

725 people filled out the survey, with 96% providing their postcode; enabling us to analyse data geographically. There was **good representation across all protected characteristics**.

The **Mid area** had the largest proportion of respondents (52%), followed by East (23%) and West (12%). **Some towns were over-represented**; St Austell (16%), Callington (12%), Truro (11%) and Newquay (9%). Demographic **weightings were applied to control for this**, thereby reducing the effect of these towns on Cornwall's overall results.

Two thirds of respondents were **women**, just under a third were **men** and 6% of respondents identified as other gender identities. 81% of people identified as **heterosexual**, 15% of people identified as **LGBTQ+** and 4% did not disclose their sexual identity.

**Some age groups were over-represented**, particularly those aged between 40 and 60 years (41% of respondents compared with 27% of the population).<sup>3</sup> Those **aged 70 and over were under-represented** at 7% compared with 19% in the population.

The majority of respondents identified as **White** at 66%, followed by 27% as **Cornish**. 3.6% of respondents were from Black, Asian or other minority ethnic groups (which is in line with the population profile from the last Census in 2011).

13% of respondents stated that they had a **disability** and 29% identified themselves as **non-paid carers**, giving support to others because of either a long-term ill-health, disability or problems related to old age.

<sup>3</sup> Mid-2020 population estimates, Office for National Statistics

# PART 1: DOMESTIC ABUSE

In this section you will find:

[Definitions](#) of different types of domestic abuse

Information on [specialist support services](#) commissioned by Safer Cornwall

An overview of the [prevalence of domestic abuse](#) and key trends

Findings from an [analysis of needs](#) by different population groups

Focus sections on:

[Families](#)

[Young people displaying abusive behaviours](#)

[Older People](#)

Findings of an analysis of profile, engagement and outcomes of [people using our services](#)

## Definitions: what is domestic abuse?

This needs assessment aims to cover **all types of domestic abuse**, insofar as is possible.

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.

The Domestic Abuse Act 2021 extended the term victim to include **any child** who is a relation of either individual, and/or **sees, hears, or experiences** the effects of 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.<sup>4</sup>

### 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.<sup>5</sup>

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) 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:** the latest national figures<sup>6</sup> show that people aged between 16-19 were most likely to experience domestic abuse than other age groups.

**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.<sup>7</sup>

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**.

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

<sup>4</sup> [Femicide Census](#), 2018

<sup>5</sup> Sharp-Jeffs and Kelly, [Domestic Homicide Review Case Analysis](#), 2016

<sup>6</sup> Crime Survey for England and Wales, ONS 2021

<sup>7</sup> SafeLives, [Safe Young Lives](#) – young people and domestic abuse, 2018

on specialist services designed for adult victims that are not always appropriate.

**Abuse in relationships between those under the age of 16 years will 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 an adult over the age of 18 against a person under 18 years of age also constitutes child abuse as a matter of law.

Information and data relating to child sexual abuse is included in the [Sexual Violence](#) volume of this report.

### 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**.

More information about this topic can be found in the section on [Young people displaying abusive behaviours](#).

## Our Domestic Abuse Services

This review relates to **all services commissioned by Safer Cornwall**, that were 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 adaptations, 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	<ul style="list-style-type: none"> <li>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.</li> </ul>
Helpline Response Team	<ul style="list-style-type: none"> <li>Safer Futures provides a helpline, offering support, advice and information including risk assessment and safety planning with the person.</li> <li>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.</li> </ul>



Service	What's provided
Independent Domestic Violence Advisors (IDVAs) and Domestic Abuse Support Advisors (DASAs)	<ul style="list-style-type: none"> <li>• Safer Futures IDVAs and DASAs are extensively trained to provide intensive support to individuals affected by domestic abuse.</li> <li>• 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.</li> <li>• 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.</li> </ul>
Recovery support programmes	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
Behaviour change programme	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Partner support workers are available at both IOM (high risk) and Change 4U (low/medium) levels alongside behaviour change workers.</li> </ul>
Training	<ul style="list-style-type: none"> <li>• Safer Futures provide a tiered training programme for all professionals across all sectors. There are three types of training: <ul style="list-style-type: none"> <li>○ Level 1 – Awareness Raising (half day)</li> <li>○ Level 2 – Targeted (full day)</li> <li>○ Level 3 – Specialist (full day)</li> </ul> </li> </ul>

## Prevalence and trends

### Key statistics 2020/21<sup>8</sup>

- **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<sup>9</sup>

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 31<sup>st</sup> March 2020. This

<sup>8</sup> Data covers 2020/21, compared with 2019/20

<sup>9</sup> Recorded in Halo – 4,269 in the Community

Service and 231 in refuges and dispersed units

<sup>10</sup> Crime Survey for England and Wales 2020/21 (estimates stratified by age and gender)

<sup>11</sup> 3,939 people aged 16-74 – 3,708 in the Community Service and 228 people in refuges and dispersed units; a further 564 people outside 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<sup>10</sup> people having experienced domestic abuse** in the last year – 14,740 women and 6,760 men.

The 2020/21 snapshot of data<sup>11</sup> 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<sup>12</sup>** 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 seek support for domestic abuse.

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

age range are being supported, mostly children under 16.

<sup>12</sup> 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 needs for different groups](#).

## 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<sup>13</sup> 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).<sup>14</sup> 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.

<sup>13</sup> This does not take into account non-crime incidents, for which victim data is not provided

<sup>14</sup> ONS Domestic Abuse Statistics Data Tool 2020

**Risk of harms inside the home, such as domestic abuse, however, 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 31<sup>st</sup> 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<sup>15</sup> and additional training

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

provided to police officers, the **rising trend is significant to note.**

Only **one quarter of stalking incidents are reported to police within 7 days**, with another third not being reported for 3 months or more.<sup>16</sup>

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.

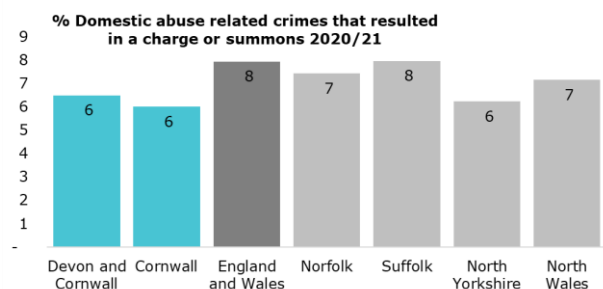
The Criminal Justice system doesn't currently sufficiently recognise the impact of abuse suffered by **women offenders** and assessments do not sufficiently capture **previous trauma.**

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

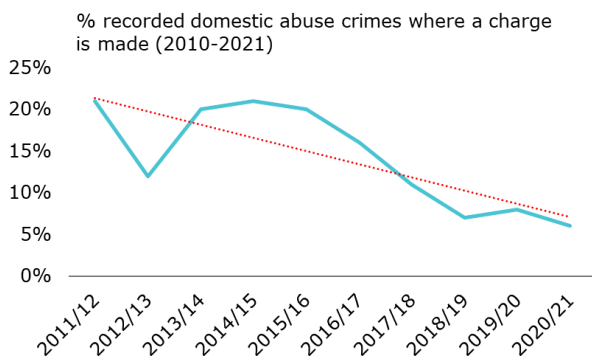
**6% of all domestic abuse related crimes** in Cornwall resulted in a charge or summons in 2020/21.

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

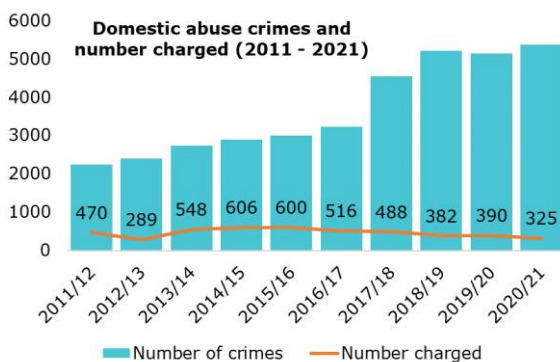


<sup>16</sup> 471 cases in the year to end of March 2021, 133 reported within 7 days

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



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.

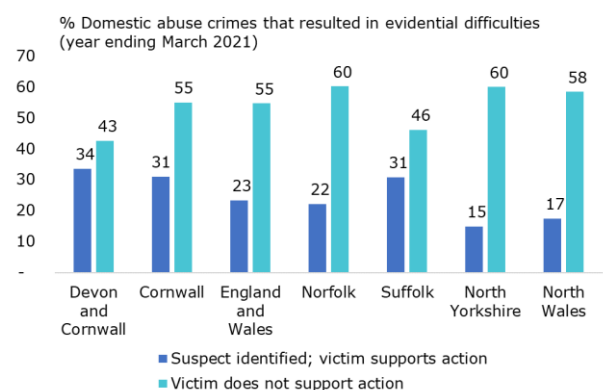


Whilst Magistrates courts in Cornwall lead the way nationally for wait times, **Crown Courts are taking two to three years** to see cases brought to trial.

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).



# Mapping the needs of different groups

This section draws on national prevalence data<sup>17</sup> analysed alongside local data from the police and community services. This helps us to understand what the **experience of domestic abuse for different groups** in our local population might look like and can **highlight potential gaps** where we may need to look at different approach to provide accessible and inclusive support.

It also references a broad range of research regarding the likely **risks and barriers** faced by each group and describes some best practice approaches.

## Gender

### Women

#### Key statistics 2020/21<sup>18</sup>

- **4,322 domestic abuse** crimes ▲ <1%; **17.5 crimes** per 1000 pop. aged 16+ (F)
- **270 high risk** DA crimes (6%) ▼ -17%
- **3,093 women**; of which **49% repeat** victims
- **3,201 people** in community services<sup>19</sup>
- **207 people** referred to safe accommodation

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 around **20% 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 be subjected to coercive control.<sup>20</sup>

Analysis of our local crime data shows that reported rates of domestic abuse for women are more than double the rates for men, **repeat victimisation is higher** for women experiencing abuse

<sup>17</sup> 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

<sup>18</sup> Data covers 2020/21, compared with 2019/20

<sup>19</sup> Data covers 2020/21. % change not provided as previous years not recorded consistently

<sup>20</sup> 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)

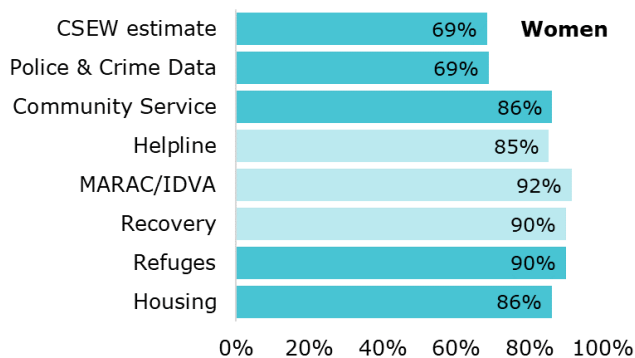
(49% vs 32%) and there are **more high risk incidents** (6% vs 1.5%).

Offender details are included in the crime data in only around 1 in ten crimes. Where this has been recorded, **the offender is male in 95% of crimes** of domestic abuse against women.

Incidence of **sexual violence and stalking/harassment offences** are much higher for women than for men.

### Comparing the numbers

The majority of people accessing domestic abuse support are women and therefore **services are primarily tailored to women’s needs**.



Specialist organisations, such as Women’s Aid, highlight that many women and children who have been subject to male violence and abuse need access to support and accommodation which is **provided in single sex spaces** as this reduces their distress and trauma.

In Cornwall, we have **women-only support and safe accommodation** services, as part of a comprehensive system that aims to meet the needs of any person that experiences domestic abuse and sexual violence.

## Men

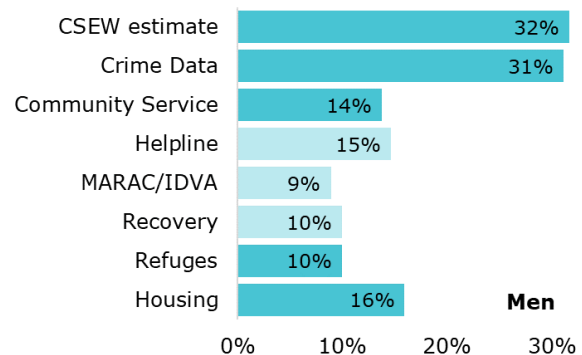
### Key statistics 2020/21<sup>21</sup>

- **1,706 domestic abuse** crimes ▲+15%; **7.5 crimes** per 1000 pop. aged 16+ (M)
- **25 high risk** DA crimes (1.5%) ▶0%
- **1,422 men**; of which **32% repeat** victims
- **514 people** in community services<sup>22</sup>
- **23 people** referred to safe accommodation

### Comparing 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.



Around **20%** of the estimated number of men who experienced domestic abuse **reported a crime** to the police. National data indicates that we may have a **higher rate of men reporting abuse in Cornwall** than the national average.

Locally our reported crime data indicates that **men are more likely than women**

21 Data covers 2020/21, compared with 2019/20

22 Data covers 2020/21. % change not provided as previous years not recorded consistently





**to report being a victim of violent assault**, particularly violence with injury (32% for male victim vs 27% for females).

Where this information was recorded in the data, the offender was **also male in 61% of crimes** of domestic abuse against a male victim, so the offender was **recorded as female in 39%** of cases.

The **numbers of men being supported in community services are much lower** than the crime data suggests should be the case. 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 may be 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 seen as 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”<sup>23</sup> 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, but the risk should be reduced by having **specific support provision available for male victims.**

**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.

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23 [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

## Women

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.

The majority of people that are experiencing or at risk of harm through domestic abuse and not receiving help are women.

Women are more likely to be repeat victims, to be seriously harmed or killed and to be subjected to coercive control.

Women are more likely to experience higher levels of fear which may impact negatively on their ability to seek support.

Possible barriers – sexism and misogyny may be used to excuse behaviour. Women may also fear not being believed or that the abuse is minimised.

Additional barriers (disability, sexual identity etc) may increase barriers to seeking help.

## Support in Cornwall

### *Women only services*

#### **The Women's Centre Cornwall**

- Specialist by and for women support service for women and girls aged 11 and over. Psycho-educational, emotional and trauma-informed support delivered using an Empowerment model. The core support offer is 1:1 support over 20-26 weeks. Other forms of support include helpline, an online peer support forum, bodywork and therapeutic group work.

- **West Cornwall Women's Aid**

- Counselling, helpline, outreach and group services

### **Refuges**

- Cornwall Refuge Trust
- West Cornwall Women's Aid

- **Vulnerable Women's Unit**

- Eva Project hosted by Harbour housing provides specialist support for women with complex needs.

### *Inclusive services*

#### **Safer Futures – integrated DA service**

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

#### **Safe Accommodation support**

Livewest New Horizons - 24 dispersed units providing self-contained flats for individuals and families

## Men

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

### *Services specifically for men*

**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

### **Safe Accommodation support**

Men’s refuge run by Cornwall Refuge Trust Norda Project, with 5 units - 2 singles, 2 families (communal) and 1 self-contained flat.

Across the Peninsula, safe accommodation is available for men in places of safety and dispersed units.

### *Inclusive services*

#### **Safer Futures – integrated DA service**

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

### **Safe Accommodation support**

Livewest New Horizons - 24 dispersed units providing self-contained flats for individuals and families

### *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** 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 (16+ years)

#### Key statistics 2020/21<sup>24</sup>

Age 16-19 years

- **411 domestic abuse** crimes ▼-7%; **17.4 crimes** per 1000 pop. aged 16-19
- **16 high risk** DA crimes (4%) ▼-43%
- **331 people**; of which **38% repeat** victims
- **251 people** in community services<sup>25</sup>
- **0 people** referred to safe accommodation

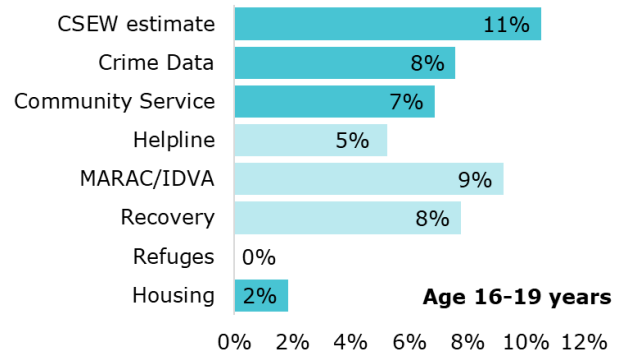
**Young people can experience domestic abuse in a multitude of ways.** They can:

- 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.

Information on children affected by abuse in the family home is explored in the separate section on [Families](#).

#### Comparing 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.

<sup>24</sup> Data covers 2020/21, compared with 2019/20

<sup>25</sup> Data covers 2020/21. % change not provided as previous years not recorded consistently

## Risk factors

Safe Lives<sup>26</sup> highlight that **some young people are more vulnerable to victimisation**, including those who:

- Have a history of **running away** from home or care;
- Are **in care or are care leavers**;
- Have **disengaged** from education, employment or training;
- Are **sexually exploited**;
- Are users of **drugs and alcohol**;
- Have a **history of domestic abuse** in their families;
- Are young people **involved in gangs**, offending or anti-social behaviour;
- Are young people **who live independently**, with limited or no support;
- Were **neglected in childhood** or received punitive parenting.

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, drug 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 their response to the abuse as well as how 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 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

Potential barriers for young people include **not recognising healthy relationships** and/or not identifying as a victim - young people may prefer support to remain in relationship rather than end it. This can be compounded by services **not being designed specifically to engage young people**.

- SafeLives data shows that young people are **more likely** than adult

<sup>26</sup> [Safe Young Lives - Young People and domestic abuse](#), Safe Lives (2017), Spotlight Series

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**.
- The **absence of secure and trusting relationships** in their past can make it difficult for some young men to form positive relationships and to engage effectively with organisations.<sup>27</sup>
- Use of **terminology** can be alienating and a barrier to approaching services.

Barriers to disclosure<sup>27</sup> include:

- Feeling **embarrassed**;
- Fearing that they **will be judged** or that their relationships will not be taken seriously; or that they **will not be believed**;
- Concerns around **confidentiality**, especially that their parents may be informed;
- **Not wanting to end the relationship**; and/or possible repercussions for their abusive partner;
- For some groups, such as young people who may be at risk of forced marriage or honour-based violence (Barter et al, 2005) and young LGBT (lesbian, gay, bisexual, transgender) people whose **families may react negatively to their relationships**, very careful consideration is required in relation to informing families.

### Best practice

The following elements were highlighted by Research in Practice<sup>27</sup> for professionals working with violence in young people's relationships.

#### Discussing healthy relationships

The nature of a healthy relationship should be explored with the young person and then discussed in the context of their current relationship. Steps needed to achieve their ideal relationship should also be explored and challenge should be made where "their understanding of what a healthy relationship is makes them unsafe."

#### Assessing abuse

Assist the young person to identify which elements of their relationship constitutes abuse. The use of the young person's version of the DASH should help inform conversations about levels of risk and abuse. The young person's answers should be used as a part of expressing professional concerns.

#### Exploring and assessing online forms of abuse

Young people may not disclose due to fear of online access being removed. A more general discussion about abuse behaviour online may provide more opportunities for young people to disclose with clear limits set around usage and information about internet safety.

#### Safety planning

A young person wishing to end a relationship should be supported by professionals and led by the young person. Risks posed by friendships groups should be taken into consideration.

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27 [Violence in Young People's Relationships](#), Research in Practice (April 2016), RIP is part of The Dartington Hall Trust

## Prevention messages

A UK review of domestic violence prevention programmes<sup>28</sup> for children and young people provides clear messages for what works:

- Programmes that seek to **challenge social norms**, including gender norms and victim blaming, and harness pro-social peer pressure to change attitudes
- Both young people and experts argued for the value of **drama/theatre and narrative**
- Authenticity achieved through material that delivered **emotional charge**, which was **meaningful** to young people and made it **'real'**
- Authenticity enhanced when interventions **delivered by those**

**with relevant expertise or experience**, including young people themselves

- Whole population interventions **harness peer group power** but can also identify those at risk who require additional services
- Interventions need to **take account of power differentials**, particularly in relation to gender and sexuality
- **Messages should be positively framed**, avoiding the blaming that can provoke resistance from some boys
- Children's and young people's **perceptions and experiences** should be incorporated into interventions and evaluations

[Violence in Young People's Relationships](#),  
Research in Practice (April 2016)

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<sup>28</sup> Preventing Domestic Abuse for Children and Young People (PEACH): A Mixed Knowledge Scoping Review, Stanley et al (2015). [Available online](#) from National Institute for Health Research.

## 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

*Services specifically for young people*

### Community support

- Specialist IDVA for children and young people.
- Therapeutic intervention for adults and young people aged 16+ provided by WAVES.
- CLEAR provides therapeutic support up to 18 years following experiences of abuse – covering a wide range of therapies designed for different age groups and levels of need.

*Inclusive services*

### Safer Futures – integrated DA service

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

### Safe Accommodation support

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.

*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.



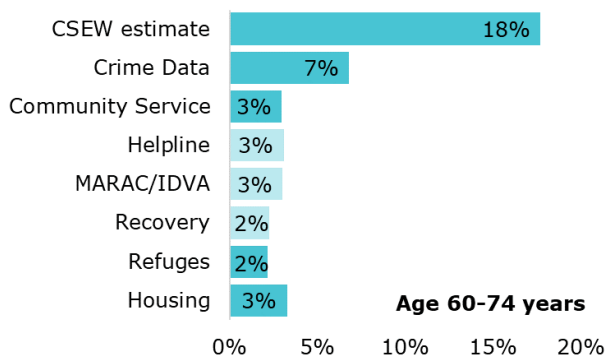
## Older people

### Key statistics 2020/21<sup>29</sup>

Age 60+ years

- **477 domestic abuse** crimes ▲+3%; **2.6 crimes** per 1000 pop. aged 60+
- **14 high risk** DA crimes (3%) ▼-40%
- **378 people** (including 83 aged 75+); of which **35% repeat** victims.
- **177 people** in community services<sup>30</sup>
- **5 people** referred to safe accommodation

### Comparing the numbers



The **experience of domestic abuse amongst older age groups is much lower** – the estimated rate for people aged 60-74<sup>31</sup> years is around a third of the rate for 16-19 year olds. That being said, the over 60s make up 29% of the population aged 16-74 years and **should account for around 18% of people experiencing domestic abuse.**

**Older people are under-represented across all parts of the system**, from police data through to MARAC and wider community services, raising a question about **how effective we are in identifying domestic abuse** for this group.

In the last 5 years we have instigated **4 Domestic Homicide Reviews jointly with Safeguarding Adults**. One of these was 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 (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 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 people. 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 not be appropriate place to screen** for domestic abuse where the older person is living with their abuser.

<sup>29</sup> Data covers 2020/21, compared with 2019/20  
<sup>30</sup> Data covers 2020/21. % change not provided as previous years not recorded consistently

<sup>31</sup> 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

*Services specifically for older people*

### **Newquay Older Persons Project**

A pilot in Newquay is underway to identify current local barriers, how to communicate effectively with older people and to develop expertise within a multi-agency group. The project aims to establish robust referral pathways and to raise awareness of DASV and the services available.

*Inclusive services*

### **Safer Futures – integrated DA service**

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

### **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

*Other wider specialist provision*

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

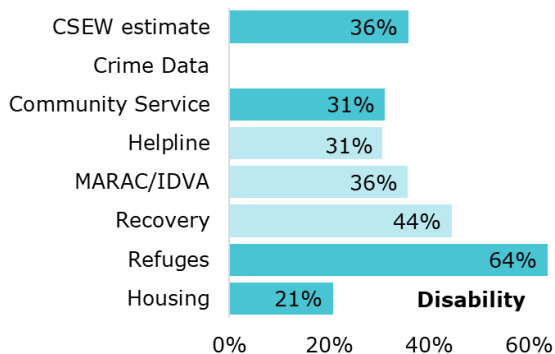
## Disability

### Key statistics 2020/21<sup>32</sup>

Disclose a disability (any)

- Crimes – disability data not available
- **1,164 people** in community services<sup>33</sup>
- **147 people** referred to safe accommodation

### Comparing 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 (CSEW) asks participants if they consider themselves to have a disability<sup>34</sup>. The definition of disability is consistent with the definition in the Equality Act 2010.

The CSEW responses 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, combined with **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.

<sup>32</sup> Data covers 2020/21, compared with 2019/20

<sup>33</sup> Data covers 2020/21. % change not provided as previous years not recorded consistently

<sup>34</sup> 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.

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

Safe Lives<sup>35</sup> 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 **greater 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 abuse**;
- People with sensory impairments may **miss visual or auditory warning signs** of abuse.

## Barriers to accessing support

The principal barriers to be overcome are **not recognising the signs** of abuse (both for individuals and 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.

<sup>35</sup> [Spotlight on disabled people and Domestic Abuse](#), SafeLives, 2017

- They also often report being **treated poorly**, being denied care in the past and **fearing judgement** from health care providers.

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

- 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.

## What would you want for your best friend?

- Help made available wherever they need it – whether from the police, their GP or hospital, or where they live
- Early, consistent and tailored support that makes them safe and meets their needs
- The choice to stay safely in their own home and community
- The perpetrator challenged to change and held to account
- A response that reflects the fundamental connection between the experience of adults and their children
- Agencies working together to meet the practical needs that people have, providing help on areas such as housing, money and access to justice

**We want this for each and every person living with abuse. Wherever they live, whoever they are.**



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

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

## 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

*Services specifically for people with disabilities*

**The Women's Centre Cornwall** – staff receive specialist training by the [DIVAs](#), a group of women with learning disabilities, autism or neurodiversity who have experienced sexual and/ or domestic abuse. The DIVAs offer training and consultancy to professionals locally and nationally to increase their awareness and improve their services.

### Safe Accommodation support

A range of Safe Accommodation in Cornwall including communal living and self-contained flats for people fleeing DASV. 12 the 58 units 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 dispersed units are on the ground floor

*Inclusive services*

### Safer Futures – integrated DA service

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.

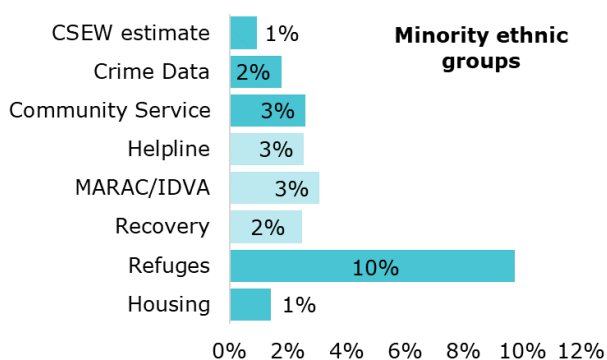
## Ethnicity

### Key statistics 2020/21<sup>36</sup>

#### Minority ethnic groups

- **75 domestic abuse** crimes ▲ +13%; **12.8 crimes** per 1000 pop. aged 16+
- **9 high risk** DA crimes (10%) ▶
- **68 people**; of which **38% repeat** victims
- **67 people** in community services<sup>37</sup>
- **8 people** referred to safe accommodation

### Comparing the numbers



Based on the 2011 Census 2%<sup>38</sup> of our resident population in Cornwall is from a 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 estimate for the number of people from minority ethnic groups experiencing domestic abuse in Cornwall is 210 people.

SafeLives report **lower reporting rates and greater risk of serious harm** within minority ethnic communities; combined with the growth in Cornwall's minority ethnic population since the 2011 Census, this suggests that 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 data for refuge/dispersed units (but numbers are small – 6 people);
- The option to record ethnicity as **Gypsy/Roma/Traveller** has recently been added to the case management system; there are two people recorded in the referral data;
- This information comes with the caveat that **ethnicity data is missing** from a large proportion of records<sup>39</sup> 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 are British nationals.

### Risk factors

Although there is no evidence to suggest that people from some ethnic or cultural communities are at more risk than others, **abuse may take different forms** in some communities – for example, an increased risk of abuse through **Forced Marriage or Female Genital Mutilation** or the abuser/s may be extended **family members**.

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

<sup>36</sup> Data covers 2020/21, compared with 2019/20. Cornish is grouped with White British.

<sup>37</sup> Data covers 2020/21. % change not provided as previous years not recorded consistently

<sup>38</sup> Based on the 2011 Census, will need revisiting when 2021 Census data is published

<sup>39</sup> 15% in police data, 31% in community services and 65% in Refuge/Dispersed Units.

- Safe Lives estimate that people from minority ethnic groups are **three times more likely to be abused by multiple perpetrators**;
- “In some communities, domestic abuse may be perpetrated by **extended family members**, or it may include forced marriage, or female genital mutilation (FGM).”<sup>40</sup>
- “level of **disclosure** for Black and Minority Ethnic victims of domestic abuse is **far lower** than that of the general population”<sup>41</sup>
- “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.”<sup>42</sup>
- “Black, Asian, minority ethnic and migrant women experience higher rates of domestic homicide and are **3 times more likely to commit suicide** than other women”<sup>43</sup>
- “Of BME women who experience violence **only 37% make a formal report to the police** and one in four has no recourse to public funds”<sup>44</sup>
- Safe Lives<sup>45</sup> 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.<sup>46</sup>

## Barriers

Whatever their experiences, women from minority ethnic communities are likely to **face extra barriers** to receiving help:

- **Socio-economic** factors – financial reliance on abusive partner/family
- **Language constraints**, particularly if English is not the first language

- **Immigration** status
- **Social isolation**; fear of being ostracised from the community
- **Poor understanding of the issues** in minority ethnic groups, including perceived (and experienced) lack of knowledge about **cultural/religious needs**; fear of **discrimination**
- Lack of understanding about **welfare benefits** and access to help
- Fears about lack of confidentiality, empathy and support.

In 2021 Safer Cornwall conducted a [Domestic Homicide Review](#) where the victim and perpetrator were from the **Polish Community**. The review panel consulted with Vesta – a specialist family support organisation for Polish families experiencing domestic abuse.

The review findings echoed both the **language and cultural barriers** indicated through national research, compounded by a **lack of information in other languages** and problems sourcing **interpreters**.

Recommendations include developing **interpreter services** that are flexible to meet current and future needs, with **DASV training** and **multilingual information** on support services.

Positive engagement with minority ethnic communities, for example in the workplace, is also advised to **build greater confidence and awareness**.

On behalf of the council, **The Women’s Centre Cornwall** is reviewing the use of interpreters across the DASV system and will be working with European women to develop more effective ways to enable them to access **first-language information and accessible support**.

<sup>40</sup> [Women from BAME communities](#), Women’s Aid

<sup>41</sup> Walby & Allen, 2004

<sup>42</sup> [Supporting B&ME Victims](#), SafeLives

<sup>43</sup> [Unequal Regard, Unequal protection](#), 2017

<sup>44</sup> [Vital Statistics](#), Imkaan 2010

<sup>45</sup> [Victims of Domestic Abuse](#), SafeLives

<sup>46</sup> [Getting It Right First Time](#), SafeLives (2015)



## 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 minority ethnic groups 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.

## Services for specific minority ethnic groups

**The Women's Centre Cornwall** - 3 bi-lingual Community Engagement Workers are employed to engage with migrant European women in their first language. Currently signposting into specialist DASV services but by the end of 2022, they will be trained to deliver support directly.

## Inclusive services

### **Safer Futures – integrated DA service**

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

### **Safe Accommodation support**

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

## Other wider specialist provision

**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 Employee Support Forums** for employees from minority ethnic groups

**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 from ethnic minority groups here in the UK.

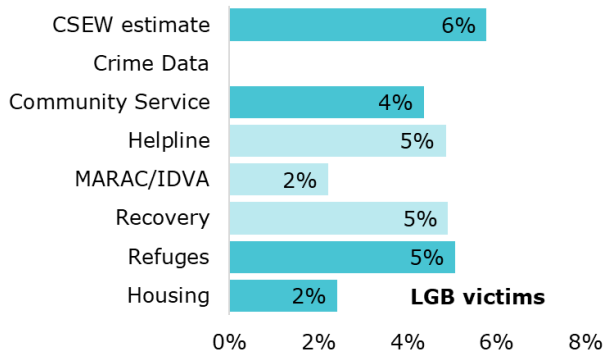
## Lesbian, Gay, Bisexual and Transgender

### Key statistics 2020/21<sup>47</sup>

#### LGBTQ+

- Crimes – sexual identity data not available
- **30 people** in community services<sup>48</sup>
- **4 people** referred to safe accommodation

### Comparing 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<sup>49</sup> – 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.<sup>50</sup>

- 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<sup>51</sup> and this is a **major limiting factor** in our understanding of the needs of people who identify as LGB.

### Gender Identity

The CSEW does not currently include an estimate of prevalence of domestic abuse amongst people who are **transgender** (or other gender identities such as non-binary) due to data limitations.

Our local service data provides **very limited information on gender identity** and this is recognised as a major limiting factor in our understanding of needs for this group.

A recent study by SafeLives<sup>52</sup> found that there had **been limited research on**

47 Data covers 2020/21, compared with 2019/20

48 Data covers 2020/21. % change not provided as previous years not recorded consistently

49 8.4% of people who identify as gay/lesbian and 15.2% bisexual, compared with 5.2% of people who identify as heterosexual.

50 [Stonewall Health Briefing](#), 20125

51 81% in community services data and 66% in Refuge data; sexual identity is not recorded in the police data shared with Safer Cornwall

52 [Transgender Victims' and Survivors' Experiences of Domestic Abuse](#), Nicola Stokes, SafeLives (2021)

**the experiences of people within the trans community**, and while some progress has been made through research on the experiences of the LGBT+ community as a whole, it is important to understand that different parts of this community can experience abuse in different ways.

The report cites research that suggests that up to **80% of trans people have experienced emotionally, sexually or physically abusive behaviour** from a partner or ex-partner, and that professionals are concerned that **trans women are being let down** when they seek support.<sup>53</sup>

Within the national dataset, there is a **relatively equal gender split** (44% identify as women and 56% as men) which could indicate that both trans women and men access domestic abuse services at broadly similar rates, or that they face similar risks of domestic abuse.

This research found that:

- Some abusers may be **using their trans identity against them**, as a deliberate tactic of abuse
- Trans victims/survivors experience **large numbers of additional needs**, particularly in relation to mental health;
- **Adverse experiences in childhood are common** – almost one-quarter of this group had experienced four or more adverse childhood experiences, including physical abuse (41%) and sexual abuse (29%);
- Trans people who access domestic abuse services report that this experience has **positive outcomes** on their lives.

- However **only a small proportion of people are supported** with additional mental health needs by domestic abuse services. Given the large numbers of trans victims/survivors who have mental health needs, it is vital that this issue be addressed.

### Risk factors and barriers

SafeLives<sup>54</sup> 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.

Similar issues are also presented in a factsheet by LGBT+ anti-abuse charity, Galop.<sup>55</sup>

- 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

53 Research cited - Scottish Transgender Alliance (2010). [Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse](#). Stonewall (2018). [Supporting trans women in domestic and sexual violence services](#): Interviews with professionals in the sector.

54 [LGBT+ Barriers](#), SafeLives

55 [LGBT Barriers accessing Non LGBT services](#), Galop (2020)

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.

As of the end of 2020, there were **only six voluntary sector providers delivering LGBT+ specialist support nationally**, only three services were providing LGBT+ specialist IDVAs and only 1% of refuges nationally were providing specialist support to LGBT+ victims/survivors.<sup>56</sup>

There is clearly a need for much **more provision of specialist services** so that LGBT+ victims/survivors of domestic abuse can feel confident that their needs will be understood and that they will be supported appropriately.

#### Update on local service provision

During the period that this assessment was being written, we have successfully recruited an **LGBT+ Domestic Abuse worker** who will be co-located with [Intercom Trust](#). This is a first step in improving our response to the LGBT+ community impacted by DASV.

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<sup>56</sup> [Galop. LGBT+ priorities for the Domestic Abuse Bill.](#)

## 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

*Services for people who identify as LGBT+*

Safer Futures and The Intercom Trust host an LGBT+ IDVA (commenced in 2022).

*Inclusive services*

### **Safer Futures – integrated DA service**

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

### **Safe Accommodation support**

Access to the full range of Safe Accommodation 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.

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.

## Focus on...

### Families

This section focuses on families and the often overlapping issues within a household. The first section presents estimates of the number of households in Cornwall where there is any combination of domestic abuse, mental health and or substance misuse.

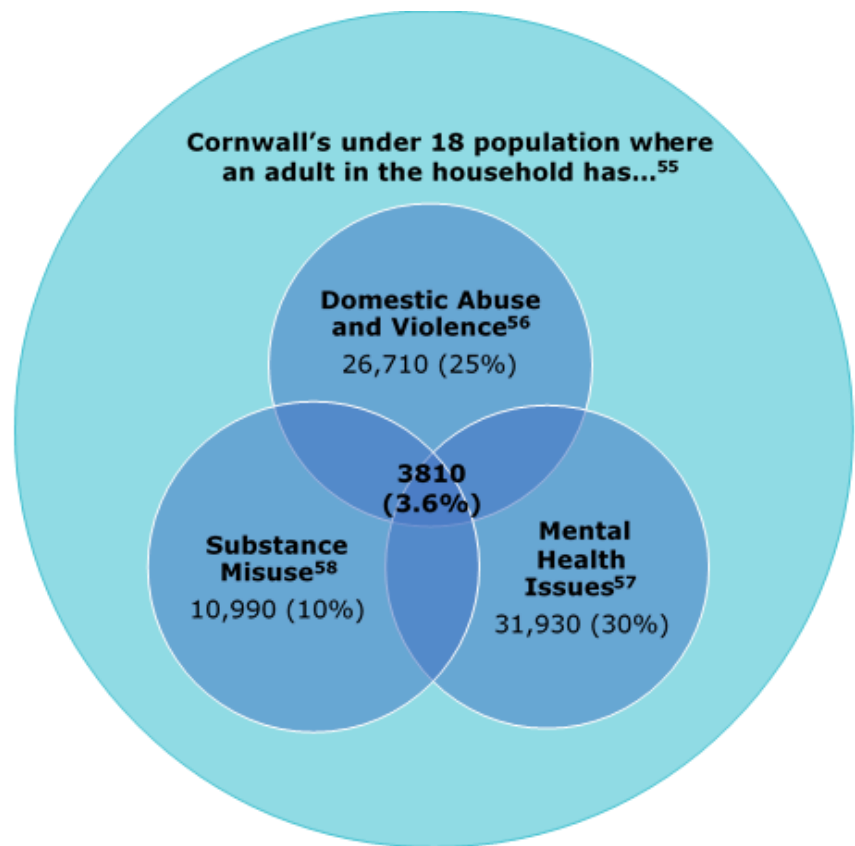
Following on from this research is provided about the role of [adverse childhood experiences](#).

Finally, attention is given to [young people displaying abusive behaviours](#) and whole family approaches to domestic abuse.

It is estimated that **1 in 4 children** in Cornwall live in households where an **adult is or has been affected by domestic abuse**. For 6.2% of children (1 in 16) the abuse will have been experienced in the last year.

The Children's Commissioner's Office (CCO) has produced **estimated local area prevalence rates**<sup>57</sup> of children in households experiencing combinations of the 'toxic trio'. In keeping with previous research, the 'toxic trio' refers to children in a household where a parent has experienced combinations of:

- Domestic abuse
- Substance misuse problems
- Mental health problems



The CCO analysis uses **broad and narrow measures** for the toxic trio. Data used to inform this analysis was taken from the Adult Psychiatric Morbidity Survey.<sup>58</sup> Estimates based on this data are considered to be "conservative lower bounds".

Using the broad measure definition, the CCO estimates that **3.6% of children** under 18 years old in Cornwall live in a household where an adult is or has been **affected by all three of the 'toxic trio' issues**. 4.4% are predicted to be living with someone who has been affected by two of the trio and 45% are

57 [Estimating the prevalence of the 'toxic trio'](#), Children's Commissioner's Office (Chowdry, 2018)

58 [Adult Psychiatric Morbidity Survey 2014](#), NHS Digital; a nationally representative survey of private households in England.

59 Estimates using the broad measure definition.

60 Predicted 0-17 year-olds in a household where an adult has ever experienced domestic abuse

61 Predicted 0-17 year-olds in a household where an adult reports any substance misuse

62 Predicted 0-17 year-olds in a household where an adult has moderate or higher mental ill-health symptoms

projected to be in a household where an adult has been or is affected by any of the toxic trio.

A narrow measure is also provided, which is a lower estimate for households where an adult has experienced

Broad measure (Peninsula)	Cornwall	Devon	Plymouth	Torbay	Min <sup>1</sup>	Max
Domestic abuse	<b>25.0%</b>	24.4%	24.2%	27.7%	21.8%	32.5%
Mental ill-health symptoms	<b>29.8%</b>	29.5%	29.4%	33.0%	26.7%	39.2%
Any substance misuse	<b>10.3%</b>	10.5%	10.4%	10.6%	9.0%	11.6%
All 3 'toxic trio' issues	<b>3.6%</b>	3.6%	3.6%	4.0%	2.7%	5.5%
Broad measure (Nearest Neighbours)	Cornwall	Somerset	Norfolk		Min	Max
Domestic abuse	<b>25.0%</b>	26.1%	24.9%		21.8%	32.5%
Mental ill-health symptoms	<b>29.8%</b>	33.0%	30.6%		26.7%	39.2%
Any substance misuse	<b>10.3%</b>	11.6%	10.3%		9.0%	11.6%
All 3 'toxic trio' issues	<b>3.6%</b>	4.2%	3.5%		2.7%	5.5%

Across the Peninsula, **Cornwall has similar estimated percentages of the 'toxic trio' as Devon and Plymouth.**

Although Cornwall's estimated substance misuse rate is substantially lower than the maximum rate, it is ranked above the 45<sup>th</sup> percentile of all local authorities. It is also ranked above the 43<sup>rd</sup> percentile for domestic violence estimates and above the 31<sup>st</sup> percentile for mental ill-health estimates.

The Department for Education (DfE) provides a method of benchmarking using 'statistical neighbours' by comparing local authorities that are deemed to have similar socio-economic characteristics. **Somerset and Norfolk** to be Cornwall's closest socio-economic neighbours and Cornwall's 'toxic trio' estimated rates sit between these two statistical neighbours.

**domestic abuse in last year**, an adult has severe mental ill-health symptoms, and an adult has an alcohol or drug dependency.

**6,620 children** (6.2% of the population aged 0-17 years) are estimated to be living in a household where an adult experienced domestic abuse in last year.

Of those, around 14% (940 children) are predicted to be in a household with all **three vulnerabilities** – domestic abuse in the last year, an adult reporting drug and/or alcohol dependency and an adult with severe symptoms of mental or psychiatric disorders.

If we compare the prevalence estimate with the 1,840 children<sup>63</sup> known to us in the system, we can see that the potential level of unmet need in the community is significant – **72% of the estimate, 4,780 children.**

<sup>63</sup> 854 under-18s working with the service, a further 787 known to be linked to clients receiving

an intervention in the year to September 2021, with another 199 recorded in the data

## Adverse Childhood Experiences

Witnessing violence / abuse is one of the **Adverse Childhood Experiences** (ACEs) that research shows will go on to significantly impact on not only outcomes for children, but also longer term on the **health, wellbeing and mortality** of the wider population. This is especially true for children from lower socio-economic backgrounds, certain ethnic minorities or from families who are socially isolated.<sup>64</sup>

Impacts on children include **emotional** trauma, **behavioural** problems, **mental health** issues and **risk-taking** behaviour (running away, crime, use of alcohol and other drugs).

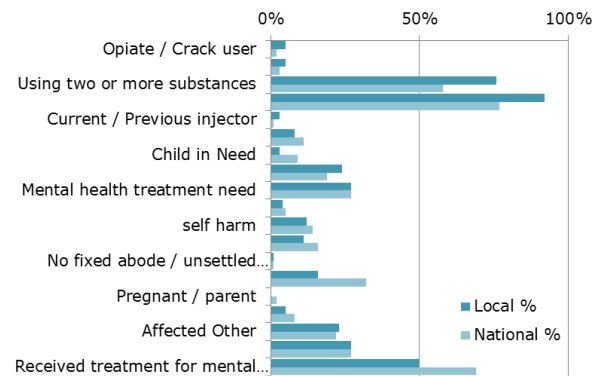
Other ACEs include **sexual abuse** in childhood, experiencing poor **parental mental health**, witnessing **alcohol and/or drug use** and experiencing the incarceration of a parent.

People who have experienced **four or more ACEs** are significantly more likely to **adopt unhealthy behaviours** which lead to mental health issues and diseases in later life. Increasing obesity-risk, propensity for substance abuse, anti-social behaviour and chronic illness in later life.

Public health analysis shows that many young people receiving specialist interventions for substance misuse have a range of vulnerabilities.

Examples of the types of vulnerabilities young people report having at the start of treatment include – not being in education, employment or training (NEET), in contact with the youth justice system, experience of **domestic abuse and sexual exploitation**. Alcohol and drug use, for example, are associated

with early sexual initiation and other risky sexual behaviours.



**Universal and targeted services have a role to play** in building resilience and providing substance misuse advice and support at the earliest opportunity.

A review of the vulnerabilities of young people in treatment for drug or alcohol use in Cornwall highlighted some notable differences with the national profile.

Young people in treatment in Cornwall are more likely:

- To have begun **using their problematic substance under the age of 15**
- To be in treatment for **two or more substances**. Historically Cornwall has had high proportions of young people with alcohol and cannabis;
- To be **affected by domestic abuse** or witnessed domestic abuse in the home, with similar proportions of young men and women affected.

They are less likely:

- To be a **looked after child** / previously been **in care**;
- To be involved in **offending** and/or anti-social behaviour;

64 Bryant et al (2020) The rise of adverse childhood experiences during the COVID-19 pandemic.



- To have received treatment for a **mental health need** although this may be due to the limited capacity in CAMHS and the high thresholds of treatment needed for a referral.

The pandemic is likely to have **heightened children's risk of experiencing ACEs**.<sup>65</sup>

American research has suggested that the pandemic has caused an increase in intimate-partner violence<sup>66</sup>, and that the containment factors used to control the virus' spread have trapped many with their abusive partners, leading to worse outcomes. Research has shown that abusers often target children in the home as a means of furthering control over their victim.<sup>67</sup> These factors combined could **increase the likelihood and severity of the abuse** that a child may witness or experience.

**Job losses, food insecurity, and housing insecurity have been shown to increase intra-familial adversity**<sup>68</sup> leading to the increase of experiencing ACEs. These have been identified as particular issues for Cornwall **exacerbated by the pandemic**. School closures, lockdowns and isolation from other family members may have **removed previously mitigating factors**, that may have helped to support the child's mental resilience and increase their feelings of safety.

Research has shown that **during the 2007 economic recession**, fewer cases of abuse were reported to authorities.<sup>69</sup>

However, Google searches by children (such as '*my mom beats me*' or '*my dad hit me*') disclosing physical abuse increased significantly during this time, and closely tracked unemployment rates.

The financial impacts of the pandemic, combined with isolation measures would suggest that **reporting rates of physical abuse may decline**, due to less visibility and professionals taking longer to address issues due to higher caseloads triggered by other aspects of the pandemic. At the same time, the increase of **intra-familial adversity** predicts a considerable **increase in ACEs**.

These trends combined suggest an increased risk profile for children during the pandemic and a **greater legacy of adults with issues caused by ACEs**.

Victims who disclose ACEs can **wait at least ten years to do so**. However, the simple act of 'asking' about childhood experiences may reduce the burden of on health care services, resulting in fewer GP and hospital visits.<sup>70</sup>

**Routine enquiry** enables health professionals and practitioners to improve their **understanding** and provide **additional support**, which may reduce the impact of ACEs on adult health and well-being. Asking as a **routine act** demonstrates that no one is being specifically targeted, and that it is acceptable to talk about past trauma.

- Disclosure as a **therapeutic action**

65 Sacks & Murphy (2018) The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity

66 Campbell (2020) An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives

67 Bethell et al (2014) Adverse Childhood Experiences: Assessing The Impact On Health And

School Engagement And The Mitigating Role Of Resilience

68 Sanders (2020) Is COVID-19 an adverse childhood experience (ACE): Implications for screening for primary care

69 Davidowitz (2021). Everybody Lies: What the internet can tell us about who we really are.

70 Becker (2015)

- Present difficulties being linked to **childhood trauma**, which can then be managed in that context
- Considering the impact of ACEs in relation to **their own children**
- Better therapeutic alliance and **more targeted** interventions

Research into the impact of ACEs shows the importance of developing **trauma-informed schools and early intervention programmes** for mental health amongst younger people.

### Risk factors

**Some children may not have the opportunity to tell anyone** about the domestic abuse happening in their homes. Children will often be **reliant on education and health providers** being aware of the general domestic abuse risk factors and being able to spot where it might be occurring.

The pandemic has **reduced the opportunity for routine enquiry and face to face visiting** of families to provide opportunity for disclosures and/or assessment of risk.

Increased pressure on **waiting times** for therapeutic services may result in the **abuse continuing for longer periods**, leaving children experiencing those behaviours for longer periods of time.

### Barriers

Many women described the **fear of losing their children** as a huge barrier to seeking help. This was particularly true for women who **used substances** and/or **had mental ill-health**, who felt judged as unable to parent, describing a constant fear that their mental health or addiction would be used against them by services and their abuser.<sup>71</sup>

Some refuge provision will not offer a place if there is a teenage son who will also need to be accommodated.

## Young people displaying abusive behaviours

The profile of **children and young people displaying abusive behaviours towards parents/carers** is slowly being raised nationally, although it remains a relatively under-researched topic with some question marks over how it sits within the field of domestic abuse and how organisations need to adapt their practice to respond.

Some estimates suggest that **1 in every 10 families** could experience **some form of child on parent abuse**.<sup>72</sup> Child-on-parent abuse appears to be becoming **more prevalent**.

Services are noting incidents of child-on-parent abuse, such as **sons sexually abusing or controlling mothers**, amongst young adults and under 18s – additional skills and capacity are required to address this.

The complex nature of the situation including the **stigma associated for parents**, who may feel embarrassed or ashamed, as well as concerned for their child's future in the event that they seek a police response, is likely to be a factor in its under reporting. **Data relating to prevalence within Cornwall is scarce**, with very few cases recorded within our commissioned services caseload over the past twelve months.

- Practitioners working with young people in this context **must be able to go beyond working with 'couples'** in order to fully understand

<sup>71</sup> [Breaking down the barriers](#): findings of the national commission on domestic and sexual violence and multiple disadvantage (2019)

<sup>72</sup> Wilcox, P (2015), 'Responding to child to parent violence'

the family and wider dynamics, including peer groups and networks.

- **Child on parent violence** fits into these cycles of abuse, but disclosures are rare due to stigma, with many coming as an absolute last resort.

Parents may also be fearful that bail conditions could **leave their child homeless**. MARAC cases involving child on parent abuse usually note the age of the abuser being around 20-24 years.

Refuges report additional concerns in this area with **lockdown exacerbating the issue**, as young people have not had an outlet for their trauma. Feedback from services supporting families is that the abuse by children that they see is often **learned behaviour**, and wider recognition of this is needed.

Referrals have been seen into support services, where cases involving child on parent abuse have escalated due to **influence of County Lines**, and children with drug debts.

- Local services have begun to look at this in more detail and are focussing on ensuring that young people are not **labelled as 'abusers'**;
- Education for frontline workers in helping them to understand **underlying vulnerability** in those that abuse others is important but expensive, as is the **longer-term therapeutic work** required to support young people;
- Additional programmes, such as Healthy Relationships and Reconnect, are required in a **preventative capacity**;
- There is also some challenge as to **identifying patterns of controlling behaviour** which can be identified as domestic abuse, versus recognising

when a child is acting out trauma through violence – both scenarios require a different response.

### Whole family approaches

The **Domestic Abuse Act 2021** recognises that children affected by domestic abuse are also victims.

**Focusing on the needs and experiences of children is critical.** A failure to adequately focus on the experiences and needs of children means there is a high risk that the emotional and mental impact of domestic abuse will go unaddressed. Children and young people who have lived with domestic abuse for years frequently experience intense feelings of responsibility, guilt, anger and a sense of despair and powerlessness over their lives.<sup>73</sup>

The **Roadmap programme**<sup>74</sup> was developed by Safe Lives and Women's Aid which aimed to "transform the lives of women and girls through systemic change to policy, practice and commissioning..." The evaluation looked at the experiences of 300 women and 70 children across five sites in England. Headline findings are shown below.

Survivors identified that the opportunity to receive **services for their children as well as parenting support** were key reasons for using the service, support for older children and work with perpetrators were also mentioned as motivating factors: "*Helping me to... parent during that time because there were so many things that were going on whilst they were having contact with their father...*"

**Previous barriers** to seeking help for domestic abuse were commonly identified, including limited/

<sup>73</sup> [The multi-agency response to children living with domestic abuse](#), Ofsted (2017)

<sup>74</sup> [Roadmap Evaluation Final Report](#), Roadmap Evaluation Team, UCLan (2021)

inappropriate domestic abuse services, especially support for children, and service risk thresholds. Prior to referral, survivors reported **receiving very little information** about the SLCDP service.

A **flexible service**, responsive to the needs of survivors, which offered an appropriate level of support was **highly valued**. Survivors were positive about the range of integrated interventions which targeted both **their own and their children's needs**: *"they're all singing off the same sheet. They're all working with you as a team and I think that is amazing."*

- Most survivors reported feeling
- **confident and optimistic** about their own and their children's future prospects and considered their initial goals had been met. Mothers reported more confident parenting, increased understanding of the impact of domestic abuse for their children and enhanced family communication and relationships

**One Front Door**<sup>75</sup> pilots were undertaken in seven areas of England to provide a service to act as a single access point for whole families and their needs. It aimed to:

- Identify risks and needs within families experiencing domestic abuse at the **earliest opportunity**;

- Support vulnerable adults and children to get a **swift and effective response** to address the needs within their family before safeguarding thresholds are met
- **Mitigate the impact of ACEs** on children and young people and reduce future incidence of ACEs.

Underpinning principles of the project.

- A transformation of systems, processes and responses
- Better support for children and young people who live in fear
- Creating long term change, not short-term fixes
- Disrupting those that abuse; abusers challenged and held to account
- Engaging the 'whole family' means more opportunity to make people safe, sooner. Families do not operate in silos, and neither must we.

Evaluation found that *"One Front Door improves the whole family response to safeguarding and domestic abuse concerns at all levels of identified risk. Where high risk concerns are identified, One Front Door ensures that the risks and needs of all family members and connected individuals are addressed in a co-ordinated way by relevant partner agencies."*

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<sup>75</sup> [One Front Door](#), Safe Lives (2019)

## Older People

- **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;
- Amongst older people experiencing abuse, we see a **higher proportion of men** than is the case within other age groups;
- Crimes involving an older person are **less likely to fail to reach a positive outcome** due to evidential difficulties, but more likely to be negatively affected by mental health issues or physical illness;
- The person perpetrating the abuse is more likely to be **another family member or carer** than for other age groups;
- There is a range of barriers including **services not being targeted/accessible** for older people, a **lack of awareness** about what help is available and how to access it and long **term and entrenched patterns** of abuse;
- Additional vulnerabilities include **safeguarding** issues, dependency due to **care needs** and abuse being **masked by health issues**, such as dementia.

The Crime Survey for England and Wales estimates that the **experience of domestic abuse amongst older age groups is much lower** than for other age groups.<sup>76</sup>

That being said, the over 60s make up 29% of the total population in Cornwall and **should account for around 18%** of all people experiencing domestic abuse. Yet over-60s account for **only 5% of all people in recorded crime data**, and around 6% across our commissioned community services.

Research tells us **the abuse of older people has almost no profile** or priority within parliament and in government across the UK<sup>77</sup>. It has a **much lower profile in parliament than other forms of abuse** and even very niche subjects like grouse-shooting.

Currently there isn't a single statutory source of funding that ring-fences any of

its resources to tackle an issue that affects over a million older people a year.

That lack of profile and priority is reflected in public discourse on Twitter and in general public attitudes. For an issue that affects so many people, it is concerning that the abuse of **older people is not prioritised** by the government and public alike.

**Domestic abuse** is a concern for all age groups. The **volume of abuse reported gets lower as people get older**, and this will partly reflect different generational attitudes rather than an actual decline in incidents.

Older women are **less likely to report** their experiences than other age groups. Before the 1970s, a range of cultural and social factors combined with the fact that domestic abuse was not considered a crime, led to many women **'suffering in**

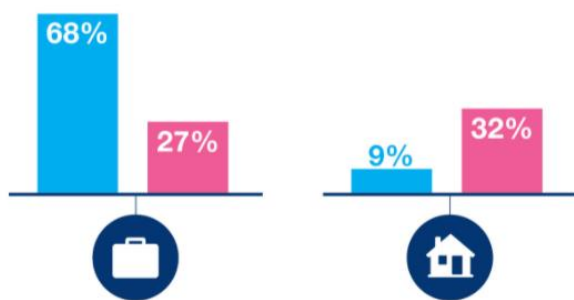
<sup>76</sup> 3.2% for the 60-74 age group compared with 9.5% for 16-19 year olds.

<sup>77</sup> [Hourglass 2021](#)

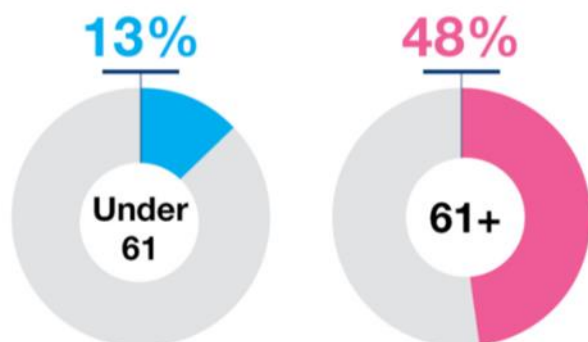
**silence**. For many women now aged 50 or over, this is still the norm.

When abuse begins when a person is older, triggers can include **retirement, disability, rural isolation, sexual changes** or the changing role of **family members** (for example, adult children caring for parents).

Older victims are **less likely to attempt to leave** in the year before accessing help, and **more likely to be living with the perpetrator** after getting support



National research indicates that on average, **older victims experience abuse for twice as long** before seeking help as those aged under 60 and nearly half have a disability. Yet older clients are **hugely underrepresented within domestic abuse services**, particularly safe accommodation.

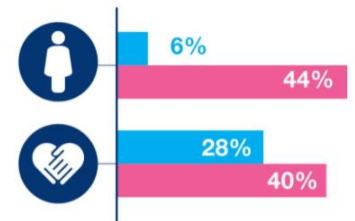


Older victims are significantly **more likely to have a disability** – for a third, this is physical (34%)

Reflecting the **different dynamic** that may be present in relationships (intimate and family) for older people, people aged over 61 are much **more likely to be abused by an adult family member** as well as a current intimate partner.

Victims aged 61+ are much more likely to experience abuse from an **adult family member** or **current intimate partner** than those 60 and under

● Victims aged 60 and under  
● Victims aged 61+



### Offender Outcomes

Comparing the rates of positive police offender outcomes for older people experiencing abuse with those of the whole population we can see that:

- Successful outcomes for people over 60 are **generally higher, compared with younger victims** (14% compared with 9%) and are less likely to involve **evidential difficulties due to the victim not supporting action** (51% compared with 60%);
- On the negative side, older people are less likely to secure a positive offender outcome due to **mental health issues or physical illness**.

### Dementia

Research<sup>78</sup> shows that dementia features in domestic abuse in 3 main ways:

- **Confusion** – where the illness can have an effect on the perpetrator as they become more frustrated, resorting to pressure and low level violence in order to get compliance;
- **Caregiver abuse** – also known as elder abuse can be when the victim

<sup>78</sup> [Dementias Hidden Darkness: Violence and domestic abuse](#)

has been abused by a partner, family member or paid care giver.

- The third scenario is when many years of **physical abuse and injury are factors in the onset of dementia**, similar to former professional boxers and footballers after years of head trauma.

It is also possible that the **person with dementia is the initiator of the violence** rather than the recipient. In rare cases, the onset of dementia can coincide with the development of aggressive and angry tendencies.

**Dementia can also trigger violent mood swings and outbursts.** At times, these can be extreme; a patient may seem calm one moment, then be screaming and overtly physical the next. The reasons for these outbursts are not known but it is possible that changes in the brain's neurochemistry may destabilise moods and cause more violent emotions.

### Do older women need tailored services?

Many of the issues facing older women experiencing domestic abuse are common to all women. However, older women often also have **specific needs** which may be physical, social or cultural. These include **problems relating to disabilities, or mobility** or transport difficulties.

The problems facing survivors living in rural settings can be particularly acute. Talking about their experiences or attending a meeting without people knowing is difficult, and anonymous resettlement in the same place is impossible. It is also **hard to access support and information**.

- Providers therefore need to find other ways to communicate with potential users, for example through churches or the Women's Institute.

### Service Profile in Cornwall

In the 12 month period ending September 2021 there were just over 5,800 clients recorded on the case management system, which is nearly twice the number it was two years ago.

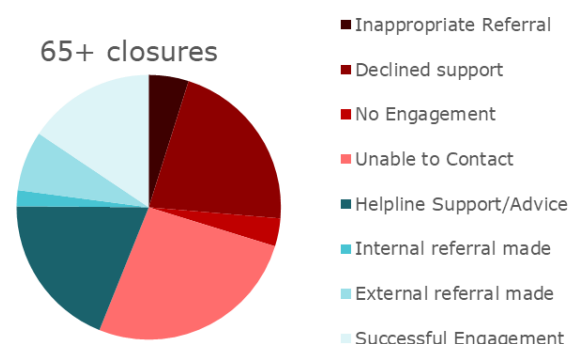
Over the last 12 months, there were 219 referrals for people aged over 65, making up **4% of the total number** of referrals overall.

- Amongst the older people referred, just under **60% of referrals are to the helpline**, 16% are to the IDVA service, just over 10% go to case coordinators and under 5% are referred to the SUSie project

**9% of adult safeguarding referrals** are linked to domestic abuse and sexual violence. This reduced to around 5% for referrals for people aged over 65 years.

People aged over 65 years were less likely to be unable to contact, but **more likely to decline support** once contacted (one in five individuals).

Rates of **successful outcomes** are otherwise similar to the adult cohort.



### Safe Lives recommendations

Many of the problems facing older people are common to all of those experiencing domestic abuse. However, **older people's experiences are often exacerbated by social, cultural and physical factors** that require a tailored response. Research from Safe Lives

highlights 6 key areas to consider for older people and domestic abuse. These recommendations were incorporated into the specification for the Newquay Older Persons Project.

### Systematic invisibility

Older people are not represented in domestic abuse services.

- Provide multi-agency training so workers recognise an abusive relationship involving an older victim, whilst providing a **safe place for disclosure**;
- Monitor referrals and engagement of older people with domestic abuse services.

### Long term abuse and dependency

Older people are more likely to have lived with abuse for longer and are much more likely to have health conditions that increase their vulnerability to abuse.

- **Accept** that older victims may need prolonged interventions;
- Integrated working between mental / physical health and domestic abuse services as **care and dependency issues are often intertwined**.
- **Increased support for older carers** that are identified as being under pressure, through **carers' assessments**;
- Specific training for professionals where **dementia or other mental/physical disabilities** are present within a relationship.

### Generational attitudes about abuse make it harder to identify

Older victims are likely to have grown up in a time where the home was a private domain, and discussing matters that occurred behind closed doors would have been socially unacceptable.

- Services must ensure they ask the appropriate questions and give

victims the **space and opportunity to talk** as older people are less likely to disclose.

- Services must be trained to **help older victims identify their situation** as abuse;
- Embed an IDVA within adult services.

### Increased risk of adult family abuse

As older people are much more likely to be abused by a family member this presents challenges to service providers who are not used to dealing with this type of abuse.

- Ensure that domestic abuse is **fully considered at adult safeguarding enquiries**;
- Increase **effective coordination between services** that work with adult family members;
- **Training for IDVAs** specifically on inter-family violence and the adult safeguarding concerns.

### Services are not targeted at older people & may not meet their needs

It is important that services respond to older victims in an appropriate and targeted way, however, this is not consistently the case.

- Ensure advertising of services is accessible to older victims;
- Ensure that relevant professionals are **trained on the challenges and experiences of older victims**, in order to tailor their response;
- **Consider older women in needs assessments** and service re-design (housing, refuge etc).

### Greater coordination between services

Nationally there is a gap in approach between services for older people and domestic abuse services, meaning that approaches differ and the opportunity to share information is not happening.



- Set up **pathways between services**, ensuring that domestic abuse is not lost in the 'umbrella' term of safeguarding;
- Ensure **Adult Social Services are a core MARAC agency**;
- Ensure all MARAC agencies have a **working knowledge of the Care Act 2014** and/or *Adult safeguarding and Domestic Abuse: a guide to support practitioners and managers*;
- Set up single point of contact, **that represents the person experiencing the abuse** and facilitate information sharing between services working with the victim;
- Ensure that services coordinate and share information on a perpetrator in order to make **safe and appropriate decisions surrounding discharge** if the individual has been in custody.

## Best practice

### The Silver Project

The Silver Project run by Solace Women's Aid in London and the South East **worked with over 120 older women** affected by domestic and sexual violence between 2013 and 2016.

The project provided women with **support, advice and information** and **transport assistance** to access domestic abuse awareness programmes, confidence building workshops, support groups, day centres, Age UK activities and peer befriending, in order to increase their understanding of domestic abuse and better address their isolation.

The [evaluation](#) demonstrated that the people who engaged with the project are **safer, healthier, less isolated and more confident** as a result.

Some of the key observations include:

- Women who used the service repeatedly confirmed that their **cases were often complex** and needed special attention

- Many of the women **required longer periods of time to build relationships of trust** before disclosing, engaging and acting on advice given
- **Health concerns were paramount** for this age group and impacted differently with each case depending on the nature and severity of the service user's ill health
- The **risk of fatality** is high in this age group as a result of domestic abuse, so closer links are needed with police and social services to ensure early identification of risk and the need for specialist intervention.

## Newquay Older People's Project

A pilot is currently underway in Newquay with the aim of developing a better understanding of what older people want from engagement and services and what the current barriers are locally.

The project has the following aims:

- To find out how **best to communicate** with older people (who may not use technology), and how to target our communications to engage with older people;
- **Develop expertise** within the multi-agency group so all professionals feel comfortable in identifying and responding to DASV that affects older people;
- Develop **robust referral pathways**; for example, between AgeUK and specialist DASV services and Adult Social Care;
- **Raise awareness** of DASV and how it affects older people and the services available, using methods and in places that meet their needs;
- Ensure **services are set up adequately** to support older people locally.

The pilot will be evaluated at the end to allow for successful aspects to be expanded to other areas in Cornwall.

# Community Service: People profile

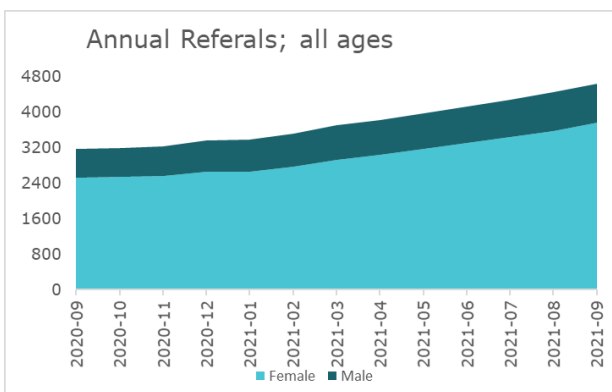
All data for this section was drawn from the electronic case management system for the commissioned integrated Domestic Abuse and Sexual Violence service.

## Adults

- **New referrals are rising fast**, driven by female clients;
- Helpline episodes most likely to be closed with the **client declining support** or with the team unable to make any contact at all;
- **Client retention times** (episodes over 6 months) are reducing but increasing referral rates mean that the caseload continues to grow at a rapid rate;
- **Male clients are under-represented** in every adult age group;
- **C4U clients are likely to be slightly younger** than average in comparison with the abusive person's age profile;
- One in ten people displaying abusive behaviour are **known to substance misuse treatment services**

In the year to September 2021, overall **referrals into Safer Futures increased by 47%** compared with the previous year, with the latest data showing no sign of this slowing down.<sup>79</sup>

These referrals are mainly driven by individuals that are new to the service, but those **already known**, still account for **around one in five** open episodes appearing in the caseload in both twelve month periods.



While referrals for both males and females are rising, it is the proportion of females that is rising more rapidly, accounting for 85% of all new episodes by September 2021.

The **number of new people requesting help is rising**, and while the length of time that they are being retained<sup>80</sup> within service is decreasing for those with the longest retention times (over six months)<sup>81</sup>, almost half (42% or 1893) of the episodes analysed were **open for between one and six months**. The biggest growth in this area is in the retention times between **four and eight weeks** which has grown to apply to one in every four episodes, now accounting for 1,033 separate cases in the latest year.

This growth is potentially further exacerbated by the impact of the COVID pandemic, which has not only affected individuals but has also put a strain on wider partner services with cases of

<sup>79</sup> Latest client referral counted only

<sup>80</sup> Crude measure: Latest episode only

<sup>81</sup> In the year to September 2019 737 episodes were open for six months or more, accounting for

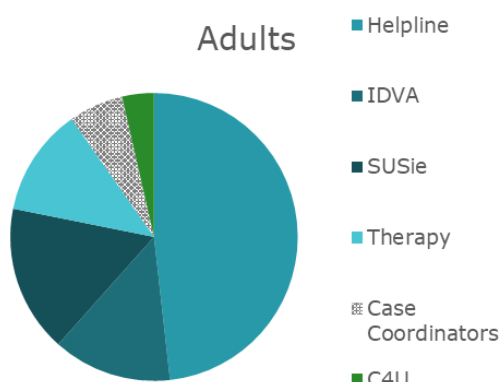
34% of the caseload, this has now reduced to 616 or 14% of the caseload

abuse **increasing in complexity** as a consequence of **increasing waiting lists** and a **reduction in face-to-face contact** – meaning professionals are less able to **identify the signs of abuse**.

This would also fall into line with the **increasing timescales** seen within cases referred to the **criminal justice pathway**, with a rising number of crimes remaining open under investigation and some cases taking over two years to reach court.

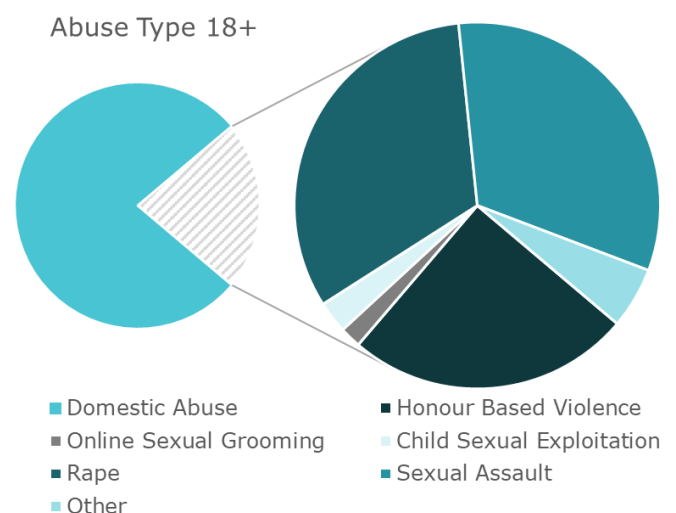
Data from the Domestic Abuse Commissioners Office indicates that nationally, police referrals to CPS have fallen by 38% since March 2015 while the same period has seen an increase in average charge time from 4 days to 18 days. **Average charge time in the South West is much longer** at almost 53 days, or just under eight weeks.

Around two thirds of all cases in Safer Futures – 3,065 individuals – sit within the Helpline (48%) and IDVA (13%) teams. The majority of Helpline episodes are closed within eight weeks, however around a third of IDVA episodes (191 cases) are open for longer, with one in twenty still open after six months.



The SUSie and Therapy teams hold around a quarter of all cases (1,426 episodes) and hold the vast majority of episodes (82%) **open for 6 months or more** (504 episodes) with the remaining clients either sitting with the case coordinator team or receiving an intervention for people displaying abusive behaviours with the Change 4U (C4U) team.

Most adult clients are seeking help as a **victim of domestic abuse**, 91% of cases cite this type of abuse, accounting for 78% of all abuse types recorded in the data.<sup>82</sup>



**Rape and sexual assault** are disclosed in 8% and 9% of cases respectively while around one in fourteen clients (7%) report being a victim of **honour-based violence**.

**200 clients had multiple abuse types** recorded on the system, with around two thirds of these reporting domestic abuse with one or more of rape, sexual assault or honour-based violence.

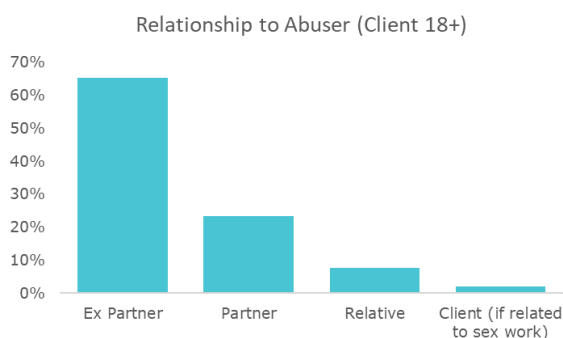
This equates to around 12% of all those in the dataset with this information

<sup>82</sup> Abuse type data is recorded in 1630 adult episodes – approximately one third of all cases

recorded and would suggest that proportionally we might expect to see around 612 adults in the total cohort<sup>83</sup> who have **experienced or are experiencing more than one type of abuse**, potentially increasing the **complexity and duration** of the work required to support them.

Around three quarters of these clients' report **experiencing abuse now** and almost half have experienced abuse **in the past**, while one in five say their abuse is both current and historic, suggesting that they may have been experienced abuse for a substantial period of time before seeking help.

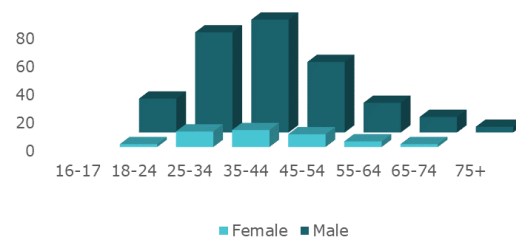
Unlike the under-18s, data relating to the adult client group shows that their abusers are generally an **ex-partner** or **current partner** (89% of episodes<sup>84</sup>), with relatives only accounting for 8% of abusive people and a small number of individuals disclosing that they have been abused by their clients while engaging in sex work (2%).



7 cases were identified in which a client has **multiple abusers**, mainly ex-partners and/or relatives.

Only 302 of the 475 identified people displaying abusive behaviour had a gender recorded in the data, of these 87% were male. Abusers are most likely to be between the ages 25 to 54, with the 35-44 age group most prominent in both sexes.

Abusive person age profile (Client 18+)



## Adult Engagement rates: Safer Futures

For the following section we will look at engagement rates for our commissioned services and the helpline.

Episodes closing for over 18s have a slightly higher engagement rate than for those where a client is under 18, 42% versus 31%.

As would be expected with a high proportion of people with Helpline episodes only, adult episodes are three times more likely to close with helpline support and advice being given.

<sup>83</sup> 4981 individuals in service in the year to September 2021

<sup>84</sup> Where relationship is recorded (437 cases, or 9% of the 18+ cohort). 'Ex- partner' 65%,

'Current partner' 23%, 'Relative' 8%, with the remaining 2% being made up of 'Acquaintance', 'Friend' and 'Unknown'



Adults are less likely to decline support from the service from the outset than young people, but it is more likely that an adult episode will be closed with the team unable to contact the client.

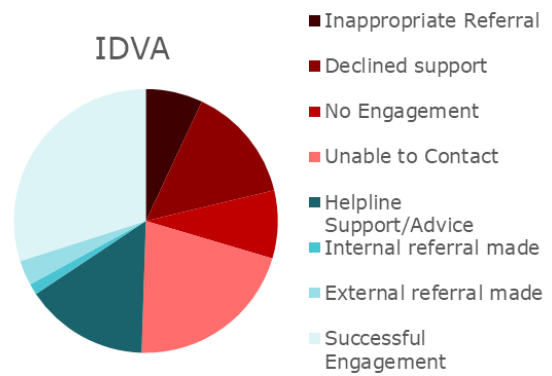
Around half of the people known to Safer Futures are with the **Helpline** team.

**Almost half of all Helpline episodes close with the service unable to contact** the client (1,112 episodes), a potential reason why so many helpline episodes remain open to the service for up to 8 weeks.

This highlights that there are approximately 1100 victims who currently have an unmet need as they are unable to be contacted

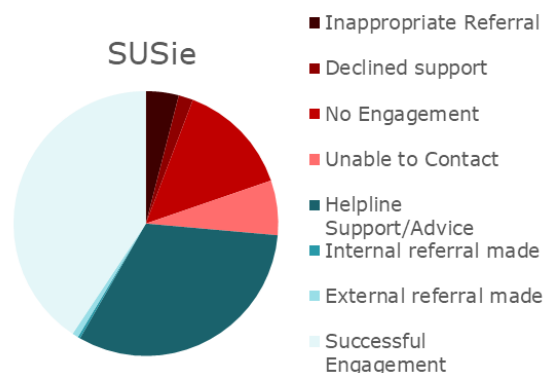
Of those that do engage, most clients will receive support and advice from the helpline worker, around one in ten clients get referred on to an external service or enter into more structured support with Safer Futures.

Engagement rates for IDVA clients have a higher chance of ending with a **contact** (49% or 291 people) with the majority of these **engaging successfully** with their IDVA. However, that still means that half of all episodes end in no engagement, as with the Helpline most of these are **not able to be reached following referral** or go on to **decline further support**.



The **SUSie project** worked with 823 individuals in the year to September 2021, with 674 of these episodes being closed, the engagement rates of which are shown in the following chart.

Around **three quarters of all SUSie episodes end with contact**, mainly with the client having successfully engaged with the programme, however around one in five still drop out or cannot be contacted.



Proportionally the **Susie project team has the highest rate for successful engagement** of any team across Safer Futures, although by the nature of the work they do, supporting victims that are through the crisis phase and moving onto recovery from their abuse, successful engagement rates will inevitably be higher than with other interventions.

As would be expected, people receiving a **therapeutic intervention** are generally retained by the service for the **longest time periods**, with nine out of ten closed cases having been open for more

than 8 weeks and almost half open for over 6 months. The Therapy team accounts for 12% of all episodes open to Safer Futures in the year to September 2021 (603 clients), but 43% of episodes open for 6 months or more.

Over the past two years, **additional resource has been put into this area to counter long waiting times** for people requesting a service, but as with the service as a whole, increasing referral numbers mean that cases have more than doubled in the last 2 years.

The impact of this has meant that while the proportion of Therapy cases open for over 6 months has dropped from 53% to 35% of this group, the actual number has remained similar, presently 237 episodes in the year to September 2021.

Successful engagement for clients accessing a Therapeutic intervention account for just under half of all those completing an episode (45% or 224 individuals). Most of these, 157 cases, are **referred onto a further intervention** with the rest being closed following a successful engagement.



## Change 4U

178 individuals were referred to the **Change 4U** service, provided by Barnardo's as part of the wider Safer Futures initiative, in the twelve months to the end of September 2021.

Change 4U is a behaviour change programme providing single sex group

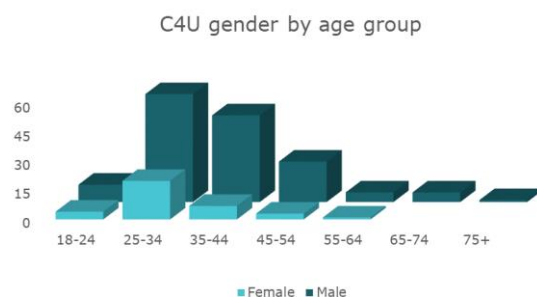
support to both males and females who are **displaying abusive behaviour** within their intimate relationships.

Additionally, support is also offered to a client's **partner** so the cohort consists of both client types. It is **mostly made up of males** with only one in every five individuals identifying as female.

Data concerning whether or not a client was the **individual engaging in abuse** or the **individual experiencing abuse** (engaged by the service in order to provide partner support) was only recorded in around half of all cases. Where this was present, we can use this to estimate that around **20% of all C4U clients are victims receiving partner support** with more than **eight in every ten of these being female**.

Of the 35 female clients depicted in the following graph, 5 were identified as being the **individual displaying abusive behaviour**. However, as this particular flag is missing across 40% of the dataset, it is perhaps more likely that this figure is closer to 8 or 9 individuals, or **around a quarter of all the females known to Change 4U**.

Clients are most likely to be between the **ages of 25 and 54**, with 25-34-year-olds making up almost half of all service users. This differs slightly from the abusive persons profile, with clients tending to be slightly younger, which suggests the **35-44 age group may be under-represented** here.

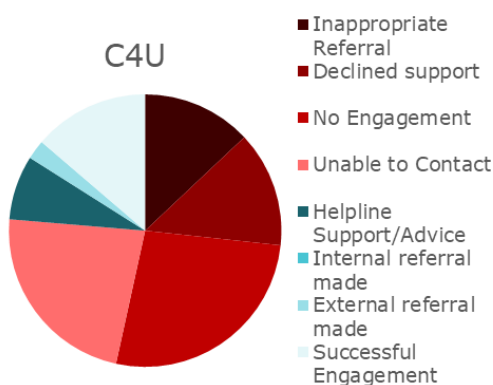


Of the 178 people only around **one in four cases successfully engaged** and just under half of these only receive support and advice or are referred on to another external service.

All in all, only around **one in seven clients<sup>85</sup> go on to successfully engage** with the service. Females have similar successful engagement rates to males; however, **women are more likely to decline support initially** but slightly more likely to engage if they initially accept an offer of support.

Those **over the age of 35** are around three times as likely to complete their episode with a successful outcome than those under.

As previously indicated, data indicating whether a client was an **individual displaying abusive behaviour** or a **partner** was only completed in 40% of cases, meaning that we can only identify client type in 60 of the 131 closed cases and therefore numbers of those experiencing abuse become too small to provide any reliable analysis.



<sup>85</sup> 18/131 individuals with a closure reason of Successful Engagement in the year to September 2021



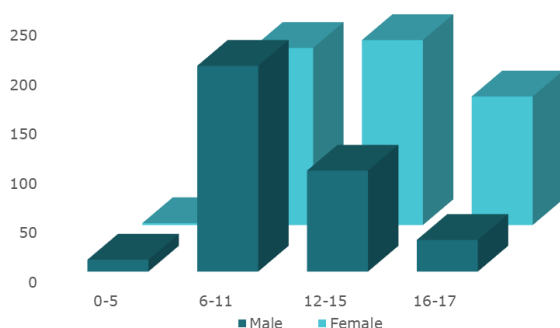
## Children and young people

- **854 children** are known to Safer Futures; 787 additional children are recorded in the data as being 'linked' to adult clients. 394 adult clients are parents;
- **Under-18s more likely to decline support** than adults and have a slightly worse engagement rate;
- The **hardest to engage** young people were those referred to the **YP IDVA**;
- **Half of all Therapy clients referred decline support**, potentially a consequence of high demand driving up waiting times;
- Abusers are most likely to be a **relative** (based on a small sample);
- Under-18s are **less likely** to have a **mental health** issue or **using substances**;
- Overall **data completion rates are low**.

Under-18s account for around one in seven clients referred into the Safer Futures domestic abuse and sexual violence support service.

By the end of September 2021, **854 individuals** under the age of 18 were recorded as having been in service with at least one episode open to the service within the preceding 12 months.

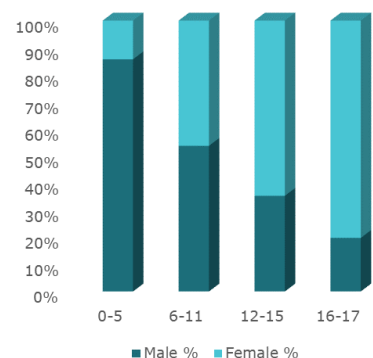
Gender by age group (U18s)



The majority of these clients are comprised of children between the ages of 9 and 17, with a perceptible difference in gender **biased towards males in the younger age groups** and then increasingly **towards females from the age of 12**.

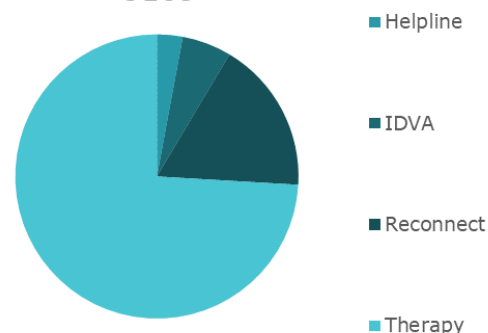
This trend continues onwards up to 17 years of age when the gender profile is similar to that of adults, with 80% female.<sup>86</sup>

Proportional Gender by age group (U18s)



Three quarters of these young clients (631 individuals) are working with the Therapy Team and a further 17% with Reconnect, meaning that more than nine out of ten children known to the service are receiving a **recovery-orientated** intervention.

U18s



<sup>86</sup> NB. 0-5 years age group consists of 5-year-olds only, 14 individuals



The **Young Persons IDVA**<sup>87</sup> has worked with 48 children during this period, the majority (88%) being **female aged between 16-17**, although there some younger people apparent in this particular group as it is increasingly recognised that people under the age of 16 can find themselves within an abusive relationship.

Only 14 of these clients had a completed DASH<sup>88</sup> Risk Assessment and **less than 5 were assigned a high-risk status.**

In addition to the 854 under-18s working with the service, a further **787 are known to be linked to clients** receiving an intervention in the year to September 2021, with another 199 recorded in the data, but without a date of birth meaning they cannot be placed within any age band.

The 787 linked children are recorded as living, or having close contact, with 394 clients<sup>89</sup> or less than 7% of the overall cohort, suggesting that this is likely to be an underestimate of the **number of linked children** living in a household where abuse has taken place.

Of all those children recorded as being linked to clients, around half are **linked to an adult client that is experiencing poor mental health** (48% or 504 children, which is less than the 61%<sup>90</sup> of the general treatment cohort known to the service).

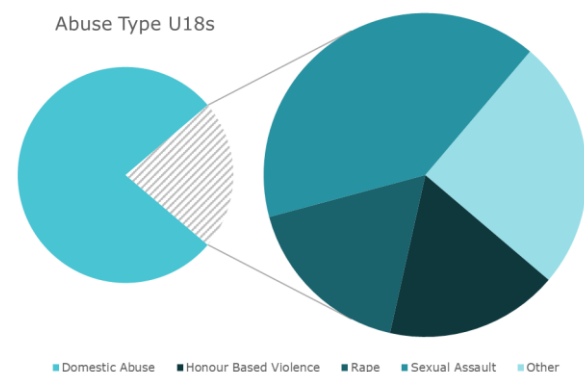
**15% live with an adult who has a disability**<sup>91</sup> which is higher than the general cohort (one in ten) and **one in ten lives in a household where an**

**adult misuses drugs or alcohol**, again higher than would be expected based upon the rest of the treatment population (one in twenty).

96 clients are recorded as having a confirmed or suspected **pregnancy**, at the time of assessment, the vast majority (>95%) of these clients are over the age of 18.

Of the total of 1,640 individual children either receiving an intervention or linked to a client that is, 71 (around 4%) have been identified as being on a **Child Protection Plan (CPP)** put in place by children's social care within the past three years<sup>92</sup>. An additional 47 individual children were also identified at MARAC as being on a CPP.<sup>93</sup>

As is the general trend across all referrals, where the **type of abuse** that has been or is being experienced by the client is recorded, by far the most frequently appearing reason is **Domestic Abuse** (84% of cases).<sup>94</sup>



Around 14% of victims report experiencing **sexual assault and / or rape** while just under one in twenty

<sup>87</sup> Independent Domestic Violence Advocate

<sup>88</sup> SafeLives; Domestic Abuse, Stalking and Honour based violence

<sup>89</sup> Approximately 1% of these clients are under 18 themselves

<sup>90</sup> Clients with a known or unconfirmed mental health issue

<sup>91</sup> Physical, learning or communication difficulty

<sup>92</sup> Service data time range: October 2018 to September 2021.

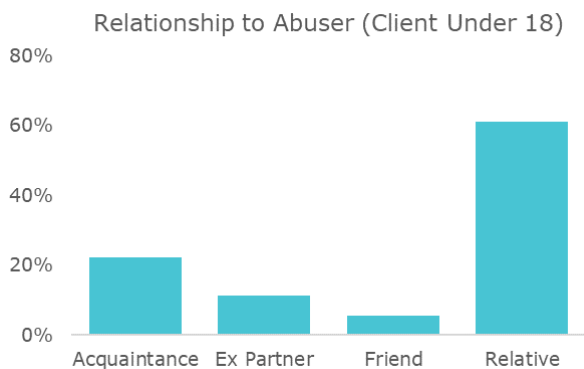
<sup>93</sup> See MARAC section

<sup>94</sup> 214 clients under 18 had abuse types recorded on their record

reported being the victim of **honour-based violence**.

The remaining reasons, defined as 'other' in the accompanying graph are comprised of, Forced Marriage, Historic Childhood Abuse and 'Other' in the dataset.

Details around persons **displaying abusive behaviour** toward people under the age of 18 were recorded in only 29 cases, identifying 23 individual abusers. This small cut of the data indicates that the abuser was most likely to be a **relative** (61%) followed by an acquaintance (22%) with friends and ex-partner's accounting for the remaining 17% of cases.



Data around **gender identity** is recorded for just 13% of young clients. Of these, the majority identify as cisgender (84%), while just under one in twenty are identifying as either transgender or are questioning the gender they were assigned at birth.

The same is true of sexuality, with only 57 individuals (7%) of clients under the age of 18 having this data recorded and one in five of these **refusing to state their sexual orientation**. The remaining data shows that around two

thirds of these clients identify as **heterosexual** and the remaining 12% split between **gay/lesbian, bi-sexual or unsure**.

A large majority of the client's state that their **ethnic background** is '**White British**' (93%) with the remaining 7% dominated by those of 'Other White' and 'White and Black Caribbean' descent.<sup>95</sup>

A disability is recorded for only one in twenty young clients, slightly lower than the one in ten seen amongst adults. One in twenty young people disclose a **communication or learning difficulty** while slightly fewer (one in thirty) have some form of **physical disability**.

The proportion of clients under the age of 18 experiencing **poor mental health** is around half of the that recorded for the adult treatment population, with just under **one in three**<sup>96</sup> **disclosing a confirmed issue** although a further one in ten are suspected to meet the requirement for a mental health intervention by their keyworker, equating to a total of 173 clients. Around **13% of these are receiving additional support for their mental health needs** – far fewer than the adult cohort where this figure is 26%.

One in every ten clients reported that they may be a risk to themselves, with over half of these citing having **suicidal thoughts**.

Likewise, those using substances amongst the under-18s group are far less prevalent in the data than their adult counterparts with only around 1% of those asked saying that they were concerned they might be **using drugs**

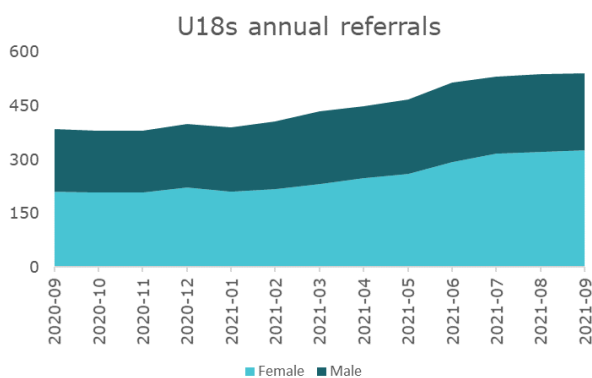
<sup>95</sup> Other ethnic groups recorded across a total of 390 clients were: African, Any Other, Bangladeshi, Caribbean, Chinese, Indian, Other Asian, Other Black, Other, Mixed, Other White, Pakistani, White

and Asian, White and Black African, White and Black Caribbean, White British and White Irish

<sup>96</sup> Where recorded, just under half of records analysed (419) contained this information

**and/or alcohol** in a harmful way, compared with 5% amongst the over 18s.

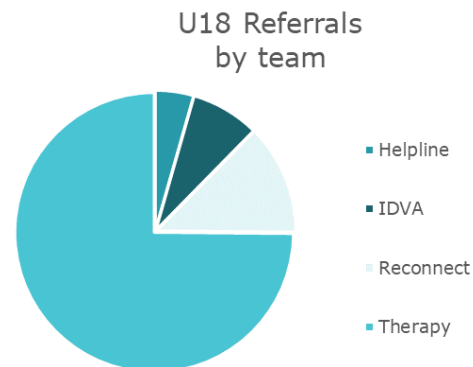
The latest year has seen a **39% referral increase** across under-18s, (542 referrals compared with 389 in the year to September 2020)<sup>97</sup>. Just under two thirds of referrals are for female clients with the proportion of female referrals growing at **twice the rate of those for male clients**



The breakdown of these referrals are similar to the 'in service' data previously explored and are driven by referrals into the **Therapy team and Reconnect**, (88%) with the remainder being into IDVA and Helpline.

The people requesting support through therapeutic and group therapy interventions are most likely to be between the ages of 6 to 15, whereas the majority of clients with an open Helpline or IDVA episode are slightly older, between 12 and 17.

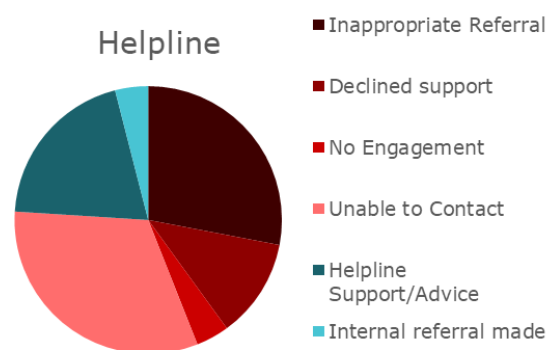
## Young person's engagement rates: Safer Futures



Across the entire client group, **under 18s** are more likely to decline support than adults and have a slightly lower successful engagement rates.

636<sup>98</sup> of the 854 episodes open to people under 18 in the year to September 2021 closed during this period.<sup>99</sup>

73 young people, just over one in ten, were with Helpline or IDVA teams and closure reasons are shown in the following charts.



**Helpline** clients account for just 4% of all closures, from the data we can see that the majority of cases close with the client not receiving any further support, in most instances this is due to an **inappropriate referral**, or the client **cannot be contacted** by the team.

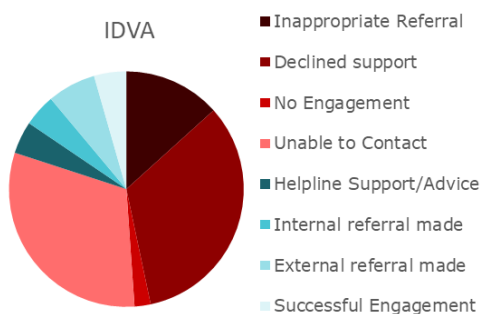
<sup>97</sup> Latest referral, each client only counted once even if they have multiple referrals to various areas of the service

<sup>98</sup> 25 Helpline, 45 IDVA, <5 Case Coordinators, <5 SUSie, 115 Reconnect, 450 Therapy

<sup>99</sup> Latest episode only

A similar picture is evident amongst those with an **IDVA episode type**, supporting children from the age of 13-17 at high risk of – or immediate risk from – domestic abuse. Of the 45 episodes that closed; over three quarters concluded support without engagement, with the individual most likely to **decline support** (15 cases, or 33%) or the team are **unable to contact** them altogether (14 cases, 31%).

More successful IDVA engagement, such as **onward referrals** (internal and external) and **successful engagement** are accounted for by only one in every five clients at the point of closure, half the rate of the adult IDVA cohort.

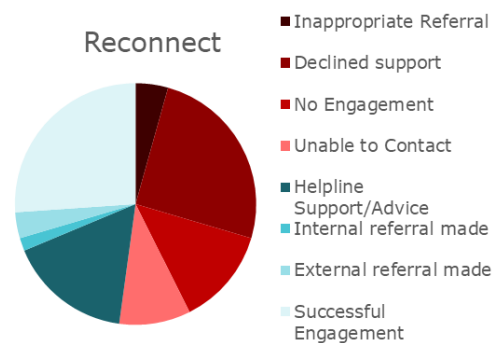


The **Reconnect Team** works with children aged 8-15 years providing one-to-one and small group sessions to support young people that have experienced or witnessed domestic abuse and are not already receiving other therapeutic interventions. Just under one in five young people’s episodes are with Reconnect.

Of the case closures generated in this team, there is a higher rate of successful outcomes than the Helpline and IDVA caseloads, with 48% either **engaging successfully**, being **referred on to further support**, or being given relevant basic **support and advice** without the need for further action.

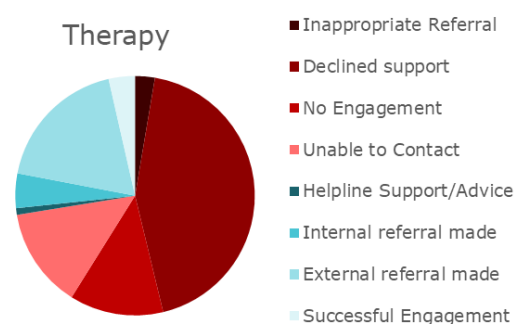
However, 38% either **decline support** or **refuse to fully engage** with the service, while the remaining 14% either

can’t be contacted or are not appropriate for the service.



Therapeutic clients account for the largest proportion of young people within the Safer Futures pathway (74%), with 450 episodes closing in the year to September 2021. Around three quarters of these episodes are not successfully engaged, with the client most likely to be **declining any further support** (44%).

Only 4% are recorded as having **successfully engaged** with the service (16 clients) while a further 104 (one in every four clients) are **referred externally** to another team within the Safer Futures service. Nearly all Therapy episodes (98%) closed had been open for at least 8 weeks, suggesting that one reason for clients declining support could be linked to **long waiting times**.



### Additional services supporting children

Supplementary data is available from some of our partner organisations from within the Domestic Abuse and Sexual Violence pathway in Cornwall.

**CLEAR received 118 referrals** for young people requiring emotional trauma support and therapy, where domestic violence was recorded as a primary factor in the Quarter 2 of 2021/22.

In addition, therapeutic interventions for children are also provided by **Jigsaw**, a service providing support for children and young people who have experienced sexual abuse who have **17 clients currently engaged** with DASV identified as an issue.

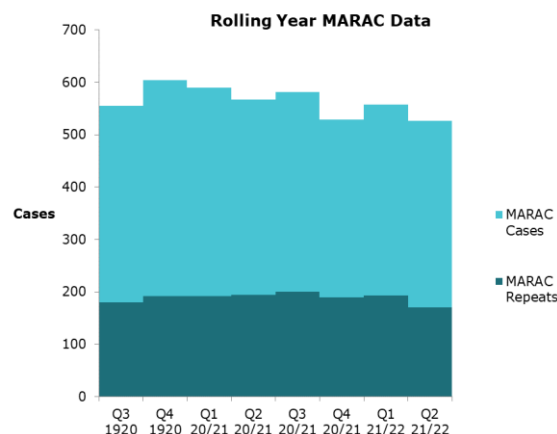
# MARAC

Measure (rolling year)	Q1 21/22	Q2 21/22	Direction of Travel
Total MARAC referrals	558	527	↓
% repeat MARAC referrals	193 (35%)	170 (32%)	→
% Police referrals to MARAC	377 (68%)	347 (66%)	↓

Having reported a rising trend in MARAC referrals at the end of 2019/20, following MARAC training events, we immediately saw a negative impact on referral numbers from the start of the pandemic.

Since then – whilst fluctuating within individual months, with particularly **low referral numbers in the months of February and March 2021** – referral numbers have maintained an average of around 45 per month.

Month	Referrals	12-month average
Jul-20	51	41
Aug-20	43	45
Sep-20	65	48
Oct-20	45	48
Nov-20	45	47
Dec-20	50	48
Jan-21	52	48
Feb-21	32	46
Mar-21	29	44
Apr-21	44	43
May-21	45	45
Jun-21	58	47
Jul-21	44	46
Aug-21	37	46
Sep-21	46	44
<b>Annual Total</b>	527	



Feedback from the MARAC Review indicated that there is more work to be done in terms of making the **referral process into MARAC more streamlined** and further training is planned around this. At present, we remain **some way short of the SafeLives recommended target** of cases heard.<sup>100</sup>

The number of domestic abuse incidents recorded by police at **high risk** remains stable at 3-4%, accounting for 302 individual incidents<sup>101</sup> over the latest 12-month period, while Devon and Cornwall Police referrals into MARAC are slightly higher, at 347 during this time.<sup>102</sup>

The proportion of MARAC **referrals made by Police is slowly decreasing**, presently sitting at 61% compared with 73% a year ago and 81% two years ago.

This suggests that other MARAC partner organisations are becoming more **confident and informed** around identifying and responding to domestic abuse and are making referrals directly into MARAC themselves.<sup>103</sup>

<sup>100</sup> Cornwall should receive approximately 920 MARAC referrals per year: SafeLives (2018) MARAC review

<sup>101</sup> 302 incidents with recorded DASH risk of 'High'

<sup>102</sup> An additional 23 (4%) referrals were from other force areas

<sup>103</sup> Other prevalent referral sources, breakdown: Safer Futures (70, 13%); Children's and Adult



**Non-police referrals have risen steadily over the past two years,** growing from 103 to 154 in the year to September 2020, and rising again to 180 in September 2021, a rise of 75%.

It is also becoming apparent from the data that a larger spread of organisations is beginning to make referrals; this is an approach directly encouraged under the MARAC protocol and is supported by the structural changes developed for MARAC within the Halo (MANTA) case management system.

Following a period of increasing internal **NHS safeguarding referrals,** numbers citing domestic abuse as a factor look to have stabilised at around 1 in every 5 referrals and these in turn generate around 3% of MARAC referrals.

High risk MARAC cases are much more likely to relate to a **female victim** 92%<sup>104</sup>) with the most common age range being **25-34 years old.**<sup>105</sup>

While numbers for **male victims** going through the MARAC are much smaller (and therefore volatile to small changes), the age profile shows that these individuals are likely to be **older than the female cohort,** with the most common **age range being 45-54** and overall (64% of male victims are aged 45 and over).

**Repeat referrals to MARAC** remain stable and **within the SafeLives target range**<sup>106</sup> at 32%, indicating that the ongoing risk management of the Cornwall MARAC is effective, but the **shortfall in expected numbers** requires further exploration.

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Social Care (27, 5%); Refuge (18, 3%); NPS (10, 2%); NHS (18, 3%); Housing: Various Providers (12, 2%)

<sup>104</sup> A similar proportion can be seen amongst high-risk incidents recorded by Devon and Cornwall Police

## Young people at MARAC

5 people discussed at MARAC in the 12-month period to September 2021 were **under the age of 18,** just over 1% of the total number of victims (401), accounting for 8 cases discussed during this time, **half of which were repeats.**

In each of the cases discussed, the **victim was female** and person displaying abusive behaviours was an adult male, currently or formerly a **partner of the victim.**

The **majority of cases were referred by Police,** with the rest coming from Health and Children's Social Care. A further 7 MARAC cases involving an adult victim were referred by Children's Social Care.

24 cases, linked to 21 victims, were discussed where the **abusive person was identified as a child of the victim,** while the majority of these are 'adult children', there are 5 cases noted where the abuser is between the ages of 15 and 24.

Overall, **555 children** under the age of 18 were linked to 251 clients discussed at the MARAC, covering 63% of cases.

A total of 67 (12%) of these children were shown to have been under a **Child Protection Plan** in the past three years. 25 victims (6%) discussed at MARAC were known to be **pregnant** at the point of their referral.

<sup>105</sup> 34% of clients aged between 25-34, 23% 35-44, year to September 2021

<sup>106</sup> SafeLives recommend range for repeats cases (heard within 12 months of original) of between 28% and 40%

## PART 2: SEXUAL VIOLENCE

In this section you will find:

Information on the [specialist support services](#) available in Cornwall

An overview of the prevalence of [sexual violence](#) and key trends

Findings of an analysis of profile, engagement and outcomes of [people using our services](#)

Findings from an [analysis of needs](#) by different population groups

An overview of the prevalence of [child sexual abuse and exploitation](#) and key trends

Home Office findings on the [costs to society of contact child sexual abuse](#)



## Local Support Services

Support for victims (all ages) of acute sexual violence in Cornwall is provided by the [Sexual Assault Referral Centre](#) (SARC) in Truro, known locally as the Willow Centre, specialising in medical and forensic services.

Ongoing support for people with a case<sup>107</sup> entering into the Criminal Justice System is provided by **Independent Sexual Violence Advisors** (ISVAs) who work with both adult and child cases.

The commissioning of integrated Domestic Abuse and Sexual Violence Service, **Safer Futures**, has enabled the co-ordination of referral pathways for **therapeutic support for adults and children** who have experienced sexual abuse or assault.

Commissioning has been undertaken in line with the 2019-2022 Domestic Abuse and Sexual Violence Strategy and funded by Safer Cornwall, a working partnership of OPCC and Cornwall Council.

This utilises the devolved **funding from NHS England for recent victims** of sexual abuse and assault, alongside contributions from Devon and Cornwall **OPCC and Cornwall Council**.

Services supporting **victims of non-recent abuse are largely funded via Ministry of Justice Rape Support Funding** or Charitable Trusts.

There are a range of **all-age specialist therapeutic services** who work in partnership to provide support to victims and survivors of recent and non-recent abuse, however all services identified **capacity issues** and managed (though not closed) **waiting lists**.

**IAPT and Mental Health Services routinely refer** to specialist sexual violence services. Often these are the most complex cases requiring additional multidisciplinary support.

Stakeholders advised that **levels of complexity** for those accessing specialist voluntary sector services is significant, yet services **struggle to access support through statutory mental health services** through Cornwall Partnership Trust who also provide the IAPT services.

Stakeholders advised that, in terms of **geographical challenges**, Cornwall is a wide rural setting and despite providers working hard to provide accessible spaces, there remain **gaps in delivery in West Cornwall** due to limited public transport links.

[The Women's Centre Cornwall](#), a **women-only service**, provides women only spaces and longer-term therapeutic support for women and girls.

Support for men and boys who have experienced sexual violence are provided by **MASA, Operation Emotion, First Light and CLEAR**.

Stakeholders advised that the **majority of services utilise qualified therapists** working to professional and ethical frameworks, usually BACP. Where services use volunteers, they are trained by their host organisation and work to the same ethical framework as professional therapeutic staff.

Stakeholders note **routine clinical outcome measures** are used and reported to commissioners and funders. CLEAR, in particular, is engaged in research into the efficacy of therapeutic support.

<sup>107</sup> Acute and non-acute

## Prevalence and trends

### Key statistics 2020/21<sup>108</sup>

#### Victims 18+

- **303 rape offences** ▶ no change; 50% DA related
- **252 other sexual offences** ▼ -17%; 23% DA related
- **190 reports of CSA made by adults** ▲ +23%

#### Victims under 18

- **188 rape offences** ▶ +2%; 51% DA related (victims aged 16/17 only)
- **487 other sexual offences** ▶ -1%

The long-term impacts of sexual violence, whether experienced as a child or as an adult, are usually **severe and far-reaching**; research suggests that without the right support, the effects can **last a lifetime** – or even **take a life**.

Impacts include poor **mental health** and emotional wellbeing, reduced **social functioning**, chronic **physical health** conditions and negative consequences for **sexual health**.

### In the last year an estimated 1 in 50 people experienced sexual assault

Current estimates project that around **7,300 people aged 16 years or over in Cornwall** are victims of sexual assault each year (2% of the population)<sup>109</sup> – only **5-10% of people are estimated to report** to the police.

The Crime Survey also estimates that 14% of the population has experienced any **sexual assault since the age of 16** – which equates to **56,900 people** in Cornwall.

### More people are seeking help for non-recent abuse

In 2020/21 **1,230 sexual offences** were reported to the police in Cornwall, of which an estimated 63% took place within the year. This is usually around 70% but was lower this year due to a **rising trend in adults reporting child abuse**, which increased by 23%.

One hypothesis is that the enforced isolation whilst the country was under COVID restrictions provided the conditions for **past trauma to re-surface**, which in turn led to more people wanting to seek help.

Despite this upwards trend, overall the level of sexual violence reported to the police saw a slight dip over the course of the pandemic, **but a rising trend re-established in early 2021**.

**Half of all rape offences** where the victim is aged 16 and over are recorded as **domestic abuse**.

### Presenting needs are complex requiring more intensive support

Partners continue highlighting a **rise in additional vulnerabilities** around financial abuse, mental health, substance misuse and increased suicide risk noted amongst DASV cases, amongst both victims and abusers.

Increases in referrals around **non-recent sexual abuse** are putting additional strain on the system.

Safer Futures' have raised that the demand to respond to non-recent sexual

<sup>108</sup> Data covers 2020/21 compared with 2019/20; victim age is determined by age recorded in the crime data and/or crime type where this is age specific

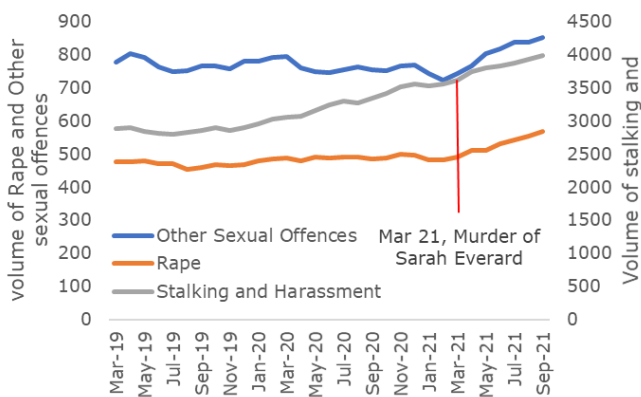
<sup>109</sup> Crime Survey for England and Wales, 1.8% of people aged 16-74 years experienced sexual assault in the last year; mid-2020 population estimate (Office for National Statistics)

abuse is **higher than the service has capacity** to support.

The growing numbers mean that triage is put under pressure; additionally, the **longevity of the support** that is needed and the **impact of childhood sexual abuse** means that people seeking help need very intense therapy, above what is available; system efficiencies can be gained in **hybrid online/in person support** for those that it 'works' for, others don't respond so well.

**A sharp rise in reporting this year prompted by national cases**

Since March 2021, we have seen a **sharp rise in the volume of sexual offences reported**. High profile national incidents (such as the murders of Sarah Everard and Sabina Nessa) are cited in national research as a contributory factor in driving up reporting.



Official figures from ONS show that police forces in **England and Wales recorded the highest ever number of rapes and sexual offences** in the 12-month period up to September 2021.

We have also seen a steep rise in **Stalking and Harassment offences** reported, driven initially by changes in

crime recording and a focus by police, including additional training of police officers. This trend has continued strongly in 2021/22. There were **1,000 more reported cases** in the 12 months to September 2021 than in the same period 2 years previously.

In contrast to 2020/21, the **higher volumes of reported crimes relate to current incidents**, taking place within the 7 day period before the police report was made. The number of non-recent crimes<sup>110</sup> involving child victims has, however, remained at the higher volume established during the pandemic (but accounting for a lower percentage).

Time period	12m to Sep-21	12m to Sep-20	Change	% Change
Forensic window	728	632	96	15%
11- 30 days	137	97	40	41%
1-12 months	259	237	22	9%
More than a year	294	273	21	8%
<b>Grand Total</b>	<b>1418</b>	<b>1239</b>	<b>179</b>	<b>14%</b>

**Exploitation is an increasing risk requiring a more joined up response**

The Peninsula Strategic Assessment noted a specific knowledge gap around **sexual exploitation linked to County Lines/Dangerous Drugs Network**.

Across the Peninsula, there is evidence that sexual violence is being used as a method of control in drug-related exploitation, particularly targeting vulnerable women and young people, and this presents **significant hidden harm** with victims unlikely to seek help.

Services in Cornwall, including our drug and alcohol service and safe accommodation providers, are reporting this as an **increasing risk locally**, requiring a more joined up approach.

<sup>110</sup> Reported a year or more after the incident occurred



**Safe accommodation providers** have also said that the number of cases involving exploitation is increasing and they are finding these cases 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.

The focus of the response to exploitation has largely focused on children and young people to date. **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 Missing and Child Exploitation (MACE) panel.

### Very few sexual offences result in a brought to justice outcome

**568 rapes in Cornwall** were recorded in the 12 months from January to December 2021. At the point of this assessment, roughly two thirds of these were yet to be assigned an outcome.

Of the 209 where an outcome had been achieved, 4 crimes resulted in a charge and another **3 were assigned a positive police offender outcome**.

**76% were closed with evidential difficulties** and in 3 out of 4 of those cases, the victim did not support action.

**905 other sexual offences** were recorded from January to December 2021. Half of these offences were closed during that period, slightly above the proportion for rape offences.

9 crimes resulted in a charge and another **4 were positive police offender outcomes**. There was also a slightly lower percentage of cases closed with evidential difficulties (61%) and with the victim not supporting action in 55% of those.

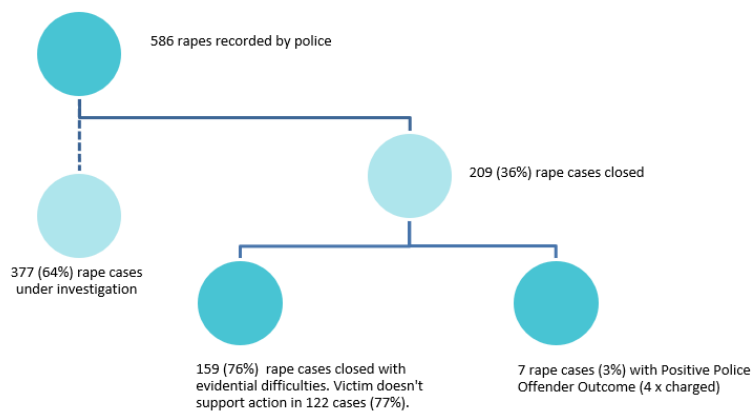
Outcomes for sexual offences in Cornwall are **broadly in line with national rates** with the exception of evidential difficulties where a suspect is identified, and the victim supports action, where Cornwall has a rate of 19% compared with 15% nationally. Linked to this, Cornwall has a lower rate of evidential difficulties where the victim does not support action (21% vs 33%).

It also appears that we have a higher percentage of cases under investigation than nationally (36% v 26%), but this may be due in part to the outcomes data not being retrospectively refreshed over longer time periods.

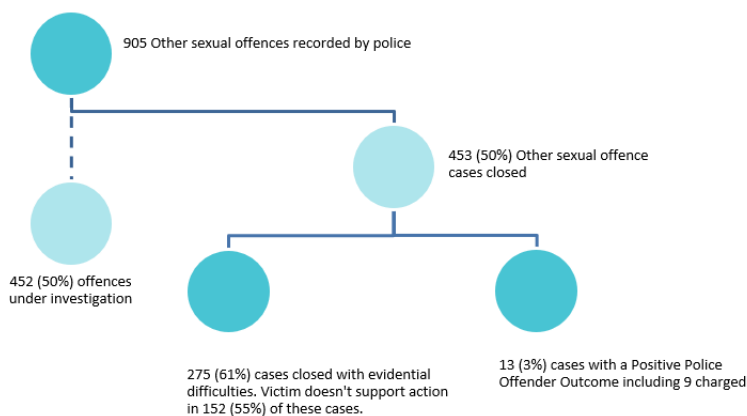
There can be an up to **three-year wait** for cases to come to court. As well as the toll on the **victim's wellbeing**, it is **challenging for services** who are supporting the victim to remain engaged in a lengthy and distressing process.

Outcomes – Cornwall v National	England & Wales	Cornwall
Charged/Summoned	3.5%	2%
Taken into consideration	0%	0%
Out-of-court (formal)	0.3%	0%
Out-of-court (informal)	0.2%	0%
Prosecution prevented or not in the public interest	2%	3%
Evidential difficulties (suspect identified; victim supports action)	15.4%	19%
Evidential difficulties (victim does not support action)	33.3%	21%
Investigation complete - no suspect identified	14.4%	15%
Action undertaken by another body/agency	3%	0%
Further investigation to support formal action not in the public interest	1.3%	0%
Diversionary, educational or intervention activity undertaken; further action not in the public interest	0.5%	0%
Offences not yet assigned an outcome/under investigation	26.2%	36%

**Police reported rapes and offender outcomes (all ages): 12 months ending Quarter 3 2021/22**



**Police reported other sexual offences and offender outcomes (all ages): 12 months ending Quarter 3 2021/22**



## Who is receiving help?

There are a **range of organisations providing support** to victims of sexual violence, both current and non-recent.

There is **no way currently of consolidating the data** from all of these sources to create a single picture of who is accessing support and understanding who isn't (unmet need).

For the purposes of this assessment, we examined **4 cohorts of people in contact with services**. Analysis of each group is provided separately, without knowing the extent to which these groups overlap.

- 282 people in SARC services
- 404 people<sup>111</sup> in the ISVA service
- 343 people in The Women's Centre Cornwall (women and girls only)
- 265 people in our commissioned DASV services

There are some common themes however regarding an increasing number of adults seeking support for **sexual abuse in childhood** and **complexity** of presenting needs, particularly **mental health**.

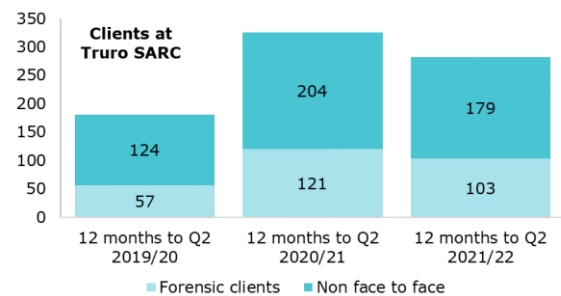
## Sexual Assault Referral Centre

Data from the SARC shows that during the first year of COVID restriction referrals reduced followed by a rapid rise as restrictions were eased – this was apparent at both **Truro and Plymouth SARCs**.

The cases coming in were increasingly complex, potentially exacerbated by the delay in accessing help. **SARC daily rapid review meetings** were seen as

very successful but there were huge numbers so cases involving **children had to be prioritised**, but police were finding it too resource intensive and this was recognised as a gap.

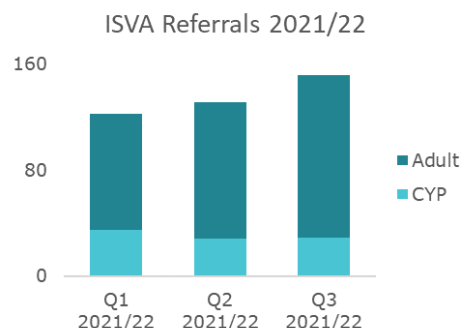
In 2021/22 **referral numbers have been more stable** - over the last year 103 clients have been referred into the SARC for examination, and 179 were consulted without requiring a forensic examination.



Nine out of every ten clients identified as female.<sup>112</sup> 69% of all cases related to an alleged rape with the remaining 87 clients reporting sexual assault or other/unknown incidents.

## Independent Sexual Violence Advisors

Referrals into First Light's ISVA service have shown an increasing trend throughout 2021/22,<sup>113</sup> at present standing at 404 individuals.



<sup>111</sup> Data available for Quarters 1 to 3 2021/22 only at time of writing

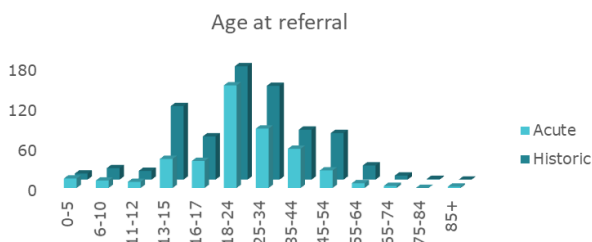
<sup>112</sup> 258/282

<sup>113</sup> Data available for Quarters 1 to 3 2021/22 only at time of writing

Around three quarters of these referrals are for adult victims, and **two thirds of cases are being supported due to non-recent abuse.**

More detailed data specifically for Cornwall was not available so the following figures relate to all people supported across Devon and Cornwall, where Cornwall accounts for about one in three of all 1,144 cases supported over the period.

The majority of acute cases are aged between **18 and 44** with a slightly wider spread amongst those reporting non-recent sexual abuse, most notably we can identify a high proportion of people aged 13 to 15 years in the data.



The cohort is predominantly women (90%), with 9% men and 1% identifying as transgender, hermaphrodite or 'other'. Just under **two thirds disclose an issue with their mental health**, while around one in five have a known disability.

Around one in six stated that they were the **parent, or responsible for the care, of at least one child up to the age of 17** and 15 people (1%) stated that they were **pregnant** at the point they sought help.

Victims are most likely to identify their abuser as a **partner or ex-partner** (25%) or someone known to or associated with them (22%). Family

members are cited in 18% of cases and friends in 16%.

In around **10% of cases the victim did not know their attacker**, while this figure is relatively low, services have anecdotally noted that reports of **stranger assaults appear to be increasing** across the South West.

861 cases were closed during this period which, when compared with the increasing number of referrals (standing at 1144 over the same period), suggests the service will be seeing an **expanding caseload of clients** with more coming into the service than are exiting. Data from the Cornwall team indicates that their caseload has increased by 31% in the year to January 2022, up to 341 cases (including 94 children).

The **backlog within the courts system** previously noted indicates that caseloads may continue to grow as support is needed over a longer period of time. Despite the increase in referrals, 99% of cases were contacted by an ISVA within 24 hours of the referral being received.<sup>114</sup>

### The Women's Centre Cornwall

Data supplied by The Women's Centre Cornwall shows that the service worked with **343 individual women and girls** in the twelve months to September 2021. Of 313 new referrals in this period (261 adults and 52 under the age of 18), 277 people (88%) went on to engage with the service.

Overall, 295 **adults** were engaged with The Women's Centre Cornwall during this period. Around three quarters, (shown on the outer ring of the chart) reported that their primary reason for seeking support was for **non-recent abuse**,

<sup>114</sup> Excludes weekends

while the inner ring shows contemporary abuse. Of these, 50% reported being **sexually abused as a child**.



A third said that they had been **victims of domestic abuse and sexually abused** within that relationship, with the remaining clients (around one in five) saying that they had been raped, or they were a victim of sexual violence outside of a domestic relationship. Of the 24% reporting more recent abuse, the majority of these are primarily associated with sexual violence as a part of domestic abuse.

Just over one in ten clients reported their sexuality as either **bisexual** or **lesbian** (32 clients), this is around twice the proportion we have seen across other DASV services in Cornwall.

Of the total adult cohort engaged with the service, more than 40% (120 individuals) disclosed having **problems with their mental health**, 27% with a diagnosis and 14% not diagnosed.

One in ten described their mental health issue as severe and enduring. In addition to this, around nine out of every ten clients expressed feeling **anxious** and just under eight in every ten were suffering with some level of **depression**.

More than half had experienced suicidal thoughts, with a third having self-harmed and **almost a quarter reported having attempted suicide** at some point in the past.

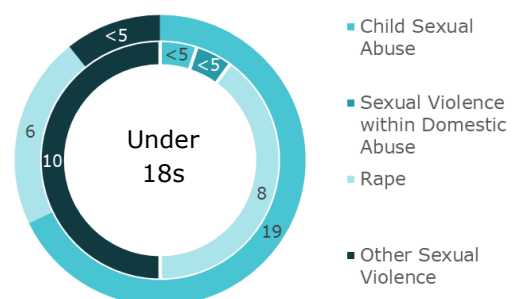
19% of people engaged with the service disclosed a physical disability whilst 8% disclosed a learning disability.

252 individual adults exited the service during the period reviewed, with 175 (69%) **successfully reaching the conclusion** of their support programme.

Of those that exited without completing, the majority lost contact with the service or changed their minds after initially engaging (63 individuals or 25%). Of the remainder, a further 3% did not engage and the rest left or deferred their place for other reasons.

The Women’s Centre Cornwall also provides support to **children aged between 11 and 17 years**. In the year to September 2021 the service reported 48 engaged individuals in this category. Over the same time period, 52 girls under the age of 18 were referred into the service.

Of those engaged, just under half (42%) reported being the victim of childhood sexual abuse with majority of the rest reporting experiences of rape (29%) or other sexual violence (27%). 58% of all clients stated that the abuse they had suffered was **non-recent** – see the outer ring of the accompanying chart, the inner ring represents those with a primary abuse type that is contemporary.



Of those reporting more recent or ongoing abuse, the majority was made up of rape (40%) or other sexual violence (50%).



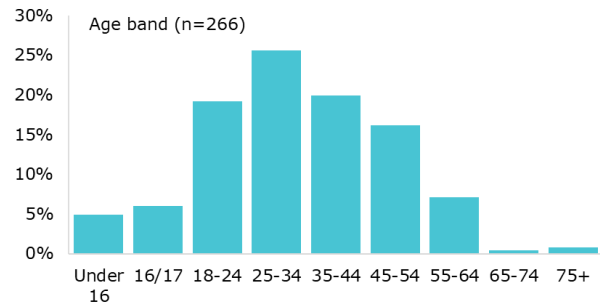
At the point of writing, numbers of under-18s exiting the service were too small to provide a detailed analysis, however the data does show a continuation of the trend in the adult cohort with a larger than average proportion of clients reporting that they are **LGB** (28%).

Whilst numbers are too small to report upon here, the data for people under 18 years of age also shows a high proportion demonstrating risk factors related to mental health conditions, including **anxiety** (73%) and **depression** (48%); a significant proportion disclosed that they have **self-harmed** (44%) and or have had **suicidal thoughts** (35%).

### Safer Futures

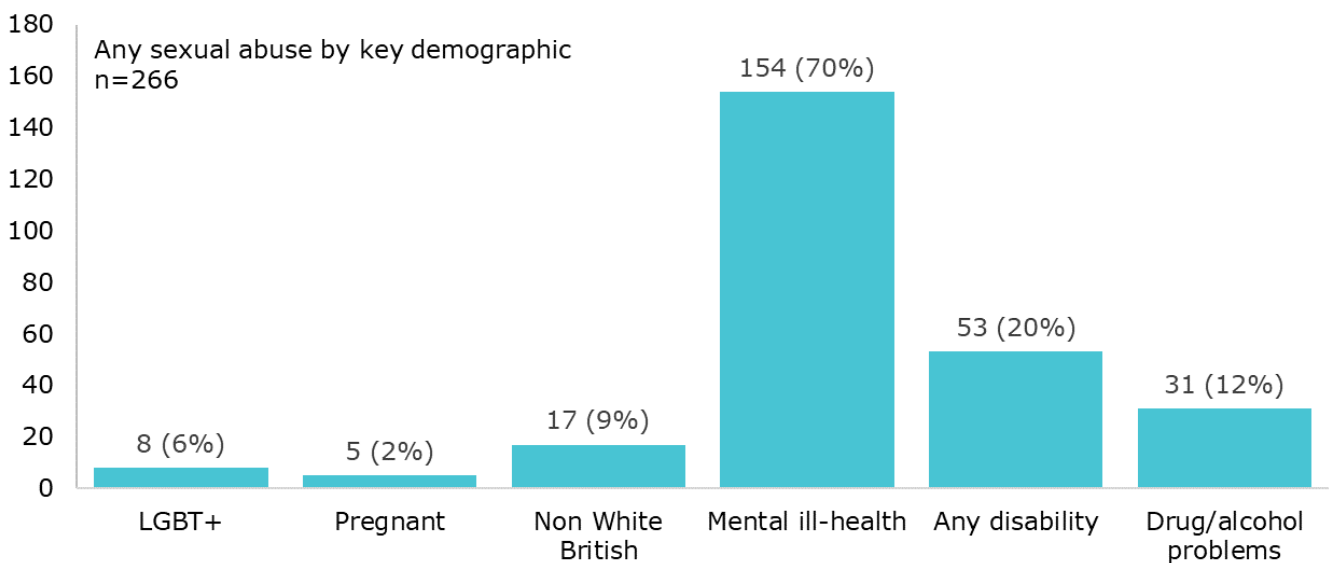
Around **5% of the Safer Futures caseload** recorded on Halo is recorded as having **current or non-recent experience of sexual abuse** and this is defined as including rape, sexual assault, sexual exploitation and grooming (including on-line). There are 266 people

in total, of which 11% are under the age of 18.



The majority of people disclosing sexual abuse are aged between 20 and 55, with less than 5 people in the 65+ group.

In terms of key demographics, people engaged with Safer Futures that disclose experiences of sexual violence are slightly **more likely to identify as LGBT+** (6% vs 4% in the service overall) and there is a **higher representation of minority ethnic groups** (9% vs 3%).



# Mapping the needs of different groups

**National prevalence data**<sup>115</sup> helps us to understand what the **experience of sexual violence 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 approaches to provide accessible and inclusive support.

A comparison of crime survey estimates with police data indicates that **a small proportion of victims of sexual violence report their experience** to the police (2-7% depending on personal characteristics). Police data provides a partial picture of unmet need, however, and we can gain additional insight from the different services providing support.

Research commonly identifies the following risk factors for being a victim of sexual violence:

- Being a woman
- Being young
- History of sexual assault when young
- Deprivation – poverty
- Being married or cohabiting
- Alcohol and drug consumption
- Being a sex worker
- Mental illness
- Learning and/or physical disability

115 Office for National Statistics (2021); Crime Survey for England and Wales: Prevalence of sexual assault in the last year among adults aged

## Gender

### Women

#### Key statistics 2020/21<sup>116</sup>

##### Women

- 2020/21 - **1,034 crimes** ▼-1%
- 2021/22 - **1,296 crimes** ▲+25%

##### Victim aged 16+

- **585 crimes** (57% of total crimes)
- **530 women**; rate **2.1 per 1000** pop 16+
- **397** in the last year (75%)
- **137** non-recent (26%)
- **36% repeat** victims (last 3 years)
- 
- Victim aged under 16
- **449 crimes** (43% of total crimes)
- **407 girls**; rate **8.6 per 1000** pop U16
- **226** in the last year (56%)
- **185** non-recent (45%)
- **6% repeat** victims (last 3 years)

**In the last year**, an estimated **5,900 women** aged 16-74 years have been raped or sexually assaulted. Just under **400 women** aged 16 and over reported a rape or sexual assault that they had experienced within the last year, accounting for just **7% of the prevalence estimate**.

**48,200 women** (23% of the population aged 16+) are estimated to have experienced sexual **violence since the age of 16**.

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

16 to 74, by personal characteristics and sex, year ending March 2020

116 Data covers 2020/21, compared with 2019/20

The estimated victimisation rate for women is **3.7 times** the rate for men for sexual assault **in the last year** and **4.9 times** for any sexual assault **since the age of 16**.

In 2021/22, the rise in sexual offences is **predominantly in crimes against women**.

Although the vast **majority of people accessing support for sexual violence are women**, these numbers represent only a small proportion of the projected prevalence.

In terms of **unmet need**, we know that the highest numbers of people that are experiencing or at risk of harm through sexual violence and not receiving help are **women**.

The recent Government VAWG Strategy victim and survivor survey<sup>117</sup> found that a **third of respondents felt that their identity or personal characteristics acted as a barrier** to accessing support or other services, although more than half (54%) did not feel this was the case.

Some of the **personal characteristics** that respondents felt acted as a barrier included sex or gender, sexuality, ethnicity, culture or religion, illness or disability, age, socio-economic status, and/or their personal history (e.g., being a prostitute or sex worker).

As noted in the domestic abuse section, specialist organisations, such as Women's Aid, highlight that many women and children who have been subject to male violence and abuse need access to support which is **provided in single sex spaces** as this reduces their distress and trauma.

Women only services, designed by women and for women, are provided by The Women's Centre Cornwall.

#### *Women only services*

##### **The Women's Centre Cornwall**

- Specialist by and for women support service for women and girls aged 11 and over. Psycho-educational, emotional and trauma-informed support delivered using an Empowerment model.
- The core support offer is 1:1 support over 20-26 weeks. Other forms of support include helpline, an online peer support forum, bodywork and therapeutic group work.

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<sup>117</sup> [Government VAWG Strategy victim and survivor survey](#), 2021

## Men

### Key statistics 2020/21<sup>118</sup>

#### Men

- 2020/21 - **154 crimes** ▼-14%
- 2021/22 - **173 crimes** ▲+12%

#### Victim aged 16+

- **42 crimes** (27% of total crimes)
- **41 men**; rate **0.2 per 1000** pop 16+
- **27** in the last year (66%)
- **14** non-recent (34%)
- **17% repeat** victims (last 3 years)

#### Victim aged under 16

- **112 crimes** (73% of total crimes)
- **108 boys**; rate **2.2 per 1000** pop U16
- **43** in the last year (40%)
- **66** non-recent (61%)
- **3% repeat** victims (last 3 years)

Current estimates project that around **1,500 men aged 16-74 years in Cornwall** are victims of sexual assault each year (0.9% of the male population). Men therefore **account for 1 in 5 victims** of sexual assault.<sup>119</sup>

Just **27 men** aged 16 and over reported a rape or sexual assault that they had experienced within the last year, accounting for **2% of the prevalence estimate**.

**9,400 men** (5% of the population aged 16+) are estimated to have experienced sexual **violence since the age of 16**.

Rapes and sexual assaults against male victims that are reported to the police are **more likely to relate to child victims** than adults.

The sexual abuse experienced by men and boys is generally **perpetrated by other men**.

**Men account for 5-10%** of people known to **sexual violence support services** across Cornwall and are **under-represented** based on the actual level of incidence indicated by the prevalence estimate.

Safeline provides a national male specific helpline for those who have been sexually abused or assaulted; they reported a **110% increase in the number of contacts** made to the **male helpline** from 2020 to 2021.<sup>120</sup> This is credited in part by TV dramas raising awareness.

Research by Mankind UK in 2002 suggests that 8% of the male population are sexually abused, and some put it at 20% and higher.<sup>121</sup>

Male victims of sexual assault and rape are less likely to:<sup>122</sup>

- Access **specialist medical care** after being raped or sexually assaulted
- **Provide forensic and other evidence** to support a criminal investigation
- Be supported to **recover from trauma**
- Be referred to **longer-term support services**

### Barriers to accessing support

- Men often **struggle to see themselves reflected in services** or are unable to locate professionals who will understand their experiences in a non-judgmental way;

118 Data covers 2020/21, compared with 2019/20

119 Crime Survey for England and Wales, 1.8% of men aged 16-74 years experienced sexual assault in the last year

120 [Helpline call increases](#), BBC News

121 [Sexual abuse against men and boys](#), Dundee & Angus Women's Rape and Sexual Abuse Centre

122 [SARC Good practice guide](#), NHS

- Fear of being **seen as “gay”, or as a potential perpetrator** themselves, is another often-cited barrier to men accessing support. Discussions of male rape as a rare or homosexual issue can shape professionals’ responses, thereby leading to **stigmatising practice**;
- Men are more likely than women to be subjected to institutional and clergy abuse as children, and **prison-based sexual violence and coercive sex** as adults.

### Barriers to accessing a SARC

The SARC Good Practice Guide<sup>123</sup> identifies a range of barriers for male victims accessing sexual assault services, these include:

- Fear of **not being believed** or taken seriously
- Fear of **judgement** from SARC staff
- Fear of being **labelled a perpetrator**
- Perception of masculinity – feeling **embarrassed** or ashamed
- **Confusion** around sexuality
- **Unwillingness to disclose** sexuality
- Confusion about **whether a crime was committed**
- A lack of awareness of SARC services
- Believing that SARCs (and other sexual violence support services) are ‘women only’ services
- SARCs not being welcoming to men
- Use of the word ‘sexual’ may be a barrier for males with conservative beliefs
- Concern about the SARC’s connection to authorities, such as the police
- Perceived lack of understanding of the needs of male victims/survivors by SARC staff.

### Best practice

Recent Government VAWG guidance<sup>124</sup> has held up our **local approach to supporting male victims** of domestic abuse and sexual violence as an **example of best practice**.

Best practice guidance from NHS England<sup>125</sup> states that SARCs should:

- Provide a **variety of contact methods** through which men can access the service (such as phone numbers, email, text chat and online forms), ensuring a timely response to each method
- **Give men space** to decide if they want to engage with support by encouraging them to attend the SARC when they are ready
- Have **information available for male clients to take away** and consider
- Ensure there is **flexibility** to allow men to access the SARC when they want, for example at a specific time
- Recognise and **acknowledge the courage it takes** for men to come forward to seek help and understand the impact of a negative response to a disclosure
- Recognise the need for a **‘gender-inclusive’ approach**, which includes tailoring services, acknowledging protected characteristics and providing different choices in how services are delivered
- Monitor the ethnicity, sexuality and disability of all men who access the service to **understand the demographics of male service users**.

A set of service standards for working with boys and men affected by sexual abuse, rape and sexual exploitation is

<sup>123</sup> [SARC Good practice guide](#), NHS

<sup>124</sup> [Supporting Male Victims](#), Home Office Policy Paper, May 2022

<sup>125</sup> [SARC Good practice guide](#), NHS

available on request from [Male Service Standards - MSP - The Male Survivors Partnership](#)

## Support in Cornwall

In February 2021, £1.4m was announced specifically to support Male Victims, open to Ministry of Justice directly commissioned services (those in receipt of grants from the Rape and Sexual Abuse Support Fund) and PCC commissioned and non-commissioned specialist sexual violence services.

*Services specifically for men*

### Men Against Sexual Abuse (MASA)

All age, peer support group across Cornwall. Self-referrals or through First Light.

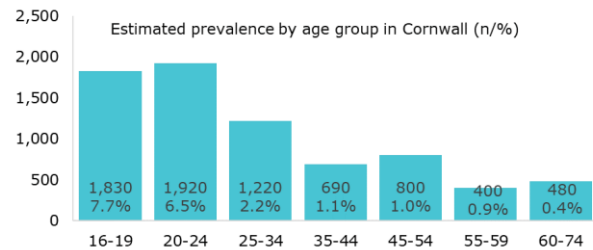
### Recovery programme for Men – Operation Emotion

Group work offering a range of self-help initiatives and educational programmes that enable men to engage in a process of recovery. Self-referral or through/with professional.

## Age: Older people

Note that the [sexual abuse and exploitation of children](#) is covered as a separate topic.

National research indicates that **risk of sexual violence declines significantly with age**. Estimated at 0.5% of the population, prevalence amongst the 55-74 age group is around 1/20<sup>th</sup> the rate<sup>126</sup> for 16-19 year olds.



People over the age of 55 make up around **12% of the estimated number of victims** of sexual violence (just under 900 people).

In the police data, this age group accounts for 5% of victims of all reported crime. Numbers are small – just 30 people aged 55+ reported a rape or sexual assault that they had experienced within the last year, accounting for **3% of the prevalence estimate**.

Whilst this indicates high levels of unmet need amongst older people, importantly it **does not include anyone aged 75+** and neither does it account for older people living with the **trauma of previous experience of sexual violence**, having never received help and support.

There are **very few older people in services** receiving support for sexual violence.

## Risk factors

**The Women's Centre Cornwall** is part of the South West Rape Crisis Centre Partnership working on a project across the region to **raise awareness of sexual violence against older women** and to bring about change.

In January 2020, the partnership published its findings<sup>127</sup> from a survey

126 0.5% for the 55-74 age group compared with 7.7% for 16-19 year olds.

127 [The chilling silence. A briefing paper on sexual violence against older women in the South](#)

[West of England](#), South West Rape Crisis Partnership (2020)

and research on the needs and experiences of women within the South West, aged 55 and over, who have experienced sexual violence.

This research found that the most common perpetrator of sexual violence against women aged 55<sup>128</sup> and over was a **partner/ex-partner or spouse** highlighting the significant cross-over with domestic abuse.

### **Older women receiving support**

either in their own home or in **residential, care or nursing homes** can face particular threats from relatives or service providers (especially if they rely upon others for general and intimate care). Abuse may also be inflicted by other residents within residential care homes.

Research also shows that women living with a **mental or physical health disability** are more vulnerable to abuse.

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

The report acknowledges that the **nature and severity of sexual violence against older women is not fully understood** by professionals in health services, adult safeguarding teams, care and nursing homes.

### **Barriers to accessing support**

The emotional challenges experienced by an older victim mirror those of other age groups (shame, fear, anxiety, self-blame) but are often **amplified due to cultural norms from earlier life** which

may inhibit disclosure and limit access to support.

In the UK, the law changed to make rape in marriage a crime in 1991. Women who grew up in a generation before the law changed may find it difficult, now, to recognise what happened/is happening to them as a crime.

- Older people may **experience sexual abuse over many years** within a long marriage/relationship and may not recognise or acknowledge the abuse because it has become 'normalised.'
- Linked to this, financial dependence

Myths prevail that **rape is linked to sexual desire**, with victims of sexual violence often portrayed as younger "attractive" women who are abused by older male strangers, present real barriers to disclosure and make it hard for some people to make sense of the sexual violence that they have experienced later in life.

- **Older women may feel that they will not be taken seriously** by the criminal justice system.

Challenges (including ethical) associated with **dementia and other memory function issues**, can manifest in increased fear of not being believed, and accounts dismissed by carers, family or professionals.

- Sexual violence services are often **ill-equipped to support people with dementia** when they present;
- There may be concern that their **disclosure will be misinterpreted or dismissed** as part of dementia/mental ill-health and they may rely on a perpetrator for care.

<sup>128</sup> Cited in [Sexual violence](#)

[and older women: A guide for providing support](#) and

The framing of sexual violence affecting older people as '**elder abuse**' is another reason older women who have experienced recent rape or sexual violence do not receive the same support as younger women in the UK.

One of the recommendations from the research is to **stop using this term** and to ensure that the correct terminology is used (sexual violence, rape, sexual assault or sexual abuse).

### Best practice

The South West Rape Crisis Centre Partnership make a number of recommendations to **improve the system response** for older people:

- **Raise awareness** around what constitutes abuse and the availability of support, **providing more information** in places such as GP surgeries, community centres and libraries;
- Ensure **training on signs and symptoms in older women relating to sexual violence** is embedded into relevant organisations working in the aged care sector;
- Ensure that there is an **appropriate support and service delivery model** for older women who are victims/survivors of sexual violence, including clear referral pathways and access to advice for professionals including GPs;
- Ensure that **older people and sexual violence strategies** actively include older women and that they are reflected in their work and campaigns. Collectively we have a responsibility to **proactively challenge ageism and prevalent cultural beliefs and myths** surrounding older women as victims or survivors of sexual violence.

Across the UK, there are few services set up specifically to meet the needs of older

women who have experienced sexual violence. The [Silver Project](#), a domestic abuse and sexual violence project for older women, is described in the Domestic Abuse section.

### Support in Cornwall

Although there is no service currently specifically tailored to the needs of older victims of sexual violence, a [project](#) has just launched to learn more about the experiences of older people in Newquay concerning domestic abuse and/or sexual violence.

#### *Services specifically for older people*

There is no service specifically tailored to the needs of older victims of sexual violence in Cornwall.

#### **The Women's Centre Cornwall**

Provide a guide for older women [Sexual Violence and Older Women: A Guide for Providing Support](#)



## Ethnicity

### Key statistics 2020/21<sup>129</sup>

Minority ethnic groups (all ages)

- **19 sexual offences** ▲ +46% NB difference is 6 crimes; **2.7 crimes** per 1000 population
- **17 people**; of which **32% repeat** victims

CSEW data<sup>130</sup> consistently shows differences in the experiences of recent and non-recent sexual violence based on their ethnicity.

Whilst 0.9% of White British men and 3.1% of White British women reported experiencing sexual violence in the last year, the **rates were higher amongst people from Mixed ethnic groups and Black women**:

- Mixed ethnic backgrounds - 1.7% of men and 5.4% of women
- Black - 4.4% of women

In Cornwall, reported crimes where the victim is recorded as coming from a minority ethnic group are **very low in number**, to the extent that the data cannot be presented by individual ethnic group. Together **these crimes account for 1%** of reported sexual violence.

The **most represented ethnic group is Mixed ethnicity**, in line with our population profile and projected prevalence.

There are **very few people** from minority ethnic groups **engaged in local support services**, but this reflects Cornwall's population profile and may not be symptomatic of any disproportionate under-representation.

### Risk factors

Cornwall's population has a low proportion of people from minority ethnic groups – based on the most recent estimates, this is around 7,000 people or 2% of the population.

National research relating to domestic abuse, which is covered in the [Domestic Abuse section on Ethnicity](#), indicates additional vulnerabilities for people from minority ethnic groups which apply equally to sexual violence – including **low levels of disclosure, multiple perpetrators** (including extended family members) and a higher risk of **homicide/suicide**.

Risk may also be increased by **comparative isolation of individuals and families** from minority ethnic groups within predominantly White communities.

### Barriers to accessing support

With respect to ethnicity, barriers suggested for minority groups accessing sexual assault services through the SARC<sup>131</sup> include an **expectation of racist attitudes** and experience of **not being understood** by professionals/institutions that don't 'get' the realities of being of Black, Asian or minority ethnic heritage.

Whatever their experiences, individuals 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.

<sup>129</sup> Data covers 2020/21, compared with 2019/20

<sup>130</sup> [Sexual offences victim characteristics, England and Wales, ONS 2020.](#)

<sup>131</sup> [SARC Good practice guide](#), NHS

- Support services are typically not designed with these cohorts of people in mind and **may lack specialist knowledge and training**.
- Victim-survivors often report **not seeing themselves within services** which are White in the majority
- **Language barriers and cultural factors** (family, community) can prevent people from accessing support and creates a fear of disclosure
- **Services often view the experiences of people from minority ethnic groups as uniform** or solely linked to immigration, poverty or language, resulting in discriminatory practice
- **Concerns around immigration status** and the sharing of data across services—notably, data continues to be shared between health and immigration
- **Concerns around confidentiality** are particularly prominent for these groups
- **Isolation** can impact upon a victim-survivor’s ability or willingness to access help. The denial of the existence of sexual violence in some communities also provides a substantive barrier to seeking support.

### Support in Cornwall

A recent **Domestic Homicide Review** highlighted that **improved reach into minority ethnic communities** is needed for domestic abuse, and this presents opportunities for raising awareness about sexual violence at the same time.

The review findings echoed both the **language and cultural barriers** indicated through national research, compounded by a **lack of information in other languages** and problems sourcing **interpreters**.

The recommendations include developing **interpreter services** that are flexible to

meet current and future needs, with **DASV training** and **multilingual information** on support services.

Positive engagement with minority ethnic communities, for example in the workplace, is also recommended to **build greater confidence and awareness**.

On behalf of the council, **The Women’s Centre Cornwall** is reviewing the use of interpreters across the DASV system and will be working with European women to develop more effective ways to enable them to access **first-language information and accessible support**.

*Services specifically for minority ethnic groups*

**The Women’s Centre Cornwall** - 3 bi-lingual Community Engagement Workers are employed to engage with migrant European women in their first language. Currently signposting into specialist DASV services but by the end of 2022, they will be trained to deliver support directly.

## Disability

### Key statistics 2020/21<sup>132</sup>

Disclose a disability (any)

- Crimes – disability data not available

Adults with disabilities are 1.5 times more likely to be victims of violence than those without a disability; whilst adults with mental health conditions are at nearly four times the risk.<sup>133</sup>

With regard specifically to sexual violence, the CSEW<sup>134</sup> estimates that having **a disability doubles the risk of victimisation** (3.3% of the population vs 1.8% for people without a disability).

The prevalence estimate for Cornwall is around **2,200 people with a disability**<sup>135</sup> were raped or sexually assaulted in a year.

Police data does not identify disability so reporting against prevalence is not an area that we can explore. National research, however, provides **significant evidence of under-reporting** for this group in particular.

Across all local services, **around one in five people accessing support has a disability** however there are likely to be differing recording practices and preferences within the data.

**Mental ill-health** is both a risk factor and a consequence of violence. The majority of people engaged with support services report problems with mental health, covering a range of conditions

including anxiety, depression, PTSD, eating disorders, through to severe and enduring mental health conditions.

### Risk factors

Women with disabilities are **less likely to disclose violence or seek help**<sup>136</sup> and the type of disability increases risk.

- The experiences and risks of violence for women with disabilities are compounded by **physical, sensory or intellectual impairments, marginalisation** from society and **inaccessible environments**.
- Their **physical, economic and social dependence** is a key risk factor in gender-based violence
- The **social and cultural myths** around disability equally work to increase a women's likelihood of victimisation

### Barriers to accessing support

Research from 2011 showed that *"a lack of resources and training is widespread among both disability and domestic violence services, which largely continue to work in 'siloed' ways when responding to abused disabled women"*<sup>137</sup>

Evidence demonstrates that **people with learning disabilities** who have experienced sexual abuse and sexual assault may **face multiple barriers** to disclosing abuse and seeking support:

- A **lack of accessible information** about support
- **Exclusion from sexual safety and relationships education**, which can

<sup>132</sup> Data covers 2020/21, compared with 2019/20

<sup>133</sup> Hughes, Bellis, Jones, Wood, Bates et al 2012, cited in [Preventing violence against women with disabilities](#), Ingrid van der Heljen

<sup>134</sup> Crime Survey for England and Wales, victims of sexual assault in the last year, by personal characteristics, aged 16 to 74, y/e March 2020

<sup>135</sup> Using the Census definition - A long-standing illness, disability or impairment which causes difficulty with day-to-day activities.

<sup>136</sup> [Preventing violence against women with disabilities](#), Ingrid van der Heljen

<sup>137</sup> [Losing out on both counts: disabled women and domestic violence](#), Ravi K et al, 2011

result in a lack of understanding of 'healthy' relationships or an inability to recognise abuse or assault;

- **Fear of repercussions**, not being believed and further violence;
- **Communication barriers** and the inability to articulate experiences
- Being **dependent on abuser** for care
- **Conditions and impairments may be exploited by abusers** and there are often particular issues of increased power and control by abusers over disabled women, multiplying the vulnerability and isolation that they experience.<sup>138</sup>

**Services are frequently ill-equipped to meet their needs** (including communication needs), compounded by a lack of specialist training in support services around recognition and support.

**Physical barriers** can prevent people with disabilities from accessing support (due to physical disabilities, mobility issues, sight and hearing impairments, etc.) including within a forensic setting.

### Best practice

Effective domestic abuse and sexual violence 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 large print information.

For those with learning disabilities, further support is needed to assist agencies to **develop communication resources** such as 'easy read' material and to develop inclusive practices.<sup>139</sup>

- Additional support is needed for victims to **navigate and understand complex criminal justice processes** and to assist practitioners to identify communication needs and appropriate support;
- A **single point of contact** could limit conflicting messages and build a trusting relationship with the service user. This is particularly pertinent given the nuances and complexities of learning disabilities.

### Support in Cornwall

*Services specifically for people with disabilities*

**The Women's Centre Cornwall** – staff receive specialist training by the [DIVAs](#), a group of women with learning disabilities, autism or neurodiversity who have experienced sexual and/ or domestic abuse. The DIVAs offer training and consultancy to professionals to increase their awareness and improve services.

<sup>138</sup> [Losing out on both counts: disabled women and domestic violence](#), Ravi et al, 2011

<sup>139</sup> [Evaluation of the experiences of people with learning disabilities who report rape or sexual assault](#), Rape Crisis Tyneside and

Northumberland, Universities of Sunderland and Durham, and Northumbria Police,

## Lesbian, Gay, Bisexual and Transgender

### Key statistics 2020/21<sup>140</sup>

#### LGBTQ+

- Crimes – sexual identity data not available

LGBTQ+ people come from a wide range of identities and communities. However, one thing most LGBTQ+ people have in common is the **lived experience of prejudice and discrimination**, or the impact of worrying about this even if they have not experienced it directly.

- Given the lack of safety and equality, LGBTQ+ people are **particularly vulnerable to sexual violence in networks** which they rely on for their sense of self or which provide their only access to other LGBT+ people, for example online, or within specific friendship networks

The CSEW estimates that experience of sexual violence is significantly higher **for people who identify as lesbian, gay or bisexual** (LGB) than those who identify as heterosexual<sup>141</sup> and the disparity is much higher for sexual violence than it is for domestic abuse.

The difference is particularly marked for people who are **bisexual** – 7.9% for bisexual men compared with 0.7% for heterosexual men; 15.4% for bisexual women compared with 2.8% for heterosexual women.

Population based estimates indicate that around that just under **1,000 people who identify as LGB were raped or sexually assaulted** in the last year. This accounts for around 12% of estimated prevalence across the whole population.

**Limited research** exists into the experiences of sexual violence for **transgender people** in the UK today, but the trans population is understood to be one of the **most marginalised and at risk groups**.

The 2015 U.S. Transgender Survey found that **47% of transgender people are sexually assaulted** at some point in their lifetime.

### Risk factors

While LGBTQ+ people experience sexual violence as children and adults in the same ways as non-LGBT+ people, there are some specific forms of sexualised violence that affect LGBT+ people. These include:

- Sexual violence targeted at **'punishing' or 'curing' someone's sexuality** and/or gender identity (so-called corrective rape)
- Sexual violence can be a **hate crime**, motivated by homophobia, biphobia, transphobia, acephobia and intersexphobia. An aspect of this prejudice is **sexual violence based on stereotypes**, sometimes interacting with other forms of prejudice such as racism and disability-related discrimination. This

<sup>140</sup> Data covers 2020/21, compared with 2019/20

<sup>141</sup> 8.4% of people who identify as gay/lesbian and 15.2% bisexual, compared with 5.2% of people who identify as heterosexual.

can be perpetrated within LGBTQ+ relationships/communities, as well as outside of them;

- **Grooming and sexual exploitation** can use a child or adult's sexuality or gender identity to threaten or silence them.

### Barriers

SafeLives<sup>142</sup> highlight additional barriers and for LGBTQ+ survivors of 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 LGBTQ+ community.

### Best practice

Galop<sup>143</sup> identifies the following as being key principles of LGBTQ+ support:

- Access **appropriate training**
- Avoid assumptions and use **open, inclusive language**
- **Establish partnerships** with specialist LGBTQ+ services and local organisations
- Create welcoming spaces and clearly **advertise support** to LGBTQ+ survivors
- **Listen to LGBTQ+ people** and practice person-centred support
- Monitor for **sexual orientation, gender and trans status**

### Support in Cornwall

There is a recognised gap in local services for the LGBTQI+ community.

Case studies provided for the Safe Accommodation Needs 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.

It is noted that amongst the people supported by **The Women's Centre Cornwall**, there is a much **higher representation** of people who identify as **bisexual and lesbian**, around twice the proportion we have seen across other DASV services in Cornwall.

*Services specifically for people who identify as LGBTQI+*

There is no service specifically tailored for LGBTQI+ victims of sexual violence in Cornwall.

<sup>142</sup> [LGBT barriers to services](#), SafeLives

<sup>143</sup> [Barriers faced by LGBTQ+ people](#), Galop

## Sex workers

Current domestic abuse and historic childhood sexual abuse are key drivers of women's involvement in sexual exploitation and the sex industry.

Work conducted in Exeter to understand the risks facing people involved in sex work found that **vulnerable women were being coerced into sexual exploitation as part of County Lines** exploitation, including as a result of accruing drug debts, with particular concerns about targeting of women rough sleeping.

Partner agencies in Devon have reported that the level of risk and potential for **women involved in sex work** or experiencing other vulnerabilities to be **coerced into exploitation** has increased since the beginning of the pandemic.

### Risk factors

Sexual violence experienced within commercial sex practices is **unparalleled among other groups**.

This group rarely approach statutory services and, even if registered with a healthcare provider, they do not disclose their involvement in sex-work due **to fear of judgement or prosecution**. They are also known to face higher levels of **health inequalities** and intersecting complex needs.

- Sex workers are often reluctant to present at services due to **fear of judgment**, disclosure of personal information and/or repercussions from the **criminal justice system**.
- **Language barriers and fear of deportation** can represent an additional barrier for some people in this group of victim-survivors.
- Evidence from SARCs, where sex-workers have accessed services, show extremely high levels of **near-fatal**

**assault** and a variety of additional and often **highly complex support needs**, including those associated with mental health.

### Best practice

This group are more likely to approach **dedicated sex-work projects** because they operate within a non-judgmental, inclusive framework.

### Support in Cornwall

#### *Services specifically for sex workers*

There is no service specifically tailored for sex worker victims of sexual violence in Cornwall.

# Child Sexual Abuse and Exploitation

## Key statistics 2020/21<sup>144</sup>

Victims aged under 18:

- 2020/21 - **675 crimes** ▶ no change
- 2021/22 - **855 crimes** ▲ +27%

In 2020/21:

- **675 crimes** (55% of total crimes)
- **589 people**; rate **5.4 crimes** per 1000 pop U18
- **313** in the last year (53%)
- **282** non-recent (48%)
- **7% repeat** victims (last 3 years)

Sexual exploitation:

- **187 CSE crimes** ▲ +100%
- **620 young people** at risk of experiencing<sup>145</sup> **sexual exploitation** ▲ +40%; 1 in 4 (26%) referred to MACE

A 2021 review of evidence relating to the scale and nature of child sexual abuse<sup>146</sup> found that in 2019/20:

- England saw the largest annual **fall in child protection plans** for sexual abuse in 18 years – a 12% drop in cases. Just 4% of all child protection plans in England were under the category of child sexual abuse, compared with 23% in 1994
- Police recording of **child sexual abuse offences remained high**, but was levelling off following yearly increases since 2012
- More than **half of all sexual offences** recorded by the police in England and Wales (48% of all sexual offences against females and 65% of

those against males) were offences against under-18s

- Only one in eight police child sexual abuse investigations ended in a charge or summons or an out-of-court resolution

## The numbers in Cornwall

Estimates from the Centre of Expertise on Child Sexual Abuse suggest that around 15% of girls and 5% of boys have experienced or are experiencing some form of sexual abuse, equating to approximately **10,700 children** in Cornwall and the Isles of Scilly.

A total of **1,230 sexual offences were reported** to the police in Cornwall in 2020/21, with **just over half** of these crimes involving **victims under the age of 18** (675/55%).

Further to previous rises year-on-year, largely driven by improved reporting and recording, reported **crimes against a victim under the age of 18 were fairly static** during 2020/21.

**A sharp drop off in reporting** was apparent in the data during all three of the periods coinciding with a **lockdown** being imposed upon England. Each drop is followed by an equally sharp recovery in the number of cases.

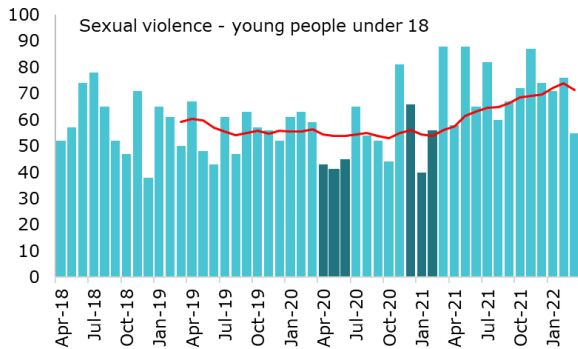
<sup>144</sup> Data covers 2020/21, compared with 2019/20; figures for under 18s include all crimes where the crime type and/or recorded age of the victim states that they are under 18; figures for 18+ exclude all crime where the victim is under 18

<sup>145</sup> As recorded by Children's Social Care; Missing and Child Exploitation (MACE) panels provide a multi-agency response to the exploitation of

children and young people and those who go missing from home, care or education.

<sup>146</sup> Measuring the scale and changing nature of child sexual abuse and child sexual exploitation - Scoping report, Professor Liz Kelly and Kairika Karsna, Centre of Expertise on Child Sexual Abuse (July 2017)





Following a similar trend to sexual violence for adult victims, there was a **sharp rise in 2021/22** and this was in crimes that took place in year. Crimes reported within the **7 day forensic window** saw the greatest rise (+63% or 83 crimes).

### Escalation in on-line risks

With COVID restrictions requiring school-aged children to stay at home, the national media reported warnings throughout the year that more time spent on the internet has **provided greater opportunity for abusers to exploit or groom young people online**, in 'preparation' for further abuse.

The **variety and diversity of online channels** open to abusers may mean that a child is unaware that they are entering into an unhealthy relationship, increasing the difficulty for parents to identify the abuse early and intervene.

**Online abuse** may be misinterpreted. A victim may not come forward if they blame themselves for the abuse or are concerned that there may be negative consequences of disclosing.

Access to **online pornography** is seen as a normative part of exploratory adolescent development rather than exploitative, however easily accessible

websites and the availability of content portraying abusive sexual behaviour can have a 'normalising' effect. It is only when victims get older that they realise behaviour towards them was abusive.

As schools open up following COVID restrictions, services are noting an increased number of **children displaying sexually abusive behaviours** and a lack of empathy toward their peers, linked to a **lack of socialising** and increased exposure to graphic and violent **pornography** and other content on-line.

**Tackling these issues is not currently being prioritised by the education system**, although there may be some pockets of good practice in individual schools.

### Peer on peer violence

**Peer on peer sexual violence** occurs between children of a similar age or stage of development and can happen in a wide range of settings, including the online environment.

National research suggests that in up to **two thirds of all sexual abuse reported by children and young people, the offender was another child or young person**, while a large proportion of all offences go under the radar of police and the criminal justice pathway.<sup>147</sup>

It is recognised that the impacts of sexually abusive behaviours are **harmful for both the victim and the child displaying the abusive behaviour**.

**Peer on peer sexual abuse and exploitation is likely to be an under-reported area** and there is a danger that both victims and authorities may

<sup>147</sup> [Children and young people with harmful sexual behaviours](#), Hackett, S (2014)

view an act of abuse as “experimenting”. In 2021/21, there were 126 identifiable peer-on-peer sexual offences, 25% fewer than in 2019/20.

Typical incidents can include a **wide variety of behaviours**<sup>148</sup>; and **initially recognising the signs of abuse for teachers or parents can be difficult** as they would need to understand if a child was displaying inappropriate, problematic or abusive sexual behaviour, balanced against what is developmentally normative.

Some **Harmful Sexual Behaviours**<sup>149</sup> may also fit in with the **definition of Child Sexual Exploitation**.

**Barriers to effective disclosure** can include gaps in the understanding of either the victim or the offender of what is happening or has happened, especially in younger children.

**Comprehension around consent differs** and is often complex, especially where the abuse took place between friends or partners.

With the **school closures** throughout 2020 and early 2021 due to the pandemic, opportunities for educating students around **healthy relationships** or **identifying and responding to peer on peer sexual abuse** are very likely to have been lost, potentially building up more complex, longer term complications for any young people affected.

### Additional risk factors

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<sup>148</sup> Including unwanted touching, and coercing/forcing others to perform or take part in sexual acts, ‘sexting’ and sharing sexual images without a person’s permission, or sexual or sexist name calling

<sup>149</sup> Sexual behaviour that is age inappropriate, persistent, aggressive, occurs in public or involves other children in harmful ways

Amongst older children and those transitioning into adulthood, additional complexities may arise due to use of recreational **drugs and alcohol**, with a recent study finding that more than half of University Students<sup>150</sup> felt there was a need to address a **lack of understanding around sexual consent**.

Although girls and young women report the majority of sexual abuse, **boys** are also victims and may be less likely to come forward. National research identifies **lesbian, gay, bisexual and transgender children** as at particular risk of abuse and exploitation.

### Few crimes achieve a positive offender outcome

Positive Police Offender Outcomes remain very low, across all sexual offences involving a victim known to be under the age of 18 over the past 2 years, just **4% have resulted in a positive offender outcome** (37 crimes).<sup>151</sup>

In the 12 months ending December 2021, 254 rapes were reported with approximately two thirds not yet assigned an outcome. 69% of the 93 cases closed were closed with evidential difficulties with the victim not supporting action accounting for 78%. **1 rape case was assigned a charge outcome**.

The even split of cases under investigation and closed was also evident for other sexual offences involving victims aged under 18. Similar percentages of cases were closed with

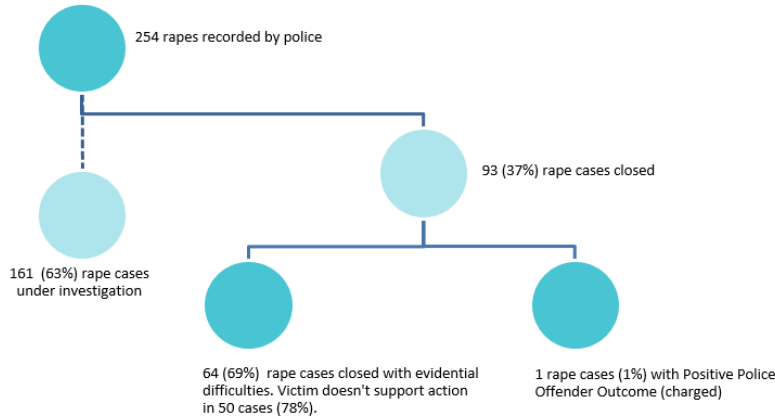
<sup>150</sup> The study by The Higher Education Policy Institute found 58% of students agreed that students should have to take a compulsory test on understanding sexual consent at the start of their course

<sup>151</sup> Positive outcomes include Adult Simple Caution, Charged, Community Resolution, Postal Requisitioned, Youth Conditional Caution

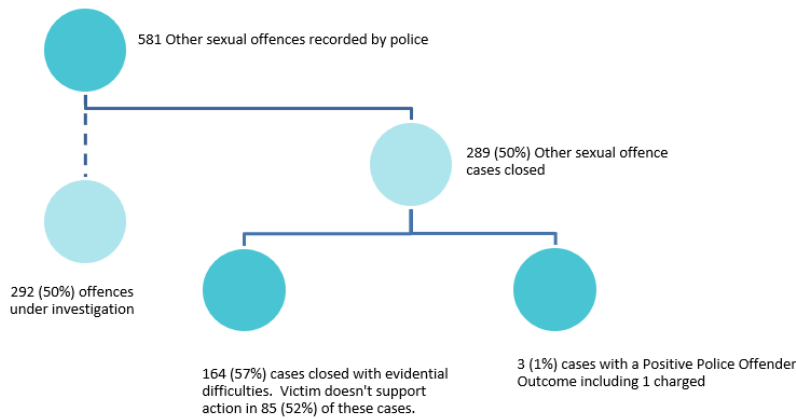
evidential difficulties (57%) and with the victim not supporting action in 52% of those. One individual was charged and

another two cases were assigned a positive police offender outcome.

**Police reported rapes and offender outcomes (victim under 18): 12 months ending Quarter 3 2021/22**



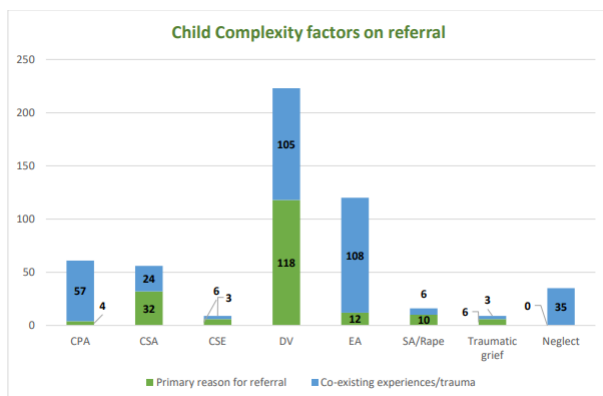
**Police reported other sexual offences and offender outcomes (victim under 18): 12 months ending Quarter 3 2021/22**



## Children in the commissioned DASV service

Under 18 Sexual Abuse (current or non-recent)	Number	%
Female	26	90%
Male	3	10%
LGBTQ+	8/133	
Pregnant	5/209	
Non White British	17/199	
Mental Ill-health	154/219	
Disability	53/264	
Drug/alcohol problems	31/264	
Linked children under 18	23	

In the 12 months to September 2021, a total of **132 children were referred to DASV services** for direct support, where the primary referral reason was CSA/CSE.



A total of 611 children were identified as living in households where the adult victim is engaged in domestic abuse or sexual violence services. The ISVA service identified 115 of these.

In the year financial year 2020/2021, **CLEAR received a total of 188 referrals** for children and young people. Of those, 32 were for child sexual abuse, and seven were identified due to CSE risk and concerns. Another ten were referred following rape and sexual assault.

A rising number of children are receiving advice and guidance from **Gweres Kernow**, a service designed to respond to **young people demonstrating sexually harmful behaviours**, with around 24 interventions taking place each quarter.<sup>152</sup>

**Referrals for young people displaying abusive behaviour are lower than they should be**, however. A robust mechanism is required for identifying and opening up the support pathway, it is not always possible to obtain data about the person perpetrating the abuse from the victim, police have strategy in place to help offer wider support to offenders under the age of 18.

## Safeguarding referrals

In the 12 months to September 2021 8% (45/587) of all child RCHT/CFT safeguarding referrals to MARU contained either domestic abuse or sexual violence as a factor. This increased to 39% (92/236) for the same referrals from maternity.

## Sexual Assault Referral Centre

In 2020/21, 41 **paediatric SARC referrals** from Cornwall were seen at the Centre of Excellence in Exeter.

The table below shows the number of **child cases** known to the Cornwall SARC in the months of October and November 2021.

Paediatric	Oct 2021	Nov 2021
Forensic medical (inc. home swabbing) 0-15	2	8
Forensic medicals (inc. home swabbing) 16-17	4	0

<sup>152</sup> Data from Quarter 2 2021/22

Paediatric	Oct 2021	Nov 2021
Calls to paediatric phonelines	0	13
Involvement in paediatric strategy meetings	21	24
Acute paediatric medicals (0-18 years)	4	6
Non-recent paediatric medicals (0-18 years)	2	2

This is new data so a full year is not available. Assuming that the average of these two months is typical, a year would see:

- 60 acute medicals (0-18 years)
- 24 non-acute medicals (0-18 years)
- 270 paediatric strategy meetings

### Summary of Local Provision

Stakeholders advise a **relatively stable workforce for children and young people** including a Level 5 BACP accredited training programme (provided by CLEAR) for those working with children and young people.

Stakeholders advised that, **for children, partnership working allows providers to address waiting lists**, with capacity being transferred between services where possible.

Stakeholders advised that **statutory services focused on those with existing social work engagement**, which sets the threshold above many of the children and young people seeking support.

#### **CLEAR Emotional Trauma and Therapy Specialists**

0-18 years recent and non-recent therapy provision across Cornwall. Self and professional referral. Recent cases referred to First Light.

#### **The Cornwall Women's Centre**

Women and girls aged 11-18. Recent and non-recent with locations in East, Mid and North Cornwall. Self and professional referral for 1:1 support, complex needs and emotional support.

#### **Jigsaw (Cornwall Council)**

4-18 years referred through social care. Therapeutic service supporting children and young people who have experienced sexual abuse. Delivered through Children's Contact Centres.

#### **First Light – Safer Futures**

All ages, recent and non-recent therapy provision through Cornwall and online.

#### **West Cornwall Women's Aid**

Women aged 16+, recent or non-recent. Self-referral for counselling and emotional support at various locations in Cornwall.

Most services now offer **virtual platforms for engagement**, but young people want to meet face-to-face, big challenge in having enough space for support when schools were closed.

**Face-to-face engagement has a more positive impact** upon wellbeing and mental health, and reliance on virtual platforms to provide support may be storing up potential issues for the future.

**There was an increase in referrals into therapeutic services** when schools re-opened after lockdown, but additional complexity is impacting upon the number of individuals supported,

focus has been on crisis management and safeguarding.

Increase in **peer on peer abuse** being reported, but no consistent pathway for referrals of under 5s, many of whom are abused by other children. Many are identified through referrals for older siblings. Increase noted in abuse of older children in relationships and more generally, challenges/gaps around criminal justice and school responses.

**Healthy relationships** not well understood.

**Non-contact sexual violence**<sup>153</sup> against a child can be committed by an adult or another child, with the **potential trauma and adverse consequences** being experienced by the victim – in many cases – equally **detrimental** to their development as offences involving physical contact.

**Non-contact offences** do not always meet the required threshold for some levels of support, meaning that therapy is only viable pathway for some victims, this leaves a gap around complex trauma.

**'Everyone's Invited' website** raised awareness of sexually abusive behaviour in and around schools and presents the potential for improvement in intelligence gathering by wider organisations.

**Whole family response** being developed but is recognised as being **resource intensive**.

**Capability of workforce lacking in dealing with online abuse**, a process of upskilling is required. Concern that

**peer-on-peer online abuse may be increasing**, although punishment can be disproportionate when compared with contact offences.

### Best practice

The Centre of excellence for CSA identified the following areas as best practice following 3 research studies undertaken to better understand the needs of those impacted by CSA:

- The importance of professionals being able to **adequately identify and respond to CSA**;
- **There is a need for longer term, more flexible support.** Children and young people stressed the importance of flexible support that was available when they needed it and for as long as they needed it, while recognising that they may not be able to engage consistently with this support as their lives and recovery are complex;
- Children and young people **not having to retell their story multiple times** to numerous professionals;
- **One keyworker** who provides support throughout the process and advocates for CYPs in multi-agency arenas;
- **One multi-agency assessment and care plan** that follows the CYP throughout their recovery journey;
- It is important that services understand the **complexity of children's lives** and provide support that can assist with a wide range of areas of life;
- A **range of interventions** that are appropriate to age and situation;
- Services need to be particularly aware of the complexity of life for

<sup>153</sup> Non-contact abuse can include coercing a child to be involved in the production of, or viewing, inappropriate sexual imagery, encouraging them to watch or listen to sexual activity, or behave in a sexually inappropriate way. Other examples

involve the creation and/or sharing of sexually explicit photographs and videos without consent, as seen with the increasing awareness around 'revenge porn' and 'upskirting';

### **young people in care and the possible impact of multiple traumas;**

- There needs to be suitable support services for the non-abusing parent;
- **Young people with learning difficulties or experience of care may not be able to access appropriate services**, because other services do not know where to refer them for support or do not pick up on their need for support.

The Centre of Expertise on Child Sexual Abuse identified the following as key outcomes for children and young people:

- **Being heard**, believed and understood;
- Not **blaming** themselves;
- A **reduction in trauma symptoms** and improved coping strategies;
- Positive **trusting relationships** with adults and peers;
- **Increased self-worth** and confidence; no longer being abused and having hope for the future.

The **Joint Targeted Area Inspections into CSA** within the family environment identified the following key areas for improvement:

- **Prevention** – which is often absent
- **Professionals rely too heavily on disclosure** – training is needed to enable professional to better recognise the signs of CSA
- Support needs to be **consistent, flexible and long term**.

Support for children can be too fragmented, and not always identified early enough. When children do get support, it is generally of a good quality. However, sometimes children only receive the support for a limited period of time, and it was clear that, once support ends, children and families are not given a point of contact for if further impact of trauma might emerge later. It needs to be clear to parents and children

where they can go if they need support sometime after the event.

### **Recommendations:**

#### **Multi-agency work:**

- Robustly ensure communication and information sharing takes place to inform the assessments and care plans of children, young people and families. Ensure professionals views are recorded within the Child Social Care assessment consistently to ensure multiagency collaboration in the formation and delivery of the plan for a child and their family.
- Continue to develop methods of agency coordination and having a joint understanding of need and support and the earliest stage. E.g.
  - SARC/police rapid review meeting
  - Expand FAST/Jigsaw model to include other organisations
- Agree and work towards a set of shared standards and values, with common outcomes across the CSA pathway.
- Develop a method/forum for agencies to come together to discuss cases in a multi-agency setting, including escalating any differences.

#### **Specialist service provision:**

To review the funding possibilities for the gaps identified in service provision including:

- Specialist sexual violence support workers for those not going through the CJS
- Longer term, more intensive support for those with complex trauma
- Group work for children and young people and families impacted by CSA
- An increase in parent/carer support
- Develop a consistent peer mentoring model across the county;
- Review the provision available for those with additional vulnerabilities/complexities – including learning difficulties,

including a comprehensive impact assessment on whether the current pathway meets their needs.

- Increase support for victims of peer on peer abuse within schools, particularly where no further action has been taken with the case;
  - Raise awareness of the support available for peer on peer sexual abuse for those children and young people engaging in harmful sexual behaviour.
- Training and awareness:**
- Increase awareness of CSA pathway and services that are available;
  - Increase training for professionals on recognising the signs of CSA, and not relying on disclosures;
  - Increase training for professionals on responding to CSA, whether there has been a disclosure or not;
  - Raise awareness of the longer-term effects of trauma;
  - Awareness and training around CSA and additional vulnerabilities for professionals, including Special Educational Needs services, on recognising the signs and responding to the needs of these groups of children and young people.



## Costs to society of contact CSA

Home Office research<sup>154</sup> has estimated the economic and social costs relating to children who are or have been victims of contact sexual abuse (CSA) in the year ending 31<sup>st</sup> March 2019 as £10.1 billion. This equates to an average socio-economic cost of just under £90k for each child-victim over the course of their lifetime.

The Crime Survey for England and Wales (CSEW) estimates that 6% of the adult (18-74) population experienced contact sexual abuse before the age of 16<sup>155</sup>

Within this 6%, 2% experienced rape and 5.8% experienced other contact sexual abuse (for example, groping, kissing or being forced to touch someone else's body for sexual purposes). Women are more likely than men to have been victims with 9.4% reporting childhood CSA compared to 2.7% of men.

Radakin et al's research, based on Radford's (2013) model assumes that 2% of 11-17 year olds have experienced contact sexual abuse in the previous 12 months, and 0.2% of 0-10 year olds.

The estimate of the number of children aged under 11 years old, however, is likely to be an under-estimate, as the methodology relied on caregivers reporting any contact sexual abuse; those caregivers may be either not aware the child has experienced abuse or could be the abuser and therefore are unlikely to report this.

They found the **largest cost to be physical and emotional harm**, at 52%

of the overall total. This considered the reduction in quality of life from the injuries acquired from CSA.

This is likely to be an under-estimate as the model does not consider the implications of long-term healthcare costs, such as consequent chronic injuries or long-term mental health impacts associated with CSA or adverse-childhood experiences (ACEs). Research suggests that CSA may have long term physical impacts on victims; CSA victims have a greater number of doctor and hospital contacts than those who have not experienced CSA<sup>156</sup>.

The next **largest impact on overall cost was Safeguarding at 20%**; an average of £17,800 per victim, referring to the measures put in place to help protect child-aged victims. This was followed by lost output at 13%: the heightened probability of reduced earnings or potential future earnings due to the increased likelihood of unemployment or long-term illness through the duration of a victim's working life.

This demonstrates that **CSA has much longer-term impacts** on victims in terms of health, future chances and financial security.

Combined Police and prison costs account for 13.2% of over socio-economic costs. The rest of the costs were attributed to court costs, victim services, education programmes, offender prevention programmes and CSA training costs respectively.

154 Radakin et al (2021)

155 Office for National Statistics, 2020

156 [The impacts of child sexual abuse](#), Fisher et al (2017).

<b>Cost Category</b>	<b>Contribution to overall cost £m</b>	<b>Contribution to unit cost</b>	<b>Proportion</b>
Physical & emotional harm	£5,203.1	£45,985	52%
Safeguarding costs	£2,013.7	£17,800	20%
Lost output	£1,306.6	£11,550	13%
Police costs	£975.9	£8,635	10%
Prison costs	£348.8	£3,085	5%
Health care costs	£174.6	£1,545	<2%

# APPENDICES

## Appendix A: Sexual Violence Perpetrators – What works

*Summarised from the National Offender Management System (NOMS) Evidence and Segmentation Companion document to NOMS Commissioning Intentions from 2014.*

Reviews have confirmed that sexual offender **programmes** that follow the **'Risk, Need and Responsivity'** principles lead to the **largest reductions** in reconviction.

That is, **medium** and **high-risk sexual offenders have lower reconviction rates** after treatment. This is not seen for low risk (of sexual reoffending) sexual offenders and intensive treatment could, in fact, be counterproductive.

The Offender Group Reconviction Scale (OGRS) is a predictor of re-offending based only on static risks – age, gender and criminal history.

In assessing what works for sexual offenders, offenders were grouped based on gender, age and OGRS score: Young Adult Male, Adult Male and OGRS 0-24%, 25-49%, 50-74% and 75-89%.

The most **commonly occurring segments** are included here.

There are so few female offenders of sexual violence that a summary of addressed needs is not possible.

### Young Adult Male Offenders

#### Low risk - OGRS 0-24%

Most sex offenders fall into the 0-24% low risk category because they usually have **less extensive criminal histories** than other segments.

OGRS does not assess sexual deviance as a risk factor, so some offenders in this segment may be more likely to reoffend sexually than others, however **the vast majority will not reoffend at all.**

- In terms of resettlement needs, almost half need help with **accommodation** and three quarters need help with **employment**;
- The **main risk factor** identified for this group is **attitudes that support offending**. This may include beliefs that sexual offending is not harmful;
- The majority of the segment also has difficulties with **problem solving** and **perspective taking**;
- Problematic **use of alcohol and Class A drugs** and **psychiatric disorders are rare** in this group.

#### General reoffending - OGRS 25-49%

The likelihood of reconviction for 25-49% **predicts likelihood of general rather than specifically sexual offending.**

- This segment is particularly defined by **offence-supportive attitudes** (91%), poor **problem solving** and **perspective taking** (90%);

- 82% lack **employment** and about half lack **stable accommodation**;
- About half have **temper problems**, and don't understand the impact of their offending;
- About a quarter misuse **alcohol** and a quarter were using **Class A drugs**;
- A quarter has **relationship problems**, a greater proportion than most other segments except domestic violence.

## Adult Male Offenders

**Most sex offenders** fall into the 0-24% category because they usually have **less extensive criminal histories** and are **older** than other offender types.

OGRS does not assess sexual deviance as a risk factor and so some of the offenders in this segment will be more likely to reoffend sexually than others. However, the **vast majority of this segment will not reoffend**.

- The main risk factor identified for this group is **attitudes**. This may include beliefs that sexual offending is not harmful;
- The majority of the segment also has difficulties with **problem solving** and **perspective taking**;
- In terms of resettlement needs, almost half of this segment need **accommodation** help and two thirds need help with **employment**;
- **Class A drug use, alcohol use, and psychiatric disorder occur at very low frequency** in this group compared to other segments.

## General reoffending - OGRS 25-49%

For those scoring 25-49% the likelihood of reconviction score for men in this segment **relates to general offending** rather than specifically sexual offending.

- About half have **temper problems** and do not understand the impact of their offending;
- 59% lack **stable accommodation**;
- One third misuse **alcohol** (binge drinking or excessive use) and one quarter have used **Class A drugs**;
- A third have **relationship problems**.

The segmentation study shows that for these perpetrators the following will have a positive effect on reoffending:

- **Pro-social modelling** and positive staff interactions
- An **understanding of the obstacles to reintegration** that ex-offenders face and work to reduce these as far as possible
- Help to **secure, manage and maintain suitable accommodation**
- Support in **identifying and obtaining suitable employment**
- **Sex offender specific programmes** should be reserved only for those who are **at least medium risk** of sexual reconviction (Risk Matrix 2000)
- **Medication** for sexual offenders who have high risk of sexual reconviction and are assessed as having high levels of sexual preoccupation or compulsive offence-related fantasies
- **Circles of Support and Accountability** – a mentoring and monitoring service for sexual offenders after release – for those sexual offenders who have a higher risk of sexual reconviction according to the specialist tool

## Appendix B: Behaviour Change – Local Service Provision (Peninsula)

Area	High	Low/Medium	Preventative	Processes
Cornwall	IOM worker – Change 4 U, referral received through MARAC, Police, Helpline	Change 4 U	Healthy Relationship Foundation Programme	<p>Triage process in place, where all referrals received are contacted and assessed by Senior Case Worker and allocated accordingly.</p> <p>Whole team have regular case management meetings.</p>
Plymouth	IOM Worker based at Ahimsa and SODEC team  Referrals received from MARAC, Police Custody, Probation	Ahimsa – Starting Point - Referrals to ahimsa from social care	Real Man Initiative	Plymouth now have fortnightly panel meetings attended by PCC, PDAS, Barnardo's, Ahimsa and IOM worker. They are receiving between 6 – 12 referral per meeting and following assessment the team will agree where best to place the individual
Devon	3 x Behaviour Change IDVA's covering Exeter East, and Mid Devon. They are embedded in the Turnaround IOM team and receive referrals from Police, Probation and Social Care	Nothing in Place but would like to recruit another BC IDVA to cover Medium Risk  CRAFT RESTORE – will work with Low Risk only	Nothing in Place – Perhaps CRAFT?	High risk - assessment criteria which is completed by the Police researcher.
Torbay	Nothing in place as unable to recruit BC IDVA	CRAFT - RESTORE Low Risk Only  Group (1 <sup>st</sup> group starting soon)		

## Brief Outline of Local Providers

Service	Outline	Integrated Partner Service	Dedicated Children's Worker	Respect Accredited
Safer Futures	Change 4U is a domestic abuse programme which provides single-sex group support to male and females who display abusive behaviour within their intimate relationships. The aim is to support and protect people whose lives are adversely affected by domestic abuse. We offer a structured educational programme which seeks to challenge detrimental beliefs and behaviours and re-educate clients to acquire appropriate beliefs and behaviours so that they can develop respectful and responsible attitudes towards others and themselves. The programme provides a wide range of support to partners and ex-partners to enhance good safety outcomes for families.	Yes	Yes - Reconnect	Yes
Ahimsa	Ahimsa have been working with perpetrators of domestic abuse in the City for 30 years and have now partnered with Plymouth Integrated Offender Management Team (IOM) to deliver the Behaviour Change Project. This project (funded by the Home Office) aims to motivate high risk perpetrators of domestic abuse to engage in work to address their abusive behaviours. Alongside the therapeutic element of this work, they offer clients a wrap-around service to support them in addressing other difficult areas of their lives.	Yes	No	Yes

Service	Outline	Integrated Partner Service	Dedicated Children's Worker	Respect Accredited
Splitz	<p>Splitz have Behaviour Change IDVA's (Independent Domestic Violence Advisor) working with 'perpetrators' of domestic abuse on a one-to-one basis covering the Exeter, Mid and East areas of Devon. This involves working in partnership with the Police, Probation, Social Services and other agencies Sharing information to work towards reducing domestic abuse offending behaviour. The aim of the role is to provide specialist advice, challenge and support to those who engage in abusing others in a domestic setting, helping them to:</p> <ul style="list-style-type: none"> <li>• Identify their unhealthy behaviour patterns.</li> <li>• Understand the impact this abuse has on others, in particular children and other family members.</li> <li>• Take responsibility for wanting to change their unhealthy behaviour</li> </ul>	Yes	Yes – Children's Resilience Worker	Yes
CRAFT Training & Consultancy	<p>The CRAFT project is an action learning, interagency approach, that aims to develop domestic abuse prevention practice within non-specialist domestic abuse services working with complex needs/safeguarding issues experienced by families across the Southwest. The approach aims to avoid establishing a specialist 'perpetrator service' to work with low/medium risk perpetrators of DA, but to instead strengthen the ability of the early help workforce, to deliver co-ordinated domestic abuse prevention practice, through relationship focused, critically reflective work, centred on improving responses to the safety and needs (outcomes) of victims and survivors of DA, and their children.</p> <p>CRAFT offers a specific prevention intervention, RESTORE Relationships, a 12- session psycho-social education programme,</p>	No but will refer to Splitz (Devon) or TDAS (Torbay)	No but assumption that as family workers are facilitating group and working with families that this is being picked up.	No

Service	Outline	Integrated Partner Service	Dedicated Children's Worker	Respect Accredited
	specifically focused on men. Men are a significant cause, locally and globally, of violence against women and girls, yet broadly, services do not actively engage with them, until behaviour is visibly problematic, and dealt with (most often) by the criminal justice system. CRAFT takes a preventative and restorative approach, engaging from a compassion focused perspective, to enhance well-being and provide psycho-social education to prevent abusive behaviour, prior to (or at least at the very early stages of) criminal justice system involvement.			

### CAPVA WORK

Area	Work Undertaken
Cornwall	RECONNECT worker – working with children and YP 1-1
Plymouth	Family Workers – Working with children and YP 1-1
Devon	Splitz – Young Person Behaviour Change Worker
Torbay	Youth Workers – Working with children and YP 1-1 (not just CAPVA RESPECT but also DAY Programme)



## Appendix C: National and Local Policy Context

### National

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 Government recognises that Domestic Abuse is a major form of violence against women and girls; Government statistics show that there were 2.3 million victims of this crime in the last year, and the social and economic costs have been estimated to be £66 billion (about £74 billion in today's prices). Domestic abuse is reflected throughout the VAWG Strategy, but specific commitments relating to the response to domestic abuse and the implementation of the Domestic Abuse Act 2021 will be reflected in the Domestic Abuse Strategy.

### The new Domestic Abuse Strategy

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.

The new strategy will contain a 'Perpetrator Pillar', that lays out a strategic approach to DA perpetrators and helps fulfil the new legal requirements within the DA Act for a Perpetrator Strategy. The DA Act requires the Home Secretary to publish a document setting out a strategy for:

- Detecting, investigating and prosecuting offences involving domestic abuse
- Assessing and managing the risks posed by individuals who commit offences involving domestic abuse, including (among others) risks associated with stalking,
- Reducing the risk that such individuals commit further offences involving domestic abuse.

The 2020 Call to Action for a DA Perpetrator Strategy set out 5 key elements that any strategy should cover – these reach beyond the provision of behaviour change interventions into recommendations for how a full range of public services can be supported to safely and effectively engage with perpetrators.

Wider work across Government to tackle violence against women and girls includes: the End-to-End Rape Review on the criminal justice system response to rape; the Ministry of Justice's Concordat on women in or at risk of contact with the Criminal Justice System; the Police, Crime, Sentencing and Courts Act 2022 ending the halfway release of offenders in prison for serious violent and sexual offences, as well as strengthening the regime for managing registered sex offenders and those who pose a risk of sexual harm to the public; the Victims' Bill; the Women's Health Strategy; the National Disability Strategy; and the Hate Crime Strategy; and the cross-Government Tackling Child Sexual Abuse Strategy.

- The OPCC, with domestic abuse commissioners from Cornwall Council, Plymouth City Council, Torbay Council and Devon County Council, have been funded to create a community and system wide response to domestic abuse perpetration which reduces harm and improves outcomes for people affected by domestic abuse.
- At a prevention level, Bystander and Respect training has been introduced to improve and strengthen community knowledge and responses to domestic abuse. Behaviour change roles working directly with those at risk of displaying and/or experiencing abuse behaviours are key to achieving these aims, and various roles have been funded across the peninsula.

In Cornwall this takes the form of Behaviour Change workers and partner support roles across high, medium and standard risk cases. Evaluation of all elements of funded delivery is underway and due to complete in mid-2022. The various evaluations will provide lived experience alongside quantitative analysis.

### Tackling Violence Against Women and Girls Strategy

A new strategy covering the government's plan to tackle violence against women and girls was published in July 2021.

As set out in the Government's End-to-End Rape Review Report on the criminal justice system response to rape, the volume of cases being referred by police, charged by the Crown Prosecution Service and subsequently going to court has declined significantly since 2016. The Government has acknowledged that this trend needs to be reversed and sets out publicly its ambitions to do this in the VAWG strategy.

It is still the case that too many victims do not have confidence in the response they will receive if they report to the police and so do not come forward, and too many of those who take the brave step to report will withdraw at some point before the case concludes (because, for example, of the length of investigations, lack of support, or concerns about the process). 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 strategy describes a range of crimes, including stalking, sexual offences, domestic abuse and female genital mutilation (FGM) with the common theme that they disproportionately affect women and girls. The most prominent impacts of crimes are identified as a detrimental effect on mental health, physical harm, negative employment, education and financial impacts, homelessness, a negative impact on children and family, and making a woman feel less safe. It covers how the Government will prioritise prevention, support victims, pursue perpetrators, a build a stronger cross-system approach.

### Legislative and regulatory interdependencies

It is recognised that there is an array of legislative and regulatory interdependencies that inform this 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
- Domestic Abuse Act 2021
- 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

### 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.

The main purpose of the 2018 statutory guidance is to improve access to social housing for victims of domestic abuse who are in refuges or other forms of safe temporary accommodation. The guidance makes clear that local authorities are expected not to apply residency tests for those victims who have fled to another district and sets out how they can give appropriate priority to victims. It also encourages local authorities to use their existing powers to support victims to remain safely in their homes if they choose to do so.

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.

### **Serious Violence Duty (inclusion of DA)**

Serious violence has a devastating impact on victims and their families, instils fear within communities and is extremely costly to society. Incidents of serious violence have increased in England and Wales since 2014. The new Duty has been introduced as a key part of the Government's programme of work to prevent and reduce serious violence, which will ensure relevant services work together to share data and knowledge and allow them to target their interventions to prevent serious violence altogether.

The Duty covers the requirements set out in Chapter 1 of Part 2 of the Police, Crime, Sentencing, and Courts Act. It requires specified authorities (including local authorities) to work together to prevent and reduce serious violence, including identifying the kinds of serious violence that occur in the area, the causes of that violence (so far as it is possible to do so), and to prepare and implement a strategy for preventing and reducing serious violence in the area.

In defining serious violence, for the purposes of the duty, violence includes violence against property, and threats of violence but there is also flexibility to allow for authorities in defining serious violence in their local areas to take account of other related types of serious violence, including domestic violence, alcohol related violence, sexual abuse, modern slavery and gender-based violence.

### **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

## Victims' rights

The revised **Victims of Crime Code of Practice** (Victims' Code) came into effect on 1 April 2021. The revised Code sets out a clear framework for victims' rights, with 12 key overarching rights that set out what victims can expect from all criminal justice agencies, including:

- To have the details of the crime recorded without unjustified delay;
- To be provided with information when reporting the crime and with regular updates on the progress of their case;
- To be referred to services that support victims and have services and support tailored to their needs;
- To be provided with information about compensation;
- To be given information about the outcome of the case and any appeals;
- To be given the opportunity to make a Victim Personal Statement and be informed how it is used in court; and
- Where eligible, under the Victim Contact Scheme, to be informed when an offender is released.

The Ministry of Justice will publish a new Victim Funding Strategy to improve the way that funding is managed across Government and ensure that it is aligned. The Strategy will set out commissioning standards and expectations to place the victim support sector on a sustainable footing and ensure that victims and survivors continue to receive the support they need now and in the future. These reforms will come together to inform the re-commissioning of the national Rape Support Fund in 2022, offering a significant opportunity to redesign how support is delivered and funded to make sure it meets the needs of all victims and survivors in the most effective way.

A new Victims' Bill, announced in the Queen's Speech in May 2021, will be the cornerstone of the Government's work and ensure that victim and survivors' experiences are at the heart of the approach to tackling crime. The Ministry of Justice will consult on the Bill, and as part of this will explore the provision of community-based domestic abuse and sexual violence services to truly transform the support landscape. Provisions setting out clear accountability for commissioning and the provision of support should improve the quality of and access to support and result in better outcomes. The Government will also use the Victims' Bill to consult on the statutory underpinning of the Independent Sexual Violence Adviser and Independent Domestic Violence Adviser roles, exploring options for a national framework of standards, professionalisation and training.

Section 28 of the Youth Justice and Criminal Evidence Act 1999, which enables pre-recorded cross-examination and re-examination, has been rolled out to Crown Courts for vulnerable witnesses and is being piloted for intimidated victims and witnesses. As set out in the Rape Review, the Government will expand the Section 28 of the Youth Justice

and Criminal Evidence Act 1999 pilot for intimidated witnesses, with the aim of wider roll out, subject to evaluation. The Government will also develop a best practice framework for the progression of rape and sexual offences cases at the courts stage, including in relation to special measures.

### **Victim and witness reform**

The Government is reforming the way that family courts deal with survivors of domestic abuse and their children following a review into how family courts handle domestic abuse and other serious offences, that raised concerns that victims and children were being put at unnecessary risk. It is proposed that more victims of domestic abuse will be given access to separate building entrances and waiting rooms as well as protective screens to shield them from their alleged abuser in court. It will be made easier for judges to issue barring orders which prevent abusive ex-partners from repeatedly dragging their victims back to court – which can be used as a form of continuing domestic abuse.

Fundamental reform of how the courts hear cases, through a new investigative approach, will be trialled as part of the Integrated Domestic Abuse Courts pilot – these consider family and criminal matters in parallel in order to provide more consistent support for victims. Emphasis will be placed on getting to the root of an issue and ensuring all parties are safe and able to provide evidence on an equal footing – without the retraumatising effects of being in court with an abusive ex-partner.

A review is also taking place (at the time of writing) into the presumption of ‘parental involvement’ that often encourages a child’s relationship with both parents, unless the involvement of that parent would put the child at risk. It will examine whether the right balance is being struck between the risk of harm to children and victims, and the right of the child to have a relationship with both parents.

### **Relationships and sex education in schools**

The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make Relationships Education compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education. They also make Health Education compulsory in all schools except independent schools. Personal, Social, Health and Economic Education (PSHE) continues to be compulsory in independent schools. Since then, new statutory guidance has come into effect that all schools must consider when teaching relationships, sex and health education. It means that all schools must have an up-to-date policy, published on the school website which is available to parents and others.

The aim of RSE is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. Grooming, sexual exploitation and domestic abuse, including coercive and controlling behaviour, must be addressed by schools sensitively and clearly. Schools should address the physical and emotional damage caused by female genital mutilation (FGM) and teach pupils where to find support and that it is a criminal offence to perform or assist in the performance of FGM or fail to protect a person for whom you are responsible from FGM.

As well as addressing this in the context of the law, schools must recognise that pupils may also need support to know when relationships (including family relationships) are unhealthy or abusive (including the unacceptability of neglect, emotional, sexual and

physical abuse and violence, including honour-based violence and forced marriage) and develop strategies to manage this or access support for oneself or others at risk. Schools should also be mindful that for pupils who are or have experienced unhealthy or unsafe relationships at home or socially, the school may have a particularly important role in being a place of consistency and safety where they can easily speak to trusted adults, report problems and find support.

Important issues such as personal privacy, consent and challenging gender stereotypes are also part of the Department for Education's existing guidance to make sure more young people have a better understanding of how to behave towards their peers, including online.

### 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.

<b>Domain 1</b>	Preventing people from dying prematurely
<b>Domain 2</b>	Enhancing quality of life for people with long-term conditions
<b>Domain 3</b>	Helping people to recover from episodes of ill-health or following injury
<b>Domain 4</b>	Ensuring people have a positive experience of care
<b>Domain 5</b>	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:

5. Increased healthy life expectancy. Taking account of the health quality as well as the length of life
6. 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:

<b>1.11</b>	Domestic abuse
<b>1.12</b>	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**

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

**Domain 2: Health improvement**

<b>2.01</b>	Low birth weight of term babies
<b>2.04</b>	Under 18 conceptions
<b>2.05</b>	Child development at 2 – 2½ years
<b>2.07</b>	Hospital admissions caused by unintentional and deliberate injuries in under 25s
<b>2.08</b>	Emotional well-being of looked after children
<b>2.10</b>	Self-harm
<b>2.23</b>	Self-reported well-being

**Domain 4: Healthcare public health and preventing premature mortality**

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

## NICE Quality Standards and Public Health Guidance

### NICE Quality Standards

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

### NICE Public Health Guidance

<b>PH50</b>	Domestic violence and abuse: multi agency working
<b>PH40</b>	Social and emotional wellbeing: early years
<b>PH49</b>	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. This includes the latest iteration at the time of publication but note some of the documents may since have been updated.

- 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).

### Safer Cornwall Priorities

Safer Cornwall partnership has identified the following 4 headline outcomes for 2022-2025.

Priority	Outcome
1: Communities	<b>Communities are supported to take positive action</b> to reduce crime and anti-social behaviour and improve the local environment
2: Specialist services and support	Our specialist services <b>protect and support the most vulnerable</b> and reduce harm
3: Understanding trauma	We have a <b>greater awareness of the effects of trauma</b> on people's lives and behaviours, and our workforce provides <b>the right support, at the right time</b>
4: Communication and sharing information	We <b>communicate and share information</b> in ways that are proactive and inclusive; we listen and act on what we hear



# SAFER CORNWALL

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If you would like this information in another format, please contact:  
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[www.safercornwall.co.uk/what-we-do/dasv-hub/](http://www.safercornwall.co.uk/what-we-do/dasv-hub/)

