

Sexual and Domestic Violence and Abuse Needs Assessment for Leicester, Leicestershire & Rutland 2017

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1. Executive summary

- 1.1 In March 2016 the Home Office published the Violence Against Women and Girls Strategy 2016-2020. This document sets out a vision of where the United Kingdom should be in relation to work on sexual and domestic violence within the next three years. In December 2016 the Home Office published three documents clarifying the expectation of local areas in relation to violence against women and girls. This needs assessment is a joint undertaking to baseline what is known in Leicester, Leicestershire & Rutland about sexual and domestic violence and abuse. Partners include the police, local authorities, health commissioners and providers, probation and community rehabilitation, voluntary and community sector.
- 1.2 This needs assessment has attempted to capture the learning from service users and operational and strategic staff. There are challenges in collecting information about sexual and domestic violence and abuse, and collating data generally across different systems and organisations. There are some gaps in the report that we would wish to fill but there is also a significant body of information relating to victim-survivors, children and young people and perpetrators, to inform the strategy for Leicester, Leicestershire & Rutland.
- 1.3 The prevalence of sexual and domestic violence remains high nationally. The self-reported elements of the Crime Survey for England and Wales are frequently used as the best indicator for prevalence and these surveys cap experience by both age and level of repeats. This rate would mean that 339,943 people *at least* in our combined area have been affected since age 16 by sexual or domestic violence and abuse. Many of these will be parents. In 2016-17, in Leicester, Leicestershire & Rutland approximately 13,000 crimes and incidents of sexual or domestic violence or abuse were received by the Police and over 11,000 by the central specialist sexual and domestic violence service provided by United Against Violence and Abuse (UAVA).
- 1.4 The volume of recorded domestic violence crime and sexual offences is increasing in our area, as it is nationally. On average, recorded domestic violence offences increased 17% and sexual violence 13%, each year in the last five years. In the context of the large rate of under-reporting, where only 37% people contact any official agencies¹ about their experience, this can be viewed positively. At the same time it creates significant challenges for the services receiving those reports and the services

¹ Official agencies or professionals: someone in a professional organisation (for example, police, health professionals or a local council department) or someone in another support organisation (for example, Victim Support or a helpline).

responding to the impact of those experiences. The identification of victims at high risk of homicide or serious injury is also increasing in our area. The increase is not uniform over Leicester, Leicestershire & Rutland, with Leicester recording a 43% increase in cases heard at a Multi-Agency Risk Assessment Conference in 2016-17 compared to the previous year, and Leicestershire cases reducing by 22% with no change in Rutland.

- 1.5 44% of all violent crime across Leicester, Leicestershire and Rutland is identified as related to domestic violence and abuse². Around a quarter of the single assessments completed by children's social care across the sub-region have domestic violence as a known factor for the parent/carer. Between 4 and 10% identified the issues as direct for the child/ young person. In the Leicester health and well-being survey of children and young people (10 to 15-year olds), 19% of respondents had experienced 'angry or jealous behaviour' from their partner when they wanted time with friends. Domestic violence and abuse already presents a significant issue for many local organisations and partnerships.
- 1.6 Repeat perpetration against multiple victims, and repeat incidents for multiple victims are significant issues in relation to domestic violence and abuse. The data collected for this report indicates that 143 victims experienced four or more incidents or crimes in the previous 12-month period, accounting for 734 crimes/incidents. 10 serial perpetrators accounted for 44 victims, again with numerous associated incidents of violence and abuse.
- 1.7 There are differences in reporting by location across the sub-region. Some areas have consistently higher levels of reporting to police per 10,000 of the population. Some areas have consistently lower levels of reporting, and others are experiencing significant year on year change in reporting levels. Further analysis needs to be undertaken to understand what, if anything, these areas have in common or distinct that contributes to the reporting patterns. We need to understand the areas but also the repeat levels and nature of reporting (for example victim reporting or neighbour) to assess the implications of this diversity and respond appropriately to what might be different needs. On the whole, compared to other policing areas (where we have the data), we currently have lower reporting levels overall and a lower number of cases referred to the Multi-Agency Risk Assessment Conferences (MARACs) per 10,000 population.

² Proportion of domestic violence and abuse of all recorded violence against the person offences (VAP under ONS data headings) during 2016/17

- 1.8 In our area over this time period mental health concerns were reported by victims in higher levels than other similar projects nationally (55 compared to 40%). Finance issues were also higher than other projects (30 to 22%). The victims accessing local specialist services were more likely to be separated from the perpetrator and were more likely to have accessed their GP and the police. Black and Minority Ethnic (BME) victims were more likely to have multiple perpetrators and were more likely to have language needs (to have services delivered in a language other than English).
- 1.9 Many people have suffered abuse, and the impact of abuse, for years before becoming known to agencies. People with some protected characteristics appear to be less likely to access local services than others. This differs across the services and over time, but the biggest gaps of engagement locally seem to be:
- Those aged over 55
 - Those currently married
 - Those identifying as Indian Asian/Asian British (in Leicester only. Across the entire area it is just under census levels)
 - Those identifying as Christian.
- 1.10 Compared to other areas within the East Midlands and nationally, the conviction rates for Leicestershire for sexual offences and for domestic violence are often above average, but there has more recently been a drop in the conviction rate for rape and other sexual offences, which is being explored.
- 1.11 Once accessed and engaged, the local specialist sexual and domestic violence voluntary and community sector (VCS) services appear to have a very positive impact in line with, or above, similar projects across the UK. These services are improving safety, reducing psychological distress, improving health and well-being and making homes and families safer. This is in the context of higher (than other similar projects) levels of mental health problems disclosed by victim-survivors, and higher levels of self-harm reported amongst the children receiving the service. Victim-survivors in Leicester are also more likely to have multiple perpetrators of abuse. With the improvements in data around the client group we are starting to gain an understanding of what circumstances and factors influence outcomes. The main challenges are in managing the high demand for these services and having a timely response.

- 1.12 Within the local authority services there is also a positive picture relating to identification and outcomes, but it has been harder to gain a full picture across the sub-region and the identification of forced marriage, so called 'honour based' violence and sexual abuse is unclear.
- 1.13 Since April 2011 there have been 13 domestic homicide reviews in Leicester, Leicestershire and Rutland. This gives an average of two domestic homicides a year. Data and associated learning about sexual and domestic violence is not currently routinely collated across serious case review (safeguarding children process), safeguarding adults review and domestic homicide review processes across Leicester, Leicestershire & Rutland. In the review of Leicester domestic homicide reviews, the most common factor was unstable housing, but the presence of mental health concerns was a high occurring factor for several victims and perpetrators, alongside substance use (victim), financial issues (perpetrator) and having patterns of domestic violence (perpetrator). Other findings have reflected the national picture.
- 1.14 There have been five serious case reviews published across Leicester, Leicestershire & Rutland since 2016 and four of these noted domestic violence and abuse as a significant factor. Again learning has reflected national themes.
- 1.15 There have been 362 Child Death Reviews conducted in Leicester, Leicestershire and Rutland between 2009/10 and 2014/15. The report from the LLR Child Death Overview Panel (CDOP 2015) found domestic violence a factor in eight (2%) cases.
- 1.16 The number of local agencies collecting and routinely sharing data on perpetrators of sexual or domestic violence and abuse is scarcer than that on children and victim-survivors and presents a gap.
- 1.17 Major barriers to people seeking help, particularly from official agencies, are the legitimate fears of escalating abuse and of victim blaming, with its associated implications. Victim-survivors also regularly mention the importance of worker continuity and the desire not to have to repeat their details and experience multiple times in order to receive support. Subsequently workforce needs are central to meeting the needs of those affected by sexual and domestic violence and abuse effectively.
- 1.18 Through the specialist service contracts, there has been a programme of multi-agency training, with 65 sessions delivered 2016-17, and 642 spaces for local practitioners on

that programme. This was in high demand and delegates recorded positive shifts in knowledge, skills and confidence.

- 1.19 Victim-survivors locally tell us that they need to be able to access support and safety quickly. They need to be supported appropriately according to their own circumstances; support needs to be via a trusted, consistent relationship; they need to be involved and informed of their options; listened to; and ultimately not judged, to feel safe. They would value a level of 'outpatient' type support being made available; an open door that can be easily opened should they need it in future. Many feel strongly about the need for direct work with children and young people, and that perpetrators should be challenged and supported to change their behaviour. In many ways we can evidence in this report that these needs are being met, but other areas remain unclear.

2. Introduction

- 2.1 Local partners have shared data on domestic violence and abuse across Leicester, Leicestershire & Rutland over a number of years in order to better understand and respond to the issue. These reports used to be called 'data harmonisation reports'. This current report is based on collated data from a range of local partner agencies and focuses on sexual and domestic violence and abuse. It aims to meet the requirements set out in the commissioning toolkit for violence against women and girls, published by the Home Office in 2016 and will inform the first Leicester, Leicestershire & Rutland strategy on sexual and domestic violence and abuse.
- 2.2 A new executive group was formed in March 2017 to improve strategic leadership and progress on domestic violence and abuse (the Domestic Violence and Abuse Executive). In time, this may well take responsibility for sexual violence and abuse unconnected to domestic violence. In the interim, the existing structure of a sexual violence delivery group or partner agencies, reporting in to wider partnerships as relevant, remains in existence with its annually refreshed delivery plan. Alongside this sits the domestic violence and abuse operations group which reports directly into the DVA Executive.
- 2.3 The process of identifying and understanding need relating to sexual and domestic violence and abuse is ongoing and whilst this report is intended to capture all that is known locally at this time, it will hopefully become increasingly informed by further data and analysis taking place after this document is published.
- 2.4 Some data on domestic and sexual violence and abuse is not easily extracted or collated. Pathways can be difficult to fully understand as people approach different agencies at different times and for different services. The jointly commissioned specialist service contract, providing information and support to people across Leicester, Leicestershire & Rutland, has led to significant improvements in what we can gather and compare across the sub-region. This and police data is the largest source of information regarding the needs of those affected currently.
- 2.5 The document is structured in a way that hopes to reflect the co-ordinated community response; bringing into focus key services in the life of victim, child and perpetrator.
- 2.6 The general definition of domestic violence and abuse applied in this document is that which each local partner adopts; the cross departmental government definition of

2013. Sexual violence is as defined by the World Health Organisation in their document on 'violence and injury prevention'³ or by specific offence description.

³ Sexual violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Available from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

3. Method

3.1 A review of partnership data on sexual and domestic violence in Leicester commenced in 2014 but was not completed and remains at draft (3), last saved February 2015.

3.2 Building on previous work and ongoing performance monitoring, the current needs assessment follows the requirements set out in the Home Office publications 'Violence Against Women and Girls Commissioning Toolkit' (section 3.2 Needs Assessment), and 'Violence Against Women and Girls National Statement of Expectations', both published December 2016.

3.3 The following is an extract from the Home Office Commissioning Toolkit:

"An effective need assessment will include the following:

- Survivor experience at different points in their journey.
- Local specialist service experience of, and data around need and gaps.
- Qualitative and quantitative data from public sector services – in particular children's social care, adult social care, housing and homelessness services.
- Where available, evidence of need taken from the health sector to include A&E, maternity services, mental health and GPs.
- Demographics of the population and thus estimated demographic levels of need.
- Evidence of need taken from Domestic Homicide Reviews, serious case reviews, HMIC reports on rape attrition and on detection/prosecution of 'honour based violence', and the widely reported child sexual exploitation reports.

However data collection is undertaken, at the conclusion ...should be able to answer four questions:

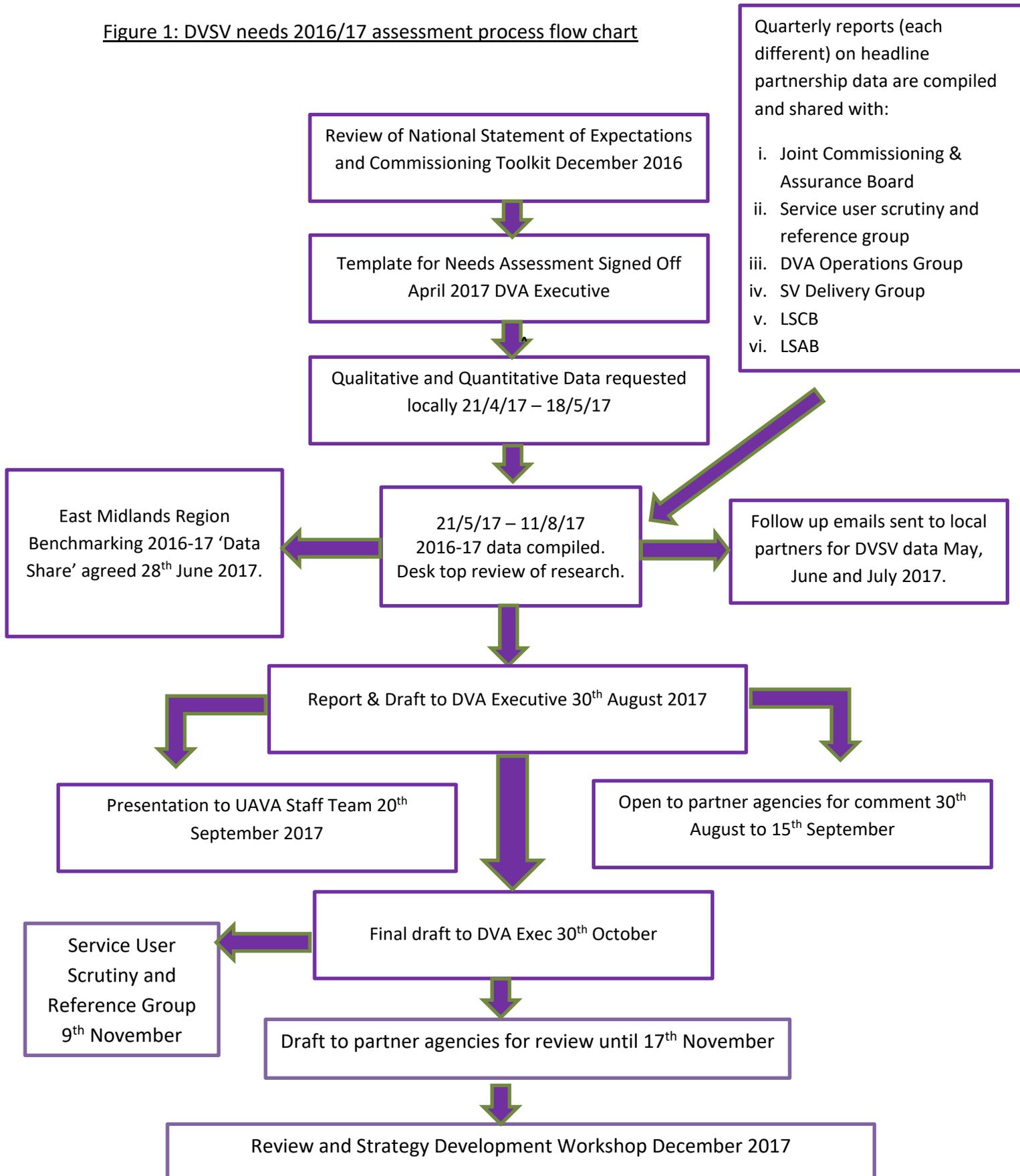
- What do individuals who are part of the community identify as their needs?
- What needs are not being met by service providers?
- Does the identified need fit with your existing strategy?
- Do commissioners have the knowledge, skills and experience to consult with service users affected by violence and abuse?" (Home Office 2016; p14).

3.4 This needs assessment has been prepared by the Sexual and Domestic Violence Team within Leicester City Council. This team manages the Leicester, Leicestershire & Rutland contract for Information and Support Services for Sexual and Domestic Violence, which began 1st December 2015. The team also manages a further three City

contracts; one for children young people and families, one for domestic violence perpetrator interventions and one for a safe home service.

- 3.5 The report has been compiled under the authority of the Domestic Violence and Abuse Executive, which was established in March 2017.
- 3.6 Participation (data) was requested from every local partner involved in the domestic violence delivery group and the sexual violence delivery group in April 2017. For a full list, see appendix B.
- 3.7 The flowchart overleaf outlines the overarching process that has been followed.

Figure 1: DVSV needs 2016/17 assessment process flow chart



4. What do we know about victim-survivors?

4.1 Access

Over the last three years, victim-survivors have told us the following about help seeking and the support pathway, through surveys and group discussions:

- Police, Health and Social Care agencies need to be more aware of sexual and domestic violence and the wider issues; need to understand the help available to victims;
- Safe accommodation is crucial;
- There needs to be continuity of support across agencies;
- It can be very difficult to find out about services;
- Having to explain your position multiple times and reliving the experience is awful;
- Gender of workers is very important to some people in crisis;
- Delays matter;
- Some feel repeatedly let down, but might not have told any agency this;
- When the support is there, flexible and knowledgeable, it is life changing;
- Can end up knowing about some services, but not all that's available due to a lack of integration.

4.1.1 Domestic and sexual violence is an issue across all communities and socio-economic groups. Although the incidence of domestic and sexual violence varies little when analysed by geography, class, age, ability, sexuality, ethnicity and nationality, research suggests that such issues do affect risk and the severity of violence⁴.

4.1.2 Of the victim-survivors that accessed support from the United Against Violence and Abuse (UAVA) specialist contract in Leicester, Leicestershire & Rutland during 2016/17, 79% (1342) were solely domestic violence related and 21% (362) cases were sexual violence specific. On average, 25% of the calls to the helpline were related to sexual violence (approximately 500 per quarter), based on case profile data.

Recommendation 1: All partner agencies that are not working solely with sexual violence seek to improve their data recording to be able to distinguish reports of sexual violence and abuse and show where these are connected to domestic violence and abuse.

⁴ NICE (2014), Domestic violence and abuse: multi agency working – Public health guideline [PH50]

- 4.1.3 The Crime Survey for England and Wales includes self-completion surveys to estimate a more accurate picture of prevalence. This survey is completed with people between the ages of 16 and 59, and caps the maximum number of repeat incidents people can record. The Crime Survey for England and Wales (CSEW survey) includes prevalence for domestic abuse and sexual assault since age 16 and also within the last year.
- 4.1.4 Table 1: Numbers affected by domestic violence and abuse and sexual assault since the age of 16⁵

Number affected since the age of 16 ⁶	Leicester	Leicestershire	Rutland	Total (LLR)
Male population affected by DV	24,391	47,288	2,728	74,407
Female population affected by DV	45,574	89,732	4,813	140,119
Total affected by DV	69,966	137,021	7,542	214,529
Male population affected by SV	6,202	12,070	701	18,973
Female population affected by SV	34,593	68,168	3,680	106,441
Total affected by SV	40,794	80,238	4,381	125,414
Total population estimated to be affected by sexual or domestic violence since age 16⁷	110,760	217,259	11,923	339,943

- 4.1.5 Table 1 above depicts the estimates of the number of people that may have been affected by sexual and domestic violence in our area based on the findings from the CSEW. In addition to this, to show the proportion of victim-survivors reporting to the Police and the possible underreporting, table 2 below illustrates the estimated number of people affected in the last year against the total number of police reports (incidents and offences).

⁵ CSEW (2017), Intimate partner violence, Self-completion module “26% of women and 14% of men had experienced domestic abuse since the age of 16”. 3.6% of men and 19.9% of women experiences any kind of sexual assault since the age of 16

⁶ Based on ONS project populations 2017

⁷ Due to the way the CSEW self-completion surveys are completed, there may be some element of double counting by adding these two discrete categories together

4.1.6 Table 2: Estimated proportion of reporting against numbers thought to be affected by domestic violence in the last year

Number affected in the last year	Leicester	L'Shire	Rutland
Estimated number of people affected by DV in the last year ⁸	27,883	54,820	3,064
Number of unique victims identified through Police crime (DV)	3,526	3,904	96
Proportion	13%	7%	3%

4.1.7 **Help Seeking**

4.1.8 According to an article published by the national domestic violence helpline, delivered in partnership between Women's Aid and Refuge, delays in seeking abuse were closely linked to failing to understand domestic abuse, the victim blaming themselves for the violence or fear of not being believed⁹. The data published by the CSEW (2016) also suggests that it is widely recognised that domestic abuse continues to be underreported with many more offences committed than are reported and recorded by the Police¹⁰.

4.1.9 According to the 'sources of support' section of the CSEW intimate personal and partner violence survey, the majority of victims (81%) did tell someone about the partner abuse they suffered. Both male and female victims were more likely to tell somebody that they knew personally (such as a family member or friend) about the abuse; 80% of women and 55% of men.

4.1.10 Just over a third (37%) of all victims of partner abuse told someone in an official position (for example; Police, health professionals or a local council department) about the abuse. Women were twice as likely as men to report to someone in an official position and more than twice as likely as men to tell the police.

4.1.11 In the last year 76% of all victims supported by UAVA (and completing Insights forms at intake to the service) said they had called the police and reported the abuse on at least one occasion (compared with 71% nationally). The average number of calls made

⁸ CSEW (2017), 4.4% of men and 7.7% of women affected by domestic violence/0.7% of men and 3.2% of women affected by sexual violence in the last year

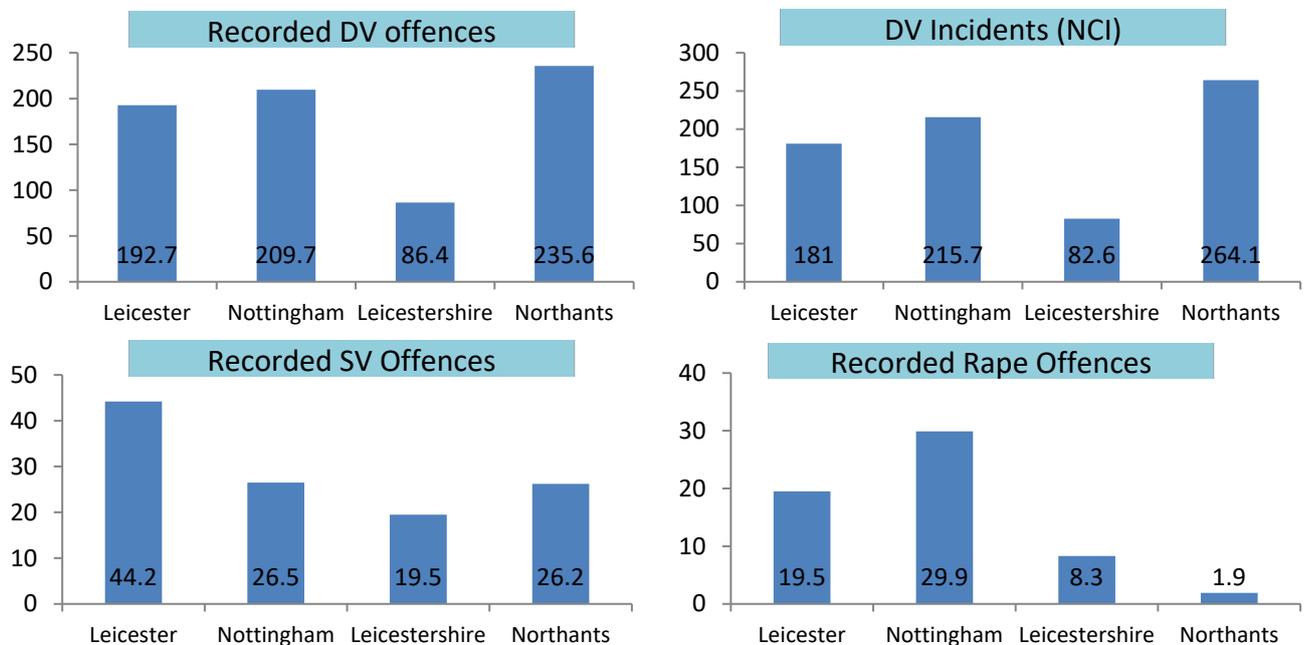
⁹ National Domestic violence helpline (2013), Professional seeking advice or information on domestic violence

¹⁰ CSEW (2016), Intimate personal violence and partner abuse Available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#reporting>

to the police by victim-survivors in our area over the last year was three calls per service user, which is slightly higher than the Insights national data set (2.2 calls).

4.1.12 Chart 1: Benchmarking data on reporting per 10,000 population¹¹



Recommendation 2: DVA Executive to continue to raise awareness of local services and options for people affected by sexual and domestic violence; particularly in Leicestershire and Rutland.

¹¹ For the purpose of this analysis, the data for Rutland is contained within the data bars for Leicestershire in each of the four charts displayed.

4.1.14 The table below gives an overview of the data collected currently by local partner agencies on domestic violence and abuse and sexual violence, identified through the data audit completed for this needs assessment.

4.1.15 Table 3: Police sexual/domestic violence services demand 2016-17¹²

	Partner Agency	Spatial level	Metrics	Scope	Context (Proportion of all crime/incidents)	Number/ Total	Trend (YOY)	Commentary
Police	Leicestershire Police	LLR	Non-crime incidents	DV	40%	2,533	-46%	Incidents in general have decreased significantly from 2015/16 (where they represented 54%). The proportion of DV incidents of all non-crime incidents has increased by 18%.
	Leicestershire Police	LLR	Recorded offences	DV	10%	7,095	+40%	DV offences increased 40% from the previous year, Incidents decreased more significantly. DV offences accounted for 43% of all violent crime in the last year
	Leicestershire Police	LLR	Recorded offences	SV	2%	1,613	+10%	SV offences increased, sexual incidents are usually small numbers; there were only two sexual non crime incidents in the previous year (15/16) and three during 2016/17.

Recommendation 3: Further analysis is undertaken to understand the different patterns and trends across areas, and into the decrease in incidents.

¹² *NR: Where there has been no response from the partner agency

4.1.16 Table 4: Local authority (Safeguarding/Social care) sexual/domestic violence identification 2016-17

	Partner Agency	Spatial level	Metrics	scope	Context (Proportion)	Number/ Total	Trend (YOY)	Commentary
Social care and Safeguarding	Leicester City Council ASC (DV factor)	Leicester	Safeguarding enquiries	DV	6%	46	-	No commentary, indicators or DV flags were not tracked prior to 2016 on this report
	Leicestershire County Council ASC	L'Shire	S42 enquiries/ investigations	DV	18%	61	+16%	The data was not routinely collected during 2015/16, therefore the trend only shows a partial representation of demand
	Leicester City Council CSC (Parent/carer factor)	Leicester	CSC single assessments	DV	22%	687	-	New indicators on DV flag, not previously collected by service
	Leicestershire County Council CSC (Parent/carer factor)	L'Shire	CSC single assessments	DV	23%	590	-	No data from previous year
	Rutland County Council ASC	Rutland		DV	-		-	No response
	Rutland County CSC Parent/Carer	Rutland	CSC single assessments	DV	34%	85	-	No data from previous year

Recommendation 4: DVA Executive to discuss with local authority partners how the data can be improved to allow for clearer comparison, and what should be monitored quarterly in performance reports to better reflect the demand and work being undertaken.

4.1.17 Table 5: Voluntary and Community Sector Specialist Sexual/Domestic Violence Services demand 2016-17

	Partner Agency	Spatial level	Metrics	scope	Context (Proportion)	Number/ Total	Trend (YOY)	Commentary
Specialist DVSV commissioned service/VCS	Face to face support (UAVA)	LLR	Cases opened	DV	100%	1,342	+17%	The number of cases opened across LLR declined following the change in service model in December 2015 but since then has been increasing.
	ISVA support (UAVA)	LLR	Cases opened	SV	100%	362	-	The ISVA patterns for the period prior to the new commissioning services in Leicester, Leicestershire and Rutland is unclear as only City data was available.
	Helpline calls (UAVA)	LLR	Calls received	DVSV	75%	11,382	+3%	The helpline calls declined following the change in service model in Dec 2015 but shows an increase 2016-17 on the previous year
	Referrals to UAVA	LLR	Referrals	DVSV	100%	3,525	2%	The data for the previous year includes four months of UAVA data and 8 months from previous commissioned services
	Project 360 (LWA)	LLR	Referrals received	DV	100%	1,004	-	
	Safe Homes service (UAVA)	Leicester	Referrals received	DV	100%	773	-12%	Referrals decreased compared to the previous year
	Partner support cases (Jenkins Centre)	Leicester	Referrals	DV	100%	118	+5%	
	Panahghar Refuge	Leicester	People accommodated	DV	100%	20	-	No data from previous year
	Action Homeless Refuge	Leicester	People accommodated	DV	100%	5	-	No data from previous year
	Sexual Assault Referral Centre (SARC)	LLR	Referrals	SV	-	841	-	No data from previous year
	Leicester Rape Crisis	Leicester	Referrals received	SV	100%	323	+16%	Data has been calculated based on reporting year (calendar year and not financial year)
	First Step	LLR	Referrals received	SV	100%	129	+14%	No further data
	Quetzal Project	LLR	Referrals received	SV	100%	256	+17%	No further data
	NWL Outreach	L'shire	People supported	DV	100%	77	-17%	
	Charnwood BC Outreach	L'shire	People supported	DV	100%	122	-21%	
Blaby Council Outreach	L'shire	People supported	DV			-	No response	
H&B Council Outreach	L'shire	People supported	DV	100%	149	-31%		

Recommendation 5: DVA Executive establishes a clear data set with agreed metrics which can be tracked over time and which recognises the role of the different DVSV providers.

4.1.18 Table 6: Housing related services sexual/domestic violence identified demand 2016-17

	Partner Agency/Project	Spatial level	Metrics	scope	Context (Proportion of all)	Number/ Total	Trend (YOY)	Commentary
Housing related services	Sanctuary Scheme (UAVA)	Leicester	Homes secured	DV	100%	50	-30%	Number of homes secured decreased from the previous year, may be connected to the lower number of referrals to the service.
	Pride Alarms	Rutland	Homes secured	DV	60%	3	-	No data from previous year
	The Safe Partnership	Rutland	Security enhancements	DV	-	1	-	No data from previous year
	24-7 Locks	LLR	Homes secured	DV	-	251	-	New project through the OPCC. Needs to be tracked going forward
	Leicester City Council Housing Options presentations (DV)	Leicester	Presentations to the service	DV	11%	149	-	No data presented from previous year
	Charnwood Housing	L'Shire	-	DV	-	-	-	No response
	Blaby Housing	L'Shire	-	DV	20%	7	-	No data from previous year
	Oadby and Wigston Housing	L'Shire	Presentations made and homelessness cases	DV	15%	57	-	No data from previous year
	NW Leicestershire Housing	L'Shire	Housing approaches	DV	8%	36	-50%	The proportion of housing approaches that were DV related decreased from 2015/16
	Melton Housing	L'Shire	-	DV	-	-	-	No response
	Hinckley & Bosworth Housing	L'Shire	-	DV	-	-	-	No response
	Market Harborough Housing	L'Shire	-	DV	-	-	-	No response
	Rutland County Housing	Rutland	-	DV	-	-	-	No response

Recommendation 6: DVA Executive to secure the commitment of local authority housing departments to consistently and routinely report to the DVA Ops Group on numbers of victim-survivors or perpetrators identified and the outcomes of those stating that they have experienced domestic violence and abuse or sexual violence.

4.1.19 Table 7: General VCS support/advice services sexual/domestic violence identified demand 2016-17

	Partner Agency	Spatial level	Metrics	scope	Context (Proportion)	Number/Total	Trend (YOY)	Commentary
Generic victim advice	Citizens Advice Bureau	LLR	People advised	DV	unknown	59	-	No data from previous year
	Victim First	LLR	Referrals received	DV	unknown	78	-	No data from previous year
	Victim First	LLR	Referrals received	SV	unknown	37	-	No data from previous year

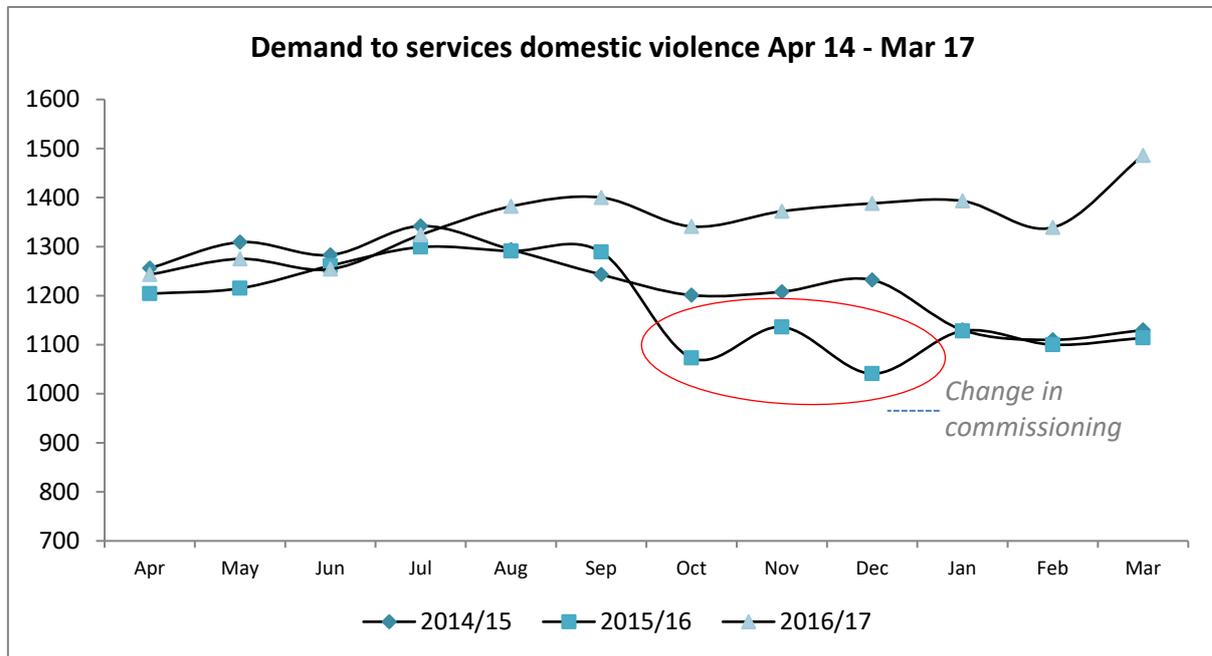
Recommendation 7: DVA Exec to seek to increase the number of local agencies collecting information on sexual or domestic violence experience, need and outcomes.

- 4.1.20 Tables 2-7 tell us a little about the level of demand and identification, but we cannot yet determine clearly the pathway individuals and families follow. Health services are a significant absent partner in these tables.
- 4.1.21 What is clear is the increase in sexual violence recorded offences in the last year and the increase in the numbers accessing sexual violence counselling and therapeutic services in our area. We are unable to tell if there has been an increase in the demand for ISVA across Leicester, Leicestershire and Rutland (as an area) as not all data is available.

Recommendation 8: Health services and probation services sexual and domestic violence data to be identified and monitored.

- 4.1.22 Trends and patterns
- 4.1.22.1 Prior to December 2015 the service picture in terms of specialist domestic and sexual violence services was very different. There are significant challenges in making comparisons.
- 4.1.22.2 Chart 2 below illustrates the demand for domestic violence services over the last three years. Each data marker is a combination of the numbers accessing support through UAVA (pre December 2015 we have used the data available from the multiple contracts in place at that time), and reports to the Police each month.

4.1.22.3 Chart 2: Domestic violence service demand across Police and specialist domestic violence¹³ commissioned services Apr 14 – Mar 17



4.1.23 Chart 2 depicts demand for sexual violence through Police recorded offences and calls made to the domestic violence helpline¹⁴. The significant drop in demand during Q3 2015/16 appears to be connected to the change in commissioning and service provider/provision. Looking at each of the data sets in isolation, there is a possible link between the Police and UAVA data in that the demand shares similarities throughout the year; with helpline calls to the DSVS specialist services increasing when recorded crime increases.

4.1.24 There are no clear apparent seasonal trends when looking at the data in this way. Demand does fluctuate but there are no apparent patterns, trends or specific periods of higher demand.

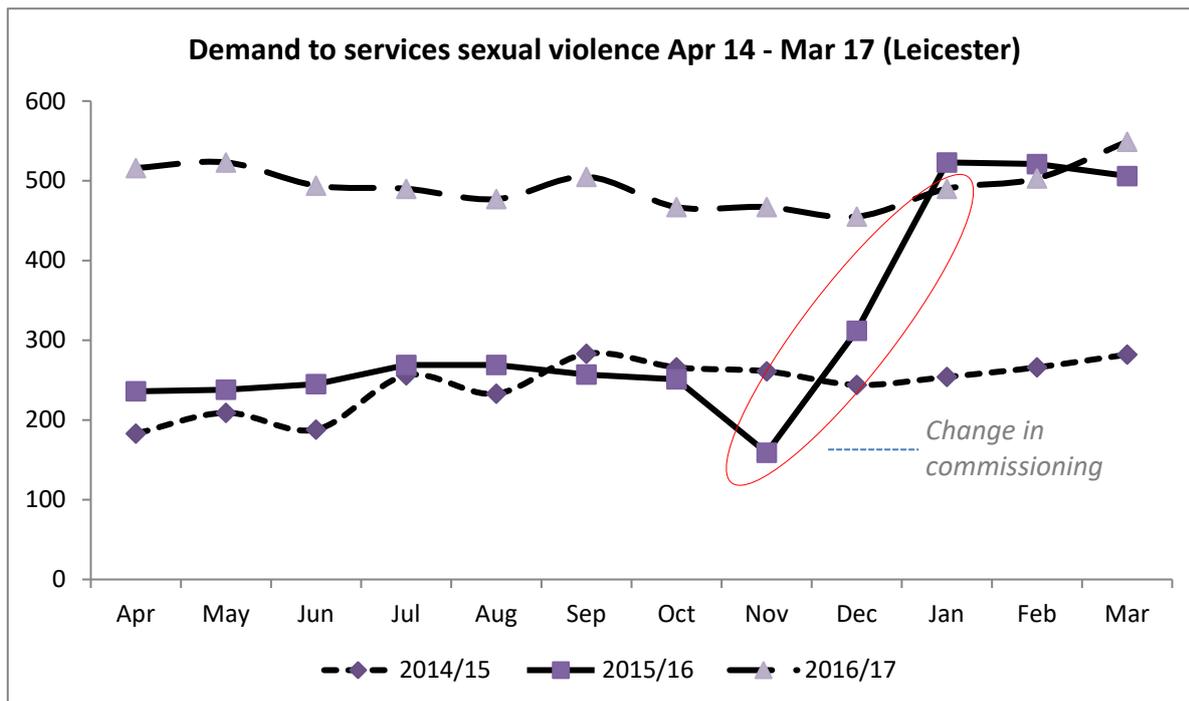
4.1.25 Chart 3 below illustrates the demand for sexual violence services over the last three years in Leicester (there was no locally commissioned SV provision prior to

¹³ Police recorded offences for domestic violence in the last three years combined with helpline calls from current and previous commissioned services. Non-crime incidents have not been recorded in this dataset, the general consensus is that Non-crime incidents (all and DV related) have reduced significantly in the last three years and the data would heavily skew the charts if presented.

¹⁴ Prior to December 2015 there were two separate helplines (Leicester city and Leicestershire/Rutland), From December 2015 there was a combined DSVS helpline (approximately 75% of calls were DV related)

December 2015 in the County grant funding and Rutland). Each data marker is a combination of the numbers accessing support through the helpline and offences recorded by the Police each month.

4.1.26 Chart 3: Sexual violence service demand across Police and specialist SV commissioned services Apr 14 – Mar 17¹⁵



4.1.27 Similar to chart 2 this is an amalgamation of demand to sexual violence commissioned services, the helpline and Police recorded offences for sexual violence. The increase in helpline calls from December 2015/16 onwards is largely due to the change in service provision/data, which now supports victims across the City, County and Rutland rather than in the City alone.

4.1.28 **Pathways**

Whilst the pathway of victim survivors is unclear there is some indication from the data collected through the Insights monitoring system, which has a series of questions about which agencies victim-survivors have approached or are known to at the point of intake into the domestic violence service. The data in table 8 below is derived from the Insights data and shows the number of UAVA service users that

¹⁵ Police recorded offences for sexual violence in the last three years combined with helpline calls from current and previous commissioned services (Leicester only prior to December 2015).

were known to, or accessing other services (through calls or contacts), as reported by that service user.

4.1.29 Table 8: UAVA service users crossover with other local services

Organisation/support accessed (n=751)	Total known to service	% of total population
UAVA service users visiting GP	531	78%
UAVA service users accessing A&E	105	15%
UAVA service users reported or called the Police	571	76%
UAVA services users known to social care services	161	21%

Recommendation 9: Targeted GP engagement in sexual and domestic violence work to continue due to the opportunity for early identification and direction to support interventions.

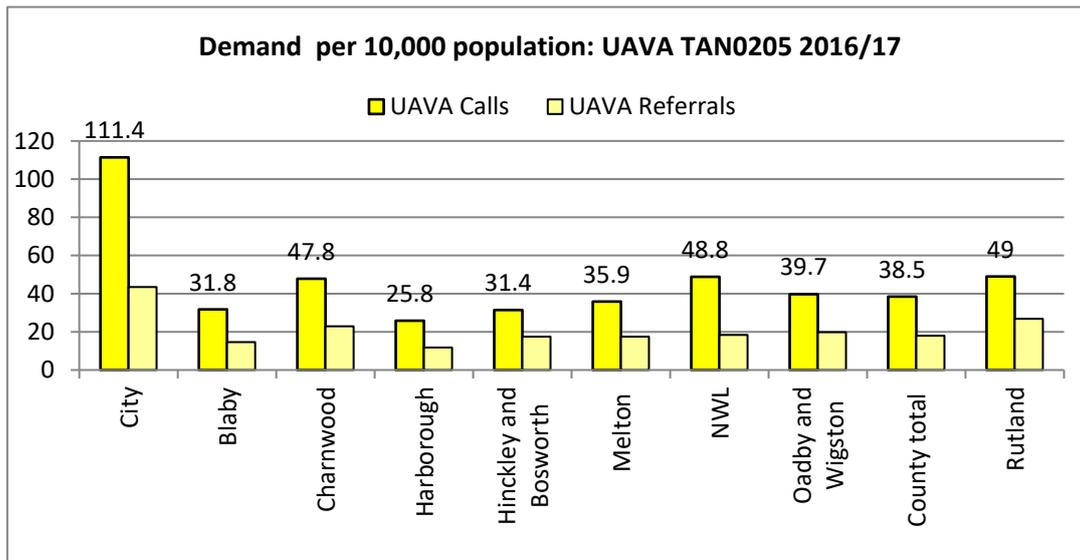
4.1.30 Table 9: Referral source for UAVA during 2016/17 (n=751)

Referral organisation/route	Numbers	%
Health	43	6%
Specialist services	12	2%
Police	169	23%
Other DVA & SV services	192	26%
Other	80	11%
CYPS	50	7%
Housing	36	5%
Self	100	13%
MARAC	69	9%
Total	751	100%

Recommendation 10: Commissioners and service providers to establish consistent referral source/made categories to be clear who the referring organisation and team/service is and to seek continual improvement in accuracy of recording.

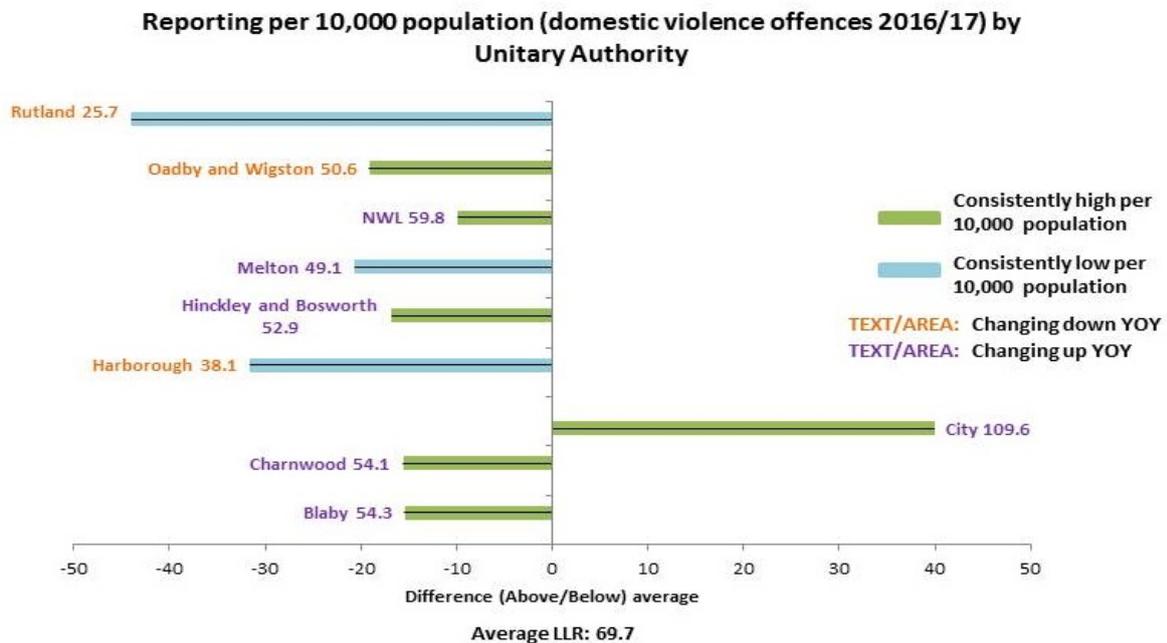
4.1.31 As can be seen in the chart below, in 2016/17 Rutland had the highest level of referrals to UAVA after Leicester. In 2016/17 Harborough had the lowest level of access to the UAVA service across both helpline call volume (where area can be established) and referral.

4.1.32 Chart 4: Demand per 10,000 population (UAVA Information and Support Service)



4.1.33 Considering recorded crime the picture is slightly different, with Rutland the outlier for under reported domestic violence, as can be seen in the chart below.

4.1.34 Chart 5: Domestic violence offence reporting by Local Authority area per 10,000 population¹⁶



4.1.35 In the last year a total of 7,095 domestic violence offences were recorded across Leicester, Leicestershire and Rutland. The average number of recorded crimes across these areas was roughly 69.7 crimes for every 10,000 people. The majority of crimes were recorded in the City followed by Charnwood, Blaby and North West Leicestershire. A further breakdown of offences in the City is provided as part of appendix C. The data has been analysed month by month to identify the areas that are consistently reporting higher than others in the last year.

4.1.36 The area of Melton recorded a lower number of offences in the last year from the County. The data shows that there are still a larger proportion of crimes recorded for every 10,000 people.

Recommendation 11: More promotional work is completed in areas showing year on year decline in reported domestic violence crime to encourage victim-survivors to report and reduce any possible barriers to access.

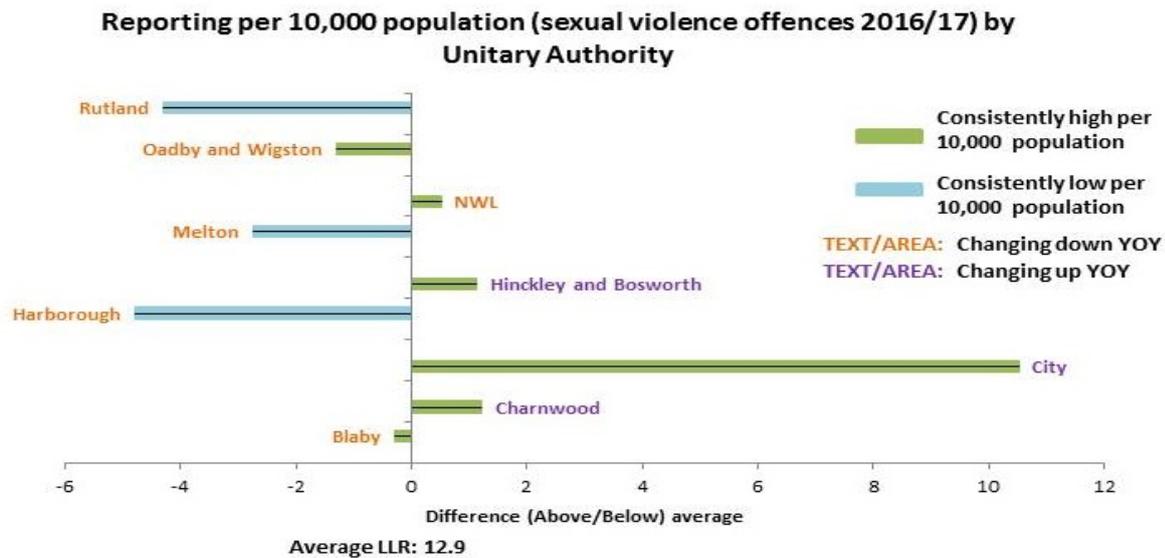
4.1.37 Further analysis using the Indices of Multiple Deprivation (IMD) scores for of Lower Super Output Area (LSOA) in Leicester shows no consistent relationship between

¹⁶ Populations taken from Census population projections for 2016

domestic violence reporting and deprivation. The analysis has been depicted using a map visual merging levels of reporting and deprivation rankings by LSOA and can be found in appendix c.

4.1.38 Chart 6: Sexual violence offence reporting by Local Authority area per 10,000 population¹⁷

4.1.39 The majority of sexual violence offences were recorded in Leicester, Hinckley and



Charnwood. All three areas have consistently seen growing numbers of sexual violence related offences in the last year. Similar to domestic violence offences, the rate of crime in Rutland is much lower compared to other areas whilst Harborough shows the lowest number of crimes recorded for every 10,000 people despite recording more crime than Rutland, Oadby and Wigston and Melton.

Recommendation 12: Further analytical work to be completed to better understand the reporting and non-reporting populations to inform interventions.

4.1.40 **Health**

4.1.40.1 There has been no data extracted from NHS systems for this needs assessment.

Recommendation 13: NHS agencies locally to identify what data is held on domestic violence (e.g. maternity booking forms) and what can be collated routinely to better inform the local understanding of identification, needs and outcomes.

¹⁷ Populations taken from Census population projections for 2016

- 4.1.40.2 Data collected from Adult Insights under the access to services section shows the number of instances victim survivors accessed health services such as their GP and attended Accident and Emergency (A&E) services. In the last year, of all people asked whether they have visited their GP for any reason, 78% answered 'Yes' (531 people). Compared to the Insights data nationally, victims from our area were more likely to have accessed their GP (53% accessed nationally).

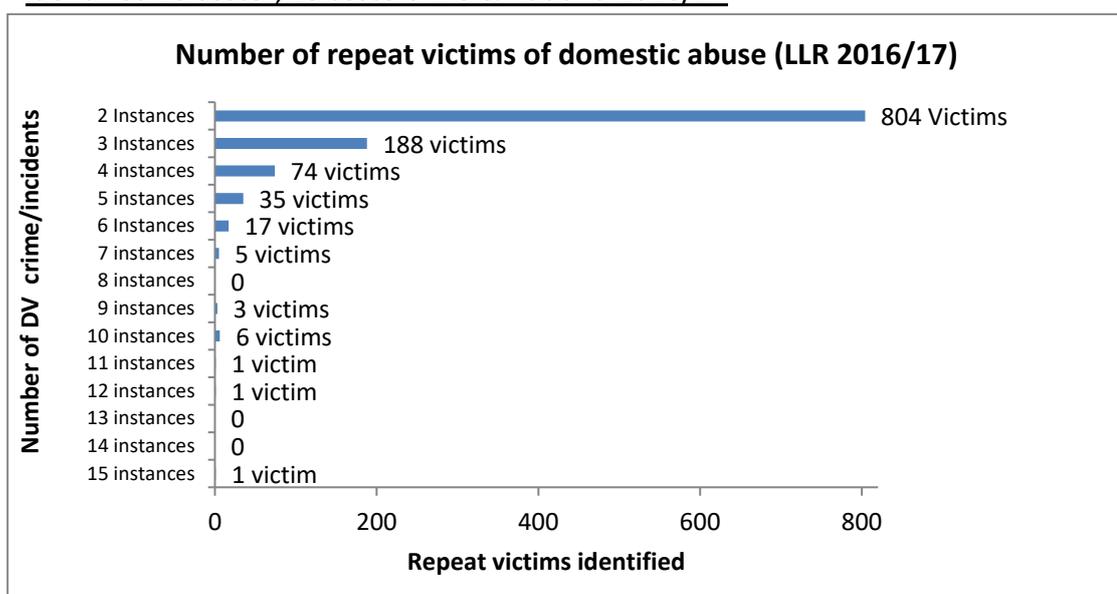
Recommendation 14: Data derived from Insights relating to GP access to be tracked quarterly against the national dataset and reported back each quarter.

- 4.1.40.3 Of the Insights data in the last year 105 victim survivors also said they had attended A&E as a result of the abuse from the perpetrator (15% of the total client population). The data was close to the national dataset.

4.1.40.4 **Risk Levels (Domestic Violence)**

- 4.1.40.5 Risk in relation to likelihood of becoming a repeat victim can be identified from two main sources. Firstly, the Police repeat victim data identifies cases where victim survivors have been a victim of more than one recorded domestic or sexual violence crime or incident within 12 months. In total 1,135 unique repeat victims were identified, accounting for 16.4% of all victims of domestic violence offences. Chart 5 below shows number of instances in which repeat victims were identified.

- 4.1.40.6 Chart 7: Number of domestic abuse cases (crime) in which a repeat victim was identified Leicester, Leicestershire & Rutland 2016/17



- 4.1.40.7 The second source of data is Insights repeat access to service within the last 12 months. This does not correlate directly with the policing definition, but it is still a good indication of how many victims have accessed domestic violence services again once exiting from the service. In the last year 49 repeat service users were identified from the Insights dataset across LLR, suggesting a repeat service user in 7% of cases.

Recommendation 15: To undertake further analysis into repeat victims (Police) and repeat service users (UAVA and others) to aid interventions and to re-prioritise this area due to the risks this population are facing and the impact on resources.

- 4.1.40.8 Victims identified at high risk of homicide or serious injuries are referred for a multi-agency risk assessment conference (MARAC). A repeat MARAC case is one which has been previously referred to a MARAC at some point in the 12 months from the date of the last referral. Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident but instead would constitute a new referral to MARAC¹⁸. Of the 855 cases discussed at MARAC in the last year 30% were identified as repeat referrals which, as seen further in chart 9, are within the recommended levels.
- 4.1.40.9 Risk of homicide or serious injury is identified through the Domestic Abuse, Stalking and Harassment (DASH) risk assessment. This is used by the Police (ACPO DASH), and the local specialist victim-survivor domestic violence agencies (SafeLives DASH). The Safe Lives DASH can be used by anyone working with the victim-survivor. The assessment determines whether the victim is at high, medium or standard risk of homicide or serious injury. The clearer the level of responses and information gathered through this process; the better the assessment will be.
- 4.1.40.10 Local agencies are encouraged to apply the DASH following disclosure of domestic violence by a victim-survivor; either by completing the assessment with the service user themselves or by working with UAVA.
- 4.1.40.11 Data from Insights 2016/17 shows that approximately 60% of the UAVA cases were flagged as high risk across Leicester, Leicestershire and Rutland (351/583). This

¹⁸ SafeLives.org (2017), Definition of a repeat MARAC. Available from: <http://www.safelives.org.uk/definition-repeat-marac>

represents a slight increase in the proportion of high risk cases compared to the last City provision with a similar service breadth (around 50%). This is likely due to the increases in MARAC cases referred by the Police.

- 4.1.40.12 Police officers attending domestic violence incidents or crimes should complete the DASH assessment. Where cases are assessed as high risk of homicide or serious injury, they are reviewed by the Domestic Abuse Investigation Unit (DAIU) and referred to be heard at MARAC.
- 4.1.40.13 A report by Her Majesty's Inspectorate of Constabulary (HMIC), published in 2014 showed 7% of police domestic abuse cases being high risk, 18% medium risk and 75% standard risk following DASH assessment.¹⁹ There has been little shift since then; of domestic violence occurrences in the last year (2016/17), 4% of cases were classed as high risk, 19% at medium risk and 77% as standard risk.

Recommendation 16: To undertake further analytical work on those identified at high risk to establish if there are common factors that can be identified to aid earlier intervention.

4.1.41 **Domestic Homicide**

- 4.1.41.1 Since April 2011 there have been 13 recorded domestic homicides across Leicester, Leicestershire and Rutland. Information is limited in some cases and some reviews are still in progress. Table 10 below identifies the occurrence of key factors in each of the cases, where the information was available. Table 11 and table 12 follow with main findings around victim and perpetrator needs from the data available. This work is in its early stages.
- 4.1.41.2 In the tables that follow, where there has been some indication that a factor was present, a question mark has been used. It does not necessarily mean that it was recent or seen as significant in the view of the review panel or author.

¹⁹ HMIC (2014), Leicestershire Police's approach to tackling domestic abuse

Recommendation 17: The DVA Executive to reach an agreement across Leicester, Leicestershire and Rutland, together with the safeguarding boards and community safety partnerships, on the standard variables to collate and how to define a positive marker on each variable to learn more from serious incidents where domestic violence and abuse was a factor. This would need to include variables for both the victim and perpetrator, and also for the missed opportunities and recommendations identified. Such a template could be included in the requirements for commissioned authors of DHRs, SCRs, SARs and other review processes.

4.1.41.3 Table 10: Domestic Homicide cases Themes and Findings (Leicester, Leicestershire & Rutland)

	DHR Area / Date	Leicester	Leicestershire & Rutland
Total number of DHR's		7	6
DHR Type	Intimate	5	4
	Familial	1	2
	Neither/Unknown	1	0
Method	Stabbed	4	5
	Strangulation	2	0
	Attacked by knife / similar	1	1
Location	Family home	3	5
	Victims home	1	0
	Perpetrators home	2	0
Relationship	Intimate partner	4	3
	Ex-intimate partner	1	1
	Father	0	
	Son	1	1
	Other	1	1
Victim Age	Under 18	0	0
	18-24	1	1
	25-34	2	1
	35-44	0	2
	45-54	3	0
	55+	1	2
Victim Ethnicity	Asian/Asian British	2	0
	Black/Black British	0	0
	Other / unknown	2	0
	Mixed background	0	1
	White / Other White	3	5
Victim Sex	Male	2	1
	Female	5	5
Children	Yes	2	2
	No	5	1
	Not Known	0	3

4.1.41.4 Table 11: Victim needs and vulnerabilities identified from Domestic Homicide cases

	DHR Area / Date	Leicester 1	Leicester 2	Leicester 3	Leicester 4	Leicester 5	Leicester 6	Leicester 7
victim needs/vulnerabilities	Forced marriage	?		?				
	Disability							
	Mental health				✓	✓		
	Substance misuse				✓	✓	✓	
	Known to MAPPA							
	Child contact Issues							
	Pregnancy / new birth							
	Harassment							

4.1.41.5 Table 12: Perpetrator needs identified from local domestic homicide reviews

	DHR Area / Date	Leicester Nov – 12	Leicester Jul – 13	Leicester Jan – 14	Leicester Feb – 15	Leicester May –15	Leicester Mar –16	Leicester Jan –17
Perpetrator needs/Vulnerabilities	DA as a child		✓	?		?	✓	
	Disability				✓			
	Mental health	✓	✓	✓	✓	✓		
	Substance misuse		✓		✓	✓		
	Financial issues	✓		✓	✓	✓		
	Pattern of DV	✓		✓		✓		
	Known to MAPPA							
	Previously Abused Vic			✓		✓		
	Stalking behaviour							
	Sexual assault			✓	✓			
	Strangulation			✓		✓		
	Suicidal ideation			✓	✓	✓		
	Use of weapons					✓		

4.1.41.6 Housing was not considered in national findings but locally 100% of all the DHRs conducted in Leicester city included homelessness, unstable housing or a potential upcoming change in accommodation.

Recommendation 18: For unstable and insecure housing to be included as a standard variable recorded for victim and perpetrator, missed opportunities and learning for domestic homicide reviews.

4.1.41.7 In terms of suicidal ideation, there is evidence that for at least three of the perpetrators in Leicester there was a record of a previous suicide attempt, reported

thoughts of suicide to a professional or a friend, or they had been assessed by a psychiatrist as likely to attempt suicide.

Recommendation 19: Formally link with the suicide awareness and prevention group to capture and exchange learning.

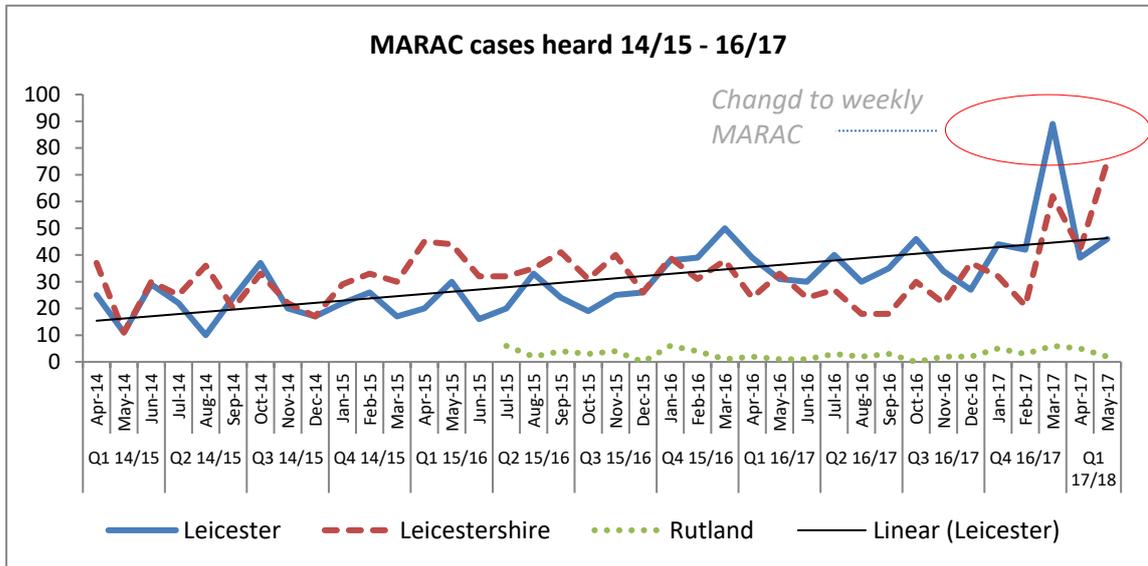
- 4.1.41.8 Nationally²⁰ GPs were noted as the only stakeholder group who consistently engaged with both victim and perpetrator. This fits with the information earlier in this report from the local Insights dataset, that the majority of victims are accessing their GP. Over half of Intimate Partner Homicide (IPH) reports noted that GPs missed opportunities to ask the victim about intimate partner violence (IPV); a quarter missed opportunities to ask the perpetrator about IPV. A lack of curiosity about relationship with partner/father of child was noted. Sharing information across the healthcare system was identified as a 'national problem'. In Leicester in domestic homicide reviews and other reviews referencing domestic abuse (Safeguarding Adults Reviews and alternative reviews) similar difficulties have been noted in relation to GPs.
- 4.1.41.9 Nationally key findings involving risk assessment highlighted that incidents were being assessed in isolation; and this also came out of the 2017 Joint Targeted Area Inspection Report into Domestic Abuse²¹. Similar findings have been noted in Leicester.
- 4.1.42 **Multi-Agency Risk Assessment Conference (MARAC)**
- 4.1.42.1 Cases identified as being at high risk are referred to a MARAC. A MARAC provides a multi-agency approach, enabling sharing of information and joint planning of actions to reduce risk and increase safety. The victim does not attend the meetings but is represented by an Independent Domestic Violence Advisor (IDVA) who speaks on their behalf.
- 4.1.42.2 MARACs took place monthly up until March 2013 and then routinely on a fortnightly basis up until February 2017, and now occurs weekly to manage the increase in demand. MARAC cases heard during Q4 16/17 were approximately 60%

²⁰ Home Office commissioned workshop run by Standing Together and AADFA (May, 2017) which referenced research including Home Office Key Findings From Analysis (2016) and Standing Together (2016)

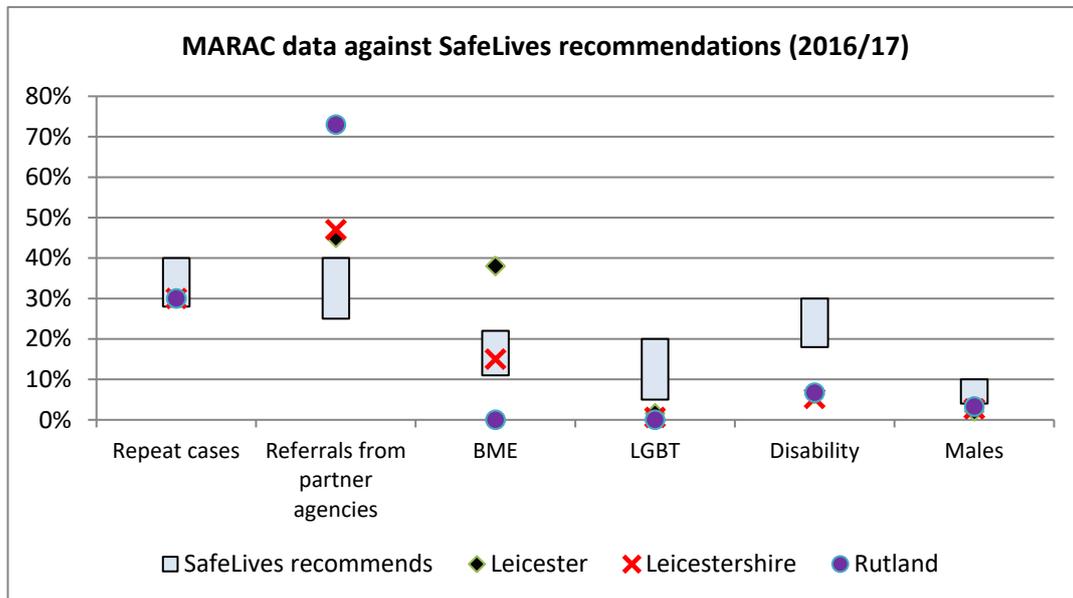
²¹ Gov.co.uk (2017) Joint inspections of the response to children living with domestic abuse: September 2016 to March 2017

higher than the previous quarter, reflecting the change in police practice in February 2017.

4.1.42.3 Chart 8: Cases heard at MARAC over time



4.1.42.4 Safelives are a national charity. The charity combines insights and research from a range of similar services that support survivors nationally to help improve domestic violence services and influence policy makers. Safelives recommendations are based on findings from local provision and circumstances, as well as evidence from national surveys and research. Chart 9 below shows MARAC performance in our area against Safelives recommendations.

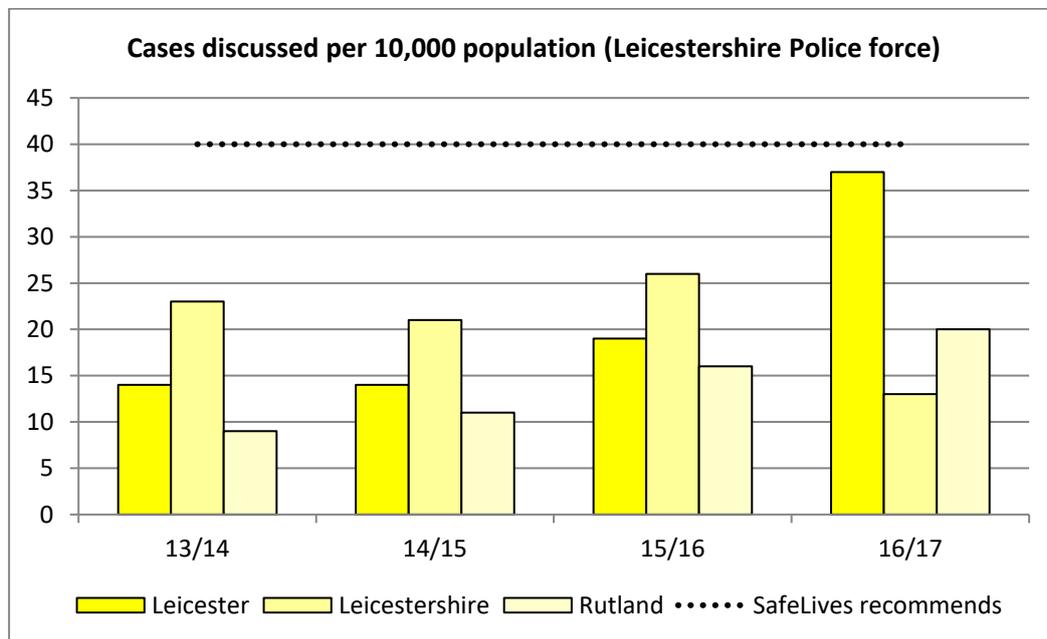
4.1.42.5 Chart 9: Leicester, Leicestershire & Rutland MARAC Performance 2016/17

4.1.42.6 There is significantly lower than expected levels of LGBT and disabled victims being identified as high risk and referred to MARAC, slightly lower percentage of male victims and an expected level of repeat referrals. The biggest gap is with victims identifying as disabled. This might be a recording issue. There is a higher level of referrals from agencies other than the police, which is a positive reflection of partner engagement.

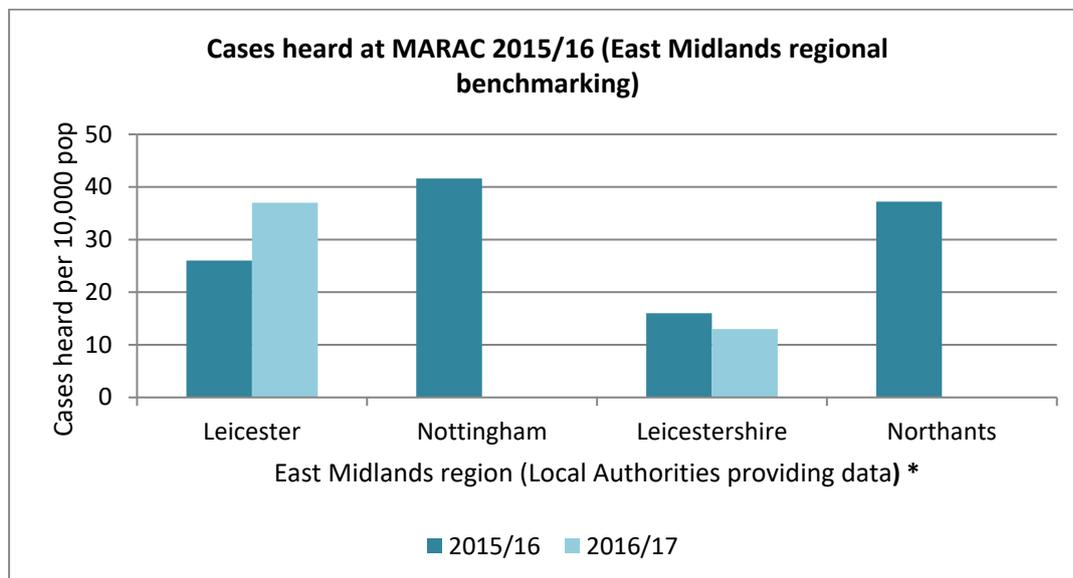
Recommendation 20: Further data checks are undertaken using MODUS and referrer data records to see if it is a recording issue by referrers/MARAC. MARAC referrers to be reminded of the need to record if victim-survivors identify as disabled in any way.

MARAC Chairs consider checking (through the MARAC process) whether any referrers are aware of the victim-survivor identifying as disabled. Agencies consider self-audit whether they are recording risk (DASH) and disability appropriately or a joint audit of cases to see what the issues are; as this is a vulnerable group in terms of prolonged abuse.

4.1.42.7 Chart 10: MARAC Cases discussed per 10,000 population



4.1.42.8 Chart 11: MARAC cases heard per 10,000 population, East Midlands comparisons 2015/16



4.1.43 **Ethnicity**

- 4.1.43.1 Data collected nationally through the Crime Survey for England and Wales (CSEW 2016) shows little difference in the prevalence of domestic and sexual violence occurring by ethnicity. Data published by Women's Aid suggests that victim-survivors from Black and Minority Ethnic (BME) communities are less likely to disclose such violence and abuse due to issues relating to isolation, language barriers, fear and additional risks such as forced marriage and honour-based violence. Further research by the NSPCC in 2012 suggests that victims from BME communities continue to live in abusive situations for longer, which negatively impacts the victim and children living in those households²².
- 4.1.43.2 49% of the usual resident population in Leicester are from non-white backgrounds compared with 9% in Leicestershire, 2.9% in Rutland and 21% across the three areas²³. The BME population across the area is very diverse and changing.
- 4.1.43.3 Chart 12 below shows the proportion of BME to non BME UAVA service users and victims identified through Police recorded offences (inner ring) against the local census population in our area (Leicester, Leicestershire and Rutland). The outer ring on both charts represents the Census population data (22% BME from Census 2011).

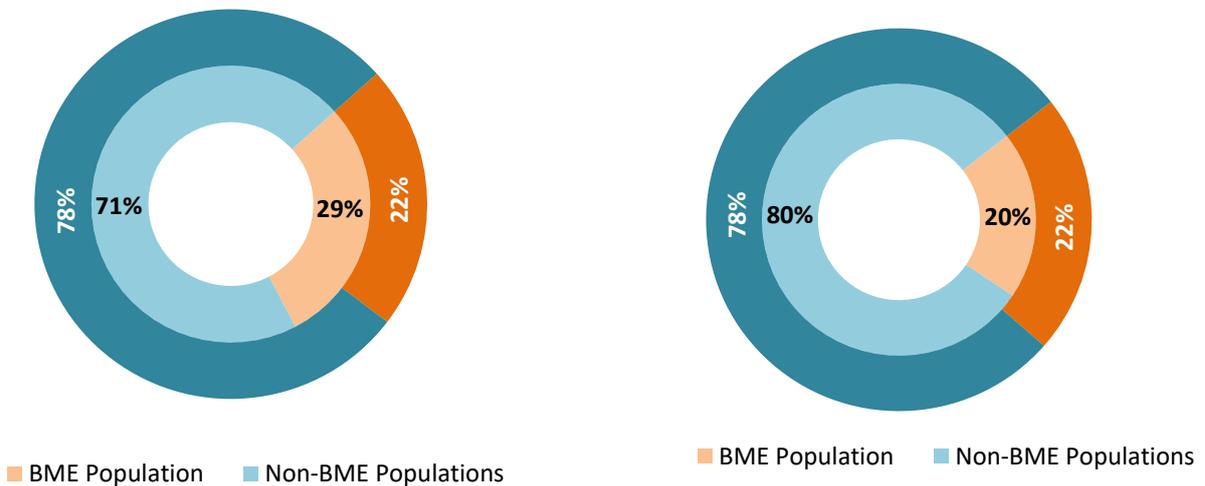
²² Thiara, RK & Gill A (2012), Domestic violence, Child Contact and post separation violence – Issues for South Asian and African-Caribbean Women and Children (NSPCC report findings)

²³ All ethnicity data derived from Census 2011, all usual residents – Table reference: KS201EW - Ethnic group

4.1.43.4 Chart 12: UAVA and Police access (BME to Non- BME population) compared to census data(2011) (n= 9,264)

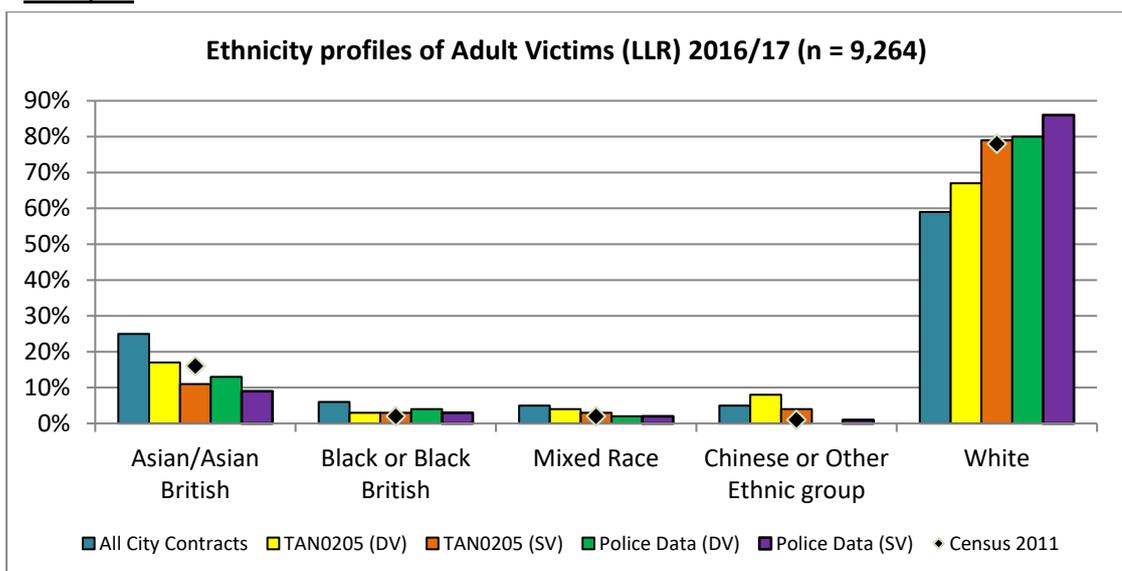
Domestic violence service access by collapsed ethnicity categories 2016/17

Sexual violence service access by collapsed ethnicity categorized 2016/17



4.1.43.5 The charts show that the combined access is not that different to the census levels across Leicester, Leicestershire & Rutland when looking at the collapsed categories of ‘BME’ and ‘non-BME’.

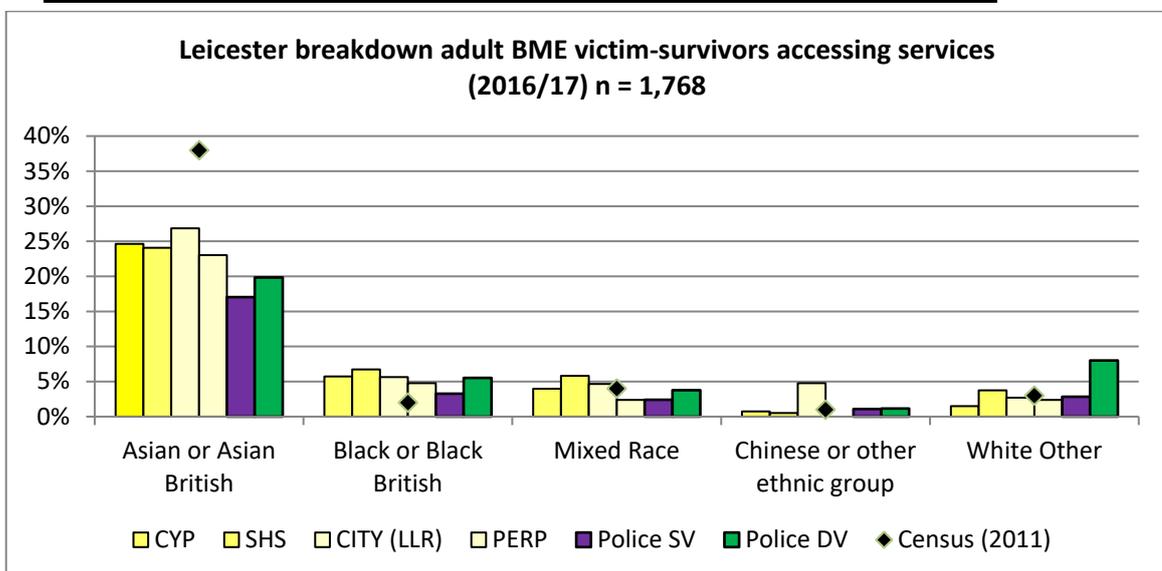
4.1.43.6 Chart 13: Adult victim-survivor ethnicity data (Leicester, Leicestershire & Rutland) 2016/17



4.1.43.7 The data in chart 13 shows that the most underrepresented group across Leicester, Leicestershire and Rutland are from Asian/Asian British for Police recorded offences and sexual violence services

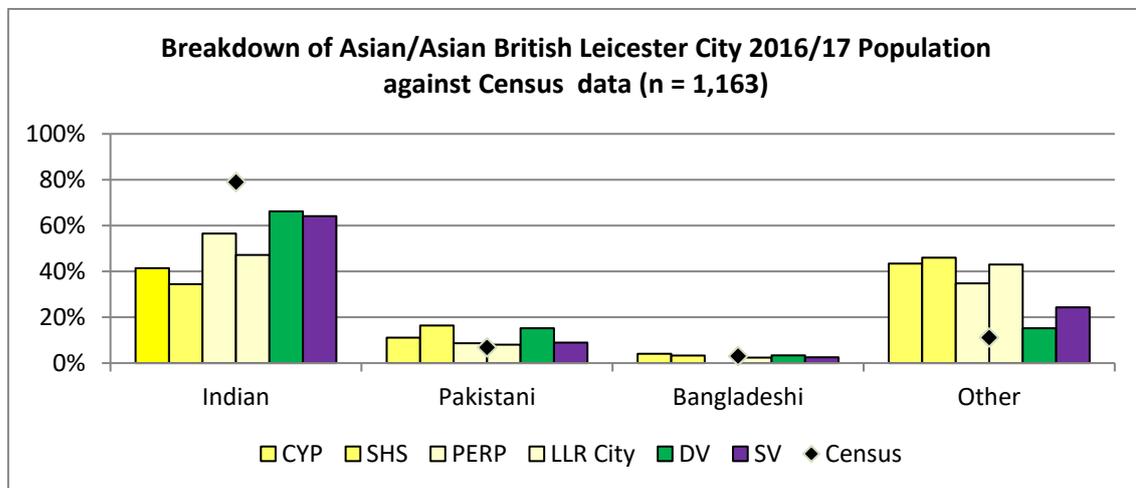
4.1.43.8 The data presented in in Chart 14 shows a different picture when looking specifically at Leicester. There are larger gaps in the percentage of Asian/Asian British victim's survivors accessing services and reporting in Leicester than any other group compared to census levels. This group of victims are underrepresented across all services including the recorded crime data. The gap is present across police and UAVA data and is most noticeable for the reporting of sexual violence related crime.

4.1.43.9 Chart 14: Adult victim-survivor BME ethnicity profiles (Leicester) 2016-17²⁴



²⁴ Sexual violence data is based on provider information that percentage of SV cases to DV is minimal within the rest of the service (TAN0205 information and support services)

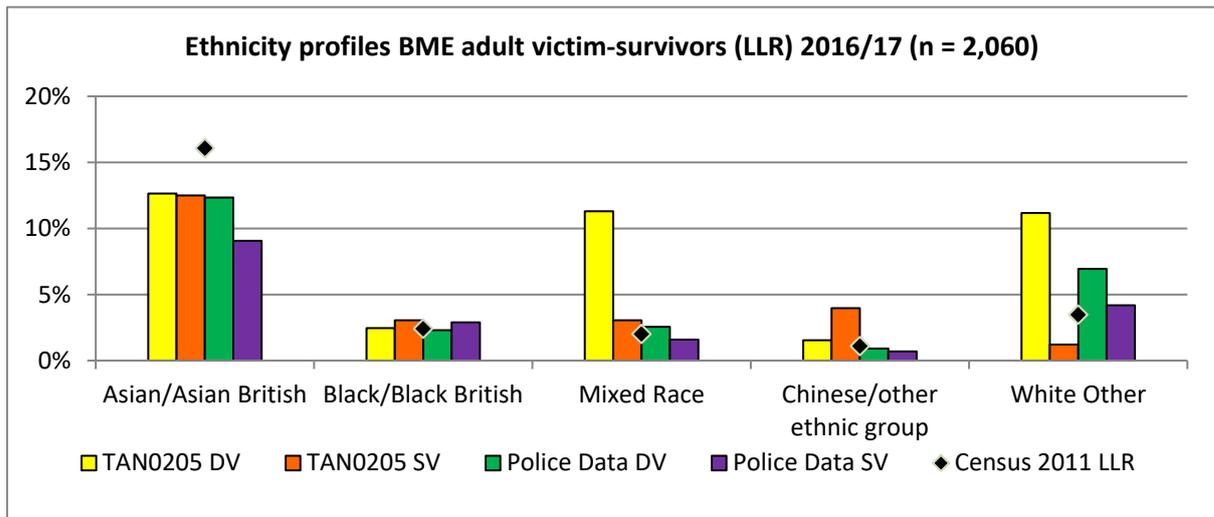
4.1.43.10 Chart 15: Further breakdown of Asian/Asian population against local Census data in the City 2016/17



- 4.1.43.11 When separating the Asian/Asian British population down further to understand the gap more, the data shows the largest gap resides in the number of service users that are Indian accessing services in Leicester. Since there is a large amount of data which was categorised as 'other' Asian background, it is possible that some of this information in the breakdown goes undisclosed.
- 4.1.43.12 Linked to these findings is the need to overcome language barriers. The data presented in the last year (where collected) shows that language barriers and the need for an interpreter has been a challenge for providers especially in referring service users to other services and it is possible this causes further delay. There have also been cases highlighted by the service user scrutiny and reference group, and the complex needs project board, that interpretation services have not been provided when they should have been and also of inappropriate interpretation.
- 4.1.43.13 From the information collected, there were approximately 121 cases across all services including the helpline where the service users required an interpreter. UAVA also operate a staff language register and have specialist BME posts, so it is possible that this data does not represent the total language needs. In addition to this the Insights data collected in the last year shows an interpreter was required in approximately 5% of all cases. This was slightly higher than the national dataset (3%).

Recommendation 21: Partner agencies have a routine way of collating the preferred language of victim-survivors.

4.1.43.14 Chart 16: Adult victim-survivor BME ethnicity data (Leicester, Leicestershire & Rutland) 2016/17



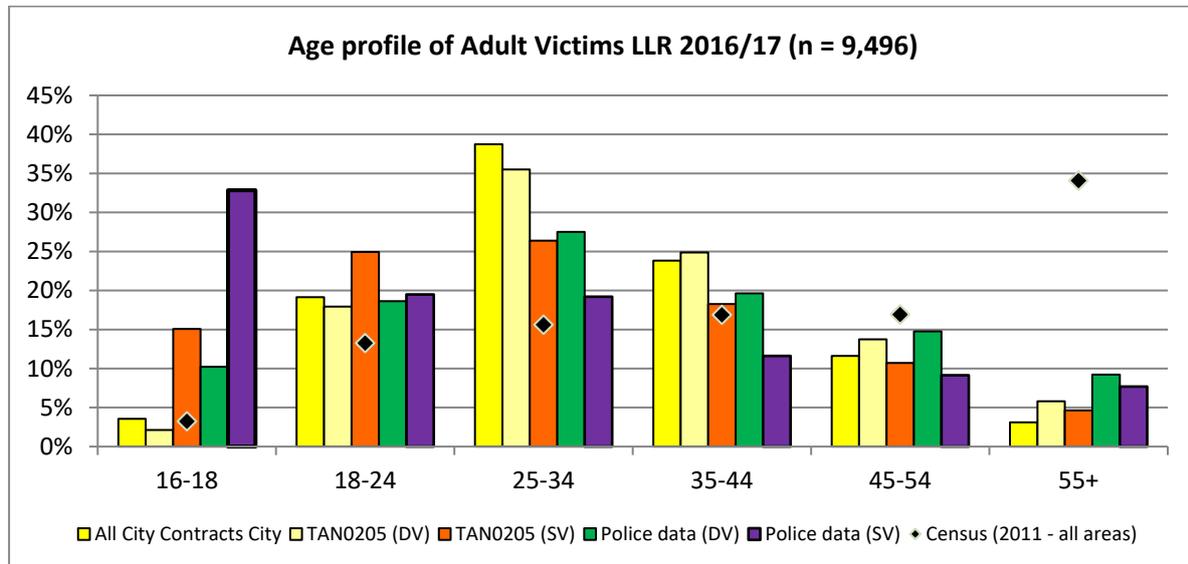
4.1.43.15 Data collected from UAVA shows that the population of victims from White/White British accessing services is near to the local census, but it does differ across the different services and provision specifically for domestic or sexual violence. The biggest gap between census and client group appears to be within the Asian/Asian British population in particular, but this does fluctuate, and there are cases of over-representation of those identifying as 'mixed race' and 'white other' in the Leicester, Leicestershire and Rutland UAVA service in particular.

4.1.43.16 Data presented by Women's Aid nationally suggests that women from BME communities are more likely to experience abuse from multiple perpetrators involving not only a partner but also other family and community members. Information collected by UAVA through Insights (domestic violence only) shows that in all cases across Leicester, Leicestershire and Rutland, female victims from BME backgrounds were more likely to be affected by multiple perpetrators. 20% of all cases involving females from BME backgrounds had involvement from multiple perpetrators compared with 9% of cases where the victim was from White British/other White backgrounds.

4.1.43.17 Local provider of a refuge for BME women, Panahghar, report that 80% of their service users were experiencing abuse from multiple perpetrators, largely familial.

4.1.44 Age

4.1.44.1 Chart 17: Age Profile Adult Victims 2016-17 Leicester, Leicestershire & Rutland

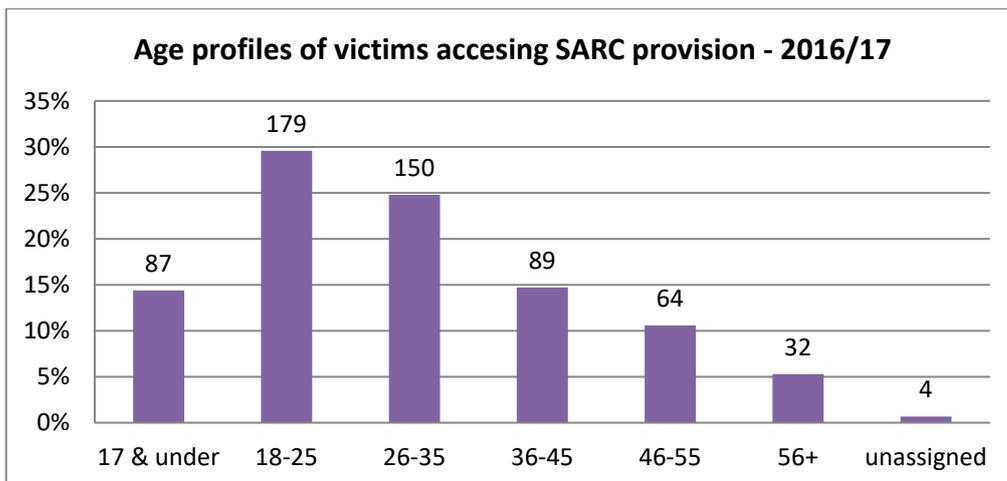


Recommendation 22: Targeted campaign undertaken to encourage those aged over 55 to report, particularly in Rutland and Leicestershire.

4.1.44.2 The most significant gap across all of the services providing this level of data is with those aged 55 and over, but accessing services seems to drop off after 34 for sexual offences being reported to the police and over 44 for accessing specialist sexual and domestic violence services (UAVA). The most significant 'high-reporting' or 'at risk' risk population for the police, appears to be those aged 16-18 years around sexual violence.

Recommendation 23: Local Children and Young People Partnerships take into account the risk levels relating to sexual and domestic violence and work with the DVA Executive on preventative and early engagement/support and repair measures.

4.1.44.3 Chart 18: Age Profile of victims supported through SARC 2016-17 Leicester, Leicestershire & Rutland



- 4.1.44.4 Data collected by the Sexual Assault Referral Centre (SARC) on age characteristics to some extent corresponds with the Police data collected on sexual offences with larger proportion of victim-survivors falling within the younger age categories. The data could not be plotted against victim age profiles due to the differences in category groupings.

Recommendation 24: SARC service user age categories to align with the census or are collected individually so more comparison work can be completed

- 4.1.44.5 Reaching victim-survivors in older age groups has been an issue for specialist services nationally. There is minimal data nationally; the Crime Survey for England and Wales (CSEW) limit the self-completion dataset on intimate partner violence to those aged between 16 and 59 with the primary focus on abuse against younger women. One of the reasons for the lack of data available may be linked to data suggesting reports of rape and sexual assault decrease with age, leading to the conclusion that victimisation and risk also decline with age. Research by Mann et al suggests otherwise, violence involving older women still occurs in a range of settings and circumstances and that there is a misconception that older women cannot be victims of sexual violence²⁵.
- 4.1.44.6 More recent research by Bows (2017), identifying characteristics of older victims of sexual violence and the impact and consequences, shows sexual violence against

²⁵ Mann, R., Horsley, P., Barrett, C., and Tinny, J. (2014). Norma's Project: A Research Study into the Sexual Assault of Older Women in Australia. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

older people tends to be committed by partners or other family members. Older White women tend to be the most at risk, and those with physical and/or cognitive disabilities, in particular dementia, are at higher risk. The sexual abuse tends to occur either in the victim's home or in an institutional setting where the victim lives. In comparing other research papers, Bows article also found that in the majority of studies, a range of negative physical and psychological consequences have been reported. These include physical injuries, incontinence, sleep disturbance, depression, anxiety and a range of coping strategies, including alcohol and drug misuse²⁶.

4.1.44.7 Other research conducted by the Violence against Women Network, found that older women are less likely to report incidents of abuse and can experience the same forms of abuse as younger women²⁷. The same study suggests that there are a range of barriers that older women face and these can include;

- Service related barriers: Lack of recognition and specialist support of violence against women who are older by health care providers.
- Physical barriers: Lack of a supportive place or supportive network to turn to. Other limitations such as functional or physical mobility
- Personal barriers: Dependency or co-dependency on partner or caregiver (e.g. physical, financial, and/or emotional dependency).

4.1.44.8 The needs of this group can be overlooked and the perception that such abuse primarily occurs among younger people creates barriers to accessing support. Risk of victimisation has been thought to decrease with age but older people may be seen as especially vulnerable to abuse. It has been estimated by the Department of Health that 227,000 older people are neglected or abused in their own home each year and that domestic violence and abuse is a significant dimension in this²⁸.

4.1.44.9 The data collected from Insights locally (by UAVA) suggests that older victim-survivors are more likely to suffer from longer terms of abuse. The average length of abuse suffered by victims under 45 in the last year was approximately 5.1 years compared with 11.2 years for victims 45 and over.

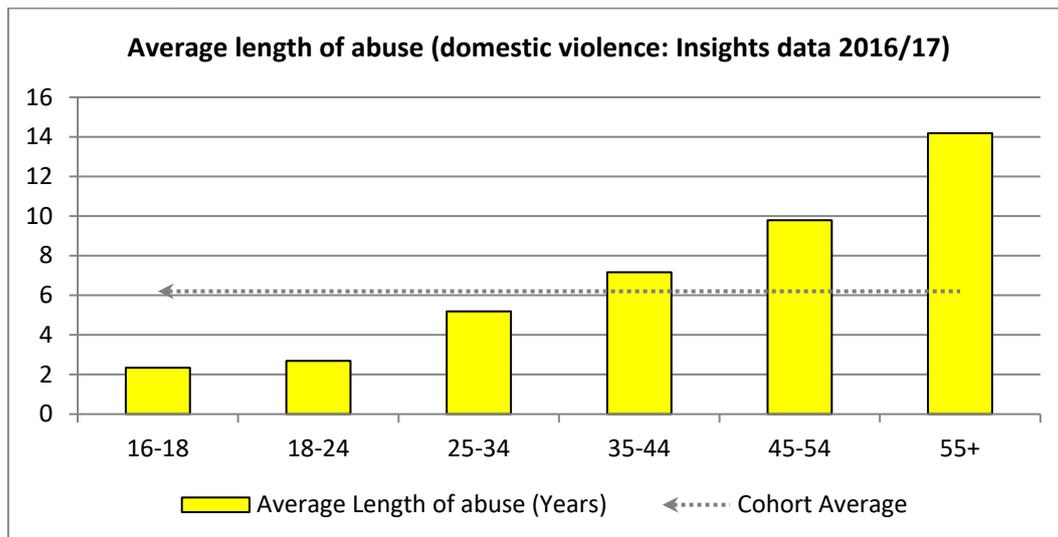
²⁶ Bows, H. (2017) 'Sexual Violence against Older People: A Review of the Empirical Literature'. Trauma, Violence and Abuse. DOI: 10.1177/1524838016683455. Available from: <http://journals.sagepub.com/doi/pdf/10.1177/1524838016683455>

²⁷ VawlearningNetwork (2016), Violence Against Women Who Are Older

²⁸ Department of Health (2007) , UK study of abuse and neglect of older people: prevalence survey report

Recommendation 25: The length of abuse is tracked for over 55s as a matter of routine in the quarterly performance reports; and a target identified (for reduction) over time.

4.1.45 Chart 19: Insights average length of abuse by age 2016/17 Leicester, Leicestershire & Rutland



- 4.1.45.1 There are some differences in the demographics of the adult population across the three areas; approximately 73% of the adult population in Leicester is under the age of 55 compared to 56% in Rutland and 61% in Leicestershire.
- 4.1.45.2 UAVA data shows a slight population gap of approximately 1% in those aged between 16 and 18 accessing support in the last year across Leicester, Leicestershire and Rutland. Domestic abuse and sexual violence are prevalent in teenage relationships. Research into partner exploitation and violence in teenage relationships suggests that violence in young peoples' relationships should be viewed as a significant problem²⁹. The main findings in the research highlight that younger participants were as likely as older adolescents to experience abuse, and to significant levels.
- 4.1.45.3 Other key differences identified through comparing the needs of victim-survivors aged 16-25 against other age demographics, show that this cohort is more likely to be at risk of forced marriage (9% of this cohort compared with 3% of the remaining

²⁹ Stonard, K., Bowen, E., Lawrence, T. and Price, S. A. (2014) The relevance of technology to the nature, prevalence and impact of Adolescent Dating Violence and Abuse: A research synthesis. *Aggression and Violent Behaviour*, 19 (4), pp.390–417

Insights population) and at a higher risk of honour-based violence (12% compared with 8%). The average length of abuse, considering the age range is also striking at just under 3 years.

Recommendation 26: 16-25 year-old victim-survivors are considered a specific cohort for performance reporting, to track needs, outcomes and factors influencing outcomes and length of abuse.

4.1.46 Gender

- 4.1.46.1 Data on experience of intimate partner violence from the Crime Survey for England and Wales (CSEW 2016) shows that for each of the categories of abuse, women had significantly higher prevalence than men. As in previous years, women were twice as likely to have experienced any abuse since the age of 16 (27.1%) than men (13.2%).
- 4.1.46.2 Domestic and sexual violence is considered to be both a cause and consequence of gender inequality. Women and girls are more likely to be victims than men and boys; suffer greater harm and experience repeated systematic abuse for longer than men³⁰. A significant number of men also experience sexual and domestic violence, and there are significant barriers for them to disclosing such abuse. Underreporting (to official agencies, friends or family members) is a significant issue for both men and women as can be seen in 4.1.5.
- 4.1.46.3 Data collected both at a local and national level shows the vast majority of reported domestic and sexual abuse as perpetrated by men against women. Where the police data was recorded last year on sexual and domestic violence offences, in 86% of sexual violence and 75% of domestic violence offences, the victims were female and the perpetrator was male.
- 4.1.46.4 In line with data published nationally, a lower number of male victims are accessing specialist services across LLR. In the last year male victims accounted for 4% of all people accessing UAVA specialist services (196 male victims, including the ISVA provision). The majority of male victims accessed provisions relating to refuge and the children and family service in the city. 196 male victims is still a significant number, despite very limited direct promotion of services to date.

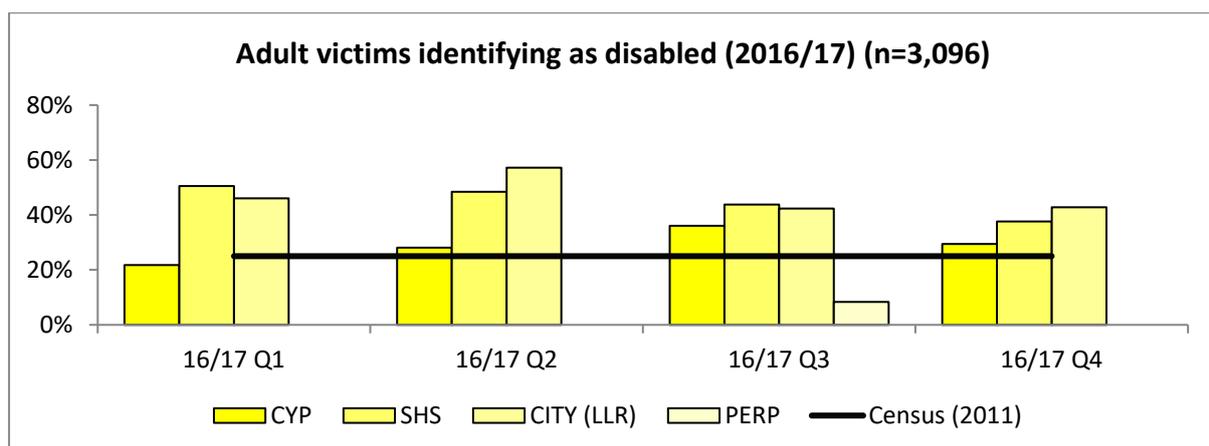
³⁰ Feder, G and Potter L (2017), *why gender can't be ignored when dealing with domestic violence*, Centre for Academic Primary Care – University of Bristol

Recommendation 27: The distinct service needs of male victim-survivors are considered as part of future service development; making use of the emerging research in this area.

- 4.1.46.5 According to the data published by the CSEW 4.4% of men experienced domestic violence in the last year and 0.7% of men experienced sexual violence in the last year. The 2016 male population projections in the three areas would suggest approximately 23,400 of the male population experienced domestic violence and 3720 experienced sexual violence in the last year.
- 4.1.46.6 CSEW (2017) data shows that 7.7% of women experienced domestic violence and 3.2% of women experienced sexual violence in the last year. Based on the 2016 female population projections for our area, this would mean that 41,400 women experienced domestic violence and 17,200 experienced sexual violence in the last year alone.
- 4.1.46.7 As mentioned previously, the police data shows a larger proportion of victims identifying as male compared to the local specialist data. The police data shows a larger male population reporting domestic violence related offences as a victim of the offence.

4.1.47 Disability

4.1.47.1 Chart 20: Adult victim-survivors identified as disabled 2016-17



- 4.1.47.2 Research on prevalence suggests that over 50% disabled women and more than average number of disabled men have experienced sexual and domestic violence

(Magowan 2003)³¹. In 2015 Public Health England published a report on disability and domestic violence³². It highlighted that disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people.

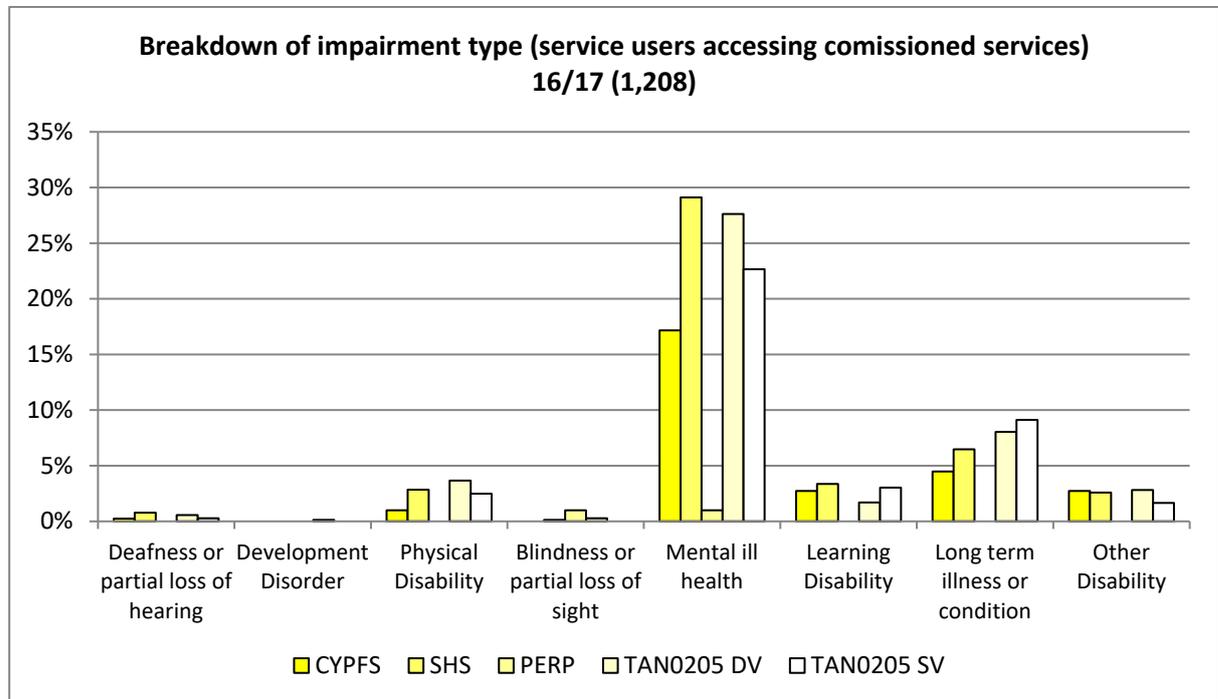
- 4.1.47.3 In 2016/17, 39% of all victim-survivors accessing specialist (UAVA) services in Leicester said they had some form of disability and impairment (including mental health conditions). The majority of service users accessed provisions such as ISVA/IDVA and the refuge service, where in 62% of cases the service users raised mental health issues. A larger proportion also stated they had a physical or learning disability (13%). The majority of specialist services, with the exception of the perpetrator provision, are supporting a large proportion of people reporting a disability or impairment.
- 4.1.47.4 Data from the last Census (2011) shows over 25% of Leicester households included a person with a long-term health problem or disability that limits the person's day-to-day activities, and has lasted, or is expected to last, at least 12 months.
- 4.1.47.5 Compared with Insights data nationally, the ratio of disabled service users to non-disabled service users in our area is slightly higher; 17% compared with 15% nationally. Disability was reported as a factor in approximately 19% of Insights cases in Leicester, 18% in Rutland and 12% in Leicestershire.
- 4.1.47.6 Mental Health issues have been closely linked with sexual and domestic violence. The conclusions derived from the research paper on violence against people with disability by King College London, suggests that people with disabilities and vulnerabilities are at increased risk of being victims of domestic and non-domestic violence, and of suffering mental ill health when victimised³³.

³¹ Magowan, P. (2003). 'Nowhere to run, nowhere to hide: domestic violence and disabled women.' *Safe: domestic abuse quarterly*, 5, 15-18.

³² Public health England. (2015), *Disability and domestic abuse, Risk, impacts and response*.

³³ Howard, L and Moran, P (2015), *Violence against people with disability in England and Wales: Findings from a national cross-sectional survey*. Contribution to Journal article, Kings College London

4.1.47.7 Chart 21: Adult victim-survivor impairment type 2016-17 Leicester, Leicestershire & Rutland



4.1.48 **Sexual Orientation**

4.1.48.1 Domestic violence occurs in all types of intimate and familial relationships and sexual violence and abuse can affect people of all sexual orientations. Research carried out by Donovan and Hester shows that similar risk factors are present in same sex abuse when compared with heterosexual relationships (such as the risk of abuse escalating after separation)³⁴

4.1.48.2 SafeLives research indicates that some specific groups within those who would identify as Lesbian, Gay, Bisexual and Trans (LGBT), may be at higher risk of abuse or harm than others³⁵. Donovan's research suggested that abuse appeared more likely in first same sex relationships where there is lack of opportunity to seek help and understand what is acceptable and what amounts to domestic violence or abuse. Research conducted by the LGBT charity Stonewall found that abuse directed towards gay men is higher than heterosexual males. The research states

³⁴ Donovan, C., Hester, M., Holmes, J., & McCarry, M. (2006). Comparing Domestic Abuse in Same Sex and Heterosexual Relationships. Bristol: Universities of Bristol & Sunderland.

³⁵ SafeLives (2011), Engaging and working with LGBT clients Available from:

<http://www.safelives.org.uk/sites/default/files/resources/LGBT%20practice%20briefing%20for%20ldvas%20F1NAL.pdf>

59% of gay and bisexual men who experienced domestic abuse from a male partner have experienced some form of physical violence³⁶

- 4.1.48.3 There are a number of risk factors which increase the vulnerability of LGBT victim-survivors. LGBT immigrants may experience greater social isolation and may not have the knowledge or language skills to navigate legal or support systems³⁷. Members of the LGBT community who live in rural areas may be at a higher risk as they may experience greater isolation and face violence or discrimination from the outside community as a result of their identity. Further, services and support systems may be less accessible, or even absent.
- 4.1.48.4 Barriers to disclosing sexual and domestic violence in LGBT communities have been identified as an issue nationally. Nationally, most mainstream domestic violence programmes and support services are founded on the idea that DVSV is mainly an issue in heterosexual relationships³⁸. Appropriate services may be unavailable to many LGBT survivors of abuse, leading to an increased risk of homelessness (for instance there have been reports that members of the LGBT community have had trouble accessing specific refuge services)³⁹.
- 4.1.48.5 There may be reluctance among LGBT individuals to disclose an issue they feel may reflect poorly on an already stigmatized community⁴⁰. This is typically based on a fear that these agencies may be homophobic, will not be sympathetic or will not understand the experiences of the client (Donovan & Hester, 2011).

³⁶ Stonewall health briefing (2012), Domestic abuse Available from:

[https://www.stonewall.org.uk/sites/default/files/Domestic Abuse Stonewall Health Briefing 2012 .pdf](https://www.stonewall.org.uk/sites/default/files/Domestic%20Abuse%20Stonewall%20Health%20Briefing%202012.pdf)

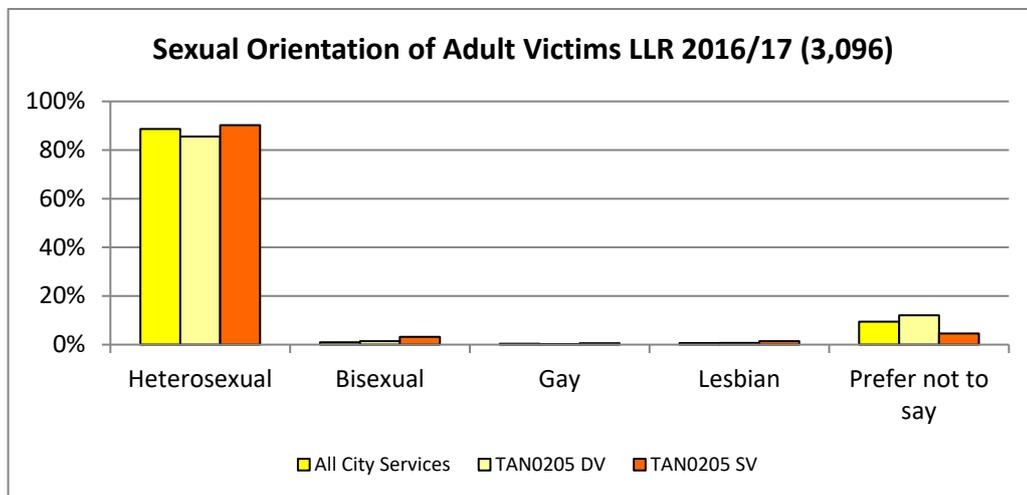
³⁷ Janice Ristock, (2005) Relationship Violence in Lesbian/Gay/Bisexual/Transgender/ Communities (2005)

³⁸ Hull, M., Donovan, C., & Owen, J. (2013). Commissioning Services for Victims/survivors of Domestic Violence/Abuse in Lesbian, Gay, Bi and/or Trans relationships. Sunderland: University of Sunderland, NEDAP & MESMAC.

³⁹ Parker, I. (2011) Victims of domestic abuse: struggling for support? Citizens Advice Bureau

⁴⁰ Donovan, C., & Hester, M. (2011). Seeking help from the enemy: help-seeking strategies of those in same sex relationships who have experienced domestic abuse. *Child and Family Law Quarterly*, 23(1), 26–40.

4.1.48.6 Chart 22: Sexual orientation of Adult Victims Leicester, Leicestershire and Rutland 2016/17



4.1.48.7 In the last year data collected by UAVA specialist services shows only 2% of cases where the victim identified as LGBT. In 96% of cases the service users stated they were heterosexual and the remaining 2% did not disclose this information. For several years this level has remained almost static. The LGBT population of Leicester is thought to be somewhere between 5%-7% so there is indication of under reaching/identifying this population.

4.1.48.8 The Trade Sexual Health charity advises and supports victim-survivors referred to the service through UAVA. The charity provides counselling and therapeutic support to victims from the LGBT community. In the last year the service provided 50 counselling sessions to victim survivors from Leicester, Leicestershire and Rutland referred by UAVA (4% of all counselling sessions delivered).

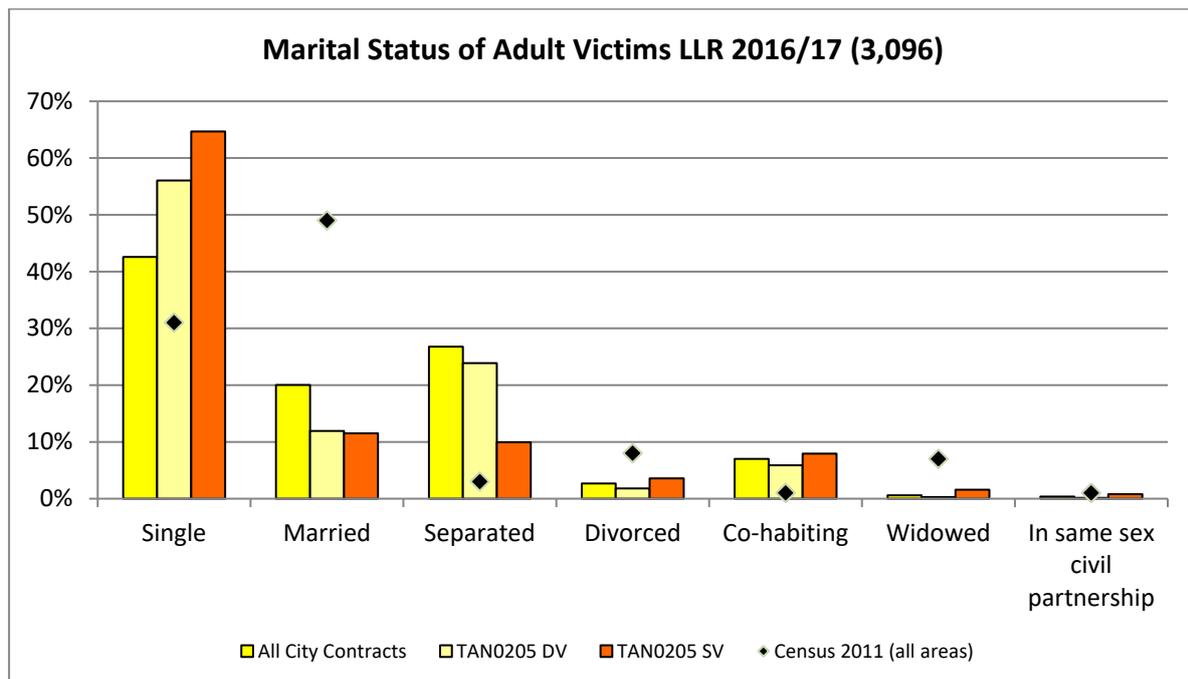
Recommendation 28: Initiatives to improve the reporting or identification rate for LGBT victim-survivors are considered within future campaign work and by each local partner agency.

4.1.49 **Marital Status**

4.1.49.1 CSEW data (2012) found that one of the characteristics most closely associated with domestic abuse was marital status. Separated women had the highest prevalence of any domestic abuse in the last year (19.8%), compared with other marital status groups. There is a known elevated risk of abuse around the time of separation. There is also an association between domestic violence and being a female single

parent, which may be as a result of domestic abuse rather than a risk factor for domestic abuse. Whilst rare, attempts to end a relationship are strongly linked to intimate partner homicide locally and nationally. Women are particularly at risk within the first two months of leaving an abusive relationship⁴¹.

4.1.49.2 Chart 23: Adult victim-survivor marital status Leicester, Leicestershire & Rutland 2016-17



4.1.49.3 Similar to findings nationally, local specialist (UAVA) service data shows that in the last year the victim-survivors least likely to access services are those who are married compared with those that are single or separated. This could be due to there being a smaller proportion of married people experiencing abuse or be more about barriers to accessing services, the time people are choosing to access services, or thinking that help is not available when still in the relationship.

4.1.49.4 There has been a growing number of service users that are single and separated accessing services. This is consistently larger than in the national Insights dataset; more victim-survivors locally access services when separated from the perpetrator.

⁴¹ Blacklock, N (2010), Domestic Violence resource manual, Respect

Recommendation 29: Further analysis into the 'married' cohort to see if there are distinct factors compared to the other categories to indicate how interventions might be better shaped.

4.1.50 **Pregnancy and Maternity**

- 4.1.50.1 Research shows that domestic violence and abuse can start or escalate during pregnancy⁴². Data collected nationally shows that domestic violence has been identified as a key cause of miscarriage or still birth and more than 14% of maternal deaths occurred in women who have told their health professional they are in an abusive relationship⁴³.
- 4.1.50.2 In the last year, there were 123 service users that identified as pregnant whilst accessing the UAVA services (4% of all primary service users). A further 61 service users stated that they had a baby in the last 12 months. On average the providers supported 31 pregnant service users in Leicester City each quarter. A larger proportion of pregnant service users accessed the Safe Homes Service and City Support and Information contract during 2016/17 (together supporting 83% of service users).
- 4.1.50.3 There are around 5,100 births in Leicester each year, and the city's birth rate is higher than for England as a whole. Although infant mortality rates are not significantly different from the England average, this varies across the city and rates are highest in the most deprived parts of Leicester. Although the birth rate is stabilising, forecasts show that by 2025, the population of young people aged 0-24 will increase by a further 138,100 (an increase of 7.4% from 2014)⁴⁴.
- 4.1.50.4 These figures imply an under-identification of pregnant victim-survivors of sexual and domestic violence and abuse.

Recommendation 30: Routine collection of the data (see previous recommendation) and promotional materials in pregnancy and maternity related services.

⁴² NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors

⁴³ Women's Aid (2015), Effects on pregnant women. Available from

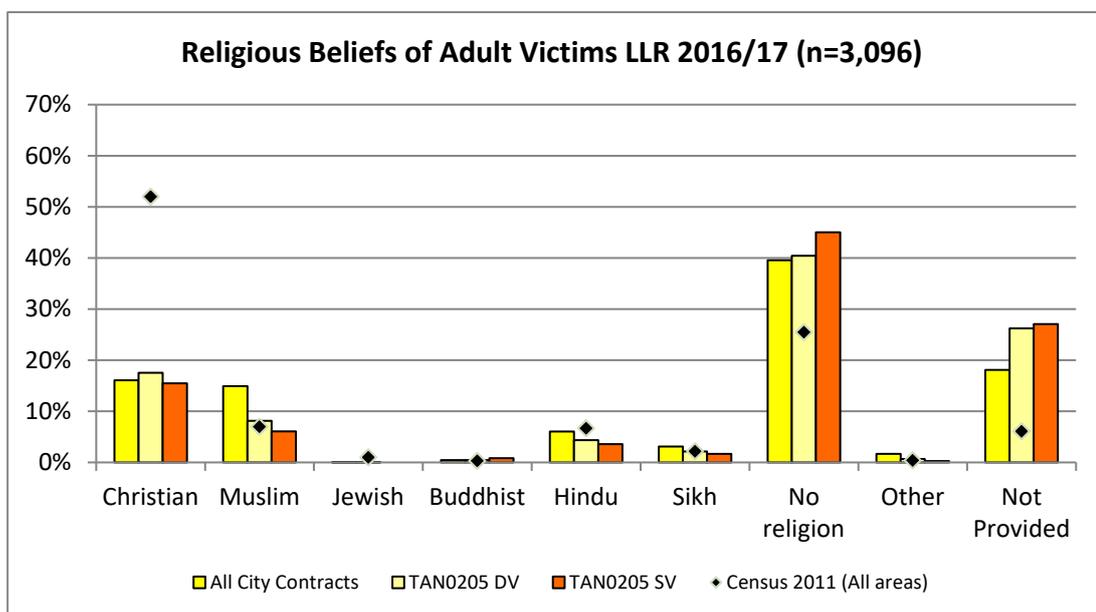
<https://www.womensaid.org.uk/fundraising-partnership-with-the-royal-college-of-midwives/>

⁴⁴ Leicester city, Joint Strategic Needs Assessment (JSNA). Available from <http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/cyp-jsna/>

4.1.51 Religion

4.1.51.1 There is limited data available from research into religious or generational barriers to reporting incidents of violence and abuse. Research from SafeLives suggests that barriers have come about as a result of honour and culture within different societal groups. Reluctance to disclose can be due to fear of repercussions, shame and for some a sense that their experience is a normal part of a relationship⁴⁵. Older religious generations may face additional personal and familial pressures to stay with an abusive partner⁴⁶.

4.1.51.2 Chart 24: Religious beliefs of adult victims 2016/17



4.1.51.3 The findings from UAVA services locally show that the most significant gap is those identifying as Christian. The data collected by the Police also shows that in many cases this information is not collected or provided by the victims. The data in chart 24 shows that across the spatial area, there are fewer reports of violence and abuse from Christian and Hindu populations than expected (based on local populations). The overall picture may also be influenced with the change in demographic since the Census data collected in 2011.

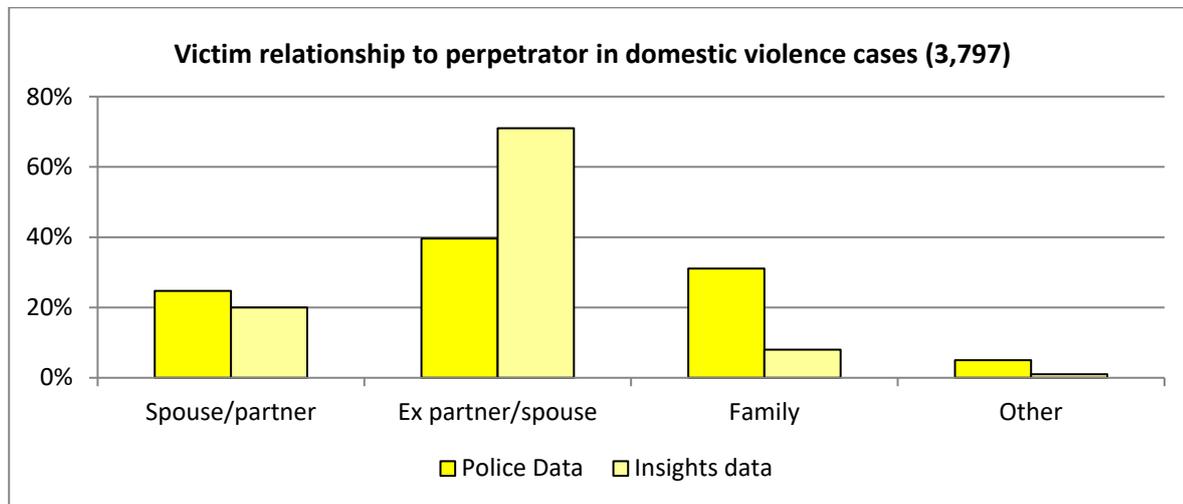
Recommendation 31: Further work on data recording for religion and belief and also further engagement work with Christian Faith organisations.

⁴⁵ Parker, I (2015) A link in the Chain, The role of friends and family in tackling domestic abuse. available from <https://www.citizensadvice.org.uk/Global/CitizensAdvice/Crime%20and%20Justice%20Publications/Linkinthechain.pdf>

⁴⁶ SafeLives.or (2012), Domestic abuse in older age groups: Spotlight report

4.1.52 Relationship to perpetrator

4.1.52.1 Chart 25: Domestic violence relationship to perpetrator 2016/17



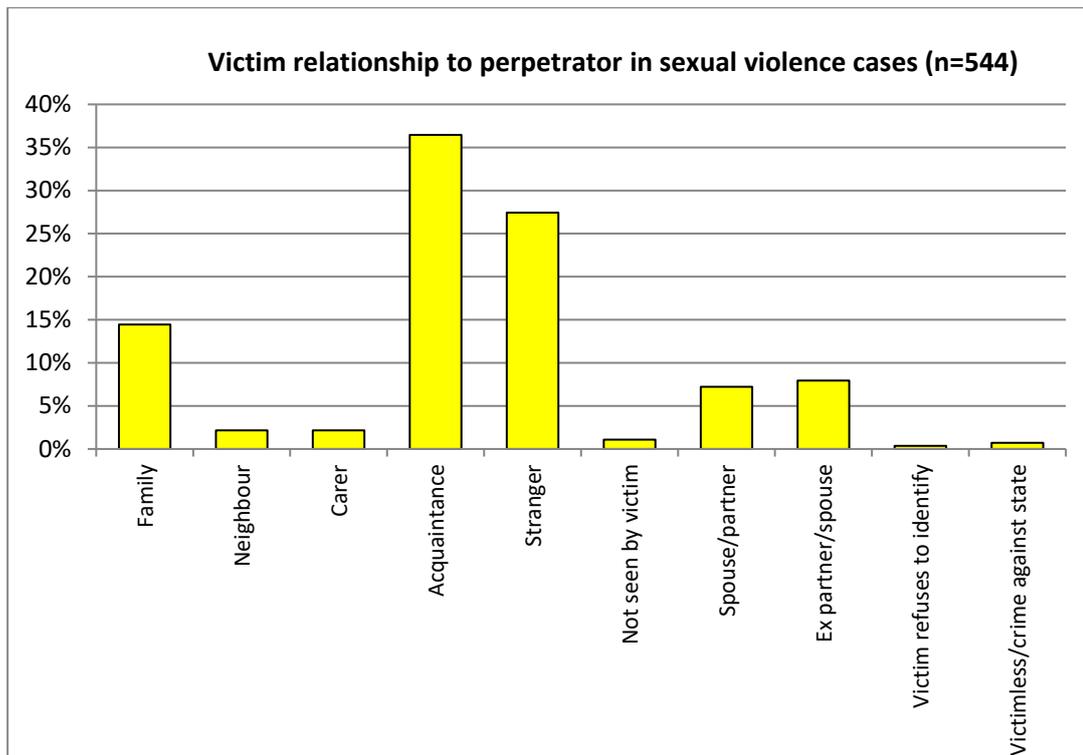
4.1.52.2 Domestic violence where the perpetrator is a family member of the victim is significantly more likely to be reported to the police than UAVA.

4.1.52.3 In the last year Leicester City Councils housing options service data showed that 150 individuals left homes as a result of domestic violence and that in 80% of cases the perpetrator of abuse was the partner, with 20% being familial. This is a slightly higher representation of familial domestic violence than the percentage in UAVA data.

4.1.52.4 Partner data in 2014 noted anecdotal reports of an increase in child to parent domestic violence, but the data around this issue is hard to identify. Through our work with Respect and four other local authorities, we learnt that adolescent to parent violence accounts for some 65% of the under eighteens coming to the attention of the police for domestic violence. Of the 560 families who had benefited (nationally) from the Respect Young People's Programme at the time of our Commissioning Better Outcomes project, 80% of the perpetrators were young boys and almost all the victims were Mothers. A disproportionately high percentage (60%) of the young people accessing this intervention had been exposed to parental domestic violence. Respect is a national domestic violence charity with a specific focus on addressing the behaviour described above.

Recommendation 32: Partner agencies to review data recording systems to be in a better position to routinely identify and extract data on adolescent to parent violence.

4.1.52.5 Chart 26: Sexual violence offences – victim relationship to perpetrator 2016-17



- 4.1.52.6 The chart above shows that less than 30% of sexual offences were committed by someone unknown to the victim, which is probably not the common perception, and that a significant proportion would be in a domestic violence context.

4.2 Needs and Vulnerabilities

4.2.1 Across Leicester, Leicestershire and Rutland the needs of people approaching services are assessed in a number of ways. For those agencies providing services wider than sexual and domestic violence, there may or may not be a specific question asked about current or historic experience of sexual or domestic violence. This may in turn relate to a marker on a system which can subsequently extract those records and pull out those people's specific needs as compared to the rest of the population. An example of this is the booking form that maternity services use. A domestic violence question is present in this form, but the figures could not be easily extracted to go into this report.

4.2.2 Some case recording systems do now have a flag for 'domestic violence' but a similar one for sexual violence is much rarer. Within domestic violence can be forced marriage, so called honour-based violence and adolescent to parent violence, and each cohort could have specific needs. The issues could affect young people directly or through their exposure to domestic violence within their parent/carers' relationships. This level of detail is not often captured or extractable outside of specialist domestic violence providers.

Recommendation 33: Each partner agency to identify how it can improve its internal data collection on sexual and domestic violence and abuse, including honour based violence, forced marriage and adolescent to parent violence.

- 4.2.3 Many contacts, even with specialist sexual and domestic violence providers, will not end up with any personal details being taken or a needs assessment being completed due to the nature of the interaction being one off advice, information or support.
- 4.2.4 Provider responses to this question also indicate that the meaning of need has different contexts, such as within a criminal justice process. It also often gets interlinked with understanding and assessing risk through the domestic abuse stalking and harassment assessment (the DASH) as risk assessments might be more standardised now than need assessments.
- 4.2.5 Within the specialist commissioned sexual and domestic violence provision (UAVA), there is increasing application of national tools. For sexual violence service users this is the Lime Culture Safety and Support (SAS) tool. For domestic violence and abuse this is often the Safe Lives Insights Intake Form (children and adults). This allows for comparison with other projects across the UK.
- 4.2.6 Many other VCS providers use some form of 'empowerment star' which allows an initial rating and reassessment on key areas of health and well-being.
- 4.2.7 All assessments are necessarily affected by levels of disclosure and the skill of the practitioner asking the question and extracting information in a supportive manner.
- 4.2.8 Validated measures of psychological distress and well-being, such as the CORE-OM and the Warwick mental health and well-being scale are also used by some local providers and show the significant (often in the 'clinical' population) levels of psychological distress present in those affected by sexual and domestic violence.

Recommendation 34: Commissioners and partner agencies delivering services consider validated measures such as Insights, SAS; CORE-OM; GAD-7, PHQ- 9, CAS and PTSD checklist as appropriate to establish a shared language of 'success' and also comparison across different cohorts.

- 4.2.9 **Mental health**
- 4.2.9.1 There is clear evidence of the adverse effect of sexual and domestic violence on women's mental health, that it can last for many years and that it leads to

increased use of mental health services⁴⁷. Frequently reported long term mental health effects of domestic and sexual abuse for women include depression, anxiety, post-traumatic stress disorder, psychosis, substance abuse, eating disorders, self-harm and suicide.

- 4.2.9.2 There are similar effects for male victims of abuse. A study relating to men experiencing and perpetrating abuse led by Professor Marianne Hester (Bristol University) found that men visiting their GP with symptoms of anxiety and depression were more likely to have experienced, and in some cases, perpetrated abuse⁴⁸. The findings from the study found that in a quarter of cases male participants had experienced negative behaviours associated with domestic violence (by a current or former partner).

Recommendation 35: Local GPs and CCGs to review and learn from the findings of the Bristol University Re-provide study combining IRIS and HERMES (identification and referral and access patterns) when published.

- 4.2.9.3 In the last year (where Insights data was collected for victims accessing support in Leicester, Leicestershire and Rutland), 55% (405) of victims were identified as having mental health needs. This is higher than the national average recorded by SafeLives Insights in the last year (40%). 13% of victims were identified as having suicidal thoughts (planned or attempted suicide in their lifetime) compared with 14% nationally.
- 4.2.9.4 Victim-survivors of sexual violence were also known to have a range of complex needs and vulnerabilities. Of victim-survivors supported through ISVA, mental health was presented as a need in nearly 25% of case profiles (84). 13% of ISVA clients also self-harmed or had a history of self-harm (52).
- 4.2.9.5 Data published in the most recent Joint Strategic Needs Assessment (JSNA) for Leicester shows that one in four adults of working age and one in ten adults of the general population have a 'common mental health problem', and common mental health problems are set to increase by 10% over the next ten years. The data also suggests that one in a 100 adults have a serious mental health condition. Prevalence rates from national surveys show 16-18% of working age adults may experience a common mental health problem at any time. Risk factors for poor mental health are high in Leicester. Significantly higher than average numbers of

⁴⁷ Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse
Gateway Ref: 6106; 15 Mar 2006

⁴⁸ Hester, M (2015), Men experiencing or perpetrating domestic violence linked with two to three-fold increase in mental health problems. Available from <http://policybristol.blogs.bris.ac.uk/2015/06/11/men-experiencing-or-perpetrating-domestic-violence-linked-with-two-to-three-fold-increase-in-mental-health-problems/>

people with depression are recorded in some of the most deprived areas in Leicester.

4.2.9.6 In Leicestershire one in ten people aged over 18 year in Leicestershire have a recorded diagnosis of depression. Public health data shows all districts in Leicestershire, apart from Oadby and Wigston, have a significantly worse rate of recorded depression compared to the national average.

4.2.10 **Problematic Substance Use**

4.2.10.1 Research published by the World Health Organisation showed that substance misuse is a factor in more than half of high-risk domestic abuse cases and that there is a strong relationship between alcohol and domestic abuse, violence and sexual assault⁴⁹. Alcohol has been found to be associated with victimisation, with research finding victims of domestic assault to have higher alcohol consumption than non-victims, and that the risk of violence increased with levels of consumption⁵⁰.

4.2.10.2 Local Insights data shows that in the last year alcohol misuse was a presenting need in approximately 4% of cases whilst drug misuse was present in 5% of all cases (where Insights forms were completed). This is a fairly stable figure over the years and across different providers. Both needs were identified in 2% of cases. Compared with data nationally, victim-survivors appear to be less likely to have (or disclose) needs relating to substance misuse in LLR.

Recommendation 36: Partner agencies to consider from the complex needs project when it concludes; and to review whether there is an issue of under-disclosure or under engagement regarding alcohol and drug use by victim-survivors and if so what can be done to increase this. Service providers to also consider their knowledge, skills, service response and working relationships with drug services to see if this can be improved as this is the more prevalent need.

4.2.10.3 The data collected through the ISVA provision for sexual violence victim-survivors shows similar results for substance misuse. Alcohol addiction was present as a need in 5% of cases. Drug misuse was less of an issue for sexual violence clients with only 1% disclosing an issue.

4.2.10.4 Amongst those suffering long-term domestic abuse, there is evidence that some victim-survivors might use alcohol to cope with the effects. A report on intimate partner and sexual violence against women by the WHO found that women who

⁴⁹ World Health Organisation (2013), Intimate Partner Violence and Alcohol, available at http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf

⁵⁰ las.org.uk (2011), Alcohol, Domestic abuse and Sexual assault

suffered domestic abuse from their partners were twice as likely to drink after the abuse⁵¹. Research from the London Metropolitan University suggests that it is also not uncommon for victims of sexual violence to become substance dependent as a coping strategy as a result of the violence they have experienced⁵².

- 4.2.10.5 Offences recorded by the Police capture additional risks on the system, such as where alcohol and drugs are contributing factors; this is recorded for each crime. In the last year there were approximately 1,715 domestic violence offences where alcohol was flagged as a factor in the offences (in 24% of all Domestic Violence offences). Drugs were identified as a factor in 7% of domestic violence related crimes (526 offences). There were 439 Domestic Violence offences where both drugs and alcohol were recorded as a factor in the offence (6% of all Domestic Violence crime). Alcohol was identified by the police as a factor in 254 crimes (15%) and drugs in 254 offences (5%), in all sexual violence offences.
- 4.2.10.6 The difference between police and UAVA figures for alcohol could be related to disclosure, identification of risk and/or likelihood of the police being called if alcohol is a factor. There would need to be some further analysis of where incidents are taking place and who is calling the police in order to increase understanding of this issue. It might also be that this is a population that UAVA are not yet reaching. The level of drug use identified is similar across police and UAVA data.

Recommendation 37: Further analysis is undertaken into the police data on domestic violence crimes and incidents where alcohol is flagged as an issue.

4.2.11 Finance

- 4.2.11.1 Financial dependence and finance, in general, poses a risk to victims of abuse and in some cases can also increase the vulnerability to sexual and domestic violence⁵³. Data collected through Insights on the financial needs of victim-survivors shows that in approximately 30% of cases in the last year, victims were struggling to pay for basics/essentials (home, bills, food and child support) compared with 22% nationally. Victim-survivors across LLR were likely to be in a worse off position compared to other regions with 16% able to save money (compared with 22% nationally) and 3% reporting that they were comfortably managing (compared with 6% nationally).

⁵¹ WHO (2016), Intimate partner and sexual violence against women Available from: <http://www.who.int/mediacentre/factsheets/fs239/en/>

⁵² Violence, abuse and mental health in England (2015) (REVA Briefing 1): Natcen, Truth Consulting and CWASU, London Metropolitan University

⁵³ Bornstein, R. (2006). The complex relationship between dependency and domestic violence: Converging psychological factors and social forces. *American Psychologist*, 61(6), pp.595-606.

Recommendation 38: Partners agencies and providers to consider the level of financial need when designing services and that it is taken into consideration in the next strategy in light of changes to the revenue and benefits system with the roll out of universal credit.

- 4.2.11.2 Recent research shows that the use of financial abuse such as control and exercising power within a relationship through the use of money is a significant issue and not always easily recognised. The survey carried out by the Co-operative Bank and Refuge (4,002 surveys) reveals that one in five adults in the UK have experienced financial abuse in a past or current relationship. Overall the report shows that while the majority of people who report experiencing an incident of financial abuse are in heterosexual relationships (88%); men in same-sex (8%) relationships report disproportionately higher levels of financial abuse than lesbians (2.4%). In addition, those with a disability appear to be more likely to experience financial abuse, 53% of all reported cases in the study⁵⁴.
- 4.2.11.3 Financial abuse rarely occurs in isolation; the vast majority of financial abuse victims (82%) also experience other forms of abuse in their relationship. This may explain why a third of all victims (34%) who have experienced financial abuse have kept silent and told no-one; 67% of whom are women.
- 4.2.11.4 In the last year, data from Insights locally shows that in 5% of cases the victims had no recourse to public funds (41 people). More recent data from the three months April to June 2017 shows 55 victims that had no recourse to public funds (24% of the insights population for which data was collected). This is already 34% higher than the number recorded in the last year.

Recommendation 39: DVA Exec to consider the development of a local protocol detailing the process and expectations relating to service provision for those experiencing sexual or domestic violence with no recourse to public funds.

4.2.12 **Immigration**

- 4.2.12.1 With no recourse to public funds (NRPF), it can be very difficult to access a place of safety. Only some refuges can accept victims of domestic violence with no recourse to public funds, and then, if they are accommodating any victim-survivors in this situation already, at financial cost to that VCS organisation, they often cannot accept another person in such a situation. Data collected on the cohort supported

⁵⁴ Sharp-Jeffs, N (2017) Research into the extent and nature of financial abuse within intimate relationships in the UK

by ISVA shows that there was a financial need in nearly 5% of cases (15 cases) and 4% of the total population had no recourse to public funds (12 cases). We are unable to establish from the data whether those identified as having no recourse to public funds also registered as having a financial need. The information collected by the provider and the reporting mechanisms during 2015/16 were limited however this has now changed to a raw data report since July 2017.

Recommendation 40: Continue to routinely report on the number of victim-survivors identified as having No Recourse to Public Funds, their risk levels (DASH) and their outcomes.

4.2.13 **Housing**

- 4.2.13.1 There is a critical need for victims of domestic violence and sexual violence to be able to access safe housing. Lack of safe housing is a key factor in vulnerability to sexual and domestic violence and in risk of injury.
- 4.2.13.2 Research published by Shelter in 2007, found domestic violence to be a factor in one out of eight new cases of homelessness, accounting for around 10,000 homeless households every year; their recent research found 13 per cent of applicants accepted as homeless by local authorities became homeless because of domestic violence ⁵⁵.
- 4.2.13.3 The 2016/17 Statutory Homelessness⁵⁶ figures for Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts show that 100 people were accepted as being homeless and in priority need in the last year in Leicester. A further 337 people were identified in the County and 22 in Rutland; in total 459 were accepted as being homeless in our area in the last year.
- 4.2.13.4 In the last year, of presentations made to Leicester City Housing Options there were 140 cases where customers stated they were victims of domestic violence. Approximately 30% of victims accessed the service for advice whilst 56 victims required temporary accommodation/refuge services (38%). 46 people were placed in temporary accommodation or refuge (82%) whilst ten victims could not be placed (18%). In the remaining cases the customer either refused the service or was not eligible and referrals were made outwards to relevant services. There were also

⁵⁵ Shelter.org (2015), Homelessness available from https://england.shelter.org.uk/__data/assets/pdf_file/0004/66379/Homelessness_factsheet.pdf

⁵⁶ The statutory homelessness count refers to the number of households over the course of a year which the local authority has agreed it has a duty to house under the 1996 Housing Act. Households are accepted if they are eligible, unintentionally homeless, and in a priority need group. Priority need groups include households with dependent children, pregnant women and vulnerable individuals.

a proportion of clients with which the service was unable to establish contact (19%).

Recommendation 41: Housing services to collect detailed information to allow for an understanding of how circumstances and factors can influence outcomes.

- 4.2.13.5 'Sanctuary schemes' have been introduced nationally, as a model of intervention, designed to enable survivors, and their children, to stay safely in their own homes, if that is their wish and if it is assessed to be safe to do so. The scheme is available across all types of tenure, but is not appropriate where the perpetrator lives within the accommodation concerned.
- 4.2.13.6 In the last year the sanctuary scheme provided by the Safe Home refuge service secured 50 homes in the City. The other service in Leicestershire provided by 24/7 locks secured 251 homes across Leicester, Leicestershire and Rutland.
- 4.2.13.7 Insights data recorded on victim-survivor circumstances at intake shows housing was identified as a need in approximately 206 of cases last year (27% of the Insights population). Data collected by ISVA on the population affected by sexual violence shows that homelessness was identified as a need in approximately 3% of SV cases (11 case profiles). 5% of all referrals made to the safe home were people fleeing sexual violence (36 referrals).
- 4.2.14 **Forced Marriage and Honour Based Violence (HBV)**
- 4.2.14.1 Both forced marriage and HBV are issues that affect a wide range of people from all backgrounds and religions. Research suggests there is also a close link between domestic and sexual violence and cases where forced marriage and HBV has been identified as a risk. In addition to this there are other risk factors which may lead to forced marriage and DVSV offences motivated by honour (e.g. victim has no recourse to public funds)⁵⁷.
- 4.2.14.2 In the last year the Forced Marriage Unit (FMU) gave advice or support in a possible 1,428 cases across the UK, representing an increase of 14% (208 cases) from the previous year. The majority of cases (80%) involved women victims. The data records suggest that forced marriage is significantly under reported with little data available both nationally and at a local level. The 'focus country' is the country to which the forced marriage risk relates. This could be the country where the forced marriage is due to take place or the country that the spouse is currently residing in

⁵⁷ Hester, M and Chantler, K (2007), Forced marriage: the risk factors and the effect of raising the minimum age for a sponsor, and of leave to enter the UK as a spouse or fiancé(e)

(or both). In 2016, the FMU handled cases relating to 69 'focus' countries which a victim was at risk of, or had already, been taken to in connection with a forced marriage. The six highest volume countries in 2016 were:

- Pakistan - 612 cases (43%).
- Bangladesh - 121 cases (8%).
- India - 79 cases (6%).
- Somalia - 47 cases (3%).
- Afghanistan - 39 cases (3%).
- Saudi Arabia - 16 cases (1%).

- 4.2.14.3 In the last year there were no offences recorded by Leicestershire Police that related to forced marriage. Data collected through our commissioned services show a gap in the numbers accessing support from Asian/Asian British backgrounds when compared to the Census local population and more specifically victims from Indian and Pakistani backgrounds.
- 4.2.14.4 There is no specific Home Office crime classification relating to so-called 'honour-based violence' but Leicestershire police have implemented a mechanism enabling violent offences which had been motivated by 'honour' to be flagged as such. In the last year HBV was flagged against 47 recorded offences across Leicester, Leicestershire and Rutland. In 84% of cases the victim was female and similar to data nationally the majority of victims were under the age of 35.
- 4.2.14.5 In the last year, forced marriage was identified as a risk in 15 Insight cases across LLR; approximately 2% of all cases. 38 people were identified as at risk of honour-based violence, representing approximately 5% of the total insights population. In 13 cases (2%) there was a risk of both forced marriage and HBV. Compared with data nationally, victim survivors in LLR were more likely to be at risk of HBV when compared to national data (5% compared with 3%), whilst relatively similar for those at risk of forced marriage.
- 4.2.14.6 The number of victims identified at risk of forced marriage through the Insights data in Leicester during 16/17 was slightly lower than the previous year (eight at risk of forced marriage compared with 12). The same could be said about cases involving an element of so called 'honour based' violence (33 cases compared with 38 in the previous year).
- 4.2.14.7 In the Statutory Multi-Agency Guidance on Forced Marriage there is a duty to monitor forced marriage in order to be able to reassure that it is being identified and responded to appropriately.

Recommendation 42: The next strategy considers how to improve the identification of forced marriage and honour-based violence. Local partners collate information on forced marriage risk and honour-based violence.

4.2.15 **Multiple Issues**

- 4.2.15.1 In many cases victim survivors are faced with multiple needs or disadvantage, therefore a range of services need to be made available to meet the needs of service users.
- 4.2.15.2 Mapping the Maze is a model developed by Against Violence and Abuse (AVA), their report aims to map service provision specifically for women facing homelessness, substance misuse, poor mental health, offending and complex needs generally supporting the needs of victim-survivors⁵⁸. In their research on services for women experiencing multiple disadvantage they found women experience multiple disadvantage in different ways to men.
- 4.2.15.3 The research findings showed that all but nine (out of 173) local authority areas across England and Wales are home to at least one type of support for substance use, mental health, offending or homelessness. And in only 19 areas in England (none in Wales) do women have access to support for all these issues. The data showed that in the majority of areas in England there is no support specifically for women affected by substance use or homelessness.
- 4.2.15.4 Local partner Panahghar, report that in 2016-17, 100% of the women admitted to their refuge faced four or more additional barriers; that 81% were experiencing honour-based violence and 63% had an insecure immigration status. They also note that “for BME older women, health, language, religion and concepts of shame and honour and disowned by family are even more exacerbated and they are less likely to report and in our experience need more outreach and one to one support before they are able to come forward.” (Sobia Shaw, Panahghar 2017).

Recommendation 43: DVA Executive agree a definition of multiple disadvantage, this is then applied routinely to victim-survivor data sets to identify numbers and outcomes.

4.3 **Outcomes and Impact on Outcomes**

- 4.3.1 Accessing a service can be an outcome when so often people suffer in silence without telling an official agency. Attendance at appointments can be a success and can be a significant hurdle following trauma. Local provider First Step

⁵⁸ Mapping the maze (2017), Services for women experiencing multiple disadvantage in England and Wales. Available from: https://avaproject.org.uk/wp/wp-content/uploads/2017/09/Mapping-the-Maze-executive-summary-for-publication.pdf?mc_cid=fca9057c32&mc_eid=2d734b1bbf

highlights the breadth of what success can look like in their response to the needs assessment: “It is also important to recognise the simplest of differences i.e. being able to remain in a room with strangers, eye contact, accepting a drink etc. Reduction in medication or substances”.

- 4.3.2 Impact can also include the basic and immensely important first step of having safe and secure accommodation, accessing health services and having information about options.
- 4.3.3 Many agencies wrote of satisfaction, exit and service user surveys in general when assessing their impact. These can be completed at the point of service exit, or in some period after accessing the service.
- 4.3.4 With the SafeLives Insights system, exit questionnaires are completed which link up service users anonymously to show shift from intake and to capture what work has been undertaken. These questionnaires capture information such as exposure to abusive behaviour, sustainable reduction in abuse (workers perception), feelings around safety, physical and mental health scores and length of time with the service.
- 4.3.5 Reassurance processes undertaken by the local safeguarding boards evidence how partner agencies they know they are safeguarding adults and children and also that they are listening to the voice of the child or adult concerned.

4.3.6 **Housing**

- 4.3.6.1 Research undertaken by the Council of Europe (CE) in 2007 recommends 1 family refuge space per 10,000 of the population. Table 13 below depicts the number of expected refuge units of accommodation within each of the areas.

4.3.6.2 Table 13: number of expected refuge units based on CE recommendation

Area	Population (Census 2011)	Recommended refuge units	Refuge units 2016-17
Leicester	329,839	32.9	48
Leicestershire	650,489	65.0	12
Rutland	37,369	3.74	0

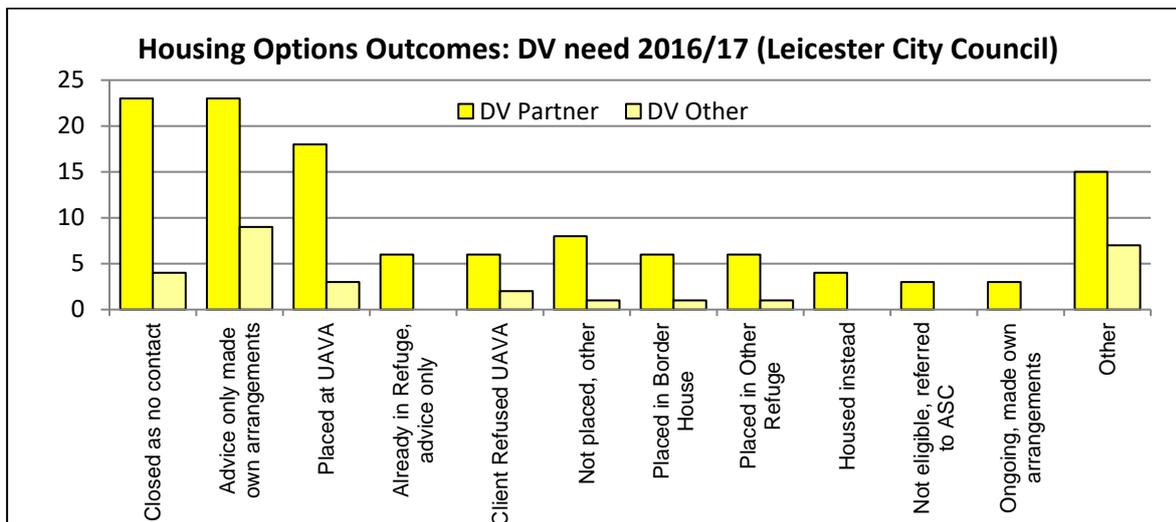
- 4.3.6.3 Whilst there are a number of refuges within the city, currently only 19 bed spaces are commissioned by the Local Authority. 12 units of refuge are provided by Panahghar, ten by Women’s Aid Leicestershire Limited (both currently funded through a DCLG project) and seven by Action Homeless. Whilst these are located in the City they are still open to others who wish to access from out of area as many victims are not safe in their home area.

- 4.3.6.4 In the County the number of refuge bed spaces is below the recommended levels. There are 12 refuge spaces available over two refuges.

Recommendation 44: DVA Executive and commissioners consider the level of refuge units recommended by population size, and the national picture of refuge provision when considering the local service commissions.

- 4.3.6.5 In the last year the Leicester City Council Housing Options team supported 149 people affected by domestic violence (as recorded on Northgate). Of presentations made to Housing Options there were 121 people affected by a partner and 28 people affected by some other person (in the household). The chart below in 4.3.13 shows the outcomes for these customers.

- 4.3.6.6 Chart 27: Housing Options outcomes 2016/17: Customers with a domestic violence need presenting to Leicester City Housing Options



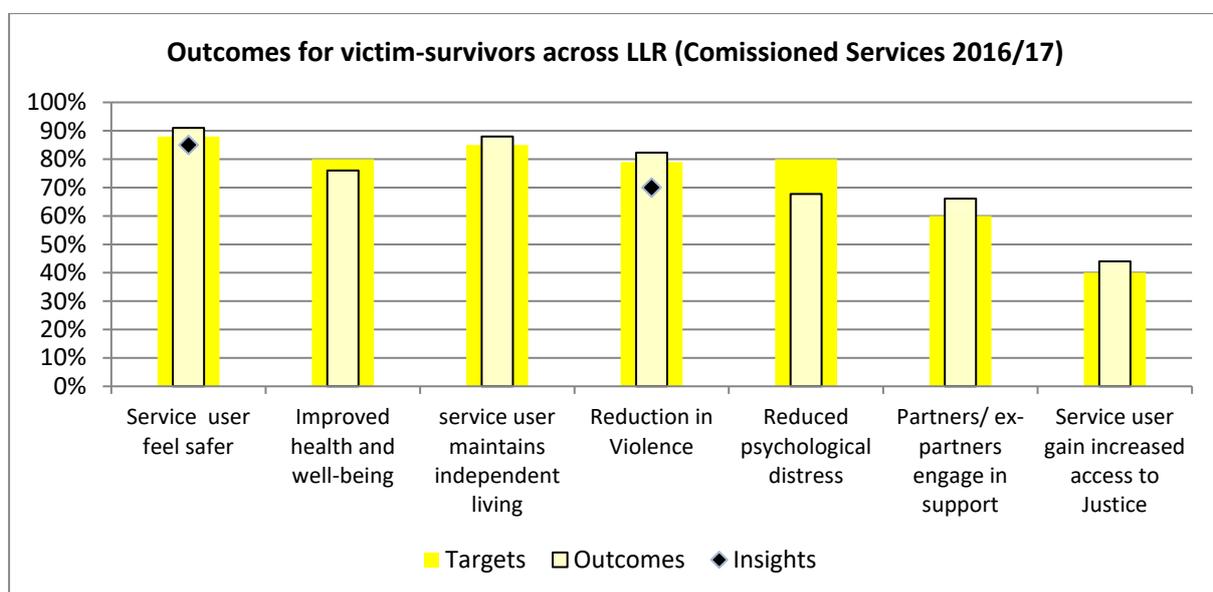
- 4.3.6.7 The most common outcomes for service users have been displayed in the chart. There are some outcomes which have been categorised under other due to lower occurrence or prevalence. These outcomes include service users:

- Placed at Dawn Centre (2)
- Service user not placed (2)
- Customers from another local authority (2)
- Customers already in UAVA (2)
- Placed in B&B (2)
- Placed YMCA (1)
- Ongoing (1)
- Not eligible , no notes (1)
- Returned to perpetrator (1)

4.3.6.8 **Specialist sexual and domestic violence services (UAVA)**

4.3.6.9 In the last year the Leicester City Safe Home Service received 773 referrals for housing related support. They went on to support 769 adults. 50 homes were secured through the safe home service sanctuary scheme, preventing homelessness. In 10% of cases the victim survivor had already been subject to a previous move as a result of domestic violence, so a repeat move or homelessness presentation was prevented. 132 victims were accommodated in the refuge units provided.

4.3.6.10 Chart 28: Outcomes for service users 2016/17 from the specialist commissioned SVDV services

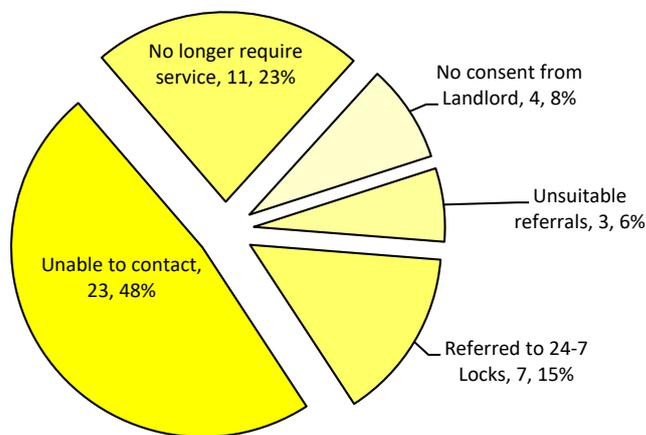


4.3.6.11 Compared to the national Insights dataset, victim-survivors in Leicester, Leicestershire and Rutland were more likely to experience positive outcomes compared to similar projects in other areas. The percentage of service users feeling safer and witnessing a reduction in violence was approximately 7% higher throughout LLR than national data.

4.3.6.12 The Safe Home Service commissioned by Leicester City Council encountered a number of issues which limited the impact and outcomes for service users.

4.3.6.13 Chart 29: Reasons for sanctuary work not being completed 2016/17

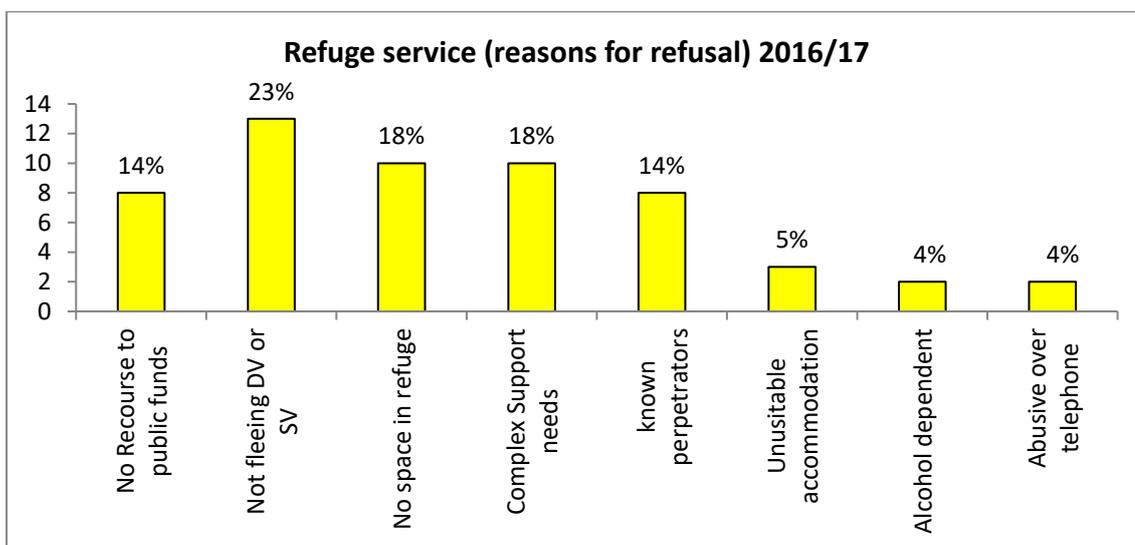
Unsuccessful sanctuary referrals (case closure reasons) 2016/17



4.3.6.14 In the last year approximately 56 people could not be accommodated by the refuge service following a referral. The reasons are collated below, and show that as frequently as people were not accommodated because there was not a space, people also could not be accommodated because their needs could not be supported safely in the refuge setting.

Recommendation 45: Routine data collation on reasons victim-survivors could not be accommodated is aligned across all local authority housing teams and providers of refuge, outreach, counselling or helpline services.

4.3.6.15 Chart 30: Reasons victim-survivors were not accommodated by UAVA SHS 2016/17



- 4.3.6.16 In 2016-17 UAVA faced issues relating to their ability to meet demand. Service users might have struggled to access services, had to wait to receive support and during this process some might have given up trying to access the service. The UAVA helpline data shows that of all calls received in the last year approximately 19% went missed or unanswered. This amounts to a total of 2,162 calls. It is difficult to distinguish whether all these were from service users as some may be from agencies and also how many potential service users did not access a service as a result.
- 4.3.6.17 At the end of 2016/17, there were approximately 572 people recorded as 'waiting' for services provided within the UAVA Support and Information contract. During 2016-17 the waiting list increased but the provider has taken steps to better understand, reduce and manage the waiting list more effectively, making significant reductions in the amount waiting more than two weeks. There remain some eight to 10-week delays in assessment and accessing certain elements of provision (such as counselling or group support), and some cases of difficulties in accessing the service, and this is a concern.
- 4.3.6.18 In the last year 136 referrals were made to the Jenkins Centre. During this time 35 victim survivors accessed the Partner Support Service (PSS). In 51% of cases the partner had not previously accessed any support, advocacy or advice from a specialist domestic violence service. This highlights the importance of the PSS in being able to reach women who had never previously sought advice or support about their domestic abuse experience, enabling them to make informed choices.
- 4.3.7 **Early Help Outcomes**
- 4.3.7.1 Early help performance data in Leicestershire is collected as part of the Children's Centre Programme, identifying the number of people supported through one to one and group support. In the last year 37 individuals accessed targeted domestic abuse group support and 123 individuals received one to one domestic abuse support through this programme. The outcome data shows that 71% of individuals reported that the impact of domestic abuse had reduced following the intervention.
- 4.3.8 **Project 360 Engagement Service**
- 4.3.8.1 Project 360 is a secondary responder programme in which engagement workers, with an expertise in assisting victims of domestic violence, work from within the police force. This was originally piloted with input from the University of Leicester and involved a randomised control trial. In the last year the service received 1,004 referrals for support provided by Living Without Abuse (LWA) engagement workers.
- 4.3.8.2 The results from the project in 2015 found that victims receiving the specialist early intervention were significantly more likely to take action and report future incidents. Victims in the treatment group reported worsening stress levels and

were also more likely to report a worsening of sleep, and poorer outcomes for life control and mental health. This was not seen as surprising as those victims who received the intervention were more likely to take steps to separate from an abusive partner. Measures of quality of family life and quality of life overall both significantly improved for the treatment group relative to the control group and victims in the treatment group were 22% more likely to report improvements in their quality of life.

4.3.8.3 **Safeguarding referrals/notifications**

In the last year UAVA services reported making 11 safeguarding referrals to Adult Social Care. 73% of referrals (eight) were made by the Information and Support contract and the remaining (three referrals) were made by the Safe Home Service. The outcome of these referrals has not been recorded by the provider in previous reports, but should improve going forwards.

Recommendation 46: Partner agencies to improve the recording of outcomes for individuals and families where safeguarding referrals were made.

4.3.9 **Impact by ethnicity**

4.3.9.1 During 2016/17 outcomes for Black and Minority Ethnic (BME) clients were compared to non BME clients of UAVA services, to monitor the risk of BME victim-survivors achieving poorer outcomes due to the lack of a BME specialist commission. The analysis incorporated measuring outcomes from Insights on the percentage of service users from BME populations reporting improved health and well-being, feeling safer and reduction in violence against those from Non-BME backgrounds. The analysis shows that whilst this does fluctuate, there is little evidence at the moment to suggest systemic likelihood of poorer outcomes for the BME cohort in Leicester, Leicestershire and Rutland.

Recommendation 47: Commissioners and service providers to check domestic violence and abuse victim-survivors outcomes by ethnicity routinely.

4.3.9.2 There has been some initial analysis, where the data can be extracted, to understand better the demographics of the groups where there remains a larger gap in service access. The population gap of Asian/Asian British survivors accessing support is approximately 11% less than the local census population data in Leicester. Analysis into the factors that may act as a barrier to underreporting shows that there may be a possible link between Asian/Asian British victims having children and still residing with the perpetrator.

Recommendation 48: Continued analysis of needs and outcomes for the under-accessing groups to better understand barriers and generate suitable initiatives to address.

- 4.3.9.3 The percentage gap in older victim-survivors is more striking with the number of victims over 55 accessing support standing at 21% lower than the local expected population. The data shows that of the victims reporting from older age groups, the majority were White British. There were lower reports from victims from BME populations, with victims from Black or Black British backgrounds less likely to report, suggesting multiple barriers to reporting being experienced simultaneously.

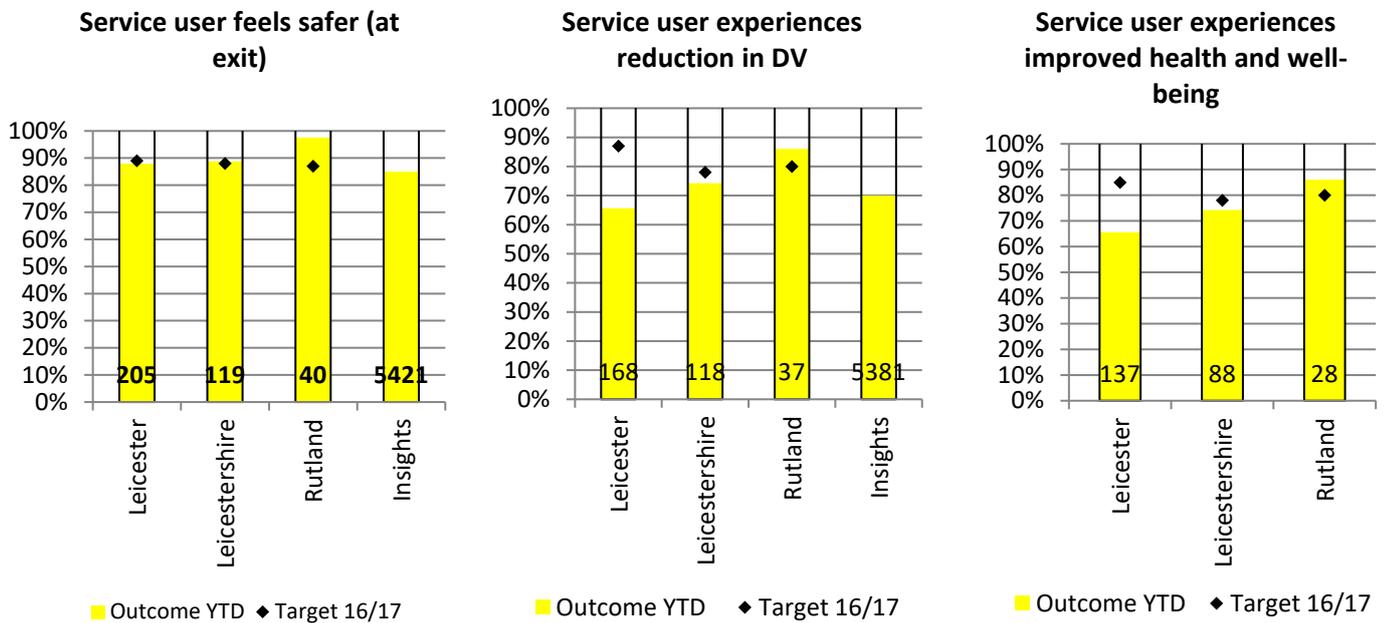
Recommendation 49: Providers to consider targeted work with Asian/ Asian British victim-survivors of sexual violence.

- 4.3.9.4 The average length of abuse for victim-survivors over 55 accessing support in the last year was approximately 14.5 years. Service users from BME backgrounds were more likely to experience longer terms of abuse with the average abuse for BME victims being 19 years compared with 11 years for White British victims.

4.3.10 **Impact by location**

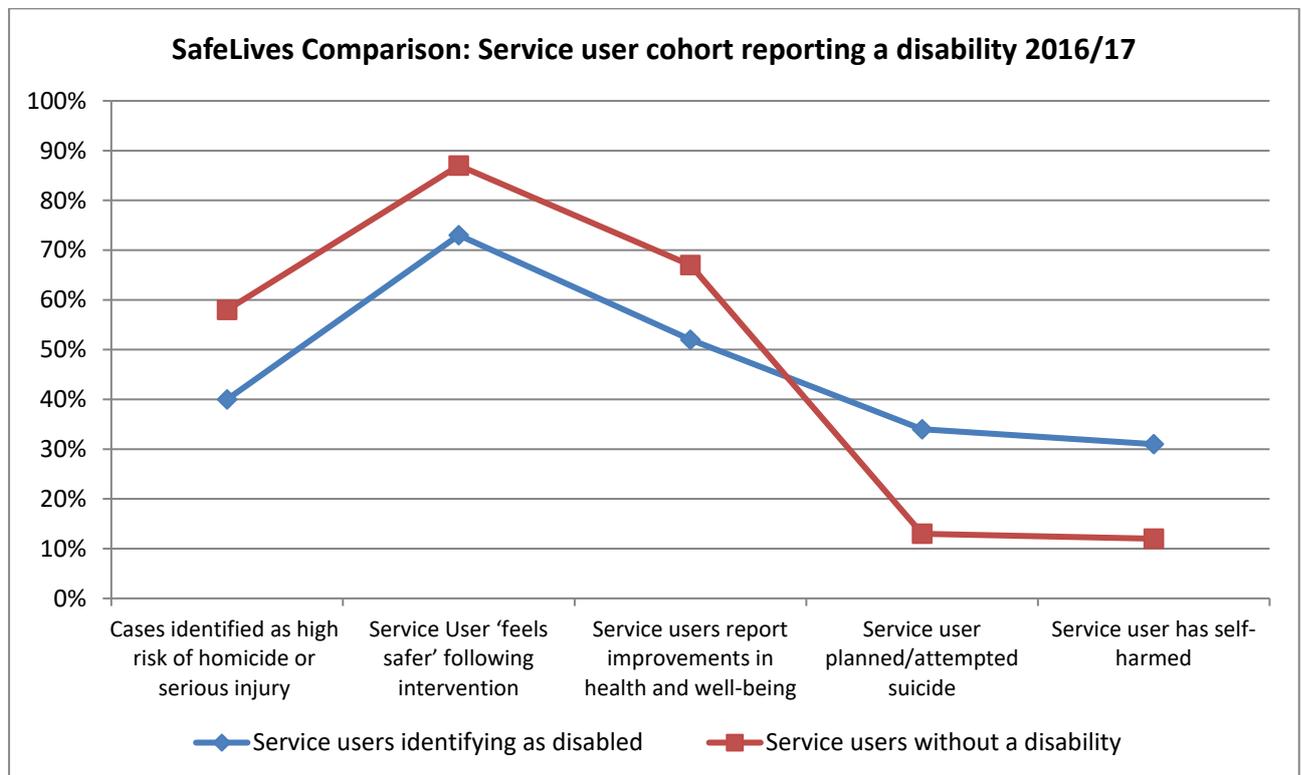
- 4.3.10.1 The outcomes for Leicester residents have frequently been lower than those achieved for Leicestershire and Rutland residents since the commissioned services combined to deliver across the area. Other than demand levels, the provider has no specific understanding of why this disparity might exist. Further analysis, to see where there is a correlation is needed. The outcome comparisons have been depicted below and have only been evident since December 2015.

4.3.10.2 Chart 31: UAVA service user outcome comparisons



4.3.11 **Impact by vulnerability**

4.3.11.1 In the last year additional analysis has been completed comparing the outcomes for service users with disabilities and long-term illness against the rest of the victim population. The information shows that service users with disabilities were likely to undergo longer term abuse and be less likely to be identified as at high risk. Some of the comparisons are displayed below.

4.3.11.2 Chart 32: SafeLives comparisons where service user identified as disabled

4.3.11.3 The data above is based on information collected on victim-survivors accessing service in the last year. Where the service user was asked whether they had a disability, 70 people said they did. The remaining population represents 343 people. The comparison chart shows how the outcomes for service users with disability differ when compared with service users without a disability.

4.3.11.4 More service users from this cohort were at risk of further harm such as planned or attempted suicide or had a history of self-harm. Service users with a disability were also likely to suffer from longer terms of abuse. The average length of abuse for this cohort of service users in the last year was 9.4 years compared with 5.5 years for victim-survivors without a disability.

Recommendation 50: Routine reporting to the LSABs on needs and outcomes comparing those identifying as having a disability with those not. Providers consider the implications of these findings with their own service design and delivery. There is a commitment considered in the new strategy to reduce this inequality.

4.3.12 **Impact by length of abuse**

4.3.12.1 Analysis into victim-survivors that suffered longer terms of abuse identified a number of key characteristics and factors which were detrimental to outcomes.

These victims were likely to be over 55 years of age, without any children in the household. Victims were known to have disabilities such as physical impairments and the abuse was inflicted by an intimate partner. Despite the complexity of needs being low, the outcomes for service users were poorer than other service users. The findings show that in at least 50% of cases where the victim suffered long term abuse, the risk of violence still remained at exit from the service. Feelings of safety were moderate to high for this cohort of service users at service exit.

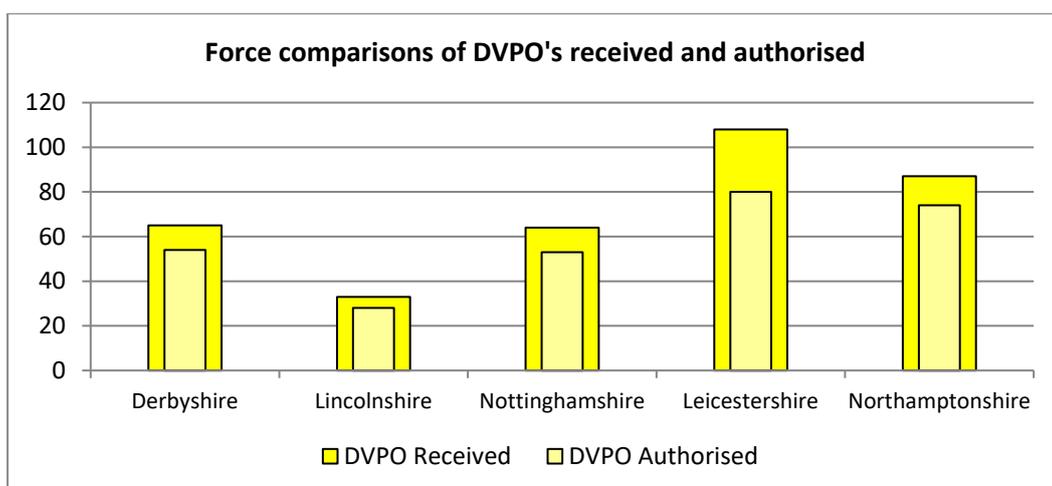
Recommendation 51: Further analysis and routine reporting on those victim-survivors with longer term abuse to inform earlier engagement initiatives. The new strategy focuses on earlier intervention.

4.3.12.2 Police and Crown Prosecution Service (CPS) Outcomes

According to the most recent report published by the HMIC, there were approximately 54 arrests for every 100 crimes flagged as domestic violence by the Leicestershire Police, which was amongst the lowest level across all police forces. In the last year the average arrest rate for domestic violence offences was 45% and mid-table compared to other Forces in the UK.

4.3.12.3 In the last year across Leicester, Leicestershire and Rutland there were a total of 82 domestic violence protection notices issued by the Police and 67 domestic violence protection orders were granted or authorised, which is a slight uptake from the previous year.

4.3.12.4 Chart 33: DVPO benchmarking 2017 (Jan-Oct) Police force comparisons



4.3.12.5 A total of 1,235 cases relating to domestic violence were heard at court in the last year. In approximately 81% of cases there was a successful prosecution (995 cases).

There was a slight shift showing improvements from the previous year (77%). The conviction rate for domestic abuse was slightly higher than the rate nationally (76%) and the average convictions in East Midlands in the last year (78%).

- 4.3.12.6 During 2016/17, 791 cases were linked to rape offences. In approximately 64% of cases there was a successful prosecution. The number of successful prosecutions in Leicestershire were higher than average for the last year (58%) however slightly below the average for the East Midlands (65%). This has dropped significantly in the early part of 2017/18.
- 4.3.12.7 2,164 cases were heard relating to other sexual offences. In approximately 77% of cases there was a successful conviction, which was lower than conviction rates nationally (79%) and the average for East Midlands (82%).
- 4.3.12.8 Leicestershire Police aims to improve the quality of service it provides to the community through a confidence and satisfaction survey. The aim of the survey is to find out whether the needs and expectations of the public are being met, and to act on any areas where improvement is needed. There are three main streams of surveying that the Police use to inform these decisions; the victim satisfaction surveys, the Crime Survey of England and Wales and Leicestershire's local confidence survey (CBS, Community Based Survey). The satisfaction surveys for domestic violence and for sexual violence were not carried out in 2016-17.

Recommendation 52: Partner agencies review the report on service user involvement from DMU (2017) and identify how they can individually improve the service user involvement of victim-survivors of sexual and domestic violence in the provision of their services.

- 4.3.13 **Learning lessons from cases which don't go as hoped (qualitative data summary)**
- 4.3.13.1 Many partners mentioned the challenges around communication within organisations and between organisations; strategic to operational; specialist teams to generic workers; across different multi-agency operational systems.

Recommendation 53: New strategy considers the need to improve internal as well as and external communication around the services and key messages.

- 4.3.13.2 Some providers, and several specialist practitioners, mentioned the importance of having a trained and skilled workforce; that thought of the whole family, didn't victim blame, and which had a working knowledge of coercive control and risk indicators. There is concern about the impact on service users of 'high staff

turnover', and new staff without the same skill and knowledge base, particularly in relation to social workers.

Recommendation 54: Partner agencies consider what data they could report on regarding workforce turnover and staff training on SVDV. DVA Executive to consider making a commitment to establishing a training competency framework for DVSV that can be applied and reviewed across partner agencies annually.

- 4.3.13.3 Providers and service users also mentioned a need for flexible services, with multiple options for where and when to meet staff, and the need to provide clear expectations and information. Being able to offer a choice of gender of worker was highlighted.
- 4.3.13.4 Recording processes were highlighted by a local partner as a 'lesson learnt'.
- 4.3.13.5 Creating a staff and partnership culture where scrutiny and challenge of every partner is welcomed and responded to positively is also mentioned in qualitative responses to this question.
- 4.3.13.6 What also comes across in the responses to this question is the challenge practitioners and organisational systems face when presented with 'complex' situations. This term is not defined by those using it, but one response mentions 'mental health', 'ADHD', 'Asperger's' alongside adolescent to parent violence. A similar theme came from a specialist provider aggregate example 'case study' of a young person's experience of statutory services; 'over thirty' practitioners involved for multiple issues but missing the core issue of violence and abuse and the need to build trust with someone who understood the impact of those issues.

4.4 **Implications**

- 4.4.1 Some organisations and service areas are only just beginning to collate information on domestic violence; fewer still collate information relating to sexual violence and the people affected. In some instances where data is recorded, it is not easily extracted. In some services, there is still an element of manual recording, which is very limiting in terms of ongoing learning.
- 4.4.2 The level of domestic violence offences is increasing across the area, and it remains a significant proportion of the areas violent crime. Domestic violence crime has seen a consistent increase in the last five years. The domestic violence crime rate across the LLR spatial area has increased on average 17% each year since 2012/13. The most significant year on year change was witnessed in the last year where domestic violence crime increased by 40% from the previous year (2015/16).

- 4.4.3 Under reporting/under identification remains one of the biggest issues for domestic violence and sexual violence in Leicester, Leicestershire and Rutland. There are also areas within Leicester, Leicestershire and Rutland where there are high rates of reporting and repeat victimisation, which presents different challenges.
- 4.4.4 The number of victim-survivors at high risk of homicide or serious injury due to domestic violence is close to the level of expected need in Leicester (SafeLives). These numbers are increasing and might surpass expected levels in the next year (this has also occurred in Nottingham). In Leicestershire the figures are below what is expected.
- 4.4.5 The largest gaps identified from the access data are in the number of victims aged over 55 accessing services and, in the city, victims from Asian/Asian British backgrounds.
- 4.4.6 Providers highlight the pressures connected to an increasing number of victim-survivors who have no recourse to public funds. This makes safe and secure housing very difficult to attain, and increases reliance on the perpetrator.
- 4.4.7 There is evidence of agencies struggling to make contact to start or continue support.

Recommendation 55: Engagement success is tracked across the different referral routes to identify potential ways in which to improve engagement. Engagement becomes a focus point for the new strategy.

- 4.4.8 There seems to be a challenge around process when victims are using violence, where there is bio-directional violence, or the possibility of female perpetrators. One provider comments that “there is still low awareness from practitioners in all sectors in how to identify typologies of domestic violence and abuse ... and also what interventions are appropriate and safe... There is a reluctance or lack of knowledge to provide support/interventions that address victim’s experience of abuse at the same time as their use of violence”.

Recommendation 56: The new strategy seeks to improve the response to situations seeming to involve violence from both parties.

- 4.4.9 Frequently present are concerns around mental health and finance. Less frequent but with significant impact, substance use.

- 4.4.10 There is a risk that under such high numbers, and with such complexity of issues, quality might reduce. These numbers place significant pressure on the local services. Some partner agencies report challenges trying to cover weekly MARACs.
- 4.4.11 With most resource going into the population already identified as at high risk of homicide or serious injury due to domestic violence, there is additional strain on the aspects of service there to engage early and support those who have experienced domestic violence who have not (perhaps yet, or perhaps no longer) been identified as high risk. Diminished capacity for preventative and early engagement work impacts on the ability of services to work on increasing reporting and building trust with people who may face additional barriers to accessing services and this could leave particularly vulnerable people at risk. National and local domestic homicide data reflects the pressing need to raise awareness and tackle barriers to disclosing domestic violence and abuse.
- 4.4.12 The time it is taking cases to be listed in court has also been raised as a key challenge; particularly for cases involving sexual violence and this has a negative impact on victims' health and well-being.
- 4.4.13 The current data does not allow for tracking victim-survivors across the different pathways into service(s) that they are taking. For many of the victim-survivors approaching services, much is still not known when looking at a partnership level.

Recommendation 57: Partner agencies to work together to track a cohort of service users (triangulating data) to better understand the pathways for victim survivors.

5. What do we know about children and young people?

5.1 Access

- 5.1.1 Children, young people, and parents affected by sexual and domestic violence locally have fed back the following with regards to their experience of pathways to accessing support. Feedback from parents and adult caregiver included:
- The support should last longer;
 - Let down by the social care response;
 - There is a need for earlier intervention and awareness raising in schools;
 - Referrals for specialist support for children post domestic violence should be automatic.
- 5.1.2 Feedback from children and young people about their needs included⁵⁹:
- Support and information (particularly about Court).
 - Help to express feelings.
 - Being able to access support in a 'comfortable environment' (such as college/school).
 - Chance to talk and text at any time and receiving 'check ups' from the worker.
 - Onward referrals to other agencies 'to help me move on'.
- 5.1.3 Children and young people can be affected by sexual and domestic abuse in different ways; they may be direct victims of abuse or a witness to the abuse of parents.
- 5.1.4 Domestic abuse, and sexual violence, is prevalent in teenage or intimate relationships and can be severe. Research into partner exploitation and violence in teenage relationships suggests that the factor of violence in young people relationships should be viewed as a significant problem. The main findings in the research highlight that younger participants were as likely as older adolescents to be experiencing abuse⁶⁰.
- 5.1.5 The Leicester, Leicestershire and Rutland Information and Support Service for Sexual and Domestic Violence, provide core provision across the sub-region for those aged 13 and over. In Leicester there is a specialist commissioned service for children, young people and families (CYPFS) affected by sexual or domestic violence, age 0-18. This service provides respite activities, individual support, group support, crèche facilities and counselling.

⁵⁹ Feedback in relation to the Information and Support Service (UAVA) across Leicester, Leicestershire and Rutland

⁶⁰ Barter et al (2009). Partner exploitation and violence in teenage intimate relationships. Nspcc.org, available from <https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf>

- 5.1.6 Case profile data collected through Adult Insights information shows that in approximately 70% of cases during 2016/17 the primary victim of abuse either had children in the household or children that visited frequently (526 cases). In 5% of cases (40 cases) the primary victim was pregnant.

5.1.7 Table 14: Children and young people identified through sexual and domestic violence services (2016/17)

Partner Agency	Spatial level	Metrics	scope	Context (Proportion)	Number	Commentary
Leicester City Children Young people and family service (CYPFS)	Leicester	Referrals	DV	98%	434	This data represents referrals made to the City Children, young people and Family services in the last year.
Leicester City Children Young people and family service (CYPFS)	Leicester	Referrals	SV	2%	9	Only a small proportion of cases were SV related (distinct), there are also cases that have an SV element within a predominantly DV cases captured in item 1
Support and Information service (Primary victims aged 13-18)	LLR	Referrals	DVSV	6%	105	This data captures the number of people between the ages of 13-18 supported across Leicester, Leicestershire and Rutland which currently makes up a small proportion of the service.
CYP as secondary victims of primary caller LLR support and information contract	LLR	Secondary victims	DVSV	100%	1,797	This data refers to the number of children that may possibly be affected by sexual and/or domestic violence as a result of their parent being a victim-survivor.
Blaby DA Children's support service	L'Shire	Referrals	DV	100%	91	
H&B DA Children's support service	L'Shire	Referrals	DV	100%	91	
Harborough KIDVA	L'Shire	Referrals	DV	100%	2	
O&W KIDVA	L'Shire	Referrals	DV	100%	18	

Data recommendation: It is currently difficult to get a true picture of the number of children and young people affected by sexual and domestic violence in our area. The main sources of information are the children's services (e.g. early help and family) in local government and UAVA/commissioned services. The main gaps in data have been identified in the number of children that are possibly affected by SVDV outside the scope of these services and the risk that they are not known and accessing the support.

5.1.8 Table 15: Children and young people identified by local authority services (2016/17)

	Partner Agency	Spatial level	Metrics	scope	Context (Proportion)	Number	Commentary
Statutory Services	Leicester City Council CSC (Child factor)	Leicester	Assessments	DV	10%	312	This data represent the number of children affected identified through Children Social Care services where the child was the primary subject of abuse. The proportion is based on assessments flagged as having an element of DV of the total number of assessment completed.
	Leicester City Council CSC (Child factor)	Leicester	Assessments	SV	6%	198	This data represent the number of children affected identified through Children Social Care services where the child was the subject of abuse in Child Sexual Exploitation cases or cases having an element of sexual abuse.
	Leicestershire County CSC (Child factor)	L'Shire	Assessments	DV	4%	93	
	Leicestershire County CSC (Child factor)	L'Shire	Assessments	SV	7%	171	
	Rutland County CSC	Rutland	Assessments	DV	6%	14	
	Rutland County CSC	Rutland	Assessments	SV	10%	24	
	Leicester City Council EH (targeted EH cases DV cases)	Leicester	Cases closed	DV	7%	409	This data is based on Early Help Assessments (cases closed) in the last year which were flagged as having an element of DV.
	Leicestershire County EH	L'Shire	Cases closed	DV	29%	558	This data is based on Early Help Assessments (cases closed) in the last year which were flagged as having an element of DV
	Rutland County EH	Rutland	Cases closed	DV	-	-	No response

- 5.1.8.1 Police data from 2016/17 shows 434 domestic violence related offences with a victim aged under 18 and 359 sexual violence offences with the victim under 18.
- 5.1.8.2 There is no information nationally or locally on the exact number of children affected by abuse; however the issue of domestic and sexual violence is known to be under reported.
- 5.1.8.3 Based on the self-completion module of Crime Survey for England and Wales (2017) 26% of women and 14% of men will have experienced domestic violence and abuse since age 16 (approximately 214,529 adults in Leicester, Leicestershire and Rutland). The percentage of adults reporting children present in the household or that regularly visited in Leicester was approximately 70% in the last year, and this figure is generally stable. Data from our Multi-Agency Risk Assessment Conferences (MARAC), working with adult victims of domestic violence at the highest risk of homicide or serious injury, would suggest that there are an average 1.3 children per household. The combination of these datasets would suggest that about 195,221 children could be affected by domestic violence and abuse in our area.

Recommendation 58: Partner agencies consider how their data on the children and young people affected by sexual or domestic violence and abuse can be improved to reflect better identification, needs and outcomes.

- 5.1.8.4 Research conducted by the charity Action for Children (2017)⁶¹ suggests that the most common single reason for children being referred to Children's Social Care services (based on 107 local authorities in the UK) was domestic violence.
- 5.1.8.5 Data collected through Children's Social Care cases records the number of single assessments where domestic violence or child sexual exploitation factors are flagged as a concern. In the last year, from 3,076 single assessments, domestic violence was a factor (where the children/young people were directly affected) in 79 cases (3%) in the City. Leicestershire County Council Children and Family service identified 93 assessments from 2,518 where domestic violence (against children/young people) was recorded as a factor of cases (4%).
- 5.1.8.6 There is considerable evidence to indicate that substantial numbers of children are exposed to domestic violence and abuse, which places them at an increased risk of direct abuse, serious injury or death, and that prolonged and/or regular exposure has a serious impact on children's safety, development, educational attainment,

⁶¹ Action for Children (2017), Revolving door, Are vulnerable children being overlooked?

and health and wellbeing⁶². One in three children and young people will be exposed to domestic violence and abuse to some degree during their childhood with a national prevalence study conducted by the NSPCC finding that childhood exposure to domestic violence and abuse was higher than childhood experiences of other forms of maltreatment, including child neglect⁶³.

- 5.1.8.7 Statistics published by the NSPCC show that many children are directly abused⁶⁴. Children and young people can either be victims of a parent/family member or through someone else (for instance partner in intimate relationship). In approximately 27% of Children's Insights cases (Leicester commissioned service) in the last year, the CYP was directly abused by a parent/family member and 9% through an intimate partner or someone in a similar relationship
- 5.1.8.8 Children and young people may demonstrate behaviour towards others that could be classed as abusive. National research suggests that this is closely linked to the child or young person being a direct witness or exposed to abuse at an earlier stage⁶⁵. The Insights data collected on children and young people locally shows that in approximately 11% of cases in the last year children demonstrated abusive behaviour towards another person. In over 90% of these cases the child was previously exposed to abuse of a parent/family member.
- 5.1.8.9 In the last year approximately 434 children and young people received one to one support through the City commissioned sexual and domestic violence family service. In 89% of cases the child or young person had a domestic violence related need and 11% of cases were sexual violence specific.
- 5.1.9 **MARAC**
- 5.1.9.1 Multi Agency Risk Assessment Conferences (MARAC) meetings are for victims at high risk of homicide or serious injury, based on the DASH assessment. There is a specific young person's DASH that can be used if the young person is the main victim. There is no consistently applied risk assessment for domestic violence for children affected by parent/carer domestic violence.
- 5.1.9.2 Table 16: MARAC and children (2016/17)

⁶² Szilassy, E., Drinkwater, J., Hester, M., Larkins, C., Stanley, N., Turner, W. and Feder, G. (2016). Making the links between domestic violence and child safeguarding: an evidence-based pilot training for general practice. Health & Social Care in the Community.

⁶³ Radford, L, Aitken R, Miller P and Ellis J (2011) Meeting the needs of children living with domestic abuse. Research report Refuge/NSPCC research project – Funded by City Bridge Trust

⁶⁴ NSPCC (2013) Domestic abuse: Facts and statistics

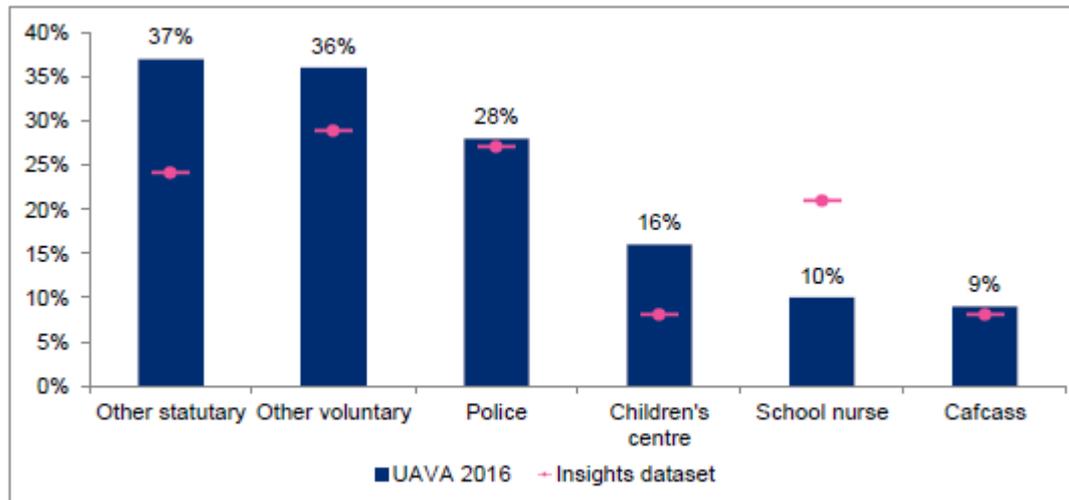
⁶⁵ NSPCC (2009) The definitions and sign of child abuse, Child protection fact sheet Available from:

<http://www.ncl.ac.uk/studentambassadors/assets/documents/NSPCCDefinitionsandsignsofchildabuse.pdf>

Area	Cases heard	Children in household	Average children in household	Victims aged 16-17	Cases where victims aged 16-17
Leicester	487	630	1.3	10	2.1%
Leicestershire	337	452	1.3	10	3%
Rutland	30	47	1.6	0	0%
National data			1.3		1.7%

- 5.1.9.3 The MARAC data presented suggests that there are similar numbers of children per household at risk in Leicester and Leicestershire as nationally, whilst it is slightly higher in Rutland. The data presented on the total number of children in household also includes cases involving repeat victims and therefore there may be issues of multiple data counts on the same child if the parent is a repeat victim.
- 5.1.9.4 The ratio of children and victims aged 16-17 to adult victims is higher in Leicestershire compared to the national dataset and similar Police forces. Leicestershire County Council undertook a specific project around young people and MARAC, trained internal champions in the young person's DASH and agreed a pathway, to reduce the risk of the risks to young people experiencing intimate partner violence being missed (as highlighted in the CAADA report). This might account for the higher MARAC levels.
- 5.1.9.5 A study from the national charity CAADA (now SafeLives), found that two thirds of children exposed to domestic abuse had experienced direct child abuse, in addition to witnessing the abuse of a parent. Despite this, only half (54%) of the children exposed to domestic abuse were known to Children's Social Care. Moreover, the risk of direct abuse was also found to be high in intimate partner relationships⁶⁶.
- 5.1.9.6 The Children's Insights dataset, applied by the UAVA service city contract, captures the involvement that children had with other organisations and agencies prior to intake into the UAVA services. As outlined in the chart below, there is significant engagement with other statutory and voluntary services. UAVA have an IDVA who is partly located within the youth offending team, which may account for some of this activity. The police were involved with the family in about a quarter of cases (28%), which was similar to the Insights dataset (27%).

⁶⁶ SafeLives (2014) In Plain Sight, Effective help for children exposed to domestic abuse. Available from: <http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

5.1.9.7 Chart 34: Agency involvement with case prior to UAVA involvement (SafeLives)

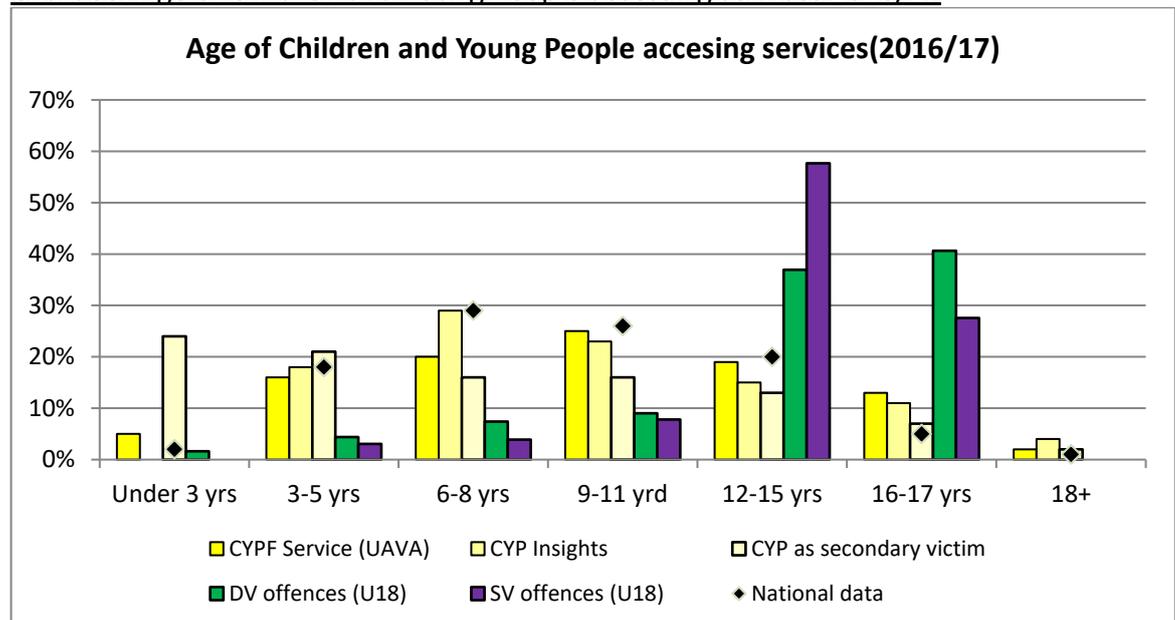
Recommendation 59: The Strategy considers how to improve the pathway from student nurses into specialist support.

5.1.10 **Demographics**

5.1.10.1 The majority of children and young people accessing specialist services (UAVA), or identified as secondary victims of abuse via parents accessing services, were from non-BME backgrounds (64%). There was an equal split between BME and non BME service users accessing the specialist Children, Young People and Family service within the City, reflecting the local population well.

5.1.10.2 The age related data from the UAVA City Children, Young People and Family service shows that the majority of children identifying as primary victims of abuse were aged 9 to 11. The largest age group for secondary victims was under the age of five.

Chart 35: Age of Children and Young People accessing services 2016/17



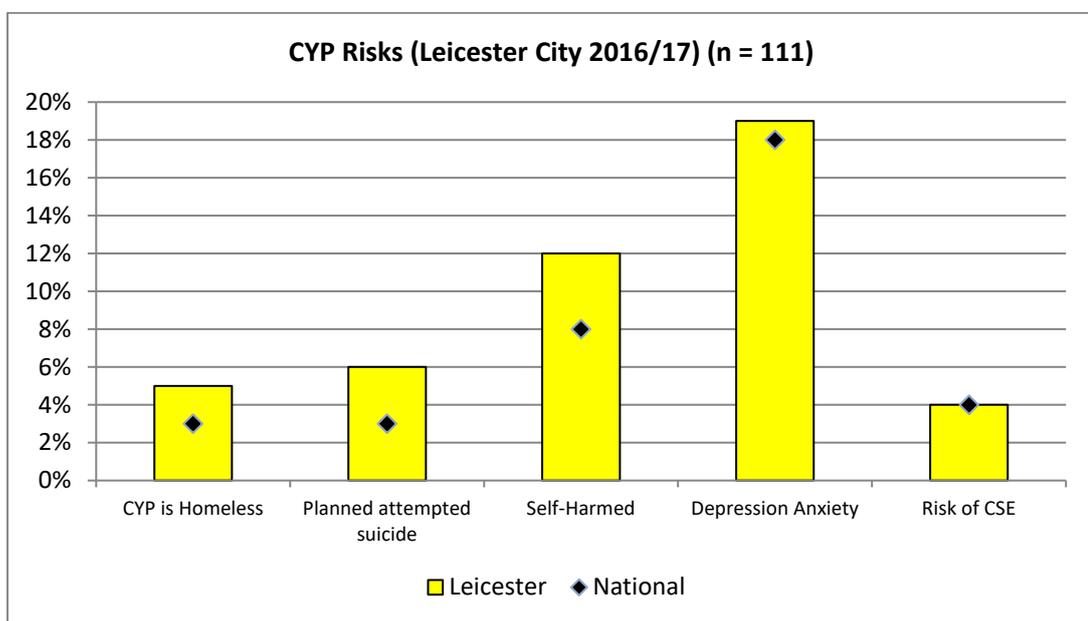
- 5.1.10.3 There is a different pattern in the data collected by the Police and the numbers of children accessing specialist support through UAVA. The Police data identified a large proportion of victims in age categories 12 and over (80% of all offences). The commissioned services are reaching children of younger ages directly affected by violence or those who may possibly be affected through violence towards others in the household.
- 5.1.10.4 Where Police data was collected on age and gender for sexual and domestic violence cases, the information indicates that in 359 sexual violence cases the victim was under the age of 18 (in 85% of these cases the victim was a female). 434 recorded domestic violence offences involved children and young people under 18. 23% of all sexual offences and 6% of all domestic violence offences were against victims under the age of 18 in the last year (where the information was recorded).
- 5.1.10.5 Where the information was collected in domestic violence offences involving a victim under 18 years of age, 76% of cases involved a family member as the perpetrator, 12% by an ex-partner. See the earlier section of the report for the numbers which were aged 16-18, and therefore within the national definition.
- 5.1.10.6 Where the data was collected for sexual violence offences involving victims under the age of 18, the information shows that the majority of offences were carried out by an acquaintance (46%). In 17% of cases the relationship between the victim and perpetrator was flagged as family.

5.2 Needs and Vulnerabilities

5.2.1 Children and young people living with abuse may use (or increase the use of) alcohol or drugs or self-harming behaviours to deal with the fear, anxiety, depression, trauma. For some, especially those who are also directly abused, it impacts on their mental wellbeing, resulting in depression, anxiety, self-harm or suicide attempts, and other trauma symptoms, though the effects are dependent on their age and stage of development ⁶⁷.

5.2.2 Risks

5.2.2.1 Chart 36: Children and Young People risks identified through Insights 2016/17



5.2.2.2 In the contracted Leicester UAVA service for children and young people, the needs and vulnerabilities of children and young people are captured through Insights forms at intake (this is restricted to cases of domestic violence). The data presented above and below shows that children and young people in Leicester have more needs and are at higher risk than other children completing Insights forms nationally⁶⁸.

5.2.2.3 Other risks identified that were close or similar to the national Insights data set include 4% misusing alcohol and substances, 3% of children and young people were looked after children and 7% had eating problems.

⁶⁷ Women’s Aid (2017) The impact of domestic abuse on children and young people

⁶⁸ During 2016/17 our service contributed over 50% of the national dataset for Children’s Insights

- 5.2.2.4 In terms of the parental co-occurrence of mental health, substance use and domestic violence, our provider returns indicate a cross over for about 5% of the adult victim population who have children regularly present in the household.
- 5.2.2.5 These proportions, based on the estimations for the total number of adults estimated to have been affected by domestic violence and abuse in their lifetimes (CSEW), would indicate between 2304 and 3225 adult victims with children regularly present in the household. Data from our commissioned services indicates an average 2.3 children per household. This would suggest that around 7,418 children and young people in Leicester might have parents dealing with domestic violence, mental health and substance use issues.

Recommendation 60: The strategy seeks to improve data collection around the number of children and young people with parents who have identified needs around mental health, alcohol and drug use.

- 5.2.2.6 In the last year the Leicester Safeguarding Children's Board (LSCB) published learning from three serious case reviews concerning children. The reports discuss the main findings from the cases and propose recommendations. The Safeguarding Board do not collect a combination of factors from all cases or findings relating to domestic violence. However, all three cases in the last year noted domestic violence and history of family violence as a key factor.
- 5.2.2.7 The Safeguarding Children's Board Leicestershire and Rutland also published the details and information from two serious case reviews (since January 2016). In one of the cases domestic violence was the central factor. The main issues identified in the case included the lack of information sharing regarding domestic violence and failure of the family and extended family to recognise domestic violence.
- 5.2.2.8 The NSPCC holds the National Case Review Repository; a single place for published case reviews to make it easier to access and share learning at a local, regional and national level. Of all case reviews published during 2016 (49 cases) factors such as domestic abuse, family violence, history of violence were present in 35% of cases (17 case reviews).

Recommendation 61: The work undertaken to align monitoring practices for Domestic Homicide Reviews is also applied across serious case reviews where domestic violence and abuse or sexual violence is present.

5.2.3 **Sexual violence and abuse**

5.2.3.1 Of children and young people receiving one to one support from UAVA city children and young people's service, 90% of cases were domestic violence related (367 cases) and 10% were sexual violence related (39 cases).

5.2.3.2 Data collected by the Police flags any incident involving Child Sexual Abuse (CSA) and Child Sexual Exploitation (CSE) of sexual offences recorded. In the last year 313 sexual offences were crimes flagged as CSE crimes across the force area. In addition to this there were 529 incidents recorded.

5.2.3.3 There is a distinct partnership structure in place across Leicester, Leicestershire & Rutland to respond to child sexual exploitation and further information on needs relating to this issue can be accessed through the work of that partnership.

5.2.4 **Leicester health and wellbeing survey 2016**

5.2.4.1 The Leicester Health and wellbeing survey addresses issues of health within the City. The most recent survey undertaken in 2016 had a focus on children and young people in Leicester (10 to 15-year olds) and 2,665 children responded. The following findings are relevant to understanding sexual and domestic violence related need.

5.2.4.2 Theme: Experience of abusive or aggressive behaviour, % who have experienced abusive behaviour in their relationship (2,752 responses)

- 19% said their partner was angry or jealous when they wanted time with friends
- 6% said they took money and other things
- 4% they threatened to hit me
- 10% said they kept checking my phone
- 11% said there was verbal abuse
- 7% said they had pressure put on them to do sexual things

5.2.4.3 Theme: How much do you worry about the issues listed below? Responded 'quite a lot' / 'a lot'

- Family problems: 36% of all children and young people said they worried about 'family problems'. The majority of children answering 'yes' to this question were found to be residing in the North-West area, of Asian backgrounds. 12-13 year olds were less likely to answer 'yes'.
- Girlfriend/Boyfriend relationships: 14% of all respondents said they worried about their relationship. Boys were found to worry more about relationships than girls. Of those answering yes to this question, the majority of people lived in the North West area and were of White British origin.

5.2.4.4 Theme: Feelings of Safety, How safe do you feel in these places? Responded 'unsafe'/'very unsafe' (2665 responses)

Feeling safe at home: 2% of all valid responses from children said they were unsafe at home. This amounts to approximately 57 children from a total 2,665 that responded. The issue of safe/unsafe at home may be for a range of issues (crime, burglary) and should not all be attributed to the threat of domestic violence.

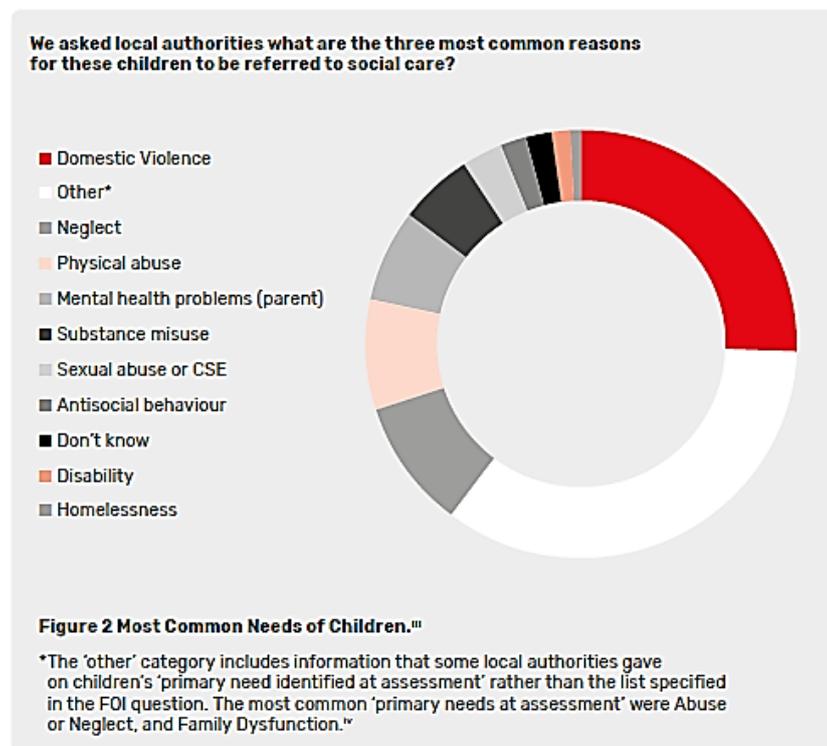
Recommendation 62: The local Children and Young People's Partnerships consider the need for a comprehensive package of prevention and early intervention work around sexual and domestic violence and abuse.

5.3 Outcomes and Impact on Outcomes

5.3.1 Research undertaken by Action for Children found that that out of the total number of children whose case is closed after assessment, only 1 in 4 children can be confirmed as referred to early help services. Overall, they estimated that there are 140,000 children who do not meet the threshold for statutory support and are not referred to early help after their case is closed and that 3 in 4 are not signposted to early help in the first place. It has not been possible to compare this finding against local data.

5.3.1.1 Figure 2: Action for Children Survey findings⁶⁹

5.3.1.2



⁶⁹ Action for Children (2017), Revolving door, Are vulnerable children being overlooked?

Recommendation 63: The DVA Executive considers monitoring the level of contacts in to children’s social care related to domestic violence or sexual violence to ascertain the outcomes in each case.

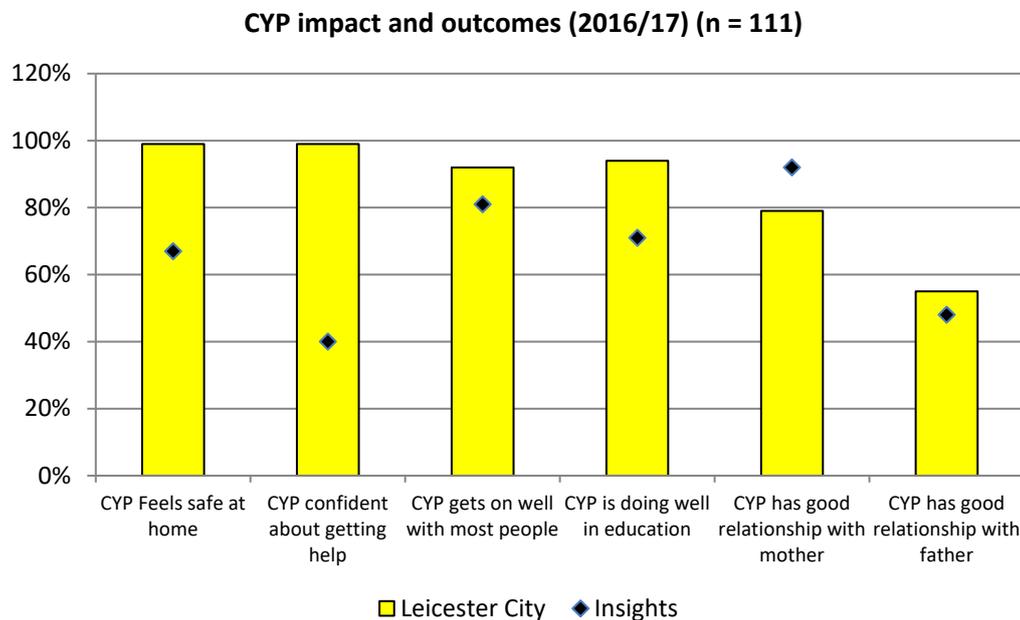
5.3.1.3 Of Early Help assessments cases closed by Leicester City Council in the last year (6,052 assessments), the Early Help reports shows that of the 409 cases where there was a need, 62% of cases were reported to have the needs met (254) cases. The need was not met in 38% of cases (155 cases). The needs and outcomes relate to both adults and children; though this could be split further, this would result in some double counting issues as it is difficult to separate adults and children in these cases.

5.3.1.4 Table 17: Outcomes for Parent/caregivers Children, Young People and Family Service contract 2016/17⁷⁰

Outcomes/Indicator	(%)
Caregivers reported having a greater understanding of sexual and domestic violence on themselves and their children following intervention	96%
Adult caregivers reported healthier relationships with their children as a result of support delivered	86%
Caregivers felt more positive about their parenting following intervention	92%

⁷⁰ There are currently small numbers of parents and caregivers responding to these questions at exit from UAVA. The numbers responding to these questions differs but is below 30 in each instance for 2016/17.

5.3.1.5 Chart 37: Outcomes for UAVA Children and Young People's Service (Children's Insights data) 2016/17



5.3.1.6 In all of the cases where exit data was recorded, children and young people scored better on measures at exit than at intake. The national Insights data set is shown using diamond markers. There was only one outcome that was lower than the national dataset but this may have been impacted due to the lower number of children answering this question.

5.4 Implications

5.4.1 The outcome data for children and young people accessing specialist UAVA services appears very positive. However, data is not collected on all children coming through the service and the picture remains incomplete.

5.4.2 There is no outcome data available for children and young people from Leicestershire and Rutland outside of those coming through the LLR UAVA contract as primary victims (aged 13 and over).

5.4.3 The focus that Leicestershire County Council had on young people experiencing intimate partner violence may have led to an increase in the identification of young people in those situations.

5.4.4 There is a need for a co-ordinated and cohesive package of awareness raising regarding healthy relationships to schools and colleges.

- 5.4.5 Many more children and young people will be affected by sexual and domestic violence and abuse than those that access the specialist support services. The outcomes for those that are accessing statutory services are not clear through this report.
- 5.4.6 “Adult social care services need to prioritise the risks to children who live with adults with unmanaged mental health problems, substance misuse problems and, crucially, domestic abuse.” (Joint working between adult and children’s services’ Ofsted and CQC 2013).

6. What do we know about perpetrators

6.1 Access

6.1.1 Domestic violence perpetrators engaged in non-court mandated interventions to address their behaviour have told us the following in regards to their experience of pathways/barriers to accessing support:

- Lack of awareness by other agencies of the services available to perpetrators;
- Earlier interventions are needed;
- Challenge from skilled staff, in a supportive manner, can be greatly appreciated;
- Positive challenge from other perpetrators can be very powerful.

6.1.2 Data from national research suggests that there are only a few avenues for perpetrators willing to change their behaviour and for young people who perpetrate abuse in close relationships. In Leicester, the Jenkins Centre has been operating since 2012 to provide a service to non-court mandated men and women acknowledging and wishing to change their abusive behaviour, with support services for their partners and ex-partners. There is no comparable, Respect accredited service within Leicestershire & Rutland at present.

6.1.3 Table 18: Perpetrator Identification across CJS 2016-17⁷¹

	Partner Agency	Spatial level	Metrics	Scope	Proportion	Number	Commentary
Criminal Justice Services	Leicestershire Police, Offender data (recorded crime)	LLR	Offences	DV	30%	2,602	Perpetrator data identified through data available on domestic violence crime (where recorded). This data does not represent all perpetrators, Incidents are not recorded in this information
	Leicestershire Police, Offender data (recorded crime)	LLR	Offences	SV	5%	396	Perpetrator data identified through data available on sexual violence crime (where recorded). This data does not represent all perpetrators, Incidents are not recorded in this information
	Integrated Offender Management (IOM)	LLR	Cases	DV	-	104	Data identified from offenders who current have a DV flag on IOM Tier List. 21 offenders have a DV flag only and 83 offenders have both a DV and SAC offending flag. These figures are a guideline only and the service does not routinely record DV offending only
	National Probation Service (NPS)	LLR	Case record flags	DV	-	317	The proportion of perpetrators working with the NPS of all perpetrators in the service is not known. The data provided is a snapshot on 31/08/17. No further data was provided. I
	National Probation Service (NPS)	LLR	Case record flags	SV	-	501	In total the service worked with 2,998 perpetrators of domestic and sexual violence
	Community Rehabilitation Company (CRC)	LLR		DV	-	-	No response

6.1.4 Table 19: Perpetrator Identification across support and advice services 2016-17⁷²

	Partner Agency	Spatial level	Metrics	scope	Proportion	Number	Commentary
Support and advice	Jenkins Centre (UAVA)	Leicester	Referrals	DV	100%	136	136 perpetrators accessed the service in the last year, compared to the previous year referrals decreased 13%.
	UAVA Information and Support Service	LLR	Identified	DVSV	U/K	1,053	The data presented are the perpetrators identified through primary victims in this contract across Leicester, Leicestershire and Rutland
	Citizens Advice Bureau	LLR	Contacts	DV	U/K	1	One contact providing information and advice through telephone contact.

⁷¹ *NR: No response from partner agencies

⁷² *NR: No response from partner agencies

Recommendation 64: Partner agencies and in particular the CRC, to share information relating to perpetrators and this is considered in the partnership performance reports on a quarterly basis.

- 6.1.4.1 According to Safe Lives, less than 1% of perpetrators receive a specialist intervention to change and therefore this increased the risk of repeat offences and serial patterns of abuse by the perpetrator⁷³.
- 6.1.4.2 In 2014 a Priority Perpetrator Identification Tool (PPIT) was developed by Robinson et al (2015), incorporating serial, repeat and high-risk offending into a single tool with input and agreements across relevant agencies such as the Police, Criminal Justice and third sector. The purpose of the tool is so that agencies can reliably identify those individuals whose offending behaviour requires priority action. The development of this tool represents the first stage of establishing a more robust identification and referral pathway for priority domestic abuse perpetrators.
- 6.1.4.3 The definition of a 'serial perpetrator' given by the College of Policing describes a serial perpetrator as someone who has been reported to the police as having committed or threatened domestic abuse against two or more victims. This includes current or former intimate partners and family members.
- 6.1.4.4 The data collected by Leicestershire Police in the last year shows there were a total of 278 serial perpetrators 2016/17. This includes current or former intimate partners and family members. The main findings from the data show that ten offenders accounted for abuse against 44 victims. There were 35 offenders where each recorded abuse against three victims, in total affecting 105 victims.

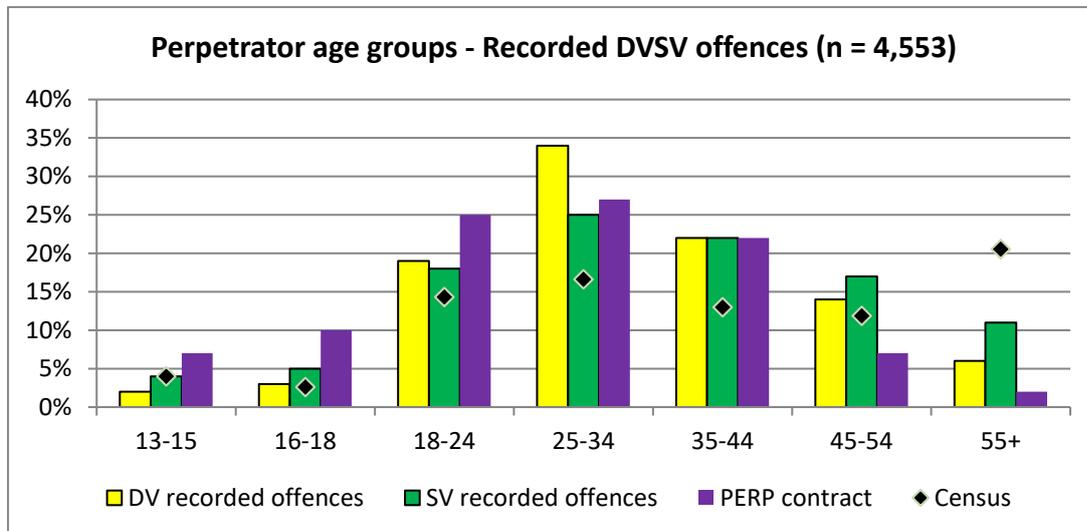
Recommendation 65: The Strategy makes a commitment to routinely monitor data relating to serial perpetrators and further analysis is undertaken to better understand this population.

- 6.1.4.5 Of referrals made to the Jenkins Centre during 2016/17, approximately 12% were self-referrals where the perpetrator accessed the service themselves with intention to change their behaviour (19 self-referrals). The service witnessed a drop in self-referrals compared do the previous year (28 self-referrals). The service identifies that outcomes are better for those self-referring.

⁷³ SafeLives (2016) new project to hold perpetrators of domestic abuse to account Available from: <http://www.safelives.org.uk/drive>

- 6.1.4.6 A consistently high number of referrals into this service have come from children's social care teams. Impact on children can be a key 'motivating' factor (Stanley 2012, Strength to Change)⁷⁴.
- 6.1.4.7 Insights data from local victim-survivors in the last year (UAVA main contract) shows that in approximately 54% of cases the perpetrator had a previous criminal record that was domestic violence related (373 perpetrators), compared with 41% nationally. The data also found 49% of perpetrators were abusive in other circumstances; this data was similar to figures nationally.
- 6.1.4.8 The Police currently have 104 offenders who have a domestic flag marked on their Tier List. Of these offenders 21 have a domestic violence flag only, implying they only commit domestic violence offences. 83 offenders have domestic violence crime as well as serious acquisitive Crime (SAC) offending.
- 6.1.4.9 Data on location of offences shows that 85% of domestic violence offences occurred in a dwelling and 12% occurred in a public place. 64% of sexual violence offences occurred in a dwelling and 19% in an open place.
- 6.1.5 **Demographics**
- 6.1.5.1 Approximately 25% of perpetrators accessing the Jenkins Centre and the Support and Information contract came from BME backgrounds. This is lower than the local population by a significant margin. Both Asian/Asian British and Black/Black British populations were under represented when compared to the local Census data. The police data is relatively similar with approximately 29% of perpetrators from BME backgrounds.
- 6.1.5.2 Police data on the age of perpetrators is also similar to the victim-survivor data presented, but there are more perpetrators of an older age compared to the victim population. A larger percentage of perpetrators in Rutland were over 55 (27% of all perpetrator information collected).
- 6.1.5.3 Data collected by Leicestershire Police shows slight differences in the age group of perpetrators between the two offence types. Perpetrators of sexual violence were likely to be of an older age group when compared to those perpetrating domestic violence. At the same time there was a larger proportion of perpetrators under the age of 18 in sexual violence offences. The domestic violence information collected by the police shows similar patterns to the commissioned services data. The chart below shows the differences in perpetrator age groups for these offences.

⁷⁴ Stanley N., Borthwick R., Graham-Kevan N., Chamberlain R. (2012). An evaluation of a new initiative for male perpetrators of domestic violence. Lancashire, England: University of Central Lancashire

6.1.5.4 Chart 38: Age groups of perpetrators from Police data (2016/17)

6.1.5.5 There is limited information nationally on perpetrators of abuse and disability. However, some national research suggests perpetrators frequently have mental health needs and may have been victims of abuse⁷⁵. The presence of Mental Health related problems is a risk factor in perpetrating sexual and domestic violence; with the research identifying depression to be the most commonly diagnosed condition, alongside suicidal ideation⁷⁶. In the research carried out by Hester et al on occurrence and impact of negative behaviour in men attending UK primary care health clinics, they found that negative behaviours were associated with increased odds of anxiety and depression symptoms in men experiencing or perpetrating DVA⁷⁷. There were no direct associations with problematic drinking and only a weak association with cannabis was identified.

6.1.5.6 Local data from UAVA reflects that approximately 8% of perpetrators reported having a disability (including mental health). 19% of this cohort had a physical or learning disability and were suffering from long term conditions and the remaining 81% reporting mental health related issues. Of service users accessing the Jenkins centre, seven had a disability (14%). The majority of perpetrators with disabilities including mental health were identified in the Support and Information contract (so possibly through victim-survivor disclosure of perpetrator issue). Further data identified from perpetrator support plans shows mental health was a factor in

⁷⁵ Gilchrist et al, (2003). Domestic violence offenders: characteristics and offending related needs. Home Office findings

⁷⁶ Rueve, M. E., & Welton, R. S. (2008). Violence and Mental Illness. *Psychiatry* (Edmont), 5(5), 34–48.

⁷⁷ Hester M, Ferrari G, Jones SK, et al. Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey. *BMJ Open* 2015;5:e007141. doi: 10.1136/bmjopen-2014-007141

approximately 29% of cases where the perpetrator started an intervention programme.

- 6.1.6 Data from local specialist commissioned services (UAVA) shows of all perpetrators identified, 91% were male. The proportion of male to female perpetrators in both contracts was the same. Insights data (domestic violence cases) shows that 96% of perpetrators were male compared with 94% nationally. Of referrals made to the Jenkins centre in the last year, 12 perpetrators referred to the service were female (6%).
- 6.1.7 Police data locally is close to the national data (ONS) with approximately 82% male perpetrators in domestic violence cases and 92% of male perpetrators in sexual violence cases.
- 6.1.8 All perpetrators accessing the Jenkins centre were in heterosexual relationships and no information was disclosed through the Support and Information services contract on sexual orientation of perpetrators.
- 6.1.9 The local data collected on perpetrators marital status shows some differences to that of victim-survivor information. From the local specialist commissioned services data collected, the majority (37%) perpetrators were single compared with 11% of victims.

6.2 Needs and Vulnerabilities

- 6.2.1 Research suggests that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73%⁷⁸. The Crime Survey for England and Wales shows that in 40% of domestic violence cases, the perpetrator had been under the influence of alcohol, and in 13% of cases, the perpetrator had been under the influence of drugs. Both sexual and domestic cases involving severe violence are twice as likely as others to include alcohol⁷⁹.
- 6.2.2 Other research found that the risk of rape was twice as high for attacks involving drinking offenders. In domestic abuse, much of the evidence suggests that it is not the root cause, but rather a compounding factor⁸⁰. The National Offender Management Service found higher prevalence of alcohol and temper problems amongst domestic violence offenders compared with offenders of other crime

⁷⁸ IAS.org (2015), Alcohol, domestic abuse and sexual assault, A study on the impact of alcohol on partner violence

⁷⁹ IAS.org (2017) Domestic abuse, sexual assault, child abuse and violence

⁸⁰ Reid, C. R. (2012). Assessing the Relationship between Alcohol Outlets and Domestic Violence: Routine Activities and Neighborhood Environment. *Violence and Victims*, 27 (5), 1-19.

types⁸¹. Data collected by the Jenkins Centre on the perpetrator risk profiles show that of those starting an intervention programme, 31% had an alcohol need.

6.2.3 Global research shows that up to 50% of convicted perpetrators of domestic violence also have a previous criminal conviction, about half of which were for previous domestic violence offences⁸². Previous perpetration was also a risk factor for committing further acts of sexual and domestic violence⁸³.

6.2.4 Insights data locally shows that perpetrators across Leicester, Leicestershire and Rutland were more likely to be re-offenders with 54% of all perpetrators having a criminal record (domestic violence related). Perpetrators across all three areas were more likely to have a criminal record compared to national data (36 compared to 30%).

6.2.5 Nationally socioeconomic deprivation and financial problems have also been identified among perpetrators that were controlling and inflicting abuse in their relationship⁸⁴. Whilst there is little data at a local level to support this, homelessness issues were identified in approximately 6% of all support plans where the perpetrator started an intervention programme with the Jenkins centre (4 cases).

6.3 Outcomes and Impact on Outcomes

6.3.1 Alongside police and Crown Prosecution Service (CPS) outcomes (listed earlier in the victims section), perpetrator outcomes are measured through the Jenkins centre contract for domestic violence perpetrators. Probation outcome data and CRC outcome data was not available for this report.

6.3.2 To note the small numbers in some outcomes from the Jenkins Centre are due to the way that outcomes are tracked including 6 months post exit.

Recommendation 66: Outcomes of work completed with perpetrators through the Community Rehabilitation Company, National Probation Service and Integrated Offender Management services to be monitored in the new strategy.

⁸¹ National Offender Management Service (2013), NOMS Evidence and Segmentation

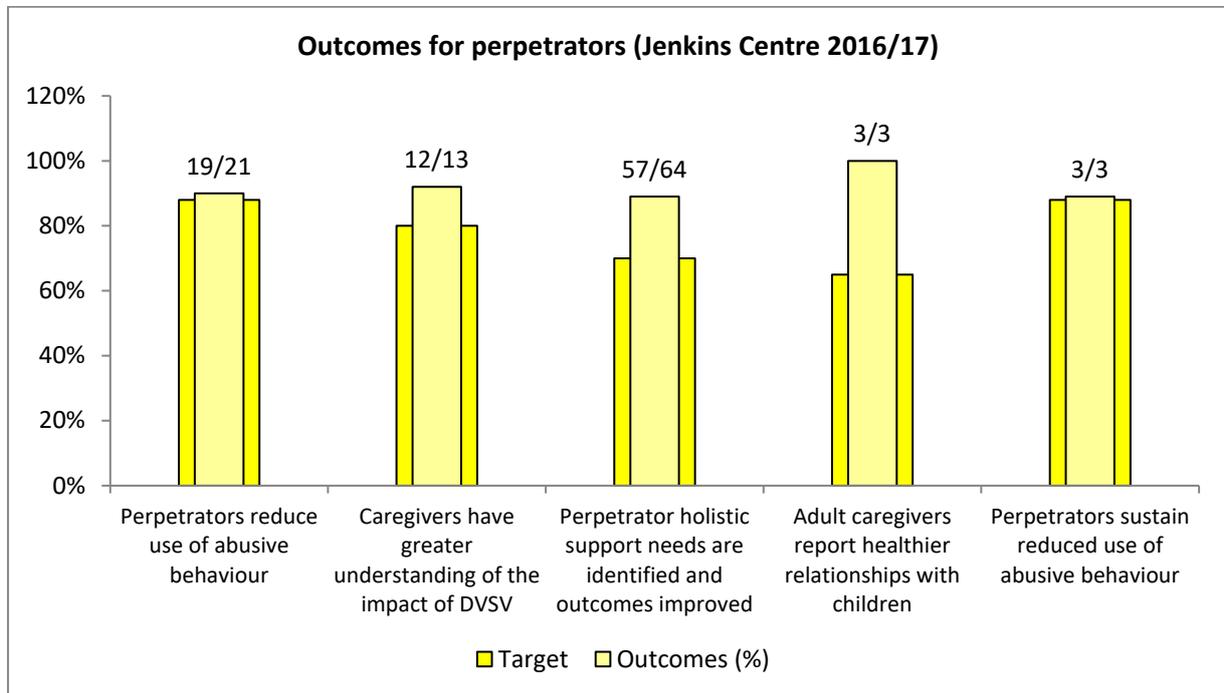
⁸² WHO (2017), Intimate partner violence and alcohol Available from:

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

⁸³ Capaldi DM, Knoble NB, Shortt JW, Kim HK (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse* 3(2):231–80.

⁸⁴ Khalifeh, H., Hargreaves, J., Howard, L. M., & Birdthistle, I. (2013). Intimate Partner Violence and Socioeconomic Deprivation in England: Findings From a National Cross-Sectional Survey. *American Journal of Public Health*, 103(3), 462–472. <http://doi.org/10.2105/AJPH.2012.300723>

6.3.3 Chart 39: Impact identified through outcomes for perpetrators (Jenkins Centre 2016/17)



6.3.3.1 **Impact on Outcomes**

6.3.3.2 Current data on perpetrators of sexual and domestic violence is not in sufficient detail to allow analysis on what factors impede successful outcomes. This will hopefully be available to some degree going forwards.

6.3.3.3 The VCS provider of domestic violence interventions with perpetrators comments that “the Jenkins Centre treatment programme can only work with clients who acknowledge their abuse, are motivated to change and whose life circumstances mean they are stable enough to access the programme. Around 50% of referrals into the service are unsuitable and given the likelihood that no other treatment or support interventions will be offered to this ‘unsuitable’ cohort, these clients are likely to continue their abusive behaviour.” The provider goes on to state that “Nationally there is evidence of interventions that identify and target high risk and serial perpetrators who are highly resistant to change, programmes that also address drugs and alcohol needs and better multi-agency management of perpetrators that includes agencies from across the statutory and voluntary sectors. Locally, overall there needs to be more effective co-ordination of perpetrators and sharing of information between agencies to manage risks, reduce repeat offences and tackle behaviour change.”

6.4 Implications

- 6.4.1 The outcomes data from the UAVA contract working with domestic violence perpetrators is positive, and particularly so for reaching victims and for working with the whole family unit.
- 6.4.2 Repeat offending seems to be higher than would be expected but the picture is incomplete and not much is known about serial or other priority perpetrators of sexual and domestic violence at this time; however it is clear that these serial perpetrators have a high impact.
- 6.4.3 There is not yet clear data on trends related to court ordered interventions and associated victim impact. The missing data from the community rehabilitation company means that a big part of the puzzle is missing.
- 6.4.4 The data on perpetrators also does not yet give a clear indication on what impacts on positive outcomes such as programme completion. Hopefully this will improve going forwards.
- 6.4.5 The absence of interventions for those perpetrators not yet willing to accept responsibility for their abuse and commit to change, and also for those perpetrators who could not participate in a group programme delivered in English, are key gaps.
- 6.4.6 “Change must start with a more systematic focus on perpetrators’ behaviour and preventing their abuse of their victims. By not taking this step forward, the cost to victims and children, and to the public purse, will remain high” (Joint Thematic Area Inspection report 2017).

7. Workforce and training

- 7.1.1 During 2016/17 a total of 65 training sessions were scheduled to be delivered through the commissioned services to support the needs of local practitioners
- 7.1.2 Based on the signing in sheets from all training sessions in the last year, training through commissioned services was delivered to approximately 642 local practitioners across Leicester, Leicestershire and Rutland.
- 7.1.3 There are a number of courses which were identified as having higher demand than others which gave rise to waiting lists for some courses delivered in the City and County.
- Honour based violence and FGM: this course generated huge interest and is currently the only course delivered through VAL that covers FGM
 - Domestic violence and substance misuse
 - Understanding domestic abuse
 - Stalking and harassment
 - DASH training
 - Impact of domestic violence on children and young people.
- 7.1.4 An evaluation score sheet is provided by UAVA on all training courses that they provide to measure the impact of training on the skill, knowledge and confidence of delegates accessing training. The score sheets are provided prior to the training taking place (when booked onto the course registers) and again once the training is completed. A similar evaluation sheet is provided on training programmes administered through VAL. Just taking percentage improvements (not delegate numbers) into account, on average 85% of practitioners reported that their skills and knowledge had improved.
- 7.1.5 The challenge is ensuring that the training reaches the most appropriate staff (currently self-selecting). Going into 2018-19, the area would benefit from having an agreed training framework to create shared understanding of what staff would need what level of multi-agency training and at what level.

Recommendation 67: The new strategy to consider establishing a competency framework for local workforce on domestic and sexual violence to better assess progress in this area.

7.1.6 Table 20: 2016/17 training evaluation scored and outcomes

Course name / title	Forms	Improvement		No improvement	
		Skill & Knowledge	Confidence	Skill & Knowledge	Confidence
Child on parent violence	22	18 (90%)	16 (80%)	1 (10%)	2 (20%)
DASH	59	44 (75%)	42 (71%)	15 (25%)	17 (29%)
DASH RIC	52	48 (92%)	37 (71%)	4 (8%)	15 (29%)
DVSV mental health	18	13 (72%)	11 (61%)	5 (28%)	7 (39%)
Engaging with families, assessing risk and supporting change	34	34 (100%)	30 (80%)	0(0%)	4(20%)
HBV & FGM	15	14 (93%)	12 (80%)	1 (7%)	3 (20%)
HBV	10	10 (100%)	10 (100%)	0 (0%)	0 (0%)
Impact of DA on CYP	48	39 (81%)	35 (73%)	9 (19%)	13 (27%)
Stalking & harassment	16	15 (94%)	12 (75%)	1 (6%)	4 (25%)
Substance misuse	22	18 (82%)	17 (77%)	4 (18%)	5 (23%)
Suicide and self-harm	9	7 (78%)	7 (78%)	2 (22%)	2 (22%)
SV awareness	12	8 (67%)	7 (58%)	4 (34%)	5 (42%)
Sexual violence	14	12 (86%)	12 (86%)	2 (14%)	2 (14%)
SVDV and BME Communities	3	2 (67%)	3 (100%)	1 (33%)	0 (0%)
DVSV & teen relationships	13	9 (70%)	9 (70%)	4 (30%)	4 (30%)
Understanding DA	40	37 (95%)	34 (87%)	3 (5%)	6 (13%)
Working with disabled victims	31	23 (74%)	18 (58%)	7 (26%)	13 (42%)
Working with elderly victims	19	19 (100%)	18 (95%)	0 (0%)	0 (0%)
Working with LGBT victims	13	13 (100%)	6 (46%)	0 (0%)	0 (0%)
Working with male Victims	9	8 (89%)	6 (67%)	1 (11%)	3 (33%)
Working with perpetrators	17	14 (82%)	13 (76%)	3 (18%)	4 (24%)
YP DASH	9	8 (90%)	7 (78%)	1 (10%)	(12%)

8. Appendices

8.1 APPENDIX A – Partner agency and service descriptions

United Against Violence and Abuse (UAVA) Information and Support Contract (LLR)

This service provides support to victims of sexual and domestic violence and abuse over the age of 13.

Children Young People and Family Service (UAVA) – Leicester City

This service works with children and young people; together with their families as appropriate, to reduce the harmful impact of sexual and domestic violence. In the last year 272 families and 443 children and young people were referred to the service

Jenkins Centre, Perpetrator Interventions service – Leicester City

This service is primarily about providing interventions to those adult men and women who wish to change their own abusive behaviour, in order to reduce that behaviour. There is an additional responsibility to ensure that support is in place for partners and ex-partners of the perpetrators. In the last year 136 perpetrators and 120 partners/ex-partners were known to the service.

Leicestershire Police

The Police working across LLR with a domestic and sexual violence investigation unit identified and recorded 1,613 sexual offences, 8,766 domestic violence crimes and 7,308 domestic incidents in the last year.

Leicester Safe Home Service (UAVA)

In the last year the service received 773 referrals for housing related support, 132 people that were victims or at risk of abuse were also accommodated in the refuge provided. The provider also secured 50 homes through the sanctuary scheme, ensuring safety of the victim in their own home.

Project 360

Project 360 is a collaboration between Leicestershire Police and the local authorities aiming at addressing concerns outlined by HMIC's report "Everyone's business: Improving the police response to domestic abuse" HMIC (2014). Project 360 is similar in design to second responder programmes and employs engagement workers with an expertise in assisting victims of domestic violence that are embedded within the police force. In the last year the 1,004 referrals were generated to the service following a high call-out rate from the victim-survivor.

Victim First

This is an independent, confidential and free voluntary service for victims and witnesses of crime and high-risk antisocial behaviour in Leicester, Leicestershire and Rutland. In addition to the referrals made by police (captured in the police data), 115 referrals were made to victims first in the last year. Approximately 68% of referrals were domestic violence related (78 cases) and the remaining were SV related (37 cases).

24-7 Locks

24-7 is a Locksmiths service commissioned by the OPCC to provide a target hardening service to victims. Referrals are usually made to the service from victim first and UAVA. The service is also open to all victim-survivors of abuse; the only pre requisite is that they must reside in a home. In the last year there were 641 referrals made to the service, 279 were from UAVA and 371 from Victim First. Approximately 251 victim-survivors went onto receive a service in the last year, 247 were domestic violence related cases and the remaining SV (four cases)

Charnwood Borough Council

The local authority fund and provide an outreach service supporting victim-survivors over the age of 16 affected by domestic violence. In the last year the service received 166 referrals. In addition to this service there also an outreach provision providing the same support (outreach and groups) to victims in Charnwood and the North West Leicestershire district; this is financed through the Big Lottery Fund. In the last year the service received 146 referrals.

First Step

A registered charity providing counselling and emotional support to male survivors of sexual abuse aged 13 years and over and their supporters. In the last year the service received 129 referrals.

Quetzal

The service provides therapeutic counselling sessions for female survivors of childhood sexual abuse aged 16 and over such as crisis and long term counselling. In the last year the service received 256 referrals.

Sexual assault referral centre (SARC)

This service provides help and support for those affected by rape and sexual assault in Leicester, Leicestershire and Rutland. The service accepts referrals from the Police and other agencies and provides forensic medical assessments and examinations. In the last year 166 medical examinations were completed for Leicestershire by the SARC. In 92% of examinations the victim was a female and 8% male.

National Probation Service

The National Probation Service is a statutory criminal justice service that supervises high risk offenders released into the community in England and Wales. Locally, caseloads of the LLR cluster sit at around 1600 cases at any one time. The National Probation Service's priorities are protecting the public by the effective rehabilitation of high risk offenders, by tackling the causes of offending and enabling offenders to turn their lives around.

Other Services

The Pride Alarms service operating in Rutland install security by way of an alarm system which can be activated should the victim require assistance or feel concerned. This service is open to all victims aged 13 and over and is dependent on an agreement with the Local Authority. In the last year there was one alarm installed by the provider.

8.2 APPENDIX B – Partner Agency contacts

Organisation	Requested/Responses from	Date of Request	Date of Response	Details of response
Leicester Partnership Trust (LPT/NHS)	<ul style="list-style-type: none"> Michael Clayton Sarah Meadows Rachel Garton 	18/05/2017	19/05/2017	<ul style="list-style-type: none"> Responded to Data template 02/05/17 Notified that data not so easily categorised/collected data is available from UHL but is only really captured if DV/ SV were the principal reason for attendance in hospital. Probably most cases are categorised differently Key themes and findings from LPT LLR (Rachel Garton)
National Probation service	<ul style="list-style-type: none"> Michael Hopkinson 	15/05/2017 03/08/2017 12/09/2017	12/09/2017	<ul style="list-style-type: none"> Data from Performance and Quality Team for the National Probation Service in Leic, Leics and Rutland. Number of high risk offenders Data from VCS current active cases, cases closed is unknown
CRC	<ul style="list-style-type: none"> Paul Kennedy 	15/05/2017	-	<ul style="list-style-type: none"> Outstanding

		05/07/2017 20/09/17		
Safeguarding Boards Leicester City Adult Social care	<ul style="list-style-type: none"> • LSAB, Lindsey Bampton • Luke Carruthers 	15/05/2017 29/08/2017	18/05/2017 15/09/2017	<ul style="list-style-type: none"> • Demographics and cases where domestic abuse was flagged as a factor in ASC cases • Domestic Homicide data and findings • ASC return and themes
Safeguarding Boards Leicester City Children's Social Care	<ul style="list-style-type: none"> • LSCB • City CYP • Zak Mulla 	02/05/2017	16/05/2017 26/06/2017 On-going	<ul style="list-style-type: none"> • Children social care case and assessments where DV and CSE were known factors • Early help data
Safeguarding Boards Leicestershire County	<ul style="list-style-type: none"> • Julia Young on behalf of County ASC/CSC 	02/05/2017 10/08/2017	24/08/2017	<ul style="list-style-type: none"> • Children social care case and assessments where DV and CSE were known factors • Adult social care cases • District information at outreach level
Commissioned Service (UAVA – Leicester City Council)	<ul style="list-style-type: none"> • Debbie Hughes • Suki Kaur 	-	18/05/2017	<ul style="list-style-type: none"> • Provisions outside of commissioned services • Training data

Quetzal	<ul style="list-style-type: none"> Julie Hurst – Whitehouse 	30/05/2017	30/05/2017 02/06/2017	<ul style="list-style-type: none"> Counselling and therapeutic sessions
Victim First	<ul style="list-style-type: none"> Paul Kiggell 	15/05/2017 10/08/2017	17/05/2017	<ul style="list-style-type: none"> Numbers supported Requested data from survey Requested findings from needs assessment database
Public health – Leicester City Council	<ul style="list-style-type: none"> Helen reeve Gurjeet Rajania 	02/08/2017 10/08/2017 25/08/2017	27/08/2017	<ul style="list-style-type: none"> Mental health statistics Local statistics JSNA statistics Leicester City Children Survey results
First Step	<ul style="list-style-type: none"> Cas Beckett 	15/05/2017 10/08/2017	17/05/2017 07/06/2017 10/08/2017	<ul style="list-style-type: none"> Number of therapeutic sessions delivered
Panahghar	<ul style="list-style-type: none"> Rosie Gakhal 	15/05/2017 12/09/2017	19/09/2017	<ul style="list-style-type: none"> Refuge spaces People housed in refuge Numbers referred/supported
Action Homeless	<ul style="list-style-type: none"> Karen Purewal 	15/05/2017	18/09/2017	<ul style="list-style-type: none"> Referral numbers Numbers supported through the service

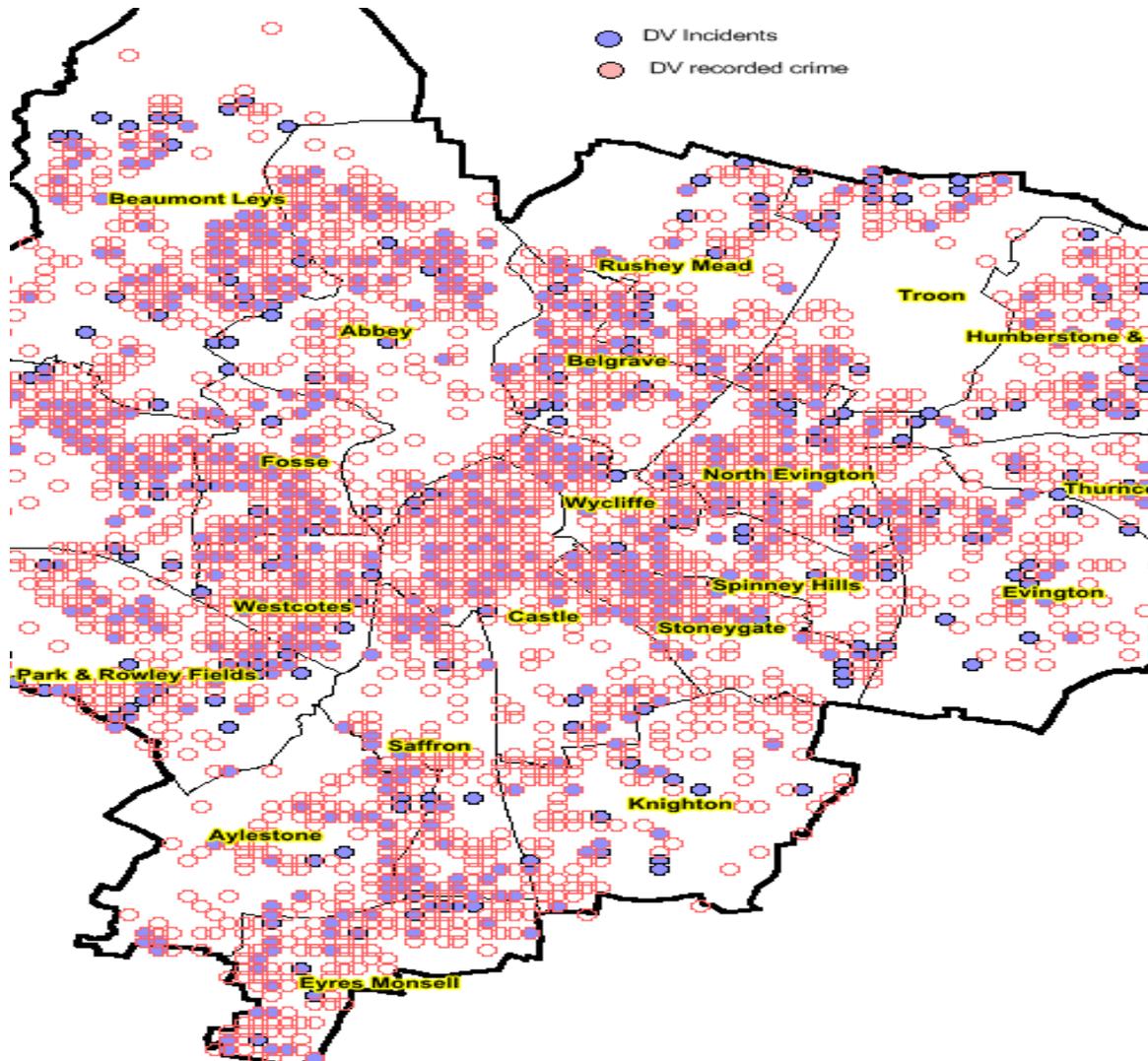
		12/09/2017		<ul style="list-style-type: none"> • Questionnaire return
Trade	<ul style="list-style-type: none"> • Sal Khalifa 	15/05/2017	-	<ul style="list-style-type: none"> • Numbers supported • Counselling and therapeutic sessions delivered
Citizens Advice Bureau	<ul style="list-style-type: none"> • Dawn Mason • Tim Smith 	15/05/2017 05/07/2017 25/08/2017	21/09/2017	<ul style="list-style-type: none"> • Number of perpetrators supported with advice • Number of victim supported with Advice (Cital)
Leicestershire Rape Crisis	<ul style="list-style-type: none"> • Lynda Yorke 	18/05/2017 15/08/2017	24/08/2017	<ul style="list-style-type: none"> • Counselling sessions delivered • Numbers supported • YOY change
Leicestershire Police	<ul style="list-style-type: none"> • Debbie Tinkler • Stuart Hewins • Kev Wright • Barney Thorne • Fred Swaffield 	22/05/2017		<ul style="list-style-type: none"> • Repeat victim data • IQuanta data • Serial Perpetrator • DVPN/DVPO • DV/SV Outcome data • Arrest rates • IOM data • Police Satisfaction Survey • CSE data • Offences against those under 18

				<ul style="list-style-type: none"> • Crime statistics
Leicester City YOS	<ul style="list-style-type: none"> • Jas Sanghera • Heather Mair 	12/06/2017	14/06/2017 07/08/2017	<ul style="list-style-type: none"> • Outcomes for YO • Domestic violence in a family context
Leicestershire County YOS	<ul style="list-style-type: none"> • Julia Young on behalf of County YOS 	05/05/2017 16/08/2017	06/09/2017	<ul style="list-style-type: none"> • Outcomes for YO • Domestic violence in a family context
OPCC	<ul style="list-style-type: none"> • Liz McDermott • Simon Down 		16/05/2017	<ul style="list-style-type: none"> • 24-7 Locks • Data return • Questionnaire return
Sexual Assault referral Centre (SARC)	<ul style="list-style-type: none"> • Millie Gant 	12/05/2017	12/09/2017	<ul style="list-style-type: none"> • Medical examinations • referrals

Key dates: E-mails and reminders were shared and distributed to the mailing list on 15/05/2017, 15/08/2017 and at point of extended deadline further to the DV exec meeting 01/09/2017.

8.3 APPENDIX C – Area Maps (location of offences and incidents)

Location of reported crime/incidents 2016/17 (domestic violence) – Leicester Map



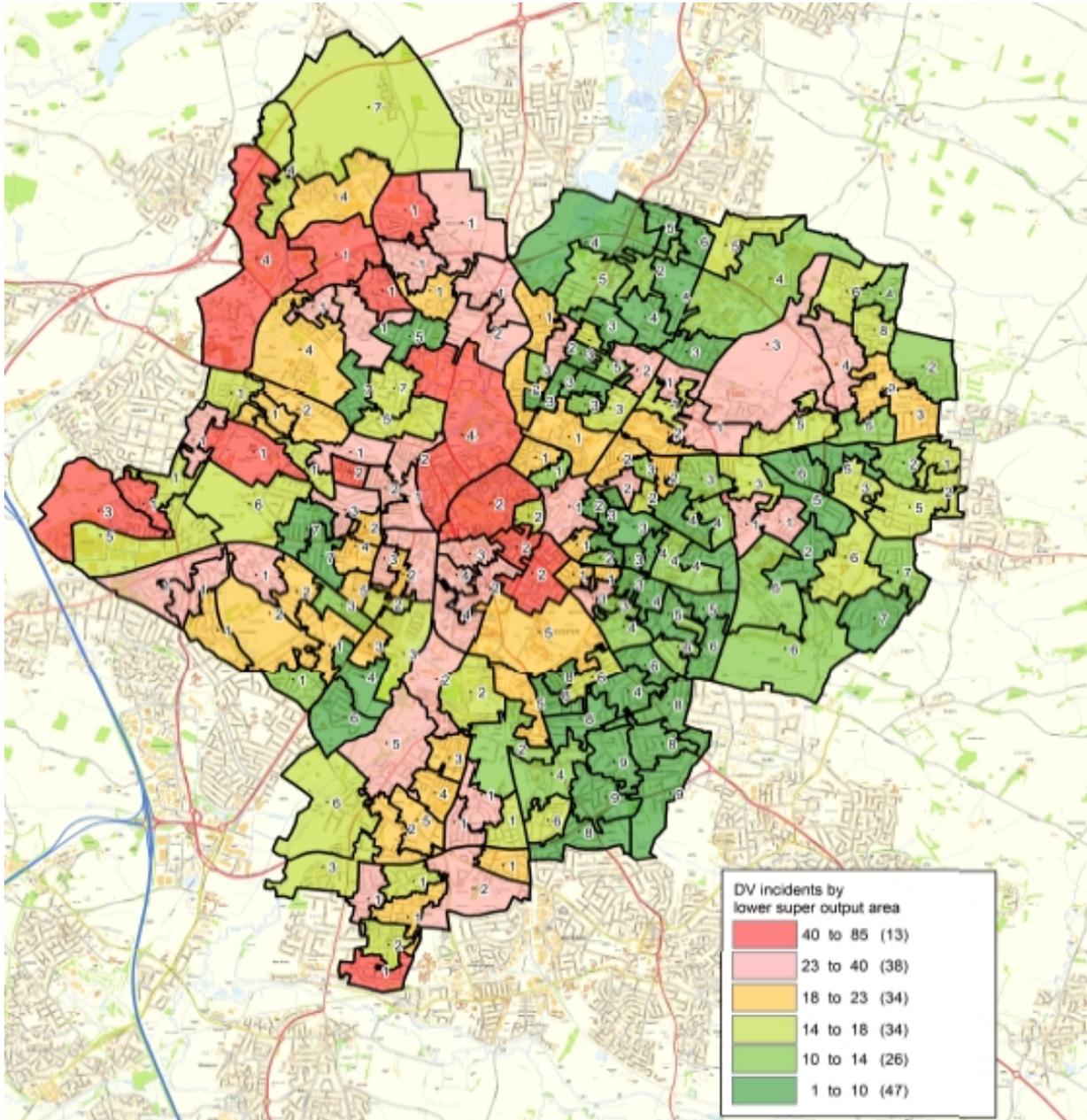
The majority of domestic violence crimes and incidents were recorded in the more central areas of Leicester, including North Evington, Belgrave and Westcotes. Domestic violence recorded offences are depicted through a red shade whilst incidents are shaded in blue.

There is a close correlation between areas where both crime and incidents are reported when the data for incidents and crime are pictured in isolation. The number of domestic violence crime and incidents has been growing in some areas more than others.

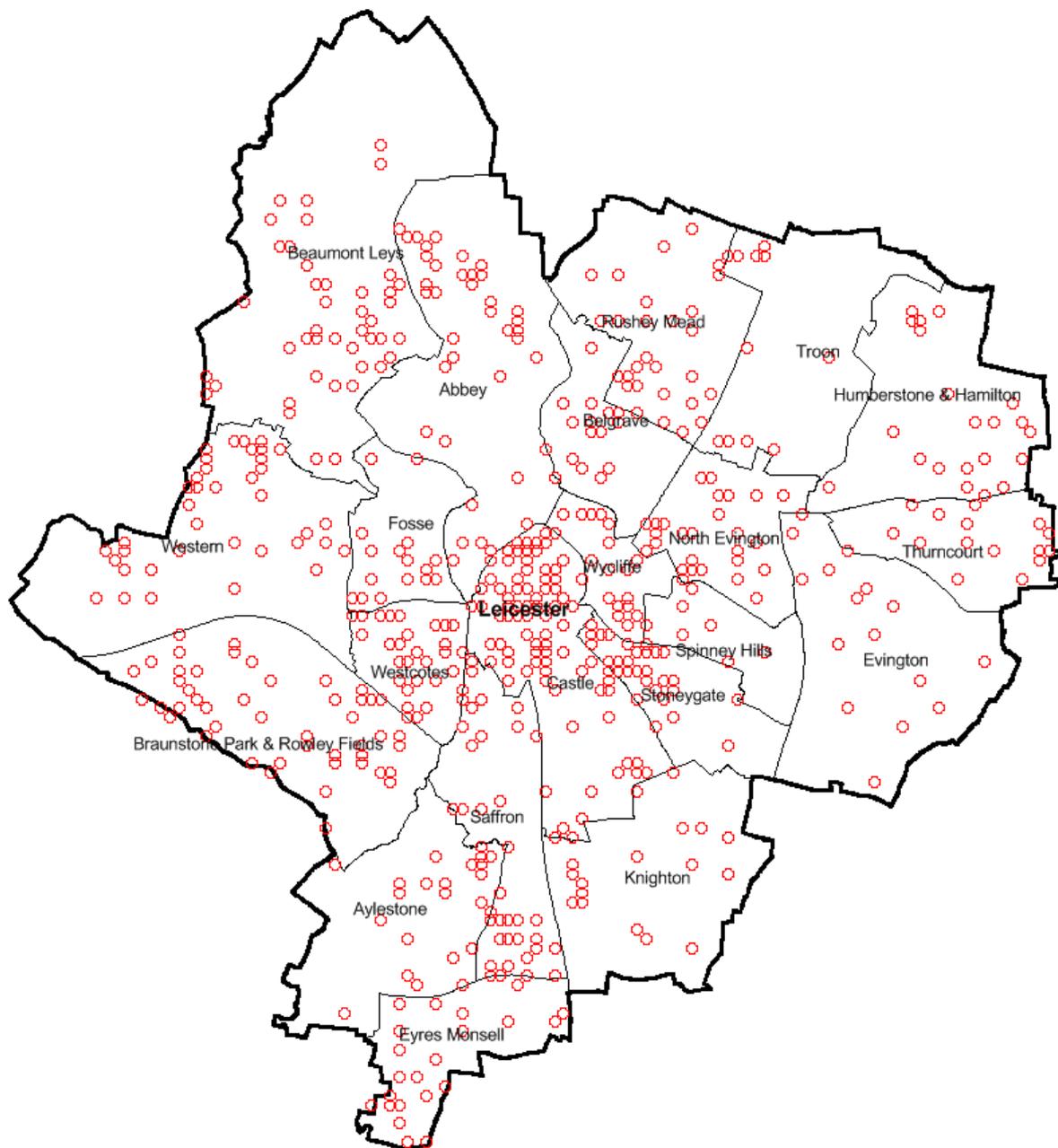
Compared with the previous year there were larger year on year changes in the areas of Belgrave where reports increased by 85%, and Evington and Westcotes (equally reporting

an 82% increase from the last year). Belgrave and Evington have traditionally had lower reporting rates (per 10,000 population), so the increase could be viewed positively.

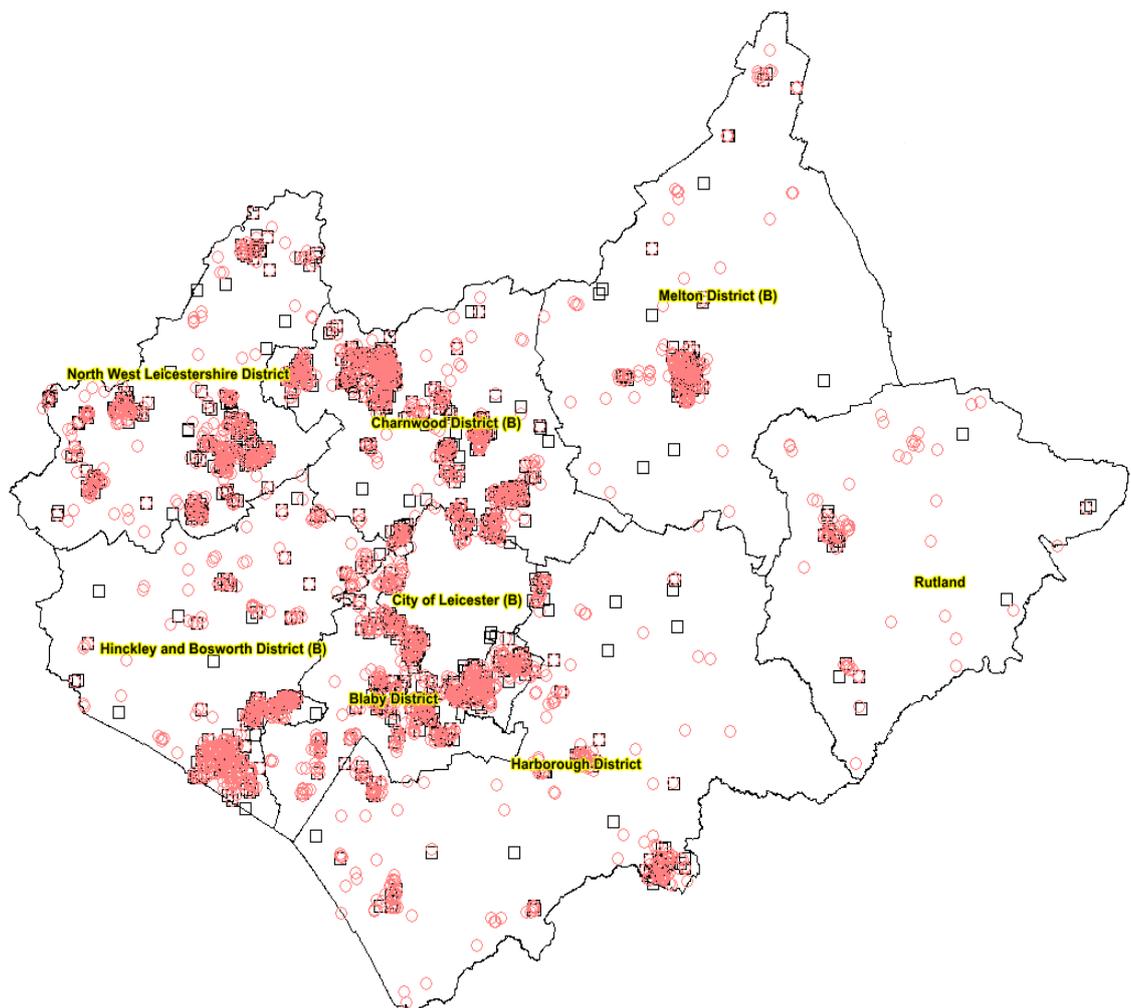
Domestic violence prevalence by area overlaid with ONS IMD information ranking for 2016/17



The heat map depicts the reporting of domestic violence incidents and offences by Lower Super Output Area (LSOA) in Leicester. The scale shows the crime/ incidents recorded by LSOA and the area colours are coded accordingly. The IMD scores are represented through ranking, where 1 is the most deprived and 10 is the least deprived based on the IMD factors.

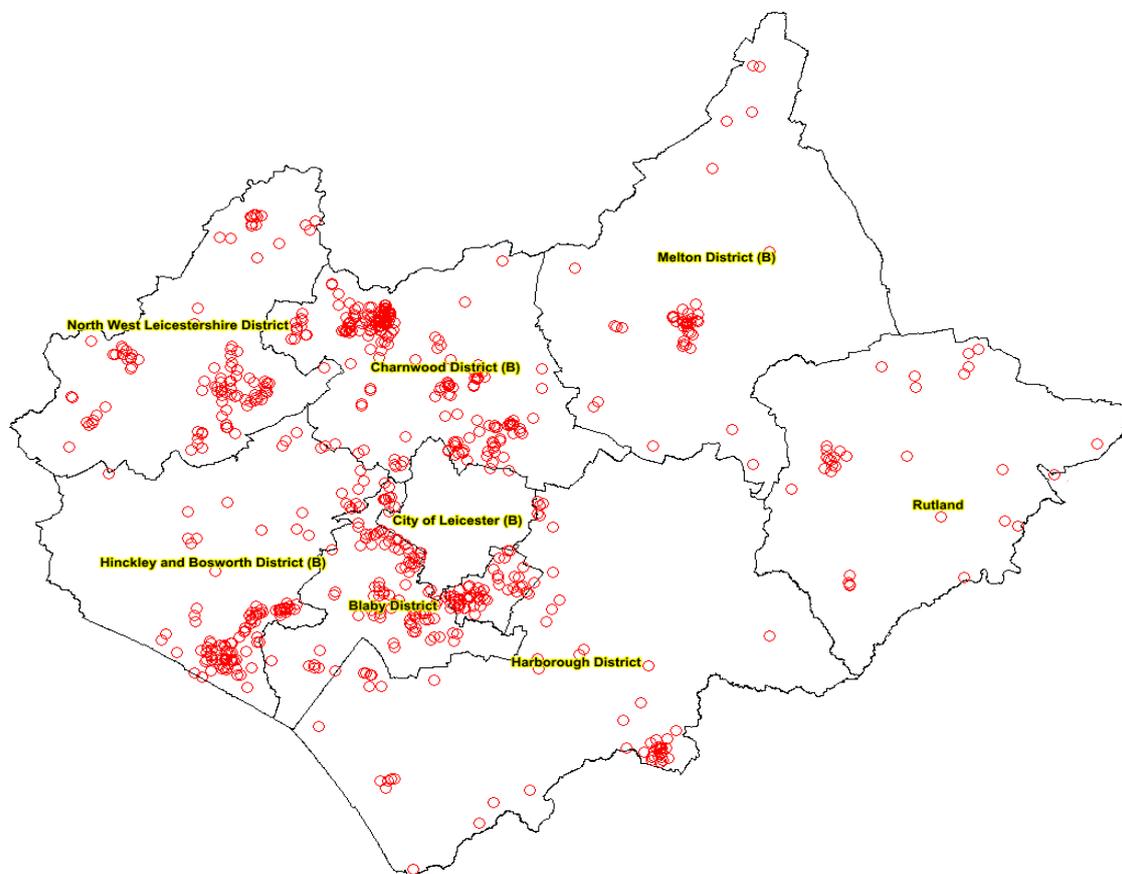
Location of reported crime (sexual violence) 2016/17 – Leicester Map

The location of sexual violence offences shows a similar representation to the location of domestic violence offences with the majority occurring in Westcotes and Braunstone after the City Centre. Compared with the previous year, there was a larger increase in sexual violence offences in the areas of Knighton (200%), Rushey Mead (64%) and Coleman (43%).

Location reported crime/incidents 2016/17 (domestic violence) – Leicestershire and Rutland

Domestic violence incidents are depicted through the square marker and recorded crime through red circular markers. The majority of domestic violence and incidents were recorded in Charnwood, Blaby and Hinckley and Bosworth. The number of domestic violence offences have increased significantly in the areas of Blaby and Harborough, both showing an increase of approximately 56% compared to the previous year.

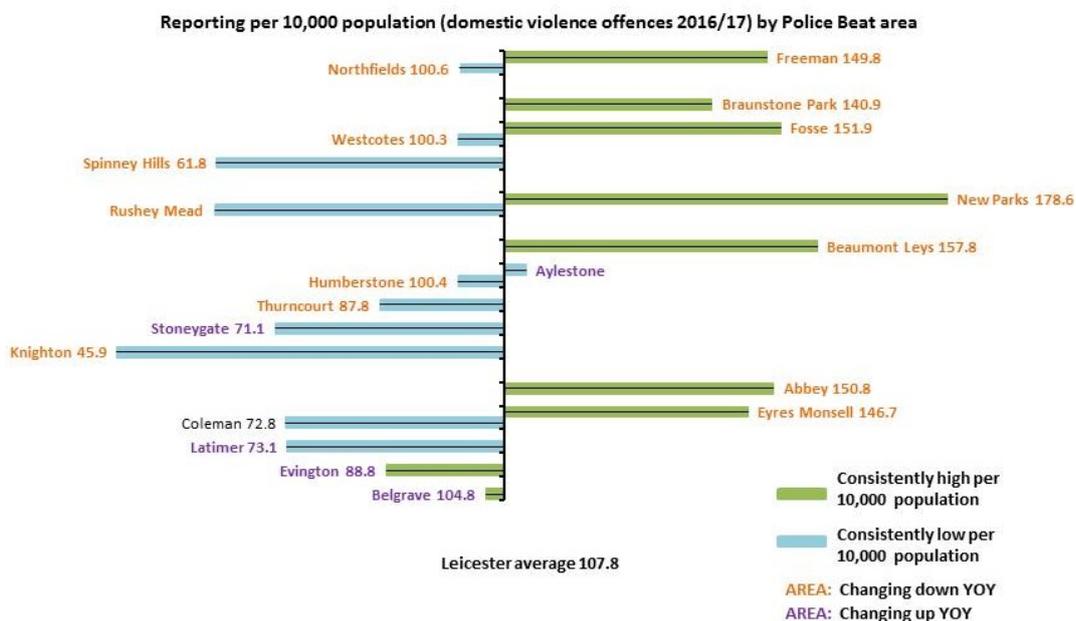
Analysis based on population indicates that more offences are occurring in Blaby, North-West Leicestershire and in Oadby and Wigston for every 10,000 people despite other areas recording a greater number of offences. Data for Rutland shows a lower number of domestic violence offences and incidents compared to each of the Leicestershire districts. Domestic violence incidents and offences decreased 12% compared with the previous year.

Location reported crime 2016/17 (Sexual violence) – Leicestershire and Rutland

Most sexual offences were recorded in the areas of Charnwood and Hinckley and Bosworth. Looking at the data in light of the populations of each area, the analysis shows that there is also a higher prevalence of sexual violence offences in some of the districts and areas despite a lower number of offences being recorded. Both districts Melton, Oadby and Wigston and the county of Rutland recorded higher numbers of sexual offences per 10,000 people.

The largest year on year change was witnessed in Hinckley and Bosworth where sexual violence offences were up 39% from the previous year. Similar to domestic violence data Rutland is the only area showing a decrease in the number of sexual offences (-20%) from the previous year.

Leicester City Domestic violence crime reported per 10,000 population 2016/17 – breakdown by Police beat area



The areas of Belgrave and Evington have shown high reporting per 10,000 population during some parts of the year and have the largest year on year changes in domestic violence offences recorded. New Parks, Beaumont Leys and Braunstone consistently recorded more domestic violence offences for every 10,000 people but there has been lower year on year change in these areas. Knighton recorded the lowest number of offences in the last year whilst Northfields saw the lowest YOY change. The data for the City centre area has not been included in the chart as this skews the rest of the picture especially in light of the area’s population as it is assumed most victims do not reside in that area.

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