Cambridgeshire County Council

Cambridgeshire Research Group

COMMUNITY SAFETY STRATEGIC ASSESSMENT: ALL VIOLENCE INCLUDING DOMESTIC ABUSE

VERSION 1.3

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SECTION 1: INTRODUCTION

The purpose of the quarterly strategic assessment process is to provide the Cambridge Community Safety Partnership (CC CSP) with an understanding of the crime, anti-social behaviour, and substance misuse issues affecting the City. This will enable the partnership to take action that is driven by clear evidence.

DOCUMENT SCHEDULE

The partnership has a continuous assessment process that allows for strategic planning throughout the year. Whilst each document will provide an overview of the partnership's performance during the year, the aim of each document will be to gain a better understanding of key issues in the district. The continuous assessment consists of 4 parts:

Document	Key theme	Analysis & Writing	Presentation
1	Dwelling burglary and personal property crime	June and July	July 2016
2	ASB within vulnerable groups	July to September	October 2016
3	All Violence incl. domestic abuse	October to December	February 2017
4	Exploitation and end of year review	January to March	April 2017

Lead officers for integrated offender management (IOM), drugs and alcohol (DAAT) and domestic abuse (DA) will continue to provide updates to the partnership.

DOCUMENT STRUCTURE

This strategic assessment document is set out in two main chapters:

- **Key Findings and Recommendations** – this section provides an executive summary of the key analytical findings and recommendations. This section also highlights any major developments that may affect activity and possible ways of working.
- **Priority Analysis** – this section provides an assessment of the district's main problems, illustrating it in terms of where and when most problems occur, the people and communities that are most vulnerable and where possible, who is responsible.

The document can be downloaded from: http://www.cambridgeshireinsight.org.uk/community-safety/CSP/cambscity

ADDITIONAL DATA

The interactive community safety atlas provides some of the main crime and disorder issues at ward level. The atlas allows the user to review the data directly on the map or in a chart.
The victim and offender pyramid is an interactive profile that presents data by age group, gender and district.
Both the above can be accessed here:
http://www.cambridgeshireinsight.org.uk/interactive-maps/crime

KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

Violence

- Increases in overall police recorded violence against the person continue to be driven by increases in recorded violence without injury
- Attendances at Addenbrookes A+E for assault and Ambulance call outs have declined, suggesting violent crime is decreasing implying rises in police recorded crimes is a result of recording practises

Domestic Abuse

- Sadly, in November 2016 there was a domestic homicide in Cambridge City; this will be followed by the first domestic homicide review to be conducted in the City since they were made a statutory responsibility in April 2011.
- Coercive control was defined and included in the definition of domestic abuse in 2016, with the first prosecutions occurring in the county late last year. There have been no prosecutions in Cambridge City yet
- Incident reports for domestic abuse increased by around 8.0% over the most recent year while recorded domestic abuse crimes have increased more substantially (31%); this is likely due to improvements by the constabulary in converting incident reports into recorded crimes
- In 2016, the Home Office released their strategy for ending violence against women and girls (VAWG). Subsequently there has been a county-wide VAWG strategic assessment and county-wide action plan has resulted and is open for consultation. The new action plan will impact on the responsibilities of the Partnership in relation to VAWG
- The main referral agency to the MARAC remains the police. Between July and December 80% of referrals to the MARAC were from the police, highlighting a need to understand if the referral pathway into the MARAC is clear for other agencies
- Data from primary care on domestic abuse is not collected centrally, or consistently in practices, and this remains a gap in the picture of domestic abuse across Cambridge City
- Discussions with a selection of GP's in Cambridge City has highlighted a diverse range of understanding around issues of domestic abuse

RECOMMENDATIONS

- The partnership should look to raising awareness around coercive control and the methods employed by perpetrators. Focussing on professionals who need to be able to detect coercive control may help victims more immediately and result in trickle down dissemination of knowledge.
- The partnership should consider the recommendations of the county wide VAWG needs assessment and a thorough understanding of the recommended actions within the draft VAWG action plan. As the actions stand, they will require changes in the way that individual CSP's work in relation to VAWG.
- The release of the VAWG strategy highlights the need for the Partnership to be alert to the other issues under the VAWG definition (such as female genital mutilation or FGM) especially given the ethnic diversity within the City.
- The partnership should consider trying to facilitate communication between key domestic abuse stakeholders and agencies locally, and assert that better understanding of the referral pathways into the MARAC may lead to reducing risk to victims.
- The Partnership should continue to try and strengthen the relationships between local GPs and other stakeholders to improve communication and knowledge around domestic violence.
- The introduction of domestic abuse and sexual violence champions within GP locality groups would help ensure key messages were being understood. The Partnership could offer support by encouraging conversations between lead officers and locality groups to help make this a reality.

ALL VIOLENCE INCLUDING DOMESTIC ABUSE

The focal priority for the current report is 'All Violence including domestic abuse'. As this is an exceptionally large remit, it is not possible to cover all aspects and issues; in order for the report to be most effective a specific area of the priority has been focussed on. In discussion with the leads for violence and domestic abuse within the partnership, and the officer support group, it was agreed that the report would concentrate for the most part on domestic abuse, with an overview analysis of all other violence to look for emerging issues. This might be considered particularly pertinent given that, sadly, in November 2016 there was a domestic homicide in Cambridge City; the domestic homicide review (DHR) that is to come is the first conducted in the City since they were made a statutory requirement in April, 2011.

One aspect of all violence determined as worth reviewing is the apparent increases in violence against the person offences since 2014 (since the publication of the HMIC inspection report, Crime recording: Making the victim count). This report therefore offers an assessment into some of these rises and what violent crime actually looks like in the city.

Domestic Abuse has been a national priority for a number of years and there have been substantial changes to how it is viewed by the public and legal system, from legislation to enforcement and in the judicial process. In response to: the focus on DA; several changes to the legal definition[1]; and the launch of the Violence Against Women and Girls Priority (see Figure 1 overleaf Figure 1) there is now a County level needs assessment currently in preparation by the County-level Domestic Abuse Partnership Manager (due for release early this year), and another assessment planned for later in the year to be produced by Public Health. As such, the Cambridge City CSP Officer Support Group decided that another strategic assessment on domestic abuse needed to focus quite clearly on areas that the partnership can contribute to. This report therefore concentrates on the gap in picture around domestic abuse locally and how the partnership might facilitate expanding local understanding for the benefit of victims and local domestic abuse service users, and providers; specifically looking at how primary care respond to patients experiencing domestic abuse.

[1] The current UK definition of domestic abuse (appendix G in full) includes a range of behaviours including coercion, threatening behaviour, violence or sexual abuse. Domestic abuse can include some or all of these behaviours over time can vary.

Figure 1: Timeline of local and national changes around domestic abuse both substantial and relevant to Cambridgeshire CSPs

EXISTING AND EMERGING ISSUES.

COERCIVE CONTROL

In December 2015, a legal definition for coercive control was published included in the definition of domestic abuse. The number of prosecutions for coercive control have been low at this stage as awareness of the changes is still growing, and it can be difficult to evidence.

- Coercive behaviour is described as a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten victims.
- Controlling behaviour is explained as a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Recommendation: The partnership has an opportunity to add value to this by looking to raise levels of awareness surrounding coercive control and the methods employed by perpetrators, as these are still low. Efforts should be broad as the risk groups for this type of abuse are not defined however focussing on those professionals who need to be able to detect it in victims may help more victims more quickly and result in a trickle down dissemination of this new element to the DA definition.

The first local prosecutions for coercive control occurred in 2016

In July 2016 a man from Peterborough became the first person locally to be jailed for coercive control offences. Valerijs Pudovs was sent to prison for six years. In interview, the victim told officers how Pudovs had a problem with alcohol, and ever since his drinking got out of hand his controlling, jealous and argumentative behaviour became worse.

The violence started in 2013 and after one incident of assault, she reported it to police and her husband was arrested and convicted. After he served his sentence, he promised he would get help for his drink problem, which he did, and their relationship improved.

However, she told officers how by the end of 2015 he showed signs of jealousy and controlling behaviour; he'd changed passwords on her phone and social media accounts, and constantly checked her phone for text messages. The controlling behaviour ended in a violent attack which led to his eventual conviction.

In December 2016 an elderly pensioner from Huntingdon was prosecuted for coercive control offences receiving a 9 months suspended prison sentence. The 81 year old had controlled his wife's relationships for many years and made her sleep on the floor when sick.

Despite been given a six-month restraining order, his wife told police her husband had never left the marital home and she was too scared to challenge him.

Officers learnt that over the years Wallis had tried to stop his wife from seeing her family.She would have to make excuses to family members about why she couldn't visit or why she couldn't stay long - this was out of fear he would make a scene or become aggressive.

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) STRATEGY

In 2016, the Home Office released their strategy for ending violence against women and girls (VAWG). The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."[2] There are clear links between Domestic Abuse and the wider VAWG agenda.

One of the key principles behind this national strategy is the role of partnership in tackling VAWG: the recognition that the multi-faced and complex nature of VAWG would require a multi-agency approach. The government's ambition is to significantly improve awareness of issues relating to VAWG and for these issues to become 'everybody's business' across agencies, professions and the wider public. Locally, this strategy has translated to the commissioning of a county-wide VAWG needs assessment by the Office of the Police and Crime Commissioner. The partnership should have a strong sight of this report, when it is released early this year, and care has been taken within this local strategic assessment to avoid duplication.

The interim findings of the VAWG needs assessment indicate the following recommendations:

- It is recommended that all relevant local strategy, policy, assessment of need, and commissioning reflects VAWG needs, and that this is monitored as a county-level strategy.
- It is recommended that a review of the learning, and of relevant actions arising from previous domestic homicide reviews (DHRs), is commissioned at a strategic county-level in line with best practise.
- It is recommended that Cambridgeshire and Peterborough [stakeholders] progress activities at a strategic level to develop a common and coordinated approach to school-based VAWG prevention interventions, in accordance with best practise and Home Office recommendations.
- A standardised strategy for developing community capacity has been agreed by the Domestic Abuse and Sexual Violence Governance Board (county strategic board) to direct all aspects of local delivery.

An opportunity: VAWG Service Transformation Fund

In response to their 2016 VAWG strategy, the Home Office have pledged to increase funding to VAWG services by £80m. From 2017, this funding will also support the launch of a £15m, three-year VAWG Service Transformation Fund to aid, promote and embed the best local practise and ensure that early intervention and prevention become the norm. Bids into this fund must be for new innovations rather than to fund existing services.

[2] World Health Organisation, Violence against women: Intimate Partner and Sexual Violence Against Women Factsheet, http://www.who.int/mediacentre/factsheets/fs239/en/, November 2016

VAWG within minority groups

Underrepresentation of ethnic minority groups has been identified in data in previous reports. In the 2015/16 annual strategic assessment for the Cambridge City CSP, content on domestic abuse highlighted that the problem profile for the Cambridgeshire force area identified an increase in reporting from ethnic minority groups based on demographic representation, especially: other white background; other Asian, Asian Bangladeshi; and Black African. Similarly the review of 'ward X', by the DASV Partnership manager highlighted that there was underrepresentation of these minority groups in the cohort of cases.

As local and national focus turn to VAWG and the role of community safety partnerships locally changes, the focus on minority groups, particular for awareness raising, will be more imperative than ever. Cambridge City has a higher diversity of ethnicities than the county as a whole so these concerns should highlight to the partnership a need for targeted approaches for minority ethnic groups.

It is accepted that these crimes are disproportionately gendered against women (or solely as is the case for FGM), which is why this new approach is framed within the VAWG strategy, it is also necessary that responses are open to benefit all victims of these crimes, and appropriate consideration should also be given to awareness other victim groups, such as males and members of the LGBT(Q) community

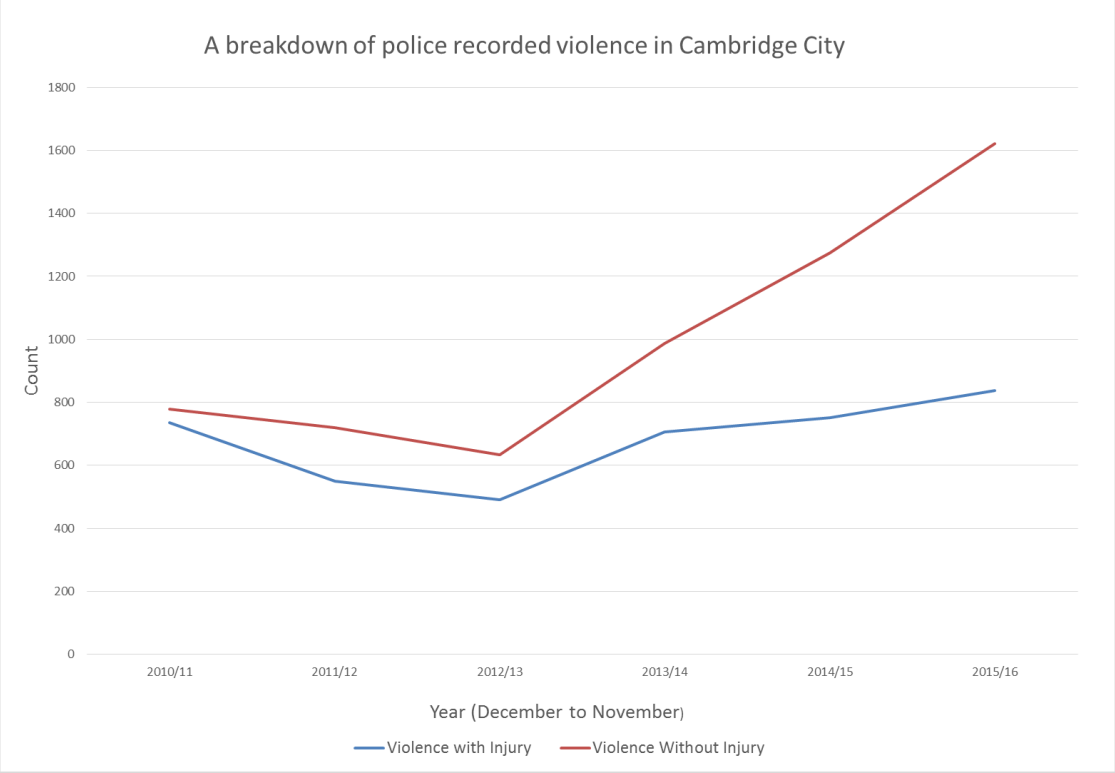
Recommendation: The Partnership need to be alert to the other issues under the VAWG definition (such as female genital mutilation or FGM) especially given the ethnic diversity within the City.

REVIEW OF PAST YEAR

HEADLINE FIGURES FOR ALL VIOLENCE

Police recorded crimes continue to show that recorded violence against the person in Cambridge City is increasing. Between December 2015 and November 2016, there was a 21.4% increase in overall recorded violence against the person when compared to the same 12 months previous. As Figure 2 below shows, this is largely driven by a 27.4% increase in violence without injury.

Figure 2: Trend of annual count of police recorded violence against the person in Cambridge City, 2010/11-2015/16 (Dec-Nov)

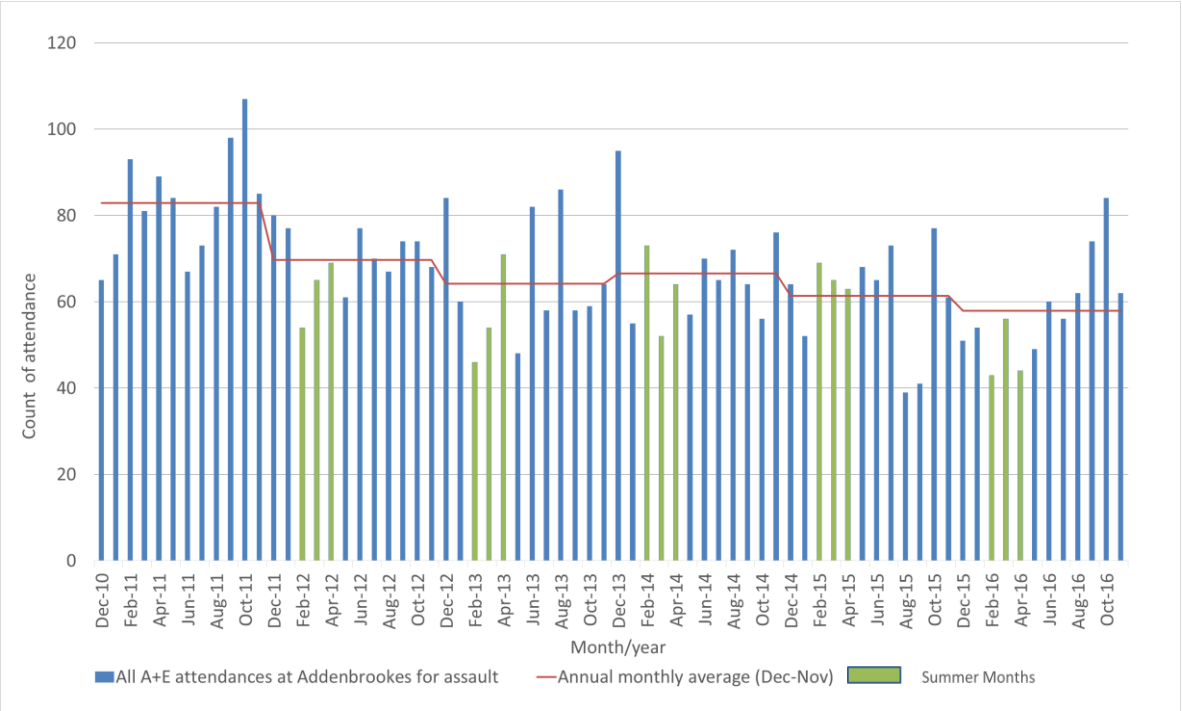


Whilst there has been recent increases in police recorded violence, these rises are not mirrored in either A+E attendances or Ambulance call outs for assaults.

Similarly, between 2013 and 2016 there has also been year on year decreases in the number of ambulance call outs for assaults. Between November 2013 and October 2014, there was a total of 284 ambulance call outs for incidents of assault but this had decreased to 238 incidents between November 2015 and October 2016 (16.2%).

Figure 3 highlights that between 2010 and 2016 there have been long term decreases in the number of attendances at A+E for assaults. Between November 2010 and October 2011, there was a total of 988 attendances for assaults but this decreased to 694 attendances between November 2015 and October 2016 (a reduction of 29.7%).

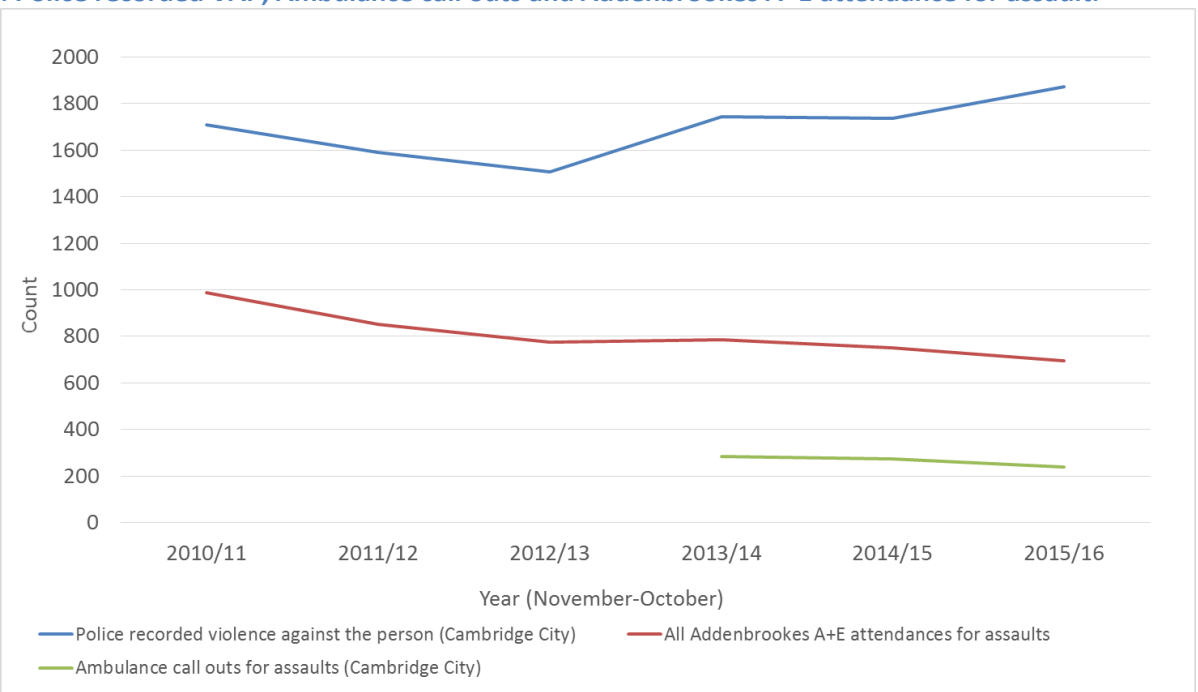
Figure 3: Monthly count and average monthly count (per year) of all# A+E attendances at Addenbrookes for assault, Dec 2010 –Nov 2016*



A+E Attendance could not be limited to violent incidents that occurred in Cambridge City alone.

The decreases in both A+E attendances and ambulance call outs for assault suggests that violent crime in Cambridge City is decreasing and rises observed in police data result from changes to recording practises; this is despite being unable to limit A+E attendance data to those which occurred in Cambridge City. Figure 4 below shows, the yearly count for ambulance call outs decreased over the last 12 month.

Figure 4: A comparison of recorded violence in Cambridge City from Nov 2010 –Oct 2016 : Police recorded VAP, Ambulance call outs and Addenbrookes A+E attendance for assault.*



ROBBERY

There was a 68.6% increase in police recorded personal robbery in the period of December 2015 to November 2016 when compared to the same period twelve months previous. The legal definition of a robbery is any crime an individual "steals, and immediately before or at the time of doing so, and in order to do so, s/he uses force on any person or puts or seeks to put any person in fear of being then and there subjected to force."[3] This increase however is likely due to a change in the Home Office National Crime Recording Rules. Local intelligence suggests that some aggravated burglaries are now being classed as robberies – many of these are related to the drug activities in the city[4]. As there has been a decrease in burglaries that is greater in number than the increase in robberies it would be feasible to suggest that the increase in robberies are due to recording practices, but this should be followed up again at a later date to see what progress has been made.

HEADLINE FIGURES FOR DOMESTIC ABUSE

POLICE RECORDED CRIMES

Crimes are 'flagged' as being 'domestic abuse related' by the police if the offence meets the government definition of domestic violence and abuse[5].

Cambridge City has seen year on year increases in the number of police recorded crimes with a domestic abuse marker applied(Figure 5). Whilst there have not been consistent year on year increases in the number of domestic abuse incidents, there has been an overall increases between 2010 and 2016. These increases are likely to be, in part, due to improved standards in the way that the constabulary record and deal with domestic abuse incidents over the last few years. The crime inspection report on Cambridgeshire Constabulary by HMIC, 2014, found that the constabulary has 'improved their approach to investigating domestic abuse and protecting victims.'[6] Despite improvements by the constabulary in reacting to incidents, the impact of DA on the victims means that awareness of the issue continues to be a priority and it is still a force-wide aim to increase reporting as DA continues to be substantially under-reported.

Between December 2015 and November 2016, there was a 31.1% increase in the total number police recorded crimes with a domestic abuse marker when compared to the twelve months previous. This also resulted in a 140.1% increase when compared to 5 years previous and this has generally been attributed to an increase in recording as and conversion to crimes, of domestic abuse incidents. However due to the impact of changes in recording practise and an increased use of applying the Domestic Abuse marker, it is important to examine the number of recorded domestic abuse *incidents* in parallel as these figures are less affected by changes to crime recording practises.

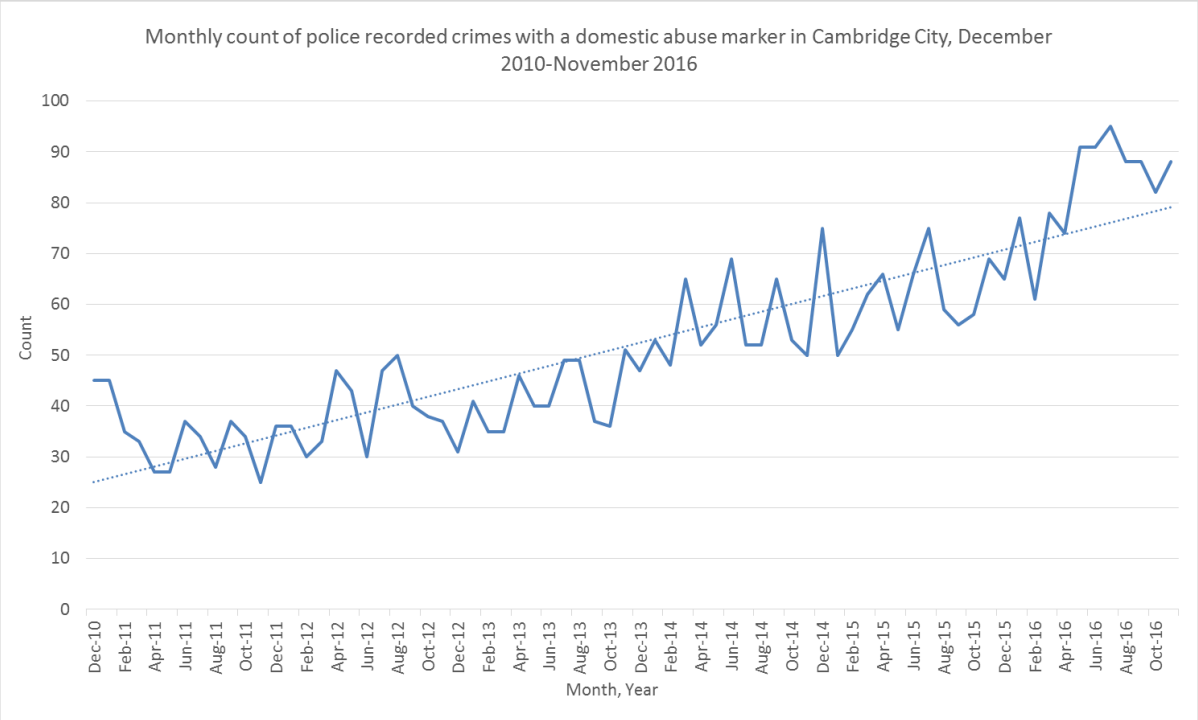
[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513282/count-robbery-april-2016.pdf
[4] Chief Inspector Paul Ormerod
[5] Government definition of domestic violence and abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality
[6] Crime Inspection 2014, Cambridgeshire Constabulary, 2014, **https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/cambridgeshire-crime-inspection-2014.pdf**

Indeed, according to the Problem Profile: Domestic Abuse in Cambridgeshire 2015 46% more incidents being converted to crimes from 2013 to 2014.

In part the increase in conversion rate can also be attributed to inclusion of familial abuse and coercion into the definition, as well as the increase in the age range to include 16 and 17 year old victims. Therefore, it is generally thought that there has not been an increase in domestic abuse across the county, but rather a very positive change to crime recording.

As table 1 (overleaf) shows, there have been long term increases in the total number of police recorded domestic abuse *incidents* although the level of increases is not as substantial as the increases in recorded *crimes.* Between December 2015 and November 2016, there was a 5.4% increase in the number of recorded incidents when compared to the twelve months previous. As some of the increases seen in the previous period may be a result of the change in the definition of domestic abuse that came into effect in 2013, there is obviously further room to increase reporting. It is therefore important that the partnership maintain domestic abuse as a priority.

Figure 5: Monthly count of police recorded crimes with a domestic abuse marker in Cambridge City, Dec 2010- Nov 2016



The relationship of incidents to crimes has increased from 22.6% of incidents becoming a crime to 52.8% over the last 5 years (e.g. over half of all incidents become a crime). Therefore the increase in domestic abuse crimes recorded represents an improvement in performance for crime recording (from incidents to crimes) rather than an actual increase in the prevalence of domestic abuse.

The most recent Crime Survey for England and Wales[7] (CSEW, March 2015) estimates that 8.2% of women and 4.0% of men reported experiencing any type of domestic abuse in the last year (that is, partner / ex-partner abuse (non-sexual), family abuse (non-sexual) and sexual assault or stalking carried out by a current or former partner or other family member). This is equivalent to an estimated 1.3 million female victims and 600,000 male victims in England and Wales. However, it should be noted that the CSEW questions relating to domestic abuse ask if a respondent has experienced domestic abuse in the past year, but does not ascertain whether the experiences are ongoing, or enable an assessment of the level of risk respondents are under, so should not be considered a statistical robust indicator of the extent of local problems.

Within the CSEW, there were 6.5% of women and 2.8% of men who reported having experienced any type of ***partner abuse*** *(i.e excluding familial abuse) in* the last year, equivalent to an estimated 1.1 million female victims and 500,000 male victims. Overall, 27.1% of women and 13.2% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.5 million female victims and 2.2 million male victims in England and Wales. These figures represent no statistically significant difference on the previous year, with the long term trend also being stable. Again, these figures do not offer insight into prevalence and the level of impact.

Table 1: Yearly count of police recorded domestic abuse incidents and crimes with a domestic abuse marker in Cambridge City, Dec 2010- Nov 2016.

Year (Dec-Nov)	Total number of incidents	Rate of incidents Per 1,000 Population	Total number of crimes	Total Number of crimes per 1,000 population	% crimes against total incidents
2010/11	1,797	14.5	407	3.3	22.6
2011/12	1,754	14.2	467	3.8	26.6
2012/13	1,635	12.9	490	3.9	30.0
2013/14	1,763	13.8	662	5.2	37.5
2014/15	1,759	13.7	746	5.8	42.4
2015/16	1,854	14.5	978	7.6	52.8

PRIORITY ANALYSIS: EXPANDING LOCAL UNDERSTANDING OF DOMESTIC ABUSE

LOCAL RESEARCH ON DOMESTIC ABUSE

The county-wide needs assessment on Domestic Abuse, which will soon be available for circulation amongst community safety partnerships. The interim findings were circulated in November and highlight some of the key issues surrounding domestic abuse locally.

There are concerns about the level of duplication that has occurred between agencies in the assessment of domestic abuse. In essence multiple assessments reference the same data and reach similar conclusions.

[7] Crime Survey of England and Wales, March 2015, https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse

Although it is important to review the statistics to allow partnerships to assess the impacts of interventions or any emerging problems, it is more critical to address the **gaps** in understanding in order for more substantial progress to be made. The goal of such reports and assessments should be to expand local understanding of domestic abuse and not just re-summarise.

DATA GAPS

Within the Cambridge City 2015/16 annual strategic assessment, it was highlighted that there is still a strong reliance on police data for a picture of domestic abuse as data recording and sharing amongst other sectors, especially from health is still poor. It was recommended that the partnership should continue to try and develop data sharing agreements with health agencies and encourage better recording. This issue is not local to Cambridge City, or the County, and was been acknowledged as a national issue in the 2016 Standing Together report: *Domestic Homicide Review (DHR) Case Analysis*[8]

One of the key issues with a reliance on police data is that the scope of under-reporting, which is a national issue, is very hard to determine from police data alone. Below is a list of the existing data sources that are used in analysis of domestic abuse locally:

- Police incidents and crimes
- Multi-agency risk assessment conference data
- Children in need records
- Independent Domestic Violence Advocate (IDVA) records
- Service providers records such as Refuge and Cambridgeshire Women's Aid

The most obvious gap in the above list of data sources from primary care providers such as: health visitors, midwives, mental health professionals, physical therapists and GPs. Indeed, this is nationally recognised in the NICE guidelines for domestic abuse that recommend research into appropriate ways to collect and manage data about domestic violence and abuse across the health, social care and criminal justice sectors[9].

It was recommended in the 2015/16 annual strategic assessment that the Partnership should continue to try and develop data sharing agreements with health agencies. This goal is still important in the long term, but in this report we look deeper into why it has been so difficult for any of the domestic abuse stakeholders to make use of data from primary care.

Below we look at the role of general practitioners in detecting domestic abuse because this is the group that has the widest remit and broadest geographic coverage (i.e. GP practices are more numerous and have more contact with the general population than other health professionals and practices) in primary care, and because we have been fortunate enough to have been able to engage with them during the preparation of this report. It is acknowledged that there are other health professionals that could contribute to the detection and protection of victims of domestic abuse.

[8] *Domestic Homicide Review (DHR) Case Analysis (Report for Standing Together) Nicola Sharp-Jeffs and Liz Kelly June 2016*

[9] NICE Domestic violence and abuse: multi-agency working https://www.nice.org.uk/guidance/ph50/chapter/5-Recommendations-for-research

THE ROLE OF GENERAL PRACTITIONERS IN DETECTION OF DOMESTIC ABUSE

In 2014, a World Health Assembly Resolution called the strengthening of the role of health systems in addressing violence, particularly against women and girls[10].

There are obvious connections between victims of domestic abuse and primary care as a result of the long-term health effects of abuse and the increased likelihood of disclosure to health workers because of the trust victims place in them. However, the response to victims of domestic abuse by primary care practitioners can however be complicated by issues patient confidentiality and lack of clear care pathways.

> *"The health sector must play a greater role in responding to intimate partner violence and sexual violence against women"*
>
> World Health Organisation 2013

GPs are very well placed to identify victims of domestic abuse because of the connected health concerns therefore play a very important role in facilitating support for victims[11]. In 2013, WHO, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council produced the first global and regional estimates of the prevalence and health effects of two common forms of violence against women: partner violence and non-partner sexual violence[12]. This report clearly defines the globally relevant public health concern of domestic abuse and sexual violence, demonstrating the clear relationship between victimisation and long-term health problems such as: injuries, chronic pain, disability, mental ill-health, depression and suicide, neurological disorders, sexually transmitted infections (STIs), unintended pregnancy, abortion, pregnancy loss, low birth weight, premature birth, alcohol and drug use, nutritional deficiency, gastrointestinal problems, and death from homicide. Leaving no doubt of the concern that domestic abuse should be to public health, and the opportunities for intervention that result from consultation about health complaints.

The SafeLives 2016 Survey of IDVAS in England and Wales found that 80% of victims do not contact the police but that most use the health service. Of course the role that GPs play should be part of a coordinated response, as no single agency or professional will have the complete picture of any victim but combining information may result in insights crucial to safety, and prevention of homicides[13]. Jeffs and Kelly (2016) in their Domestic Homicide Review (DHR) Case Analysis Report reported findings about GPs relationships with victims and perpetrators that further reinforcing the role that GPs could play in intervention of domestic abuse. They found:

[10] 67th World Health Assembly. Strengthening the role of the health systems in addressing violence, in particular against women and girls and against children. World Health Assembly, 2014. Resolution 67.15. http://apps.who.int/gb/ebwha/pdf_fi les/WHA67/A67_R15-en.pdf?ua=1.

[11] Hester, M, Westmarland, N, Gangoli, G, Wilkinson, M, O'Kelly, C, Kent, A & and Diamond, A (2006) *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention.* Bristol: University of Bristol in association with the Northern Rock Foundation and the Home Office.

[12] WHO 2013 Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

[13] Domestic Homicide Review (DHR) Case Analysis (Report for Standing Together) Nicola Sharp-Jeffs and Liz Kelly June 2016

- The information held by GPs is often invaluable, it helps 'fill the gaps', especially when a victim and/or perpetrator has not had contact with any other statutory body.
- GPs are the only stakeholder group that consistently and actively engages with both victims and perpetrators GP surgery staff have a crucial role in preventing homicides.
- Just over half (13/24) of the interpersonal homicide (IPH) reports in the analysis, noted that the GP missed opportunities to ask the victim about IPV. Most frequently observed was a lack of professional curiosity about relationships with partners/children's fathers.
- In a quarter (6/24) of the DHR reports missed opportunities for GPs to enquire about IPV with perpetrators are noted.

Similarly, the Home Office 2016 review of Domestic Homicide Reviews note that GPs do not always follow up victim disclosures or refer on. Neville and Sanders-McDonagh (2014) [14] noted that in five cases within their sample (n=10), GPs had either: had no training in domestic abuse, had no practice lead identified for domestic abuse, or no formal pathway for responding to disclosure.

There is however guidance available to help overcome some of the issues raised above. The Royal College of General Practitioners[15] recognises the violation of human rights and public health problem that domestic abuse poses and provides guidance for general practices on how to respond to patients experiencing domestic abuse; and how to develop in-house policies while being conscious of barriers to sufficiently assessing, managing and making referrals. The RCGP recommendations are clear and start with process that should be implemented by management. Including:

- Finding out what existing domestic violence services are available
- Engaging with local domestic abuse services – and the Domestic Violence Co-ordinator – to develop an effective working partnership.
- Commissioning training for the practice team.
- Establishing a simple care pathway for patients disclosing domestic abuse by identifying a local designated person who will be responsible for the initial assessment of victims.
- Ensuring that the practice's response to disclosure always adheres to its information sharing protocols (with guidance to be sought by the Caldicott Guardian[16] principles for domestic abuse and MARACs[17]).

MARAC REFERRALS

Multi-agency risk assessment conferences (MARAC) is a system of risk management meeting that are replicated across the country, and are where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. Professionals that have interactions with victims of domestic abuse, can make an assessment of the level of the risk of harm

[14] Neville and Sanders-McDonagh (2014) Preventing Domestic Violence and Abuse: Common Themes and Lessons Learned from West Midlands' DHRs

[15] RCGP 2012 Responding to domestic abuse: Guidance for general practices http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/domestic-violence.aspx

[16] A Caldicott Guardian is "A senior person, preferably a health professional, should be nominated in each health organisation to act as a guardian, responsible for safeguarding the confidentiality of patient information."

[17] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf

to a victim in order to determine if they should refer them to the MARAC[18]; all high risk cases should be referred[19].

The data of referrals provides an overview of which stakeholder agencies directly engage with this process. Table 2, below shows the recorded referral pathways for cases into the MARAC between 01/07/2016 and 31/12/2016. Note that the highest volume referrals comes from the police, IDVAs and Children's Social Care, it is also important to note referrals coming from other sources such as housing, the voluntary sector, and primary care providers.

Cases that require a full multi-agency discussion are taken forward to the weekly MARAC Plus meeting. In 2016, there was a total of 75 cases discussed at MARAC Plus meetings and 83.8% of referrals to the MARAC Plus meeting came originally from the police.

Table 2: A breakdown of referring agencies to MARAC, 01/07/2016 TO 31/12/2016

Referring Agency	Total number of referrals
Police	348
Other	19
IDVA	13
Children's Social Care	<5
Mental Health	<5
Housing	<5
Probation	<5
Primary Care Trust	0
Secondary Care/Acute Trust	0
Education	0
Voluntary Sector	0
Substance Use	0
Adult Social Care	0
Mash	0

We would expect that police would be the main source of referrals to the MARAC as by virtue as their role they would come in to contact with victims in crisis, but it is still surprising that there are not more direct referrals from other agencies. This was highlighted previously to the partnership in relation to the number of referrals from mental health agencies, but it is equally surprising that primary care professionals are not a more common source of referral, making up less than 1.5% over the past 6 months. Obviously this does not mean that there are not referrals being made from these

[18] The MARAC advises use of the DASH (previously CAADA Dash) risk assessment checklist http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

[19] http://cambridgeshirecin.proceduresonline.com/pdfs/marac.pdf

sectors for victims of domestic abuse, but it clearly demonstrates that the referral pathway does not link straight to the MARAC; it seems most likely professionals are dealing directly with the police.

The questions are then, Why is this the case? Does it represent a problem? Should there be a broader representation of referrals across the agency types? As it stands this would appear to put a great deal of onus on the police to detect and refer high risk victims (although police are likely to be involved in high risk cases anyway), when perhaps it should be more evenly distributed across agencies. Perhaps the most important question is whether the lack of referrals from some agencies represents a lack of knowledge and awareness about domestic abuse, the risks to victims, the processes in place and the support available? However one of the biggest implications of this data is that it is difficult to determine if other agencies are identifying and referring high risk (or otherwise) victims of domestic abuse for support at all. Answering these questions would enable a better assurance that victims of domestic abuse do not remain in potentially life threatening situations.

Recommendation: The questions posed above are not the responsibility of the Partnership to answer, however it may be possible for the partnership to facilitate communication between relevant agencies, and assert that understanding the referral pathways into the MARAC better may reduce risk to victims and therefore it is important to seek answers.

DATA FROM GENERAL PRACTITIONERS

We made enquiries to the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) requesting data on prevalence of domestic abuse amongst the patients registered at GP surgeries (and/or other health professionals). Several replies indicated that the CCG did not hold such information but they were able to advise that.

- The computer system used by GPs does allow a 'read code' to be applied to patients' records indicated domestic abuse, or risk of violence, but that information would be held by the practices themselves if it was used.
- Although midwives do enquire about domestic abuse with their patients, they do not collect data on domestic abuse for monitoring purposes to the knowledge of the CCG.
- Where children are involved, a referral would be made by GPs to Children's Social Care, as a priority and it was assumed that the rest would follow from there (as consultation times do not allow for multiple referrals.

Recording domestic abuse against patient records is obviously an ambiguous area, and has been noted in national reports. The 2016 review of Domestic Homicide Reviews by the Home Office[20] indicated that record keeping by GPs in relation to domestic abuse was a concern and noted that in 21 of 28 cases reviewed there was at least one mention made of the insufficient record keeping by GPs.

[20] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

A MEETING WITH GP'S

Researchers from the Cambridgeshire Research Group attended a GP meeting (12/2016), with the purpose of discussing how GPs view and handle domestic abuse. Five questions were circulated in the agenda pack to stimulate thought and conversation prior to the meeting. At the meeting there was a total of seven GPs and five practice managers in attendance.
It is acknowledged that the discussion at the meeting was quite informal, and not interrogatory in any way, and can in no way be considered as reflective of the views and policies of all practices, or GPs, in Cambridgeshire. Instead it should be taken as a starting point for identifying areas for action and future conversations. From this standpoint, the key points from the meeting to note were:

- Several statements indicated that there were some deeply ingrained misconceptions about domestic abuse, its prevalence and the local context:
    - One GP indicated that in their practice, in a more affluent area, the GP would only see a case of domestic abuse every 4-5 years
    - There were two comments indicating that most patients would be disclosing abuse that was isolated, and not reflecting a pattern of repeated abuse
- Despite a range of methods currently in use to disseminate information about domestic abuse services and news to stakeholders locally, there seemed to be a lack of knowledge of what support is available to victims of domestic abuse, or to professionals encountering domestic abuse. One practice manager indicated that it would be good to have all the information about services available in one place; preferably as a pamphlet.
- There was an absence of the typical discourse that would be expected when discussing domestic abuse intervention and prevention. This does not imply a complete absence of the knowledge but could provide a focus for future training content. There was ***no*** mention of:
    - formal risk assessments, like the CAADA or DASH risk assessment tools
    - referral to the Multi Agency Safeguarding Hub (MASH), the Multi Agency Risk Assessment Conference (MARAC), Adult Safeguarding, the Victims Hub, or any social care agencies other than Children Social Care.
    - the impact on health that domestic abuse, or the correlation of specific health problems
    - Information disseminated by email from key stakeholders, such as DASV, CSP, White Ribbon representatives, or any Safeguarding agency.
- There was also no discussion that recording domestic abuse against a patients records would improve safety by ensuring that subsequent GPs would also know of the risk, or that an indicator of victimisation over time, rather the opposite was of more concern i.e. that recording may increase risk.

Below is a more expanded summary of the discussion against each of the questions supplied:

1. *What do you think the role of primary care should be in relation to Domestic Violence?*

There was no clear answer provided to this question as attendees felt that it was too broad to discuss constructively.

2. *How is domestic violence managed within practices?*

The attendees indicated that, at least at their practices, there was no co-ordinated response: how domestic abuse was approached and how patients suspected of experiencing domestic abuse were managed was left to the individual GP to decide.

3. *When you suspect that violence may be happening, what do you do? When and where do you report this?*

Regarding reporting: When children were known to be present, GPs indicated that they would report – as this is a mandatory requirement. Otherwise, however the general feeling was that GPs would encourage victims to contact the police or Women's Refuge but not report it themselves unless there was an expressed wish from the victim to do so. One GP indicated that he would consider reporting depending on the level of severity (there was no mention of using a risk assessment process to do this).

Referral pathways followed: Most responses indicated that, when determined appropriate, the police were the agency to call when domestic abuse was detected by GPs. One GP indicated that he would refer victims to Refuge and Cambridge Women's Aid. No attendees mentioned the MASH, the MARAC or the Victims Hub. (Note this is supported by the MARAC referrals data showing the highest volume come via the police rather than other agencies such as in primary care).

Regarding recording: There was discussion about recording 'risk of violence' on patients' records. Attending GPs spoke of the possibility of adding a 'code' to records, although this didn't seem to be being done. The main reason for not recording known, or suspected, domestic abuse seemed to be because there is not an existing co-ordinated approach to how this should be done, with specific concern expressed about: how to apply consistently, in what circumstances, whether patient permission would be required, what risks there were to patient safety if perpetrators were to find out.

4. *Do practices receive up-to-date information about support services for people who experience domestic violence?*

Discussion of service availability and other forms of support indicated a basic level of knowledge and there was *not* a sense that GPs were aware of updated information being received by practices on a regular basis. A couple of GPs indicated that they were aware of Refuge and Cambridge Women's Aid and had provided information about them to patients. One practice manager indicated that it would be good to have single source of information about domestic abuse services, perhaps as a brochure, as it seemed that the information could not all be found in the same place.

5. *What are the barriers or challenges for practices in relation to this issue?*

There was not much specific discussion around this question as much had been covered in previous discussions. The most obvious points to highlight here were: that GPs have a very short time with patients and the opportunity for disclosures, or to encourage disclosures is limited; and the lack of overall or practice strategy for data recording means that information recorded on the patients' record is limited.

There are some clear opportunities for increasing the awareness of GPs about domestic abuse that can be taken from the discussions with GPs:

- Continue the conversation: the meeting described above should be used as a starting point to continue conversations with GPs to build awareness and actively generate interest in the issues
- Awareness raising should aim to set shared information apart: dissemination and awareness of domestic abuse information, training and support is probably received amongst a plethora of other information but needs to stand out to increase impact and awareness. Surveys of practices to see if they have received or read information may also inform this.
- Promotion of a practice policies and establishment of care pathways for victims (and perpetrators): The absence of practice policy and guidelines for response to domestic abuse has been a criticism of both the Home Office and the Standing Together Domestic Homicide Review analyses, and they both recommend practices implement such processes. There are a number of guidelines [21,22]outlining how to do this that could easily be used in awareness raising, and would help to imbed knowledge about resources and support within practices.
- Encourage further training: The amount of compulsory training that GPs receive on domestic abuse is quite limited. GPs currently receive training on domestic abuse as part of their level 3 safeguarding training (which is 6 hours over 3 years) which is delivered by the CCG Safeguarding team; a one hour DA component was introduced to this in Aug 2016 (i.e. 1 hour every 3 years). However previously domestic abuse training was only generally attended if there was an interest in attending and there was a course available locally.

Recommendation: The Partnership should continue to try and strengthen the relationships between local GPs and other stakeholders to improve communication and knowledge around domestic violence.

Recommendation: The introduction of domestic abuse and sexual violence champions within GP locality groups would help ensure information was reaching GPs in their area: acting as a sign-poster for information, advice and pathways to support and services; promoting the implementation of practice policies on response to domestic abuse; and encouraging further training. The Partnership could offer support by encouraging the introduction of champions within locality groups and encourage conversations between lead officers and locality groups. A longer term goal might be for the locality champions to encourage every practice to nominate a domestic abuse champion.

[21] RCGP 2012 Responding to domestic abuse: Guidance for general practices http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/domestic-violence.aspx

[22] WHO 2013 Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

LOOKING FORWARD – COUNTY VAWG ACTION PLAN

CAMBRIDGESHIRE & PETERBOROUGH VAWG ACTION PLAN

Following soon after the Interim findings of the County-wide VAWG needs assessment in September 2016 by the Domestic Violence and Sexual Violence Partnership, a co-ordinated VAWG action plan for district CSPs has also been released for consultation with all district CSPs. This will replace the existing DASV Action plan for CSPs originally released in April 2013, which focussed on domestic abuse specifically. A comparison of these plans can be found in Table 3

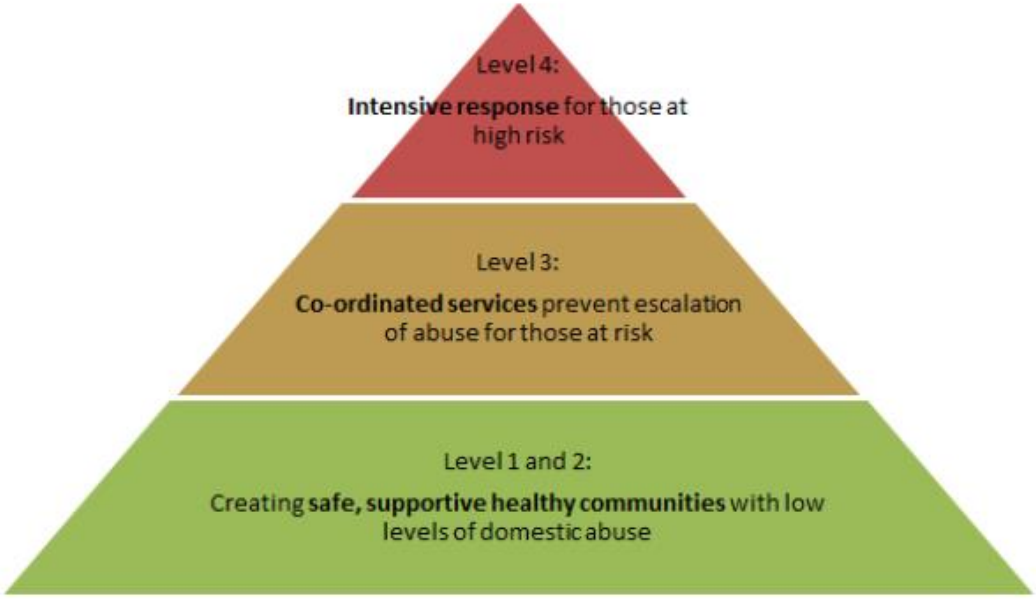
Accountability over effective delivery of each of the key actions within the plan will sit with the local CSPs, with responsibility for delivery sitting with individual agencies. It is recommended that Domestic Abuse should remain a priority for CSPs. Should partnerships agree to the VAWG action plan as drafted, they will be required to change ways of working, and a focus on this would be assumed until it becomes business as usual.

Table 3: Comparison of Domestic Abuse and VAWG action plans for Community Safety Partnerships from 2013 and 2016. Equivalent actions and comments are coloured similarly.

Actions for CSPs from:		**Actions that have been, or are being, met and future implications of the new action plan**
DASV 2013 plan for CSPs	***VAWG 2016 plan for CSPs***	
• White Ribbon Status		• Cambridge City Council have achieved White Ribbon Status
• Promote and support DASV delivered training	• Ensure staff in contact with VAWG victims receive training	• Promoting and supporting relevant training continues to be a major theme of the action plan, but there appears to be the expectation that CSPs take on greater responsibility to ensure that training is received by those that need it.
• Coordinated Communications / Awareness in partnership with constabulary	• Raising community awareness of VAWG via communication campaigns, tying in with new countywide coordinating communications group. Linking with community groups and special interest groups to raise awareness of VAWG and to develop communication and awareness plans.	• Awareness raising for domestic abuse is still a major action for the CSP. The wider issues of VAWG now need to be integrated into the understanding of the local picture context in order to contribute to a coordinated response.
• Facilitate and run annual awareness with matched finding contribution from CCC Safer Communities Team.	• Bystander interventions such as Safe Spaces which will involve linking with local businesses and support services to offer places where victims of VAWG can make safe disclosure and contact support services.	• Safe spaces has run in Cambridge City since 2015 is planned to continue. 'Ask for Angela' is also being launched in Feb 2017, an initiative to keep people safe while dating.
	• Where local areas identify knowledge gaps within the VAWG agenda these are highlighted at a county–level	• Published strategic assessments highlight knowledge gaps. CSPs to share this knowledge more widely so that duplication of efforts are avoided. CSP also may need to review links to county-level to ensure a collaborative approach.
	• Learning from Domestic Homicide Reviews from Cambridgeshire and Peterborough is shared across the county. Local areas will be responsible for driving forward actions across their partnerships.	• CSP to ensure that any lessons learned from DHRs are shared across the county, and that locally necessary changes are actioned to reduce future risk.
	• Focus on school-based VAWG preventative work such as healthy relationships and staying safe	• Chelsea's Choice was delivered in 2016 to secondary students and professionals, and Tough love will be performed across the Cambridge City Secondary Schools in 2017

CURRENT INTERVENTIONS, SUCCESSES AND PROGRESS

A joint Cambridgeshire and Peterborough Domestic Abuse/Violence Against Women and Girls training offer has been developed detailing training at four levels.



The Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership have just launched a Sexual Violence Awareness e-learning module. This course is recommended for those people working at level 1 who need only a basic awareness of domestic abuse and as an introduction for new staff.

There is an updated free domestic abuse e-learning module which agencies are encouraged to promote and this can be accessed via http://www.cambsdasv.org.uk/website/elearning_modules/92616.

WHITE RIBBON CAMPAIGN AND CAMBRIDGE COMMUNITY FORUM

White Ribbon Campaign UK is part of a global movement to put a stop to male violence against women and girls. Cambridge City Council has been awarded White Ribbon Status. The White Ribbon Towns Award is for Councils wishing to demonstrate their commitment to the aims of WRC: raising awareness, understanding and providing services in order to reduce the incidence of domestic violence and to provide the local community with increased support and understanding of this issue. Councils will be asked to meet certain criteria, depending on size, in order to hold the nationally recognised title of White Ribbon Town with the support from WRC staff. The domestic abuse lead for Cambridge City Council has provided an update on the work of the campaign and the establishment of a Cambridge Community Forum on Domestic Abuse and Sexual Violence/Abuse.

Previous and future White Ribbon events can also be found in appendix D

Progress against the domestic abuse priority for Cambridge City Council

In 2014 domestic violence/abuse (DV/A) was made a strategic priority for Cambridge City Council. Councillor Anne Sinnott was appointed the Cambridge City Council lead for domestic abuse.

Leading figures were drawn from almost all spheres in the city, to a newly-created community forum on the issue, with the twin aims of raising general awareness in Cambridge and increasing reporting rates. Community forum activities would raise awareness in individual members, who, in turn, would then be able to raise awareness of the issue in their spheres of influence.

Cambridge Community Forum on Domestic & Sexual Violence/Abuse (The Forum) was officially launched at an inaugural conference at the Guildhall on 9 February 2015 - with acclaimed speaker Fiona Bowman, testimony from a Cambridge Women's Aid service-user, a showing of the film *'Damage'* and a performance of the play *'Behind Closed Doors'* by AlterEgo theatre group – and heralded a great success by all attendees. Descriptions of previous and further Forum meetings and events can be seen below.

At this time the leads also undertook the work necessary for the council to join the White Ribbon Campaign and work towards obtaining White Ribbon Status for the city council and at The Forum's inaugural February 2015 conference, the Council was officially awarded White Ribbon Status. As part of the White Ribbon work, male White Ribbon Ambassadors were appointed – initially, there were three; currently, there are now seven. – A list of ambassadors is available on the White Ribbon Campaign website at http://www.whiteribboncampaign.co.uk/node/275

White Ribbon Ambassadors (WRAs) attend CCF meetings and events, as well as give separate WRA Talks. WRAs are known figures in their individual spheres and are often approached for advice and thus function as a valuable and effective community resource. As can be seen from the below statements from three of our WRAs, these are impassioned men who really care and want to do all they can to help eradicate domestic violence/abuse.

APPENDIX A. DATA SOURCES AND ACKNOWLEDGEMENTS

CADET: Cambridgeshire Constabulary Recorded Crime, 2010-2016

Crime Survey of England and Wales, March 2015, https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse

Hester, M, Westmarland, N, Gangoli, G, Wilkinson, M, O'Kelly, C, Kent, A & and Diamond, A (2006) *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention.* Bristol: University of Bristol in association with the Northern Rock Foundation and the Home Office.

Home Office 2016, Domestic Homicide Reviews: Key Findings from Analysis of Domestic Homicide Reviews, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

Justice inspectorates, Crime Inspection 2014, Cambridgeshire Constabulary, 2014, **https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/cambridgeshire-crime-inspection-2014.pdf**

Neville and Sanders-McDonagh (2014) Preventing Domestic Violence and Abuse: Common Themes and Lessons Learned from West Midlands' DHRs

Public Health Health England , The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies:An evidence review,2016
WHO 2013 Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

RCGP 2012 Responding to domestic abuse: Guidance for general practices http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/domestic-violence.aspx

RCGP 2012 Responding to domestic abuse: Guidance for general practices http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/domestic-violence.aspx

Sharp-Jeffs, N Kelly L, Domestic Homicide Review (DHR) Case Analysis (Report for Standing Together, Domestic Homicide Review (DHR) Case Analysis (Report for Standing Together) June 2016

WHO 2013 Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

World Health Organisation, Violence against women: Intimate Partner and Sexual Violence Against Women Factsheet, http://www.who.int/mediacentre/factsheets/fs239/en/, November 2016

67th World Health Assembly. Strengthening the role of the health systems in addressing violence, in particular against women and girls and against children. World Health Assembly, 2014. Resolution 67.15. http://apps.who.int/gb/ebwha/pdf_fi les/WHA67/A67_R15-en.pdf?ua=1.

APPENDIX B. PERFORMANCE DATA TABLE

Cambridgeshire Constabulary - Recorded Crimes

Select Area: Cambridge City | **Select Sector:** All | **Vulnerable view only:** | **Return to:** Main Menu

If inaccurate dates are entered in the period searches (e.g. if the end date precedes the start date) all cells will display zeros.

	Single Month				Earlier Period		Later Period				No Crime	
	From	To	Numeric Change	Apparent Change	From	To	From	To	Numeric Change	Apparent Change	Current FYTD	% of total
	Dec-15	Dec-16			Dec-14	Nov-15	Dec-15	Nov-16				
All Crime	879	1,025	146	+ 16.6%	11,077		11,943		866	+ 7.8%	556	5.5%
All Crime (excl Action Fraud)	879	1,025	146	+ 16.6%	11,077		11,943		866	+ 7.8%	556	5.5%
Crimes with a vulnerable victim	132	162	30	+ 22.7%	1,671		1,893		222	+ 13.3%	59	3.8%
Burglary Dwelling	38	39	1	+ 2.6%	567		453		-114	- 20.1%	69	15.6%
Child Abuse	2	6	4	+ 200.0%	118		119		1	+ 0.8%	5	4.7%
Child Sexual Abuse	0	2	2	No Calc	0		13		13	No Calc	3	16.7%
Child Sexual Exploitation	1	1	0	=	8		28		20	+ 250.0%	0	0.0%
Domestic Abuse	65	97	32	+ 49.2%	746		978		232	+ 31.1%	49	5.8%
Human Trafficking	0	0	0	No Calc	0		0		0	No Calc	0	No Calc
Cyber Crime	6	7	1	+ 16.7%	46		58		12	+ 26.1%	2	4.3%
Safeguarding of Vulnerable Adults	5	4	-1	- 20.0%	40		55		15	+ 37.5%	0	0.0%
Victim Based Crime	783	879	96	+ 12.3%	9,932		10,540		608	+ 6.1%	445	5.1%
All Violence Against The Person	156	222	66	+ 42.3%	2,028		2,461		433	+ 21.4%	134	6.2%
Homicides	0	0	0	No Calc	2		1		-1	- 50.0%	0	0.0%
Violence with injury	54	66	12	+ 22.2%	752		838		86	+ 11.4%	35	5.2%
Violence without injury	102	156	54	+ 52.9%	1,274		1,622		348	+ 27.3%	99	6.7%
Modern Slavery	0	0	0	No Calc	0		0		0	No Calc	0	No Calc
All Sexual Offences	13	20	7	+ 53.8%	249		276		27	+ 10.8%	17	7.6%
Serious Sexual Offences	12	19	7	+ 58.3%	195		224		29	+ 14.9%	12	6.8%
Rape	5	5	0	=	85		99		14	+ 16.5%	3	4.2%
Sexual Assaults	7	12	5	+ 71.4%	105		105		0	No Calc	9	9.9%
Other Serious Sexual Offences	0	2	2	No Calc	5		20		15	+ 300.0%	0	0.0%
Other Sexual Offences	1	1	0	=	54		52		-2	- 3.7%	5	10.6%
All Robbery	18	12	-6	- 33.3%	78		129		51	+ 65.4%	6	5.9%
Robbery (Business)	1	4	3	+ 300.0%	8		11		3	+ 37.5%	1	7.7%
Robbery (Personal)	17	8	-9	- 52.9%	70		118		48	+ 68.6%	5	5.6%
Theft Offences	485	548	63	+ 13.0%	6,466		6,584		118	+ 1.8%	244	4.5%
Burglary Dwelling	38	39	1	+ 2.6%	567		453		-114	- 20.1%	69	15.6%
Burglary Non Dwelling	32	28	-4	- 12.5%	491		421		-70	- 14.3%	17	4.9%
Burglary Shed/Garage	15	13	-2	- 13.3%	251		246		-5	- 2.0%	2	1.0%
Burglary Commercial	17	15	-2	- 11.8%	240		175		-65	- 27.1%	15	9.9%
Aggravated Burglary Non Dwelling	0	0	0	No Calc	0		0		0	No Calc	0	No Calc
Shoplifting	68	85	17	+ 25.0%	1,047		955		-92	- 8.8%	28	3.7%
Theft from the Person	33	40	7	+ 21.2%	260		381		121	+ 46.5%	15	5.1%
Theft of Pedal Cycles	163	148	-15	- 9.2%	2,091		2,288		197	+ 9.4%	28	1.5%
Vehicle Crime	46	90	44	+ 95.7%	637		829		192	+ 30.1%	24	3.3%
Vehicle Taking	7	15	8	+ 114.3%	82		89		7	+ 8.5%	16	16.2%
Theft from a Vehicle	37	71	34	+ 91.9%	514		687		173	+ 33.7%	8	1.4%
Vehicle Interference	2	4	2	+ 100.0%	41		53		12	+ 29.3%	0	0.0%
All other theft offences	105	118	13	+ 12.4%	1,373		1,257		-116	- 8.4%	63	6.0%
Making off without payment	4	7	3	+ 75.0%	75		65		-10	- 13.3%	2	3.6%
Theft in a Dwelling	7	9	2	+ 28.6%	102		129		27	+ 26.5%	8	8.1%
Other theft offences	94	102	8	+ 8.5%	1,196		1,063		-133	- 11.1%	53	5.9%
All Criminal Damage	111	77	-34	- 30.6%	1,111		1,090		-21	- 1.9%	44	5.1%
Criminal Damage to Dwellings	21	17	-4	- 19.0%	243		233		-10	- 4.1%	10	5.3%
Criminal Damage to Other Buildings	16	4	-12	- 75.0%	152		133		-19	- 12.5%	4	4.3%
Criminal Damage to Vehicles	47	33	-14	- 29.8%	429		415		-14	- 3.3%	10	3.1%
Criminal Damage Other	24	22	-2	- 8.3%	247		270		23	+ 9.3%	18	7.9%
Racially Aggravated Criminal Damage	0	-1	-1	No Calc	0		4		4	No Calc	0	0.0%
Arson	3	2	-1	- 33.3%	40		35		-5	- 12.5%	2	6.3%
Other Crimes Against Society	96	146	50	+ 52.1%	1,145		1,403		258	+ 22.5%	111	8.8%
All Drugs Offences	44	42	-2	- 4.5%	499		471		-28	- 5.6%	20	5.3%
Drugs (Trafficking)	6	21	15	+ 250.0%	86		117		31	+ 36.0%	7	6.7%
Drugs (Simple Possession)	38	21	-17	- 44.7%	410		347		-63	- 15.4%	12	4.6%
Drugs (Other Offences)	0	0	0	No Calc	3		7		4	+ 133.3%	1	14.3%
Possession of Weapons Offences	3	9	6	+ 200.0%	59		93		34	+ 57.6%	8	8.9%
Public Order Offences	36	75	39	+ 108.3%	451		686		235	+ 52.1%	65	9.9%
Miscellaneous Crimes Against Society	13	20	7	+ 53.8%	136		153		17	+ 12.5%	18	12.6%

All Racially Aggravated Crime	12	8	-4	- 33.3%	104	167	63	+ 60.6%	9	6.0%
All Racially Aggravated Violence	12	8	-4	- 33.3%	98	163	65	+ 66.3%	9	6.1%
All Racially Aggravated Harassment	0	1	1	No Calc	6	0	-6	- 100.0%	0	0.0%
Racially Aggravated Criminal Damage	0	-1	-1	No Calc	0	4	4	No Calc	0	0.0%
Hate Crime	15	23	8	+ 53.3%	143	237	94	+ 65.7%	16	7.0%
Personal Property Crime	260	283	23	+ 8.8%	3,022	3,567	545	+ 18.0%	72	2.5%
Business Crime	123	147	24	+ 19.5%	1,133	1,574	441	+ 38.9%	42	3.3%
Rape incidents (N100 - not reportable to the Home Office)	3	1	-2	- 66.7%	15	12	-3	- 20.0%	0	0.0%
Crimes not reportable to the Home Office (9000)	14	23	9	+ 64.3%	191	211	20	+ 10.5%	17	10.2%
Alcohol-related Violence (excl Serious Sexual Offences and Domestic Abuse)	39	40	1	+ 2.6%	281	490	209	+ 74.4%	0	0.0%
Violent Crime (excl Serious Sexual Offences and Domestic Abuse)	124	165	41	+ 33.1%	1,580	1,894	314	+ 19.9%	115	6.9%

Categories coloured white constitute a breakdown of the category in grey immediately above it.

Place the mouse pointer over each category title to view a list of the Home Office Classifications included within them.

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APPENDIX C. GOVERNMENT DEFINITION OF DOMESTIC ABUSE

The Government definition of domestic violence and abuse is:

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

- psychological
- physical
- sexual
- financial
- emotional

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

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.'

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

APPENDIX D: WHITE RIBBON AMBASSADORS AND EVENTS

There are currently seven male White Ribbon Ambassadors in Cambridge City A list of ambassadors is available on the White Ribbon Campaign website at http://www.whiteribboncampaign.co.uk/node/275.

EVENTS TO DATE

- **9 Feb 2015 -** Launch of the Cambridge Community Forum on Domestic & Sexual Violence/Abuse Inaugural Conference, with focus on domestic violence/abuse.
- **30 Mar 2015 -** Large Commercial Employers Forum sub-group
  Focus: Relevant Legislation, Human Resources policies, poster
- **19 May 2015 – Cambridge Community Forum** on Domestic and Sexual Violence/Abuse
  Focus: Sexual Violence
- **6 Jun 2015 -** White Ribbon Stall raising awareness for the public, outside the Guildhall.
- **8 Jul 2015 -** Cambridge CSP Awareness raising event for professional and front line staff.
  Theme: Recovering from Violence and Abuse held at Anglia Ruskin University
- **22 Sept 2015 -** SYMPOSIUM: How Prevalent is Domestic Violence/Abuse? What Can We Do About It? Discussion with Religious Leaders
- **9 Oct 2015 -** Educational Institutions Forum sub-group. Focus: Impact of Domestic Violence on Young People
- **10 Nov 2015** - Talk to Unison Union Cambridge by Councillor Sinnott
- **27 Nov 2015 -** Survivors Conference and Forum meeting. A unique conference which brought some 50 survivors of DV/A into dialogue with service providers to explore what does and doesn't work in DV/A provision.

2016

- **18 Feb 2016** – cheque for £500, raised by WRA Russ McPherson, presented to the White Ribbon Campaign
- **13 May 2016** - Launch at Cambridge United Football Club of Cambridgeshire County Council Euro 2016 campaign to raise awareness of alcohol excess and domestic abuse during the European Football Cup Tournament
- **17 June 2016 -** Cambridge Community Forum on Domestic and Sexual Violence/Abuse.
  Focus: SafeLives
- **24 July 2016 -** White Ribbon stall at Cambridge United Football Club Open Day. Focus: Awareness raising for the public
- **22 Sept 2016 -** 'Cambridge Community Forum on Domestic and Sexual Violence/Abuse'.
  Focus: Male Perpetrators and Female/Child Victims
- **6 Dec 2016 –** 'Cambridge Community Forum on Domestic and Sexual Violence/Abuse'
  Focus: A Digital Tool for more accurate recording of violent/abusive events

FUTURE EVENTS

- **9 Mar 2017 -** Cambridge Community Forum on Domestic and Sexual Violence/Abuse and second Survivors Conference