A Domestic Abuse Needs Assessment for Hartlepool

Introduction

Domestic abuse is a global, national and local issue. The Crime Survey for England and Wales (CSEW) estimates that during the year ending March 2020 1.6 million women and 757,000 men had experienced domestic abuse. However, domestic abuse continues to be a hidden crime which is often not reported and so figures relating to prevalence must be considered an underestimation.

Domestic abuse is a highly gendered crime and when perpetrated by men towards women is a form of violence against women and girls (VAWG) which is linked to wider gender inequality, misogyny and perceptions around harmful gender norms. Most domestic abuse takes place within an intimate relationship and the majority of perpetrators are male and the majority of victims are female. Additionally, for women, the abuse they experience is likely to be more severe and to take place over a longer timeframe than that experienced by male survivors. Women are still more likely to be murdered by their intimate partner than men (104 women per year compared to 30 men).

Abusive partners seek to create a climate of fear and instability and, through that, control. Any threat to that control such as help-seeking or attempting to leave the relationship on the part of the abused partner can have serious and even catastrophic consequences. Not only this, but many of those who have experienced abuse report that the toll on their autonomy and self-confidence that the constant grinding down of abuse causes leaves a legacy that can last many years, even long after they have managed to escape the abuse.

The effects of domestic abuse can be seen not only in specialist domestic abuse services but in healthcare, homelessness, substance misuse and child safeguarding services. Everywhere, in fact, where the trauma survivors experience over many years is seen. The cost of domestic abuse, both financially and socially, is borne not just by the victim and their families but by the whole community. Any strategy to defeat domestic abuse must, therefore, tackle both its effects and its root causes. It is vital that agencies work together to tackle abuse as no one organisation can do it alone.

This document aims to start a conversation and provide an evidence base that a comprehensive local domestic abuse strategy can grow from. It combines national data and the latest academic research with local referral and client data to build a picture of domestic abuse in Hartlepool and provide a starting point for discussions on how to tackle it.

Contributors

Contributions to this report have been received from the following (in alphabetical order):

- Cleveland Police
- Cleveland MARAC
- HALO Project
- Harbour Support Service

- Hartlepool Borough Council
    - Adult Safeguarding Team
    - Children's Hub
    - Community Safety Team
    - Housing and Homelessness Teams
- North Tees and Hartlepool NHS Trust
- Safe Lives

Section 1: Scope, Definitions and Limitations of Research

The purpose of this needs assessment is to set out a clear base line picture of domestic abuse in Hartlepool with the intention that this will be a starting point for conversations with stakeholders, commissioners and partner agencies about what the future of domestic abuse services in Hartlepool should look like. The needs assessment is also intended to inform the development of a new domestic abuse strategy for Hartlepool and to give an evidence base for the commissioning of domestic abuse services.

The following is included in the needs assessment:

Section 1
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- Forms of Abuse

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- Statutory Guidance Framework
- National Statement of Expectations
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Scope

The needs assessment has used the most recent published statistics available including both national and local datasets from a range of organisations and held locally in-house at Hartlepool. The way data is collected and the level of detail held varies considerably between organisations; as does the time periods that data is available for. Nominally, this needs assessment focusses on the time period 1st April 2019 to 31st March 2020 for consistency across datasets. However, where data is available over a longer time frame and / or more recently, this additional data has been considered to try to identify trend data and to present the most up to date picture of domestic abuse in Hartlepool. Some datasets are produced where the latest available data is for year ending different months, which makes direct comparisons difficult. The timeframe for each dataset is given each time within the report.

Definitions

The Domestic Abuse Act 2021 was given Royal Assent in April 2021. For the first time the Act lays out a statutory definition of domestic abuse in Section 1. This is the definition that this needs assessment has used, namely:

> *[The] Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—*

a) A and B are each aged 16 or over and are personally connected to each other, and*
b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following—
a) physical or sexual abuse;
b) violent or threatening behaviour;
c) controlling or coercive behaviour;
d) economic abuse;
e) psychological, emotional or other abuse;

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

**Personally connected is defined in Section 2 as being or have been married, in a civil partnership, in an intimate personal relationship or are related.*

Section 1 of the Act also gives a statutory definition to economic abuse for the first time as:

"Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to—
(a) acquire, use or maintain money or other property, or
(b) obtain goods or services.

The Act also defines child victims of domestic abuse in Section 3:

1) This section applies where behaviour of a person ("A") towards another person ("B") is domestic abuse.
2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—
a) sees or hears, or experiences the effects of, the abuse, and
b) is related to A or B.

Coercive and controlling behaviours within an intimate or family relationship are defined in Section 76 of the Serious Crime Act 2015:

A person (A) commits an offence if—
a) A repeatedly or continuously engages in behaviour towards another person (B) that is controlling or coercive,
b) at the time of the behaviour, A and B are personally connected,
c) the behaviour has a serious effect on B, and
d) A knows or ought to know that the behaviour will have a serious effect on B.

A and B are "personally connected" if—
a) A is in an intimate personal relationship with B, or
b) A and B live together and—
i. they are members of the same family, or

ii. they have previously been in an intimate personal relationship with each other.

A's behaviour has a "serious effect" on B if—

a) it causes B to fear, on at least two occasions, that violence will be used against B, or

b) *it causes B serious alarm or distress which has a substantial adverse effect on B's usual day-to-day activities.*

Forms of Abuse

Domestic abuse can encompass a whole range of behaviours and can include both physical and non-physical abuse. Most forms of abuse are carried out with the purpose of keeping the victim under the perpetrator's control and preventing them from leaving. The following table gives examples of the characteristics of some different forms of abuse.

Type of abuse	**Characterised by…**
Physical abuse	Physical assault including hitting, shoving, kicking, head-butting, slapping, hair pulling and assault with weapons. Also includes threatening to carry out any of these actions.
Sexual abuse	Any unwanted sexual contact including rape.
Verbal abuse	Shouting, swearing, calling names.
Economic abuse	Taking away someone's resources or economic independence. May involve actions like preventing the victim going to work or taking away their wages; taking out debt in the victim's name (with or without their knowledge); ruining the victim's credit score to make it difficult for them to access credit; damage to possessions and property.
Emotional abuse	Attacking the victim's personality by insulting or demeaning the victim, telling them they are worthless or unlovable, that everything is their fault, that they are a bad spouse/partner/parent, etc.
Gas lighting	A form of emotional abuse where the perpetrator causes the victim to doubt their own thoughts, memories, the events happening around them and even their own sanity.
Child contact abuse	Using child contact arrangements to abuse or harass the victim, for example, telling the victim they will report them as a bad parent to have the children removed or if they have been removed that it was the victim's fault; repeatedly taking the victim back to Family Court (particularly if the victim does not have access to legal aid); making malicious reports to social workers about the victim; encouraging the children to abuse the victim as well.
Online abuse	Using social media to stalk or harass the victim; posting or threatening to post indecent images of the victim online (revenge porn); installing "spyware" software on the victim's computer and/or smart phone to monitor their online activity or to track their "real-world" movements.
Stalking	Following, watching or spying on the victim - can be "real world", online or both.

Harassment	Repeated attempts to force contact or communication with the victim – can also include attempts to contact others connected with the victim e.g. family members, friends and co-workers.

An individual's experience of domestic abuse can involve any or all of these types of abuse. The type of abuse may change over time. However, for some groups of people they may also face specific forms of abuse centred around the characteristics of their group or community as well as the types of abuse listed above. The next table gives some examples.

Characteristic	**Description**
LGBTQ+	Abuse based around an individual's sexuality e.g. saying the individual is "too gay" or threatening to "out" the survivor to family, co-workers, etc. who are not aware of their sexuality. LGBTQ survivors can face abuse from their partner and / or their family. They can also face hostility and prejudice from services.
Child-to-parent abuse	A pattern of abuse that causes the parent(s) to fear the child. In the context of young people and family violence, this can also extend to siblings and other members of the household. In an adult child-to-parent-abuse context the abuse may revolve around the elderly parent(s) care needs, for example, the adult child's refusal to allow care for their parent as the cost will reduce their inheritance.
Disabled people	Disabled people can face abuse related to their disability and / or care needs, for example withholding medication; removing a disabled person's wheelchair or placing obstacles in the path of a blind person to restrict their mobility; using abusive language when talking to or about the survivor e.g. saying they are a burden. If the abuser is also the carer then the risk to the victim is even greater.
Older people	Similarly to disabled people, older people can face abuse related to their care needs, particularly if the abuser is also the person's carer. They can also face abuse from their adult children. Services can confuse signs of abuse for age-related infirmity.
Young people	Young people in abusive teen relationships face similar types of abuse as adults. As young people often have a large online presence they may also experience additional types of abuse related to this e.g. sexting, revenge porn and online stalking and harassment. Young people may also face abuse within a family context from siblings. They may also experience abuse from a parent if they are still living at home beyond age 16 (for purposes re: domestic abuse below age 16 would be classed as child abuse not domestic abuse however it also needs noting that a child aged 16-18 can still be defined as child abuse).
Honour-based violence (HBV)	HBV is motivated by a desire to preserve the "honour" of the perpetrator and / or the wider family. HBV can be perpetrated by the intimate partner and / or other family members. HBV victims are more likely to experience abuse from multiple perpetrators. Factors such as disability, sexuality and being "Westernised" can increase the risk of HBV. Forced marriage and FGM is a significant part of the abuse for many victims of HBV.

Female Genital Mutilation (FGM)	FGM involves any procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. It is most often carried out on young girls aged between infancy and 15 years old. This is child abuse and must be treated as such.
Forced marriage	A forced marriage is where one or both people do not or (in cases of people with learning disabilities or reduced capacity) cannot consent to the marriage and they are pressurised, or abuse is used, to force them to do so. Rejecting a forced marriage can be a trigger for HBV.

Section 2: Legislative Framework

Domestic Abuse Act 2021

The Domestic Abuse Act 2021 was given Royal Assent in April 2021. The Act brings in a new set of measures and strengthens certain existing provisions to tackle domestic abuse. Most specifically, the Act enshrines the definition of domestic abuse for the first time, 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.

The Act creates a new offence of non-fatal strangulation and extends the coercive and controlling behaviour offence to include post-separation abuse. It also extends the "revenge porn" offence to include the *threat* to disclose intimate images with the intention of causing distress and has banned the "rough sex gone wrong" defence that allowed perpetrators to claim that the victim consented to violence. It also creates a statutory presumption for the Courts that victims of domestic abuse are eligible for special protective measures in the criminal, civil and family courts, for example through giving evidence by video link; and prohibit perpetrators from cross-examining their victims in person in the family and civil courts.

Part 4 of the Act lays down a series of statutory duties on local authorities in England to:

- Carry out a needs assessment of the need for accommodation-based support in its area; and use this needs assessment to inform a domestic abuse strategy
- Appoint a multi-agency Domestic Abuse Partnership Board to advise the local authority on the exercise of its functions. The board must include at least one representative for domestic abuse victims and one for children of domestic abuse victims.
- Present an annual report about its provision of domestic abuse support to the Secretary of State
- Provide support to victims of domestic abuse and their children in refuges and other safe accommodation
- Provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance

- Ensure that when local authorities rehouse victims of domestic abuse, they do not lose a secure lifetime or assured tenancy

The Domestic Abuse Partnership Board for Hartlepool had its inaugural meeting on 10th May 2021 to decide on the terms of reference for the group. The Board will meet quarterly and reports into the Safer Hartlepool Partnership.

Statutory Guidance Framework[1]

Alongside the Domestic Abuse Act 2021, the government will also produce a Statutory Guidance Framework, however, at time of writing (May 2021) this has not yet been published and is only available in draft form.

Chapter 4 of the guidance deals with the agency response to domestic abuse and emphasises that it is not an issue that can be tackled by one agency alone. In terms of local authority functions, the Guidance lists a number of key areas that local authorities need to consider when planning domestic abuse responses:

Schools and colleges

- Schools and colleges must have regard to the Keeping Children Safe In Education statutory safeguarding guidance
- The guidance also makes it clear that if a child has been harmed or is at risk of harm a referral should be made to children's social care immediately and if appropriate the police.
- Every school and college should have a designated safeguarding lead who provides support to staff members to carry out their safeguarding duties and who will liaise closely with other services, such as children's social care and the police

Children's social care

- Social workers should receive training so they have the relevant knowledge and skills that are set out in the Knowledge and Skills Statements for child and family social work
- Social Work England's Professional Standards Guidance states that social workers must use social work theories, models and research alongside the evidence from assessments in making their professional judgements
- Within the statutory system, social workers must look to understand and consider the wishes of the child where possible
- All partners must have regard to Working Together 2018 - Statutory guidance on inter-agency working to safeguard and promote the welfare of children.

[1] Home Office *Draft Statutory Guidance Framework* (2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896640/Draft_statutory_guidance_July_2020.pdf

Adult Social Care

- The Care Act 2014 specifies that freedom from abuse and neglect is a key aspect of a person's wellbeing – this includes domestic abuse. These provisions apply to an adult who appears to have needs for care and support (whether or not the Local Authority is meeting those needs), is experiencing or is at risk of abuse or neglect, and as a result of those care and support needs is unable to protect themselves from the risk of or the experience of that abuse or neglect.
- Adult social workers need regular updated domestic abuse training.
- Safeguarding Adults Boards need to manage MARAC and domestic abuse data

Housing

- Refers to the Homelessness Code of Guidance for Local Authorities (see below)

The Guidance also makes reference to requirements for the following agencies:

- Health professionals
- Job Centre Plus
- Criminal Justice System – police, CPS, courts, prison and probation, Local Criminal Justice Boards
- Employers
- Financial services
- Voluntary sector

National Statement of Expectations[2]

The National Statement of Expectations (NSE) sets out what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need.

Local areas should set out strategies and services that:

- Put the victim at the centre of service delivery that meets their needs;
- Respond to the needs of diverse groups including those with complex needs, BME, LGBTQ+, disabled, young (16-18) and older victims, male victims, those with insecure immigration status, offenders, and children of victims;
- Have a clear focus on perpetrators in order to keep victims safe and reduce the likelihood of future victims;
- Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG;
- Are locally-led and safeguard individuals at every point;
- Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

[2] Home Office *Violence Against Women and Girls: National Statement of Expectations* (December 2016) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF

Homelessness Code of Guidance for Local Authorities[3]

Chapter 21 of the Homelessness Code of Guidance for Local Authorities provides guidance on providing homelessness services to people who have experienced or are at risk of domestic violence or abuse.

The key elements of the Guidance state that:

- Local authorities should have policies in place to identify and respond to domestic abuse. Alongside their role in tackling homelessness authorities should take an active role in identifying victims and referring them for help and support
- It is not reasonable for a person to continue to occupy accommodation if it is probable that this will lead to domestic violence or other violence
- In all cases involving violence the safety of the applicant and their household should be the primary consideration at all stages of decision making as to whether or not the applicant remains in their own home
- A housing authority cannot refer an applicant to another housing authority where they have a local connection if that person or any person who might reasonably be expected to reside with them would be at risk of violence and abuse in that other district
- People who have no recourse to public funds are not generally eligible for homelessness assistance. However, they can then apply to the Home Office for limited leave to remain (3 months) under the Destitute Domestic Violence Concession to enable them to access public funds and advice, whilst they prepare and submit an application for indefinite leave to remain (or to make alternative arrangements)

Other Relevant Legislation

Other legislation relevant to a domestic abuse context includes:

- Secure Tenancies (Victims of Domestic Abuse) Act 2018 - Duty to grant 'old-style' secure tenancies to victims of domestic abuse
- Statutory Guidance: Relationships Education, Relationships and Sex Education (RSE) and Health Education - Applies to academies and free schools but not independents
- Domestic Violence, Crime and Victims Act 2004 - Section 9: Establishment and Conduct of Domestic Homicide Reviews
- Domestic Violence, Crime and Victims (Amendment) Act 2012 - Amends Section 5 of the Domestic Violence, Crime and Victims Act 2004 (offence of causing or allowing the *death* of a child or vulnerable adult) to include causing or allowing *serious harm* to a child or vulnerable adult.
- The Domestic Violence, Crime and Victims Act 2004 (Victims' Code of Practice) Order 2020 - Revises the 2015 Victims Code of Practice – came into operation on 1st April 2021

[3] MHCLG *Homelessness Code of Guidance for Local Authorities* (Feb 2018) https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse

Section 3: The Social and Economic Costs of Abuse

The Home Office calculates that the total cost of domestic abuse in England and Wales in 2017 was £66 billion[4]. This includes:

This equates to £34,015 per victim. However the most extreme form of domestic abuse, homicide, has an estimated unit cost of £2.2 million arising from the cost of harms, health services and lost output[5].

Whilst these costs are at national level, applying this formula to the high rates of domestic abuse in Hartlepool (combined with a number of domestic homicides in recent years) the anticipated local cost of domestic abuse is significant. In Hartlepool during the period October 2019 to September 2020 police data shows that there were 1,495 victims of domestic abuse. Multiplied by the £34,015 cost per victim calculated by the Home Office this gives a bill for domestic abuse in Hartlepool of £50,852,425 for the year October 2019 to September 2020.

This cost covers (but is not limited to):

[4] Home Office Report *The Economic and Social Costs of Domestic Abuse* (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf

[5] The report estimates these costs based on figures for year ending March 2017 based on information from the Crime Survey for England and Wales. This is used to calculate the likelihood of physical and emotional harms which are then used to estimate the costs of those harms (using the Quality Adjusted Life Year (QALY) method), the resulting health service costs and lost output.

- Staff time for all types of officers who might be involved in a domestic abuse case including police officers, specialist domestic abuse support staff, social workers, GPs, sexual health staff, mental health staff, housing officers, benefits officers, school staff, ambulance crew, A&E doctors, prison and probation staff, etc.
- Direct costs for victims including lost earnings, cost of replacing damaged/stolen property, relocation costs, safety equipment (e.g. locks, alarms), etc.
- Health care costs e.g. mental health treatments, GP and hospital visits, treatment for drug and alcohol abuse, STI treatments, costs relating to maternity and neo-natal issues, paediatric costs
- Housing costs such as refuge or other emergency accommodation, longer-term supported or "move on" accommodation, housing benefit, alterations to property (e.g. installation of a safe room), etc.
- Benefits payments e.g. unemployment benefits if the abuse means the victim cannot work, paid sick leave, etc.
- Criminal justice costs e.g. investigation, trial, custodial and probation costs, etc.
- "Hidden costs" e.g. family's and friends' lost earnings due to providing support (e.g. taking time off work to look after the grandchildren while the victim is in hospital), health costs beyond direct injury (e.g. chronic stress, abuser withholding medication for health conditions causing the condition to worsen, avoiding attending GP meaning conditions are not identified at an early stage), the cost of dealing with the outfall for children in terms of the impact of their adverse childhood experiences, etc.

These are just a few of the potential costs involved and will average out across the 1,500 victims. Some of these will be one-off costs (e.g. purchasing equipment), whereas other costs may go on for many years (such as treating long term physical and mental health conditions).

However, the more severe and long-term the abuse the higher the cost; so for some victims the total cost will be much less but for others, with the Home Office estimation of up to £2.2 million per victim for the most extreme forms of abuse, the £51 million total figure for Hartlepool becomes more understandable. It must also be remembered that the true cost of domestic abuse cannot just be measured in financial terms but is also evident in the pain and suffering of victims and their families.

Section 4: The Domestic Abuse Picture

Hartlepool Characteristics – Basic Facts About Hartlepool

Mid-year population estimates for 2019 show that Hartlepool has a population 93,663 and has a gender split of 51% female to 49% male.

According to 2011 Census data[6], Hartlepool is made up of 40,434 households. 11% of households in Hartlepool have dependent children aged 0-4, while 30% of households have dependent children of all ages. The predominant age band in Hartlepool is 55-59 with 6,808 people (7%). The mean age in Hartlepool is 40 years.

The Census data also shows that the largest ethnic group in Hartlepool is White at 98%. This compares to 95% for the North East region and 85% for England. The second largest ethnic group is Asian/Asian British at 1%, compared to 3% for the North East and 8% for England.

Census data also shows that the majority of households are owner occupiers (32% owned with a mortgage/loan and 27% owned outright). The next highest proportion of households live in housing rented from a private landlord (14%) or a social landlord (14%).

In terms of educational attainment, the 2011 Census shows that 18% of Hartlepool's residents have achieved level 4 qualifications and above compared to 22% in North East as a whole; and 31% of Hartlepool's residents have no qualifications compared to 27% in North East.

For health, Hartlepool has 5,789 (6%) residents that report being in bad health and 1,699 (2%) residents that report being in very bad health (2011 Census). This means that Hartlepool has the 4th highest proportion of residents reporting being in bad or very bad health in the region.

Recent labour market statistics show that in Quarter 4 2020, the overall employment rate (aged 16-64) for Hartlepool was 67%, compared to 72% for the North East and 76% for England. Hartlepool workers are predominantly working in professional occupations (16%), associate professional and tech occupations (13%) and sales / customer service (12%) occupations. In contrast, 7% worked as process, plant and machine operatives, 8% in caring, leisure and other service occupations and 12% worked in elementary occupations (e.g. labourers)[7].

In summary, it can be said that Hartlepool has an older and ageing population (a relatively high proportion of which report being in bad or very bad health) with many living in rented accommodation. The town also has lower rates of educational attainment and employment than the regional average and many residents are working in low skilled or manual occupations, which often involve lower rates of pay and unstable or irregular working patterns. These factors are all indicative of high levels of deprivation; and, in fact, according to the 2019 Index of Multiple Deprivation 36% of Hartlepool is classed among the 10% most deprived areas in England.

Prevalence of Domestic Abuse

[6] 2011 Census data published by ONS accessed via LG Inform+ report *Basic Facts About Hartlepool* (accessed June 2021) https://reports.esd.org.uk/reports/15

[7] Annual Population Survey data published by Nomis accessed via LG Inform+ report *Basic Facts About Hartlepool* (accessed June 2021) https://reports.esd.org.uk/reports/15

The prevalence of domestic abuse nationally is difficult to estimate as it is very often a hidden crime, which means that under-reporting of offences is an issue when looking at data. Nationally data is available from ONS and from the Crime Survey for England and Wales (CSEW). Domestic abuse measured by the CSEW combines non-sexual abuse, sexual assault and stalking

Within national police data there are differences in the way that different police forces categorise and record domestic abuse offences. The CSEW does include data from victims who have not reported to the police but even so the estimated prevalence should be considered an under-estimation.

Note the ONS data given below covers the year ending March 2020 and so does not include any increase in domestic abuse during the coronavirus epidemic.

National Prevalence and Trends[8]

According to the Crime Survey for England and Wales year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million) experienced domestic abuse in the last year. This equates to a prevalence rate of approximately 5 in 100 adults. A higher percentage of adults experienced abuse carried out by a partner (4.0%) than by a family member (1.9%).

There was no significant change in the prevalence of domestic abuse in this period compared to the same period in 2019.

How Hartlepool Compares to the National Trends

A comparison was carried out between local Hartlepool domestic abuse police data obtained from Hartlepool Community Safety Team and the national ONS police and Crime Survey for England and Wales (CSEW) data to see how Hartlepool compares to the national picture. The time period for both data sets is 12 months to year ending March 2020. Note that the age range of 16-74 was selected for the Hartlepool data in order to align with the ONS age range. This means that victims aged 75+ have not been considered in this table (though these are recorded in the data Hartlepool).

The comparison revealed the following points:

Metric	National data	Hartlepool data
Proportion of adults aged 16-74 who experienced domestic abuse in the past 12 months	5.5% (2.3m)	2.1% (1,392)

[8] ONS *Domestic abuse prevalence and trends, England and Wales: year ending March 2020* (March 2020) https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2020#:~:text=According%20to%20the%20Crime%20Survey,abuse%20in%20the%20last%20year.&text=Of%20these%2C%20758%2C941%20were%20recorded,9%25%20from%20the%20previous%20year.

Proportion of females aged 16-74 who experienced domestic abuse in the past 12 months as a percentage of female population aged 16-74	4.7% (1.6m)	3.1% (1,050)
Proportion of males aged 16-74 who experienced domestic abuse in the past 12 months as a percentage of male population aged 16-74	2.3% (757,000)	1.0% (342)
Violence against the person (VAP) offences		
Proportion of VAP offences flagged as domestic abuse-related	35%	32%
Proportion of VAP offences with a female victim which were flagged as domestic abuse-related	53%	48%
Proportion of VAP offences with a male victim which were flagged as domestic abuse-related	23%	21%
Sexual offences		
Proportion of sexual offences flagged as domestic abuse-related	16%	16%
Coercive control offences		* 1st April 2020 to 19th March 2021
Number of coercive control offences	2019/20 – 28,856 2018/19 – 16,679	2020/2021* - 77 2019/20 – 0 2018/19 – 0
Domestic abuse crimes		
Total number of domestic abuse incidents and crimes	1,288,018	3,370
Proportion of domestic abuse incidents **not** subsequently recorded as a crime	41%	38%
Proportion of domestic abuse incidents recorded as a crime	59%	62%
Proportion of domestic abuse incidents recorded as a crime – percentage change from 2018/19 to 2019/20	+9%	-1%

The table above shows that for most of these metrics the Hartlepool data aligns closely to the national data. However, the proportion of the population who have experienced domestic abuse is slightly lower for the local data. This can be attributed to the fact that the national data is taken from the CSEW which includes crimes which are not reported to the police; whereas the local data is purely based on police reports.

There were no coercive control offences recorded in Hartlepool for the previous two years. This increased to 77 during 2019/20, which suggests an improvement in the way these crimes are identified and recorded but analysis over a longer time period would be required to see how this develops.

Rates of domestic abuse per head of population are difficult to calculate due to factors such as under-reporting and frequent changes in how this data is recorded and classified over time. However, Public Health England have produced a crude rate based on the number of recorded domestic abuse incidents and crimes per 1,000 population[9] (see table below).

[9] https://fingertips.phe.org.uk/search/domestic%20abuse%20rate – accessed September 2021

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Domestic abuse-related incidents and crimes	2019/20	28.0	42.3	61.3*	61.3*	34.9*	40.0*	40.0*	34.9*	34.9*	34.9*	40.0*	34.9*	40.0*	34.9*

This gives Hartlepool a rate of 40 domestic abuse incidents and crimes per 1,000 population in 2019/20. This is considerably higher than the rate of 28 per 1,000 population for England as a whole, but lower than the average for the North East region (42 per 1,000). Note that all local authorities are allocated the rate of the police force area in which they sit.

Unlike the national ONS data which shows no significant increase in prevalence in domestic abuse between year ending 2019 and year ending 2020; the Safer Hartlepool Partnership's annual Strategic Assessment[10] for the period October 2019 to September 2020 shows that Police recorded incidents of domestic abuse in Hartlepool increased by 2.5% when compared with the previous year. The number of domestic abuse-related violent crimes in Hartlepool also increased by 3.8% (+61 offences) compared to the previous year and equated to 40% of all violent crime.

ONS Data for Cleveland Police Force

Hartlepool is part of the Cleveland Police force area. Force-wide data is available from ONS including the number and rate of domestic abuse-related incidents and crimes recorded by Cleveland Police for year ending March 2020[11].

In Cleveland in year ending March 2020:
Domestic Abuse-Related Crimes

- 18,273 domestic abuse related incidents and crimes were recorded – equivalent to 32 incidents per 1,000 population. This means that Cleveland Police have the third highest rate of domestic abuse incidents per 1,000 population of all 43 police forces, after Gwent and Durham
- 11,854 domestic abuse related crimes were recorded – equivalent to 21 crimes per 1,000 population
- 17% of all recorded crimes were classified as domestic abuse-related compared to 15% for England and Wales

[10] Safer Hartlepool Partnership *Strategic Assessment* (January 2021)
https://www.hartlepool.gov.uk/meetings/meeting/4160/safer_hartlepool_partnership
[11] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool

- 8,436 domestic abuse-related violence against the person offences were recorded; equivalent to 36% of all violence against the person offences; or a rate of 15 per 1,000 population
- 2,805 domestic abuse-related stalking and harassment offences were recorded – this means that 33% of all stalking and harassment offences were domestic abuse-related

Arrests, Charge Rate and Prosecutions

- 34 arrests per 100 domestic abuse-related crimes; the same as England and Wales
- The charge rate for domestic abuse-related offences was 71% (compared to a charge rate of 73% for England and Wales)
- 818 domestic abuse-related prosecutions took place – equivalent to 13% of all prosecutions in Cleveland. The rate is 14% for England and Wales
- 647 domestic abuse-related convictions were recorded – this means that 79% of domestic abuse-prosecutions resulted in conviction; compared to 78% in England and Wales[12]
- The outcomes assigned to crimes flagged as domestic abuse-related were:
    - 9% charged / summonsed
    - 0% taken into consideration
    - 0% out of court (formal)
    - 0% out of court (informal)
    - 1% prosecution prevented or not in the public interest
    - 15% evidential difficulties (suspect identified; victim supports action)
    - 70% evidential difficulties (victim does not support action)
    - 0% action undertaken by another body / agency
    - 1% investigation complete – no suspect identified
    - 1% further investigation to support formal action not in the public interest
    - 0% diversionary, educational or intervention activity has been undertaken and it is not in the public interest to take any further action
    - 3% offences not yet assigned an outcome

Use of Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs)

- No data is available for the number of DVPNs applied for in Cleveland but 61 DVPNs were granted; compared to 5,934 applied for in England and Wales and 4,468 were granted (75%)
- 61 DVPOs applied for in Cleveland and 41 DVPOs were granted (67%); compared to 6,915 DVPOs applied for in England and Wales and 6,276 granted (91%)
- 467 Right to Know Clare's Law applications made in Cleveland and 296 Right to Know applications were given disclosure (63%); compared to 8,591 Right to Know applications in England and Wales made and 4,479 disclosures made (52%)

[12] Note: "convictions" data relates to cases finalised during year end March 2020 so is not directly comparable with "legal decisions" or "charge" data as these metrics are based on different cases (e.g. a case which reached conviction in 2020 could have had the charging decision recorded in the previous year's data or even earlier)

- 307 Right to Ask applications made in Cleveland and 150 disclosures made (49%); compared to 11,556 Right to Ask applications made in England and Wales and 4,236 disclosures made (37%)[13]

MARAC

- 34 cases per 10,000 females discussed at MARAC (28% were repeats); compared to 43 cases per 10,000 females for England and Wales (31% were repeats)
- 57% of cases discussed at MARAC were referred by the police; compared to 65% for England and Wales
- 5% of cases discussed at MARAC involved a male victim; this was the same for England and Wales

High Risk Domestic Abuse Cases (MARAC)

The highest risk domestic abuse cases are referred to a multi-agency risk assessment conference (MARAC). The latest available data from Cleveland MARAC covers the 10 month period June 2020 to March 2021. During this time period, there were 168 Hartlepool cases referred to Cleveland MARAC. This is the second lowest number in the Cleveland force area after Redcar and Cleveland.

Of these 168 cases, 44 (26%) were declined at the screening phase. Reasons for a case to be declined include:

- All safeguarding and information had already been shared
- The case was already being managed in a different forum (TATI, MATAC, MAPPA)[14]
- The victim had moved out of the Cleveland area

Chart 1 shows the total numbers of MARAC referrals for the period June 2020 to March 2021 for Hartlepool and the other three Cleveland force areas. For all the metrics shown, Hartlepool had the second lowest number of cases referred to MARAC after Redcar and Cleveland and around half the number of Middlesbrough cases referred.

Chart 1

[13] Note that disclosures cannot be directly compared against applications made as there are many reasons why an application may not meet the threshold for disclosure so a low percentage of disclosures may not necessarily suggest a problem. Also, the Domestic Violence Disclosure Scheme (Clare's Law) has been put onto a statutory footing in the 2021 Domestic Abuse Act so there could be an increase in applications in future.

[14] TATI – Team Around the Individual (a multi-agency high risk panel to support work on complex and/or high-risk cases)
MATAC – Multi-Agency Tasking and Co-ordination protocol (led by Cleveland Police, along with key partners, to assesses and plan a bespoke set of interventions to target and disrupt serial perpetrators and/or support them to address their behaviour)
MAPPA – Multi-Agency Public Protection Arrangements (to ensure the successful management of violent and sexual offenders)

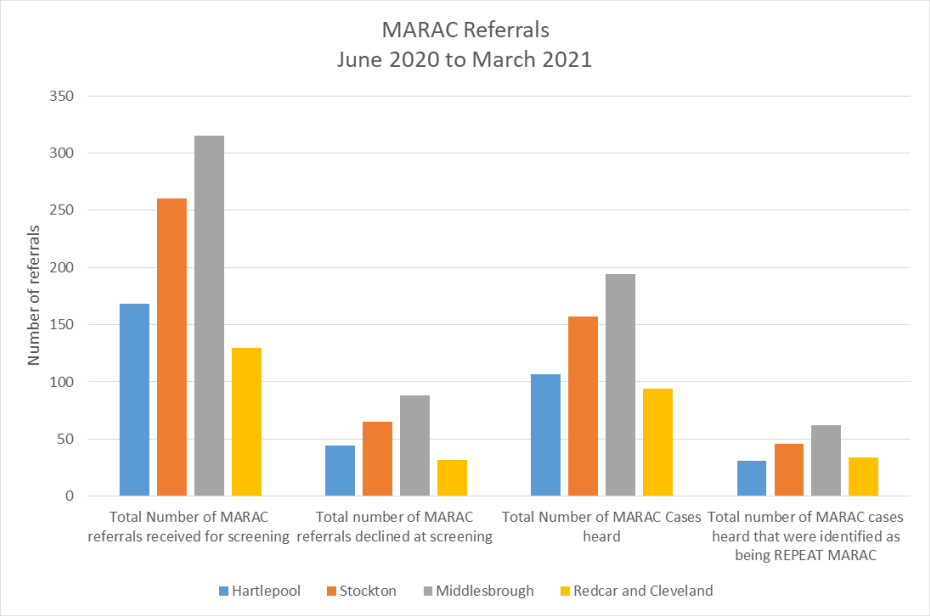


Chart 2 shows that despite an increase in the number of cases being referred to MARAC from November 2020 to March 2021, the overall trend for MARAC referrals in Hartlepool is reducing over the reporting period June 2020 to March 2021. However, the number of cases being declined has also reduced over the same period. This means that the number of Hartlepool cases progressing to being heard at MARAC has actually increased (Chart 3).

Chart 2

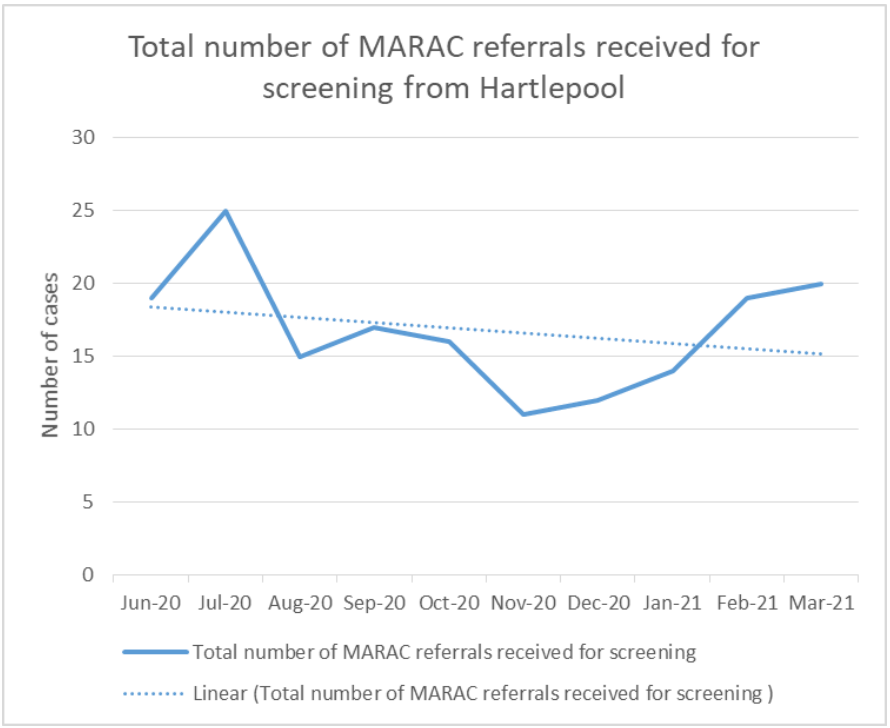


Chart 3

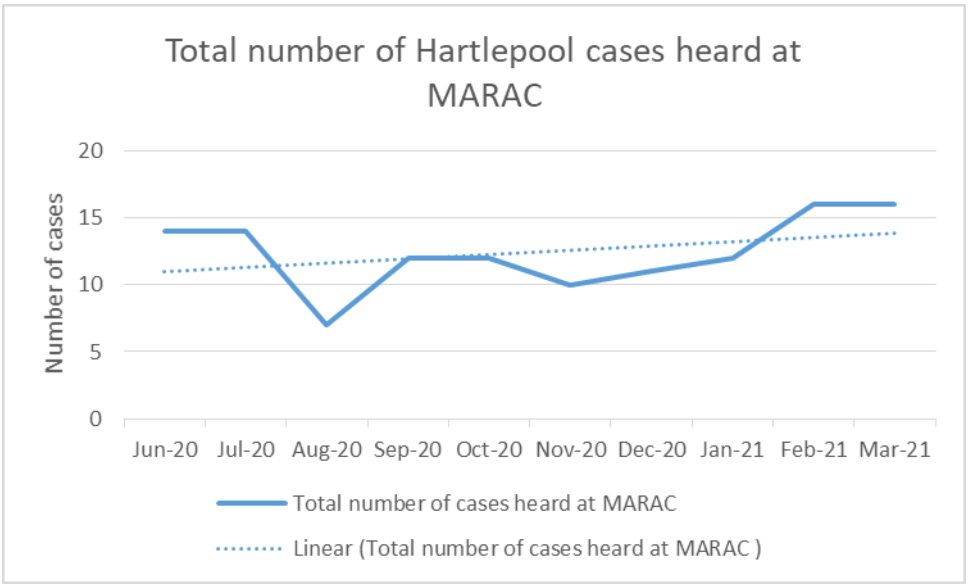
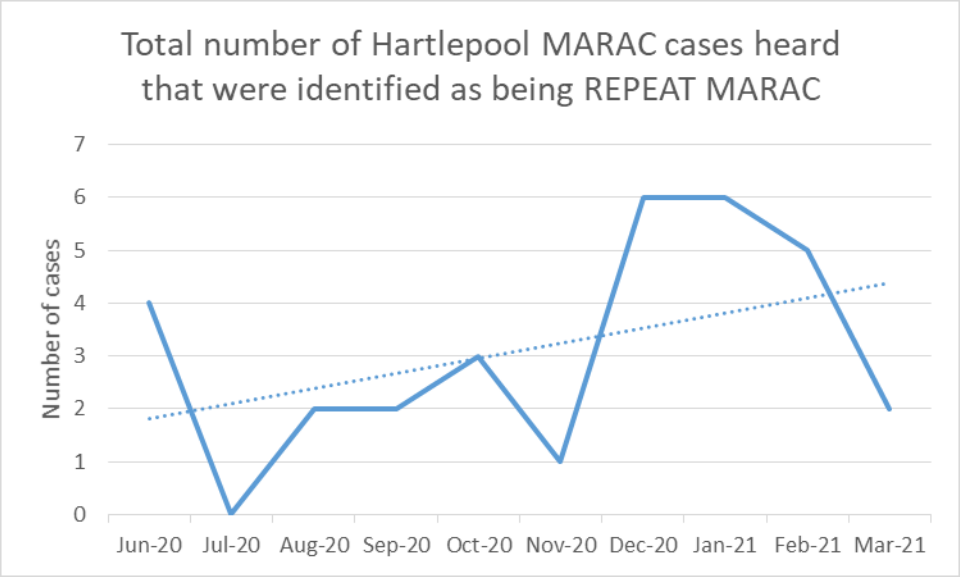


Chart 4 shows that despite a degree of fluctuation, the trend for cases from Hartlepool to be heard at MARAC more than once has also increased over the reporting period – although care should be exercised in drawing conclusions from this as the numbers are very low.

Chart 4

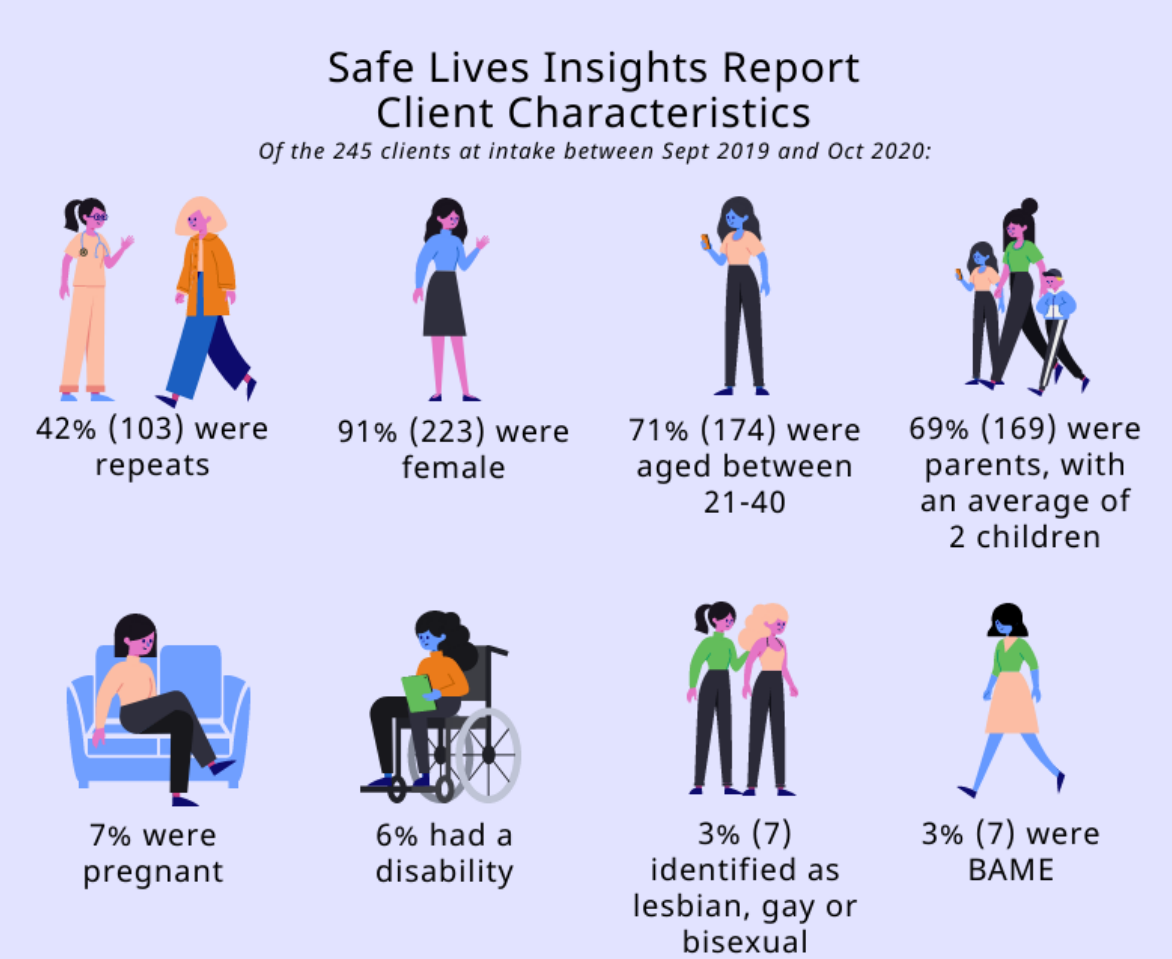


Section 5: Service Information and Data

Safe Lives Insights: Harbour Client Data

Data from the Safe Lives Insight Report for Harbour Support Services[15] clients shows that during the period 30th September 2019 to 1st October 2020 there was an intake of 245 clients. Of these:

[15] Safe Lives *Insights Report for Harbour Hartlepool: 12 Months to October 2020*



The proportion of BAME clients was slightly higher than the previous year (2%) but lower than the estimated BAME population of Hartlepool (3.1%). The proportion of clients with a disability was lower than the outreach national dataset (16%) and lower than the expected rate of 19%; and the proportion of clients who identified as lesbian, gay or bisexual showed a slight increase on last year and is in-line with national datasets (2.8%).

Twenty-two clients were male (9%). As national data suggests that one in six men are affected by domestic abuse, this suggests that 16.5% of clients should be male (almost double).

Client Journey

- Clients had experienced abuse for an average of three years before accessing the service, an increase from the previous year (2 years and 2 months), but less than the outreach national dataset (4 years)
- 12% had been experiencing abuse for 11 years or more before they accessed the service
- Of the 19 clients aged 51 or above, 37% had been experiencing abuse for 11+ years, compared to 10% for those aged under 51

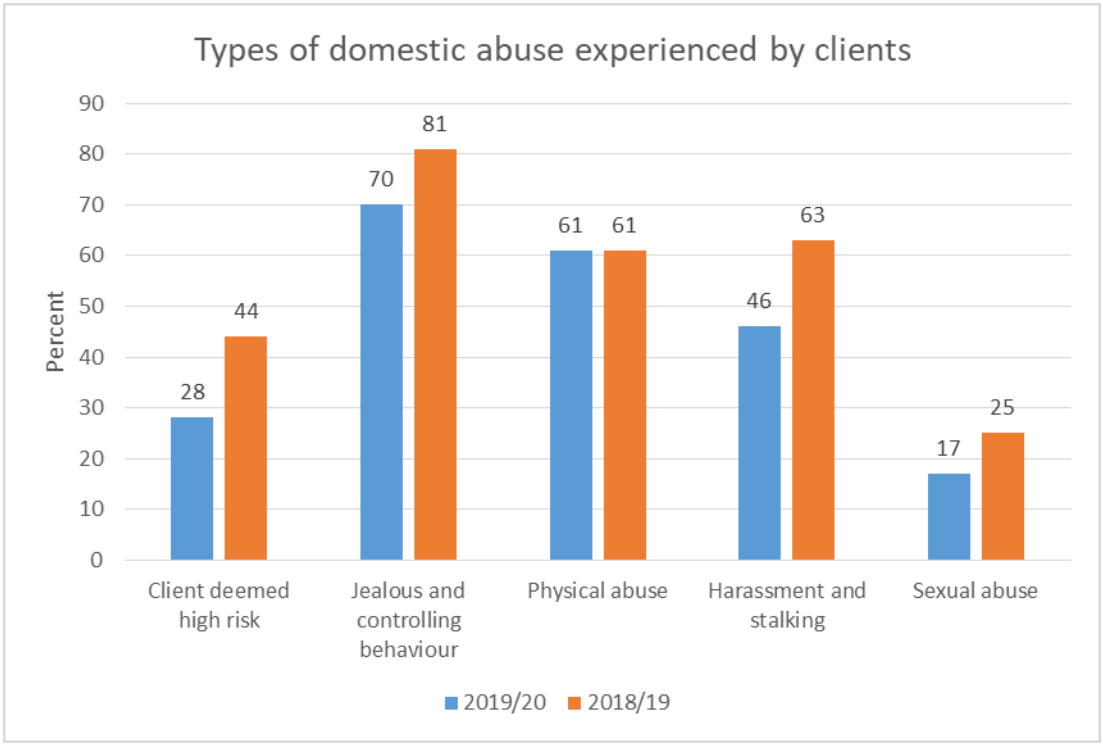
In the 12 months prior to accessing support:

- 56% had gone to the police (on average 2.3 times) – (national dataset 52%)
- 9% had visited A&E (on average 1.3 times) – (national dataset 8%)
- 58% had attempted to leave their relationship (for an average of 2.1 times) before being supported by the service (older clients (aged 51+) were less likely to have attempted to leave the relationship (32%) compared to those aged 50 or less (60%))

Types of abuse (Chart 5)

- 28% of clients were deemed to be high risk by case workers – a decrease from the year before (44%)
- 70% were subjected to jealous and controlling behaviour – down from 81% the previous year.
- 61% to physical abuse – the same as the previous year
- 46% to harassment and stalking – down from 63% the previous year
- 17% to sexual abuse – down from 25% the previous year
- Clients with reported mental health needs at intake were twice as likely to have experienced sexual abuse (21%) compared to those without (13%)

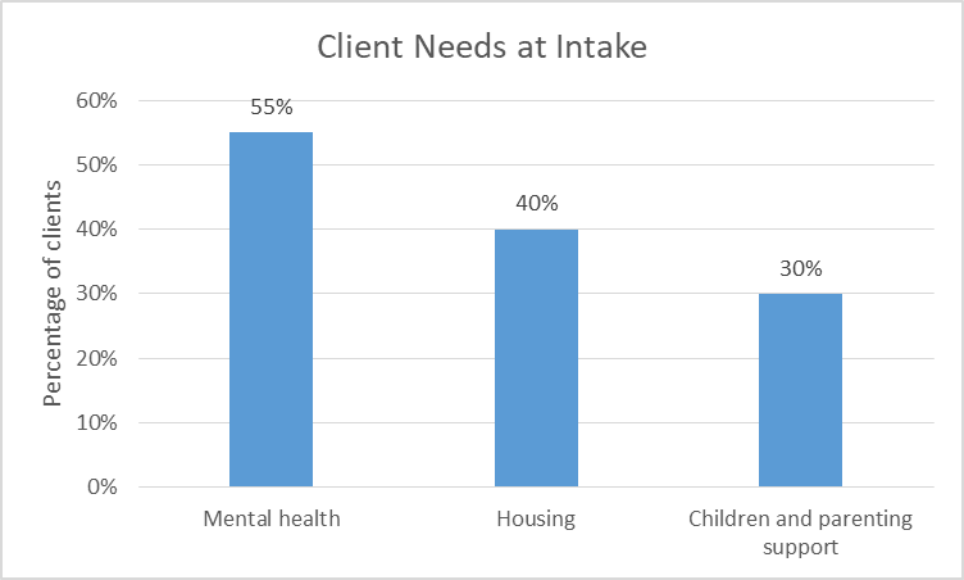
Chart 5



Clients' Needs

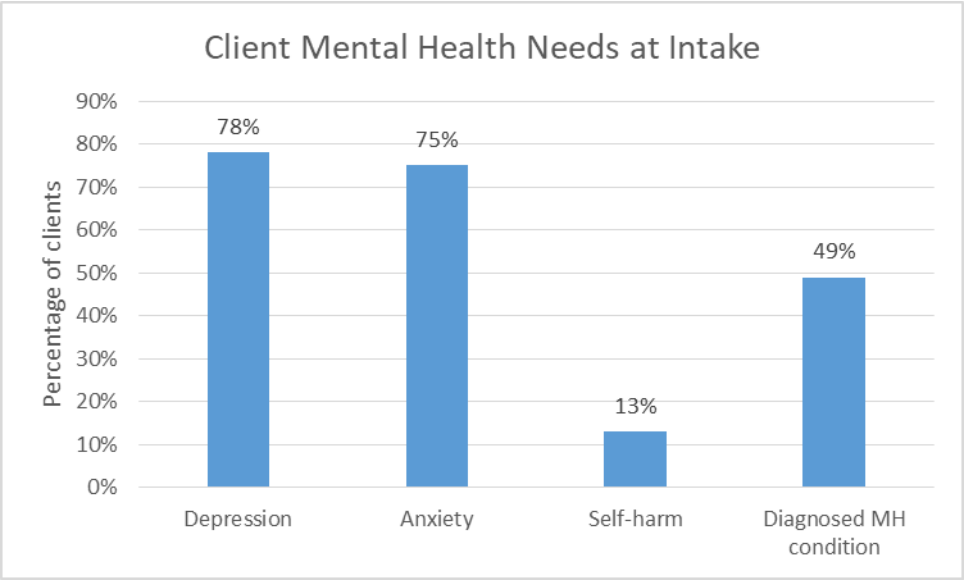
Clients coming into the service often have multiple, and sometimes complex, needs. Chart 6 shows that over a third of clients had housing and parenting needs and over half had mental health needs at intake.

Chart 6



Those clients with mental health needs were more likely to have other needs at intake. For instance, 19% were reported to have alcohol misuse needs and 27% drug misuse, compared to 4% and 5% respectively for those without mental health needs. Similarly, 50% of those with mental health needs also had housing needs compared to 28% for those without. Chart 7 gives a breakdown of the type of mental health needs clients reported at intake.

Chart 7



Client Exits from the Service

140 clients exited during the reporting period and completed a Safe Lives exit form. Of the support received whilst in the service:

- 96% had received support with safety planning
- 51% had mental health support
- 40% had housing support

The proportion of unplanned case closures this year (16%) was in line with the previous year (17%), and lower than the outreach national dataset (21%). The average (median) case length this year was 16 weeks, in line with the year before (15) and the national outreach dataset (18). Despite the case length being similar to last year, the average (median) number of contacts nearly doubled from eight to 15 this year – also higher than the national dataset of seven contacts.

Impact of support

- 54% of clients had not experienced any abuse since intake or their last review point – up from 40% the previous year and above the national dataset (37%)
- Of the clients who were experiencing physical abuse and sexual abuse the majority were no longer experiencing the abuse at exit (80% and 88% respectively)
- Of those who were subjected to harassment and stalking and jealous and controlling behaviour, in two thirds of cases the abuse had reduced to none by the time the client had left the service (63% and 68% respectively)

Safety improvements

- 70% of clients saw improvements to their safety after safety interventions
- 68% of those supported with housing interventions saw their safety improve
- Financial support – 87%

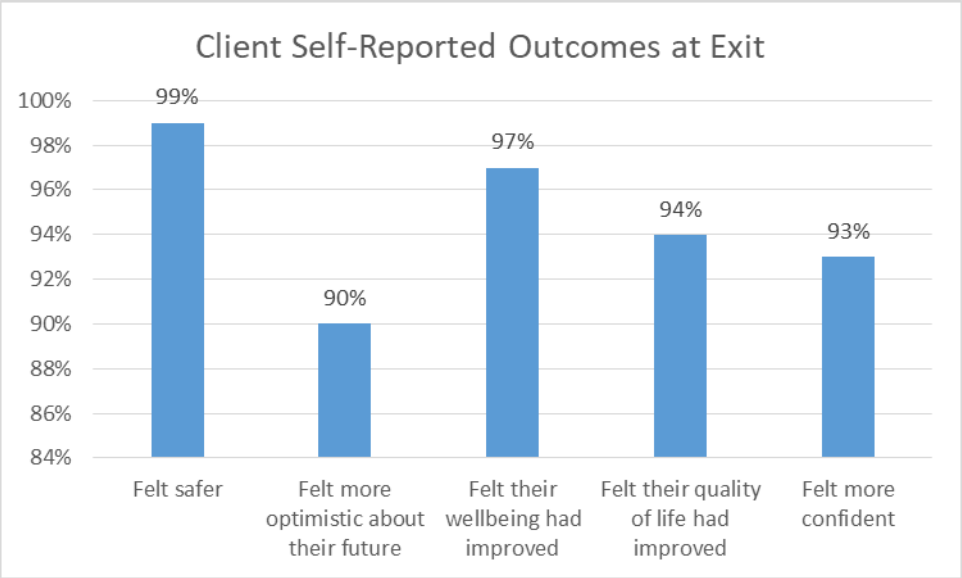
Wellbeing improvements

- 87% of those supported with financial help saw their wellbeing improve
- 69% of those supported with safety interventions, social and community support and support around drug misuse saw their wellbeing improve
- 50% of those supported with their mental health saw improvements to their wellbeing as a result

Client Self-Reported Outcomes

On exiting the service the large majority of clients reported positive outcomes (Chart 8). However, with these outcomes being recorded at exit from the service, and when 42% of clients during this reporting period were repeat clients, there is a question as to how long-lasting these positive effects are in facilitating a long-term escape from domestic abuse for clients. Follow-up evaluation 3-6 months after exit might be useful to see if these high levels of confidence and optimism were maintained once the client had returned home or started their new life (although how feasible this would be in practice is unclear).

Chart 8



Harbour Client Data: Clients in Supported Accommodation

Refuge Accommodation

Harbour data shows that referrals for supported accommodation have increased by 124% from 192 in 2019/20 to 430 in 2020/21 but the number of clients accommodated remained stable (25 clients in 2019/20 and 27 in 2020/21) as shown in the table below. This is because the number of clients that Harbour are able to support in refuge is determined by the quantity of accommodation available.

The table below shows that 51% of referrals to Harbour services came from the police in 2020/21, an increase of 30% on the previous year. Self-referrals, referrals from social services (both child safeguarding and early help) and MARAC made up another 33% of referrals in 2020/21. In contrast, less than 2% of referrals were made by health services (GPs, community midwives, hospital, health visitors and mental health services – of these health service referrals, 66% were made by mental health services).

Origin of referral	2019/20	2020/21
Police	1359	1765
Self-referral	630	529
Social Services - Child Safeguarding	342	351
MARAC	144	146
Social Services - Early Help	160	105
Court	58	94
Other	67	65
Housing Provider	26	46
SARC	33	46
Other DV Service	28	45

Mental Health Service	100	44
Social Services - Adult Safeguarding	32	38
Homeless Team (local)	14	35
Probation	43	33
School/ college	47	16
Drug/ Alcohol Service	9	12
GP Practice	6	11
Homeless Team (other area)	4	10
Family / Friend	3	9
Health Visitors	19	6
Hospital	6	5
Victim Support	2	4
Other LA	4	4
Community Midwives	5	1
Unknown		1
IOM	0	0
Total	**3141**	**3420**

The data also shows that the average stay in refuge accommodation increased by one third from 76 days to 100 days over the same time period. If clients are staying in refuge longer this reduces the overall availability of accommodation at a time when demand is increasing.

Refuge Measures		**2019/20**	**2020/21**
Number of Referrals into the service		192	430
Number of repeat referrals (within 12 month rolling period)		3	5
Number of referrals unable to accommodate	No Space	105	360
	Room not big enough	1	3
	Complex Needs	15	27
	No recourse	0	3
	Other	0	10
	Total	121	403

The data also shows that the number of referrals to refuge which were turned down due to the victims having complex needs that could not be accommodated increased from 15 in 2019/20 to 27 in 2020/21, an increase of 80%. However, some clients with complex needs were accepted into refuge. The following table shows that in 2020/21 11% of new clients had drug misuse issues, whilst 32% had mental health issues. A further 7% had both substance misuse and mental health issues.

New Clients Accommodated	**2019/20**	**2020/21**
% clients who have drug misuse issues	18%	11%
% clients who have alcohol misuse issues	0%	0%
% clients who have mental health issues	61%	32%
% clients who have substance misuse and mental health issues	13%	7%

The overwhelming majority of clients accepted into refuge were experiencing abuse from an intimate partner or ex-partner rather than from a family member. However, in both 2019/20 and 2020/21 the proportion of clients experiencing abuse from a previous partner was higher than from a current partner as shown below.

New Clients Accommodated	2019/20	2020/21
% clients who are subject to abuse by an intimate partner	45%	32%
% clients who are subject to abuse by an ex-intimate partner	55%	64%
% clients who are subject to abuse by a family member (minor)	0%	0%
% clients who are subject to abuse by a family member (adult)	0%	7%

Harbour's refuge client data also shows that the number of clients accepted into refuge with children increased by 16% from 2019/20 to 2020/21; and that the number of children linked to refuge clients increased from 20 to 27 (35% increase) over the same period. The proportion of clients whose children were engaged with Early Help or subject to Child Protection measures also increased; but the proportion subject to Child in Need measures or whose children had been taken into care had reduced.

New Clients Accommodated	2019/20	2020/21
% clients with children in Refuge	45%	52%
Number of children linked to the client	20	27
% clients who are pregnant	16%	16%
% clients with children engaged with Early Help	4%	12%
% clients with children subject to Child Protection	16%	22%
% clients with children subject to Child in Need	8%	4%
% clients with Children in Care	21%	20%

In terms of those clients accommodated in refuge who have a disability or care needs, the numbers are very low. The number of referrals turned down due to having disability or care needs that cannot be met in refuge is not recorded so it is not possible to see whether disabled victims are being turned away from refuge or whether they are not being referred in the first place.

New Clients Accommodated	2019/20	2020/21
% clients who have a physical disability	15%	0%
% clients who have a learning disability	0%	2%
% clients who have a sensory impairment	0%	0%
% clients who care for a friend or relative	0%	2%

Dispersed properties

In contrast to the high numbers of victims referred into refuge, the numbers referred to the dispersed properties is low. This could be due to the dispersed properties being reserved for those clients which meet particular criteria with those who do not meet this criteria being filtered out or diverted to alternative support at the initial contact stage before a referral is created.

Dispersed Property Measures	2019/20	2020/21
Number of Referrals into the service	7	9
Number of repeat referrals (within 12 month rolling period)	0	0

Clients with complex needs that cannot be supported in standard refuge accommodation may be more easily supported in a dispersed property and, indeed, the proportion of clients with substance misuse and / or mental health needs is considerably higher in the dispersed properties than in the standard refuge. The proportion of clients accommodated into the dispersed properties who have substance misuse and / or mental health issues has increased in 2020/21 compared to the previous year.

Unfortunately the demographic data provided by Harbour only covers the initial referral to Harbour services and is not available at an individual service level so it is not possible to see the gender, ethnicity or age data for the supported accommodation services. Had this been available it could be compared with local population data to check whether any groups of people were under represented in accessing supported accommodation.

It also does not include details of the clients' home location so it is not currently possible to see the proportion of supported accommodation referrals that are coming from out of area. This is important because the statutory guidance for local authorities accompanying the Domestic Abuse Act (currently in draft) states that local authorities' needs assessments should:

> *"Take into account the need for support and services for all victims regardless of protected characteristics within the area and for those whose original residence was located out of area. In doing so the assessment should also consider the number and needs level of victims who need to flee the local authority area to access safe accommodation within a different area."*[16]

Domestic Abuse Prevention Service (DAPS)

Harbour data shows that 122 males were referred to the Domestic Abuse Prevention Service (DAPS) which works with perpetrators in 2020/21. This included 14 repeat referrals (12 month rolling period), double the number of repeats from the previous year. The number of referrals to DAPS increased by 40% in 2020/21 compared to 2019/20.

Origin of referral	2018/19	2019/20	2020/21
Social Services - Child Safeguarding	24	35	57
Self-referral	25	23	30
Social Services - Early Help	10	9	13
Social Services - Adult Safeguarding	0	1	3
Probation	3	6	8
MARAC	2	0	0
Drug / alcohol service	1	0	0

[16] MHCLG *Statutory Guidance for Local Authorities Across England Draft for Consultation* (June 2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993825/Domestic_Abuse_Act_-_draft_statutory_guidance.pdf

Other	2	5	1
Police	1	3	8
Court	1	0	0
School / College	0	0	0
Mental Health Service	2	4	2
Hospital	0	0	0
Other DV service	0	0	0
Health Visitors	0	1	0
Total	**71**	**87**	**122**

The table above also shows that referrals to DAPS in 2019/20 were predominantly made by social services (child safeguarding) (47%) and self-referrals (25%). Unlike some of the other datasets, for example, referrals into refuge or to the CHUB, the police make up a very small proportion of referrals into the perpetrator programme (7% in 2020/21, up from 3% in 2019/20). Indeed, referrals from the criminal justice system (i.e. police, probation and court) only make up 13% of referrals in 2020/21 (increase from 10% the previous year) and the courts did not make any referrals at all in 2019/20 or 2020/21. As the majority of abuse meted out by perpetrators forms a criminal offence of one kind or another it is strange that so few perpetrator referrals are being made by the criminal justice system.

Of the 122 referrals made to DAPS during 2020/21, 80 were passed to the assessment stage. Following assessment, 1 man was unsuitable for the programme due to him denying the abuse (down from 4 the previous year).

The table below shows that 67% (82) of clients who were accepted onto the DAPS programme had children (up from 42 the previous year), with a total of 113 children between them (an average of 1.4 children each). Of the children associated with DAPS clients, 28% were subject to Child Protection measures (down from 36% the previous year). This means that the Children's Hub have assessed the child as suffering or being at risk of suffering significant harm and have implemented statutory Child Protection procedures under Section 47 of the Children's Act 1989. A further 17% of children were assessed as requiring a lower level of intervention through Child in Need measures (up from 9% the previous year) and 1% were Children in Care (down from 3% the previous year).

Clients Assessed		**2019/20**	**2020/21**
Number of clients assessed		66	80
Number of men not suitable following assessment	Denied Abuse	4	1
	On bail for assault	0	0
	In custody	0	0
	Community Order	0	0
% clients with children		63%	67%
Number of children linked to the client		86	113
% clients with children engaged with Early Help		0%	4%
% clients with children subject to Child Protection		36%	28%
% clients with children subject to Child in Need		9%	17%
% clients with children in Looked After Care		3%	1%
% clients involved with Adult Services		0%	0%
% clients not in Education, Training or Employment		10%	8%

% clients who have drug misuse issues		8%	12%
% clients who have alcohol misuse issues		7%	5%
% clients who have mental health issues		20%	18%
% clients who have substance misuse and mental health issues		10%	13%
% clients who have financial hardship	Unmanageable debt	3%	2%
	Rent arrears	0%	1%
	Accessing Food Bank	0%	0%
	Other	0%	0%
% clients who have a physical disability		3%	1%
% clients who have a learning disability		3%	4%
% clients who have a sensory impairment		0%	1%
% clients who care for a friend or relative		0%	0%

Police and Community Intelligence Regarding Perpetrators

Concerns are growing in Cleveland around a rise in the number of incidents where the police and other services have been involved in domestic abuse incidents involving male victims who have histories of also being perpetrators of abuse.

This trend raises a number of issues, particularly around the interplay of roles within an abusive relationship where it is possible for an individual to be *both* a victim and a perpetrator at the same, or different, times. However, it also suggests the possibility that it is a form of victim blaming and trying to shift the responsibility for the abuse onto the victim; or even that perpetrators are trying to "queue-jump" services by posing as having priority need. Child protection measures may also be a factor if perpetrators are trying to pose as victims in order to access children that they have been prevented from seeing under safeguarding arrangements.

Further investigation is needed to understand this emerging trend and the new Police and Crime Commissioner has begun to look at the issue.

Halo Project Client Data

The Halo Project are a national charity based in Middlesbrough. They provide specialist emotional and practical support to clients who are going through (or have experienced) Forced Marriage, Female Genital Mutilation and/or Honour Based Violence. They also provide a 6 bedroom specialist BAME refuge and a two bedroom safe house. Additionally, Halo provide extensive training and awareness raising for agencies.

Halo Data

Halo take clients from Hartlepool and have provided this client data comprising of a total up to 2017/18 inclusive then an annual breakdown for 2018/19 to 2020/21. The data shows that the number of referrals has remained relatively constant since 2018/19 (Chart 9).

Chart 9

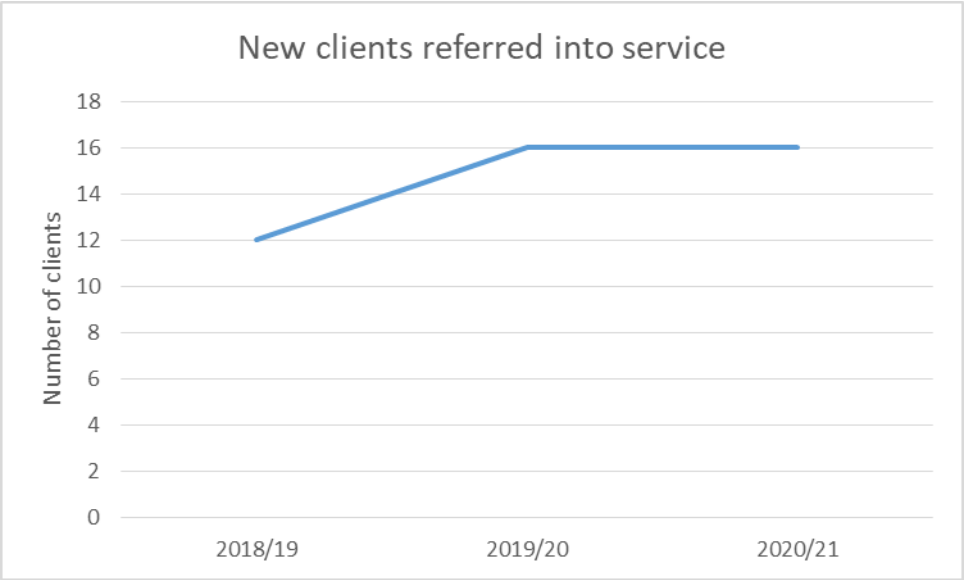
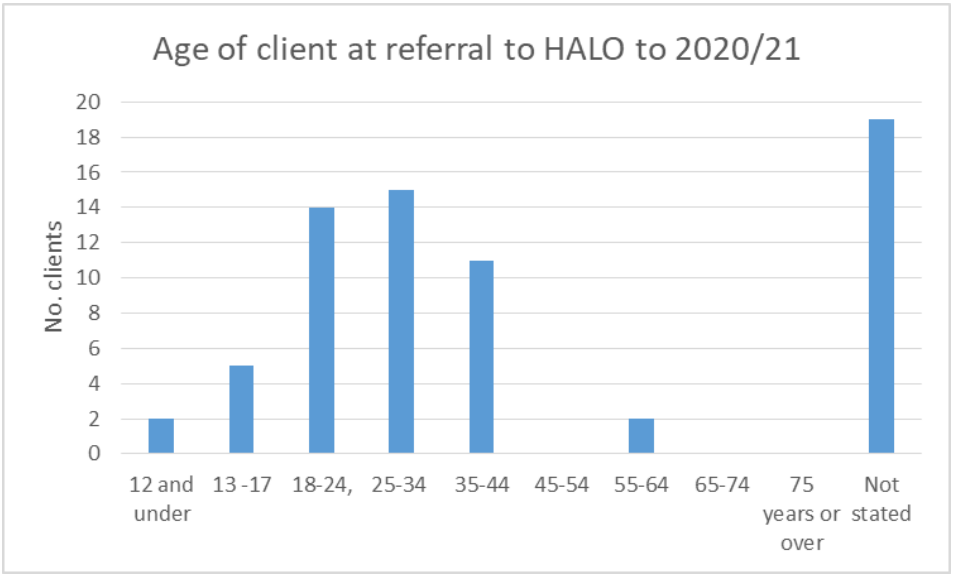


Chart 10 shows that the majority of clients referred to Halo are aged between 18 and 34 (43%). Whilst Halo is not a children's service and generally provides services for girls aged 16 and over, seven under 17s appear in the data. These children were referred to Halo services as victims. Some of the reasons for referral for under 18's included risk of forced marriage, risk of FGM, honour based abuse from parents. Referrers included children's services and school.

Chart 10



Sixty six of the referrals were for female clients (96%) with 1 male in 2018/19 and 2 transgender clients in 2019/20.

Gender	Previous	18/19	19/20	20/21	Total
Male		1			**1**

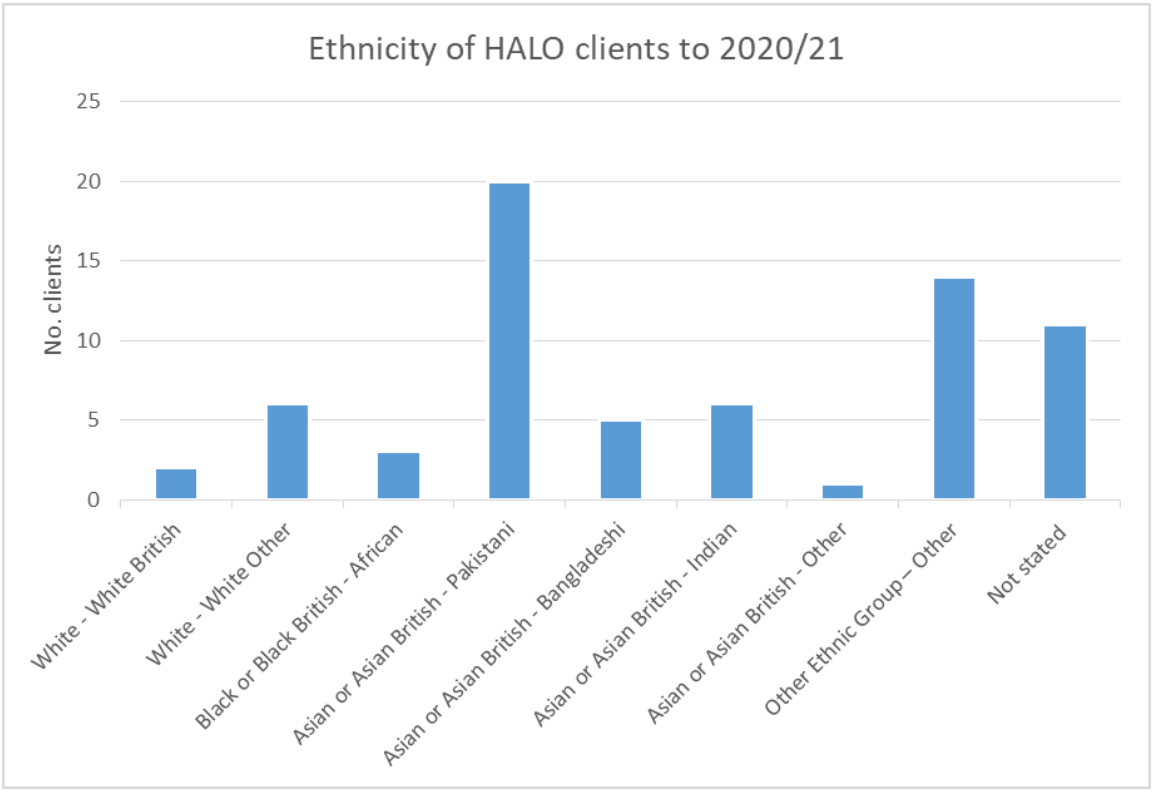
Female	23	12	14	17	**66**
Non-binary					
Transgender			2		**2**
Not stated					

All but one of the referrals gave their sexual orientation as heterosexual/straight as shown below.

Sexual Orientation	Previous	18/19	19/20	20/21	Total
Heterosexual / Straight	23	12	16	17	**68**
Gay/Lesbian		1			**1**
Bisexual					
Other					
Not Stated					

Chart 11 shows that the most commonly given ethnicity was 'Asian or Asian British – Pakistani' (29%) followed by 'White - White Other' and 'Asian or Asian British – Indian' (both 9%).

Chart 11

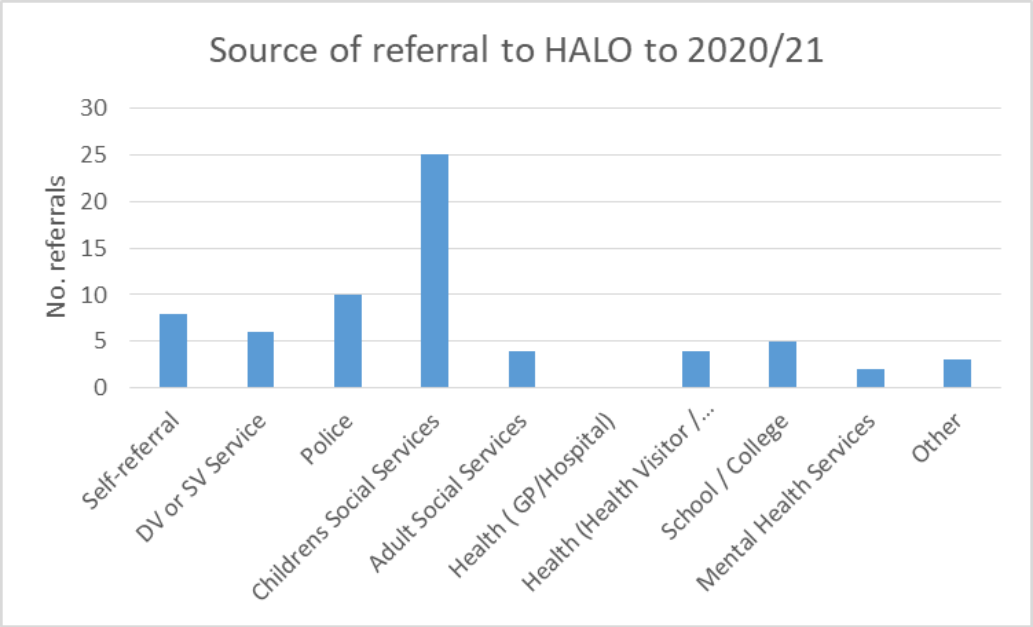


Halo report that 2 of their clients were recorded as having a learning disability previous to 2018/19 and one was recorded with a physical disability in 2020/21. Disability can be a risk factor for forced marriage and can sometimes be kept hidden within BAME communities,

which adds an additional barrier for these individuals in seeking help and may account for the low numbers in this dataset.

In contrast to the other datasets which record the police as being the main source of referrals, Halo report that the majority of their referrals (37%) come from children's social services (Chart 12 below). Halo report that their BAME victims are less likely to report incidents to the police for fear of reprisal and shame from the family and wider community.

Chart 12



Similarly to other services, referrals from health services are low. Halo have delivered awareness training to midwives and have also tried to cascade BAME victim awareness literature/information across health services, however there has been little uptake from health professionals.

Additional Needs

The majority of Halo clients based in Hartlepool are victims of Honour-Based Violence. However, a large proportion of clients also have additional needs as shown in Chart 13 below.

Chart 13

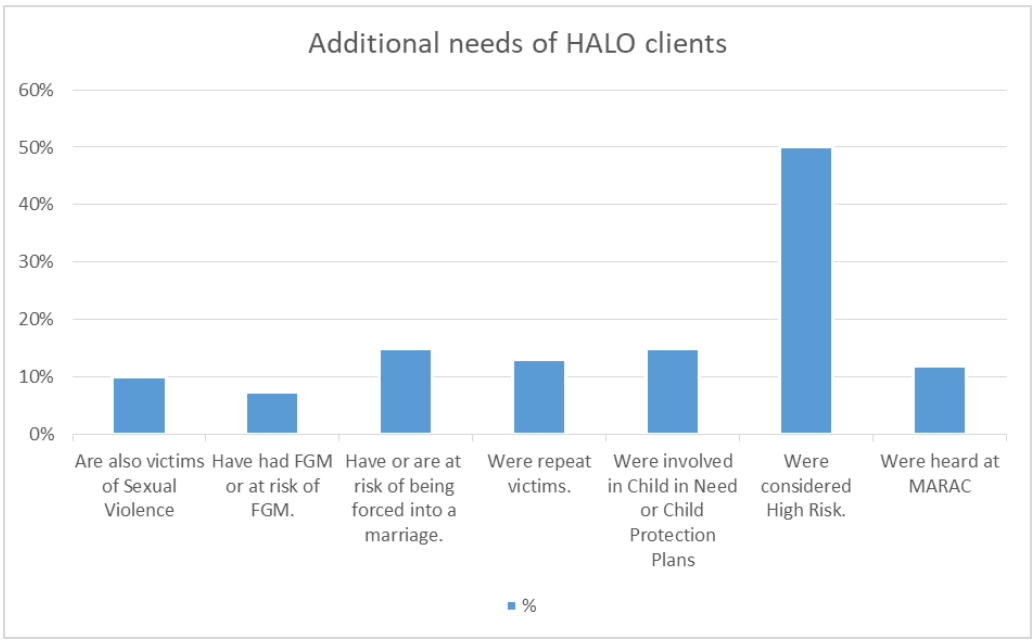


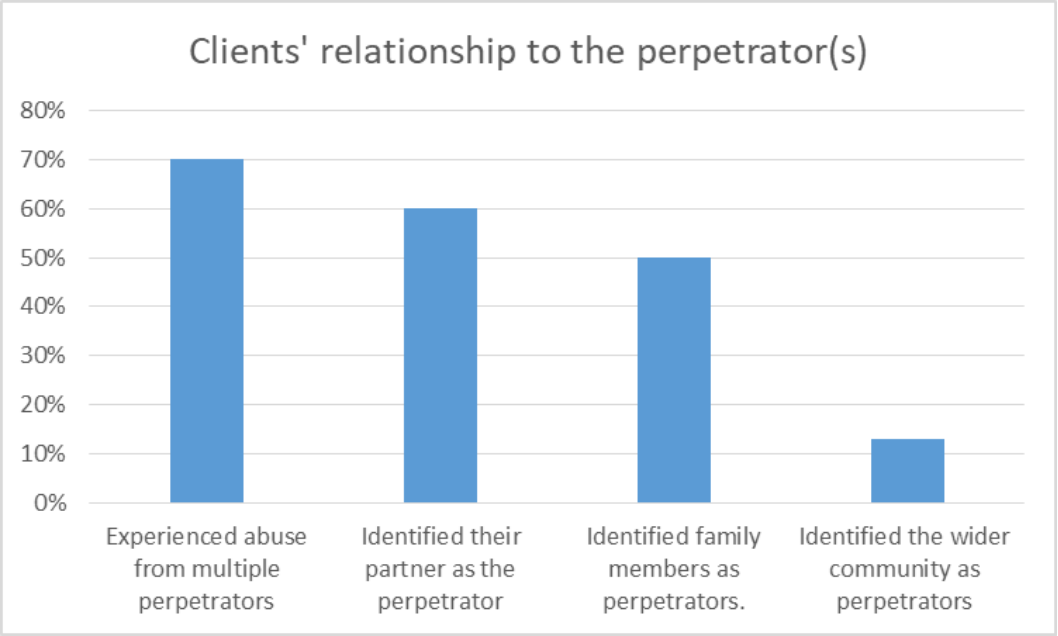
Chart 13 also shows that although 50% of cases were assessed as being high risk only 12% of cases progressed to MARAC. Halo report that this is due to their system recording the risk level at the point of entry. Following the intervention of support services the risk is often reduced to a level where a MARAC referral is no longer necessary.

All Halo clients are offered emotional, cultural and practical support, as well as information, advice and guidance to professionals involved. Safety plans are also provided both with the clients and for professionals to ensure that the risk of honour-based violence and honour killings are taken into consideration. However, some clients needed additional support in the following areas:

- 35% required access to emergency housing.
- 18% required assistance with accessing benefits and financial support.
- 10% required assistance with immigration.
- Other interventions included referrals to counselling services, legal advice, and referrals to other specialist agencies.

Reflecting the complex relationships at play in an Honour-Based Violence context, 70% of Halo clients experienced abuse from multiple perpetrators, including 13% who experienced abuse from the wider community outside their immediate family circle as shown on Chart 14 below:

Chart 14



Halo are currently in the process of revising their impact measurement tool so are unable to provide data around outcomes for referrals or client satisfaction at this time.

Whilst specialist BAME services continue to operate in Hartlepool and Halo clients have access to a 6-bed specialist BAME refuge in Stockton, funding for this supported accommodation provision ended in March 2021. This leaves a gap in provision for BAME victims with complex high risk needs in Hartlepool.

Child Safeguarding

Hartlepool Children's Hub (CHUB) is a multi-agency team based within Hartlepool Borough Council which provides information, advice and guidance on services and support for children, young people and families. The CHUB also acts as a triage service for professionals and members of the public to report child safeguarding concerns. Hartlepool Council also commissions an emergency out of hours response to emergency situations involving child protection, child care, mental health and other adult care service matters.

Referrals to the CHUB are generally made using a SAFER referral form and the process for how these referrals are processed is shown below:

1. SAFER referral received by CHUB – have 24 hours to decide on a course of action and inform the referrer, unless it is a Child Protection issue where the referral must be processed within 4 hours
2. Referral triaged, RAG rated and allocated to social worker
3. Three possible options:
    a. No further action (does not meet the threshold for intervention)
    b. Refer the child to Early Help

c. Refer to another agency (in a domestic abuse context this would be Harbour or HALO)
d. Make a formal statutory social care referral:
    i. Child in Need (CIN) – consent based intervention
    ii. Child Protection (CP) – child in imminent danger of harm, consent not needed (though still try to obtain consent where appropriate)

In terms of domestic abuse-related child safeguarding referrals to the CHUB, the majority of referrals are made by the police (48%). Once the referral has been received, triaged and it has been agreed that it meets the threshold for intervention an entry is created on the CHUB system (unless the child already has an entry in which case it is updated). The majority of the information about the concerns noted on the SAFER form and the actions subsequently taken are recorded in a referral form attached to the child's record so is not possible to analyse without going through every case file individually.

However, from the data available it is possible to see that during the period June 2016 to February 2021, there were 1,691 domestic abuse-related referrals to the CHUB:

- This equates to 1,334 individual children
- 357 of the 1,691 contacts related to only one child
- 502 of the 1691 contacts were for more than one child (group contacts)
- 1041 children had only one referral with the category of need assessed as domestic abuse during that time frame
- 293 children had 2 or more referrals with the category of need assessed as domestic abuse during that time frame

Source of referrals

- 48% of referrals come from the Police
- 6.6% of referrals come from Probation
- 6.5% of referrals from HBC social workers
- 4.6% from other sections in social care
- Remaining 34% from various other sources including parents, health and education providers

Outcomes

Almost all referrals (98%) result in a Child and Family Assessment being carried out. 38 referrals resulted in a Transfer in Child Protection Conference, 2 resulted in a Strategy Discussion and 2 resulted in no further action being taken. Again without going through individual case notes it is not possible to see what the outcomes of these assessments / conferences were.

When referrals are closed the reason is recorded against statutory closure codes as shown in the table below. Note: "died" (RC2) does not necessarily mean the child died from domestic abuse.

Description	Code
Adopted.	RC1
Died.	RC2
Child arrangements order.	RC3
Special guardianship order.	RC4
Transferred to services of another local authority.	RC5
Transferred to adult social care services.	RC6
Services ceased for any other reason, including child no longer in need.	RC7
Case closed after assessment, no further action.	RC8

- 864 (51%) were “ceased for any other reason” (code RC7) - this could be because the risk no longer exists, such as the perpetrator of the abuse is no longer residing in the family home; or the actions within the CIN plan have been achieved or by the time the assessment has concluded all the actions required to keep the child safe may have been completed.
- 448 (27%) were “no further action” (Code RC8) - this could be because whilst the assessment is underway, the worker may also be providing support to address any issues or more information may come to light through the assessment process that means the child does not meet the threshold for social care support*
- 294 (17%) assessment is still underway

*The apparently high proportion of “no further action” closures has been influenced by a change in referral procedure from the police. Formerly, the police used the standard SAFER referral form that is used by most other agencies across the Tees Valley, however, they have now introduced a new system which auto-generates a referral whenever the police are called to an incident where a child is present. This means that many of these referrals do not meet the threshold for intervention at the CHUB triage stage and accounts for why there are so many are closed as “no further action”.

Additionally, the police system auto-generates a referral to the CHUB when 3 domestic abuse incidents in 6 months or 4 incidents in 12 months are logged. As the range of incidents that can be flagged as domestic abuse is very wide this also results in referrals being generated that do not meet the threshold.

The CHUB also report issues around the quality of the police-generated referrals. The police have the CAVA (Children and Vulnerable Adult) Unit which has specialist expertise in domestic abuse and child protection issues. However, it is often a regular police officer who attends the incident. Without that level of specialist expertise and understanding of the social care thresholds, this can also generate referrals which do not meet the threshold and so end up being closed as “no further action”.

Operation Encompass

Unfortunately, due to the way data is recorded and stored it is not possible to get any data on the number of notifications made through Operation Encompass so the role this plays in supporting child victims in Hartlepool is unclear. Anecdotally, some professionals report

dissatisfaction with the way Operation Encompass operates and the lack of qualitative outcomes (see the professionals' consultation feedback below).

Adult Safeguarding

During the period 1st April 2019 to 31st March 2020 59 referrals were receive to adult safeguarding. The cohort includes those cases where domestic abuse was a concern and where the individual had an additional Care Act-eligible need.

All referrals are checked against MARAC, MATAC and Harbour to see if the client is already open to any of these services. Where this is not the case, a referral is completed as appropriate.

Of the 59 referrals: 43 were female and 16 were male and 1 was a repeat referral.

The age breakdown of the referrals is shown below.

Age group	**No. females**	**No. males**
18-30	13	3
31-50	9	2
51-70	13	2
71-81	8	6
82-99	0	3
Total	**43**	**16**

Outcomes
The outcomes for the referrals made to adult safeguarding are shown below.

31 concerns did not progress to a Section 42 Enquiry	**Risk**
1 Enquiry ceased at the individual request	Risk Remained
1 No Further Action to Safeguarding	No Risk Identified
22	No Risk
6	Risk Reduced
1	Risk Remained
20 concerns did progress to a Section 42 Enquiry	**Risk**
1	No Risk Identified
11	Risk identified and action taken but risk remained
7	Risk identified and action taken resulting in Risk reduced
1	Risk identified and action taken resulting in Risk removed

8 Concerns, progressed to a S42 Enquiry and then into the formal Safeguarding Areas for Strategy meetings	Risk
3	Risk identified and action taken resulted in Risk reduced
5	Risk identified and action taken resulted in the Risk remaining

As with the CHUB referrals, details of actions taken to reduce risk and what happens when risk remains is in the clients' individual case notes and so has not been included in this analysis.

Homelessness Data

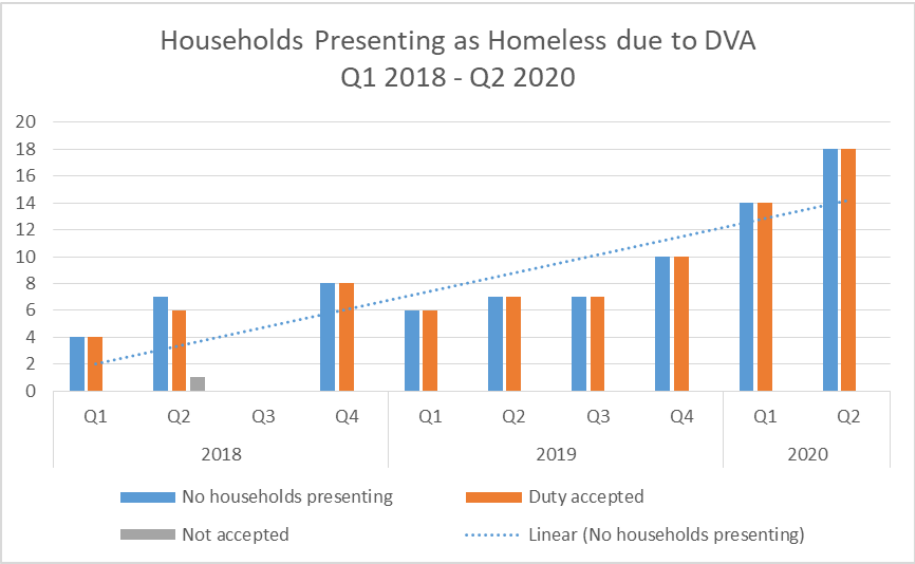
Data provided by the Council's homelessness team shows that during the period April 2018 to September 2020 81 households presented as homeless due to domestic abuse. The homelessness duty was accepted in all but one case (the person was not homeless and advice was given).

Of the 81 presentations:

- 70 were female
- 11 were male
- There were also 38 children in the presenting households

The data shows that homelessness presentations as a result of domestic abuse are following an upward trend over the reporting period with a 350% increase from April 2018 to June 2020 (Chart 15):

Chart 15



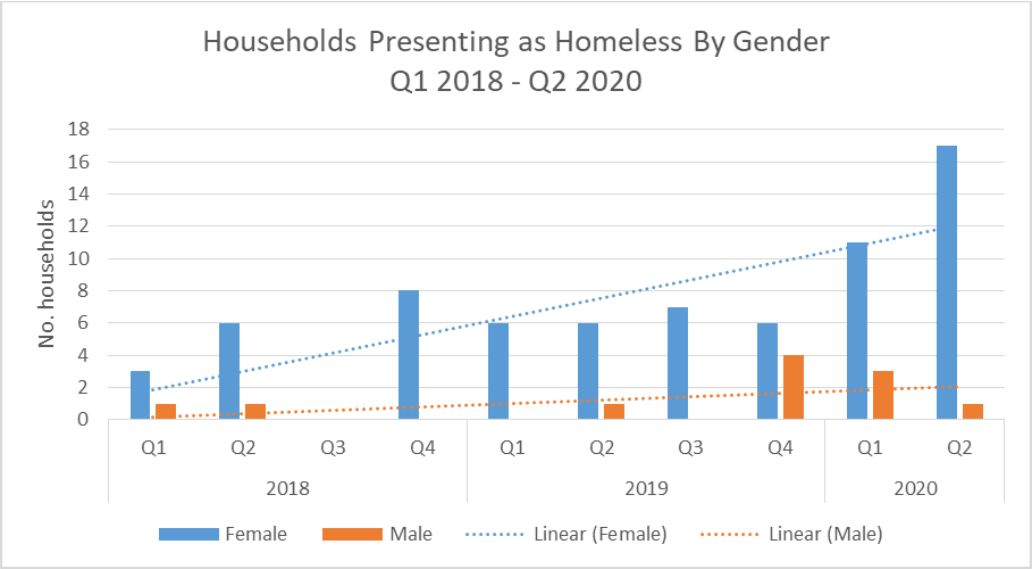
The data also shows that while the number of households with children remains fairly consistent across the reporting period, the number of single households has risen by 300% over the same period.

In terms of gender; the majority of individuals presenting as homeless are female (84%), which represents the gendered nature of domestic abuse where survivors are predominantly female. It also reflects the dynamics of the end of an abusive relationship where it is commonly the female survivor who flees leaving the male perpetrator with possession of the property.

It is also worth highlighting the 11 males who presented as homeless due to domestic abuse. Crisis estimate that 13% of males who are sleeping rough do so due to partner abuse[17] It would be useful to know more about these cases to understand if they are male victims who are fleeing, are perpetrators who have been removed, or are trying to present themselves as victims in order to be given priority need (see note on Police and Community Intelligence below).

The trendlines on the following chart (Chart 16) show that the number of female presentations is increasing quite steeply over the reporting period, reflecting the overall increase in presentations. However, male presentations are also showing an increasing trend which is something to consider going forward if more males will be needing specialist domestic abuse housing support.

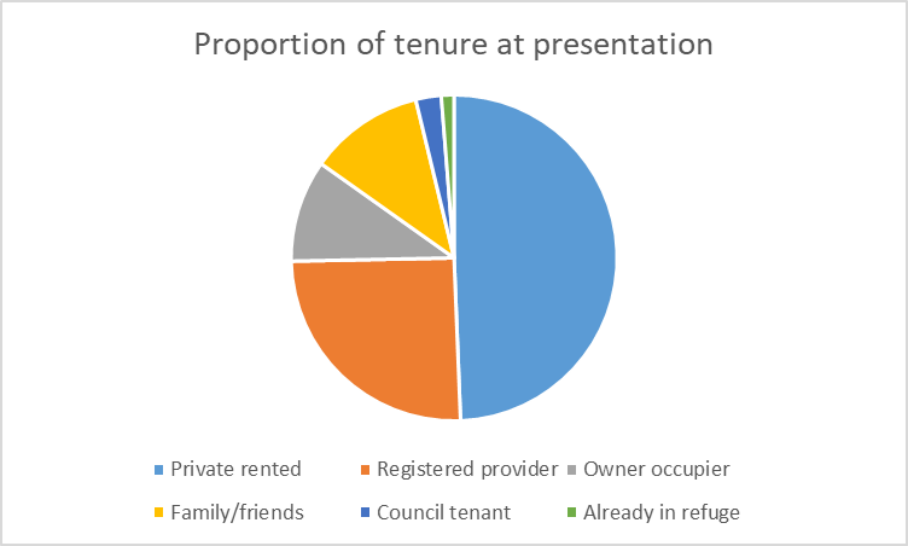
Chart 16



The data also shows the tenure of people presenting as homeless as well as the tenure of the accommodation they go on to after support. Chart 17 shows that around three quarters of presentations come from people in private rented or registered provider (social housing) accommodation.

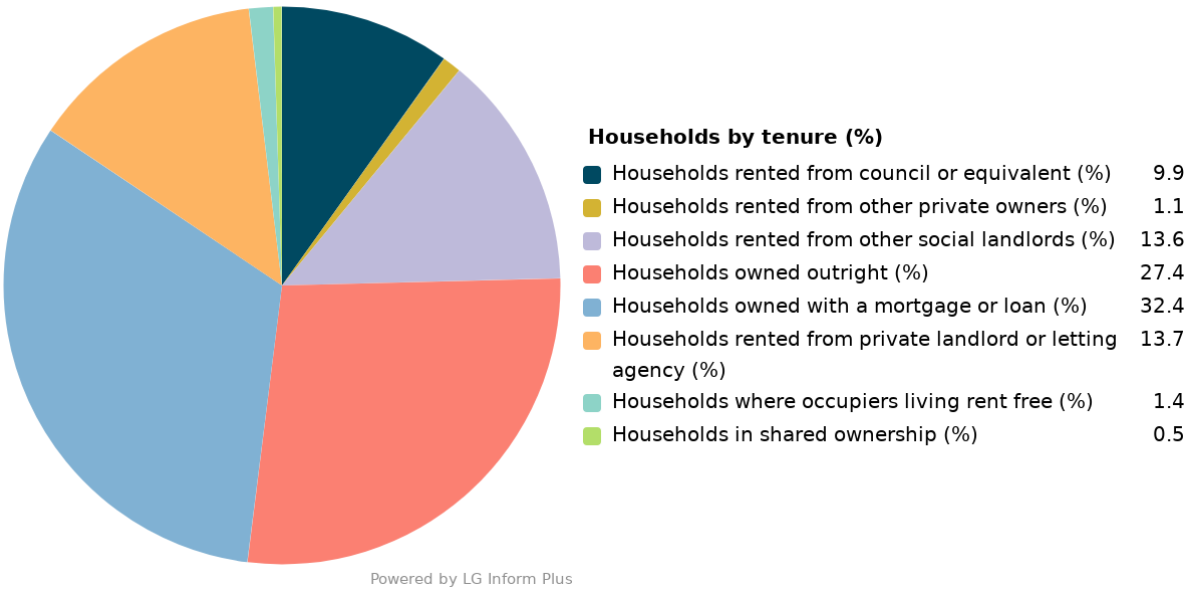
[17] Mankind Initiative *Making Invisible Men Visible: Ensuring male victims and their children count: Safe Accommodation and the Domestic Abuse Act 2021* (June 2021)

Chart 17



The low proportion of owner occupiers presenting as homeless due to domestic abuse reflects the further difficulty of leaving for survivors who are property owners. Particularly as owner occupiers represent the largest proportion of households in Hartlepool (Chart 18).

Chart 18



12% of clients were either staying with family and friends or already in refuge at presentation, which suggests that they had already been homeless for some time before presenting to Council homelessness services for assistance.

These figures correspond with the Harbour referrals which show that the majority of referrals into Harbour services were also from social housing (13%) or private rented (11%) accommodation. Only 4% of Harbour referrals were from owner occupiers.

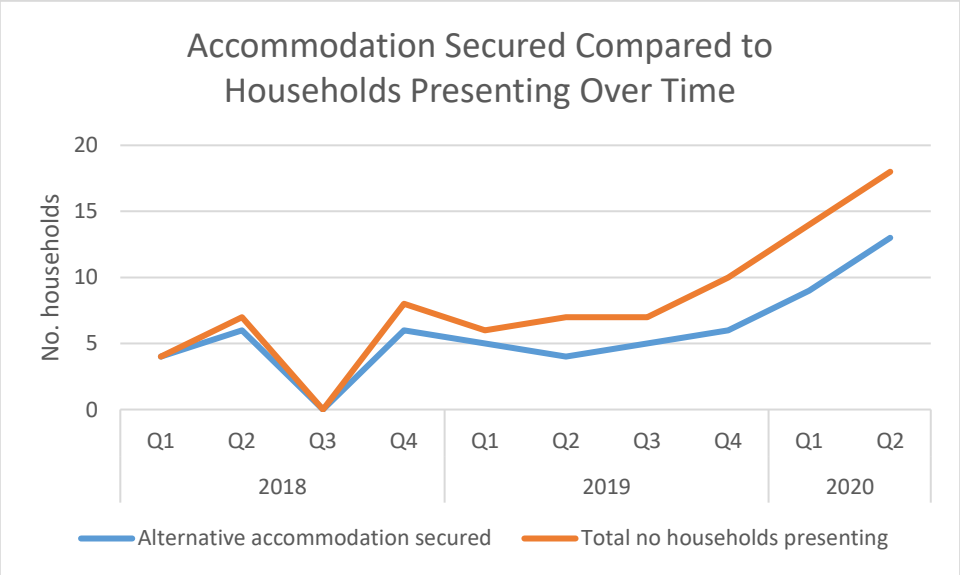
Of the 81 households that presented as homeless during the reporting period, 58 (72%) had accommodation secured. Of those that did not, the main reason was because the client

withdrew their application (12 clients), either because they had sourced their own alternative accommodation, they had elected to stay with family/friends or they dropped out of contact with the homelessness team.

In terms of the outcomes for homelessness presentations following intervention from the homelessness team, of those who were helped into accommodation the majority (55% / 32 clients) went into social housing (registered provider). A further 19 clients were assisted into private rented accommodation. Only 4 clients went into supported housing. This suggests that the homelessness team have been successful in securing longer-term accommodation for clients presenting as homeless due to domestic abuse in the majority of cases. This is important because the new Domestic Abuse Act (due to come into force in April 2021) will introduce duties on local authorities to provide safe temporary accommodation and also to offer new secure social housing tenancies where domestic abuse is a factor.

Chart 19 shows that over the reporting period where the number of households presenting as homeless was initially low the number secured accommodation was able to keep pace. However, from Q3 2019 a gap is starting to open between the number of households presenting to homelessness services and those secured accommodation. Whilst the majority of applications are successfully helped into secure accommodation, this trend should continue to be monitored in case the gap opens up too much.

Chart 19



Health Data (Cardiff Model)

Cardiff Model data is anonymised patient data relating to violent assaults that is collected by hospitals, urgent care centres and A&E departments. The data is shared with police and local authorities so they can map violence offences in their areas. The benefit of this data is that a large proportion of these offences are not reported to the police so it gives authorities a better understanding of the volume and nature of violence in their areas. The

data set includes details such as the patient's relationship to the assailant, the injuries sustained and the weapon (if any) used in the assault.

The Cardiff Model datasets for 2016 and 2017 include data from presentations to University Hospital North Tees and the Urgent Care Centre at Hartlepool One Life Centre, however following the closure of the Minor Injuries Unit in 2017, the 2018 dataset only includes presentations at North Tees. The table below shows a declining number of records over the period 2016-2018:

	2016	**2017**	**2018**
Number of recorded cases (total)	1,311	786	649
Number of recorded cases (Hartlepool postcodes)	569	239	171
Hartlepool postcodes as percentage of total	43%	30%	26%

In order to separate the domestic abuse cases from other types of violence, the dataset was filtered on the "intent" column to extract those cases where the spouse/partner or a family member was the assailant. Whilst this will inevitably miss some cases (i.e. those where the patient refused to identify the assailant or this data was not recorded) and include some that would not meet the definition of domestic abuse (i.e. some of the "family member" cases) this allows us to extract the domestic abuse cases from the dataset. The "family member" cases were included to try to capture domestic abuse cases involving, for example, child-to-parent violence or any honour-based abuse from wider family members.

Unfortunately due to the restricted sample size in 2018 the cohort of domestic abuse-related cases is extremely small, which means it is difficult to make meaningful conclusions.

The proportion of cases where the assailant was recorded as being a family member or spouse / partner of the patient is very low. However, this relies on the patient being honest with hospital staff about who the assailant was. Across the dataset the proportion of cases where the patient's relationship to the assailant is not recorded, for whatever reason, is relatively high and is also increasing over time.

	2016		**2017**		**2018**	
	All patients	**Hartlepool postcodes**	**All patients**	**Hartlepool postcodes**	**All patients**	**Hartlepool postcodes**
Number of recorded cases	1,311	569	786	239	649	171
Number of family member or spouse/partner cases	114 (9%)	56 (10%)	44 (6%)	16 (7%)	34 (5%)	8 (5%)

Number of cases where patient refused to identify assailant	33 (3%)	21 (4%)	13 (2%)	6 (3%)	24 (4%)	7 (4%)
Number of cases where assailant relationship not recorded	561 (43%)	199 (35%)	496 (63%)	141 (59%)	428 (66%)	127 (74%)

A check of the unique Patient Registration Number shows that from the Hartlepool postcodes dataset there was one repeat in 2016 where a patient with the same registration number presented on two separate occasions, however there were no repeats in the Hartlepool data for 2017 or 2018.

Demographics
In all three years the majority of domestic abuse-related patients were female, white British and suffered head or facial injuries. The age range of the patients was 16 to 87 with an average age of 35 and a median age of 31.

The table below shows that in 2016 and 2017 the majority of assailants in the domestic abuse-related cases were the spouse/partner but in 2018 the majority were family member(s). Whilst some of the female patients had been assaulted by family members; all but 2 of the 50 spouse/partner assaults over the reporting period had been perpetrated on female victims (the two with male victims both involved a female assailant and took place in 2016).

	2016	**2017**	**2018**
Total domestic abuse-related presentations (Hartlepool)	56	16	8
Patient gender	42 female 14 male	14 female 2 male	6 female 2 male
Patient ethnicity	1 Indian 53 White British 2 not stated	13 White British 3 not stated	7 White British 1 not stated
Assailant	22 family member 34 spouse/partner	5 family member 11 spouse/partner	5 family member 3 spouse/partner
Assailant gender	6 female 48 male 2 both male and female	3 female 13 male	1 female 3 male 4 not recorded

Injuries
In terms of the injuries that patients presented with following the family member / spousal assaults the majority suffered head and/or facial injuries. Other common injuries included arm / hand, leg, neck / back, chest / rib / abdomen injuries, lacerations, bruising and

swelling. This correlates with the World Health Organisation's report into the health impacts of domestic abuse[18] which found the most common injuries suffered by victims were to the head, neck and face, followed by musculoskeletal injuries and genital injuries. Unfortunately most of the other health impacts of domestic abuse highlighted in the WHO report, for example, depression, adverse reproductive events and sexually transmitted infections would not be recorded in the Cardiff Model data as it only tracks assault injuries so these health impacts cannot be tracked locally from the data available.

Of the 62 female patients:

- Many of the assaults involved multiple blows / injuries
- Many of the assaults included more than one type of violence e.g. knocked to the ground and then kicked
- Two were recorded as being pregnant when the assault took place (both in 2016)
- One patient had had a fit during the assault
- Two of the patients had been strangled during the assault (both 2017 and both by their spouse / partner)
- Most of the assaults did not involve weapons, rather the patient had been punched, head-butted, kicked and/or strangled
    - One patient was picked up and dropped on her head
    - One patient was kicked in the face
    - One patient was punched and thrown down a flight of stairs
- Where weapons were used these included
    - One patient was hit about the head with a lamp
    - One patient was hit in the face with a brick
    - One patient hit all over the body with a set of step ladders
    - One patient punched, kicked, strangled and threatened with a knife

Of the 18 male victims:

- Sixteen were assaulted by family members
- Most involved hand or facial injuries, in some cases from trading blows with the assailant
- Two involved the patient being bitten by the assailant (one by his brother and one by his wife)
- Two had been stamped / jumped on
- One had suffered multiple knife wounds and had been hit on the head with a brick

The "injuries description" field, therefore, gives an indication of the level of brutality meted out to domestic abuse victims (particularly to the female victims).

Alcohol

The table below shows the proportion of Hartlepool domestic abuse-related cases where alcohol was recorded as being a factor. In these cases either the patient, the assailant or

[18] WHO *Prevalence and Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (2013) https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=4FD870A0BDE0AA0FA303350493FA327A?sequence=1

both had been drinking when the assault took place. Note that the totals may not sum to 100% due to rounding and that for 2018 the sample size was only 8 patients.

Alcohol a factor	2016	2017	2018
Yes	55%	38%	38%
No	30%	50%	13%
Not recorded	14%	13%	50%

The table shows that alcohol was a factor in between 38% and 55% of Hartlepool domestic abuse-related cases presenting at A&E. The WHO report identifies that

> *"Harmful use of alcohol and violence are intertwined. As well as alcohol being an important facilitator of men's use of violence, there is also evidence of an association for women between violence and frequent alcohol use. The nature of this association is likely to be complex. Women may drink alcohol to cope with the sequelae[19] of abuse, but, conversely, women's consumption of alcohol may result in abuse from their partners, for example, because their partners believe that they should not drink."*[20]

Public Health England[21] report that alcohol-related hospital admissions in Hartlepool is 1,021 per 100,000 population; worse than the average for England, and represents 934 hospital admissions a year.

The PHE Local Alcohol Profile for Hartlepool[22] (Chart 20) shows that Hartlepool has worse than average rates of alcohol-related harm and that most of these rates are getting worse.

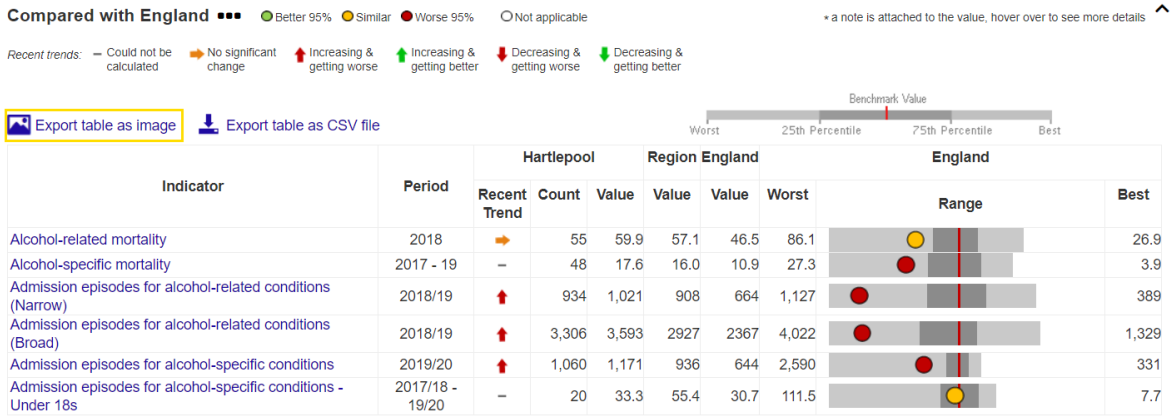
[19] A condition which is the consequence of a previous disease or injury

[20] WHO *Prevalence and Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (2013) https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=4FD870A0BDE0AA0FA303350493FA327A?sequence=1

[21] https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e06000001.html?area-name=hartlepool#:~:text=Adult%20health,represents%20235%20admissions%20per%20year accessed on 13/05/2021

[22] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/ati/202/are/E06000001 accessed on 13/05/2021

Chart 20



Indicator	Period	Hartlepool			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality	2018	→	55	59.9	57.1	46.5	86.1		26.9
Alcohol-specific mortality	2017 - 19	–	48	17.6	16.0	10.9	27.3		3.9
Admission episodes for alcohol-related conditions (Narrow)	2018/19	↑	934	1,021	908	664	1,127		389
Admission episodes for alcohol-related conditions (Broad)	2018/19	↑	3,306	3,593	2927	2367	4,022		1,329
Admission episodes for alcohol-specific conditions	2019/20	↑	1,060	1,171	936	644	2,590		331
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	–	20	33.3	55.4	30.7	111.5		7.7

Time of assault

The next table shows that the assaults were spread out over the course of the day (the times given in the table relate to the earliest and latest recorded assaults). The time of the assault was not recorded in the 2016 dataset.

Time of assault	2017	2018
Late night / early hours 11.30pm – 4.00am	4	2
Day time 8.30am – 7.00pm	4	4
Evening 8.00pm – 9.30pm	2	1
Not recorded	6	1
Total	16	8

Location of assault

As might be expected for domestic abuse-related violence, most of the assaults took place within the home as shown in the table below. The location data recorded in the dataset is not consistent so it is difficult in some cases to work out where the assault took place. With some locations being recorded as “home:own home” or “home:other home” but in other cases it is recorded as “other:own home”, “other:other home” or even “public place:own home” so the following table is based on a combination of the “location type” and “location type additional detail” fields.

Location of assault	2016	2017	2018
Own home	28	12	6
Other home	19	1	0
Street	6	3	1
Other	0	0	1
Not recorded	3	0	0
Total	56	16	8

In the 2018 dataset the location data became more detailed in relation to where the assault took place within the home showing that of the 6 assaults that took place in the patient's own home 4 happened in the living room, 1 in the hallway and one was not specified.

The Femicide Census[23] notes that of the 149 women killed by men in 2018, 102 femicides (68%) took place in the woman's house – which may (35%) or may not (33%) have been shared with the perpetrator.

Informing the police
Patients presenting at hospital with violence-related injuries will receive treatment regardless of whether the police have been informed and the Cardiff Model data, therefore, includes assaults which have not been reported to the police. The next table shows that in most of the domestic abuse-related assaults (where it was recorded) the police *were* notified. This appears to contradict the reason the Cardiff Model was created in the first place i.e. to record violence that was not being reported. It is possible that patients are saying the incident was already reported to discourage hospital staff from making a referral or further enquiries. For those incidents which were reported it is not possible to see what police action was taken following notification.

Domestic abuse-related assaults Hartlepool postcodes	**2016**	**2017**	**2018**
Police informed	43	11	5
Police not informed	9	5	2
Not known	4	0	1
Total	56	16	8

Section 6: Hidden Victims

There are certain groups of people who may be hidden from services or face additional barriers to accessing support. In Hartlepool, although Harbour record quite extensive demographic data from their clients including age, gender, ethnicity, LGBT+ identity, disability and tenure; and Halo record age, gender, LGBT+ identity; the other datasets only provide very limited demographic data and, in some cases, none at all. This means that it is very difficult to see if our services are being used by a wide section of the community. If we are to understand whether our services are meeting the needs of diverse communities we need to start recording more comprehensive demographic data, particularly ethnicity and sexual orientation.

The following demographic data is available from each dataset:

- MARAC – none
- Homelessness team – gender and tenure

[23] The Femicide Census: 2018 Findings (2020) https://www.endviolenceagainstwomen.org.uk/femicide-census-reveals-half-of-uk-women-killed-by-men-die-at-hands-of-partner-or-ex/

- CHUB – none
- Adult safeguarding – age and gender
- Police data – age and gender

To get an understanding how people from these hidden victim groups interact with services the following is taken from the Safe Lives spotlight reports[24]. The spotlight reports cover a range of hidden groups, all of which can include both male and female victims. After each one the local service data is included for that group, where available. For brevity, a summary of key points from each spotlight report is included below. Further detail can be found in Appendix A or from the Safe Lives website.

Older People and Domestic Abuse[25]

- Older victims are a "hidden" group – under-represented in services.
- This is due to a combination of factors including:
  - Lack of recognition from professionals that older people experience abuse
  - Lack of awareness of support services and how to access them
  - Feeling that support services are for younger women
  - Additional pressures to remain in the abusive relationship e.g. due to care needs
- In older people domestic abuse and safeguarding needs are often intertwined.
- Older victims can have specialist needs that are difficult to meet in a refuge environment.
- Older people face distinctive risks related to family violence e.g. involving adult children.

Harbour data shows that in 2019/20 143 referrals were received for clients aged 55 or more (5% of referrals received where age was recorded). This increased to 169 (7%) in 2020/21, an increase of 18% compared to the previous year.

Halo report that the majority of their client referrals are aged under 45, and had only one client aged 55+ in 2018/19 and one in 2020/21. As Halo receives fewer referrals than Harbour this represents 10% and 11% respectively of referrals where age is recorded.

Adult safeguarding received 32 referrals aged 51 or over with a care need and where domestic abuse was a concern in year ending March 2020. This represents 54% of referrals received by the service.

Disabled People and Domestic Abuse[26]

- Disabled people are more than twice as likely to experience domestic abuse as those without a disability. This is often more severe and frequent and lasts for a longer period of time.
- They also experience a wider range of abuse types.

[24] https://safelives.org.uk/knowledge-hub/spotlights
[25] Safe Lives *Older People and Domestic Abuse* https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse
[26] Safe Lives *Disabled People and Domestic Abuse* https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf

- The gender split between male and female disabled victims is similar than for non-disabled survivors, but disabled men experience higher rates of abuse than non-disabled men.
- The more severe or limiting the disability, the higher the risk of domestic abuse, sexual assault or physical assault.
- Disabled people are at risk of domestic abuse from a wide range of people, including family members and carers as well as from intimate partners.
- Disabled perpetrators can hide behind stereotypes of what a "perpetrator looks like" to avoid detection.
- Disabled survivors face additional specific barriers to obtaining support where services do not cater for their disability.
- Prevention campaigns and interventions need to be tailored for the needs of disabled victims to be effective for this group.

In 2019/20 Harbour received referrals from 133 clients who reported a disability. This represents 13% of referrals received where this information was recorded. While the number of clients with a disability fell to 94, the proportion of clients with a disability as a percentage of those where this information was recorded actually rose to 14% in 2020/21. Although for 1,825 referrals this information was not recorded.

Halo had two clients with a learning disability prior to 2018/19 and one client with a physical disability in 2020/21.

The adult safeguarding data does not include any description of the care needs or disability of those referred so it is not possible to see how many were disabled.

Young People and Domestic Abuse[27]

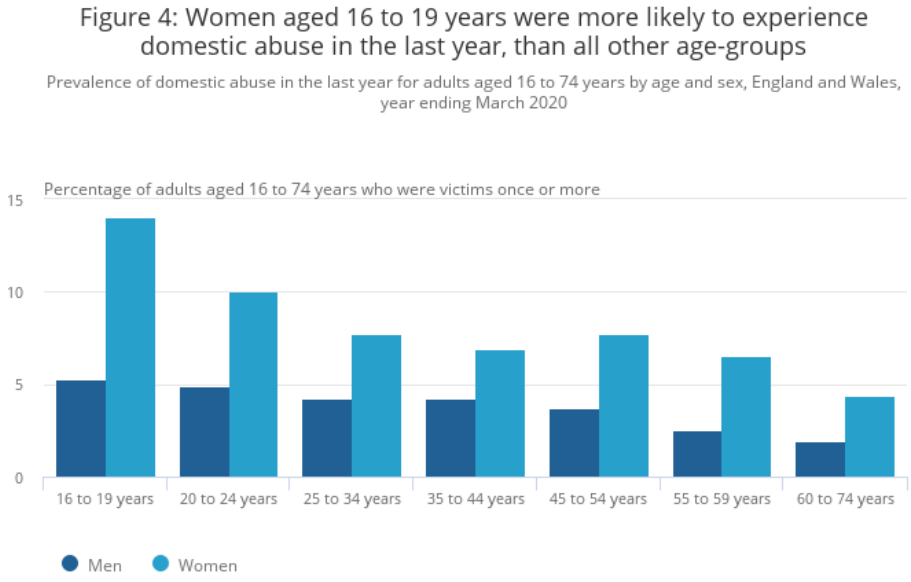
- Domestic abuse in young peoples' relationships is a complex issue.
- It requires specialist services to support young victims; adult-orientated services often do not meet the needs of young people.
- Young people are under-represented in services and MARAC referrals.
- Young peoples' experience of abuse can be different to that of adults.
- Family violence and teen-to-parent abuse are important considerations in domestic abuse approaches designed for young people.

The Crime Survey for England and Wales for 2020 identifies that women aged 16-19 were more likely to experience domestic abuse than any other age group[28] (Chart 15). For men there were few significant differences by age.

[27] Safe Lives *Safe Young Lives: Young People and Domestic Abuse* https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf

[28] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020#age

Chart 21



Harbour data shows that in 2019/20 there were 417 clients aged 18 and under (16% of all referrals where age was recorded in this year) and that this decreased to 294 in 2020/21 (13% of all referrals where age was recorded); a decrease of 29%.

Halo received two referrals for under 18s in 2019/20 and one in 2020/21.

The data provided by Hartlepool Children's Hub does not include any demographic data so it is not possible to see how many referrals were for young people aged 16-18.

Homelessness and Domestic Abuse[29]

- Homelessness does not always mean sleeping on the street. Homeless DVA victims may be staying with friends or family, in hostels or other temporary accommodation, squatting or living somewhere unsafe or uninhabitable
- Many women experience a stark choice between returning to their abuser or becoming homeless
- Homeless women have often experienced extensive physical and sexual violence leaving them feeling unsafe in mixed-gender hostel accommodation
- Many homeless women have complex needs, with many having been excluded from services
- After leaving refuge accommodation, large numbers of women go into further temporary accommodation rather than settled accommodation

Harbour records the tenure of referrals but does not have a category for homeless. There is a category for living with friends or family which suggests sofa surfing but some of the clients in the other tenure categories may be homeless in reality even though they have stated on the referral that they rent or own a property.

[29] Safe Lives *Safe at Home: Homelessness and Domestic Abuse* (2018) https://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf

Halo have not provided tenure data for their referrals.

The homelessness team report that the homelessness duty was accepted for all but one household presenting as homeless between 2018-20 (80 households accepted out of 81 presentations) and that the majority of presentations over this period were from people living in private rented accommodation (49%). Thirteen percent were already in refuge or staying with friends and family suggesting they had already left their property.

Whilst the Safe Lives report highlights that nationally many women go into further temporary accommodation, Hartlepool Council's homelessness team have experienced considerable success in placing people made homeless by domestic abuse into direct lets.

LGBT+ People Experiencing Abuse[30]

- LGBT+ people are not a homogenous group and have different needs and experiences
- LGBT+ people experience domestic abuse at similar rates to non-LGBT+ people
- LGBT+ people face additional pressures, needs and risks associated with their sexuality or gender identity and trans victims can experience even further barriers
- Services need to be more visibly LGBT+ friendly to overcome barriers associated with homophobic/biphobic/transphobic experiences

Harbour report that in 2019/20 they received 17 referrals for clients who identified as LGBT+ and 1 transgender referrals. However, 153 chose not to disclose this information and in a further 1631 cases it was not recorded. In 2020/21 15 referrals were received for LGBT+ clients, a reduction of 12% (112 did not disclose and 1772 were not recorded) and 5 transgender referrals. Therefore, LGBT+ referrals represent 1.8% of referrals where sexuality was disclosed in 2019/20 and 2.4% in 2020/21.

Halo only received 1 referral in 2018/19 where the client identified as LGBT+. However, they received 2 referrals from transgender clients in 2019/20.

Honour Based Violence (HBV)[31]

- HBV shares a number of characteristics with domestic abuse in that it is heavily gendered and often involves powerful coercive control; however it is also distinctive from domestic abuse in that it commonly involves a wider circle of perpetrators than just the intimate partner.
- Although women are disproportionally affected, men can also be victims of HBV and forced marriage, with sexuality and disability putting some men at particular risk.
- Whilst victims of HBV experience the full range of abuses that other domestic abuse victims face, there are other additional risks specific to HBV.

[30] Safe Lives *Free to Be Safe: LGBT+ People Experiencing Domestic Abuse* (2018) https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf

[31] Safe Lives *Your Choice: 'Honour'-based violence, forced marriage and domestic abuse* https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf

- Victims of HBV face additional barriers to accessing services, particularly around language, insecure immigration status and lack of a wider support network.
- Agencies often lack the awareness and confidence to identify and deal with HBV effectively.

Neither Harbour nor Halo provided figures for referrals directly related to HBV; however, Halo report that a number of referrals involved related issues: 7.5% of clients have had, or were at risk of, FGM and 15% of clients have been or are at risk of being forced into marriage.

Domestic Abuse and Mental Health[32]

- Mental health problems are both a risk factor for and a consequence of domestic abuse.
- Mental health needs are also a risk factor in abuse perpetration.
- Trauma-informed training is needed for mental health professionals to identify and respond to abuse
- Domestic abuse practitioners also need training in supporting mental health needs
- The mental health impacts of abuse are cumulative: different and multiple types of abuse often lead to more severe mental health problems
- Children living / lived with abuse have a higher rate of mental ill health and some children's coping strategies will not be recognised by professionals
- Victims with mental ill health face additional barriers accessing services, including fear that disclosing mental ill health will result in negative consequences
- Victims with mental ill health often have increased additional needs and vulnerabilities

Harbour returns do not include the mental health needs of referrals, however, this information is included in the Safe Lives Insight report for Harbour (note that this covers a different time period to the other data included in this section and also only includes client data whereas the Harbour returns include all referrals). Safe Lives report that 55% of clients had mental health needs at intake.

Halo did not return any mental health needs data.

Male Victims

As part of its cross-government strategy on ending Violence Against Women and Girls the UK government published a position statement on male victims in 2019[33]. The paper seeks to clarify and strengthen the government's response to the increasing volume of male victims who come forward to report crimes captured in the Ending VAWG Strategy, and reaffirms the commitment to male victims and survivors of these crimes. The paper also

[32] Safe Lives *Safe and Well: Mental Health and Domestic Abuse* (2019) https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf

[33] HM Government *Position statement on male victims of crimes considered in the cross-Government strategy on ending Violence Against Women and Girls (VAWG)* (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783996/Male_Victims_Position_Paper_Web_Accessible.pdf

emphasises that men and boys should not be considered as one homogenous group; nor should it be assumed in cases where men are victims, that women are perpetrators.

- There has been little academic research into the experiences of male victims compared to other hidden groups.
- While many of the barriers that prevent male victims reporting abuse are similar to those experienced by female victims, e.g. fear it will make the abuse worse, fear of family break-up and concern about not being believed, there are important differences around society and professionals' perception of masculinity and what victims and perpetrators "look like".
- Whilst all male victims face a range of barriers to accessing help, LGBT males face additional barriers related to their sexuality.
- A study published in the British Medical Journal in 2019[34] (which specifically looked at studies of cases involving male victims of domestic violence focussing on help-seeking by male victims) suggests that male victims feel more comfortable seeking help from female practitioners.
- It also suggested that primary health care settings were generally regarded as suitable and safe spaces to talk about violence, although some respondents had had negative responses from healthcare professionals.

Harbour received referrals for 476 males in 2019/20. This represents 18% of all referrals where gender was recorded. In 2020/21 this had decreased to 462 males in 2020/21, representing 20% of referrals where gender was recorded.

Halo received 1 male referral in 2018/19.

The homelessness team report that 11 males presented as homeless due to domestic abuse during the period 2018-20. This represents 14% of presentations during this period.

Adult safeguarding report that 16 males with a care need were referred with domestic abuse concerns during year ending March 2020. This represents 27% of all referrals received where domestic abuse was a concern.

Mankind Initiative recently published guidance[35] for local domestic abuse partnership boards on how to assess the level of support needed for male victims/survivors of domestic abuse in safe accommodation. Mankind highlight that men escaping domestic abuse are sleeping in cars, tents, garages, or sleeping rough. Those within their homes live in fear of their safety and that of their children – they do not know where safely to escape to. The guidance points to research by Crisis which estimates that around 300 men are sleeping rough because of partner abuse every night.

The guidance also points to local authorities' duties under equality legislation and their new obligations under the Domestic Abuse Act 2021. It also emphasises that domestic abuse

[34] Alyson L Huntley, et al *Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis* BMJ Open (2019) https://bmjopen.bmj.com/content/9/6/e021960
[35] Mankind Initiative *Making Invisible Men Visible: Ensuring male victims and their children count: Safe Accommodation and the Domestic Abuse Act 2021* (June 2021)

should not be a competition between genders and highlights that while men make up one in three victims of domestic abuse, one in four of victims who report to the police and one in five victims of forced marriage; they only make up one in twenty of victims supported by local community domestic abuse services.

The guidance includes a ten–step process for boards to assess the need for services for male victims in their areas.

Step 1: Wide Data Collection - This data collection should include the demand for safe accommodation as well as the type of support needed.

Step 2: Use Gender Nouns

Step 3: Qualitative Agency Interviews - Conduct qualitative interviews with a broad group of sources as well as the "standard agencies".

Step 4: Finding the Pathways - this is important to explore when men are in contact with public services which are not specialist domestic abuse services such as A&E, GPs and police forces.

Step 5: The Voice of Men and their Children - Ensure the voices of male victims are heard and do so through qualitative and quantitative methods

Step 6: Showing Where is the Nearest Support - If there is no or limited accommodation options with the local authority for male victims – it is vital that the Board is aware where the nearest such support is, so they can make rounded decisions and assessments.

Step 7: Gap Assessment - Assess and report back to the Board any gaps between what the returned data shows compared to what is expected given the local and national data about the number for male victims.

Step 8: Board Representation - It is vital that there is a voice representing male victims on the Board.

Step 9: Transparent Approach

Step 10: Publish to Give Confidence

Gap Assessment

An assessment of returned data against what would be expected given local population data has been carried out. There are some difficulties with this approach. Safe Lives use the proportion of each group as a percentage of the UK population to calculate the rate at which they should appear in service referrals, e.g. the UK proportion of the population identifying as LGBT+ is estimated by ONS to be 2.7% therefore around 2.7% of client referrals should be for LGBT+ clients. However, locally the proportion of some of these groups compared to the UK population as a whole is different, i.e. Hartlepool has a greater proportion of people aged 55 and over and a lower proportion of BAME residents than the UK average.

Additionally, not everyone within each group would be affected by domestic abuse so we need to know the prevalence for each group, which in itself is problematic as this data is not

always available or widely accepted. For example, the ONS only record domestic abuse data up to age 74 so any attempt to calculate prevalence for older people based on this will miss out victims aged 75+.

As a starting point, to try and resolve this issue the following table has been created to show how the proportion of referrals received for each group compares to local population data.

Group	**% of Hartlepool population**	**Estimated prevalence of domestic abuse**	**% of referrals (for most recent year that data is available)**
Older people (aged 55 and over)	33%[36]	N/A	Harbour - 7% (169 referrals) Halo – 11% (1 client) Adult safeguarding – 54% (32 referrals)
Disabled people	23%[37]	(14%) 1 in 7[38]	Harbour - 14% (94 referrals)
Young people (aged 16-18)	3%[39]	N/A	Harbour – 13% (294 referrals) Halo – 11% (1 client)
LGBT+ people	N/A[40]	11%-19%[41]	Harbour – 2.4% (15 referrals) Halo - 11% (1 client)
Males	48.9%	16.6% (1 in 6)[42]	Harbour – 20% (462 referrals) Halo - 11% (1 client) Homelessness team – 14% (11 presentations) Adult safeguarding – 27% (16 referrals)

Even taking these issues into account, Table 8 shows that the proportion of older people and disabled people represented within services is considerably lower than local populations; although the proportion of disabled clients referred to Harbour is the same as the national prevalence rate estimated by ONS. However, Safe Lives client data[43] puts the proportion of disabled people referred to Harbour who actually go on to be clients to be 6%, which is half the prevalence rate for this group.

[36] ONS mid-year population estimates https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[37] Residents whose day-to-day activities are limited a little and a lot – 2011 Census

[38] Though this is from ONS based on the CSEW which only records disabled victims between 16-59 - https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandcrimeuk/2019

[39] ONS mid-year population estimates https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[40] Local data on sexual orientation was only collected for the first time in the 2021 census, the results of which have not been published yet at the time of writing.

[41] Galop https://www.galop.org.uk/galop-safelives-and-stonewall-briefing-the-lgbt-community-and-domestic-abuse/

[42] Mankind Initiative *Making Invisible Men Visible: Ensuring male victims and their children count: Safe Accommodation and the Domestic Abuse Act 2021* (June 2021)

[43] Safe Lives *Insights Report for Harbour Hartlepool: 12 Months to October 2020*

In contrast, for young people aged 16-18 the Harbour referrals are considerably higher than the local population; although prevalence data is not available for this group and not all young people will be affected. However, the high numbers of young people in contact with Harbour probably reflects the good work that they have been doing with young people through their educational programmes to raise awareness of what abuse is in teen relationships and how to get help.

With male victims the numbers of referrals is above the estimated prevalence level. Although in terms of the proportion of male referrals who go on to become actual Harbour clients, Safe Lives put this figure at 9%, which is lower than the prevalence rate.

If the proportion of referrals for each of these groups is compared against the proportion who go on to become clients, it is apparent that while the proportion of LGBT+ referrals who become clients is around the same, there is considerable drop off for both disabled referrals and male referrals (Table 9). Further investigation would be required to understand why this is the case. Unfortunately detailed age-related breakdowns were not included in the Safe Lives client report.

Group	**% of referrals (for most recent year that data is available)**	**% of clients (Safe Lives Insights)**
Older people (aged 55 and over)	Harbour - 7% (169 referrals) Halo – 11% (1 client) Adult safeguarding – 54% (32 referrals)	N/A but 71% of clients were aged 21-40
Disabled people	Harbour - 14% (94 referrals)	6%
Young people (aged 16-18)	Harbour – 13% (294 referrals) Halo – 11% (1 client)	N/A but 71% of clients were aged 21-40
LGBT+ people	Harbour – 2.4% (15 referrals) Halo - 11% (1 client)	3%
Males	Harbour – 20% (462 referrals) Halo - 11% (1 client) Homelessness team – 14% (11 presentations) Adult safeguarding – 27% (16 referrals)	9%

Hidden Victims Summary

The key theme running through these various hidden victims' groups is that they are underrepresented in services compared to "standard" service users. They also face specific additional barriers in obtaining support relating to their status as members of one or more of these groups.

One factor not identified in these reports is those people who are members of more than one hidden group (e.g. older and LGBT+); however, it can be expected that the barriers and risks faced by these individuals will be cumulative and therefore more severe the more hidden characteristics they have. Risk assessments and safety planning, therefore, should take into account the additional risks faced by people in these groups.

Another theme identified is that of mental health issues. Mental ill health and social isolation can be both a risk factor for, and a consequence of, domestic abuse and these are issues that are likely to be faced by members of these hidden groups; particularly if they face barriers and discrimination in everyday life also.

A number of these groups face increased risk of abuse from a wider range of perpetrators as well as / instead of the intimate partner, e.g. family members and care givers – particularly older people, disabled people, LGBT+ people and those at risk of HBV.

All the reports identify that services need to do more to be more visible and welcoming to people from these groups. This includes engaging with people from these communities in service planning, communications targeted at these groups and awareness training for staff.

All the groups had fears around the negative consequences of disclosing abuse, although the specific form these fears took was often related to the characteristics of the group. For example, all groups feared that the abuse would get worse after disclosure, but some older people feared losing the care provided by the perpetrator, whereas some LGBT+ people had fears of being 'outed'.

Similarly, all groups face the same range of abuse behaviours from their perpetrators as "standard" cases, however, there are also additional abusive behaviours experienced relating specifically to the characteristics of the group.

Section 7: Responding to Domestic Abuse

Overview of Current Domestic Abuse Services

Currently, a number of domestic abuse services in Hartlepool are commissioned from Harbour Support Services. Harbour is an independent registered charity and a company limited by guarantee, governed by a Board of Trustees. Harbour is affiliated to the Women's Aid Federation of England.

Harbour operate across the North East of England with services in County Durham, Hartlepool, Stockton, Middlesbrough, Darlington and North Tyneside. In Hartlepool, Harbour offer the following services:

- Refuge accommodation comprising 6 self-contained flats
- Four dispersed properties
- Outreach support
- Support for children and young people (including delivering early intervention educational sessions in schools around healthy relationships)
- Counselling service
- Victim group work sessions (these have had to be switched to one-to-one telephone sessions during the lockdowns)
- IDVA sessions

- Preventions service (working with perpetrators)

Additionally, Halo provide specialist BAME services in Hartlepool, including:

- Refuge accommodation comprising 6 bedrooms
- Two bedroom safe house
- Circle of Friends support group
- Specialist emergency help for anyone in immediate danger of forced marriage, honour-based violence or other violence

Hartlepool Borough Council also offers support, advice and signposting/referrals services to victims of domestic abuse through the following services:

- Children's Hub – provides information, advice and guidance on services and support for children, young people and families and receives and responds to referrals for children affected by domestic abuse
- Adult Safeguarding – sits within adult social care services and helps protect vulnerable adults from abuse and neglect
- Housing, including the homelessness team – manages the Council's stock of social housing; assists with housing-related issues; provides support for individuals at risk of, or who are, homeless, including assisting them to find supported accommodation or emergency accommodation
- Benefits team – provides advice and assistance with benefits; help with emergency/crisis funding (Local Welfare Support)
- Community Safety Team – provides advice on aspects of crime and anti-social behaviour including crime prevention, target hardening (making your property more secure); investigates complaints of anti-social behaviour; Victim Services provides emotional and practical assistance to victims of crime, including support in attending court and making an application to the Criminal Injuries Compensation Scheme.
- Community Hubs – located in the north, centre and south of the town, the Hubs bring a range of Council services under one roof including access to a computer and telephone dedicated to Council services; welfare and benefits advice; health advice; community/social activities
- HR – as employer of a large body of staff the Council recognises that a number of its staff will be survivors of domestic abuse, and that some will also be perpetrators. There is a specific Domestic Abuse policy in place and issues can also be dealt with through other policies and procedures e.g. flexible working, emergency leave, etc.

Section 8: Consultation and Reviews

Attitudes Towards Domestic Abuse - Public Survey 2019

Between September and November 2019 a public consultation was run by the Safer Hartlepool Partnership into public attitudes to domestic abuse. The survey was open to anyone and while some of the respondents said they had experienced domestic abuse this was not a prerequisite to take part in the consultation. In all, 133 responses were received.

Note that numbers may not sum to 100% due to rounding and not all respondents answered every question.

When asked which behaviours could be classed as domestic abuse most people recognised the example behaviours as potentially abusive. The one which caused a bit of confusion was the financial abuse option around taking out loans and credit cards in your partner's name without their permission. 112 (84%) recognised this as potentially abusive, 10 (8%) did not and 11 (8%) didn't know.

When asked about who experiences domestic abuse, all respondents agreed that men can be victims as well as women and all but one agreed that domestic abuse is not restricted to low-income households and that domestic abuse occurs in same-sex relationships (2 didn't know). Surprisingly, the statement "most victims are female" caused most disagreement amongst respondents despite clear and long-standing evidence that this is the case with only 56% (74 respondents) agreeing with the statement. Almost a quarter (35 respondents) disagreed and 22 (17%) didn't know.

When asked how far they agreed with a set of statements the majority of respondents said it was never ok for someone to hit or slap their partner even if provoked and that domestic abuse was never a private matter to be kept "behind closed doors" (90% and 95% respectively). However, only 33% (43 respondents) agreed that perpetrators always make a conscious choice to abuse their partners.

Unexpectedly, 78% percent of respondents were either very confident or confident that they could recognise the signs of coercive behaviour, whilst 83% were very confident or confident that they could recognise controlling behaviour. No respondents were not at all confident of recognising either behaviour. This perhaps illustrates a degree of over confidence considering how insidious and incremental these behaviours are.

Almost all respondents thought there was a problem with domestic abuse in Hartlepool with 61% (80 respondents) thinking there was a very big problem (Chart 22). Also, almost one third of respondents thought that the problem was getting worse (Chart 23). Reasons given for this in the comments include:

- Austerity/poverty
- Cuts to funding for services
- Increase in all types of violence in the town
- Drug/alcohol dependency
- Multi-generational DV (i.e. the children of DV families becoming victims/perpetrators themselves)

Chart 22

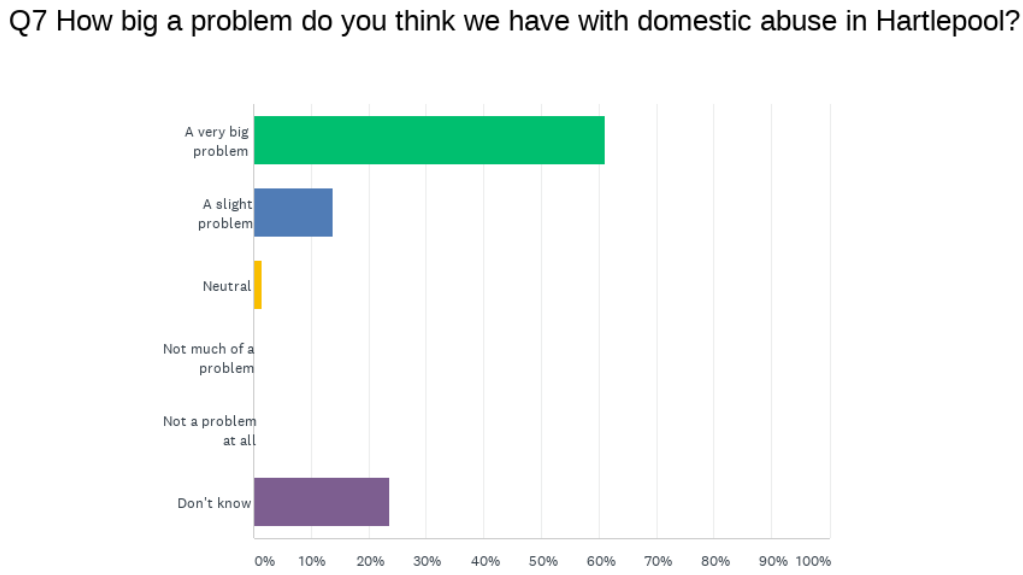
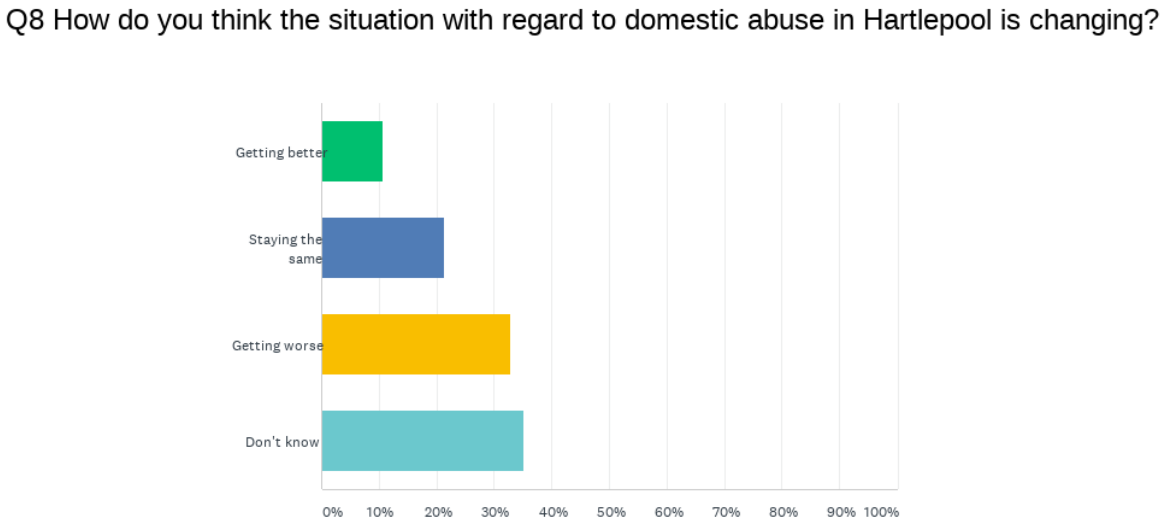


Chart 23



Professionals Round Table Consultation Exercise 2019

Due to the Covid-19 pandemic it has not been possible to organise a professionals consultation event, however one was carried out for the last needs assessment in 2019 and many of the issues raised then will still be valid therefore a brief overview of the consultation is included in this report.

The consultation involved a series of “round-table” workshop events with local domestic abuse practitioners from a range of agencies, including the police, various council teams, schools, social housing associations and domestic abuse service providers.

One of the key issues raised was around the value of education about healthy relationships, particularly the suggestion that this should be started much earlier, even at nursery level. Since then, the government has introduced new guidance for schools on the teaching of sex and relationships education. The recent calls for an inquiry into claims of sexual abuse between pupils posted on the Everyone's Invited website[44] shows that healthy and unhealthy relationships for young people continues to be a timely issue. Some of the professionals also highlighted the role of schools in providing targeted support through trusted adults and being a safe place for young people to talk. Others highlighted issues around Operation Encompass and queried whether the scheme had become less effective. Other comments focussed on the important role played by social media, both in raising awareness but also as a means by which abuse is perpetrated.

The professionals also raised the value of information sharing between agencies and that domestic abuse was taken more seriously now. However, some questioned the commitment from some agencies and highlighted examples of difficulties in inter-agency working particularly when effectiveness is based on operational-level relationships rather than strategic processes – as these relationships can be jeopardised if staff move on or take sick leave. Some said that while they knew their own services well they weren't always confident about what other services provide and how they operate: clear guidance or information about other domestic abuse (e.g. a directory of services) would be useful.

A number of professionals said that victim confidence in, and satisfaction with, services was high; however, more needed to be done to consider cumulative risk and support victims who were not classed as high risk to prevent abuse escalating. Several said that more support was needed at Early Help level and some commented on the need to break down barriers to make services accessible to all.

In terms of effectiveness, the professionals raised concerns that outcomes were often achieved based on the goodwill of individual staff who went "the extra mile" for clients rather than on robust procedures and that this was a risky approach to take. Others highlighted that little evaluation was carried out to see how effective services actually were; with some attendees pointing to high numbers of repeat clients as suggesting that effectiveness in some areas was low. Many highlighted positive examples of victim-centred support and said that allowing victims to take the lead in decision making was where domestic abuse support is most effective.

Asked what would help to tackle domestic abuse more effectively the professionals offered the following:

- Domestic abuse aims and objectives should be embedded across all partner agencies' strategies and policies
- Clarity around pathways for victims and perpetrators
- Training for professionals around
    - Triggers
    - Signs
    - Prevention

[44] https://www.everyonesinvited.uk/

    - Sign posting
- Real commitment from partner agencies, not just the minimum to meet statutory requirements (the attendees pointed to the non-attendance / low involvement of several key agencies at the consultation event and at strategic group meetings e.g. the Safer Hartlepool Partnership)
- Evaluation of services and approaches – what works

Survivors Consultation

Whilst a number of the respondents to the public consultation held in 2019 were survivors of domestic abuse and some client satisfaction data has been obtained from the Harbour and Safe Lives reports, the lack of any direct consultation with survivors (including child survivors) remains a gap in the research. As Coronavirus restrictions continue to be eased and following the launch of the Council's new online digital consultation platform (due June 2021) consideration should be given as to how this can be achieved going forward.

Tees Valley Domestic Abuse Survey

From August until mid-September 2021, Middlesbrough Council ran a Domestic Abuse Service User survey. The survey was promoted to residents of all 5 Tees Valley local authority areas and 114 responses were received from service users across the Tees Valley. All but 6 of the respondents were either currently, or had been previously, in an abusive relationship.

It is important to note that many of the responses and comments from the participants relate to historical experiences of services and as such may not entirely reflect current provision. A number of respondents comment that their poor experience of services in the past has put them off from seeking help more recently. This is important because the specialist services available today are more inclusive and comprehensive than in past decades so this may represent a barrier to those suffering long term abuse who need support now. It may also suggest that some of the areas where services could be improved have been issues for a long time.

The survey shows that the majority of respondents had experienced the abuse for a considerable period of time (see Chart 24 below). Forty-five percent of respondents had experienced abuse in the past 5 years and a number of respondents had experienced more than one period of abuse as shown by the fact that the number of answers to the question exceeds the total number of respondents.

Chart 24

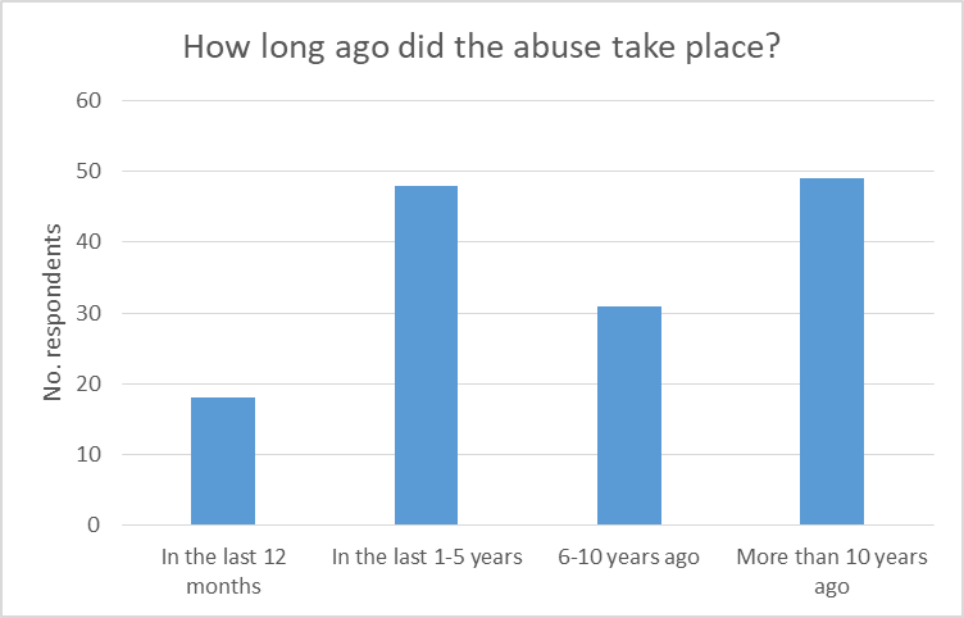
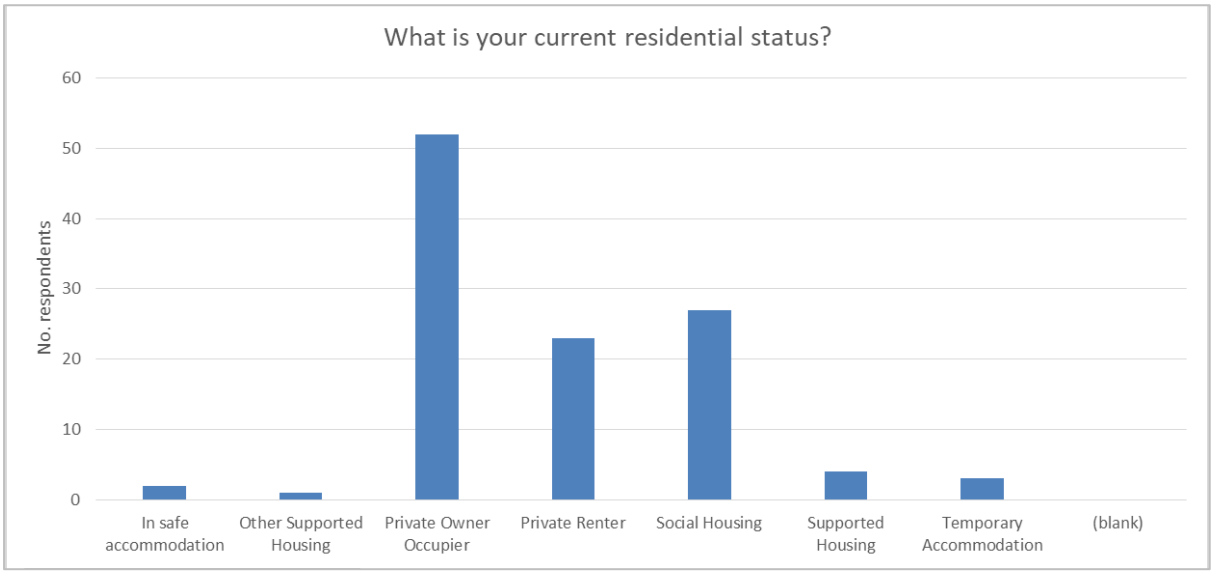


Chart 25 below, shows that almost half (46%) of respondents to the survey were owner occupiers; with social housing and private renters making up another 45% of respondents. This matches the tenure of Hartlepool residents as shown in the last census (Chart 18, page 41) where the majority of households were owner occupiers. However, as shown above, only 4% of referrals to Harbour were from owner occupiers. This again illustrates the additional difficulties faced by owner occupiers in breaking free from an abusive relationship.

Chart 25



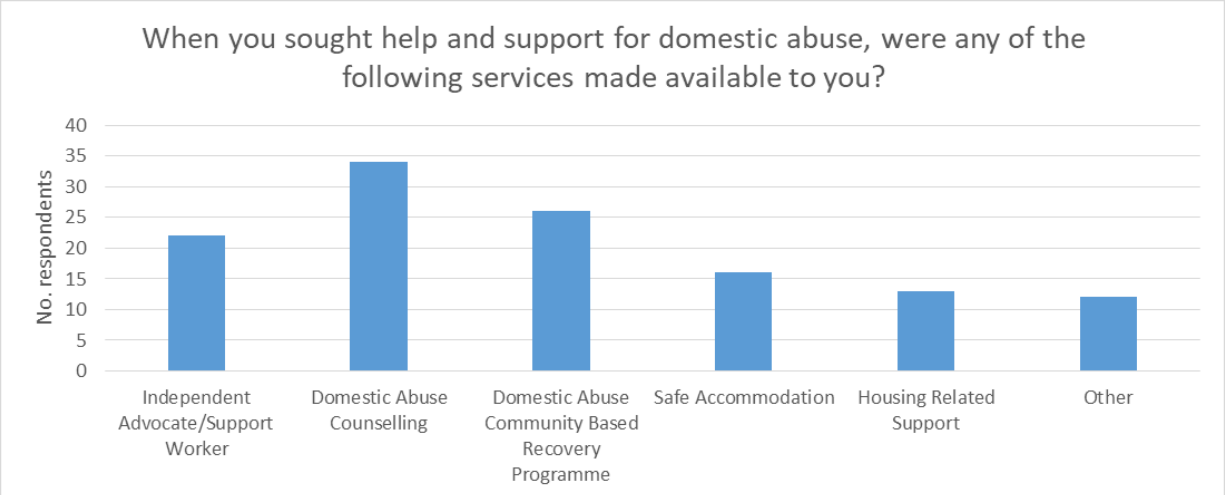
The survey also shows that the majority of respondents did not move out of their local authority area to escape the abuse (Chart 26 below); possibly because of the difficulty in leaving local support networks behind. Of those that did move out of their area, most moved further afield than to another Tees Valley local authority. This makes sense, as to

remain within the Tees Valley area would increase the chances of the perpetrator being able to track down the victim. It also suggests that in considering demand for out of area requests received here in Hartlepool, these are most likely to be from victims from outside the Tees Valley area.

Chart 26

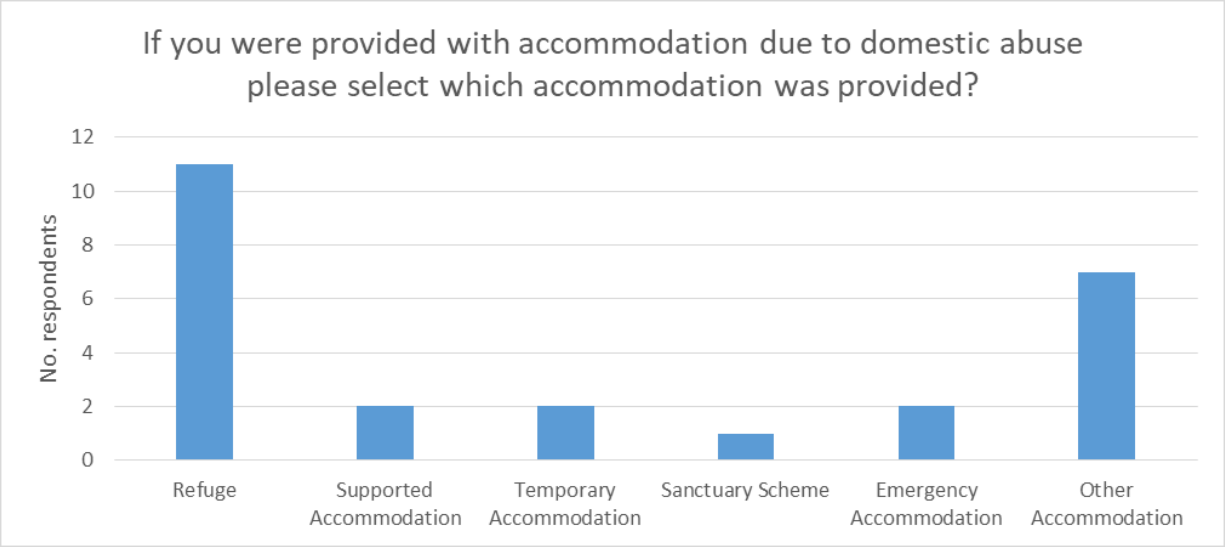
Respondents were also asked what support they had been offered when they sought help (Chart 27). The most commonly offered options were independent advocacy services, counselling and community support services. Only one quarter of respondents were offered safe accommodation – although this could be for a number of reasons including lack of spaces in refuge and personal preference to remain at home.

Chart 27



Of those who were offered safe accommodation, in most cases this was in refuge as shown in the Chart below. Of the 7 respondents who selected “other accommodation” this included staying at home, living with family, sofa surfing and housing association accommodation.

Chart 28

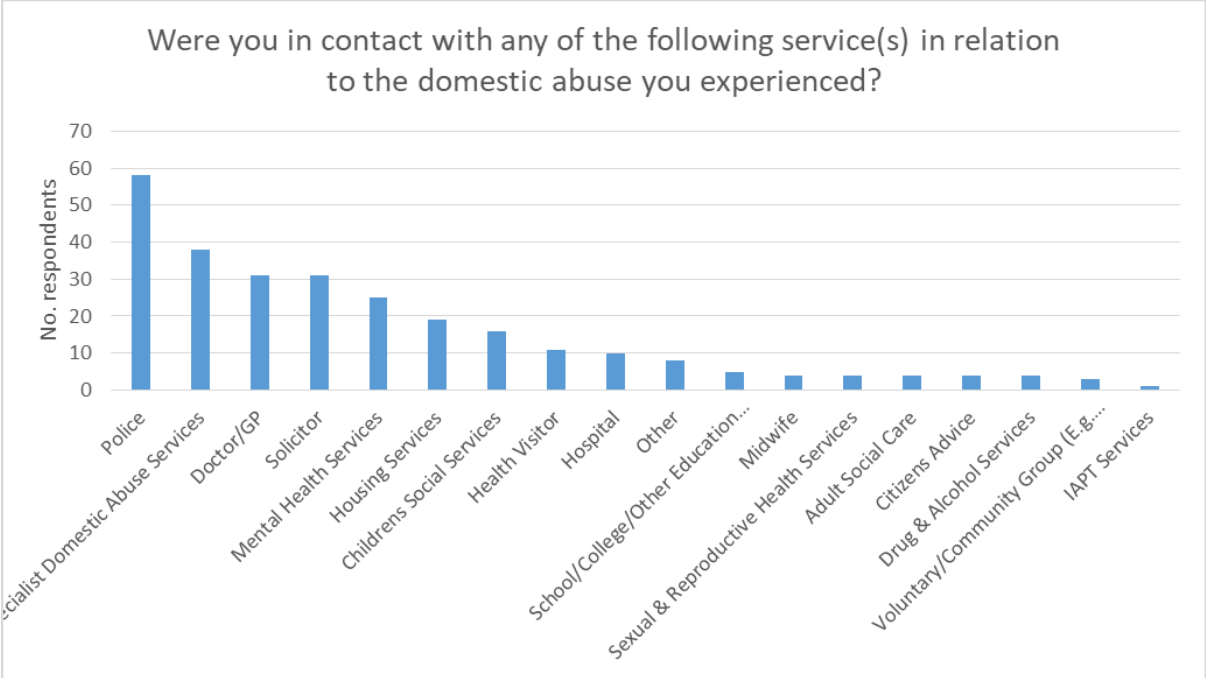


Of those who said that they were not offered safe accommodation or it was refused, comments included:

- Not enough spaces in safe accommodation
- Lack of financial / housing support for people who work
- High cost of temporary / private rented accommodation
- Didn't seek help as didn't know how
- Support from services such as Harbour and Thirteen which enabled the victim to stay in their own home
- Refuge accommodation offered was too far away / too expensive
- Had autistic / older children so refuge not an option
- Abuser lives out of area so deemed "low risk"
- Home owner did not want to give up their home for rented accommodation
- Victim told they were "intentionally homeless" so help not made available

When asked about contact with services, over half of respondents (57%) had been in contact with the police, specialist domestic abuse services, a doctor/GP and/or a solicitor (Chart 29 below). Additionally, 86 respondents (31%) had been in contact with one or more health services. Unfortunately it is not possible to see how recent these contacts had been.

Chart 29



Respondents were also asked what had prevented them from accessing domestic abuse services. Comments received included:

- No services available for male victims / assumption that services were women-only
- Not being offered services and not knowing what was available
- Negative feelings including fear of what the perpetrator would do and humiliation/not wanting others to know they were experiencing abuse
- Not realising what they had experienced was domestic abuse until after the relationship had ended
- Thinking that help was only available where there was violence e.g. no support for financial abuse or coercive control

Respondents were also asked if there were any services they would have found helpful which were not available. Comments received included:

- Do more to get the abuser out of the home and to keep them away
- Support for people who are in work who cannot easily flee the local area and who cannot afford refuge accommodation because they don't qualify for financial support
- More guidance for teenage girls on safe relationships and what is abuse
- More legal support e.g. through the criminal justice system, solicitors visiting refuges to talk about what support is available, etc.
- Services to have a better understanding of abusers using child contact arrangements to control their victim
- Services to have a better understanding of and support offer for victims of financial abuse
- More services and awareness raising for male and LGBT+ victims
- More training for staff
- More support for victims to remain in their own home
- Emotional support and services keeping in touch with victims

When asked about the outcome of their experience of domestic abuse services and what could have worked better or helped more, comments included:

- Practical help with things like ending the tenancy, closing joint bank accounts, moving wages and grants for essential items such as furniture
- Social workers to link in with support workers at the refuge
- Lots of people involved but everything moves so slowly, takes a long time to get rehoused
- Services providing emotional support and listening without "asking a million questions"
- Keeping the IDVA they already had when moving into refuge
- Not closing cases due to non-response so quickly – one participant had their case closed for not responding but their phone was broken
- Waiting lists too long

Many respondents commented that they felt they had been left to "get on with it" on their own, however, a number felt that their experience of involvement with services had been positive. One participant commented that they had attempted to access support 10 years ago and it had been "awful" but had recently contacted services again and been offered support from an IDVA and counselling – "in comparison to 10 years ago it has improved 10 folds".

Everyone's Business: Improving the Police Response to Domestic Abuse[45]

Clearly the police have a key role to play in bringing perpetrators of domestic abuse to justice and in supporting victims/survivors, however a report published by HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services) in 2013 found a number of important improvements in the way police forces approach domestic abuse cases.

The report published the findings of the HMICFRS investigation which looked at all 43 Home Office funded police forces in England and Wales. The researchers also spoke to 70 victims of domestic abuse via focus groups and one-to-one interviews, as well as surveying over 500 victims online. The researchers were assisted by public protection experts from more than 15 forces and those working with victims of domestic abuse in voluntary and community sector organisations. Note that this report relates to findings from all 43 police forces and is therefore not a specific comment on the performance of Cleveland Police.

The main finding of the report was that, despite considerable improvements in the service over the past decade and the commitment and dedication of many able officers and staff, weaknesses in the police response are putting victims at unnecessary risk; and, even though

[45] HMICFRS *Everyone's Business: Improving the Police Response to Domestic Abuse* (2014) https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf

all forces and police and crime commissioners stated that domestic abuse was a priority, it often remained a "poor relation" behind acquisitive crime and serious and organised crime.

The factors that contribute to this in many forces are:

- Lack of visible leadership and clear direction set by senior officers;
- Alarming and unacceptable weaknesses in some core policing activity, in particular the collection of evidence by officers at the scene of domestic abuse incidents;
- Poor management and supervision that fails to reinforce the right behaviours, attitudes and actions of officers;
- Failure to prioritise action that will tackle domestic abuse when setting the priorities for the day-to-day activity of frontline officers and assigning their work;
- Officers lacking the skills and knowledge necessary to engage confidently and competently with victims of domestic abuse;
- Extremely limited systematic feedback from victims about their experience of the police response

The researchers found a large number of committed officers working in domestic abuse specialist units, but in many forces there are significant weaknesses in how forces keep victims safe and support them through the criminal justice process. These include:

- Unnecessary duplication of risk assessments, delays in allocating cases and confusion across the police force about who is responsible for supporting the victims;
- Uncertainty amongst officers and staff within forces about who is responsible for what element of victim care and the investigation;
- Assessment of risk based solely on an unverified rigid tick-box approach rather than professional judgment and the weighing of different factors by experts and specialists;
- Limited systematic approaches to re-assessing risk at known trigger points, for example when the perpetrator is released from police custody;
- Reviewing standard and medium risk cases following a pattern of repeat incidents, but where the number of incidents that have to occur before a review is triggered is unacceptably high. Even more concerning is where forces have no policy of review after repeat incidents;
- Risky gaps in the capability and capacity of specialist domestic abuse units which may be under-resourced and overwhelmed. This is often due to high levels of vacancies (in some cases due to stress), unsustainable workloads, limited or no additional training, and lack of effective support and supervision.

As a result of these weaknesses, victims who have not been correctly identified as high risk are in danger of not being offered the appropriate safeguarding services.

The researchers also identified some practices that are of considerable concern:

- The imposing of quotas by some forces on the number of cases assessed as high risk based on the number of cases a MARAC, or a specialist unit, can manage, rather than on the actual level of risk to the victim
- Failure by many forces to use similar disruption tactics against the most harmful and prolific domestic abuse perpetrators that they have used successfully against organised crime groups

- Insufficient evidence that learning from domestic homicide reviews is being implemented to improve police practice
- A small number of forces are continuing to use restorative justice approaches to "resolve" domestic abuse assaults and incidents involving intimate partners, despite the national policing lead confirming this to be inappropriate

Police and CPS Response to Stalking and Harassment

A joint investigation by HMICFRS and HMCPSI (Her Majesty's Crown Prosecution Service Inspectorate) looked at how the police and the Crown Prosecution Service tackle crimes of harassment and stalking[46]. The report found that victims of harassment and stalking crimes are often vulnerable and have frequently suffered the actions of perpetrators over a long period of time. Many are survivors of domestic abuse, who leave coercive and controlling relationships only to become the victims of an extension of this behaviour by way of harassment and stalking.

The report highlights how on too many occasions the police failed to take robust action to protect victims. When police officers did conduct an investigation, the report found:

- Perpetrators being asked to attend voluntary interviews rather than being arrested and therefore no bail conditions being imposed to protect the victim;
- Police not charging but instead using postal requisition to summons perpetrators (a means by which offenders can be summonsed to court without entering police custody, thereby removing the opportunity to impose bail conditions to protect the victim);
- Police failing to assess the need to protect victims by way of special measures during the court process;
- Police failing to request a restraining order on conviction or acquittal

The report also found that some prosecutors did not always protect victims by:

- Seeking bail conditions or remands in custody, or appealing when an application for a remand in custody was refused;
- Communicating with the police when important evidence was missing from files;
- Applying for restraining orders on conviction or acquittal

The combined effect of these failures was to leave victims vulnerable to repeat victimisation and serious harm, either during the criminal justice process itself or afterwards.

Additionally, news article in the Independent[47] on 6th February 2021 looks at how the Family Courts are putting survivors that have fled to refuge (and refuge staff) at risk of stalking, harassment and ongoing abuse by revealing the secret addresses of refuge in court papers

[46] HMICFRS & HMCPSI *Living in Fear: the Police and Crown Prosecution Service Response to Harassment and Stalking* (2017) https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/living-in-fear-the-police-and-cps-response-to-harassment-and-stalking.pdf

[47] Maya Oppenheim, The Independent *Domestic abuse victims stalked as family courts share refuge addresses with ex-partners, commissioner warns* (2021) https://www.independent.co.uk/news/uk/home-news/family-courts-domestic-abuse-refuges-location-shared-b1798154.html

passed to the perpetrator, despite having discretion to not reveal this information. In some cases the names of individual members of refuge staff had also been published.

Domestic Homicide Reviews Case Analysis[48]

Standing Together published a case analysis of domestic homicide reviews in 2016. The report examined 24 domestic homicide reviews which took place between 2012 and 2015 and found that broadly, much of the findings fall into two categories. Firstly, there are findings which could be characterised as implementation gaps. They are failures or missed opportunities where we understand the best practice but fail to implement it. In other areas such as mental health, adult child-to-family abuse, adult safeguarding practice and issues such as support for carers, more work is required to establish better, safer and more appropriate ways of working.

The second category shows that much of these findings are underpinned by a lack of fundamental understanding of coercive control, a lack of focus on the perpetrator and the need for more professional curiosity in thinking beyond basic policy and procedure.

The report also notes that there is a significant dearth in research around adult family violence (AFV) as opposed to a more established body of evidence around best practice in the context of intimate partner violence (IPV).

In terms of risk, the review identified that risks are not being identified and therefore not addressed effectively. For example, the police had taken steps to address risk in only one third of the homicide cases covered by the review. There was also a lack of understanding around the risks of non-physical coercive controlling behaviours which has meant that some domestic abuse cases that were assessed as medium/standard risk remained below the radar of services and threshold for intervention.

The report also highlights that risk identification, assessment and management is often one-sided and is almost exclusively used with survivors. The presence of some of the risk factors, or their frequency / severity, may only be known by talking to a perpetrator directly.

There is an important distinction to be made between risk identification and risk assessment. While risk identification involves knowledge and use of the checklist and identification of risk factors, risk assessment requires more in-depth knowledge and is an on-going, sustained process. Additionally, when assessing risk, practitioners need to move away from stereotypical understandings of domestic abuse as isolated incidents of physical violence. Awareness of the inherent high-risk posed by coercive controlling behaviours that are not physical or sexual – such as harassment and jealous surveillance – is paramount. Professionals should also keep in mind that the victim's perception of danger is crucial in assessing potential lethality.

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[48] Standing Together *Domestic Homicide Reviews: Case Analysis* (2016) https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efb6ce1d305a44006cb5ab9/1593535715616/STADV_DHR_Report_Final.pdf

As well as the role of formal agencies, the report also identifies that as many victims will confide in family or friends before making contact with an agency, professionals should bear in mind that these informal networks may hold vital information around the level of risk faced by the victim.

The report also highlights the crucial role of GPs as being well placed to identify both victims and perpetrators through connected health needs including, amongst other things, injury, depression and substance misuse. However, just over half (13 out of 24) of the domestic homicide reports note that the GP missed opportunities to ask the victim about IPV. Most frequently was observed a lack of professional curiosity about relationships with partners/children's fathers. Additionally, in a quarter (6/24) of the DHR reports missed opportunities for GPs to enquire about IPV with perpetrators are noted. 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.

The theme of mental health and domestic abuse is explored in the Hidden Victims section of this report; however, the review of domestic homicides found that mental health was recorded as the second most common health-related theme in the DHR reports (15 out of 24) and nearly two thirds (15 out of 24) of IPH victims had support needs related to their mental health. The same number of IPH perpetrators also had a history of mental health problems, with depression the most common mental health issue for both victim and perpetrator. The fact that victims with mental ill health face additional barriers to accessing services and also have additional needs and vulnerabilities[49] illustrates the increased risks they face.

The report notes that a direct causal relationship should not be assumed for the perpetrators' mental health problems and domestic homicide. It is however important to note that mental health services will likely come into contact with both victims and perpetrators.

When responding to complex needs, agencies tend to focus on addressing mental health and substance misuse while missing the opportunity to identify and risk assess for domestic abuse, potentially the underlying drive for both issues. Alcohol and mental health have emerged as areas of concern for both victim and perpetrator – this cluster of issues should be recognised as an alert for domestic abuse.

As with mental health issues, domestic abuse and older and disabled people is covered in the Hidden Victims section of this report; however, the domestic homicide review notes that over a quarter (7 out of 24) of domestic homicide victims in the cases reviewed were aged 58 and above. The Femicide Census notes that of the 149 women killed by men in the UK in 2018, 23 (15%) were aged over 66 when they were killed.[50]

[49] Safe Lives *Safe and Well: Mental Health and Domestic Abuse* (2019) https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf

[50]The Femicide Census: 2018 Findings (2020) https://www.endviolenceagainstwomen.org.uk/femicide-census-reveals-half-of-uk-women-killed-by-men-die-at-hands-of-partner-or-ex/

It is known that disabled people are more than twice as likely to experience domestic abuse as those without a disability and that this is often more severe and long lasting[51]. It is unsurprising, therefore, that a quarter (6 out of 24) of the domestic homicide cases involved an ex/current partner who was also the carer of the partner and in more than half of these cases the victim was disabled.

The report also looked at children's social care and found that child safeguarding issues emerged in over a third (9 out of 24) of domestic homicide cases. A range of professionals came into contact with the children and their mothers including health, education and police. Yet, consideration of the risks facing children was not always automatic in domestic abuse cases. Several reports highlight how the low threshold at which information is shared by the police is in contrast to the high threshold at which Children's Services will conduct a statutory safeguarding assessment. This tallies with the data received from the Children's Hub, which highlights the high numbers of referrals received from the police which do not meet the threshold for intervention by children's safeguarding services.

The report also notes that women experiencing abuse are often held accountable for safeguarding their children, while perpetrators remain invisible and are not challenged for their behaviour. At the same time, perpetrators of domestic abuse will often use statutory services to make false allegations about victims or will make counter allegations to dismiss the victim's account of the facts. This has resulted in victims being arrested and their children being removed.

In terms of adult family violence (AFV) domestic homicide cases, research shows that AFV is gendered. When parents are killed, it is typically by their sons. In this review all perpetrators were male and the highest number of cases involved sons killing their mothers. The report also notes that there is a gap in research on effective risk identification and assessment tools in the context of adult family violence. Although the DASH RIC[52] tool is often used with AFV cases, this was developed from intimate partner violence research and some risk factors are not relevant to AFV (such as coercive controlling behaviours and abuse over child contact).

Mental health issues are a common feature of the majority of the perpetrators of AFV, including depression, self-harm, psychosis and paranoid schizophrenia. The most frequent risk factors for perpetrators of AFV, to emerge from the analysis of DHRs, are mental health issues, alcohol or substance misuse and previous criminality. Several review reports have also noted that perpetrators of AFV displayed patterns of threatening behaviour towards women and had also committed some other form of violence against women.

[51] Safe Lives *Disabled People and Domestic Abuse* https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf

[52] Domestic Abuse Stalking and Honour-Based Violence Risk Indicator Checklist

Domestic Homicide Reviews in Hartlepool

In Hartlepool, there have been three domestic homicide reviews carried out in recent years (2012, 2014 and 2019). As there are only three DHRs trend data cannot be identified, however, there are several factors which all three DHRs have in common.

In all three cases:

- The victim was female and the perpetrator the male partner / ex-partner
- The cause of death was stabbing
- Alcohol use / misuse
- History of violence
- Ending the relationship – it is at the point of leaving an abusive relationship that victims are at the highest risk of homicide[53]. This featured in two of the three reviews and in one case a matter of days and the other a matter of months was the timescale between ending the relationship and the homicide.

Eight Stage Relationship Progression to Homicide

Recently published research[54] looked at 372 cases where women had been killed by men on the Counting Dead Women website[55] and found an eight-stage pattern was evident in the killings. The paper highlights research that suggests that domestic abuse characterised by patterns of coercive control and / or stalking is more likely to end in homicide; and centres on the notion that intimate partner femicide is part of an identifiable process motivated by control, rather than a response to an incident or a case of habitual violence being taken "a step too far".

The study found that where there is a pre-relationship history of stalking or abuse by the perpetrator and the romance had developed quickly into a serious relationship, there was a much higher likelihood that any attempts at separation will be met with significant resistance; and that if the relationship had become dominated by coercive control then separation will be very difficult or even dangerous.

It also identified that a trigger to threaten the perpetrator's control and an escalation in their control tactics were the clearest indicators for the potential for homicide. However, this was not inevitable and interventions at this stage can be particularly effective to reduce feelings of entitlement to kill the victim.

[53] Refuge https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/barriers-to-leaving/

[54] Monckton-Smith, Jane (2020) *Intimate Partner Femicide: using Foucauldian analysis to track an eight stage relationship progression to homicide* Violence Against Women Journal, 26 (11) http://eprints.glos.ac.uk/6896/1/6896%20Monckton-Smith%20%282019%29%20Intimate%20Partner%20Femicide%20using%20Foucauldian.....pdf

[55] Karen Ingala Smith https://kareningalasmith.com/counting-dead-women/

College of Policing: The Impact of Domestic Violence Perpetrator Programmes on Victim and Criminal Justice Outcomes

The College of Policing's What Works Centre carried out a systematic review of reviews of research evidence into the effectiveness of perpetrator programmes[56]. The review of reviews found that the evidence relating to domestic violence perpetrator programmes was inconclusive in terms of whether they were effective or not. There was evidence however, to suggest that programmes that paid attention to a person's readiness and motivation to change had some positive effects.

The report highlights that evaluations of perpetrator programmes typically focus on one outcome measure, i.e. a reduction in officially recorded offending, without fully considering the relationship between the mechanism of change and the resultant impact on behaviour. The report found that where reviews included victim-reported recidivism as well as just the officially reported recidivism as a measure, many of the officially reported effects of the programmes was cancelled out.

The report also explores the impact of court-mandated programmes compared to self-referral programmes and notes that without the external pressure exerted by the criminal justice system, many perpetrators of domestic violence may not feel the need to seek treatment.

The report also found that the legal pressure to attend court-mandated substance and alcohol misuse programmes was an effective strategy for reducing attrition and increasing compliance with the programme was more effective than for people who self-referred. Those court-mandated to attend were also more likely to complete the programme than self-referrers. On the other hand, for domestic violence perpetrators, results have been mixed, with one study finding that court-mandated perpetrators were just as likely to drop out of the programme as those who had self-referred, and other studies finding court mandated domestic violence perpetrators were more likely to complete the programmes.

One of the reviews looked at in the study found a small but significant difference for programmes which included a motivational element compared to a control group. While the differences were small, the findings were consistent: more treatment engagement was associated with consistently greater assumption of responsibility and motivation to change.

Other factors looked at included:

- The methodology behind the programme (e.g. pro-feminist, cognitive behaviour therapy, etc.)
- The person delivering the programme (e.g. police officer, social worker, women's charity, etc.)
- Setting where the programme was delivered (in the community or in a criminal justice setting)

[56] College of Policing *The impact of domestic violence perpetrator programmes on victim and criminal justice outcomes: a systematic review of reviews of research evidence* https://whatworks.college.police.uk/Research/Systematic_Review_Series/Pages/DA_perp_prog.aspx

- Duration and intensity of the programme

However, little evidence was found for any of these factors affecting the effectiveness of the programmes reviewed.

In Hartlepool the perpetrator programme is run by Harbour through their Domestic Abuse Prevention Service (DAPS). It would be useful to carry out some evaluation of the DAPS programme using victim reported feedback, community intelligence and police data to try and understand the impact on perpetrator recidivism, including victim-reported incidence, following the programme.

Public Health Approaches to Family Violence[57]

A report published by the Local Government Association in 2018 reviews the public health approach to reducing violence and what this tells us about violence, alongside which public health interventions are most promising in reducing it.

The interventions cited as best practice include:

- Interventions aimed at supporting parents and families
- Developing life skills in children and young people
- Working with high risk youths and gang/community interventions
- Identification, care and support
- Multi-component interventions

When considering public health approaches and the implementation of interventions to reduce violence, the report recommends the following framework:

- Surveillance: what's the problem?
    - Define the issue by conducting a thorough needs assessment
- Identify risk and protective characteristics? What are the causes?
    - Take an evidence-led approach to understand the risk factors and their interplay (risk factors may not always be causes)
- Develop and identify interventions. What works for whom?
    - Develop an anti-violence or reducing violence strategy
    - Commission and fund evidence-based interventions that have been shown to reduce violence
    - Don't be afraid to innovate
- Implementation. Scaling up effective programmes and interventions
    - Implement interventions ensuring that fidelity is maintained in line with what has been demonstrated to work
    - The implementation of interventions takes time to embed in practice and to achieve outcomes
- Evaluate and monitor the success of public health interventions

[57] Local Government Association Report – Public Health Approaches to Reducing Violence (2018) https://www.local.gov.uk/sites/default/files/documents/15.32%20-%20Reducing%20family%20violence_04_WEB.pdf

The Public Health Approach in Hartlepool

In 2019 Hartlepool Council began investigating how a public health approach to violence might be used to address high levels of violence in the town; not just domestic violence but also violence linked to alcohol abuse and serious and organised crime (most particularly the dealing of drugs).

A summit was held at Hartlepool College on February 14th 2020 involving local partners including the Police and Crime Commissioner, NHS staff and anti-violence charities; however the Covid-19 pandemic response has since overtaken events and led to the re-prioritisation of health and council resources. This remains on the agenda however, and it is hoped that work on adopting a public health approach to violence can be restarted in Hartlepool before too long.

The Coordinated Community Response Model

Coordinated Community Response (CCR) programmes engage the entire community in efforts to develop a common understanding of violence against women and to change social norms and attitudes that contribute to violence against women. Law enforcement, civil society, health care providers, child protection services, educators, local businesses, the media, employers, and faith leaders should be involved in a coordinated community response[58].

Coordinated community response programmes work to create a network of support for victims and their families that is both available and accessible. They also use the full extent of the community's legal system to protect victims, hold perpetrators accountable, and reinforce the community's intolerance of violence against women. In the UK, the CCR model was pioneered by Standing Together and comprises 12 components with the aim of shifting the responsibility for safety away from individual survivors and onto the community and services existing to support them. Refreshed guidance for local partnerships[59] was published in 2020 and a summary of the findings from the review of the CCR model is included at Appendix B.

[58] UN Women: Virtual Knowledge Centre to End Violence Against Women and Girls *What Is A Coordinated Community Response To Violence Against Women? (2010)* https://www.endvawnow.org/en/articles/127-what-is-a-coordinated-community-response-to-violence-against-women.html

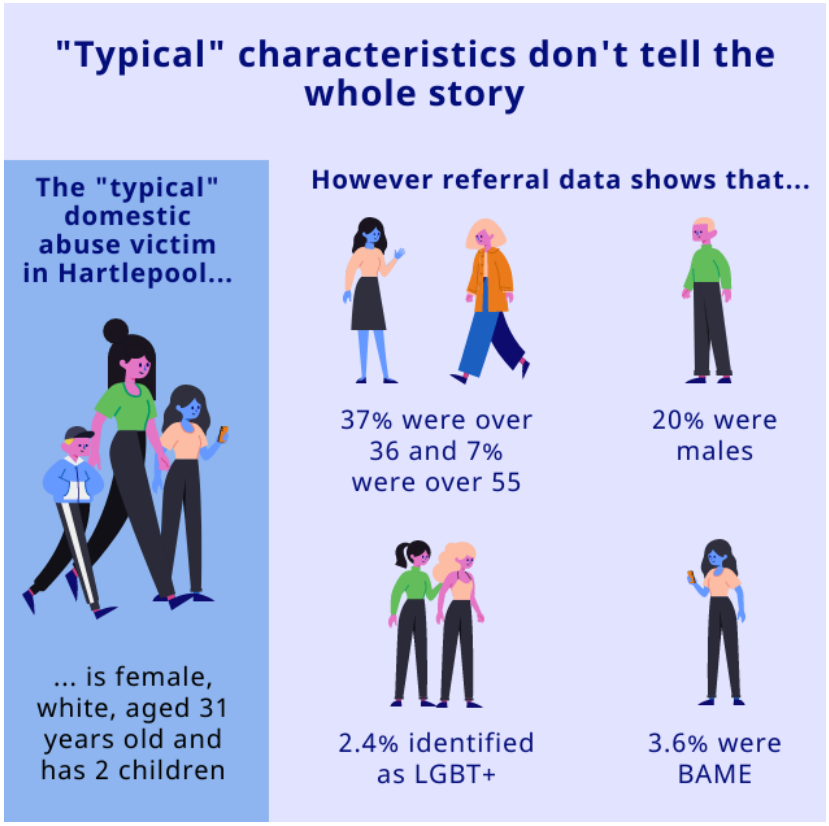
[59] Standing Together *In Search of Excellence: A Refreshed Guide to Effective Domestic Abuse Partnership Work (Executive Summary)* (2020) https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5fbe97af3485235c869f643f/1606326196536/In+Search+of+Excellence+Executive+Summary.pdf

Section 9: Conclusion

Victims

Analysis of local client data from Safe Lives[60] identifies that a "typical" domestic abuse victim in Hartlepool is white, female, aged 31 years old and has 2 children. She is being abused by her partner or ex-partner and has suffered the abuse for around 3 years before seeking help. She is most likely to be suffering from jealous and controlling behaviour and / or physical abuse. When she does seek help from services, she is likely to have additional needs such as mental health, housing and / or parenting support.

However, this portrait of a "typical" victim does not tell the whole story. Harbour referral data shows that in 2020/21 over two thirds of referrals (37%) were for people 36 or over and 7% were for people aged 55 or over (although this includes those who did not go on to become clients). This data also shows that 20% of referrals were for males and 2.4% of referrals were for people who identified as LGBT+. Harbour received 3.6% of referrals for BAME clients, whilst Halo client data shows that they had 34 BAME clients from Hartlepool since 2018/19.



As outlined above in the gap assessment section, there are difficulties in comparing local referral and client data against prevalence rates calculated at national level; however, it is clear to see that the demographic of those needing support for domestic abuse in Hartlepool is more diverse than the "typical" service user would suggest.

[60] Safe Lives *Insights Report for Harbour Hartlepool: 12 Months to October 2020*

Additionally, comparison of Harbour referral data against Safe Lives recorded client data to see who goes from the referral stage to becoming a client shows that while the proportion of LGBT+ referrals who become clients is around the same, there is considerable drop off for both disabled referrals (from 14% to 6%) and male referrals (from 20% to 9%)[61].

Furthermore, whilst client-reported satisfaction with support services when they complete support is very high, consideration must also be given to the high rate of repeat referrals to support services. Whilst services cannot "fix" people and there will always be a degree of repeat victimisation; 41% of female and 29% of male victims in 2019/20 reported multiple domestic abuse incidents to the police. The Safe Lives client data also shows that 42% of support service clients during the same period were repeat referrals. It would be useful, therefore to conduct some further evaluation of the outcomes of these services, particularly at a further point after exiting the service to understand how and why people are being re-victimised.

Perpetrators

Analysis of local police data identifies that 96% of domestic abuse perpetrators in Hartlepool were males predominantly aged between 21 and 36 years. Repeat offending is also evident with 55 males charged with 2 or more offences during 2019/20.

Harbour referral data shows a 40% increase in referrals to its Domestic Abuse Prevention Service (DAPS) in 2020/21 compared to 2019/20, with the majority of referrals being made either by Children's Safeguarding services (47%) or self-referrals (25%). The data also shows that 67% of perpetrators referred to the DAPS service were parents, with an average of 1.4 children each. Of the children associated with DAPS clients, 28% were subject to Child Protection measures, 17% were subject to Child in Need measures and 1% were Looked After Children. With so many perpetrator referrals being involved with or coming directly from children's safeguarding services, consideration must be given to the motivation that perpetrators have when accessing this service, particularly the self-referrals to understand whether there is genuine desire to change or whether it is simply to comply with child access / child protection requirements. Further investigation and intelligence gathering with police and children's social services would be helpful to understand this more; as would evaluation of the outcomes of the DAPS service. Such evaluation should be sure to include feedback from victims as to the improvement or otherwise of perpetrators' behaviour as well as looking at recorded offending.

The low number of referrals to the DAPS programme from the criminal justice system (police, courts and probation) should also be considered on the basis that many forms of domestic abuse constitute criminal offences. Is this due to a lack of awareness of the programme or is the local criminal justice system not using this tool to challenge perpetrator behaviour?

Local community intelligence suggests that an increasing number of perpetrators are also presenting to services as victims despite a known history of offending. Further investigation to understand this trend is being undertaken by the new Police and Crime Commissioner.

[61] Though this comes with the caveat that the Harbour data is from April 2020 to March 2021 whereas the Safe Lives data is from October 2019 to September 2020.

Furthermore, a lack of demographic information on perpetrators other than gender and age means that it is impossible to identify any issues related to ethnicity, cultural background or LGBT+ identity and prevention services geared up for white, heterosexual males may not always be appropriate for all perpetrators.

Safe Lives note that whilst women experiencing abuse are often held accountable for safeguarding their children; perpetrators often remain invisible and are not challenged for this behaviour. This is a point also picked up by the HMICFRS reports into the police and CPS handling of domestic abuse cases which identified that police were often failing to use their full powers to take robust action to disrupt and challenge perpetrators.

It would be useful to carry out some further profiling of local perpetrators to gain a deeper understanding of their behavioural characteristics and methods of operation, perhaps in a similar fashion to that done to identify organised crime group members which could then be used to devise successful disruption tactics like those used against organised crime groups.

Provision

The Domestic Abuse Act 2021 places a statutory duty on local authorities to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. Existing provision comprises a 6-bed refuge and 4 dispersed properties in Hartlepool managed by Harbour, whilst BAME victims have accesses to a specialist BAME refuge in Stockton managed by Halo (note that funding for this specialist provision ended in March 2021 leaving a gap in provision for BAME victims with complex needs in Hartlepool). Harbour offer safe accommodation across the north east so clients may also be placed out of area if accommodation is available in another area and there are no places available locally depending on availability and urgency of need.

The number of referrals received by Harbour for refuge accommodation (430 in 2020/21) and the number of recorded victims in Hartlepool (1,495 recorded on police data for 2019/20) show that there is a high demand for accommodation, even without expanding the service reach to hard-to-reach and hidden victims. This is the challenge for commissioners and service providers to decide how best to triage this demand to identify those with the highest need.

Furthermore, research by Safe Lives shows that due to a lack of safe accommodation nationally, many victims experience a stark choice between returning to their abuser or becoming homeless; and even for those who do manage to obtain a refuge space, many face going into further temporary accommodation when their stay in refuge has ended. It might, therefore, be useful to undertake a piece of research in Hartlepool to find out where clients go after their stay in supported accommodation, including how many of them return home (either to their abuser or to their property after the abuser has been removed), how many go into settled accommodation and how many go into further temporary accommodation. For those who go into further temporary accommodation finding out the reasons for this would also be helpful, i.e. whether it is to do with a lack of suitable accommodation or other issues such as substance misuse or persistent debt which may make finding settled accommodation difficult.

Data Quality

A serious hurdle to the evaluation of need in Hartlepool centres around the quality of data collected and how easy (or not) it is to access and interpret this data. This is an issue that has been identified in previous reports. Whilst some of the datasets were quite comprehensive and gave a great deal of information to work with, others were very much the opposite. Much of this has to do with why the agencies which hold the data collect it in the first place and what they use it for; so whilst it serves their purposes, for the purpose of a cross-agency needs analysis much of the data available was very poor. In some cases, services only recorded referrals and were unable to say how many were repeats and so struggled to identify how many actual individuals were represented in the data. Many did not record demographic data, which will be vital to be able to demonstrate that services are meeting the needs of diverse communities.

In many cases, the data available did not cover matching time periods. This has made it very difficult to compare datasets and identify trends with any degree of certainty. For example, the client data does not cover the same period as the referral data, making it hard to see if there is an issue with people dropping out of the system after referral but before being involved with services. Note has been made in the text to show the time period each data set refers to.

Additionally, some services were not able to provide any data at all or did not respond to requests, though this may have been a capacity issue due to the pandemic. Where data was provided, some agencies struggled to provide the contextual information that gives the numbers meaning. Again, it seems likely this relates to the way they collect and hold their own data and what they use it for, for example, both the Children's Hub and Adult Safeguarding teams keep all their contextual information in individual client case notes. Whilst this is ideal for social workers to access on a case-by-case basis, it would have meant trawling through thousands of individual case notes to identify contextual information such as how many times an individual has been open to that service and what other services they are also involved with, etc.

There is also a significant gap around health data. Whilst some Cardiff Model Data has been included in this report it only covers the period 2016-18 and attempts to obtain more recent data have proven unsuccessful. As well as this, those datasets which include the source of the referral show that health services all round are not referring victims in to support services, despite being well placed to encounter individuals in a safe and confidential setting. Only 3.7% of referrals to Harbour in 2020/21 were from health care settings, with mental health services and SARC (sexual abuse and rape crisis) making up the majority of this (35% and 37% respectively). GP practices only made 11 referrals to Harbour in the whole year, despite being on the front line of domestic abuse-related health issues such as depression, sexually transmitted infections and paediatric health complaints.

Risk assessments

Whilst this analysis has not specifically looked at the risk assessments being carried out for local domestic abuse victims, a thread running through much of the literature reviewed for this report has been issues around risk assessments and whether these are being used to their best advantage to keep victims safe.

The Safe Lives case analysis of domestic homicide reviews highlights the important distinction between risk *identification* and risk *assessment* and underlines that risk assessment requires in-depth knowledge and is an ongoing, sustained process. Risk levels fluctuate depending on a myriad of factors and can suddenly increase with dangerous consequences as highlighted in the eight stages of progression to homicide covered in the domestic homicide section of this report. This emphasises the importance of keeping the victim at the heart of developing risk assessments and managing risk, particularly in recognising the victim's perception of danger in assessing potential lethality. The report also notes a gap in research on the effective risk identification and assessment tools in an adult-family-violence context.

Consultation
Last, but by no means least, the lack of input from survivors and their children is a large gap in this analysis. Most of the areas suggested for further research in this section of the report suggest that we need to have more of an ongoing consultation with local survivors, not just at the point of crisis or by handing them a feedback form on exiting the service but meaningful engagement to understand their needs and barriers to accessing help. This is particularly important for those victims who are hard-to-reach or face additional hurdles. Recently, a lot of focus has been given to what can be done to help women feel safer on the streets in the light of the Sarah Everard case, however, this misses the point that women are most at risk of violence in their own homes. By talking to victims of domestic abuse (and not just women but all victims) at an early stage of service planning and continuing the conversation right through implementation and into comprehensive post-service evaluations we will better understand the current and un-met needs of domestic abuse victims in Hartlepool.

To this end the Domestic Abuse Act 2021 places a duty on local authorities to have a domestic abuse partnership board and states that this board must have at least one representative for domestic abuse victims and one for children of domestic abuse victims. Additionally, the Council has recently purchased an online consultation platform which can be used to provide a safe, accessible, Covid-secure place to have these conversations with survivors and professionals.

Suggestions for further research

Here is a summary of the areas which may benefit from further research from the conclusion section. It is understood that not all of these suggestions may be feasible given current capacity and the practicalities involved but this list can be used as a starting point for further conversations.

- Evaluation of the outcomes from domestic abuse services, particularly at a further point after exiting the service to understand how and why people are being re-victimised
- Research into where clients go when they leave supported accommodation to understand how many are able to return home safely, how many go into new

settled accommodation and how many go into further temporary accommodation and where this is the case, what the circumstances are

- Evaluation of the outcomes of the perpetrator programme, including feedback from victims (victim-reported recidivism) and offending data to understand the effectiveness of the programme
- Further investigation, perhaps in conjunction with the police and crime commissioner, using intelligence from police and children's safeguarding to understand why more perpetrators are presenting as victims to services
- Further analysis of police action taken locally to see if disruption tactics are being used effectively against perpetrators
- Undertake consultation with survivors and their children to understand their lived experience of abuse and their journey through services