

Northumberland Domestic Abuse Needs Assessment 2021



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Introduction

This needs assessment will provide an overview of the nature, extent and impact of Domestic Violence and Abuse and Sexual Violence in Northumberland. This will help to identify existing good practice, current demand, any unmet needs, and service gaps in addressing domestic abuse issues in Northumberland. Ultimately, it will facilitate the targeting of resources to improve services to better meet local need and therefore improve outcomes and reduce inequalities.

This needs assessment therefore aims to:

- Briefly describe and understand the population of Northumberland
- Examine and understand the prevalence of domestic abuse in Northumberland
- Provide an overview of the existing service provision in place to tackle different forms of domestic abuse
- Identify what works well, and where there may be areas for improvement / development
- Identify where there are service gaps / unmet needs and capacity issues around local responses to domestic abuse
- Describe the risk and protective factors associated with domestic abuse and consider them in Northumberland context where possible
- Rapidly review the evidence
- Make recommendations to inform future commissioning intentions and service development

An overview of Northumberland

Northumberland is the most northern county in England. It spans 5,013 km; an area larger than Luxembourg and is home to 316,000 people. With 97% the county classed as rural, it is sparsely populated with 63 people per km. Half of the county's population live within 3% of the urban land found in the south east of the county.

Northumberland is a geographically diverse county with a mixture of urban and rural areas, including some large sparsely populated areas, some affluent market towns, commuter villages and coastal towns. There are some significantly deprived urban areas in the county, particularly within some of the post-industrial towns in the South East.

Unemployment levels are higher than the national average, with 2.5% of working age people claiming an out of work benefit in Northumberland, compared to 1.9% in England in 2017/18. Long term unemployment (over 12 months) is also higher at 6.9/1000 population in 2017/18, compared with 3.6/1000 in England. Within some of Northumberland most deprived wards, this increases to 24.2/1000 population.

There are significant health inequalities within Northumberland. On average, life expectancy at birth for males in Northumberland is similar to England at 79.4 years. For female's life expectancy at birth in Northumberland is 82.7 years, lower than England (83.2 years). However, differences in life expectancy between the most and least deprived areas in Northumberland were substantial at 11.5 years for males and 10.7 years for females in 2016-18. The size of the difference in life expectancy between more and less deprived areas has increased in Northumberland since 2011 and is larger than differences nationally.

There are also inequalities in relation for the length of time individuals spend in good health. The differences are greater than those seen for life expectancy at 16.6 years for males and 15.2 years for females in Northumberland (2009-13). Healthy Life expectancy at birth fell in Northumberland from 2015-17 to 2016-18 for males (from 65 years to 61.2 years) and females (65.1 years to 63.1 years).

National Policy Framework

Over the past 25 years, the number of countries introducing laws addressing domestic violence has risen from close to zero in 1990, to 118 by 2016 (World Bank, 2016). However, only 44% of countries fully enforce their laws (WHO, 2014).

The Sexual Offences Act 2003 came into force on the 1st May 2004 and applies to all offences committed on or after that date. Its purpose was to strengthen and update the law on sexual offences, whilst improving the protection of individuals from sexual offenders. Female Genital Mutilation is a criminal offence. It is also illegal to aid, abet, counsel and procure the performance of FGM on a UK national or permanent resident abroad (Female Genital Mutilation Act 2003).

In 2015 Domestic Abuse was added to the Care Act 2014 as an adult safeguarding category in recognition of those victims who have care and support needs that limit their ability to protect themselves.

The coercive or controlling behaviour offence came into force in December 2015. It carries a maximum 5 years imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence but amount to extreme psychological and emotional abuse, can bring their perpetrators to justice.

In 2020 the UK approved the eagerly awaited Domestic Abuse Bill. This expands the definition of domestic abuse to be defined as not just physical violence, but can also be emotional, coercive or controlling and economic abuse. Protection orders for domestic abuse, sexual violence, forced marriage and female genital mutilation (FGM) are still enforced to protect individuals before harm occurs.

A new Domestic Abuse Act was passed into law in April 2021. The Act aims to:

- “Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.
- Strengthen the support for victims of abuse by statutory agencies.”

To achieve what the new legislation sets out to do, the Domestic Abuse Act does the following:

- Creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse;
- Establishes in law the office of Domestic Abuse Commissioner and sets out the Commissioner’s functions and powers;
- Provides for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order;
- Creates a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts;

- Places the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing;
- Provides that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance;
- Creates a new statutory guidance.

Under this new legislation there are new statutory duties placed on local authorities. These are:

- Creation of a new Domestic Abuse Local Partnership Board which must contain representation of the following as a minimum:
 - A representative of the relevant local authority.
 - At least one person appearing to the authority to represent the interests of local authorities for areas within its area.
 - At least one person appearing to the authority to represent the interests of victims of domestic abuse.
 - At least one person appearing to the authority to represent the interests of children of domestic abuse victims.
 - At least one person appearing to the authority to represent the interests of charities and other voluntary organisations that work with victims of domestic abuse in its area.
 - At least one person appearing to the authority to represent the interests of persons who provide, or have functions relating to, health care services in its area.
 - At least one person appearing to the authority to represent the interests of persons with functions relating to policing or criminal justice in its area.
- Representation from survivors of domestic abuse is also encouraged on the new board.
- The new board will have to:
 - Prepare and publish a strategy for the new provisions of newly legislated support for domestic abuse as well as continually monitor and evaluate the effectiveness of the strategy.
 - Give effect to the strategy (through commissioning/de-commissioning decisions)
- There is a new duty for a local authority to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. This covers:
 - Assess the need for accommodation-based domestic abuse support for all victims in their area, including those who require cross-border support
 - Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment
 - This will then form part of the overall strategy used by the board to monitor, evaluate and report on.
- The new duty covers the following kinds of safe accommodation:
 - Refuge accommodation
 - Specialist safe accommodation
 - Dispersed accommodation
 - Sanctuary schemes
 - Move on or second stage accommodation
- The new duty will require local authorities, when re-housing an existing lifetime social tenant or offering them a sole tenancy in their own home, to grant a new lifetime tenancy if the local authority is satisfied that the tenant or a member of their household has been a victim of domestic abuse and the new tenancy is granted in connection with that abuse.

- To work to ensure that all existing policies and new policies are written and carried in such a way as to be inclusive of the new statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling and economic abuse.
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in its area. This support includes:
 - Advocacy support- development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers)
 - Domestic abuse-prevention advice- support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation
 - Specialist support for victims with protected characteristics and/or complex needs for example interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice.
 - Children’s support – including play therapy and child advocacy
 - House-related support as discussed above
 - Counselling and therapy for both adults and children.
- The board must meet every quarter.

Regional Strategic Framework

Northumbria Police and Crime Commissioner has led the development of a three-force regional strategy in relation to Violence Against Women and Girls. This was first published in 2013 and contains specific pledges in relation to domestic and sexual violence and abuse.

Domestic and sexual violence and abuse also remains one of the Northumbria Police and Crime Plan priorities.

Northumberland (Local) Strategic Framework

It is recognised that domestic abuse is a key priority area that cuts across several strategic partnerships and boards in Northumberland including:

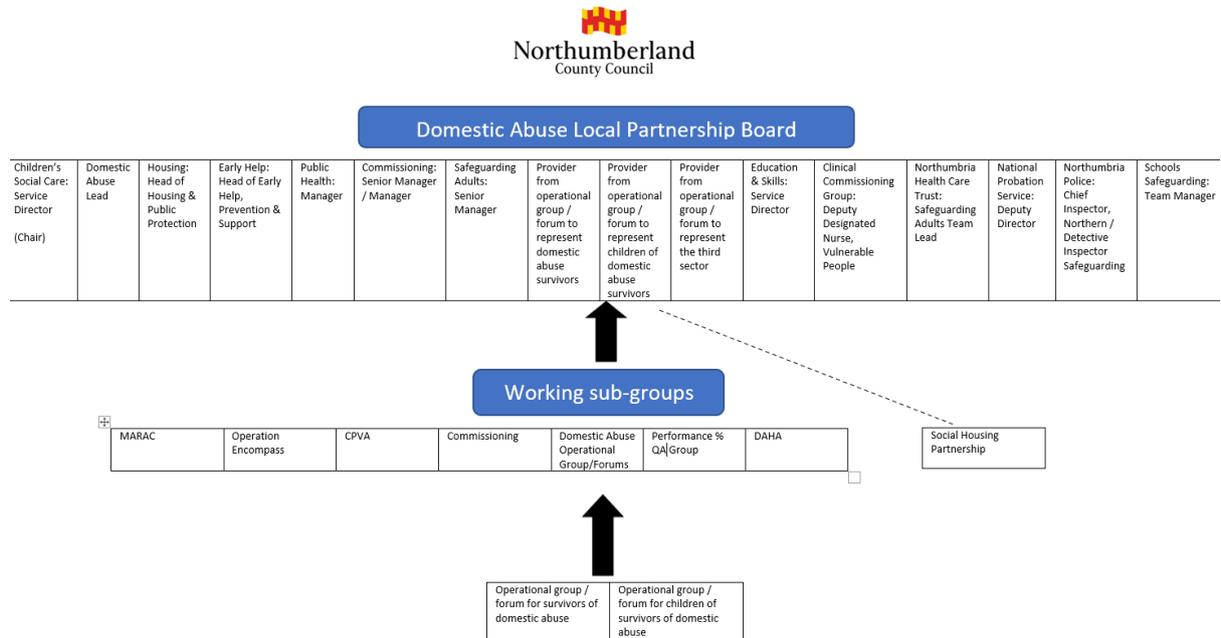
- Northumberland Domestic Abuse Local Partnership
- Northumberland Strategic Safeguarding Partnership
- Health and Wellbeing Board
- Northumberland and North Tyneside’s Adults Safeguarding Partnership
- Children and Young People’s Plan

The Domestic Abuse Local Partnership Board (DALPB) has overall responsibility for the oversight, strategy and delivery of activity to reduce the prevalence and impact of domestic abuse in Northumberland as well as ensuring the highest quality support is offered to domestic abuse survivors. The DALPB is a statutory requirement and acts in accordance with the Domestic Abuse Act 2021.

The DALPB will provide leadership to enable innovative partnerships and creative responses to a challenging a complicated issue in our county that comes in a wide range of forms. Alongside this, the Board will provide support and appropriate responses to those who experience domestic abuse as

victims or survivors, to their children and to those who are behaving abusively. It will further support children who live with domestic abuse as recognising them as victims in their own right and tailor responses accordingly.

The structure of the Board includes several sub-groups and forums which work under it which can be seen below.



The Board will report into the Northumberland Strategic Safeguarding Partnership, the Safeguarding Adults Board and the Northumberland Safer Partnership as well as the Executive Director of Adults & Children's Services.

The group has an agreed term of reference, meets quarterly, and is tasked with supporting delivery of an agreed action plan which is reviewed and updated annually.

The actions from the 2020-2021 Action Plan are available upon request.

The Health and Social Harms Associated with Domestic Abuse

This section of the Strategic Needs Assessment provides data on the health and social harms related to domestic abuse. It uses published data, data received from partner organisations and extraction from internal systems. Where possible national prevalence rates have been applied to the population. In addition, it draws on guidance and peer reviewed literature to provide further evidence as required.

All the statistics quoted in this need's assessment should be interpreted with caution. Given the nature of domestic violence and abuse, a significant proportion of cases go unreported and therefore will not be included in statistical estimates. Data on the global and national prevalence have been included where data is available.

The Impact of Domestic Violence and Abuse

This section considers the impact of domestic violence and abuse it looks at the economic and social costs nationally and locally; the impacts on adult survivors and children; the impact on life expectancy, health and wellbeing, housing, and homelessness.

Impact of Economic and Social Costs of Domestic Abuse: England and Wales

The impact of domestic abuse is not only felt by individuals but across families, communities, schools, health services, the police, social services and many more. Due to the nature of domestic abuse many families are affected for several years before they get any support and findings from research include:

- 4.2% of women in refuges had spent between 2 and 10 years in the abusive relationship with 17% of women enduring a violent relationship for more than 10 years
- 40.9% of women using community-based domestic abuse services had spent between 2 and 10 years in the abusive relation, with 24.1% enduring a violence relationship for more than 10 years

In January 2019, the Home Office published its economic and social costs of domestic abuse. Prior to this, costs have been determined from the 2008 research by Sylvia Walby which had estimated that domestic abuse cost £15.7 billion per year in England and Wales. This new Home Office data shows that costs are now considerably higher; domestic abuse is estimated to have cost over £66 billion in England and Wales.

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	£11m	£66,192m

A number of these costs are borne by Government such as the costs to health services and the police (image below). When compared to other public health issues, the costs of domestic abuse are greater than many of these combined.

	Estimated annual cost to society and the economy*
Smoking	£12.9 billion ¹ (2013)
Alcohol misuse	£21 billion ² (2003)
Drug misuse	£15.4 billion ³ (2010-11)
Obesity	£27 billion ⁴ (2014-15)
Domestic violence	£66 billion ⁵ (2016-17)

Based on the study noted above, the Home Office has estimated that the cost for a single victim of domestic abuse is £34,015.

¹ The economics of tobacco. Action on Smoking and Health, November 2013.

<http://ash.org.uk/category/information-and-resources/fact-sheets/>

² 2003 Cabinet Office Strategy Unit report

³ <http://researchbriefings.files.parliament.uk/documents/CDP-2017-0230/CDP-2017-0230.pdf>

⁴ <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

⁵ <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>

In 2020/21 in Northumberland there were 6,909 domestic abuse incidents recorded by the police involving 4,109 victims. We know that domestic abuse is under-reported (by around 50%), meaning there are likely to be over 8,218 victims in Northumberland each year (not including any children affected) with a cost of around £280 million p.a. in Northumberland. If we were to use prevalence figures provided by CSEW domestic abuse would have cost around £439,711,905 in the last year alone.

The cost of domestic abuse to one victim is the equivalent to the costs of a specialist domestic abuse worker for 1 year.

Impact and Intent of Violence and Abuse on Adult Survivors

The impact of domestic abuse can be wide-ranging from physical, sexual, and economic impacts through to emotional and psychological impacts as a result of the trauma experienced. Examples include but are not limited to:

- Mental health and wellbeing: anxiety, suicide, depression etc
- Physical injury (hidden and visible) e.g., broken bones, scalds, burns, cuts, bruises, strangulation etc
- Rape and sexual abuse
- Reproductive health: unwanted pregnancy, STDs, or reduced access to contraception
- Deprivation of access to daily needs and resources
- Imprisonment or isolation from the outside world, family, friends, support
- Unemployment
- Destruction of property and personal belongings
- Enforced criminality

Evan Stark's research on domestic abuse likens coercive control to 'domestic terrorism' and highlights that coercive control tactics are more effective in trapping women in relationships than physical violence. Survivors of domestic abuse often describe the level of coercive control, and the implied threat, as having a greater impact on them than the physical harm.

Many surveys and studies, such as the Crime Survey for England and Wales have excluded consideration for victims over the age of 60 and awareness campaigns consistently focus on younger victims and perpetrators. This serves to reinforce the false assumption that abuse ceases to exist beyond a certain age gap. Victims over 60 will typically experience abuse for 6.5 years before accessing help this is two and a half times longer than the average length of abuse. Meanwhile, older people are statistically more likely to suffer health problems which can increase their vulnerability to harm. Whilst another key issue for older people is that of dependency as often the perpetrator can be the victim's main carer.

Impact and Intent of Violence and Abuse on Children and Young People

Children in the earliest years of life are particularly vulnerable, domestic abuse is more prevalent in homes with younger children than those with older children. Evidence suggests that domestic abuse harms infants and preschool children the most, but the harmful effects are often only noticed when a child reaches their teenage years. Being in a household where domestic abuse is present is classified as an adverse childhood experience (ACE). There is a growing body of evidence that children experiencing one or more ACE have a reduced quality of life and increase mortality and morbidity in adult life. Children who have experienced domestic abuse for a number of years frequently experience

intense feelings of responsibility, guilt, anger, and a sense of despair and powerlessness over their lives.

Children can be affected in many ways, and there are no set signs or patterns. However, most children will experience fear and disruption in their lives. Many will be affected physically and emotionally, in their learning and in their personal development. Research shows that children who have witnessed domestic violence often have similar symptoms and problems to those children who had been physically abused and the overlap cannot be ignored. SafeLives research ('In Plain Sight', February 2014) found a major overlap between domestic abuse and direct harm on children. Two thirds (62%) of the children exposed to domestic abuse were also directly harmed:

- 28% of children were physically harmed
- 58% emotionally abused and 18% neglected

This also raises significant concerns regarding child protection.

- 62% of women accessing refuges in one day in England and Wales had children under the age of 18 with them (Women's Aid 'Day to Count' 2017)
- 19 children and 2 women were killed by domestic abuse perpetrators in circumstances relating to child contact⁶
- Children suffer multiple physical and mental health consequences because of living with domestic violence
- Personality and behavioural problems among children exposed to abuse in the home can take the forms of psychosomatic illness, depression, suicidal tendencies, and bed-wetting

Domestic abuse has significant impacts for children's services, in both early help and in social care. It is one of the primary reasons why children come to the attention of social workers and children and family workers.

Life Expectancy

Women, Business, and the Law's research⁷ publish a global report every two years and maintain an online database with country-level data and links to primary legal sources. This data has found that life expectancy for women is higher where they are legally protected from domestic violence and that having laws that address domestic violence is associated with lower mortality rates for adult women and children under the age of 5.⁸

Housing

Survivors of domestic abuse may seek support in the form of emergency or temporary accommodation. Domestic abuse is a substantial cause of homelessness (12.8% of homeless figures in England and Wales) and it is likely that this is an underrepresentation.

⁶ Women's Aid, 2016 and <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/>

⁷ VAWG Helpdesk Research Report, No. 156, by Erika Fraser and Stephen Wood, UK aid from the Department for International Development, 30 January 2018

⁸ https://assets.publishing.service.gov.uk/media/5c59638d40f0b676b3222a9b/VAWG_Helpdesk_156_-_Legislation.pdf

The Home Office estimated that housing costs related to domestic abuse total £550 million p.a. in England and Wales this includes:

- £119 million on emergency accommodation
- £47.5 million on homeless services
- £383 million on social housing repairs and maintenance

In many cases a survivor of domestic abuse is expected to significantly disrupt their life to secure a safe place to live. This is on top of the impact and trauma of the violence and abuse. Once homelessness begins, it becomes increasingly difficult to escape and homeless women are also increasingly vulnerable to multiple forms of gender-based violence. This creates an ongoing cycle of homelessness and abuse.

Research by Dr. Kelly Henderson (Gentoo and co-founder of the Domestic Abuse Housing Alliance) examined the role of housing providers in a coordinated community response to domestic abuse. In a blog on her research⁹ she noted

- A major factor in women leaving abusive relationships is the (un)availability and/or the (in)accessibility of safe, long-term, independent and affordable accommodation
- Regardless of whether women stay or move following domestic abuse, research by Scottish Women's Aid (2016) found that 84% of women in their study felt they had no choice in the matter
- Putting the practical factors aside, even once this 'decision' is made, women have reported that both paths had varying degrees of positive and negative impacts on their safety, wellbeing and recovery.
- Kelly et al (2014) argued that for women and children their home and rootedness (or not) in local communities was critical to their (un)safety and freedom. In addition to the violence they had experienced, the loss of a home can be a serious part of the trauma that women (and children) suffer because of domestic abuse

The All-Party Parliamentary Group on Ending Homelessness (APPGEH) highlighted that actions are needed to broaden housing options for domestic abuse survivors in order to prevent homelessness before it occurs. This included addressing the tenancy and transfer rules and policies adopted by housing providers which make it difficult for survivors to leave their accommodation for alternatives or to have perpetrators safely removed.

In April 2018 the Homelessness Reduction Act 2017 came into force in England. This refocuses local authority efforts on the prevention of homelessness and introduces new duties to prevent and relieve homelessness for all eligible people, regardless of priority need, intentionality, and local connection. It also has an aim to improve the advice and information about homelessness. The Domestic Abuse Bill has put further emphasis on Local Authorities duties in relation to homelessness.

⁹ http://www.safelives.org.uk/practice_blog/impact-moving-or-staying-put-recovery-women-experiencing-domestic-abuse
(Dr. Kelly Henderson, Gentoo and DAHA)

What the Data Says

Prevalence of Domestic Abuse

It is widely accepted that domestic abuse is often a hidden crime; that victims don't report the abuse to the police or seek support from domestic abuse services. Available data shows that over four in five victims (83%) do not report abuse to the police.

Despite this, the HMICFRS inspections into police forces' responses to domestic abuse in 2015 found that police service in England and Wales received more than 900,000 domestic abuse-related calls for service. That equates to a call for service every 30 seconds. Since then, there has been an 88 percent increase in recorded levels of domestic abuse (HMIC, 2019).

Data Limitations

This section of the Health Needs Assessment uses published data, data received from partner organisations and extraction from internal systems to provide an overview of the prevalence of domestic abuse in Northumberland. Where possible national prevalence rates have been applied to the population.

It should be noted from the outset that all the statistics quoted in this Strategic Needs Assessment should be interpreted with caution. Given the nature of domestic violence and abuse, a significant proportion of cases go unreported and therefore will not be included in statistical estimates. Data on the regional and national prevalence have been included where data is available.

National Prevalence

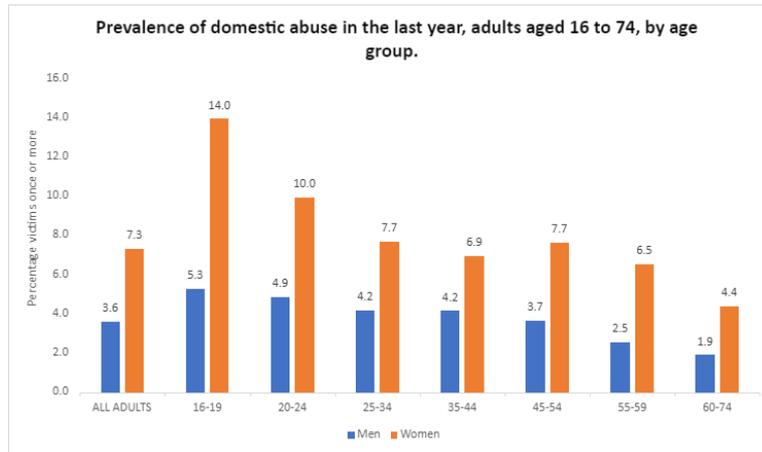
The Crime Survey for England and Wales (CSEW)

The Crime Survey for England and Wales (CSEW) includes a self-completion module that contains the domestic abuse questions. Previously, adults aged 16 to 59 years were eligible to respond to the self-completion module, however, the age range was expanded in April 2017 to adults aged 16 to 74 years living in households. Due to the newness of this expanded age range, the data presented in this section refers to those aged 16 to 59 years unless otherwise stated.

The latest figures from the CSEW show little change in the prevalence of domestic abuse in recent years, however a small non-significant reduction can be seen between 2019 and 2020 (4.2%).

In the year ending March 2020, an estimated 2.3 million adults aged between 16 to 74 years experienced abuse in the last year. This equates to a prevalence of approximately 5 in 100 adults. Women (7.3%) were just over twice as likely as men (3.6%) to have experienced domestic abuse. With 8.8 million adults aged 16 to 74 years experiencing domestic abuse since the age of 16 years.

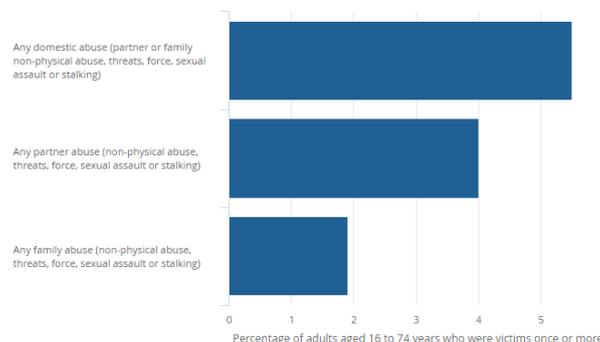
By applying the England and Wales prevalence figures to Northumberland, it is estimated that 48,888 residents aged between 16 to 74 years old will have experienced a form of domestic abuse since the age of 16, this includes 12,927 residents (5.5%) who have experienced domestic abuse in the last year.



When looking at those who have experienced any form of domestic abuse in the last year the graph above shows that the prevalence in females aged 16-19 was significantly higher than the next most frequent gender and or age group (20-24). Notably females aged between 16-19 are almost 3 times more likely than males to have experienced domestic abuse and overall females were more likely to experience domestic abuse in the in 2019/2020.

The CSEW further classifies abuse within two distinct areas specifically, partner and family abuse. The figure below shows that a higher percentage of adults (16 – 74 years) experience abuse carried out by a partner than by a family member.

Prevalence of domestic abuse in the last year for adults aged 16 to 74 years, by perpetrator-relationship, England and Wales, year ending March 2020



While the CSEW provides us with some insight into the prevalence of domestic abuse by utilising national data. Understanding the prevalence of coercive control is more challenging as the survey lacks questions on this type of abuse.

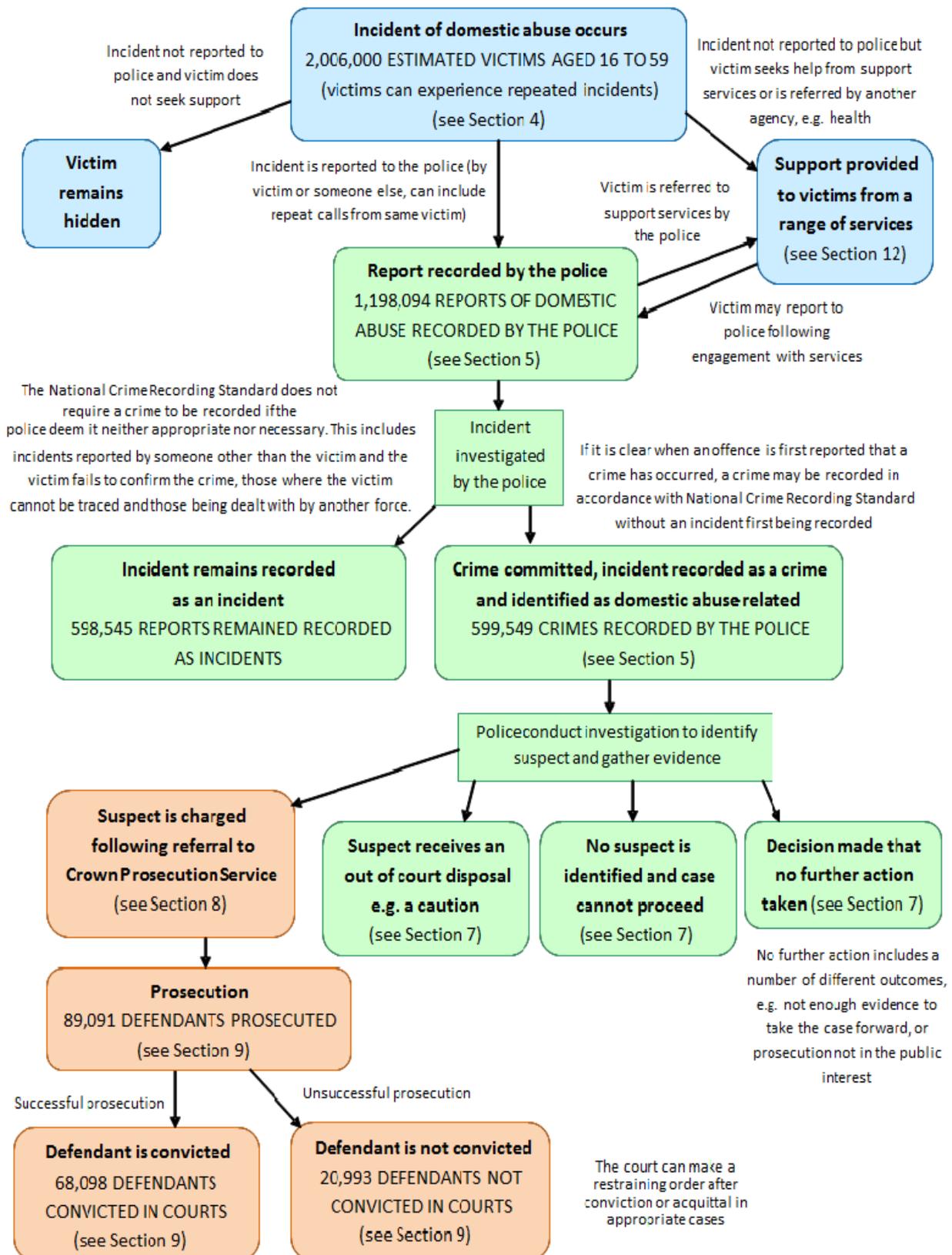
Police Recorded Incidents and Crimes

Although the CSEW shows little change in the prevalence of domestic abuse in recent years. Police incidents and crimes have increased year on year. In the year ending March 2020 there were 758,941 domestic abuse related crimes recorded. This equates to a volume increase of 9% by the police between the year ending March 2019 and the year ending March 2020. This increase part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward.

As there is no legal definition of domestic violence or abuse, there are no actual crimes with those names. Instead, people are prosecuted under a range of offences that can be linked to domestic abuse, such as threats to kill, assault or rape. When looking at individual crime types, just over a third of all violence against the person crimes were domestic abuse related (35.5%). Sexual offences had the second highest proportion with 16%.

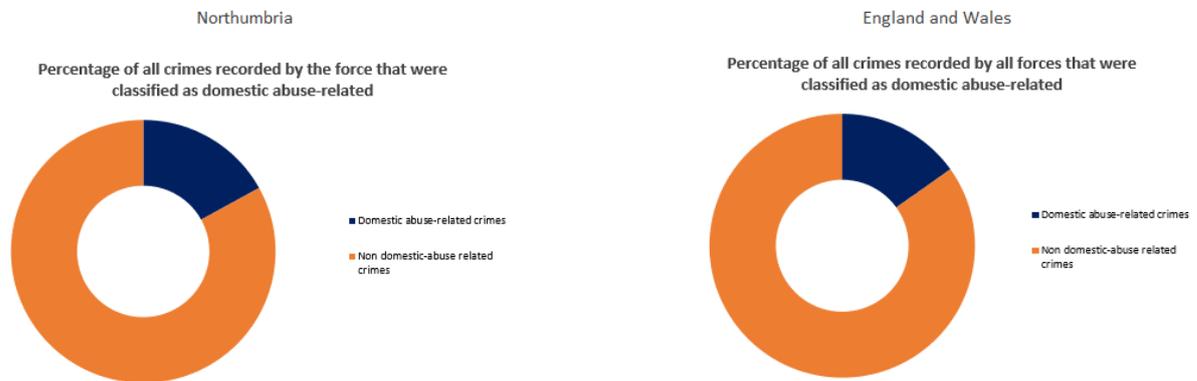
Meanwhile, there were 24,856 offences of coercive control recorded by the police in England and Wales in the year ending March 2020 compared with 16,679 in the year ending March 2019. This represents a year on year increase since the law was enacted in December 2015.

Yet, as the diagram below shows many victims of domestic abuse do not come to the attention of the police. As a result, police recorded incidents and crimes provide us with a snapshot of some, but not all domestic incidents and crimes therefore these figures should be viewed with caution.

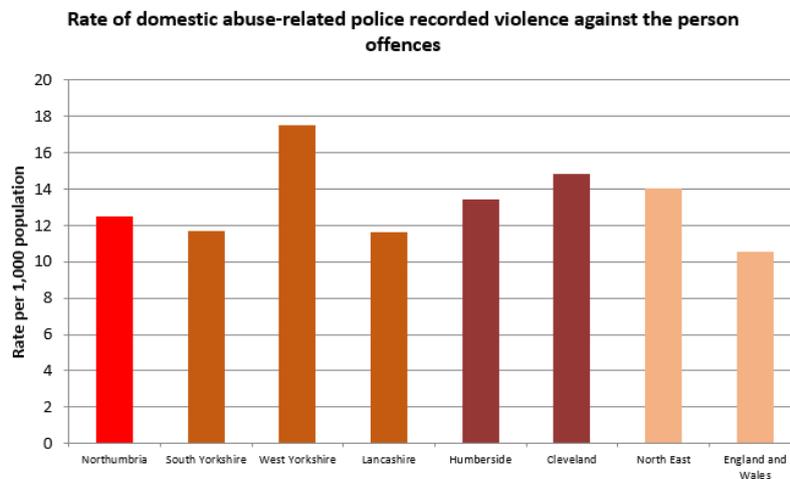


Northumbria Police Force

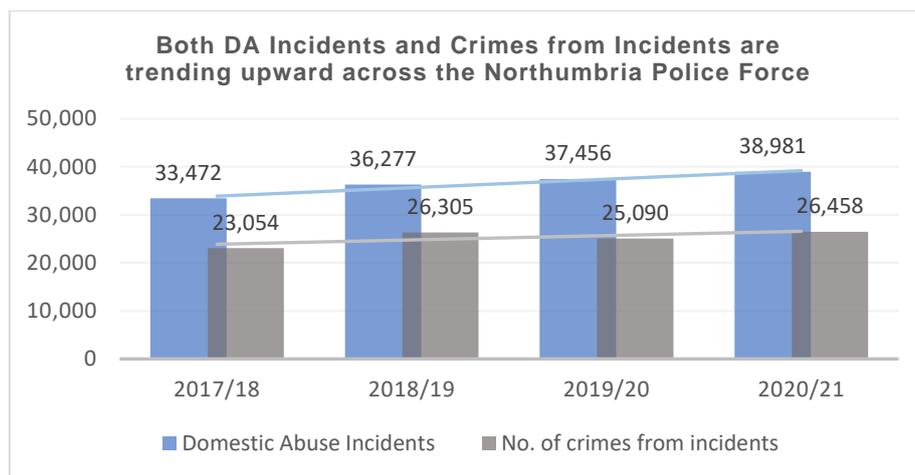
In the year ending March 2020, 17% of all recorded crimes were classified as domestic abuse related in Northumbria Police Force Area. This is consistent with the year end 2019. This percentage is slightly higher than the English rate of 15%.



The chart below shows that the rate of all domestic abuse related police recorded violence against the person offences in the Northumbria Police Force Area (12 per 1,000) is higher than the England and Wales average (11 per 1,000) but below the North East average (14 per 1,000). Rates for Most Similar Group are shown below for reference.



When looking at the rate of domestic abuse related crimes for those aged 16 years and over, the Northumbria Police Force area rate is 17 per 1,000 population. Higher than the England and Wales rate of 13 per 1,000.



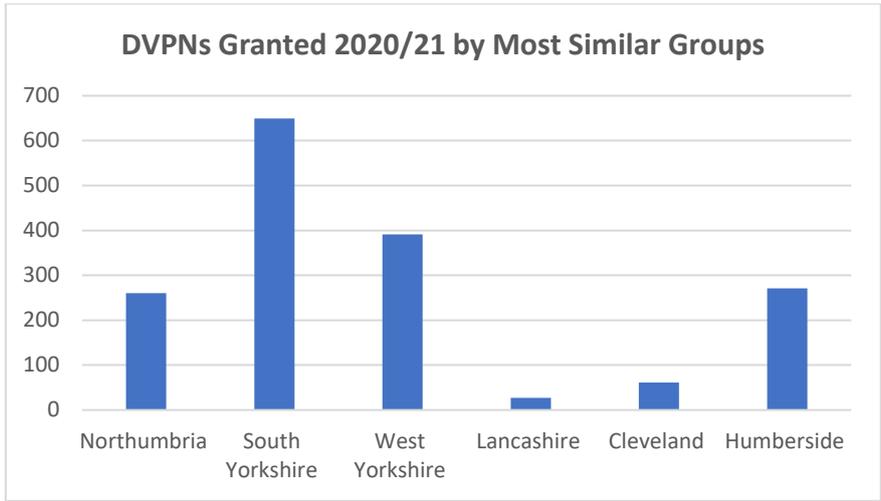
Domestic Violence Protection Orders and Domestic Violence Protection Notices

Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPNs) were rolled out across all 43 police forces in England and Wales from 8th of March 2014. DVPOs are a civil order that fills a ‘gap’ in providing protection to victims by enabling the police and magistrates’ courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions.

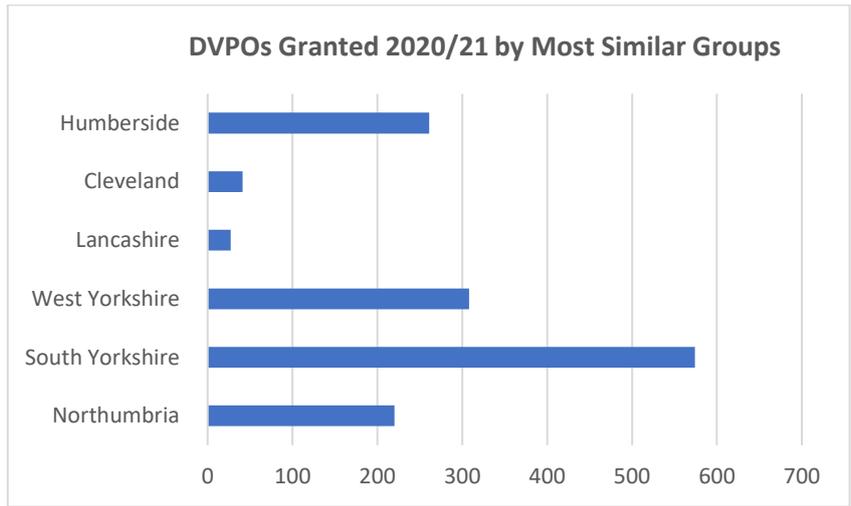
A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support, they require in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application for a DVPO may then be made by the police to the magistrates’ court. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim.

The graph below shows the number of DVPNs that were applied for and the number that were granted in the year ending March 2020.

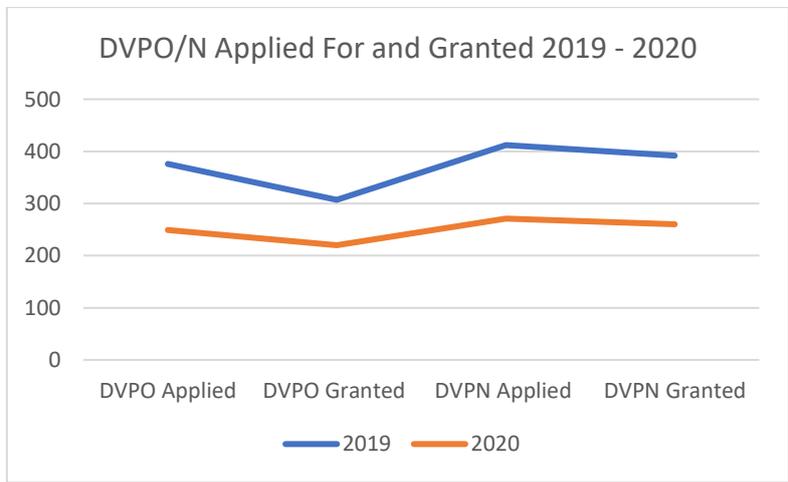
5,934 Domestic Violence Notices were applied for in England and Wales in the year ending March 2020 while 4,468 Domestic Violence Protection Notices were granted during the same period. In Northumbria, 271 Domestic Violence Protection Notices were applied for and 260 Domestic Violence Protection Notices were granted in the same period. As the graph below shows Northumbria Police Force has provided less DVPNs (260) than the majority of most similar forces over this period.



Additionally, in the year ending 2020 there were 249 DVPOs applied for and 220 granted over the same period for Northumbria Police. The graph below shows Northumbria’s performance by most similar groups for reference.



There has been a decline in DVPO/N applications and grants when compared with the previous year (Graph X below).



Claire's Law

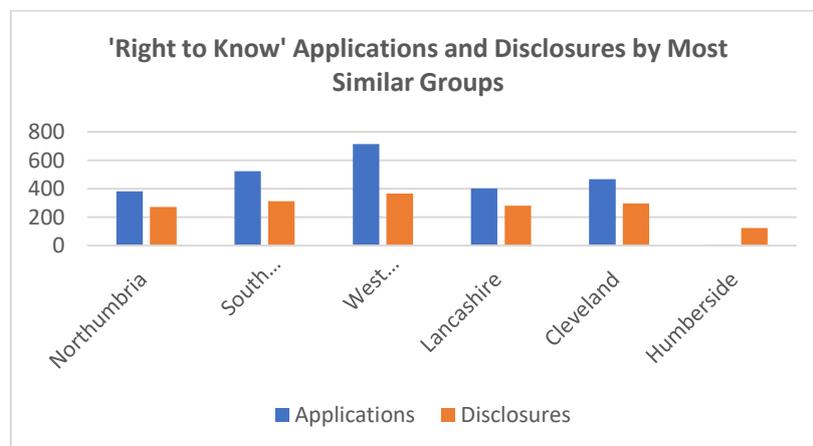
The Domestic Violence Disclosure Scheme (DVDS) – often referred to as 'Clare's Law' after the tragic case of Clare Wood, who was murdered by her former partner in Greater Manchester in 2009 – was rolled out across all 43 police forces in England and Wales in March 2014. The scheme is based on the police's common law power to disclose information where it is necessary to prevent a crime.

The principal aim of the Domestic Violence Disclosure Scheme is to introduce recognised and consistent procedures for the police to consider the disclosure of information in order to protect a member of the public who may be at risk of harm from domestic violence or abuse.

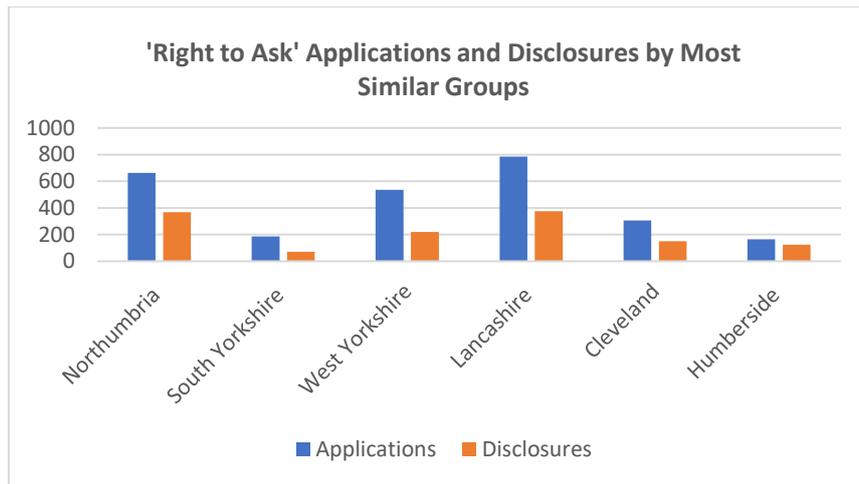
The domestic violence disclosure scheme recognises two procedures for disclosing information

- 'Right to ask' is triggered by a member of the public applying to the police for a disclosure
- 'Right to know' is triggered by the police making a proactive decision to disclose information to protect a potential victim

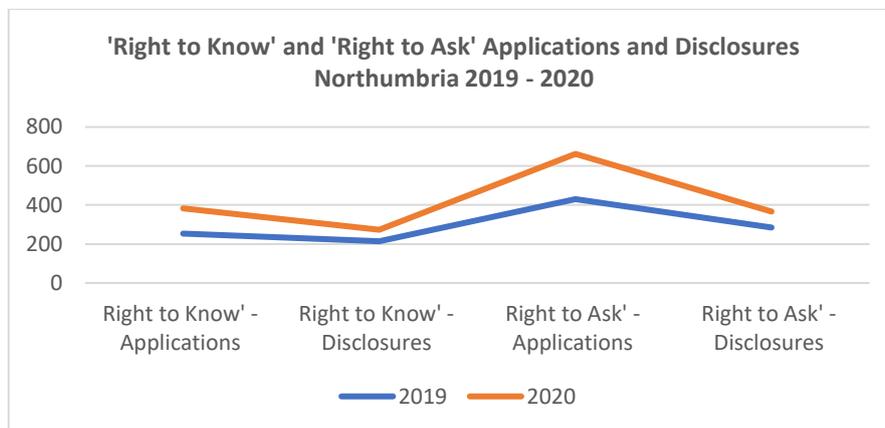
In the year ending March 2020 there were 8,591 'right to know' applications in England and Wales and, 4,479 'right to know' disclosures. As the graph below shows during the same period there were 382 'right to know' applications in Northumbria which is the lowest number across similar groups except for Humberside where there was only 1 application during the same period. However, this is not of concern as the number of disclosures (applications upheld) in Northumbria is comparable to those within the most similar group and conversion rates in Northumbria are the highest.



In England and Wales there were 11,556 'right to ask' applications in England and Wales in the year ending March 2020. For the same year, 4,236 'right to ask' applications were given disclosure in England and Wales. Meanwhile in Northumbria 662 'right to ask' applications were made, and 397 disclosures were made. As shown in the graph below Northumbria has the second highest number of 'Right to Ask' applications and disclosures when comparing similar groups meaning that a higher number of the public are utilising Clare's Law in Northumbria compared with other areas.



Northumbria Police Force has seen an increase in 'Right to ask' and 'Right to know' applications and disclosures when compared with the previous year.



It should be noted however that the Northumbria Police Force Area includes Northumberland, North Tyneside, Newcastle, South Tyneside, Gateshead, and Sunderland local authorities therefore there is likely to be variation in the rate of domestic abuse-related offences in each area.

Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a weekly local multi-agency meeting where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between agencies. The four aims of MARAC are to:

- Safeguard victims of domestic abuse
- Manage perpetrators' behaviour
- Safeguard professionals
- Make links with all other safeguarding processes

Information regarding the highest risk domestic abuse cases is shared between representative of police, probation services, health services, child protection specialists, housing practitioners, independent domestic violence advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

Representatives discuss options for increasing the safety of the victim and these are developed into a coordinated action plan. The MARAC also makes links with other bodies to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency can see the complete picture of the life of a victim, but all may have insights that are crucial to the safety of the victim.

Cases go to MARAC if they have been categorised as high risk through a risk assessment called the Domestic Abuse, Stalking, Honour-Based Violence (DASH) checklist – although the latter is not intended as a replacement for professional judgement. The MARAC process is managed nationally on behalf of the Home Office by SafeLives.

There are 247 MARACs in England and Wales and the data is submitted to SafeLives on a quarterly basis. It comprises data on the meetings held within the quarter and basic information about the cases discussed at each meeting date.

There are 6 MARACs in Northumbria, one in each local authority area. The graph below shows the number of cases discussed in MARACs in Northumbria from 2018 to March 2020. As you will see the number of cases discussed across Northumbria exceeds the recommended number provided by SafeLives by 33%. This has occurred consistently over a three-year period and the number of cases has increased over the same period.

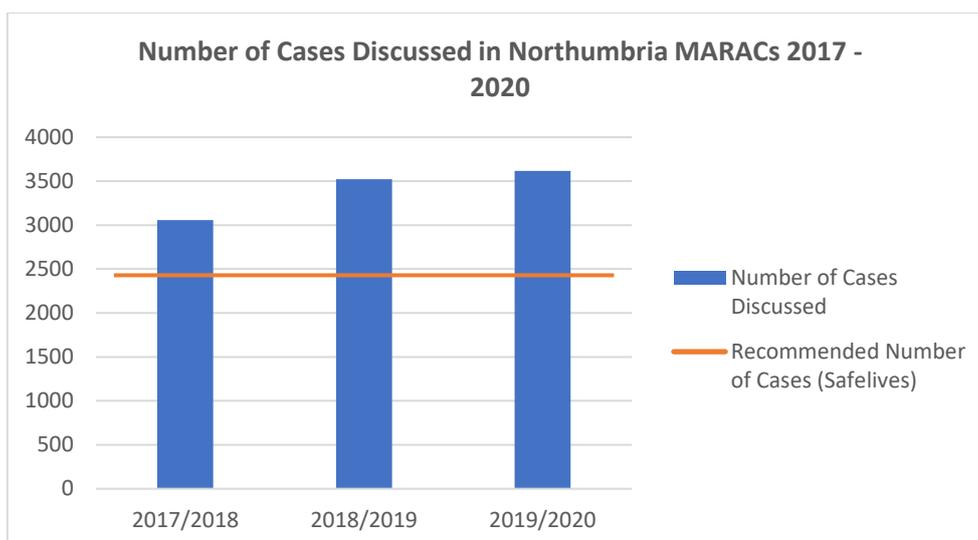
Northumbria Police acknowledged that historically they assessed a greater proportion of victims as high risk when compared to other forces. The number of victims assessed as high risk were almost double the national average. Considerable research was been conducted to understand why this was the case. As a result, a number of changes were introduced.

When a victim has been subject of MARAC, any further reported incident within the following 12 months will be considered as a MARAC repeat incident. Historically, a repeat MARAC incident would automatically be assessed as high risk. This was stopped in 2020 and each incident has since been assessed in its own right.

Additionally, the victim will only be monitored for 12 months from the original MARAC meeting date, and not each time they return to MARAC as a repeat case which happened previously. This has led to a reduction in the number of repeat cases.

Victims who report 4 incidents in 4 months will no longer be assessed as high risk. They will be assessed as medium risk. Such incidents will be subject of review by MASH staff and raised to high risk if there is risk of serious harm.

As the changes have been implemented there has been a reduction in the number of high risk victims and an increase in those assessed as medium.



Northumbria has a case rate of 60 per 10,000 adult females for MARAC. This is above both the North East and England and Wales rate of 47 and 42 per 10,000 respectively. 95.3% of cases discussed at Northumbria MARACs were female in the year ending March 2020 and Northumbria Police continue to be the main referrer into MARAC for the year ending March 2020, referring 73.8% of all cases during this period. This referral rate is consistent with Northumbria’s most similar groups.

Domestic Homicides

Domestic homicides include any homicide where the relationship between an adult victim (aged 16 years and over) and the perpetrator falls into one of the following categories:

- Spouse
- Common-law spouse
- Cohabiting partner
- Boyfriend or girlfriend
- Ex-spouse, ex-cohabiting partner or ex-boyfriend or girlfriend
- Adulterous relationship
- Son or daughter (including step and adopted relationships)
- Parent (including step and adopted relationships)
- Brother or sister
- Other relatives

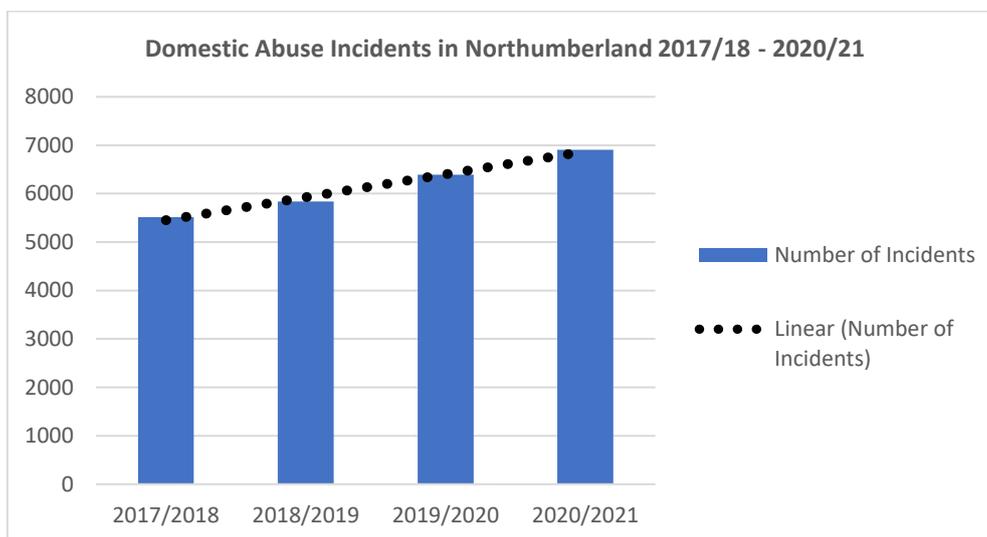
Between March 2017 and March 2019 there were 357 domestic homicides in England and Wales. This represents 28% of all homicides where the victim as 16 years or over.

In Northumbria Police Force Area there were 6 domestic homicides during this period. Exactly 50% of these were male victims this is one of the lowest numbers when compared to similar groups.

Provisional data from January to June 2020 records 64 domestic homicides in England and Wales this represents an increase in the number of domestic homicides recorded by the police compared with the same 6 month period in the previous year (55), but a slight decrease when compared with 2018 (67).

Prevalence of Domestic Abuse in Northumberland

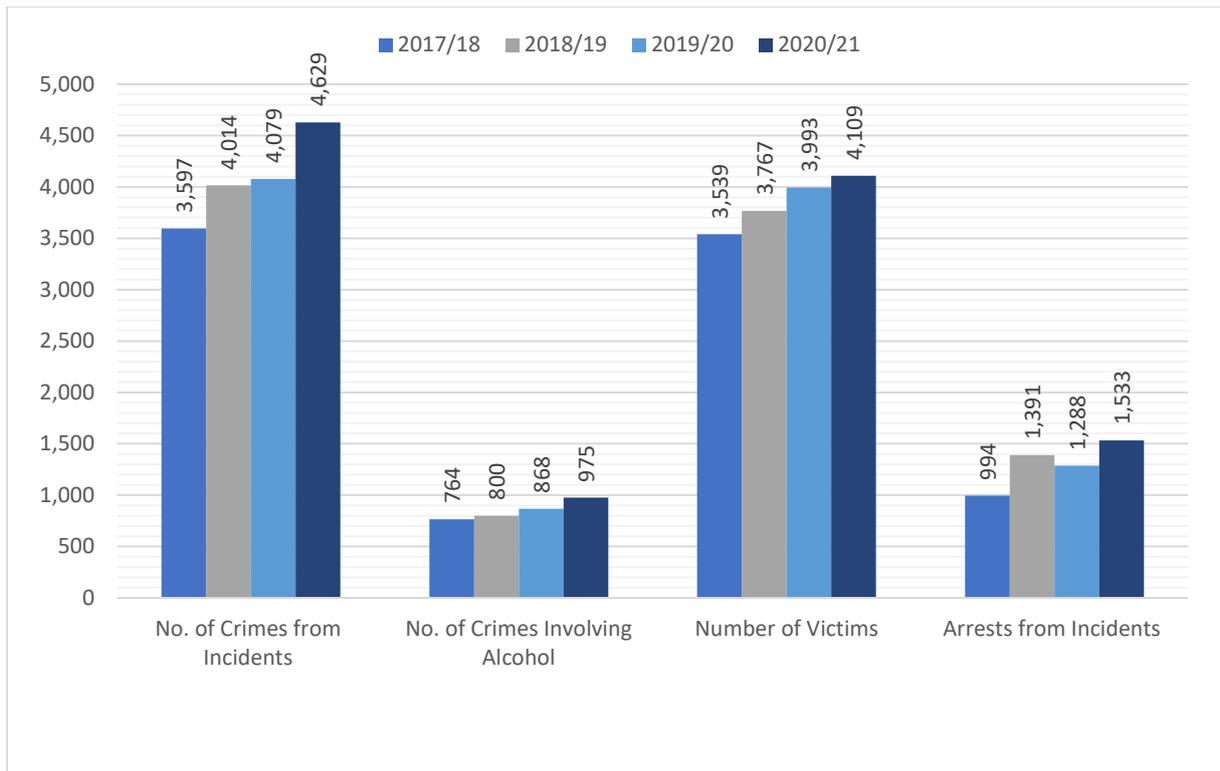
There were 6,909 incidents of domestic abuse recorded in Northumberland in the year ending March 2021 (Table X below). As seen in the bar chart below this is a continued increase in the number of domestic abuse incidents reported to the police (8%) for the year ending March 2021 and a corresponding increase in victims (2%) this is significantly greater than the 4% and 0.2% increase seen cross Northumbria.



It should be noted that this data is only able to identify adult victims (16+) however, there were 42% of all incidents that involved children during this period. The table below shows police incident and crime data for Northumberland over a three-year period for reference.

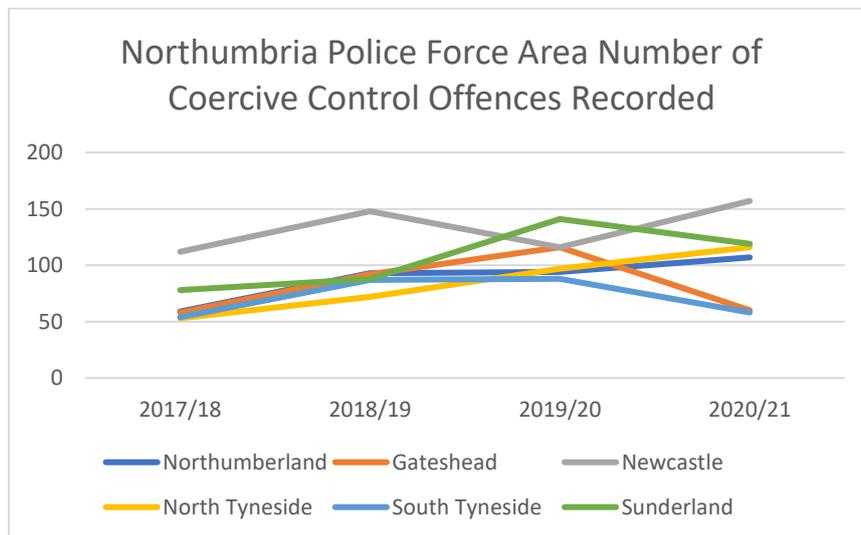
	2018/2019	2019/2020	2020/2021
Domestic Abuse Incidents	5838	6393	6909
Incidents with children involved	2601	2857	2891
Arrests from incidents	1387	1288	1533
Number of crimes involving alcohol	803	868	975
Number of crimes from incidents	4076	4079	4629
Of which			
Violent Crime Offences	2931	3040	3471
MSVAP Offences	26	31	36
Rape Offences	65	57	75

As shown in the bar chart below the number of crimes from incidents, victims and crimes involving alcohol have consistently increased over the past 4 years. Arrests from incidents have also increased in the year ending March 2021 after a slight decrease in the year ending March 2020.



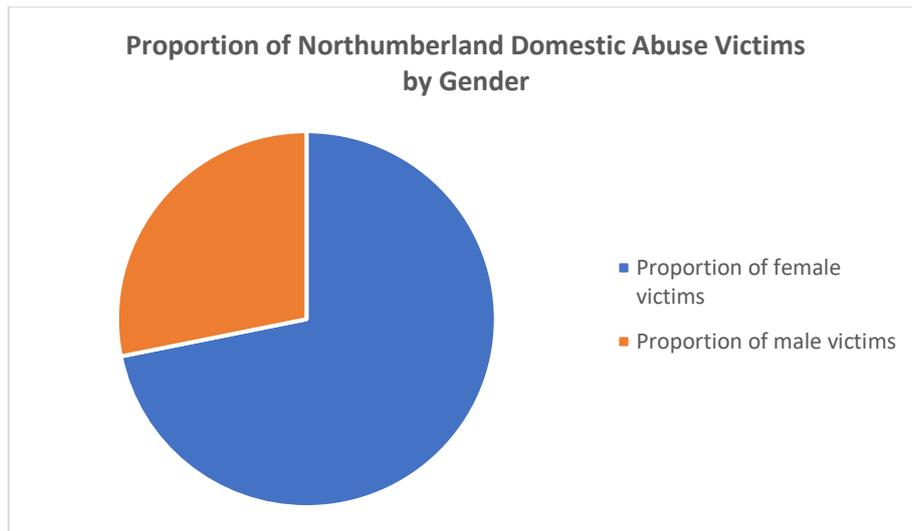
Coercive Control

In the year ending March 2021, Northumberland seen a 13% increase in coercive control offences. This is higher than Northumbria Police Force who have seen a decline over the same period (-5.4%) and is a continue increase since 2017/18.



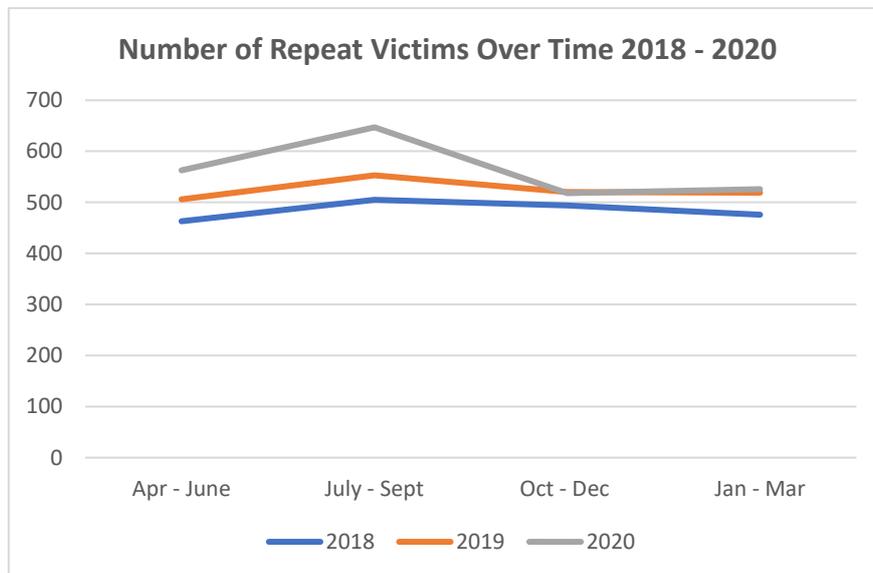
Victims

In the year ending March 2021 there were 6,909 incidents of domestic abuse and 4,109 victims of domestic abuse. 71.1% of these victims were female and 28.1% were male. 38% of victims were involved in more than one incident of domestic abuse. This demographic is not significantly different to the other local authority areas in Northumbria police force area.



77% of incidents during the same period involved a partner or ex-partner, with 23% involving other members of the family. 15% of victims were classed as high risk upon initial assessment.

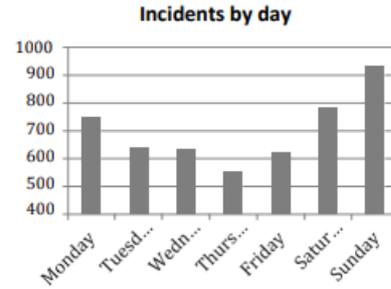
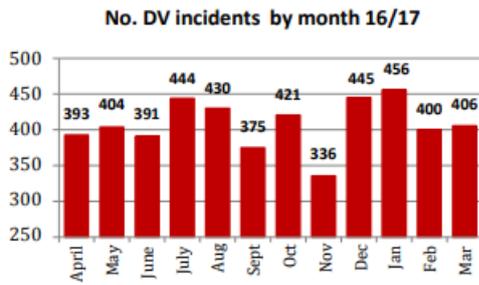
The number of repeat victims has remained relatively consistent over a three-year period (2018 – 2020) although there was a slight increase in quarter 1 and quarter 2 of 2020. This could correspond with national lockdown restrictions due to the corona virus pandemic.



Seasonal Distribution of DA Incidents

Unfortunately, data is currently unavailable for the most recent period although in 2013-14 however, there was some temporal analysis by Northumbria police that indicated the highest levels of incidents of domestic abuse were reported on the weekend.

Data below from 2016/17 however shows that domestic abuse was most commonly reported Saturday – Monday with the highest levels on a Sunday. This reflects similar trends seen across Northumbria police force.



Additionally, levels of domestic abuse incidents were highest during the summer months especially July and August (Chart X below). Levels then decrease slightly to increase again over December and January. These patterns and periods coincide during parts of the year when above average levels of socialising take place – the summer months (and often sporting events) and over Christmas/New Year period. These also coincide with higher levels of alcohol consumption (although alcohol is not a cause of domestic abuse, it can impact on the frequency and severity of abuse).

Northumberland - Multi-Agency Risk Assessment Conferences (MARAC) Data

Northumberland MARAC is held weekly. By bringing all the relevant agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim.

MARAC in Northumberland is chaired by Northumbria Police and the following agencies participate:

- Children’s Social Care
- Adult Social Care
- CNTW rep for drugs and alcohol and mental health services
- Northumbria Health
- Northumberland CCG
- Probation
- Northumberland County Council Housing
- DASSN
- NDAS
- Northumberland County Council Education

The table below summarises the number of cases reviewed, and the number of children involved in cases reviewed by MARAC from 2017/18 to 2019/20. As you can see from the table below the number of cases discussed at Northumberland’s MARAC has remained stable over the three-year period. For the same period, the case rate per 10,000 population remains under the recommendation given by SafeLives of 40 per 10,000 for an efficient and safe local system.

MARAC Overview	2017/18	2018/19	2019/20
Cases Discussed	434	443	452
Cases per 10,000 population	32	33	33
Children in Household	495	724	624
Year on year repeat cases	4%	2%	0%
Repeat cases	30%	34%	27%
Police Referrals	81%	69%	73%

A repeat MARAC case is one which has been previously referred to a MARAC and at some point, in the last 12 months from the date of the original referral a further incident is identified. The national figure for repeat MARAC is 31% and 35% for most similar force. Northumberland's figure is once more below this at 27%.

MARAC Demographics

The majority of victims discussed at Northumberland MARACs are female (94.5%). Less than 2% of victims are from BME backgrounds. While 1.5% of cases in 2019/20 involved a victim aged 16-17 this is in line with Northumberland's Most Similar Group figure and higher than the national figure (1.4%).

Demographics	2017/18	2018/19	2019/20
BME	1.40%	4.10%	1.30%
LCBGT	1.80%	0.70%	0.90%
Disability	1.80%	0.20%	4.00%
Males	3.90%	5.20%	5.50%
Cases where victims were aged 16-17	9	7	7

Northumberland Multi-Agency Tasking and Coordination (MATAC)

MATACs are regular meetings led by Northumbria Police. These meetings involving assessing and planning bespoke interventions to target and disrupt serial perpetrators and or support them to address their behaviour. The core objective of MATAC is to ensure that agencies work in partnership to engage serial domestic abuse perpetrators in support, take enforcement action where required and protect vulnerable and intimidated victims.

Locally we do not collect data on MATAC at this moment in time.

DVPO

Locally we do not collect data on Domestic Violence Protection Orders applied for or granted at this moment in time.

Claire's Law

Locally we have limited data available on the Domestic Violence Disclosure Scheme (Clare's Law). The table below shows the number of DVDS applied for and granted in 2019 and 2020. Due to the limited data set we are unable to draw any conclusions although there has been a slight increase in applications since 2019.

	Applied	Disclosed		Applied	Disclosed
2019			2020		
Jan	16	11	Jan	33	11
Feb	17	11	Feb	26	11
March	32	21	March	17	4
April	13	8	April	20	11
May	18	13	May	40	21
June	30	14	June	41	25
July	30	15	July	36	12
Aug	26	11	Aug	37	19
Sept	22	11	Sept	36	12
Oct	26	13	Oct	23	12
Nov	33	6	Nov	20	12
Dec	27	6	Dec	18	5
	290	140		347	155

Domestic Homicides

Local community safety partnerships have a statutory duty to undertake a Domestic Homicide review (DHR) following a death where domestic abuse was a factor.

A DHR is facilitated by an independent Chair, supported by a multi-agency panel. The primary purpose is to enable lessons to be learned from homicides where a person is killed because of domestic violence and abuse for any lessons to be learned as widely and thoroughly as possible. Professionals need to be able to fully understand what has happened in each homicide and most importantly what needs to change to reduce the risk of such tragedies happening in the future.

Since 2018 there have been 4 domestic homicides in Northumberland. Of these 2 reviews are still being processed in collaboration with NHS England and the third is being amended to ensure it meets relevant quality assurance processes.

Year	Number
2018 / 19	0
2019 / 20	3
2020 / 21	1

Public Health Outcome Framework

The Public Health Outcome Framework (PHOF) compares the rate of Domestic Abuse incidences recorded per 1,000 population across the North East Region. Local authorities are allocated the crude rate of the police force area in which they sit (Northumbria).

Northumberland recorded a rate of 34.9 per 1,000 (2019) which is significantly higher than the English rate of 28.0 per 1,000 but lower than the rate of the North East region (42.3).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	1,201,703	28.0	27.9	28.0
North East region	↑	92,277	42.3	42.0	42.5
Darlington	-	-	61.3*	-	-
County Durham	-	-	61.3*	-	-
Stockton-on-Tees	-	-	40.0*	-	-
Redcar and Cleveland	-	-	40.0*	-	-
Middlesbrough	-	-	40.0*	-	-
Hartlepool	-	-	40.0*	-	-
Sunderland	-	-	34.9*	-	-
South Tyneside	-	-	34.9*	-	-
Northumberland	-	-	34.9*	-	-
North Tyneside	-	-	34.9*	-	-
Newcastle upon Tyne	-	-	34.9*	-	-
Gateshead	-	-	34.9*	-	-

Source: Office for National Statistics (ONS)

Local Response to Domestic Abuse

Specialist Domestic Abuse Services

1. Domestic Abuse Support Service Northumberland (DASSN)

Since 1st March 2018 specifically commissioned domestic abuse service provision in Northumberland comprises of an integrated service providing refuge-based accommodation, a 24-hour helpline, outreach support, an independent domestic violence advisor, assertive outreach and a children's service based in the refuge.

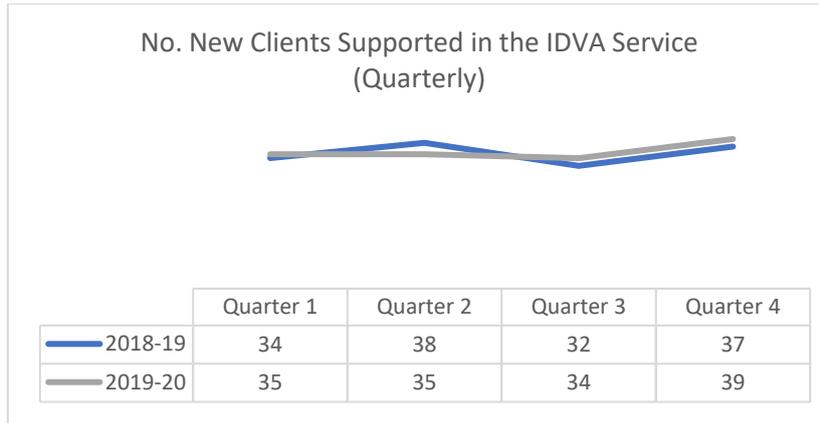
The integrated service is a single point of contact for all self and agency referrals and aims to provide services to address all levels of risk, and severity of domestic abuse, and also be accessible to all victims, regardless of age, as well as ensuring support is available for children and young people who have witnessed domestic abuse.

Domestic Abuse Support Service Northumberland is the current provider in Northumberland.

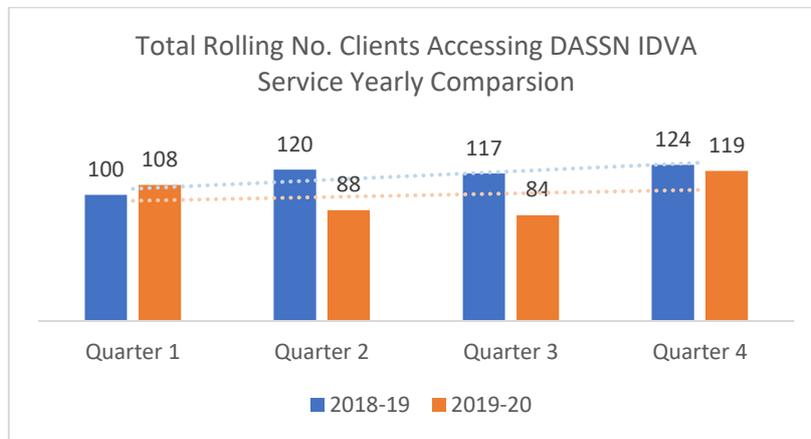
IDVA Service

Independent domestic abuse advisors (IDVAs) address the safety of victims at high risk of harm from intimate partners, ex-partners or family members and secure their safety and the safety of their children. An IDVA is a trained specialist whose role is also pivotal within the MARAC process. Serving as a victim's primary point of contact, IDVAs normally work with clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

In the year ending March 2020 there was a slight increase in the number of new clients accessing the IDVA service provided by DASSN when comparing the previous (graph X below).



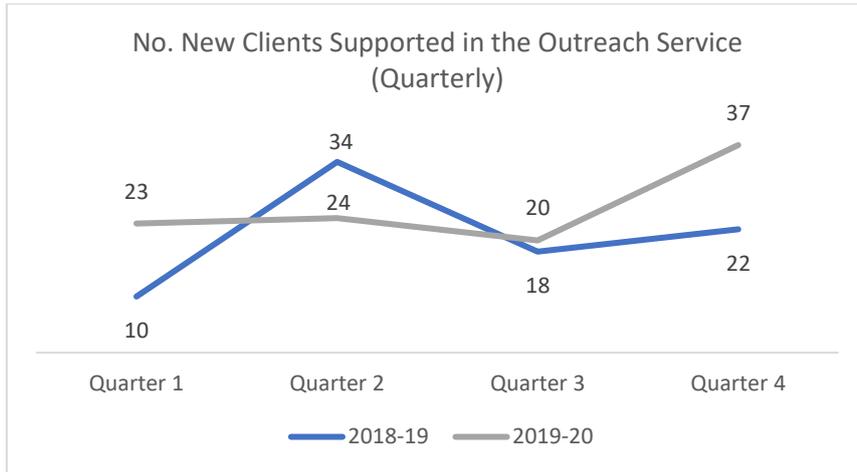
However, the total rolling number of clients accessing DASSN IDVA service compared to the year ending March 2019 has declined overall.



Outreach Service

DASSN is also commissioned to offer 1:1 support in community settings, for male and female victim/survivors risk assessed as standard or medium risk, over the age of 16 years old. The service accepts self and agency referral, offering trauma informed support and aims to empower the service user, reduce risk, safeguard them and their children.

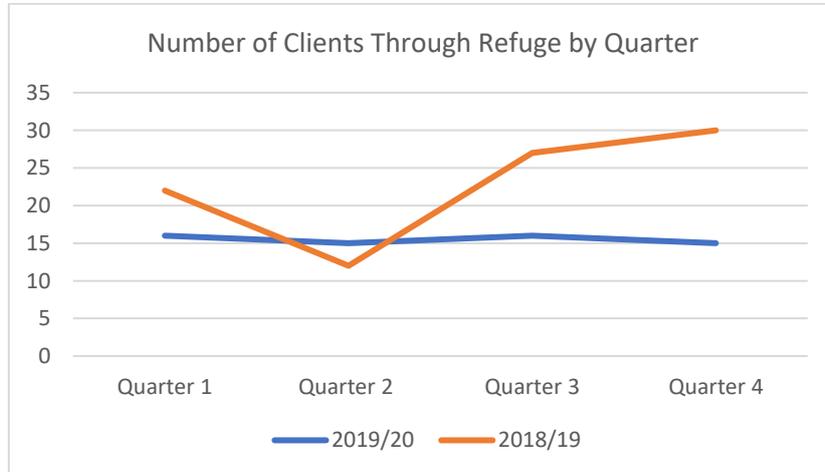
During the 2019/20 the number of new clients supported in the outreach service increased.



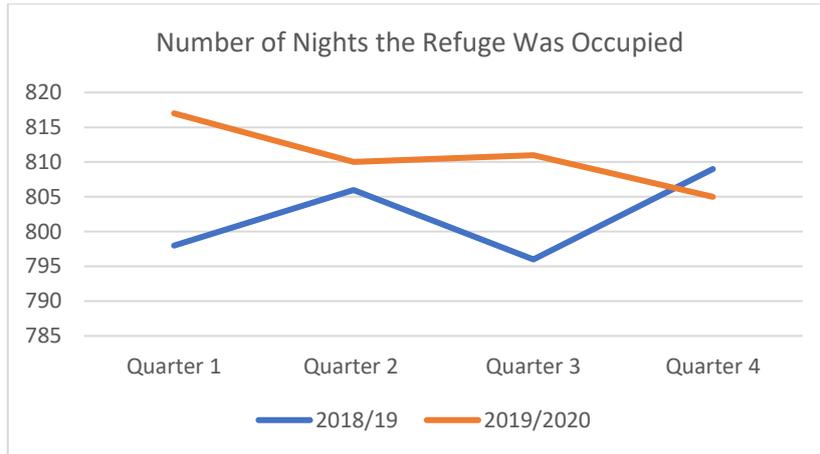
Refuge

In some cases, the victim of domestic abuse cannot be safely accommodated in traditional housing and requires a more specialist option. A refuge is safe accommodation for people who have suffered and are fleeing violence or abuse. Its purpose is to safeguard service users. The accommodation should provide both a confidential address to protect women and their children as well as access to emotional and practical support.

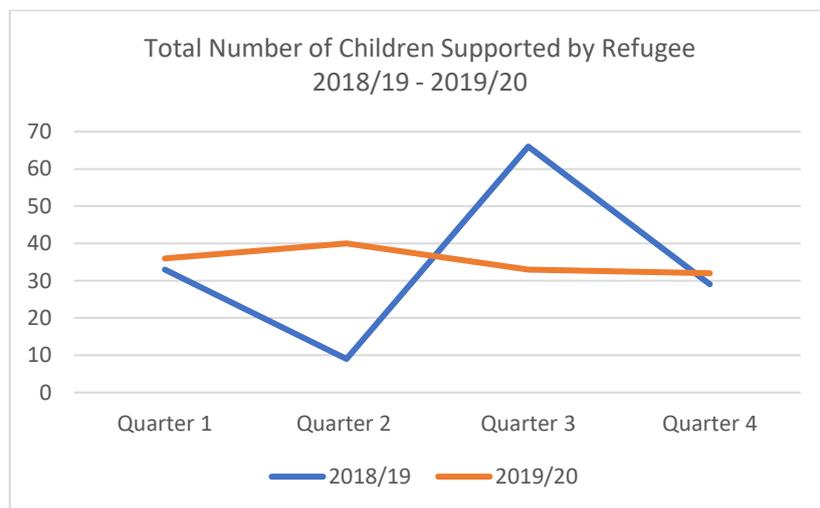
The graph below shows the number of clients supported via the refuge in 2018/19 and 2019/20. As shown below fewer clients were supported through refuge than the previous year.



However, the refuge was occupied and at almost full capacity throughout 2019/20. This means fewer new clients would have been able to access the service as there was no space available (maximum number of nights available 820).



During the same period an increased number of children were supported via the refuge (graph X below).



2. NDAS

Northumberland Domestic Abuse Service (NDAS) is an independent organisation that provides support for anyone experiencing or affected by domestic violence or abuse in Northumberland. This provision is not funded by the local authority but receives funding from various other sources including the PCC and Lloyds Bank Foundation.

NDAS is a critical additional resource in Northumberland and has supported an additional 165 clients since 2018. The table below shows the top reported outcomes delivered by the service over this period.

Top 10 Common Outcomes
Emotional support
Safety - feeling safer
Empowerment and self-esteem - Able to identify abusive behaviours
No response to contact
Empowerment and self-esteem - no longer distressed or self-blaming
Safety - personal safety plan
Empowerment and self-esteem - coping better more in control and making better choices
No further contact wanted by client
Health and well-being - Improved well-being
Health and well-being - Positive Change in Mood

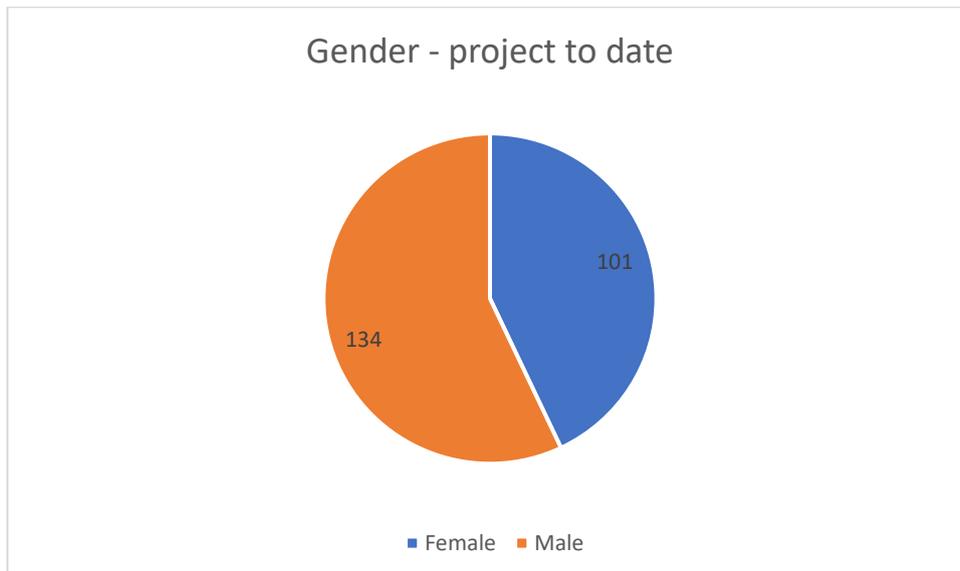
3. Acorns

Acorns offers a free and confidential support service for children and young people between the ages of 4 and 18 who have been affected by domestic abuse. Acorns provides a safe space for children and young people to make sense of their experiences and support their recovery.

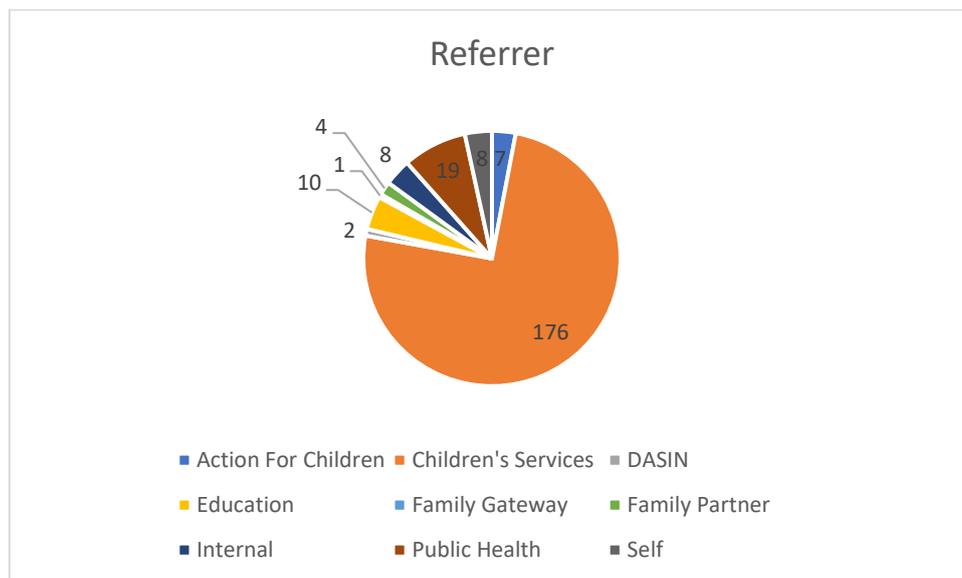
In Northumberland, Acorns provide counselling to children and young people and have done so since 2018 for a very small financial investment.

Referrals

In the year ending March 2021 Acorns had received referrals for 235 children and young people in Northumberland from the start of the project in November 2018. As shown on the pie chart below 57% of these young people identified as male.



Referral routes



When the project began, referrals were restricted to workers within Children’s Services, due to the limited nature of the service (One outreach counsellor, working 17 hours per week – 0.45 FTE)

This is why nearly 75% of referrals into the service came from Children’s Social Care during this time. Since extra funding has been obtained, with the addition of the two new workers, referrals have been opened out to other agencies, and families can now self-refer, so there is now a wider range of referral routes. (The team now includes a Project Co-ordinator, and two Outreach counsellors, resource in total, 1.8 FTE, so still remains small).

Location

Referrals have been received from all over the county. The top 6 areas for referrals are:

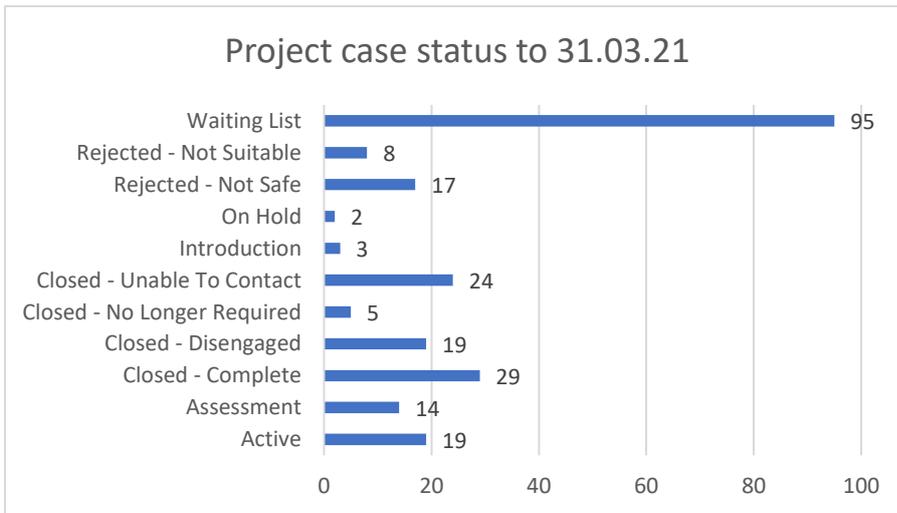
Area	%
Ashington	18%
Blyth	17%
Morpeth	10%
Cramlington	9%
Berwick-upon-Tweed	8%
Bedlington	6%

Those most likely to seek support during the year ending March 2021 were those aged between 9-11, 34%, and those aged 6-8, 26%.

Age range	No.
0 To 5	16
12 To 14	46
15 To 18	30
19 To 24	1
6 To 8	61
9 To 11	81
Grand Total	235

Support Provided – project to date

In the year ending March 2021 Acorns 29 children and young people had received a completed intervention (this work was hugely affected by the pandemic, with only 6 children completing their intervention in 2020). Due to the addition of a further two workers, in October 2020 and March 2021 respectively, there were 36 children and young people in the process of receiving support. This is 27% of the active caseload at that time (133). A further 48 children and young people were closed due to a change of circumstance/were unable to be contacted or disengaged (20%) and 25 were rejected because the referrals were not suitable, or it was unsafe. However, during the 2020/21 financial period, 100% of referrals were accepted. 95 children and young people remain on Acorns waiting list (71%). Demand for Acorns significantly outstrips provision due to the limited funding available.



Work done to date (sessions)

Meeting Or Event	15
Resources Provided	4
Session Attended - Acorns	7
Session Attended - Other	61
Session Attended - School	124
Session Cancelled - Acorns	5
Session Cancelled - Client	19
Session Cancelled - COVID	17
Session DNA	30
Telephone Support Session	38
Video Support Session	1
Grand Total	321

Engagement is good overall with schools being particularly supportive of Acorns work. It is worth noting that due to the nature of the project, lots of time is committed to the logistics of arranging appointments and venues for the work to go ahead, liaising with families and workers, and travel.

Operation Encompass

Operation Encompass was initially established to address a shortcoming in the early sharing of information with schools and has been proved to be successful in providing appropriate support in a timely manner.

The purpose of operation encompass is to safeguard and support children and young people who have been involved in a domestic abuse incident. Following an incident at home, children will often arrive at school distressed, upset, and unprepared for the day.

Northumberland Council, Northumbria Police, and all schools in the county take part in the scheme to help provide additional support which will benefit children and young people in Northumberland and improve information sharing.

Operation Endeavour

Operation Endeavour is a similar joint operation between Northumberland Council, Northumbria Police and the Police and Crime Commissioner to safeguard children and young people at risk of harm from going missing.

How it Works

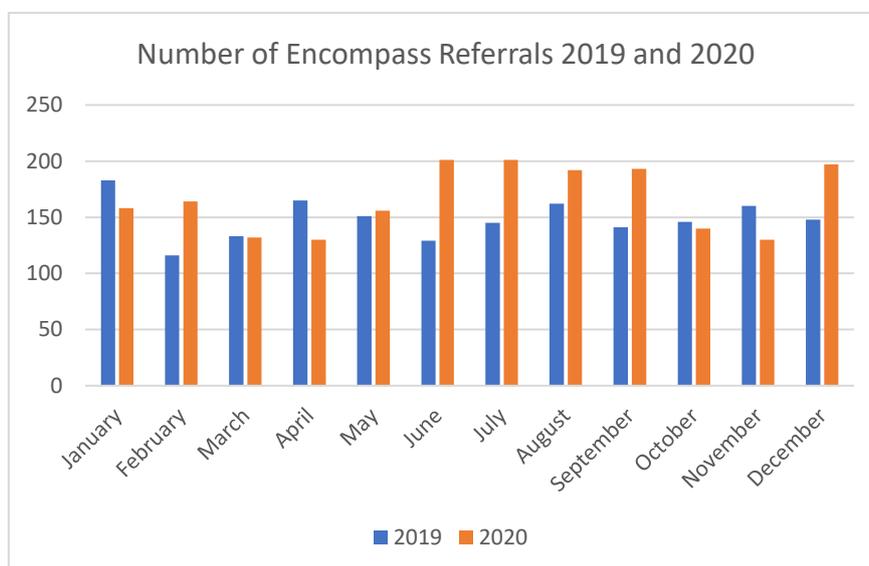
All schools in Northumberland nominate two members of staff who attend a specific training on their role, to support the school's participation in Operation Encompass and or Endeavour. Each morning the police officer reviews all domestic abuse incidents which might impact on a child attending that day. Where children were present, witnessed or involved in a domestic abuse incident and aged between 4 and 16 years old in addition to any child or young person that has been reported missing. The officer will then send this information to Children's Social Care at Northumberland Council.

This information is then shared with key school contacts via email and they inform relevant staff. This information is shared on school days during school term and when incidents occur on a Friday, Saturday, and Sunday or over a holiday period. The aim of this information sharing is to enable staff in every school to understand how to support children who are experiencing domestic abuse, no matter where in the world the child lives.

Operation Encompass and Endeavour in Northumberland

As shown in the table below the number of Encompass referrals has increased from 2019 to 2020, from 1779 to 1984 respectively. While the number of Endeavour over the same period seem to have declined slightly (1149 – 1053). Unfortunately, we are unable to determine from this data whether these referrals are involving the same children or the age of the children due to data limitations.

The pattern of referrals reflects the temporal analysis of domestic abuse incidents discussed above. In that the referrals are highest during the summer months and increase again in December and January.



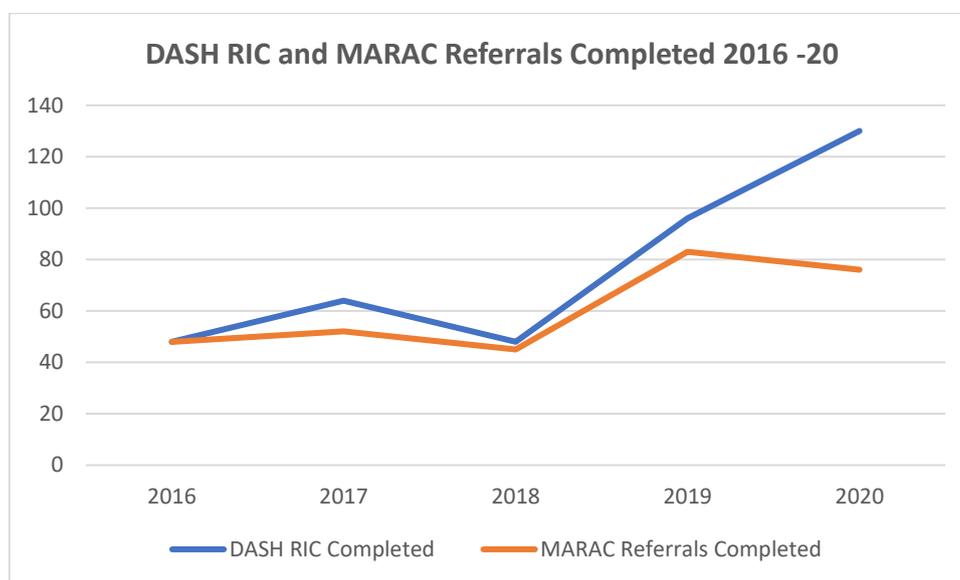
Domestic Abuse Advocate Northumbria Healthcare Foundation Trust

National evidence suggests that domestic abuse affects 12% of A&E patients. There is also a link between an increased number of A&E attendances and domestic abuse.

As a result, since 2017 Northumberland has had a domestic abuse advocate based within the acute setting - hospital. The domestic abuse health advocate is available to specifically support victims and upskill staff in doing this, in three main areas, A&E, Gynaecology and Maternity, although this has since expanded.

The advocate can see women in a private-space and offer additional support regarding concerns about domestic abuse. This role has improved staff understanding, identification and responses towards domestic abuse, provided staff and victims with access to expertise and support and supported staff and victims with access to expertise and support and supported staff to make referrals to MARAC for women assessed as high risk and now been mainstreamed in July 2020 and renamed, Safeguarding Practitioner Domestic Abuse and Sexual Violence.

Unfortunately, data is not available regarding the number of individuals provided with support or the type of support required. However, trust data is available in relation to domestic abuse referrals and DASH RIC assessments undertaken which demonstrate a significant increase in referrals since 2018. Since, 2020 there has been a 170% and 58% increase in DASH RICs and MARAC referrals since 2016 respectively (Graph below).



Non-Specialised Domestic Abuse Services

1. ASC

Safeguarding adult concerns are reported to the council where there is a sign of, or actual abuse or neglect of a vulnerable adult. The Care Act 2014 gave the council a duty to enquire where a concern is received and the person in question: has been or is in danger of being abused or neglected, has care and support needs, and as a result of those care and support needs is not able to protect themselves from abuse or neglect. There are more concerns received than enquiries held as not all concerns meet the above criteria for enquiry action under the Care Act.

The table below gives an overview of section 42 enquiries since 2018.

	2018/19	2019/20	2020/21
Percentage of S42 Referrals Related to DA Made by Police	21.1%	23.5%	44.3%
Percentage of Total S42 Referrals Made by Police	1.4%	2.3%	9.8%
Enquiries	284	351	396
DA Related	19	34	88
Police Referrals	4	8	39

As you can see the number of domestic abuse related enquiries has increased year on year and has more than doubled from 2019/20 to 2020/21 (34 to 88). The number of police referrals also continues

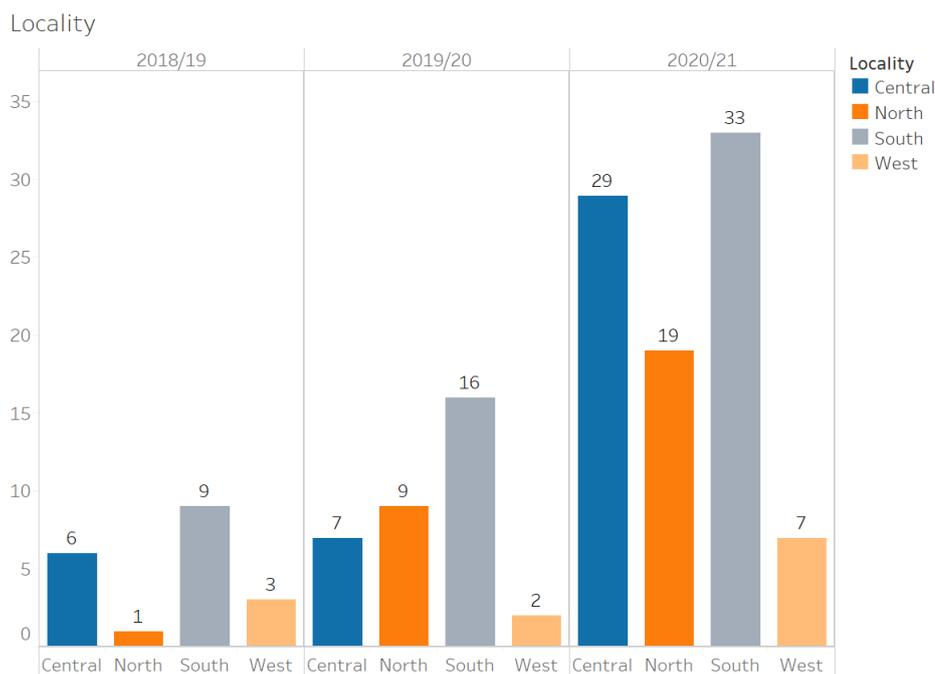
to increase during this period this reflects better recording and identification of domestic abuse by the police as discussed above.

Of those referrals received in relation to domestic abuse over 61% required action to be taken and a risk was identified. This could be due to increased identification of lower level domestic abuse which would not meet the level required for safeguarding intervention or data collection methods as there is a higher % of 'null' cases within this period. Further exploration is required.

Outcome of Referral (Table)

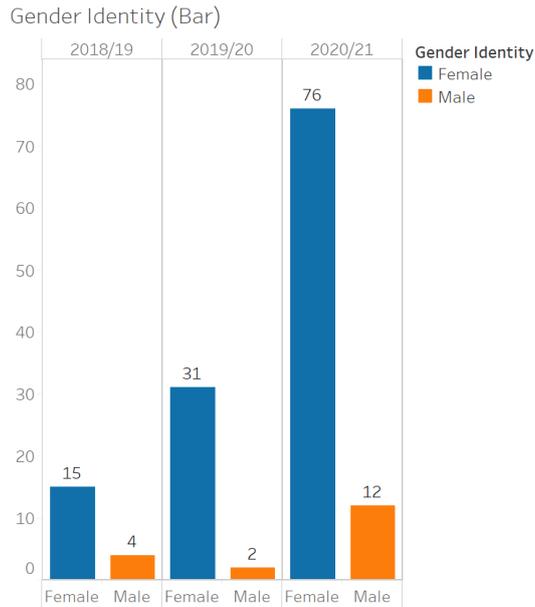
	2018/19	2019/20	2020/21
Risk Identified and action taken	73.7%	82.4%	61.4%
No risk identified and action taken		8.8%	
Risk - Assessment inconclusive and action taken	15.8%	2.9%	3.4%
Risk - Assessment inconclusive and no action taken	5.3%		
Enquiry ceased at individual's request no action		5.9%	2.3%
Null	5.3%		33.0%

The highest number of referrals come from the Southern and Central localities during the same period.

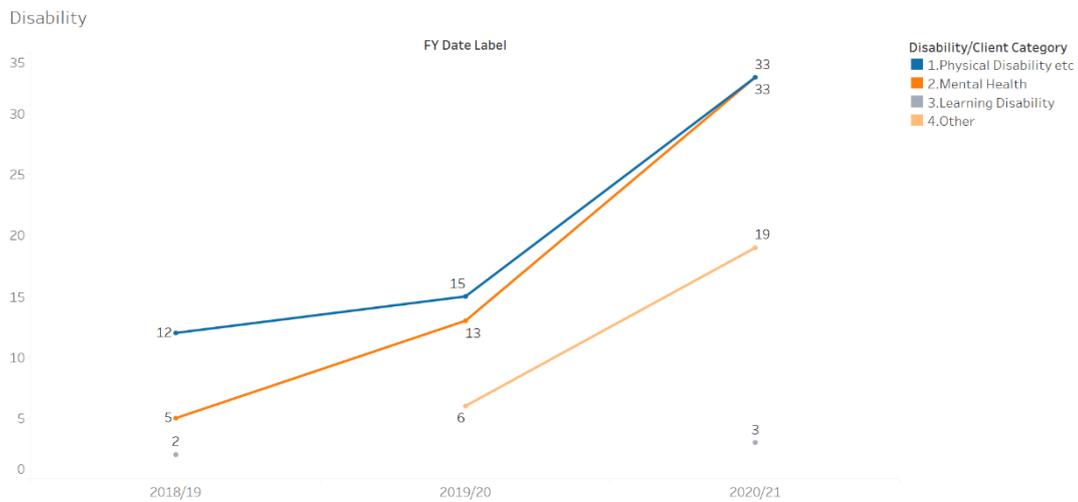


Demographic Data ASC

As shown below it is statistically more likely that a s.42 referral will refer to a female. In 2020 female victims were six times the number of males this is a ratio similar to previous years but lower than 2019/20. Unfortunately, due to data limitations it is impossible to identify whether these are single incidents or multiple events involving the same individual.



During 2020 there was also an increase in referrals due to domestic abuse where those referred had identified mental and physical health issues. Once more this could be related to the impact of lockdown and the pandemic or increased awareness raising in relation to the importance of mental and physical health.



The ethnicity was provided for 89% of referrals. Of those 100% were White British.

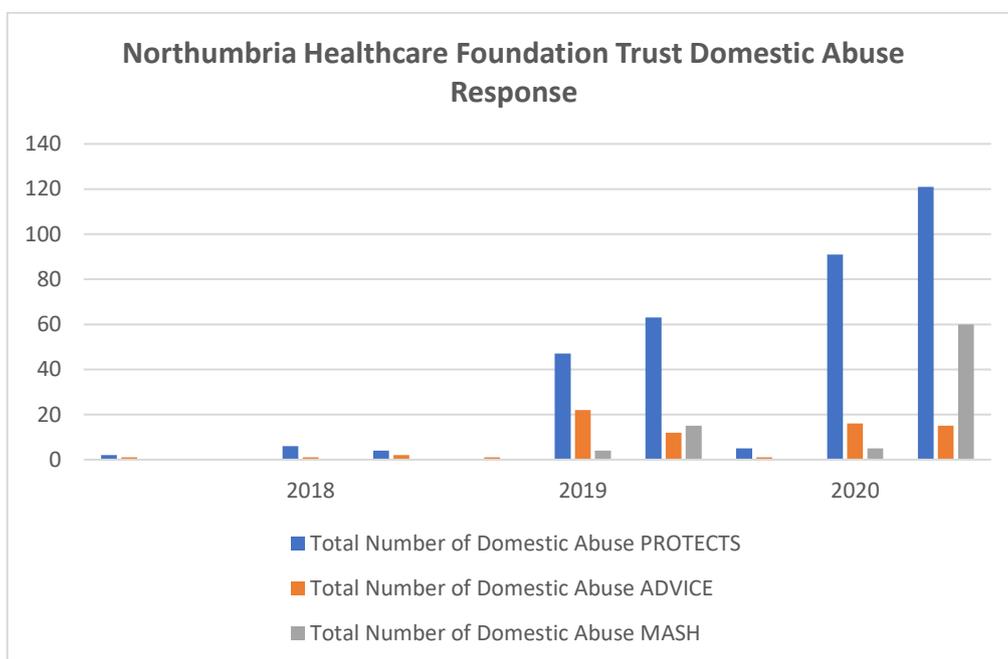
2. Domestic Abuse Cases Northumbria Healthcare Foundation Trust

As a key partner Northumbria Healthcare Foundation Trust provide support, advice, and information across Northumberland in both community and acute settings to victims they come into contact with.

This is split into three responses:

- PROTECT - a referral is made by our staff into the LA where they have cited Domestic abuse as a category of abuse.
- ADVICE - staff have rang safeguarding to discuss a patient where the reason for the call and the advice/support offered given is related to Domestic abuse
- MASH – Northumbria Healthcare Foundation Trust have provided information to the MASH re a case where domestic abuse is the concern

As can be seen from the table below there has been a year on year increase across all responses to domestic abuse within Northumbria Healthcare Foundation Trust. This reflects an overall increase across Northumberland and North Tyneside and could be linked to the domestic abuse advocate role discussed above. Those aged between 26-44 and 45-65 were most likely to require intervention via MASH or PROTECT measures.

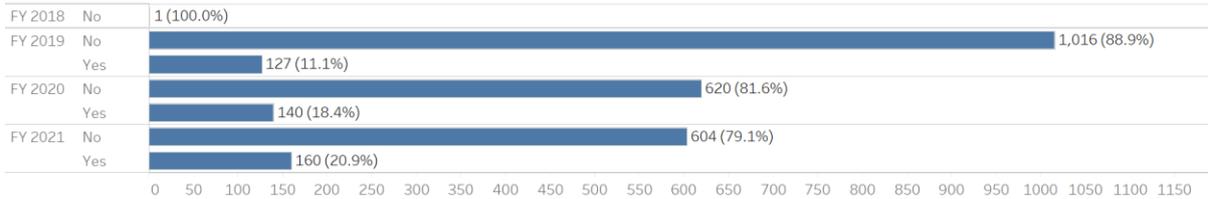


Unfortunately, the data does not distinguish between those responses carried out by the advocate and those via general safeguarding. Nor has the data been broken down by setting for this assessment. This is something to include in the future.

3. Housing

In 2020/21 160 (20%) individuals approached the homeless team due to domestic abuse. This reflects a continued increase which has been seen since 2018. 69% of those approaching supporting the team for support were owed a relief duty while 29% were owed a prevention duty.

Seeking Support for DA Needs?



145 individuals were female and 15 were male, this reflects trends across services that most victims are female. All individuals disclosing ethnicity were White British. Those aged between 21-35 years were most likely to seek support and the numbers of individuals seeking support for this age range has increased year on year whereas other age ranges have remained relatively stable (table below).

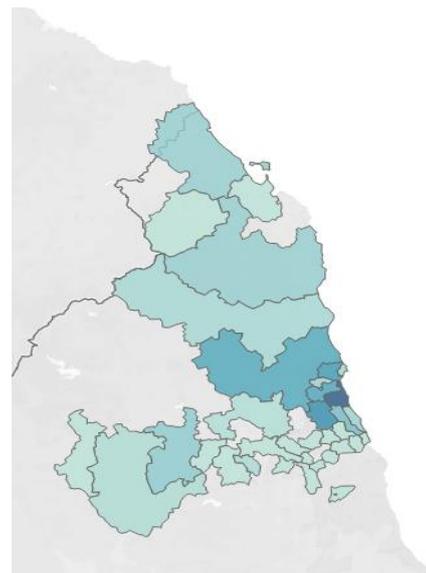
Age at Application Date (Table)

	FY 2019	FY 2020	FY 2021
<21	13	10	11
21-25	26	24	28
26-30	23	24	27
31-35	16	20	32
36-40	16	22	13
41-45	10	14	16
46-50	5	10	10
51-55	7	7	10
56-60	3	5	7
61-65	4		2
66-70	1	2	
71+	1	2	1
Not Given	2		3

The top postcodes for individuals at the time of application are shown below for information. The highest number of applications came those in the South East of Northumberland which reflects highest levels of population. Highest concentrations are in Blyth and Bedlington.

Postcode (Top N)

NE24	34
NE22	21
NE23	17
NE61	16
NE63	14
NE25	9
NE46	7
NE66	7
NE26	4
NE62	4



Intersectionality: Risk Factors and Barriers to Equality

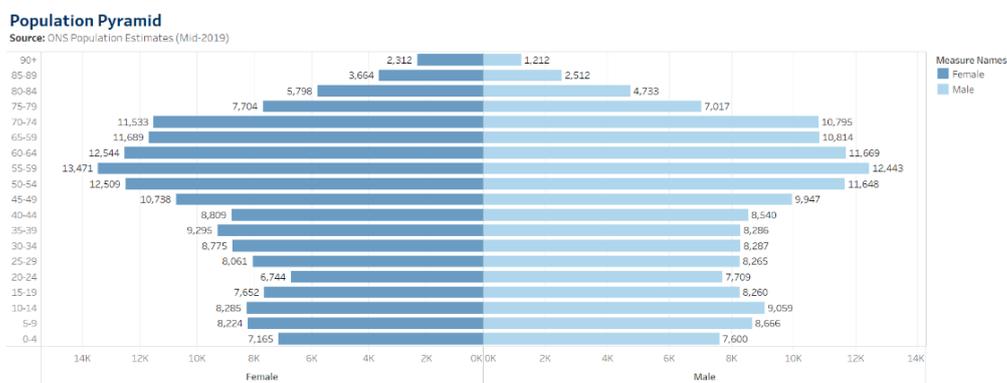
The Equality Act protects people against discrimination because of the protected characteristics that we all have. These are:

- Sex
- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation

These issues can not only increase a survivor’s risks around experiencing violence and abuse, but they can intersect and act barriers to accessing help and support. The responsibility to removing those barriers lies with commissioning organisations and service providers. An intersection analysis has been carried out on the protected characteristics and also other issues that impact on both risk and access to support services.

1. Sex

The population pyramids below show the population by male and female structure for Northumberland compared to England and Wales based on 2011 Census estimates¹⁰. Northumberland has a slightly higher proportion of women than men, reflecting the gender distribution observed nationally).



While both men and women may experience gendered violence and abuse, there is a wealth of research supported by the data analysed in this assessment that concludes that sex is a significant risk factor and women are more likely to experience domestic abuse, sometimes up to 6 times more likely than men.

¹⁰ <http://www.ons.gov.uk/ons/interactive/vp2-2011-census-comparator/index.html>

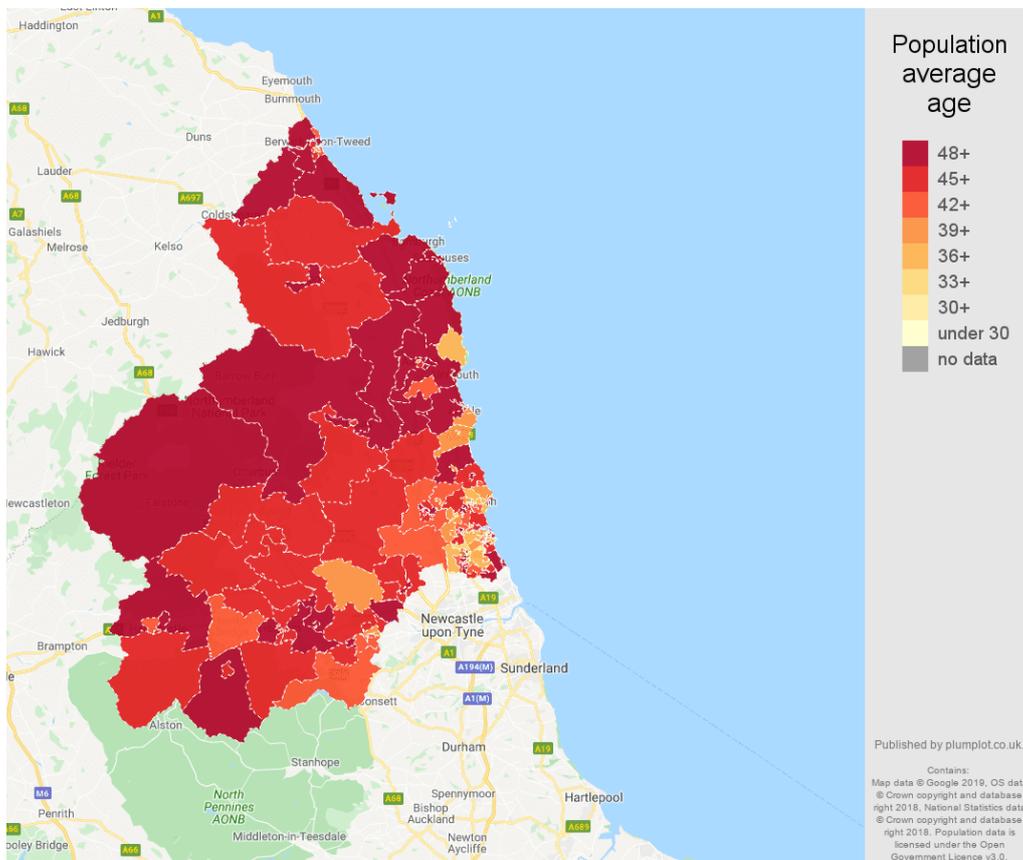
2. Age

The average age of people in Northumberland is 44.9. There are a lower proportion of both males and females in the range 21 to 40 years and a higher proportion in the range 50 to 72 years in Northumberland than the national average.

Research indicates that women under the age of 30 are at considerably greater risk than those over the age of 40 years. Northumberland data highlights a higher number of victims in younger age ranges.

However, Domestic abuse can affect older survivors in different ways to young survivors and barriers to reporting can be both service-based barriers (e.g., staff failing to recognise signs /symptoms as domestic abuse); and the survivors' own personal barriers (e.g., caring responsibilities, prolonged trauma and psychological damage). Given the predominately aging population in Northumberland consideration needs to be given to this when developing and delivering services and a particular focus needs to be given to ensuring carers and health professionals are skilled at exploring domestic abuse, confident of pathways and responding to disclosures appropriately.

Notably however, everywhere in Northumberland has had a positive average change in age since 2002 to 2018 apart from the South East. This is important as the data gathered indicates that our highest need in relation to domestic abuse is found in the South East and therefore this age demographic is younger than the rest of Northumberland (under 33).



3. Disability

Research into disabled women have a significantly higher risk of experiencing domestic abuse than those who are not. Women's Aid has identified that disabled victims of domestic abuse on average, contact services 12 times (compared to an average of 5 times) before their needs around the domestic abuse are met.

4% of MARAC cases have identified disabilities while adult social care data shows a significant increase in those with physical and mental health needs being referred to safeguarding due to domestic abuse in Northumberland.

4. Gender Identity and Gender Reassignment

An equality impact assessment (HM Government 2011b) reported that experience of domestic abuse varied according to sexual orientation and gender identity, with bisexual and transgender people more likely to experience violence and abuse than lesbians and gay men. No comparison was made between these groups and the heterosexual population.

Due to limited data in Northumberland, it is impossible to identify unmet need in relation to gender identity while services available within the county appear to focus on heterosexual relationships and therefore further development may be needed.

5. Marriage and Civic Partnership

The CSEW data has found that women who were unemployed or housewives had a higher risk of domestic abuse; there is a correlation between a reduction of patriarchal attitudes and a reduction in the extent to which men used violence against their partner.

6. Pregnancy and Maternity

It has been estimated that around one third of cases of domestic violence and abuse start during pregnancy, and that almost one in ten women are thought to be abused during or following pregnancy, with particularly high rates among teenage mothers¹¹.

A woman who is experiencing domestic abuse may have difficulties using antenatal care services: for example, the perpetrator of the abuse may try to prevent her from attending appointments. The woman may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about the reaction of the healthcare professional. NICE guideline CG110 recommends training healthcare professionals in the identification and care of women who experience domestic abuse through routine enquiry in maternity and midwifery services (NICE, 2011).

7. Race and Ethnicity

ONS data (2015-17)¹² found that some groups of women are more likely to experience partner abuse than others. Women who identified with Mixed/Multiple ethnicities were more likely to have experienced partner abuse in the last 12 months (10.1%) than any other ethnic group.

¹¹ HM Government 2011

¹² ONS: Characteristics of women more likely to experience partner abuse: years ending March 2015-2017

While domestic abuse affects women from all ethnic groups, women from Black and minoritised communities may face additional risks as part of their experience of abuse. Often, domestic abuse is perpetrated by extended family members, such as parents or parents-in-law, rather than - or as well as - a partner or husband causing further complexities.

Ethnicity

Source: NOMIS Ethnic Group (Census 2011)

White	Total	310,910
Gypsy / Traveller / Irish Traveller	Total	156
Asian / Asian British	Indian	939
	Bangladeshi	295
	Pakistani	351
	Chinese	452
	Other	621
	Total	2,658
Black / African / Caribbean / Black British	Total	338
Mixed / Multiple ethnic group	Total	1,692
Other Ethnic Group	Total	274
Grand Total		316,028

Much of the demography of Northumberland is White British however consideration needs to be given to how we develop appropriate services for those from ethnic minority backgrounds and how we do not marginalise individuals further particularly as they are currently underrepresented in services.

8. Religion or Belief

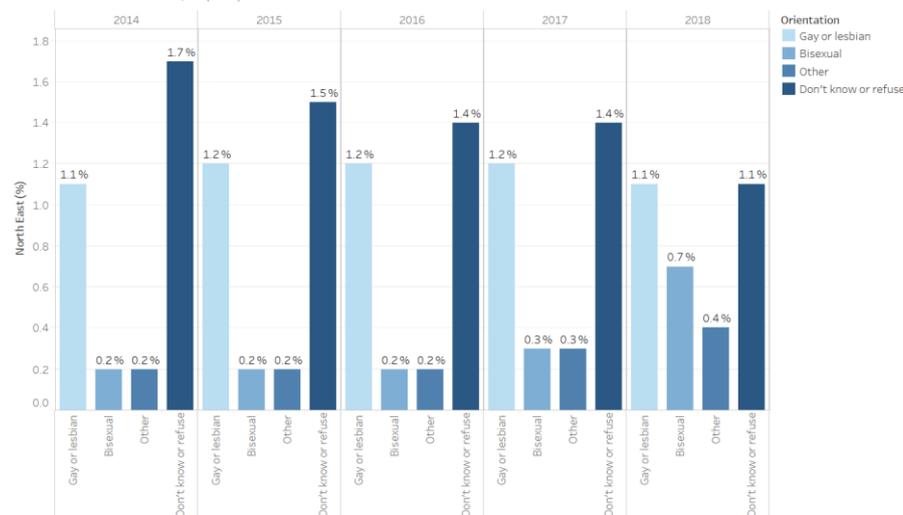
The British Crime Survey (2010) found that whilst ethnicity was not independently associated with risk of domestic abuse, some specific forms of abuse, such as forced marriage, so-called ‘honour’ based violence and female genital mutilation, were disproportionately distributed by race or religion/belief.

9. Sexual Orientation

Less than 4% of Northumberland’s population have a sexual orientation other than heterosexual.

North East Sexual Orientation (Other than Heterosexual)

Source: ONS Sexual Orientation, UK (2018)



ONS data (2015-17)¹³ found that bisexual women were nearly twice as likely to have experienced partner abuse in the last 12 months than heterosexual women (10.9% compared with 6.0%). Although research is underdeveloped consideration needs to be given to the different risk factors experienced by those with different sexual orientations and how we meet this need in Northumberland without further marginalising these individuals. Specific focus needs to be given to the fact that domestic abuse is not only experienced by heterosexual couples.

The Complexities of Domestic Abuse

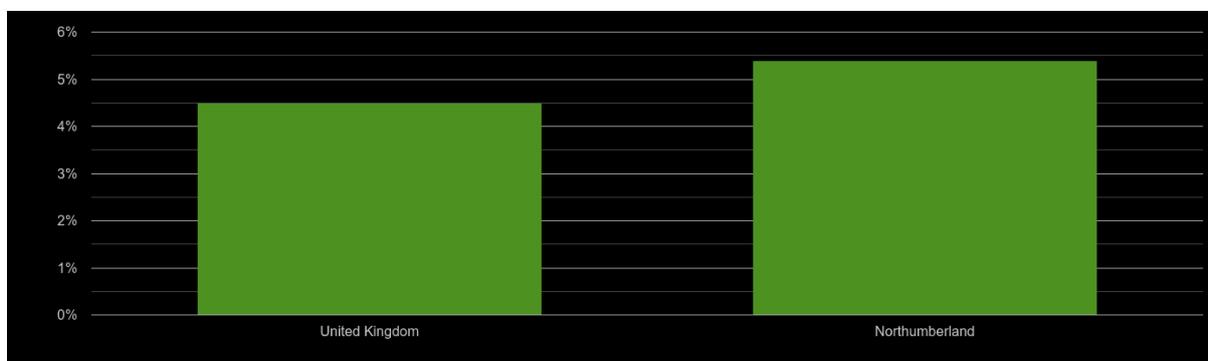
1. Drugs and Alcohol and Mental Health

Many domestic and sexual abuse survivors have a myriad of complex and enduring needs which can intersect. A recent systematic review has shown that the prevalence of domestic abuse is significantly higher in both men and women with mental health disorders, compared to those without. While a study on intimate personal violence and partner abuse reported that victims were more likely to report that the offender was under the influence of alcohol (17%) rather than illicit drugs (10%) (ONS, 2016). The profile of individuals accessing housing support indicate an increasing complexity in relation to those experience domestic abuse. Unfortunately, limited data collection by other services provides little insight into the extend of these needs across clients.

2. Poverty and Social Exclusion

Women living in households with an income of less than £10,000 were more than four times as likely (14.3%) to have experienced partner abuse (self-reported) in the last 12 months than women living in households with an income of £50,000 or more (3.3%) (ONS 2015-17). Women living in social housing (11.1%) were nearly three times as likely to have experienced partner abuse in the last 12 months than women who were owner occupiers (4.1%). As a result, there is a statistically significant correlation between the rate of reported domestic abuse incidents and deprivation at LSOA level. LSOA with higher levels of deprivation experience higher rates of reported domestic abuse incidents.

The average salary in Northumberland is £31,000 this is significant below the UK (£38,600). While females earn significantly less that this on average (£25,500). Additionally, the unemployment rate in Northumberland is significantly higher than the UK. Consideration therefore needs to be given to the socioeconomic circumstances of victims and the challenges this presents particularly in relation to housing options and dependence on partners income.



¹³ ONS: Characteristics of women more likely to experience partner abuse: years ending March 2015-2017

It is important to note however that domestic abuse is not associated with social class and it is generally accepted that domestic abuse is as common, but less reported, in more affluent areas.

3. Rurality

The number of reported incidents of domestic abuse are similar in both rural and urban area although the problem of under-reporting is thought to be higher in rural areas. Northumberland covers large rural areas. Reaching those experiencing domestic abuse and rurality which tells us that the more isolated a victim is geographically the less visible they become.

Rural communities are often close knit, causing problems of confidentiality which worsens the nature of the abuse. Research also suggests that those living in rural areas are more likely to be unemployed, face lower levels of income and also live within communities with lower educational qualifications.

The problem of domestic abuse is further compounded in rural areas, by the lack of appropriate services and poor transport links, the distance of emergency services and the availability of refuge places. This lack of support for victims of domestic abuse may well mean that victims have to relocate to urban areas to access services as rural areas often have skeleton services or none at all.

Victims of domestic abuse in these communities often seek support from the police, church, or local community support groups and therefore awareness raising and training to all frontline practitioners is important to overcome this risk.

4. Armed Forces

Northumberland has two locations housing military personnel. There is an association between experience of combat operations and subsequent violent behaviour. Research suggests that 12.6% of regulars have physically assaulted someone in the weeks following deployment. Awareness training and research into effect perpetrator interventions targeted at young men particularly those under the age of 30 are critical to addressing this issue.

Rapid Evidence Review of What Works

There is a lack of evidence-based research for many areas of domestic abuse which results in an incomplete understanding of what works. There is no core outcome set for domestic abuse and therefore evaluations of interventions often report a variety of indicators, and use a variety of measures and tools, many of which are not validated. However, best practice points to changing culture in service provision and assessment which aims to embed more effective monitoring and evaluation outcomes to get more comprehensive data.

Primary Prevention and Early Intervention

- A multi-agency approach is needed which should incorporate elements of prevention and management, whilst addressing the wider impact of violence and abuse on the individual and their families (SafeLives, 2016) (NICE, 2017)
- School-based interventions and support for families through health visiting, midwives and family nurse partnership, can promote healthy relationships (Wood, 2010) (Department of Health, 2012)

- Primary prevention through the development of teaching on healthy relationships as part of the relationship and sex education (Domestic Abuse Bill 2021). This includes guidance for Personal, Social, Health and Economic (PSHE) lessons specifically about gender equality. These interventions need to cover both genders and not just focus on boys.
- Community interventions, including multi-agency partnership working in areas such as tackling alcohol related domestic abuse, and data sharing. (Department of Health, 2012)
- Changing social norms, through approaches such as mass media campaigns, aiming to shift stigma from victims to perpetrators (Department of Health, 2012). The beliefs and norms that underpin domestic abuse are resistant to change, meaning that primary prevention requires long-term investment. The literature demonstrates the need to change attitudes, behaviours and practices across communities in order to effectively reduce domestic abuse.
- 'Ask Me' 'ANI' and White Ribbon schemes, which encourages a community response to domestic abuse by training local and virtual ambassadors in communities to break the silence around abuse and support women with their disclosures (National Ending VAWG Strategy)
- Publish a directory of local and national services (NICE 2017)
- Consult with women, men and young people who have experienced violence and abuse as part of a joint strategic needs assessment, including those from hard-to-reach communities (NICE 2017)

Secondary Prevention

- Routine enquiry about domestic abuse in health care setting by trained health care professionals can be successful in increasing disclosure (Wood, 2010), e.g., the IRIS programme¹⁴ (Feder, 2011) (Department of Health, 2012) (SafeLives, 2015, 2016).
- Commission specialist services for children living with violence and abuse as children's outcomes significantly improve across all key measures after support from specialist services (SafeLives, 2014 and 2016) e.g., accredited group work as well as therapeutic support. The strongest evidence is for therapeutic interventions that target both mother and child.
- Commission specialist services across local authority boundaries where there is not enough local need to justify setting them up within a particular local authority area. (This could include services to help prevent forced marriages, to help men, or LGBT survivors, or for people subjected to 'honour' violence or stalking.) (NICE 2017)
- Improve the housing sector's responses to domestic abuse through core standards. This includes raising awareness of consistent, pro-active and safe responses to domestic abuse, and clarifying the responsibilities of private landlords towards tenants and their children who are experiencing domestic abuse.
- Sanctuary schemes to provide survivors with a wider choice in their housing options. This needs to come with specialist support alongside home security improvements (DCLG Guidance 2010).

¹⁴ The Identification and Referral to Improve Safety (IRIS) programme provides training to primary care staff, prompt in the medical record system to enquire about abuse and referral pathways to advocacy services.

- Workforce domestic abuse policies and development. Where services provide a safe space in which violence and abuse can be named and recognised, survivors can begin the process in taking back control over their life and future

Tertiary Prevention

- Needs-led advocacy approach by the domestic abuse sector which includes proactive engagement as a core component, and works to the principle of choice and self-determination (Women's Aid, Change That Lasts)
- Survivor advocacy, including case management, connection to legal services and information, and on a system-wide level, home visitation and health worker outreach can reduce a woman's risk of further victimisation. (Ellsberg, M, 2015)
- Specialist domestic abuse services that include advocacy, advice, floating support, outreach support, refuges and provision of tailored interventions for survivors and their children. They also include housing workers, IDVAs and multi-agency risk assessment conferences for those at high risk. Services should be tailored to the level of risk and specific needs of people experiencing violence or abuse (NICE guideline, PH50).
- Develop referral pathways that aim to meet the health and social care needs of all those affected by domestic violence and abuse, including people with protected characteristics and those who face particular barriers trying to access domestic violence and abuse support services. (NICE 2017)
- Commission specialist services for children living with violence and abuse as children's outcomes significantly improve across all key measures after support from specialist services (SafeLives, 2014 and 2016) e.g., accredited group work as well as therapeutic support.
- Commission specialist services across local authority boundaries where there is not enough local need to justify setting them up within a particular local authority area. (NICE 2017)
- Respect-accredited behaviour change programmes for perpetrators (e.g., Drive Programme for 1:1 work¹⁵; the BIG programme etc.) where the key outcomes are to make survivors and their children safer by challenging and holding high-harm perpetrators to account.

Good and Promising Practice in Northumberland

- There is a clear commitment to addressing domestic abuse at a strategic level, with an establish strategic framework, action plan and partnership board.
- There is a strong commitment to a multi-agency approach at a strategic level that can be seen through the investment from agencies into MARAC and MASH and the previous Domestic Abuse and Sexual Violence Business Group.
- There is commitment to expanding and continuing to commission a range of services for adults and child victims.

¹⁵ Drive implements a whole-system approach using an intensive case management approach alongside a coordinated multi-agency response. It works closely with the police, probation, victim services, children social services, housing, substance misuse and mental health teams. Its aim is increasing victim safety by combining disruption and behaviour change interventions alongside the crucial protective work of victims' services.

- The domestic abuse advisor in the hospital has made a considerable difference in terms of the trust's response to domestic abuse and associated referrals and support.
- The MARAC is well run, and caseloads remain within recommended numbers.

Conclusion

Domestic abuse is a significant issue for population health in Northumberland. It is a cause and consequence of health and social inequalities. Harms related to domestic abuse in Northumberland are increasing, resulting in increased police incidents and crimes, referrals to adult social care and increasing demand on support services, this has wide reaching impacts on families and communities.

Given the impact on environmental and social factors and the economic cost of domestic abuse per year (over £400 million) the funding for services is limited. Therefore, time and investment need to be given to evaluating and enforcing policy level interventions, such as RSHE and workforce development to embed the prevention agenda.

Engagement with support services is associated with a reduction in harms associated with domestic abuse, including serious violence, physical injuries, and mental health. This assessment indicates that service demand and client complexity outstrip capacity particularly in relation to children and young people. While the lack of provision for perpetrator interventions present significant challenges in terms of managing high harm individuals in the community and places a significant burden on victim / survivor services.

This assessment has helped describe the burden of domestic abuse and the challenges involved in meeting this need. The following section of the report makes recommendations across a range of areas where opportunity for further research or intervention have been identified.

Recommendations

1. Data Gaps

The need for accurate and consistent data across statutory, community and voluntary sector organisations, which includes disaggregated data across equality strands in every public service, is a significant gap that needs to be addressed.

Gaps in data and information include:

- Data collection is not standardised across all agencies. Most mainstream services do not collate data on how many of their service users are experiencing or perpetrating violence and abuse.
- Services collect limited outcome data to evidence effectiveness.
- There is a particular lack of information from Children's Services and police at a local level.
- Information about those experiencing abuse but not engaging with services is limited.
- There is a particular lack of information about minority groups. Specifically, in relation to sexuality and gender identity alongside LGBT survivors.
- Data is lacking for regional and nationally commissioned services.
- Criminal Justice data has not been included in this assessment and it is suggested that this separate piece of work is undertaken as soon as possible.
- There is a significant gap in terms of housing data particularly in relation to social housing and refuge demand which needs to be explored further. In addition to those individuals who require to flee the area or seek accommodation outside of the local authority area.

2. Prevention and Early Intervention

Domestic abuse inevitably escalates over time and so earlier responses focused on prevention and early intervention are critical. The way forward must be to continue to look for ways to improve cost effectiveness, multi-agency response and enhance support before the risk escalates.

3. Increasing reporting

The data shows that despite a significant increase in reporting rates, domestic abuse remains generally under reported. Those encountering services are a small proportion of those experiencing domestic abuse across Northumberland. Therefore, efforts to increase reporting rates need to be sustained alongside further analysis of minority groups in Northumberland. The population in Northumberland is predominantly White British and this makes BME community particularly isolated.

4. Further development and investment in services particularly those for young people

There is limited provision for children and young people experiencing or victims of domestic abuse in Northumberland yet significant demand. Significant waiting lists highlight the need for more support for children to overcome their experiences of domestic abuse and to be provided with a range of support options.

Locally, there are significant capacity issues in relation to our main provider resulting in long waiting lists and limitation of services. Funding for holistic services is limited but new delivery models for accommodation-based support provide opportunities locally to deliver a holistic response to domestic abuse.

Consideration needs to be given to the different experiences of men and women and ensuring that support services can meet the needs and complexities identified. Crucial to this is the need to include survivors/victims' voices and design services which incorporate victim/survivor experiences.

5. Broadening response to Perpetrators

Currently there are significant capacity issues in relation to interventions for preparators. As the area does not have a community-based perpetrator programme. This means that individuals who want to change their abusive behaviour do not have an obvious place to go for support.

Consideration should be given to developing new models of nationally accredited programmes and learning should be shared from models such as the DRIVE project. While work with perpetrators should be allied to support for families and be transparent and realistic to all about the prospect of changed behaviour.

6. Health settings can provide important support

The domestic abuse advocate role has offered real opportunities to engage with victims who might otherwise disclose their experience of domestic abuse and it is important that we continue to develop this project and find new ways to reach individuals who would not otherwise come to the attention of frontline services. Consideration should be given to expansion into primary care and the community.

7. Training is important

Training needs to continue to enhance frontline professionals understanding of domestic abuse as well as how to work with people with complex needs and in on-going abusive relationships. While, awareness raising, and training sessions need be embedded which ensure a thorough understanding of referrals pathways and impact of domestic abuse.

8. Need to address the complexities of domestic abuse

Many survivors and perpetrators of domestic abuse have mental health and or substance misuse issues. Professionals working to support individuals faced with these complex issues need help to address all their related problems, not just domestic abuse. This can be hard as often these issues make it difficult for an individual to engage with support or to join in groups or stay in refuge accommodation. Services are in high demand which makes holistic working challenging and often prevents individuals from getting the help they need.

Investment in services, multi-agency responses and research into the links between domestic abuse and broader health issues need to be developed in Northumberland to ensure that the right interventions are delivered at the right time.

Domestic abuse is everyone's business

