Hertfordshire Domestic Abuse
Joint Strategic Needs Assessment 2019

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Executive summary

Key findings

Domestic abuse crimes

- The Crime Survey for England and Wales estimated that 2 million adults in England and Wales experienced domestic abuse in the last year. Approximately 4 in 5 victims (83%) of partner abuse do not report their abuse to the police.

- Hertfordshire Constabulary recorded a total of 30,289 domestic abuse offences over the last three years, which reflects an increase of 18% since 2016. The districts with the highest proportionate rate of domestic abuse offences were Stevenage and Watford.

- Domestic abuse crimes in Hertfordshire during the last three years have most commonly been reported at weekends and evenings (6pm-11pm), however these peaks are not significant and offences are occurring at regular intervals throughout the week.

- One quarter of domestic abuse offences (24%) were recorded as having an aggravating factor of alcohol and 0.4% had an aggravating factor of drugs, though it is not known whether the aggravating factor relates to the perpetrator and/or victim.

- Approximately 40% of stalking and harassment crimes in Hertfordshire are domestic-abuse related. Of all domestic abuse-related stalking and harassment crimes, 1 in 10 (11%) were repeat victims.

Victims of domestic abuse

- There were 14,382 individual victims of domestic abuse recorded by Hertfordshire Constabulary between January 2016 and December 2017, of which 16.5% were repeat victims. Approximately three quarters (74%) of these repeat victims in Hertfordshire are female and the most common age of victims is between 27-36 years.

- There is a significantly higher rate of police domestic abuse reported to the police in Hertfordshire relating to Black/Black British victims than any other ethnic group, which reflects findings from national SafeLives research. This may indicate significant underreporting in other ethnic groups, particularly among Asian and Mixed communities.

- There were 1,359 cases presented to Hertfordshire MARACs in 2018, of which 29% were for repeat victims. Three quarters of referrals (73%) were received from police.

- There have been 9 Domestic Homicide Reviews (DHRs) in Hertfordshire over the last three calendar years. Most of these homicides involved female victims and one third of these cases involved suicides.

- There are several risk factors that have been evidenced to increase the risk of individuals becoming victims of domestic abuse. Some of these include substance misuse, mental health, pregnancy, marital conflict and social isolation.

- Though many domestic abuse victims have contact with health services during their abuse, these services represent a small proportion of referrals to support services, particularly for GP surgeries which currently represent 0.3% of IDVA referrals.

Perpetrators of domestic abuse

- There were 3,282 individual perpetrators recorded by Hertfordshire Constabulary between January 2016 and December 2017, of which 21% were repeat perpetrators. Approximately 9 in 10 (89%) of these repeat perpetrators in Hertfordshire are male and the most common age of perpetrators is between 27-36 years.

- Approximately 60% of the current Integrated Offender Management (IOM) cohort has an element of domestic abuse offending; however, there is currently no formally commissioned domestic abuse perpetrator programme in Hertfordshire.

- The National Probation Service have 200 domestic abuse perpetrators currently registered on the Hertfordshire caseload. Of these perpetrators, 16% had recorded mental health issues and had a variety of criminogenic needs including thinking and behaviour, relationships, attitudes and substance misuse issues.

- BeNCH Community Rehabilitation Company (CRC) has worked with 979 individual domestic abuse perpetrators during the last three calendar years, of which two thirds (66%) were assessed as medium risk of serious harm and 71% had a high or medium risk of reoffending.

- Individuals are at higher risk of becoming perpetrators of domestic abuse where they present a multitude of risk factors. Some of these include Adverse Childhood Experiences, substance misuse, previous criminality, childhood behaviour problems and poor family relationships.

Safeguarding and support services

- Hertfordshire County Council received a total of 873 adult safeguarding concerns for domestic abuse last year, of which half (51%) were progressed to enquiries. Over half (55%) of adult safeguarding enquiries where the perpetrator was recorded as a family member have not been recorded as domestic abuse.

- Half (50%) of domestic abuse victims referred to IDVA services in Hertfordshire accepted support from the service. The number of referrals from health services increased by 60% from 2017 to 2018, which was largely due to increases in referrals from A&E departments and drug and alcohol services.

- Over half of referrals (57%) received by Hertfordshire Home Security Service in the last two years have been as a result of domestic abuse, most victims of which were aged 26-59. During this time, 10% of victims did not take up safety visits offered by the service.

Children and families

- Domestic abuse is the most common factor identified through Children in Need assessments in Hertfordshire above mental health, emotional abuse and drug misuse. Domestic abuse was identified in over half of assessments in the latest financial year (56%), which is significantly higher than the national average of 51%.

- There were 3,068 domestic abuse notifications actioned by Families First Triage in 2018, of which 49% were medium risk and 5% were high risk. The majority of these cases (65%) were referred from the Multi-Agency Safeguarding Hub (MASH).

<u>Specific risk groups</u>

- The proportion of domestic abuse reported by male victims is increasing, with men currently accounting for a quarter (26%) of victims in Hertfordshire. There are often barriers that means that some men are less likely to seek support for their abuse and currently only represent 4% of IDVA clients.

- Disabled people experience disproportionately higher rates of domestic abuse. In Hertfordshire, 41% of victims receiving long-term support from IDVA services have a disability or health condition (including mental health) and 4% of MARAC victims had a disability.

- Older victims are considerably under-represented across domestic abuse services. The population of Hertfordshire residents aged 60+ is predicted to increase significantly over the next 25 years, which is likely to increase the number of elder victims of domestic abuse.

- LGBT+ victims of domestic abuse are more likely to have self-harmed, attempted suicide and have higher levels of complex needs than heterosexual victims. LGBT+ victims currently represent 0.5% of MARAC cases in Hertfordshire, but it is suggested that MARACs should expect to see around 2.5% for LGBT+ victims.

<u>Intervention and prevention</u>

- The cost of late intervention in Hertfordshire is estimated at £270 million annually, which includes a significant cost to mental healthcare. A considerable amount of these costs could be avoided by addressing domestic abuse offending at an earlier stage before late intervention is required, at the primary and secondary stages of prevention.

- Perpetrators of domestic abuse are likely to need individually tailored interventions which build capacity for healthy relationships, teach conflict resolution skills and address traumatic childhood experiences and wider determinants that underpin domestic abuse offending (e.g. substance misuse, mental health and attitudinal or behavioural change).

- People showing early signs of risk may benefit from education-based programmes seeking to change attitudes towards domestic abuse, building positive relationships and developing interpersonal and communication skills.

- Health approaches such as the Violence Prevention Framework have been evidenced to be effective in preventing domestic abuse at different levels of risk by addressing underlying risk factors of violence to prevent the onset and development of violent behaviour.

- Co-locating Independent Domestic Violence Advisors (IDVAs) in healthcare settings is evidenced to be an effective intervention opportunity to engage with different cohorts of victims than those that may present in the criminal justice system. It also provides easier access to on-site support services, e.g. substance misuse and mental health.

- Joint working with primary care services, particularly general practices (GPs), is shown to increase opportunities to reach domestic abuse victims. Nationally, it is estimated that an additional 10,000 high risk victims of domestic abuse could be supported each year through an improved health care pathway.

Gaps in knowledge

- There is a significant data gap around domestic abuse victims and perpetrators' contact with the healthcare system, particularly from primary care services.

- Although national research has found that young people aged 16-19 experience higher rates of domestic abuse than any other age group, there is little data available on young domestic abuse victims and perpetrators under the age of 18.

- Whilst national research showing that domestic abuse is just as significant an issue for older people, it is estimated that domestic abuse crimes and support services largely underrepresent domestic abuse among older people.

Recommendations

- Develop an intervention offer for perpetrators of domestic abuse that acknowledges different levels of risk and addresses wider determinants of offending, including Adverse Childhood Experiences.

- Interventions for those at risk of perpetrating domestic abuse should incorporate features that have been evidenced as effective in changing perpetrators' behaviour, including developing interpersonal and conflict resolution skills, teaching positive relationship skills and enhancing cultural awareness of attitudes towards domestic abuse.

- Encourage the use of trauma-based interventions for victims to address underlying risk factors of domestic abuse victimisation, such as mental health and substance misuse.

- Ensure that newly commissioned domestic abuse victim services are available to respond to domestic abuse incidents effectively at all times. Current services should consider having processes in place to be able to respond to incidents at all times, including consideration for mental health and refuge housing.

- Consider adopting the IRIS model in Hertfordshire to enable GPs and healthcare professionals to identify victims and perpetrators of domestic abuse and appropriately refer into specialist domestic abuse services.

- Develop a countywide communication and engagement strategy to encourage reporting of domestic abuse from communities that have an evidenced low rate of recorded crimes, including older people, LGBT+ and minority ethnic groups, particularly among Asian and Mixed communities.

- Ensure that adult safeguarding referrals for domestic abuse are recorded consistently across local reporting agencies and all safeguarding professionals are routinely trained on how to record cases where a family member is the perpetrator.

- Consider trialling the Drug Test on Arrest scheme[*] for repeat perpetrators of domestic abuse to increase identification and knowledge of drug misuse in domestic abuse cases.

- Domestic abuse services to consider brief intervention models for alcohol for both victims and perpetrators as part of their service delivery.

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[*] The Drug Test on Arrest (DTOA) scheme allows police to test offenders for specified Class A drugs where the offender has been arrested or charged with a 'trigger offence' or where a police inspector or higher rank has reasonable grounds for suspecting that the offence was linked to the use of specified Class A drugs. DTOA is currently operation in both custody suites in Hertfordshire.

1. Introduction

The term 'domestic abuse' is currently defined by the UK government as:

"*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality*".[1]

This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. It also includes wider forms of abuse, such as 'honour' based abuse, female genital mutilation and forced marriage.

It is estimated that approximately 2 million adults experience domestic abuse each year.[2] Many victims of domestic abuse do not come to the attention of the police, which is why the estimated number of victims is much higher than the number of police recorded incidents and crimes. Of those incidents that are recorded, many will fall short of notifiable offences and are therefore not recorded as crimes.

Domestic abuse can have a serious and lasting impact on a victim's health and wellbeing and has wider societal costs to police, health and victim services. It is estimated that the economic and social costs of domestic abuse to society were £66 billion for victims in 2016 to 2017.[3] Understanding how domestic abuse impacts on individuals, families and communities is crucial to ensuring that high quality and effective services are delivered.

In January 2019, the UK government published a draft Domestic Abuse Bill following consultation with victims, support organisations and frontline professionals. The draft Bill identified nine measures that are currently under pre-legislative scrutiny and may have a significant impact on domestic abuse services and provision across the country and in Hertfordshire. More information on the draft Domestic Abuse Bill can be seen in *Box 1*.

Box 1: Government Domestic Abuse Bill 2019

In January 2019, the draft Domestic Abuse Bill identified nine measures that require primary legislation to implement and will therefore be subject to pre-legislative scrutiny. These 9 measures are:

- provide for a statutory definition of domestic abuse;
- establish the office of Domestic Abuse Commissioner and set out the commissioner's functions and powers;
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order;
- prohibit perpetrators of domestic and other forms of abuse from cross-examining their victims in person in the family courts and give the court discretion to prevent cross-examination in person where it would diminish the quality of the witness's evidence or cause the witness significant distress;
- create a statutory presumption that complainants of an offence involving behaviour that amounts to domestic abuse are eligible for special measures in the criminal courts;

- enable high-risk domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody;
- place the guidance supporting the Domestic Violence Disclosure Scheme on a statutory footing;
- ensure that, where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy), this must be a secure lifetime tenancy; and
- extend the extra-territorial jurisdiction of the criminal courts in England and Wales to further violent and sexual offences.

The full draft of the Domestic Abuse Bill and corresponding documents can be viewed here.

1.1   Aim

- The aim of this needs assessment is to analyse the current scale of domestic abuse in Hertfordshire using available national and local data and provide an evidence base to inform future strategic planning for domestic abuse in Hertfordshire.

1.2   Methodology

- The data contained within this report has a particular focus on victims and perpetrators of domestic abuse, with some sections focusing on the impact of domestic abuse on families and children.

- The data and information contained within this analysis has been drawn from a wide range of national and local sources, which are cited throughout. Local data sources include: Hertfordshire Constabulary; Public Health England; Hertfordshire Adult Safeguarding; Hertfordshire Children's Services; Hertfordshire Partnership University NHS Foundation Trust (HPFT); Hertfordshire Home Security Service (HHSS); National Probation Service (NPS) and BeNCH Community Rehabilitation Company (CRC).

- Calendar years have been used where possible to provide the most recently available data for this analysis. All years refer to calendar years unless otherwise stated.

- Comparisons are made, where relevant, using rates rather than numbers to enable more proportionate comparisons to be made between data.

- Caution should be taken when interpreting data on domestic abuse. Measures of domestic abuse presented in this report refer to victims, offences and perpetrators and are collected by different organisations, using differing timescales and collection methods. As these datasets do not refer to the same cohort of cases, direct comparisons should not be made across data sources.

2.   Demographics

The latest (2017) mid-year estimate is that the population within Hertfordshire is 1,180,900 which has increased by 5.8% (+64,900) since the last Census in 2011. Within this population, it is estimated that there 51% are females (n=602,500) and 49% are males (n=578,500).

2.1   Population by age

The Office for National Statistics (ONS) estimate that the most common age group of Hertfordshire residents are those between 35 to 54, which is above the national average for this age group (see *Figure 1*). When compared to the national and regional averages, Hertfordshire also has a higher population in the 0-14 age range.

Figure 1: *Projected age structure of Hertfordshire residents at 2017 mid-year estimates.*
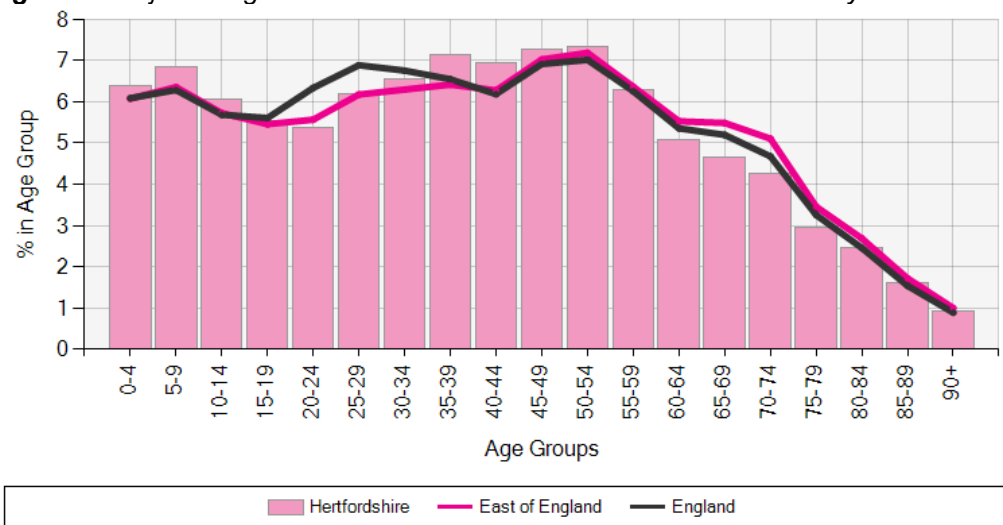
Source: ONS mid-year 2017 population estimates, HertsInsight.

As can be seen from the projections in *Figure 2* below, the population in Hertfordshire is predicted to increase across all age groups over the next 25 years, with the exception of 35-39 year olds. The largest increases can be seen for older adults.

Figure 2: *Projected population change 2016 to 2041 by age range.*
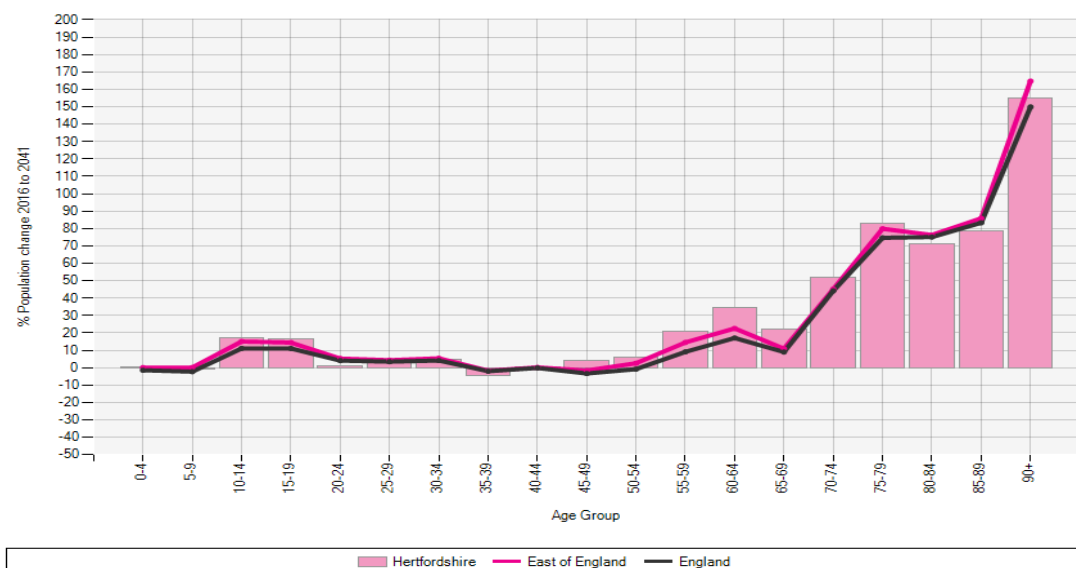
Source: ONS 2016 population projections, HertsInsight.

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Table 1 shows the projected population change by age group over the next 25 years. Whilst all age groups are predicted to increase, the most significant increases are projected for older residents, particularly over the age of 70, and younger people in the 10-19 age range.

Table 1: Projected population increase by age for Hertfordshire.

Age Group	2014	2024	2034	2039	Total increase 2014 - 2039
0 - 9 years	151,000	165,600	168,100	168,900	+ 11.9%
10 - 19 years	135,300	158,400	170,700	173,500	+ 28.2%
20 - 29 years	137,200	128,300	144,200	150,000	+ 9.3%
30 - 39 years	158,500	175,800	165,400	169,000	+ 6.6%
40 - 49 years	172,900	175,000	192,300	190,600	+ 10.2%
50 - 59 years	150,400	167,000	170,700	181,900	+ 20.9%
60 - 69 years	114,900	135,300	151,700	148,800	+ 29.5%
70 - 79 years	77,700	100,000	120,200	134,000	+ 72.5%
80 - 89 years	46,000	56,200	76,600	81,900	+ 78.0%
90+ years	10,300	15,400	24,200	32,600	+ 216.5%

Source: ONS 2016 Mid-Year Population Estimates, HertsInsight.

2.2   Population by district

As can be seen in *Figure 3*, the population is predicted to increase across all Hertfordshire districts over the next 25 years, with the largest increases projected in Watford and Welwyn Hatfield. Increases across all Hertfordshire districts are predicted to be higher than national and regional population increases. Additional information on projected population change by age and district can be found [here](#).

Figure 3: *Projected population change across Hertfordshire districts with comparison to Hertfordshire, East of England and England.*
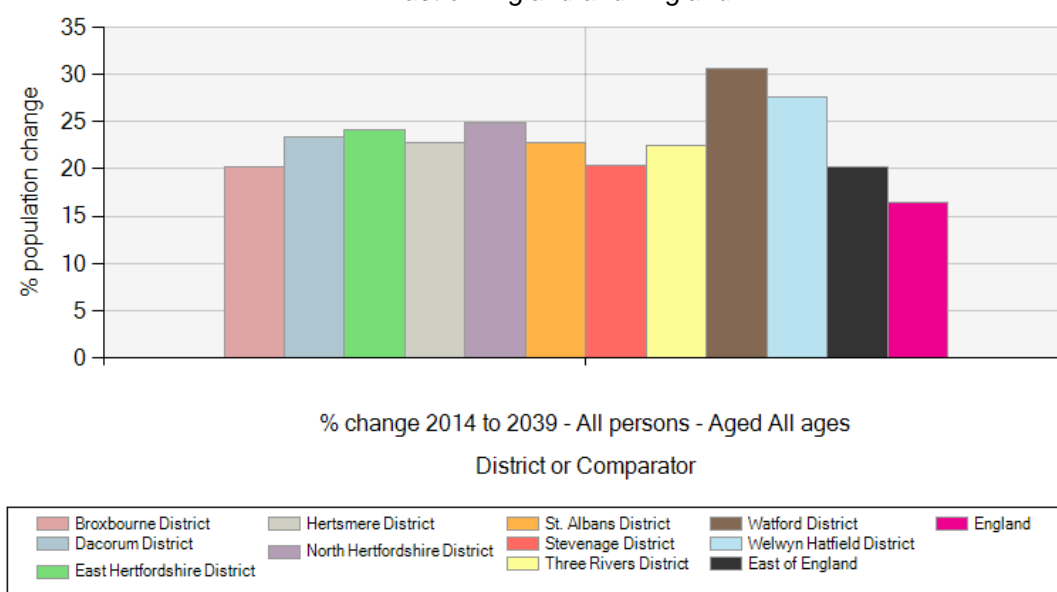
Source: ONS 2014 subnational population projections, HertsInsight.

2.3   Ethnicity

The main source of detailed ethnic group population data is the 2011 National Census. In 2011, the proportion of the total population that were in a minority ethnic group (i.e. non-White) was 12.4% (see *Table 2*). This compares to a proportion of 6.3% in 2001.

Table 2: *Hertfordshire population by ethnicity*

Ethnic group	Count	% of population
White	977,495	87.6%
Mixed or Multiple	27,497	2.5%
Asian or Asian British	72,581	6.5%
Black or Black British	31,401	2.8%
Other ethnic group	7,088	0.6%

Source: ONS 2011 Census, HertsInsight.

2.4   Migration

At mid-year 2017, the ONS estimates that the net international migration in Hertfordshire was estimated at 2,800 with an inflow of 7,700 and an outflow of 4,900 (see *Figure 4*). The ONS estimates that the internal net migration flow for Hertfordshire has decreased year on year since 2013, with a current net internal migration of -2,900.

Figure 4: *International migration flows for Hertfordshire, mid-2017 estimates.*
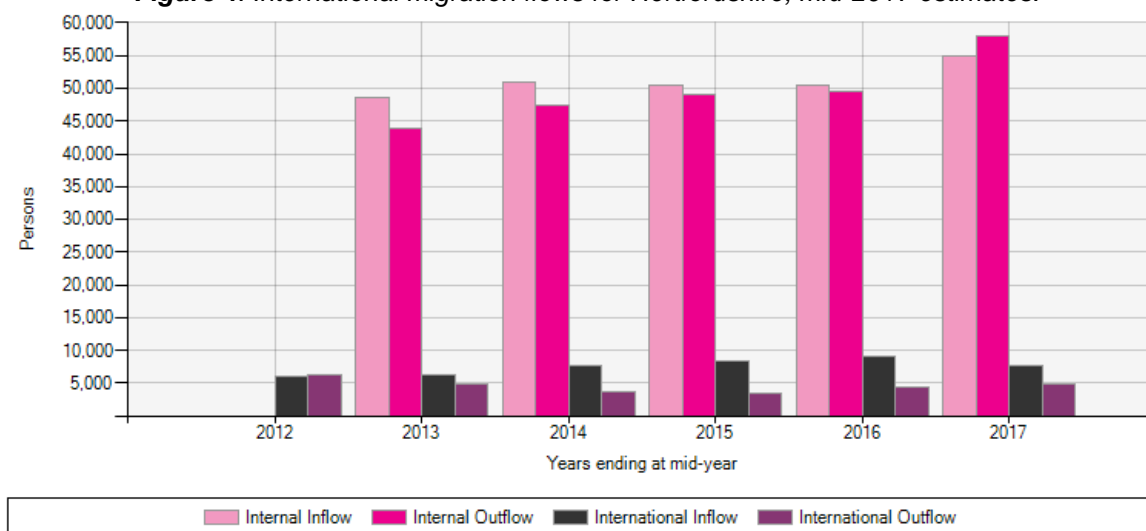
Source: ONS 2017 Mid-Year Population Estimates, HertsInsight.

2.5   Households

A household is defined as one person living alone, or a group of people (not necessarily related) living at the same address. A household must contain at least one person whose place of usual residence is at the address. In 2011, 98.7% of residents in Hertfordshire lived in households, which is above the England and East of England average. In Hertfordshire, in 2011:

- 42% of households had children.
- 37% were one family households with a married or civil partnership couple.
- 28% were one person households.
- 20% had only people aged 65 and over.
- 10% were one family households with a lone parent.
- 10% were one family households with a cohabiting couple.

3. Scale of the issue

3.1 National context

The police recorded 599,549 domestic abuse-related crimes in the year ending March 2018.[4] This was an increase of 23% from the previous year. This in part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward.

3.1.1 Prevalence of domestic abuse

The latest figures from the Crime Survey for England and Wales (CSEW) show little change in the prevalence of domestic abuse in recent years. In the year ending March 2018, an estimated 2 million adults aged 16-59 had experienced domestic abuse in the last year, which is a decrease from 2.3 million in 2011/12.

Figure 5: Prevalence of domestic abuse for adults aged 16-59, 2004/05-2017/18
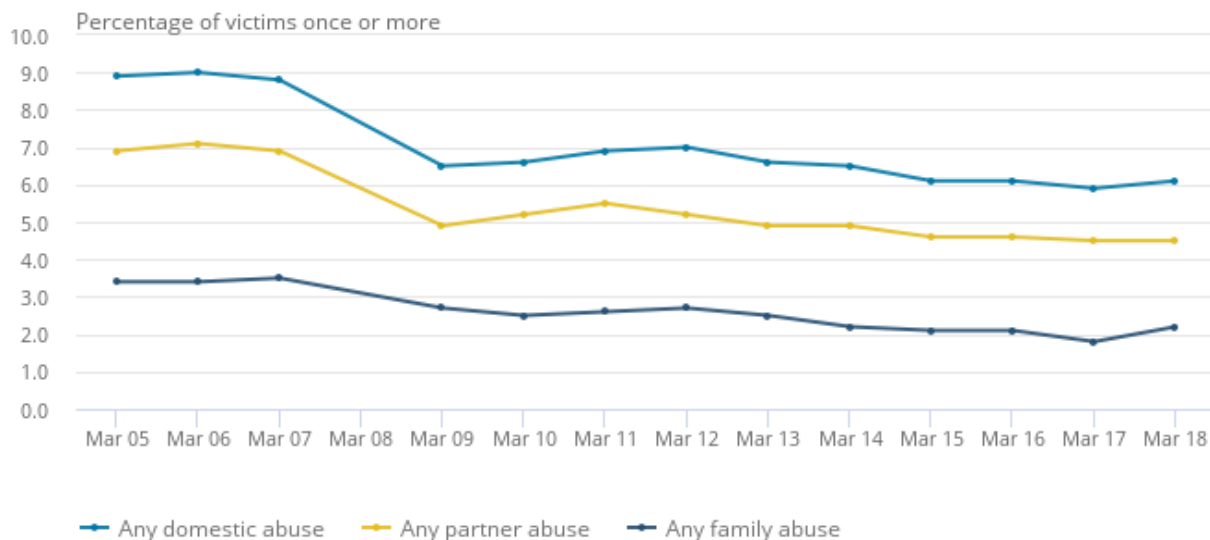
Source: Crime Survey for England and Wales.

While the CSEW has since shown little change from year to year in the prevalence of domestic abuse, the cumulative effect of small reductions over time has resulted in a significantly lower prevalence for the latest year (6.1%) compared with the year ending March 2012 (7.0%). This trend has mainly been driven by reductions in partner abuse, which has decreased from a prevalence rate of 5.2% to 4.5% over the same period (see *Figure 5* above). Some of the other key findings from the CSEW were:

- The majority of victims of domestic abuse in 2017/18 reported experiencing <u>one type of abuse</u> (81%). The most common combination of two types of abuse was partner abuse and stalking (7%), which could be perpetrated by either a partner or family member.

- <u>Women</u> were around twice as likely as men to have reported experiencing domestic abuse (7.9% compared to 4.2%). Women were also more likely than men to have reported experiencing multiple types of abuse in the last year (21% compared to 17%).

- Female victims of partner abuse were more likely than male victims to report experiencing <u>non-physical abuse</u> (emotional, financial) and sexual assault by rape or penetration. Male victims of partner abuse reported a <u>higher level of force</u> than female victims.

- Over four in five victims (83%) of partner abuse did not report the abuse to the police.

Domestic abuse is often a hidden crime which is not reported to the police and therefore, data held by the police can only provide a partial picture of the actual level of abuse experienced. Many cases will not enter the criminal justice process as they are not reported to the police, which explains why the estimated number of victims is much higher than police workload.

3.1.2 Domestic homicides

Data on domestic homicides is collected by the Home Office Homicide Index, which contains detailed information about each homicide recorded by police in England. There were a total of 400 domestic homicides recorded by the police in England and Wales between April 2014 and March 2017, which represents 25% of all homicides in those aged 16+ during this time.[2]

During the latest three-year reporting period (April 2014 to March 2017), analysis shows:

- The majority of victims of domestic homicides were female (73%) and 27% were male. This contrasts with victims of non-domestic homicides, where the majority of victims were male (88%) and 12% of victims were female;

- 82% of female victims of domestic homicide were killed by a partner or ex-partner, of which the majority of suspects were male. Of these female victims, 46% were killed by a spouse or civil partner, 21% were killed by their spouse or cohabiting partner, 17% were killed by a boyfriend or girlfriend and 10% were killed by an ex-spouse or ex-cohabiting partner;

- Only 3% of female victims were killed by a female, most of which were killed by other family members, such as siblings and other relatives.

- 61% of male victims of domestic homicide were killed by another male. A higher proportion of male victims were killed by a family member than females (58% compared with 18%).

- 42% of male victims were killed by a partner or ex-partner.

3.1.3 Criminal justice outcomes

The police made 225,714 arrests for domestic abuse-related offences in the year ending March 2018. This equates to 38 arrests per 100 domestic abuse-related crimes recorded. The percentage of convictions secured for domestic abuse-related prosecutions is at its highest level since the year ending March 2010. In the year ending March 2018, 76% of prosecutions resulted in a conviction.[2]

There were notable differences in outcomes between domestic abuse-related offences and offences that were not flagged as domestic abuse-related. Domestic abuse-related violence offences had a higher proportion of charge or summons outcomes assigned than non-domestic abuse-related violence offences (15% compared with 9%).

The police were also more likely to assign evidential difficulty outcomes for domestic abuse-related violent offences. Nearly one in two (49%) domestic abuse-related violence offences had evidential difficulties outcomes where the victim did not support action and just over one-fifth (22%) had evidential difficulties where the victim did support action.

3.1.4 Domestic Violence Protection Orders (DVPOs)

Domestic Violence Protection Orders (DVPOs) were introduced across all police forces in 2014. DVPOs are a civil order that provide 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. DVPOs are often used where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions.

Of the police forces that provide data on Domestic Violence Protection Notices (DVPNs), 96% of DVPNs applied for were granted (4,219 out of 4,408 applications). A lower proportion of DVPOs applied for were granted by a magistrates' court (86% based on 40 forces). DVPOs are granted by a magistrate, whereas DVPNs can be approved by a police superintendent, this may explain the disparity between the approval of both DVPNs and DVPOs.

3.1.5 High risk victims

High risk victims are discussed at multi-agency risk assessment conferences (MARACs) in local areas across the country. In the latest reporting year (2017/18), there were 88,461 cases discussed at MARACs in England and Wales. This equates to 3.8 cases discussed per 1,000 adult females, which falls just below the recommended number of 4.0 cases. This could suggest that not enough high-risk domestic abuse cases are being referred to a MARAC, or that some have been dealt with in another forum. For example, some areas will have a "pre-MARAC" meeting such as a Multi-Agency Safeguarding Hub (MASH), so not all high-risk cases identified will make it to a MARAC meeting.

Table 3: Total cases discussed at MARACs in England and Wales, 2017-18

Cases discussed at MARACs	Total
Number of cases discussed	88,461
Recommended number of cases discussed	93,220
% of repeat cases	28%
% of ethnic minority victims	17%
% of male victims	5%
% of victims with a disability	6%
% of LGBT victims	1%

Source: SafeLives MARAC National Dataset.

3.1.6 Stalking and harassment

The police recorded 106,905 domestic abuse-related stalking and harassment offences in 2017/18, accounting for just 18% of all domestic abuse-related offences. Over half of these offences were harassment (54%) and 40% were malicious communications.[2]

The Crown Prosecution Service (CPS) recorded a total of 29,528 cases of domestic abuse-related stalking and harassment that came to a first hearing at a magistrates' court in the year ending March 2018, accounting for 84% of all cases. Domestic abuse-related stalking and harassment cases made up a large proportion (over 60%) of all types of cases heard at a magistrates' court. Of all harassment cases resulting from a breach of a restraining order on conviction, 87% were flagged as domestic abuse-related.[2]

3.1.7 Children and families

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) recorded a total of 201,656 child protection referrals as a result of domestic abuse-related incidents in the year ending March 2018. Please note that multiple child protection referrals can be made for each domestic abuse-related incident recorded by the police.[2]

Additionally, research by the National Society for the Prevention of Cruelty to Children (NSPCC) has found that:

- Around 1 in 5 children have been exposed to domestic abuse;
- Domestic abuse is a factor in over half of serious case reviews;
- A third of children witnessing domestic abuse also experience another form of abuse;
- Approximately 130,000 children live in households with high-risk domestic abuse;
- Children exposed to domestic abuse are more likely to have behavioural and emotional problems.

3.2 <u>Victims of domestic abuse</u>

3.2.1 Police

Between 2016 and 2018, Hertfordshire Constabulary recorded 30,289 domestic abuse crimes. Police recorded domestic abuse crime in Hertfordshire increased by 4.7% (+489 crimes) in 2018 compared to the previous calendar year of 2017 and by 17.6% (+1619 crimes) since 2016. Of these crimes, 61.8% (n=18,726) were for a form of assault.

<u>Offences by district</u>

Table 4 shows the percentage change in reported domestic abuse crimes in Hertfordshire by district. Dacorum had the highest number of reported domestic abuse incidents over the 3 years with 3,868 crimes, followed by Welwyn Hatfield with 3,594 crimes and Stevenage with 3,524 crimes. All districts have shown a year-on-year increase in reported domestic abuse over the past 3 years, with the exception of Hertsmere that had a 0.1% (1 crime) decrease in the latest year.

Table 4: *Police recorded domestic abuse offences by district and yearly trend (2016-18)*

District	2016	2017	2018	Total	% change from 2016 to 2018
Dacorum	1,133	1,291	1,444	3,868	+27.5%
Welwyn Hatfield	1,054	1,259	1,281	3,594	+21.5%
Stevenage	1,072	1,218	1,234	3,524	+15.1%
Watford	942	1,025	1,113	3,080	+18.2%
Broxbourne	937	1,019	1,061	3,017	+13.2%
St. Albans	909	1,026	1,034	2,969	+13.8%
North Herts	809	1,022	1,127	2,958	+39.3%
East Herts	918	942	980	2,840	+6.8%
Hertsmere	847	890	889	2,626	+5.0%
Three Rivers	559	618	636	1,813	+13.8%
Total	9,180	10,310	10,799	30,289	+17.6%

Source: Hertfordshire Constabulary recorded crime.

When looking at the proportionate rate of domestic abuse crimes in Hertfordshire by district for 2018, Stevenage had the highest rate of domestic abuse per 1,000 population (n=14.07), followed by Watford (n=11.50). All districts have shown a statistically significant increase since 2016 with the exception of Hertsmere, Three Rivers and East Herts (see *Figure 6*).

Figure 6: *Rate of domestic abuse offences per 1,000 population by district and yearly trend (2016-18)**
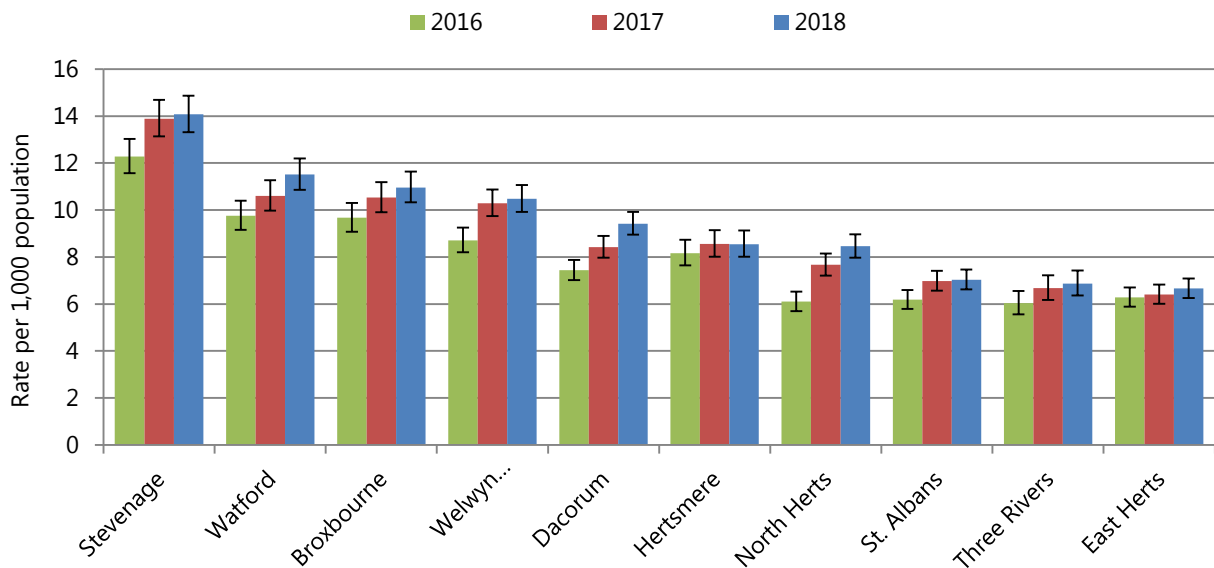
*Districts have been ordered by 2018 rate.
Source: Hertfordshire Constabulary recorded crime.

Time of offences

The date and time that domestic abuse offences have been reported can be indicative of when most offences are occurring and help to identify significant peaks to ensure that there are sufficient local resources to respond to incidents during these times.

During the last three calendar years (2016 to 2018), reported offences in Hertfordshire have occurred throughout all months of the year. During this time, the months with the highest number of offences were January (10.4%), December (9.2%), June (8.5%) and October (8.4%).

The most common days that offences have occurred during this time period has been at the weekends on Saturdays and Sundays, which were slightly more significant than other days of the week (see *Figure 7*) and the most common time for offences to occur was in the evenings between 6pm and 11pm (see *Figure 8*).

Figure 7: *Domestic abuse offences by day committed, 2016-18*
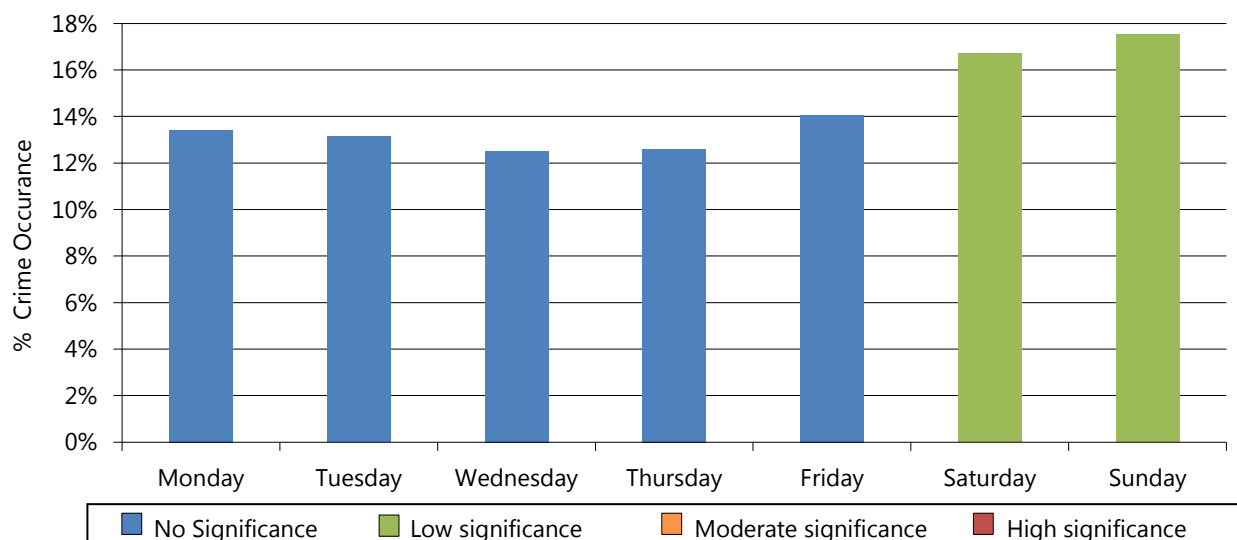
Source: Hertfordshire Constabulary recorded crime.
*Excludes records where time of offence is not known.

Figure 8: *Domestic abuse offences by time of day committed, 2016-18*
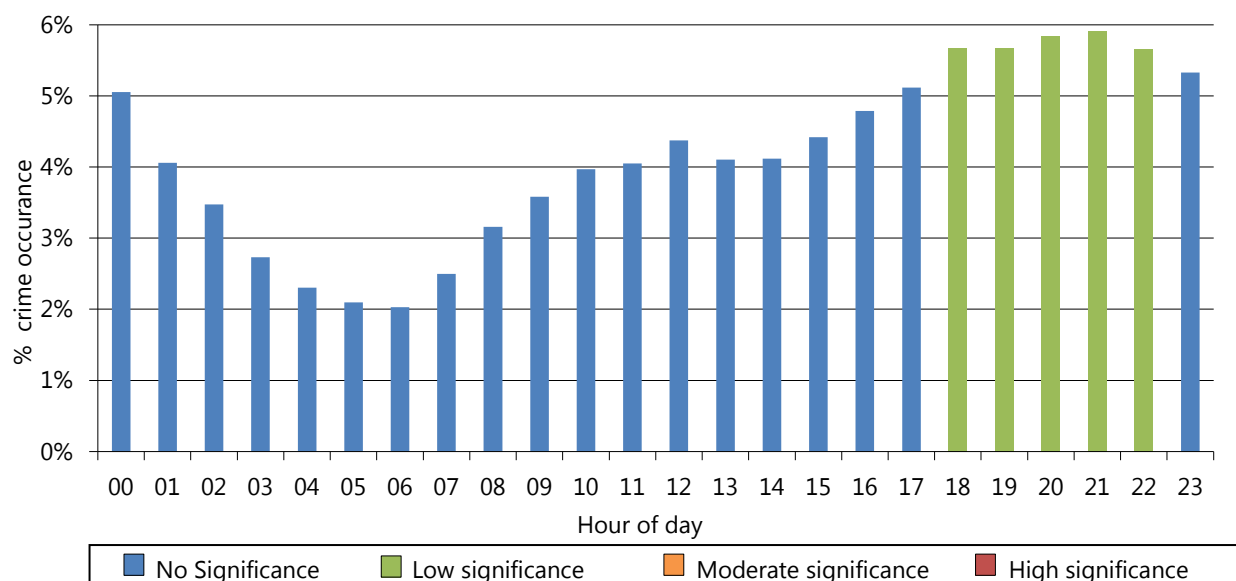
Source: Hertfordshire Constabulary recorded crime.
*Excludes records where time of offence is not known.

<u>Alcohol and drug-related offences</u>

Domestic abuse offences can be 'flagged' as alcohol or drugs-related where the victim or perpetrator is believed to have an aggravating factor of alcohol or drugs.

Before the police data system Athena went live in Hertfordshire from May 2018, drug and alcohol 'flags' were previously recorded against the crime and did not relate directly to the victim or perpetrator, however Athena now relates these drug and alcohol flags directly to victims and/or perpetrators rather than the crime. For this reason, please note that the data in *Table 5* below is only provided up to December 2017 as direct comparisons cannot be made before and after the implementation of this new reporting system.

During the 2016 and 2017 calendar years, there were a total of 19,490 domestic abuse offences recorded in Hertfordshire. As *Table 5* shows, almost one quarter (24.4%) of these offences had an aggravating factor of alcohol and 0.4% (n=72) had an aggravating factor of drugs, though it is not known whether the aggravating factor relates to the victim(s) and/or perpetrator(s).

Table 5: *Domestic abuse crimes flagged with an aggravating factor of alcohol or drugs (2016-17)*

Year	Total DA crimes	Alcohol flag		Drug flag	
		Count	%	Count	%
2016	9,180	2,253	24.5%	33	0.4%
2017	10,310	2,503	24.3%	39	0.4%
Total	19,490	4,756	24.4%	72	0.4%

Source: Hertfordshire Constabulary recorded crime.
*Please note that for all crimes recorded prior to March 2018, drug and alcohol 'flags' were recorded against the crime, rather than the related victims and perpetrators.

Risk assessment

Professionals are required to use the DASH[*] risk assessment to assess the risk of harm or homicide to a potential victim of domestic abuse. Of the 10,799 domestic abuse crimes recorded in the latest year (2018), 8.1% (n=885) were recorded as 'high' risk, 40.4% (n=4,383) were recorded as 'medium' risk and 45.9% (n=4,960) were recorded as 'standard' risk. There was a significant reduction in high risk crimes from 2017 to 2018 (see *Table 6*).

Table 6: DASH risk assessment level for recorded domestic abuse crimes, 2017-18

Risk	2017	2018	% change
High	1,031	885	-14.2%
Medium	4,077	4,383	+7.5%
Standard	5,083	4,960	-2.4%
Unknown	119	571	+379.8%
Total	10,310	10,799	+4.7%

Source: Hertfordshire Constabulary DASH data.

Total victims

During the last three years (1/1/16 to 31/12/18), there were 21,401 individual victims linked to domestic abuse crimes in Hertfordshire (see *Table 7*). These victims linked to 28,032 crimes where a forename, surname and date of birth were recorded. The number of victims linked to domestic abuse crimes increased by 14.7% (n=1,041) from 2016 to 2017 and 2.6% (n=214) from 2017 to 2018.

Table 7: Count of individual victims by year (2016-18)

Year	Count of individual victims
2016	7,069
2017	8,110
2018	8,324
Total individual victims*	21,401

Source: Hertfordshire Constabulary recorded crime.
*Total will not equate to sum of all three years as victims may be appear in multiple years.

Gender of victims[†]

During the two calendar years 2016 and 2017, 73.9% of victims (n=11,217) were female, compared to 26.1% of victims (n=3,962) that were male (see *Table 8*). From 2016 to 2017, male victims increased by 18.9% (n=342) and female victims increased by 13.3% (n=699).

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[*] DASH (domestic abuse, stalking or honour-based violence) risk assessments are used to assist professionals in making an accurate and fast assessment of the danger to domestic abuse victims. The purpose of this is to save and change lives through early identification, intervention and prevention.
[†] Victim data is only analysed for 2016-17 as individual victim data is unavailable for 2018 calendar year following the introduction of the new police recording system Athena.

Table 8: *Count of individual victims by sex (2016-17)*

Year	Male Count	Male %	Female Count	Female %
2016	1,810	25.6%	5,259	74.4%
2017	2,152	26.5%	5,958	73.5%
Total	3,962	26.1%	11,217	73.9%

Source: Hertfordshire Constabulary recorded crime.

Age of victims

When looking at victims of domestic abuse in Hertfordshire, the most common age range during the two-year period is in the 27-36 age range (28%). The average age of victims during this time is 36-37 years.

Table 9: *Age range of individual victims at date of offence by year (2016-17)**

Age	2016	2017	% of total
Under 17	149	119	1.8%
17-26	1,867	2,114	26.2%
27-36	1,972	2,273	28.0%
37-46	1,515	1,726	21.4%
47-56	1,003	1,175	14.3%
57-66	327	408	4.8%
67+	236	295	3.5%

*Excludes individuals where age or date of birth is not known.
Source: Hertfordshire Constabulary recorded crime.

Ethnicity

During the two-year period 2016 to 2017, 12.9% (n=1,876) of individual victims in Hertfordshire were from minority ethnic groups. The ethnic group with the highest rate of domestic abuse victims was Black/Black British, which was significantly higher than any other ethnic group during this time period (see *Table 10* and *Figure 9*).

Table 10: *Ethnicity of individual domestic abuse victims (2016-17)*

Self-defined ethnicity	2016	2017	Total	% of total	Rate per 1,000 of ethnic group
Black / Black British	310	370	680	4.7%	21.7
White / White British	5,906	6,734	12,640	87.1%	12.9
Mixed / Multiple	157	165	322	2.2%	11.7
Asian / Asian British	412	425	837	5.8%	11.5
Other Ethnic Group	18	19	37	0.3%	5.2
Total BAME victims*	897	979	1,876	12.9%	13.5

*Ethnic group populations based on 2011 Census.
**Excludes 663 victims with an unknown or refused ethnicity.
Source: Hertfordshire Constabulary recorded crime.

Figure 9: *Ethnicity of individual domestic abuse victims, standardised rate per 1,000 ethnic group population (2016-17)*
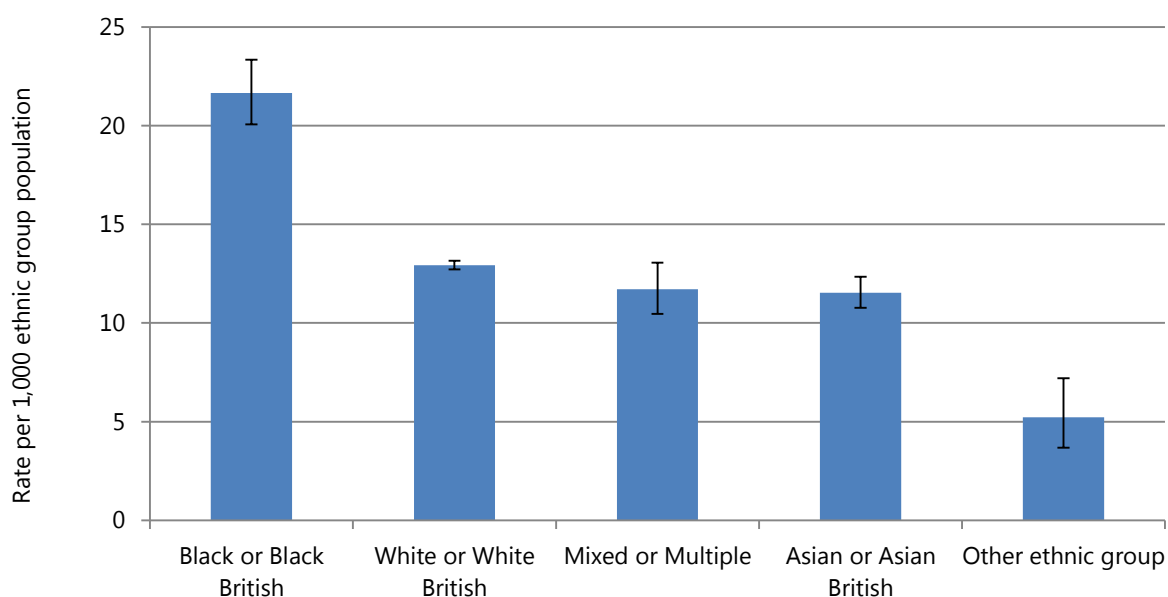
*Ethnic group populations based on 2011 Census.
**Excludes 663 victims with an unknown or refused ethnicity.
Source: Hertfordshire Constabulary recorded crime.

Repeat victims

Of the total individuals linked as victims to domestic abuse crimes during the 2016 and 2017 calendar years, 16.5% (n=2,372) are known to be repeat victims[*] and were linked to 6,065 crimes.

Of the 2,372 repeat victims, 36.4% (n=863) reported domestic abuse crimes in both years (2016 and 2017).[†] During this time, 2.8% of repeat victims (n=66) reported domestic abuse 6 or more times during these two years (see *Table 11*). The repeat victim with the highest number of linked crimes reported domestic abuse 19 times during this time period.

Table 11: *Domestic abuse crimes involving repeat victims (2016-17)*

Number of domestic abuse crimes reported	Number of repeat victims
2-5	2,306
6-10	58
11-15	6
16-20	2
Total	2,372

Source: Hertfordshire Constabulary recorded crime.

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[*] An individual has only been identified as a repeat victim if their forename, surname and date of birth have all been accurately recorded on the system.
[†] Please note victims may have reported more than once.

This analysis looked at demographic information and other factors recorded by Hertfordshire Constabulary for the 2,372 repeat victims of domestic abuse during the two year period (2016 to 2017). The summary below gives an overview of the findings from this analysis:

- **Sex:**

  - 4 in 5 repeat victims were female (80.9%, n=1,919) and 1 in 5 (19.1%, n=453) were male.

- **Age:**
  Repeat victims may be counted more than once if offences are recorded over multiple years.

  - The most common age for repeat victims was 27-36 years (29.7%) followed by 17-26 years (27.6%) which is similar for all domestic abuse victims;

  - The average age of repeat victims was 35-36, which is similar for all domestic abuse victims;

  - The number of repeat victims increased across all age groups from 2016 to 2017, with the exception of under 17s which decreased by 11.5%.

- **Ethnicity:**
  Excludes 73 victims where ethnicity was unknown.

  - 9 in 10 repeat victims reported their ethnicity as White/White British (n=2,063) and 1 in 10 (10.3%) repeat victims were from minority ethnic groups;

  - The ethnic group with the highest rate of repeat victims was Black/Black British (2.58 victims per 1,000), although this is not statistically significantly higher than White/White British (n=2.11) and Mixed/Multiple (n=1.89)

Young repeat victims (aged 18 and under)

During the time period 2016 to 2017, there were a total of 141 repeat victims aged 16-18 at the date of the offence, which were linked to 300 crimes during this time (see *Table 12*). The top crime types were Occasioning Actual Bodily Harm (ABH) (n=99), Common Assault without Injury (n=51) and Assault by Beating/Battery without Injury (n=30).

Table 12: Crime types involving young repeat victims aged 16–18 years (2016-17)

Standard Offence Description	Count	Standard Offence Description	Count
Occasioning ABH	99	Intentional Harassment/Alarm Distress	5
Common Assault (Without Injury)	51	Sexual Assault On A Female	4
Assault by Beating/Battery (Non Injury)	30	Breach Of Restraining Order S5(5)	3
Rape of a Female Aged 16 or over	20	Breach Of Non-Molestation Order	2
Pursued Course of Conduct Likely (S2)	16	Damage or Destroy (£500 or Less)	2
Malicious Communications	15	Disclose Private Sexual Photographs	2
Damage or Destroy property (£5,000 or Less)	9	False Imprisonment	2
Threat to Kill	9	GBH Wound With Intent (S18)	2
Stalking Involving Fear of Violence	5	Sexual Assault On A Male	2
Theft (dwelling/other)	5	Threaten to Damage Property	2

Source: Hertfordshire Constabulary recorded crime.
Excludes 15 records with an unknown crime type.

Of these 141 young repeat victims, 85.1% (n=120) were female and 14.9% (n=21) were male. Of all young repeat victims with an ethnicity recorded during this time, 91.2% (n=125) were White/White British and 8.8% (n=12) were from minority ethnic groups. When looking at the proportionate rate of young repeat victims by ethnic group, the highest rates were seen in the White/White British and Black/Black British victims, however this is not statistically significant.

Domestic abuse non-crimes

A domestic abuse non-crime incident is recorded when there is conflict between related parties but no intervention is required or injury has occurred (e.g. neither party feels threatened, appears to have suffered violence or abuse, and there are no indications of coercive or controlling behaviour).

During the calendar years analysed (2016 to 2018), there have been a total of 26,907 domestic abuse incidents recorded as NC1 Non-Crimes. The number of non-crimes recorded each year has decreased by 3.2% for Hertfordshire overall since 2016 (see *Table 13*).

Table 13: Count of domestic abuse non-crimes by district (2016-18)

District	2016	2017	2018	Total	% change 2016 to 2018
Dacorum	1,186	1,135	1,282	3,603	+8.1%
Welwyn Hatfield	1,098	1,208	1,085	3,391	-1.2%
Stevenage	1,001	1,002	917	2,920	-8.4%
Broxbourne	945	919	934	2,798	-1.2%
North Herts	866	894	959	2,719	+10.7%
Hertsmere	908	797	775	2,480	-14.7%
Watford	843	871	763	2,477	-9.5%
East Herts	787	846	737	2,370	-6.4%
St. Albans	763	843	709	2,315	-7.1%
Three Rivers	616	653	565	1,834	-8.3%
Total	9,013	9,168	8,726	26,907	-3.2%

Source: Hertfordshire Constabulary recorded crime.

Dacorum saw the highest number of reported domestic abuse non-crimes since 2016 (n=3,603), followed by Welwyn Hatfield (n=3,391). Since 2016, domestic abuse non-crimes have decreased across all districts with the exception of North Herts (+10.7%) and Dacorum (+8.1%), which were the only districts to increase.

When looking at domestic abuse non-crimes in Hertfordshire as a proportionate rate by district, Stevenage had the highest rate of domestic abuse non-crimes with 10.46 offences per 1,000 population in the latest year, followed by Broxbourne. Dacorum was the only district to show a statistically significant increase from during this time.

Stalking and harassment

Between 2016 and 2018, Hertfordshire Constabulary recorded 12,966 stalking and harassment crimes. This is an increase of 11.3% (n=505) in the latest year and 41.4% (n=1,448) over the last two years. Of the total stalking and harrassment crimes during this time period, 38.2% (n=4,956) have an aggravating factor of domestic abuse.

Table 14: Police recorded stalking and harassment crimes (2016-18)

Year	Number of crimes	Count of DA related crimes	% of DA related crimes
2016	3,525	1,409	40.0%
2017	4,468	1,693	37.9%
2018	4,973	1,854	37.3%
Total	12,966	4,956	38.2%

Source: Hertfordshire Constabulary recorded crime.

When looking at stalking and harassment crimes in Hertfordshire as a proportionate rate by district, Stevenage (n=7.06) and Broxbourne (n=5.57) had the highest rate of stalking and harassment per 1,000 population, which were statistically significantly higher than Hertfordshire. All districts have shown statistically significant increases from 2016 to 2018.

Figure 10: Police recorded stalking and harassment crimes by district and yearly trend (2016-18)
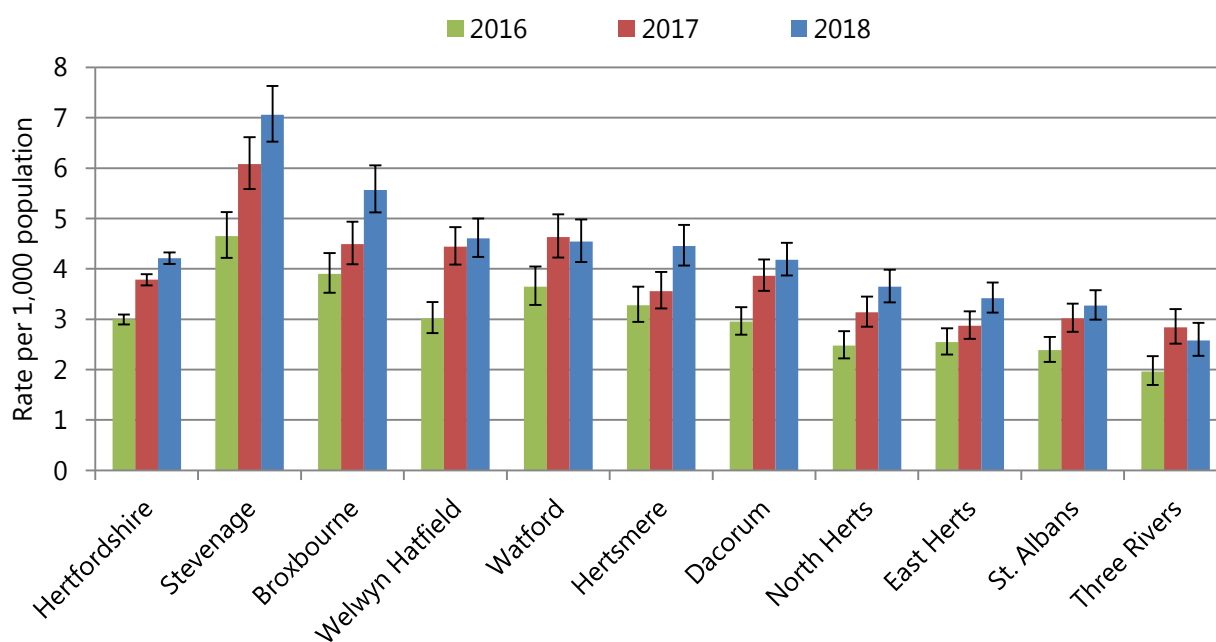
*Districts have been ordered by 2018 rate.
Source: Hertfordshire Constabulary recorded crime.

Domestic abuse-related stalking and harassment victims[*]

During the two year period 2016 to 2017, there were a total of 7,993 stalking and harassment offences recorded in Hertfordshire, of which 38.8% (n=3,102) had an aggravating factor of

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[*] Victim data is only analysed for 2016-17 as individual victim data is unavailable for 2018 calendar year following the introduction of the new police recording system Athena.

domestic abuse. These crimes were linked to 2,390 individual victims, of which 81.8% of victims (n=1,956) were female and 18.2% (n=434) were male (see *Table 15*).

Table 15: Count of individual victims of DA-related stalking and harassment (2016-17)

Year	Female victims		Male victims		Total victims
	Count	%	Count	%	
2016	905	85.0%	160	15.0%	1,065
2017	1,051	79.3%	274	20.7%	1,325
Total	1,956	81.8%	434	18.2%	2,390

Source: Hertfordshire Constabulary recorded crime.

The most common age range for victims of DA-related stalking and harassment was 27-36, which accounted for 31.7% (n=759) of all victims. The average age of victims was 34-35.

Table 16: Age range of DA-related stalking and harassment victims at date of offence (2016-17)

Age range	2016	2017	Total	% of total
Under 17	11	9	20	0.8%
17-26	326	367	693	29.0%
27-36	335	424	759	31.8%
37-46	228	306	534	22.3%
47-56	119	158	277	11.6%
57-66	25	37	62	2.6%
67+	21	24	45	1.9%
Total	1,065	1,325	2,390	-

Source: Hertfordshire Constabulary recorded crime.

During the two-year time period analysed, 11.1% (n=257) of victims of domestic abuse-related stalking and harassment were of non-White ethnicity. The Black/Black British ethnic group had the highest rate of victims per 1,000 of the ethnic group population (n=2.80), which was statistically significantly more than White/White British victims.

Table 17: Ethnicity of DA-related stalking and harassment victims (2016-17)

Self-defined ethnicity	2016	2017	Total	% of total	Rate per 1,000 ethnic group
Black / Black British	38	50	98	3.7%	2.80
White / White British	925	1,140	2,065	88.8%	2.11
Mixed / Multiple	26	30	56	2.4%	2.04
Asian / Asian British	47	63	110	5.0%	1.52
Other Ethnic Group	1	2	3	0.1%	0.42
Total BAME victims*	112	145	257	11.1%	1.85

*Excludes 68 records where ethnicity is not known.
Source: Hertfordshire Constabulary recorded crime.

Repeat DA-related stalking and harassment victims

Of the 2,309 domestic abuse-related stalking and harassment victims in 2016-17, 10.5% (n=243) are known to be repeat victims[*] of DA-related stalking and harassment. Of these repeat victims, 4.9% (n=12) have reported domestic abuse crimes 4 or more times during the two-year period (see *Table 18* below).

Table 18: *Number of domestic abuse crimes reported by repeat victims of DA related stalking and harassment (2016-17)*

Number of DA crimes reported	Number of repeat victims
6+	1
4-5	11
2-3	231
Total	243

Source: Hertfordshire Constabulary recorded crime.

Of the 243 repeat victims[†] that reported domestic abuse related stalking and harassment offences in 2016-17:

- **29%** (n=70) reported domestic abuse related stalking and harassment offences in <u>both years</u>;
- **87%** (n=212) of repeat victims were <u>female</u>;
- **13%** (n=31) of repeat victims were <u>male</u>;
- **62%** (n=150) of repeat victims were aged between <u>17 and 36 years</u>, with an average age of <u>34 years</u>;
- **90%** (n=214) of repeat victims with a known ethnicity were <u>White/White British</u>;
- **10%** (n=24) of repeat victims with a known ethnicity were from <u>minority ethnic groups</u>;
- **4%** (n=11) of repeat victims were aged <u>16-18</u> at the date of the offence.

These repeat victims were linked to 547 stalking and harassment crimes within the two-year time period. Of these crimes with an aggravating factor of domestic abuse and a repeat victim:

- **4.9%** (n=27) were recorded as having an <u>aggravating factor of alcohol</u>;
- **0.1%** (n=1) were recorded as having an <u>aggravating factor or drugs</u>.

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[*] An individual has only been identified as a repeat victim if their forename, surname and date of birth have all been accurately recorded on the system.
[†] Please note they may have reported more than once within each of the individual years.

3.2.2 Multi-Agency Risk Assessment Conference (MARAC)

A MARAC (Multi-Agency Risk Assessment Conference) is a multi-agency meeting where information is shared on the highest risk domestic abuse cases. It is attended by local agencies such as police, health, child protection, housing practitioners, IDVAs, probation and other public and voluntary sector agencies. Agencies share information about high risk victims and produce a co-ordinated action plan to safeguard the victim and other linked individuals, such as children.

In the 2018 calendar year, there were a total of 1,359 cases discussed at MARACs in Hertfordshire, of which 29.1% were for repeat victims (see *Table 19*). The largest number of victims resided in Dacorum (n=186, 13.7%) and Welwyn Hatfield (n=184, 13.5%).

Table 19: Cases discussed at Hertfordshire MARACs by district (2018)

District	Total cases		Repeat cases	
	Number	%	Number	%
Dacorum	186	13.7%	53	28.5%
Welwyn Hatfield	184	13.5%	63	34.2%
Stevenage	166	12.2%	42	25.3%
North Herts	149	11.0%	44	29.5%
Broxbourne	146	10.7%	39	26.7%
East Herts	126	9.3%	36	28.6%
St Albans	121	8.9%	36	29.8%
Hertsmere	106	7.8%	37	34.9%
Watford	95	7.0%	27	28.4%
Three Rivers	80	5.9%	19	23.8%
Hertfordshire	1,359	-	396	29.1%

Source: Hertfordshire MARAC referrals.

In 2018, Hertfordshire had an average of 1.15 cases referred to MARAC per thousand of the population. Stevenage (n=1.89), Broxbourne (n=1.51) and Welwyn Hatfield (n=1.5) had the highest rate of MARAC cases, which were all statistically significantly higher than the Hertfordshire average (see *Figure 11*).

Figure 11: Cases referred to Hertfordshire MARACs per 1,000 population by district (2018)
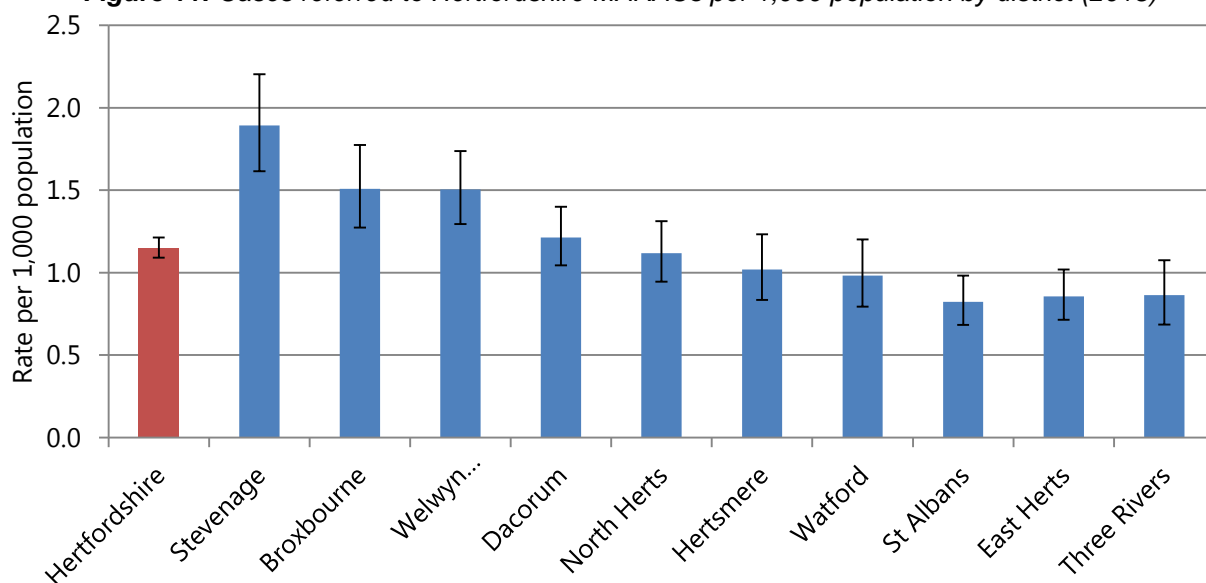
Source: Hertfordshire MARAC referrals.

During the 2018 calendar year, the majority of MARAC referrals have been from the Police, which accounts for 73.4% of all referrals, followed by Independent Domestic Violence Advisors (IDVAs) (12.7%) and referrals from the voluntary sector (7.7%). In 2018, there were no referrals received from the Multi-Agency Safeguarding Hub (MASH) or Education.

Table 20: Source of referral for Hertfordshire MARAC cases (2018)

Source of referral	Total	% of total
Police	1,011	73.4%
IDVA	175	12.7%
Voluntary sector	106	7.7%
Housing	31	2.2%
Children's Social Care	19	1.4%
Other	16	1.2%
Primary Care Service	8	0.6%
Mental health	4	0.3%
Substance abuse	2	0.1%
Adult social care	2	0.1%
Probation	2	0.1%
Secondary care/acute trust	2	0.1%
MASH	0	0.0%
Education	0	0.0%

Source: Hertfordshire MARAC referrals.

MARAC areas record data on particular characteristics of high risk victims that are referred, including whether the victim is male, from a minority ethnic group, disabled or LGBT[*]. *Table 21* below shows a breakdown of the proportion of victims discussed at MARAC that had these characteristics by area.

St Albans and Dacorum had the highest proportion of male victims (8.5%); Watford and Three Rivers had the highest proportion of victims from a Black, Asian or Minority Ethnic (BAME) group (16.6%); North Herts and Stevenage had the highest proportion of victims with a disability (4.8%); and Welwyn Hatfield and Hertsmere had the highest proportion of LGBT victims.

Table 21: Cases discussed at Hertfordshire MARACs by characteristics of victims (2018)

MARAC area	Total cases	% of male victims	% of BAME victims	% where victim had a disability	% of LGBT victims
North Herts and Stevenage	315	4.8%	13.0%	4.8%	0.3%
St Albans and Dacorum	307	8.5%	12.7%	3.6%	0.7%
Welwyn Hatfield and Hertsmere	290	2.4%	9.3%	4.5%	1.0%
East Herts and Broxbourne	272	5.5%	11.4%	3.7%	0.4%
Watford and Three Rivers	175	2.9%	16.6%	2.9%	0.0%
Hertfordshire	1,359	5.0%	12.3%	4.0%	0.5%

Source: Hertfordshire MARAC referrals.

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[*] LGBT - Lesbian, Gay, Bisexual or Transsexual.

3.2.3 Independent Domestic Violence Advocacy (IDVA) Service

The IDVA service in Hertfordshire is currently provided by Refuge and provides independent advocates for high risk victim experiencing any form of domestic, sexual and/or gender-based violence (see *Box 2*). During the last two years, the IDVA service in Hertfordshire has received a total of 4,113 referrals. Of these referrals, 49.8% of clients (n=2,050) accepted support from the service.

Table 22: Total number of clients supported by the Hertfordshire IDVA Service (2017-18)

Year	Total referrals received	Number accepted service	% accepted service	% change in referrals
2017	1,981	977	49.3%	-
2018	2,132	1,073	50.3%	+7.6%
Total	4,113	2,050	49.8%	-

Source: Hertfordshire IDVA Service, Refuge.

Over the last two years, 50.8% (n=1,042) of clients accessing the IDVA service have received short term support and 49.2% of clients (n=1,008) have received long term support. There was a significant decrease from 2017 to 2018 of clients receiving long term support and a substantial increase in clients receiving short term support (see *Table 23*).

Table 23: Hertfordshire IDVA clients by year and type of support provided (2017-18)

Type of support	2017	2018	Total	% change
Long term support	590	418	1,008	-29.2%
Short term support	387	655	1,042	+69.3%
Total	977	1,073	2,050	+9.8%

Source: Hertfordshire IDVA Service, Refuge.

For clients receiving long term support from the IDVA service, 51.5% (n=519) were assessed as having a medium risk score and 41.5% (n=418) had a high risk score. For clients receiving short term support this was considerably different with almost half of clients (48.8%, n=509) having an unknown risk score and 33.9% (n=353) assessed with a medium risk score (see *Figure 12*).

Figure 12: Hertfordshire IDVA clients by type of support and assessed risk level (2017-18)
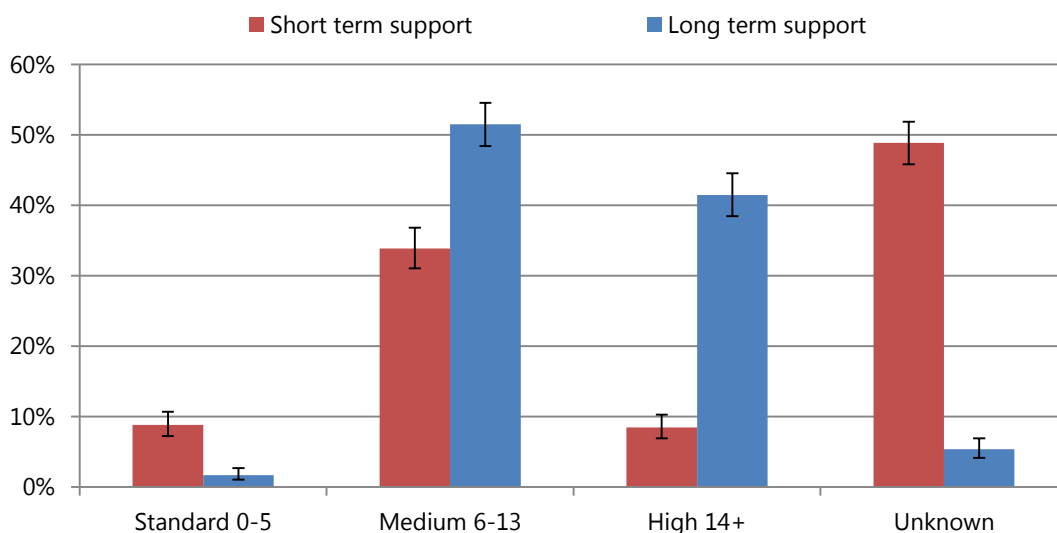
Box 2: Independent Domestic Violence Advocacy (IDVA) service

Refuge-Hertfordshire IDVA service is funded by a range of Hertfordshire agencies and provides confidential, non-judgmental, independent specialist support to women and men across Hertfordshire experiencing domestic violence; coercive control and abuse; sexual abuse within an intimate relationship; forced marriage; honour-based violence; and female genital mutilation. The service provides one-to-one emotional and practical support from a specialist practitioner and signposting to local external agencies, such as solicitors.

Local authorities and partners in Hertfordshire link closely with the IDVA and other local services to provide support and advice to those not meeting the IDVA threshold. Some local authorities in Hertfordshire also operate multi-agency frameworks for risk and harm reduction for those that do not meet the 'high risk' thresholds.

Referrals by district

Over the last two years, Welwyn Hatfield have had the highest number of referrals to the IDVA service in the county (n=509), followed by Dacorum (n=488). Watford (55.0%), Welwyn Hatfield (51.3%) and Dacorum (51.2%) had the highest percentage of clients accepting support and St. Albans (44.0%) and Broxbourne (48.4%) were the lowest.

Figure 13 shows the proportion of clients that have received long and short term support from the IDVA service within the last two years. As the graph shows, Hertsmere have provided the highest percentage of long term support to clients (55.4%), whereas Stevenage have provided the highest percentage of short term support to clients (55.8%).

Figure 13: *Proportion of clients receiving long and short term support, by district (2017-18)*
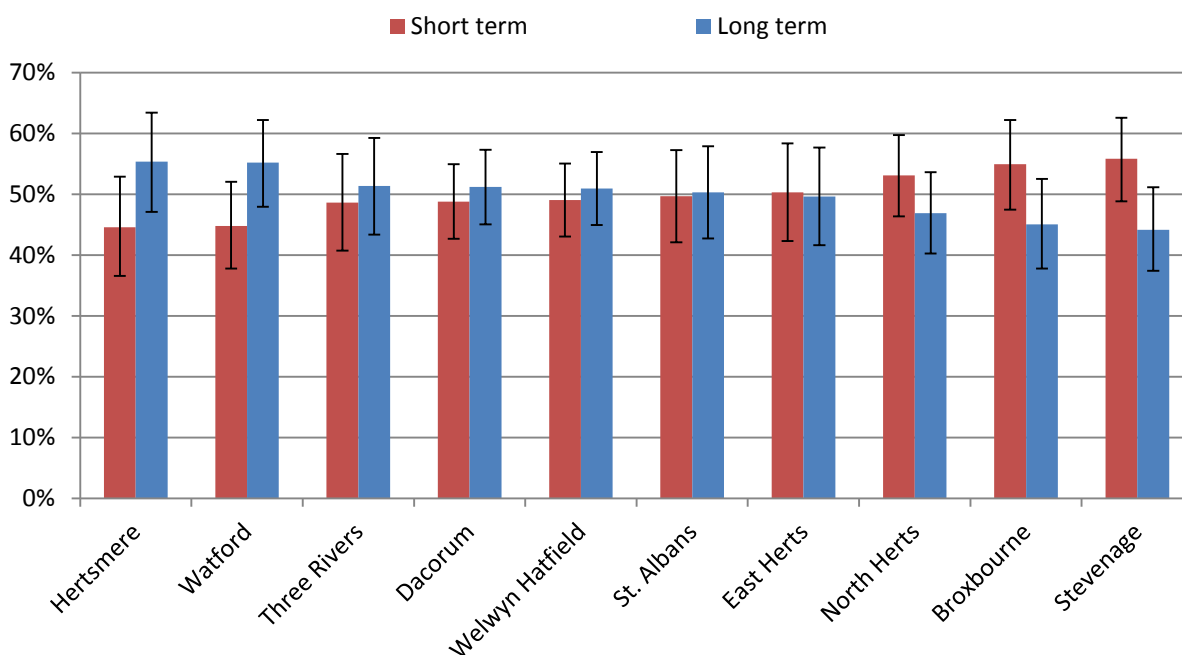
Source: Hertfordshire IDVA Service, Refuge.

<u>Client demographics</u>

Over the last two years, 95.9% of IDVA clients were female (n=1,868) and 4.1% (n=80) were male. The most common age group for both male and female clients was 31-40 years, which accounted for 33.8% (n=658) of all referrals with an age known.

Table 24: Hertfordshire IDVA clients by gender and age group (2017-18)

Age group	Female	Male	Total	% change from 2017 to 2018	% of total clients
<18	10	8	18	-50.0%	0.9%
18-20	92	1	93	-16.3%	4.8%
21-30	549	6	555	+11.0%	28.5%
31-40	636	22	658	+1.8%	33.8%
41-50	335	16	351	+22.2%	18.0%
51-60	150	10	160	-4.9%	8.2%
61+	68	16	84	+10.0%	4.3%
Total	1,868	80	1,948	+5.3%	-

*Excludes 131 cases where client's age or gender was unknown or not recorded.
Source: Hertfordshire IDVA Service, Refuge.

Of the total clients accessing IDVA services during the last two years with an ethnicity recorded, the majority (82.3%) were White/White British and 17.7% (n=297) were from a minority ethnic group. When looking at IDVA clients as a proportionate rate of the ethnic group population, there was a higher rate of clients from minority ethnic groups than White/White British clients.

Table 25: Hertfordshire IDVA clients by ethnicity and gender (2017-18)

Ethnicity	Total IDVA clients	% change from 2017 to 2018	% of total clients	Rate per 1,000 ethnic group
Other ethnic group	27	+25.0%	1.6%	3.81
Black / Black British	102	-11.3%	6.1%	3.25
Asian / Asian British	134	-7.5%	8.0%	1.85
White / White British	1,377	-3.8%	82.3%	1.41
Mixed / Multiple	34	-52.2%	2.0%	1.24
Total BAME clients*	297	+9.7%	17.7%	2.14

*Total excludes 376 cases where client's ethnicity was refused or unknown.
Source: Hertfordshire IDVA Service, Refuge.

Clients accessing the IDVA service reduced across all ethnic groups from 2017 to 2018; however, there was a significant increase of 110.8% in clients where ethnicity was not known or unrecorded.

<u>Disability and complex needs</u>

During the last two years, 41% of clients receiving long-term support from Hertfordshire IDVA service reported having a disability or health condition. The most commonly reported health condition was mental health, which was reported by 24% (n=242) of clients receiving long-term support (see *Table 26*).

Table 26: IDVA clients receiving long-term support with a disability or health condition (2017-18)

Type of disability	2017	2018	Total	% change from 2017	% of total clients
No disability	339	277	616	-18.3%	61.1%
Mental health	173	69	242	-60.1%	24.0%
Long-term condition	48	35	83	-27.1%	8.2%
Mobility	11	7	18	-36.4%	1.8%
Progressive / chronic illness	16	0	16	-100.0%	1.6%
Learning disability	9	0	9	-100.0%	0.9%
Hearing	4	1	5	-75.0%	0.5%
Memory or cognition	1	4	5	+300.0%	0.5%
Vision	3	0	3	-100.0%	0.3%
Social or behavioural issues	2	0	2	-100.0%	0.2%
Other disability	21	9	30	-57.1%	3.0%
Total with disability	251	141	392	-43.8%	39.9%

*Excludes short term support and 26 cases where it is unknown if the client had a disability.
**Percentages may not sum to 100% as more than one disability can be selected per client.
Source: Hertfordshire IDVA Service, Refuge.

Referrals from health sources

Over the last two years, 11.2% (n=462) of referrals to Hertfordshire IDVA service have been referred by health sources. The majority of referrals from health sources have been referred from Accident and Emergency (A&E) departments (n=157), Health Visitors (n=118) and the Community Mental Health Team (n=92).

Table 27: Hertfordshire IDVA service referrals received from health sources (2017-18)

Referral Source	2017	2018	% change from 2017	Total since 2017	% of total referrals
A&E departments	54	103	+90.7%	157	3.8%
Health visitors	63	55	-12.7%	118	2.9%
Community Mental Health Team	37	55	+48.6%	92	2.2%
Midwives	12	20	+66.7%	32	0.8%
Hospital wards	0	29	-	29	0.7%
Drug and alcohol providers	2	15	+650.0%	17	0.4%
General Practitioner (GP)	9	5	-44.4%	14	0.3%
Hospitals outside Hertfordshire	1	0	-100.0%	1	0.0%
Outpatients	0	2	-	2	0.0%
Total health referrals	178	284	+59.6%	462	11.2%

Source: Hertfordshire IDVA Service, Refuge.

As can be seen in *Table 27*, from 2017 to 2018 there has been a significant increase in the number of IDVA service referrals from drug and alcohol providers (+650.0%), A&E departments (+90.7%) and hospital wards, which have increased from no referrals to 29 referrals in 2018. This increase is likely to be a result of increased partnership working and improved referral pathways with these groups.

3.2.4 Adult safeguarding (victims)

Domestic abuse referrals[*]

A safeguarding concern is where a local authority is notified about a risk of abuse. Some of these concerns will lead to a Section 42 enquiry where the adult meets the criteria under Section 42 of the Care Act 2014, or an 'other' enquiry where the adult does not meet the criteria but an enquiry still takes place (see *Box 3* for more detail).

Hertfordshire County Council (HCC) recorded a total of 873 safeguarding concerns for adult victims of domestic abuse in 2018, which was an increase of 15.6% from the previous year. These concerns were attributed to 741 individuals, meaning that 15.1% (n=132) were repeat concerns (see *Table 28*).

Table 28: Adult safeguarding domestic abuse concerns, by year concluded (2017-18)

Type of concern	2017	2018	Percentage change (+/-)
Total referrals	755	873	+15.6%
Total clients (all concerns)	579	741	+28.0%
Repeat concerns	176	132	-25%
Repeat concerns (%)	23.3%	15.1%	

Source: Hertfordshire County Council Adult Safeguarding.

Box 3: Adult safeguarding

The Care Act 2014 came into effect on 1 April 2015. The Act reformed the way the adult social care system works in England, including how care is delivered. The changes included a range of new obligations for local authorities around the provision of information and advice, the integration of care and support with health-related services and eligibility assessments. It also strengthened the rights of carers in the social care system and provided a legal basis for safeguarding adults from abuse or neglect.

Safeguarding Adults is now a statutory duty. Under Section 42 of the Act, the local authority must make whatever enquiries it thinks necessary where there is reasonable cause to suspect that an adult in its area:

- has needs for care and support (whether or not the authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Unlike most of the other categories of risk that local authorities report on, domestic abuse was only submitted on a voluntary basis prior to April 2017, therefore care should be taken when comparing annual trends for domestic abuse concerns against other local authorities.

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[*] It is important to consider that safeguarding concerns are only representative of adults that have been assessed as having care and support needs, which may be more reflective of certain populations (e.g. older population).

During the same year, the total number of Section 42 and other enquiries was 442. These enquiries were attributed to 393 individuals, meaning that 11.1% (n=49) were repeat enquiries, which is a decrease of 51% from the previous year (see *Table 29*).

Table 29: *Adult safeguarding domestic abuse enquiries, by year concluded (2017-18)*

Type of enquiry	2017	2018	Percentage change (+/-)
Total enquiries	376	442	+17.6%
Total clients (enquiries only)	276	393	+42.4%
Repeat enquiries	100	49	-51%
Repeat enquiries (%)	26.6%	11.1%	

Source: Hertfordshire County Council Adult Safeguarding.

The average conversion rate from safeguarding concern to enquiry in 2018 was 50.6%, indicating that approximately half of safeguarding concerns for domestic abuse met the criteria to be progressed to an enquiry.

<u>Enquiries by district</u>

The average rate of domestic abuse safeguarding enquiries for Hertfordshire in 2018 was 0.37 per 1,000 of the population. As can be seen in *Figure 14*, Broxbourne had the highest rate of enquiries (n=0.62), which was significantly higher than the Hertfordshire average. Three Rivers (n=0.16) was the only district significantly below the average.

Figure 14: *Rate of domestic abuse enquiries per 1,000 population by district, 2018*
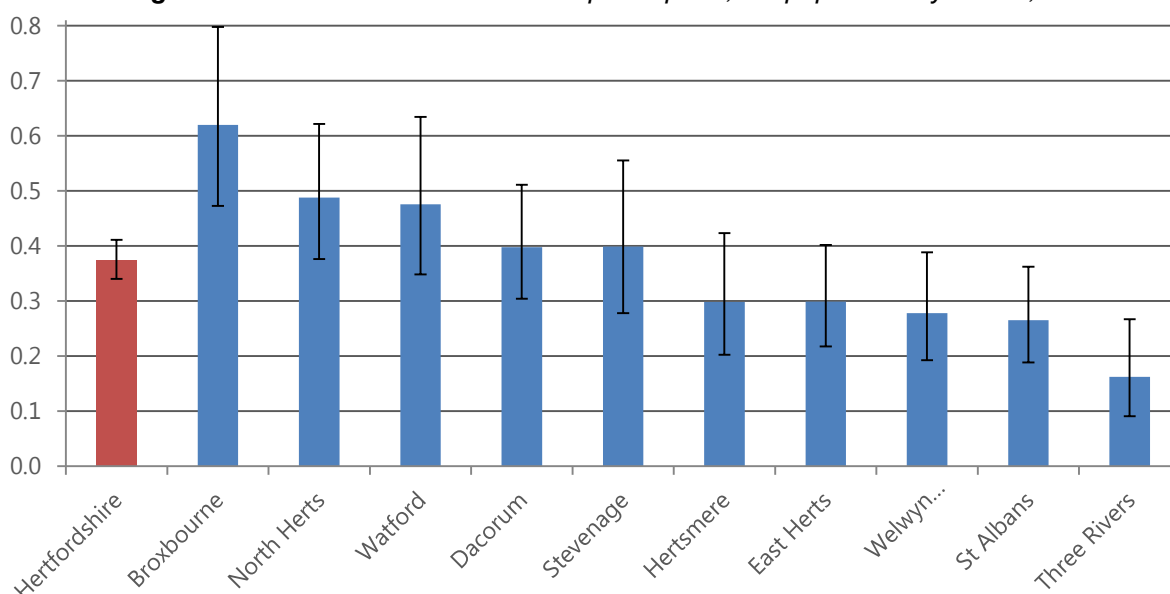
Source: Hertfordshire County Council Adult Safeguarding.

<u>Gender and age</u>

Of the total clients subject to a domestic abuse safeguarding enquiry in 2018, 72% were females (n=283) and 28% were males (n=110). As can be seen in *Figure 15*, three quarters of clients were aged 65 and over, with the majority (32.7%) in the 75-84 age range. It is important

to consider that the higher age range for domestic abuse enquiries is likely to reflect the large population of older adults with care and support needs.

Figure 15: Domestic abuse clients subject to a safeguarding enquiry by age banding, 2018

Source: Hertfordshire County Council Adult Safeguarding.

Ethnicity

Of the total domestic abuse enquiries recorded in 2018 with a known ethnicity, the majority of clients (93.6%) were White/White British and 5.9% of clients were from a minority ethnic group (see *Table 30*). When looking at safeguarding enquiries as a standardised rate against the ethnic group population in Hertfordshire, the rate of enquiries for White/White British individuals was twice the rate of clients from minority ethnic groups (0.34 compared to 0.17 per 1,000 ethnic group population)
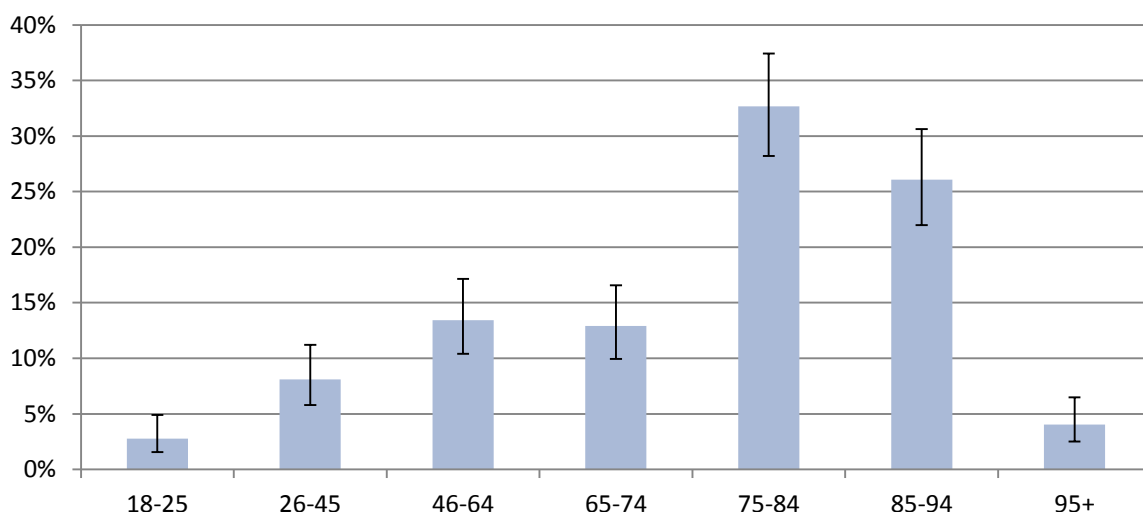
Table 30: Domestic abuse clients subject to a safeguarding enquiry by ethnicity, 2018

Ethnicity	Enquiries (clients)	% of total clients	Rate per 1,000 ethnic group
White / White British	335	93.6%	0.34
Other Ethnic Group	2	0.6%	0.28
Asian / Asian British	12	3.4%	0.16
Black / Black British	5	1.4%	0.15
Mixed / Multiple	4	1.1%	0.14
Total BAME clients	23	6.4%	0.17

*Excludes 35 enquiries with unknown or refused ethnicity.
**Rates have been calculated using ethnic population data from the 2011 Census.
Source: Hertfordshire County Council Adult Safeguarding.

Primary support reason

The proportion of domestic abuse clients that were the subject of a safeguarding enquiry in 2018 were primarily receiving support for physical conditions (56.7%), which was significantly higher than any other support reason, followed by social support (18.8%) and memory and cognition support (8.9%). These findings are reflective of the larger population of older adults with care and support needs, whereas the proportion of clients receiving support for learning disabilities is more reflective of the under 65 population.

Figure 16: *Domestic abuse clients subject to a safeguarding enquiry by primary support reason, 2018*
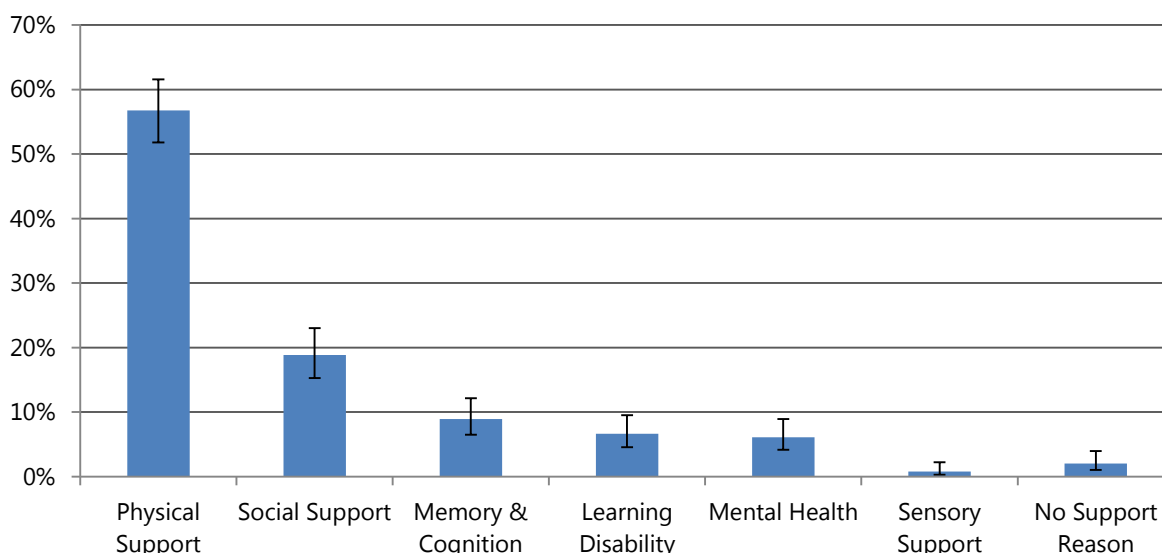
Source: Hertfordshire County Council Adult Safeguarding.

3.2.5 Hertfordshire Partnership Foundation Trust (HPFT)

Hertfordshire Partnership NHS Foundation Trust (HPFT) is responsible for recording data on all their safeguarding referrals for each reporting year. The vast majority of safeguarding referrals handled by HPFT are for adults at risk receiving primary support for mental health.

HPFT complete data returns on the number of safeguarding concerns and enquiries each financial year. Due to HPFT currently being in the process of updating their live reporting system, data on safeguarding concerns and enquiries cannot currently be broken down by type of abuse, therefore information on referrals for domestic abuse is only available for the Quarter 1 and Quarter 2 of the 2018/19 financial year (see *Table 31*).

Table 31: *HPFT safeguarding concerns and enquiries categorised as domestic abuse (2018/19)*

Year	Concerns	Enquiries	Average conversion rate
Quarter 1 (Apr-Jun)	43	18	41.9%
Quarter 2 (Jul-Sep)	45	15	33.3%
Total	88	33	37.5%

Source: Hertfordshire Partnership NHS Foundation Trust.

During the first six months of the 2018/19 reporting year, HPFT received a total of 88 safeguarding concerns and 33 safeguarding enquiries for domestic abuse, which equated to an average conversion rate from concern to enquiry of 37.5%. The conversion rate saw a slight decrease from Q1 to Q2 due to a slight increase in the number of enquiries.

Reasons that safeguarding concerns may not be progressed to enquiries can include:

- The person didn't have care and support needs
- The person may refuse the enquiry
- The person may have already taken steps to protect themselves.

3.2.6 Hertfordshire Home Security Service (HHSS)

Hertfordshire Home Security Service (HHSS) provides home security advice, home fire safety checks, falls prevention advice, assessments and mitigation to vulnerable Hertfordshire residents. In 2018, HHSS received a total of 1,193 referrals for vulnerable residents that met the service criteria (see *Box 4*). Of these referrals, 57% (n=676) were related to domestic abuse.

Box 4: Hertfordshire Home Security Service

The Hertfordshire Home Security Service (HHSS) has been managed by Hertfordshire County Council's Joint Protective Services since 1st April 2015. The service, previously provided by Mediquip, was designed to provide home security advice, home fire safety checks and falls prevention advice, assessments and mitigation. Eligibility criteria for the service include any Hertfordshire resident that meets at least one of the following criteria:

- o Over 60
- o Registered disabled
- o Repeat victim of domestic burglary
- o Victims of domestic abuse
- o Deemed vulnerable to risk of fall

Victims of domestic abuse are prioritised in the response timescales and are normally responded to within 48 hours of the referral being received.

During the period 1st January 2017 to 31st December 2018:

- **1,354** referrals were received by HHSS for victims of domestic abuse. Of these referrals, 678 were received in 2017 and 676 were received in 2018.

- The proportion of HHSS referrals for domestic abuse increased from **52%** in 2017 to **57%** in 2018.

- **35%** of domestic abuse referrals were primarily referred by the police, **34%** were referred by IDVAs and **25%** were requested by victims.

- **10%** of domestic abuse victims did not take up the offer of a safety visit from HHSS. The majority of refused visits were from Stevenage and Dacorum.

<u>Referrals by district</u>

Since January 2017, the average rate of domestic abuse referrals received by HHSS in Hertfordshire was 0.6 per 1,000 of the population. The districts with the highest rate of domestic abuse referrals to HHSS per 1,000 of the population were Stevenage (n=1.1), Welwyn Hatfield (n=0.9) and Watford (n=0.8). Hertsmere was the only district to show a statistically significant decrease in domestic abuse referrals to HHSS from 2017 to 2018 (see *Figure 17*).

Figure 17: *Rate of HHSS domestic abuse referrals per 1,000 population by district, Jan'17- Dec'18*
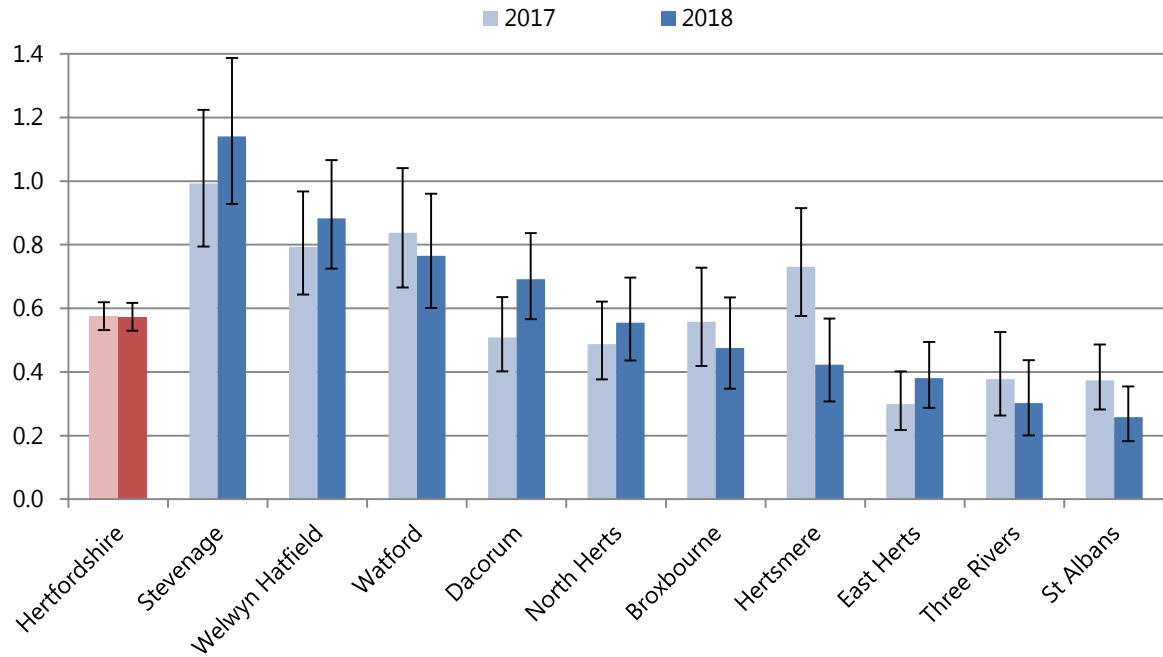
Source: Hertfordshire Home Security Service.

Characteristics of victims

The most common age category for all domestic abuse referrals in the last two years was for victims between the ages of 26 and 59, which accounted for 63% of referrals. The proportion of referrals for victims aged 18 to 25 or unknown age increased slightly from 2017 to 2018, although this increase was not statistically significant (see *Figure 18*).

Figure 18: *HHSS referrals for domestic abuse by age category, Jan'17- Dec'18*
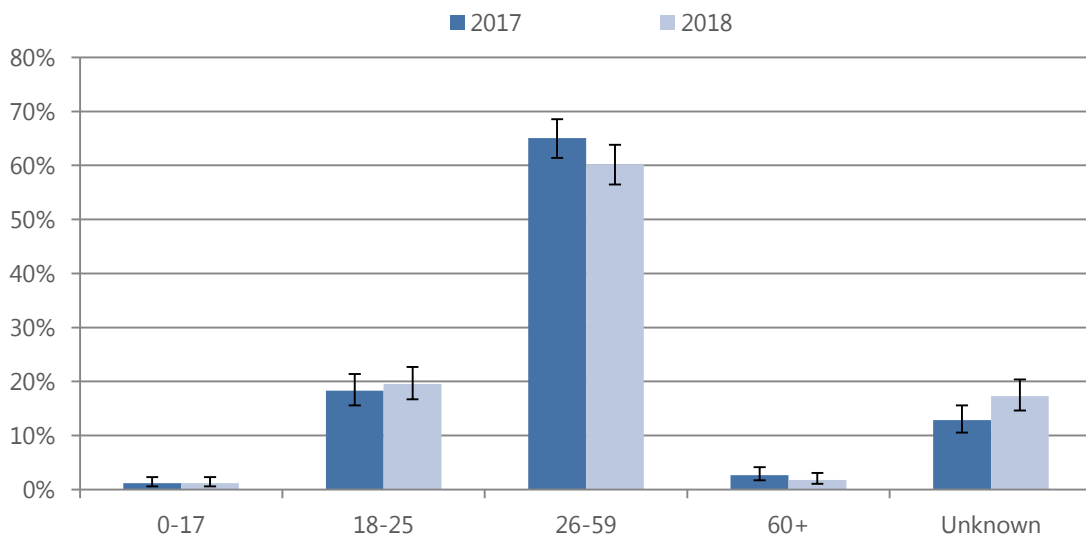
Source: Hertfordshire Home Security Service.

Whilst data on victims' gender and ethnicity is currently collected as part of HHSS data collection system, gender was not recorded for 98.3% of domestic abuse referrals and ethnicity was not recorded for 99.3% of domestic abuse referrals.

3.2.7 Domestic Homicide Reviews (DHRs)

From January 2016 to December 2018, there were a total of 9 Domestic Homicide Reviews (DHRs) whereby the permanent or most frequented address of a victim prior to their death was within the Hertfordshire local authority area (see *Table 32*).

Table 32: Hertfordshire-based DHRs by year, number of children and local authority area, 2016-18

Year	Total DHRs (16+ years)	Total children at time of incident	Local authority area
2016	3	2	North Herts (x2) Dacorum
2017	4	5	Broxbourne Hertsmere North Herts Welwyn Hatfield
2018	2	3	Broxbourne Dacorum
Total	9	10	-

In addition to these 9 Hertfordshire-based DHRs, there were a further 3 DHRs underway in other parts of the country whereby the scope of these has identified a history within Hertfordshire and previous involvement with Hertfordshire agencies.

Of the Hertfordshire-based DHRs since January 2016:

- North Herts had the highest number of DHRs in the last three years (n=3);
- 7 cases involved female victims and two cases involved male victims;
- One third were for partner/ex-partner domestic homicide (n=3);
- One third were for non-(ex)partner or familial cases (n=3);
- Two cases were for murder-suicides (involving more than one death);
- One case was for a victim suicide;

DHR lessons and outcomes

Hertfordshire Domestic Abuse Partnership produced a local outcomes tracker which is used to review good practice and lessons learnt from DHRs and make improvements to provision for domestic abuse. Some of the overarching themes are summarised below:

- **Quality** – the quality of DHRs indicates the need for a robust DHR process including financial oversight, overview report writer commissioning process, quality assurance process and processes for sharing information.

- **Review and change** – organisations should have policies in place and reviewed regularly. Review of process is needed within West Hertfordshire Hospitals Trust (WHHT) maternity for asking patients about domestic abuse.

- **Information sharing** – there is a need for information sharing agreements (ISAs) to provide clarity amongst all agencies, have a clear understanding of when/how/what and impact on ISAs, promote local services and develop signposting and formal pathways amongst agencies. Hertfordshire's Children's Services should ensure the timeline set for evaluating and progressing cases assigned to Families First is implemented and

information should be provided to DHR panels on proceedings which have gone through to the Family Court.

- **Training** – GPs and health staff require training in identifying patients that present with domestic abuse. HPFT should review who currently receives domestic abuse training and ensure staff know how to access relevant information on how to refer a patient if concerned. There is also a need for cyclical, planned, quality assured domestic abuse awareness training, service knowledge and understanding.

- **Victim focused** – GPs should record details of who a child is accompanied by when they attend health consultations and to record the general appearance of the child if they are known to need protection. There is also a need for a robust IDVA service, including IDVAs accessible within healthcare settings.

- **Additional resources** – the partnership should provide a standard set of information accessible to victims of domestic abuse, such as an information leaflet, that can be made available to all agencies.

The lessons above are regularly reviewed by the partnership as part of the ongoing work plan and continually developed with new recommendations based on good practice. More information can be found on the current Hertfordshire Domestic Abuse Strategy here.

3.2.8 Victim attrition

Victim attrition refers to cases where a victim fails to attend court to give evidence in a case, which subsequently results in no evidence being offered and the case being discontinued (also known as outcome E52). Nationally, domestic abuse-related violent offences are more likely to have evidential difficulties than non-domestic abuse-related violence.

Victim attrition is likely to be related to victim safety and can be due to a combination of emotional and physical barriers, including:

- Intimidation or coercion from wider family groups;
- Fear of attending court;
- Lack of empowerment due the cyclical nature of control;
- Inconvenient court dates;
- Out of county court listings;
- Victim no longer being in the relationship;
- Lack of engagement due to previously postponed or deferred trials.

A recent study undertaken by the Office for the Police and Crime Commissioner of Hertfordshire (OPCC) found that 33% of domestic abuse cases that are 'cracked'[*] in Hertfordshire are due to the victim not attending court to give evidence, which reflects national trends in victim attrition.[5]

The research looked at 113 domestic abuse cases in Hertfordshire between January 2016 and October 2017 where the outcome at Magistrate's Court was that the victim did not attend and no evidence was offered.

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[*] A 'cracked' trial is a trial that does not go ahead on the day as an outcome is reached and so does not need to be re-scheduled. This occurs when an acceptable plea is offered by the defendant or the prosecution offers no evidence against the defendant.

The key findings from the study were:

- **86%** of victims had experienced previous domestic abuse with the same offender, most of whom had some prior experience of the criminal justice system;
- **80%** of offenders had records of previous violent offending, including four murders;
- **70%** of incidents were reported via 999, suggesting that in most cases immediate risk was the trigger factor as opposed to a considered decision;
- **70%** of victims were assessed as medium or standard risk and so were not entitled to IDVA support;
- **26%** of cases had either difficulty in contacting the victim or no contact could be made;
- **4%** of victims were recorded to have expressed their support for prosecution, while **27%** were not willing to support or give evidence;
- **0%** of victims were recorded as being eligible for special measures, despite **96%** being identified as vulnerable or intimidated.

One of the most significant findings from this research is the level of previous domestic abuse and/or previous violent offending amongst offenders, which both appear to be early indicators of victim attrition. The research also found that many victims appear to be unaware of their entitlements under the victims Code of Practice, particularly in relation to special measures. This research highlights a greater need for transparency around victim entitlements, the importance of ensuring that victims are able to give evidence in a safe and non-traumatic environment and a necessity to consider unsupported prosecutions at the earliest opportunity in order to safeguard victims.

The full report and accompanying recommendations can be viewed here.

3.3 Perpetrators of domestic abuse

3.3.1 Crime

During the last three years (2016-18), there have been a total of 5,528 domestic abuse offences with a perpetrator linked to the crime. Of these offences, 3.3% (n=181) had more than one perpetrator linked to the offence. For the purposes of this section, a perpetrator refers to all persons linked as the 'accused' to a 'detected' offence.

Table 33: Count of detected domestic abuse offences with a perpetrator linked (2016-18)

Year	Number of offences	Offences with more than one perpetrator linked	
		Count	%
2016	2,281	72	3.2%
2017	1,975	52	2.6%
2018	1,272	57	4.5%
Total	5,528	181	3.3%

Source: Hertfordshire Constabulary recorded crime.

Perpetrator demographics

During the two-year period that demographic data is available for (2016 to 2017), there were a total of 3,282 individual perpetrators. Of these perpetrators, 88.2% (n=2,895) were male and 11.8% (n=387) were female (see *Table 34*).

Table 34: Sex of individuals linked as domestic abuse perpetrators (2016-17)

Sex	Total	%
Male	2,895	88.2%
Female	387	11.8%

Source: Hertfordshire Constabulary recorded crime.

During the last two years, the largest proportion of perpetrators have been in the 27–36 age range (33.1%, n=1,087), with an average age of 34 years. Only 0.7% (n=22) of perpetrators during this period were aged 67 or over (see *Table 35*). This is a similar pattern to the victim demographics analysed earlier in this document.

Table 35: Age of individuals linked as domestic abuse perpetrators at date of offence (2016-17)

Age range	Total	% of total
Under 17	42	1.3%
17-26	909	27.7%
27-36	1,087	33.1%
37-46	709	21.6%
47-56	420	12.8%
57-66	91	2.8%
67+	22	0.7%

Source: Hertfordshire Constabulary recorded crime.
*Excludes 2 individuals with an unknown age.

During the two years analysed, 84.8% (n=2,757) of domestic abuse perpetrators with a known ethnicity were White/White British and 15.2% (n=496) were from minority ethnic groups. The ethnic group with the highest proportionate rate of perpetrators was Black/Black British (n=9.17 per 1,000), which was statistically significantly higher than all other ethnic populations (see *Figure 19*), followed by 'Other' Ethnic Group (n=4.09 per 1,000).

Figure 19: *Ethnicity of individual domestic abuse perpetrators, standardised rate per 1,000 ethnic group population (2016-17)*
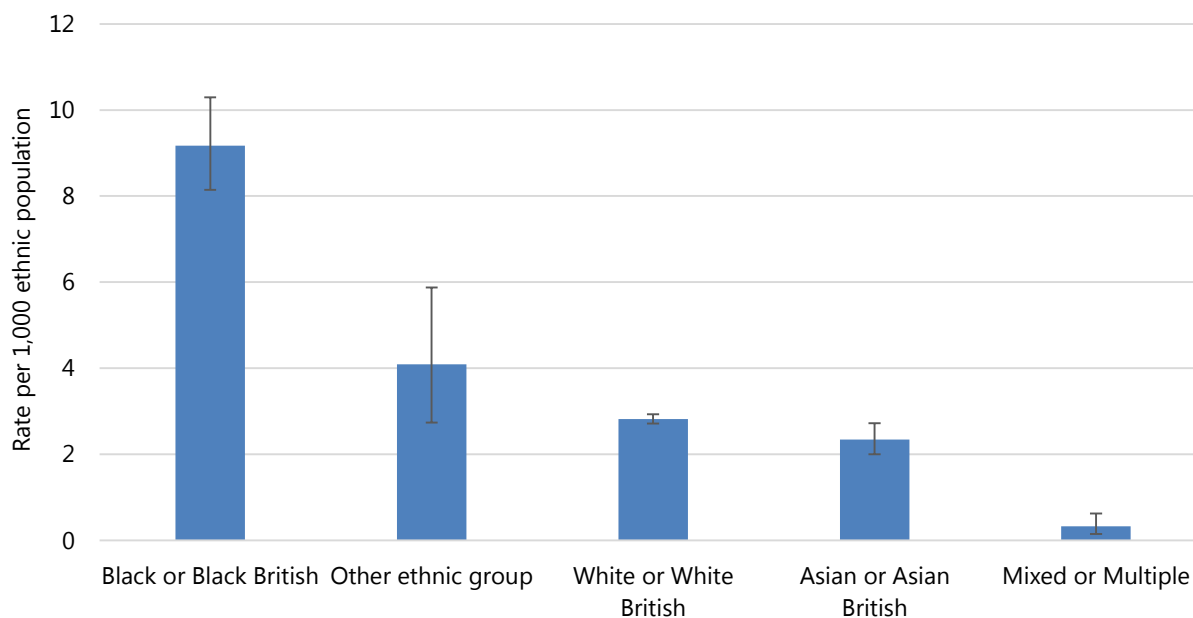
*Excludes 29 individuals with an unknown ethnicity.
Source: Hertfordshire Constabulary recorded crime.

Repeat perpetrators

During the two years analysed (2016 to 2017), there was a total of 3,282 individual perpetrators recorded on detected crimes by Hertfordshire Police. Of these 3,282 perpetrators, 21.1% (n=693) were repeat perpetrators. These 693 repeat perpetrators were responsible for 1,798 detected domestic abuse crimes in Hertfordshire during this time.

Table 36 provides a breakdown of how many times a perpetrator was linked to domestic abuse crimes during 2016-17. The highest was one perpetrator that was linked to 11 offences, whilst the majority (84.8%) were linked to 2-3 offences each.

Table 36: *Count of DA crimes committed by individual perpetrators during the period analysed (2016-17)*

Count of domestic abuse crimes	Number of repeat perpetrators	% of repeat perpetrators
2-3	588	84.8%
4-5	85	12.3%
6-7	15	2.2%
8-9	4	0.6%
10+	1	0.1%
Total	693	-

Source: Hertfordshire Constabulary recorded crime.

This analysis looked at demographic information and other factors recorded by Hertfordshire Constabulary for the 693 repeat perpetrators of domestic abuse during the two year period (2016-17). The summary below gives an overview of the findings from this analysis:

- **Sex:**
  - 93.4% of repeat perpetrators were male (n=647) and 6.6% (n=46) were female.

- **Age:**
  *Repeat perpetrators may be counted more than once if recorded over multiple years.
  - The most common age for repeat perpetrators was 27-36 years (34.4%) followed by 17-26 years (30%) which is similar for all domestic abuse perpetrators;
  - The average age of repeat perpetrators was 35 in 2017, which is an increase from 32 in 2016;
  - There were no repeat perpetrators aged 67+ recorded in the two years (2016 and 2017);

- **Ethnicity:**
  *Excludes 6 perpetrators where ethnicity was not known.
  - 86.4% of repeat perpetrators reported their ethnicity as White/White British (n=594) and 13.5% (n=93) were from minority ethnic groups;
  - There was a higher rate of repeat perpetrators from BAME groups than for White/White British repeat perpetrators (0.67 compared to 0.62 per 1,000 population);
  - The ethnic group with the highest rate of repeat perpetrators was Black/Black British (1.69 perpetrators per 1,000), which was statistically significantly higher than the other ethnic groups.

When looking at domestic abuse crimes as a proportionate rate by district, Stevenage had the highest rate of crimes committed by repeat perpetrators during the 2016-17 calendars (n=2.7 per 1,000 population), which was statistically significantly higher than all other districts.

Figure 20: Domestic abuse committed by repeat perpetrators, rate per 1,000 by district (2016-17)
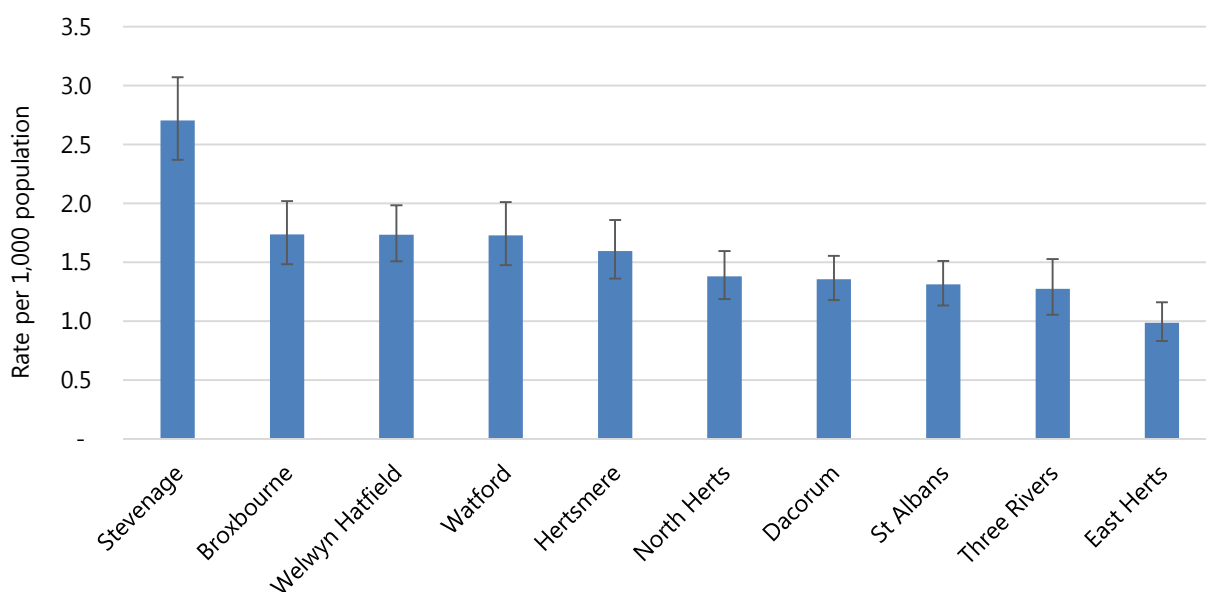
Source: Hertfordshire Constabulary recorded crime

Young repeat perpetrators (aged 16-18)

Of the 693 repeat perpetrators during the two years analysed (2016-17), 1 in 5 perpetrators (5.3%, n=37) were aged between 16 and 18. Of these young perpetrators:

- **92%** were male (n=34);
- **8%** were female (n=3);
- **81%** were of White/White British ethnicity (n=30);
- **19%** (n=7) were from minority ethnic groups.

These 37 young domestic abuse perpetrators were linked to 71 crimes. The most common crime types were Occasioning ABH (n=19), Common Assault without Injury (n=16) and Damage or Destroying Property (£5,000 or less) (n=12).

Table 37: Crime types committed by repeat domestic abuse perpetrators aged 16–18 (2016-17)

Standard Offence Description	Count	Standard Offence Description	Count
Occasioning Actual Bodily Harm (ABH)	19	Assault by Beating/Battery (Non Injury)	4
Common Assault (Without Injury)	16	Burglary (dwelling)	2
Damage or Destroy Property (£5,000 or Less)	12	Stalking Involving Fear of Violence	2
Theft (dwelling/other)	5	Pursued Course of Conduct Likely (S2)	2

Source: Hertfordshire Constabulary recorded crime.

Domestic abuse-related stalking and harassment

Of the 7,993 stalking and harassment offences recorded in Hertfordshire during 2016-17, 38.8% (n=3,102) were recorded as having an aggravating factor of domestic abuse. Of these domestic abuse-related offences, 956 are detected offences with a perpetrator linked as the 'accused'.

Table 38: Count of detected stalking and harassment offences with a perpetrator linked (2016-17)

Year	Detected offences	Offences with more than one perpetrator	
		Count	%
2016	485	12	2.5%
2017	471	6	1.3%
Total	956	19	2.0%

Source: Hertfordshire Constabulary recorded crime.

There were a total of 738 individual perpetrators linked to these 956 domestic abuse-related stalking and harassment crimes, meaning that 22.8% (n=218) were repeat offences. Of these 738 individual perpetrators:

- **1 in 5** were repeat perpetrators (n=147);
- **92.5%** of perpetrators were male (n=683) and **7.5%** of perpetrators were female (n=55);
- **32.2%** of perpetrators were aged 27-36 (n=238), which was the most common age range for perpetrators;
- **86.4%** of perpetrators with a known ethnicity were White/White British (n=629);
- **13.6%** of perpetrators with a known ethnicity were from minority ethnic groups (n=99).

<u>Clare's Law disclosures</u>

The Domestic Violence Disclosure Scheme, also known as Clare's Law, is a domestic abuse disclosure scheme designed to give members of the public a formal mechanism to make enquiries about people who they are in a relationship with, or someone who is in a relationship with someone they know, where a concern arises that that person may be abusive towards their partner. Anyone can make an application about an individual in an intimate relationship where there is concern that the individual may cause that person harm (see *Box 5*).

Box 5: Clare's Law - Domestic Violence Disclosure Scheme[64]

Clare's Law - named after Clare Wood, who was murdered by her ex-boyfriend in 2009 – came into force across England and Wales in March 2014. Also known as the Domestic Violence Disclosure Scheme (DVDS), Clare's Law gives members of the public the right to ask if their partner has a history of violent or abusive behaviour and allows information to be revealed where there is reason for concern.

Anyone can submit a 'Right to Ask' application, including third parties who may be concerned about someone else. If there is information to suggest there is a risk, the police will consider sharing information with the person at risk. Professionals can also make an application where they have concerns about a person at risk of domestic abuse, known as the 'Right to Know'. DAISU officers will also offer help and support and can provide assistance where someone chooses to leave a relationship and there are increased safety concerns.

Table 39: Number of Clare's Law applications and disclosures in Hertfordshire, 2016-18

Type of disclosure	2016/17	2017/18	Total	% change
Right to Know applications	92	106	198	+15.2%
Right to Know disclosures	24	35	59	+45.8%
Right to Ask applications	45	49	94	+8.9%
Right to Ask disclosures	11	12	23	+9.1%

Source: Office for National Statistics.

As *Table 39* shows, there have been a total of 198 'Right to Know' applications in Hertfordshire in the last two financial years (2016/17-17/18), of which 30% (n=59) resulted in disclosures. The number of applications and disclosures both increased from 2016/17 to 2017/18.

During the same time period, there were 94 'Right to Ask' applications, of which 24% (n=23) resulted in disclosures. The number of 'Right to Ask' applications and disclosures also both showed slight increases from 2016/17 to 2017/18.

3.3.2 National Probation Service (NPS)

As of 9 June 2019, the National Probation Service (NPS) had a total of 200 domestic abuse perpetrators registered on the current caseload for Hertfordshire. This registration will be recorded on any offender who presents evidence of domestic abuse as a perpetrator (conviction not necessary to trigger registration).

<u>Sex and age</u>

At 9 June 2019, 95.5% (n=191) of domestic abuse perpetrators on the Hertfordshire NPS caseload were male and 4.5% (n=9) were female. Over three quarters of perpetrators (75.5%) were aged 25-50, 15% were aged 51+ and 9.5% were aged 18-24.

Table 40: *Age and sex of domestic abuse perpetrators on NPS caseload (at 9 June 2019)*

Age range	Count of DA perpetrators			% of total
	Male	**Female**	**Total**	
18-24	19	0	19	9.5%
25-34	73	3	76	38.0%
35-50	72	3	75	37.5%
51+	27	3	30	15.0%
Total	191	9	200	-

Source: National Probation Service.

<u>Ethnicity</u>

At 9 June 2019, 80.7% (n=159) of domestic abuse perpetrators were White/White British and the 19.3% (n=38) were from minority ethnic groups. The ethnic group with the highest proportional rate of domestic abuse perpetrators on the NPS caseload is Black/Black British (n=0.57), followed by Mixed/Multiple (n=0.55).

Table 41: *Ethnicity of domestic abuse perpetrators on NPS caseload (at 9 June 2019)*

Ethnic group	Count	% of total	Standardised rate per 1,000 population
Black or Black British	18	9.1%	0.57
Mixed or Multiple	15	7.6%	0.55
White or White British	159	80.7%	0.16
Other ethnic group	1	0.5%	0.14
Asian or Asian British	4	2.0%	0.06
Total BAME perpetrators*	38	19.3%	0.27

*Excludes 3 perpetrators with an unknown or refused ethnicity.
Source: National Probation Service.

<u>Mental health</u>

Of the 200 domestic abuse perpetrators on the Hertfordshire NPS cohort at 9 June 2019, 16% (n=32) were recorded as having mental health issues. Of these 32 with recorded mental health issues, 81.2% (n=26) were male and 18.8% (n=6) were female.

<u>Criminogenic needs</u>

Data for this section is a merge of NPS caseload data from nDelius and latest assessment data from OASys. Of the current caseload of 200 domestic abuse perpetrators referred to above, 8.5% (n=17) have not matched so no data can be provided. This will be for a number of reasons, including the assessment is not owned by NPS South East & Eastern.

Table 42: Criminogenic needs of domestic abuse perpetrators on NPS caseload (at 9 June 2019)

Criminogenic need	Total	% of total
Thinking and behaviour	175	95.6%
Relationships	163	89.1%
Attitudes	156	85.2%
Lifestyle	155	84.7%
Emotional well-being	126	68.9%
Drug misuse	116	63.4%
Alcohol misuse	115	62.8%
Accommodation	103	56.3%
Finance	96	52.5%
Education, training and employment	63	34.4%

*Excludes 17 perpetrators where criminogenic needs data was not available.
Source: National Probation Service.

As *Table 42* shows, the most common criminogenic needs of the domestic abuse perpetrators analysed are thinking and behaviour (95.6%), relationships (89.1%) and attitudes (85.2%). Drugs and alcohol are criminogenic needs for more than 60% of perpetrators currently on the NPS caseload.

3.3.3 BeNCH Community Rehabilitation Company (CRC)

The Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company (BeNCH CRC) manages individuals convicted of crimes such as shoplifting, burglary, harassment, motoring offences and domestic abuse (DA) who are assessed as low or medium risk of causing harm (see *Box 6*).

Box 6: BeNCH Community Rehabilitation Company

The Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company (BeNCH CRC) works with convicted individuals who have been assessed as low or medium risk of harm to ensure that they complete their sentence and any requirements given to them by the court, such as unpaid work, a behaviour programme or a curfew. They also help individuals to create a more secure lifestyle which could mean looking for work, moving to a different area or tackling an addiction.

Since February 2015, the ownership of BeNCH CRC transferred to Sodexo as part of the Government's Transforming Rehabilitation programme. Transforming Rehabilitation is a programme of reform that builds on historic good practice while providing greater scope for innovative approaches to reducing reoffending.

Active cases

Over the last three calendar years (January 2016 to December 2018), BeNCH CRC have had a total of 1,507 active cases involving perpetrators of DA in Hertfordshire. These cases involved 979 individual perpetrators (65%) and the remaining 528 (35%) were repeat cases.

The number of active cases involving DA perpetrators increased by 15% (n=112) from 2016 to 2017, followed by a slight decrease of 4% (n=34) from 2017 to 2018 (see *Figure 21*).

Figure 21: *Active BeNCH cases involving domestic abuse perpetrators by calendar year (2016-18)*
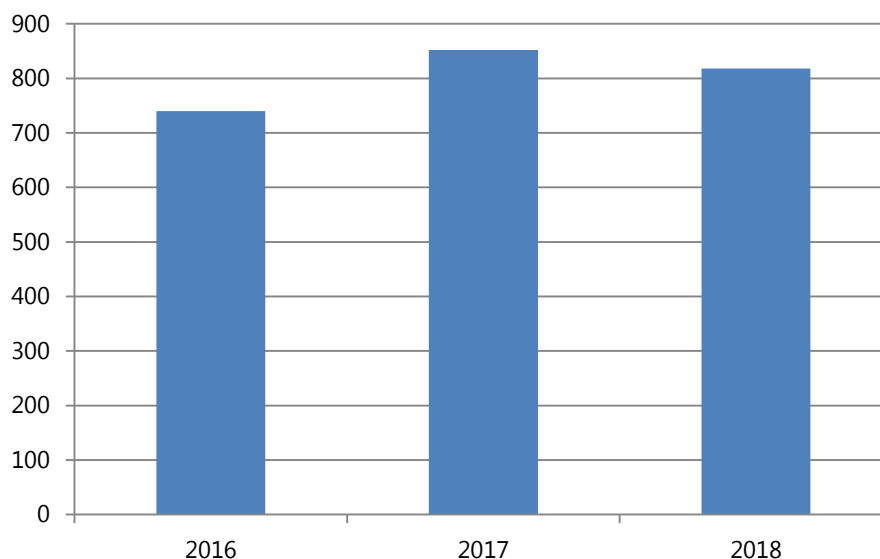
Source: BeNCH Community Rehabilitation Company.
*Figures may not sum to three year total as cases can be active over multiple years.

Perpetrator demographics

During the time period 2016-18, there were a total of 979 individual DA perpetrators known to BeNCH CRC in Hertfordshire. Of these perpetrators, 96.4% (n=944) were male and 3.6% (n=35) were female.

Of all individual perpetrators with a known ethnicity, 84.9% were of White/White British ethnicity and 15.1% were from minority ethnic groups. When looking at ethnicity as a proportionate rate, there was a higher rate of perpetrators working with BeNCH that were from minority ethnic groups than White/White British (0.90 compared to 0.72 per 1,000 ethnic group population).

Table 43: *BeNCH domestic abuse perpetrators by ethnicity (2016-18)*

Ethnicity	Count	% of total	Rate per 1,000 ethnic group
Black / Black British	45	5.4%	1.43
Mixed / Multiple	32	3.9%	1.16
Other ethnic group	6	0.7%	0.85
White / White British	701	84.9%	0.72
Asian / Asian British	42	5.1%	0.58
Total from ethnic minority groups	125	15.1%	0.90

*Excludes 153 perpetrators with an unknown or refused ethnicity.
Source: BeNCH Community Rehabilitation Company.

Disability and complex needs

During the time period 2016-18, approximately half (45.5%, n=444) of DA perpetrators had no disability recorded and 30% (n=294) had a disability or health condition recorded. A breakdown of these disabilities can be seen in *Table 44.* Disabilities and health conditions were not known for a quarter (24.6%) of perpetrators.

Table 44: BeNCH domestic abuse perpetrators with a disability or complex needs (2016-18)

Disability or health condition	Total	% of total
No disability	444	45.4%
Unknown / refused	241	24.6%
Mental health condition	163	16.6%
Other condition	81	8.3%
Dyslexia	52	5.3%
Learning disability	38	3.9%
Hearing difficulty	23	2.3%
Reduced mobility	18	1.8%
Visual impairment	11	1.1%
Reduced physical capacity	6	0.6%
Autism Spectrum Condition	2	0.2%
Severe disfigurement	2	0.2%
Speech impairment	2	0.2%
Progressive condition	1	0.1%
Total with disability or health condition	294	30.0%

Source: BeNCH Community Rehabilitation Company.
*Percentages may not sum as multiple conditions and disabilities can be recorded.

As *Table 44* shows, the most common disabilities or health conditions were mental health (n=163), 'other' conditions (n=81), dyslexia (n=52) and learning disabilities (n=38). Of all perpetrators with mental health conditions reported, approximately one third (32.5%) also report having an additional disability or health condition.

Offending history

Of the 979 domestic abuse perpetrators known to BeNCH over the last three years, 60% had been sentenced for violent offences as the main category, followed by 'other' (26.9%) and acquisitive (7.5%) offences.

Table 45: Main offence category of domestic abuse perpetrators known to BeNCH (2016-18)

Main offence category	Count	% of total
Violence	587	60.0%
Other	263	26.9%
Acquisitive	73	7.5%
Motoring	31	3.2%
Drugs	23	2.3%
Sexual	2	0.2%

Source: BeNCH Community Rehabilitation Company.
*Data refers to the category of the main offence that the perpetrator has been sentenced for, but individuals may have convictions for more than one type of crime.

The majority of domestic abuse perpetrators (60%) were sentenced with a Community Order (n=598) for their main offence (see *Table 46*). Offenders most commonly received Community Orders for Violence, Motoring and 'Other' offences, whereas offenders most often received custodial sentences for Drugs and Acquisitive offences.

Table 46: *Sentence type for domestic abuse perpetrators known to BeNCH (2016-18)*

Sentence type	Count	% of total
Community Order	598	61.1%
Suspended Sentence Order	186	19.0%
Adult Custody	163	16.6%
Standard Determinate Custody	24	2.5%
Youth Rehabilitation Order	4	0.4%
Youth Custody	2	0.2%
Scottish Community Payback	1	0.1%
Committal for PSSR Breach	1	0.1%

Source: BeNCH Community Rehabilitation Company.

Perpetrator flags

Professionals undertaking risk assessments with perpetrators can record 'flags' against individuals on the nature of their offending, safeguarding concerns and any additional concerns related to their offending. Of the 979 individual perpetrators known to BeNCH in the last three years, 80% had additional flags recorded. *Table 47* below summarises the most common flags recorded against these individual perpetrators.

Table 47: *Recorded markers against domestic abuse perpetrators known to BeNCH (2016-18)**

| Perpetrator flags	Count	% of total
MARAC (Multi-Agency Risk Assessment Conference)	222	22.7%
Restraining Order	181	18.5%
Multi-Agency Public Protection Arrangements (MAPPA) considered	150	15.3%
Child concerns	140	14.3%
Risk of suicide/self-harm	90	9.2%
Child protection	49	5.0%
Warrant or summons	39	4.0%
Integrated Offender Management (IOM)	28	3.0%
Prolific and Priority Offender (PPO)**	26	2.7%
MAPPA	23	2.3%
Weapons	7	0.7%
Violent and Sex Offenders Register (ViSOR)	6	0.6%
Risk to public	4	0.4%
Home Office interest	3	0.3%
Gangs	2	0.2%
Hate crime	2	0.2%

Source: BeNCH Community Rehabilitation Company.
*Offenders may have multiples flags recorded but 20% of perpetrators had no flags recorded.
**Figures should be interpreted with caution as flags are subjective to the officer completing the assessment and therefore figures may be underestimated.

Risk of serious harm

Offenders known to BeNCH CRC should be assessed using the Risk of Serious Harm (RoSH) assessment. The RoSH assessment estimates an offender's risk of serious harm by assessing the risk of serious harm to others; risk to children; risk to the individual (including risk of suicide, self-harm and general vulnerability) and other risks (such as absconding, control issues and breach of trust). A screening process is first used to decide if a full assessment is needed.[6]

Figure 22: Risk of serious harm assessed for BeNCH domestic abuse perpetrators (2016-18)
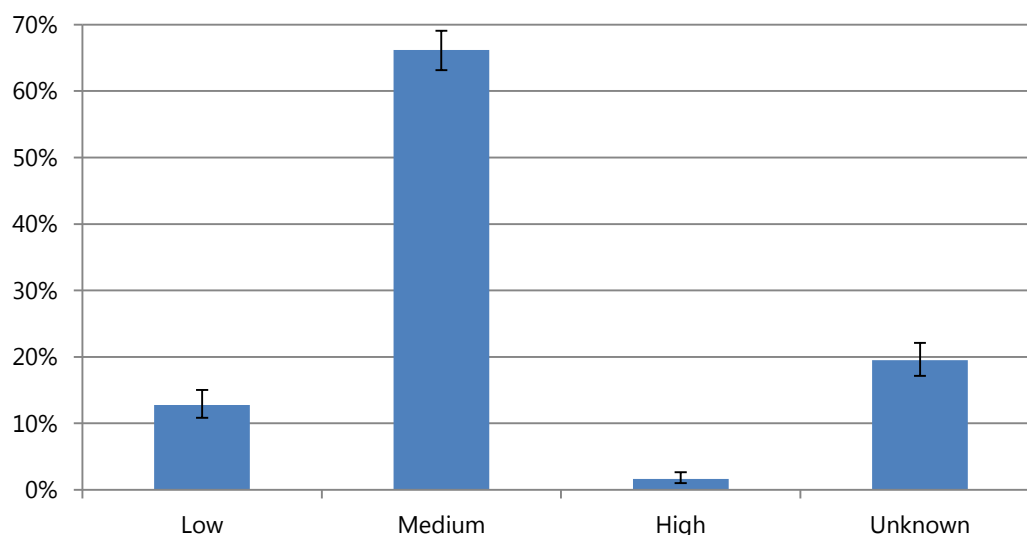
Source: BeNCH Community Rehabilitation Company.
*Percentages may not sum as one offender had multiple risk levels recorded.

As *Figure 22* shows, the significant majority of individual domestic abuse perpetrators known to BeNCH over the last three years were assessed as having a medium risk of serious harm (66.2%, n=648). A further 12.8% (n=125) were assessed as having a low risk of serious harm and 1.6% (n=16) had a high risk of serious harm.

Risk of reoffending

The Offender Group Reconviction Scale (OGRS) is a risk assessment measure used to predict the likelihood of reoffending by using static risk factors such as age, gender and criminal history. OGRS gives a score, which shows the likelihood of someone reoffending within a two year period. A lower score indicates a lower likelihood of reoffending. BeNCH CRC display this score as a percentage out of 100%.

OGRS2[*] scores were recorded for all domestic abuse perpetrators between January 2016 and December 2018. Of the 979 perpetrators during this time, 18.9% had a high OGRS2 score, 51.6% had a medium score and 29.4% had a low score (see *Figure 23*). The average OGRS2 assessed risk score was 46.1%.

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[*] The OGRS2 risk score is an estimate of an individual offender's probability of reconviction within two years based on nine demographic and criminal history variables.

Figure 23: OGRS2 risk assessment score for domestic abuse perpetrators known to BeNCH (2016-18)
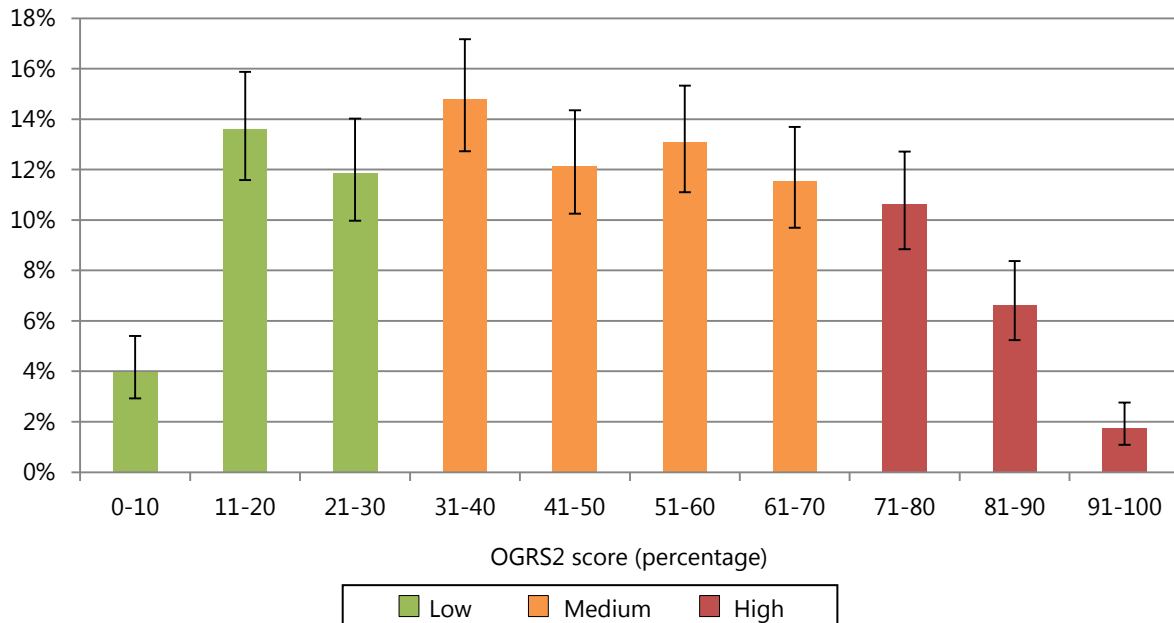
Source: BeNCH Community Rehabilitation Company.

3.3.4 Integrated Offender Management (IOM)

Integrated Offender Management (IOM) brings together organisations from the public, private and voluntary and community sector to tackle prolific offenders through intensive programmes combining rehabilitation and enforcement. IOM is a multi-agency team with co-located partners including Hertfordshire Police, Hertfordshire Probation, local authority funded accommodation workers and health professionals. The IOM team works with offenders at high risk of re-offending to support changes in offender behaviour and remove issues which influence offending. That support can range from assistance in finding accommodation, obtaining training and employment, right through to anger management and treatment for substance misuse.

The IOM programme was reviewed in 2017 with the aim of devising a new methodology allowing all offenders to be included in the scheme, concentrating on those offenders who caused the most harm to the communities of Hertfordshire, rather than just the volume of offences they committed.

As of June 2018, the number of individuals who were on the programme was 99.[7] At a Post Implementation Review meeting in March 2018, it was agreed by all agencies to increase the domestic abuse cohort by 50%. The IOM has recently evaluated its cohort and approximately 60% of the cohort have an element of domestic abuse offending. Many of those are statutory offenders already accessing relevant courses, however as referrals have increased from DAISU there are a proportion of new cohort offenders who are non-statutory.

There is currently a gap in provision for domestic abuse offenders that are engaged and willing to take part in domestic abuse courses to address their behaviour, as there is no in-house provision bespoke to domestic abuse offending. Whilst the IOM cohort is small, this has a secondary effect on DAISU, who may have large numbers of domestic abuse offenders that could benefit from this provision. As a temporary solution, BeNCH have offered cover on their domestic abuse relevant courses to suitably engaged individuals, which have been requested in very small numbers from IOM.

3.3.5 Adult safeguarding (perpetrators)

In the latest reporting year (2018), there were a total of 1,812 safeguarding referrals where the suspected perpetrator was identified as a family member, of which 51% (n=924) were progressed to enquiries. Of these enquiries, only 44.6% (n=808) were recorded as domestic abuse.

Figure 24: Adult safeguarding enquiries where a family member was identified as the perpetrator, 2018
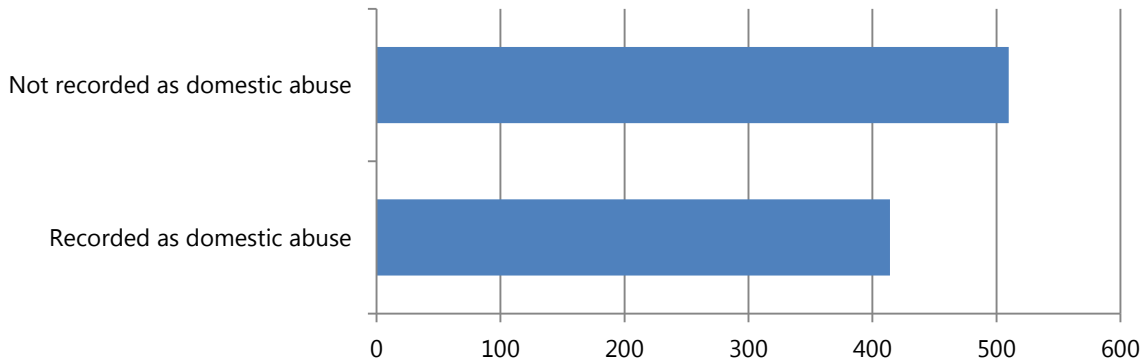
Source: Hertfordshire County Council Adult Safeguarding.

Whilst not all safeguarding enquiries involving family member perpetrators are necessarily domestic abuse related, the proportion not recorded as domestic abuse is considerably higher than expected. This may indicate that domestic abuse is not being recorded consistently across different organisations and safeguarding professionals could benefit from additional training on identification and recording of domestic abuse.

3.4   Children and families

3.4.1 Children's Services

Hertfordshire Children's Services had a total of 1,006 active cases which were identified as domestic abuse at the end of the 2018 calendar year, which accounted for 20% of all active cases. For the purposes of this analysis, cases that have been flagged as domestic abuse include any cases that:

- had a MASH episode where the contact source was DAISU;
- had a referral within the calendar year where the subcategory of need was DV; or
- had an assessment within the calendar year where either a child, parent/carer or other person was recorded as being subject to domestic violence.

Table 48 below shows the number of all active Children's Services cases at the end of the calendar year that have been flagged as domestic violence for children in need, children on a child protection plan, children looked-after and other categories.

Table 48: Hertfordshire Children's Services cases active at year end with domestic violence flagged by year and category of need (2016-18)

Category of need	2016	2017	2018
Children in Need (CIN)			
Total active cases	2,877	2,870	3,013
Number with DV flagged	655	646	722
% of all cases	22.8%	22.5%	24.0%
Children on Child Protection Plan (CPP)			
Total active cases	519	597	434
Number with DV flagged	254	328	233
% of all cases	48.9%	54.9%	53.7%
Children Looked After (CLA)			
Total active cases	947	920	947
Number with DV flagged	109	83	56
% of all cases	11.5%	9.0%	5.9%
Other*			
Total active cases	621	664	691
Number with DV flagged	10	5	0
% of all cases	1.6%	0.8%	0.0%
Total with DV flagged**	1,018	1,043	1,006

* 'Other' includes those who are over 18, deceased, have an unknown age, privately fostered or care leavers.
** Total may not equate to the sum of individual rows due to avoidance of double counting (e.g. where a looked after child is also on a Child Protection Plan).

The total number of active Children's Services cases which have been flagged as domestic abuse has remained fairly consistent over the last three years, with a slight decrease in 2018. Children in Need (CIN) had the highest number of cases with domestic violence flagged in the last year (n=722). Children on a Child Protection Plan (CPP) had the highest proportion of cases with domestic violence flagged (53.7%).

Figure 25: *Percentage of all Children's Services cases active at year end that have been flagged as domestic violence, by yearly trend (2016-18)*
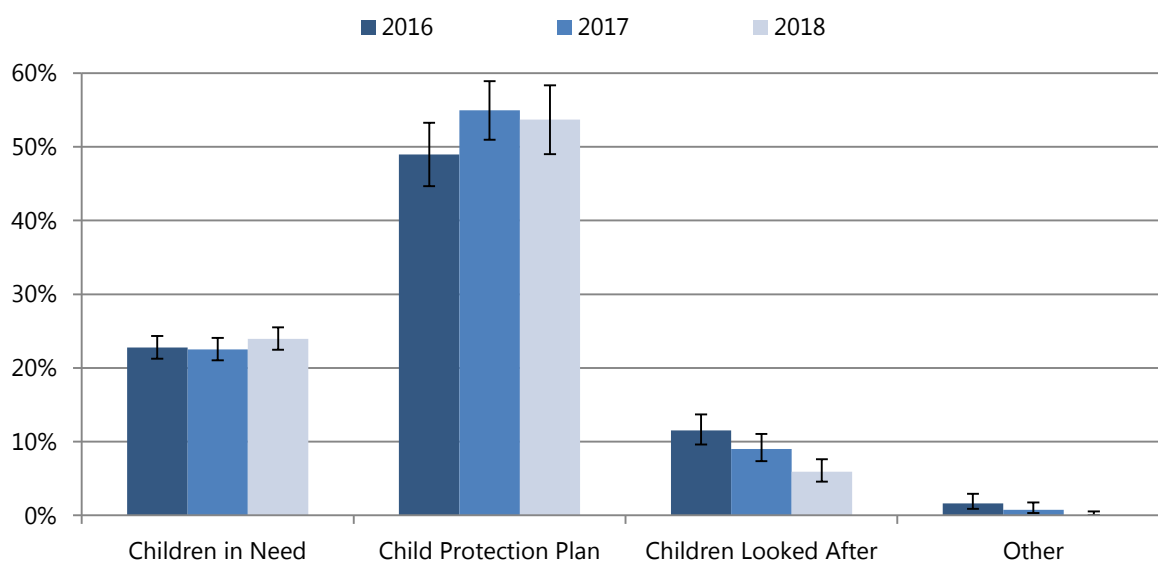
Source: Hertfordshire Children's Services.

Over the last three calendar years, trends in cases relating to domestic violence have varied considerably between the different categories of need. Children on a CPP have consistently had a significantly higher percentage of active cases with domestic violence flagged, with over half (53.7%) of children having domestic violence identified in the latest year. As *Figure 25* shows, Children Looked-After (CLA) cases with domestic violence were the only ones to show a statistically significant decrease from 2016 to 2018.

Children in Need (CIN) assessments

A child in need is defined in law as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled. In these cases, assessments by a social worker are carried out under Section 17 of the Children Act 1989 (see *Box 7*).[8]

Box 7: Children in Need (CIN) assessments

The purpose of an assessment by Children's Services is to gather information and evidence about a child's developmental needs and the parents' capacity to meet these needs within the context of the family and community. The CIN Census collects data each financial year on factors identified through assessments. The census covers all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those in secure settings. Due to its nature, this information can be subjective due to being based on the opinion of the social worker assessing the case. Care should be taken when drawing comparisons using this information.

If more than one factor has been identified at the end of assessment, each can be reported in the census. A child can start or end an episode of need more than once during the year, but they should not have overlapping episodes.

Nationally, the number of CIN on a support plan has increased by 4% (n=15,670) in the last financial year[*]. Domestic violence[†] was the most common factor identified at end of assessment for children in need in the latest year (2017-18) and was identified in over half of assessments (51.1%), above all other assessment factors, including mental health.

For Hertfordshire, this percentage was significantly higher than the national average, with domestic violence identified in 55.5% of assessments; however it was significantly lower than the East of England regional average (see *Figure 26* below). In Hertfordshire, the number of CIN assessments where domestic abuse has been identified has increased year-on-year since 2015/16 with an increase of 4.4% (n=130) in the latest year, following a significant decrease from 2014/15 to 2015/16.

Figure 26: Children in Need (CIN) episodes by top five factors identified at the end of assessment for Hertfordshire, East of England and England, 2017-18
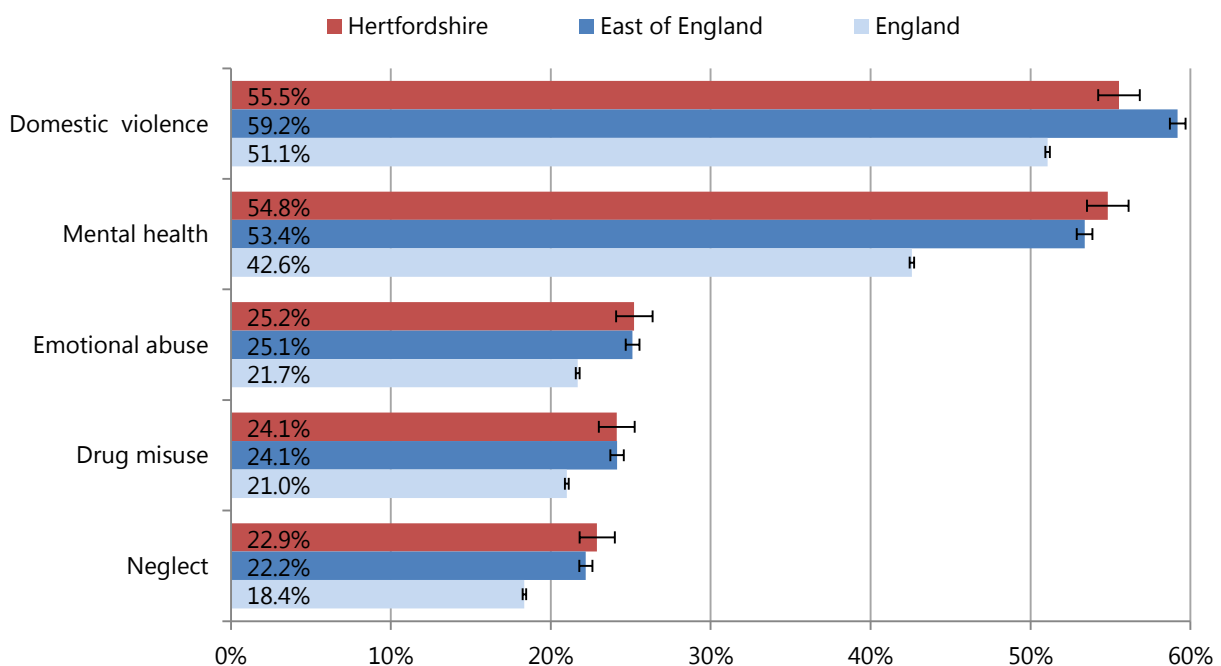
Source: Children's Services Benchmarking Tool.

Hertfordshire Children's Services collect information from CIN assessments on individuals subject to domestic violence as part of their annual data collection. This includes parents and carers, children or other person subject to domestic violence. More than one subject can be recorded for individual assessments.

At the latest quarter in 2018, there were 548 completed assessments where the parent/carer was believed to be subject to domestic violence, 208 where the child was believed to be subject to domestic violence and 66 where another person was believed to be experiencing domestic violence (see *Figure 27*). The quarterly trend has been varied across the last three years with a low number between October 2016 and March 2017, following a peak in early to mid-2016. Since this drop, the quarterly trend has gradually increased throughout 2017 and 2018.

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[*] Financial years have been used for this measure as national and regional benchmarking is not available for calendar years.
[†] Includes violence aimed at children and/or other adults in the household.

Figure 27: *Children's Services assessments completed with domestic violence risk factor by quarterly trend, 2016-18*
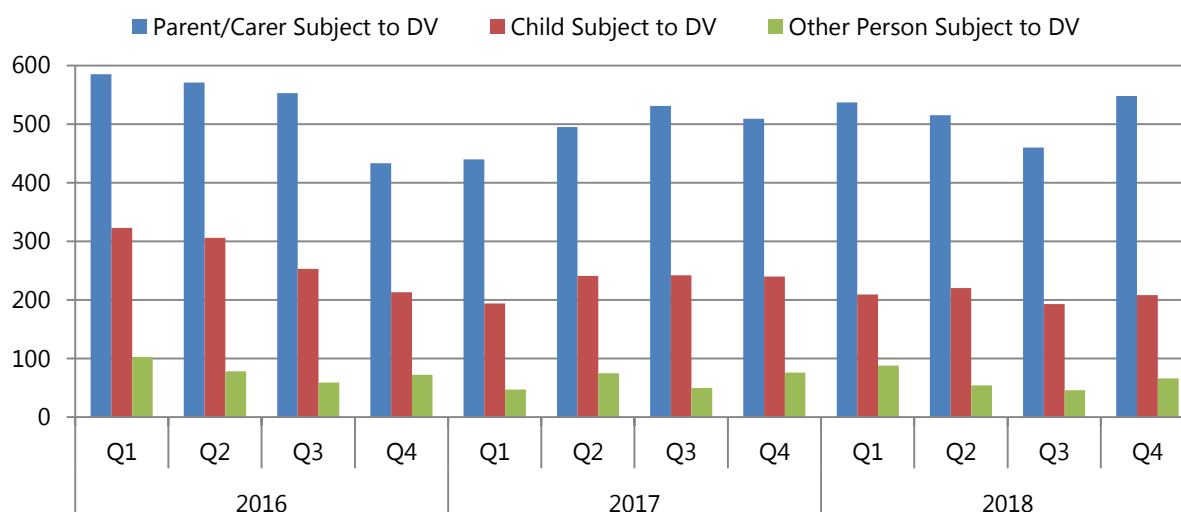
Source: Hertfordshire Children's Services.

3.4.2 Families First Triage

In 2018, there were a total of 3,068 domestic abuse notifications actioned by Families First Triage (FFT) in Hertfordshire. Of these cases, 64.9% (n=1,992) were referred through the Multi-Agency Safeguarding Hub (MASH) and 35.1% (n=1,076) were referred directly to FFT.

Domestic violence referrals received both through the MASH and directly to Families First Triage have both followed similar trends throughout the 2018 calendar year with a slight decrease in Quarter 2, followed by a considerable increase in Quarter 3 and a subsequent decrease in Quarter 4 (see *Table 49*).

Box 8: Families First Triage

Families First is Hertfordshire's branding for early help provision. In Hertfordshire, it brings early help services together under the 'Families First' umbrella to provide a multi-agency response to supporting families. The Families First Triage Panels are small, multi-agency groups which meet weekly to triage and allocate new cases, including some cases stepped down by the Multi-Agency Safeguarding Hub (MASH). Primary carers must give consent before their case can be discussed at Triage Panel. Each Triage Panel will:

- agree the initial level of vulnerability at 2 (targeted) or 3 (intensive);
- triage cases which require a multi-agency support and allocate the lead agency;
- enhance the effectiveness of multi-agency working, ensuring that services are co-ordinated and not duplicated;
- identify, manage and co-ordinate responses to escalation in risk factors where the safeguarding threshold has not been met;
- ensure multi–agency commitment in achieving successful outcomes for children, young people and their families;
- provide advice and guidance on cases being discussed; and
- promote evidence-based interventions.

Table 49: *Number of domestic violence notifications actioned by Families First Triage by source and quarterly trend, 2018*

Source of referral	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)	Total (2018)
Referred via MASH	484	472	577	459	1,992
Direct to Families First Triage (FFT)	230	209	321	316	1,076
Total	714	681	898	775	3,068

Source: Hertfordshire Families First.

When calculated as a rate per 1,000 of the district population, the district with the highest rate of domestic violence cases actioned by FFT was Stevenage (n=3.80), followed by Welwyn Hatfield (n=3.23) and Broxbourne (n=3.10). As *Figure 28* shows, these districts were also statistically significantly above the Hertfordshire average rate.

Figure 28: *Rate of domestic violence notifications actioned by Families First Triage per 1,000 population by district, 2018*
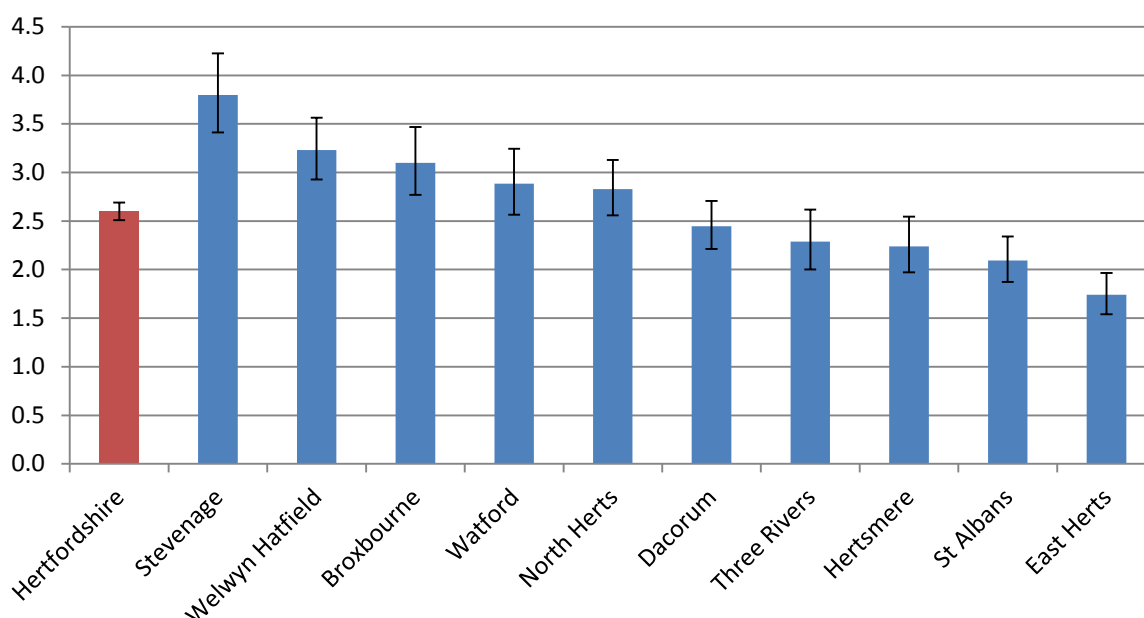
Source: Hertfordshire Families First.

Data is currently collected on the assessed risk level of individual cases. In 2018, 5% of cases were high risk (n=150), 49% were medium risk (n=1,511), 37% were standard risk (n=1,139) and 9% had an unknown risk level.

When broken down by residential district, Welwyn Hatfield had the highest number of high risk cases (n=30), North Herts had the highest number of medium risk cases (n=199) and Welwyn Hatfield had the highest number of standard risk cases (n=149).

Figure 29: *Number of domestic violence notifications actioned by Families First Triage by district and assessed risk level, 2018*
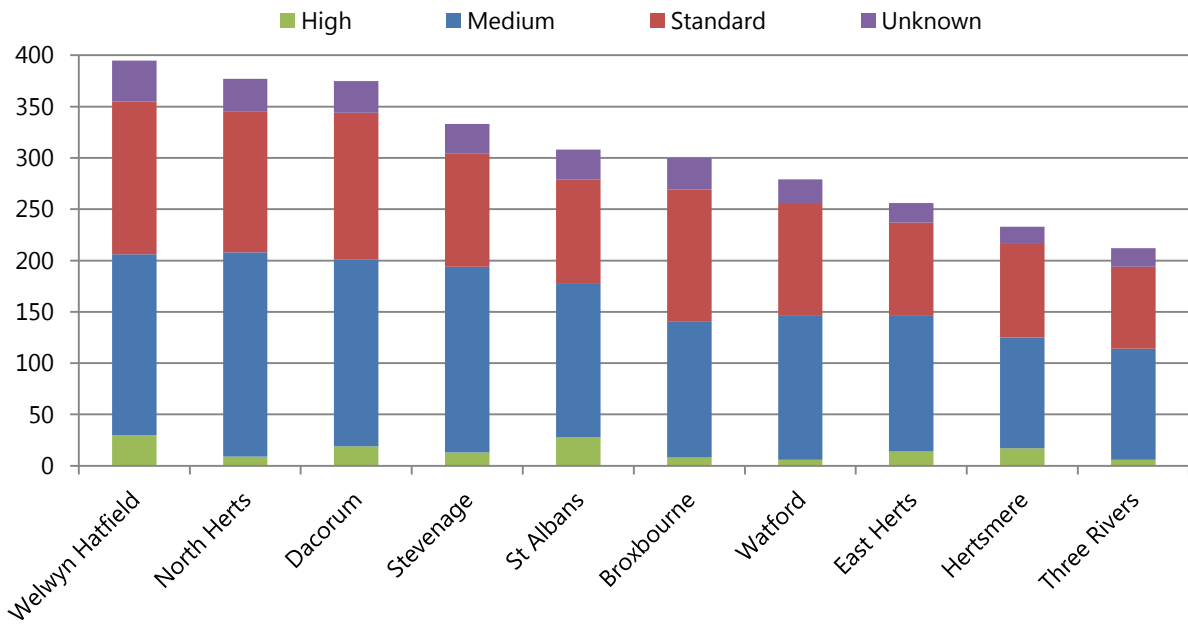
Source: Hertfordshire Families First.

3.4.3 Police

Hertfordshire Constabulary currently provides certain partner agencies with quarterly figures for children that have been linked to domestic abuse incidents and crimes. National police recording requirements stipulate that the police must identify children who witness domestic abuse (i.e. where the child saw the incident taking place); and children who were in the house when the domestic abuse took place.

Since 1 May 2018, there have been 2,781 children in Hertfordshire witnessing or in the house at the time of domestic abuse incidents or crimes. At December 2018, there were a total of 426 children witnessing domestic abuse. This follows a month-on-month increase since September after a gradual decrease following a peak in May (see *Figure 30*).

Figure 30: *Number of domestic abuse incidents and crimes where children are present (May'18-Dec'18)*
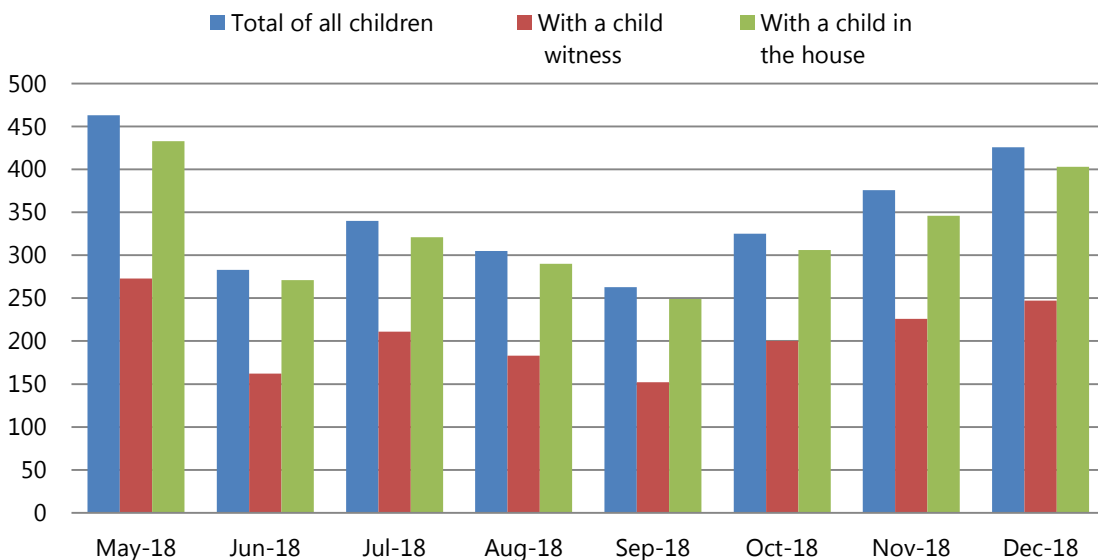
3.4.4 Children's centres

During the latest calendar, there were a total of 1,772 individuals and 1,483 families that presented to Hertfordshire Children's Centres with domestic abuse as a presenting need or historical issue.

As can be seen in *Figure 31,* Broxbourne had the highest number of individuals presenting with domestic abuse concerns (n=305), accounting for 17.2% of all individuals that have presented in Hertfordshire. For families, this shows a similar trend with Broxbourne having the highest number of presenting families (n=230), followed by St. Albans (n=203) and North Herts (n=172).

Figure 31: *Families and individuals who have self-presented to Hertfordshire Children's Centres with domestic abuse as a presenting need or historical issue, 2018*
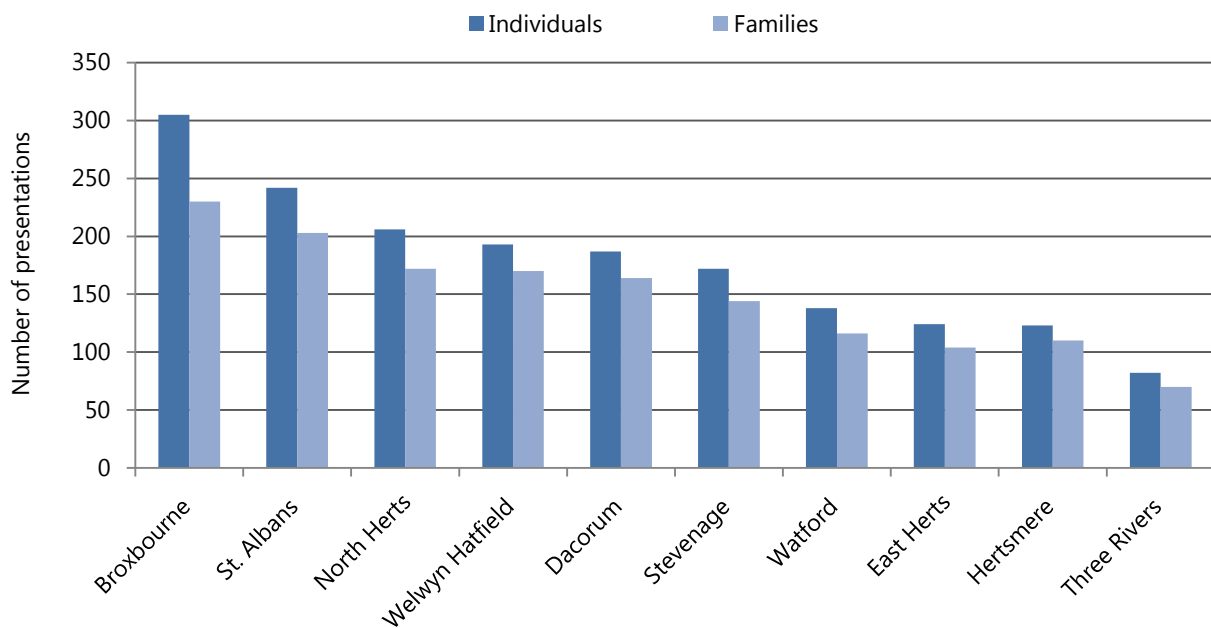
Source: Indigo System for Hertfordshire Children's Centres.

4. Risk factors

This section explores some of the key risk factors that make individuals more vulnerable to becoming victims or perpetrators of domestic abuse. Domestic abuse is a serious and complex issue which has significant health and social costs to individuals and the wider community, therefore a clear understanding of the patterns and predictors of domestic abuse is critical to inform preventative strategies and protect victims.[9]

Risk factors have been explored under four key domains: individual; relationship; community and society (see *Table 50*). The risk factors explored in this chapter have been validated by academic research and evidence, which is cited throughout. It is important to recognise that risk factors are not direct causal links, but rather correlated – for example, a boy who witnesses abuse of his mother by his father as a child will not necessarily become a perpetrator later in life, nor is a woman of high socioeconomic status immune to domestic abuse.

Table 50: Evidenced examples of risk factors for domestic abuse.

Domain	Victimisation	Perpetration
Individual	Gender Age Disability Low education Pregnancy Drug/alcohol use Mental health Perception of low risk of harm Female violence towards male partners	Gender Age Drug/alcohol use Previous criminality Adverse childhood experiences Childhood behaviour problems Anger and hostility Desire for power and control in relationships
Relationship	Marital conflict (e.g. separation) Poor family relationships Social isolation or lack of social support Repeat victimisation	Marital conflict (e.g. separation) Poor family relationships Social isolation or lack of social support Association with aggressive peers
Community	Low income Unemployment Poor neighbourhood support	Low income Unemployment Poor neighbourhood support
Society	-	Cultural norms tolerant of violence Traditional gender role ideology

Victims and perpetrators of domestic abuse often show a multitude of risk factors across different domains, whereas some individuals will display more risk factors under one domain. Risk factors tend to have a cumulative impact on domestic abuse, whereby the more risk factors an individual has, the greater the likelihood of them becoming a victim or perpetrator of domestic abuse. Risk factors can also increase the impact of domestic abuse, in terms of the level of trauma it causes.

It is important to recognise that the presence of one or more of these risk factors does not predispose an individual to domestic abuse, but have been evidenced to increase the risk of domestic abuse. It should also be noted that some risk factors for victims may also be a consequence of victimisation.

4.1 <u>Victims</u>

4.1.1 Gender

- Women are considerably more likely than men to be victims of domestic abuse. Approximately three quarters (75%) of domestic abuse-related offences in the last reporting year involved female victims, compared to just 25% for male victims (though this should be interpreted with caution as there is more under-reporting among males). This pattern is similar across the majority of domestic abuse offence categories with the exception of sexual offences, which are even higher at 96% female victims.[2]

- Women are significantly more likely to be the victims of high risk or severe domestic abuse. The latest national figures show that female victims account for 95% of high risk cases that are referred to MARAC.[2]

4.1.2 Age

- The risk of victimisation of intimate partner violence is highest in young adulthood. The 2017/18 Crime Survey for England and Wales (CSEW) found that women aged 20-24 were significantly more likely than any other age group to be victims of domestic abuse. For male victims, the most common age range was 16-24 years.[4]

- However, the risk of domestic homicide is highest in middle adulthood. Between April 2014 and March 2017, the majority of adult domestic homicide victims in the UK (34%) were aged 35-49, with an average age of 47.[2]

4.1.3 Disability

- Disabled people experience disproportionately higher rates of domestic abuse than people without a disability. Disabled victims of domestic abuse often:
  - Experience domestic abuse more frequently and for longer periods of time;
  - Encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers;
  - Experience domestic abuse in wider contexts and by greater numbers of significant others (including intimate partners, family members, personal care assistants and health care professionals);
  - Are in particularly vulnerable circumstances that may reduce their ability to defend themselves or escape or report the abuse;
  - Experience barriers to accessing healthcare services.[2,10]

- Individuals with long-term illnesses or disabilities are almost three times as likely to suffer domestic abuse. The 2017/18 CSEW showed both women and men with a long-term illness or disability were more likely to be victims of domestic abuse in the last year (16.8% and 9.8% respectively), compared to those without a disability (6.3% and 3.5%).

- In the latest reporting year, 15% of clients accessing Independent Domestic Violence Advisor (IDVA) services had a disability. The most common types of disability are physical disability (9%) and learning disability (3%).[2]

- The National Stalking Helpline report that 12% of callers reported that they had a disability, with 15% choosing not to disclose their disability information.

4.1.4 Drug and alcohol misuse

- Caution should be taken when making inferences about the relationship between alcohol and/or drug use and partner abuse victimisation because drug and alcohol use can make a person more vulnerable to victimisation and can also increase a person's risk of substance dependency as a consequence of domestic abuse.[4,11]

- Victims of domestic abuse often turn to drugs and alcohol as a coping mechanism or they may be forced to use drugs or alcohol by the perpetrator as a means of control. Drug and alcohol use can make it more difficult for victims to keep themselves safe or to escape the abuse. The perpetrator may say that any physical injuries were caused by a fall when the victim was drunk, and the victim may not remember how the injuries were caused. Victims may also feel embarrassed, making it more difficult to disclose abuse.[11]

- Analysis of the CSEW 2017/18 found that around twice as many adults aged 16-59 who had taken illicit drugs in the last year reported being a victim of partner abuse, compared with victims that hadn't taken drugs in the last year (9.7% compared with 3.9%).[4]

- Frequent alcohol consumption had no significant correlation with domestic abuse victimisation for women; however, men aged 16-59 who consumed alcohol three or more days a week were over 4 times as likely to have reported being a victim of partner abuse (3.8% compared with 0.9%).[4]

- The risk of suicide for victims of domestic abuse is approximately 1.68 times greater for those with alcohol issues and 1.59 times greater for those with problematic drug use.[12]

4.1.5 Mental health

- Research suggests that women experiencing domestic` abuse are more likely to experience a mental health problem, while women with mental health problems are also more likely to be domestically abused. For this reason, caution should be taken when making inferences about the relationship between mental health and domestic abuse victimisation.

- Domestic abuse has a significant cost to mental healthcare services. The cost to the NHS for physical injuries is around £1.2 billion a year, however an important element of mental healthcare adds an additional estimated £176 million.[13]

- Experiences of domestic abuse, and other forms of gender-based violence, are known to have long term adverse impacts on psychological wellbeing, particularly when these harms are both traumatic and chronic in nature. In 2018, 42% of victims accessing Independent Domestic Violence Advisor (IDVA) services reported had mental health problems, which has been gradually increasing over the last two years.[2,12]

- Domestic abuse is associated with depression, anxiety, Post-Traumatic Stress Disorder (PTSD) and substance abuse in the general population. For many abused individuals, the psychological distress they experience is a consequence of the abuse they have endured and so leads them to rationalise abusive behaviour as expected or 'normal'.[12,14] Research with victims has found the impact of domestic abuse to be indicative of trauma responses (e.g. fear, loss of sense of self, self-harm, flashbacks and self-medicating) and the impacts are long-lasting beyond when the abuse has stopped.[15]

- Domestic abuse has been shown to increase the risk of suicide for victims. A recent piece of research published by Refuge and Warwick Law School in September 2018[12] found that almost a quarter (24%) of Refuge's clients have felt suicidal during their life. In addition to this:

  - **86%** scored above the cut off for clinical concern on measures of psychological distress;
  - **83%** reported feeling despairing and hopeless;
  - **18%** had made plans to end their life;
  - **3%** had made at least one suicide attempt.

- Some studies have found that the combination of physical and sexual abuse results in more suicidality than physical abuse alone[16], whilst other studies indicate that cumulative harm involving psychological, physical and sexual abuse increases the risk of suicide.[17] Suicidality can be influenced by social isolation, depression, distress, hopelessness, PTSD and prior experiences of childhood abuse.[12]

4.1.6 Pregnancy

- Domestic abuse is more likely to begin or escalate during pregnancy. Research published by the Department of Health found that 40-60% of women experiencing domestic violence are abused while pregnant. Furthermore, 30% of women who suffer from domestic abuse during their lifetime report that the first incidence of domestic violence happened while they were pregnant.[18]

- Domestic abuse during pregnancy puts the victim and their unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth weight, and injury or death to the baby. It can also cause women to experience emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby in the womb and after birth.[19]

- A US study examining the impact of emotional and physical intimate partner violence on women and children found that emotional victimisation is associated with poorer overall health for the mother, elevated maternal depression, poorer overall health for the child, and difficult child temperament.[20]

- Women experiencing domestic abuse may have particular difficulties using antenatal care services: for example, the perpetrator of the abuse may try to prevent them from attending appointments, or the woman may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation.[21]

4.1.7 Repeat victimisation

- Repeat victimisation amongst victims of domestic abuse is common. National data from the latest reporting year shows that 28% of cases discussed at Multi-Agency Risk Assessment Conferences (MARACs) involved repeat victims[2], however for Hertfordshire this is higher at 29% repeat victims (see data on *page 28*).

- Research has estimated that around 35% of households that experience a first assault will experience a second assault within five weeks.[18]

- Domestic abuse has more repeat victims than any other crime. On average, research estimates that victims are assaulted 35 times before contacting the police.[22]

4.1.8 Separation and divorce

- Domestic abuse is higher amongst couples that are separated or divorced. Research shows that cohabiting and separated couples are more likely to engage in intimate partner violence than married or dating couples.[23–25]

- Women who are separated have the highest prevalence of experiencing any domestic abuse (20%) compared to other marital status such as married/civil partnership (4%) or cohabiting (7%).[18] Furthermore, cohabiting or married mothers are less likely to be victims of intimate partner violence.[26,27]

4.1.9 Socioeconomic status

- Significant associations have been found between socioeconomic status and domestic violence. Many studies have found that low annual household income is associated with greater levels of domestic violence, which has been found to be consistent across several ethnic groups.[27,28]

- The Crime Survey for England and Wales (CSEW) found that women and men in lower household income brackets (under £10,000) are more likely to experience domestic abuse compared to those in higher income ranges (over £50,000). Domestic abuse prevalence is also higher in both women and men living in the 20% most deprived areas of England and Wales.[29]

- Victims may be afraid to leave their domestic abuse situation if they are financially dependent on the abuser.[29]

- Many domestic abuse victims end up homeless due to the combination of violence and poverty they have endured (see *page 74*). Victims with low household incomes sometimes feel there is little housing and financial support available to them, creating barriers to them escaping the abuse.[30]

4.2 Perpetrators

4.2.1 Gender

- The majority of recorded domestic violence is committed by men against women, which is consistent across most measures of domestic abuse. Men are also more likely to be perpetrators of serious harm, with police data showing that 87% of domestic homicide suspects between 2014/15 and 2016/17 were male.[2]

- Academic research strongly suggests that reinforcement of gender stereotypes beginning in childhood can contribute towards the development of violent behaviour in later life. Research claims that by age five, most boys and girls have internalised gender expectations taught to them by their families, school, religion and society. In some instances, boys will have been socialised for violence by being taught that 'masculinity' means being tough, powerful and intimidating, which can increase their chances growing up to become violent men.[31,32]

- While most domestic abuse is committed by men, the number of female perpetrators of domestic abuse has increased significantly over recent years. Over the last 5 financial years from 2012/13 to 2017/18, the number of female defendants in domestic abuse-related prosecutions has increased by 50%.[2]

4.2.2 Age

- Research suggests that younger people are more likely to be perpetrators of intimate partner violence, with the risk of intimate partner violence gradually declining with age.[27]

- Academic research has found links between age and gender in predicting intimate partner violence. A previous study found that young women were more likely than men to initiate physical aggression in late adolescence, but the prevalence of aggression becomes similar by around age 26 years.[33]

4.2.3 Adverse Childhood Experiences (ACEs)

- Adverse Childhood Experiences (ACEs) are events that children can be exposed to while growing up that can increase the risk of poorer life outcomes and harmful behaviour in later life. Examples include: childhood abuse; family breakdown; exposure to domestic violence; living in a household affected by substance misuse; mental illness; or family incarceration. Individuals that have been exposed to trauma can be overwhelmed when faced with stress and have difficulty regulating their emotions and forming healthy relationships.[34]

- ACEs have been identified as one of the strongest predictors of harmful behaviours in later life and can increase the risk of both perpetrating and experiencing domestic abuse. A Public Health study of adults across Hertfordshire, Luton and Northamptonshire found that adults with 4 or more ACEs were 10 times more likely to have been a perpetrator of violence than individuals with no ACEs (see *Appendix 2*). When adjusted to population demographics, the study estimated that at least 4 in 10 adults (44%) in Hertfordshire have experienced one or more ACEs, with approximately 1 in 10 adults (9%) having experienced four or more ACEs during their lifetime.[34]

Figure 32: Estimated prevalence of ACEs in Hertfordshire (2016)

CHILD MALTREATMENT

Verbal abuse
23%

Physical abuse
14%

Sexual abuse
6%

CHILDHOOD HOUSEHOLD INCLUDED

Parental separation
18%

Domestic violence
16%

Mental illness
11%

Alcohol abuse
11%

Drug use
4%

Incarceration
3%
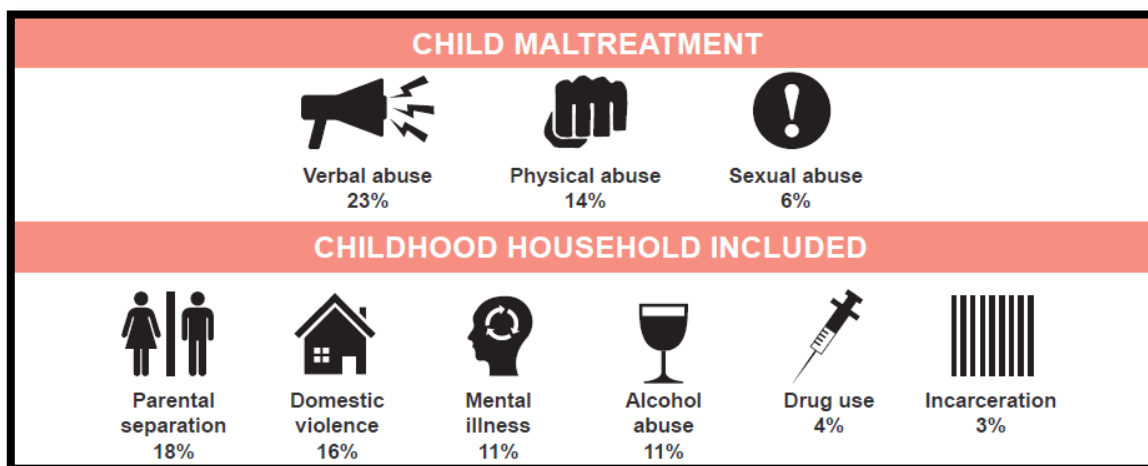
Source: Centre for Public Health.[34]

- Research on ACEs indicate that effective prevention of ACEs would reduce the prevalence of health-harming behaviours that are known risk factors for domestic violence (e.g. substance misuse, previous criminality, child abuse), as well as preventing violence by breaking the cycle of adversity which some families become trapped in.

4.2.4 Drug and alcohol misuse

- Alcohol consumption is widely considered to be a key risk factor for domestic violence because of its two-way association with aggressive behaviour.[35] Alcohol is related to increased levels of domestic violence, with likelihood elevated further where both partners use alcohol.[27]

- The latest Crime Survey for England and Wales (2017-18) found that approximately 17% of domestic abuse victims reported their offenders being under the influence of alcohol at the time of the latest incident, with a further 21% not sure or not wanting to disclose if the offender was under the influence of alcohol.[4]

- Drug use has been less commonly examined as a risk factor for domestic abuse than drugs, however research has identified links between drug use and violence perpetration.[27] The latest Crime Survey for England and Wales (2017-18) found that approximately 11% of domestic abuse victims reported their offenders being under the influence of drugs at the time of the latest incident, with a further 11% not sure or not wanting to disclose if the offender was under the influence of drugs.[4]

- Simultaneous misuse of alcohol with cannabis and/or other hard drugs, including the selling of drugs, have been associated with higher rates of intimate partner violence.[27]

4.2.5 Previous criminality

- Domestic abuse is more likely where the perpetrator has a previous conviction, whether or not the conviction is related to domestic abuse. Research suggests that a substantial proportion of domestic abuse offenders commit further violent offences, both domestic and non-domestic.[25,36]

- National research funded by the Home Office in 2006[37] showed that a significant proportion of male perpetrators of domestic abuse had previous convictions. Of 230 convicted domestic abuse offenders who had been court ordered to attend the Domestic Violence Probation Programme (DVPP):

  - **83%** had a <u>previous conviction</u>;
  - **71%** had a previous conviction for a <u>non-violent offence</u>;
  - **54%** had a previous conviction for a <u>violent offence</u>;
  - **5%** had a previous conviction for a <u>sexual offence</u>.

  Furthermore, the study found that offenders that were categorised as generally violent and/or anti-social were more likely to have previous convictions, higher rates of alcohol dependency and to have been in trouble for bad behaviour at school.[37]

- Approximately half of domestic abuse offenders are rearrested within 10 years of their initial arrest. A longitudinal study of a cohort of domestic abuse offenders over a ten year period found that reoffending for both domestic and non-domestic violence often occurs shortly after the offenders' initial domestic abuse offence, with almost half of reoffenders being rearrested within 3 months and younger participants show higher rates of rearrests. These results demonstrate that fast track intervention may be effective in reducing domestic violence crimes as well as non-domestic crimes.[36]

- Domestic abuse offenders are more likely to be rearrested for domestic violence crimes where the offender is younger, not married to the victim, has previously been arrested for domestic abuse crimes and/or has a protection order against them.[36]

4.2.6 Conduct problems, anger and hostility

- Problem behaviours relating to the childhood diagnosis of conduct disorder and the adult diagnosis of anti-social personality disorder have been widely linked to domestic violence offending. Research has shown that early aggression, anti-social personality disorder and hostility are all significant predictors of domestic violence, which has been found to be consistent for both men and women.[27,38,39]

- Childhood behavioural disorders, such as conduct disorder, can also put individuals at higher risk of perpetrating violence. Conduct disorder can be an indicator for persistent anti-social behaviour and aggression in adolescence, which can persist into violent offending in adulthood.[40] Public Health England estimates that approximately 5% of children (n=8,339) aged 5-16 in Hertfordshire have a conduct disorder.[27,41]

4.2.7 Poverty and unemployment

- Research has identified links between poverty and unemployment and domestic abuse offending. Poverty and the strains that accompany it can make individuals living in a poor household feel frustrated, angry and inadequate, which in turn may lead individuals to use other family members as an outlet for their anger and frustration.[42]

- Research has found that education is a more significant predictor of domestic violence perpetration than employment status.[27]

4.3 Specific population groups

4.3.1 Men

- Results from the Crime Survey for England and Wales indicate that the proportion of domestic abuse victims who are male is increasing, with the difference between the prevalence of domestic abuse for men and women is at its lowest since 2004/05.[43]

- Male victims of domestic abuse are over three times as likely as women not to tell anyone about the partner abuse they are suffering from (39% for males compared to 12% for females). Only 10% of male victims will tell the police, compared to around 26% of women.[43]

- Men are less likely to seek medical advice during their abuse than women. Of those that reported suffering from partner abuse in 2014/15, only 27% of men sought medical advice compared to 73% of women.[43]

- The most commonly cited reasons for men not leaving abusive relationships include: concerns about their children (89%); marriage for life (81%); love (71%); the fear of never seeing their children again (68%); belief that the abuser will change (56%); financial concerns (53%); nowhere to go (52%); embarrassment (52%); not wanting to take kids away from their parents (46%); threats that their abuser will kill themselves (28%) and fears the abuser will kill them (24%).[44]

4.3.2 Older people

- Many of the problems facing older victims are common to all of those experiencing domestic abuse. However, older victims' experiences are often exacerbated by social, cultural and physical factors associated with old age, such as health and dependency.[45]

- A study by Safe Lives on domestic abuse and older people in 2016 found that older domestic abuse victims show significantly different characteristics and behaviours than younger clients. For example, older clients are much more likely to have a disability; live with domestic abuse for a longer period of time before seeking support; and live with the perpetrator after seeking support (see *Table 51*).

Table 51: *Profile of older clients (61+) accessing IDVA services compared to clients aged 60 and under*

Profile of clients	60 and under	Over 60
Current partner is perpetrator	28%	40%
Adult family member is primary perpetrator	6%	44%
Male clients	4%	21%
Attempted to leave the perpetrator	68%	27%
Living with perpetrator after getting support	9%	32%
Average length of abuse	4 years	6.5 years
Clients with a disability	13%	48%
Physical abuse	69%	69%
Sexual abuse	25%	10%
Harassment and stalking	73%	57%
Jealous and controlling behaviours	83%	73%

Source: Safe Lives.[45]

- Despite evidence to suggest that domestic abuse is just as significant an issue for older people, older women are largely absent from domestic abuse support services. The Women's Aid Annual Survey 2019 found that only around 3.4% of service users were over the age of 60.[46]

- Older victims of domestic abuse are less likely to use specialist services for a number of reasons. Some older victims are less likely to see domestic abuse services as relevant for them if they do not associate the term 'domestic violence' or 'domestic abuse' with their situation. Older people may also find it more difficult to ask for help or attempt to leave an abuser if they are financially dependent or them or because of health issues that are more prevalent in later life.[47]

- Professionals that come into contact with older survivors of domestic abuse may not recognise them as victims or may not believe that older people can be perpetrators of domestic abuse, therefore be less likely to refer or signpost older victims to specialist domestic abuse support.[47]

4.3.3 Children and young people

- Domestic abuse is nationally defined as behaviours taking place between people who are aged 16 and over; however, young people can experience domestic abuse in a multitude of ways. They can:
  - experience or witness domestic abuse in the family home and may be directly victimised by the perpetrator of that abuse;
  - experience domestic abuse in their own intimate partner relationships; and/or
  - demonstrate harmful behaviours themselves, towards partners or family members.[48]

- Young people aged 16-19 experience higher proportionate rates of domestic abuse than any older age group.[48]

- A study of 13 to 17 year olds by the NSPCC suggests that domestic abuse can begin earlier than 16 years in adolescence for large numbers of young people. A quarter (25%) of girls and 18% of boys in the study reported having experienced some form of physical violence from an intimate partner.[48,49]

- A recent study by Safe Lives (2017) on young people and domestic abuse[48] found that:
  - almost a quarter (**23%**) of young people exposed to domestic violence are also demonstrating harmful behaviours themselves;
  - over half (**61%**) of young people who were demonstrating harmful behaviour were doing so towards their mother;
  - **31%** of girls and **16%** of boys reported some form of sexual abuse within their relationships;
  - less than half **(45%)** of young people in an abusive intimate relationship were known to children's social services;
  - young people were more than twice as likely to self-harm compared to older victims (**30%** compared to **14%**);
  - **49%** of boys and **33%** of girls aged 13–14 thought that hitting a partner would be 'okay' in at least one of twelve scenarios they were presented with.

- Young people commonly experience abuse through new technologies and social media, which can be used as a monitoring or harassment tool by the perpetrator.[48]

- Young people experience a complex transition from childhood to adulthood at a vulnerable point in their lives, which impacts on behaviour and decision making. It may impact on the way that they respond to the abuse as well as the way that they engage with services. Adverse childhood experiences of young people, whether related to domestic abuse or otherwise, are important in understanding the behaviour of young people experiencing domestic abuse and informing the support that is provided.[48]

4.3.4 Minority ethnic groups

- Rates of domestic abuse victimisation are higher amongst individuals from Black, Asian and Minority Ethnic (BAME) groups. In Hertfordshire since January 2016, approximately 13% of domestic abuse victims have been from minority ethnic groups (though this is likely to be significantly underestimated), compared to 12% of the Hertfordshire population which are estimated to be from a minority ethnic group (see *page 21*).[50]

- A survey of women using specialist BME domestic abuse services found that 96% reported experiencing psychological, emotional and verbal abuse, 72% had experienced physical violence and 30% had experienced attempted and/or threats of murder. A large number of BME survivors were trapped in violent relationships for a long time; 26% had been in a violent relationship for 20 years or more; and 18% for five years or more.[51]

- BAME survivors may not report abuse to the police for a range of reasons, including concerns about the impact or stigma on their wider family or community, language difficulties and feeling distrustful of the police because of past negative experiences. Victims born outside of the UK can be forced to endure abuse because of fears of being deported by their husbands and families and having their children taken from them.[52,53]

4.3.5 LGBT+ victims

- The most common portrayal of domestic abuse is that of a male perpetrator and female victim within a heterosexual relationship; however, domestic abuse can be experienced and perpetrated by people of all gender identities and sexual orientations.[*] LGBT+ victims are considered a 'hidden' group of domestic abuse victims, often with unmet needs and different levels of risk.[54]

- The Office for National Statistics estimated that in 2017 approximately 2.5% to 4.7% of the East of England population were LGBT+, which is slightly lower than the national average of 2.6% to 6.7%.[†]

- A recent piece of research published by Safe Lives in 2018[54] found that compared to heterosexual domestic abuse victims, LGBT+ victims are:

  - **more than twice as likely** to have <u>self-harmed</u> (32% for LBGT+ victims compared to 14% of non-LGBT victims);
  - **almost twice as likely** to have <u>attempted suicide</u> (28% for LBGT+ victims compared to 15% of non-LGBT victims);
  - **more likely** to be abused by <u>multiple perpetrators</u> (15% for LBGT+ victims compared to 9% of non-LGBT victims);
  - **twice as likely** to have experienced <u>historic abuse by a family member</u> (6% for LBGT+ victims compared to 3% of non-LGBT victims);
  - **more likely** to present with higher levels of <u>complex needs</u> including substance misuse, mental health problems and self-harm;
  - **more likely** to experience a <u>higher prevalence of controlling behaviour</u>, harassment, sexual abuse and physical abuse (see *Figure 33*).

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[*] LGBT+ refers to individuals that identify themselves as lesbian, gay, bisexual, or transgender (LGBT) plus. The term plus is used to denote the spectrum of sexual and gender identities that people have. These may include, but are not limited to polysexual, pansexual, queer, asexual, non-binary, intersex, and genderqueer.
[†] Data on sexual orientation is not currently available for any areas lower than regional level. Plans for the 2021 Census include a question on sexual identity, which will be available at county level.

Figure 33: Prevalence of types of abuse for LGBT+ domestic abuse survivors
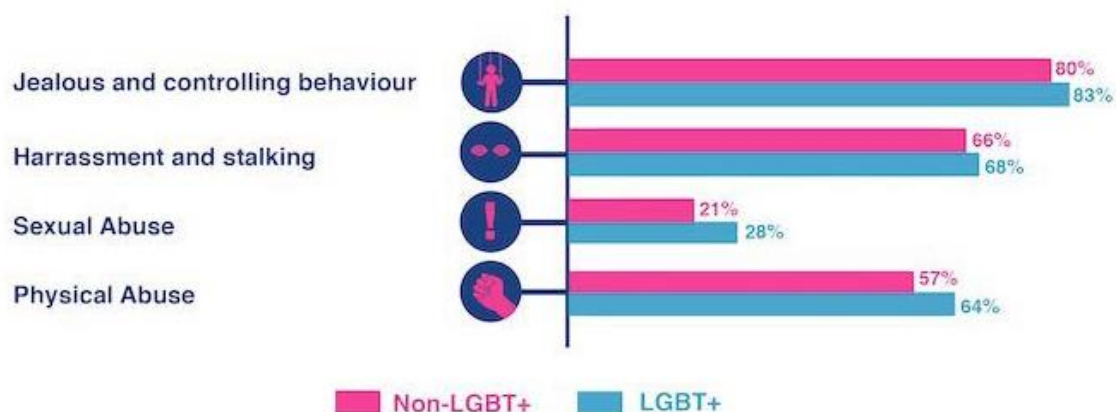
Source: Safe Lives.[54]

- LGBT+ people may also experience unique forms of coercive control targeted at their sexual orientation or gender identity. For instance, the threat of 'outing' a person's gender identity or sexual orientation can be a source of power and control for the perpetrator and can also prevent LGBT victims accessing support.[54]

- LGBT+ victims face additional barriers to accessing support that are unique to their sexual orientation and/or gender identity. Evidence suggests that LGBT+ victims and survivors are not accessing services at the same rate as others in the population. Safe Lives suggest that MARACs and domestic abuse services should expect to see more than 2.5% of referrals for LGBT+ people.[54]

4.3.6 Homeless victims

- In 2017/18, 16.5% of people accepted as statutory homeless by local authorities in England and Wales had become homeless because of domestic violence. For Hertfordshire, the proportion varies by district, with Welwyn Hatfield and North Herts showing the highest proportion of homelessness due to domestic abuse (see *Table 52*).

Table 52: Number of individuals found to be statutory homeless, unintentionally homeless and in priority need due to domestic violence, by district (2017-18)

Local authority	Number with domestic violence	% of total applicants
Welwyn Hatfield	37	19.9%
North Herts	12	19.7%
St. Albans	17	14.2%
East Herts	6	11.1%
Dacorum	15	10.5%
Broxbourne	22	8.9%
Watford	7	5.1%
Hertsmere	7	4.6%
Three Rivers	*	*
Stevenage	-	-

*Figures less than 5 have been supressed (*). Data was not received from Stevenage local authority.
Source: Ministry of Housing, Communities and Local Government.

- Research by Safe Lives[30] on homelessness and domestic abuse (2018) found that:

    - **32%** of homeless women said <u>domestic abuse</u> contributed towards their homelessness;
    - **87%** of women leave refuges for continued <u>temporary accommodation</u>;
    - **62%** of single homeless people are <u>'hidden'</u> from support services and official statistics;
    - **Over half (52%)** of domestic abuse <u>victims need support</u> to help them stay in their own home or move to new accommodation;
    - **Over 10%** of those supported with housing are <u>moved out of their local authority area</u>.

- For many domestic abuse survivors in an insecure housing situation, the prospect of future housing insecurity often acts as a barrier to leaving an abuser.[55]

4.3.7 Gypsies and Travellers

- Research shows that domestic abuse is a significant health issue for the Gypsy and Traveller community. A recent study estimated that between 60-80% of women from travelling communities experience domestic abuse during their lives, compared to 25% of the female population generally.[56]

- While many incidents of domestic abuse are perpetrated by husbands and intimate partners, other family members may be perpetrators of domestic abuse. The isolated nature of Gypsy and Traveller communities can lead to domestic abuse being seen as 'normal' by successive generations of both men and women.[56]

- The Gypsy and Traveller community is a very hard to reach and vulnerable part of society who face discrimination on individual, institutional and societal levels. Although the close-knit nature of Gypsy and Traveller communities is supportive, it can also act as a barrier to seeking help if someone is unable to access services privately or is concerned that a member of the community may tell the perpetrator. Other barriers to help and support can include:

    - fear of racism;
    - concerns about living in a house;
    - racism by or within some refuges;
    - poor literacy, limited access to telephones and other communications;
    - beliefs that it is impossible to escape violence as the partner will find the women and children;
    - lack of knowledge of mainstream services and mistrust of authority;
    - many refuges unable to take large families or won't take more than one traveller.

- In Hertfordshire, there are no local culturally specific services that support people from minority ethnic backgrounds or people from gypsy and traveller communities. There is also limited practitioner awareness in how to effectively support these areas.[57]

5.   Intervention and Prevention

There are a wide range of strategies that can be used to address risk factors for domestic abuse and promote preventative factors across the life course. Some can be implemented universally and others are targeted at specific risk groups. This chapter aims to identify key preventative factors for domestic abuse and summarise some common features underpinning effective, evidence-based programmes.

5.1   Preventative factors

Having explored some of the factors that increase the risk of individuals becoming perpetrators and victims of domestic abuse throughout this report, it is important to look at preventative factors that may protect against people becoming victims or perpetrators of domestic abuse. Understanding preventative factors can help to tailor effective preventions for individuals at different levels of risk. The table below summarises some key factors within each domain that have been evidenced to prevent individuals becoming victims or perpetrators of domestic abuse.

Table 53: Preventative factors for victims and perpetrators of domestic abuse.

Domain	Victims	Perpetrators
Individual	- Low prevalence of health-harming behaviours (e.g. substance misuse, poor mental health) - Concern for safety and welfare of children - Realisation that they are not to blame for the abuse	- Low prevalence of health-harming behaviours (e.g. substance misuse, poor mental health) - Ability to control emotional reactivity - Good conflict resolution skills - Coping ability for dealing with stress - Low impulsivity - Empathy and respect for others - Ability to evoke positive responses in others
Relationship	- Healthy and stable relationships - Cohesive, non-conflictual family environment - Good social support networks - Fewer violent previous relationships	- Healthy and stable relationships - Cohesive, non-conflictual family environment - Good social support networks - Healthy parent-child relationships - Family standards of non-violence
Community	- Access to health care and support services in the community - Economic stability - Quality response services with skilled staff trained to identify and respond to DA - Availability of safe spaces / shelters - Willingness of neighbours to intervene where they witness DA	- Access to health care and support services in the community - Economic stability - Connectedness with friends and adults in the community - Strong sanctions against DA - Schools that teach healthy beliefs
Society	-	- Social and cultural norms that promote gender equality - Intolerance for domestic violence across all cultures and social groups

5.2   Effective prevention for different levels of risk

Effective intervention programmes are key to preventing people from becoming perpetrators or victims of domestic abuse. The fact that domestic violence and abuse is a cross cutting issue not solely owned by any one local service (such as safeguarding or community safety) can mean that leadership is shared locally and so activity can be difficult to corral.

The effectiveness of interventions is dependent on several factors and need to be tailored to an individual's level of risk. For example, effective early intervention for individuals displaying early risk factors for abusive behaviour may not be equally effective for perpetrators of domestic abuse. A review undertaken by the Early Intervention Foundation[58] identified three broad approaches for domestic abuse interventions to address different levels of risk (see *Figure 34*).

Figure 34: Approaches for domestic abuse intervention for different levels of risk

Universal services (primary prevention)
Seeks to shape views and behaviours before abuse has ever occurred, often administered through school based or educational campaigns.

Early intervention (secondary prevention)
Involves identifying and intervening with those at particular risk of domestic abuse, e.g. displaying risk factors for domestic abuse (see *Risk Factors*)

Late prevention (remedial prevention)
Involves intervening after violence has been clearly identified and is causing harm, e.g. treatment services for perpetrators of domestic abuse.

Source: Early Intervention Foundation[58]

The effectiveness of preventative strategies for domestic abuse depends on the stage of prevention required and not all interventions will be effective in reducing offending at each stage. The earlier risks are identified, the greater the chance of working positively with the individual to increase protective factors and provide the most appropriate support.

The Hertfordshire Domestic Abuse Strategy defines prevention in terms of preventing domestic abuse occurring, recurring or escalating. This concept of taking a preventative approach at all stages is helpful in overcoming any assumptions that earlier interventions can always be light touch. In reality, when domestic abuse is disclosed for the first time, it can bring to light complex trauma histories that require sufficiently deep support in order to break the cycle of domestic abuse.

The Early Intervention Foundation estimates that nearly £17 billion is spent by the public sector nationally on late intervention per year, of which the second largest individual cost is associated with domestic abuse. More specifically, annual late intervention costs are estimated at £270 million per year in Hertfordshire.[59] A considerable amount of these costs could be avoided by addressing domestic abuse offending before late intervention is required, at the primary and secondary stages of prevention.

5.2.1 What works?

There are conflicting views within research on what preventative approaches to domestic abuse offending are effective and non-effective. The review undertaken by the Early Intervention Foundation[58] identified several types of interventions which have been evidenced as effective in reducing domestic abuse offending behaviour, which are summarised in *Table 54*.

Table 54: Evidenced effective domestic abuse perpetrator interventions by level of risk

Target population	Effective types of programmes
Universal services: for all individuals not currently involved in domestic violence or abuse.	• Programmes that seek to change attitudes towards domestic abuse, reduce gender stereotyping and improve conflict management. • School-based adolescent dating violence prevention programmes. • Skills-based programmes aimed at developing communication skills and encouraging behavioural change.
Early intervention: for individuals at particular risk of domestic violence and abuse.	• Couples-based approaches concerned with improving father's involvement in family life and building positive parent-child relationships. • School-based programmes with teachers equipped to handle disclosures and concerns. • Public education campaigns tailored to address the unique perspectives of domestic abuse. • Co-parenting counselling aimed at developing positive relationship skills during unplanned pregnancy. • Skills-based programmes aimed to develop interpersonal skills, problem solving abilities and conflict resolution skills. • Education-based programmes designed to enhance cultural awareness of attitudes towards gender violence.
Late intervention: for high or medium risk perpetrators of domestic violence and abuse.	• Individually tailored intervention programmes combined with community outreach services. • Combined substance misuse and domestic violence treatment programmes. • Trauma-focused therapy addressing specific personal histories. • Education-based interventions aimed to improve attitude towards domestic abuse, make positive change and demonstrate empathy. • Couples-based counselling.

Source: Early Intervention Foundation.[58]

It is important to consider that whilst these interventions are considered to be effective in reducing domestic abuse, it is not to say that all such programmes will be effective for all individuals at all levels of risk. Despite this, there are several key features of these domestic abuse interventions across the four domains (individual, relationship, community, society) that are associated with their effectiveness. These include:

- **Teaching safe and healthy relationship skills:** Most effective programmes have an element of supporting people to develop their interpersonal and communication skills, express positive emotions and encourage empathy, as well as addressing healthy and unhealthy relationship patterns.

- **Conflict resolution and problem-solving skills:** Teaching individuals how to manage conflict and hostility effectively within intimate and family relationships is crucial in preventing individuals using harmful behaviour to resolve conflicts and relieve frustration.

- **Addressing wider determinants:** The most effective interventions for perpetrators of domestic abuse are holistic and address wider determinants and complex needs that may underpin domestic abuse and violence (e.g. substance abuse, mental health, adverse childhood experiences).

- **Changing attitudes around gender inequality:** Effective programmes seek to create positive changes in peoples' attitudes towards violence and gender inequality in order to challenge existing cultural and traditional gender stereotypes around partner violence.

- **Individually tailored intervention:** Academic research generally indicates that individually delivered interventions have a greater effect on reoffending and attitudinal outcomes than group-based interventions because they are able to reflect and address specific personal histories and experiences.

- **Parenting-based programmes:** Many parenting-based programmes have been effective in primary and secondary prevention for supporting the prevention of abusive behaviour and the impact it has on children, though they are not recommended for couples where domestic abuse is already present.

- **Longer term exposure to ideas:** Research suggests that programmes with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions.[60]

5.2.2   What may not work?

- **Duluth Model based programmes**: The effectiveness of Duluth-based perpetrator programmes that seek to challenge a perpetrator's perceived right to control is greatly contested. Many studies report that the effects of Duluth based interventions are not as effective on reoffending and violence outcomes (see *Box 9*).

Box 9: Duluth Model perpetrator interventions

The Duluth Model has been the most frequently used domestic abuse perpetrator treatment model. It tends to be based on the theory that domestic abuse is gender-specific behaviour and that men are socialised to take control and use physical force when necessary to maintain dominance. Providers tend to emphasise a range of approaches to treatment and a holistic approach to treatment based in community psychology that emphasises the importance of a community response and not just a standalone perpetrator programme.

The criticism of the Duluth model of perpetrator programme is often that it insufficiently reflects the issues of mental illness, substance abuse, anger, stress or dysfunctional relationships that may underpin domestic abuse. The approach tends not to consider the intervention to use standard mental health diagnostic tools, but in its narrow form seeks to challenge the perpetrator's perceived right to control or dominate their partner through the use of the "Power and Control Wheel" to illustrate that violence is part of a pattern of intimidation, male privilege, isolation and emotional abuse. Academic research argues that this type of intervention has limited effects on reoffending and violence prevention outcomes.

- **Narrow parenting programmes:** Evaluative research suggests that standard parenting programmes are not effective unless they acknowledge and work with other important contextual factors that may have an effect on domestic abuse offending, such as mother's communication, anger and stress management, problem solving etc.

- **Group-based interventions:** Group-based interventions for perpetrators of domestic abuse are often found to have less effect on offending outcomes than individual interventions as there is less opportunity to address specific personal histories.

- **Interventions based on feminist theory:** Perpetrator programmes based solely in feminist theory have been found to be ineffective in reducing domestic abuse reoffending, which suggests that more should be done to develop approaches in different theoretical frameworks.

Overall, the most effective domestic abuse preventative approaches across all levels of risk are those that aim to change attitudes, values and behaviour across all four domains (individual, relationship, community and society) and address wider vulnerabilities that may lead to domestic abuse offending.

Although we focus on programmes that enable prevention, it is important to emphasise that programmes can only be effective if they are delivered appropriately, to the right people at the right times. Often this requires interaction between different elements of service provision, which may be critical in achieving effective prevention of domestic abuse. While commissioners should not dismiss these less effective programmes altogether, the evidence explored above suggest the need to improve domestic abuse provision locally by tailoring available programmes for specific clientele, rather than rigidly adhering to one single method of intervention.[58]

Hertfordshire Domestic Abuse Strategy defines prevention in terms of preventing domestic abuse occurring, recurring or escalating. This concept of taking a preventative approach at all stages is helpful in overcoming any assumptions that earlier interventions can always be light touch. When domestic abuse is disclosed for the first time, it can bring to light complex trauma histories that require sufficiently deep support in order to break the cycle of domestic abuse.

5.3   Public health approaches

Domestic abuse has traditionally been a crime-led issue, however it is now being rightly viewed as a public health issue. Interventions, especially those in early childhood, not only prevent individuals developing a propensity for violence but also improve educational outcomes, employment prospects and long-term health outcomes. By adopting a public health approach, this puts a focus on primary prevention, which aims to prevent abuse before it starts.

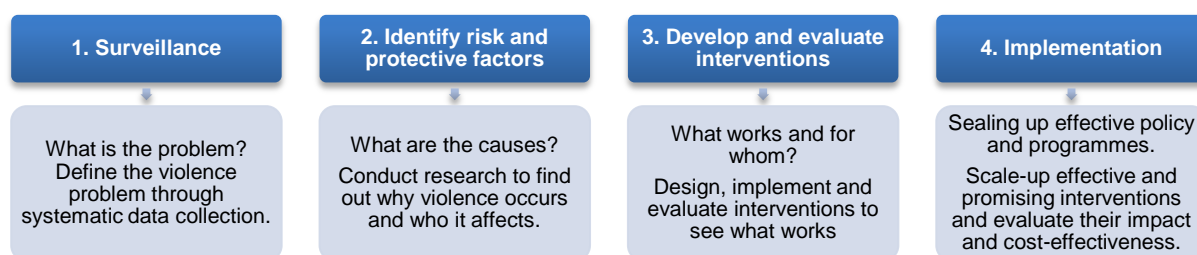Domestic abuse is so prevalent in our society that NHS staff will be in contact with victims and perpetrators across the full range of health services. The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. Given that only 1 in 5 victims report their abuse to the police, health services are often the first point of contact for people that have experienced violence.[61]

5.3.1 Violence prevention framework

The principles of public health provide a useful framework for understanding the causes and consequences of violence and for preventing violence through primary prevention programmes. This public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood of an individual becoming a victim or a perpetrator of violence.

The World Health Organisation[62] identified four steps to the approach, which are described in *Figure 35*. Research suggests that there is value in applying the principles of this approach to all types of violence, including domestic violence.

Figure 35: Public health violence prevention framework

1. Surveillance	2. Identify risk and protective factors	3. Develop and evaluate interventions	4. Implementation
What is the problem? Define the violence problem through systematic data collection.	What are the causes? Conduct research to find out why violence occurs and who it affects.	What works and for whom? Design, implement and evaluate interventions to see what works	Sealing up effective policy and programmes. Scale-up effective and promising interventions and evaluate their impact and cost-effectiveness.

Source: World Health Organisation.

Long-term success in the prevention of violence will depend on comprehensive approaches at all levels. At the local level, partners may include health care providers, police, educators, social workers, employers and government officials. Small-scale pilot programmes and research projects can provide a means for ideas to be tried out and opportunities for a range of partners to become used to working together. Structures such as working groups or commissions that draw together the different sectors and maintain both formal and informal contacts are essential for the success of this type of collaboration.

5.3.2 Hospital-based IDVAs (Themis project)

Victims of domestic abuse in hospital are often in the immediate aftermath of a crisis: severe physical assault, drug/alcohol related medical needs, attempted suicide or self-harm. SafeLives research found that nearly a quarter (23%) of victims at high risk of harm and 1 in 10 victims at medium-risk attended A&E departments because of acute physical injuries, with the most extreme cases reporting that they attended A&E 15 times.[61] If domestic abuse were to be responded to effectively when identified in hospital, wider and more detrimental costs could be minimised and harm to victims and children avoided.

Since 2012, SafeLives has been collecting data on support offered by Independent Domestic Violence Advisors (IDVAs) working in hospitals, known as the Themis project.[61] The project was set up to test whether health services might be one of the missing links in identifying those victims who are hidden from other agencies, such as the police. In each of the areas studied, a comparison group of domestic abuse victims from a community domestic abuse service was also studied for comparison. The research found that:

- **Clients are often hidden from other agencies**: only 59% of hospital clients had made reports to the police compared to 73% of non-hospital clients;

Box 10: Hospital-based IDVAs

Hospital-based Independent Domestic Violence Advisors (IDVAs) can provide immediate support and advice to victims of domestic violence within the hospital. The aim of hospital IDVAs is to reduce the risk of further harm and homicide, and to ensure that specialist community-based support is sustained. Hospital-based IDVAs have a role to:
- Provide immediate support and advice to victims of domestic violence within hospital;
- Link individuals and families to longer-term community based support;
- Provide hospital staff with expert training so that they have the confidence to ask about domestic abuse.

Hospital IDVAs may also: liaise with the police regarding bail conditions/remand, engage with housing and refuge providers, work with community and hospital-based mental health or drug and alcohol services, organise applications for civil remedies, refer to adult and/or children's social care (both within and outside of the hospital).

- **Victims are reached at an earlier stage:** 39% of hospital clients are still living with their abuser, compared to only 26% of non-hospital clients;

- **Abuse is more severe:** the prevalence of physical and sexual abuse and jealous and controlling behaviour is higher in hospital clients;

- **Clients are younger:** 19% of hospital IDVA clients are aged under 20 years old, compared to 9% of non-hospital IDVA clients;

- **Clients have more complex needs:** twice as many hospital clients had complex needs identified, which are likely influenced by higher rates of disclosure in a hospital setting.

Evidence from research studies exploring the effectiveness of health professionals asking about domestic abuse shows that without a service to which they can immediately refer, such as a hospital-based IDVA service, the opportunity to intervene will be ignored or ineffective. It is estimated that an additional 10,000 high risk victims of domestic abuse who are unable to access help through the criminal justice system could be supported each year through an improved health care pathway.[61]

Co-location of IDVA services in hospitals also provides easier access to on-site services which benefit these vulnerable victims; for example drug and alcohol, mental health and safeguarding nurse teams. In this way victims are offered a complete package of immediate support. These services should not replace IDVA services in the community, rather they should complement and reinforce them, allowing the model's overall potential to be more fully realised.

5.3.3 Contact with primary care services (Iris model)

Primary care services, particularly general practices (GPs), play an essential role in responding to and help prevent domestic abuse by intervening early, providing treatment and information and referring patients to specialist services. Historically, primary care has been absent from community domestic violence partnerships and there is evidence of poor quality responses where victims do disclose domestic abuse to their GP. Health care professionals are often largely unaware of appropriate interventions and have not received effective training.

The IRIS (Identification and Referral to Improve Safety) model is an effective and proven model which works with GPs to combat domestic abuse and make the most of their opportunities to reach vulnerable victims. IRIS is a general practice-based domestic abuse training support and referrals programme that demonstrates how a user-oriented approach and partnership working can produce notably successful results.[63]

The IRIS approach is a collaboration between primary care and third sector organisations specialising in domestic abuse. Core areas of the programme are:

- training and education;
- clinical enquiry;
- care pathways;
- enhanced referral pathway to specialist domestic abuse services.

The project offers training and advice for GPs and practice staff on how to recognise and enquire about domestic abuse, and a dedicated support service for victims identified. An advocate educator is linked to general practices and based in a local specialist domestic abuse service and works in partnership with a local clinical lead to co-deliver the training to practices. The IRIS approach trains and educates healthcare professionals to do more than simply treat the illness which they are presented with. It has provoked careful but effective changes to the relationship between the patient and the healthcare professional.[63]

As perpetrators of domestic abuse are also patients of the NHS, healthcare professionals are therefore well placed to refer perpetrators to appropriate services. Engaging with men requires a balance between communicating that domestic abuse is never justified and providing a non-judgemental approach that signposts support.[63]

The IRIS approach is used in several areas across the UK with evidenced, cost-effective outcomes; however it is not currently used in Hertfordshire. Adopting the IRIS model in Hertfordshire may be a cost-effective intervention to improve the local healthcare response to domestic abuse and ensure that more victims and perpetrators are identified and signposted to appropriate support services where necessary.

More information on the IRIS model and commissioning guidance can be seen here.

6.   Analysis

6.1   What the evidence tells us

- The data examined in this report indicates that domestic abuse offences, safeguarding referrals and victim referrals to IDVA services have slightly increased in the last couple of years. While it is not possible to quantify the extent to which these increases are due to improved awareness and reporting rather than an increasing incidence rate, the hidden and complex nature of domestic abuse means it is likely to be underreported.

- Local police data shows that victims and perpetrators of domestic abuse in Hertfordshire are most commonly aged between 27 and 36; however, the evidence examined in this report also suggests that domestic abuse amongst older people is significantly underreported. As well as additional barriers they face compared to younger victims, older victims often experience abuse for longer and have higher levels of complex needs, including disability. The population of adults aged 60 and over in Hertfordshire is predicted to increase by approximately 60% over the next 25 years, which may increase the number of older adults experiencing abuse.

- When looking at domestic abuse victims proportionately against the ethnic composition of Hertfordshire, the data shows that there is a significantly higher rate of police reporting from Black/Black British individuals than any other ethnic group. This reflects findings from recent national SafeLives research that found higher rates of domestic abuse victimisation among minority ethnic groups (see page 73) and may indicate that there is significant underreporting among other ethnic groups, including victims of Mixed/Multiple or Asian/Asian British ethnicity. Furthermore, the data shows that there is a significantly higher rate of perpetrators from Black/Black British ethnic groups than any other ethnic group, therefore this indicates a need to ensure that perpetrator programmes address cultural differences and attitudes towards gender violence.

- The data examined in this needs assessment indicates that there are certain risk factors that make individuals more likely to become victims or perpetrators of domestic abuse, including poor mental health, substance misuse, marital conflict and low socioeconomic status. The evidence suggests that adverse childhood experiences and previous criminality (including non-domestic abuse-related convictions) are among the strongest risk factors for domestic abuse offending and have a cumulative impact on offending, whereby the more risk factors an individual presents, the great the likelihood of domestic abuse offending.

- The data and literature analysed in this needs assessment demonstrates that there is significant variation in the nature of domestic abuse experienced by different population groups. Stigma, fear of discrimination and lack of cultural understanding is a common barrier to reporting domestic abuse amongst men victims, LGBT+ victims, minority ethnic groups and Gypsy and Traveller communities. Furthermore, some population groups, including young, LGBT+ and homeless victims, tend to show higher levels of complex needs. Ensuring that interventions and support services are accessible and tailored for these population groups is essential to be able to support all victims across Hertfordshire.

- The effectiveness of domestic abuse interventions and preventative strategies varies significantly for individuals at different levels of risk. The evidence suggests that perpetrators of domestic abuse are likely to need individually tailored interventions which address wider determinants and past trauma, whereas individuals showing early signs of risk benefit from education-based programmes seeking to change attitudes towards domestic abuse, building positive relationships and developing interpersonal and communication skills. While not all interventions will be effective for all levels of risk, local interventions should tailor interventions to levels of risk to maximise their outcomes.

- We know that a considerable proportion of domestic abuse victims have contact with primary and secondary care services during their abuse, yet healthcare sources only account for 11% of referrals to IDVA services in Hertfordshire, with GPs accounting for just 0.3% of referrals. While referrals from A&E departments have increased significantly over the last year, a more collaborative approach between primary care and third sector organisations could improve identification and response to victims of domestic abuse. The IRIS model has been evidenced to be a successful and cost-effective approach to improve local primary care responses to domestic abuse, therefore adopting this model in Hertfordshire may help to identify and work with victims (and perpetrators) at earlier stage.

6.2   Limitations of this needs assessment

- The complex and hidden nature of domestic abuse means that many offences go unreported and undetected. This means that the data examined in this report may not be reflective of the true extent of domestic abuse in Hertfordshire. Furthermore, it is not possible to quantify the overall growth of domestic abuse in Hertfordshire accurately as it is unknown to what extent increases are due to improved awareness and reporting, rather than an increased incidence rate.

- Following the introduction of a new police reporting system Athena in May 2018, there have been several limitations with comparing data before and after this implementation date. Whilst this needs assessment provides overall numbers of domestic abuse crimes, non-crimes and stalking and harassment crimes, there are certain types of data (including demographic data) that cannot be accurately compared across the 2018 calendar year due to changes in reporting. For this reason, some police data has only been analysed up to December 2018 to prevent inaccurate comparisons being made before and after the implementation of Athena.

- There is limited data available to be able to examine victims' contact with healthcare services, including primary and secondary care services. Whilst data is available for hospital admissions due to violence, it is currently not possible to narrow these admissions down to admissions for domestic violence.

- When looking at interventions for domestic abuse perpetrators, few studies have examined the effectiveness of perpetrator interventions over a longitudinal period, therefore it is not known if these interventions are effective over a longer period of time.

7.   Recommendations

- Develop an intervention offer for perpetrators of domestic abuse that acknowledges different levels of risk and addresses wider determinants of offending, including Adverse Childhood Experiences.

- Interventions for those at risk of perpetrating domestic abuse should incorporate features that have been evidenced as effective in changing perpetrators' behaviour, including developing interpersonal and conflict resolution skills, teaching positive relationship skills and enhancing cultural awareness of attitudes towards domestic abuse.

- Encourage the use of trauma-based interventions for victims to address underlying risk factors of domestic abuse victimisation, such as mental health and substance misuse.

- Ensure that newly commissioned domestic abuse victim services are available to respond to domestic abuse incidents effectively at all times. Current services should consider having processes in place to be able to respond to incidents at all times, including consideration for mental health and refuge housing.

- Consider adopting the IRIS model in Hertfordshire to enable GPs and healthcare professionals to identify victims and perpetrators of domestic abuse and appropriately refer into specialist domestic abuse services.

- Develop a countywide communication and engagement strategy to encourage reporting of domestic abuse from communities that have an evidenced low rate of recorded crimes, including older people, LGBT+ and minority ethnic groups, particularly among Asian and Mixed communities.

- Ensure that adult safeguarding referrals for domestic abuse are recorded consistently across local reporting agencies and all safeguarding professionals are routinely trained on how to record cases where a family member is the perpetrator.

- Consider trialling the Drug Test on Arrest scheme[*] for repeat perpetrators of domestic abuse to increase identification and knowledge of drug misuse in domestic abuse cases.

- Domestic abuse services to consider brief intervention models for both victims and perpetrators as part of their service delivery.

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[*] The Drug Test on Arrest (DTOA) scheme allows police to test offenders for specified Class A drugs where the offender has been arrested or charged with a 'trigger offence' or where a police inspector or higher rank has reasonable grounds for suspecting that the offence was linked to the use of specified Class A drugs. DTOA is currently operation in both custody suites in Hertfordshire.

Appendix 1: Criminal justice system process for reports of domestic abuse in England and Wales

Incident not reported to police and victim does not seek support

Incident of domestic abuse occurs
(victims can experience repeated incidents)

Incident not reported to police but victim seeks help from support services or is referred by another agency, e.g. health

Victim remains hidden

Incident is reported to the police (by victim or someone else, can include repeat calls from same victim)

Victim is referred to support services by the police

Support provided to victims from a range of services

Report recorded by the police

Victim may report to police following engagement with services

The National Crime Recording Standard does not require a crime to be recorded if the police deem it neither appropriate nor necessary. This includes incidents reported by someone other than the victim and the victim fails to confirm the crime, those where the victim cannot be traced and those being dealt with by another force.

Incident investigated by the police

If it is clear when an offence is first reported that a crime has occurred, a crime may be recorded in accordance with National Crime Recording Standard without an incident first being recorded.

Incident remains recorded as an incident

Crime committed, incident recorded as a crime and identified as domestic abuse-related

Police conduct investigation to identify suspect and gather evidence

Suspect is charged following referral to Crown Prosecution Service

Suspect receives an out of court disposal e.g. a caution

No suspect is identified and case cannot proceed

Decision made that no further action taken

No further action includes a number of different outcomes, e.g. not enough evidence to take the case forward, or prosecution not in the public interest.

Prosecution

Successful prosecution

Unsuccessful prosecution

Defendant is convicted

Defendant is not convicted

The court can make a restraining order after conviction or acquittal in

Source: Office for National Statistics.[2]

Appendix 2: Adverse Childhood Experiences in Hertfordshire, Luton and Northamptonshire

How many adults have suffered each ACE?

CHILD MALTREATMENT

Verbal abuse	Physical abuse	Sexual abuse
23%	14%	6%

CHILDHOOD HOUSEHOLD INCLUDED

Parental separation	Domestic violence	Mental illness	Alcohol abuse	Drug use	Incarceration
18%	16%	11%	11%	4%	3%

For every 100 adults 44 have suffered at least one ACE during their childhood and 9 have suffered 4 or more

- 0 ACEs 56%
- 1 ACEs 18%
- 2-3 ACEs 17%
- 4+ ACEs 9%

Figures based on population adjusted prevalence in adults aged 18-69 years

Compared with people with no ACEs, those with 4+ ACEs are:

2 times more likely to currently binge drink or have a poor diet	3 times more likely to be a current smoker	4 times more likely to have had sex while under 16 years old or to have smoked cannabis	4 times more likely to have had or caused unintended teenage pregnancy	8 times more likely to have been a victim of violence in the last year or ever been incarcerated	10 times more likely to have been a perpetrator of violence in the last year

Preventing ACEs in future generations could reduce levels of:

Early sex (before age 16) by 36%	Unintended teen pregnancy by 44%	Smoking (current) by 25%	Binge drinking (current) by 22%	Cannabis use (lifetime) by 45%

Heroin/crack use (lifetime) 54%	Incarceration (lifetime) 50%	Violence perpetration (past year) 61%	Violence victimisation (past year) 56%	Poor diet (current; <2 fruit & veg portions daily) 14%

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