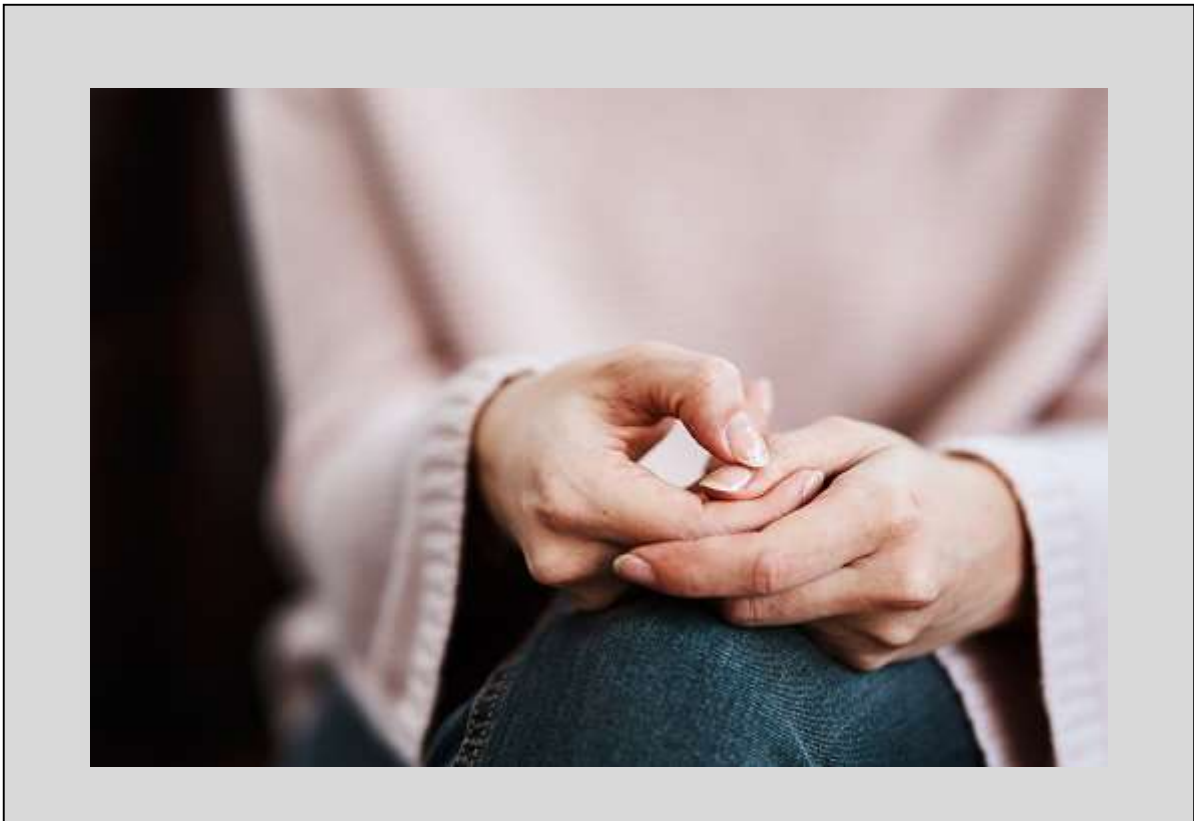


Domestic Abuse Needs Assessment

December 2021



Part of the JSNA



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Glossary of terms

AWS / UWS	Army Welfare Service / Unit Welfare Service
BAME	Black, Asian and Minority Ethnic Groups
CYP	Children and Young People
ChN	Child in Need
CP	Child Protection
CSC	Children's Social Care
CSEW	Crime Survey for England and Wales
CPS	Crown Prosecution Service
DA	Domestic Abuse
DACC	Domestic Abuse Conference Call
DASH RiC	Domestic Abuse, Stalking and Harassment and Honour Based Abuse Risk Identification Checklist
DHR	Domestic Homicide Review
DV	Domestic Violence
DVA	Domestic Violence and Abuse
DVDS	Domestic Violence Disclosure Scheme
DVPN/O	Domestic Violence Protection Notice/Order
FGM	Female Genital Mutilation
FM	Forced Marriage
SHBV	So-called Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Probation Services
IDVA	Independent Domestic Violence Advisor
IPC	Institute of Public Care
IPV	Intimate Partner Violence
ISVA	Independent Sexual Violence Advisor
IRIS	Identification and Referral to Improve Safety
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer (or questioning and others).
MARAC	Multi Agency Risk Assessment Conference
NPS	National Probation Service
NSPCC	National Society for the Prevention of Cruelty to Children
PH	Public Health
SV	Sexual Violence
SVA	Sexual Violence Assault
VAWG	Violence against Women and Girls
WC	Wiltshire Police
WCSB	Wiltshire Safeguarding Children's Board
WSAB	Wiltshire Safeguarding Adult's Board
WSCP	Wiltshire Community Safety Partnership

Background and definitions

Violence remains a major contributor to death, disease, and disability, as well as a host of other health and social consequences at a global level.¹ Domestic Abuse (DA) is a complex issue that presents a major public health issue, which cuts across all geographic and cultural groups. The impact on those living with its effects are long lasting and devastating. While some people are more at risk than others, DA can happen to any person at any time regardless of age, gender, race, sexuality, wealth, and geography.

In the majority of cases DA is perpetrated by a partner or ex-partner, but also by a family member or carer. It is very common. In most cases, it is experienced by women and is perpetrated by men.²

To effectively tackle this agenda it requires a sensitive, system-wide multi-disciplinary approach.

Domestic Violence and Abuse (DVA)

The United Nations (UN) have adopted the following definition for DVA.

*'A pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone.'*³

Wiltshire have adopted the 2013 cross-government definition for DVA as:

*"Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and / or emotional".*⁴

'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 pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This new definition was widened to include those aged 16-17yrs following government consultation.

At the time of reporting, the 2013 cross-government definition was being reviewed as part of the 2021 Domestic Abuse Bill Act.

1 WHO (2014) Global status report on violence prevention 2014

2 Women's Aid (2020) *What is Domestic Abuse?* (online) [What is domestic abuse? - Women's Aid](#)

3 UN (2020), *What is Domestic Abuse?* (online) [What Is Domestic Abuse? | United Nations](#)

4 Home Office (2013) Information for Local Areas on The Change to the Definition of Domestic Violence and Abuse report, p2

There are other agendas that cross-over with DVA, including:

So-Called Honour Based Violence/Abuse (HBV/A)

Defined as ‘an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial, or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community’s code of behaviour.’

The CPS seek to record any criminal offence of threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) committed as HBV/A. Cases would be prosecuted for the specific offence committed, e.g., common assault, GBH, harassment, kidnap, rape, threats to kill, murder. These crimes should be identified as "So-called honour crimes". Additionally, so-called honour-based crimes could include:

- Attempted murder
- Manslaughter
- Procuring an abortion
- Encouraging or assisting suicide
- Conspiracy to murder
- Conspiracy to commit a variety of assaults⁵

Forced Marriage (FM)

A forced marriage is when one or both persons have not consented to the marriage, or where duress has been a factor in their decision making. The duress put on a person could be physical or sexual violence, financial pressure, emotional or psychological abuse.

Prior to 16th June 2014 Forced Marriages were not a specific offence and existing legislation such as false imprisonment, kidnapping and offences of violence were used to prosecute perpetrators. Forced Marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014.

It is a criminal offence to:

- Coerce a party/parties into marrying without their consent, which would be prosecuted for the specific offence committed, e.g., harassment, kidnap, threats to kill; or
- After a forced marriage without the consent of one or both parties and where duress is a factor, which again would be prosecuted for the specific offence e.g., rape, sexual assault.

⁵ CPS, 2019, *So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases* (online) [So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/so-called-honour-based-abuse-and-forced-marriage-guidance-on-identifying-and-flagging-cases)

An arranged marriage is very different from a forced marriage. An arranged marriage is entered into freely by both people, although their families take a leading role in the choice of partner.⁶

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women. FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of new-born deaths.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death.⁷

Modern-Day Slavery

The Office of National Statistics (ONS) describes modern-day slavery as a serious crime being committed across the UK in which victims are exploited for someone else's gain. It can take many forms including trafficking of people, forced labour and servitude. Victims are often hidden away, may be unable to leave their situation, or may not come forward because of fear or shame.⁸

Modern Slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude, and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt-bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All these factors make it very difficult for victims to escape.

Parental Conflict

'Parental Conflict' is a relatively new concept when considering a child's health and wellbeing but increasing evidence of its effects on children have given the subject matter much needed attention. Conflict is a normal part of relationships. However, evidence shows that parental conflict puts children's mental health and future outcomes at risk when it is: **frequent, intense, and poorly resolved.**

Parental conflict can be triggered by life events, for example a new baby, financial and work pressures, poor mental health, alcohol/substance misuse, disability.

⁶ CPS, 2019, *So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases* (online) [So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases | The Crown Prosecution Service \(cps.gov.uk\)](#)

⁷ The WHO, 2020, *Female Genital Mutilation* (online) [Female genital mutilation \(who.int\)](#)

⁸ ONS, 2020, *Modern Slavery in the UK: March 2020* (online) [Modern slavery in the UK - Office for National Statistics \(ons.gov.uk\)](#)

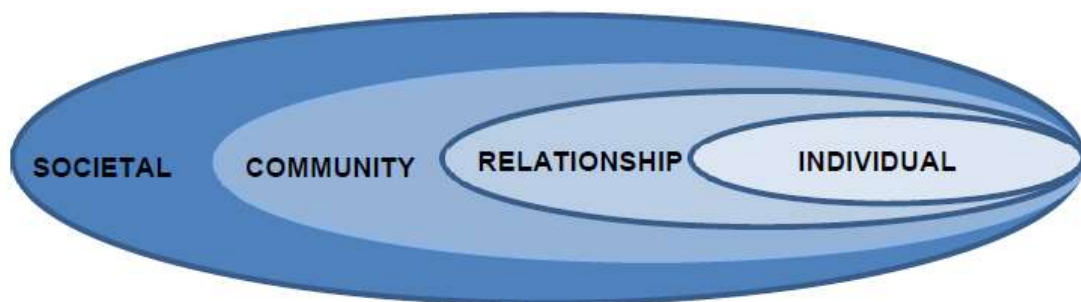
When addressing parental conflict in a relationship, practitioners are expected to continue to be vigilant and confident there are no indicators of domestic abuse, including coercive control and controlling behaviour.

Domestic Abuse and the Socio-Ecological Relationships

There is no single factor that explains why some individuals have an increased tendency for violence or why violence is more prevalent in some communities than others. Krug (2002)⁹ discusses that violence is the result of a complex interplay of individual, relationships, social, culture and environments factors. Having a greater understanding of the influence of these factors, are crucial in unpinning a collaborative response to the agenda.

The socio-ecological model (figure 1) was introduced in the late 70's in the context of child abuse and has more recently been used to understand intimate partner violence.

Figure 1 Socio-Ecological Model to understand the impact of Domestic Abuse



Individual level: encompasses biological, beliefs and attitudes, and personal history factors that influence an individual's likelihood of experiencing DSVA.

Relationship level: reflects how an individual's close social relationships influence the risk of DA

Community level: relates to the settings of social relationships, such as neighbourhoods, workplaces, organisations and schools, and characteristics of those environments that contribute to or protect against DA.

Societal level: refers to those underlying conditions of society that either encourage or inhibit DA.

The model considers the complex connections of the impact and risks of domestic abuse across four layers, which include individual, relationship, community and societal and it can be used to develop a framework for preventative interventions. This framework can help to promote the development of cross-sectoral policies and programmes by identifying links and interactions between different levels and factors.

⁹ Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano (2002). *World report on violence and health*. WHO.

Purpose, scope, and methodology

Purpose

Wiltshire's Domestic Abuse (DA) and Sexual Violence (SA) Strategy 2017-2020 set out the aims and ambitions for the DA agenda in Wiltshire. This strategy has now come to an end, and a new strategy is required to inform service planning and preventative initiatives based on evidence obtained through conducting a robust Health Needs Assessment (HNA).

In addition, national funding to expand and improve safe accommodation and support services for people affected by domestic abuse across England was announced in October 2020, as part of the Domestic Abuse Act 2021. The legislation includes new duties placed upon local authorities, including to meet the accommodation and support needs of domestic abuse 'victims and their children' through ongoing needs analysis, strategy development and implementation. The safe accommodation analysis and strategy will form an integral part of the overall HNA. Furthermore, it is timely to assess the impact of the COVID-19 pandemic, which this assessment will attempt to do.

At the time of reporting a stand-alone HNA and strategy for Sexual Violence was being undertaken.

Scope and methodology

This HNA is an epidemiological, corporate, and comparative needs assessment. It will be used to further the understanding of need around domestic abuse in Wiltshire and assess the impact of the COVID-19 pandemic. It will also underpin the commissioning of domestic abuse services for the county and be used to shape future strategy using evidence-based decisions.

The traditional model of epidemiological, corporate, and comparative healthcare needs assessment was developed by Stevens and Rafferty¹⁰. It will draw on three approaches:

- **Epidemiological:** Considers the size and severity of the domestic abuse issue
- **Corporate:** Considers the perceptions of the service users, providers, and commissioners
- **Comparative:** Identifies trends across years and looks at the comparison to other localities and national targets

This HNA aims:

- To understand and describe the population of Wiltshire.
- To understand and describe the risk and protective factors associated with domestic abuse and consider them in the Wiltshire context where possible.
- To understand and describe the prevalence of domestic abuse in Wiltshire.
- To understand and describe the impact of DA on victims and children.
- To understand and describe perpetrators of DA.

¹⁰ Stevens A. Rafferty J. Health Care Needs Assessment: The Epidemiologically Based Needs Assessment Reviews, Vol. 1. Oxford: Radcliffe Medical Press

- To assess the impact of the Covid 19 pandemic on victims and service demands
- To understand and describe the complexity of domestic abuse and its links to mental health, substance misuse, alcohol, and disability.
- To map current domestic abuse service provision and identify potential service gaps.
- To assess demand upon current services.
- To assess the safe accommodation provision in Wiltshire, in line with statutory guidance set out by government.
- To ensure the assessment informs and directs the strategic vision and future service design, linking in with the current contract arrangements.

Limitations of the data

Domestic abuse is a complex area, and the data can often be 'patchy' and unreliable. This is in part due to the complexity of the service provision and data collection. We have attempted to bring together multiple sources of data, with valuable local data helping to create a more comprehensive picture of domestic abuse in Wiltshire. However, as identified throughout the document, the data available is at times imperfect. The report aims to use the most recent data available at the time of reporting.

Key findings from the assessment

Contextual discussion about the key findings, sources of data and recommendations are available throughout this report.

National prevalence of domestic abuse

- Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured because of domestic abuse.
- Women aged 16-19 are more likely to be victims of domestic abuse.
- Seven women a month are killed by a current or former partner in England and Wales.
- 130,000 children live in homes where there is high-risk domestic abuse.
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse.
- In 2016/17 domestic abuse was estimated to have cost £66 billion.
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

Local prevalence of domestic abuse

- There were approximately 19,350 adults in Wiltshire who are projected to have experienced domestic abuse in 2019-2020. The actual number of Domestic Abuse incidents reported to Wiltshire police was 4121 (2019-2020), which is significantly lower. It equates to a prevalence rate of approximately 9 in 1,000 individuals who have reported DA. This is much lower than the recorded national prevalence rate of approximately 60 in 1,000 adults.

- Domestic Abuse incidences have steadily increased since 2016-17, this is not thought to be an increase in domestic abuse, but due to improvements in data recording methods.
- Over the past 2 years, police incident data of controlling and coercive behaviour has increased by 40% and stalking and harassment by 60%, which is due in part to improvements in police recordings and increased awareness of these types of abuse.
- Wiltshire is favourable when compared to regional and national figures. Within the South-West, Gloucestershire and Wiltshire have the lowest rates of domestic abuse related crimes recorded by the police.
- In 2019-20 there were around 20 FGM incidents recorded. The number is likely to be far higher due to under-reporting. Wiltshire compares favourably to the regional and national average.

Demand on services

- There has been an increase in demand for domestic abuse services over recent years which correlates with the rise in domestic abuse prevalence, for both medium and high- risk victims. This has been further exasperated by the COVID-19 pandemic, where locally, regionally, and nationally, the demand for domestic abuse services was the greatest it's ever been.
- In 2020-21 the volume of referrals for high-risk support to Splitz (819) had increased by 13% when compared to 2019-20 (710). Overall, referrals have increased by 12% since 2018-19.
- The number of referrals for medium-risk victims of DA has seen a 67% increase since 2018-19, with an 11% rise from 2018-19 to 2019-20 and 47% rise from 2019-20 to 2020-21.
- The highest volume of referrals into Wiltshire's Domestic Abuse Support Service have been from Wiltshire Police and Social Care over recent years. Wiltshire has the highest non-police referral rate regionally.
- Referrals from the military have seen the fastest growing number of referrals into domestic abuse services seen since 2017-18 (6 in 2017-18 increasing to 42 in 2020-21).
- In Wiltshire, the increase in demand for services has led to prolonged waiting lists for medium-risk victims and children, further exasperated by school closures, where support for children would mainly take place.
- Wiltshire's domestic abuse service (Splitz) has a good reputation in supporting victims, this was evidenced in an independent review undertaken in 2020 by Oxford Brookes. Several key recommendations for the service arose from this review and are discussed throughout the report.

Domestic abuse and the impact of COVID-19

- COVID-19 is not thought to have created domestic abuse; it is thought to have escalated cases. The pandemic gave perpetrators additional powers to control and abuse victims.

- Increases in demand for domestic abuse services was reported locally, regionally, and nationally. Increased demand for services has continued through to the end of 2021.
- During 2020 there was a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline.
- ManKind (a DA charity for men) saw calls to the helpline increase by 25% and visits to the website increase by 75% during the pandemic.
- Increases in Child and adolescent to Parent Violence and Abuse (CAPVA) were noted by agencies, 1500 referrals were made to Parental Education Growth Support (PEGS), who support parents experiencing CAPVA.
- Disruptions to the judicial system have caused significant delays in court processes.

Victim demographics

- In Wiltshire, 73% of reported incidences of DA are female and 27% are male, with only 7% of males accessing support services. Nationally there has been a significant increase in males seeking support during the COVID-19 pandemic.
- Young people (16-19) nationally make up the largest volume of domestic abuse victims, however, locally it is 26-35 year olds who make up the largest volume.
- Older people (aged 60+) are the fastest growing age group of those accessing support for DA in Wiltshire.
- The breakdown of ethnicity for victims in police incident data is unknown. There is an over-representation (when compared to Wiltshire demographics) of Black Minority and Ethnic (BAME) groups in perpetrator programmes and victims accessing safe accommodation support.
- Female victims were targeted mostly by their ex-spouse/partner followed by their spouse/partner which accounted for 43% and 33% of all occurrences. Victimization by the son had the third highest proportion of 6% (2018-20).

Children and young people experiencing domestic abuse

- Referrals for families into Splitz support service remained steady from 2018-2020. However, there was a significant rise in referrals in 2020-21 (607) when compared to 2019-20 (498).
- In 2020-21 the cases discussed at Wiltshire's Multi-Agency Risk Assessment Conference (MARAC) included 41 high risk victims who were pregnant (52 the previous year, 22 in 2018/19 and 15 in 2017/18).
- Domestic abuse was identified as a presenting factor in 36% (1396) of Children in Need (CiN) assessments in 2020-2021, it is the 2nd most common factor identified.
- The most common presenting factors in single assessments where DA is identified are parental Mental health and substance misuse.
- 45% of young people working with Wiltshire's Youth Offending Team were either witness to, victims or perpetrators of domestic abuse.

- There have been 4 domestic homicides since 2017, with one child victim and two child witnesses.

Response to Children and young people experiencing domestic abuse

- COVID-19 had a serious impact on children accessing support due to increased waiting lists and school closures.
- Referrals for families into Splitz support service remained steady between 2018 and 2020. There was a significant rise in referrals in 2020-21 (607) when compared to 2019-20 (498).
- In 2020-21 referrals for Whole Family Support (WFS) decreased by 41% (220) when compared to 2019-20. Engagement rates for WFS have also decreased over recent years.
- Children referred for independent support in 2020-21 increased by 31% (20) when compared to 2019-20. Although the engagement rate rose from 2019-20 (58%) to 2020-21 (65%), it remains much lower than when it was at its peak in 2018-19 (83%).
- 32% of young people engaged with YOT who were identified as being affected by DA went on to receive 'healthy relationships' and 'RESPECT' interventions.
- Referrals to a young person's IDVA nearly doubled in 2019-20 when compared to 2018-19. There has been a 10% increase in the number of young people supported who were closed as "needs met" and a noted downward trend in the number of repeat young victims.

Policing and the judicial system

- Major disruptions to court processes occurred due to the COVID-19 pandemic.
- Charged outcomes for DA have gradually decreased since 2016, this is in line with national figures. Convictions for DA offences have decreased year on year since 2018-19, with a 37% decrease when comparing 2020-21 (406) to 2018-19 (641). Prosecutions follow a similar pattern, with a year on year decrease since 2018-19.
- Between Dec 2018 and Nov 2020, 43.6% (6,083) of victims withdrew from investigation.
- The CPS VAWG report shows the south-west region has a higher than average conviction rate for DA offences nationally, with Wiltshire and Devon having the highest conviction rate compared to other south-west region counties.
- The volume of Domestic Violence Protection Notice/order (DVPN/O) applications remains low in Wiltshire, with a total of 39 applications made in 2019/20 and only 24 in 2020/21.
- Despite the low numbers, the conversion rate from DVPNs to DVPOs remains high, with a 100% conversion rate in 2020-21 (91% in 2018/19 and 87% in 2019-20).
- In 2020-21, there were a total of 374 Domestic Violence Disclosure Scheme applications received, an increase of 32% from the previous year. The volume of applications has increased year on year since its introduction.

Domestic abuse and perpetrators

- Female offenders accounted for 26% of all offenders, whereas males accounted for 74%. Both female and male offenders were usually between the ages of 26-35 years of age (2018-20)
- Perpetrators between the ages of 26-35 who already had a criminal record are more likely to commit domestic abuse – Alcohol was a leading factor in those that cause injury (2018-20).
- 4077 DA offences were committed in 2020-21, with only 112 referrals made to Wiltshire's 'Behaviour Change' perpetrator programme and 68 accessing support. Some of these offences will involve repeat incidences.
- 19 perpetrator offenders were made subject to the Building Better Relationships (BBR) Programme, with 5 completing the programme.
- Perpetrator programmes are under-utilised in Wiltshire and the long-term impact of such interventions is unclear.
- Work to prevent perpetration from happening in the first place in Wiltshire is a notable gap in provision.

Domestic abuse and complexity

- An independent review undertaken by the Institute of Public Care (IPC) at Oxford Brookes acknowledges a significant number of Wiltshire's DA Support Service (Splitz) clients have 'complex needs'.
- Mental health was the most concerning aspect of complexity and domestic abuse according to stakeholders who were interviewed for the review.
- Substance misuse and mental health in combination are considered the most significant and common combination of risk factors present in DA cases. Referrals from substance misuse and mental health services into DA services remains low in Wiltshire.
- Kent and Medway research undertaken evidence 20% (31 out of 160) of suicide cases were impacted by domestic abuse – female and male victims, CYP and perpetrators were among the cohort of those who took their own lives. Mental health and substance misuse were identified in some cases. There is limited data for DA and suicide in Wiltshire.
- In Wiltshire there are very low numbers of reported incidences of Forced Marriage (FM) and Female Genital Mutilation (FGM). In 2019-20, In Wiltshire there were around 20 FGM incidents recorded.
- CAPVA remains a 'hidden issue' due to under-reporting and lack of recognition of abuse. During the COVID-19 pandemic, Parentline saw an increase of 40% of calls by parents compared to previous years.
- In 2020-21 Wiltshire's Domestic Abuse Support Service received 98 referrals for CAPVA compared with 84 in the previous 12 months, this accounts for 5% of all referrals. Reports from the service suggest most cases were adult children (over 18 years) who abuse their parents with substance misuse, mental health and autism as the most common factors identified.

Domestic Homicide Reviews (DHRs)

- Two women a week are killed by a current or former partner in England and Wales alone.
- Sadly, since 2011 Wiltshire has undertaken 11 domestic homicide reviews, with 4 taking place since the previous needs assessment in 2017, one of which was a suicide.
- Wiltshire compares favourably to south-west comparators.

Stakeholder, victim, and perpetrator feedback

A range of engagement activities have been undertaken to gain the views of stakeholders, victims, and perpetrators.

- Concerns raised by stakeholders include meeting the increase demand on services and the impact this has had on both service users and service employees. An increase in complex cases, particularly those where substance misuse and mental health have been identified.
- Leading priorities identified for the DA agenda, include but are not limited to; Increased partnership working, ensuring inclusivity, trauma-informed approaches (for victims, children, and perpetrators), mental health, raising awareness and education, early intervention and reducing stigma.
- Complimentary feedback was received from victims of domestic abuse about the support they received. Additional mental health support and longer-term support were identified as gaps by victim service users.

Qualitative data from stakeholders, victims and perpetrators are presented throughout the report, as well as recommendations arising from the key findings.

Risk and protective factors¹¹

The review of risk and protective factors provided here will consider the main risk factors grouped into the levels outlined above. There are two recent systematic reviews that seek to identify the risk and protective factors for sexual violence and intimate partner violence, and much of the following discussion is based on the finding of these papers^{12,13}. Supplementary evidence is informed by the findings of a systematic, rapid evidence review of 15 publications carried out in late 2016 by Devon County Council¹⁷.

There are a wide range of risk and protective factors that operate at all levels of the socio-ecological model. These factors include non-modifiable factors such as gender and age, as well as modifiable factors such as acceptance of violence and harmful use of alcohol. There is substantial cross-over in the risk and protective factors and evidence of significant interaction between risk factors operating at different levels of the socio-ecological model. This suggests that broad, wide-reaching prevention strategies are likely to be most effective in tackling the root

¹¹ Source data: Centres for Disease Control and Prevention
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

¹² Tharp A, DeGue S, Valle L. A systematic qualitative review of risk and protective factors for sexual violence perpetration. , *Violence, Abus* Published Online First: 2013.<http://tva.sagepub.com/content/14/2/133.short>

¹³ Capaldi D, Knoble N, Shortt J, *et al.* A systematic review of risk factors for intimate partner violence. *Partner Abuse* Published Online First: 2012

causes of the problem. There are significant gaps in the evidence specifically relating to certain population groups who appear to have an increased risk of domestic abuse and violence. These groups include prisoners, military personnel, and LGBTQ+ groups. Furthermore, there is a lack of evidence in the UK regarding the risk factors in adolescent and young adult populations.

While the information is not yet available to facilitate the provision of a Wiltshire specific population profile of the distribution of risk and protective factors locally available evidence will be discussed under each subheading.

Individual Risk Factor

The table below illustrates some of the key factors associated with domestic abuse.

Table 1 show the individual level factors associated with domestic abuse perpetration and victimisation

Perpetration	Victimisation
Young age	Young age
Low education/low income	Low education/low income
Male gender	Female gender
Ethnicity	Ethnicity
Sexual abuse	Separated/divorced marital status
Stress	Pregnancy
Intra-parental violence	Intra-parental violence
Antisocial personality	Sexual abuse
Harmful use of alcohol	Mental disorder (anxiety, depression, post-traumatic stress disorder)
Illicit drug use	Harmful use of alcohol
Acceptance of violence	Illicit drug use
Unemployment	Acceptance of violence
Self-esteem	Exposure to prior abuse/victimisation
Past history of being abusive	Long term conditions e.g., disability, eating disorder

There is considerable crossover between factors associated with being a perpetrator or a victim.

Age:

Young age is consistently shown as a risk factor for perpetration and victimisation of domestic abuse. Although adolescent experiences of dating violence in the UK have not yet received the same degree of attention as in places like the USA, survey data from the NSPCC identifies partner violence in adolescent relationships as a significant concern for young people's wellbeing.¹⁴

Socioeconomic status, income education and employment.

Deprivation is a consistently reported risk factor for perpetration and victimisation of DA, with rates of reported incidents higher in more deprived areas and in the unemployed. However, there is conflict as to the relative contribution and robustness of income, education, and employment as individual risk factors.

¹⁴ Barter C, Mccarry M, Berridge D, *et al.* Partner exploitation and violence in teenage intimate relationships. Published Online First: 2009. www.nspcc.org.uk/inform

Furthermore, there are suggestions that socio-economic status may interact with other risk factors such as age and gender. In females, a low level of education is a risk factor for victimisation. It is thought that low education mediates its effect through reducing exposure and access to resources, and increased acceptance of violence and unequal gender norms. Furthermore, many of the observed associations between DA and SES are attenuated once more proximal factors such as alcohol intake, stress and relationship conflicts are controlled for.

In the Wiltshire context, as a country the region generally enjoys higher than average levels of educational achievement and income and lower than average levels of unemployment and socioeconomic deprivation. However, when looked at the sub-county level there are pockets of the region (e.g., Salisbury St Martin - Central) that perform lower than the national and county average in these factors.

Ethnicity:

There is some evidence that being a member of a minority ethnic group is a risk factor for DA; however, it is rarely the sole focus of a study. Furthermore, the bulk of the research is conducted in the USA and therefore generalisability to the UK is not known.

In the Wiltshire context the county has lower than national or regional average population proportions of ethnic minorities.

Childhood abuse:

Exposure to sexual and physical violence in childhood increases the likelihood of DA perpetration and victimisation in adulthood. It is hypothesised that early exposure to violence may increase violence acceptance in future relationships. A meta-analysis conducted in sex offenders also provides evidence for the role of sexual abuse history in increasing the risk of perpetration.

In the Wiltshire context as in the rest of the Country, it is hard to quantify or identify those who have suffered childhood abuse as it commonly goes unreported.

Stress:

There is evidence from cross-sectional studies that financial and work-related stress is predictive of DA perpetration. In the local context, this is a factor that is hard to quantify at a population level, but the risk can be assessed at the individual level.

Harmful use of alcohol:

Harmful use of alcohol has been shown to be strongly associated with the perpetration and victimisation of DA. It is hypothesised that alcohol is a risk factor for DA due to its disinhibitory effects on aggression. There is also evidence of interaction between harmful alcohol use and illicit drug use and an interaction with gender is also apparent with alcohol being associated with increased aggression in males more than females.

Antisocial personality:

Several longitudinal studies have explored the role of antisocial behaviour as a developmental risk factor for DA. There is evidence to suggest that the cluster of problem behaviours related to conduct problems and antisocial behaviour are a substantial risk factor for later DA involvement. Studies suggest that individuals with antisocial behaviour characteristics are more likely to disregard social norms and tend to become more aggressive.

Acceptance of violence, Exposure to intra-parental violence and past history of victimisation:

Attitudes to violence are correlated with both perpetration and victimisation. Males who believe it is acceptable to beat their wives have an increased risk of perpetration while women's acceptance of violence is also positively associated with experiencing abuse. Acceptance of violence may be driven by witnessing it from an early age or experiencing it in the past but much of the evidence around this is only based on retrospective reporting.

Mental disorder:

The evidence base for the role of mental disorder such as depression and anxiety in DA is mixed and suggestive of an interaction by gender. Results from one systematic review¹⁵ and meta-analysis suggest that the risk of experiencing DA is increased by more than 3-fold in women with depressive disorders, anxiety disorders and post-traumatic stress disorder compared to women without mental disorders. Findings from an alternative review suggest that depressive symptoms are associated with DA perpetration and victimisation, with the effect apparently stronger for women than for men.

Pregnancy:

There is some disagreement in the literature as to whether the prevalence of DA and increases during pregnancy. In one review it was concluded that men with a history of violent or abusive behaviour were more likely to exhibit this behaviour in future relationships, especially during pregnancy.

Relationship Factors

At the relationship level there are several factors that can be identified as increasing the risk of DA. These are outlined in the table below. These are factors that cannot easily be mapped at the Wiltshire population level and so the discussion considers the factors in their broader context.

Table 2 shows the relationship level factor associated with domestic abuse perpetration and victimization

Perpetration	Victimization
Multiple partners/infidelity	Educational disparity
Low resistance to peer pressure	Number of children
Association with deviant peers	Association with deviant peers
Conflict/discord	Marital dissatisfaction/discord
Marital status	Marital status
Low Social Economic Status	Low Social Economic Status

15 Trevillion K, Williamson E, Thandi G, *et al.* A systematic review of mental disorders and perpetration of domestic violence among military populations. *Soc Psychiatry Psychiatr Epidemiol* 2015;**50**:1329–46. doi:10.1007/s00127-015-1084-4

Multiple partners/infidelity:

Men who report multiple partners are more likely to perpetrate DA and infidelity is also shown to be a risk factor for both perpetration and victimisation. Much of the evidence to underpin this finding has been conducted in low- and middle-income countries which may affect the generalisability of the findings to the UK.

Relationship status:

There has been much research on the role of relationship status on risk for DA with suggestions that marriage was a protective factor for DA. The evidence points towards separated women as being particularly vulnerable to experiencing DA

Association with deviant peers:

Association with deviant peers is a strong risk factor for a range of problem behaviours in adolescents particularly including delinquency and disruptive behaviour. This also appears to be true for DA with data from both cross-sectional and longitudinal studies demonstrating an association between involvement with aggressive peers and DA. High friendship quality in adolescence appears to offer protection against DA.

Relationship discord and dissatisfaction:

Marital or relationship conflict is a robust risk factor for DA, with higher levels of DA present in couples who have more frequent disagreements. Low relationship satisfaction is also shown to be a risk factor for DA in men and women but is thought to be mediated through relationship discord and conflict. There is also some evidence for an interaction between relationship dissatisfaction and problem alcohol consumption.

Community Factors and Societal Factors

In general, the evidence base for community level factors is weaker than for individual factors due to methodological difficulties in measuring factors at the level of the community or society. A summary of factors believed to be influential at the community or society level is given in the table below.

Table 5 shows the community and societal level factors associated with domestic abuse perpetration and victimization

Perpetration	Victimization
Community level factors	
Poverty	Poverty
Weak community sanctions	Weak community sanctions
Neighbourhood characteristics (poverty, unemployment, educational context, male literacy, acceptance of violence, high proportion of households that use corporal punishment)	Neighbourhood characteristics (high proportion of poverty, high proportion of unemployment, educational context high proportion of female literacy, acceptance of violence, low proportion of women with higher education)
School context (perceived school safety, school attachment, school bonding, and school economic disadvantage)	Social support
Rural living	Rural living
Alcohol outlet density	Alcohol outlet density
Societal level factors	

Traditional gender norms and social norms supportive of violence	Traditional gender and social norms supportive of violence
	Divorce regulations by government
	Lack of legislation on IPV within marriage
	Protective marriage law

Poverty:

While DA occurs in all socio-economic groups, women living in poverty are disproportionately affected by victimisation. Much of the research has been conducted in low and middle-income countries and the generalisability to the UK is not well known. However, poverty is known to be a cause of stress, frustration and a sense of inadequacy which may be contributing factors to the observed inequality. Wiltshire experiences below average levels of poverty but there are a few pockets of the county that do experience high levels of deprivation.

Rural living:

There is some evidence that rural living is associated with risk of perpetration and victimisation of DA. Much of the evidence is based on work done in the USA and more work is needed to identify how this may be relevant in the UK.

In the Wiltshire context this may be significant as much of the county is rural, and people may dwell in relatively isolated rural areas. The inequality may be exacerbated by poor access to services.

School context:

There is emerging evidence that school context may be a risk factor for DA in adolescent populations. For example, lower school bonding has been shown to be associated with both perpetuating peer and dating violence. However, there are suggestions that the influence of school context may differ by gender and may also interact with other factors such as deprivation and parental involvement.

Alcohol outlet density:

A recent review suggested neighbourhood factors such as alcohol outlet density to be associated with risk of IPV.¹⁶ The effect is hypothesised to occur through an increased number of alcohol outlets promoting problem alcohol use among at-risk couples. However, measurement of geographical data is difficult to determine, and more research is needed to understand how exposure to alcohol outlets may influence behaviour. This is an interesting factor to consider as unlike many others it can be influenced by local and national government policy.

Weak community sanctions and broader societal factors

This can refer to a lack of legal sanctions or moral codes of practice and these factors are shown to be associated with DA. In a comparison of 16 societies, those with the lowest levels of DA were those which had strong community sanctions against it. Community factors such as social support may also offer protection against DA. The extent to which beliefs in male sexual entitlement are entrenched in society is related to the likelihood of DA and other forms of sexual violence.

¹⁶ Cunradi CB. Neighborhoods, alcohol outlets and intimate partner violence: addressing research gaps in explanatory mechanisms. *Int J Environ Res Public Health* 2010;7:799–813. doi:10.3390/ijerph7030799

There is a lack of empirical evidence for the role of societal factors in DA in high income countries. One of the most consistently reported risk factors for perpetration of DA is traditional gender norms and male dominance within society. These factors interact with other factors at the level of the individual, relationship, and community to magnify issues.

Community and societal norms are unlikely to differ significantly from those in the rest of the county. Nationally there is an increased awareness of the issues around domestic abuse and a growing understanding that it is unacceptable. This national trend is likely to benefit Wiltshire.

Recommendations arising from this section:

- Ensure prevention strategies are broad and can encompass the wide spectrum of multi-level and interconnected risk and protective factors.
- Grow the evidence base around local risk and protective factors and consider qualitative work to research the societal and community factors which operate locally and could be used to focus prevention interventions.

Local health needs¹⁷

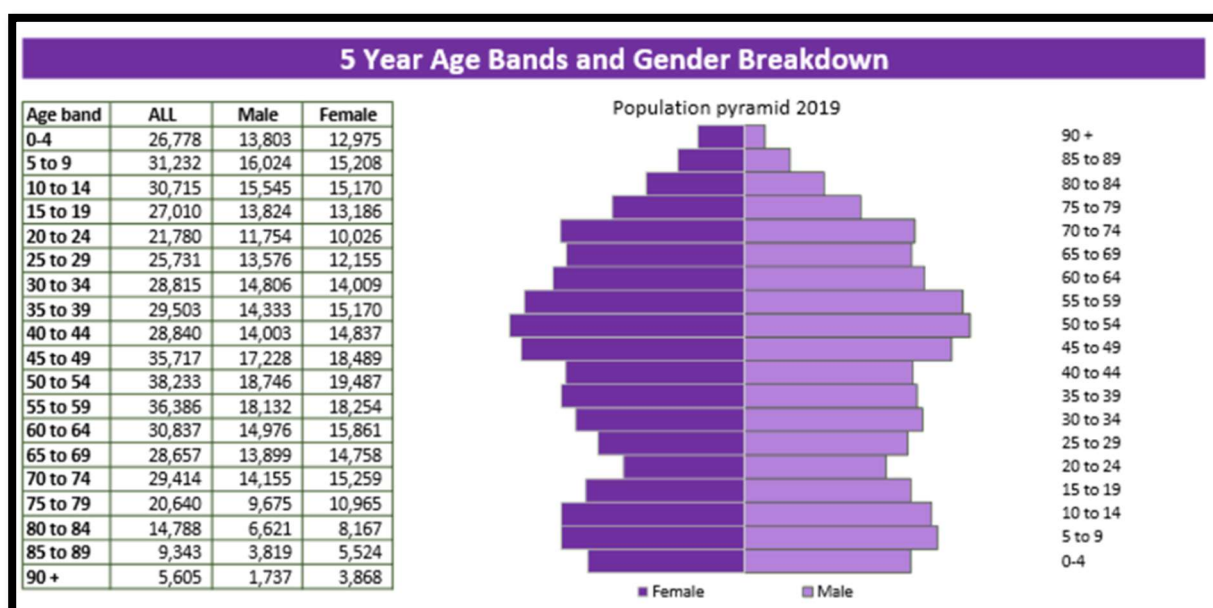
This chapter provides an overview of the Wiltshire population and considers the wider determinants influencing health and wellbeing.

Wiltshire demographics at a glance

- There are an estimated 500,024 people living in the Wiltshire Local Authority area, this is a 3% increase since 2015. There is a projected population increase to 528,100 by 2028.
- 51% of the population is female.
- Wiltshire is predominantly White British (93%).
- Between 2016 and 2030 it is estimated there will be a 41% increase in over 65s from 101,600 to 143,400.
- 20,775 people live in an area considered to be deprived.

¹⁷ Department of Public Health, Wiltshire Council, Bringing Evidence Together [Overview Wiltshire Intelligence](#)

Age and Sex Figure 2 shows the most recent population pyramid for age and sex in Wiltshire¹⁸



51% of the population in Wiltshire is female. In line with national trends, due to different life expectancies there are significantly more women aged 65+ than men. The age structure of Wiltshire is similar to the South-West region. However, Wiltshire has a slightly smaller proportion of 20 to 24 year olds, this may be attributed to young adults leaving Wiltshire to attend University in other areas. The majority of Wiltshire residents live in areas which are considered to be less deprived than many areas nationally. Overall, the population of Wiltshire is expected to grow by around 7% by 2030, this is not evenly distributed across the age bands, those aged 65 and over are expected to grow by around 40% while the working age population is expected to shrink by around 3%.

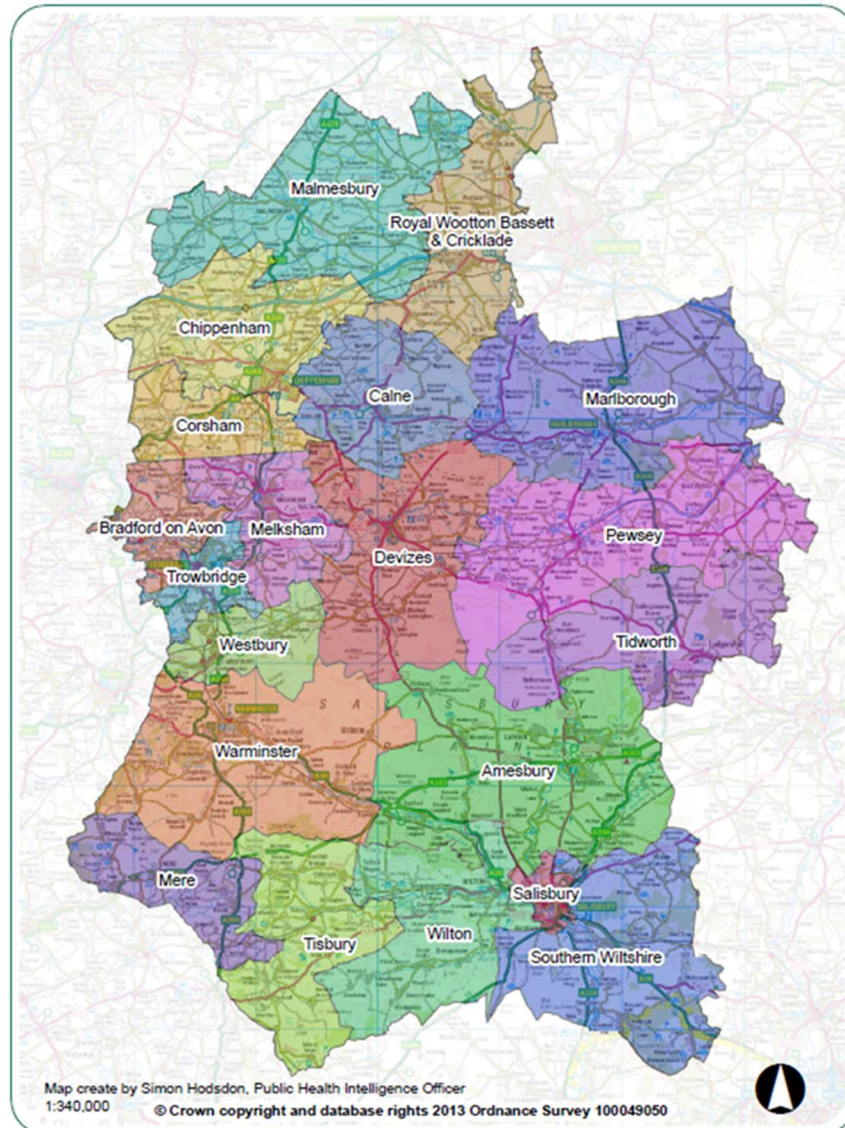
It is important to consider the aging population in Wiltshire as older people can be considered a 'hidden' group of DA victims.

¹⁸ Department of Public Health, Wiltshire Council, Bringing Evidence Together [Overview Wiltshire Intelligence](#)

Community areas

Within Wiltshire, the Council and local partners have identified twenty Community Areas, forming eighteen Local Area Boards. Wiltshire is a sprawling rural county. A map of the community areas is presented below.

Figure 3: Wiltshire geographical areas

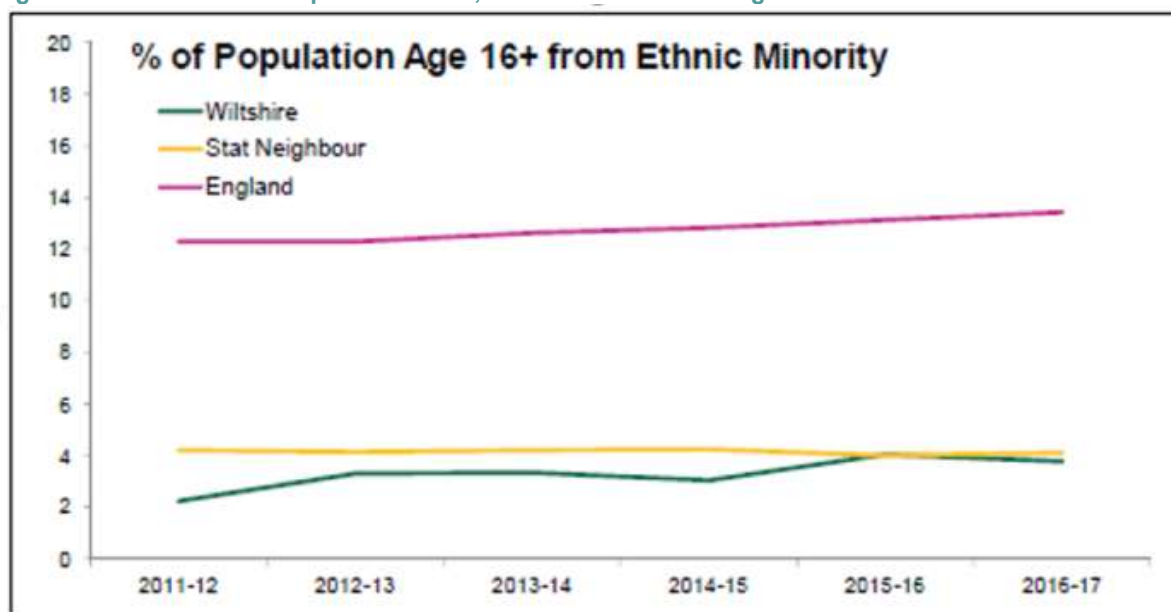


Wiltshire's rurality needs to be considered when planning DA services as this can be a barrier in accessing services.

Black Asian and Minority Ethnic Groups (BAME)

Ethnicity has been defined as “The social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry, and physical features traditionally associated with race”.¹⁹

Figure 4 shows BAME Groups in Wiltshire, the South-West and England



Wiltshire is predominantly White British (93%). Sufficient numbers of people in minority groups are often not present in Wiltshire to form recognisable groups. According to 2011 Census figures, ethnic minorities make up 6.6% of the population (31,256 people). Wiltshire has a lower proportion of ethnic minorities than the South-West region as a whole and a considerably lower proportion than for England as a whole. The proportion of the population from ethnic minority groups in Wiltshire has increased by 129% between 2001 and 2011 compared to 114% in the South-West and 74% in England. Obtaining accurate information on ethnicity between censuses is difficult and 2021 census data will not be available until March 2022.

At a national level it has been flagged that there are some specific risks associated with BAME groups including so-called honour-based violence, female genital mutilation and forced marriage, as well as barriers to accessing mainstream services including issues over cultural understanding, fears of racism and language barriers. Women’s Aid (2020)²⁰ argue that women from black, Asian or minority ethnic communities are likely to face additional barriers to receiving the help that they need. The national strategy has a strong focus on working with BAME populations.

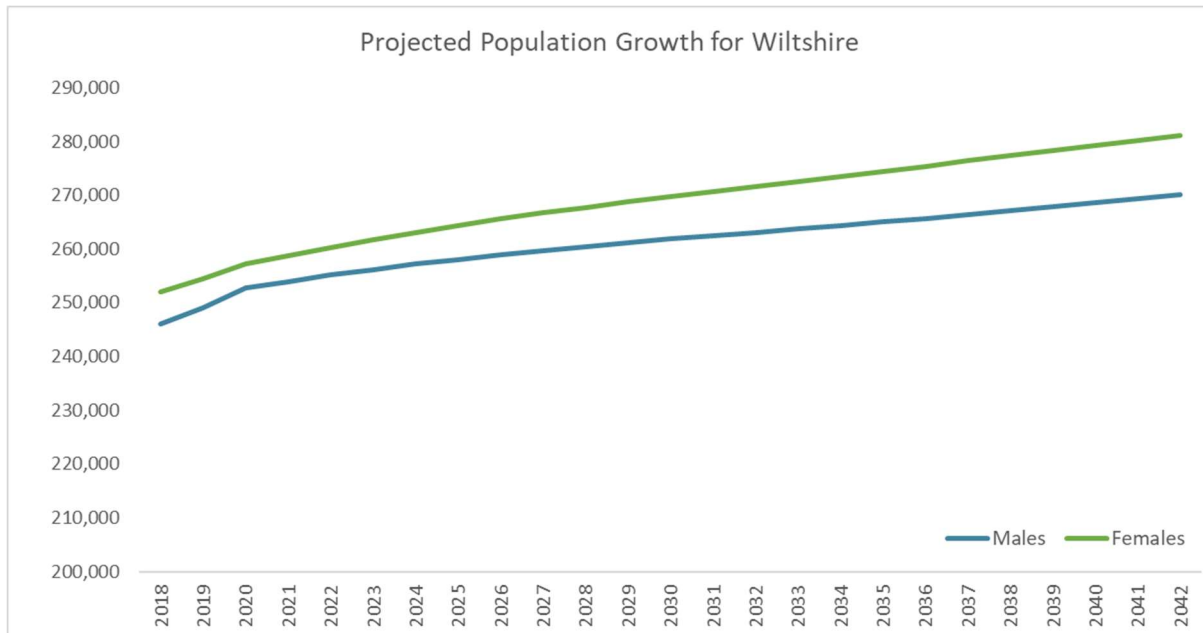
Although Wiltshire has a low BAME population, it is important for Wiltshire to consider this group to address inequality

¹⁹ Bhopal R. *Glossary of terms relating to ethnicity and race: for reflection and debate*. *Journal of Epidemiology Community Health* 2004;58:441-445

²⁰ Women’s Aid (2020) *Women from Black, Asian and Ethnic Minority Groups* (online) [Women from BME communities - Women’s Aid](#)

Projected Population Growth and the Military

Figure 5 shows Wiltshire's population trend between 2018 and 2021 and projections to 2042



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Over the next 25 years the population of Wiltshire is expected to grow by around 11%, an additional 53,000 people. This is illustrated graphically in figure 4.

As at the beginning of April 2020, 4% of Wiltshire's population are employed by the Ministry of Defence as either serving military personnel (16,500) or civilians (5,500). The steeper rise in male population between 2018 and 2021 reflects the impact of army rebasing. The ONS projections have not adjusted for accompanying spouses and children, and so are likely to be an underestimate of the true population.

The high proportion of military and ex-military personnel has an impact on the population composition, and rebasing will have a considerable impact on population growth over the next decade.

National and international research²² indicates that domestic abuse is a significant issue for military personnel and their families. There are various factors that influence why military families can be more affected by domestic abuse than the general population. These include:

- isolation of families on or near to bases;
- frequent house moves of military families disrupting support networks;
- the risk of losing the family home if the victim is not entitled to military housing in their own right;
- careers involving control and power may be attractive to perpetrators;
- the close-knit nature of the regiment or squadron and
- fears about the impact on a military career from reporting domestic abuse.

21 Source: Location of UK Regular Service and Civilian Personnel Annual Statistics 2020, www.gov.uk Please note: **The MOD population figures DO NOT include associated spouses and children**

22 MacManus, D. et al. 'Violent behaviour in UK military personnel returning home after deployment', Psychological Medicine, PMID: 22115074 DOI: [10.1017/S0033291711002327](https://doi.org/10.1017/S0033291711002327)

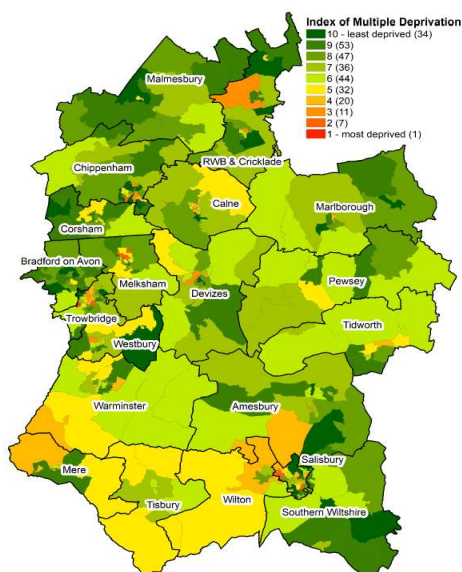
Deprivation²³

In terms of overall deprivation, Wiltshire is less deprived than many other local authority areas in England. Over 70% of local authority districts in England are more deprived than Wiltshire. However, one area (Trowbridge John of Gaunt - Studley Green) is in the most deprived 10% of LSOAs in England. When looking at specific domains of deprivation, Wiltshire's deprivation is considered high in the *Barriers to Housing and Services* domain, this can largely be attributed to the longer than average distance to services in Wiltshire. There have been minimal changes to Wiltshire's relative deprivation ranks since 2015.

Summarising deprivation at a local authority level necessarily conceals the variation within each of these large areas, which is why the Indices of Deprivation are intended primarily as small area measures. Figure... displays the LSOAs in Wiltshire by their national IMD decile. The numbers in brackets on the map legend are the numbers of Wiltshire LSOAs in each decile.

As a significant proportion of the Wiltshire population is military and there is rapid growth of this population group, it is important to consider the impact in the context of domestic abuse.

Figure 6 shows a map of deprivation in Wiltshire as of mid-2019²⁴



Although DA cuts across all geographical areas and social status, it is important to consider areas of deprivation. It is evidenced that mental health and drug and alcohol issues are more prevalent in areas of deprivation, and evidence shows these behaviours are intrinsically linked to DA incidences.

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²³ Department of Public Health, Wiltshire Council, *English Indices of Deprivation 2019: Wiltshire Report* (2019), [Indices of Deprivation - Wiltshire Intelligence](#)

²⁴ Department of Public Health, Wiltshire Council, *English Indices of Deprivation 2019: Wiltshire Report* (2019), [Indices of Deprivation - Wiltshire Intelligence](#)

²⁵ Jones, L. et al, Alcohol Research UK, *Understanding the Alcohol Harm Paradox*, 2015

²⁶ Barter-Godfry, S. et al *Domestic and Sexual Violence and Abuse: Tackling the Health and Mental Health Effects*, 2010

Healthy Life Expectancy

Healthy life expectancy is higher in Wiltshire than the South-West and England. However, even in Wiltshire healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy. Around 80% of life expectancy for both males and females is likely to be in a healthy state. However, this means that around 20% of life expectancy is likely to be in an unhealthy state. Healthy life expectancy is much lower for those in the most deprived areas in Wiltshire.²⁷

Understanding the size and structure of Wiltshire's population is fundamental for partners to have the ability to prioritise and deliver services efficiently.

Recommendations from this chapter:

- Use knowledge of the local demographic profile to inform service planning and prevention strategies. Particular attention needs to be paid to the local ethnic profile, the aging population, areas of deprivation and the need of the substantial and growing military presence.

The impact of COVID-19 on domestic abuse²⁸

This chapter provides an overview of the impact of COVID-19 from a national perspective. The impact from a local perspective is discussed throughout this report. Lockdowns during the COVID-19 pandemic and its social and economic impacts have increased the exposure of women to abusive partners and known risk factors, while limiting their access to services. Situations of humanitarian crises and displacement may exacerbate existing violence, such as by intimate partners, as well as non-partner sexual violence, and may also lead to new forms of violence against women.

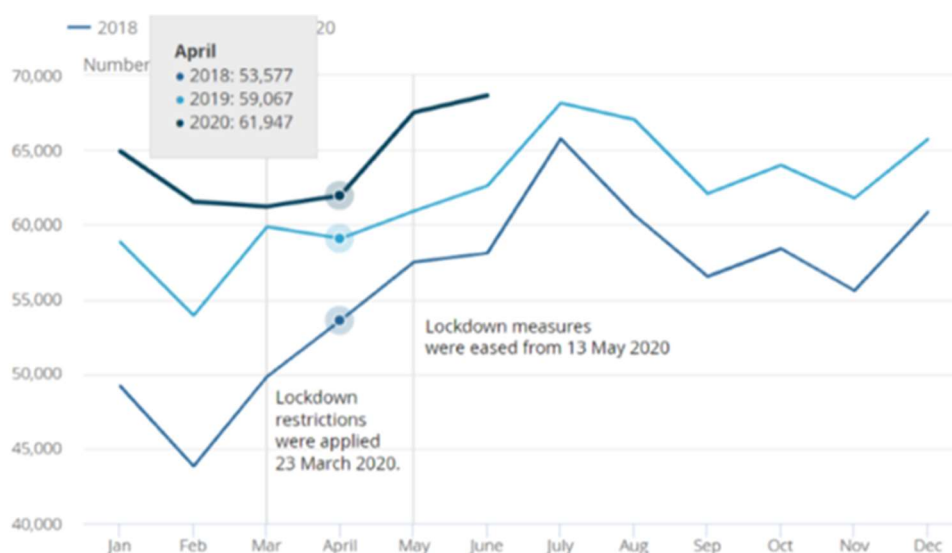
During the coronavirus pandemic there was a 7% increase in police recorded offences flagged as domestic abuse-related between March and June 2020 nationally, compared with the same period in the previous year; however, there has been a gradual increase in these offences over recent years, therefore it cannot be determined whether this can be directly attributed to the coronavirus pandemic. There was an increase in demand for domestic abuse victim support services, including a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline between April and June 2020, compared with the first three months of the year.

²⁷ Wiltshire Intelligence, Bringing Evidence Together [Demography and overarching indicators Wiltshire Intelligence](#)

²⁸ ONS, CSEW, Domestic Abuse IN England and Wales (ONLINE) [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](#)

Increases in demand for domestic abuse support were particularly noticeable following the easing of lockdown measures in mid-May, such as a 12% increase in the number of domestic abuse cases handled by Victim Support in the week lockdown restrictions were eased, compared to the previous week; this reflects the difficulties victims faced in safely seeking support during the lockdown. Increases in demand for domestic abuse victim services do not necessarily indicate an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms such as the ability to leave the home to escape the abuse or attend counselling.²⁹

Figure 7 shows the total number of offences (excluding fraud) flagged as domestic abuse-related by month, January 2018 to June 2020, England and Wales (excluding Greater Manchester Police) including a Covid-19 lockdown.³⁰



Domestic abuse-related incidences increased during the lockdown period, continuing long-term gradual increases observed in recent years.

Police recorded crime data show an increase in offences flagged as domestic abuse-related during the COVID-19 pandemic, however, there has been a gradual increase in police recorded domestic abuse-related offences over recent years as police have made improvements to how they record their data, it can therefore not be determined whether this increase can be directly attributed to the pandemic.

²⁹ ONS, CSEW, Domestic Abuse IN England and Wales (ONLINE) [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/domesticabuse)

³⁰ Home Office, Police Recorded Crime (Police recorded crime data are not designated as National Statistics)

COVID-19 may/will have influenced the following.

- Victims would have had fewer opportunities to escape abuse; and
- Limited venues open for victims to escape to
- Offenders could deliberately mislead their victims into believing false COVID-19 test results to manipulate their victim
- Perpetrators could refuse to wear face masks and use hand sanitiser to make their victim fearful
- Perpetrators having more opportunity for control over access to the internet and phone; and
- Further isolating the victim from friends and family

Although it is not thought domestic abuse incidences were caused by COVID-19, the pandemic has heightened the risk to individuals and impacted the severity of incidences. COVID-19 has highlighted the grim reality of domestic abuse and that for many victims, experiencing a 'lockdown' is part of everyday life with or without a pandemic. COVID-19 has been instrumental in raising awareness of DA at a local, national, and global level.

The impact of Covid 19 on victims, children and service demand at a local level is considered and discussed throughout this report.

Recommendations arising from this section:

- Further explore the short and long-term impacts of COVID-19 on H&WB, ensuring learning is considered for future strategy and service design

National Prevalence

Gaging national prevalence of domestic abuse is difficult. There is no reliable prevalence data on domestic abuse and underreporting is an issue. However, the Crime Survey of England and Wales (CSEW)³¹ is considered to offer the best data available. Data from the CSEW is referenced throughout this report.

Domestic abuse in England and Wales at a glance

- Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%).
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.
- Women are much more likely than men to be the victims of high risk or severe domestic abuse.
- Young people aged 16-19 are more likely to be victims of abuse.
- Younger people are more likely to be subject to interpersonal violence. The majority of high risk victims are in their 20s or 30s. Those under 25 are the most likely to suffer interpersonal violence.
- In the year ending March 2019, 1.6 million women experienced domestic abuse.
- Seven women a month are killed by a current or former partner in England and Wales.
- 130,000 children live in homes where there is high-risk domestic abuse.
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse.
- In 2016-17 domestic abuse was estimated to have cost £66 billion.
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

32 33 34 35 36 37

For the 12-month period to year ending March 2020, the CSEW survey showed that an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 757,000 men), a slight but non-significant decrease from the previous year. The police recorded 758,941 domestic abuse-related crimes in England and Wales (excluding Greater Manchester Police), an increase of 9% from the previous year; this continues an ongoing trend that may reflect improved recording by the police alongside increased reporting by victims.³⁸ However, this data does not cover the Covid-19 pandemic period.

31 The CSEW is a face-to-face victimisation survey in which people resident in households in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview

32 SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

33 ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)

34 SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

35 ONS (2019) Domestic abuse victim characteristics, England and Wales: year ending March

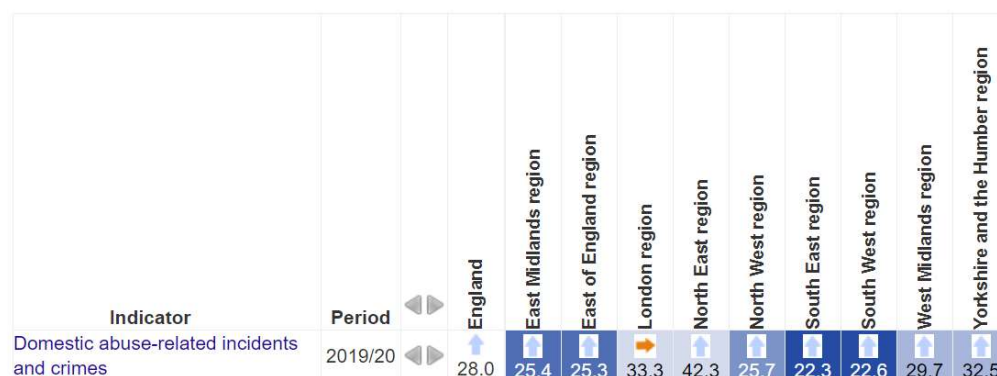
36 Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada

37 Oliver, R. et al (2019) Home Office Research Report, *The economic and social costs of domestic abuse 2019*

38 ONS (2020), *Domestic Abuse Overview in England and Wales: November 2020, 2020*, [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/domestic-abuse-in-england-and-wales-overview)

Comparison by geographical areas

Figure 8 shows Domestic abuse related incidents and crimes by England regions



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The South-West and South East regions compare favourably to all other regions in England. This may be attributed to the population density and rurality of these regions compared to others. All regions show an increase in DA related incidents, this does not necessarily mean an increase in cases, it may be attributed to improvements in police recording and increased awareness of DA.

Demographic profile of victim

According to the Crime Survey for England and Wales (CSEW) year ending March 2020 (not including the Covid-19 pandemic):

- An estimated 7.3% of women (1.6 million) and 3.6% of men (757,000) experienced domestic abuse in the last year. Under reporting means figures for both men and women are likely to be far greater than those recorded.
- Women aged 16 to 19 years were more likely to be victims of any domestic abuse in the last year than women aged 25 years and over.
- Adults who lived in urban areas were more likely to have experienced domestic abuse in the last year (6.0%) than those who lived in rural areas (4.2%)
- People of Mixed ethnicity were more likely to experience domestic abuse than people of White or Asian ethnicity in the year ending March 2019.
- Adults aged 16 to 74 years with a disability were more likely to have experienced domestic abuse in the last year than those without. This was true for both men (7.1% compared with 3.3%, respectively) and women (13.8% compared with 6.4%, respectively).
- Of adults aged 16 to 74 years, those who were unemployed were almost twice as likely to have experienced domestic abuse within the last year than those who were employed or economically inactive.
- Adults who were separated or divorced were more likely to have experienced domestic abuse compared with those who were married or civil partnered, cohabiting, single or widowed.

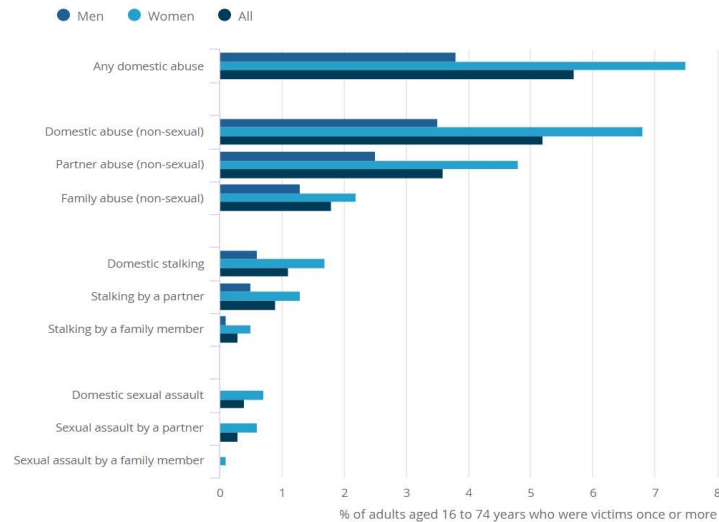
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39 Public Health Outcomes Framework (extracted 2020) (online) [Public Health Outcomes Framework - PHE](#)

40 ONS, *Domestic Abuse Overview in England and Wales: November (2020)* [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](#)

Sex and age

Figure 9 shows the prevalence of domestic abuse in the year ending 2019 for adults aged 16-74 years, by sex and type of abuse in England and Wales



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Of crimes recorded by the police, in the year ending March 2020, the victim was female in 74% of domestic abuse-related cases. Between the year ending March 2017 and the year ending March 2019, 77% of victims of domestic homicide were female compared with 13% of victims of non-domestic homicide. The overwhelming majority of female domestic homicide victims are killed by men; of the 270 female victims of domestic homicide for the year ending March 2016 to the year ending March 2018, the suspect was male in 260 cases. (ONS, 2019).⁴²

Domestic abuse is widely considered a gendered crime. Evidence⁴³ shows that women are at greater risk of being victims of DA than men and are significantly more likely to experience repeated abuse, physical injury or death compared to men.

There are important differences between male violence against women and female violence against men, namely the amount, severity, and impact (Walby & Towers, 2017; Walby & Allen, 2004).⁴⁴ Although evidence shows women are at greater risk of being victims of domestic abuse, men are considered a 'hidden' population of domestic abuse victims due to stigma and underreporting.

41 ONS, Domestic abuse victim characteristics (2019) (online) [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsandstates/articles/domesticabusevictimcharacteristics/2019)

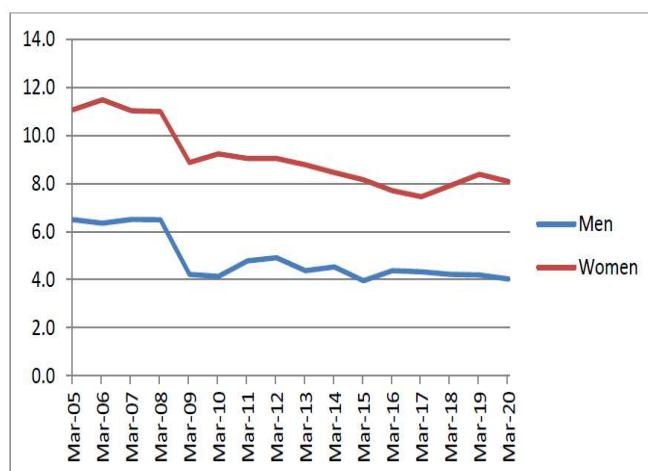
42 ONS, Domestic abuse victim characteristics (2019) (online) [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsandstates/articles/domesticabusevictimcharacteristics/2019)

43 Understanding Domestic Abusers: Gender and Intimate Partner Violence - Gender and domestic abuse - NYS OPDV

44 Walby, S. and Allen, J. (2004) Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey. Home Office Research Study 276. London: Home Office

Walby, S. and Towers, J. (2017) 'Measuring violence to end violence: mainstreaming gender', Journal of Gender-Based Violence, vol. 1, no

Figure 10 shows a relative narrowing of the gap between female and male domestic abuse incidences



Evidence obtained by ManKind charity show half of male victims (49%) fail to tell anyone they are a victim of domestic abuse and are two and a half times less likely to tell anyone than female victims (19%). ManKind saw calls to the helpline increase by 25% and visits to the website increase by 75% during the pandemic.

45 46

Increases in male victims of DA could be attributed to increased awareness of DA during the pandemic and/or risks heightened by the pandemic. As men are significantly more likely to perpetrate than women it is important to consider LGBTQ+ groups, as there is likely to be a hidden population of males within these relationships as victims and perpetrators. There is still little research into male victims, however, what we do know indicates the need to ensure preventative initiatives and service provision are inclusive.

The Violence Against Women and Girls (VAWG) CPS report shows that women aged 16-17 are more likely to be victims of domestic abuse. In 2018-19, from those defendants prosecuted where age was recorded, most defendants were aged 25–59 (78.8%) and 18–24 (16.9%).⁴⁷ This highlights the need to work closely with young women and men to raise awareness of DA and prevent perpetration.

There is no widely accepted prevalence data for elder (60+) DA incidences, Safelives estimate⁴⁸ that in the year ending 2016 approximately 120,000 individuals aged 65+ have experienced at least one form of abuse (psychological, physical, sexual, or financial). Although MARAC (Multi-Agency Risk Assessment Conferences) data does not include this age bracket, figures show that only 3% of victims aged 60 or over are accessing DA services. There is increasing attention on elder abuse at a national level.

45 ONS (2020) Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2020 (online) <https://bit.ly/3sQLIJT>

46 Brookes, M. (2021) Male victims of domestic abuse and partner abuse: 55 key facts, Mankind Initiative

47 CPS VAWG report 2018-19 (online) [Violence Against Women and Girls | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/vawg-report-2018-19)

48 Safe Lives (2016) *Older people and domestic abuse* (online) [Spotlight #1: Older people and domestic abuse | Safelives](https://www.safelives.org.uk/spotlight-1-older-people-and-domestic-abuse)

Children and young people

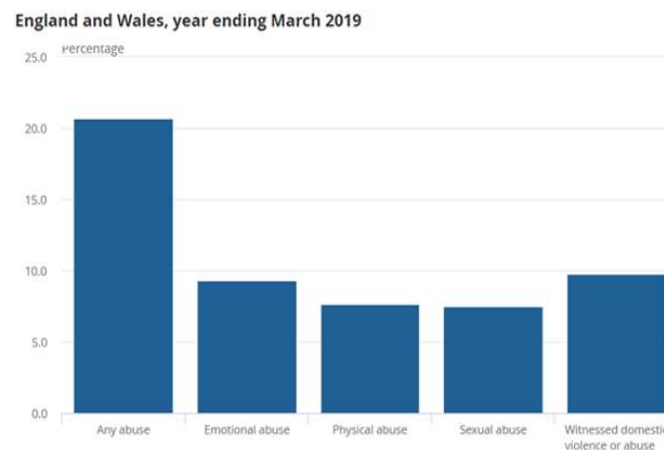
Witnessing domestic abuse is child abuse (NSPCC, 2020)

Some of the biggest victims of domestic abuse are the smallest (UNICEF, 2016)

49 50

The damaging impacts of witnessing domestic violence and abuse on children can cast a long shadow with inter-generational consequences sometimes leading to a repetition of abusive and violent behaviours (Guy et al, 2014).⁵¹

Figure 11 shows the most common types of child abuse⁵²



Data obtained through CSEW shows the most common form of child abuse is 'witnessing domestic violence or abuse', followed by emotional abuse.

National Prevalence at a glance - Children and young people

- One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. This is likely to be far greater due to underreporting.
- 61.7% of women in refuge on the Day to Count 2017 had children (aged under 18) with them.
- Domestic violence is the most common factor identified at the end of social care assessments for children in need.
- Between January 2005 and August 2015 (inclusive) 19 children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact (formally or informally arranged)
- Around half of adults (52%) who experienced abuse before the age of 16 years also experienced domestic abuse later in life, compared with 13% of those who did not experience abuse before the age of 16 years (CSEW, 2019).

49 NSPCC (n. d) (online) [How to Protect Children From Domestic Abuse | NSPCC](#)

50 UNICEF (2009) Behind closed doors: The impact of domestic abuse on children

51 Guy, J et al. (2014) Early intervention in domestic violence and abuse

52 CSEW (2019), *Child abuse extent and nature, England and Wales* (online) [Child abuse extent and nature, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

53 54 55 56 57

Children and the impact of Covid 19

Research shows children have been significantly impacted by Covid-19. An NSPCC briefing shows increases in the number of people calling about domestic abuse and an increase in child counsellor sessions. The briefing identifies the following as key themes of the contacts made;

- reduced access to support networks
- making it harder to speak out
- making it more difficult to leave
- drinking during lockdown
- exploiting fears about the coronavirus
- young people worried about other family members.

58

Between 23 March and 17 May 2020, the NSPCC helpline received 1,500 contacts about adults worried about the impact of domestic abuse on children. 58% of these contacts resulted in a referral being made to, or updated information being shared with, a local agency.

Between 23 March and 17 May 2020 Childline delivered over 500 counselling sessions to children and young people worried about domestic abuse. There has been an increase in the number of counselling sessions Childline has delivered about domestic abuse, rising from an average of around 50 a week earlier this year, compared to an average of around 65 a week since the government's stay at home guidance was issued (NSPCC, 2021).⁵⁹ Continued monitoring of the short-term and long-term impacts of COVID-19 and CYP are required.

53 Department for Education (2018) *Characteristics of Children in Need: 2018-2019* (online) [Characteristics of children in need: 2018 to 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/682217/Characteristics_of_children_in_need_2018_to_2019.pdf)

54 CSEW

55 Women's Aid (2018), *Women's Aid Annual Survey 2017* (online) [Women's Aid Annual Survey Reports - Women's Aid](https://www.womensaid.org.uk/resources-publications/womens-aid-annual-survey-reports-2017/)

56 Cafcass and Women's Aid (2017) *Allegations of domestic abuse in child contact cases*. London: Cafcass

57 CSEW (2019) *Child abuse and extent and nature, England and Wales* (online) [Child abuse extent and nature, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/childpopulationandfamily/childabuseandextentsandnature)

58 NSPCC (2020), *The impact of the coronavirus pandemic on child welfare: domestic abuse briefing* (online) [The impact of the coronavirus pandemic on child welfare: domestic abuse | NSPCC Learning](https://www.nspcc.org.uk/press-releases/2020/04/2020-04-20-nsppcc-briefing-the-impact-of-the-coronavirus-pandemic-on-child-welfare-domestic-abuse/)

59 NSPCC (2020) *The impact of the coronavirus pandemic on child welfare: domestic abuse* (online) [The impact of the coronavirus pandemic on child welfare: domestic abuse | NSPCC Learning](https://www.nspcc.org.uk/press-releases/2020/04/2020-04-20-nsppcc-briefing-the-impact-of-the-coronavirus-pandemic-on-child-welfare-domestic-abuse/)

Charging and prosecutions

In March 2019, a refreshed cross government strategy – Ending Violence against Women and Girls (VAWG) 2016–2020 – was launched, outlining updated actions the Government is taking forward. The Crown Prosecution Service (CPS) has an important role in a range of new Criminal Justice System (CJS) initiatives that contribute to the VAWG strategy.

National charging and prosecutions at a glance

- The total number of pre-charge decisions completed by CPS, following police referrals, decreased from 110,562 in 2017-18 to 98,690 in 2018-19 – a decrease of 10.7%.
- Of all legal pre-charge decisions completed (to charge, to take no further action or an out of court disposal outcome), the proportion charged decreased from 75.9% in 2017-18 to 74.3% in 2018-19.
- Of all pre-charge decisions, the proportion administratively finalised (cases where the police do not respond to CPS requests for additional evidence or reasonable lines of enquiry within three months) increased from 7.3% to 8.0%.
- Completed prosecutions decreased from 89,091 in 2017-18 to 78,624 in 2018-19 – a decrease of 11.7%.

60

Figure 12 CPS Domestic Abuse-flagged prosecutions by outcome 2014-15 to 2018-19 (latest figures) ⁶¹

	2014-15		2015-16		2016-17		2017-18		2018-19	
	Vol	%	Vol	%	Vol	%	Vol	%	Vol	%
Convictions	68,601	73.9%	75,235	74.5%	70,853	75.7%	68,098	76.4%	60,160	76.5
Non-convictions	24,178	26.1%	25,695	25.5%	22,737	24.3%	20,993	23.6%	18,464	23.5
Total	92,779		100,930		93,590		89,091		78,624	

Figure 12 indicates there has been a significant fall in prosecutions, while the conviction rate has remained stable. While convictions fell from 68,098 in 2017-18 to 60,160 in 2018-19 – a decrease of 11.7%, the conviction rate rose slightly from 76.4% to 76.5% – the highest rate ever recorded. Finally, the number of offences of controlling or coercive behaviour that were charged and reached a first hearing increased from 960 in 2017-18 to 1,177 in 2018-19. However, this may be attributed to an increase in controlling and coercive offences being recorded due to improvements in police recording methods.

Over three-quarters of domestic abuse-related CPS prosecutions were successful in securing a conviction (78%), a similar level to the previous year.

60 CPS VAWG report 2018-19 (online) [Violence Against Women and Girls | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/vawg-report-2018-19)

61 CPS VAWG report 2018-19 (online) [Violence Against Women and Girls | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/vawg-report-2018-19)

Table 1 shows the number of suspects referred by the police to the CPS for a charging decision 2014-15 to 2018/19⁶²

	2014-15	2015-16	2016-17	2017-18	2018-19
Referrals received from Police	126, 461	124, 292	112, 844	110, 653	98, 470

Table 1 illustrates a significant reduction in referrals from the police since 2014-15. This may go somewhere to explaining why there has been a fall in prosecutions.

It is important to consider the reasons why prosecutions do not always come to fruition. Of the year ending March 2018, victim retraction and victim non-attendance are the most common reasons for prosecutions not taking place, followed by acquittals. The court process can be an extremely upsetting and difficult experience for victims which may explain why victims choose not to attend court hearings. Intimidation by perpetrator to victim may go somewhere in explaining the level of victim retractions, as will fear of the outcome and impact on children. In addition, traditionally alleged perpetrators have been allowed to cross-examine alleged victims in court. The Domestic Abuse Act 2021 outlines steps that will be taken to make the court process for victims more favourable, including prohibiting cross-examination of victims by perpetrators.

Recommendations:

- To consider how Wiltshire compares to the national picture.
- Future work required to increase prosecution rates, as well as understanding the impact -on victims of court delays and the judicial process experience.

Wiltshire Prevalence of Domestic Abuse

This chapter includes

- A discussion of the volume of Domestic Abuse incidents being recorded;
- The local communities who are affected and living with its impact; and
- The impact of the Covid-19 pandemic on domestic abuse at a local level

Overview

Domestic Abuse has far-reaching consequences across our local populations irrespective of age, gender, ethnicity, sexuality, or economic status. Domestic Abuse can be experienced by both men and women; however, evidence reports that there are higher levels of Domestic Abuse experienced on women by men, and that women are more likely to experience multiple incidents of abuse.⁶³

63 Walby, S & Allen, J (2004). Domestic violence, sexual assault, and stalking: Findings from the British Crime Survey. London

Domestic abuse incidences

It is difficult to estimate exact prevalence of DA incidences in Wiltshire as it is widely known to be underreported and this will vary by area. As previously discussed, according to the Crime Survey for England and Wales (CSEW) for the year ending March 2020 there was an estimated 2.3m adults aged 16-74 who experienced domestic abuse.

1.6m (7.3%) women and 757k (3.6%) men have experienced domestic abuse during 2020. Extrapolating the national percentages would give the following projected number for Wiltshire

- Women - 13,000
- Men - 6,350

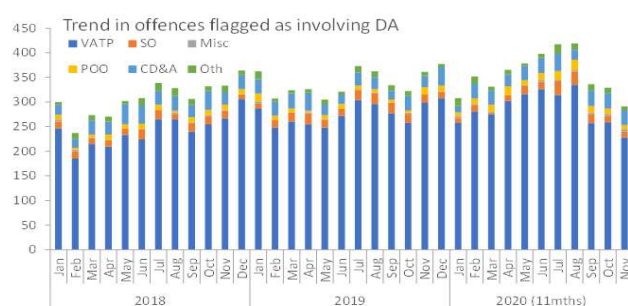
That's a total of around 19,350 adults in Wiltshire who are projected to have experienced domestic abuse in the 12 months up until March 2020.

64

The actual number of Domestic Abuse incidents reported to Wiltshire police was 4071 (2020-21)⁶⁵, which is significantly lower than the projected volume. Comparing the former figure with the 2019 Wiltshire population data, it equates to a prevalence rate of approximately 9 in 1,000 individuals who have reported DA. This is much lower than the recorded national prevalence rate of approximately 60 in 1,000 adults and is likely to be attributed to underreporting. However, 2019-2020 saw an increase of 611 reports (9.2%) from the previous year. The number of reported DA offences has been increasing over the last 4 years at a steady rate.

Reports from Wiltshire Police conclude that increases of DA seen in the last 4 years could be, in part, driven by police improvements in offence-recording practices, as well as an increase in DA-related crimes coming to the attention of the police.

Figure 14 shows the trend in Domestic Abuse Related Crimes in Wiltshire from 2018 to 2020⁶⁶



The local Wiltshire data shows the same increasing trend in the first 3 months of the first COVID-19 Lockdown as was seen in national data. This rise continues into August. In Wiltshire overall domestic abuse related crimes in Apr-Sept '20 was 14.2% higher than the same period in 2019. Violence Against the Person was

64 Wiltshire Intelligence Team, Department of Public Health, Wiltshire Council (online) [Wiltshire intelligence - Google Search](#)

65 Data obtained from Wiltshire Police

66 Data obtained from Wiltshire Police

12.0% higher in Apr-Sept '20 compared to the same period in 2019. Unfortunately, local data for the 3rd national lockdown from Dec 2020 to March 2021 was unable to be obtained. However, it is likely to follow a similar pattern.

It is possible that the increase in DA incidents and crime during the Covid-19 pandemic may have been attributed to the Government's public awareness campaign under the hashtag **#YouAreNotAlone** at the start of 2020, improving the public's understanding of DA. In addition, Wiltshire's response to Covid-19 and DA included a comprehensive multi-agency Communications Strategy to raise awareness of DA utilising a range of methods including social media platforms, as well as implementing a 24hour helpline.

Analysing incidences reported to the police over time, enables the seasonal variations to be identified, these include peaks in summer months July-Aug and Dec-Jan. July and December have the highest number of DA reported incidences in the last 4 years. This could be attributed to the holiday seasons where families are spending more time together, and the potential of increased alcohol consumption and financial pressures which are known as aggravating factors for DA and families.

Controlling and coercive behaviour

In September 2012 the Government published guidance which would assist prosecutors to better understand the nature and features of controlling or coercive behaviour and in December 2015 it was made a criminal offence. Since then, there have been increased efforts locally, regionally, and nationally to increase awareness of controlling and coercive behaviour.

The number of Controlling and Coercive behaviour offences in Wiltshire has increased by 40% in the last two years.

67

Between 01/12/2018-30/11/2020 there were 546 reported incidents of Controlling and Coercive Behaviour. 228 of these were recorded between 01/12/2018-30/11/2019 whereas an increase of 90 reports (40%) was seen between 01/12/2019-30/11/2020. The reasons for an increase in controlling and coercive incidents reported to police will vary, however, it is likely to be attributed to improvements in police recording and increased efforts to raise the profile of controlling and coercive behaviour. Data on controlling and coercive behaviour should be treated with caution, offences reported of other types of domestic abuse will often involve coercive and controlling behaviours but will not be recorded as such.

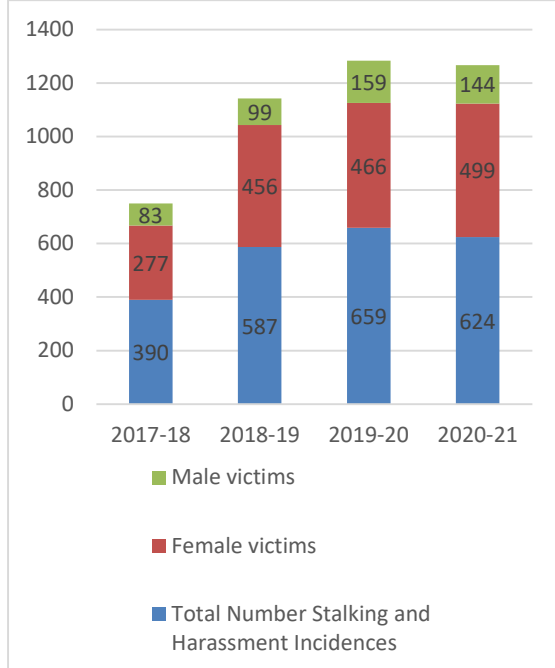
Stalking

Stalking involves repeated unwanted communication, harassment, and intrusive behaviour. Stalking is increasingly being recognised as a form of domestic abuse within the criminal justice system, and most cases are committed by ex-partners.

The COVID-19 pandemic creates a paradox when considering safety in the home, but it is important to recognise the dangers this presents to many victims of stalking. The COVID-19 restrictions reversed gains made by stalking victims and has imprisoned some victims in their homes making their whereabouts easier to monitor.

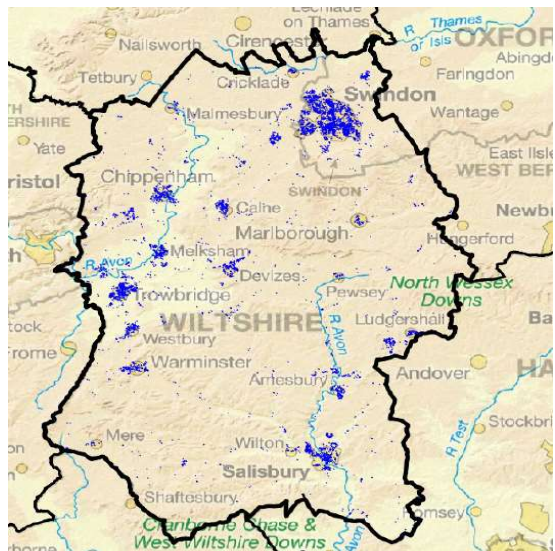
Stalking behaviour has not ceased because of restrictions and the risk of harm to victims remained significant. Data from the 2018-2020 Police Problem Profile⁶⁸ shows that COVID-19 intensified stalking during the initial lockdown from 23rd March till early July. The report explains how victims were accessible to perpetrators because of the pandemic.

Figure 15 shows cases of stalking and harassment in Wiltshire from 2017-2021



Since 2017 cases of stalking in Wiltshire have increased by 60%, this is in line with national figures and will be in part due to improvements in police recording. Improvements to policing stalking and harassment was initiated as a result of the 2017 'Living in fear – the police and CPS response to harassment and stalking', which highlighted the need for improvements in recording of stalking incidences within the Police. Police and other agencies now recognise stalking as a wider pattern of domestic abuse. The report explains that females were more likely to be victims of stalking and harassment than males. Wiltshire Police report the dip in cases in 2020-21 may be attributed to increased pressure on the police force during this time.

Figure 16 Wiltshire map showing the distribution of offence locations based on victim records between 01/12/2019-30/11/2020⁶⁹

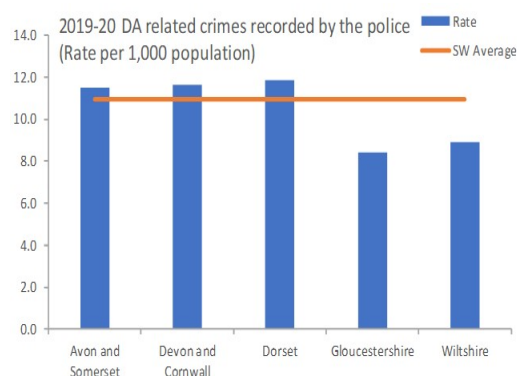


Salisbury, Trowbridge, Chippenham, and Melksham had a consistent number of DA cases from Dec 2016 up until the end of Nov 2020. In 2019/2020, Salisbury, Trowbridge and Melksham saw an increase by 7 (1.2%), 23 (4.8%) and 15 (6.6.%) DA incidents, whereas Chippenham saw a decrease of 21 (6.1%) incidents compared to the previous year. The higher number and consistency of DA cases in these areas is likely to be due to population density, overall crime rates and may be linked to higher areas of deprivation. Calne, Devizes and Royal Wootton Bassett are emerging hotspots of DA. These emerging hotspots need to be considered when planning services.

⁶⁸ Wiltshire Police, Domestic Abuse Police Problem Profile 2018-2020

⁶⁹ **PLEASE NOTE:** This should be viewed as a proxy measure of location as some offences had unconfirmed map co-ordinates

Figure 17 shows DA related crimes recorded by the police (rate per 1,000 population) across neighbouring counties⁷⁰



In terms of DA prevalence, Wiltshire is favourable when compared to regional and national figures. Within the South-West, Gloucestershire and Wiltshire have the lowest rates of domestic abuse related crimes recorded by the police. Dorset has the highest rate, but this is similar to the rates recorded by Avon & Somerset and Devon & Cornwall forces.

Recommendations arising from this section:

- To continue to raise awareness of controlling and coercive behaviour and stalking and harassment
- To continue surveillance on geographical areas where DA incidences occur, responding accordingly

Demographic profile of those experiencing domestic abuse

Sex^{71 72}

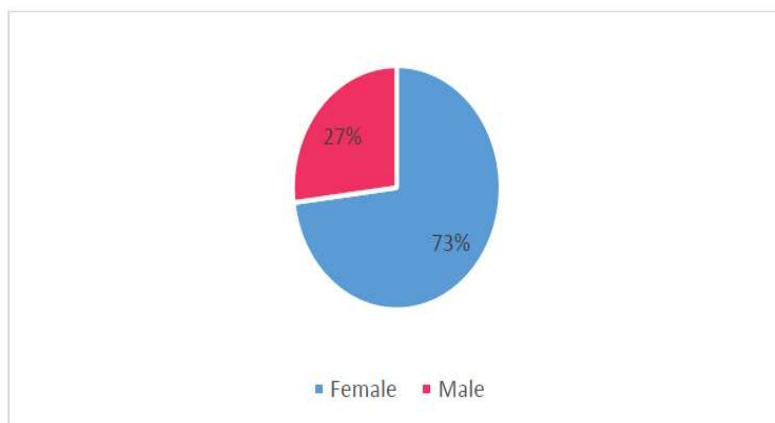
Data captured for the 2018-20 Domestic Abuse Police Problem Profile shows between Dec 2018-Nov 2020, there were more female victims of DA than male victims. Female victims accounted for 73% of all the victims, whereas males accounted for 27%⁷³. Female victims of controlling and coercive behaviour accounted for 95% of these offences and males accounted for only 5%. Female victims were victimised predominantly by their spouse/ partner (50%) closely followed by their ex-partner/spouse (45%). Victimisation by the son had the third highest proportion of 6%. The profile of Child and Adolescent to Parent Violence and Abuse (CAPVA) has increased in recent year, with the first national review of CAPVA due to be released by the end of 2021. There is still little awareness of CAPVA and an insufficient evidence-base but is considered a serious issue, CAPVA is discussed in more detail in the 'Domestic Abuse and Complexity' chapter in this report.

⁷⁰ ONS ([Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)), extracted Jan 2021

⁷¹ Wiltshire Police, Domestic Abuse Police Problem Profile 2018-2020

⁷² Data obtained through Splitz Domestic Abuse Support Service

⁷³ Wiltshire Police, Domestic Abuse Police Problem Profile 2018-2020

Figure 18 shows proportion of female victims to male victims between Dec 2018 and Nov 2020⁷⁴

These figures are like those seen in 2016-2017 and 2017-2018 and are in line with national trends. However, the data captured through the commissioned Domestic Abuse support service showed in 2020/21, most of their service users were female with 87% and just 7% being male (6% were recorded as unknown). There has been a slight upward trend of men seeking support since 2017-18 (1%).

Due to the complex nature of Domestic Abuse consideration should be given to 'counter-allegations' of abuse. This can involve reports of DA from both parties presenting as a victim. Such cases have been identified and discussed through the Wiltshire MARAC and require careful consideration. The commissioned support services support both male and female victims of DA, however due consideration is given to referrals involving counter-allegations and advice sought from the national helpline Respect⁷⁵, with referrals made where appropriate.

In addition, it is important to consider the stigma surrounding male victims of domestic abuse and the subsequent barriers in accessing appropriate support. A 2019 qualitative study 'The Voices of Male Victims: Understanding Men's Experience of Men's Advice Line' was undertaken by Durham university⁷⁶ for Respect. The study evidence male victims found it extremely hard to ask for help, that safe and inclusive places for men were perceived insufficient and gender bias in public services and the justice system were experienced. In Wiltshire there has been a 12% increase in the number of female victims of DA since 2017-18 and a 32% increase in male victims⁷⁷. This does not necessarily mean an increase in male cases of DA but possibly an increased awareness of DA among male victims. There is limited data on the sexual orientation of victims and perpetrators. LGBTQ+ groups are considered to be a 'hidden' population of DA victims.

⁷⁴ Domestic Abuse Police problem profile 2018-2020

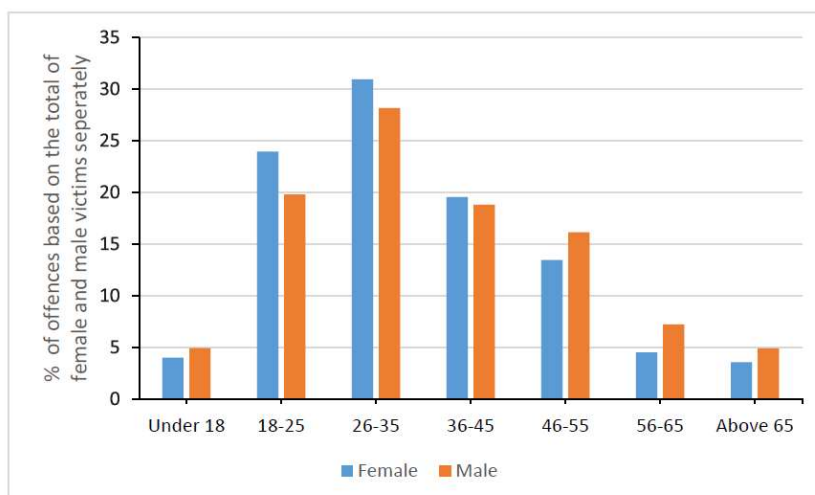
⁷⁵ Respect is a registered charity that works to develop safe and effective work with perpetrators, male victims and young people using violence and abuse

⁷⁶ Durham University (2019), *The Voices of Male Victims: Understanding Men's Experience of Men's Advice Line*

⁷⁷ Data obtained by Wiltshire Police

Age^{78 79}

Figure 19 shows the number of DA victims split by age [reports received to Wiltshire Police]



According to the Domestic Abuse Police Problem Profile 2018-2020 most female and male victims of DA were aged between 26-35 years of age (Figure 19). This was the same for victims of controlling and coercive behaviour. This age group accounted for 3,032 (31%) and 1,017 (28%) of females and males of known age, respectively. This is in line with Wiltshire's commissioned support service for domestic abuse data, where the vast majority of victims are from the 20-39 age ranges, and this is also true of MARAC referrals. National figures⁸⁰ show the majority of high-risk victims nationally are in their 20s or 30s. However, nationally young people aged 16-19 account for the highest volume of domestic abuse victim⁸¹. This could indicate, there are young people in Wiltshire who are not being identified as DA victims and this needs to be considered when targeting services and planning prevention strategies. A report undertaken by SafeLives⁸² highlighted that domestic abuse experienced by young people can look very different to that which is experienced by other victims. One such difference may be in the use of modern technology and social media, alongside the understanding of what constitutes a healthy relationship. The likelihood is domestic abuse incidents for younger people goes under reported due to not recognising it as abuse. There is a growing need to work more closely with young people (16-19 years) to raise awareness of domestic abuse from a prevention perspective.

According to Wiltshire Police incidence data, those above the age of 65 were least identified as DA victims, this could be a long-standing history of abuse in a marriage or relationship, not recognising the abuse as domestic abuse and fear of coming forward. This age group accounted for 349 (3.56%) and 177 (4.90%) of females and males of known age, respectively. Followed closely by 56-65 year olds and under

78 Wiltshire Police, Domestic Abuse Police Problem Profile 2018-2020

79 Evidence obtained through Splitz Domestic Abuse Support Service

80 CSEW (2019), Domestic Abuse Victim Characteristics, England and Wales (online) [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsandstates/articles/domestic-abuse-victim-characteristics-england-and-wales-2019)

81 SafeLives (2017) *Safe Young Lives: Young people and domestic abuse* (online) [Spotlight #3: Young people and domestic abuse | Safelives](#)

82 SafeLives (2017) *Safe Young Lives: Young people and domestic abuse* (online) [Spotlight #3: Young people and domestic abuse | Safelives](#)

18's. However, emerging evidence⁸³ suggests elder people are considered a 'hidden group' of domestic abuse victims. Older people (over 60 years) are the fastest growing age group of those accessing Wiltshire's Domestic Abuse Support Service.

The World Health Organisation (WHO) has defined an elder as any person above the age of 60. Elder Abuse is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (WHO).⁸⁴

746 (5%) of Wiltshire Police DA records reported between 01/12/2018-30/11/2020 have been linked with elder abuse. However, 2019/2020 saw an increase of 48 records (14%) compared to the previous year. The largest increase in the number of records was seen by offenders who were spouse/ partners with an increase from 118 to 147 (25%). The number of sons responsible for the offence also increased from 91 to 105 (15%). The number of offences committed by a daughter decreased by 4 (11%).

The two tables below show numbers detailing the age profile of service users accessing the Wiltshire's commissioned domestic abuse support services in 2020-21. The greatest volume of service users to both services were aged between 20-49yrs, with the highest age category being 30-39, this has remained the same since 2017-18. Again, highlighting the contrast between national prevalence of young people accounting for the most victims.

Table 2 shows Splitz service age range medium risk 20-21

Age	No.	%
16-19	19	2%
20-29	339	29%
30-39	371	31%
40-49	229	19%
50-59	136	11%
60-69	52	4%
70+	30	3%
Unknown	7	0.5%

Table 3 shows Splitz service age range high risk 20-21

Age	No.	%
16-19	34	4%
20-29	248	30%
30-39	271	33%
40-49	128	16%
50-59	82	10%
60-69	32	4%
70+	16	2%
Unknown	8	1%

The Support Service has reported an increasing trend in referrals from older Populations (50+). The 50-59, 60-69 and 70+ age ranges have seen the highest increase (50%) in referral numbers since 2018, when compared to other age ranges. This may be attributed to abuse being suffered for a long period of time and victims accessing support who do not escalate to police. In addition, older people are the fastest growing age group in receipt of safe accommodation in Wiltshire. Abuse in older populations is limited and remains a hidden problem. National awareness campaigns have tended to target a younger audience, which all supports a false assumption that Domestic Abuse ceases to exist beyond a certain age.

83 Safe Lives, Older People and Domestic Abuse (2016).

84 WHO (2021), Elder Abuse (online) [Elder abuse \(who.int\)](https://www.who.int)

Ethnicity

The actions of individuals are influenced by their beliefs, values, language, and other cultural factors. These cultural factors and norms are instilled in us from a young age and can play a role in our risk of becoming a victim or perpetrator of domestic abuse. Additional risk factors of domestic abuse that need to be considered in terms of ethnicity are communication barriers which can stop victims from accessing services and normalisation of domestic abuse, where the abuse is not recognised.

Although we have a relatively small population of BAME residents in Wiltshire (3.6%), BAME victims in Wiltshire account for 6.3% of all victims, indicating an over-representation, this is also true of victims accessing safe accommodation and perpetrator services. It is important that efforts are made to understand how ethnicity and culture play a role in domestic abuse at a local level and improve access to services for BAME groups.

Additional complexities that need to be considered in terms of ethnicity are the type of abuse that takes place, for example, FGM which is often considered a cultural tradition. FGM and its prevalence in Wiltshire are discussed in more detail later in the report.

Recommendations arising from this section:

- Improve the evidence base and response to 'hidden' groups of DA victims at a local level (male, LGBTQ+, BAME, young and older people)
- To increase efforts to raise awareness of DA and local services widely

Children and young people (CYP)

At the time they start school, at least one child in every class will have been living with domestic abuse since they were born. Domestic abuse has a devastating impact on children, whatever their age. Earlier intervention is needed to prevent this ongoing exposure.⁸⁵

Children identified and accessing services⁸⁶

The number of children in families who were referred to Wiltshire's Domestic Abuse Service in 2020-21 was 909, this follows a similar trend to the number of children in 2018-19 and 2019-20.

In 2020-21 there were a total of 877 children recorded in the household at the time of a high-risk DA incident resulting in a referral to the Multi-Agency Risk Assessment Case Conference (MARAC), of which 136 children were identified in the household where further repeat incidents of DA occurred. Since 2017-18 there has been an upward trend in the number of children recorded in the household of high-risk domestic abuse incidences which correlates with the increase of overall MARAC referrals. In 2020-21 the cases discussed at MARAC included 41 high risk victims

⁸⁵ Safelives insights national briefing, 2017 (online) [Latest Insights Datasets | Safelives](#)

⁸⁶ Department of Public, Wiltshire Council

who were pregnant (52 the previous year, 22 in 2018-19 and 15 in 2017-18). Since 2017-18, pregnant women identified as high-risk victims more than tripled at its peak in 2019-20. This correlates with maternity service referrals received by Wiltshire's Domestic Abuse Service, highlighting a good multi-agency response to DA. Increased efforts have been made over recent years to ensure maternity service staff are upskilled in identifying and responding to DA.

Table 4 shows the breakdown of MARAC referrals and Children

	Total referrals	Number of children in household	Number of repeat cases with children	Total No. of children in a household with a repeat case	Total No. of victims pregnant at point of referral
2017/18	517	669	70	151	15
2018/19	710	993	119	259	22
2019/20	699	929	157	323	52
2020/21	791	877	136	277	41

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The number of young people (16-17 year olds) who have been identified as high-risk victims and referred to MARAC has remained consistent since 2017-18 (4 in 17/18, 3 in 18-19, 3 in 19-20 and 4 in 20-21). On average this makes up 0.4% of all MARAC referrals.

As previously discussed, nationally 16-19 make up the highest number of DA victims.⁸⁸ Furthermore, data indicates that young people, including those below 16, can experience all forms of domestic abuse⁸⁹ and the likelihood of experiencing high severity abuse is no different to adults. Indeed, the data suggests the levels of high severity abuse may be highest for the youngest age group (Safelives).⁹⁰ Sadly, in 2019 Wiltshire experienced a domestic homicide of a young person, committed by her ex-boyfriend, both aged 17. There is a need to ensure specialist support is available to young people and awareness is targeted effectively.

Domestic Abuse identified through Children's Services

In this section data has been collated by Wiltshire's Children's Services (CSC), identifying those children and young people that have been identified at risk of or living with the impacts of Domestic Abuse. While absolute prevalence cannot be determined, the data provides an indication of the scale of the issue for local children and young people.

During 2020-21 there were 16,576 contacts made to children's social care, this is a 40% increase since 2017-18. In 2017-18 contacts made about DA made up 18% of all contacts made (2080), by contrast, in 2020-21 contacts made about DA made up only 9% (1416) of all contacts made. With a 40% increase in all contacts made since

87 Department of Public Health, Wiltshire Council

88 Safelives, Safe Young Lives: Young People and Domestic Abuse (online) [Spotlight #3: Young people and domestic abuse | Safelives](#)

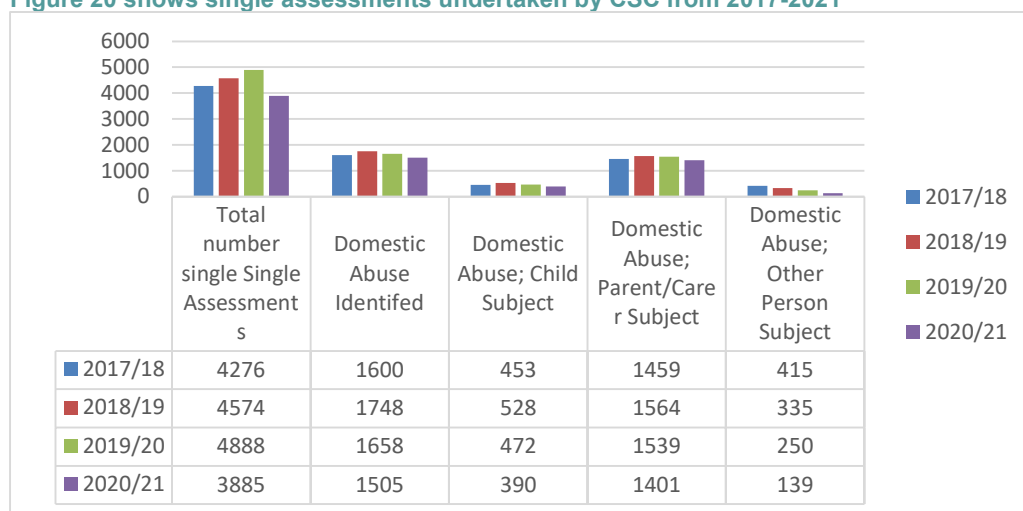
89 Safelives - The severity of abuse is identified using Safelives Severity of Abuse Grid. This grid has been developed to be used with the Risk Identification Checklist. It is designed to provide a framework for identifying specific features of the abuse currently suffered by the client and help guide the caseworker and client to address the client's safety in an informed and coherent way.

90 Safelives, Safe Young Lives: Young People and Domestic Abuse (online) [Spotlight #3: Young people and domestic abuse | Safelives](#)

2017-18 you would expect to see a significant increase in DA contacts made in 2020-21 (data for 2018-19 and 2019-20 were unavailable due to changes in recording systems). Assurance of accuracy of this data was raised with Wiltshire Children’s Social Care team but remains unanswered.

The process Children’s Social Care (CSC) undertake to understand a situation presented and the needs and wishes of the child and family is called a **single assessment**.

Figure 20 shows single assessments undertaken by CSC from 2017-2021



Since 2017, CSC have undertaken over 17,000 single assessments and domestic abuse was identified as a factor in over a third (6511) of these. The identification of DA has fluctuated over the last 4 years with a peak seen in 2018-19 (1748), in 2020-21 there was a 9% decrease of identification of DA compared to the previous year. The 20% reduction in single assessments from 2020-21 to 19-20 may go somewhere in explaining this downward trend. Reports from the service were unable to be obtained.

The purpose of a Child Protection Plan (CPP) is to facilitate and make explicit a co-ordinated approach to safeguard and promote the welfare of a child. CPPs can be made when needs are identified through the single assessment process. In 2019-20 3% (172) of single assessments where DA was identified as a factor resulted in a CPP and 2% (110) in 2020-21.

Children identified through Children’s Services typically have complex needs, with several variables contributing to vulnerability, including (but not limited to) mental health of both parent and child, experiencing emotional neglect and financial issues.

Figure 21 shows the top 10 presenting factors of SAs where domestic abuse was identified in 2020-21

	Presenting factor (PF):	Number SAs with PF	% Of SAs with PF
1	Mental Health – PARENT/CARER	840	22%
2	Alcohol Abuse – PARENT/CARER	549	14%
3	Emotional Abuse	469	12%
4	Drug Abuse – PARENT/CARER	451	12%
5	Neglect	331	9%
6	Mental Health - CHILD	259	7%
7	Learning Disability - CHILD	158	4%
8	Socially Unacceptable Behaviour	157	4%
9	Mental Health - other	109	3%
10	Physical Abuse - CHILD	22	1%

The most common presenting factors in SAs where DA is identified are parental Mental health and substance misuse, often referred to as the 'Toxic Trio' (domestic abuse, substance misuse and mental health) when identified in combination. The 'Toxic Trio' are discussed in more detail in the 'Domestic Abuse and Complexity' chapter in this report.

Mental health of the child is a leading factor presented in SAs where domestic abuse is identified. The trauma and long-term impact of experiencing domestic abuse as a child is well documented. CAMHS community service help CYP and their families who are experiencing more severe, complex, and persistent mental health difficulties. CAMHS do not capture data specifically related to children who are or who have experienced domestic abuse. Given the links between children's mental health and domestic abuse future opportunities to work more closely with CAMHS on this agenda would be welcomed.

'**Child in need**' (CiN) assessments are undertaken by Children's Social Care to identify the needs of a child and ensure that the family are given the appropriate support in enabling them to safeguard and promote the child's welfare. Data collated from the team report the following domestic abuse related factors identified at the end of an assessment from 2018-2021 (illustrated below).

Table 5 shows the top ten most common factors identified at a CiN assessment in 2020-21 (3869 assessments)

Presenting factor (PF):	Number SAs with PF	% Of SAs with PF
Mental Health – PARENT/CARER	1471	38%
Domestic Abuse – PARENT/CARER	1396	36%
Alcohol Misuse – PARENT/CARER	834	22%
Drug Abuse – PARENT/CARER	711	18%
Mental Health – CHILD	643	17%
Disability - CHILD	500	13%
Domestic Abuse – CHILD SUBJECT	385	10%
Socially Unacceptable Behaviour	342	9%
Self-Harm	314	8%
Drug Misuse- CHILD	222	6%

With domestic abuse identified as a presenting factor in 36% (1396) of CiN assessments in 2021, it is the 2nd most common factor identified. An Early Support Assessment (ESA) which replaces the Common Assessment Framework (CAF) is used in Wiltshire to identify children and families who would benefit from early help to support the needs of the child and family and ultimately improve outcomes for the child. Data for ESAs relating to domestic abuse was unable to be obtained through Children's services.

In 2021 a review took place to understand the impact of COVID-19 on Children's Social care, involving qualitative and quantitative data from 15 local authorities. The review found service delivery had been maintained across all the authorities with most visits being made virtually after assessments of risk had been conducted on all cases. Multiagency working had improved, with greater involvement of general practitioners and paediatricians. Overall activity in CSC had been lower than normal but as lockdown eased this was changing. Concerns were expressed about how to manage the response that would be required to meet the expected level of harm that had occurred but been hidden (Baginsky and Manthorpe 2021).⁹¹

Although Children's Service's needed to operate differently under COVID-19 restrictions, this was not thought to have a negative impact on domestic abuse being reported to Children's Services. The 2020 independent Oxford Brookes report found that in Wiltshire, people working in Children's Services found that, for a lot of the time, whilst children were still not being seen by 'front line' services such as schools or health visitors, domestic abuse was still being reported to them.

"Key workers in the children's social care team during lockdown spent almost 100% of their time on the 'phone looking at domestic abuse"⁹²

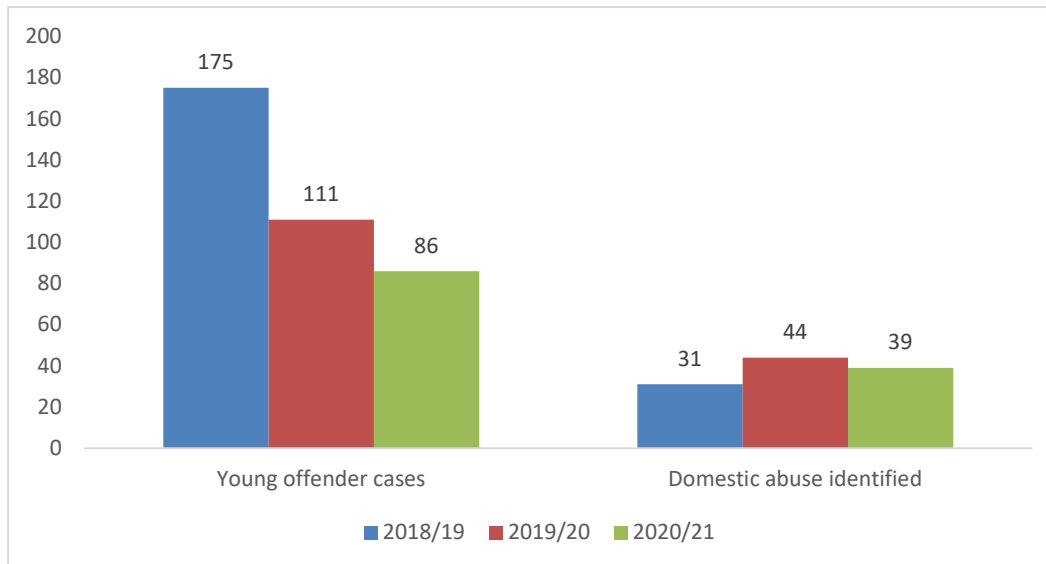
⁹¹ Baginsky, M. Manthorpe, J. (2021) The Impact of COVID-19 on Children's Social Care in England (online) [The impact of COVID-19 on Children's Social Care in England \(nih.gov\)](#)

⁹² Oxford Brookes University (2020) Review of Domestic Abuse and Sexual Violence Support report (available to review on request)

Youth Offending Team (YOT)

Wiltshire's YOT work with children and young people who are involved in offending behaviour. They achieve this by working with the young person, their parents or carers, the victims of crime, volunteers, and the local community. In 2018, the YOT initiated a domestic abuse audit to monitor how many young offenders were affected by domestic abuse.

Figure 22 shows domestic abuse identification in young offender cases from 2018-2021⁹³



In 2020-21 86 young offender (YO) cases were audited, this is a 51% decrease when compared to 2018-19. This downward trend of cases can be attributed to courts closing and all YOT cases being adjourned during the Covid-19 pandemic. The number of YOs affected by DA is likely to be far higher than this due to underreporting. Despite a significant decrease in cases due to the pandemic, the data shows an upward trend of YOs affected by DA, with 45% of all cases affected in 2020-21 compared to 17% in 2018-19. Since 2018 the YOT have increased staff awareness of the impact and trauma caused to YP because of DA and have delivered trauma-informed practice since Dec 2020. These will go somewhere in explaining the upward trend. Young offenders where domestic abuse has been identified as a factor will be offered support by the YOT, this is discussed in more detail later in the report.

Evidence⁹⁴ shows that witnessing domestic abuse in childhood is a risk factor for offending and for perpetrating, highlighting the importance of interventions aimed at 'breaking the cycle' of abuse, ensuring young people get the right support at the right time.

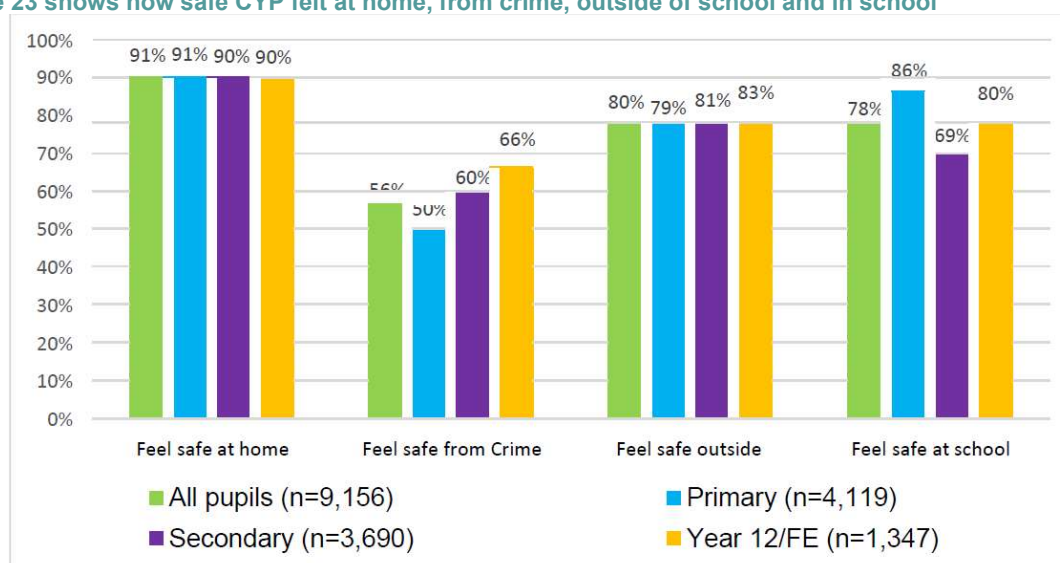
⁹³ Wiltshire Council Youth Offending Team

⁹⁴ Baker, L. Etherington, N (2016) The Link Between Boys' Victimization & Adult Perpetration of Intimate Partner Violence (online) [The Link between Boys' Victimization & Adult Perpetration of Intimate Partner Violence: Opportunities for Prevention across the Life Course - Learning Network - Western University \(vawlearningnetwork.ca\)](https://www.vawlearningnetwork.ca/)

Wiltshire's Children's and Young People's Health and Wellbeing Survey⁹⁵

In 2017, Wiltshire Council commissioned the Wiltshire Children and Young People's Health and Wellbeing survey, to gain a better understanding of our young people's experiences of life, both inside and outside of school. This survey was first run in 2015. The 2017 survey saw an increase of 44% uptake with 10,000 pupils across 95 schools taking part. The questions cover a wide range of aspects including healthy lifestyles, learning, experience, relationships, wellbeing, safety, aspirations, and support requirements. The 2015 survey specifically explored young people's experience of domestic abuse, but the 2017 report did not. However, the 2017 survey did pose a question regarding 'feeling safe at home'. The reason for this may have been changing the language to make it easier for children to relate to and answer. Many children are unaware they are in a household where domestic abuse takes place and therefore removing the words 'domestic abuse' may gain more accurate responses.

Figure 23 shows how safe CYP felt at home, from crime, outside of school and in school



The survey results show that the majority of CYP feel safe at home. However, this leaves 900 (9%) children that did not feel safe at home, which could indicate these children are in the high-risk category of domestic abuse victims. However, the reasons for not feeling safe at home are unknown and may be linked to reasons other than domestic abuse. It is important to consider that CYP may not have felt comfortable answering this question truthfully and therefore the number is likely to be higher.

Although a Children and Young People's Health and Wellbeing survey has not been conducted since, in 2020 Wiltshire commissioned a **CYP Mental Health survey** in response to COVID-19. There were no questions in this survey relating to domestic abuse or safety at home. Given the links between COVID-19 and the escalation of DA cases during the pandemic, questions related to this would be welcomed in the future if such events reoccur.

⁹⁵ Wiltshire Children's and Young People's Health and Wellbeing Survey (2017), Wiltshire Council (online) [Wiltshire Children and Young People Health and Wellbeing Survey report 2017 Wiltshire Intelligence](#)

A multi-agency stakeholder event took place in Wiltshire in June 2021. The areas identified as priorities for CYP included;

- Mental health
- Trauma-informed approaches
- Early intervention
- Education and awareness raising (particularly of the impact of DA on CYP)

More information about this stakeholder event can be found later in the report.

Recommendations arising from this section:

- To continue to review and reflect on the impact of COVID-19 on CYP
- To consider improvements to Wiltshire's multi-agency approach in responding to and supporting CYP
- To consider the impact of DA on CYP when developing strategies and undertaking service design

Demographic profile of those perpetrating domestic abuse

Age and sex

Data obtained through Wiltshire police⁹⁶ shows in 2020-21 there were 4077 DA offences were reported. There were more male offenders than female offenders. Female offenders accounted for 26% of all the offenders, whereas males accounted for 74%. This correlates with the data for male and female victims but only if you are assuming same sex relationships, there is an evidence gap of LGBTQ+ victims and perpetrators. Both female and male offenders were usually between the ages of 26-35 years of age, which correlates with the victim age profile in Wiltshire. As previously discussed, it is important to consider female perpetration and underreporting by male victims as well as young people who are victims or perpetrators of DA.

Although 4077 DA offences were committed in 2020-21 only 112 referrals were made to Wiltshire's 'Behaviour Change' perpetrator programme and out of those only 68 accessed support. In addition, 19 perpetrator offenders were made subject to the Building Better Relationships (BBR) Programme and of those only 5 completed the programme. Although the impact of Covid-19 will have affected service provision, these figures are like previous years. It is important to consider that of the 4077 cases, some of these will be repeat offenders, in addition, the programmes available engage with perpetrators who are 'ready to change', these factors will have an influence on perpetrators accessing support. However, this still leaves a significantly high number of perpetrators not accessing support to address their behaviour. The low levels of engagement in perpetrator programmes for both men and women is in line with the national picture.

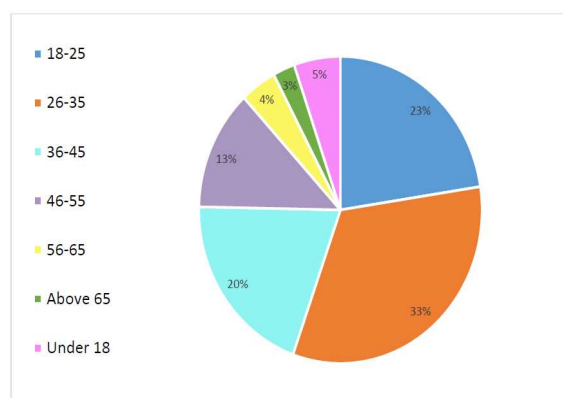
⁹⁶ Wiltshire Police data 2020-21

Relationship to victim

A total of 692 (5%) DA offences were linked to offenders under the age of 18. Of these, 456 (66%) were linked to male offenders compared to 236 (34%) female offenders (Figure 19). The average age of under 18 offenders was 16 years old. Of these offenders, 49% had been reported more than once between 01/12/2018-30/11/2020. Of these repeat offenders, 34% were male who had offended against either their mother or their father and 23% offended against their ex-spouse/partner. Of these cases where parents who were victims of abuse by their children (under 18), many withdrew their support for the investigation through fear of the consequences for their child.

During the last decade, Child and Adolescent to Parent Violence and Abuse (CAPVA) has received growing attention in scientific literature because of the progression in complaints filed by parents (Ibabe 2020). It is important to consider CAPVA when raising awareness and planning services, this is discussed in more detail later in the report.

Figure 24 shows the age breakdown for DA perpetrators/offenders 2018-2020⁹⁷



The 2018-20 Domestic Abuse Police Problem Profile shows that perpetrators between the ages of 26-35 who already had a criminal record were more likely to commit domestic abuse. Alcohol was a leading factor in those that cause injury but did not cause more severe injury. This further highlights the links between alcohol and domestic abuse.

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Perpetrators accessing support services

Data obtained through probation's court mandated Building Better Relationships (BBR) programme shows in 2020-21 males aged between 25 and 39 were accessing support the most, which is similar to recent years and in line with regional and national perpetrator data. From 2018-2021, no offenders made subject to BBR were from BAME groups.

Data obtained through the Splitz 'Behaviour Change' programme show that perpetrators who accessed support were mainly in the 25-60 age range (further age breakdown is unavailable). 15% of perpetrators were from BAME groups, which is an over representation compared to Wiltshire demographics. These are similar to findings relating to victim service users, which may indicate a need to work more closely with BAME populations.

⁹⁷ Data obtained by Wiltshire Police

⁹⁸ Wiltshire Police, Domestic Abuse Police Problem Profile 2018-2020

Evidence⁹⁹ shows that domestic abuse perpetration is a complex and multi-faceted issue. To inform service planning and develop prevention strategies the range of perpetration characteristics needs to be considered, these include domestic abuse in intimate relationships, CAPVA and perpetrator on perpetrator domestic abuse.

Recommendations arising from this section:

- To consider the profile of perpetrators when planning services and developing strategies
- To consider different approaches to identify and respond to 'hidden' groups of DA perpetrators (i.e., LGBTQ+, CYP and females)

Policing and the judicial system

Charging and Prosecutions¹⁰⁰

Data obtained from the Domestic Abuse Police Problem Profile shows the charge outcome for DA incidences between Dec 2018 and Nov 2020 was 4.7%, in comparison to other types of crimes, DA offences do not have one of the lowest or highest percentage charged. To provide context, 2.5% of burglary offences were assigned a charged outcome, in contrast, drug offences had a 15% charged outcome. Charged outcomes for DA have gradually decreased since 2016, this is in line with national figures.

As previously discussed, there are various reasons why some DA offences do not reach a charged outcome. Between Dec 2018 and Nov 2020, 43.6% (6,083)¹⁰¹ of victims withdrew from investigation. However, the proportion of DA-related offences that had evidential difficulties where the victim did not support action decreased from 46.3% in 2018/2019 to 41.1% in 2019/2020. The second most common reason for the case not resulting in the offender being charged is evidential difficulties once the victim has identified the suspect and is willing to support the case.¹⁰²

Table 6 shows the number of prosecutions by outcome from 2017-2021

	2017/18	2018/19	2019/20	2020/21
Convictions	622	641	571	406
% Convictions	85.4%	83.9%	84.6%	82.7%
Non-Convictions	106	125	104	85
Of Which...				
Discontinued	14	21	18	21
Offered no evidence	42	54	38	23
Dismissed after full trial	17	14	24	15
TOTAL COMPLETED PROSECUTIONS	728	776	675	491

99 Hamel, J.M. (2020), "Perpetrator or victim? A review of the complexities of domestic violence cases", *Journal of Aggression, Conflict and Peace Research*, Vol. 12 No. 2, pp. 55-62. <https://doi.org/10.1108/JACPR-12-2019-0464>

100 Domestic Abuse Police Problem Profile 2018-2020, Wiltshire Police

101 PLEASE NOTE: This data is inclusive of Swindon

102 Domestic Abuse Police Problem Profile 2018-2020

Convictions for DA offences have decreased year on year since 2018-19, with a 37% decrease when comparing 2020-21 (406) to 2018-19 (641). Prosecutions follow a similar pattern, with a year on year decrease since 2018-19, a 58% decrease in prosecutions was seen when comparing 2020-21 to 2019-19. The volume during 2020-21 were impacted by court closures due to COVID-19. What is often a traumatic and lengthy process for victims and children, was further exasperated by the delays, this is concerning and could be responsible for influencing the effectiveness of trials.

The **CPS VAWG report** shows the south-west region has a higher than average conviction rate for DA offences nationally, with Wiltshire and Devon having the highest conviction rate compared to other south-west region counties.¹⁰³

Improvements to policing and court processes outlined in the Domestic Abuse Act 2021 will attempt to improve the legal processes for victims which could have a positive impact on charging and prosecution rates.

Supportive measures to safeguard victims

Wiltshire has a suite of supportive measures offering further protection to victims, including

- Domestic Violence Protection Notices/Orders
- Domestic Violence Disclosure Scheme

Each of these areas will be covered in this section.

Domestic Violence Protection Notices/Order (DVPN/Os)

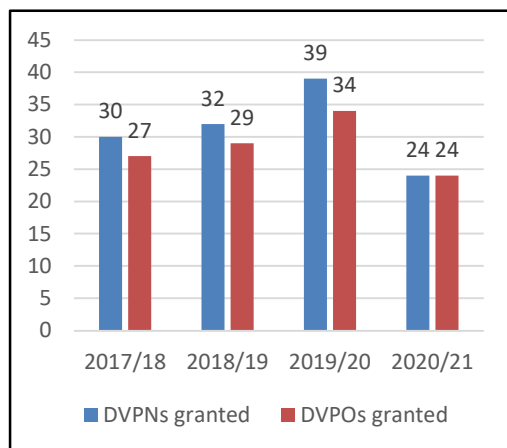
Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs) were rolled out across all 43 police forces in England and Wales from 8 March 2014. DVPOs are a civil order that fills a “gap” in providing protection to victims by enabling the police and magistrates’ courts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

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim immediate safety in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates’ court for a DVPO must be heard. The magistrate can issue a DVPO preventing the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim (Home Office, 2021).¹⁰⁴

103 Crown Prosecution Service (CPS), Violence Against Women and [Annual Violence against Women and Girls report published | The Crown Prosecution Service \(cps.gov.uk\)](#)

104 Home Office (2021) Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) Guidance (online) [Domestic Violence Protection Notices \(DVPNs\) and Domestic Violence Protection Orders \(DVPOs\) guidance - GOV.UK \(www.gov.uk\)](#)

Figure 25 shows the volume of DVPN/O applications in Wiltshire from 2017-2021



The volume of DVPN/O applications remains low in Wiltshire, with a total of 39 applications made in 2019-20 and only 24 in 2020-21, although 39 is the highest seen since its introduction, the use of DVPN/Os could be considered disproportionately low in comparison to the total volume of DA incidences being reported in Wiltshire. Despite the low numbers, the conversion rate from DVPNs to DVPOs remains high, with a 100% conversion rate in 2020-21 (91% in 2018-19 and 87% in 2019-20).

Reports from Wiltshire Police note a general decrease in DVPOs & DVPNs even after the national lockdowns finished, indicating it may not be as a direct result of COVID-19. Reports from Wiltshire Police suggest this is likely to be attributed to the new Controlling of Coercive behaviour (CCB) legislation, which is being used more often over the DVPO and DVPN.

In 2015, the offence of CCB came into force through Section 76 of the Serious Crime Act 2015. The aim of this offence was to 'close a gap' in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members. In 2021 a review was undertaken to understand how the offence has been used since its introduction in 2015. The review found that offences and prosecutions have increased year on year since its introduction and that the legislation has supported an improved legal framework to tackle that type of abuse. However, Controlling and Coercive offenses remain hard to evidence and therefore charging rates remain low, it is likely only a small amount of CCB cases come to the attention of the police and therefore further work to raise awareness of CCB is needed.

There are a range of existing orders that can be used in domestic abuse cases, including Non-Molestation Orders, Occupation Orders, Restraining Orders and DVPOs. These orders vary widely in terms of who can apply for them, the conditions that can be attached to them and the consequences of breach. In addition, there is currently no single order that is accessible across the criminal, family, and civil courts. This can lead to confusion for victims and practitioners in domestic abuse cases and problems with enforcement.

There have been reports from police, practitioners and organisations representing victims that the effectiveness of the current DVPO is limited due to the absence of criminal sanctions if the order is breached, and the fact that it has a maximum duration of just 28 days. The Domestic Abuse Act 2021 attempts to address this by introducing a new civil Domestic Abuse Protection Notice (DAPN) to provide immediate protection following a domestic abuse incident, and a new civil Domestic Abuse Protection Order (DAPO) to provide flexible, longer-term protection for victims.

DAPNs and DAPOs will be used to protect victims from all forms of domestic abuse, including non-physical abuse and controlling or coercive behaviour. The DAPN, like the current DVPN, will give victims immediate protection following an incident. A DAPN will be issued by the police and could, for example, require a perpetrator to leave the victim’s home for up to 48 hours. DAPOs will have a flexible duration so that longer-term protection can be provided where necessary.

Domestic Violence Disclosure Scheme (DVDS)

The Domestic Violence Disclosure Scheme (DVDS), also known as Clare’s Law, launched in 2014. It introduces recognised and consistent procedures for disclosing information on a ‘**Right to know**’ and ‘**Right to ask**’ basis. DVDS enables a person who is/was in an intimate relationship with a previously violent or abusive individual to make informed choices about continuing in that relationship or about their personal safety if no longer in the relationship.

“**Right to ask**” is triggered by a member of the public applying to the police for a disclosure about an individual. The application is made directly about a current or ex-partner. Friends, family members or any other third party can make an application if they are concerned that someone they know may be in a relationship and is at risk of domestic abuse. The scheme is open to both men and women.

“**Right to know**” is triggered by the police making a proactive decision to disclose information to protect a potential victim. Applications can also be made by professionals in other organisations who hold information that an individual they are working with may be at risk or pose a risk to others.

Figure 26 shows total number of DVDS with RTA and RTK breakdown from 2017-2021

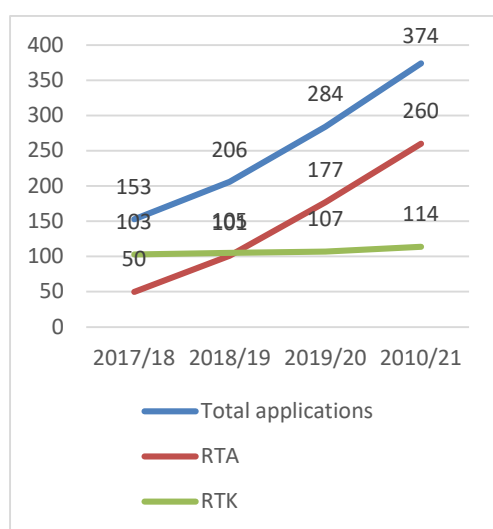
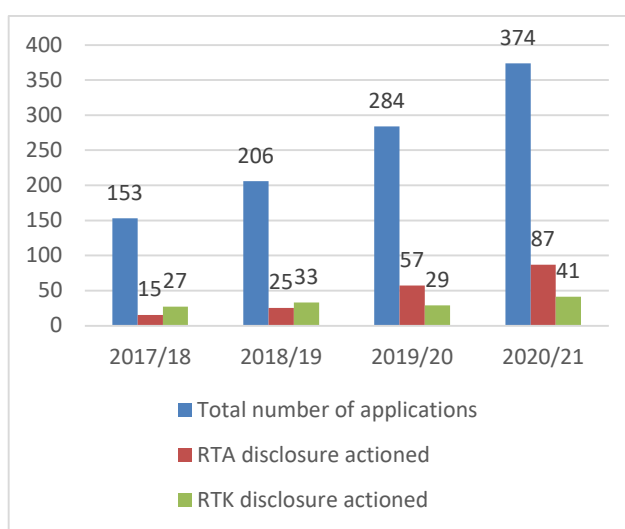


Figure 27 shows total number of DVDS disclosures actioned from 2017-2021



105

105 Data obtained by Wiltshire Police

In 2020-21, there were a total of 374 DVDS applications received, an increase of 32% from the previous year. The volume of applications has increased year on year, this is encouraging as it may indicate increased awareness of this protective measure. The number of disclosures being made because of DVDS is low, in 2021, there were 87 RTA and 41 RTK disclosed out of a possible 374. There are several reasons why RTA applications do not make it to the disclosure stage, these include the person at risk is already aware, no DA identified on the subject, or the relationship has ended.

In 2021 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) conducted a 'Review of Policing Domestic Abuse During the Covid-19 Pandemic'. This review looked at how the police responded to the unique challenges the pandemic placed on preventing and responding to domestic abuse. A number of key recommendations for UK police forces resulted from this report.

Key findings¹⁰⁶ of the report include;

- The police responded proactively to protect victims of domestic abuse
- The police were proactive in keeping people safe
- Police and partner organisations made good use of technology and innovated to support victims
- Delays and backlogs in the criminal justice judicial system were a significant concern
- The number of occasions when victims do not support police investigations is increasing

Recommendations arising from this section:

- Ensure protective measures for potential victims of domestic abuse are publicised well and distinctions between them clearly made
- Monitor and review the changes to judicial systems made by the Domestic Abuse Act 2021

¹⁰⁶ HMICFRS (2021), *Review of Policing Domestic Abuse During the Pandemic* (online) [Review of policing domestic abuse during the pandemic – 2021 - HMICFRS \(justiceinspectors.gov.uk\)](https://www.justiceinspectors.gov.uk/review-of-policing-domestic-abuse-during-the-pandemic-2021)

Domestic Homicide Reviews

Two women a week are killed by a current or former partner in England and Wales alone

107

A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria.

108

Sadly, since 2011 Wiltshire has undertaken 11 domestic homicide reviews, with 4 taking place since the previous needs assessment in 2017, one of which was a suicide. Wiltshire compares favourably to south-west comparators and both locally and nationally the majority of DHRs are assessed as standard and medium risk.

The average length to complete a DHR in Wiltshire is 17days¹⁰⁹; with the range being 14days – 20days and the average cost per review is in the region of £6,000. The principal cost is to fund an independent chair for the review and an author. To date the costs have been largely paid for from the Local Authority Public Health budget, and Wiltshire Police.

Co-ordinating DHRs have traditionally been the responsibility of Public Health Wiltshire, in 2021 this responsibility moved to the Safeguarding Vulnerable People Partnership (SVPP) via the Partnership Practice Review Group (PPRG). The SVPP was established in February 2019 in response to [Working Together to Safeguard Children 2018](#); that local safeguarding partners set out new arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs. The SVPP has a focus on both adults and children and brings together the work of the Safeguarding Adult Board (WSAB) the Community Safety Partnership (CSP) in addition to its focus on safeguarding children. With new safeguarding arrangements in place, this would mean all learning from different types of reviews could be managed in one place.

The lessons learned and action plans produced are monitored and reviewed through a Local Quality Assurance process. It is apparent that in all cases there have been multiple and complex needs identified for both the victim and the perpetrator, often requiring access to multiple agencies for support and advice. Significant links to mental health risks and alcohol dependencies have been identified.

107 [Office for National Statistics](#) (2019) *Homicide in England and Wales: year ending March 2018 (average taken over 10 years)*

108 Home Office Domestic Homicide Reviews, Key Findings from Analysis of Domestic Homicide Reviews, 2016

109 PLEASE NOTE: This assumes a working day is 8hrs

DHR guidance recommends Local Areas to consider commissioning reviews for domestic abuse incidents that resulted in suicide. In recent years Wiltshire has commissioned a review for suicide and there is ongoing work in Wiltshire to support suicide surveillance work, DA is now identifiable to help identify suicides where DHRs could be considered, and subsequent learning identified.

Suicide and domestic abuse

In recent years the links between domestic abuse and suicide has gained increased attention, but the evidence base remains poor. The evidence that does exist is outdated and often focuses on feelings of suicidality, rather than deaths by suicide, but the increased attention of this is likely to see an increase in studies of this nature. It is difficult to prove whether suicide is a direct result of experiencing domestic abuse, which may go somewhere to explain why the evidence base is poor.

Kent and Medway suicide prevention team undertook several research projects in 2020, to attempt to understand the links between domestic abuse and suicide at a local level. Data from the analysis shows nearly 20% (31 out of 160 cases) of suicides in Kent in 2020 were impacted by domestic abuse, with both female and male victims, CYP living with DA and perpetrators among the cohort of those who have taken their own lives. In some of the deaths, DA appears to be the only risk factor and in others DA is just one of several factors, additional risk factors most included mental health and substance misuse.¹¹⁰

We don't know a lot (*about suicide and domestic abuse*) – **But we know enough to know we should be seriously concerned**

Kent and Medway have responded to the evidence by including domestic abuse as a priority within the local suicide prevention strategy, funding trauma-informed workshops and targeted MH campaigns to DA audiences.

In Wiltshire surveillance work identifies individuals who have taken their own lives. At the time of reporting work was being undertaken to ascertain how many individuals were known to DA services. What is difficult to ascertain is how many cases are linked to DA but are unknown to services. We know that underreporting of DA cases is high, and this is particularly true amongst males, who are the largest cohort of those likely to take their own lives, which is supported by local and national data. Further investigation to understand the links between suicide and DA are needed at a local level.

Recommendations arising from this section:

- To improve multi-agency delivery of DHRs, ensuring accountability of required actions
- Further explore the links between suicide and domestic abuse and improve the evidence base at a local level

¹¹⁰ Abbot, M. Woodhouse, T. (2020) Highlighting the Relationship between Domestic Abuse and Suicide

Local Demands

Domestic Abuse Support Services Activity

Wiltshire has a wide range of services available to support victims of Domestic Abuse. This chapter provides an overview of the services and support.

Adult Victim Services

There are several aspects to supporting victims of Domestic Abuse. These include;

- The use of multi-agency risk assessment conferences (MARACs) to safeguard victims and their families at highest risk, through a coordinated approach and targeted action plans to reduce immediate risk.
- Provision of housing including refuges to ensure victims, and their families, can live in a place of safety.
- Provision of a specialist high risk support service, using dedicated Independent Domestic Violence Advisor (IDVA) roles to support victims.
- A range of supportive measures used to safeguard victims at risk of Domestic Abuse through the temporary removal of the perpetrator from the home (Domestic Violence Protection Orders), early disclosure of previous partner offending behaviour to enable informed and safe decisions to be made (Domestic Violence Disclosure Scheme).
- Provision of a community-based 'Outreach' support service to victims, offering longer term interventions through Domestic Abuse Support workers.
- The performance of statutory domestic homicide reviews to ensure that issues that led to domestic homicide can be identified and that lessons learned can be fed back to contribute to a process of continuous improvement in services.
- To work under the Care Act (2014) to identify and safeguard adults at risk, which includes Domestic Abuse.
- Recognising and addressing the wider issues of Domestic Abuse, which include supporting victims at risk of So-Called Honour Based Violence (Abuse), Forced Marriage, Female Genital Mutilation and other at-risk communities including Gypsy and Traveller groups.

Each of these areas will be discussed in more detail in the rest of this section.

Wiltshire Multi-Agency Risk Assessment Conference (MARAC)

MARACs are multi-agency risk assessment conferences focus on victims of domestic abuse who are assessed as being of high risk of serious harm or death. They provide a forum for sharing information, identifying risk to the adult victim and children, and putting a co-ordinated action plan in place to reduce those risks. The MARAC also makes links with other agencies to safeguard children, as well as to identify the risks the perpetrator poses to the victim, child, and anyone else including professionals or the wider community. Each MARAC is attended by key agencies from both the statutory and voluntary sector and the outcome of each meeting is a coordinated action plan to facilitate victim safety.

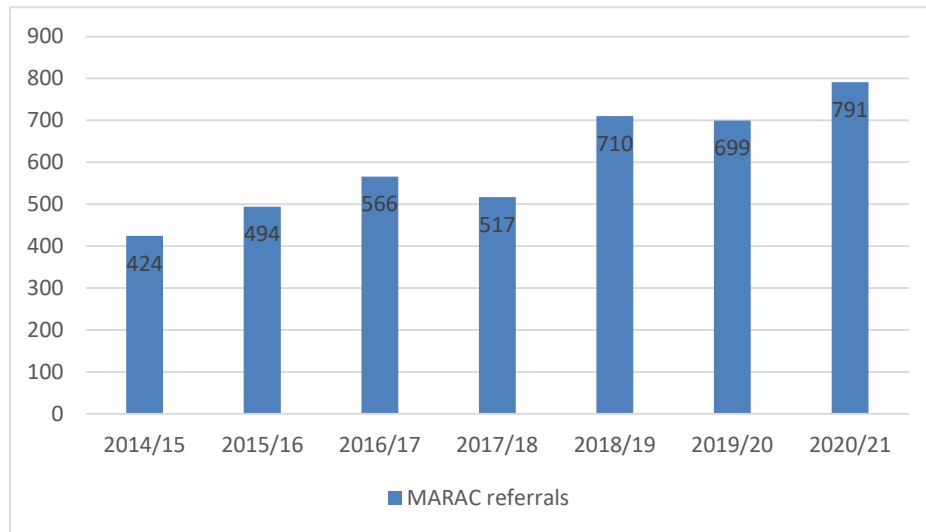
MARACs are not a statutory requirement, but they are cited as best practice by national strategy and policy documents and are also referred to in the Statutory Guidance for Domestic Homicide Reviews. The Wiltshire MARAC has been running since 2007.

Wiltshire co-ordinates two area MARACs (North and West; East and South), which each run fortnightly. Meetings are generally well attended by agencies, and many have embedded MARAC as part of their core function. The meetings regularly review representation and look to seek new membership where appropriate

The agencies currently involved in the Wiltshire MARAC are listed in the table below.

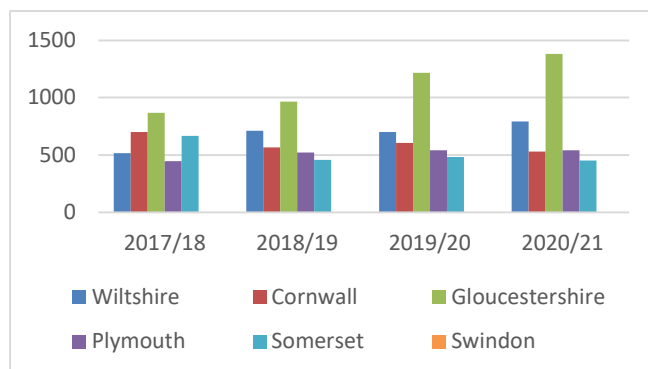
Core Agencies (attend every meeting)	
Wiltshire Police	Probation Service (CRC and NPS have recently merged)
Turning Point	Splitz Support Service
Avon and Wiltshire Mental Health Partnership	Refuge Providers: Green Square Accord Salisbury Women's Refuge
Wiltshire Council Children's Services Housing Options Adult Social Care	Health Services Salisbury Hospital (East & South Wiltshire MARACs only) Virgin Care Wiltshire CCG
Case Dependant (attend only if involved in a particular case)	
Children Children's Centres CAMHS (Child and Adolescent Mental Health Service) YOT (Youth Offending)	Registered Social Landlords Sovereign Housing Selwood Housing Green Square Accord Abri Housing
Health Services Great Western Hospital Midwifery Royal United Hospital, Bath Wiltshire Health & Care	Military Army Welfare Service Unit Welfare Chain of Command Royal Military Police

Figure 28 Volume of MARAC Referrals 2014-2021
Source LA Wiltshire MARAC data



The volume of MARAC referrals has continued to increase since 2014-15, with 424 received in 2014-15, increasing to 791 in 2020-21, the number of MARAC referrals has nearly doubled in the last 6 years. This upward trend is encouraging as it is likely to be attributed to increased efforts over recent years to raise awareness of DA and support services to the public and improvements in agency engagement. To cope with increasing volumes, Wiltshire MARAC meetings were made fortnightly in 2015 and capacity continues to be an area that needs close monitoring.

Figure 29 South West Comparison of MARAC Referrals in 2017 to 2021¹¹¹



In the South West region, Figure 29 (above) shows there is no clear trend in the volume of cases referred into MARACs when comparing across the years.

Within Wiltshire, the North/West Wiltshire MARAC sees a larger number of cases when compared to the South/East. This is consistent with general levels of reported incidents/crimes recorded by the police and the support services. The breakdown of MARAC activity in table 7 (below), shows that Wiltshire continue to record a higher than national non-police referral rate of 57% (against 35% national average). In 2015, only 10% of MARAC referrals were made by non-police agencies. Since then, Public Health have trained over 3000 non-police professionals to increase awareness of DA and increase confidence in referring. High turnover of staff has

¹¹¹ Data obtained by local authorities located in the southwest. PLEASE NOTED: Data was unable to be obtain for Devon, Swindon and South Gloucester and therefore not represented.

been identified as a challenge when upskilling professionals, there may need to be consideration for professionals to receive mandatory training as part of employee inductions. At the time of reporting Wiltshire was considering launching a ‘Train the Trainer’ DA training programme.

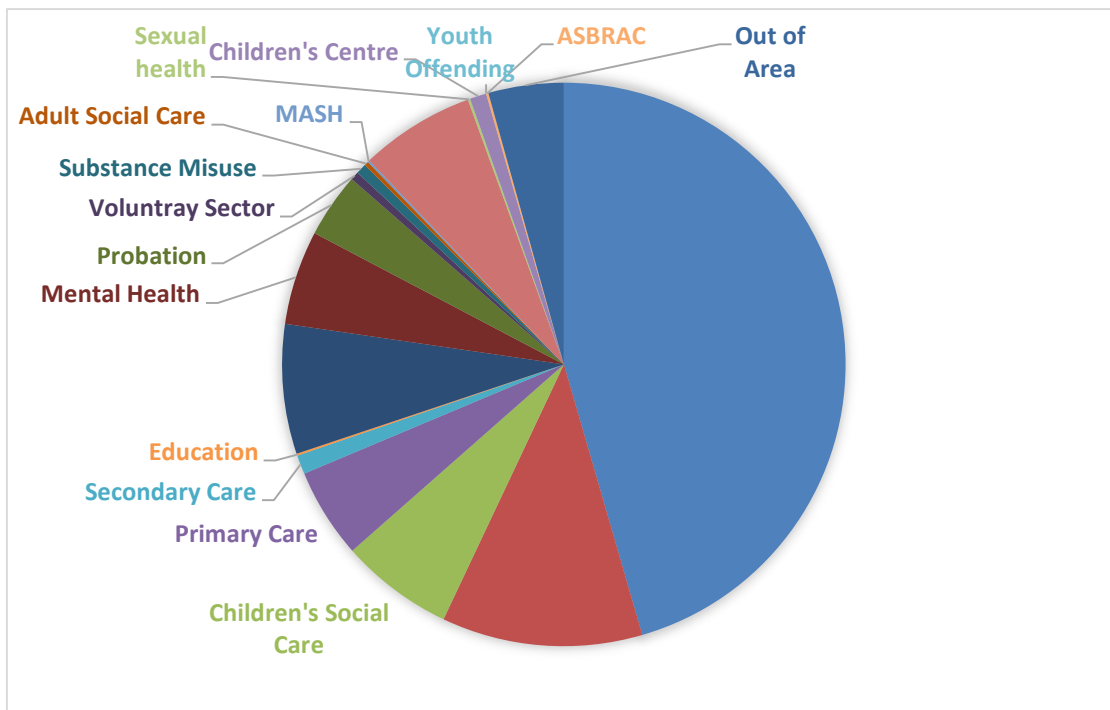
Wiltshire falls below the national average for police referrals by 18% but has a higher-than-average non-police referral rate.

Table 7 shows 2020-21 MARAC performance data collation¹¹²

Indicator	National figure	Most similar force group	SafeLives benchmark parameters	Police force	Wiltshire MARAC area	North West Wiltshire	South East Wiltshire
Number of MARACS	293	38	-	3	2	1	1
Cases discussed	113,538	11,508	-	1279	791	456	335
Children in households	141,024	14,334	N/A	1528	877	542	335
Repeat cases	33%	32%	28%-40%	39%	286	36%	36%
Police referrals	65%	70%	60%-75%	51%	48%	47%	49%
Referrals from non-police	35%	30%	25%-40%	49%	57%	53%	51%

MARAC receives referrals from a range of agencies, these are illustrated below.

Figure 30 shows the latest referral source data for MARAC 2020-21
Source LA Wiltshire MARAC



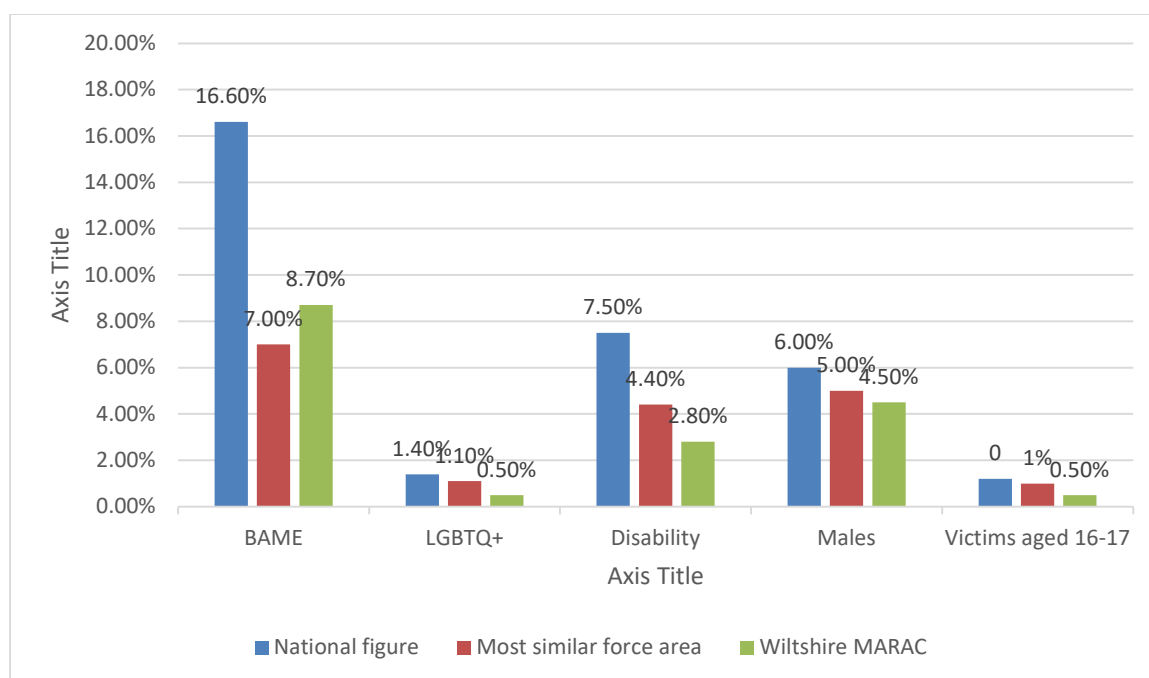
112 Safelives (2021) obtained by Public Health team, Wiltshire Council

The category entitled ‘other’ has grown in referral numbers in recent years, most referrals in this category are from the military. The military is not recognised as a mandatory field nationally and therefore falls in this category. Since 2017-18 MARAC referrals from military families has increased by 600% (6 in 2017-18 and 42 in 2020-21). This is likely to be attributed to increased collaboration with the military. The military have always been active members of the MARAC process and have recently extended their involvement by including Unit Welfare and Royal Military Police representatives. A ‘Military DA multiagency forum’ was established in May 2021 to examine and respond to the increase in military referrals.

Data related to victim characteristics can give an insight into the complex nature of domestic abuse and highlight those who may be at increased risk due to vulnerabilities. Figure 31(below) illustrates a comparison between data recorded at a national level, most similar force area and for Wiltshire, recording the percentage of cases that have been referred to MARACs from the identified vulnerable groups.

Figure 31 shows % of Referrals from Vulnerable in 2020-21

Source SafeLives Dataset 2015-16



Interpreting Wiltshire’s performance against these national benchmarks is complex. In Wiltshire ethnic minorities make up 6.6% of the population compared to a South-West regional average of 8.2% and 20.2% nationally. The lower proportion of BAME domestic abuse referrals in Wiltshire may simply reflect the lower proportion of BAME individuals in the Wiltshire population. Alternatively, the lower value may be due to those Wiltshire residents who come from ethnic minorities experiencing structural or cultural barriers that make reporting abuse harder than for the majority white population. The discrepancy between national and local reporting figures for men and people with disabilities are less likely to be due to differences in the composition of the local population compared to the national population. In the LGBTQ+ community there is some suggestion that fewer people locally may feel comfortable self-identifying as LGBTQ+ in part due to the lack of a recognised community support systems.

MARAC referrals for young people (16-19 years) remains low, which follows a similar pattern to the national average, as do male victims. There is a noted disparity between the volume of MARAC referrals nationally (7.5%) when compared locally to those victims who have disabilities (2.8%).

There has been increased concern around the level of focus on high-risk individuals, although this needs to remain a priority, there are calls to increase the focus on standard and medium risk victims to avoid such cases escalating to high risk. This was echoed in an independent review undertaken by IPC at Oxford Brookes.

Recommendations arising from this section:

- Take steps to identify young people (16-19) who are at high-risk of DA
- Further explore the links between domestic abuse and the military at a local level
- Take steps to balance the focus between standard/medium risk and high risk
- Further explore vulnerable groups at increased risk of DA (SCHB, FM, FGM and Gypsy and Traveller groups)

Commissioned support services¹¹³

As of April 2018, Wiltshire has had a single service provider, to deliver the commissioned support to victims of Domestic Abuse and Sexual Violence across all risk thresholds (standard to high risk). **Splitz support service** is this provider. The overall intention of the new arrangements was to bring together support services for victims and perpetrators of domestic abuse and victims of sexual violence (for both individuals and families) through one single point of access.

The newly commissioned service would be led by a local specialist domestic abuse provider, Splitz, working in partnership with GreenSquare Housing, The Nelson Trust and Salisbury Refuge to provide a range of safe accommodation. The domestic abuse service would cover all of Wiltshire and the sexual violence support service Wiltshire and Swindon. High risk victims would still be able to access IDVA support and victims of sexual violence an independent sexual violence adviser (an ISVA).

It was intended that children of all ages would be supported as part of a whole-family approach in partnership with the non-abusing parent and other involved professionals. Medium to low-risk perpetrators would access 1-2-1 support to recognise and change their behaviour to reduce the risk to partners and family. This assessment will not be reviewing the Sexual Violence agenda, this will be achieved through a separate assessment.

¹¹³ Review of Domestic Abuse and Sexual Violence Support – Final report 2020

The focus of the contract itself is responsive service to meet the needs of people actually experiencing or who have experienced domestic abuse who are referred into it for one or more of four inter-twined strands:

- Victim-focused support addressing both domestic abuse and sexual violence (for victims of all ages).
- Support for children and young people living with the impacts of domestic abuse. It was required that Splitz staff would be co-located within Children's Social Care Services to provide these supports or offer consultation support to social workers.
- Work to address perpetrator behaviour, as part of a whole family approach (aimed at perpetrators presenting low to medium risks).
- Provision of safe, flexible accommodation accessible to all in need who are fleeing domestic abuse (from inside or outside of Wiltshire).

The Institute of Public Care (IPC) at Oxford Brookes University was commissioned by Wiltshire County Council in February 2020 to undertake an independent review of domestic abuse support services on behalf of the Community Safety Partnership. Key questions for the review were co-produced with a Steering Group comprising key agencies and stakeholders concerned with domestic abuse.

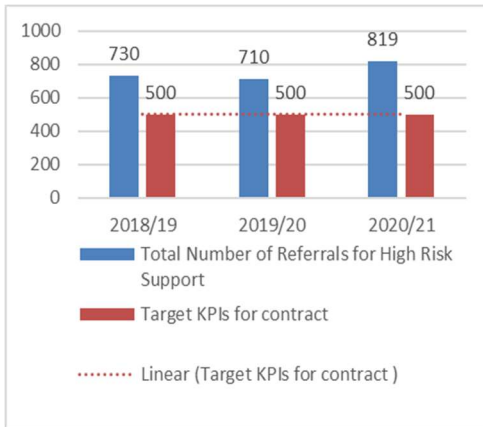
The review overall sought to explore the extent to which these specialist as well as the broader services and pathways into services are meeting local demand and improving the experiences of and outcomes for people who need them. Some of the key findings of this review will be evidenced in this report. Overall, the findings were complimentary about the service provided. As referenced through the report there has been a significant increase in the demand on services as a result of COVID-19.

Splitz high risk support service

The High-Risk Domestic Abuse Support Service delivered by Splitz provides an easy to access service, offering a range of short-term crisis interventions, including working across a range of services to support access to alternative accommodation, safety planning, and healthcare services. Working to reduce immediate risk and supporting individuals to stay safe remain the priorities for the service. Support will be provided to anyone at high risk of Domestic Abuse aged 16yrs or above irrespective of disability, ethnicity, sexuality, or gender.

The current contract commenced on 1 October 2018 and has been extended to 31 March 2023. The service includes the provision of six qualified (accredited) IDVAs.

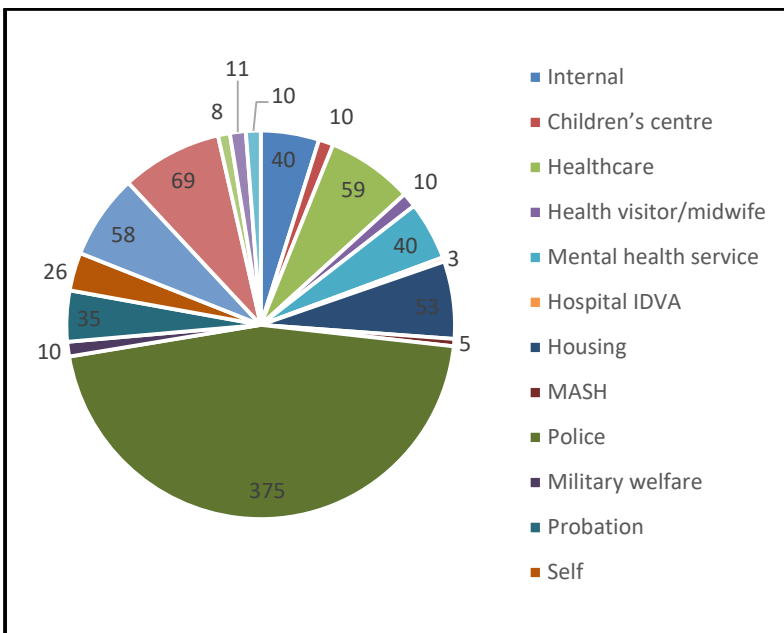
Figure 32 shows the total number of referrals for high-risk support from 2018-2021 compared with contracted Key Performance Indicators (KPIs)¹¹⁴



In 2020-21(819) the volume of referrals for high-risk support had increased by 13% when compared to 2019-20 (710), and there was a 3% decrease in referrals when comparing 2019-20 to 2018-19 (730). The significant increase in referrals noted in 2020-21 can be attributed to an escalation in cases due to COVID-19. Overall, referrals have increased by 41% since 2016-17. The KPIs for the Splitz contract have been exceeded year on year highlighting increased demand for the service which has resulted in capacity issues.

High risk referrals are prioritised and therefore waiting times for such referrals were not affected by the pandemic. However, waiting lists for other support mechanisms were affected, namely due to the pandemic but also as a result of ongoing staffing issues. These include waiting lists for standard and medium risk outreach, family support and independent support for children. Capacity during the COVID-19 and beyond have been echoed at a regional and national level. Splitz Support Service received £605,067 in additional funds in 2020 and 2021 to support the increase in demand.

Figure 33 shows referrals sources for Splitz in 2020-21¹¹⁵



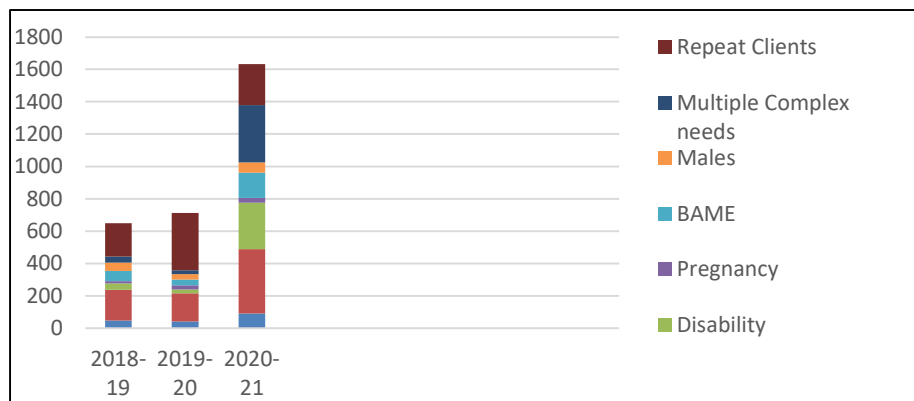
In 2020-21 Wiltshire Police were the biggest source of high-risk referral for Splitz support service, followed by social care and healthcare. This follows a similar pattern to recent years. Reports from the service note that self-referrals for all levels of risk have grown in volume year on year with the biggest increase seen during the pandemic. Increased efforts to promote the service during this time may help to explain this.

¹¹⁴ Data obtained from Splitz Domestic Abuse Support Service

¹¹⁵ Data obtained from Splitz Domestic Abuse Support Service

There are several characteristics that Splitz Support Service record to identify vulnerabilities to enable support to be tailored to need. Characteristics include victims who are aged 16-19, males, repeat victims and victims who are pregnant, have a disability or from BAME groups. The independent 2020 review by IPC for Oxford Brookes acknowledges that a significant number of Splitz clients have 'complex needs'. A person with 'complex needs' is someone with **two or more needs** affecting their physical, mental, social or financial wellbeing.

Figure 34 shows high-risk referrals by vulnerability for Splitz from 2018-2021



The volume of clients with complex needs has grown considerably since 2018-19 when compared to other vulnerabilities, improvements in data recording will go somewhere in explaining this. In 2020-21 the volume of 16-19 year old victims for high risk referrals tripled (91), when compared to medium-standard risk (32). This is concerning as medium standard risk received 379 more referrals than high-risk, further indicating an increased focus on young people (16-19) is needed.

The increase of client and case complexities continues to be a concern for the service. The 2020 review found a link between repeat victimization and complex needs, including the combination of domestic abuse, mental health, and substance misuse. Supporting clients with complex needs can take time, as one need may need to be addressed before a client is able to engage with a course for example. The strong suggestion from stakeholders was that an improved multi-agency approach is required but having one 'trusted' person to work with would be in the best interests of the client, a solution is therefore difficult to attain. Reports from the service express the time taken to deal with complex needs is demanding and has further exasperated waiting times for victims, particularly during COVID-19.

Feedback from Stakeholders regarding clients with complex needs 2020¹¹⁷

“We need to have more in-depth professionals’ meetings where there’s a multiplicity of needs”

“Sometimes we are having these professionals’ meetings, but it’s not consistent across Wilts”.

“It would be good if IDVAs could call these meetings as well, not just MARAC. They are all about developing a joint understanding of the challenges and risks / protective factors and coming up with solutions”

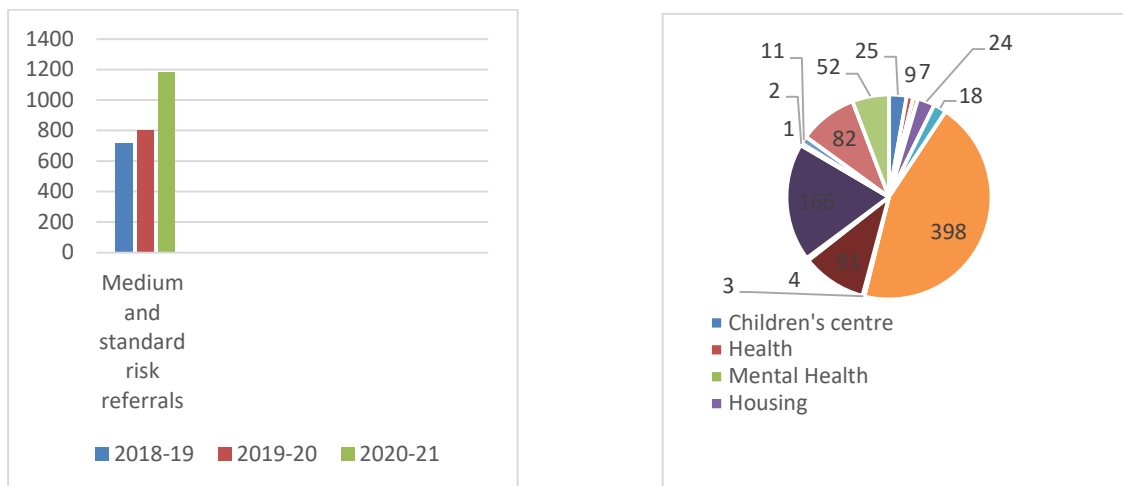
“Thresholds for services are too high e.g., IAPT or criteria excludes individuals, including the old issue of too unstable for service due to drink”.

Splitz standard and medium risk support service

The Outreach Service (The Phoenix Project) supports victims of Domestic Abuse whose immediate risk has reduced or are assessed as standard or medium risk and are able to engage in support to re-build confidence, encourage peer support, and work towards enabling positive behaviour change.

The service will also deliver workshops, group sessions which deliver a programme of support and understanding healthy relationships. The service includes a manager and four Outreach Domestic Abuse Support workers (30hr contracts). The service supports victims that are at standard to medium risk (DASH RIC 5-9).

Figure 35 and 36 shows the number of standard and medium risk referrals made to Splitz Support Service from 2018-2021 and referral sources in 2020-21¹¹⁸



The number of referrals for medium and standard risk victims of DA has seen a 65% increase since 2018-19, with an 11% rise from 2018-19 to 2019-20 and a 47% rise from 2019-20 to 2020-21. The significant increase in trend is again likely to be attributed to COVID-19, where regionally and nationally DA services have seen significant rises in referrals. As with high-risk referrals, the referrals for medium and standard risk clients originate largely from Wiltshire Police, followed by social care.

117 Oxford Brookes (2020) Review of Domestic Abuse and Sexual Violence Support Services

118 Data obtained from Splitz Domestic Abuse Support Service

The third biggest source of referral is by self. This is encouraging as it may indicate increased efforts to raise awareness of the service.

Given the proven links between DA, substance misuse and mental health, referrals from such agencies remains low, substance misuse (9) and mental health (7). 15% of referrals (134) were classed as 'other' or 'not known'.

As previously discussed, Splitz Support Service traditionally have a 'risk-led' response to tackling domestic abuse. Therefore, high-risk referrals are prioritised which has a knock-on effect of waiting times for both standard and medium risk referrals and for children and families. Although measures have been put in place to support this, waiting lists still remained high through to the end of 2021. Feedback from agencies suggests improvements are required to focus on Wiltshire's response to standard and medium risk victims to prevent escalation and balancing a risk-led approach with prevention.

Inappropriate referrals are often an issue for Splitz and dealing with such referrals can further increase demand on capacity.

"We're the 'go to' organisation. Where someone mentions an abusive relationship (that happened) two years ago, the system sends it to us. We get a lot of referrals that aren't quite right for us, but they do take quite a bit of work. You have to listen to the story first, and this takes time". Splitz support service employee

119

Table 8 shows the engagement for referrals into structured support¹²⁰

Year	Engagement rate
2018-19	80%
2019-20	88%
2020-21	88%

121

The engagement rate from referral to engagement in structured support (across all levels of risk) has remained high since the contact commenced in 2018. In 2018-19 the rate of engagement was 80%, rising by 8% in 2019-20 (88%) and maintaining this rise in 2020-21 (88%).

119 Oxford Brookes (2020) Review of Domestic Abuse and Sexual Violence Support

120 Data obtained from Splitz Support Service

Service user feedback

Domestic abuse victims interviewed for the IPC review had positive feedback (see below) about their experiences of the service and frequently referenced how supportive, safe, informative, and well-tailored it had been for them.

“It was a very good service. They were so supportive. They also signposted me to Turning Point, a group of people to deal with alcohol addiction, and a mindfulness group for my anxiety”

“Always safe, available. They made it safe to carry on speaking or to end the call if there was any risk. They’ve been helpful every step of the way. They gave me advice on everything. The people at the refuge went above and beyond.”

“One to one. I’d get stuff off my chest. We did a lot of written work like the wheel of safety, told me about things I hadn’t thought of”

“I can contact Splitz again. They don’t want to pressure me, but they’ve made it clear that are available for whenever I need to contact them. There is no time limit. They allow women to be pro-active in getting back to them”

Recommendations arising from this section:

- To continue to monitor and review the impact of COVID-19 on service provision
- Take steps to improve rates of referrals from key partner agencies
- Take steps to improve the response to domestic abuse, in terms of substance misuse and mental health

Splitz support for children and young people

The support offer for children was established with the initial commission of the current 2018 contract, although Splitz Support Service have been working with Children in Wiltshire for many years prior to this. In the past, support for children has involved group work, courses, and interventions within schools. The exception to this was the Young Person’s Independent Domestic Violence Advisor (YP IDVA) service which was funded from Splitz’s reserves following evidence of a gap in provision, this role started in December 2018.

The Wiltshire Council provider contract specifies that 50% of Splitz work should be for individuals working with social care. The model is one of embedded Splitz staff acting as an expert domestic abuse resource within each children’s services. Interviewees for the 2020 IPC review supported the model and thought the “embedded concept is sound” and but that the operational reality could suffer from insufficient capacity to respond to demand.

Details of the support offered through Splitz is detailed below:

YP IDVA

The YP IDVA works with children who have been victims of DA from the age of 13, this is DA within intimate relationships or by child siblings, as abuse by parents or adult siblings, would be considered child abuse and so referred to CSC. Referral is made by professional referral, self-referral or by friend/family member. Support is based on building safety, reducing risk and educational sessions around healthy relationships. This support can only be offered if the child/young person is aware of the referral and consents to it. The case will close when the risk has significantly reduced, and the service view it as safe to do so.

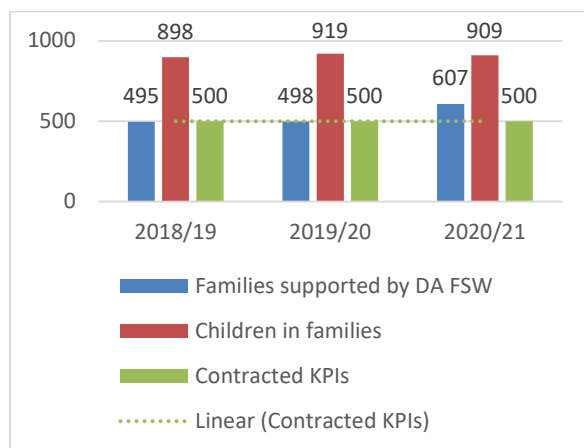
Children affected by domestic abuse

This support is for children aged between 11-19 who have been impacted by domestic abuse, which has usually taken place between their parents. It is expected that Splitz will have the consent of the non-abusing parent and aim to ensure the child is in a safe place both emotionally and practically to complete the support. The intervention is short term, and made up of structured sessions around domestic abuse, healthy relationships and understanding the impact and is usually delivered face to face in school settings. Referrals are typically made by professionals but are also made internally when staff identify children through working with their parents. The support can only be offered if the child/young person is aware of the referral and consents to it.

Work with the non-abusive parent:

Educational sessions are offered to victims of domestic abuse, with a focus on improving safety and increasing understanding and awareness of domestic abuse. At least one of the sessions is typically on the impact on children of DA. This work is for victims assessed as standard to medium risk and is short term and structured.

Figure 37 shows referrals for families into Splitz from 2018-2021 compared with contracted KPIs (Data obtained from Splitz Support Service)



Referrals for families remained steady from 2018-19 to 2019-2020. There was a significant rise in referrals for 2020-21 (607) when compared to 2019-20 (498). Whole family support will have increased in demand due to the COVID-19 pandemic, however, the number of children in referred families has remained steady since 2018-19.

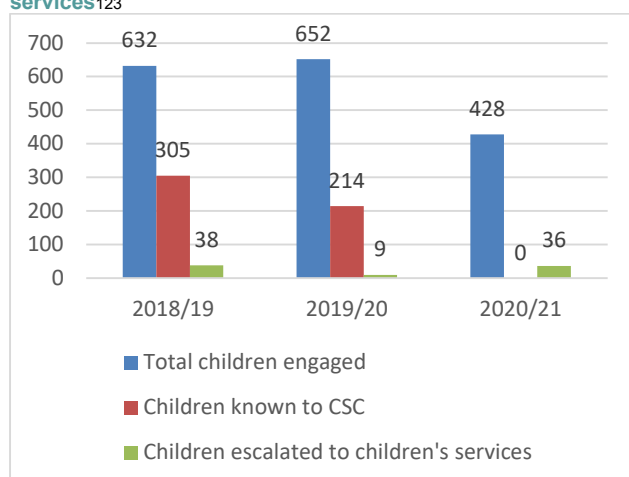
Whole family support (WFS) provides support to the parents of children, and in some cases, where a need is identified, the child will be referred for independent support.

Table 9 shows volume of referrals for whole-family and independent support and engagement rates¹²²

	2018-19	2019-20	2020-21
Children referred to receive WFS	667	↑ 761	↓ 541
Children referred and engaged in WFS	632 (94%)	↓ 652 (86%)	↓ 428 (79%)
Children referred for independent support	93	↓ 64	↑ 84
Children referred and engaged in independent support	77 (83%)	↓ 37 (58%)	↑ 55 (65%)

In 2020-21 referrals for WFS decreased by 41% (220) when compared to 2019-20. Engagement rates for WFS have also decreased over recent years, in 2018-19 the engagement rate was 94%, this declined to 86% in 2019-20 and 79% in 2020-21. Children referred for independent support in 2020-21 increased by 31% (20) when compared to 2019-20. Although the engagement rate rose from 2019-20 (58%) to 2020-21 (65%), it remains much lower than when it was at its highest in 2018-19 (83%). Most support for children would normally take place in a school setting, with schools closing due to COVID-19 pandemic, this had a negative impact on the engagement rate for children.

Children who are supported by Splitz will often have additional needs, Splitz work closely with children's social care and other agencies to ensure children receive appropriate support for additional needs.

Figure 38 Shows the number of child referrals who are known to CSC and those who have been escalated to children's services¹²³

In 2018-19 nearly half (48% - 305) of all children engaged were known to CSC. This fell to 33% (214) in 2019-20. Data for 2020-21 was unavailable at the time of reporting. Children escalated to CSC by Splitz had a significant dip in 2019-20 (9 children) when compared to 2018-19 (38 children) and 2020-21 (36). The reasons for this are unclear. Close monitoring of children's needs is required to ensure appropriate and effective support is received.

Findings from a 2019 report undertaken by IPC at Oxford Brookes to review Support and Safeguarding Services in Wiltshire suggest that 'bridging work' would help to ensure the needs of children with complex needs are met. Bridging may be achieved in a number of ways, including by the social worker or key worker, for example spending more time with the parent to generate greater understanding of the issues

¹²² Data obtained from Splitz Support Service

¹²³ Data obtained from Splitz Support Service

and work to engage vulnerable families in more rural areas who may find it harder to be recognised by services (IPC at Oxford Brookes, 2019).¹²⁴

Families interviewed for the review suggested that more time may need to be spent with them in the early stages of engagement, before progressing to a planning stage, to help them recognise how these issues have an impact on their children and to become motivated to do something, but capacity issues due to the pandemic have made this difficult to achieve.

Positive impact of support services for CYP¹²⁵

Young person found the sessions helpful and is trying to put what they have learned into practice (e.g., Do things to stop themselves getting angry and keeping a diary to express emotions)

Child engaged really well in session, was proud of their workbook and wanted to show their parents

Young person reflected it had been helpful to have a space to talk, it had helped them to talk to Mum about some of their confusion, also about Dad

Child felt more positive and confident, began scouts as a way of having outlets and to build self-esteem and friendships. Improvements in child behaviour fed back by Mum, self-harming stops

There is a notable gap in provision for 5-11 year olds. If independent support is required for this age-group, they will be referred to social care and support will be offered to the parent.

Young Person's Independent Domestic Violence Advisor (YP IDVA)

The YP IDVA service is delivered by Splitz Support Service. The YP IDVA works in schools to achieve the following.

- Increase awareness of DA and young people with staff
- Develop consistent referral pathways
- Deliver healthy relationship work with students in years 12 and 13
- Provide young people with information regarding consensual sex, domestic abuse and where they can access support

Improving the level of engagement with young people, has been a multi-faceted approach, and has included increased frequency of appointments, out of hours appointments, improving the multi-agency response and the use of trauma-informed approaches.

¹²⁴ IPC for Oxford Brookes (2019) Review of Support and Safeguarding Services in Wiltshire

¹²⁵ Oxford Brookes (2020) Review of Wiltshire Domestic Abuse and Sexual Violence Services

Focus groups for YP have taken place to gain their views and involve them in decision making. Through this method, YP have voiced the following.

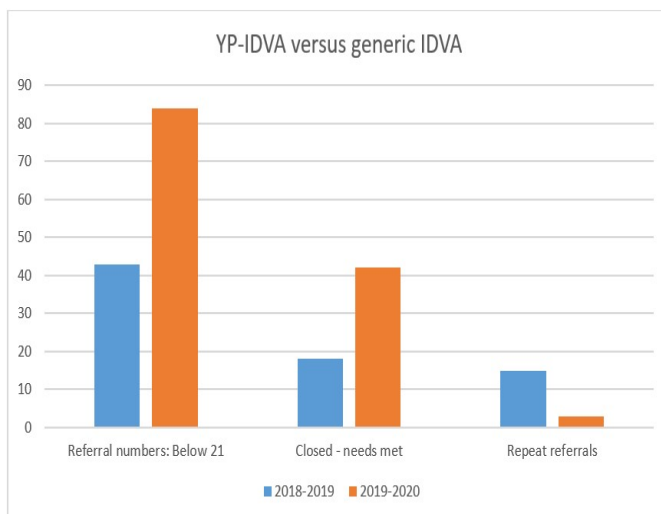
The importance of consistency with a YP IDVA

The need for face-to-face contact

Support provided at a time that suits young people

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Figure 39 compares referral numbers and outcomes for young people aged 21 and below in 2018-2019 (support provided by a generic IDVA) to the same period in 2019-2020 (support provided by our YP-IDVA)¹²⁷



Although there is limited data on this relatively new service, the initial findings are encouraging. Referrals for young people nearly doubled in 2019-20 when compared to 2018-19. This is likely to be attributed to improvements in partnership working and increased awareness of the service. There has been a 10% increase in the number of young people supported who were closed as “needs met” and there is a noted downward trend in the number of repeat young victims.

The outcomes of the YP IDVA identifies the service is achieving its overall aim of ‘Improving the safety and wellbeing of young people’. Recommendations from a recent review of the service undertaken by the provider, identified the following for consideration.

- Continue funding of the YP IDVA
- Expand the YP IDVA service
- Consider a young person’s MARAC
- Work to include supporting perpetrators as well as victims

¹²⁶ Data obtained from Splitz Support Service

¹²⁷ Data obtained from Splitz Support Service

Examples of the positive impact of the YP IDVA and views of school staff, included;

Young people felt better placed to know how to access help following engagement

Attendance of the YP IDVA at other meetings allowed them to address other areas of risk and needs of YP

'The YP IDVA was fantastic in my lessons'

'The role of the YP IDVA is even more essential now'

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The COVID-19 pandemic was a difficult year for Splitz to support children and young people affected by domestic abuse. The work is typically delivered face to face in schools and was therefore 'put on hold' when schools closed in March 2020. Whilst this work has resumed, it has been interrupted several times because of school closures and the restrictions imposed by individual educational establishments. This has resulted in an extended waiting list for children, which continues to be a concern.

The service provider expressed the needs of children and young people have been somewhat 'lost' during the pandemic. As previously discussed, efforts have been made to 'pump-prime' the support service to meet increasing demand.

This Health Needs Assessment would like to acknowledge the excellent work that has been achieved by Splitz Support Service to safeguard adults and children from the harms of domestic abuse, particularly during the COVID-19 pandemic. A needs assessment is unable to evidence the volume of lives that have been saved or relationships that have ended or mended due to support the service has offered and it is important this is recognised.

Recommendations arising from this section:

- Continue to monitor and review the impact of COVID-19 on CYP
- Take steps to improve service provision and waiting times for CYP
- Consider 'bridging' work to support children with complex needs accessing support
- Consider the gaps in service provision when planning future service design

Recovering Together Programme¹²⁹

Spurgeons' Recovering Together project was funded by a Covenant grant from the Ministry of Defense and worked in partnership with Army Welfare Service and other agencies. The project ran from 2017-2019 and utilized a whole family approach to support Armed Forces families with children aged 0-11 (including unborn) affected by domestic violence and abuse (DA). Through working with victims and perpetrators the project aimed to reduce instances of DA and to create a safe environment for children to grow up in. The project supported Armed Forces families across the Salisbury Plain Training Area covering the areas of; Tidworth, Perham Down, Bulford, Netheravon, Upavon and Larkhill.

The project was designed to benefit the whole family of serving personnel including;

Parents experiencing DA (Standard and Medium Risk)

Parents experiencing or who have experienced DA were offered support through the **Freedom**¹³⁰ or the **You and Me, Mum**¹³¹ 12-week programs delivered in a group setting. Support offered was dependent on the level of need and parents accessed one or both programs. Domestic Abuse Support Workers delivered these programs and supported victims to attend and engage with the project and provide one to one support according to need.

Children experiencing/ witnessing DA

During the group programs, children accessed complimentary child-care sessions led by our qualified Early Years Workers. The sessions engaged children in play using the **Five to Thrive**¹³² approach, to promote positive attachment and model behaviours that aim to increase the emotional wellbeing of children. Children who had witnessed DA were also offered 1:1 **Play Therapy**¹³³ during these sessions, delivered by a qualified Play Therapist.

Perpetrators of DA

Perpetrators were signposted to attend the 25 week perpetrator program '**Turnaround**' delivered by Splitz. The programs were delivered in a group setting.

¹²⁹ Data obtained from Spurgeon's Children's Centres, Wiltshire

¹³⁰ 10 week programme for parents who have experienced domestic abuse or think they have. The course aims to help those recognise the early signs of abuse.

¹³¹ 10 week course for Mums who have experienced domestic abuse and understand the effects on themselves and their children.

¹³² The **five to thrive** model is a way of understanding how connected relationships are fundamental to human wellbeing and help us to build resilient communities

¹³³ **Play therapy** refers to a range of methods of capitalising on children's natural urge to explore and harnessing it to meet and respond to the developmental and later also their mental health needs

Victims and children could also access the project where a perpetrator is no longer involved. 65 referrals were received throughout the entirety of the project, with 8 referrals not resulting in an intervention. Reasons for this included family deemed inappropriate to due to moving out of area, health issues of the child and families declining the offer. 54 families were supported in total, including 54 Mums, 24 Dads and 87 children.

Key findings of the Recovering Together Project

- 100% of our victims throughout the project demonstrated that they had made improvements in their journey by at least 2 points in one or more of areas.
- Clients stated that they felt the service was a 5 (Very Good) or a 6 (Outstanding) in relation to “did we make a positive difference?” and “how well did we treat you?”.
- 100% of children that attended our Five to Thrive sessions reflected positive development in the three prime areas (according to the Early Years Foundation Stage) of their learning.

Spurgeon’s reflected that it was difficult to engage participants given the short timescales for delivery, this did not allow sufficient time to promote the service and embed a strong multi-agency approach. However, the results of those who engaged was encouraging and partnership working was recognised as key to the project’s success. Some participants expressed that the support had changed their lives, had a huge impact and they have been able to make positive changes as a result.

As previously discussed, the links between key agencies and the Military in responding to domestic abuse has continued to strengthen in Wiltshire over recent years.

Perpetrator support services

This section provides an overview on current services available to support and address perpetrator behaviour through both;

- Community-based (voluntary) programmes
- Court-Mandated programmes.

Addressing perpetration is vital to prevent abuse from happening in the first place, prevent repeat abuse and ultimately break the cycle of abuse. Until recently, the focus for addressing domestic abuse has been mainly victim-focused. Victims have always been prioritised for support, this of course needs to remain, but a shift to balance focus on perpetrators as well as victims is needed to prevent abuse and support behaviour change. RESPECT charity called for a national perpetrator strategy to be funded and published in 2021, it is believed there will be a national strategy published by the UK government by spring 2022 as part of a wider strategy to address domestic abuse.

To start the conversation on perpetration and begin steering the agenda locally, Wiltshire conducted a perpetrator stakeholder event and have established a multi-agency Perpetrator Steering Group who will work together to develop a local action plan to tackle domestic abuse perpetration.

Perpetrator programmes have historically been underfunded, making it difficult to evaluate long-term outcomes. Splitz Support Service have been funded by Wiltshire Council and other non-LA sources for a range of perpetrator programmes over recent years. However, tackling perpetration goes far beyond the provision of services. There has been a multitude of perpetrator programmes delivered in Wiltshire over the past 4 years, with 2 pilot projects still operating. Available evidence for perpetrator programs both locally and nationally are limited and data for Wiltshire's services was on occasion difficult to obtain. The data made available at the time of reporting will follow.

Turnaround Programme

From 2015-2018 Splitz delivered a perpetrator programme funded by the Big Lottery 'Reaching Communities' fund called Turnaround. Turnaround is a 25 week voluntary programme for male perpetrators of domestic abuse, who were looking to change their abusive behaviour. A women's safety worker worked alongside the programme, offering support to the partner.

The programme comprised of 5 modules:

- Module A - Physical respect
- Module B - Intimacy and sexual respect
- Module C - Emotional respect
- Module D - Domestic abuse and the impact on children
- Module E - Rebuilding trust and respect

At the end of the 25-week programme, each male attends a monthly Relapse Prevention Group (RPG) for 12 months. In addition, each attendee of the RPG meets with the Programme Coordinator for a 1-to-1 session approximately every 3 months, where their progress is reviewed, and their individual action plan is updated. It is important to note that this programme is only for male perpetrators and female victims. Splitz offer a separate service that works with female perpetrators.

Key findings of the Turnaround project external evaluation

- Referrals for the programme increased year on year.
- The conversion rate of the Turnaround - Wiltshire Project, Phase 2 from pre-group assessment to engagement on the 25-week DVPP was high at 69% (101 out of 146).
- The percentage number of male perpetrators who completed the programme was excellent at 86% (87 out of 101).
- The percentage number of male perpetrators who completed the programme and then 'graduated' on to the RPG was 74% (64 out of 87). A creditable performance
- 94% (82 out of 87) of male completers of the programme showed a significant or total reduction of the use of domestic abuse against their partners.
- The number of female partners supported over the 3-year programme was 99.

The Turnaround programme is one of 10 nationally to be accredited by Respect. An external evaluation¹³⁴ of the programme was undertaken in April 2019.

The evaluation found, the primary aims of the project, namely the reduction by male perpetrators in their use of a) power and control, and b) a misplaced sense of entitlement and patriarchy, were achieved, successfully and demonstrably. The overwhelming majority of partner(s)/ex-partner(s) of the male perpetrators felt significantly safer because of the men attending the 25-week programme funded by this project. There was substantial evidence that the men who completed the programme;

- Stopped using physical and/or sexual violence.
- Strongly decreased using coercion, control, and other forms of abuse;
- Learned how to be non-abusive in all forms of relationships; and
- Understood the impact of the abuse on children

The evaluation states that the programme is a valuable contribution to a co-ordinated community response to domestic abuse.

Behaviour change support

In 2018- 2022 there was no funding for perpetrator work apart from one behaviour change worker in the Splitz contract. This support is 1:1 behaviour change work for females and men who are unable to access group work, such as those under 18 years old.

Since 2018-19 there has been a year-on-year increase in referrals for behaviour change support. In addition, the service has seen engagement rates improve over recent years. However, as previously discussed the number of perpetrators accessing support remains low given the number of victims accessing support and DA incidences reported to police. More work needs to be achieved to increase referrals into perpetrator services in Wiltshire.

In 2020 112 referrals were made for Behaviour Change support and 68 of these went on to receive support. The volume of referrals follows a similar pattern to previous years. 16% (1/6) of young male referrals (aged 16-18) engaged with support in 2018-19, this rose to 60% (3/5) in 19-20 and 100% in 20-21 (4/4). Behaviour change support has seen a decline of young males (aged 16-18) being referred since 2018-19 (6 in 2018-19, 5 in 2019-21 and 2 in 2020-21). COVID-19 pandemic will go somewhere in explaining this downward trend. However, the engagement rate for young men has gone from 16% to 100% when comparing 2018-19 to 2020-21, which is encouraging.

¹³⁴ Stowers and Associates (2019), *Turnaround Evaluation Report*

Behaviour Change participants feedback¹³⁵

“They got through to me in a way I could understand. There were subjects and assignments about relationships. I started to change, although it was hard at first. I am from a different culture. They were very helpful, very good for people from a different ethnic background”

‘My worker was fantastic. Flexible with my needs (both victim and perpetrator). It was very structured .. but lot of room for exploring and asking questions. How to pick up unhealthy things in adult relationships. Intense therapy for me. It started off as the perpetrator work but then how I was failed as a victim’

“I don’t have support now, but the door is open. I take it day by day. If I’m unsure, I call. I refer to the materials X has given me”

Perpetrator programme service users

Domestic Abuse Serial Perpetrator Programme (DASP)

In Oct 2020 the OPCC funded a Domestic Abuse Serial Perpetrator programme (DASP) delivered by Splitz Support Service, the funding for this programme would run until March 2021. DASP is the provision of Behaviour Change (Perpetrator) work, with a high risk cohort of serial domestic abuse offenders. This cohort will be managed via an offender manager within the Integrated Offender Management (IOM) department or an appropriate department of the Wiltshire Police Force.

It is a rolling programme, with intervention periods varying up to a maximum of 9 months (with review at 3 and 6 months), with the aim for a minimum 25 service users to start and engage with an intervention per year. The aims of the programme are to;

- Offer each service user a risk led response that proactively addresses and reduces the risks to themselves and others, as part of a whole family approach.
- Support the service user with their identified support and practical needs and motivate engagement in activities that will produce sustained behaviour and offending change.
- Deliver the service in the context of multi-agency response.

The intended benefits are to reduce incidents of domestic abuse therefore reducing victims and reoffending. The IOM DASP scheme is aimed at those perpetrators of domestic abuse who have not met the criteria for court-imposed programme sanctions or where the issues of domestic abuse have not come to the attention of the courts but where the risk has been identified as current. Data for the DASP pilot was unavailable at the time of reporting.

¹³⁵ Data obtained from Splitz Support Service

Reprovide programme

In 2019, Splitz Support Service secured funding from the National Institute for Health Research (NIHR) as a sub-contractor for Bristol University to deliver a male perpetrator project pilot called 'Reprovide', as part of a regional trial. This would be a clinical research project funded by Bristol University and would consist of 2 programmes – 1 of which would be in Salisbury and the other in Chippenham.

The randomised control trial would compare outcomes for men who take part in a group programme against outcomes for men who have not taken part in a group programme. Investigation of impact on partners and ex-partners of perpetrators will also form part of the research. The trial aims to improve the long-term evidence base for male group perpetrator programmes, by investigating the effectiveness of group-based perpetrator interventions.

The trial is due to end in February 2023, with the last males accepted on the programme in July 2022. Therefore, data for this project is not yet available.



Non-mandatory perpetrator programmes rely on perpetrators taking responsibility for their actions and being ready to engage in support. Most perpetrator programmes do not allow engagement until a certain level of commitment is made. As most perpetrators are in the 'pre-contemplation' stage of change, this ultimately affects the volume of perpetrators who access support. However, there is little evidence of 'bridging' work to initiate behaviour change and encourage commitment and responsibility in Wiltshire. There has been good practice identified in Cheshire, 'ENGAGE' is a non-therapeutic approach where professionals will take time to gather information about the perpetrator, build a relationship with them and educate to enable the perpetrator to become 'ready' for engagement. This approach supports evidence-based behaviour change models of 'moving through' the cycle of change and provides the service with risk-management time.

Building Better Relationships (BBR) court mandated programme

As part of the government's recent reform of probation services, the Bristol, Gloucestershire, Somerset, and Wiltshire Community Rehabilitation Company (CRC), along with all other CRCs, were returned to the Government's control forming the new Probation Service. The Probation Service is responsible for the management of all adult offenders who have been sentenced to serve their order in the community, as well as prisoners released on licence.

Table 10 Breakdown of Offenders as perpetrators / victims of DA¹³⁶

	2018/19		2019/20		2020/21
No. of Male Offenders Identified as Perpetrators of DA by Probation Service	44	↑	62	↑	128
No. of Female Offenders identified as Perpetrators of DA by Probation Service	4	→	4	↑	15
No. Male offenders identified as VICTIMS of DA by Probation Service	2	↑	9	↑	26
No. Female offenders identified as VICTIMS of DA by Probation Service	8	→	8	↑	37

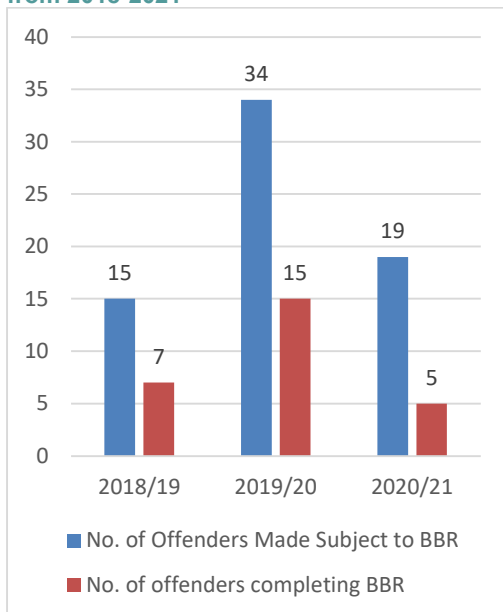
Male offenders who have been identified as perpetrators by probation has risen by 190% since 2018-19 (40% (18) increase from 2018-19 and 106% (66) increase from 2019-20). The increases are disproportionate when compared with overall offender numbers, where there has been a 50% increase in total offenders since 2018-19. This is likely to be due to improved awareness of DA and improved responses in police and probation services.

Specific to domestic abuse, the CRC worked with people who have been violent or abusive towards their partners or have been identified at risk of doing so. They delivered the nationally accredited 'Building Better Relationships' (BBR) programme. BBR is a thirty session, moderate intensity Intimate Partner Violence (IPV) programme for heterosexual male perpetrators. The programme accepts offenders that are deemed moderate or high risk according to the Spousal Assault Risk Assessment (SARA). BBR is a nationally accredited groupwork programme designed to reduce reoffending by adult male offenders convicted of violence against an intimate partner. The programme has a strong theoretical base, considering recent developments in thinking and research in relation to aggression within relationships. The pathway for non-heterosexual and female offenders will be via the Rehabilitation

¹³⁶ Data obtained from CRC **Please note:** Only partial data was available for 2017-18 and therefore not included in this report. The data does not relate to **all** adult offenders, only those supervised by the CRC.

Activity Requirement (RAR) days and toolkits delivered by the offender management team.¹³⁷

Figure 41 shows the number of offenders made subject to BBR and those who completed the programme from 2018-2021



In 2018-19 15 male offenders were made subject to BBR with 7 (47%) completing the programme. In 2019-20 offenders made subject to BBR peaked at 34, with 15 (44%) completing, a 3% increase in engagement from the previous year. There was a significant decrease in volume of males in 2020-21, where 19 were made subject and only 5 (26%) completed. This is an 18% decrease in engagement compared to the previous year.

Reports from CRC indicate that the COVID-19 pandemic had a serious impact on the volume of offenders accessing perpetrator programmes. Some programmes of support halted during periods of restrictions and waiting lists resumed.

Although the number of perpetrators accessing support locally and nationally remains low, more work needs to be done to understand the capacity of such interventions.

Recommendations arising from this section:

- Take steps to improve uptake of perpetrator services
- Take steps to improve the evidence base for perpetrator services at a local level
- Consider balancing prevention and risk-led responses by ensuring early intervention

Domestic abuse out of hours helpline review (OHH)¹³⁸

The DA OHH was set up through a rapid procurement exercise during the first lockdown in May 2020. A decision influenced by an unmet need, at a time where there was a significant reduction in referrals to both the police and support services and when perceived risk was greater due to national lockdown restrictions. The service run by Swindon's Women's Aid (SWA), were able to quickly expand their existing out of hours provision to cover Wiltshire's requirements.

The helpline went live on the 8 May 2020 until the 23 April 2021. As a result of continued media interest that funding had been withdrawn and reports of referrals

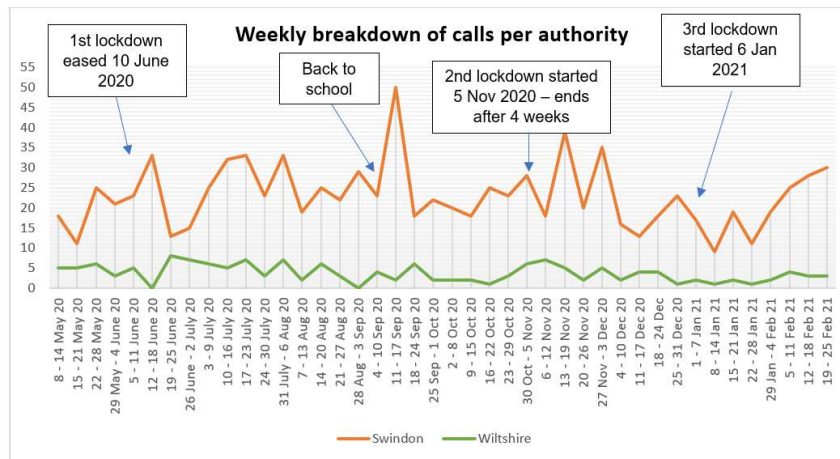
¹³⁷ RAR days are a sentence the courts can give. The courts can sentence an individual to attend up to sixty RAR days in which the offender manager has discretion to direct the service user to undertake certain interventions that would aid in their rehabilitation.

¹³⁸ Data obtained from Public Health team, Wiltshire Council (all data in this chapter)

continuing to be received into the OHH service from Wiltshire residents, there was an extended offer from SWA to continue the service until 21st September 2021. Thus, allowing the local authority to continue its review of the provision and inform its decision making on future steps

The service operated during the hours of 5pm and 9am Monday to Friday, and 24hrs on Saturday, Sunday, and Bank holidays. Using the available dataset covering the period 8 May 2020 to 25 February 2021, the helpline received a total of 1,121 calls. Only 14% (or 154 calls) were from Wiltshire residents, the remaining 86% were from Swindon residents.

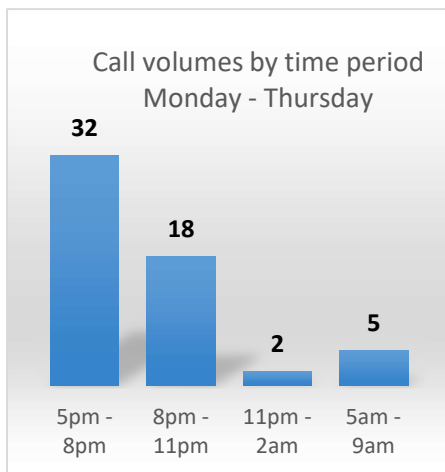
Figure 42 shows the weekly breakdown of calls per authority from May 2020 to February 2021



Over 50% of calls taken were 'looking for and received advice', this includes a range of advice, the detail for which is not captured. The OHH made 40 onward referrals to Splitz Support Service on behalf of callers, and another 10 people were signposted to Splitz.

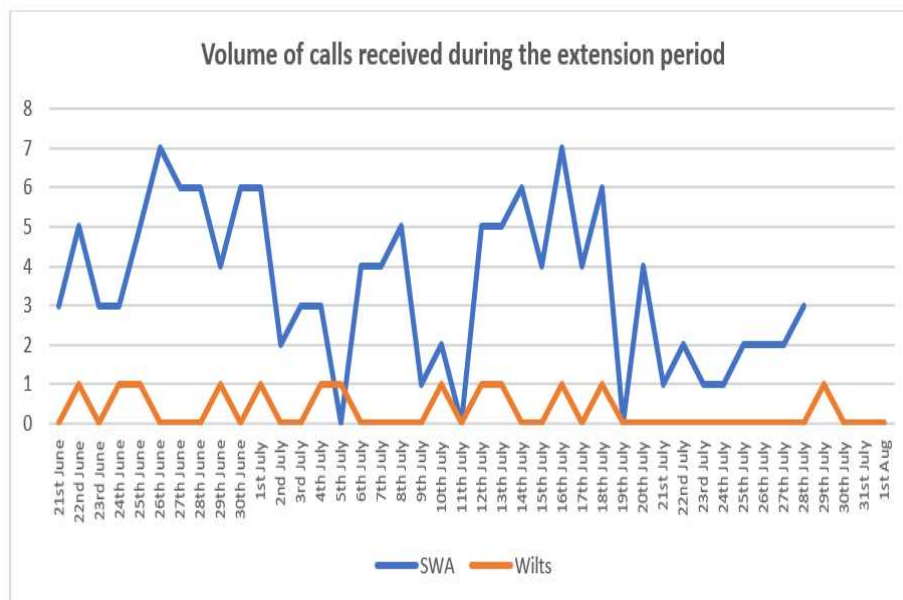
Analysing the time of day that calls were made can be useful when considering future plans for the OHH. The two charts below depict the breakdown of calls by 'time of day'. 57 calls (37%) were taken during out of hours on Monday to Thursday. The majority received between 5pm and 8pm, with only a few received during the night. This contrasts with police data, where the majority of calls are reviewed from midnight until 2am. 36 (69%) of the calls were for advice with 10 (18%) referrals to Splitz Support Service. The remaining 11 were a mixture of check-in, support, and other queries with no further details available.

Figure 43 shows the volume of calls compared with days and times



During the extended period (21st June to 1st Aug 2020), there were a total of 146 calls received into the service; of these calls only 13 were received from Wiltshire residents, with the remaining 133 coming from Swindon. The graph below shows the trajectory of calls received. In comparison to the first dataset, volume of calls by Wiltshire residents into the service had reduced slightly from accounting for 14% of calls into the service in the first part of the contract, to accounting for 9% over this period.

Figure 44 shows the volume of calls received during the extension period



The 13 calls all were in receipt of ‘advice’ with no onward direct referral to Wiltshire’s commissioned service. ‘Advice’ can include general information around the issues being experienced and whilst they may not have wanted a direct referral, advice would ensure relaying onward pathways of support which can be accessed later. The majority of calls were from the Salisbury community area, followed closely by Devizes community area.

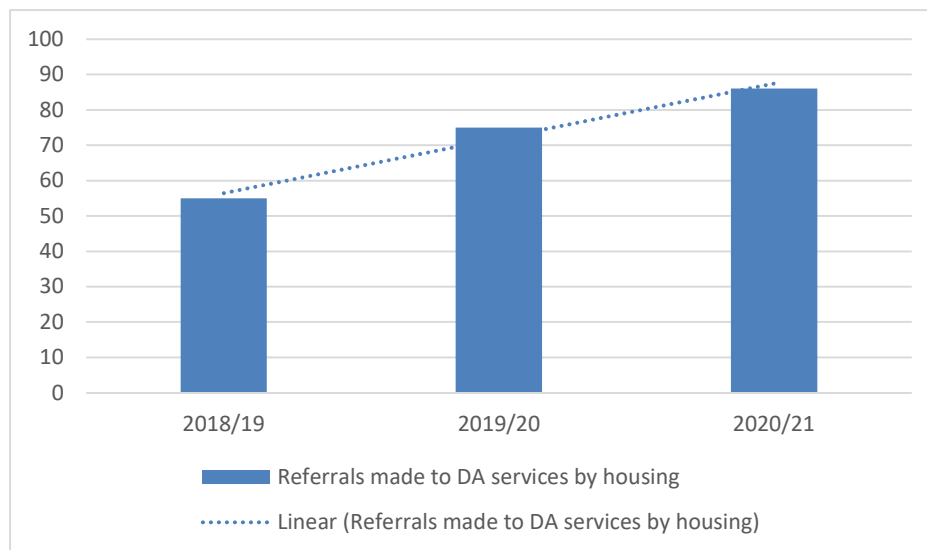
A formal review of the extension period of the OHH was undertaken in September 2021 and helpline was extended. As of December 2021, the helpline was still experiencing a low number of calls and is continued to be closely monitored.

Funded Supported Accommodation in Wiltshire and other provision

The local authority's Housing Option's team offer housing advice and assistance to people looking to secure suitable and affordable accommodation. Being a victim of domestic abuse was among the top 5 reasons for homelessness in Wiltshire between 2012 and 2016. Since 2018-19 (there is no data available for 2017-18), victims of domestic abuse have no longer been in the top 5. This may be in part due to changes in how the government assess homelessness after the introduction of The Homelessness Reduction Act (HRA) 2017, which was introduced on 3rd April 2018. In addition, the most common route to access supported accommodation is through 'Routes to Support' through Women's Aid. Those presenting as fleeing DA has decreased over recent years but housing those has remained high since 2018-19 (74% in 2018-19, 80% in 2019/20 and 75% in 2020-2021). Victims and perpetrators at risk of homelessness remain a concern regionally and nationally.

Strong links continue to be forged between domestic abuse support workers and frontline housing staff. Wiltshire's Housing Options team attend the Wiltshire MARACs and participate in the DA Conference Call (DACC) and continue to engage in domestic abuse awareness training. As a result, referrals made to MARAC and Splitz continue to be high.

Figure 46 shows combined referrals for MARAC and Splitz (standard, medium and high risk) by housing from 2018-2021



Refuge safe accommodation

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

Wiltshire has been a strongly committed provider of refuge accommodation over the years. It currently funds 38 units of accommodation across the county and appears to contribute more than many comparator local authorities.

Refuge accommodation in Wiltshire is managed by Splitz, the integrated Wiltshire provider sub-contracting two other providers, the GreenSquare Housing Association and the Salisbury Women's Refuge, a charity established 35 years ago.



Statutory obligation to improve safe accommodation (DA Act 2021)

National funding to expand and improve safe accommodation and support services for people and families affected by domestic abuse across England was announced in October 2020. The funding is limited for 2020-2021 (to approximately £50,000 for Wiltshire) to help councils prepare for the new domestic abuse legislation. This legislation will include new duties to be placed upon local authorities including in particular to meet the accommodation and support needs of domestic abuse 'victims and their children' through ongoing needs analysis, development of strategy and implementation of it including through commissioning or de-commissioning provision to render it as sufficient and fit for purpose as possible. Councils will be required to report on a regular basis to UK Government on progress.

After June 2021, more funding was made available, (approximately £800K for Wiltshire), to enable the implementation of improvement plans. Prior to June 2021 when a 'spending use' report needs to be submitted to the Ministry of Housing, Communities and Local Government (MHCLG), the following activities needed to be undertaken at a local authority level:

- An exploration of what is needed by way of domestic abuse-related safe accommodation and support, both for local residents and for people fleeing domestic abuse from other parts of the UK. What is the expected demand for these services based on current and historical use, but also with reference to the new legislation?
- Mapping of what is currently available (both commissioned and non-commissioned) by way of existing provision in the local area including with reference to services tailored to the needs of specific groups such as BAME or LGBTQ or disabled

- Identification of particular service ‘gaps’ or challenges.
- The development of a strategy for the future provision of safe accommodation and support.

Wiltshire commissioned Oxford Brookes University to undertake an independent review of safe accommodation in Wiltshire. Both quantitative and qualitative methodologies were used, including extensive interviews with both service users and providers. The key findings¹³⁹ and recommendations will follow.

Safe accommodation key data

- In 2020-21, Wiltshire’s domestic abuse support service provided short-term, long-term support or refuge/place of safety accommodation to **2,073 victims in Wiltshire**. Around **10.7%** of the estimated need for DA support was met through commissioned support services.
- Number of **victims in receipt of refuge** or place of safety accommodation in Wiltshire in **2020-21 was 71**. This is similar to previous years, with a peak of 85 seen in 2019-20.
- **20% of all people referred in 2020-21 were offered a place**. The most frequent reason for not receiving a service include – declined due to assessment reasons and victim changed their mind
- **Around 2/3** of people accepted into safe accommodation in Wiltshire are **from outside of Wiltshire**. Wiltshire’s commissioned refuge places form part of what is effectively a national provision, to which the county makes a significant contribution
- **1.7 admissions** (individuals or families) per unit **per year** with an **average stay of 6 months**.
- Most **people** accommodated in safe accommodation are **female**. There would appear to be a **significant under-representation of males** in safe accommodation, concerns of this are reported in stakeholder interviews.
- 52 (of 71 accommodated) declared a sexual orientation; all but 2 described themselves as heterosexual/straight, 2 were bi-sexual. While the accommodation data is roughly in line with overall referrals, the more significant issue is the **very low level at initial referral for LBGTQ+ groups**.
- **49% (35 out of 71 accommodated)** declared a form of **disability**. Of those declaring a disability, the most frequently described condition was **mental ill-health (39%)**.
- There is an **over representation of BAME** population groups in safe accommodation.
- **63% (45 of 71 accommodated)** presented with **complex needs**, the volume of victims in safe accommodation with complex needs has increased over recent years.
- There is **no data** available for **age groups** of those **housed in safe accommodation**.
- **Family structure** of those accessing safe accommodation in Wiltshire includes:
 - **49%** adults with no children
 - **27%** adults with one child
 - **11%** adults had two children and;
 - **13%** adults had 3 or more children

¹³⁹ IPC at Oxford Brookes (2021) Domestic Abuse Safe Accommodation Needs and Mapping Assessment

Service User Feedback

Overall quality of Care

All staff were so friendly and reassuring and kind to me. I felt safe for the first time in 2 years

Perfect place for someone who needs peace and safety

I ended up having problems with a girl in there, not at first, but as time went on.

They gave me a well-furnished accomodation and support workers and also assisted me and my kids in our daily activities getting the kids new schools etc

Quality of safe accommodation

My room was lovely and shared facilities were great it felt very homely and safe

I received quite a lot of practical help and support even with making phone calls or sending emails which was brilliant. However, there was a lack of emotional support.

Staff are very supportive in everything they can

Not a criticism, but the accommodation was materially in need of updating and redecoration.

Help in planning for the future

Supportive all the time to help you with anything

Although I have my future plans well in hand, it's nice to have the opportunity to talk these through with an objective listener

They have helped as to get a council house here... and the kids are very happy.

My key worker was amazing and always saw the good in me in every way

Hopes for the future

In general, I believe that more pensioners are seeking help about domestic abuse, and this may need to be addressed in policy and provision.

I feel like I'm safe and starting a new life away from who hurt me and abused me.

Obviously staying off drugs, so some courses might be really helpful of doing that.

I am finally starting to feel like me again... she's been hiding away for so long and being someone I'm not. My mind feels free, I'm doing things that I love doing and enjoying being on my own.

So far as the sufficiency, quality, and suitability of safe accommodation itself is concerned, the mapping and stakeholder views suggest the following:

- Wiltshire currently supports a high level of units of refuge accommodation compared with elsewhere in the UK.
- Although there is provision in all quadrants of the county and a mix of shared and self-contained accommodation, the balance needs to shift away from shared provision. This imbalance is most obvious in the south of the county.
- Service users strongly valued the care and commitment of refuge staff and were generally positive about their services, but there was concern from some about both groups living and the need for repairs and decoration in some units.
- An emphasis on developing more dispersed housing with floating or peripatetic support would provide more flexibility and address some of the gaps relating to gender, disability, and sexual orientation. They may also enable more victims to sustain employment and community links. The data suggests that, at present, only one third of refuge spaces are occupied by Wiltshire victims.
- Refuge accommodation remains important but may best concentrate on people with complex needs, who already form a substantial proportion of those in refuges.
- Comparator examples suggest that a wider range of types of accommodation would be helpful and that use of recruited private landlords could be a useful addition to the

The combined qualitative data, mapping and stakeholder views gathered for this review suggest the following main issues in relation to the match of needs and services:

- It is difficult within the current service configuration to accommodate male victims including older male children.
- There is little evidence of people from LGBTQ communities making use of safe accommodation and these groups are only represented in small numbers in Splitz referrals overall, indicating that more work needs to be done to understand their limited presence.
- Although some of the current refuge provision is capable of accommodating people with physical disability the capacity is limited and some of the units are completely inaccessible for those victims.
- The proportion of victims with complex needs coming into safe accommodation is high and has been rising over the past three years.
- The available data on age and the opinions of stakeholders suggest that there may be an increase in older people being referred to Splitz and therefore possibly seeking refuge.
- The increase in Wiltshire population because of Army rebasing will have implications for future provision and liaison with military services needs to be developed as a priority. This is already in progress.

With reference to the sufficiency of support for ‘moving on’ from safe accommodation and support, the picture about local access to housing was generally positive, but some issues were also articulated including:

- Several service users felt that the level of follow up work provided after leaving the refuge was too limited.
- Lack of finance to support moving into accommodation was a difficulty for some, and the flexible funding budget suggested in the Whole Housing good practice example from Cambridgeshire may be a helpful model.

Generally, inter-agency working in Wiltshire was seen as positive both by providers and other agency stakeholders. However, some concerns were also expressed:

- The need to develop work with children in refuge settings given the level of trauma and dislocation which children are often experiencing.
- Access to mental health services, particularly given the high level of mental ill health within the safe accommodation population.

Key recommendations of safe accommodation needs assessment

1.	The Local Partnership Board (LPB) should create an approach that enables people who have been affected by domestic abuse, and the community to shape provision and the local response.
2.	LPB should work to balance the system between prevention, perpetrator offer and reactive services.
3.	LPB should consider a ‘whole-housing approach’ model in terms of overall safe accommodation strategy.
4.	LPB should consider implementing a sanctuary scheme initiative and explore removal of perpetrators from the home.
5.	LPB should consider the complex needs of victims accessing safe accommodation. In particular those with mental health issues, a disability and children and young people.
6.	LPB to explore ways of raising awareness of safe accommodation options to potential ‘hidden’ groups of victims (men, older people, LGBTQ, and the military).
7.	LPB should consider diversity and explore ways of creating an inclusive environment.
8.	LPB to consider long-term support for victims and children when they have ‘moved-on’ from safe accommodation.
9.	LPB should consider the impact of COVID.
10.	Commissioners should work together to design services/ systems/strategies and seek joint commissioning opportunities.
11.	LPB to explore gaps in intelligence and consider ways of improving evidence-base for future assessments and strategies.

The report is unable to evidence how many victims did not access safe accommodation that may have needed it, through reasons of not knowing what support was available or not knowing where to go for support. This would be difficult to evidence, but information could be obtained through a public survey, and this could be considered moving forward. A strategy for the safe accommodation duty has been developed by agencies across the partnerships and a draft version published at the end of October 2021.

Recommendations arising from this section

- Consider all safe accommodation recommendations from the Oxford Brookes 2021 review.

Additional activities that support domestic abuse in Wiltshire

Children's Centres

A children's centre is a place, or group of places, where local families with young children can go to enjoy facilities, activities and receive support that they need, including free parenting support. Spurgeon's and The Rise Trust are the commissioned providers of children's centres across Wiltshire and play a pivotal role in recognising and responding to domestic abuse. The centres offer the 'You and me, Mum' and 'Freedom' and 'Freedom forever' programmes which aim to support victims and children who have experienced domestic abuse.

You and me, Mum aims to empower and support victims of DA in furthering their understanding of their role as mothers and in addressing the needs of children and young people who have lived with domestic abuse. The course covers;

- The effects of domestic and sexual abuse on women as mothers and on children and young people
- Effective communication skills with children and young people
- Working with challenging behaviours
- Protective behaviours and strategies for keeping mothers, children, and young people safe

The Freedom Programme explores the general behaviours & beliefs of abusive and non-abusive partners. It can help victims/survivors make sense and understand what has happened to them and helps them to make positive choices to protect themselves and their children in the future. This course is normally run face-face but has more recently can be accessed online. **The Freedom Forever programme** was established due to feedback from Freedom programme participants that follow-up sessions would be helpful to maintain the positive changes they had made because of the training.

Children centre staff will receive training in how to recognise and respond to domestic abuse and are an integral part of Wiltshire's system-wide approach to tackling domestic abuse.

Thousands of families are supported by Wiltshire Children's Centres every year. Referrals can be made where domestic abuse has been identified as the primary or secondary reason for referral. Since 2017, there have been 285 referrals recorded of this nature. Since 2017, 697 women/families have attended the You and me, Mum, Freedom and Freedom Forever programmes. There was a noted dip in volume of attendees on courses during the COVID-19 pandemic, as with most face-face services, there were disruptions at this time.

Health Services

The Violence against Women and Girls Strategy (2016)¹⁴⁰ acknowledges the need for a co-ordinated approach to prevent violence and abuse in the first place and to make sure those experiencing it, access appropriate support. The national focus is supporting professionals to identify and recognise the earliest signs of Domestic Abuse, preventing escalation through a greater focus on earlier intervention.

Increasing evidence has supported the role of health in the earlier identification of Domestic Abuse. Victims of Domestic Abuse are more likely to present to a health service than any other service, for some this can be as many as up to 15 occasions; representing missed opportunities for earlier intervention and reducing the risk of further harm.

Over recent years, the involvement of health services in the domestic abuse agenda in Wiltshire has grown with key representation at both strategic and operational groups. There has been continued strong representation at the Wiltshire MARAC arrangements involving both primary and secondary health services. Health services have also contributed to all the domestic homicide reviews commissioned in Wiltshire and as a result, some local health service policies have been changed.

In addition, local health services continue to show an appetite for domestic abuse training. However, professional feedback suggests that DA training should be mandatory due to staff turnover and to ensure consistency.

While the above are to be welcomed there are still several areas where improvements could be made. There is a lack of data collection at the health service level to allow evaluation of interventions and to contribute to the research base around the wider impacts of domestic abuse.

There are IDVAs in only two out of the three major hospital that serve Wiltshire. The Royal United Hospital in Bath and Great Western Hospital in Swindon both have IDVAs while Salisbury Foundation Trust does not. This represents a health inequality in provision which may exacerbate other inequalities; Salisbury hospital serves the more rural and deprived communities in the south of the County, both factors are known to be associated with increased rates of domestic abuse.

¹⁴⁰ HM Government. (2016). Ending Violence against Women and Girls Strategy 2016-2020.

Referrals from health settings have increased in recent years but more work needs to be achieved in this area. In particular, looking at the role of primary care settings, such as medical centres and pharmacies. There are evidence-based models to improve the response to domestic abuse in health settings. A review of these is evidenced later in the report.

Raising Awareness

In Wiltshire there is a multi-agency approach to raising awareness of domestic abuse to both professional and public audiences. Public Health Wiltshire chair a multi-agency communications strategy group to ensure consistent messaging about DA are achieved, these are often linked to local activity and national campaigns. Wiltshire deliver a range of domestic abuse training sessions to upskill professionals. These include;

- Domestic Abuse Awareness
- DASH Risk Assessment/MARAC
- So called Honour Based Abuse/Forced Marriage/Female Genital Mutilation
- Domestic Abuse and the Impact on Children
- Bespoke training to meet the needs of the audience

Over 1000 professionals have received domestic abuse training since 2017, positive professional feedback and referral number increases because of these sessions are evident and support the value of the work. However, it has been recognised that more work could be achieved to raise awareness to the public. There is evidence of good practice with online training platforms to raise awareness of DA to both public and professional audiences across the south-west region and Wiltshire are considering the uptake of these.

Recommendations arising from this section:

- To monitor and review Wiltshire's activities in raising awareness of DA and response in settings

Complexity and domestic abuse

There are many factors that contribute to domestic abuse being a complex and multi-faceted issue. These factors can be categorised by 'individual', 'relationship', 'community' and 'societal' as previously discussed. The factors will be crosscutting and not presenting in isolation, thus making them 'complex'. It is important to recognise these factors, the type of abuse and the context in which DA is taking place to expand our understanding and respond accordingly.

Domestic Abuse and 'Complex Needs'

There remains no consensus in defining what is meant by 'complex needs'. This mainly relates to the diversity of needs and the intersectionality of issues that can result in a victim's experience being considered complex. Put simply, an individual with 'complex needs' is someone who has a co-morbidity (2 or some issues) which include the following;

- Domestic Abuse
- Mental Health
- Substance misuse
- A dual diagnosis of substance misuse and mental health
- A physical health condition
- A learning disability
- A physical disability
- Employment issues
- Financial issues
- Homelessness or housing issues
- A history of offending behaviour
- Trauma
- Family/relationship issues

In terms of domestic abuse, the combination of DA, substance misuse and mental health are considered the most significant and common combination of risk factors that can result in harm, particularly in the context of children. Known as the 'Toxic Trio'. Many policies and processes are based around this concept.

The Toxic Trio (Domestic Abuse, Mental Health and Substance Misuse)



The term 'The Toxic Trio' (TTT) is used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm has occurred, particularly in the context of children and young people. The Toxic Trio are indicators of increased risk of harm and work in this area has been shown that there is large overlap between these parental risk factors and impact on outcomes for children.

The past few years have seen an increased awareness of the frequency with which domestic, substance misuse and mental health problems co-exist. With Domestic Abuse Support Services reporting rises in cases. Supporting families affected by these three issues involves talking explicitly about domestic abuse, substance use and mental ill-health and helping them to address the impact that these issues are having on them and their family.

Until recently the links between domestic abuse, substance misuse and mental health and the adverse effect on children have seemed clear. However, there is increasing concern around the evidence base for policymaking and planning services based on the 'Toxic Trio'. The Children's Commissioner found, there is 'very little recent and representative empirical evidence on the prevalence of these factors

or their consequences for child abuse or neglect.’ As a result, in 2020 The University of Kent and University of Cambridge conducted a review of the evidence-base for ‘The Toxic Trio’ in safeguarding children.

The research found little quality evidence of the incidence of the ‘trio’ factors in child maltreatment, little consideration of intersectionality and minimal attempts to build models explaining the supposed relationships. This review shows that the evidence base for the ‘toxic trio’ does not justify its current central position in shaping policy and practice. Yet despite this weak evidence base, the ‘toxic trio’ factors have become dominant, embedded in routine processes and practices, data collection and reporting, and professional mind sets. The parents who were consulted viewed the ‘toxic trio’ concept as offensive and alienating, as well as liable to lead to self-fulfilling bias in social work assessments. The focus on the ‘trio’ has crowded out other factors which would lead to a different orientation to practice, one that recognises that securing and maintaining trust between parents and services is a key issue, underpinned by an understanding that good parenting requires resources as well as skills. At the household level, these include demographic factors such as parental age, parental separation, or marital/co-habiting status; socioeconomic factors, such as the impact of poverty, poor quality housing or homelessness, precarious employment, or unemployment; and identity factors, such as ethnicity. COVID-19 has underlined evidence of the impact of social inequalities on parenting (Skinner et al 2020).¹⁴¹

In Wiltshire it is difficult to ascertain whether service users of Splitz support are indeed experiencing both substance misuse and mental health issues in combination with domestic abuse. Most additional health issues are self-reported and will not be in receipt of an official diagnosis and others may not want to disclose such issues for several reasons. Reports from the service suggest an increase in overall complex cases over recent years, including those with substance misuse and/or mental health issues. Increased understanding of complex needs and improvements in data collection will go somewhere in explaining this upward trend but the need to address complexity, ensuring victims have the most appropriate support for their needs is paramount.

To understand TTT picture in Wiltshire we would need to see improvements in data processes and collection.

TTT is undoubtedly an important factor to consider in the harm of victims and children which can’t be ignored. Substance misuse and mental health and their relation to domestic abuse are evidenced heavily throughout this report. However, they should not always be considered or treated in isolation under the TTT umbrella. The social and economic context in which these issues are experienced have a significant impact on the outcomes of children and victims.

¹⁴¹ Skinner, G. Bywaters, P. Bilson, A. Duscinsky, R. Clement, K. Hutchinson, D. (2020) The Toxic Trio: How Good is the Evidence Base? University of Cambridge, University of Kent (2020).

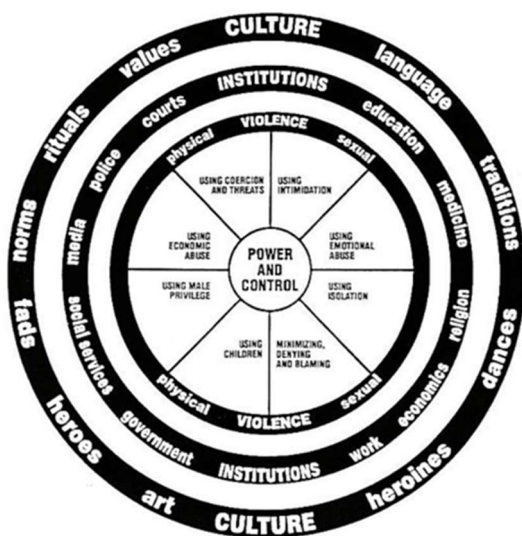
Cultural Differences

‘Cultural and social norms can encourage violence’ (WHO, 2009)

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The actions of individuals are influenced by their beliefs, values, language, and other cultural factors. These cultural factors and norms are instilled in us from a young age and can play a role in whether you become a victim or a perpetrator of domestic abuse.

Figure 48 shows the ‘Power and Control’ Wheel, where the abusive relationship, is at the centre of the wheel and exists within the larger environment of society and culture.



Cultural differences can add barriers to victims attempting to end abusive relationships through fear of dishonouring the family, shame, and a fear of being rejected from a community and in some cases fear of being deported. As a result, domestic abuse can be under reported within these communities. Whatever a person’s immigration status, they have a right to health care and to protection from the police and the right to apply for a court order (injunction) to protect them from harm.

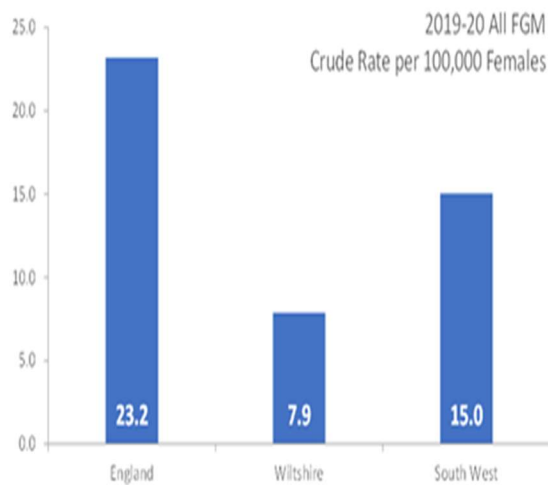
It is thought agencies, law enforcement and advocacy programs often lack fulltime interpreters to assist non-English speaking victims who are accessing support. This can furthermore affect a victim’s access to support.

Female Genital Mutilation

Anyone from any community can be a victim of domestic abuse but those from non-British cultural backgrounds are likely to face additional barriers in accessing support. The type of abuse is also likely to differ depending on culture, this can include Forced Marriage and Female Genital Mutilation (FGM).

142 The WHO (2009), Violence Prevention the Evidence

Figure 49 shows rates of FGM locally, regionally, and nationally in 2019-20¹⁴³



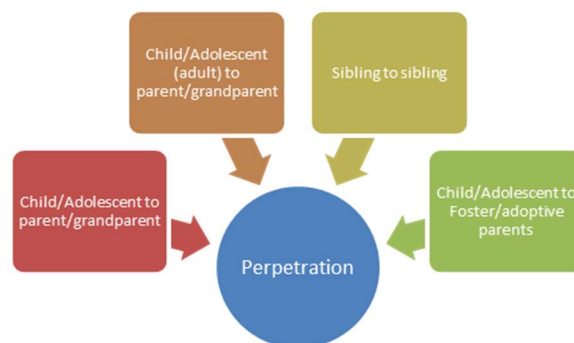
In Wiltshire there are very low numbers of reported incidences of FM and FGM. In 2019-20, In Wiltshire there were around 20 FGM incidents recorded. However, the number is likely to be higher than this due to under-reporting. This represented a rate of 7.9 per 100,000 females. This is significantly lower than the England average which is more than 3 times the Wiltshire rate. The rate in the South-West is nearly double the Wiltshire rate. However, this can be explained by the increased multi-cultural populations residing in other parts of the South-West region, namely Bristol, who see the highest rates of FGM.

There are communities of people from non-British cultures living in Wiltshire, and some are from cultures where domestic abuse is normalised and not recognise as abuse. Although we have a relatively small population of BAME residents in Wiltshire (3.6%), BAME victims in Wiltshire account for 6.3% of all victims, showing an over-representation. It is important that efforts are made to raise awareness with these communities and improve access to services.

Victim relationship to Perpetrator

Perpetration of DA by a current partner or ex-partner is the most common type of relationship where DA is likely to take place. However, DA can take place in several other domestic relationships and will often be under-reported due to the nature of the relationship and not recognising the behaviour abuse. While it is generally accepted that there will be conflict within families who live together which can be between parents and their children or children between themselves, this conflict becomes abusive when one person uses threats, force, or manipulation to gain power over the other person.

Figure 50 shows the relationship types where domestic abuse can takes place which is not intimate partner/ex-partner abuse or violence



¹⁴³ Data obtained from the Department of Public Health team, Wiltshire Council

Child and Adolescent to Parent Violence and Abuse (CAPVA)

During the last decade, CAPVA has received growing attention in scientific literature. This type of abuse is complex and normally involves abuse towards the mother, however, all family members can be at risk, and it is a very serious issue. The violence and abuse may be verbal, psychological, sexual, physical, or financial with young people engaged in a variety of behaviours designed to dominate, threaten, or coerce parents. These issues pose several challenges for families experiencing it and professionals who become aware of it through their work. It is difficult for families to recognise the behaviour as abuse, particularly if it is not of a physical nature, for example, financial abuse. Evidence¹⁴⁴ shows there are often feelings of shame or blame by the parent and fear of consequences for the child which is why the abuse goes unreported and remains a 'hidden' issue.

Professionals will often be aware of isolated incidents, as they are likely to be reported when the situation has severely escalated. However, to provide appropriate support the professional needs to understand the pattern of abuse and reasons for abuse and the history of the child/adolescent and parent relationship and where to go to for support. It is important to consider that such abuse as a CYP could be linked to domestic abuse perpetration in later life when intimate relationships are formed.

Reasons CAPVA may take place include (but not limited to):

- Breakdown of family relationships
- Witnessing similar behaviours at home
- Lack of boundaries and punishment for bad behaviours
- The use of drugs and alcohol by parent and/or child
- Behavioural issues
- Gang culture
- Mental health or physical disability of parent
- Poor relationship with an absent parent
- Punishment for parent of suffering they have been inflicted to

Understanding the reasons for CAPVA taking place allows for the most appropriate support to be in place. However, developing a consistent response to this kind of abuse is complex. Services will have different age thresholds for supporting CYP and not all will offer the same level of support, for example, agencies may provide support for the parent and not the CYP and vice versa. In some cases, CYP are treated as perpetrators and not as victims themselves, which again highlights why it is important to understand the family relationship history. In addition, it is important to recognise children (under 18), adult children (over 18) and adolescents and ensure support is appropriate for all age ranges. It is suggested that Whole-family-support is needed to respond to CAPVA.

¹⁴⁴ Parental Education Growth Support (PEGS), 2021, Recognising and Responding to CPA (online) [How to Recognise & Respond to CPA | Pegs Support \(pegsupport.co.uk\)](#)

Data relating to CAPVA

Prevalence data for CAPVA on a national and local level is difficult to ascertain due to under reporting, how the issue is defined and data recording.

Parentline is a national, confidential helpline that offers parents support, information, and guidance on all aspects of being a parent and any parenting issues. During the COVID-19 pandemic in 2020, Parentline saw an increase of 40% of calls made by parents to the helpline, when compared with 2019. Reasons for this will be varied, but COVID-19 will have certainly played its part. With schools closing, CYP were unable to see friends and were then needed to return to school after a significant amount of time off, this will no doubt have had a negative impact on households and will have resulted in CAPVA.

A research project was undertaken in Wiltshire in 2021 to understand CAPVA from a local level. The data available was limited, which is in line with regional and national findings. Data obtained by Wiltshire Police evidence that between 2018-20 the third most common relationship between victim and perpetrator was son to mother at 6% (807 cases). The ex-spouse partner accounted for 43% and current spouse/partner 33%.¹⁴⁵ CAPVA reports to police are likely to be higher than this, as 'relationship to victim' is not a mandatory field for recording data. Wiltshire Police have reported additional issues of recording data of this nature and it is hard to ascertain whether the child is under 18 or an 'adult child'.

In 2020-21 Wiltshire's Domestic Abuse Support Service received 98 referrals for CAPVA compared with 84 in the previous 12 months, this accounts for 5% of referrals which is like Wiltshire's DA incidence data, where 6% of incidences are children/adolescent to parent. As with the Wiltshire Police data, this does not distinguish between under 18s versus 'adult children', but a dip sample suggests the majority are adult child to parent with the most prevalent additional needs being mental health, followed by autism, followed by substance misuse. Reports from the service suggest that parents will often want help for their children rather than for themselves.

Anecdotally, several agencies recognised an increase in cases during the lockdown restrictions. The support and safeguarding team have seen an increase in CAPVA over recent years, including adoption breakdowns due to abuse. This appears mainly in young people who have an autism spectrum disorder (ASD) and/or attention deficit hyperactivity disorder (ADHD) diagnosis or are under assessment for this. Reasons for abuse have been linked to the transition of CYP returning to school after schools reopened following COVID-19 restrictions. A recent audit noted this theme, with families who had been identified then being supported by a Family Key Worker.

Most cases of CAPVA experienced by the adult MASH team were those of adult children (over 18) who financially abuse their parents but are not living with them,

¹⁴⁵ Please note: This data is for both Swindon and Wiltshire combined.

which echoes evidence¹⁴⁶ that elder financial abuse in a domestic setting is a significant problem, although it is still difficult to ascertain prevalence due to underreporting. Wiltshire Parent Carer Council were particularly concerned about CAPVA and have experienced many incidents of this nature through their work.

Wiltshire's response to CAPVA

Wiltshire deliver a number of parenting programmes that promote healthy child to parent/parent to child relationships. For YP, the YOT deliver 'healthy relationships' and 'RESPECT' programmes. Those who are identified as abusive towards a parent are supported through Splitz, by a behaviour change worker or domestic abuse worker and the victim will be supported by an IDVA.

Since undertaking this research there have been two CAPVA national reviews published which provide recommendations at a national level. Locally and nationally, the understanding CAPVA and developing a systemwide response are in the infancy stages.

Recommendations arising from this chapter:

- Consider improving the evidence base and response to domestic abuse, substance misuse and mental health and CAPVA at a local level.
- Take steps to improve awareness of DA (and the different types) and service provision with groups who are at increased risk of experiencing DA (BAME, FM and FGM etc)

Stakeholder engagement and feedback

To understand the valuable views and opinions of key stakeholders in the domestic abuse agenda, Wiltshire hosted four themed stakeholder events to review and reflect on the following.

- Service provision
- Strategic development
- The impact of COVID-19
- Children and young people; and
- Perpetrators

The events were attended by 116 professionals across 38 organisations. The following organisations attended. Wiltshire hosted two stakeholder events in April 2020, the purpose of these events were to:

- Review and reflect on previous work
- Support contract review and strategic development
- Understand the change in demand and needs locally
- Explore the challenges and pressures in the system, because of COVID-19
- Understand the political drivers for change – The DA Act 2021
- Explore new opportunities and next steps

146 Financial Abuse of the Elderly in Domestic Setting - Elder Mistreatment - NCBI Bookshelf (nih.gov)

Delegates were tasked with answering questions for discussion, these included the following (answers are presented in the word clouds below).

What have been your 3 biggest challenges responding to domestic abuse in the last 12-18 months? (Before COVID-19)



The main concern expressed was around meeting the increasing demand on services and the impact this has on both service users and service employees. The next biggest concern was around the increase in case complexities, including drugs and alcohol and mental health.

What are your biggest priorities in responding to domestic abuse in the next 12 months?



Delegates were keen to maintain and strengthen partnership working for the DA agenda. A trauma-informed approach, awareness, prevention, and education were the key priorities for the group, which all link to breaking the ‘cycle of abuse’, which will be a key priority moving forward.

Delegates were also asked to create a vision for domestic abuse, which evoked the following statements.

- ‘Raising awareness, reducing and addressing harm caused by domestic abuse in a multifaceted way, to improve the wellbeing and safety of Wiltshire’*
- ‘Reducing the level of harm to victims’*
- ‘Promote a culture where domestic abuse is not acceptable in any shape or form’*
- ‘Reducing rates of domestic abuse in Wiltshire’*

steering group in July 2021, the evidence obtained through the stakeholder event would be used to inform activities for this group.

The event was facilitated in a workshop format to aid delegates to discuss perpetration in detail. The purpose of the event was to.

- Start the conversation on DA perpetration
- Understand the national and local picture of perpetration
- Develop a shared understanding of perpetration in terms of risk factors and complexity
- Review and reflect on our DA position in terms of perpetration in Wiltshire and to start to develop a vision of where we want to be

Delegates were tasked with answering various questions for discussion, this included the following (answers are presented in a word cloud below).

What should our top three priorities be when tackling perpetration?



Delegates felt strongly about shifting the focus from victims to perpetrators and viewing DA through a perpetrator lens as an important way of achieving this. The leading priorities identified to tackle perpetration were early intervention, reducing stigma, education and awareness and trauma-informed approaches.

The stakeholder events showcased the continued commitment by stakeholders in the DA agenda and provided valuable evidence to inform Wiltshire's strategy.

Recommendations

- To consider stakeholder feedback when planning services and developing strategies.

Evidence Review of what works

Prepared by Katherine Allsop - Foundation Year 1 Doctor, on behalf of Public Health Wiltshire

Background

A literature search was conducted on current practice and provision for DA in the United Kingdom as part of an evidence base for the health needs assessment at Wiltshire Council. Four areas were highlighted as areas of particular interest and were the focus of this project. These areas were health setting interventions, male victims, trauma-informed interventions, and perpetrator interventions. Some of these areas had been highlighted in the previous HNA conducted by Wiltshire Council in 2017, and some were new areas of interest. Papers were collected and reviewed to build our understanding of what current practice and evidence show to be effective, and to understand what trials and research are ongoing in these areas for planning future interventions.

Method

4 separate literature searches were conducted across Medline and CINAHL databases with the help of Jason Ovens from the RUH (Appendix 1-4). 219 papers were identified across the searches. 10 duplicates were removed on initial review. 83 further papers were removed following an abstract read against our inclusion and exclusion criteria. 126 underwent full paper read and review and 74 were then excluded following detailed review. 54 studies underwent qualitative review and were included in the final discussion.

Studies meeting the following criteria were included: studies written in English, studies written after 2015 (to avoid excessive overlap with the last HNA evidence review, conducted in 2017), and studies discussing current or prospective UK based interventions and approaches to domestic violence and abuse. Studies had to address one of the following outcomes: interventions for male victims, perpetrator interventions, health setting interventions, or trauma-informed interventions in domestic violence.

Discussion

A key point that was mentioned through many of the papers in this search was the need for interventions, in all their forms, to be patient-focussed. There is a tendency for those that commission and deliver domestic violence interventions to view symptom reduction as the primary benefit, whilst overlooking other important functional outcomes such as improved emotional wellbeing, sense of empowerment, improved self-esteem. ^[1] To make genuine differences in the care we provide we must ensure our interventions are patient-centred and that they consider the outcomes deemed important by the individuals using these services. ^[2]

Health Setting Interventions

NICE (National Institute for Health and Care Excellence) guidelines recommend that healthcare staff should be sufficiently trained in identifying and responding to domestic violence and supporting survivors in referrals within healthcare settings. ^{[3][4]} At present there is a lack of a unified national approach in providing this training in both primary, and hospital-based care, and in surveys a significant proportion of

patient-facing staff feel they have not received sufficient training to identify domestic violence survivors. [5] There is an urgent need for standardised protocols for managing domestic violence and for systematic training to promote a consistent and appropriate response to DVA. [6]

Hospital approaches

The main in-hospital intervention is the co-location of an Independent Domestic Violence Advisor (IDVA) within the emergency department. (Project THEMIS). [7] Whilst reported rates of DVA in the emergency departments in the UK could be as low as 1% of all attendees, [8] evidence shows that having knowledgeable healthcare professionals, and dedicated services in place can significantly improve long-term health and wellbeing of survivors who seek help. [9] Research has shown that these hospital-based IDVAs are crucial for supporting and facilitating in-hospital interventions. They are vital for enhancing other healthcare professionals' skill, knowledge and confidence and they provide an option for an immediate referral that minimises the risk of survivors getting lost in convoluted referral pathways. [10] Hospital IDVAs can work with survivors that may be less visible to community teams and can enable early intervention. Research shows that survivors identified in hospital were more likely to report greater reductions in and cessation of abuse, and that the odds of safety doubled if hospital survivors had more than five interactions with an IDVA. [11]

Primary Care

It is reported that as many as 17% of women presenting to their GP have experienced physical violence in the past year from a partner or former partner, with a lifetime prevalence of 41%, while male patients reported a 25% lifetime prevalence of DVA. [12][13] This makes primary care-based interventions vital for supporting and identifying survivors of domestic violence. Several interventions were identified for use in GP practices, most of which were variants on the IRIS programme.

IRIS

The IRIS (Identification and Referral to Improve Safety) programme is a GP based training, support, and referral programme. The main focuses of the programme are recognition of when a person may be experiencing domestic violence, knowing how to discuss the topic and, having a direct referral to an advocate, often based in an external organisation such as Women's Aid, who then continues to support the individual post-referral. [14][15] A randomized controlled trial found IRIS to be an effective intervention when looking at the referral of patients to domestic violence agencies that provide advocacy and, the recording of DVA within the patient's medical record. [16] It has also been assessed for cost effectiveness and was found to save £14 per woman aged 16 years or older registered in general practice and produced QALY (quality-adjusted life year) gains of 0.001 per woman. [17]

IRIS ADViSE

ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments) Programme is a new intervention, based on the original IRIS model, designed to support staff in sexual health settings to identify and respond to patients affected by domestic violence. The programme is comprised of prompts on electronic record systems, multidisciplinary training, clinic materials and simple referral pathways to specialist advocate-educators. [18] ADViSE was piloted in Bristol and London and the mixed methods evaluation found it increased enquiries around

DVA, responses and referrals, and improved staff confidence in recognising and responding to domestic violence. ^[19]

IRIS +

IRIS + (Enhanced Identification and Referral to Improve Safety), building on and extending the original IRIS model, is a training and advocacy support intervention that focuses on supporting three patient groups: survivors-victims (male and female), perpetrators (male and female), and children and young people affected by domestic violence. A qualitative study found IRIS+ to be effective in increasing trust between the patient and clinician, allowing for disclosure of domestic violence and its impacts. ^[20] Clinicians also reported significant improvements in their skills, confidence, and knowledge in identifying, asking, responding to, referring, recording, and supporting parents, children and, young people affected by domestic violence. ^[20]

A screening tool of note, that has been discussed in some papers but is not currently established as common practice in the UK is WAST (Woman Abuse Screening Tool). Validated in the United States and Canada it has a 91.7% sensitivity rate and 100% specificity. ^[21] It uses 7 questions to assess the degree of tension and difficulty of resolving arguments within a relationship, and experiences of physical and emotional abuse. ^[22]

Male Victims

A common theme in the papers relating to male survivors focussed interventions was the need for recognition of men as potential victims of domestic violence. A lack of awareness, and internal bias to viewing men as solely individuals who perpetrate domestic violence, and never themselves being victim to it not only causes further victimisation but also acts as a significant barrier to them accessing support. ^{[23][24]} The use of gender-inclusive language is a key point, too often do interventions and services use the terms “women” and “victim-survivor” interchangeably, this reinforces harmful social stereotypes that exclude male survivors and cause further isolation. There is an urgent need to review current interventions and update them to be gender-inclusive services, but also to ensure that they have the capacity to address some of the gender-specific needs that male victims may have, such as the impact of gender stereotypes, cultural and structural barriers relating to them remaining with their children, and gender-specific coping mechanisms. ^{[25][23] [26] [27]} Espinoza et al. (2016)^[24] highlighted a three-pillar framework for steps to expand and enhance current approaches to, and informing understandings of domestic violence.

Figure 51 shows the three-pillar framework for expanding and enhancing domestic abuse perceptions, discourse, policy, and services

Three-pillar framework for expanding and enhancing IPV perceptions, discourse, policy, and services

Integrate Psychological Sciences	Address Stigma and Misunderstandings	Inform Services
<ul style="list-style-type: none"> • Individual factors (e.g. personality functioning, substance abuse, etc.) • Clinical data and treatment • Neurobehavioral explanatory models • Family systems theory and counseling • Dyadic (couples) research and intervention • Social learning theory (e.g. cycle of violence) • Develop/apply interdisciplinary and transtheoretical models of partner violence 	<ul style="list-style-type: none"> • Acknowledge male victimization as an evidenced problem • Encourage males' sharing of victim experiences • Support males' reporting of partner violence • Normalize resource/service utilization for males • Reduce victim-blaming of males • Eliminate denial/taboo of female partner aggression and perpetration • Raise awareness of situational/bilateral IPV and its prevalence • Promote equal expectation/norm of nonviolence for both genders • Reinforce egalitarian advocacy and intervention that benefits both male and female victims 	<ul style="list-style-type: none"> • Increase education/training in IPV typology • Develop and offer situational-bilateral-specific and coercive control-specific treatment programs • Gender inclusiveness in programs • Greater resource accessibility for male victims • Raise professionals' awareness of males' experiences with IPV • Incorporate male gender issues in victim and perpetrator treatments • Emphasis on individual psychology, learned behavior, family dynamics, and dyadic conflict in intervention • Integrate clinical focus (e.g. trauma, substance abuse, etc.)

Figure 2: Three-pillar framework for expanding and enhancing current approaches to domestic violence. [24]

HERMES

The HERMES (Health professionals responding to men for safety) study was conducted to evaluate the feasibility of a training intervention in general practice, extending the IRIS model to improve the response to male patients who had either experienced or perpetrated domestic violence. The training focussed on information around the prevalence and associated presenting complaints of men either perpetrating or suffering domestic violence. An electronic prompt was also used on electronic medical records to link common conditions, such as anxiety and depression, to further questions about potential domestic violence. Unlike the original IRIS model, HERMES did not include a direct referral to a local specialist advocate, clinicians were instead advised to refer patients to the two national RESPECT helplines for victims and perpetrators respectively.

Qualitative results from the study showed a significant increase in clinicians' self-reported preparedness to meet the needs of male patients experiencing or perpetrating domestic violence, and there was a small increase in male patients identified within their medical records. [28]

Perpetrator interventions

Some of the key themes through the papers discussing perpetrator interventions were the requirement for early interventions, co-ordinated multi-agency responses, and accountability-based interventions to produce sustainable change.^{[29][30][31]} Readiness to change was found to be a significant predictive factor for client's engagements with these programmes, and interventions that focus on motivation to change and, acceptance and commitment show theoretical promise.^{[32][33]} As with the male-victim interventions there is also a call to create socially and culturally competent interventions that help to breakdown some of the harmful stereotypes that only serve as barriers to meaningful change, and to be mindful of the common co-existence of mental health issues in individuals who use domestic violence.^{[34][35]} Most papers discussed the use of cognitive behavioural therapy and motivational interviewing as the common basis for perpetrator interventions.^{[36][37]} One of the papers found in the literature search was a systematic review of current UK perpetrator interventions (Bates et al. 2017)^[37] they highlighted 4 different programmes that had been accredited by The Correctional Services Advice and Accreditation Panel (CSAAP) as effective methods: HRP, CDVP, IDAP, and BBR.

Healthy Relationships Program (HRP)

This is a cognitive behavioural programme targeted at male heterosexual offenders that are classed as being medium or high risk. The programme comprises of 24-68 sessions (dependent on the individuals' level of risk) which aim to combat problem thinking related to abusive behaviour, emotional management, problems with self-regulation, social and communication skills and, targeting antisocial behaviour that may encourage domestic violence and abuse.

Community Domestic Violence Program (CDVP)

CDVP is a community-based programme aiming to facilitate behavioural and attitude changes in men. It is a cognitive behavioural programme and consists of 25 group work sessions across 9-13 weeks

Integrated Domestic Abuse Program (IDAP)

IDAP is a community-based programme that is designed for men who have used domestic violence in relationships. The aim is for individuals to learn about abusive behaviour and to develop new skills to help them develop non-abusive relationships. This is a cognitive-behavioural programme comprising 27 group-based sessions over a period of 27 weeks.

Building Better Relationships Program (BBR)

BBR was developed in 2009 following a review of DVA programmes by The National Offender Management Service (NOMS). It is targeted at heterosexual men who are classed as being of medium or high risk. It consists of 24 group-based sessions that covers topics including: My Thinking, My Emotions and My Relationships. It aims to help men to understand domestic violence, to increase their motivation for change, to encourage them to identify and build on their strengths and skills, and to develop practical and sustainable strategies for change and promote the quality of life of everyone affected by their aggression.

Solution Focused Brief Therapy (SFBT)

The other intervention that was mentioned in a separate paper was Solution Focused Brief Therapy (SFBT). SFBT is a ten-week programme of group-based

work that aims to reduce risk by increasing self-efficacy, self-esteem, insight into problematic behaviours, the impact on other individuals, emotional regulation, social skills, and taking responsibility for one's own behaviour. Evidence shows that after 1-year SFBT is effective at reducing antisocial behaviours, and increased coping with prisoners. [38]

Trauma informed responses

Trauma informed approaches to healthcare and social issues are becoming more popular. Papers in this search and external longstanding research show an overlap between traumatic or abusive experiences, substance misuse, and mental health problem. [39] Around 70% of women who use mental health services have experienced domestic abuse at some point in their life [40], and women who have experienced domestic or sexual abuse are 3 times more likely to suffer substance misuse issues. [41] Despite this obvious need for developing trauma informed interventions there is a distinct lack of evidence-based interventions, and this search only found 1 paper that fulfilled our inclusion criteria. This paper discussed the potential for using home visiting nurses as advocates, and specific trauma informed cognitive behavioural therapy. [42] While the lack of evidence-based interventions is disappointing, it leaves open the possibility of adapting some of the other existing interventions, such as IRIS and HERMES, to not only target those requiring specific trauma informed interventions, but also to provide more holistic care to all patients.

Conclusion

While some areas produced more papers for evaluation and review than others, a common theme that ran through all four areas was a need for patient-centred care. Whatever intervention is employed it must first be aligned with the patient's best interest and their own goals to be most effective. Producing interventions that are less gender-specific and breaking down the stereotype that women are always the victim and men are always the perpetrator will also be vital steps to providing better care for our patients. As ever more research and work needs to be done in these areas to get a better understanding of what interventions are effective, especially in areas that have little literature to back them up, such as trauma informed interventions.

Recommendations arising from this section:

- To consider adopting evidence-based interventions to support victims and perpetrators of DA

References will follow. The report resumes on page 113.

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Recommendations arising from the 2021 DA HNA

Community factors and society factors

1. Ensure prevention strategies are broad and can encompass the wide spectrum of multi-level and interconnected risk and protective factors.
2. Grow the evidence base around local risk and protective factors and consider qualitative work to research the societal and community factors which operate locally and could be used to focus prevention interventions.

Local health needs

3. Use knowledge of the local demographic profile to inform service planning and prevention strategies. Particular attention needs to be paid to the local ethnic profile, the aging population, areas of deprivation and the need of the substantial and growing military presence.

The impact of COVID-19

4. Further explore the short and long-term impacts of COVID-19 on H&WB, ensuring learning is considered for future strategy and service design

National prevalence of domestic abuse

5. Consider how Wiltshire compares to the national picture

Local prevalence of domestic abuse

6. Continue to raise awareness of controlling and coercive behaviour and stalking and harassment
7. Continue surveillance on geographical areas where DA incidences occur, responding accordingly

Local victim demographic profile

8. Improve the evidence base and response to 'hidden' groups of DA victims at a local level (male, LGBTQ+, BAME, young and older people)
9. Increase efforts to raise awareness of DA and local services widely

Children and young people experiencing domestic abuse

10. Continue to review and reflect on the impact of COVID-19 on CYP
11. Consider improvements to Wiltshire's multi-agency approach in responding to and supporting CYP
12. Consider the impact of DA on CYP when developing strategies and undertaking service design

Perpetrators of domestic abuse

13. Consider the profile of perpetrators when planning services and developing strategies
14. Consider different approaches to identify and respond to 'hidden' groups of DA perpetrators (i.e., LGBTQ+, CYP and females)

Policing and the judicial system

15. Ensure protective measures for potential victims of domestic abuse are publicised well and distinctions between them clearly made
16. Monitor and review the changes to judicial systems made by the Domestic Abuse Act 2021

Domestic Homicide Reviews (DHR)

17. Improve multi-agency delivery of DHRs, ensuring accountability of required actions
18. Further explore the links between suicide and domestic abuse and improve the evidence base at a local level

Multi-Agency Risk Assessment Conference (MARAC)

19. Take steps to identify young people (16-19) who are at high-risk of DA
20. Further explore the links between domestic abuse and the military at a local level
21. Take steps to balance the focus between standard/medium risk and high risk
22. Further explore vulnerable groups at increased risk of DA (SCHB, FM, FGM and Gypsy and Traveller groups)

Commissioned support services

23. Continue to monitor and review the impact of COVID-19 on service provision
24. Take steps to improve rates of referrals from key partner agencies
25. Take steps to improve the response to domestic abuse, in terms of substance misuse and mental health
26. Consider the evidence base when designing the service specification

Support for children and young people

27. Continue to monitor and review the impact of COVID-19 on CYP
28. Take steps to improve service provision and waiting times for CYP
29. Consider 'bridging' work to support children with complex needs accessing support
30. Consider expanding the YP IDVA service

Perpetrator services

31. Improve uptake of perpetrator services
32. Improve the evidence base for perpetrator services at a local level
33. Consider balancing prevention and risk-led responses by ensuring early intervention

Funded supported accommodation

34. Create an approach that enables people who have been affected by domestic abuse, and the community to shape provision and the local response.
35. Work to balance the system between prevention, perpetrator offer and reactive services.
36. Consider a 'whole-housing approach' model in terms of overall safe accommodation strategy.
37. Consider implementing a sanctuary scheme initiative and explore removal of perpetrators from the home.
38. Consider the complex needs of victims accessing safe accommodation. In particular those with mental health issues, a disability and children and young people.
39. Explore ways of raising awareness of safe accommodation options to potential 'hidden' groups of victims (men, older people, LGBTQ+ and the military).
40. Consider diversity and explore ways of creating an inclusive environment.
41. Consider long-term support for victims and children when they have 'moved-on' from safe accommodation.

- 42. Consider the impact of COVID.
- 43. Commissioners should work together to design services/ systems/strategies and seek joint commissioning opportunities.
- 44. Explore gaps in intelligence and consider ways of improving evidence-base for future assessments and strategies

Additional activities that contribute to domestic abuse

- 45. Monitor and review Wiltshire's activities in raising awareness of DA and response in settings

Domestic abuse and complexity

- 46. Consider improving the evidence base and response to domestic abuse, substance misuse and mental health and CAPVA at a local level.
- 47. Take steps to improve awareness of DA (and the different types) and service provision with groups who are at increased risk of experiencing DA (BAME, FM and FGM etc)

Stakeholder feedback

- 48. Consider stakeholder feedback when planning strategies and service provision

Evidence Review of What Works

- 49. Consider adopting evidence-based interventions to support victims and perpetrators of DA

The HNA findings have been used to develop a multi-agency 3 year strategy to tackle domestic abuse which was published in October 2021. An implementation plan to deliver against the strategy and fulfil the safe accommodation duty under the Domestic Abuse Act 2021 was formulated in January 2022.

Appendix One National Specialist Services

24hr Freephone National Domestic Violence Helpline (run in partnership between Women's Aid and Refuge)	Tel: 0808 2000 247 24 (24hr) Web: www.womensaid.org.uk
Refuge	Tel: 0808 2000 247 24 (24hr) Web: www.refuge.org.uk
National Centre for Domestic Violence (NCDV) - Free legal advice and support with injunctions	Tel: 0844 8044 999 (24hr helpline)
Male Advice Line (MALE)	Tel: 0808 801 0327 Web: www.mensadviceline.org.uk
RESPECT	Tel: 0845 122 8609 Web: www.respect.gov.uk
Domestic Abuse National LGBT Helpline	Tel: 0800 999 5428 Web: www.galop.org.uk
Forced Marriage Unit	Tel: 020 7008 0151 Web: www.gov.uk/stop-forced-marriage
Karma Nirvana - Supporting victims of Honour crimes and Forced Marriage	Tel: 0800 5999 247 Web: www.karmanirvana.org.uk

Iranian and Kurdish Women's Rights Organisation (IKWRO) – <i>supporting middle eastern and Afghan women and girls at risk of HBV, FGM and DV</i>	Tel: 0207 920 6460 Web: www.ikwro.org.uk
Paladin – <i>advocacy and support for victims of stalking</i>	Tel: 020 3866 4107 Web: www.paladinservice.co.uk

Source National Support Services Websites

NB. This list is not exhaustive and is subject to change

Appendix Two Wiltshire Domestic Abuse Support Services

COMMISSIONED SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES

SUPPORTING VICTIMS

Splitz Support Service Wiltshire Commissioned provider of: High Risk DA support Outreach Support Provision including Making Changes programme	Tel: 01225 775 276 (helpdesk) Web: www.splitz.org/wiltshire
Refuge Provision Four refuge providers operate across the County – offering emergency accommodation to victims fleeing DA	Tel: not for public release
Out of Hours Helpline	Tel: 01225 712880

SUPPORTING CHILDREN & YOUNG PEOPLE

Splitz Support Service Support to Children living with the effects of DA (11-16yrs Level 3&4 risk)	Tel: 01225 775 276 (helpdesk) Web: www.splitz.org/wiltshire
Children's Centres Spurgeons and The RISE Trust Supporting parents and children aged 0-5yrs Including: You and Me Mum, Freedom Programme	Web: http://www.wiltshire.gov.uk/child-care-childrens-centres

NON-COMMISSIONED SPECIALIST DOMESTIC SUPPORT SERVICES

SUPPORTING PERPETRATORS

Splitz Support Service Behaviour Change for Perpetrators	Tel: 01225 775 276 (helpdesk) Web: www.splitz.org/wiltshire
Wiltshire Community Rehabilitation Company – Building Better Relationships (BBR) programme Court-Mandated perpetrator programme	Web: www.bgswwrc.co.uk

SUPPORTING VICTIMS

Splitz Support Service Buddy Scheme	Tel: 01225 775 276 (helpdesk) Web: www.splitz.org/wiltshire
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NON-COMMISSIONED Universal Support Services

Wiltshire Police	Tel: 101 In an emergency call 999 Web: www.wiltshire.police.uk
Victim Support Wiltshire Supporting victims of crime	Tel: 0808 281 0113 Web: https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/south-west/wiltshire

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Public Health

Housing Options

Children's Social Care

Adult Social Care

Adult MASH

Wiltshire Police

Splitz Support Service

Spurgeon's Children's Centres

Wiltshire Refuge Providers

Wiltshire Clinical Commissioning Group

National Probation Service Wiltshire

Crown Prosecution Service

Institute of Public Care at Oxford Brookes