Norfolk Domestic Abuse Needs Assessment

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1 Executive Summary

1.1 This needs assessment was commissioned by the Office of the Police and Crime Commissioner for Norfolk and will provide a detailed analysis of domestic abuse prevalence, typology, and contextual information on perpetrators and victims in Norfolk. The needs assessment uses official statistics, Norfolk Constabulary data, national and local policy contexts, opinions of experienced professionals and service users gathered through the Change Programme and data collected on the services provided in Norfolk to present the analysis. This information identifies key risk factors and consequences that cause concern regarding domestic abuse. The information captured will be analysed with reference to current services to establish gaps in provision. Recommendations on how best to fill these gaps and improve service provision will be made available to commissioners, so that work can be conducted in an informed and effective way.

1.2 Domestic abuse is defined 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’ (Home Office, 2013a). This definition is clear that domestic abuse can be suffered by anyone, whatever their gender, sexual orientation, religion or if they are disabled. As the domestic abuse definition has developed over recent years, it has come to include specific types of abuse, such as forced marriage, female genital mutilation, honour based abuse and teenage relationship abuse. However, domestic abuse is not universally understood as there remains evidence that the Norfolk population does not have a complete understanding of what it includes (Insight Track, 2015).

1.3 The methods employed to conduct the needs assessment have been varied. The initial parts of the assessments consisted of reviewing policy, academic literature and statistics to gain an understanding of domestic abuse both nationally and at a county level. This part of the assessment provided an understanding of what the levels of need were in Norfolk to compare current commissioning against. A small-scale piece of primary research was undertaken which identified what service types are available, how they are provided, to whom and in which local authority districts of Norfolk support is provided for domestic abuse victims and perpetrators. Based on these findings and those of the previous sections several conclusions and recommendations are drawn.

1.4 The most important governmental strategy regarding domestic abuse is the ‘Call to End Violence against Women and Girls’. The strategy is made of four core strands: preventing domestic abuse from occurring; providing support to those who have become victims; work in partnership to achieve these objectives; and pursuing perpetrators of abuse. This strategy

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

2 Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
is used to inform what aspects of domestic abuse are considered in this needs assessment. Locally, there are many organisations influenced by domestic abuse, including but not limited to the police, healthcare and children services. The response locally must be reflective of domestic abuse in Norfolk. The Domestic Abuse and Sexual Violence Board feeds into the Norfolk County Community Safety Partnership, which between them provide the strategic direction to responding to domestic abuse in Norfolk.

1.5 Reports of domestic abuse have been shown to be rising over recent years in Norfolk and nationally. In 2014, there were more than 17.1 incidents for every 1,000 residents in Norfolk, which has steadily increased from 10.4 per 1,000 people in 2008. However, this rise does not mean that the actual number of incidents and victims has been rising. There have been improvements in the standard of recording and victims may have become more willing to report a crime that is traditionally underreported. Sylvia Walby (2009) quantified the impact of domestic abuse into a financial cost, finding that in 2008 domestic abuse cost £15.7 billion nationally, including £10 billion in human and emotional costs. Domestic abuse affects many people, causing a significant impact on themselves, those around them and provides a significant cost to public sector agencies.

1.6 There are several notable characteristics associated with victimisation, most notably gender. 67.3% of all victims according to the Crime Survey of England and Wales, 70.9% of non-crime victims recorded by the police in Norfolk, 73.9% of crime victims recorded by the police and between 88% and 94% of IDVA service users were female. This suggests that not only are the majority of domestic abuse victims female but also that severe domestic abuse cases are even more likely to have female victims. Age has an impact on likelihood of domestic abuse victimisation, with younger people being more likely to be experience or perpetrate domestic abuse. The different districts in Norfolk experience different domestic abuse rates, with Norwich and Great Yarmouth having the highest rates of abuse. Domestic abuse victimisation rates also correlate with deprivation as there is a correlation between an areas IMD rank and the domestic abuse rate: the more deprived the area the higher the victimisation rate. Whilst these factors correlate with higher rates of domestic abuse none are causes, as it affects all genders, at all ages, in all locations and across all social strata. This needs assessment has further investigated these issues and more which has enabled it to draw the following conclusions.

1.7 There is an age-crime curve for reported domestic abuse shown in local police data. Offending and victimisation is highest in those aged between 20 and 25 and the number of victims and offenders follows a general decline from 25 into older ages in police recorded data. Crime Survey for England and Wales data suggests that domestic abuse victimisation occurs more frequently between the ages of 16 and 19, compared to 20 and 25. This suggests that victims under the age of 20 are less likely to report their victimisation, compared to those over the age of 20. This disproportionate underreporting needs tackling and the potentially high rates of domestic abuse at a young age provides impetus and opportunity for early intervention work.
1.8 Children, as witnesses or as tools to commit abuse, experience domestic abuse both directly and indirectly. These experiences are associated with considerable negative effects on child behaviour, cognitive ability and development. However, children have become the forgotten victims of domestic abuse. As was discussed in Keeble’s (2014) domestic abuse needs assessment for children, there is need for services to be supportive of children who have experienced domestic abuse. This means that services, which support adult parent victims of domestic abuse, should be inclusive of young children in their support. Where there are specialist needs for young children who have witnessed or experienced abuse then specialist support should be available.

1.9 As is shown, domestic abuse does not only occur between current or former intimate partners, but can occur in any circumstance, social strata, location, gender, or age. Additional evidence shows that members of ethnic minority communities and or the lesbian, gay, or bisexual communities who experience domestic abuse also experience additional barriers to accessing support. In general, there is a good level of awareness of what constitutes domestic abuse within the county of Norfolk. Most respondents to the Change Programme’s survey understood that domestic abuse was not just violence, although the understanding of what other forms domestic abuse took was lower. Violence is a very large concern, but there is a need for the public to acknowledge offences that are not violent.

1.10 More women experience domestic abuse than men do, and the violence suffered by women is more severe than that of men. The main governmental strategy for tackling domestic abuse reflects this by focusing on female victimisation. Higher victimisation rates provide justification for focusing resource, as is currently the case, toward the victimisation of women and perpetration by men. However, when tackling this issue as a whole, understanding that men do suffer domestic abuse is essential. It needs considering when building responses to domestic abuse. It is also true that there is an additional stigma in society, associated with macho ideals, which may further prevent men from reporting domestic abuse, which needs considering when raising awareness of domestic abuse.

1.11 Norfolk is a county defined by rural and urban geography. There are significant urban and rural populations within Norfolk. High prevalence of domestic abuse positively correlates with urban areas and deprivation. It is true that more recorded domestic abuse occurs in urban areas more than rural parts of Norfolk, according to local police data. However, domestic abuse incidents occur across all areas of Norfolk on an annual basis. Given this, services should not support solely urban areas. Instead, they should develop with the geographical landscape of Norfolk in mind. Outreach services provide an important disclosure route and negate the need for victims to travel long distances, which may be difficult for them. Data collected on services provided in Norfolk show that there is a gap in commissioning of outreach services in North Norfolk district.

1.12 Norfolk has low ethnic diversity compared to the rest of England, though its diversity is growing. Domestic abuse victimisation and perpetration recorded by the police is higher among those who class themselves as either ‘Black’ or ‘White-other’. However, other known correlates of domestic abuse may influence this, such as living in a deprived area, which is
more common in many ethnic minority communities (Jivraj and Khan, 2013). There may also be cultural differences between groups that mean victimisation is less reported or that domestic abuse more common. So called Honour Based Abuse offences all stem from tradition in several different cultures in many countries. Both are offences in the United Kingdom and professionals have a responsibility to identify and notify appropriate organisations if they suspect these offences may be taking place. There is a need to provide some specific services, which are culturally sensitive to victims of such crimes.

1.13 Language and cultural differences can work as barriers to reporting, seeking support, or providing support. Some different ethnicities may be less inclined to seek support through traditional routes, preferring either not to seek support, or seek support through members of their community. Therefore some support needs to come through community specific organisations, that cater to the needs of an individual who experiences barriers which are related to their social group. Those who have ‘no recourse to public funds’ as an immigration condition experience an additional issue for accessing domestic abuse refuge support. This immigration status means that a person does not qualify for some support provided by local government organisations, such as housing benefit and other welfare support. For those who have no recourse to public funds and have dependent children then the Destitution Domestic Violence Concession can provide some relief. However, for those victims of domestic abuse in this group without children access to accommodation and welfare is more complex to achieve. This can trap victims in an abusive relationship or force them into homelessness. Provision that prevents trapping victims in dangerous relationships and prevents homelessness is important to tackle domestic abuse in minority communities.

1.14 As previously suggested, most domestic abuse support focuses on heterosexual relationship abuse. However, as with many of the other needs discussed, domestic abuse does occur in LGBT relationships. Additionally, there are some specific abuse typologies, which occur in the LGBT community. Therefore, specialist support is important to the victims of this type of abuse, although it does occur in lower quantities, so having LGBT support as an extension of services would ensure best use of resource.

1.15 Domestic abuse reports are low in number for elderly people. However, victimisation studies suggest that domestic abuse and carer abuse is a vastly underreported in the elderly population. Norfolk has an older than average population (23% over the age of 65 in Norfolk, compared to 18% nationally) (ONS, 2015b). This requires further investigation and, when appropriate, resource allocation to tackle and prevent domestic abuse in the elderly population. In addition, those who class themselves as having a long-term illness or disability are more likely to be the victim of domestic abuse, particularly familial abuse. Situations where abuse occurs against a person who is disabled, ill or elderly and infirm may be characterised by abuse from carer, which results in a lack of willingness to report, if the abused is dependent on the carer. It is important to support victims of all types of abuse, and these abuse typologies would require a specialist approach, flexibility of access and potentially raising awareness. As will be discussed for other domestic abuse types, awareness of elder abuse needs to be increased, which may result in increased reporting.
1.16 Domestic abuse covers a vast array of offences and the circumstances of the abusive situations vary in the risk that they present. A domestic abuse risk assessment tool, the DASH risk assessment, is implemented nationwide. This quantifies the level of risk into three categories: high, medium, and standard risk. This informs allocation of resources, with the highest risk cases receiving the most intensive support. All levels of risk require some support. This risk assessment identifies harm and the subsequent response mitigates harm by providing intensive support to those assessed as most at risk. Murder is the most severe outcome of domestic abuse and the finding of many Domestic Homicide Reviews show that more can be done to prevent the loss of life for all risk classifications. This suggests that there is a need for more intensive support provided to standard and medium risk victims. To reduce the risks associated with domestic abuse, improvements in services for those classed as medium and standard-risk victims are needed.

1.17 Domestic abuse stereotype often portray that abuse only occurs between intimate heterosexual partners, where the male perpetrates violence. This needs assessment has established that whilst this may be the most common form, it is not the only form. Familial abuse, such as that from adolescent to parent is also a common, although it occurs to a lesser degree than partner and ex-partner and does not always constitute domestic abuse. It is important to ensure that services are provided to all those that are in need, not just to the most common type of abuse.

1.18 The intimate nature of familial and partner relationships lend themselves to repeat offending. There is often the absence of capable guardians who are able to prevent domestic abuse as it occurs behind closed doors. The perpetrator may not experience negative consequences, whilst benefitting from a feeling of increased power and control, will feel inclined to repeat the offending. Because of the lack of negative consequences, the perpetrator continues offending as it is beneficial to them. There is debate as to whether interventions aimed at this group are effective, yet it is not acceptable to take no action against perpetrators. Raising awareness of Clare’s Law will help to prevent the same perpetrator going from one relationship of abuse to another. Perpetrator programmes and interventions may help to break the cyclical patterns of abuse.

1.19 Service user engagement in the creation and development of services ensures that services effectively cater to the needs of service users (College of Policing, 2013). Service user feedback can give insight into what service users need from a service. For example, the specific needs of black and minority ethnic communities can be different to the needs of the British majority (Gill and Banga, 2008). Additionally Keeble’s (2014) analysis identified there needs to be coordinated commissioning of services for domestic abuse for children in Norfolk. This should extend to all domestic abuse services and be adopted as an objective of the Domestic Abuse and Sexual Violence Board. It is also part of the objective of this document which intends to highlight were commissioning would be best placed.

1.20 To identify if Norfolk meets the needs set out in the previous sections of the assessment a service scoping exercise provided an accurate estimate of the number of services available in Norfolk. This was used to analyse what type of support different services provide, how it is

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provided, to whom, and in which local authority district. This showed that Norwich had the most services located within it, whilst North Norfolk and South Norfolk tended to have the least. However, the total number of services means relatively little. It is important that a service needed in an area is provided in that area. The service scoping exercise identified that there are issues regarding:

a) Different social groups access to domestic abuse services.
b) The geographical distribution of domestic abuse services.
c) Accessibility of perpetrator programmes.
d) Availability of advocacy services.

1.21 Domestic abuse in Norfolk is a justified concern and whilst the response to it is of good quality in most areas, this needs assessment has identified several areas for improvement. There is a need to continue to improve awareness of domestic abuse in all its formats, services need to be available in all areas, to all groups, in applicable formats. There is a need for strong strategic direction in the area of domestic abuse and for additional areas to be researched to gain a more complete understanding of domestic abuse in Norfolk. These needs are discussed in more detail throughout the full needs assessment and recommendations are provided with the aim of making improvements in Chapter 9.
2 Definitions and terminology

Defining Domestic Abuse

2.1 This document will use the Home Office (2013a) definition of Domestic Violence and Abuse. The definition is as follows:

2.2 Any incident or pattern of incidents of controlling\(^3\), coercive\(^4\) or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:
- Psychological;
- Physical;
- Sexual;
- Financial;
- And Emotional.

2.3 This definition is clear that domestic abuse can be suffered by anyone, whatever their gender, sexual orientation, age (16+), religion, or disability. Coupled with this, there has been a diversification in activities included in domestic abuse. Previous definitions required victims and perpetrators to be over the age of 18, instead of 16. This change, brought about partly because 16-19 year olds are the group most likely to suffer domestic abuse (ONS, 2016a), tends to be teenage relationship abuse (TRA) or intergenerational abuse. Additionally Forced Marriage (FM), Honour Based Abuse (HBA), and Female Genital Mutilation (FGM) are included as typologies of domestic abuse (CPS, 2014a).

2.4 Domestic abuse covers a variety of criminal offences of differing magnitude and is certainly associated with violence. However, domestic abuse is not just violence, but a range of types of abuse as outlined in the definition (Home Office, 2013a). This fact is widely understood by the public in Norfolk, with 93% of survey respondents in Norfolk believing domestic abuse is not always physical. However, members of the public agree physical violence is domestic abuse more often than any other type. Members of the public were less likely to see non-violent domestic abuse, such as monitoring phone calls and financial exploitation, as domestic abuse (Insight Track, 2015).

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\(^3\) Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

\(^4\) Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
Key points

Domestic abuse includes controlling, coercive, threatening behaviour, violence or abuse between family members or intimate partners. It includes:
- Psychological;
- Physical;
- Sexual;
- Financial;
- And Emotional abuse.

Anyone over the age of 16 can be a victim or perpetrator of domestic abuse and it does not just cover violent incidents.

New focus areas identified as domestic abuse include FM, HBA, and FGM.

Members of the public almost completely agreed to be domestic abuse was not always violent and most acknowledge that it covers more than just physical interactions.
3 Purpose

Aim
3.1 To inform and direct the commissioning activity of the Office of the Police and Crime Commissioner for Norfolk (OPCCN) and other Norfolk based commissioning services, regarding domestic abuse service provision.

Purpose
3.2 This document was commissioned by OPCCN and will provide a detailed analysis of domestic abuse prevalence, typology, and contextual information on perpetrators and victims in Norfolk. This will be presented using official statistics, Norfolk Constabulary data, the policy context and previously gathered opinions of experienced professionals and service users. This information will be used to identify key risk factors and consequences that cause concern regarding domestic abuse. The information captured will be analysed with reference to current services to establish gaps. Recommendations on how best to fill these gaps and improve service provision will be made available to commissioners, so that work can be conducted in an informed and effective way.
4 Methodology

4.1 This needs assessment will evaluate domestic abuse that fits into the Home Office definition, stated in section 1, only. All information included will be relevant to the geographic area of Norfolk. It has adapted a methodology used by Cambridgeshire Domestic Abuse and Sexual Violence Partnership (2014) which took data from official sources; local police data; the Crime Survey for England and Wales (CSEW); information recorded by organisations involved in responding to Domestic Abuse; and information from academic resources.

4.2 This needs assessment will source data from a range of organisations and data sources, ensuring that a complete analysis of domestic abuse can be achieved. The assessment will establish levels of and trends in domestic abuse, assess these levels and trends across different variables, set out perpetrator and victim profiles and assess commissioning, prior to establishing what the countywide need for domestic abuse is. The needs assessment will then base its conclusions on the data that has been gathered.

4.3 The main sources of information in this document are the Crime Survey for England and Wales, henceforth referred to as the CSEW; domestic abuse incidents recorded by Norfolk Constabulary, referred to as local crime data; and a detailed local research project conducted by InsightTrack for the Change Programme. These are not the only sources of data utilised by this needs assessment, which explores many varied issues.

4.4 This assessment in concerned with both efficient use of resource and understanding the views of all those who may be effected; be they professional, service user, or member of the public. The aim and purpose of this needs assessment, outlined in section 3, will be achieved using analysis of aforementioned data and information provided by experienced professionals on their area of work and perceived needs in the Norfolk area.

4.5 To achieve the commissioning assessment an extensive service mapping exercise will be undertaken with the OPCCN and two multiagency partnerships chaired by Children’s’ Services and the Sue Lambert Trust. The aim of this exercise will be to show where over or under provision is apparent, given the findings of this assessment’s other sections, and will then be used to make recommendations for domestic abuse commissioning.
Key points

This assessment uses the Home Office (2013a) definition of domestic abuse, as outlined in section 1.

The data sources used by this assessment are in the majority secondary and quantitative in nature. They come from a range of sources, mainly statutory with some third sector providers.

The exception to this will be the service mapping exercise undertaken in partnership with Children’s Services and the Sue Lambert Trust, which will seek to use quantitative analysis of domestic abuse commissioning in Norfolk.
5 Contextual information

5.1 Domestic abuse is one of the more difficult social issues to study. It occurs behind closed doors and those who experience or witness it are often unwilling to report. Despite this, there are useful resources that help to understand domestic abuse. In this section, statistics provide contextual information on domestic abuse occurring in Norfolk. This begins with the policy context, and looks at the cost, geography, recorded incidents, and temporal setting of domestic abuse.

Policy context

5.2 In 2013, the governmental definition of domestic abuse changed after consultations called overwhelmingly for its widening. The official definition expanded to include individuals between the age of 16 and 17, in addition to those over the age of 18. Another important aspect of the 2013 definition is that both controlling and coercive behaviour are included as abuse. As this definition suggests violence is not the only kind of domestic abuse, non-violent offences including psychological, sexual, financial and emotional abuse.

5.3 The definition also includes some specific types of abuse: Forced Marriage (FM); Honour Based Abuse (HBA); and Female Genital Mutilation (FGM). To assist in enforcing the law against FGM a new duty for health and social care professionals and teachers to report ‘known’ FGM cases to the police has been introduced (Home Office, 2015a).

5.4 The Coalition Government published the ‘Call to End Violence against Women and Girls’ which represents the strategic approach to tackling domestic abuse suffered by women (HM Government, 2010). Whilst acknowledging that all members of society can suffer domestic abuse, women and girls are likely to be the victims of domestic abuse incidents, compared to men, which justifies the specific focus on female victims (HM Government, 2010). To achieve the goal of ending violence against women and girls the strategy will work along four strands which are broken down further to into action areas:

- **Prevent** violence against girls occurring in the first place through changing attitudes, behaviour and practices; intervening early in the lives of those at risk of offending or becoming victims; and getting the first response right.
- **Provide** effective support for women and girls who are victims of violence through frontline services to meet their needs; sharing effective practices between practitioners; providing training to those who need it; and that the sector remains stable.
- Organisations, such as police and support services, should be working together in **partnership** to achieve the best possible outcome for victims. This will involve statutory, private and third sector organisation working together; and engaging internationally in Europe and globally with organisations to keep up to date with best practice, influencing and sharing information with appropriate partners.
- **Reduce the risk to women and girls who have already been victims of violence by pursuing perpetrators** through legislation and the criminal justice system. This improved by introducing new legislation, which targets different types of domestic
abuse. However, reoffending is high after serving a punishment. The government fully supports the use of interventions to tackle domestic abuse offending.

5.5 The strategy was redeveloped in the early stages of 2016, but the framework set out above remains the same. There is an emphasis on the continuation of the current trend of higher reporting for domestic abuse and reduced offending caused by proactive work within the framework. Early intervention and long-term change are also important outcomes sought by the updated strategy document (HM Government, 2016).

5.6 The four areas outlined provide the current approach to tackling domestic abuse. It is important to include other forms of domestic abuse, such as elder abuse and abuse suffered by men, to tackle domestic abuse as a whole. On a local level, there are multiple plans that include some provision for tackling domestic abuse. Priority C of the Norfolk Community Safety Partnership Plan 2014-17, is to protect vulnerable people, particularly people vulnerable to domestic abuse. These aims fit within the strategic aims outlined in the ‘Call to End Violence against Woman and Girls’ (Keeble, 2014). Additionally the Office of the Police and Crime Commissioner for Norfolk receives a grant from the ministry of justice for the provision of victims’ services, which includes domestic abuse (Office of the Police and Crime Commissioner for Norfolk, 2016).

5.7 Along with local action, a lot of energy has been devoted to tackling violence against women and girls at a national level. This is led by the ‘Call to End Violence against Women and Girls’ with the four action areas above being the strategic focus. The associated action plan for 2014 lists many of the achievements including national campaigns, rolling out national initiatives such as Clare’s Law, and legislative change showing the governments drive to reduce domestic abuse suffered by women (HM Government, 2014a).

5.8 The National Institute for Health and Care Excellence (NICE) provide 17 recommendations to improve identification, prevention and reduction of domestic abuse (see appendix 2). These recommendations lean heavily on the importance of multi-agency working and undertaking evidence reviews to inform commissioning, which this document seeks to promote and achieve respectively. Other themes within the recommendations are tailoring services to the needs of the users, maintaining, and improving professional’s knowledge and expertise (NICE, 2014). The publication of the NICE domestic abuse guidelines shows the significance placed on healthcare professionals in identifying domestic abuse cases and is complemented by the recent publication of the NICE ‘Domestic Violence and Abuse Quality Standard’ (NICE, 2016). The four Quality Statements seek to improve specific outcomes related to domestic abuse. The statements are:
  o Asking about domestic violence and abuse;
  o Response to domestic violence and abuse;
  o Referral to specialist support services for people experiencing domestic violence or abuse; and
  o Referral to specialist services for people perpetrating domestic violence or abuse.
Norfolk Constabulary is one of the key stakeholders in responding to domestic abuse. As much as 9% of all recorded crime in Norfolk is domestic abuse (HMIC, 2014a), making it a core part of the local police’s work. In 2013, Her Majesty’s Inspectorate of Constabulary (HMIC) conducted a review of all constabularies’ approach to tackling domestic abuse. Norfolk Constabulary rated as good for its response to domestic abuse victims (HMIC, 2014a). A specific to Norfolk report was produced which provided recommendations to improve the constabulary’s response to victims of domestic abuse. This centred on four themes: identifying victims; keeping victims safe; managing risk; and organisational effectiveness (HMIC, 2014b). Since provision of these recommendations, Norfolk Constabulary has been working to implement them and improve the experience of domestic abuse victims in contact with the police. A HMIC update of the domestic abuse review published in late 2015 stated that extensive work had been undertaken and improvements made nationally (HMIC, 2015).

Out-of-court disposals can only take place instead of court proceedings by reaching the correct evidential level, often an admission of guilt. The punishments include a simple caution, a conditional caution, any appropriate regulatory proceedings, and a punitive or civil penalty, among other disposals (CPS, 2016). The Crown Prosecution Service provides guidance on out-of-court disposals in relation to domestic violence cases. Restorative Justice, Simple Cautions, Youth Caution and Youth Conditional Cautions are judged to be the more appropriate out-of-court disposals but very serious consideration should be given to what impact this decision may have and if the punishment fits the crime (CPS, 2014b). Out-of-court disposals are used in Norfolk, but as an exception rather than the rule, and more commonly for young people in accordance with NPCC guidance. In very few cases of domestic abuse would it be appropriate for restorative justice be used.

The Norfolk Domestic Abuse Change Programme set out to achieve greater integration of delivery across partners on the ground, increase prevention through community resilience, and protect the most vulnerable people. This is now the responsibility of the Domestic Abuse and Sexual Violence Board (DASVB), who are the main driving force for county level policy in Norfolk for domestic abuse. Within the domestic abuse literature there is a definite focus on women and children as victims, as in the majority of cases women are the most vulnerable victims, and the children of domestic abuse victims are secondary victims. However, it is important to consider other groups who may experience domestic abuse and have specific needs such as male victims, victims from ethnic minorities, LGBT victims, and older victims and those with mental and physical disabilities.

**Cost of domestic abuse**

Governmental organisations bear a lot of the economic burden for domestic violence, as demonstrated by Walby (2009). Whilst there has been a drop in the grand total level of costs for domestic violence between 2001 and 2008, costs experienced by statutory bodies have risen in the same timeframe. Walby (2009) explains this is due to a decrease in occurrence of domestic abuse whilst at the same time an increased demand on domestic abuse services.

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5 Domestic violence is used here in place of domestic abuse as it is the term used in Wably’s (2009) study.
An example of this is that, whilst occurrence of domestic abuse has been falling, reporting to police has been increasing, which in turn increases costs to services. There has been a 23% increase in costs experienced in the criminal justice system, health care, and social services due to an increase in demand and confidence of services, which may have had some impact on the reduction of domestic violence. The estimated cost of domestic abuse in Norfolk using 2012 prices is £96 million and when human and emotional costs are included, this rises to £263 million (Norfolk County Community Safety Partnership, 2014).

5.13 Spending on domestic abuse is not necessarily indicative of a negative. The reduction in the ‘human and emotional’ cost of domestic abuse represents an improvement in victim outcomes and reduction in the total number of incidents. The increased cost experienced by the public purse may represent an improved response from this sector. Whilst these are vast sums of money, the trends and amounts are more representative of positive social shifts, such as increased reporting, positive action and reduction in incidence of domestic violence.

**Estimated cost of domestic violence (£ billion) in England and Wales by sector experienced, 2001 compared to 2008**
(Source: Walby, 2009)

![Cost (£ Billion) vs Sector](image)

5.14 According to the Office of National Statistics (2016), there is an upward trend in domestic abuse rates per 1,000 of the population, rising more than 50% from 2007/08 figures in Norfolk. However, local crime data is not an accurate measure of actual crime, only those reported to the police. Measuring accurately the levels of most crimes come with its own challenges such as differing units of measurement and measuring repeat offending and victimisation (Walby et al, 2016). This will be explored further later in this assessment.

5.15 Between July 2014 and June 2015, there were 17,079 domestic abuse incidents in Norfolk. Of these 5,206 were recorded as crime and the remaining 11,873 were recorded as non-crime. Over 30% of incidents were crimes, and this proportion has been increasing in recent
years, from 24.5% in 2012/13. This section will discuss incidents as a whole but it is important to remember that not all incidents constitute, or are recorded as, a crime. It is also true that the number of incidents is vastly underreported.

Reported domestic abuse incidents recorded by police per 1,000 of population 16 and over (Source: ONS, 2016a)

CSEW respondents who have been the victim of domestic abuse in the last year, per 1,000 population (PTP) (Source: ONS, 2016a)
5.16 According to CSEW data, only 21% of victims had reported their victimisation to the police (ONS, 2016a). Domestic abuse is a vastly underreported phenomenon. Repeat victimisation may mean that there are even more incidents of domestic abuse that go unreported, as is suggested by the difference in rates between Figure 2 and Figure 3. The former is a rate of incidents, so several incidents can refer to a single person, whilst the latter is a victimisation rate, and thus refers to the proportion of the population who have been a victim of domestic abuse. The much higher rate in survey respondents compared to reported incidents is concerning as it represents how under reported domestic abuse is.

5.17 It is also true that women are much more likely to be the victim of domestic abuse accounting for around two thirds of incidents (ONS, 2016a). If the proportions recorded by the CSEW are taken to be true for Norfolk’ 16-59 year olds then this would mean that in Norfolk there were 19,621 female and 9,460 male victims of domestic abuse in the county in 2014/15. This represents the vast underreporting of incidents and unequal victimisation of males and females for domestic abuse.

5.18 According to the CSEW, there has been a gradual decline of domestic abuse incidents between 2008/09 and 2014/15 in both male and female data sets (ONS, 2016a). This decline is at odds to the perceived increase suggested by local crime data. It suggests that in truth domestic abuse rates are decreasing, whilst reporting is increasing. The gap between victimisation and reporting is decreasing for domestic abuse nationally.

5.19 Of those who did not report to the police the three most common reasons for a victims’ non-disclosure were feeling: it was too trivial or not worth reporting (43%); it was a private matter (37%); and that the police could not help (25%) (see Figure 4). This lack of reporting, although decreasing over time, is of concern because the victims may not be receiving any support and feel isolated leading to additional harm. However, 43% gave triviality as a reason for not reporting, suggesting that a large proportion of unreported incidents are not severe.

5.20 The reasons posed for the increase in domestic abuse crimes reported is attributable to one or more of the following: police recording practices are changing or improving; victims are becoming more willing to report; or there has been an actual increase in incidents (Sanders, 2016a). However, the already discussed CSEW suggests that there is not an actual increase in victimisation (ONS, 2016a). Over recent years there has certainly been more attention paid to raising awareness and reducing barriers to reporting domestic abuse incidents (HM Government, 2014), which has likely led to increased reporting rates of domestic abuse. It is also true that with the National Crime Recording Standard (NCRS) has influenced the number of recorded crimes in Norfolk, particularly in the area of violent crime (Sanders, 2016a). Therefore, the shown increase in reported crime is likely down to an increase in willingness to report and changing recording standards within Norfolk Constabulary.

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6 The age of CSEW respondents is between 15 and 59.
7 These figures were calculated using the percentage of victimisation in the CSEW and the Norfolk population. This is an estimation, and may under or over estimate the number of victims in Norfolk. It also excludes all those over the age of 59 so misses a significant amount of the population.
Reasons from the CSEW for not reporting domestic abuse to the police (Source: ONS, 2016a). **Respondents could provide multiple reasons for not reporting.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too trivial/not worth reporting</td>
<td>43%</td>
</tr>
<tr>
<td>Private/family matter/not police business</td>
<td>37%</td>
</tr>
<tr>
<td>Didn't think they could help</td>
<td>25%</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>16%</td>
</tr>
<tr>
<td>Didn't want the person who did it to be punished</td>
<td>16%</td>
</tr>
<tr>
<td>Didn't think the police would do anything about it</td>
<td>15%</td>
</tr>
<tr>
<td>Didn't want anymore humiliation</td>
<td>12%</td>
</tr>
<tr>
<td>Didn't want to go to court</td>
<td>9%</td>
</tr>
<tr>
<td>Feared more violence as a result</td>
<td>8%</td>
</tr>
<tr>
<td>Didn't think the police would be sympathetic</td>
<td>7%</td>
</tr>
<tr>
<td>Didn't think they would believe me</td>
<td>7%</td>
</tr>
<tr>
<td>Dislike/Fear of police</td>
<td>4%</td>
</tr>
<tr>
<td>Police did not come when called</td>
<td>1%</td>
</tr>
</tbody>
</table>

5.21 Less serious violence against the person and common assault combined accounted for nearly 80% of domestic abuse offences between July 2014 and June 2015. Criminal damage accounted for a further 13%, whilst acquisitive crime accounted for 5%. More serious violence against the person crimes have grown in number over the past three years to around 2%, as have sexual offences. Homicides are the rarest, yet most serious, of the crime types with three occurring in 2014/15 (see figure 14).

**Geography of domestic abuse**

5.22 For meaningful comparisons between the amount of domestic abuse reported to Norfolk Constabulary and that of other forces this report will only compare between Home Office defined most similar forces. Comparing forces which experience different levels of crime, have significantly different populations, different economic demands and spatial demands can be unhelpful. Norfolk is a predominantly rural county with higher than United Kingdom average employment, more retired people as a proportion of the out of work population compared to the rest of the UK, lower levels of educational attainment, lower average pay and less people in full time education (NOMIS, 2016). This labour market profile will be vastly different from that of many areas of the UK.
The Home Office used the following variables to group English and Welsh police forces together:

I. proportion of terraced households to all households;
II. percentage of overcrowded housing;
III. percentage of single parent households;
IV. population sparsity;
V. Output Area density\(^8\);
VI. percentage of ACORN 5 households\(^9\);
VII. and number of long-term (more than six months) unemployed.

These variables group Norfolk with Devon and Cornwall, Lincolnshire, Suffolk, North Yorkshire, North Wales, West Mercia, and Wiltshire. Of the eight forces, Norfolk features as the mode, median and has a slightly lower than the average domestic abuse rate (17.4). It is important to mention that different police forces may have different policies and recording procedures when it comes to domestic abuse, which would affect the level of reported domestic abuse incidents.

**Domestic abuse rate per 1,000 of Norfolk and its seven most similar force 2014/15 (ONS, 2016a)**

![Bar chart showing domestic abuse rates per 1,000 of Norfolk and seven similar forces](image)

**Figure 5 – Most similar forces domestic abuse data**

In Norfolk all local authority areas report to Norfolk Constabulary, therefore the figure for these areas would be subject to the same reporting procedure and policies. This allows us to visualise where most domestic abuse incidents reported in Norfolk occur. **Figure 6** shows that the two areas with above average domestic abuse crime and non-crime rates are Great

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\(^8\) Used as a measure of population density. This can highlight the density of populations in small areas.

\(^9\) A system for categorising areas into various types based upon census data and other information such as lifestyle surveys.
Yarmouth and Norwich\textsuperscript{10}, both being nearly twice as high as all other local authority districts in Norfolk. These are the two local authorities in Norfolk with the highest concentration of most deprived Lower Layer Super Output Area (LSOA – 0-20%). The two areas (Breckland and King’s Lynn and West Norfolk) with the next highest concentration of bottom 20% LSOA featured with the joint third highest domestic abuse crime and non-crime rates. Given this, there appears to be a correlation between reported domestic abuse and deprivation. This correlation is explored in detail later in the needs assessment.

**Domestic abuse crime and non-crime rate per 1,000 population, by local authority July 2014 to June 2015 (Source: Sanders, 2016a)**

![](image)

5.25 When domestic abuse rates are broken down by LSOAs a localised understanding of domestic abuse rates can be obtained. Sanders (2016a) achieved this and visualised the information using mapping software (see figure 7). This shows us that domestic abuse rates tend to be highest in urban areas with concentration of high rates in the LSOAs of Norwich, King’s Lynn, Thetford, and Great Yarmouth. In addition, some smaller towns in Norfolk, including Dereham, Attleborough, Diss, Swaffham, and Wells-next-to-Sea, display higher than average domestic abuse reporting rates. Noteably these are all areas with a greater population density, which has been linked to increased reporting rates (ONS, 2016a), possibly because other members of the community are more likely to hear or see abuse taking place and report it to the police.

5.26 According to the CSEW there is little difference between domestic abuse prevalence in urban and rural areas. However there is significantly higher domestic abuse prevalence within the Output area classifications ‘constrained city dwellers’ and ‘hard-pressed living’, more than

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\textsuperscript{10} The data source differs from the ONS source so cannot compare to national levels.

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10% of whom reported experiencing domestic abuse (ONS, 2016a). This presents inconclusive evidence as to whether different locations experience different rates of domestic abuse or that there are characteristics of the areas which lead to increased reporting.

5.27 The pattern of reported incidents to Norfolk Constabulary by local authority repeats for IDVA referrals. That is to say, both Norwich and Great Yarmouth are the two authorities to have rates above the average for the Norfolk, followed by Breckland and King’s Lynn and West Norfolk. Broadland, South Norfolk and North Norfolk were the authorities with the lowest rates. IDVA referrals represent the high-risk cases so show where the most serious domestic abuse more common (Leeway, 2016).

**Domestic Abuse Incident Rate Map, LSOA July 2014 to June 2015 (Source: Sanders, 2016a)**

5.28 There are several notifiable observations when analysing local police domestic abuse data geographically. Firstly, urban areas in Norfolk have higher domestic abuse rates than rural. This may not be due to actual higher rates of domestic abuse but because of witness’ reporting. In urban areas people live closer together and thus are more likely to see or hear domestic abuse when it occurs, compared to rural areas where housing is more spread out (Hardy, 2005). This claim is support by victimisation recorded in the CSEW, where
victimisation rates are very similar in rural and urban areas for domestic abuse victimisation (7.3% and 8.3% for women and 3.9% and 4.0% for men in rural and urban areas respectively) (ONS, 2016a). However, domestic abuse is predominantly reported by the victim and thus the urban-rural bystander effect reported may not be real. This requires further research.

**Temporal**

5.29 Domestic abuse incidents reported can be analysed using their time-based characteristics: by hour of day, day of week and month of year as was achieved by Sanders (2016a). When time of day is analysed the vast majority of calls relating to domestic abuse come between 9 a.m. and midnight. The time of week ranges from the lowest number of calls being received on a Wednesday, this rises in number every day until Sunday, where the number of calls peaks. Monday and Tuesday gradually decline to the trough of Wednesday. The peak month for reporting is July with higher levels of reporting between May and August. There is also a peak between December and January. Both peaks correlate with holiday periods in the UK.

5.30 Sanders (2016a) provided some analysis of the times of the week that domestic abuse is reported (see figure 8). This confirms much of what is said below but also highlights periods in which a lot of calls were received. Norfolk Constabulary experienced ‘hot spots’ between 6 and 7 p.m., and between 6 and 8 p.m. on Sunday. It is also evident that on Friday and Saturday a significant volume of calls are received between 11 p.m. and 3 a.m. This suggests a link between longer periods of time (weekends and holidays) where victim and perpetrator will be together and the reporting of domestic abuse incidents.
Key points

Policy

The national domestic abuse strategy can be taken from ‘Call to End Violence against Women and Girls’ which sets the key themes as:

- Prevent;
- Provide;
- Partnership; and
- Reduce the risk.

The updated ‘Call to End Violence against Women and Girls’ in 2016 is in the main a continuation of the previous strategy with emphasis placed on early intervention.

The most common form of domestic abuse is partner and ex-partner violence towards women. However, there are many other forms of domestic abuse, which affect the elder community, those with learning difficulties, different ethnicities, religions and sexualities.

Official Statistics

Domestic abuse victimisation appears to be declining, according to the Crime Survey for England and Wales.

Domestic abuse reporting has been increasing steadily over the past few years both nationally and regionally. However, it is vastly underreported.

Common reasons for non-reporting include:

- It is too trivial or not worth reporting;
- The event was a private matter;
- Not thinking the police could help.

The decrease in victimisation, whilst increasing reporting is suggested to be due to one of two main reasons:

- Changes in recording practices brought about by the National Crime Recording Standard;
- Victims are increasingly confident with the policing response to reporting domestic abuse.

Cost of abuse

The overall financial cost of domestic abuse to society is decreasing.

However, the cost to the public sector has been growing. Reasons put forward include; as public sector spending on domestic abuse services have increased the emotional cost, as well as other costs, have decreased.
Geography of domestic abuse

Compared to Norfolk’s Most Similar Forces, Norfolk has a just below average domestic abuse rate per 1,000 population.

This may be due to different recording or responding policies for police forces, rather than actual difference in populations.

Within Norfolk, the urban areas are more prone to higher reporting rates of domestic abuse. The local authorities with highest rates of domestic abuse incident reporting are Norwich and Great Yarmouth.

The Crime Survey for England and Wales data shows that there is an association between household income and domestic abuse victimisation. Additionally, incidents reported to Norfolk Constabulary were more common in areas with a more deprived rating on the Indices of Multiple Deprivation.

Living in an urban area, with lots of accommodation, may be more conducive to domestic abuse reporting. This is a theory that needs testing.

Temporal

Domestic abuse incidents are most likely reported in waking hours (8a.m to 11p.m), later into the night over weekends, and there is a hotspot early on Sunday evening.

Reporting is also more common in the months that school holidays occur. There appears to be a link between holiday seasons and domestic abuse reports.
6 Victim and perpetrator profiles

6.1 This section will display perpetrator and victim characteristics across a range of categories.

Victim

Age

6.2 The number of victims of domestic abuse recorded in local police data rises steeply between the ages of 16 and 22, where it reaches a peak (Sanders, 2016a). This remains similar until the age of 25 when a gradual decline begins, which continues until the late 30s. At 40, the count of victims begins to rise again to second, lower peak. After which a decline to less than 100 incidents for any single age past 59 occurs and the number of reported incidents continues to decline.\(^{11}\)

6.3 The pattern described above repeats in the victimisation survey data collected in the CSEW. However, those in the 16 to 19 age bracket reported experiencing much more domestic abuse.\(^{48.3}\)

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\(^{11}\) For a more detailed age breakdown please see appendix 4.

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abuse compared to any other age bracket, according to the CSEW. Norfolk Constabulary data shows that the age bracket who reports domestic abuse most is the age bracket 20 to 24 year olds, whilst 16 to 19 year olds report less than most other age brackets. The significance of this is that it suggests large scale underreporting of domestic abuse in the late teenage years, much more so than in any other age group. The Home Office (2013a) has developed the Teenage Relationship Abuse campaign, focusing on reducing domestic abuse within the teenage population.

6.4 The number of reported domestic abuse victims in Norfolk decreases as age increases. Domestic abuse reports at the age of 65 are 75% lower than the figure at the age of 45, and 85% lower than the highest figure recorded, at the age of 22. After the aged of 65, there is a steady decline in reports of victimisation. This suggests that older people are less likely to experience domestic abuse, which finds support from the CSEW. There are other factors, which may result in lower reporting rates of domestic abuse in older populations, including tolerance and perception.

6.5 The Crime Survey for England and Wales does not collect data on the victimisation by domestic abuse for those aged over 60 so cannot indicate domestic abuse rates past this age and work to inflate domestic abuse victimisation figures. Lachs and Pillemer (2015) conducted a literature review of elder abuse and presented victimisation rates of between 7.6% and 9% in the USA. Additionally, they argue that excluding dementia sufferers, who are more likely to be victimised through elder abuse, from the studies’ findings will have skewed results downwards. Lachs and Pillemer (2015) gave a ‘reasonable estimate’ of 10% of the elderly population experiencing some form of elder abuse. This is considerably higher than that reported to Norfolk Constabulary, although elder abuse differs slightly from domestic abuse.

6.6 Lachs and Pillemer (2015) go on to establish the risk factors for elder abuse. Demographically, females and those at the younger end of the elder category are more at risk of abuse. The current socio-economic situation of a victim appears to have an impact as those living in a shared living environment, with lower income, or are living in isolation with a lack of social support are all more likely to experience abuse. Finally, they link health to risk of abuse with evidence suggesting those with dementia, other functional impairments, and poor physical health are at increased risk. The authors are keen to point out these factors are not causation but association.

Gender

6.7 Nationally females (67.3% of victims) are more commonly victimised by domestic abuse, compared to males (32.6% of victims) (ONS, 2016a). In Norfolk this pattern repeats within police recorded crime and non-crime (Sanders, 2016a). This has resulted in a focus on women and girls as the victims of domestic abuse – the main policy framing domestic abuse.

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12 Figure may be inflated because people over the age of 60 are excluded from the data set. This group tends to have lower domestic abuse victimisation rates and thus would likely reduce average victimisation rate.
13 Elder abuse differs in some instances to domestic abuse as the perpetrator can, in addition to being a family member or intimate partner, be a person who is less well known to the victim.
is the ‘Call to End Violence against Women and Girls’. It is important to remember that whilst females predominantly suffer domestic abuse, males do suffer a significant proportion and thus have needs.

6.8 A concerning perception found in a survey of the Norfolk population is that over half (54%) of respondents underestimate the proportion of adult males who experience domestic abuse (Insight Track, 2015). This suggests that the public tend to see males as the perpetrators of domestic abuse, not the victim. One of the respondents to the Change Programme’s survey argued their needs to be a societal shift in public perceptions of domestic abuse (Insight Track, 2015); this includes acknowledging and accepting the fact that domestic abuse can and does affect men to a significant degree.

Norfolk Constabulary recorded domestic abuse crime and non-crime, by gender (Source: Sanders, 2016)

<table>
<thead>
<tr>
<th>Incident type</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Abuse - Non-crime</td>
<td>29.1%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Domestic Abuse - Crime</td>
<td>26.1%</td>
<td>73.9%</td>
</tr>
</tbody>
</table>

Figure 10 – sex of victim of domestic abuse

6.9 As previously mentioned, IDVAs are tasked with supporting high-risk victims of domestic abuse. When analyse those referrals to the IDVA service in Norfolk are analysed it is clear that proportionately there far fewer of the cases judged high-risk and subsequently referred to the IDVA service are males (between 6% and 12% per quarter), compared to those crimes and non-crimes recorded by the police. This suggests one of two things: male domestic abuse cases are lower risk in general; or male domestic abuse victims are more likely judged standard-risk.

6.10 Hester (2013) provides valuable insight on the issue with the longitudinal analysis of police reports of domestic abuse incidents. Crucially it showed that domestic abuse between heterosexual intimate partners was asymmetrical by gender. This is due to several characteristics of this subset of domestic abuse incidents:
I. Males were disproportionately the perpetrators of domestic abuse incidents;
II. Violence suffered by women is more often more severe;
III. Male violence is more likely used for creating fear and control of the victim;
IV. Women were more likely to use weapons, often in order to defend themselves;
V. A female perpetrator is more likely to be alcoholic or mentally ill.
These findings show that females are undoubtedly most likely to become victim of domestic abuse and the severity of such incidents is much higher. More females than males suffer domestic abuse but they are not the only group to fall victim to domestic abuse. Men do fall victim – albeit to a less severe degree and in lower numbers. Some social and demographic groups experience different types of abuse or are more likely to be victim, as this needs assessment establishes, but generally women are more likely to be the victim of domestic abuse, especially more severe abuse.

**Ethnicity**

6.11 Norfolk has a low ethnic diversity compared to the rest of England and Wales. 92.4% of Norfolk’s population is defined as British (English, Welsh, Northern Irish or Scottish) compared to 80.5% in the whole of England and Wales. The next largest ethnic population in Norfolk is other white (3.5%), Asian (1.5%) and Mixed/Multiple Ethnicities (1.2%). All other ethnic groups accounted for less than 1%. Norfolk has a considerably less ethnically diverse population, compared to the rest of the country.

6.12 Of reported domestic abuse incidents in Norfolk only a small proportion were committed against ethnic minorities. However, two groups who identified as ethnic minorities experienced higher proportionate levels of victimisation, compared to the general population. Those from the Any Other White Background category were 1.8 times more likely to be a domestic abuse victim than the general population; for Black groups there was a ‘disproportionality factor’ of 1.7. This disproportionality effect was most evident in King’s Lynn and West Norfolk and least evident in Norwich.

6.13 When compared to the Crime Survey for England and Wales, the victimisation rates do not correlate with those of Norfolk’s local police data. Firstly, the group White – any other background, according to their own assertions of victimisation, experience less than average domestic abuse rates with a ‘disproportionality factor’ of 0.59 for men and 0.58 for women. This is also the case for those from Black groups, who experienced a ‘disproportionality factor’ of 0.96 for women, yet 1.6 for men. The ethnic group with the highest ‘disproportionality factor’ is mixed/multiple ethnic groups for females (ONS, 2016a). There is an obvious disparity between Norfolk’s local police data and the Crime Survey of England and Wales’ recorded levels of victimisation. This could be due to external onlookers classing incidents as domestic abuse whilst victims do not. There may be cultural differences between onlookers’ and victims’ definition of domestic abuse or it may be due to differential recording practices within the police for different ethnicities. This is a point that requires more research to establish the reason for the difference.

**Sexuality**

6.14 About 4% of reported domestic abuse in Norfolk occurred in same sex relationships (Sanders, 2016a). In the Home Office (2013a) definition of domestic abuse it states that sexuality is irrelevant in determining if an incident constitutes domestic abuse. This is supported by Donovan and Hester (2014) who surveyed and interviewed heterosexual, bisexual, gay men and lesbians regarding their perceptions of differences in domestic abuse.
with regards to sexuality and found that most felt different sexualities should be treated the same when abuse occurs within a relationship.

6.15 Respondents to Donovan and Hester’s (2014) survey noted that different sexualities are differently as the perpetrator or victim of abuse, compared to heterosexual relationships. They argue that perceptions of same sex violence are less negative, compared to intersex violence, particularly male to female, due to social/cultural frameworks, which presents females as the victim and males as perpetrators. When determining perpetration in a same sex relationship traditional stereotypes cannot guide response.

6.16 Additionally, Pertnoy (2012) notes the specific abuse characteristics which are issues for the LGBT community:

a) Partners may threaten victims with ‘outing’ them to friends and family if they report the abuse;

b) Perpetrators play on the stigmatisation that the LGBT community experiences to make the victim feel isolated or convince them that there is something wrong with them;

c) Justifying the violence as ‘the victim is not really LGBT’ or it is a normal part of an LGBT relationship;

d) Arguing it cannot be domestic abuse because it is in a LGBT relationship;

e) Portraying the abuse as a two way interaction with both parties acting abusively; and

f) Use health conditions that are occur in, or specific to, the LGBT community as a tool for abuse, or threatening to ‘out’ the victim. Conditions include HIV and hormone transition medication.

These specific concerns are useful in shaping services, as they will be important for the LGBT community who require support for domestic abuse.

**Physical and mental disability**

6.17 Data gathered from the most recent publication of the CSEW suggests that physical and mental disabilities are an important victim issue for domestic abuse. Across all domestic abuse categorisations, those who self-identified as having a long-standing illness or disability had a much higher victimisation rate than those without for every type of domestic abuse, especially familial abuse.

<table>
<thead>
<tr>
<th>Self-assessed disability status</th>
<th>Long-standing illness or disability</th>
<th>No long-standing illness or disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Any domestic abuse</td>
<td>8.8</td>
<td>16.0</td>
</tr>
<tr>
<td>Partner abuse</td>
<td>5.2</td>
<td>11.1</td>
</tr>
<tr>
<td>Family abuse</td>
<td>4.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>1.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Stalking</td>
<td>4.6</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Table 1 – domestic abuse victim and long-term illness and disability

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In Paul Sander’s (2014) previous domestic abuse profile a detailed assessment of the ‘believed disabled’ marker took place. This found that in a one-week period 7% of domestic abuse cases had some form of vulnerability associated with it including the perpetrator or victim having physical or mental issues or disabilities. This further exemplifies the CSEW finding that domestic abuse was significantly more prevalent in the population with disabilities or vulnerabilities.

**Level of increased likelihood for those with or without long-standing illness and disability to be victim of domestic abuse (source: ONS, 2016a)**

![Bar chart showing increased likelihood for domestic abuse](image)

Figure 11 – Increased likelihood of domestic abuse in long term ill and disabled

**Relationship to perpetrator**

The most commonly stated type of domestic abuse, according to the CSEW is partner violence, numbering more than 1.5 million victims per year, with family abuse accounting for a further 675,000 additional domestic abuse incidents, or 76.2% and 33.8% of all domestic abuse victims respectively (ONS, 2016a). Norfolk Constabulary (Sanders, 2016a) crime and non-crime reports show a similar pattern with a quarter of victims suffering familial abuse, whilst the remaining 75% experiencing partner (35%) and ex-partner abuse (40%).

Of women that have been victim of serious sexual assault since the age of 16, 67.5% knew the perpetrator, either through family (10.5%) or as a current or ex-partner (57.5%). For women who were victim of less serious sexual assault the same proportion of the

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14 This includes issues effecting the victim or perpetrator and excludes those with alcohol-related conditions.
15 In 22.7% of cases a victim was subject to more than one type of offence thus accounting for the overlap in percentages of domestic abuse victims.
perpetrators being a family or partner to the victim is 33%, much less than for serious sexual assault (ONS, 2016a). Many victims of domestic abuse or sexual violence know the perpetrator and may still have a close relationship with them, which is an important consideration for services.

**Repeat victimisation**

6.21 Repeat victimisation is the experience of any specific crime, in this case domestic abuse, more than once in a specific period – most commonly 12 months. The CSEW provides information on the level of repeat victimisation of partner violence, a type of domestic abuse. The CSEW data suggests 30% of victims of domestic abuse have been repeat victims, and account for 60% of all domestic abuse incidents (ONS, 2016a). Compared to other crime types domestic violence has a very high repeat victimisation rate. This is attributed to specific circumstances of domestic abuse: more often than not there is no capable guardian; the place in which the offence takes place is often accessible to the perpetrator; as repeat victimisation occurs the obstacles to it decrease; and potential ‘rewards’, such as control, increase (Farrell et al, 1995). This explains why repeat victimisation is more common within domestic abuse situations.

6.22 There are three measures of repeat victimisation used for domestic abuse in Norfolk: MARAC (high-risk) repeats; repeated police reporting; and self-reporting once initial report made. MARAC repeats show Norfolk’s three MARAC areas to be well below the national average (14% in Norfolk overall, compared to 24% nationally). This implies that either Norfolk has less high-risk cases of repeat domestic abuse, or that Norfolk’s recording standards differ to the rest of the country (Sanders, 2016a).

6.23 Repeat police reporting assesses local crime data for those individuals who have been a victim of a domestic abuse crime more than once in a 12-month period, which in Norfolk is 14%. When reporting of non-crime is included, the proportion rises to 27%. It is important to note, when looking at repeat victimisation, victims may not report when they first become a victim. When a victim reports domestic abuse to Norfolk Constabulary, they are asked if they have been a victim of domestic abuse in the past 12 months. These figures suggest that under-reporting is certainly common with 50% stating they had been the victim of domestic abuse in the past 12 months.

6.24 Whilst repeat victimisation is clearly a concern, it is also a concept that is very difficult to measure. There is variance between all the supplied figures of repeat victimisation, which makes repeat victimisation a difficult subject to study. However, the self-assessment that victims in Norfolk provide shows victimisation is likely to have been long-term, but not necessarily reported. This makes the work focused on prevention and awareness raising an important part of domestic abuse services. Equally important is early intervention in domestic abuse cases, which prevents establishing behaviour.

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16 Victims of domestic abuse who report victimisation to police are asked whether they have been the victim of another domestic abuse event in the past 12 months.
Murder

6.25 Preventing death, particularly murder is a top priority of domestic abuse policy. It is the most severe outcome and does not occur regularly. Norfolk contributes to Home Office collation of Domestic Homicide Reviews, which seek to establish how to decrease likelihood of further domestic homicides by providing recommendations, or ‘lessons learned’ to decrease the risk of domestic homicide. This has been the case since 2011. Home Office (2013b) thematic analysis suggested that nationally recommendations are grouped in seven themes:

I. Awareness raising and communication;
II. Awareness and training for healthcare professionals;
III. Risk assessment;
IV. Information sharing and multi-agency working;
V. Complex needs;
VI. Perpetrators and bail; and
VII. Awareness of the safeguarding needs of children.

6.26 The lessons learned aim to reduce the incidence of domestic abuse along the lines of the ‘A Call to End Violence against Women and Girls’, which will in turn reduce the incidence of domestic homicides. Because Domestic Homicide Reviews are undertaken in partnership between local agencies there is an opportunity for building joint responses and implementing best practice. Once a review has been undertaken then work should begin to ensure that the lessons are learned, and the work is not wasted.

6.27 From Domestic Homicide Reviews undertaken and published in Norfolk the lessons learned suggest that healthcare professionals, employers, and solicitors, who may be privy to the sensitive subject of domestic abuse, can help prevent and give advice on domestic abuse for victims or perpetrators. Additionally, responses should be driven by partnership working, increasing public awareness of domestic abuse and accessing service, and working to prevent domestic abuse homicides through controlling access to the means (for example, tighter gun control for known domestic abuse perpetrators). Finally, the need for acknowledging and working with different cultures regarding domestic abuse was established. Domestic abuse perpetrators may not engage with public facing information aimed at preventing such behaviour, making them a hard to reach group.

Risk

6.28 There are differing levels of risk to domestic abuse victims. A victim’s risk from domestic abuse is graded standard, medium or high. These boundaries reflect the likelihood of serious harm: standard being evidence does not suggest this is likely; medium being the perpetrator has the ability but is unlikely to unless circumstances change; and high states that there are identifiable risks of serious harm and it could happen at any time (Norfolk Constabulary, 2015). Norfolk Constabulary and third sector providers use the DASH risk assessment tool to quantify the risk of domestic abuse to the victim. It identifies the most serious cases for MARAC assessments, which allocates resources.
6.29 There is contention as to whether this risk assessment method accurately describes levels of risk. Barnes et al (2016) argue that there are different typologies of victims rated as medium-risk, who are characterised by the presence or not of complex needs. Coercion and control in domestic abuse being normalised within a relationship is typical of non-complex needs risk assessments. Problematic coping strategies are common.

6.30 There is not an agreed definitional measure of repeat victimisation, as discussed previously, which identified three different measures used within the police alone for repeat domestic abuse victimisation. All three methods required victims to report their victimisation at least once, so immediately excluding some victims from this definition. Repeat victimisation is a characteristic used to dictate an increase in risk rating, however, the number of definitions and lack of reporting provide issues for this method. Finally, the person who completes a DASH risk assessment does so with leeway given for professional judgement. Therefore, different professionals may pass different judgements based on their experiences and opinions (Barnes et al, 2016).

6.31 The Nottinghamshire Police and Crime Commissioner commissioned a service aiming to support medium-risk victims of domestic abuse. The medium-risk group accounts for a large proportion of domestic abuse incidents referred to police yet this group are not able to access many of the services available to high-risk victims (such as the IDVA service). This service seeks to address this gap in medium-risk victims’ access to services by providing direct support, advice, and signposting to services. This initiative, when subjected to an academic evaluation, found to be a worthy venture, despite some teething problems and operational difficulties – which the evaluation proposed recommendations to rectify (Barnes et al, 2016). This is similar to a service offered in Norfolk through Victim Support and is an objective of Safe Lives ‘Beacon Project’.
## Key points

### Age

Domestic abuse reporting is most common in Norfolk between the ages of 20 and 24. The CSEW results suggest that victimisation may be higher in the 16 to 19 age group, but goes under reported.

Significant underreporting may occur in elder abuse and characteristics such as dementia pose risk factors for abuse.

### Gender

Females are more likely to experience domestic abuse compared to men and the violence experienced by women is more severe in nature.

It is important not to forget that males do suffer domestic abuse and there is a stigma associated with male reporting.

### Ethnicity

Norfolk has low ethnic diversity compared to the rest of the UK. Two groups in the county are at an increased risk of domestic abuse: Any Other White Background and Black groups.

### Sexuality

Members of the LGBT community feel that there is an additional stigma attached to domestic abuse within their community. Specific issues relevant to the LGBT community are highlighted by Pertnoy (2012) as:

- Partners may threaten victims with ‘outing’ them if they report the abuse;
- Perpetrators play on the stigmatisation that the LGBT community experiences to make the victim feel isolated or convince them that there is something wrong with them;
- Justifying the violence as ‘the victim is not really LGBT’ or it is a normal part of an LGBT relationship;
- Arguing it cannot be domestic abuse because it is in a LGBT relationship;
- Portraying the abuse as a two way interaction with both parties acting abusively; and
- Use health conditions that are disproportionate in, or specific to, the LGBT community as a tool for abuse, or threatening to ‘out’ the victim. Conditions include HIV and hormone transition medication.

### Physical and Mental Disability

CSEW domestic abuse data suggests that those who class themselves as having a long-standing illness or disability are, for all forms of domestic abuse, more likely to be victimised compared to those who do not. This is acute for familial abuse, which is nearly four times more likely in the long-term illness or disability population.
### Relationship to perpetrator

Domestic abuse victims are most commonly a family member of, or intimate partner to, the perpetrator. It is also true that most victims of serious sexual violence know the perpetrator either through family or as a partner.

### Repeat victimisation

The nature of domestic abuse lends itself to repeat victimisation, as there is a lack of capable guardians to intervene. Not all domestic abuse offences are reported to the police. Those victims who do report their victimisation to police are unlikely to have reported all abuse suffered.

### Murder

Domestic Homicide Reviews regularly recommend action along the following seven themes:

- Awareness raising and communication;
- Awareness and training for healthcare professionals;
- Risk assessment;
- Information sharing and multiagency working;
- Complex needs;
- Perpetrators and bail; and
- Awareness of the safeguarding needs of children.

Murder is a rare occurrence, and domestic abuse murder is rarer still, although it does make up a significant proportion of murders.

### Risk

This is broken down into three classifications: High; Medium; and Standard-risk. The assessment is standardised through a national Safe Lives (CAADA) measurement tool. Whilst most of the time the most negative consequences of domestic abuse are avoided using this system by managing the risk, there have been some cases where the assessment has been medium or standard but the victim has been badly beaten or even murdered. Unfortunately, these risk assessments are not always effective.
Perpetrator

Age

6.32 Norfolk Constabulary recorded crime statistics show a similar pattern between victims and perpetrators in terms of age. The peak age for perpetrators is between 22 and 27 at time of reported offence, compared to victims who peaked between 20 and 25\(^\text{17}\). There is an additional, yet much lower, peak in the early 40s. Unfortunately, there is no comparable consistent piece of research that would allow for comparison between those reported domestic abuse crimes (local police data) and the level of true perpetration, achieved for victims through the CSEW. However, given the victim profile of domestic abuse for age and its similarity to the perpetrator profile, it may be the case that reporting is lower for younger perpetrators.

Crime and non-crime domestic abuse perpetrators in Norfolk in 2014/15 by age and gender (Sanders, 2016)

![Perpetrator Age Profile](image)

Gender

6.33 Recorded perpetrators are most often males in local police data. There is a long-standing assumption that males are the abusive party in intimate relationships (HM Government, 2010), which is supported by the above. It is also true that the offences committed by men are of a more severe nature, compared to women (Hester, 2013). Therefore, it would appear that the generalisation is justified. However, with generalisations there are exceptions.

6.34 There is academic debate surrounding female perpetrator intimate partner violence, regarding their level of culpability. On one side, there is a belief that most women are acting

\(^{17}\) Please find a comparable graph for victim ages in appendix 4.
in self-defence, which opposed by the belief female intimate partner violence is not taken as seriously as that committed by males (Henning et al, 2003). There are two supporting arguments for female perpetrators being inherently different to male perpetrators: female perpetrators are lower risk of reoffending; and female perpetrators are most often victims of domestic abuse. There is clearly a difference in perpetrator profiles of men and women and responses to perpetration should reflect this. Henning et al (2003) suggest that female perpetrator responses should focus on prior victimisation, safety planning and other issues concerning the oppression of women.

**Ethnicity**

6.35 As with victimisation, the two largest ethnic minorities in Norfolk (White – Any other White Background; and Black) were disproportionately the perpetrators of domestic abuse incidents reported to the police. White – any other white were 1.8 times more likely, whilst Black groups were 2.4 times more likely perpetrator domestic abuse incidents reported to the police. When only crimes are included then these ‘disproportionality factors’ increase to 2.1 and 3.0 respectively (Sanders, 2016a). There may be cultural differences between these groups and the ethnic majority. Perpetrators of domestic abuse from minority ethnic groups may require different approaches, to that of the majority.

**Repeat offending**

6.36 Repeat offending is the commission of more than one domestic abuse offence. This can be hard to measure as not all offences are reported to the police (ONS, 2016a), as discussed in previous sections. Of those domestic abuse crime perpetrators reported to the police, 18% were reported more than once for a crime in a 12-month period. When all incidents are included then repeat perpetration rises to 27% (Sanders, 2016a).

6.37 Additionally, there have been attempts to measure what the associated characteristics of repeat domestic abuse are. In Leaper’s (2014) analysis of police data the characteristics correlated with repeat offending were alcohol, drugs, and unemployment, whilst unrelated to reoffending were mental health and the use of weapons, compared to incidents where this was not a factor. This only represents those who are reported to the police, so it is not a true representation of repeat offending.

**Abuse typology**

6.38 The balance of offence types reported to the police has remained stable between 2012/13 and 2014/15 (see figure 14), that is to say the proportion of different crime types has only altered in a minor way despite large increases in the total number of offences reported. The largest increase in proportion over the three years was in the acquisitive crime category (+2.6%), whilst less serious violence against the person shrank by 4.1% proportionately, compared to other domestic abuse offence types. However, the total number of offences increased 61.1% on itself over the three years. Some crimes that were low in occurrence more than tripled in number between 2012/13 and 2014/15 (more serious crimes against the person and acquisitive crime). The ‘other crime’ category (145.8%) and sexual offences

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18 All lower than 300 crimes (in 2014/15 there were: more serious crimes against the person – 126; sexual offences 121; acquisitive crime – 268; ‘other crime’ – 59. This is of a total of 574).
(98.4%) also experienced notable increases in number. The reason for the changes highlighted here are, again, unclear. It may be due to increased occurrence of crimes, changing reporting standards implemented by the police, or an increase in willingness to report such crimes and incidents.

Balance of offence types within domestic abuse crime in Norfolk (Source: Sanders, 2016)

![Figure 13 – proportion of offence type]

Type of abuse suffered by partner abuse victims in the last year (Source: ONS, 2016a)

![Figure 14 – abuse type prevalence in victims]
Perpetrator typologies

6.39 Gilchrest et al (2003) split male perpetrators into two overarching categories:

I. Antisocial/narcissistic, this is further broken down into:
   a) Antisocial – characterised by antisocial behaviour traits, substance misuse, macho ideals, previous convictions, and lack empathetic qualities. This is the most common group found in this study.
   b) Narcissistic – tend to be paranoid, respond in a socially desirable manner, and have a dismissive attachment style.
   c) Low pathology – narcissistic by nature, these perpetrators have less identifiable characteristics: they respond in a socially desirable way whilst displaying moderate macho characteristics.

II. Borderline/emotionally volatile – are likely to be interpersonally dependant, have high levels of anger, suffer from depression or low self-esteem, blame others for their circumstances, have experienced sexual or physical abuse as a child, have fearful attachment style and engage in suicidal thoughts.

6.40 The above categories have variations within as, for example, not all those who fall into the borderline/emotionally volatile category will have every characteristic listed, but will have at least some. The different characteristics presented provide a challenge for responding to perpetrators. To alter behaviour, perpetrator programmes need to adapt to the specific needs of a perpetrator regarding the different typologies (Gilchrest et al, 2003). This analysis will be revisited in the chapter considering commissioning.

6.41 The above typologies are not the only way that domestic abuse perpetrators are categorised. Some theories categorise along lines of internal characteristics such as Post Traumatic Stress Disorder, brought about by witnessing domestic abuse, or personality disorders. This is in line with categorisations outlined above. Other conceptions include theories that discuss perpetration as learnt behaviour or occurring through societal pressures. Chiffriller, Hennessy and Zappone (2006) argue all distinctions have implications for service provision and present perpetrators as varied in character and cause.
### Key points

#### Age

Local crime data suggest that the ages where domestic abuse perpetration is highest are between 22 and 27.

Comparisons made with ages of victimisation recorded in local crime data and the CSEW suggested that younger ages did not report as much domestic abuse to the police. This may mean this is true for the reporting of perpetrators.

#### Gender

Males are more likely to be perpetrators of domestic abuse offences.

Male offences tend to be more severe.

Female domestic abuse offending is often a means of self-defence.

#### Ethnicity

Perpetration is proportionately higher in both the Black and ‘White other’ communities in Norfolk (Sanders, 2016a). However, this is not controlled for other impacting factors, such as deprivation.

#### Repeat offending

Given the high propensity of repeat victimisation, and recorded statistics on the matter, it is clear that repeat offending is common among perpetrators yet underreported.

#### Abuse typologies

All domestic abuse crime types increased between 2012/13 and 2014/15, some more than others (Sanders, 2016a).

Less serious violence against the person was the most common crime type and violent and sexual offences accounted for more than 80% of domestic abuse related crime (Sanders, 2016a).

The CSEW suggests that more victims experience more non-violent abuse than violent, indicating non-violent incidents are less likely to be reported.
**Perpetrator typologies**

When responding to domestic violence it is important to do so with regard to the perpetrator’s specific characteristics.

Multiple attempts to categorise domestic abuse perpetrators have produced different results.
7 Risk factors and consequences associated with domestic abuse

7.1 This section looks at some of the common negative consequences and risk factors that are associated with Domestic Abuse. It provides an overview of what academic literature argues to be associated with domestic abuse.

Substance misuse

7.2 Both drug and alcohol misuse have long-standing associations with domestic abuse. However, there is debate regarding causality and the impact of both alcohol and drugs. There appears to be a general association between those who abuse substances and the occurrence of domestic abuse. Gonzalez et al (2006) argue that there is not the evidence to show how substance misuse causes domestic abuse, yet the association certainly raises concerns.

7.3 There is clearly an association between substance misuse and domestic abuse. The Crime Survey for England and Wales’ finds that, in a significant proportion of domestic abuse incidents, the perpetrator was under the influence of alcohol or drugs supports the association between domestic abuse and substance misuse. Victims were likely to feel that the perpetrator of domestic abuse was under the influence of alcohol or drugs at the time of the incident. Additionally, a significant proportion of victims said that they were under the influence of either drugs or alcohol, though much smaller than that of offenders. This shows that a significant amount of abuse takes place in an inebriated state. This may not make substance misuse the cause, but certainly portrays it as an associate and maybe an enabler.

Percentage of victims and offenders under the influence of drugs during most recent domestic abuse incident reported by the victim, by sex
(Source: ONS, 2016a)

![Graph showing percentage of victims and offenders under influence of drugs and alcohol (Source: ONS, 2016a)](image)

Figure 15 – drug and alcohol use at time of incident
Additionally, there is a link between the severity of violence and alcohol consumption being present. Thompson and Kingree (2006) were able to identify that for women whose partners had been drinking at time of incident, they were more likely to experience injury. They complemented this finding by arguing alcohol increases the likelihood of aggressive behaviour in men more so than for women. The severity of violence is of concern and appears to be higher when the perpetrator has been drinking.

The negative impact of substance misuse amplifies when the user experiences a complex variety of negative psychological, physical or social factors, known as complex needs. Some argue substance misuse is a coping mechanism for victims and increases the likelihood of violence from perpetrators (Cooper and Russell, 1988; Thompson and Kingree, 2006; and Blevins et al, 2016). The combination of both amplifies the negative effects. Drug related deaths are an example of these increased negative effects. Analysis of drug related deaths occurring in Scotland found that, for female drug related deaths in 2014, 43% had a history of experiencing domestic abuse, compared to 6% for males (Barnsdale et al, 2016).

The toxic trio are three of the factors included within complex need. The toxic trio are parental substance misuse, parental mental health issues, and domestic abuse. The identified factors have a very serious impact on childhood development, and when in conjunction with each other, the effects amplify. Effects include, but are not limited to, poor attachment between child and parent, older child involvement in substance misuse or unsafe sex, and encouraging children to stay home from school (Institute of Public Care, 2015).19


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7.7 Whether or not substance abuse has a causal relationship to domestic abuse, or domestic abuse leads to substance misuse as a coping mechanism, remains unclear. However, there is a clear association between the two, and efficient use of resource is paramount to tackling domestic abuse. Focusing on areas where there is clear need, such as substance misuse, is important because of the clear association, increased severity of violence and its amplifying effect when in conjunction with other areas of need.

**Accommodation**

7.8 Domestic abuse covers a variety of acts, which seek to coerce and control. This can create an environment where the victim becomes dependant on the perpetrator for finance and accommodation. This dependence adds a barrier to escaping abuse because there is no visible accommodation source for the victim. Some victims may not have a safe place to escape to, such as a family or friend’s house, a solution that may lacks longevity. This leads victims to looking for other sources of accommodation (Jones et al, 2010).

7.9 The above represents an issue for victims looking to escape domestic abuse: there needs to be accommodation accessible and available to domestic abuse victims and potentially their children if they feel the need to escape. Refuges are available within Norfolk and nationally for this very purpose. Sanctuary Schemes offer an alternative, allowing victims to stay in their own home, whilst target hardening the property to prevent Domestic Abuse. The continuation of such work is essential in ensuring that victims are able to reduce abusive relationships impact (Jones et al, 2010). However, they are not common practice in Norfolk.

7.10 Within the issue of accommodation of domestic abuse victims sits those who are of ‘No Recourse to Public Funds’ (NRPF). This immigration status applies to those who are subject to immigration control, because either it is part of their visa conditions, or they do not have leave to be in the UK. This group would not normally have access to public funds, which prevents access to refuges and other accommodation options. However, when domestic violence is present and children are involved then the Destitute Domestic Violence Concession is applicable, giving NRPF immigrants access to public funds (Islington Council, 2016; and Jones et al, 2010). This presents an issue to statutory providers because they are legally obliged to provide support in this instance, but have no defined funding to do so.

7.11 Additionally, and perhaps more concerning, those with NRPF status who do not have children are unable to access resources such as accommodation, trapping them in an abusive relationship. The definition of domestic abuse supplied by the Home Office (2013a) makes no distinction about the victim’s immigration status and the victims of domestic abuse deserve a response. Provision of victim services should extend in some capacity to those subject to the NRPF immigration status, whether children are involved or not.

**Offending**

7.12 Offenders are significantly more likely than non-offenders to be a victim of crime, particularly for violent offences and even more so if they had committed a violent offence (Deadman and MacDonald, 2004). Domestic abuse can take the form of violence so it would follow that offenders are also more likely to be victims of domestic abuse. This gets support
from data extracted from Norfolk Constabulary’s CIS recording system (see figure 18). Between July 2014 and June 2015 there were 11,031 people receiving at least one positive police disposal\textsuperscript{20} from Norfolk Constabulary, who experienced 631 crimes of domestic abuse in the same period (Sanders, 2016b). This equates to a domestic abuse crime rate per 1,000 offenders of 57.2. Female offenders are at much higher risk of domestic abuse compared to male offenders and the general population, with a rate of 151.3 crimes per 1,000 population of Norfolk. This high rate of domestic abuse within a small community shows that female domestic abuse victims provides impetus for working to prevent domestic abuse and protect victims within this group.

**Comparison between offender and general populations domestic abuse rates per 1,000**  
(Source: Sanders, 2016a; 2016b)

![Comparison between offender and general populations domestic abuse rates per 1,000](image)

7.13 MacDonald (2013) argued that it is likely that many women offenders, with a history of domestic abuse, do not have this abuse officially recognised in police statistics. Additionally, offenders had problems with self-image and blame when experiencing domestic abuse, which has resulted in the female offenders self-blaming for the domestic abuse they experience. A common coping mechanism in this group is substance misuse and there were high proportions of the group who experienced poor mental health (MacDonald, 2013). The three characteristics have been grouped together as the ‘toxic trio’, as previously outlined. The female perpetrator group clearly has some specific needs regarding domestic abuse and these needs, if not addressed, may lead to further criminality and other serious issues.

**Mental Health**

7.14 Poor mental health links to the victimisation of domestic abuse. Analysis of the Adult Psychiatric Morbidity Survey (APMS) shows that there are six typologies of victims of violence, within the English population (Scott et al, 2015a). The largest group, accounting for more than three quarters of the population, are those who have relatively little experience of violence or abuse. This group, whilst experiencing some abuse and violence, experienced much less than any other typology. The other typologies experience more abuse than the

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\textsuperscript{20} All police disposals for recorded crime - including Community Resolution – other than ‘no further action’.

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majority in varying types and degrees (see figure 19). It is important to be aware that this data set relates to lifetime abuse, so abuse need not have occurred recently, and refers to current mental health issues.

**Distribution of violence and abuse victim groups in the English population (Source: Scott et al, 2015a)**

![Distribution of violence and abuse victim groups in the English population](image)

Figure 18 – proportion of different populations who have experienced abuse in England

7.15 The report goes on to compare different typologies of victims on their likelihood of having a common mental illness, such as anxiety or depression. Of the typologies, the most affected was the Extensive Physical Violence as a Child and an Adult having higher proportions of mental illness across all mental health issues, with all typologies associated with abuse being higher in mental health issues than those without. This data clearly portrays the link between domestic abuse and mental health conditions. The psychological impact of domestic abuse suggests it is a causal factor of physical illness by Coker et al (2000) and Scott et al (2015a) point to abuse as causal for mental illness. Figure 20 supports this as it highlights the association between poor current mental health and lifetime abuse victimisation.

7.16 Project REVA (Responding Effectively to Violence and Abuse) completed a series of briefings on the impact of domestic abuse and provided guidance on how to respond to it. The final briefing provides a prototype for detailed outcome collection, which has two themes: how has the service affected the service user; and ask the service user about their experiences of the service. The measurement of the impact on service users should consist of two stages; an assessment before and service and one conducted at the end (Scott et al, 2015b). This enables the quantification of service impact and measurement of the outcome. This quantification enables identification of good practice and problem areas.
For victims of physical abuse there are obvious yet important physical side effects relating to the physical injuries they receive. These tend to be impact injuries such as bruising, although some may take time to heal like broken bones. Coker et al (2000) argue that other impacts of domestic abuse, caused by the psychological strain that victims are subject to, linking medical conditions such as stomach ulcers and other digestion issues. This shows that all forms of domestic abuse cause serious health consequences, justifying their inclusion with the definition of domestic abuse on a new level. Providing specialist support within hospitals is shown to be an effective way of improving identification of domestic abuse victims (Safelives, 2016a)

Of the 17,079 domestic abuse incidents recorded by the police in Norfolk, 8,212 involved at least one child (48% of incidents). Overall, there were 9,330 Norfolk children recorded as a domestic child in 2014/15 on at least one occasion – 5.6% of under-18s. The proportion of domestic children has been increasing over the past 3 years, with the highest rates in Great Yarmouth (8.8%) and Norwich (8.2%) and the lowest in Broadland (3.5%) and South Norfolk
Between 2012/13 and 2014/15 there has been a notable increase in the proportion of domestic children across all of Norfolk’s local authorities (Sanders, 2016a). A significant proportion of these incidents result in ‘initial contacts’ with Children’s Social Care. Additionally, people aged between and including 16 and 19 perpetrated more than 1,100 domestic abuse incidents in Norfolk in 2014/15 (Sanders, 2016a). These types of offences are primarily committed against parents and intimate partners (Keeble, 2014).

Children are the unintended victims of domestic abuse as they do experience significant hardship due to witnessing domestic violence. Children experience domestic abuse in three ways: by directly viewing it; the abuser using them as a tool in the abuse; or through the aftermath of violent incidents. Edelson (1999) conducted an analysis of 31 studies into the impact of domestic violence on children. This analysis found that witnessing and experiencing domestic abuse affects children in the following ways:

I. Their behaviour and emotional functioning is impacted;
II. Cognitive functioning and attitudes are affected;
III. Long term developmental problem, such as dealing with trauma;
IV. Experiencing abuse alongside viewing abuse acts as a multiplier to the negative effects; and
V. Responses differ by gender, age and proximity by time of event.

Given the large number of children who witness reported domestic abuse in Norfolk, which is mainly of a violent nature, the potential impacts are concerning. Tackling domestic abuse, which affects children, has an extra layer of concern given that witnessed abuse can influence behaviour, potentially leading to future violent behaviour in addition to the emotional impact it has during and long after the event. Tackling this issue will be discussed with the issue of commissioning and will draw on the ‘Domestic Violence and Abuse Needs Assessment for Children and Young People in Norfolk’ from Keeble (2014).

Deprivation

In the contextual information section, a correlation between the Indices of Multiple Deprivation (IMD) and crime reporting suggested, at a local authority level, a link between deprivation and domestic abuse reporting. The IMD measures relative deprivation of Lower Layer Super Output Areas (LSOA), combining figures such as employment and crime to rank LSOAs in order of deprivation (ONS, 2015a). Both Norwich and Great Yarmouth have the highest proportion of LSOAs ranked in the bottom 20% nationally for deprivation (41% and 33% of LSOA respectively are in the bottom 20%), have the lowest average ranked LSOAs of Norfolk’s districts (11732 and 10854 respectively), yet also the highest spread of IMD rank for all Norfolk local authorities. These two local authorities also have similarly high domestic abuse crime and non-crime rates.

This suggests that there is a link between deprivation and domestic abuse incident rates. However, both great Yarmouth and Norwich are urban areas and have a large number of LSOAs within them. To gain a deeper understanding of the relationship between deprivation and domestic abuse rates there needs to be analysis on an LSOA level. Figure 21 achieves this by assessing domestic abuse rates on the LSOA ranks. Those in the top decile (most
deprived 10%) have the highest domestic abuse incident rates, whilst the least deprived decile, (least deprived 10%) have the lowest. There is a rapid decline in incident rates between decile 1 and decile 4, which is just below the county average of 19.5 incidents per 1,000 population. The decline then becomes shallower. This positive correlation between higher deprivation and domestic abuse rates gives clear evidence that deprivation links to domestic abuse incident rates.

![Rate per 1,000 population for domestic abuse incidents in Norfolk LSOAs by IMD deciles 2015 (Source: Sanders, 2016)](image)

Figure 20 – local police domestic abuse rates by Indices of Multiple Deprivation

However, there are some important caveats to this. Firstly, the fact that even in the least deprived LSOA domestic abuse still occurs, shows that domestic abuse affects all strata of society. Resources targeting deprived areas can leave some victims’ need unmet in the county, if they reside in a less deprived area. Secondly, this association, although strong, does not mean deprivation is causation for domestic abuse. Finally, whether this association is a causal one or it is a product of a feature of deprived areas needs identifying. A suggested reason for this association is areas of higher deprivation tend to be associated with higher population density (more people living in a smaller geographical area) with many habitations sharing walls, or at least being located close together. This means that reporting becomes more likely because not only can the victim report, but so can those who are in the vicinity, if they have witnessed or overheard domestic abuse. In a more deprived area there are more people likely to be in the vicinity, thus the crime reporting is more likely. This hypothesis needs to be tested.

Several finding from the CSEW supports this, whilst other do not. Firstly, rural areas experience much the same victimisation rates as areas classified as urban. However, the domestic abuse incident rate map (Figure 7) shows much higher reporting rates in urban
areas, compared to rural ones. However, the Indices of Multiple deprivation scores suggest that there is a definite link between deprivation and domestic abuse reporting with most deprived areas experiencing much more domestic abuse than other areas, although it is less pronounced than the domestic abuse incident data provided by Norfolk Constabulary. Finally, those living in accommodations that are most closely located with other accommodations do experience higher rates of domestic abuse. This leads to the conclusion that domestic abuse is more common in deprived areas, although not as significantly as local police data would suggest.

Female Genital Mutilation

Female Genital Mutilation (FGM) is the practice of cutting and/or removal of parts of the external female genitalia. Whilst serving no medical purpose, FGM is a deeply embedded social norm, practiced for a variety of complex reasons. FGM is prevalent in 30 countries affecting more than 200 million women and girls worldwide. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia (UNICEF, 2016). It is a crime in the UK but is not common practice. However, there were in 2011 an estimated 103,000 women aged between 15 and 49 living...
with FGM in England and Wales (Macfarlane, 2014). This would suggest that there are victims and potential victims of FGM living within Norfolk. FGM’s criminal status in the UK requires a preventive and responsive action.

7.26 Norfolk has responded to this issue of FGM through the ‘Norfolk Honour Based Abuse, Forced Marriage and Female Genital Mutilation Partnership Group’. In recent years, FGM has become an important policy area for central government, who have introduced new measures to protect girls and women from victimisation (Bradley, 2016). Responses to this crime have centred around better information sharing to achieve a co-ordinated response, working with communities to prevent FGM from occurring in the first place, placing emphasis on identification of occurrence and those at immediate risk of FGM, and to treat this as a very serious issue.

Forced Marriage

7.27 Forced Marriage is also crime in the UK that occurs predominantly within certain ethnic groups, although cases recorded by enforcement agencies are low. The Forced Marriage Unit advised 1,428 Forced Marriage cases in 2016 and of these cases, more than 60% related to cases with the ‘focus country’ of India, Pakistan, Afghanistan, Somalia or Bangladesh. A further 85 focus countries had been encountered by the Forced Marriage Unit (Foreign & Commonwealth Office and Home Office, 2017). Despite Norfolk’s low ethnic diversity the level of Forced Marriage in the country means that Norfolk’s services need to be able to respond cases of Forced Marriage.

7.28 Currently the Forced Marriage Unit is responsible for providing advice to professionals nationally, but locally the Norfolk MASH coordinates efforts to prevent potential case of forced marriage from happening. Professionals who identify Forced Marriage are responsible for informing the Forced Marriage Unit and referring to the MASH. In addition, work to ensure communities are aware of the legal status of Forced Marriage in the UK and to show why this practice is not acceptable is an important part of the current response.

Honour Based Abuse

7.29 Honour Based Abuse (HBA) 21 is the commission a variety of crimes and abuse, ranging from violence to imprisonment. It is a response for alleged or perceived breaches of the family or community’s code of behaviour (HM Government, 2014b). This can indicate impending Forced Marriage (HM Government, 2014b) and is has been linked to FGM also (UNICEF, 2013). Again, the response to this has been both punitive and raising awareness within communities where this is prevalent.

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21 Otherwise known as Honour Crime, Honour Based Violence or ‘Izzat’.

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### Key points

#### Substance misuse

There is debate regarding the causality of substance misuse to domestic abuse, particularly for alcohol.

However, there is an evidenced association between domestic abuse and alcohol misuse, and less commonly drug misuse.

Some victims respond to domestic abuse with substance misuse, which raises additional health concerns for the individual.

When perpetrators were under the influence of alcohol at the time of incident then there was an association with increased severity of violence.

The toxic trio (domestic abuse, parental substance misuse, and poor parental mental health), when in co-occurrence are shown to increase negative affects suffered by children.

Despite some academic concerns that substance misuse does not cause domestic abuse, the associations and increased severity of domestic abuse, shown in academic literature, makes substance misuse an important risk factor of domestic abuse, for both perpetrator and victim.

#### Homelessness

Given the nature of much domestic abuse is coercive and controlling, victims may lack access to financial resources necessary to access accommodation.

When victims lack family or friends who can support their accommodation needs then the perpetrator may feel trapped in the relationship, where there only option of escape is to become homeless.

Help is available for people in such situations through refuges and working to provide respite for the victim from the perpetrator.

However, some people are not able to access public resources because their immigration status is ‘No Recourse to Public Funds’. There is an exception made for specific cases, including domestic abuse cases, yet no provision made in public budgets.
## Offending

Offender populations have higher domestic abuse incident rates, compared to the general population. The offender population experience 11 times more domestic abuse crimes, according to local crime data, compared to the general population.

Domestic abuse has been associated with leading to offending behaviour, and/or substance misuse.

## Mental Health

Most people do not experience severe levels of abuse. Those shown to have suffered any lifetime serious abuse have higher levels of mental health issues.

Additionally, those who experienced the high levels of abuse experienced the most severe mental health consequences.

The impacts of mental health issues are large and amplify when concurrent with domestic abuse and/or substance misuse, as previously highlighted.

## Physical health

The physical consequences of domestic abuse are varied. They can be a result of violence or stress caused by coercion and control.

## Children and young people

Nearly half of all domestic abuse reports to the police involved at least one child.

It is also true that young people, primarily against parents and intimate partners, commit a considerable amount of domestic abuse.

Of children who witness or experience domestic abuse, either directly or indirectly, there is an association with:

- Negative changes to behaviour and emotions;
- Negative impact on cognitive functioning and attitudes;
- Long term developmental issues;
- Experiencing abuse alongside viewing abuse acts as a multiplier to negative effects; and
- Responses differ by gender, age and proximity by time to event.

Given these effects, and the large number of domestic abuse incidents where children are involved in Norfolk, there is considerable need for positive action on this area.
### Deprivation

Higher levels of deprivation on the IMD scale positively correlate with domestic abuse incident rates.

Domestic abuse reports are higher in urban communities, which tend to have higher levels of deprivation, compared to rural areas.

According to the CSEW, victimisation of domestic abuse is similar in urban and rural areas.

However, deprived areas do experience higher domestic abuse levels, compared to less deprived areas.

### Female Genital Mutilation

Practiced in some cultures, mainly from Africa and the Middle East, and involves cutting of female genitalia.

It is a criminal offence in the UK; therefore, there is a responsibility for preventing it. In Norfolk, a partnership, with the specific focus of tackling and preventing Female Genital Mutilation, Forced Marriage, and Honour Based Abuse exists.

### Forced Marriage

This is a crime in the UK and can have considerable impact of the victim.

There is a low incident rate in the UK, with less than 1,500 reported cases annually.

Norfolk has a low ethnic diversity compared to the rest of the country and thus Forced Marriage may be less prevalent in the population of Norfolk. This does not diminish the need for provision of response to forced marriage within Norfolk.

### Honour Based Abuse

Is the commission of any crime or abuse based on punishing a victim for ‘dishonouring’ the family, or not complying with cultural or religious norms.

This form of abuse can be indicative of Forced Marriage or Female Genital Mutilation.
8 Commissioning

8.1 The four strands of the government strategy for tackling domestic abuse, ‘A Call to end Violence against Women and Girls’, require that services prevent abuse, provide effective support, and work in partnership. In addition, there is a criminal justice requirement to pursue perpetrators, including changing abusive behaviour. To be able to meet the needs of victims and offenders, as outlined through the previous chapters, services must support varied needs and facilitate multiple purposes.

8.2 Services that prevent abuse can do so through primary prevention of incidents using tools such as educatory messages, which promote non-abusive relationships. However not all domestic abuse can be prevented this way. There is a need for secondary prevention interventions in abusive relationships to protect victims. This form of intervention can include the production of safety plans that have the safety of victims at their core. This simplified description of complex services will be expanded in later sections.

8.3 Provision of support to victims varies, spanning from advice on personal issues all the way to the provision of emergency accommodation to victims at significant risk of further harm. It is important to note, as has been argued throughout this needs assessment, that victim and perpetrator services need to be inclusive. There are many different forms of abuse and abuse occurs in every societal group. All groups can be the victim of abuse and all types of abuse require some provision of support. For services to be accessible to all who need them barriers to access need to be prevented.

8.4 Additionally, as outlined in ‘A Call to end Violence against Women and Girls’, it is important for services to be provided in partnership. Partnership working can help to ensure the best outcome for those in need, achieving positive outcomes as efficiently as possible, and prevent duplication of work. Partnership working seeks to complement other national strategic objectives by ensuring that providers work together and do not duplicate work. This has long been part of governmental strategy and this assessment will discuss Norfolk’s domestic abuse partnership landscape.

8.5 To understand whether Norfolk is meeting its objectives a research exercise was undertaken to gather information on the services that are available in Norfolk, paying attention to what type of service is provided, how it is implemented, what type of clients it serves. It allows for a geographical breakdown of the data as an assessment tool. The information gathered will be discussed in this chapter and compliment the previous chapters’ discussions on need within Norfolk.

Service delivery requirements

8.6 The victims of domestic abuse are not a homogenous group, and the same is true for perpetrators. The abuse suffered and committed varies in its severity and risk, the status of relationships is complicated, and life experiences and circumstances of victims and perpetrators often differ. Services for victims and perpetrators must be responsive to the
individual clients that encounter services and the services offered must be diverse to serve the varied needs.

8.7 Providing services in response to domestic abuse uses many different forms of delivery. They vary in intensity, purpose, objective, delivery mechanism and client group. The method of delivery must match the needs of the target client group, whilst providing an efficient and effective service. For a victim the first step may be reporting victimisation to an appropriate service, then gaining advice and support regarding their circumstances and finally receiving therapeutic support. Again, each journey will likely be different dependant on the client’s personal circumstances, requiring different services to ensure delivery method is appropriate to victim need.

8.8 Services need to be available to all residents of Norfolk. Clients come from diverse backgrounds and experience different barriers to access. These barriers need confronting to ensure services are available to all that need them. Two groups that require domestic abuse services and have specific needs from services, yet have been marginalised in the past are the Lesbian, Gay, Bisexual and Transgender (LGBT) community (Pertnoy, 2012) and the various ethnic minorities that live within Norfolk (Women’s Aid, 2015). The services available specifically to these two groups will be a point of discussion throughout this chapter. For services to be accessible then they need geographically distributing appropriate to need. Norfolk is a very large, sparsely populated county and some clients might experience isolation from domestic abuse services. Providing services to this group is difficult yet important and presents an issue for commissioning as those in isolated rural communities experience a barrier due to their isolation.

8.9 Services in Norfolk for domestic abuse victims and perpetrators require tailoring to a wide variety of individual needs. They must be responsive to individual clients and there must be a range of services catering to different aspects of client need. Barriers to access exist across social groups, which need tackling where possible and services should be accessible in all localities.

Methods

8.10 To measure what level of service provision is currently available in Norfolk a commissioning scoping exercise has been undertaken. This exercise aimed to understand the number of services available in Norfolk by contacting service providers via phone and email requesting an outline of the service they provide. Criteria gleaned from providers include what the service offers, how the service is provided, who receives support, and where it is provided.

8.11 A database of types of services, delivery methods, client groups, and geographical areas was developed and used to log what different service providers provided in Norfolk (SEE ANNEX 6). To analyse the information collected a data analysis tool was created which allowed for measurement of different criteria in combination with others. Using the database tool, services can be identified that provide their services via specific delivery methods, to certain client groups, in distinct geographical areas of the county. This enabled gaps in domestic
abuse services to be established as services, delivery methods, locations and victim groups that were under provided could be identified.

8.12 The database tool was developed in conjunction with members of the Domestic Abuse and Sexual Violence Board (DASVB), who provided expertise on the categories that should be included in the analysis. It includes both domestic abuse and sexual violence services because the service scoping exercise intended to gain a comprehensive understanding of both types of service within Norfolk. In this chapter, only services relating to domestic abuse are considered.

8.13 Domestic abuse and sexual violence services were identified through two service directories, one produced by Norfolk Constabulary and one produced by Norfolk County Council. In total 120 services were identified and input into the database from around 50 different organisations. The services were approached by telephone or email, with some directing to the ‘about us’ section of their website, which contained all relevant information to the request. Data collected was transferred into the database tool, which enabled the analysis of where services are provided, what type of provision is provided, how it is provided, and who too.

8.14 The data was analysed to ascertain what the supply of services looks like in Norfolk. The findings are presented in the following sections along the current strategic objectives in the central government strategy. The types of services and service provision method were all analysed by the geographical and who the services were available to with the finding presented in the below sections.

**Overview**

<table>
<thead>
<tr>
<th></th>
<th>Domestic abuse services</th>
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<th>Sexual abuse</th>
<th>Familial</th>
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<tr>
<td>South Norfolk</td>
<td>69</td>
<td>47</td>
<td>44</td>
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</tr>
</tbody>
</table>

*Table 2 - Overview of services available in Norfolk for domestic abuse victims*

8.15 Table 2 displays the number of services available in Norfolk. The rows Norfolk and national regard services that are available to residents of Norfolk however, it may be that the support offered is remote or would need to be travelled to by the client. An example of this is the
Four Women Centre, whilst the service is available to all residents of Norfolk, it is located in Norwich and requires the client to attend come to Norwich to access support. Also services like Young Minds Parent Helpline are again accessible to all qualifying Norfolk residents, however the support provided is remote.

8.16 Table 2 shows there is a large number of domestic abuse services offered in Norfolk and that there is variance in the number of services in different districts. Perhaps unsurprisingly due to its centrality for a lot of Norfolk and that it is the largest urban area in the county, Norwich is the district with the highest number of services. The areas with the next highest number of services are Breckland and King’s Lynn and West Norfolk. These districts are mostly rural in make-up and quite far removed geographically from Norwich. Great Yarmouth has a similar total number of services, serving a smaller population. Next is Broadland and South Norfolk, which are also the districts that border Norwich, giving parts relatively easy access to services based in Norwich. The area with the smallest number of services is North Norfolk, a predominantly rural district that does not have the same ease of access to the Norwich based services as the districts bordering Norwich, Broadland and South Norfolk.

8.17 Also represented in Table 2 is the number of services specifically for the needs of those experiencing intimate partner violence, which is domestic abuse between intimate current or former partners. The findings are very similar to those represented in those of all services, although the total numbers are lower. That is North Norfolk is the least provisioned and Norwich the most. This pattern repeats for services that provide for domestic abuse victims of sexual abuse and familial abuse.

Prevention
8.18 Prevention is achievable at two different stages for domestic abuse: prevention before events occur and prevention of further events occurring. The database tool holds data on both types of prevention, which will be discussed in detail in this section.

8.19 The first type of primary prevention is educational and includes services that work with schools to deliver relationship advice and guidance and services working in a closer setting with ‘high-risk’ groups. Educational services are wide reaching in terms of number of people interacted with, and can be focused when working with specific client groups, such as those at high-risk of perpetration or victimisation. The education provided sets out what is acceptable behaviour in a relationship and what respect people should expect from a partner in a relationship. The database tool shows that six different providers provide educational services across the county, although it does not determine if every school receives education from these services. These types of intervention have been shown to have beneficial impact on young peoples’ attitudes toward relationships and should therefore be continued within Norfolk. The announcement that Sex and relationship education will be mandated in schools from a young age will undoubtedly benefit this.

8.20 Campaigning also provides a means to promote healthy relationships through less resource intensive means. Most providers of services to victims or perpetrators play at least a small
role in campaigning by spreading information and communications. However, some organisations are more active, producing entire campaigns, including national and local organisations. The organisations listed in the database tool are by no means all the organisations working nationally to campaign for equality in relationships but it shows that organisations in Norfolk and nationally actively campaign to raise awareness.

8.21 Secondary prevention in Norfolk comes in the form of safety planning and programmes for offenders. Safety planning involves working directly with someone who is a victim to develop a personalised plan to help prevent them come into further harm. This is a common approach from victim focused services in Norfolk, including refuges, counsellors and practical support agencies. More than 10 services provide safety planning in each local authority area of Norfolk making this a service type that is well provided in Norfolk.

8.22 There are many forms of domestic abuse and each form of abuse requires a catered response, however they all seek to change the behaviour of the participant. For programmes, the objectives are to get the offender to understand the consequences of their action and provide them with the tools to resolve disputes without violence. In Norfolk there is countywide provision of a programme for perpetrators of domestic abuse within an intimate relationship, however there is requirement for criminal justice referral. Additionally there are Norfolk Youth Offending Team programmes for young offenders that look to prevent further child-to-parent violence as well as an education programme that addresses violence in young people’s relationships and seeks to prevent both perpetration and victimisation. Ormiston Families offer a service for perpetrators of violence in intimate relationships exclusively in King’s Lynn, although it is open to all perpetrators in Norfolk. The final programme is provided by Leeway in Broadland, Great Yarmouth and Norwich that seeks to change the behaviour of child-to-parent violence perpetrators. Only one of these programmes, offered by Ormiston, allows people to attend voluntarily. However, it is located in the west of the county, potentially making it inaccessible to some of Norfolk’s residents. This presents a potential area for commissioning expansion and will be discussed further in the Perpetrators section of this chapter.

8.23 Victims’ programmes are significantly different to those for perpetrators. Although both types of programmes aim to change participants behaviour, victim programmes aim to empower participants and provide them with the confidence to not accept abuse within relationships. As discussed briefly the Norfolk Youth Offenders Team provides a programme, which seeks to prevent both victimisation and perpetration of domestic abuse countywide, which is the only countywide victims programme. At a district level, the three areas with highest provision are Breckland, King’s Lynn and West Norfolk, and Norwich. North Norfolk and South Norfolk are the least provisioned areas in Norfolk. There appears to be a gap of provision for victim programmes, particularly in the rural districts North Norfolk and South Norfolk, where no general victim programmes are available.

Victim provision

8.24 National strategy on domestic abuse highlights that the provision of service to victims enables them to move from simply surviving abuse to leading fulfilled lives. Therefore, there
is a responsibility placed on commissioners and service providers to help the victims of domestic abuse achieve a fulfilled life. In this section, the services available in Norfolk will be analysed to see if they meet need within the county.

Advice
8.25 Information collected on advice services refers to practical advice only, which is available to victims of domestic abuse. The database tool highlighted several different characteristics of the advice service available to victims of domestic abuse. Firstly, there is a focus on female victims, although there are still an adequate number of services available for men. The pattern of lower levels of commissioning in North Norfolk is persistent in advice services. For ethnic minorities there are many different services operating in different locations and regionally. For the traveller community there is the One Voice for Travellers service regionally. In King’s Lynn advice on issues affecting ethnic minorities is provided by KLARS, in Great Yarmouth GYROS provides a similar service and in Norwich The Bridge Plus offer an advice service to minorities. Whilst advice services are open to ethnic minorities there are some specific needs that minorities have, which may not be provided by standard advice services including getting advice and support with immigration issues. Services for ethnic minorities are important, particularly in high diversity areas. Ensuring that Norfolk has services appropriate for ethnic minorities is important, not just for the victims of domestic abuse, but also for better integration in Britain. However, it appears there is room for improvement in the ethnic minority support in Norfolk.

Advocacy
8.26 Advocacy services provide support to a person by expressing their views and wishes to appropriate people. In Norfolk and nationally several such services support different vulnerable groups. High-risk victims (see paragraph 6.28) receive support from the IDVA service, provided by Leeway in Norfolk. This service ensures the safety and security of high-risk victims of domestic abuse by coordinating a multiagency response and is valuable service to its clients (SafeLives, 2016b). This service is essential to high-risk victims of domestic abuse and needs maintaining within Norfolk. Other groups to receive general advocacy support, which is not specific to domestic abuse, are young people (16 to 25), ethnic minorities, sexual violence victims and members of the LGBT community. One Voice for Travellers provides advocacy to the traveller community regionally. For other ethnic minorities, advocacy services are less available with only Great Yarmouth and Norwich having a service. Additionally, the only advocacy service available to Norfolk LGBT residents is the national Galop service. Of the seven districts in Norfolk only Norwich, South Norfolk, and Great Yarmouth have advocacy over and above the IDVA service and advocacy offered by the Mancroft Advice Project to young people. Therefore, there appears to be a gap in local commissioning of advocacy services, which cater for the needs of ethnic minorities’, and some districts in Norfolk. In Norfolk, the IDVA service provides a high quality service for the victims of domestic abuse. However, for standard and medium-risk victims the level of advocacy commissioning is low, particularly in the districts of North Norfolk, King’s Lynn and West Norfolk and Broadland.
Counselling

8.27 Counselling services are numerous in Norfolk and can help the victims of abuse by detaching self from partner’s behaviour, restoring self-esteem and tackling issues in ending relationships. Most counselling in Norfolk is on an individual basis, although some provide relationship counselling. In cases of domestic abuse, it is unlikely that relationship counselling is appropriate. There are no specific counselling services for the LGBT or the ethnic minority communities in Norfolk, although counselling services aim to be inclusive. Counselling in Norfolk is provided in four formats: individual, familial, relationship and young person. The services are most prevalent in Norwich, although most areas are well provisioned across the county.

<table>
<thead>
<tr>
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<th>Advocacy</th>
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<th>Relationship Counselling</th>
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</tbody>
</table>

Table 1 - Advice, advocacy and counselling service available to domestic abuse victims in Norfolk

Refuge

8.28 Refuges provide accommodation with wraparound support to victims of domestic abuse, sourcing funding from housing benefit where appropriate. There is a national network of refuge housing providers in the UK, which Women’s Aid and Refuge coordinate. In Norfolk emergency accommodation is provided by Leeway, Home Group (Stonham), District Councils and Orwell Housing. None of the local providers of refuge housing focus on males, ethnic minorities or the LGBT community. Additionally, the provision of domestic abuse refuge for male victims nationally is lower than that for female victims. However, this is likely in response to the number and severity of victims being less for men than for women. In addition to refuge accommodation, Home Group (Stonham) provides supported housing for other vulnerable groups including care leavers, young homeless, young families, and high-risk offenders – all of whom are risk groups for domestic abuse.

Support

8.29 75 services that provided information to the data exercise provide some support to victims of domestic abuse. Support is provided through 24-hour helplines, non-24-hour helplines, drop in support, online chat services, outreach and survivor groups. There are similar recurring themes within support services for the LGBT and ethnic minority communities and North Norfolk particularly lack provision.

8.30 There are at least three 24-hour helplines available to the residents of Norfolk, one of which is based in Norfolk. In addition, another 16 helplines provide support to various specific...
vulnerabilities, including travellers; LGBT communities; parents; children; generic support; and young families. There are no specific helplines for domestic abuse victims from different ethnicities in Norfolk, although several helplines offer language support for victims.

8.31 Drop in and outreach services for domestic abuse victims provide ease of access for clients, which is an important provision due to the known reticence of victims to report their victimisation or even to seek help (ONS, 2016a). Norfolk’s population sparsity and large land mass provides a challenge to drop in and outreach services. Data collected and analysed through the database tool show that both outreach and drop in services specific to domestic abuse are lacking (generic outreach is displayed in TABLE 4) in North Norfolk whilst Norwich has the highest number of generic service available for everyone. For ethnic minorities both KLARS and GYROS in King’s Lynn and Great Yarmouth respectively, provide a beneficial drop in service. In other areas of the county however there are not drop in service that directly work ethnic minorities recorded in the database. For the LGBT community there are in Norfolk no services, which provide a drop in or outreach service for domestic abuse although the LGBT Project provides school outreach support. Outreach and drop in services are clearly an area for improvement within Norfolk, specifically in North Norfolk.

8.32 Group work takes various forms when working with victims of domestic abuse. Some group work does not target directly the victims of domestic abuse. However, of more interest to the needs of the victims is whether support is offered directly to victims with the intention of supporting them with their victimisation. Table 5 shows that there are many group work programmes taking place throughout Norfolk. The districts with the most group work programmes within Norfolk are King’s Lynn, Breckland and Norwich. However, for survivor group work, the number of services is much lower. Breckland appears to have the highest number of survivor groups services offered due to the Daisy Programme offering three distinct services that support survivors of domestic abuse. There is only one service available in each district and it is only available to female offenders run by the Norfolk and Suffolk Community Rehabilitation Company. Norwich has an additional service in Step Norwich’s GEMS group. There are a low number of services offering group support for domestic abuse survivors in Norfolk. However, the data collected does not indicate whether or not there is the need and demand for more of such services.

<table>
<thead>
<tr>
<th></th>
<th>Drop in service</th>
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<th>Helplines</th>
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</table>

Table 2 - Support service types available to victims of domestic abuse in Norfolk
LGBT
8.33 Services that cater for this group have been discussed in relation to specific types of provision and have been found wanting. This section will review LGBT specific commissioning, although there is only one service, Galop, who aims to help the LGBT community specifically with domestic abuse related issues and it operates on a national basis. The LGBT+ Project does provide support to the LGBT community; however, this support does not focus on domestic abuse. There is a definite gap in commissioning to the LGBT community in Norfolk regarding domestic abuse and violence specific provision.

Ethnic minorities
8.34 Ethnic minorities face specific difficulties regarding domestic abuse including potentially needing a visa, which will revoke if a partner is left and differing cultural backgrounds, which may be less willing to report victimisation. This creates a need for specialised support for domestic abuse victims from ethnic minorities. Services that support specific ethnic minority groups have been discussed in this analysis. The One Voice for Travellers service provides outreach domestic abuse support to members of the traveller community in all Norfolk districts, providing a high quality service. However, other ethnic minority services focus less on domestic abuse, with the exception of The Bridge Plus’s Domestic Violence and Advocacy Service located in Norwich. GYROS and KLARS provide services to people from ethnic minorities that support integration and help people in Great Yarmouth and King’s Lynn respectively. Whilst these services do not seek directly to support domestic abuse victims, the services that they provide mean that they do encounter domestic abuse victims and support them with their needs. The three areas with the highest proportions of ethnic minorities living within them are Norwich, Great Yarmouth and King’s Lynn, which are also the three locations of ethnic minority services discussed.

Demand and capacity
8.35 The data collected did include information on the capacity of different services and the demand that they were experiencing. However, the information received was often incomplete or in different formats. Therefore, no claims can be made about whether demand outstrips capacity or vice versa for victim services. Capacity is an issue of great significance to domestic abuse victim service provision and requires an additional investigatory project with the focus of identifying what current levels of demand are experienced by different organisations and whether it is met by capacity. This needs assessment has been able to identify where needs are not being met at all, however additional work must be undertaken to gain an understanding of partial provision.

Partnership
8.36 Working in partnership has been an important goal within public sector services for a long time in the UK and has been increasingly realised over recent years (Glasby et al, 2011). From the outset, it is important to realise that partnership working is a strategic objective that has linkage and differences to the other three objectives of national strategy. Partnership groups have the objective of either prevention of abuse, victim service provision or tackling abuse perpetration. However, partnership differs from these three objectives in that it refers to a method of working, rather than a specific aspect of domestic abuse.
following section will provide examples of how the public, private and third sectors are working together to improve the response to domestic abuse in Norfolk.

8.37 Training for professionals regarding domestic abuse takes many different forms in Norfolk. Training is provided routinely to those organisations that most frequently encounter domestic abuse as part of their role, which helps to both identify and respond to domestic abuse. Police, Children’s Services, Teachers, and health professionals all receive training that will help them to identify domestic abuse and respond in an appropriate manner. Notable examples of training provision are that provided by Leeway to General Practitioners and the training provided by the Domestic Abuse Change Co-ordinators, who have trained 518 professionals to look for the signs of domestic abuse and refer to the appropriate services when abuse is identified. Training provided in Norfolk covers all seven districts well. Maintaining training ability within Norfolk is very important in achieving good quality domestic abuse identification, referral and commissioning.

8.38 There are many different types of domestic abuse service in Norfolk and even more services that are able to identify abuse, such as the police, General Practitioners, and Children’s Services. The services provided in Norfolk fulfil roles that are specialised, intensive or generic and to meet client need there needs to be a diverse array of referral routes. Of the services 82% said they were a referring agency showing that a lot of partnership working takes place between victim service providers. Those services that said they did not refer were perpetrator programmes and training providers. The organisations that provide these services link in to local service networks so are still part of the partnership network.

8.39 In Norfolk operates a Multi-Agency Safeguarding Hub (MASH), where members of several organisations including Norfolk Constabulary, Children’s Services, Adult Social Services and third sector partners are located permanently enabling them to share information and work together to achieve the joint goal of safeguarding. HMIC (2014) highlighted the MASH as fulfilling an integral purpose in tackling domestic abuse incidents, which allowed partnership between key agencies to manage risk, share information, resulting in a better response for both adult and child victims. The MASH reassesses all DASH assessments graded as high and medium-risk, plus 10% of standard-risk. A safeguarding plan is developed for all victims. The fact that all this action is undertaken in one place helps the MASH provide an efficient and effective service to domestic abuse victims.

8.40 However, concerns were raised in the HMIC (2014) report because assessments of risk and safeguarding plans are not reassessed after the initial assessment for most medium and standard-risk DASH assessments, thus the effect of these measures are not measured. Secondly, a lack of understanding of DASH case ownership was observed. Specifically the MASH take ownership of cases when the case is reassessed, not at point of submission to the MASH of the DASH, although some officers thought this was the case. Norfolk Constabulary developed actions in response to recommendations and have made improvements to the service since the HMIC inspection.
Multi-Agency Risk Assessment Conferences are crucial to partnership working in relation to tackling domestic abuse in Norfolk. Multiple organisations are able to refer into the system where high-risk cases of domestic abuse are managed. Members of the MARACs include Norfolk Constabulary, health, Children’s Services, housing practitioners, IDVAs, voluntary sector representatives and other statutory services. There is a clearly defined route for a case referred into the MARAC, outlined in the Figure 23. The purpose of MARACs is to help establish communication and share information between all parties involved in a high-risk domestic abuse case. They take place every day in all three of Norfolk’s MARAC areas - West Norfolk, East Norfolk and Central Norfolk. The positive effect of MARAC interventions is difficult to measure but those who are involved agree that the information sharing, agency representation and IDVA involvement are the overarching positive aspects of MARACs (Steel et al, 2011). MARACs work well in Norfolk due to the high level of partnership buy in.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Disclosure of domestic abuse</th>
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<tbody>
<tr>
<td></td>
<td>This could be to the police or another support agency</td>
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<table>
<thead>
<tr>
<th>Step 2</th>
<th>Cases assessed for risk status</th>
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<tbody>
<tr>
<td></td>
<td>Cases can be standard, medium or high</td>
</tr>
<tr>
<td></td>
<td>Those assessed as high-risk are referred to the MARAC</td>
</tr>
<tr>
<td></td>
<td>Cases can be assessed as high-risk because of professional judgement, reach the benchmark of a risk assessment, or there have been a certain number of police calls regarding the case</td>
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<table>
<thead>
<tr>
<th>Step 3</th>
<th>MARAC referral form completed by frontline worker</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>If the case reaches high-risk status then the case is referred to the MARAC Coordinator</td>
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<table>
<thead>
<tr>
<th>Step 4</th>
<th>IDVA contacts survivor, where consent has been provided</th>
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<tr>
<td></td>
<td>To gather information which will inform the MARAC</td>
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<tr>
<th>Step 5</th>
<th>MARAC meeting takes place</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>all relevant information is shared</td>
</tr>
<tr>
<td></td>
<td>IDVA represents the survivor at the MARAC</td>
</tr>
<tr>
<td></td>
<td>Action plan to protect the victim is developed</td>
</tr>
</tbody>
</table>

| Step 6 | IDVA or an appropriate officer report relevant actions to the survivor |

Figure 22 - MARAC step by step procedure

Early Help Hubs operate at a district council level. Not all areas have completed the initiation of the hubs. South Norfolk District Council’s is the most developed, as it was the pathfinder hub in Norfolk, although each hub is developed to suit the needs of the local community and are therefore all different. The hubs work with children, young people and their families, offering support at an early stage, before an issue has the opportunity to become serious. Domestic abuse is more prevalent in younger age groups and those more affected by deprivation. This makes Early Help Hubs an effective tool in domestic abuse intervention. Early Help Hubs provide support through a range of organisations including the police, Children’s Services and other support agencies in Norfolk. The development of early help going forward will have the ability to improve the response to domestic abuse in Norfolk as an identifier and providing responses at an earlier stage, before serious harm is experienced.
The fact that domestic abuse is an issue that affects every district in Norfolk suggests that Early Help Hubs should aim to tackle it.

8.43 At a strategic level, the Norfolk Domestic Abuse and Sexual Violence Board, which is accountable to the Countywide Community Safety Partnership, coordinates partnership responses to domestic abuse within Norfolk. The objectives of this group are: commissioning joined up services; a workforce confident and competent at encouraging and responding to disclosure; promoting early help as a way of working; and comprehensive and consistent safeguarding message being communicated. This important group will need to respond to the findings of this report. It needs to build a large network for the dissemination of information, and with shrinking budgets, it has the difficult task of commissioning more with less. The board meets once every three months, in which time there is opportunity for a lot of change in the policy landscape to occur. However, within the regular agenda items there is little time afforded to current data trends, emerging funds that are applicable to domestic abuse in Norfolk, legislative changes, or service provision changes within the county – some of the aspects that this document has sought to discuss. If these items were included on agendas, when they are applicable, it would improve the ability of the Board to make proactive strategic decisions.

Perpetrators

8.44 The final governmental strategy objective is pursuing perpetrators of domestic abuse. This involves the identification of perpetrators, successful legal prosecution of perpetrators, applying proportionate punishment to offenders, and seeking to change behaviour of offenders. Applying proportionate punishment is a matter for both the courts and central government as it refers to the implementation and creation of legislation. Therefore, proportionate punishment is not relevant to this needs assessment. Whilst a lot of attention thus far has been regarding prevention, this is not always possible and thus tackling offending behaviour is the next logical step. This section will explore the different constituent parts of responding to perpetrators highlighting, where possible, improvements are possible.

8.45 Police nationally, as well as in Norfolk, have experienced increased reporting of domestic abuse related incidents over recent years. This does not mean that domestic abuse is becoming more common. Crime Survey for England and Wales data suggests that over a similar period the number of victims has decreased (see figures 2 and 3). This suggests that there has been an increase in the proportion nationally, and perhaps locally, who are willing to report domestic abuse victimisation and suggests that there has already been a shift toward better identification of domestic abuse perpetrators. However, even with this increase the larger proportion of incidents remain unreported. This increase in reporting should be a target for the Domestic Abuse and Sexual Violence Board.

8.46 Whilst improving reporting is ideal, having the resource to respond to increased reporting is the reality. Decreased public sector spending is requires service to provide more for less. The police response to domestic abuse is time consuming, conducting court cases and punishing perpetrators is costly. However, the criminal justice system has the duty of applying criminal
law and to achieve this objective a continued increase in domestic abuse crime and incident reporting is necessary.

8.47 Another important measure in tackling perpetration is achieving a high solve rates\(^\text{22}\). According to Norfolk Constabulary data, police solve rates for domestic abuse crime stood at 36% in May 2016. This appears to be a low proportion and is a reduction on the proportion of domestic abuse crimes solved in July 2013 (50%). Whilst this is concerning as solved rates are regarded as a good barometer of police productivity, there are external factors that influence the rate at which crimes are solved. For example, if the victim does not want to support an investigation then solving a crime becomes more difficult. There is a need to analyse solved rates to glean an understanding of why there has been a decline in the proportion of cases solved and what can be done to improve the solved rate.

8.48 Once a perpetrator has been identified, they are free, less a few restrictions, to re-enter society. However, there is no guarantee that the perpetrator’s behaviour will have changed, potentially resulting in further domestic abuse perpetration. Perpetrator programmes have been introduced to affect domestic abuse perpetrators’ behaviour. A notable example is the Building Relationships Programme, provided by the Norfolk and Suffolk Community Safety Company in Norfolk, works with convicted perpetrators whose offence related to domestic abuse. Other perpetrator programmes offered in Norfolk include: the ‘Step Up’ programme offered by the Norfolk Youth Offending Team, available to young offenders who exhibit abusive behaviour to parents; Adolescent to Parent Violence, run by leeway and is aimed at young people who are abusive to their parents; Caring Dads programme, offered by MensCraft, works with abusive fathers to change parenting style and abusive behaviour in Norwich; and Choosing to Change offered by Ormiston Families in King’s Lynn, a voluntary programme for male domestic abuse perpetrators. These programmes seek to tackle either intimate partner violence or adolescent to parent violence. They are targeted both at convicted domestic abuse perpetrators and perpetrators who voluntarily or are encouraged to take part in programmes seeking to reduce abusive behaviour.

8.49 The support currently available in Norfolk is high quality and has made a difference to attendees’ lives. However, the reach of these programmes is restricted by their cost and geographical location. There are two different types of domestic abuse perpetrator programmes available in Norfolk; those working with intimate partner violence perpetrators and adolescent to parent perpetrators. Programme provision for convicted domestic abuse perpetrators generally is geographically good with wide coverage. However, for intimate partner violence programmes not requiring criminal convictions the geographical coverage is less complete with services only available in King’s Lynn and Norwich, although the programmes are open to perpetrators from other Norfolk districts. For perpetrator programmes to be most effective, they must be culturally sensitive (Izzidien, 2008). This report does not suggest that this is the case in any of the perpetrator programmes in Norfolk, it simply states that this is the correct way for perpetrator programmes to ensure

\(^{22}\) Solve rates differ from conviction rates in that solve rates refer to a ‘positive outcome’ achieved by police (e.g. charge or caution) whereas conviction rates refer to a court conviction.
efficacy for ethnic minority communities. Additionally, for LGBT perpetrators in Norfolk there are no perpetrator programmes available. Programmes tackling domestic abuse perpetration are rooted in feminist theory, which perceive domestic abuse to be an expression of patriarchal supremacy through control over women. However, this fails to explain domestic abuse within same sex relationships yet explains why perpetrator programmes in the LGBT community are not widely available. There is very little research that explores domestic abuse perpetration within same sex relationships (Babcock et al, 2016) and there is no provision of perpetrator programmes for this group in Norfolk. Additionally, there are different types of abuser that require responses personalised to their specific characteristics to prevent perpetration (Gilchrest et al, 2003).Perpetrator programmes in Norfolk undertake an initial assessment of the perpetrator, which allows the programmes to be responsive to individual needs.

8.50 For perpetrators of adolescent to parent there are two programmes available in Norfolk, both of which are available countywide, although there is a requirement for criminalisation of behaviour before accessing the service. Making adolescent to parent domestic abuse perpetrator programmes more accessible to people without prior convictions will reach more perpetrators. However, recruiting those who have no obligation to attend may be difficult and resourcing an expanded service would provide extra financial implications. This type of perpetrator programme is very important as it seeks to prevent behaviours becoming ingrained on the individual, which could lead to further abusive behaviours in adult life.

8.51 Once an intervention is complete then research suggests there is a measurable decrease in abusive behaviour in the immediate period after completion (Råkil). After this immediate period evidence is less clear on the impact of perpetrator programmes: it is unclear if perpetrator programmes' effect is maintained for long periods after the intervention has ended, partly due to inconsistent methods of impact assessment (Bowen, 2011). Morran (2013) discussed achieving sustained behavioural change with participants of perpetrator programmes. A key theme identified in maintaining behavioural change is the need for continued contact with the programme and other supportive services. This needs incorporating into Norfolk’s perpetrator programme response.
9 Conclusions and recommendations

9.1 In Norfolk, the response to domestic abuse is mainly of a very high standard and there are clearly many very motivated people working to achieve central government objectives. This domestic abuse needs assessment has highlighted through local, national and academic work the current domestic abuse context in Norfolk. In addition, the commissioning scoping exercise was undertaken to compare and contrast the picture of need developed to the domestic abuse commissioning in the county. Based on these findings the following recommendations have the potential to improve domestic abuse response in Norfolk.

Access to services for all social groups

9.2 Services available in Norfolk need to be available to all social groups. The needs assessment has shown that ethnic minorities and the LGBT community have specific barriers that prevent them from reporting abuse or coming forward to support services. Therefore it is important to ensure there are accessible services for groups who have specialist needs and barriers to generic services, this entails:

a) Ensuring that all ethnic minority groups in Norfolk have access to services which cater to their specific domestic abuse needs identified in this report. This should span prevention, victim services and perpetrator responses. Currently the only services providing domestic abuse support to domestic abuse victims from ethnic minorities are Bridge Plus, who has funding for their service until June 2017, and One Voice for Travellers, an outreach service for the travelling community.

b) Ensure that all LGBT groups in Norfolk have access to services that cater to their specific needs identified in this report. This should span prevention, victim services and perpetrator responses. Currently the LGBT Project is developing a service to meet some of this need.

c) Ensure that both genders are able to have access to services that cater to their specific needs identified in this report. This should span prevention, victim services and perpetrator responses. Currently Leeway provides a male specific service in all districts of Norfolk, however there is only one male IDVAs.

d) Children who witness domestic abuse are hidden victims of domestic abuse. Services already available in the county need to provide support catered to the child of a victim. Victim Support offers a service that works with children affected by domestic abuse. However, this recommendation argues that this service should be inbuilt into other domestic abuse support services. This should be in addition to standalone services, which are useful when victims have split loyalties.

Raising awareness

9.3 Despite recent data suggesting that there was a good understanding of what domestic abuse was, there is not a complete understanding within Norfolk. Additionally, there is not a full understanding of the additional forms domestic abuse can take, such being against men, being from adolescent to parent, or recognising the barriers that some groups face in reporting and seeking help. Therefore there is a need to continue to raise awareness of domestic abuse in all its guises with the aim of increasing societal understanding and
rejection of domestic abuse, leading to a continuation of upward domestic abuse reporting trends:

a) Awareness needs improving of the support available to the public and groups that have known additional barriers to reporting including, ethnic minorities, LGBT communities, male victims and younger age groups (14 to 18).

b) Awareness need to be raised regarding what domestic abuse is and also some of the different types of domestic abuse that do not fit the male perpetrator to female victim violence stereotype, including: family violence; male victims; and non-physical abuse typologies.

c) Many service providers in Norfolk offer training for professionals. This helps to ensure that high quality responses are continued, professionals achieve high levels of identification of abuse and awareness of domestic abuse increases amongst professionals.

d) Education within schools is able to alter attitudes and therefore prevent abuse before it occurs. There are services that provide education in school on healthy relationships that needs continuing.

Geographical issues

9.4 Norfolk poses a difficulty for commissioning because it is a large sparsely populated county. Domestic abuse is more prevalent in Norfolk’s urban areas and areas that are more deprived. However, domestic abuse affects all deprivation deciles and occurs in all Norfolk districts to a significant degree, meaning that domestic abuse services need providing in all of Norfolk’s districts. Whilst this is the case for most services, some have been shown to be under provided in North Norfolk and South Norfolk:

a) Currently North Norfolk experiences a lack of services, with outreach and drop in services. Providing an outreach or drop-in service is needed in North Norfolk.

b) North Norfolk does not have victim programmes (such as the freedom programme) available, which aim to empower victims. There are programmes available in neighbouring districts; however, victims would receive a better service if it were more accessible. If demand can be identified then providing victim programmes on a wider geographical scale would be beneficial.

Improving strategic information

9.5 This domestic abuse needs assessment has analysed a large amount of data, collected information on commissioned services and taken into consideration legislative and policy landscape of domestic abuse. Through doing this several recommendations have been identified. Data, commissioning, legislation and policy are fast moving subjects and a needs assessment will fast become out of date. Therefore, there is need for better data analysis routinely within Norfolk to inform a strategic approach. This should take place at the Domestic Abuse and Sexual Violence Board and should include:

a) Analysis of key domestic abuse indicator statistics for Norfolk presented at every meeting with discussions focused on how to positively influence the statistics collected;
b) Presentation and discussion of new funding being made available which is applicable to the work of the Board;

c) Provide information and discussion on any relevant legislative changes which are currently taking place;

d) Continually monitor the current level of service provision, which would include updates on new services, services that are disbanding, and difficulties service are experiencing.

e) A pathway for information sharing should be created that enables information from service providers to inform the board of issues that they are facing and so that the board can disseminate information to service providers regarding its activity. This could be achieved using the Service Delivery Subgroup of the Board.

f) The Domestic Abuse and Sexual Violence Board should set objectives for improvement in Norfolk, based on findings from this needs assessment and the ongoing monitoring of data collected.

**Early Help Hubs**

9.6 Early Help Hubs work with a crucial demographic group who are the most likely cohort to become victims of domestic abuse. As they are currently still in developmental stages there is potential to affect the makeup of the individual hubs. South Norfolk has already included domestic abuse support via domestic abuse workers. This shows partnership working within Norfolk regarding domestic abuse, which is a crucial part of providing efficiency and collaborative working. The Early Help ‘offer’ currently includes consultation and training provided by the Change Co-ordinators to all hubs. All Early Help Hubs should incorporate domestic abuse within their services, although care should be taken to avoid multiple contacts with victims:

- a) If evaluations of South Norfolk’s domestic abuse worker find it beneficial, then similar initiatives should be rolled out at the other hubs across the county.

- b) If evaluations of South Norfolk’s domestic abuse worker find it not beneficial, then another form of domestic abuse service integrated with the Early Help Hubs should be devised with a focus on early identification and supportive response.

**Perpetrator programmes**

9.7 Whilst eradicating domestic abuse completely is ideal, national strategy acknowledges that this is not necessarily possible and perpetrating behaviour, once developed, often repeats. To break the cyclical nature of domestic abuse perpetration, perpetrator programmes are a realistic potential intervention, which aim to change behaviour of offenders and help them to understand how abuse affects the abused. These programmes are available to some types of perpetrators in Norfolk, although none are funded directly by public services in Norfolk. However there are contexts which could benefit from perpetrator programmes, if it is provided alongside victim support, in Norfolk:

- a) Perpetrator programmes with voluntary, non-court mandated attendance should be located in Norwich and/or Great Yarmouth, to make such programmes more
available to more of Norfolk’s residents. Currently voluntary programmes are only available in King’s Lynn and West Norfolk.

b) Follow up support must be available to all attendees of domestic abuse perpetrator programmes, as follow up support has been associated with maintained desistance from abusive behaviour.

c) Perpetrator programmes, to be affective for all participants need to ensure that they are culturally sensitive and applicable.

d) Adolescent to parent violence programmes available in Norfolk require the pre-criminalisation of attendees. An intervention aimed at those who have not entered the criminal justice system may be able to achieve positive change prior to criminal justice intervention, reducing costs and tackling the issue before it fully develops.

No Recourse to Public Funds

9.8 The immigration status ‘No Recourse to Public Funds’ has caused some issues in Norfolk for the victims of domestic abuse as those this status are not entitled to housing support. However if someone of this status is the victim of domestic abuse then they may be entitled to housing support, dependant on additional circumstances. This complicated issue has caused issues for victims and providers due to a lack of a full understanding. Therefore:

a) Spreading knowledge of this immigration status with a specific focus on domestic abuse will ensure that responders are best able to respond to those with no recourse to public funds.

b) Developing policies for responding to ‘No Recourse to Public Funds’ domestic abuse victims within appropriate organisations will increase the quality of service that these victims experience.

Further research

9.9 This needs assessment attempted to provide a comprehensive understanding of domestic abuse in the county of Norfolk and has described in a high level of detail what domestic abuse looks like in Norfolk and identified where there are gaps in commissioning. However, some question that would be beneficial to answer remained unanswered by the needs assessment. They are:

a) Solved rates for domestic abuse cases investigated by Norfolk Constabulary had been in decline. For police to improve solve rates the case files should be investigated, identifying recurrent issues and developing an improvement plan.

b) The Domestic Abuse Needs Assessment identified the needs and services present within the county, however did not gain a complete picture of the demand experienced by domestic abuse services. To understand where demand is not being met by services which are stretched research should be undertaken to identify what, if any, demands are not being met by providers.

c) Finally, asking service users whether services meet their need will provide a better understanding of any additional need in Norfolk. Undertaking service user feedback with clients of domestic abuse services will provide data that can be analysed to identify any additional needs.
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Office of the Police and Crime Commissioner for Norfolk
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12 Appendices

Appendix 1 – Population estimates used in this document and the year they relate.

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<tbody>
<tr>
<td>Estimate year</td>
<td>Mid-2007</td>
<td>Mid-2008</td>
<td>Mid-2009</td>
<td>Mid-2010</td>
<td>Mid-2011</td>
<td>Mid-2012</td>
<td>Mid-2013</td>
<td>Mid-2014</td>
</tr>
<tr>
<td>Population</td>
<td>825,922</td>
<td>832,259</td>
<td>836,828</td>
<td>842,928</td>
<td>859,426</td>
<td>865,302</td>
<td>871,040</td>
<td>877,710</td>
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</table>

Appendix 2 – NICE Recommendations for domestic violence and abuse using a multi-agency approach

1. Plan services based on an assessment of need and service mapping
2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
3. Develop an integrated commissioning strategy
4. Commission integrated care pathways
5. Create an environment for disclosing domestic violence and abuse
6. Ensure trained staff ask people about domestic violence and abuse
7. Adopt clear protocols and methods for information sharing
8. Tailor support to meet people's needs
9. Help people who find it difficult to access services
10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse
11. Provide specialist domestic violence and abuse services for children and young people
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
16. GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
### Appendix 3 – HMIC recommendations for Norfolk

<table>
<thead>
<tr>
<th>Number</th>
<th>Recommendation</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>The force should consider undertaking an analysis of the training available for officers and staff in domestic abuse. Staff have a good understanding of the risk assessment but, as HMIC has found with most forces, they have more limited knowledge about coercive behaviours, psychological control and the impact this can have on victims.</td>
</tr>
<tr>
<td>2</td>
<td>Control room supervisors should be given further guidance to support them in making decisions about the attendance policy, allowing them to better balance the needs of the victim, with securing evidence and victim welfare.</td>
</tr>
<tr>
<td>3</td>
<td>The force should review how it can best tackle serial domestic abuse offenders. The force does not currently have a process to identify and monitor perpetrators who commit offences against more than one victim.</td>
</tr>
<tr>
<td>4</td>
<td>The force should ensure that there is a clear understanding about who has responsibility for safeguarding the victim. There is a lack of clarity between the attending officer and the multi-agency safeguarding hub (MASH) as to who has responsibility between the initial response and the secondary risk assessment.</td>
</tr>
<tr>
<td>5</td>
<td>The role of the MASH is not widely understood by officers and staff. The force would benefit from raising awareness of its role. This would help them understand how the MASH and multi-agency risk assessment conference (MARAC) can contribute to making victims safe.</td>
</tr>
<tr>
<td>6</td>
<td>The force should consider how multiple contacts with victims, by different officers or police staff and other agencies, can be streamlined to provide a better service for the victim.</td>
</tr>
<tr>
<td>7</td>
<td>The force has a robust process to monitor high-risk cases which may include using MARAC or MAPPA. However, after the initial safeguarding of victims, the force should develop a process to review or re-assess the level of risk for medium-risk cases.</td>
</tr>
<tr>
<td>8</td>
<td>The county domestic abuse strategy – which partners agree to, and then work towards – has been in draft for 12 months. It would be beneficial for the force for this to be finalised, and for all partners and agencies to be working towards the same objectives.</td>
</tr>
<tr>
<td>9</td>
<td>Although there are good examples of work being undertaken with emerging communities, the force would benefit from developing its response in this area in order to provide a better service for those communities.</td>
</tr>
<tr>
<td>10</td>
<td>The MARAC process would benefit from having wider partnership engagement, with a more robust process to reassess and review the effectiveness of actions in order that any risk can be monitored and reduced.</td>
</tr>
<tr>
<td>11</td>
<td>The force should undertake a review of its liaison with CPS in order to agree how best to undertake evidence-led prosecutions.</td>
</tr>
<tr>
<td>12</td>
<td>The force should consider how best to ensure the victim is updated about changes in bail or custody. When there is a change in the conditions of bail for an offender, there is not a process to ensure the victim is made aware and a further risk assessment undertaken.</td>
</tr>
<tr>
<td>13</td>
<td>A review of discontinued files would better enable the force to identify any lessons learnt and continue to achieve best evidence to support prosecutions.</td>
</tr>
<tr>
<td>14</td>
<td>The force would benefit by developing with partners a perpetrator programme aimed at breaking the cycle of offending.</td>
</tr>
<tr>
<td>15</td>
<td>The force should review how it allocates investigations so that the most experienced and best equipped investigators are assigned the investigations with the highest risk of harm rather than simply the most serious crimes.</td>
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</table>
Appendix 4 – detailed breakdown of domestic abuse victims who reported to the police by age

Crime and non-crime domestic abuse victims in Norfolk in 2014/15 by age and Gender (Source: Sanders, 2016)

Figure 23 – victim age profile
### Appendix 5 – population of Norfolk

<table>
<thead>
<tr>
<th>District</th>
<th>Breckland</th>
<th>Broadland</th>
<th>Great Yarmouth</th>
<th>King’s Lynn and West Norfolk</th>
<th>North Norfolk</th>
<th>Norwich</th>
<th>South Norfolk</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>91.2</td>
<td>95.9</td>
<td>92.8</td>
<td>92.2</td>
<td>96.6</td>
<td>84.7</td>
<td>95.2</td>
</tr>
<tr>
<td>Other white</td>
<td>6.3</td>
<td>1.7</td>
<td>4.1</td>
<td>5.1</td>
<td>2</td>
<td>6.2</td>
<td>2.4</td>
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<tr>
<td>Mixed</td>
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<td>0.8</td>
<td>1.2</td>
<td>1</td>
<td>0.6</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td>0.9</td>
<td>0.9</td>
<td>1.2</td>
<td>1.3</td>
<td>0.5</td>
<td>4.5</td>
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<td>Black</td>
<td>0.5</td>
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<td>1.6</td>
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<tr>
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<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>0.9</td>
<td>0.2</td>
</tr>
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</table>

**More than 10%** | **More than 3%** | **More than 1%** | **More than 0.5%** | **Less than 0.5%**

## Norfolk age profile by district and 15 year age grouping (ONS, 2016b)

<table>
<thead>
<tr>
<th>District</th>
<th>Breckland</th>
<th>Broadland</th>
<th>Great Yarmouth</th>
<th>King’s Lynn and West Norfolk</th>
<th>North Norfolk</th>
<th>Norwich</th>
<th>South Norfolk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>24.00%</td>
<td>24.99%</td>
<td>23.23%</td>
<td>25.10%</td>
<td>31.66%</td>
<td>14.74%</td>
<td>23.68%</td>
</tr>
<tr>
<td>16-29</td>
<td>26.70%</td>
<td>28.53%</td>
<td>26.37%</td>
<td>26.68%</td>
<td>28.51%</td>
<td>20.61%</td>
<td>27.56%</td>
</tr>
<tr>
<td>30-44</td>
<td>16.80%</td>
<td>16.82%</td>
<td>16.32%</td>
<td>16.23%</td>
<td>13.32%</td>
<td>20.88%</td>
<td>17.33%</td>
</tr>
<tr>
<td>45-64</td>
<td>15.20%</td>
<td>13.42%</td>
<td>16.49%</td>
<td>14.86%</td>
<td>12.51%</td>
<td>26.86%</td>
<td>13.52%</td>
</tr>
<tr>
<td>65+</td>
<td>17.30%</td>
<td>16.24%</td>
<td>17.60%</td>
<td>17.12%</td>
<td>14.00%</td>
<td>16.91%</td>
<td>17.91%</td>
</tr>
</tbody>
</table>

**More than 10%** | **More than 3%** | **More than 1%** | **More than 0.5%** | **Less than 0.5%**

<table>
<thead>
<tr>
<th>District</th>
<th>Breckland</th>
<th>Broadland</th>
<th>Great Yarmouth</th>
<th>King’s Lynn and West Norfolk</th>
<th>North Norfolk</th>
<th>Norwich</th>
<th>South Norfolk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>135,480</td>
<td>126,628</td>
<td>98,667</td>
<td>151,013</td>
<td>103,308</td>
<td>138,872</td>
<td>131,010</td>
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</table>

Domestic Abuse Needs Assessment 2016  
Office of the Police and Crime Commissioner for Norfolk
**Appendix 6 – service categorisations from the database tool**

<table>
<thead>
<tr>
<th>Types of service</th>
<th>Delivery method</th>
<th>Client group</th>
<th>Geographical area</th>
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</thead>
<tbody>
<tr>
<td>Advice</td>
<td>24hrHelpline</td>
<td>Children</td>
<td>Norfolk</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Drop In</td>
<td>Female</td>
<td>National</td>
</tr>
<tr>
<td>Counselling</td>
<td>Email Support</td>
<td>LGBT Specific</td>
<td>Breckland</td>
</tr>
<tr>
<td>Couple Counselling</td>
<td>Group Work</td>
<td>BAME Specific</td>
<td>Broadland</td>
</tr>
<tr>
<td>IDVA</td>
<td>Helpline</td>
<td>Male</td>
<td>Great Yarmouth</td>
</tr>
<tr>
<td>ISVA</td>
<td>Information Resources</td>
<td>Perpetrator</td>
<td>King’s Lynn and West Norfolk</td>
</tr>
<tr>
<td>Medical Support</td>
<td>One To One</td>
<td>Victim</td>
<td>North Norfolk</td>
</tr>
<tr>
<td>Mediation</td>
<td>Online Chat</td>
<td>Childhood Sexual Abuse</td>
<td>Norwich</td>
</tr>
<tr>
<td>Refuge</td>
<td>Outreach</td>
<td>Child Sexual Exploitation</td>
<td>South Norfolk</td>
</tr>
<tr>
<td>Safety Planning</td>
<td>Programme Provider</td>
<td>Domestic Abuse</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Survivor Group</td>
<td>FGM</td>
<td></td>
</tr>
<tr>
<td>Supported Housing</td>
<td>Campaign</td>
<td>FM</td>
<td></td>
</tr>
<tr>
<td>Youth Work</td>
<td>Co-ordinators</td>
<td>HBA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Historical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Professionals</td>
<td>Historical Sex Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Triage Service</td>
<td>IPV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral</td>
<td>Rape</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual Exploitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Familial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing</td>
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### Appendix 7 – Services provided in Norfolk

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<tr>
<th>Organisation</th>
<th>Services</th>
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<tbody>
<tr>
<td>Benjamin Foundation</td>
<td>Compass Outreach Service</td>
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<tr>
<td></td>
<td>Parent Support Advisors</td>
</tr>
<tr>
<td></td>
<td>Side by side</td>
</tr>
<tr>
<td></td>
<td>Time for you</td>
</tr>
<tr>
<td>Cambridge Community Service</td>
<td>Family Nurse Partnership Nurse Service</td>
</tr>
<tr>
<td></td>
<td>Health Visiting and School Nurse</td>
</tr>
<tr>
<td>Centre for Christian Care and Counselling</td>
<td>Counselling</td>
</tr>
<tr>
<td>Citizens Advice Bureau</td>
<td>Citizens Advice Bureau</td>
</tr>
<tr>
<td>Daisy Programme</td>
<td>Freedom Programme, My Confidence Programme</td>
</tr>
<tr>
<td></td>
<td>The Daisy Programme - Male victims</td>
</tr>
<tr>
<td></td>
<td>One to one support</td>
</tr>
<tr>
<td></td>
<td>Support on Domestic Abuse Group</td>
</tr>
<tr>
<td>Dawn's New Horizon</td>
<td>Dawn's New Horizon</td>
</tr>
<tr>
<td>Family Action</td>
<td>Parenting Support Service</td>
</tr>
<tr>
<td></td>
<td>Perinatal Support Service</td>
</tr>
<tr>
<td>Family Lives</td>
<td>Family Lives</td>
</tr>
<tr>
<td>Friends Families and Travellers</td>
<td>One Voice for Travellers</td>
</tr>
<tr>
<td>Galop</td>
<td>Galop</td>
</tr>
<tr>
<td>Girls Friendly Society</td>
<td>Various programmes</td>
</tr>
<tr>
<td>GYROS</td>
<td>Walk in</td>
</tr>
<tr>
<td>Home Group (Stonham)</td>
<td>Refuge</td>
</tr>
<tr>
<td></td>
<td>Homestay High Risk Offenders</td>
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<tr>
<td></td>
<td>West Norfolk Partnership Housing Advice</td>
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<td></td>
<td>Norfolk Family Intervention Project</td>
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<tr>
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<td>Move on East CFO3</td>
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<tr>
<td></td>
<td>Youth Mediation Service</td>
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<tr>
<td>Family Lives</td>
<td>Aspland</td>
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<td></td>
<td>Archway Hostel</td>
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<td>Archway Families</td>
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<td>4 Women Centre</td>
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<td>KLARS</td>
<td>Walk in</td>
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<td>Leeway</td>
<td>Adolescent to parent violence</td>
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<td>Children and Young People Outreach</td>
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<td>GP Training</td>
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<td>Helpline</td>
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<td>IDVA</td>
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<td></td>
<td>Outreach drop in/advice surgeries</td>
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<td></td>
<td>Outreach one to one</td>
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<tr>
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<td>Residential team</td>
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<td>Power to Change Group Programme</td>
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<td>Magdalene Group</td>
<td>Doorway Project</td>
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<td>Organization</td>
<td>Services Provided</td>
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<td>--------------------------------------------------------</td>
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<td>Jigsaw</td>
<td>Mancroft Advice Project</td>
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<td>Mancroft Advice Project</td>
<td>Varied services</td>
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<tr>
<td>Mind</td>
<td>NCLS</td>
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<tr>
<td>Varied services</td>
<td>Domestic abuse advice and advocacy</td>
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<tr>
<td>NCC + OPCCN</td>
<td>DA Co-ordinators</td>
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<tr>
<td>NCLS</td>
<td>District Nurses</td>
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<td>Hospital</td>
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<td>Out of Hours Primary Care Services</td>
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<td>Cityreach/Under 1 roof</td>
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<tr>
<td>Norfolk Employers (varied)</td>
<td>Norfolk Youth Offending Team</td>
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<tr>
<td>Norfolk MASH</td>
<td>DA Champions</td>
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<td>Norwich City Council</td>
<td>Norfolk MASH</td>
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<td>Norwich City Council</td>
<td>Early Help and Support Intervention</td>
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<tr>
<td>Homelessness Provision for Victims of Domestic abuse</td>
<td>Youth Mediation Service</td>
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<tr>
<td>NSCRC</td>
<td>Women’s (domestic abuse survivor) Groups</td>
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<tr>
<td>NSFT</td>
<td>Mental Health Services</td>
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<tr>
<td>Off The Record</td>
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</tr>
<tr>
<td>One to One Project</td>
<td>Counselling, Group work and mentoring</td>
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<td>Choosing to change</td>
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<td>Relate National</td>
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<td>Early Help Domestic Abuse Support Worker</td>
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<td>St. Barnabas Counselling Centre</td>
<td>St. Barnabas Counselling Centre</td>
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<tr>
<td>Organization</td>
<td>Service/Program</td>
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<td>Assessment</td>
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<td>Mental Health Recovery Worker (Julian Support)</td>
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<td>One off support sessions</td>
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<td>Short-term counselling</td>
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<td>Telephone Helpline</td>
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<td>The Norwich Centre</td>
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<td>Victim Support</td>
<td>Domestic Violence and Relationship Abuse Project</td>
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<td>Enhanced emotional/practical support</td>
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<td>Young Minds</td>
<td>Parents Helpline</td>
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<td>NSCRC</td>
<td>Building Better Relationships</td>
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<td>Respect Phoneline</td>
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