

Domestic Abuse JSNA Technical Report 1

Evidence Base

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Community Safety Intelligence (CSI)**

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Introduction and methodology

Introduction

This Joint Strategic Needs Assessment (JSNA) looks at all the evidence available on domestic abuse prevalence, characteristics, trends, perceptions, national and local drivers and policy changes to inform decision making in Lancashire.

The evidence base looks at current literature and Lancashire partnership intelligence about the prevalence and trends in reported domestic abuse in the county. It explores the characteristics of known victims and perpetrators and discusses the factors which can make the problem worse.

Domestic abuse and violence is complex and largely hidden with a significant impact on the overall health and wellbeing of individuals, families and communities. It is widespread and crosses all social, racial and religious boundaries and occurs across society, regardless of age, gender, race, sexuality, wealth, and geography. (Krug E, 2002).

The consequences of domestic abuse and violence are far reaching, impacting significantly on the health and emotional wellbeing of those affected and their families. (Department of Health, 2000)

Tackling domestic abuse is a priority for a number of partnership strategic groups in Lancashire, such as the Health and Wellbeing Board, Safeguarding Boards and the Community Safety Strategy Group. This needs assessment will be used to inform service provision around domestic abuse.

Methodology

A working group comprising of policy, research and intelligence officers from council, health, community safety and criminal justice was formed to scope this JSNA and contribute data, analytical products and intelligence from their areas of expertise. Recommendations were drawn by the Lancashire Community Safety Strategy Group Domestic Abuse task and finish group, on which sit key practitioners from all the responsible authorities.

Evidence Base

Definition of Domestic Abuse

There is no statutory or shared definition of domestic abuse and violence used by UK criminal justice agencies, researchers and other relevant groups. Nonetheless all core definitions encompass the wide spectrum of abusive behaviour captured in the 2003 Home Office description: *“Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse”*. (Home Office, 2003)

The Government definition of domestic violence and abuse has been updated from March 2013, to:

“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. This can encompass but is not limited to the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

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.

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.” (Home Office, 2012)

Types of Domestic Abuse

Johnson identified four types of relationship:

1. Intimate terrorism – one partner is violent and controlling, the other partner is not. This is the classic view of domestic abuse.
2. Violent resistance – one partner is violent and controlling, the other partner is violent but not controlling. This is where the victim 'fights back' and could be classified as the 'perpetrator'.
3. Situational couple violence – both partners are violent but neither is violent and controlling. This is not true domestic abuse.
4. Mutual violent resistance – both partners are violent and controlling. Both can be either victim or perpetrator.

(Johnson, 2008)

The majority of domestic abuse cases belong in the first two categories, therefore an understanding of the type of relationship is required for developing service and criminal justice interventions.

Volume, Prevalence and Trends

Domestic Abuse affects a large proportion of the population. It is one of the largest causes of morbidity in women aged 19-44 worldwide.

In the UK, at least 1 in 4 women and 1 in 7 men will be a victim of domestic abuse in their lifetime. (Centre for Social Justice, 2012) This means that at least 149,050 women and 82,171 males could be victims of domestic abuse in Lancashire. (Office for National Statistics, 2011) On average a victim is assaulted 35 times before reporting and only 21% of victims report their abuse to the police. 1 woman is killed every 3 days and 12 men are killed every year, by a partner or former partner. (CAADA, 2010)

Lancashire Constabulary received 52,841 calls related to domestic abuse between April 2011 and December 2012. (MADE, 2012) As only 21% of victims report the abuse, then the figure could have been over 200,000 calls in this period if all abuse was reported.

28% (14,836) of calls to the police about domestic abuse were counted as a crime, under Home Office Crime Counting Rules (Home Office). 7 in 10 were violent assaults, 1 in 10 criminal damage, 1 in 10 harassment and the other 1 in 10 classified as other crimes. (MADE, 2012)

Over 23,000 calls were made to Domestic Abuse service provider helplines in the county between April 2011 and September 2012. (MADE, 2012) This number is an under-estimate because it excludes calls made to national helplines and not all local providers have been able to supply their figures. This does not account for the unknown proportion of callers who don't get through to the helplines.

There were at least 736 attendances at Emergency Departments between April 2011 and March 2012 resulting from assault in the home in Lancashire, This is known to be an under-recording because no data from the east of the County is available yet. (MADE, 2012) We are also unable to ascertain what proportion of these were domestic abuse, under the Home Office definition but know that the assault took place in the home and involved physical violence that warranted a visit to the hospital.

Domestic abuse cases can be categorised as low, medium or high-risk (those at risk of murder or serious harm) to the victim. Multi-Agency Risk Assessment Conferences (MARACs) are meetings where information about high risk domestic abuse victims is shared between local agencies. By bringing all agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim. (CAADA) 3,178 cases¹ were reviewed by MARACs in the eighteen months between April 2011 and September 2012 in Lancashire. (MADE, 2012).

Although the CAADA report evidences that domestic abuse occurs in all communities, reported domestic abuse within Lancashire does vary from local authority area to another. Figure 1 shows that the police received 34.3 calls about domestic abuse per thousand population in the twelve months ending September 2012 from Blackpool residents and 25.2 per thousand population from Burnley residents. This compares with the Lancashire-wide figure of 17.8 calls per thousand population. The full table of numbers and rates can be viewed in Appendix 1.

¹ One case per family unit. A family unit captures all different types of relationships, household arrangements and abuse.

Rate per thousand population

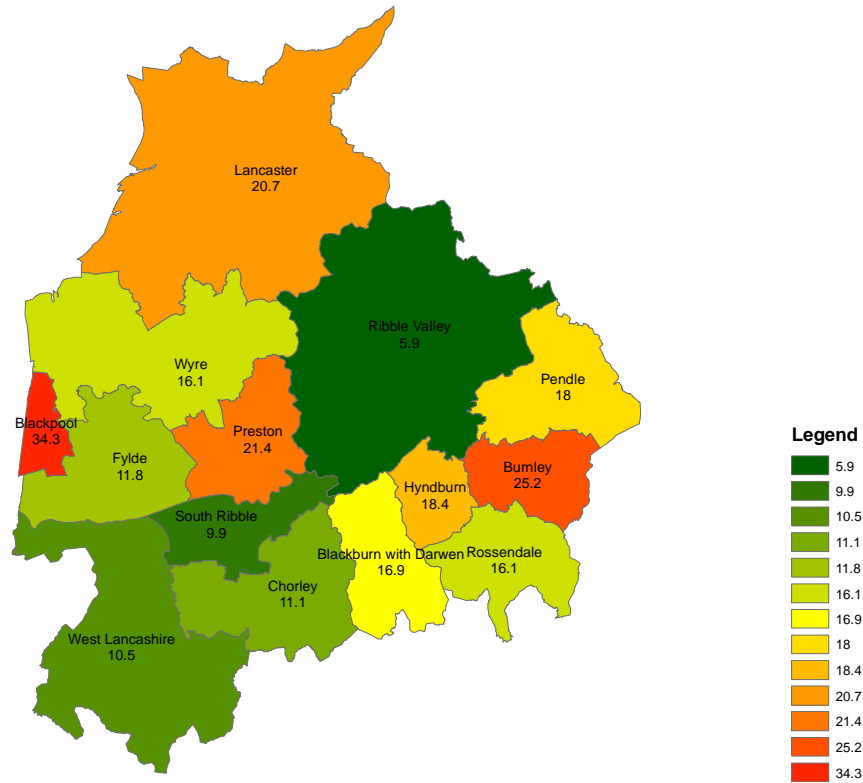


Figure 1: Calls to the police about domestic abuse between August 2011 and September 2012, by Local Authority

The calls to the police about domestic abuse apportioned to clinical commissioning group (CCG) areas are shown in Figure 2 and the data tables are contained in Appendix 1. Blackpool CCG has the highest rate of domestic abuse per thousand population. Lancashire North CCG has the second highest rate per thousand population.

Rate per thousand population

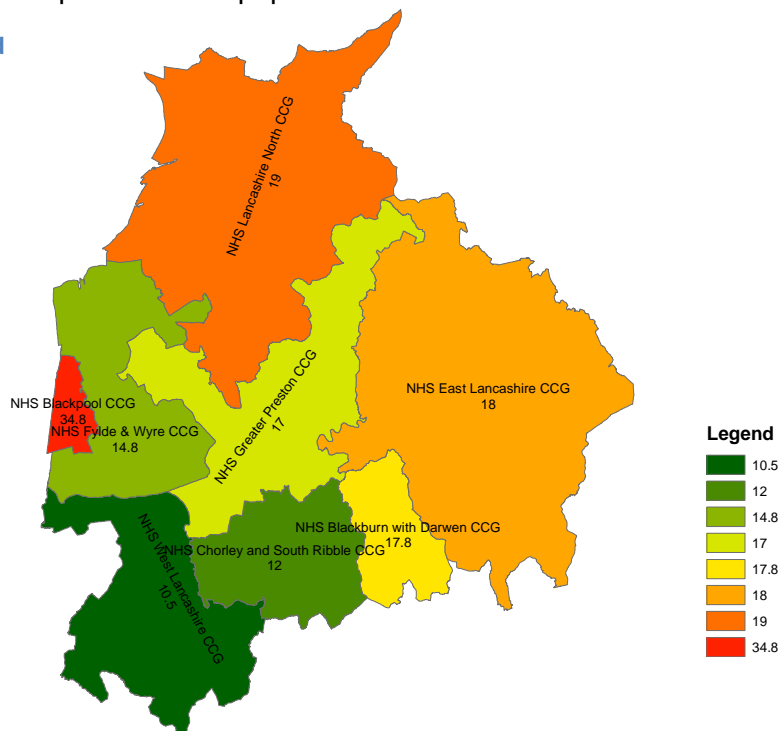


Figure 2: Calls to the police about domestic abuse between August 2011 and September 2012, by Clinical Commissioning Group

An analysis of location of the domestic abuse crimes by Lancashire Constabulary shows that just over 76% crimes occur in the home, 16% in the street, 2% in a public place and 2% in a licensed premise. (Clark & Cogley, 2012)

There are currently no statistics which allow us to compare calls to the police about domestic abuse in Lancashire, with calls made to other police forces in England and Wales. The Crime Survey for England and Wales does not report on domestic abuse at a local authority or Lancashire level.

According to the 2010/11 British Crime Survey (BCS), levels of domestic abuse reported have not altered in the last two years. There was no statistically significant change in the level of domestic abuse experienced in the year before the question was asked, between the 2009/10 and 2010/11 surveys. (Home Office, 2010/11)

This has also been seen in Lancashire. Since April 2009, levels of calls to the Lancashire police about domestic abuse have remained stable, with no significant upward or downward trend over the period. While levels of domestic abuse reporting to the police have remained around about the same, the levels of domestic abuse being ultimately recorded as crimes have increased. This is potentially an indication that recording practices have changed (possibly improved) during this period, or simply that the threshold for an incident to become a crime is becoming more frequently surpassed. (Clark & Cogley, 2012)

The three-year trend for each local authority district across Lancashire in relation to calls to the police between April 2009 and June 2012 is also showing no significant change. (Clark & Cogley, 2012)

This only tells us about trends for reported abuse. Disclosure to other agencies is not recorded. For example data on calls to domestic abuse helplines in the county is incomplete, there is inconsistent coverage across all areas of the county and many callers may call the national helpline. Therefore it doesn't help us understand the trends for some of the 'hidden' abuse.

There is a clear increase in demand for services at the high-risk end. The table below looks at Multi-agency risk assessment conferences (MARAC) caseload. The number of cases dealt with by MARAC has increased each year, since 2009.

Figure 3 Lancashire MARAC caseload

Year	MARAC caseload	increase year on year
2012/13	1158 (6 months, Apr to Sep) <i>(2316 projected full year)</i>	<i>(296 projected full year)</i>
2011/12	2020	120
2010/11	1900	460
2009/10	1440	

(MADE, 2012)

Characteristics of victims of domestic abuse

People experience domestic abuse regardless of gender, ethnicity, religion, class, age, sexuality, disability or lifestyle. However, some inequalities can be evidenced.

Gender

There are clear gender health inequalities. Although domestic abuse and violence cuts across social, racial and cultural boundaries and frequently remain hidden, the overwhelming burden of domestic abuse and violence is borne by women and children at the hands of men. (Home Office, 2006) It affects women and girls in every socio-demographic group, age and ethnic background. (Finney, 2006) It could, therefore, be argued that violence against women is a key determinant of the mental and physical health of women and therefore a major source of health inequality. (World Health Organisation, 2002)

Gender is described as a “significant risk factor” as women are far more likely than men to experience domestic abuse, including sexual violence, and to experience severe and/or repeated incidents of such abuse. (Walby, 2004) 1 in 4 women and 1 in 7 men report experiencing physical assault by a current/former partner. (Home Office, 2010/11) Nationally in 2009/10, women were the victim of over seven out of ten (73%) incidents of domestic abuse. (Home Office, 2009/10) Nearly half the women, who have experienced domestic abuse of any kind, are likely to have been victims of more than one kind of abuse (emotional, physical, psychological, sexual or financial). (Coleman, 2007) Domestic abuse is one of the principle factors resulting in health inequalities for females and forms a significant barrier to women receiving effective and equal health care, as acknowledged in national and international documents throughout the world. (World Health Organisation, 2000)

In Lancashire, in 2011/12, 80.4% and, in 2009/10, 81.4% of recorded victims of domestic abuse crimes were female. This proportion hasn't altered much since recording of domestic abuse crimes began. Nor does it alter if we look at the different elements of these crimes (violence, criminal damage and harassment). This gender inequality is seen in all local authority areas in the county. (Clark & Cogley, 2012)

There were 3,035 female and 143 male victims in the high-risk cases discussed at MARACs between April 2011 and September 2012. (MADE, 2012)

59% of attendances for assault that took place in the home at Preston and Chorley between January 2011 and January 2013 were female.

99% of people accessing services through Lancashire County Council's Supporting People service² for fear of domestic abuse between April 2009 and June 2012 were female.

Age

Domestic abuse can occur at any age.

Some studies identify that the young appear to be at greatest risk. Many UK and international community surveys find that youth is a risk factor for domestic abuse victim, with younger age associated with greater domestic abuse perpetration and victimisation; with women under 25 being

² Support services provided to any person(s), which develop their capacity to live in the community; independently in accommodation, or sustain their capacity to do so, or prevent more costly interventions.

at highest risk of experiencing abuse in the past year. (Walby, 2004) The female age group at highest risk for domestic abuse victimisation is 16 to 24. (Greenfeld, 1998)

Other studies highlight that women over the age of 50 are equally at risk of domestic abuse. (Black & Heyman, 2001) Currently there is little available data regarding older women and domestic abuse, however, the work that has been undertaken to date would suggest that domestic abuse is both significant and under-recognised, which has a wide-ranging impact on the lives and health of older women. (McGarry, 2011) The combined determinants of gender, poverty, and age increase the risk of abuse among elderly women more so than in other social groups. (Wilcox, 2011)

The following table shows a comparison of victims of all reported domestic abuse by age group in 2009/10 compared to 2011/12 using data on police crime in Lancashire.

During both periods 18-24 year olds were the highest representation in the recorded figures, closely followed by 25-31 year olds. There has been little change in age groups between 2009/10 and 2011/12. (Clark & Cogley, 2012)

Figure 4 Lancashire Constabulary, Domestic Abuse by Victim Age Group, 2009/10 compared to 2010/11

Victim Age Group	2009/10 (%)	2011/12 (%)
18-24 years	27.4	26.5
25-31 years	21.3	22.2
32-38 years	17.8	15.7
39-45 years	15.3	15.2
46-52 years	8.6	9.2
53-59 years	3.5	4.0
60+ years	3.2	3.9

Data from Lancashire County Council's Supporting People service also shows that the majority of people accessing domestic violence services between April 2009 and June 2012 were aged between 16 and 31.

Figure 5 "People at risk of Domestic Abuse", as primary reason for using Lancashire County Council's Supporting People service

Service User Age Group	(%)
0-10 years	0%
11-17 years	3%
18-24 years	30%
25-31 years	28%
32-38 years	18%
39-45 years	11%
46-52 years	6%
53-59 years	3%
60+ years	1%

"I usually hid at my grandparents to avoid the violence at home, but dad beat up granddad for not returning me home"
Service User - aged 18

(Lancashire domestic abuse service user, 2012)

Therefore, although domestic abuse can be experienced in all age groups, the age group which is most prevalent in reported crime and also that accesses domestic abuse services in Lancashire are the 18-31 group.

Ethnicity

There is no statistically significant difference by ethnicity in the risk of being a victim of domestic abuse.

Nonetheless, studies have shown elevated rates of both suicide attempts and self harm amongst Asian women under 30 (Soni-Raleigh, 1996) and it has been suggested that domestic abuse, of which forced marriage is one aspect, could be a factor for many, though not all, of young Asian women self harming or committing suicide. (Yazdani, 1998) Certain types of violence do disproportionately impact on women from some communities. Forced marriages, female genital mutilation and so called ‘honour’-based violence are more likely to be prevalent in (although are not limited to) certain communities, including black and minority ethnic communities.

Domestic abuse is more prevalent in societies where violence is commonly viewed as an acceptable means to settle conflicts, and where men have higher status than women. (World Health Organisation, 2009)

Rules and expectations of behaviour in specific cultural or social groups can support violence and maintain harmful traditional practices such as domestic abuse, forced marriage, female genital mutilation and honour-based violence. There are many different cultural and social norms that can contribute to abuse. For instance, traditional beliefs that men have a right to control or discipline women through physical means make women vulnerable to violence by intimate partners. Cultural acceptance of violence as a private affair hinders outside intervention and prevents victims from gaining support, while in many cultures victims of violence feel stigmatised, stopping incidents from being reported. (Department of Health, 2012)

"For 10 years I was not allowed out of the house alone. I attempted suicide to get out"

(Lancashire domestic abuse service user, 2012)

The Lancashire data correlates to the national data showing there is no statistical difference between victims of domestic abuse by ethnicity. (Clark & Cogley, 2012)

9% of the high-risk (MARAC) cases between April 2011 and September 2012 involved people from a black or minority ethnic background. (MADE, 2012) This is as expected as 9.1% of the population in Lancashire are from a black or minority ethnic background. (Lancashire County Council, 2011)

Data from Lancashire County Council’s Supporting People Service, shows that 15% of people accessing domestic abuse services were from an Asian heritage. These were predominantly of Pakistani origin. There were also 2% from a white background other than British/Irish.

Figure 6: Ethnicity breakdown of Supporting People service users due to risk of domestic abuse

Ethnicity	Percentage	Number
White British/Irish	78%	1688
White Other	2%	49
Gypsy/Romany/Traveller	1%	12
Asian	15%	334
Black	1%	21
Mixed	2%	52
Other	1%	20

Sexual orientation

Domestic abuse can occur in a range of relationships including heterosexual, gay, lesbian, bisexual and transgender relationships and also within extended families.

The Sigma surveys of gay men and lesbians found that 1 in 4 individuals in same sex relationships probably experience domestic abuse over their lifetime – similar to figures for heterosexual domestic abuse against women. (Henderson, 2003)

0.5% (15) of cases had a lesbian, gay, bisexual or transgender (LGBT) victim in the high-risk cases discussed at MARACs between April 2011 and September 2012 in Lancashire. (MADE, 2012) There is no national or local survey which confidently identifies the proportion of LGBT in the population, but a figure of 5-7% is generally accepted as about right. (Stonewall, 2009) This means that the number of LGBT cases seen at MARAC is lower than would be expected.

There were 130 civil partnerships registered in 2011 and 113 in 2010 in Lancashire. (Lancashire County Council, 2012)

Socio-economic status

Domestic abuse occurs in all communities and economic groupings. The British Crime Survey shows that there is little evidence of variations in the prevalence of domestic abuse, sexual assault and stalking at the local level by type of area or socio-economic grouping. (Coleman, 2007)

However, reported domestic abuse is more closely correlated with those in more deprived communities. Many studies show a significant association between low income, unemployment, low educational attainment, and risk of violence or abuse to a partner, although the correlation is a weak one in some studies. (Walby, 2004) (Saunders, 2002) There are inter-linkages between several factors relating to a woman's socio-economic status and an increased risk of abuse, such as poverty, inequality between partners, relative isolation and unemployment. (Walby S, 2001) (Khalifeh H, 2012) (Benson ML, 2003). People in these groups are possibly more likely to seek help than those in other socio-economic groups because they have more limited means to escape and therefore be disproportionately represented in the reported domestic abuse crime data. Whilst economic and educational resources may not protect women from abuse, they may make it easier for them to leave violent relationships. Any associations between domestic abuse, lower household income, and residence in public housing may also partly reflect the consequences of abuse such as disrupted employment, fleeing violent relationships and loss of the partner's income. Women who are more empowered educationally, economically, and socially are most protected, but below this high level the relation between empowerment and risk of violence is not as clear cut. Women with employment and higher socio-economic status have been found to be more likely to leave violent relationships. (Saunders DG, 2002)

"I was scared to go to work because I didn't want to leave the kids with him I felt I needed to protect the kids from him"

(Lancashire domestic abuse service user, 2012)

The link between reported domestic abuse and deprivation in Lancashire is shown in Figure 6. 54% (2,442) of reported domestic abuse crime victims between April 2012 and September 2012 in Lancashire resided in lower level super output areas that were in the most deprived 20% in England and Wales (quintile 1). This figure drops to 5% (209) of victims living in the least deprived 20% areas in England and Wales (quintile 5).

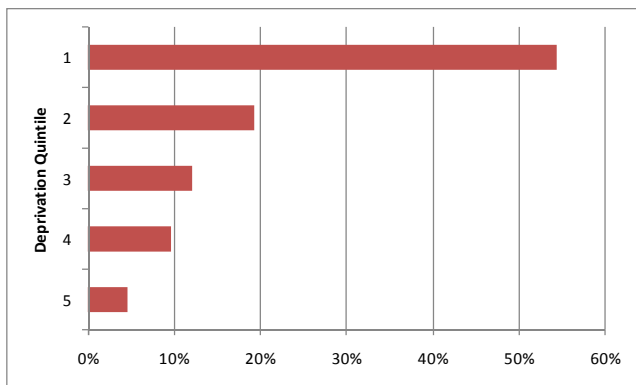


Figure 7 Reported victims of a domestic abuse crime by deprivation quintile, Apr to Sep 2012

The economic status of domestic abuse service users has been captured by Lancashire County Council's Supporting People service. Only 5% of their users were in full-time work. The majority, 55% were not actively seeking work. This highlights the fact that those without means of support, or alternative escape routes seek out services, in this case from the County Council.

A geo-demographic analysis of victims of domestic abuse crimes in Lancashire has shown that residents in Mosaic Groups G (Young, well-educated city dwellers) specifically type G33 (Transient singles, poorly supported by family and neighbours), N (Young people renting flats in high density social housing) and O (Families in low rise social housing with high levels of benefits need) are more than twice as likely to suffer domestic abuse than the average. (Clark & Cogley, 2012) These communities are notable in that they are young, low income groups.

Factors that can increase vulnerability to domestic abuse

There are a number of historical or situational factors, identified in the literature, as being associated with increased risk of becoming or remaining victims of domestic abuse, or of experiencing more damaging consequences. Understanding these factors, associated with domestic abuse, helps determine good effectiveness measures, recognise key intervention points, and select appropriate responses. However, it is crucial to recognise that presence of any of these risk factors does not automatically mean that a person will become a domestic abuse victim.

Repeat victimisation

In the majority of cases, the abuser and abused are partners and the pattern of abusive behaviour increases over time. The victim will only cease to become a victim once they escape, the perpetrator moves on, or they are badly injured. Repeat victimisation is therefore a key characteristic of domestic abuse.

44% of victims of domestic abuse are involved in more than one incident. No other type of crime has a rate of repeat victimisation as high. (Dodd, Nicholas, & Povey, 2004).

In Lancashire, between April 2009 and August 2012 there were 21,585 reported domestic abuse victims. 3,767 of those victims, were a victim more than once. The rate of repeat victimisation in this period was 17.4%. This is lower than the rates outlined in national studies because it does not look at repeat victimisation over the lifetime of the victim, only over the 3 years of the study.

Higher risk cases are referred to IDVAs and most reaching high risk will be from a perpetrator who has repeatedly abused his victim as an escalating pattern of behaviour and therefore those referred to IDVAs will often be repeat cases.

Between April 2011 and March 2012 there were 2,020 cases reviewed by multi-agency risk assessment conference (MARACs) in Lancashire. 22% of those were repeat cases.

In the same period, 26% of cases referred to Independent Domestic Violence Advocates were repeat cases.

"He tried to make me have an abortion, then he started hitting me to try to make me lose the baby"

()

Alcohol and drug misuse

Victims of domestic abuse may misuse alcohol and other substances as a way of coping with their situation.

People who had used any drug in the last year had higher odds of being a victim of domestic abuse and sexual assault compared with those who had not. One study of 60 women using crack cocaine in London found that 40% reported regular physical assaults from current partner – rising to 70% if past partners were included. (Bury, Powis, Ofori-Wilson, Downer, & Griffiths, 1999)

Preston and Chorley Accident and Emergency Department supply information on assault attendees. Of the 670 attendees who were assaulted at home between January 2011 and January 2013 and had answered the question about drinking alcohol, 46% said that they had drunk alcohol in the 3 hours prior to the assault (44% of females).

Data from Lancashire County Council's Supporting People Service shows whether recipients of services primarily for domestic abuse have a secondary need for drugs and alcohol services. Only 2% identified a need for alcohol services and 2% for drugs services. Service users may not request additional alcohol or drugs services because their primary need is for accommodation.

History of abuse

Two of the biggest predictors of both perpetrating and being a victim of domestic abuse as an adult are exposure to domestic abuse and physical abuse in childhood. (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003) Domestic abuse between parents increased the likelihood of violence in their children's later relationships by 189 per cent. (McNeal & Amato, 1998)

Both physical and sexual abuse in childhood are strongly associated with becoming a victim of domestic violence in adulthood. (Coid, et al, 2001)

Relationship separation

Domestic violence often continues long after the relationship has ended - 76% of separated women suffer post-separation violence. (Womens Aid, 2004)

Women are at a higher risk of violence and of being killed after leaving violent partners. The point of separation can be the time of highest risk due to the perpetrator's loss of control and increasing violence and abuse in his attempts to regain it. (Walby S, 2001) In an analysis of serious domestic abuse cases reported to the London Metropolitan police, the couple had separated or were separating at the time of the incident in more than half of the cases recorded as involving partners/ex-partners. (Richards, 2004) Women who were separated had the highest risk of both domestic abuse (22.3%) and stalking/harassment (11.4%) compared with all other groups by marital status. (Smith, Coleman, Eder, & Hall, 2011)

1 in 10 domestic abuse crimes in Lancashire are classed as harassment. (MADE, 2012)

Pregnancy and Children

Domestic abuse may intensify for a victim during pregnancy and is associated with premature labour, low birth weight, foetal trauma, delayed prenatal care and subsequent child behavioural problems. (Flach, et al., 2012) Research shows that 30% of reported domestic abuse starts or escalates during pregnancy. (Mezey & Bewley, 1997) (Department of Health, 2004) The greatest

risk is for teenage mothers and during the period just after a woman has given birth. (Harrykissoon, Vaughn, & Wiemann, 2002) According to Women's Aid, 70% of teenage mothers are in a violent relationship. (Home Office, 2010) and domestic abuse is also reported to be one of the many predictors of teenage motherhood. (Department for Children, Schools and Families, 2008) (Feder, 2009)

For women, having children is significantly associated with ever experiencing physical violence. (Richardson, et al, 2002)

British crime surveys have found that the presence of children in the household almost doubles the risk for women. Women with children may be more vulnerable to staying in an abusive relationship and the abuse continuing because they are less likely to leave and more likely to return to the relationship and the violence due to their reluctance to break up the home, the consequential disruptive effects on children, their lack of support (e.g. help with childcare) and the limited opportunities to gain financial independence and support an independent household. Findings of some studies have even suggested that having a large number of children may be the consequence of abuse. (Home Office, 2010/11).

Over 8,000 children more present in households where the police were called to a domestic abuse incident in Lancashire in the six months between April and September 2012. The domestic abuse refuges accommodated 267 children in the same period, but were unable to accommodate 642 children. (MADE, 2012)

Disability

Being disabled significantly increases the susceptibility of being a victim of domestic abuse. Women and men with a long-term illness or disability are almost twice as likely to experience domestic abuse as those without a disability or long-term illness. (Richardson, Coid, Petruckevitch, Chung, & Moorey, 2002) Both women and men with a long-term illness or disability were more likely to be victims of reported domestic abuse (12.3% and 6.7% respectively) and stalking (5.7% and 5.0% respectively), compared with those without a long-term illness or disability.

9.7% of working age population in Lancashire was classed as having a limited long-term illness. (Lancashire County Council, 2009)

Only 3% of MARAC cases (94) involved registered disabled victims between April 2011 and September 2012. (MADE, 2012) This might suggest that disabled victims are less able to report the abuse to the police, perhaps because their partner is also their carer.

14% of people at risk of domestic abuse who accessed a service from Lancashire County Council's Supporting People between April 2009 and June 2012 considered themselves to have a disability.

"It's the only crime where women are penalised and punished over and over again... women are held accountable for protecting their children"

(Lancashire domestic abuse service user, 2012)

"Illness meant I was no longer able to work. I kept collapsing, but he refused to call an ambulance"

(Lancashire domestic abuse service user, 2012)

Identified risk factors for becoming a perpetrator of domestic abuse

Domestic abuse may start when one partner feels the need to control and dominate the other. Abusers may feel this need to control their partner because of low self-esteem, extreme jealousy, difficulties in regulating anger and other strong emotions, or when they feel inferior to the other partner in education and socioeconomic background. Some men with very traditional beliefs may think they have the right to control women, and that women aren't equal to men. (Goldsmith, 2006)

Low educational attainment is linked to a man's domestic violence perpetration. (Chandrasekaran, et al., 2007)

There are some historical, social, situational and health issues which might make a perpetrator more likely to display abusive behaviour.

Repeat perpetration

A history of having committed domestic abuse is one of the most predictive factors in the reoccurrence of domestic abuse, particularly if the perpetrator is not held to account from the first incident. Over a third (35%) of households will have a repeat incident within five weeks of the first offence. (Walby & Myhill, 2000) A domestic abuse perpetrator is also likely to continue with this abusive behaviour even when they start a new relationship.

Demographic factors

Gender - Males represent the large majority of detected perpetrators of recorded domestic crime in Lancashire – 87.2% of detected perpetrators since April 2009 have been male. This pattern is replicated across all local authority areas, although slightly higher, but not statistically significant, levels of detected female perpetrators have been seen in Fylde (16.7%) and Wyre (16.6%). (Clark & Cogley, 2012)

Age – The key age groups for detected perpetrators of domestic abuse in Lancashire mirror those for victims – 18-24 year olds and 25-31 year olds. (Clark & Cogley, 2012) This is as expected, because the mean age difference between partners at the time of their marriage in 2001 was 2.5 years. (Bhrolcháin, N, 2005). Looking at reported domestic abuse crime data, where the type of domestic abuse is between couples, perpetrators are more likely to offend against victims of the same or similar age group. This is most prevalent in the 18-24 age range.

Where the domestic abuse is primarily familial, where the perpetrator has committed an offence against his / her parent or step-parent, the perpetrator is most often aged 18-24 years, and the victim is older (32-38 years, 39-45 years, and 46-52 years).

The mid-range age groups (25-31 years, 32-38 years, and 39-45 years) have shown a spread in offending primarily across two age groups, so that perpetrators are most likely to offend against their own age group and the age group below. Once again the conclusion here, however, is that perpetrators will tend to offend against victims of a similar age. This would support the notion that in the main, domestic abuse occurs between partners and ex-partners.

Also of note, younger perpetrators (aged 11-17 years) primarily offend against victims older than them. Analysis shows that such offences tend to involve the perpetrator assaulting their older sibling or a parent. (Clark & Cogley, 2012)

Alcohol and drug misuse

Alcohol and drug misuse are not a primary cause of domestic abuse but can increase the frequency and severity of abuse.

In about 45% of domestic violence cases, men had been drinking and in 20% of cases, women had been drinking. Alcohol use is reported to be associated with a fourfold risk of violence from a

partner and is more common when sexual violence is involved. (Gil-Gonzalez et al, 2006) A study of 336 convicted perpetrators of domestic violence, found that alcohol was a feature, but not a cause, in 62% of offences and 48% of perpetrators were alcohol dependent. (Gilchrist, Weston, Beech, & Kebbell, 2003) Reported cases often feature alcohol because it allows the perpetrator to lose their inhibitions and let their existing abusive nature have free rein.

Partner assaults are four to eight times higher among people seeking treatment for substance-dependence. (Murphy & Ting, 2010)

In Lancashire between April 2012 and September 2012, 31% of reported domestic abuse crimes were alcohol related (victim, perpetrator or both had been drinking). (MADE, 2012)

There is a differing trend between domestic abuse where alcohol is a factor and domestic abuse where alcohol is not a factor. Domestic abuse where alcohol is a factor has remained relatively static since April 2009, showing no significant increase or decrease. Conversely, domestic abuse where alcohol is not a factor began a moderate upward trend which has continued through to the present day (2012).

This increase in domestic abuse where alcohol is not a factor is further illustrated when considering the proportion of alcohol as a factor in domestic crimes. In quarter one 2009 (April to June), alcohol was recorded as a factor on average in 44.5% of domestic abuse offences. During the same period of 2012, the average had dropped to just 31.7%. (Clark & Cogley, 2012)

Mental disorder

If an abuser is careful about when, where and to whom they are abusive then they are showing sufficient awareness and knowledge about their actions to indicate they are making choices about their behaviour. Mental health needs in this situation are not a cause of the abuse. (Womens Aid, 2006)

If an abuser is random and unpredictable, being abusive to strangers as well as people they know (eg in public and in the workplace), then mental illness may be a possibility. (Womens Aid, 2006) Emotional insecurity, and features of antisocial and borderline personality disorders all put an individual at risk (or greater risk) of being abusive. (Murphy, 1994)

A number of studies have shown significant links between elevated levels of depression symptoms and more severe domestic violence in particular. (Schumacher, Feldbau-Kohn, & Smith Slep, 2001) According to one study, 22% of a UK sample of men referred to perpetrator programmes was described as depressed. (Gilchrist, 2003) This is higher than in the general population, where 10% experience depression. (Office for National Statistics, 2001)

Post-traumatic stress disorder has been seen in uniformed services, such as prison, police, fire and armed forces and can trigger episodes of domestic abuse. A study by the ForcesSelect Foundation found that the majority of armed service leavers with families reported that their transition to "civvy street" put undue pressure on the relationship with their spouse. (ForceSelect, 2012). Cuts in public funding to the police, fire and armed forces mean that significant numbers of ex-servicemen are being reintegrated into the community.

Seasonality/Sport

Evidence from limited studies available has linked seasonal changes, calendar events and football events to a rise in numbers of reported domestic abuse incidents. (Sivarajasingam, Corcoran, Jones, Ware, & Shepherd, 2004) (Braaf & Gilbert) Though limited, there is evidence suggesting that there is some degree of correlation, of domestic abuse, particularly with summer months, New Year's Day and other calendar events, and major football matches. (Quigg & al, 2012). These events do not cause the abuse but can be a 'trigger' for abusive episodes.

An analysis of the Euro Football Tournament showed that the number of calls to the police in Lancashire about domestic abuse increased during June 2012 when the bulk of the tournament was played. An additional 216 calls were made in comparison to the same period in June 2011. However, this might be due to a campaign aimed at increasing reporting of domestic abuse during this period.

Detection, Justice and Rehabilitation

Of the recorded crimes, 74% (3 in 4 crimes) were detected and the perpetrator was brought to justice in 2011/12.

76.2% of recorded domestic abuse cases were successfully prosecuted in Lancashire, September 2011 to August 2012. This is broadly in line with the national figure which is 74.8%. Domestic Abuse cases represented 14.9% of the caseload of the Lancashire Crown Prosecution Service. (MADE, 2012)

98 perpetrators completed a Domestic Abuse Perpetrator Programme through Lancashire Probation Trust between April 2011 and March 2012. (MADE, 2012)

Lancashire Probation Trust delivers a programme for male offenders to reduce/stop acts of domestic violence against partners/ex-partners, thus reducing the risk of repeat victimisation.

There are 8 specialist domestic violence courts (SDVCs) which aim to increase the effectiveness of the criminal justice system by providing protection and support to victims and witnesses, providing appropriate solutions for defendants/perpetrators, ensuring that offences of domestic violence are dealt with in a way that recognises their seriousness, increasing public confidence in criminal justice, reducing delays through effective case management and enhancing the co-ordination of agencies involved in supporting victims and witnesses and in dealing with defendants/perpetrators.

While successful prosecutions for domestic violence offences are rising nationally – from 46% in December 2003 to 68% in September 2007 - these percentages are based only on the small proportion of cases that get as far as the courts (reference Women's Aid). Whilst the police are a key 24 hour agency for women experiencing domestic violence, and the first port of call in emergency, only a minority of victims report domestic violence to the police.

Evidence suggests that taking part in a perpetrator programme makes criminal sanctions more effective (*Respect briefing paper on evidence of programme effect 2010*). Some accredited programmes have shown that two thirds of the men who attended the programme stopped using violence and were no longer violent after one year post programme, compared to one third of the men who were subject to other criminal justice sanctions.

"There's nothing there to help these men change. They don't see their behaviours as wrong. He's moved onto another relationship, but it doesn't stop the behaviour. My children will continue to see this violent behaviour through him"

(Lancashire domestic abuse service user, 2012)

There is no information on what happens in relationships where criminal justice proceedings have not resulted in sanctions, but this could have significant implications on victim's willingness to disclose the behaviour.

Impact of Domestic Abuse

Whilst poverty, alcohol/ drug use and cultural attitudes impact on domestic abuse (Farmer & Callan, 2012), the consequences of domestic abuse are far reaching, impacting significantly on long-term health and emotional wellbeing of those affected. (McGarry J. e., 2011)

Domestic Abuse follows a pattern. The pattern may take days, weeks or months to play out and is usual repeated. In the first phase, tension building, conflict builds over issues such as money, children or jobs. Verbal abuse and 'mind games' are used. In the second phase, physical violence is used and may be triggered by an external event. In the third phase, honeymoon period, the abuser convinces the victim that he is sorry so that they stay in the relationship.(Goldsmith & Vera, 2000)

Health

In addition to being a concern in its own right, domestic abuse and violence is associated with a range of adverse health outcomes. Victims of domestic abuse and violence can suffer from a host of physical and emotional health problems which can become chronic. Domestic abuse accounts for approximately 8% of the total burden of disease in women aged between 18 and 44 years, and is a larger contributor to ill health in the age group than high blood pressure, smoking and weight. (Vos & al, 2006)

Domestic abuse is also an important cause of morbidity from multiple mental, physical, sexual and reproductive health outcomes and is associated with depression, post-traumatic stress disorder, anxiety, insomnia, smoking, alcohol and drug misuse, suicide attempts and exacerbation of psychotic symptoms. (Golding, 1999) (Neria, Bromet, Carlson, & Naz, 2005) (Campbell, 2002)

Both the women, victims of domestic abuse and violence, and their children have an increased risk of severe short term and long term health consequences, both physical and mental. (Black, et al., 2010)

Women who have experienced domestic violence have higher rates of mental illness; 64% experience post-traumatic stress disorder, 48% have depression, and 18% attempt or commit suicide. (Itzin, 2006)

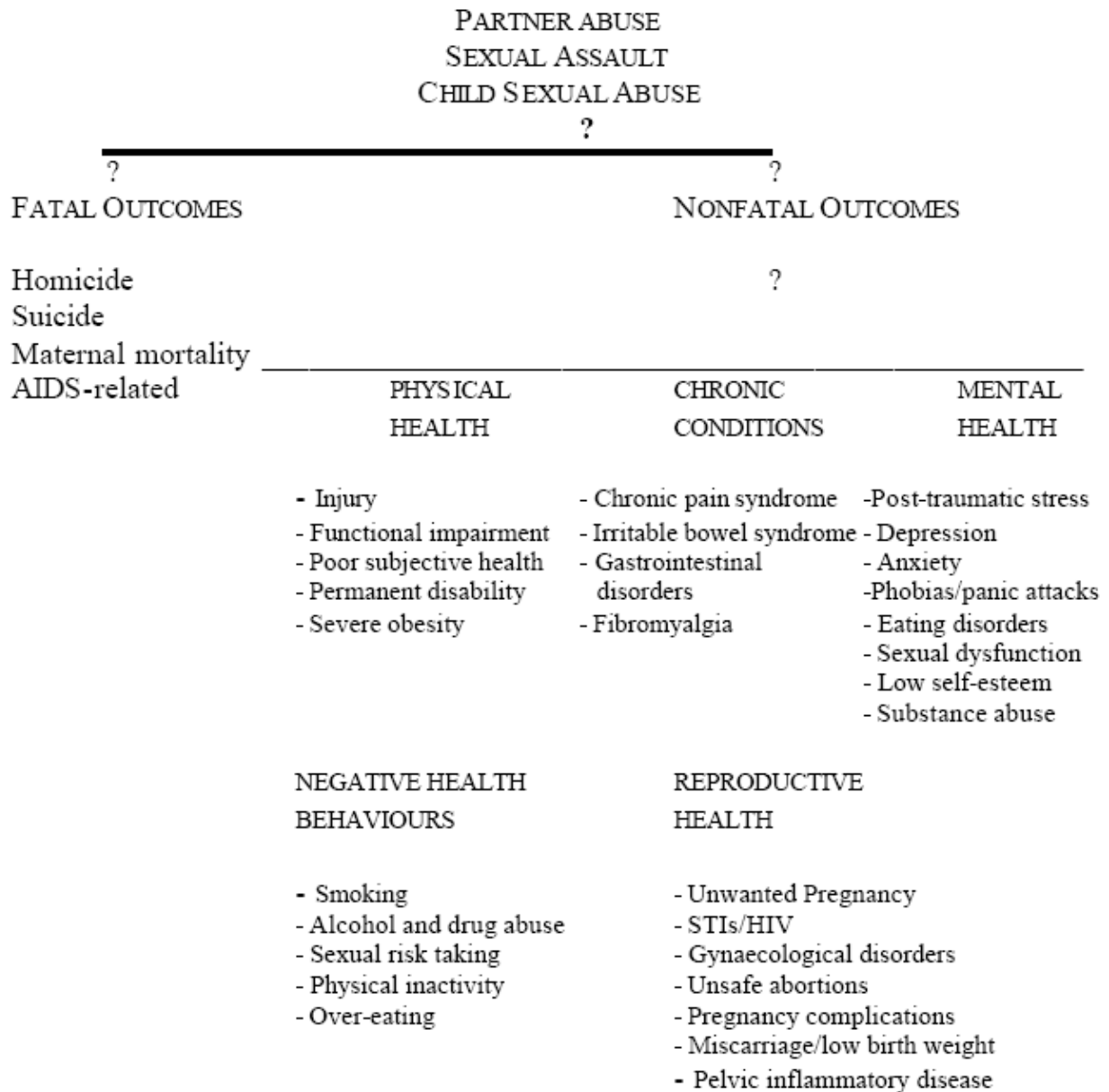
Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life. (Hester, Pearson, & Harwin, 2000; new ed. 2007)

"Although the probation service provide good programmes to work with perpetrators of domestic violence there is an inequitable level of access to programmes for perpetrators before they enter the criminal justice system."

Lancashire Safeguarding report. (Ofsted, 2012)

The figure below (cited in Humphreys, 2006, taken from Heise, Ellsberg, Gottemoeller, 1999) identifies the health impacts of violence on women. It separates mental and physical health as well as identifying interconnecting negative health behaviours which have both an emotional and physical component. (Humphreys, 2006)

Figure 8 Health outcomes of violence against women



Mental Health

Domestic violence has a well-documented impact on women's mental health. Abused women are at least three times more likely to experience depression or anxiety disorders than other women. (Womens Aid) Women experiencing domestic violence are four times more likely to suffer post-traumatic stress disorder than women in general. **Error! Bookmark not defined.** Women who have suffered domestic violence have between 3 and 8 times the average level of usage of mental health services. (Walby S, 2004)

Approximately 48 per cent of female victims suffer depression and 64 per cent suffer post-traumatic stress disorder (characterised by flashbacks, anxiety, nightmares and dissociation). (Golding, 1999) Domestic violence is also associated with alcohol and drug misuse.

6% of people who accessed services through Lancashire County Council's Supporting People Service between April 2009 and December 2012 primarily for domestic abuse needs, identified a secondary need for mental health services. This is thought to be an under-recording as service users might choose not to disclose their mental health issues if it had an undesirable outcome on their ability to access services.

Suicide and Long term impact

Domestic abuse is one of the strongest risk factors for suicide attempts. (Devries et al, 2011) The impact on mental health, including post-traumatic stress disorder, depression, anxiety and substance abuse, can persist long after the violence has ceased. (Devine, Spencer, Eldridge, et al, 2012) (Coid, et al, 2003) Research shows that the more severe the abuse, the greater the impact on a woman's physical and mental health.

Substance misuse

Women experiencing domestic violence are more likely to engage in drug or alcohol abuse, being up to 15 times more likely to misuse alcohol and 9 times more likely to misuse other drugs than women generally. (Women's Resource Centre, 2008)

Chronic health problems

Domestic abuse accounts for approximately eight per cent of the total burden of disease in women aged between 18 and 44 years, and is a larger contributor to ill health than high blood pressure, smoking, and weight. (Vos & al, 2006)

Chronic health problems include gynaecological problems, gastrointestinal disorders, neurological symptoms, chronic pain, cardiovascular conditions and mental health problems. (Campbell, Health consequences of intimate partner violence, 2002) (Tollestrup, Sklar, Frost, & al., 1999)

Physical health

The mental and physical impact of domestic abuse is interconnected. (Humphreys & Regan, 2005) The range of negative health outcomes arising from domestic abuse, include injury, disability, gastrointestinal disorders and reproductive health problems. For example, one Australian study found that the highest risk factor in determining the physical health of women under 45 was whether they had experienced domestic abuse. (VicHealth, 2004)

On average, one woman is killed every three days by a current or former partner. .

"I was isolated, scared, alone, helpless. I came close to killing myself as I had no self-belief that things would get better. Why should he walk free after 10 years of abuse? I wish I was dead sometimes"

(Lancashire domestic abuse service user, 2012)

There have been 100 domestic homicides in England and Wales in the 12 months ending June 2012 and there were 113 in the previous 12 months. (HMIC, 2012) There have been 32 domestic murders and attempted murders between April 2009 and September 2012 in Lancashire. ((Clark & Cogley, 2012)

Overall there is a very small proportion (2.8%, 472) of reported domestic abuse offences Lancashire-wide that result in the victim receiving serious physical injuries.³ (Clark & Cogley, 2012) However, only 21% of assaults are reported to the police. Of the 564 assaults that took place at home, and required attendance at Preston and Chorley AED between January 2011 and September 2012, 10% required admission to a ward, 13% follow up treatment as an outpatient and 22% follow up treatment from their GP. Comparable figures for the other hospital trusts in Lancashire are not available.(MADE, 2012)

In terms of physical injury, head, face, neck, breasts and abdomen are the most common targets of physical injury. (Jasinski, 2004)

Of the 30,362 domestic abuse crimes recorded during period April 2009 and September 2012, there were 28,490 (93.8%) where the use of a weapon was not recorded or no weapon was used. Although this may suggest there are recording issues to some extent, in particular there are known issues with the weapons section of the risk assessment form, the small proportion of weapon-related domestic abuse does tie in with the fact that a low number of domestic crimes result in serious injury.

Where a weapon has been used, a knife has been the most common (used in 32.3% of domestic abuse crimes where a weapon is involved). In the main, domestic knife crimes have occurred within private dwellings, rather than in the street or in a public place.

Additionally, of the 32 domestic murders and attempted murders during April 2009 and September 2012, 53.1% (17) have been committed using a knife.

There are no other weapons that stand out in terms of use during domestic abuse crimes. 565 domestic weapons offences (28.1%) were coded as 'Other object or substance' – a scan of such offences shows that a range of objects have been used (examples include a wooden chair leg, a broken toilet seat, and a belt). Furthermore, as with knife crimes, weapons-related domestic offences where the weapon is recorded as 'other object or substance' primarily occurred within a dwelling. This fits with the context of domestic abuse, in that it is a hidden crime i.e. behind closed doors, of a victim who is their partner and most frequently likely to be co-habiting, or at least being in a dwelling together as a part of their relationship.

Overall there is judged to be a low threat of domestic abuse crimes where the perpetrator uses a weapon. However, those offences where a weapon is used are most likely to occur within a private dwelling, and involve the use of a knife or a household item.

³ Serious injury is defined as a broken bone, laceration, wounding, grievous bodily harm, any act endangering life, intent to cause serious harm (use of a weapon)

Homelessness

Research has shown domestic violence to be the single most quoted reason for becoming homeless with 40% of all homeless women stating domestic violence as contributor to their homelessness. (Cramer & Carter, 2002)

Victims of violence may be forced to leave their homes to escape domestic abuse or forced marriage or harassment. The BCS found that 42% of domestic abuse victims that lived with their abusive partner had left home for at least one night due to the abuse.(Coleman, 2007) Family conflict and violence are among the key causes of homelessness among young people. (Quilgars, Johnsen, & Pleace, 2008)

A review of households accepted by local authorities, as owed a main homelessness duty, by reason for loss of last settled home, England, 1998 to 2012 showed 12% were due to a violent relationship breakdown with a partner. Using this figure, it has been estimated that 63 households in Lancashire were accepted as homeless and in priority need due to domestic abuse.

Figure 9 Households accepted as homeless and in priority need, April 2011 to March 2012 with estimated number owing to domestic abuse

Local Authority	Households accepted as homeless	Estimated number as a result of Domestic Abuse (12%)
Blackburn with Darwen	27	3
Blackpool	30	4
Burnley	84	10
Chorley	37	4
Fylde	11	1
Hyndburn	6	1
Lancaster	90	11
Pendle	33	4
Preston	55	7
Ribble Valley	12	1
Rosendale	22	3
South Ribble	44	5
West Lancashire	70	8
Wyre	10	1
Lancashire	531	63

(Lancashire County Council, 2012)

Of more than 1.5 thousand people who were referred to Lancashire County Council, Blackburn Council or Blackpool Council supporting people services between April 2009 and December 2012, because they were at risk of domestic abuse, 30% stated that they were 'homeless'.

Employment

Women with a history of partner violence are reported to be more likely to have experienced spells of unemployment, have had a high turnover of jobs, and have suffered more physical and mental health problems that could affect job performance. (Lloyd & Taluc, 1999) (Walby S. , 2004)

15% of people who were accessing services for domestic abuse issues from Lancashire County Council's Supporting People stated that they were actively job-seeking between January 2009 and

June 2012. The unemployment rate July 2011 to June 2012 for females aged 16-24 is 19.8% and for females aged 25-49 is 4.7%.

Use of health services

Women who have suffered abuse are more likely to be long-term users of health services, thereby increasing health care costs. (Walby, S, 2004) In addition due to the association of domestic abuse and violence with mental health impacts, higher rates of domestic abuse are experienced by mental health service users compared with the general population. (Howard, Trevillion, Khalifeh, Woodall, Agnew-Davies, & Feder, 2010)

As the consequences of domestic abuse and violence are far reaching, the broader social costs are profound and can be difficult to quantify. (International Centre for Research on Women, 2009)

"My eldest child became very subdued, very teary, very jumpy, not concentrating and she started wetting the bed at 5 years old. He told her he wasn't her dad, and he was going to burn the house down with us all in it"

(Lancashire domestic abuse service user, 2012)

Impact on children

Seventy per cent of the 'high risk' victims of domestic abuse and violence have children. (Howarth, et al, 2009) Children who live with domestic abuse ('child witnesses') are more likely to experience a wide variety of mental health, social and educational problems than other children. (Sousa & al, 2011) (Radford & al, 2011) Witnessing domestic abuse in childhood is also linked to depression, domestic abuse, child maltreatment and alcohol dependence in later adulthood. (Roustit & al, 2009)

Although not at all definite, childhood exposure to domestic abuse is one of the most powerful predictors of becoming both a perpetrator and a victim of domestic abuse as an adult. (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003)

An NSPCC study states that nearly one in four young adults (23.7%) were exposed to domestic abuse between adults in their homes during childhood. Just under one in five children aged 11-17 (17.5%) have experienced domestic abuse between adults in their homes. (NSPCC, 2011)

The study shows that the harm caused to children of living with domestic abuse is now widely recognised in the research literature and there is a substantial overlap between the most severe forms of child maltreatment resulting in the death of a child and domestic violence. (NSPCC, 2011)

Experiences of abuse and neglect may affect individuals differently. It has often been observed that the impact may be externalised, meaning that a young person "acts out" and the maltreatment affects their behaviour, as well as internalised, meaning that a young person may be depressed, withdrawn or isolated.

The research found that all forms of abuse in childhood were generally associated with poorer mental health and elevated delinquent behaviour.

Abuse and neglect by parents or guardians was found to be associated with children's and young people's poorer emotional wellbeing, including current thoughts about self-harm and suicidal ideation. Witnessing domestic violence was also related to poorer emotional wellbeing. There were 15,123 children referred to Lancashire County Council social care for domestic abuse reasons between April 2011 and August 2012. 4,425 children were present in the household under consideration in MARACs held between April 2011 and September 2012. (MADE, 2012)

22% of the households recently identified by the Working Together with Families project in Lancashire had reported between 1 and 24 incidents to the police in the period April 2011 and September 2012.

Changes that will impact on Domestic Abuse

Definition

The widening of the definition means that more has to be considered, recognised and included under Domestic Abuse. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage. (Home Office, 2012)

Economic Slowdown

The UK economy was officially in recession for the first half of 2012. A positive growth rate in the third quarter of the year was welcome news, but since 2008 there has been a sustained period of economic slowdown. Economic forecasts for no or very slow growth over the next twelve months are based on intractable issues of high government debt levels across Europe and in America and Japan.

The financial and employment stresses this causes can put additional pressure on relationships. There has been some good news on employment levels over recent months, but the county has for many years struggled to attract quality work opportunities and has a tendency towards noticeable lower earnings and income levels than the national average.

Benefits Changes

Significant changes are being made to the benefits and tax credits system over the next few years because of the Welfare Reform Act 2012 which became law on 8 March 2012.

Provisions in the Act allow for:

- The introduction of Universal Credit and Personal Independence Payment
- Changes to Employment and Support Allowance (ESA), including a one-year time limit on payment of contributory ESA for people in the work-related group
- Other changes to social security and tax credits, including provision for a benefit cap; the localisation of Council Tax Benefit; new rules about housing benefit; new rules about the recovery of overpayments and the procedures for making an appeal.

Some of the provisions of the Act have taken effect immediately after the Welfare Reform Act 2012 became law, but others are scheduled for 2013 or later. (Turn2us, 2012)

From January 2013, households where one person earns more than £50,000 a year will lose all, or part of their child benefit. Child benefit is typically paid to the mother, but can go to either parent. Financial abuse, where the men keep tight control of the finances, is common where other domestic abuse occurs. If child benefit is cut back, some women will be prevented from saving enough to escape with their children.

From April 2013 a limit will be put on the total amount of benefit that most people aged 16 to 64 can get. For those affected, their Housing Benefit will go down to make sure that the total amount of benefit you get isn't more than the cap level. (HM Government, 2012) This could have implications for Domestic Abuse refuges. They charge rent for their accommodation and often this rent will come from housing benefit, because the victim is unable to work or has had to leave their job.

From April 2013, council tenants and housing association tenants will have their housing benefit entitlement reduced if the council decides their home is too big for their needs. This has been

termed the 'bedroom tax' or 'under-occupancy rule'. This will have an implication for families where domestic abuse occurs. Perpetrators and victims of domestic abuse may wish or be required to leave the shared home and stay elsewhere. Elsewhere might mean staying with a friend or relative in social housing. The availability of 'spare bedrooms' will be affected by this benefits change. If alternative housing is not available then the perpetrator or victim might be forced back into the shared home, where abuse is likely to continue.

Demographics

The Census 2011 tells us that there are 3% more people in Lancashire in 2011 than there were in 2001; 5% more males and 2% more females. There have been significant increases in the age groups with most reported domestic abuse, 4% more in the 15-19 year age group, 23% 20-24 and 5% 25-29 in 2011 than there were in 2001. Preston, in particular has seen a large increase in the age groups between 15 and 29.⁴

Population projections predict that the 18-31 age group will continue growing until 2016 when there will be 2% more than at present and then start declining thereafter. The number of adult women will also increase year on year, by 0.2% to the end of the projects in 2021, when there will be 2.5% more women than in 2011. (LCC)

Domestic Violence Disclosure Scheme (Clare's Law)

This policy is under consideration by the Government at the moment. A pilot scheme is underway. Under the scheme women will have the right to ask the police whether a new or existing partner has a violent past. If police checks show that a person may be at risk of domestic violence from their partner, the police will consider disclosing the information. The pilot will also look at how the police can proactively release information to protect a person from domestic violence where it is lawful, necessary and proportionate to do so. Both processes can be implemented within existing legal powers but new guidance developed for the pilot will help ensure that recognised and consistent processes are in place.

Clare's Law is modelled on Sarah's Law', the successful fight to give parents the right to check on paedophiles in their area after the murder of schoolgirl, Sarah Payne. It has been called 'Clare's Law', after the horrific killing of 36-year-old mother Clare Wood by a man she met on Facebook. George Appleton strangled Ms Wood and set her body on fire before hanging himself. Friends and family were shocked to discover that the killer had a history of violence against women, including repeated harassment, threats and the kidnapping at knifepoint of one of his other ex-girlfriends.

The scheme has been proposed in response to fears that the growing use of internet dating means more women are going out with men whose backgrounds they know little about. The Domestic Violence Disclosure Scheme is intended to empower people to make informed decisions to protect themselves and their children when getting involved with a new partner.

Legal Aid

Public funding will not be available after 1st April 2013 for clients where they do not satisfy the criteria for being a victim of domestic violence / risk of domestic violence / protection of children

⁴ Maps and commentary on the 2011 census are available on Lancashire Profile: http://www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/ia/IA_Census_2011Unrounded/atlas.html

Domestic Abuse JSNA

If victims of DA are applying for Legal Aid, they have to provide supporting documents in the way of evidence. This could include reports from GP's if they have examined the victim with injuries, confirmation from MARAC chairs or reports from social services.

National and Local Drivers

A strong legal framework already necessitates a coordinated response from partners to meet the needs of women and children who are victims of violence. Details are contained in Appendix 1.

In addition, there are a number of national drivers which have governed and influenced a local response from partners in Lancashire to domestic abuse, these being:

1. *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2010)* – is currently under review and provides definitions of child abuse and neglect that includes domestic violence with guidance that agencies must take to protect children.
2. *The Munro Review, Review of child protection – the final report, 2011* sought a change in working practices to improve the way that children and young people are protected from harm. The review clearly includes domestic violence as one of the issues that impacts on the mental and emotional health and welfare of children and young people. Munro recommended the revision of the *Working Together* guidance (2010) and urged that professionals improve information sharing and worked together to safeguard children, young people and their families. The implementation of Munro's recommendations are still in progress and are intrinsically linked to the development of effective local systems that develop early intervention along with strong local systems that share new practice and look at the provision of those services from the viewpoint of the child or young person. In response to one of the Munro recommendations NICE are in the process of developing new guidance for domestic violence (for 2014) and safeguarding standards for health professional. Furthermore it is intended that NICE standards will be adopted by all registered professionals.
3. *The Allen Report, (Early Intervention: The Next Steps, 2011)*, made it clear to all that the development of babies and young children can be seriously impeded in families where there is domestic violence, substance misuse and mental ill health and where children are maltreated or neglected.
4. *Call to end violence against women and girls 2010* sets out the coalition government's vision for ending violence against women and girls. The 2011 plan sets out 4 key areas of action, which are prevention, provision, partnerships and perpetrators.
5. *A call to end violence against women – taking action the next chapter* (HMO, 2012) reiterates the requirement to work in partnership and to provide services that reduce the risk of violence and provide services for victims of domestic violence and sexual violence.
6. *Protecting people promoting health - a public health approach to violence prevention for England* DH, 2012. The Public Health Outcomes Framework includes a number of violence related indicators encouraging joint local work, creating safe and secure communities and supporting the implementation of violence prevention activity by partner agencies and making a major contribution to integrated multi-agency working for violence prevention.
7. *The Marmot Review* commissioned in 2008 set out six policy recommendations; these have since been incorporated in the public health white paper and The Health and Social Care Act 2012. In guidance to local authorities on public health the Department of Health emphasised the role of local authorities to help improve health by tackling social determinants. Among the recommendations were:
 - give every child the best start in life
 - enable all children young people and adults to maximise their capabilities and have control over their lives
 - create and develop healthy and sustainable places and communities.
8. *Specialist Domestic Violence Court (SDVC) Programme Resource Manual* (2006) outlined the requirement for areas selected to achieve SDVC status. Achieving this status is reliant on areas having IDVA and MARAC provision and can lead to the swift and safe prosecution of perpetrators and protection of victims.

Locally there is a strong strategic drive to tackle domestic abuse. Lancashire's Shadow Health and Wellbeing Board, the Lancashire Community Safety Steering Group, the Lancashire Childrens Safeguarding Board and the Children and Young Peoples Trust have all identified preventing Domestic Abuse as an area for prioritisation. Domestic Abuse was also identified by the [Police and Crime Commissioner](#) as a priority.

The Ofsted [Safeguarding and Children Looked After Services Inspection 2012](#) made two requirements, these being to:

- Review the existing domestic violence service provision to determine future needs and requirements including ensuring there are sufficient early intervention programmes for perpetrators of domestic violence before they enter the criminal justice system.
- Ensure that there are sufficient counselling support for children who experience domestic violence before they reach the threshold for access to child protection services

The local agenda includes the aim to improve services whilst reducing cost. A report from *Against Domestic Violence and Abuse* (adva) [Evaluation of 'best value' in specialist Service provision for Domestic Violence and Abuse in Devon - executive summary 2012](#), reported that through the delivery of specialist commissioned services, for every £1 spent a saving of £3.20 is made to public services. Estimates in [The Cost of domestic Violence up-date 2009](#) a report by Sylvia Wallaby (UNESCO Chair in Gender Research), Lancaster University focused on figures from 2008. It clearly showed that the investment in public services to reduce domestic violence has been cost effective for the country as a whole, reducing the extent of lost economic output as well as the human and emotional costs. The changes were explained as being due to an increase in the services available for the victims, improvements in questions asked about injuries that had been sustained and the use of court injunctions.

It is expected that a significant proportion of families in the troubled families programme will require support for problems resulting from domestic violence.

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References

- Benson ML, F. G. (2003). Neighborhood disadvantage, individual economic distress and violence against women in intimate relationships. *Journal of Quantitative Criminology* 19 , pp. 207-235.
- Black, D. A., & Heyman, R. E. (2001). Risk factors for male-to-female partner sexual abuse. *Aggression and Violent Behaviour* 6 (2-3) , pp. 269-280.
- Black, M., Basil, K., Breiding, M., Smith, S., Walters, M., Merrick, M., et al. (2010). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Braaf, R., & Gilbert, R. (n.d.). *Domestic Violence Incident Peaks: Seasonal Factors, Calendar Events and Sporting Matches*. Retrieved 2012, from Australian Domestic and Family Violence Clearinghouse: www.austdvclearinghouse.unsw.edu.au/pdf%20files/stakeholder%20paper_%202012%20summary%20report.pdf
- Bristol Domestic Abuse Forum. (n.d.). *Myths about domestic violence and abuse*. Retrieved November 6, 2012, from <http://www.bdaf.org.uk/help-and-support/myths-about-domestic-violence-and-abuse>
- Bury, C., Powis, B., Ofori-Wilson, F., Downer, L., & Griffiths, P. (1999). *An examination of the needs of women crack users with attention to the role of domestic violence and housing (Report for Lambeth, Southwark and Lewisham Health Authority in collaboration with the National Addiction Centre and the Brixton Drugs Project)*.
- CAADA. (n.d.). *Information about MARACs*. Retrieved 11 1, 2012, from http://www.caada.org.uk/marac/Information_about_MARACs.html
- CAADA. (2010). *Saving Living, Saving Money*. Bristol: Coordinated Action Against Domestic Abuse.
- Cambridgeshire County Council. (2011, 12). *Positive deviance*. Retrieved 11 9, 2012, from Cambridgeshire County Council: <http://www.cambridgeshire.gov.uk/community/safercommunities/domestic/positivedeviance.htm>
- Campbell, J. (2002). Health consequences of intimate partner violence. *Lancet* , 359:1331–6.
- Centre for Social Justice. (2012, July). *Beyond violence, breaking cycles of domestic abuse*, , . Retrieved from <http://www.centreforsocialjustice.org.uk/client/media/DA%20Full%20report.pdf>
- Chandrasekaran, V., Krupp, K., George, R., & al., e. (2007). Determinants of domestic violence among women attending an human immunodeficiency virus voluntary counseling and testing center in Bangalore, India. *Indian Journal of Medical Sciences* .
- Clark, R., & Cogley, M. (2012). *Domestic Abuse Problem Profile*. Preston: Lancashire Constabulary.
- Coid, J., Petruckevitch, A., Chung, W., & al, e. (2003). Abusive experiences and psychiatric morbidity in women primary care attenders. *British Journal of Psychiatry* , 183:332e9; discussion 40e1.
- Coid, J., Petruckevitch, A., Feder, G., Chung, W.-S., Richardson, J., & Moorey, S. (2001). 'Relation between childhood sexual and physical abuse and risk of revictimisation in women: A cross-sectional survey. *Lancet* , 358, 450-454.
- Coleman, K. e. (2007). *Homicides, Firearms offences and Intimate Violence 2005/2006*. London: Home Office.
- Cooper, H, Lancashire County Council. (2012). *Service User Experience Report*.
- Cramer, H., & Carter, M. (2002). *Homelessness: what's gender got to do with it?* London: Shelter.
- Department for Children, Schools and Families. (2008). *Teenage Parents: who cares? A guide to commissioning and delivering maternity services for young parents*. DCSF.
- Department of Health. (2000). *Domestic Violence: A Resource Manual for Health Care Professionals*. London.
- Department of Health. (2000). *No Secrets: Guidance on Developing and Implementing Multi-agency Policies and Procedures to Protect Vulnerable Adults From Abuse*. London: HMSO.
- Department of Health. (2012). *Protecting people, promoting health, a public health approach to preventing violence in England*. London: Department of Health.
- Department of Health. (2004). *Why mothers die: report on confidential enquiry into maternal deaths in the United Kingdom 2000-2002*. London: TSO.

- Devine, A., Spencer, A., Eldridge, S., & al, e. (2012). Cost-effectiveness of identification and referral to improve safety (IRIS), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial. *British Medical Journal* .
- Devries, K., & al, e. (2011). Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Social Science and Medicine* , 73; 79–86.
- Dodd, T., Nicholas, S., & Povey, D. a. (2004). *Crime in England and Wales 2003/2004*. London: Home Office.
- Ehrensaft, M., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting & Clinical Psychology* , 71, 741–53.
- Ehrensaft, M., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting & Clinical Psychology* , 71:741–53.
- Farmer, E., & Callan, S. (2012). *Beyond violence Breaking cycles of domestic abuse*. The Centre for Social Justice.
- Feder, G. e. (2009). How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technology Assessment 2009* , 13; 16.
- Finney, A. (2006). *Domestic violence, sexual assault and stalking: findings from the 2004/05 British Crime Survey*. London: Home Office.
- Flach, C., Leese, M., Heron, J., Evans, J., Feder, G., Sharp, D., et al. (2012). Antenatal domestic violence, maternal mental health and subsequent child behaviour: a cohort study. *An International Journal of Obstetrics and Gynaecology* .
- Flood-Page, C., & Taylor, J. (2003). *Crime in England and Wales 2001/2002: Supplementary*. Retrieved from Home Office: <http://www.homeoffice.gov.uk/rds/pdfs2/hosb103.pdf>
- ForceSelect. (2012). *Joining forces: an holistic approach to the resettlement of ex-service personnel*. Retrieved from ForceSelect: [http://www.esggroup.co.uk/Site-assets/Documents/Force-esg-report-\(1\).aspx](http://www.esggroup.co.uk/Site-assets/Documents/Force-esg-report-(1).aspx)
- Gilchrist, E. J. (2003). Domestic violence offenders: characteristics and offending related needs. *Home Office Findings 217* .
- Gilchrist, E. J., Weston, S., Beech, A., & Kebbell, M. (2003). Domestic violence perpetrators: characteristics and offending related needs. *Findings 217* .
- Gil-Gonzalez, D., & al, e. (2006). Alcohol and intimate partner violence: do we have enough information to act? *European Journal of Public Health* .
- Golding, M. (1999). Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *Journal Family Violence* , 14: 99–132.
- Goldsmith, T. (2006). *What causes domestic violence?* Retrieved 11 7, 2012, from PsychCentral: <http://psychcentral.com/lib/2006/what-causes-domestic-violence/>
- Goldsmith, T., & Vera, M. (2000, 10). The Common Pattern of Domestic Violence. *PsychCentral* .
- Greenfeld, L. e. (1998). *Violence by Intimates*. U.S. Department of Justice. Office of Justice Programs, .Bureau of Justice Statistics.
- Harrykisson, S., Vaughn, I., & Wiemann, C. (2002). Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period. . *Archives of Paediatrics and Adolescent Medicine* , pp. 156: 325–30.
- Henderson, L. (2003). *Prevalence of Domestic Violence among Lesbians and Gay Men: Data report to Flame TV*. London: Sigma Research.
- Hester, M., & Westmarland, N. (February 2005). *Tackling Domestic Violence: effective interventions and approaches*. Home Office Research Study 290. London: Home Office: Research, Development and Statistics Directorate .
- Hester, M., Pearson, C., & Harwin, N. (2000; new ed. 2007). *Making an impact: Children and domestic violence: A reader*. London: Jessica Kingsley.
- HM Government. (2012). *Benefit Cap*. Retrieved 10 2012, from HM Government: <https://www.gov.uk/benefit-cap>
- HMIC. (2012, 8 15). *Domestic Homicides*. Retrieved 10 2012, from Iquanta: <https://iquanta.net>

- Home Office. (2006). *British Crime Survey 2005/6*. London: Home Office.
- Home Office. (2009/10). *British Crime Survey*. London: Home Office.
- Home Office. (2010/11). *British Crime Survey*.
- Home Office. (2010). *Call to end violence against women and girls*.
- Home Office. (n.d.). *Counting Rules for Recorded Crime*. Retrieved November 5, 2012, from <http://www.homeoffice.gov.uk/science-research/research-statistics/crime/counting-rules/>
- Home Office. (2012). *New definition of domestic violence*. Retrieved from <http://www.homeoffice.gov.uk/media-centre/news/domestic-violence-definition/>
- Home Office. (2003). *Safety and Justice: the government's proposals on domestic violence*. London: Home Office.
- Howard, L., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: prevalence and interventions. *Psychol Medicine*, pp. 40: 881–93.
- Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009). *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*. London: The Henry Smith Charity.
- Hughes, K., Hungerford, D., Quigg, Z., Jarman, I., & Bellis, M. (2010). *The impact of the 2006 World Cup on Emergency Department assault attendances in Cumbria, Lancashire and Merseyside*. Liverpool: Liverpool John Moore's University.
- Humphreys, C. (2006). A Health Inequalities Perspective on Violence Against Women. *ESRC Research Seminar Series: Social Work and Health Inequalities Research*.
- Humphreys, C., & Regan, L. (2005). *Domestic Violence and Substance Use: Overlapping Issues in Separate Services, Final Report*. AVA.
- International Centre for Research on Women. (2009). *Estimating the costs and impacts of intimate partner violence in developing countries: a methodological resource guide*. Retrieved from International Center for Research on Women: <http://www.icrw.org/docs/2009/COV-Resource-Guide.pdf>
- Itzin, C. (2006). *Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Childhood Sexual Abuse*. Retrieved from Department of Health: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh
- Jasinski, J. (2004). Pregnancy and domestic violence: A review of the literature. *Trauma, Violence and Abuse*, 5, pp47–64.
- Johnson, M. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and situational couple violence*. Northeastern University Press.
- Khalifeh H, H. J. (2012). Intimate Partner Violence and Socioeconomic Deprivation in England: Findings From a National Cross-Sectional Survey. *American Journal Public Health*.
- Kimmel, M. (2002). "Gender Symmetry" in Domestic Violence: A Substantive and Methodological Research Review. *Violence against Women* 8(1), pp. 1332–63.
- Krug E, D. L. (2002). *World report on violence and health*. World Health Organisation.
- Lancashire Constabulary. (2012). *Lancashire Community Safety Strategic Assessment*. Preston.
- Lancashire County Council. (2012, 8). *Civil partnership numbers in Lancashire and workplace equity*. Retrieved 11 9, 2012, from Lancashire Profile: <http://www.lancashire.gov.uk/corporate/web/?siteid=6120&pageid=38720&e=e>
- Lancashire County Council. (2009). *Employment and Disability from the Annual Population Survey*. Retrieved 11 08, 2012, from Lancashire Profile: http://www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/main/disabilityaps.asp
- Lancashire County Council. (2011, May). *Ethnicity*. Retrieved November 5, 2012, from Lancashire Profile: <http://www.lancashire.gov.uk/corporate/web/?siteid=6120&pageid=35461&e=e>
- Lancashire County Council. (2012, 08). *Homeless and in priority need 2011/12*. Retrieved 11 19, 2012, from Lancashire Profile: <http://www.lancashire.gov.uk/corporate/web/?siteid=6118&pageid=35440&e=e>
- Lancashire domestic abuse service user. (2012, 10). Lancashire domestic abuse service user consultation. (H. Cooper, Interviewer)
- Litherland, R. (2012, August). The health visitor's role in the identification of domestic abuse. *Community Practitioner* 85(8), pp. 20-3.

- Lloyd, S., & Taluc, N. (1999). The effects of male violence on female employment. *Violence Against Women*, pp. 5:370–392.
- MADE. (2012). *Domestic Abuse Report*. Retrieved October 2012, from Safer Lancashire: www.saferlancashire.co.uk/MADE
- McGarry, J. e. (2011). The impact of domestic abuse for older women: a review of the literature. *Health and Social Care in the Community*, pp. 19(1), 3–14.
- McGarry, J. e. (2011). The impact of domestic abuse for older women: a review of the literature. . *Health and Social Care in the Community* 19(1), , pp. 3–14.
- McNeal, C., & Amato, P. (1998). Parents' marital violence: Long-term consequences for children. *Journal of Family Issues*, 19, 123-139.
- Mezey, G., & Bewley, S. (1997). Domestic Violence and Pregnancy. *British Medical Journal*, 314, 1295.
- Murphy, C. (1994). Treating perpetrators of adult domestic violence. *Maryland Medical Journal*, 43: 877–83.
- Murphy, C., & Ting, L. (2010). The effects of treatment for substance use problems on intimate partner violence: A review of empirical data. *Aggression and Violent Behaviour*, 15: 325–33.
- Neria, Y., Bromet, E., Carlson, G., & Naz, B. (2005). Assaultive trauma and illness course in psychotic bipolar disorder: findings from the suffolk county mental health project. *Acta Psychiatrica Scand*, 111: 380–3. 2.
- Ní Bhrolcháin, M. (2005). The age difference at marriage in England and Wales; a century of patterns and trends. *Population Trends* 120 .
- NSPCC. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.
- Office for National Statistics. (2011). Census.
- Office for National Statistics. (2001). *Psychiatric Morbidity amongst adults living in private households*. ONS.
- Ofsted. (2012). *Lancashire Safeguarding and looked after children inspection*. Retrieved from Ofsted: <http://www.ofsted.gov.uk/local-authorities/lancashire>
- Quigg, Z., & al, e. (2012). *Effects of the 2010 World Cup football tournament on emergency department assault attendances in England*. Retrieved from European Journal of Public Health: <http://eurpub.oxfordjournals.org/cgi/reprint/cks098?ijkey=Nnz1mH6n33NNdDM&keytype=ref>
- Quilgars, D., Johnsen, S., & Pleace, N. (2008). *Youth homelessness in the UK*. London: Joseph Rowntree Foundation.
- Radford, L., & al, e. (2011). *Child Abuse and neglect in the UK today*. London: NSPCC.
- Richards, L. (2004). *Getting away with it': a strategic overview of domestic violence sexual assault and 'serious' incident analysis*. London: Metropolitan Police.
- Richardson, J., Coid, J., Petruckevitch, A., Chung, W. S., & Moorey, S. &. (2002). Identifying domestic violence: cross sectional study in primary care. *British Medical Journal*, 324. 274-277.
- Roustit, C., & al, e. (2009). Exposure to interparental violence and psychosocial maladjustment in the adult life course: Advocacy for early prevention. *Journal of Epidemiology and Community Health*, 63, pp563–568.
- Saunders, D. G. (2002). Are physical assaults by wives and girlfriends a major social problem? . *Violence Against Women*. 8 (12), pp. 1424-1448.
- Saunders, D. G. (2002). Are physical assaults by wives and girlfriends a major social problem? *Violence Against Women*. 8 (12). , pp. 1424-1448.
- Schumacher, J. A., Feldbau-Kohn, S., & Smith Slep, A. &. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behaviour*. 6 (2-3). 281-352.
- Sivarajasingam, V., Corcoran, J., Jones, D., Ware, A., & Shepherd, J. (2004). Relations between violence, calendar events and ambient conditions. *International Journal of the Care of the Injured*, vol. 35, pp. 467 - 473.
- Smith, K., Coleman, K., Eder, S., & Hall, P. (2011). Homicides, Firearm Offences and Intimate Violence 2009/10 (Supplementary Volume 2 to Crime in England and Wales 2009/10). *Home Office Statistical Bulletin* 01/11 .
- Soni-Raleigh, V. (1996). 'Suicide patterns and trends in People of Indian Subcontinent and Carribean Origin in England and Wales'. *Ethnicity and Health* 1 , pp. 55-63.

- Sousa, C., & al, e. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence* , 26, 111–36.
- Stonewall. (2009). *How many lesbian, gay and bisexual people are there?* Retrieved 11 9, 2012, from Stonewall: http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp
- Tollestrup, K., Sklar, D., Frost, F., & al., e. (1999). Health indicators and intimate partner violence among women who are members of a managed care organization. *Prev Med* , 29:431e40.
- Turn2us. (2012). *Benefit Changes*. Retrieved 10 2012, from Turn2us: http://www.turn2us.org.uk/information__resources/benefits/news_and_changes/benefit_changes.aspx?page=16619
- VicHealth. (2004). *The Health Costs of Violence: measuring the burden of disease caused by intimate partner violence*. Retrieved from Melbourne, Australia: www.women.vic.gov.au
- Vos, T., & al, e. (2006). Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bulletin of the World Health Organisation* , pp. 84, , pp739–44.
- Walby, S. (2004). *The Cost of Domestic Violence*. London: Women's Resource Centre.
- Walby, S., & Allen, J. (2004). Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. *Home Office Research Study 276* .
- Walby, S., & Myhill, A. (2001). Assessing and Managing Risk. In J. Taylor-Browne, *What Works in Reducing Domestic Violence?* London: Whiting and Birch.
- Walby, S., & Myhill, A. (2000). *Reducing Domestic Violence...What Works? Assessing and Managing the Risk of Domestic Violence. Policing and Reducing Crime*. London: Home Office.
- Wilcox, P., & Jones, H. (2011). Through the Lens of Gender: Domestic Abuse of Older Women in England and Japan. *International Perspectives in Victimology* 5 , pp. 2, 55-62.
- Womens Aid. (n.d.). *Domestic violence survivors*. Retrieved 2012, from Womens Aid: www.womensaid.org.uk/domestic-violence-survivors
- Womens Aid. (2004, 4 2). *Myths and facts about domestic violence and child contact* . Retrieved 11 9, 2012, from Womens Aid: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200020001&itemid=1126>
- Womens Aid. (2006). *What is the cause of domestic violence?* Retrieved November 6, 2012, from Womens Aid: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1275>
- Women's Resource Centre. (2008). *Violence Against women, health and the women's voluntary and community sector*. London: Women's Resource Centre.
- World Health Organisation . (2000). *Factsheet No 239*. World Health Organisation.
- World Health Organisation. (2009). *Changing cultural and social norms that support violence*. World Health Organisation.
- World Health Organisation. (2002). *World Report on Violence and Health*. Geneva: World Health Organisation.
- Yazdani, A. (1998). *Young Asian women and self-harm: Mental Health Needs Assessment of Young Asian Women in Newham' Newham Innercity Multifund and Newham Asian Women's Project*.

Appendix 1 – Legislation relating to domestic abuse

1. [Health and Social Care Act 2012](#), which puts clinicians at the centre of commissioning (including commissioning of domestic abuse services), frees up providers to innovate, empowers patients and gives a new focus to public health.
2. The [Crime and Disorder Act 1998 and 2002, 2011](#) revisions and [Police Reform and Social Responsibility Act 2011](#), places a duty on local authorities, police, probation, NHS and the fire service to work together to tackle crime and antisocial behaviour. They must demonstrate that they have done all that they reasonably can to prevent crime and disorder. This formal responsibility will be taken forward by Clinical Commissioning Groups and the Police and Crime Commissioner.
3. [Equality Act 2010](#) bans unfair treatment of people because of protected characteristics they have. The act specifically allows for single-sex domestic abuse services, under certain circumstances.
4. [EU Strategy for Equality between Women and Men 2010](#), represents the European Commission's work program on gender equality for the period 2010-2015
5. [The Forced Marriage \(Civil Protection\) Act 2007](#) offers protection to adults and children being forced into marriage and to offer protection for those who have already been forced into marriage.
6. [Children's Act 2004](#), aims to further improve children's lives and gives the legal underpinning to 'Every Child Matters: Change for Children'. It is recognised that children's chances of achieving the five outcomes of 'Every Child Matters' are adversely affected by the presence of domestic abuse.
7. [Domestic Violence, Crime and Victims Act 2004](#) made several provisions relating to victims witnesses and perpetrators of domestic violence including under section 9 established domestic homicide reviews on a statutory basis, creating an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This has been further extended in 2012 to include causing death or serious harm to a vulnerable child or adult.
8. [Education Act 2002 \(section 175\)](#), this requires school governing bodies, local education authorities and further education institutions to make arrangements to safeguard and promote the welfare of children.
9. [The Adoption and Children Act 2002](#) extended the definition of 'harm' to include 'impairment suffered from seeing or hearing the ill treatment of another' (section 120)
10. The [Housing Act 1996](#) and the [Homelessness Act 2002](#) provide a statutory scheme of help to victims who become or are likely to become homeless as a result of fleeing domestic abuse.
11. [UN Security Council Resolution 1325](#) (2000) required parties in a conflict to respect women's rights and to support their participation in peace negotiations and in post-conflict reconstruction.
12. [Children's Act 1989](#), aimed to ensure that the welfare of the child was paramount, working in partnership with parents to protect the child from harm.
13. [The Human Rights Act 1998](#), which enshrines the European Convention on Human Rights Act 1998.
14. [The Family Law Act 1996](#) allows the court to exclude from the home someone who is suspected of abusing a child within the home including a domestic violence perpetrator.
15. [UN Convention on the Rights of the Child 1989](#), all children should have the same rights with regard to their needs to survive, grow, participate and fulfil their potential.
16. [UN Convention on the Elimination of all Forms of Discrimination Against Women 1979](#), which states that the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields.