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VULNERABILITY AND RISK IN CUMBRIA.

**What
criminological
research tells
us about local
issues and their
impact.**

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EXECUTIVE SUMMARY

Cumbria is a region **characterized by contrasts**, featuring **affluent tourist areas alongside pockets of deprivation**. It is sparsely populated, encompassing diverse settings including rural, coastal, urban, and de-industrialized areas. Despite its relatively low crime rate, **crime remains a concern** due to its persistent impact on vulnerable communities and groups. Recent administrative changes have divided Cumbria into **two unitary authorities**, Cumberland and Westmorland & Furness, potentially **complicating service provision and exacerbating vulnerabilities**.

Understanding **the relationship between vulnerability, risk, and crime** is essential for developing effective community safety strategies. The case studies in this report examine the difficulties faced by **at-risk youth** in accessing services, the risks associated with digital behaviours among **young people**, the stigmatization of **HIV-positive residents**, the phenomenon of deaths of despair among **individuals with addictions**, and the impact of rurality on victims of domestic violence. The case studies underscore **the importance of addressing systemic issues to enhance community safety and resilience** in Cumbria.



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INTRODUCTION

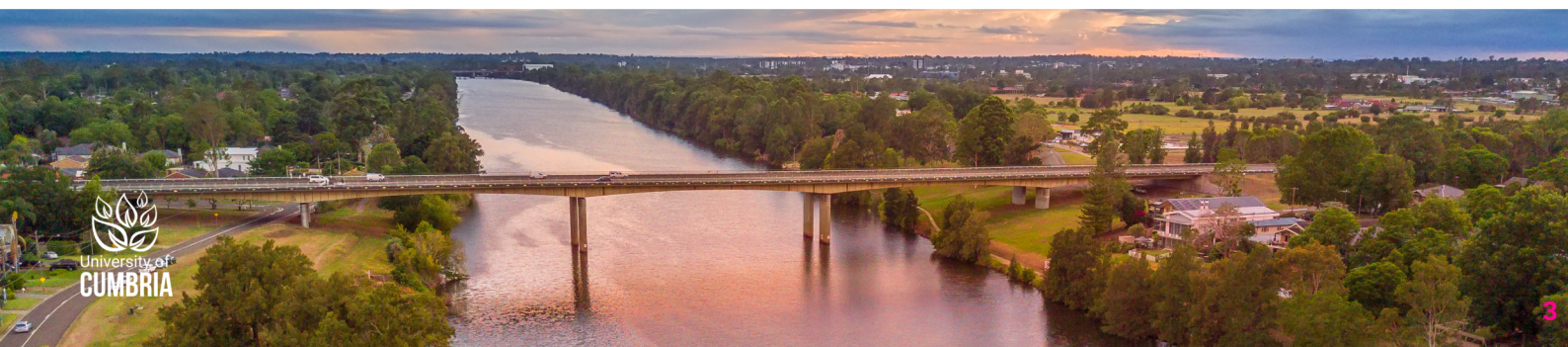
Cumbria is known for its contrasts: attracting tourists to some areas, and seemingly forgotten in others, creating wealth and built on latest technologies, as well as hosting pockets of deprivation. It is sparsely populated and geographically vast, comprising of rural and coastal communities but also urban and de-industrialised settings. **While crime is relatively low, crime remains an issue of concern due to its persistent impact on vulnerable communities and groups.**^[1]

Cumbria has a rapidly ageing population, which makes it more susceptible to fear of crime – a factor influencing wellbeing. Moreover, youth in remote and rural areas are known to be more vulnerable to specific forms of crime, including crime perpetrated digitally. Certain crimes may also be going unreported, or be under-reported, **due to the challenges of policing such a vast area.**

Recently, Cumbria has also undergone administrative changes, moving from six districts and single county council to two unitary authorities of Cumberland and Westmoreland and Furness. **This may present new problems to vulnerable groups, exacerbate vulnerabilities, expose people to further risks, or limit the presence of protective factors.** Provision of various services, but especially those that keep Cumbrian populations safe and connected, remains a challenge (ONS 2021).

With the division into two unitary authorities now a fact, we need to understand the impact of **fragmentation and synergies** of local services, while Policing, through both the Police, Fire and Crime Commissioner and Cumbria Constabulary, as well as other criminal justice provisions, functions across Cumbria's geographic region. Main access points to services are located primarily in Carlisle, Workington, Barrow, and Penrith.

[1] The movement of tourists and the crime issues resulting from this, not least in terms of wildlife and green crimes are an issue separate to this report.



INTRODUCTION

Over the past few years, academics and students at the University of Cumbria have created a wealth of knowledge about local populations, their vulnerabilities and risks related to crime, victimisation, and stigmatisation. Within the School of Justice, **we have been focusing on ensuring we keep a local lens to local issues**, knowing that Cumbria is in many ways unique.

In the following sections we look briefly at case studies developed in the School of Justice, in which these issues take centre stage.

Looking at the provisions for young people who are deemed 'at risk', **Ben Schwencke considers the geographic spread and difficulty of accessing relevant services**. Meanwhile, **Chris Baldwin looks at young people who engage in 'risky' behaviours in digital forms of intimacy**, which could potentially create a lasting, and criminal, record. But vulnerability and risks affect other groups – **Billie McNeill looks at the continuing stigmatisation of HIV positive Cumbrians and issues around access to healthcare**, while **Lula Mecinska draws on her work with Rob Ewin to consider the phenomenon of deaths of despair in people known to services**, but often overlooked by others due to active addiction and criminal involvement.

Finally, research by successive cohorts of our students **led by Lula Mecinska with the support of Carlyne James, considers the impacts of rurality on domestic violence and abuse victims**. What we hope to achieve by presenting these is a start of a conversations on how we can better support those who are affected by vulnerability and risk.

VULNERABILITY AND RISK IN CUMBRIA

Understanding the **relationship between vulnerability, risk, and crime is crucial** for developing effective strategies to enhance community safety and well-being in Cumbria. While for local government purposes the county is now split into two unitary authorities – Cumberland and Westmoreland & Furness – **some services are delivered based on a different division.**

Cumbria Constabulary covers both unitary authorities, as does Cumbria Youth Offending Service, and Cumbria Fire & Rescue Service, with a Cumbria Police, Fire and Crime Commissioner's oversight. Health services, and with them the provision on CAMHS, are **split along different lines**, with (North) Cumbria and North East falling under the North East and Yorkshire NHS, while Lancashire and South Cumbria belong to North West NHS.

Cumbria's rural and remote areas are characterized by unique socio-economic vulnerabilities that influence crime patterns. These areas often face economic challenges such as limited employment opportunities, lower incomes, and reduced access to essential services. Economic deprivation can lead to increased crime rates as individuals may resort to illegal activities out of necessity or frustration. Additionally, **rural isolation can contribute to underreporting of crimes**, making it difficult to address and mitigate crime effectively.



VULNERABILITY AND RISK IN CUMBRIA

Vulnerability is a complex phenomenon, lacking a single, conceptual definition across law and social sciences. Its use spans political discourse, mass media, and practitioner use (Misztal, 2011, Ewin, 2021). Increasingly, vulnerability is defined not as a stable condition, but rather as mutable across the lifespan of a person and predicated on access to services offered by the state (Fineman, 2010) and used across Law Enforcement and Public Health (LEPH) to identify those in need of these services (Enang et al, 2019). Within the context of criminal justice, it is ascribed to pertain in different ways to **potential and known victims, potential and known offenders** (Ewin, 2021), **and wider communities** (Green, 2012; Keel et al. 2024).

Vulnerability's twin concept is risk, or rather the plurality of various risks emerging from everyday challenges of contemporary life, its growing economic polarisation, speed of technological transformation, and a sense of climate and health insecurity. The 'risk' model of crime is predicated on restricting criminal opportunities, prevention of crime perpetration and of victimisation. The aim is often to **reduce the current and future costs of offending** and interventions are more typically applied at individual level. This has been criticised as fostering a focus on 'crime control' and at times limiting the provision of services to those in need only when it is seen as reducing crime (O'Malley, 2010, 2017).

In considering risk, **it is important to balance the perception of individual risk factors, which can lead to stigmatisation, with an understanding of systemic issues.** One of the challenges in Cumbria is the risk posed by demographic shifts and resulting social tensions (Stanberry 2024). One of those is the economic tension, brought to the forefront by the cost-of-living crisis, exacerbated by **gaps between highest and lowest income countries in Cumbria that are among the widest in the country.**

VULNERABILITY AND RISK IN CUMBRIA

Parallel with it is the generational tension, with Cumbria's rapidly ageing population creating issues for young families and younger people wishing to access care and services. We also need to consider **the ever-present tension based on divergent density, between rural and urban areas**, of which each has its own issues.

Rural isolation, insufficient infrastructure, and fragmentation of social services leading to obstacles in accessing education and employment, poverty, and social exclusion, **remain to be solved**. All of these point to a need to consider interventions that promote social well-being and community resilience, not simply crime surveillance and control. The case studies presented **showcase various facets of vulnerability and risk in Cumbria**, underpinned by an understanding of the social rather than individualistic nature of resilience and responses to risk.



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VULNERABLE AND 'AT RISK'. WHAT ARE THE BARRIERS TO AN EFFECTIVE YOUTH JUSTICE SYSTEM IN CUMBRIA?

Despite a decline in crime trends, 'youth crime' remains an issue often characterised in policy as a 'problem' (Case 2018). However, literature increasingly recognises that **young people who commit crime are far more likely to have been previously adversely affected, be it by deprivation, poverty, violence and abuse, or poor mental health** (Bui & Deakin 2021).

Research with professionals who work with 'at risk' young people in Cumbria (Schwencke 2022) points to various facets of social exclusion, which can take many forms, **affecting their potential and exacerbating their criminogenic needs**. Poverty, lack of meaningful connections, exclusion from community by labelling, but also geographic exclusion, are all seen to play a part.

RISKS FACTORS SEEN IN CUMBRIAN YOUTH



Most professionals highlight poverty, but even more so striking disparity in affluence across Cumbria, as one of the main identifiable risks, with interviewees describing the situation as **'either very well off, or very deprived, there doesn't seem to be like an in between'**.

RISK FACTORS SEEN IN CUMBRIAN YOUTH

- Economic Disparity
- Unrealistic Expectations
- Previous Victimization
- Education History and Exclusions
- Substance Use Disorders (SUD)
- Geographic Barriers to Service Access

RISKS FACTORS SEEN IN CUMBRIAN YOUTH

Children who live in poverty are more likely to become victims of crime (Earle, Hester and Taylor 2013), while previous victimisation may lead to emotional and behavioural difficulties. In turn, **this may lead to offending, locking youth from socioeconomically deprived areas in a cycle of victimisation and offending** (Muncie 2021). On the other hand, some young people experience unrealistic expectations, particularly on the West Coast, where it seems the ambition is to either have a high-paying job with Sellafield, or not work at all.



Previous victimisation and education history are also considered risk factors, further exacerbated by the fact that professionals have seen young people with learning issues and behavioural issues stemming from victimisation excluded from mainstream education. 'Acting out' is a possible coping mechanism and can lead to school exclusions for the young person. The Commission on Young Lives highlighted that among those entering the prison estate, **42% have a history of exclusion from school** (2022).

RISKS FACTORS SEEN IN CUMBRIAN YOUTH

The Office of National Statistics (2022) found that in 2021 Cumbria had over 3000 exclusions, over 2600 of which were from state-funded secondary schools. **ONS records also show that Cumbria had one of the highest rates of persistent absences in the country for 2022-23.**

There is a noted connection between victimisation and education problems (Odenbring, Johansson, Lunneblad, and Hammann 2015), with victimization leading to young person dropping out, increased likelihood of drug use and offending behaviour. Some coastal communities in West Cumbria as well as rural communities to the East of the county, were seen by professionals to carry the additional burden of substance use disorders (SUD) – **mainly alcohol and drugs.**

However, much of the existing support is limited to the larger towns, like Workington, Barrow, or Carlisle. This presents a barrier: **'a young person living in a rural area away from Carlisle has two bus routes that are not regularly timed'** – this means that if they want to access services, they have to spend much of their day travelling. The same, however, applies to some professionals' ability to meet with the young persons.



BARRIERS TO DELIVERY

In Cumbria and elsewhere a mixture of statutory bodies and non-governmental organisations (NGOs) deliver many of the programmes **aimed at reducing offending**, including through inclusion and community measures, however, there are **multiple barriers** to delivering those (Abrams, Moreno and Harrikari 2019). Among those, the impacts of rurality can hinder the support that professionals can provide. It also affects other aspects of young people's lives, and sometimes results in the young person **feeling isolated**.

Availability of funding was mentioned in interviews, with DWP, Youth Futures Foundation, but primarily legacy European Union funding, seen as main sources. At the same time, each of those was seen to **potentially place restrictions** on the types of activities that could be delivered. Multi-agency and inter-organisation cooperation was the biggest issue for professionals seeking to support young 'at risk' people - **many organisations are very particular about whom they work with**, or confined to specific geography, whereby an organisation can cover specific areas of Cumbria but not others.

While poor mental health is a growing concern, there are areas in Cumbria which are left with **little or no support**. COVID-19 further exacerbated the feeling that many young people expressed, of not feeling **sufficiently connected** to their communities. To combat this, outdoor activities such as alpaca walking were devised, which seem to offer young people **opportunity to integrate**. Other forms of building inclusion involved community volunteering through gardening and social care activities, but also through arts projects.

BARRIERS TO DELIVERY

While local community-based interventions, especially those using sports and performance arts, are seen as some of the **most effective** (Morgan, Parker and Marturano 2020), it is the ability to deliver these in a county as diverse as Cumbria that presents issues. Some, (for example graffiti art) are dependent on **availability of suitable partnerships**.

WAY FORWARD

Professionals working with young people across Cumbria, note that the main needs revolve around career opportunities, education and infrastructure, mental health support, and recreational opportunities. Where work with those at risk of **offending behaviour** or those who are already known (open) to the system is coordinated primarily through the Youth Offending Service, its 40 staff across Carlisle/Workington and Barrow, and 15 volunteers in the community, answer only some of the needs.

Working with variously 'at risk' young people – those with lower risks and in need of **temporary support**, as well as those **already excluded from schools**, those who experience victimisation, young people in care and those at risk or already facing homelessness – professionals emphasise how 'patchy' provisions of support in the aforementioned areas impact on those most vulnerable. There is an **urgent need** to address these issues and provide a roadmap for future cooperation. The recent reorganisation into two unitary authorities, while a challenge, presents a unique opportunity to review ways of working.



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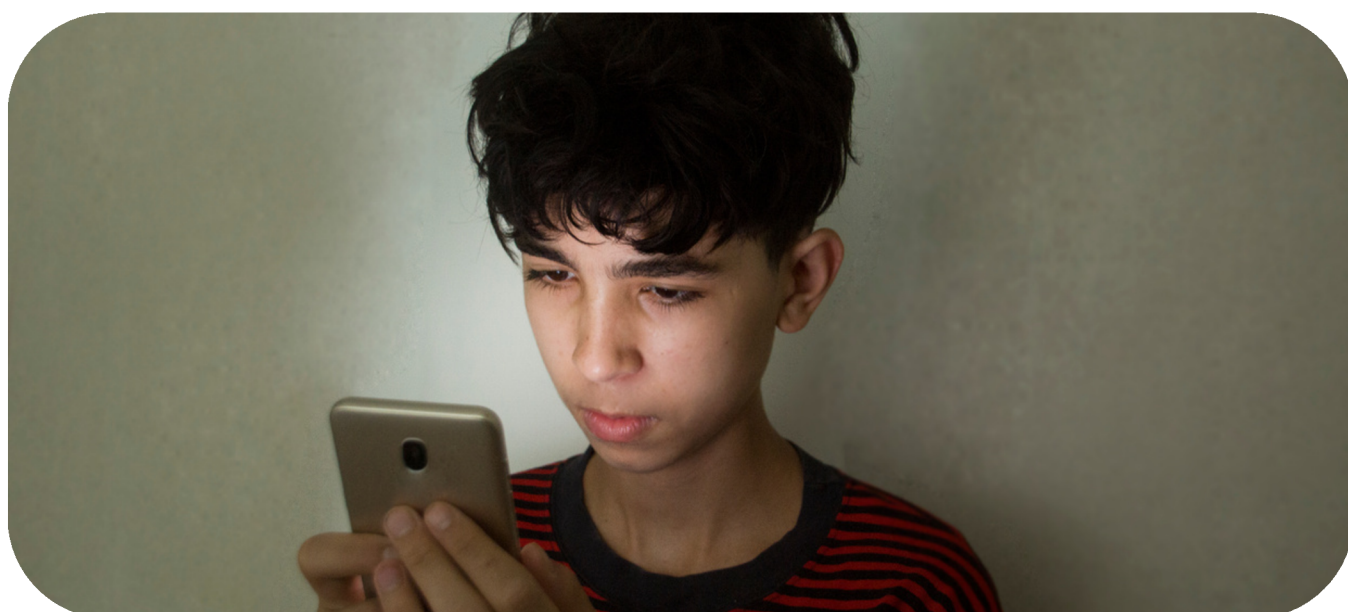
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RISKY BEHAVIOUR. LET'S TALK ABOUT 'SEX(TING)': YOUTH GENERATED SEXUAL IMAGERY AND IMPACT ON CRIMINAL RECORDS

Digital technology has revolutionised the ways in which we interact with one another. Things which only a generation ago might be considered 'science-fiction', such as near-instantaneous global messaging and high-definition digital file recording and sharing, are now part of our everyday 'science fact'. Messaging and files sharing digital applications have billions of users worldwide, allowing users to communicate with their 'social networks' through the mediums of text, audio, picture and video, or more often a combination of these.



RISKY BEHAVIOUR. LET'S TALK ABOUT 'SEX(TING)': YOUTH GENERATED SEXUAL IMAGERY AND IMPACT ON CRIMINAL RECORDS

The proliferation of digital communication technology has brought **undoubted benefits** – it is difficult to image, for example, how some sectors could have continued through the recent COVID-19 pandemic without the use of online collaborative software and mobile apps such as Snapchat and Signal. However, the ease by which we can share things with others has had other, less desirable consequences.

One such consequence is the sharing of 'youth generated sexual imagery' (UK Council, 2020) or 'sexting'. This section intends to examine the scale of the problem in Cumbria, appropriate responses to it and the impacts these can have on those involved in the short, medium and long term.



WHAT IS SEXTING?



Sexting is a media-originated neologism (Lee & Crofts, 2015) originally applied to adults arranging by mobile phone to meet for sex (Albury, Funnell and Noonan, 2010) but which has evolved into the taking or sharing of sexual images or sexually worded text messages via a mobile phone or over the internet, including on social networking sites (Lee & Crofts, 2015). Consenting adults may engage in sexting as a form of digital intimacy, however **for youths it poses specific, often unrecognised problems.**^[1]

SEXTING AMONG YOUNG PEOPLE

- Adolescents lead smartphone adoption (Gillespie, 2013)
- Sexting normalized among youth (Europol, 2017)
- 20% of teens sexting (Lee & Crofts, 2015)
- Youth sexting at 15–40% (Ringrose et al., 2012)
- Common in 11–14-year-olds (Kennedy & Phippen, 2017)

SEXTING AMONG YOUNG PEOPLE

Modern smartphone technology, which has been adopted more readily by adolescents than any other social group (Gillespie, 2013) has seen a proliferation and normalisation of consensual sexting among young people, where **it is often seen as a form of 'pre-dating' or as a means of providing a partner with a 'sexy present'** (Europol, 2017).

Precise levels of sexting among young people are difficult to determine, but in the United States a 2008 study found that **20% of thirteen- to nineteen-year-olds surveyed had engaged in sexting** (Lee & Crofts, 2015). An NSPCC study in 2012 found that the prevalence levels in young people were **'between 15–40%'**, (Ringrose et al., 2012) while a 2017 study by Kennedy and Phippen found sexting occurring most frequently in children aged 11 – 14 years old and that such behaviour was **'a normal activity that most people took part in for just a bit of fun, without thinking about it or being deterred by the consequences'**.

THE DANGERS OF SEXTING

Notwithstanding the obvious problems associated with the generation and sharing of indecent images of children by or with adults, consensual child sexting is itself considered undesirable and harmful (Lee & Crofts, 2015) and something which **'should not be condoned'** (Arcabascio, 2010). Some are concerned that children may feel pressured into sharing explicit images with others even if they might not want to, effectively mitigating any 'consent' to them.

Moreover, images which are consensual at creation **may be used to coerce or humiliate the child who generated the image** where, for example, a relationship ends, or the image is shared with others.

THE POTENTIAL IMPACTS OF CONSENSUAL CHILD SEXTING

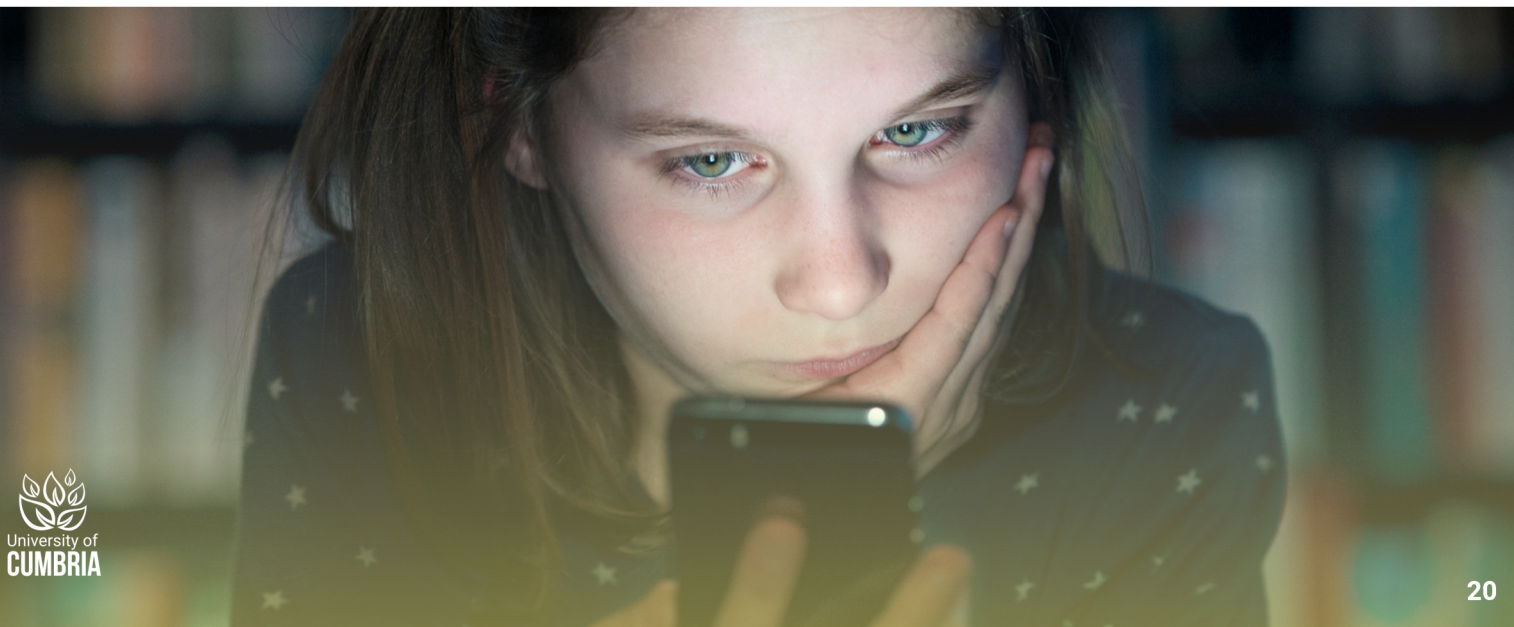
Consensual adult sexting is lawful, but consensual child sexting is not.

The taking, distribution or showing of a sexually explicit image of a child is a potentially serious offence with a maximum penalty of ten years imprisonment. The possession of a sexually explicit image of a child is an offence with a **theoretical maximum penalty of five years imprisonment.**

Subject to exceptions for children living together as partners or who are married, **the law defines a child as someone under aged 18 years.** This is despite the age of sexual consent in England and Wales being sixteen years. The legal framework which regulates such images is complex and there is a strong argument that technology has outrun the law in this area. It is also clear that many children do not know that they are committing any criminal offence.

CUMBRIA CONSTABULARY – AVAILABLE INFORMATION

It is often the case that, for **safeguarding purposes**, consensual child sexting instances are reported by schools and other concerned adults to the police. The police have a **discretion** to deal with such cases by a wide range of disposals.



CUMBRIA CONSTABULARY – AVAILABLE INFORMATION

Some police forces have prosecuted children for sexting offences, but this is rare and instead **non-prosecution outcomes are ordinarily used**. Between 2016 – 2018, Cumbria Constabulary did not prosecute any children in respect of consensual child sexting and instead dealt with these by ‘Outcome 21’. This is a special means for police to record that a consensual child sexting offence took place, that a suspect was identified but that **there was no public policy reason to prosecute**. Between 2016 – 2018, some 295 children were dealt with in Cumbria by ‘Outcome 21’ (What do they Know? 2023).

Official guidance warns that, although an Outcome 21 does not form part of a criminal record, there are concerns that, in individual cases, an Outcome 21 may form part of the discretionary material disclosure included on an Enhanced DBS Certificate. **In an unduly risk-averse vetting environment, this could have significant detrimental impact on the life-course prospects of the child involved.**

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VULNERABLE AND STIGMATISED. A FORGOTTEN COUNTY? MAKING A CASE FOR EMOTIONAL SUPPORT FOR PEOPLE LIVING WITH HIV IN CUMBRIA.

Over forty years have passed since the **first case of Human Immunodeficiency Syndrome was identified in the United Kingdom** (Du Bois et al, 1981). Today, approximately 38 million people are living with the virus (National AIDS Trust, 2022). Over **100,000 people** living with the virus are based in the UK (Flint et al, 2023).

Traditionally, **the virus was (incorrectly) associated with already stigmatised groups**, with those living with the virus forced to live with the impacts of overt stigma as well as the biological ramifications of living with a virus which, in the early years, attracted little interest with regards to **finding a cure**.

Intervening decades have, thankfully, been accompanied by **medical advancements** allowing people living with HIV to manage their condition. Importantly, the introduction of HAART (Highly Active Anti-Retroviral Therapy) (Eggleton et al, 2023) allows people living with HIV to **reduce their viral load to undetectable levels**, meaning sexual contact with partners is possible, as is childbirth.



BETWEEN UNDERSTANDING AND STIGMA

Dramas such as Channel 4's *It's a Sin* (2021) alongside educational campaigns have sought to **address the stigma associated with HIV infection**. Documentaries such as the BBC's *AIDS: The Unheard Tapes* (2022), would lead one to assume stigma was now resigned to history. Sadly, the **reality is very different**, with recent UK based evidence indicating that ignorance surrounding the virus continues to blight the lives of those living with it (Flint et al, 2023; Anderson and Fenton, 2022; Walker, 2019).

Positive messages, as well as the UK Government's commitment to eradicate new infections by 2030, **bely the insidious reality that stigma continues to blight lives, albeit perhaps in a less overt manner**. It would seem that even medical advances which allow levels of the virus in the blood (viral load) to be suppressed to such an extent it becomes undetectable – and therefore, untransmissible to sexual partners (Flint et al, 2023) **has not helped to eradicate the assumption** amongst some that people living with the virus are in some way **a potential danger** to others in the context of intimate relationships (Flint et al, 2023).

Therefore, despite medical advances, people living with HIV continue to bear the burden of a **'spoiled identity'** (Goffman, 1963) as a result of their diagnosis. Stigma is felt regardless of whether others are aware of an individual's status, and **this is felt across the UK** (Flint et al, 2023; National AIDS Trust, 2021) **as well as in Cumbria** (Blue Sky Trust, 2022). Those living with HIV suffer 'perceived' or 'internal' stigma, that is, real or imagined fear of **negative societal reaction and/or potential discrimination** should others be told of one's serostatus (Brown et al, 2003).

MAKING A CASE FOR IN-PERSON AND DIGITAL SUPPORT SERVICES IN CUMBRIA

There appears to be a lack of emotional support services aimed at groups living with HIV in the county of Cumbria. There is also **a woeful lack of published research on the lived experiences of people who live with the virus in the county**, though the Third Sector organisation, Blue Sky Trust, published a report amongst their own service users in 2022 which noted that stigma did impact their lives negatively, with participants suggesting that **attitudes had not evolved as much as one would hope** (Borthwick and Dillon, 2022; 16) – mirroring findings from national studies.

Research indicates that support specific to providing emotional support is **limited to two Third sector organisations**, both based in the North East, despite there were **321 new HIV diagnoses in the North West** in 2021 (12% of all diagnoses made in England). Eyes Open (2022) suggest that **one in 20 people living with HIV are unaware they have it and 60% of people are diagnosed late**. Although Cumbria has a low prevalence rate compared to other parts of the United Kingdom, those living with the virus **should not be forgotten**.



MAKING A CASE FOR IN-PERSON AND DIGITAL SUPPORT SERVICES IN CUMBRIA

Given the **stigma that continues to be associated with HIV**, it is curious there is a lack of focus on support services aimed at helping people living with the virus obtain emotional support. Research has revealed the benefits support services can offer, particularly when they are **peer led** (Positively UK, 2017; Hay et al, 2020; Shibemba et al, 2021).

Peer support is essentially support provided by people with similar lived experiences (Hay et al, 2020). The London based service, Positively UK, is **an example of good practice**, with online and in-person support provision aimed at a variety of groups – therefore acknowledging the fact that, for example, a woman's experience of living with HIV may be **very different** from the male experience.

Support can be practical, emotional, or informational (Cohen et al, 2000; Huh et al, 2014), therefore helping address the structural exclusion people living with HIV face. Despite the utility of peer led services, they are rarely offered within HIV clinics (Hay et al, 2020), which tend to focus more on the **biological impact of living with the virus as opposed to the emotional burden**. The National AIDS Trust (2016) note the impact of austerity on what services can be offered, with many Third Sector organisations offering a reduced service, or simply closing due to a **lack of funds**.



MAKING A CASE FOR IN-PERSON AND DIGITAL SUPPORT SERVICES IN CUMBRIA



Given that cost-cutting measures **continue to be a problem** across the public and third sector, digital support provision can act as a more cost effective option for the **provision of emotional support**. For example, the WhatsApp support group run by the 4M Network offers peer led support to Mothers living with HIV in the UK (Hay et al, 2020). That said, attention needs to be paid to **potential privacy concerns and individual costs of engaging in such services**, however there are benefits to be offered by such services, such as the provision of support and information for those who are unable or unwilling to attend in-person services.

A digital support option also **allows people with busy lives** to access support in a many which is not firmly time constrained (for example, messaging services such as WhatsApp are asynchronous, meaning there is no need to rely to a message **instantly**).

NEXT STEPS

Clearly, only so much can be inferred from this short review of the current information that exists on services designed specifically to support people living with HIV in Cumbria. **There is a need for recent qualitative work to take place** around the existence of stigma and its impact upon people living with HIV in the county.

Importantly, **it is impossible to design a service appropriately** unless people with lived experience are involved. For example, there may be a demand for a support service aimed specifically at women, or older people – **both groups who have historically being of less interest to researchers.**

Further, initial work would be able to ascertain not only demand, but exactly what support is needed, whether this be emotional, informational or instrumental. Although there are positive reports of digital support groups amongst stigmatised populations, **it should not be taken for granted that what works elsewhere will automatically work for a rural county such as Cumbria.**

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VULNERABLE AND UNPROTECTED. DEATHS OF DESPAIR IN CUMBRIA AMONG PEOPLE WITH SUD KNOWN TO SERVICES.

While preventable drug deaths in the UK remain high (ONS, 2021b), access to treatment is only **getting harder**. The lifting of pandemic restrictions has revealed a landscape in which many more people will require support from mental health services (Griffin, 2020; Masiero et al, 2020; Rutland-Lawes, 2021; MIND, 2021). Following the social restrictions being lifted, we also see **a pattern of broken or affected social ties**, with exclusion or **rupturing of social connections** linked with mental health comorbidities.

Cumbria's **sparse population**, areas of higher deprivation and social exclusion, with healthcare access is affected by features of rurality and access to transport, contributes to areas of **health poverty** (Bidmead, 2020).

VULNERABLE AND UNPROTECTED. DEATHS OF DESPAIR IN CUMBRIA AMONG PEOPLE WITH SUD KNOWN TO SERVICES.



Many people with drug dependencies are **particularly vulnerable** because of poverty, social exclusion, physical and mental health issues, which COVID-related disruption in access to services further exacerbated (cf. Marsden et al 2020). **'Lockdown'** restrictions, difficult access to healthcare, and societal changes in food behaviours and technology usage have been seen to impact people suffering from eating disorders (Branley-Bell & Talbot, 2020) and **exacerbated self-neglect** (LGA, 2021) seen in this population.

Furthermore, studies indicate that **pre-existing health concerns often increased anxiety and depression under COVID** (Shevlin et al, 2020). Pandemic-related delays in healthcare and in adult safeguarding concerns responses meant that the problems of those needing support became **more acute and complex** (LGA,2021).

DRUG DEATHS LINKED TO SUD IN CUMBRIA

Deaths related to drugs and alcohol are often seen as being the result of an **actively chaotic and purposefully destructive form of living**, the death being a foreseeable event following addictive behaviours (Nieweglowski et al, 2018; Sumnall et al, 2023). It often means that drug related deaths are seen as **self-inflicted, negligent, and often not grief-worthy** (Dyregov & Selseng, 2021), reflecting the **pervasive stigmatisation** of people with substance use disorders (SUD) (Atayde et al, 2020).



Some of these deaths have been described in literature as **self-injury mortality** (Rockett & Caine, 2020), as those who consume alcohol and drugs, often become unconscious and die from respiratory or cardiovascular shock. Increasingly, there is a possibility of blur in the distinction between **volitional and accidental, or unintended death** in people who develop an opioid use disorder (OUD) (Oqodeno & Volkov 2018).

DRUG DEATHS LINKED TO SUD IN CUMBRIA

A recent study in Cumbria carried out using a sample of drug related deaths revealed that **many of those were among people previously known to the police and other services** (Ewin & Mecinska, forthcoming) and recognised as vulnerable and at risk. Some were known to services as victims of abuse or domestic violence, while others have been linked to drug crimes. However, at a time when other health priorities are mounting and healthcare related surveillance shifted to pandemic issues, these people have rather **too easily slipped through the cracks** in the various safeguarding systems.

Furthermore, policing-based contacts may actively preclude safeguarding considerations for people who are vulnerable due to a substance dependency (Brewster et al, 2022). This highlights how **problematic** the notion of vulnerability is in practical applications (CoP, 2021; Bartkowiak-Théron & Asquith, 2020).

An analysis of the cases allowed the researchers to recognise a pattern in these deaths and group them in the category known in literature as **'deaths of despair'**. While they seem perilously relatable to those of suicide, they are nevertheless distinctly different, with the risk of death ever present, but the **intention of death seemingly absent** in each of the cases under analysis.



DRUG DEATHS LINKED TO SUD IN CUMBRIA

Because those who perished were known to services, it is important to understand them in the context of the person known to services and therefore **open to intervention**. And yet their preventability seems of low priority (cf. McPhee, 2021). In this sense, they reveal the precariousness of substance users' lives, as precarious or vulnerable due to social attitudes giving them **'no regard, no testimony, and ungrieved when lost'** (Butler, 2015).

Drug-related deaths remain among the five most common preventable causes of death in the United Kingdom (France et al., 2022).

Criminalisation related to drug use and supply connections could proscribe and prevent help-seeking. Those whose deaths have been analysed, were **known to professional services**, but monitored between police enforcement of drug laws and health services providing medication for the symptoms of drug use. This was not a coordinated effort, and changes in healthcare and policing during the COVID-19 pandemic seemed to have left these individuals unaccounted for. Their deaths highlight that **neither system adequately supports and safeguards people with addictive behaviours**.

One possible way forward is to **offer structured, desistance-focused, professional befriending**, offering a supportive presence in a regulatory system. Understanding the specific vulnerabilities of people with addictions also requires a continued commitment to disengaging a moralistic approach and **following the health model of addiction** (Gomes et al, 2021).

THE CHALLENGE

While enforcement responses might seek to disrupt drug trade, the effectiveness of criminalising users over a rehabilitative approach is debatable. Increasingly, and stemming from earlier austerity measures, **Police have been dealing with mental health and addiction issues, despite receiving little training** (Lane, 2019).

Zero-tolerance, abstinence-only programmes may heighten the risk of accidental overdose. Where the plan follows the pattern of introducing further policing-led health interventions alongside criminal sanctions it is **priming the service for failure**.

A change of public perception of lives lost to addiction as grievable is needed to open discussion about relevant interventions (Fraser, Farrugia, Dwyer, 2018).

We need to see the people who perished as victims, who often had a complex history of drug and alcohol consumption, addiction, disconnected family relationships, whose personal stories feature a history of domestic abuse, self-neglect, stigma, and exclusion. Their deaths not simply a result of personal problems, but of **systemic underfunding of agencies dealing with healthcare and community provisions**.



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REVISITING THE OTHER SIDE OF EDEN (ROSE 2019-2021): VULNERABILITY AND RISK IN THE CONTEXT OF RURAL DOMESTIC VIOLENCE

The former Eden District, roughly corresponding to the geographic area of the Eden Valley, is a significantly rural area with **the lowest population density in England**. The ONS notes that significant rurality may be an obstacle to accessing specialist services (ONS 2011) a concern that persists today (ONS 2023).

Published over 20 years ago, 'The Other Side of Eden' (TOSE) **uncovered the complexity of the situation** relating to domestic violence (DV) in the area (King & Warbrick 2001). The findings of this report were meant to serve local organisations, members of the Eden Forum Against Domestic Violence - to **improve the provisions for victims/survivors** (Rouncefield, 2012).



RURAL DOMESTIC VIOLENCE

Multiple studies suggest that **rural victims are at higher risk of domestic violence, characterised by increased severity, more frequent domestic homicide, and surrounded by ideas more conducive to domestic violence** (Strand & Storey, 2019). Comparisons with other countries suggest that geographical difficulties in accessing support are core obstacles in victims getting help (Tittlova & Papacek 2018, Gracia & Herrero 2006, DuBois, 2018, Peek-Asa, 2011).

This is particularly true of children and young people, who unlike adults are **specifically reliant on accessibility of services, proper recognition, and service involvement** (Carter 2003, Stalford, Balker, Beveridge 2003, Black, Scott, Shucksmith, 2018).

In Cumbria, poor public transport links and sparse population affect the mobility of victims (NCRC, 2019). Furthermore, the **victims are often incapacitated by the community embeddedness of perpetrators** and their own reluctance to be removed far from their networks of support (Bowstead, 2019).

Corresponding with King & Warbrick (2001), literature stresses the need to understand the impact of lack of anonymity and social cohesion in rural areas on victims (Sandberg, 2013; Eastman & Bunch 2007), or the seemingly pervasive reliance on family support **where community resources are lacking** (Kropp & Hart, 2015).

ROSE 2019-2021



The study carried out by successive student cohorts on University of Cumbria's undergraduate criminology programmes revealed **a complex local picture**. Cumbria overall had a strong level of compliance with the Victims' Code, which was positive.

A thematic analysis of policy documents indicated that a coordinated action was taking place to **improve the training and knowledge** of service providers.

ROSE 2019-2021

- Strong compliance with Victims' Code
- Key role of CTiC
- Challenges in service accessibility
- Schools as critical hubs
- Unseen victims persist

ROSE 2019-2021

Agencies were found to be recognising the **general vulnerability of the population** and a multi-agency group had been established to support coordination of work on domestic violence prevention, with children's needs increasingly recognised within the framework of statutory organisations. Significant support was available through organisations and charities in the area, most notably the Churches Together in Cumbria (CTiC) who delivered training on domestic abuse and **advocated for policy change**, and who have also commissioned research on the local extent of domestic abuse (Aune & Barnes, 2018).

Mapping of services demonstrated that the accessibility of Penrith or Carlisle-based domestic abuse services and charities, was **limited through decline in transport, while their telephone and online provision was also problematic**, due to 'patchy' coverage of telecoms services (Ofcom, 2022). The same led also issues with third party reporting through the NHS or GP services. Somewhat better was the situation with schools, where children witnessing domestic abuse were being better supported and **recognised by practitioners** (cf. Buchanan, 2019; Schwencke, 2021).

During the pandemic, schools became **hubs of information sharing**, as well as spreading awareness of alternative forms of connectivity for residents of Cumbria and were pivotal in sharing information about available support. Nevertheless, the problem of many victims potentially **remaining unseen** persisted.

WAY FORWARD FOR EDEN AND CUMBRIA

Recent studies and reports confirm ongoing issues with **accessibility to services in rural areas** (DEfRA 2022), including the geographic Eden Valley, and highlight the continuous need for improved training and resources for service providers to effectively support DV victims (Lewis et al, 2022, Barlow et al, 2022; Davies and Barlow 2024).

Based on the mapping local services and corresponding to the literature surveyed, **access to services remains mediated through ownership or access to telephones, both landline and mobiles, as well as access to public transport** (Averill, Padilla, Clements, 2008). However, Cumbrian transport experienced a notable decline (Lawler, 2018), with some lines serving the Eden area running seasonally (in the summer). This is improving somewhat with community transport initiatives, but much remains to be done (see also above).

Much of the DV services across Cumbria (Cumberland and Westmoreland and Furness), but especially in Eden, **focus on access to emergency housing**. Third sector organisations remain available in Carlisle and Workington for Cumberland, and Barrow and Penrith for Westmoreland and Furness. Recent studies, based on policing data (Lewis et al 2022) and interviews with frontline responders (Davies and Barlow 2024) highlight the persistence of issues uncovered in the successive waves of the ROSE project.



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CONCLUSION

Understanding the relationship between vulnerability, risk, and crime is crucial for developing effective community safety strategies in Cumbria. The case studies in this report highlight the challenges faced by at-risk youth in accessing services, the risks associated with digital behaviours among young people, the stigmatization of HIV-positive residents, the phenomenon of deaths of despair among individuals with addictions, and the impact of rurality on victims of domestic violence.

Recent studies highlight **persistent issues** and opening debate about these is crucial to considering effective interventions. Case studies confirm ongoing issues with **accessibility to services in rural areas** – for at risk youth, victims of domestic abuse, and for residents living with HIV. They also highlight the challenges of striking a balance between **policing and protection of vulnerable groups**.

These studies emphasize the need to address **systemic issues** to enhance community safety and resilience in Cumbria and stress the need for improved training and resources for service providers. The reorganisation into two unitary authorities **presents an opportunity to address these issues comprehensively and improve support for vulnerable populations**.



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