# Profile of Domestic Abuse in Swindon: Issues in Adults, Children and Prevention 2021

# **Swindon Domestic Abuse Needs Assessment 2021**

# Contents

# Profile of Domestic Abuse in Swindon 2021
# Executive Summary

## 1. Prevalence of domestic abuse: number of people

- Domestic abuse is a unique crime type. Whilst it is common, it is often hidden and therefore difficult to quantify. In accordance with the Domestic Abuse Act 2021, the term 'domestic abuse' (DA) is used here to capture the range of abusive behaviours which can exist between people who are personally connected to each over who are aged 16 and over.). Thus DA includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic or financial abuse, as well as psychological, emotional or other abuse.

- We would predict a population of Swindon UA's size (in 2020) to have an annual prevalence of 5.5% for DA, with 8,828 people aged 16 to 74 years experiencing DA within one year. Women are twice as likely as men to experience domestic abuse. Men do experience DA, often of lesser severity and often in the context of the wider family, rather than through a partner. One person can experience multiple incidents of DA, a feature of DA which the population percentage does not capture well.

- If we combine types of DA involving any sort of physical abuse or threat, then we would predict a prevalence of 3.8% of people aged 16 to 74 years in Swindon experiencing this type of DA within one year. Again, these are more likely to be women than men.

## 2. Incidence of domestic abuse: number of incidents and crimes

- Police recording for Swindon indicates an annual DA incidence of 3.5%, that is 5,606 incidents in our population, which have come to their notice within one year (2020/21). ONS follows a convention implying that this means that 63.5% of DA (5,606/8,828) has been recorded by the police, but this approach is closer to a measure of those persons experiencing DA who have been identified by the police.

- Although many DA incidents occur in areas in Swindon which could be classified as deprived, incidents also occur in more affluent areas. Areas with a relatively young population also feature prominently in the police incidence records.

- Of the 5,606 incidents (in 2020/21) the police considered 2,866 to be crime incidents. The police recorded 1,184 DA crimes as having a child present at the time of the DA incident, although some children may also have been recorded, in respect of being members ofthe household, and so possibly at risk.

- In the same year 2020/21, police recorded 342 people in Swindon as charged or cautioned for DA crimes. This is obviously a minority of DA crimes (about one fifth). A

large proportion of DA crimes could not be brought to a charge stage because of problems with accumulating sufficient evidence, or because the victim did not support a charge taking place.

- In 2020/21 there were 143 prosecutions for DA in the Wiltshire Police area (Wiltshire and Swindon). Of these 30 (20%) resulted in cautions.

- In all, 27.6% of women and 13.8% of men, 20.8% of persons, reported some form of DA in their adult lifetime. In terms of the Swindon UA population this would equate to 22,015 women and 11,092 men, approximately 33,384 persons.

## 3. Severity of domestic abuse and level of risk

- There were important differences between results for women and men within the National Crime Survey for England and Wales 2019/20 in terms of the proportions whose DA experience in the previous year could bedescribed as 'physical' or 'threatening'. DA that was 'Physical/Threatening' was reported by 72.6% of women and 69.4% of men.

- There were important differences between women and men within the Crime Survey results in terms of context. Non-sexual abuse from a family member was reported by 36.1% of men (who reported any DA) and 27.4% of women (who reported any DA); sexual abuse was also less frequent amongst men (who reported any DA) at 2.8% compared to women (who reported any DA), 8.2%. Non-sexual partner-abuse, was reported by 67.1% of women (who reported any DA) and 58.3% of men (who reportedany DA).

- 488 high risk cases were referred to the Swindon MARAC (Multi Agency Risk Assessment Conference) in 2020/21 because the people concerned were considered by professionals to be at high risk, and these cases were associated with 651 children (aperson could be referred a number of times and so be counted as more than one case.In a similar manner, children could be counted more than once.) It is clear that in high risk cases, it is common for children to be part of households in which DA is happening.

- Men were a small minority of DA cases referred to the MARAC. In 2018/19 men were 5.3% of the referrals, in 2019/20 5.5% of referrals and in 2020/21 2.3%% of referrals.

- In 2020/21 there were 247 referrals (out of 2,082) to Swindon Safeguarding where it was indicated on the referral form that DA was suspected. 191 of these people were female and 56 were male. In 2019/20 there were 90 referrals to Swindon Safeguarding (out of 1,943) where it was indicated on the referral form that DA was suspected. 75 of these people were female and 15 were male. This increase may reflect both a significant increase in DA during periods of lockdown as well as better identification and reporting which is positive.

## 4. Children exposed to domestic abuse between adults

- Overall, we estimate that 2,216 people experiencing DA in Swindon, based on the 2019 population, might have had children in their household who witnessed some of the DA (about 25.1% of people). As households might sometimes have more than one child, the true number witnessing in one year would in all probability be higher.

- The police recorded 1,184 DA crimes as having a child present at the time of the DA incident in 2020/21.

- In 2019/20, in Swindon BC services for children 544 Statutory Assessments took place which concerned children exposed to neglect or abuse. As a result, 114 Child Protection Investigations (S47s) took place during the year, about a quarter of all Child Protection Investigations.

- At the end of 2019/20, 120 Child Protection plans were in place, due to neglect or abuse, about two thirds of all Child Protection Plans that were in place. At the end of the year there were 221 Looked After Children, due to neglect or abuse, about three quarters of all Looked After Children at the end of the year.

## 5. Evidence of effectiveness of interventions: for adults after DA has occurred

A literature review undertaken as part of this Profile found a number of interventions with at least some evidence of effectiveness, which are worthy of consideration, though caveats must also be observed. The following programmes, with some evidence of effectiveness, are intended for adults after DA has taken place, to prevent re-occurrence **(mainly secondary prevention):**

- **Project CARA:** Project CARA works with men who have received a conditional caution for DA. They are invited to workshops where issues behind the abuse such as alcohol and substance misuse and the abuser's trigger points are explored. Results from a trial are still emerging, but to date the project has produced indications that the workshops are beneficial. This is a pilot scheme and further legislation would be required for widespread adoption.

- **Short Term Intervention for Survivors:** Some success has been recorded in short-term interventions to deal with immediate traumatic symptoms. In an international (mostly US) meta-analysis of interventions which delivered fewer than eight sessions in shelter or community environments, generally favourable effects were found against a broad range of outcomes relating to DA.

- **Caring Dads:** Caring Dads uses a 17 week cognitive-behavioural approach to teach perpetrators the consequences of violence on family relations, promote children's wellbeing and create accountability for violence. Techniques include having the

perpetrator reflect on their own childhood, learning about theories of good and bad parenting, and listening to interviews of other men's experiences.

- **Couples Therapy for DA:** A review and meta-analysis explored the little-researched question of whether couples therapy could be more effective than gender-specific treatments for DA. The researchers found a slight advantage in certain contexts. Further study into understanding which relationship characteristics are more conducive to couples therapy seems to be needed, and this might not be an easy intervention to deliver, as perpetrators may be able to manipulate the sessions with non-verbal body language which controls the abused partner. Hence, couples counselling requires extremely skilled facilitators.

## 6. Evidence of effectiveness of interventions: for adults/families, to benefit children, before DA has occurred

The following programmes are preventive, intended to create an ethos for parents and children where DA is less likely to occur in the first place **(mainly primaryprevention):**

- **Family Foundations:** This is a group-based programme delivered to couples, at any time during the mother's pregnancy, who are expecting their first child. Parents attend five weekly sessions where they learn strategies for enhancing their communication, for conflict resolution and for the sharing of childcare duties. Couples return for four more weekly sessions two to six months after the baby is born.

- **Family Nurse Partnership:** This is a programme delivered to individual mothers in approximately 64 sessions of one-hour duration each by a family nurse.

- **Incredible Years (Preschool):** This is for parents with concerns about the behaviour of a child between the ages of three and six. Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting positively with their child and discouraging unwanted behaviour. This can be combined with Incredible Years Advanced for more complex issues.

- **Triple P:** This aims to increase the skills and confidence of parents in order to prevent the development of serious behavioural and emotional problems in their children by informing parents about solutions to common behavioural problems, providing primary health care interventions for children with mild behavioural difficulties, and offering group-based parenting programmes for families of children with more challenging behaviour problems.

- **Family check-up for children**: This is a strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health and risk reduction. The intervention has two phases. The first is a brief, three-session programme that involves three one-hour sessions: interview, assessment and feedback. The second phase is 'Everyday Parenting', a family-management training programme that builds parents' skills in positive behaviour

support, healthy limit-setting and relationship-building.

## 7. Evidence of effectiveness of interventions: for children where DA has already occurred

The following programmes are preventive, intended to protect children in situationswhere DA has already occurred **(mainly tertiary prevention):**

- **Independent Domestic Violence Advisors (IDVAs)** IDVAs are qualified specialist advisors, who provide a free and confidential service to victims considered to be at high risk of harm. The main priority of the IDVA service is to increase the safety of victims as well as of their children. IDVAs represent the individual's views and wishes at the local Multi Agency Risk Assessment Conference, enabling a supportive action plan to be formulated to help maximise the safety of the individual and their children. Independent evaluations have reported a greater sense of safety amongst victims and lower levels of abuse.

- **DART:** Research in the UK suggests that the majority of children who have lived with DA would prefer to talk to other children with similar experiences. DART provides joint sessions for mothers and children to do activities together that help them talk about their experiences and feelings. This programme has been delivered in Swindon in the past.

- **Community Group Programme, Sutton:** The Community Group Programme was originally a Canadian model and was subsequently piloted and successfully evaluated in Sutton, south London. The evaluation found that after attending the programme fewer children indicated that they would try to intervene in abuse episodes, condoneany kind of violence in relationships or feel they were the cause of abuse or violence. This programme is similar to the DART programme, and has also been delivered in Swindon in the past.

- **Family Group Conferences:** These are designed for an intervention at an early stage to see if the professional and family network can identify solutions that enable children to be successfully parented within their own family. They are widely used across the UK as a way to address child protection issues and bring family support networks together to agree a plan of action. This follows early evaluations which showed positive results and a decrease in family violence.

- **Signs of Safety**: The Department for Education funded ten local authorities to pilot the Signs of Safety intervention. Signs of Safety is an approach to child protection that enables people working with children and families to be able to assess risk. Based on principles of honest and respectful relationships, critical thinking to minimise error, and keeping the child at the centre, the social worker carries out an assessment based on mapping past harm, risk of future harm based on past harm and no change in

behaviour, and risks associated with complicating factors such as DA or substance misuse.

## 8. Local services

- Swindon has a range of services in place to tackle domestic abuse across a range of different settings.

- The Local Authority has a key co-ordinating and facilitating role and is responsible for the operation of the Multi Agency Safeguarding Hub. The Local Authority also commissions from the Third Sector, for instance commissioning the Swindon Domestic Abuse Support Service from SWA

## 9. Progress on 2018 Recommendations

- Much has been achieved in putting into place a strong governance framework in Swindon and in improving communication between agencies so that efforts are fully concerted. This includes the 'Domestic Abuse and Violence Against Women and Girls Board'. In addition, there is a Domestic Abuse Forum for front line practitioners.

- An ongoing programme of training is in place, but more needs to be done to improve its robustness. The Multi-Agency Risk Assessment Conference (MARAC) and its associated framework is now well-established, as is the Multi Agency Safeguarding Hub (MASH) which is the 'front door' for children.

## 10. New Recommendations in 2021

- We are recommending that further progress should be made in Swindon in the following ways:
    - Improve data collection to develop a broader picture of domestic abuse in Swindon to inform future provision
    - Enhanced training in front line staff to enable identification of domestic abuse especially in older people and others with protected characteristics
    - Develop innovative ways to work and engage with victims and protected characteristics - BAME, LGBTQ+, Gypsy & Travellers, to encourage them to disclose domestic abuse and seek support
    - Provide specialist support for victims and perpetrators with complex needs and multiple disadvantage
    - Develop early intervention approaches to identify lower risk victims and their children to prevent escalation to high risk and crisis

# 1. Introduction

## 1.1. Background

Domestic abuse is a unique crime type. Whilst it is common, it is often hidden and therefore difficult to quantify. In accordance with the Domestic Abuse Act 2021, the term 'domestic abuse' (DA) is used here to capture the range of abusive behaviours which can exist between people who are personally connected to each over who are aged 16 and over. Thus DA includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic or financial abuse, as well as psychological, emotional or other abuse.[1]

In the 2020 Crime Survey for England & Wales 27.6% of women and 13.8% of men reported that they had experienced DA at some point in their adult life-time.[2] Although DA exists in varying degrees of severity, in the most extreme circumstances it can be fatal. In the period April 2017 to March 2020, 357 people in England and Wales (77% of these being women) died as a result of domestic homicide; on average in England and Wales, two women were killed every week by their current or ex-partner.[3] As DA often takes place in a family environment, it can have a negative impact on the children who witness it or who otherwise experience its effects, even if these children are not the direct victims of the abuse or violence. Family relationships are vital for child development and well-being. For some children, the harm they suffer can be cumulative and severe, and can continue as they grow into adulthood. Consequently, this Profile will focus on DA between adults of all ages in Swindon and, at the same time ascertain its effects on children in our population. 'Elder abuse' is not examined separately here. It should be noted that DA figures in the national crime survey do not include adults aged over 74 years (previously 60 years or over).

## 1.2. Scope and purpose

This Profile builds on the extensive Joint Strategic Needs Assessment (JSNA) reports on the

[1] Domestic Abuse Act, 2021. Available from the UK government legislation website: https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted
[2] Crime Survey for England and Wales, March 2020. (ONS, July 2020)
[3] Flatley, J. *Home Office Statistical Bulletin: Domestic Abuse in England and Wales.* Year ending March 2017. (HM Government, 2017)

'Profile of Domestic Abuse in Swindon: Issues in Adults, Children and Prevention' which was published by Swindon Borough Council in 2018 and the JSNA report on 'Domestic Violence and Abuse: The impact on Children and Young People', published by Swindon Borough Council in 2014, which should still be regarded as major works of reference for this aspect of the health and well-being of our local population. These JSNA reports can be found on the Swindon Borough Council JSNA website, together with descriptions of the demographic and socio-economic structure of Swindon.[4] The main purpose of this current profile is to review and update key statistical indicators for DA in the population of Swindon Unitary Authority (UA), that is, DA involving adults and potentially affecting children. At the same time it also provides an updated review of the literature of what works in the prevention and management of DA, and of what is regarded as 'good practice'. Relevant policies and services in Swindon UA will also be summarised, together with progress against the recommendations made in the previous 2018 JSNA report.

The working definition of DA is intended to include culturally-specific DA such as so-called 'honour- based' violence (HBV), female genital mutilation (FGM) and forced marriage (FM). The latter categories will be examined relatively briefly in this profile, but it will be assumed that this type of DA is also captured by the general statistical methods reported here.

## 1.3. Statistical conventions and issues in this profile

DA is described in this profile epidemiologically in terms of numbers of incidents, numbers of people affected, and as population-based rates of incidence and prevalence. Rates are shown as 'incidence' where distinct occasions (incidents) of DA are being counted, and rates are shown as 'prevalence' where the people experiencing DA (usually over time) are being counted in a particular period of time. Thus, one person counted for the prevalence rate, could experience multiple occasions, all of which contribute separately to the incidence rate. (To align with usage by the police, we denote some of the incidence which comes to the notice of the police as 'crime' incidence and the remainder as 'other' incidence, which is incidence recorded by the police but not considered by them to be crime or appropriate to record as crime.) This said, it should be borne in mind, that with DA it is not easy to describe

[4] Swindon JSNA website: www.swindonjsna.co.uk

with statistical exactitude the actual one-to-many relationships of persons and incidents, and often we have to regard incidents as a proxy for persons and vice-versa.

Rates of incidence and prevalence are shown as percentages of the population (usually for people aged 16 to 74 years), rounded to one decimal place for presentation. Calculated figures, such as imputed numbers of people, are rounded to whole numbers. Due to rounding, numbers in tables may not sum exactly in columns and rows. Swindon figures relate to the population of Swindon Unitary Authority (UA), as served by Swindon Borough Council unless otherwise stated. Police data were supplied by Wiltshire Police for the Swindon area, unless otherwise stated. Most of the figures in this profile should be taken as illustrative, guideline figures ('ball-park figures') which give an impression of the magnitude of the numbers of people involved, although certain figures, such as MARAC figures, can be regarded as more exact as they clearly come directly from the management of local services. Nevertheless, figures from local services are subject to ongoing revision and so the advice to regard numbers as illustrative still applies to these data as well.

## 1.4. Note on Swindon's JSNA process

Joint Strategic Needs Assessment (JSNA) is a process for understanding the current and future health and wellbeing needs of the local population. This involves gathering different types of information, interpreting it and pointing to the priorities for improving health and wellbeing in Swindon. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are important in setting priorities and planning future services. The Swindon Health and Wellbeing Board aims to develop and open up the JSNA process so that it becomes a useful resource for everyone involved in health and wellbeing. A JSNA summary for 2018/19 a synopsis of health and well- being in Swindon, and an anthology of individual needs assessment documents are available on the JSNA website.[5]

[5] Swindon JSNA website: www.swindonjsna.co.uk

# 2. Overview of risk factors for Domestic Abuse

## 2.1. Risk factors for victims of DA

There are a range of factors associated with an increased likelihood of experiencing DA. DA can start early in relationships; it can also begin in pregnancy or when someone commits to a relationship, and the worst incident most commonly takes place between one and five years into the relationship. Factors found to be associated with being a recent victim (but not necessarily causal factors) of DA include:

- Gender: women are more likely to experience DA than men
- Same-sex relationships: men in same-sex relationships have the same risk as women in other-sex relationships
- Being pregnant or having recently given birth
- Financial pressures
- Living in poorer households
- Living in a socially deprived area: for intimate partner violence, usually with women as victims
- Living in social rented housing
- Being a younger age, particularly under 25 years old
- Separation from partner
- Being a lone parent and presence of children in the household
- Poor health, especially poor mental health

However, it should be noted that while more deprived parts of the population are, statistically-speaking, at higher risk, abuse occurs in all socio-economic groups. It is also possible that more affluent groups are reluctant to report DA in surveys or to local services.[6]

## 2.2. Children and Young People at risk of witnessing DA

Factors found to be associated with seeing or hearing DA as a child or young person include:

- Being in an older age-group
- Having Mixed ethnicity

[6] Domestic Abuse JSNA, 2014. Available from the Swindon JSNA website: https://www.swindonjsna.co.uk/dna/domestic-abuse-needs-assessment

- Being a child with a physical disability
- Being one of four or more children aged under 18 years
- Having divorced parents
- Living in rented accommodation
- Living in an area of deprivation
- Having a female parent with psychological or mental health needs
- Family dysfunction

### 2.3. Perpetrators

Factors found to be associated with being a perpetrator of DA include:

- Alcohol misuse
- Drug abuse
- Mental health problems
- Jealousy and suspicion of infidelity
- Stress
- Criminal record (in men)
- Financial problems

More details of the risk factors and sources in the literature for elevated risks can be found in the 2014 JSNA Report, as referenced above.

# 3. Imputed prevalence in Swindon (using national rates)

## 3.1. Imputed prevalence in one year

*Table 1. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates in year to March 2020 as a percentage by sex, plus imputed numbers of people (aged 16 to 74 years) experiencing DA in Swindon UA by 2019/20, imputed from the national prevalence.*

**First Breakdown: Partner and Family.**

| | National Prevalence Females | National Prevalence Males | National Prevalence Persons | | Imputed Swindon Nos: Females | Imputed Swindon Nos: Males | Imputed Swindon Nos: Persons (F + M) |
|---|---|---|---|---|---|---|---|
| **Any DA in previous year** | 7.3% | 3.6% | 5.5% | | 5,823 | 2,894 | 8,828 |
| | | | | | | | |
| **Any Partner-related** | 5.6% | 2.4% | 4.0% | | 4,467 | 1,929 | 6,420 |
| **Any Family-related** | 2.4% | 1.5% | 1.9% | | 1,914 | 1,206 | 3,050 |

**Note: People could report more than one type of DA. They can be counted against many headings, but are only counted once within each heading.**

**Sources: Crime Survey for England and Wales to March 2020; ONS population figures for Swindon.**

*Table 2. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates in year to March 2020 as a percentage by sex, plus imputed numbers of people (aged 16 to 74 years) experiencing DA in Swindon UA by 2019/20, imputed from the national prevalence.*

**Second Breakdown: Partner, Family, Sexual, Stalking.**

| | National Prevalence: Females | National Prevalence: Males | National Prevalence: Persons | | Imputed Swindon Nos: Females | Imputed Swindon Nos: Males | Imputed Swindon Nos: Persons (F + M) |
|---|---|---|---|---|---|---|---|
| **Any DA in previous year** | 7.3% | 3.6% | 5.5% | | 5,823 | 2,894 | 8,828 |
| | | | | | | | |
| **Partner-related Abuse: non Sexual** | 4.9% | 2.1% | 3.5% | | 3,909 | 1,688 | 5,618 |
| **Family-related abuse: non sexual** | 2.0% | 1.3% | 1.7% | | 1,595 | 1,045 | 2,729 |
| **Actual or attempted sexual assault*** | 0.6% | 0.1% | 0.3% | | 479 | 80 | 482 |
| **Stalking*** | 1.3% | 0.7% | 1.0% | | 1,037 | 563 | 1,605 |

**Note: People could report more than one type of DA. They can be counted against manyheadings, but are only counted once within each heading.**

*** Includes abuse other than Partner or Family, which is not in the overall DA total.**

**Sources: Crime Survey for England and Wales to March 2020; ONS population figures forSwindon.**

*Table 3. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates of experiencing DA in 2019/20 for adults by ethnic group and sex, and applied to population of Swindon at 2011 Census to produce imputed numbers.*

| Ethnic Group by Sex | Approx. Prevalence of DA in Adults in past 12 months (from CSEW) | Swindon Population in 2011 Census (aged 16 to 74 years) | Imputed Numbers experiencing DA in Swindon (aged 16 to 74 years, 2011 population) |
|---|---|---|---|
| **All females** | 7.3% | 76,586 | |
| **White (female)** | 7.7% | 69,390 | 5,343 |
| **Mixed (male)** | 9.4% | 1,072 | 101 |
| **Asian/Asian British (female)** | 4.4% | 4,840 | 213 |
| **Black/African/Caribbean/Black British (female)** | 4.6% | 997 | 46 |
| **Other ethnic group (female)** | 5.1% | 287 | 15 |
| | | | |
| **All males** | 3.6% | 77,951 | |
| **White (male)** | 3.6% | 77,307 | 2,783 |
| **Mixed (male)** | 5.9% | 1,181 | 70 |
| **Asian/Asian British (male)** | 3.0% | 5,045 | 151 |
| **Black/African/Caribbean/Black British (male)** | 2.7% | 1,052 | 28 |
| **Other ethnic groups (male)** | 6.1% | 336 | 21 |

**Sources: CSEW March 2020; 2011 Census**

**Note: Imputed numbers for Swindon are an under-estimate as the rates have had to be applied to the population 2011 Census population in which robust ethnicity figures were estimated.**

Tables 1 to 2 show the prevalence rates of DA for people aged 16 to 74 years inclusive, for experiencing DA in one year, as reported by the public in the Crime Survey for England and

Wales, March 2020. Imputed numbers for Swindon UA have been calculated by applying these crude national prevalence rates to the Swindon UA population for 2019. (At mid-2019, there were 222,193 people in Swindon UA, with 80,375 males and 79,766 females in the broad age-group 16 to 74 years.)

The national prevalence rate of experiencing DA in the year to March 2020 was 7.3% for women and 3.6% for men, giving an overall rate of 5.5% (Table 1). If these rates occurred in Swindon UA, these would equate to 5,823 women and 2,894 men, about 8,828 persons in total. In approximate terms just over three-quarters of the women and just over two-thirds of the men and who reported DA, reported partner-related abuse.

A breakdown of DA reported in the Crime Survey by four sub-categories is shown in Table 2. Overall the most common form of DA to be reported was partner-related, non-sexual abuse (including verbal threats and/or actual force) with 3.5% of persons, followed by family-related, non-sexual abuse with 1.7% of persons; this was followed by stalking with 1.0% of persons, and 0.3% for actual or attempted sexual assault. (Due to the way the survey was conducted, the stalking sub-category included people stalked by someone other than family or a partner. This was also true of the sexual assault category).

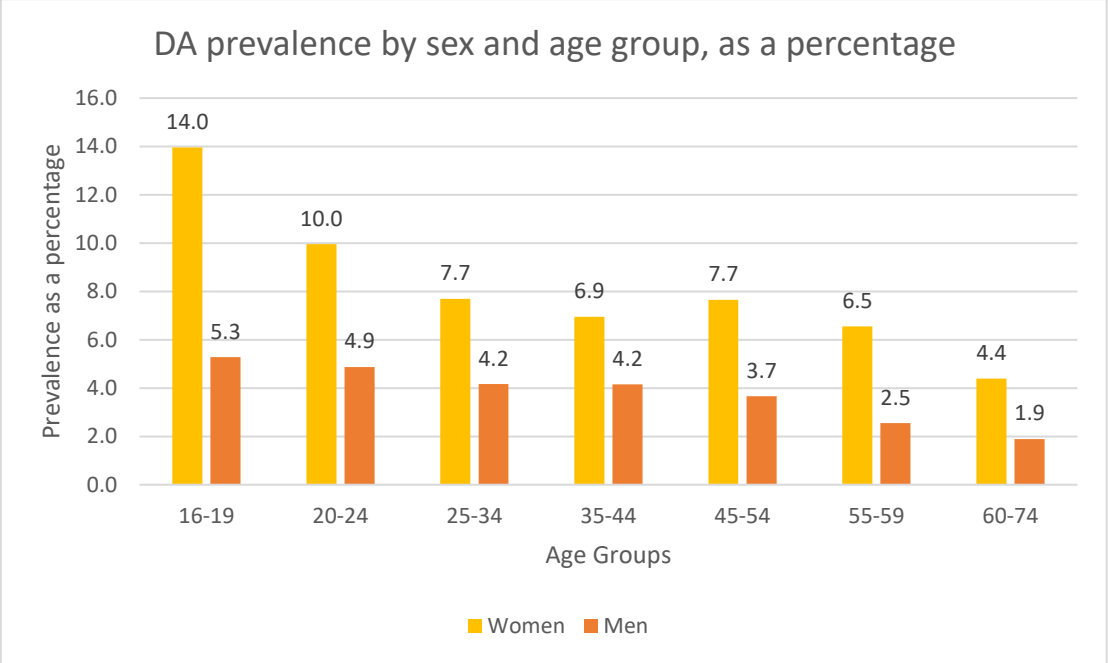
Overall male rates were approximately at half the level of overall female rates, and within the sub-categories proportions varied between women and men. Non-sexual abuse from their family was reported by 36.1% of men (who reported any DA) and 27.4% of women (who reported any DA); sexual abuse was also less frequent amongst men (who reported any DA) 2.8%, than amongst women (who reported any DA), 8.2%. Partner-abuse, non-sexual was reported by 67.1% of women (who reported any DA) and 58.3% of men (who reported any DA).

Table 3 reports the prevalence of DA for adults in the previous year from the Crime Survey for England and Wales (year to March 2020) by ethnic group and sex.[7] The lowest prevalence rates were reported in Black/African/Caribbean/Black British men and Asian/Asian British men (2.7% and 3.0% respectively) while the highest prevalence rates were reported for Mixed ethnic group females (9.4%) and White females (7.7%). The numbers of people we would therefore impute to experience DA in Swindon by ethnic

[7] Crime Survey for England and Wales, March 2020. (ONS, July 2020)

group and sex are shown in the final column; these figures are based on the 2011 Census population.

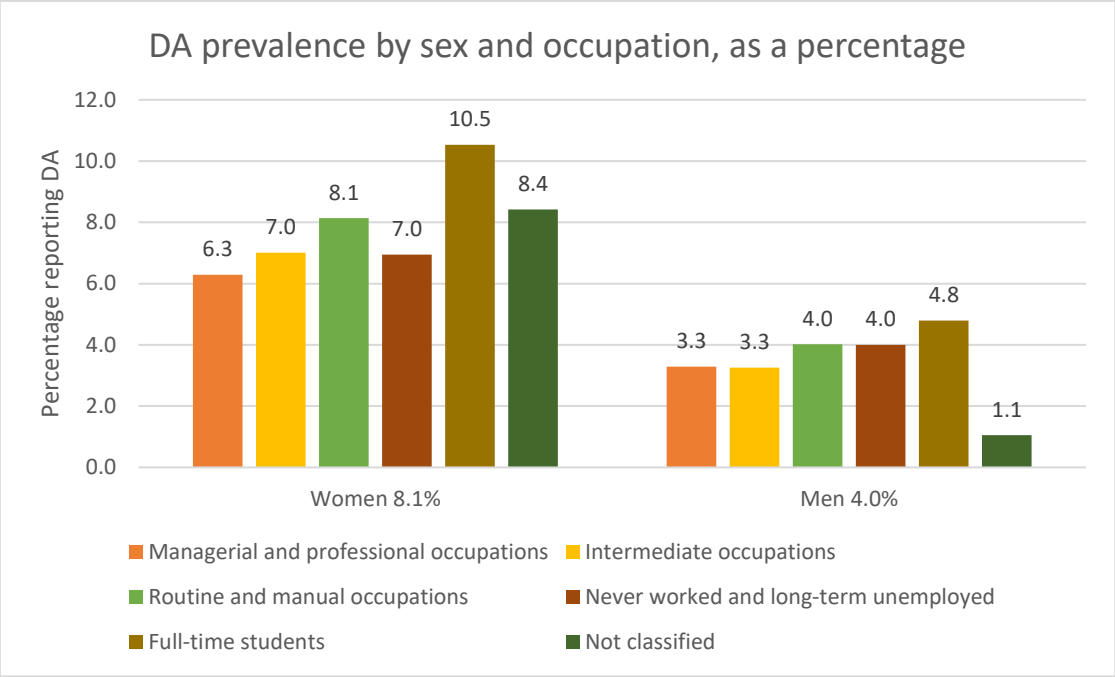
*Figure 1. Domestic Abuse in the Crime Survey for England and Wales: national prevalence for one year (to March 2020) as a percentage by males and females*




**Source: CSEW, ONS March 2020**

The range of annual prevalence by sex and age-group for DA in the Crime Survey is shown in Figure 1. For women the range was from a high of 14.0% in the youngest group to a low of 4.4% in the oldest group. For men, the prevalence ranged from a high of 5.3% in the 16 to 19 years age-group to a low of 1.9% in the 60-74 years age-group.

*Figure 2. Percentage of adults aged 16 to 74 years reporting Domestic Abuse in last year by sex and occupation group in Crime Survey for England and Wales, to March 2020*




**Source: CSEW, ONS March 2020**

A breakdown of reporting of DA at a national level by occupational group, was presented in the Crime Survey for England and Wales to March 2020.[8] This socio-demographic categorisation is depicted in Figure 2. A social gradient, favouring more affluent people is evident for both women and men, yet the relationship between 'social status' and overall DA is not straightforward. The prevalence for women rose from 6.3% in the managerial/professional group to 7.0% in the Intermediate group, with the highest prevalence seen in full-time students at 10.5%. For men the managerial/professional and intermediate groups had the lowest prevalence (both at 3.3%) while the other groups were at a similar level (e.g. 4.0% in the routine/manual group and the never worked and long-term unemployed group; again the highest prevalence of DA in males was reported in full-time students at 4.8%.

## 3.2. Severity of DA based on national prevalence

[8] Crime Survey for England and Wales, March 2020. (ONS, July 2020). Table 7.

*Table 4. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates in year to March 2020 as a percentage by sex (aged 16 to 74 years) for selected sub-categories relating to physical or threatening abuse*

| | National Prevalence: Females | National Prevalence: Males | National Prevalence: Persons |
|---|---|---|---|
| **Any DA in previous year** | 7.3% | 3.6% | 5.5% |
| | | | |
| **A. Partner-related or Family-related abuse:**<br><br>**Focus on Threats or Force (non-sexual)** | 3.4% | 1.7% | 2.5% |
| **B. Partner-related or Family-related abuse:**<br><br>**Focus on Actual or attempted Sexual assault** | 0.6% | 0.1% | 0.3% |
| **C. Partner-related or Family-related abuse:**<br><br>**Focus on stalking** | 1.3% | 0.7% | 1.0% |
| **D. Sum of A, B, C as notional**<br><br>**'Any DA as Physical or Threatening Abuse'** | 5.3% | 2.5% | 3.8% |
| | | | |
| **E. Notional 'Any DA as Physical or Threatening Abuse' as Proportion of all DA** | *72.6%* | *69.4%* | *69.1%* |

**Source: Crime Survey for England and Wales, March 2020.**

**Note: Selection of categories by peer authors.**

It would be helpful to be able to grade the severity of the DA being reported in the Crime Survey, as a way of approximating the response needed by public services in terms of anticipation, planning, strategy and operations. The Crime Survey does not do this in an exact way. The picture is made more complicated as a respondent can report more than one form of DA experienced (i.e. both physical and non-physical DA could be experienced, and

as different types).

As a very crude guide, in Table 4 we have isolated figures from the survey that clearly relate to some sort of physical or at least threatening abuse. In all, 3.4% of women and 1.7% of men reported "Threats or Force" from a Partner or Family member, as shown in Row A. 0.6% of women and 0.1% of men reported some form of sexual abuse from Partner or Family member, as shown in Row B. In all, 1.3% of women and 0.7% of men reported stalking from a partner or family member. Thus adding Row a, Row B and Row C together gives a total for a notional 'Any DA as Physical or Threatening abuse.' (Row D). 'Any DA as Physical or Threatening Abuse' amounted to 72.6% of DA for women, and 69.4% of DA for men, so nearly three quarters of DA for women and men combined (about 6,099 persons, 3.8% population prevalence.). (Row E).

This method gives an upper (relatively high) estimate as the categories overlap to some degree (e.g. a victim could be included in all of the rows A, B, C and so be counted a number of times.) Furthermore, overt physical violence may not have occurred in some of the instances reported. On the other hand, this method does not allow for possible under-reporting by women, due to fear. This is a possible major drawback for the Crime Survey overall. It is also conceivable that some men responding to the Crime Survey over-report physical abuse received from a partner, since they feel a sense of grievance or, being perpetrators, wish to divert blame from themselves.[9] It must also be stated here that some forms of non-physical abuse are likely to be extremely distressing and the degree of distress cannot be estimated from this survey. In addition, DA in people aged above 74 years are not captured in this part of the Crime Survey. However, in short, we can conclude that most of the DA would have involved some threat or physical aspect, though this was more so for women.

## 3.3. National prevalence of DA over time

*Table 5. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates over life-time since age of 16 years, March 2020, as a percentage by sex, plus imputed numbers of people (aged 16 to 74 years) experiencing DA over life-time in Swindon UA in 2020 imputed from the national prevalence.*

[9] *Domestic Abuse Against Men in Scotland. Crime and Criminal Justice Findings No. 61* (Scottish Executive Central Research Unit, 2002)

**Partner and Family.**

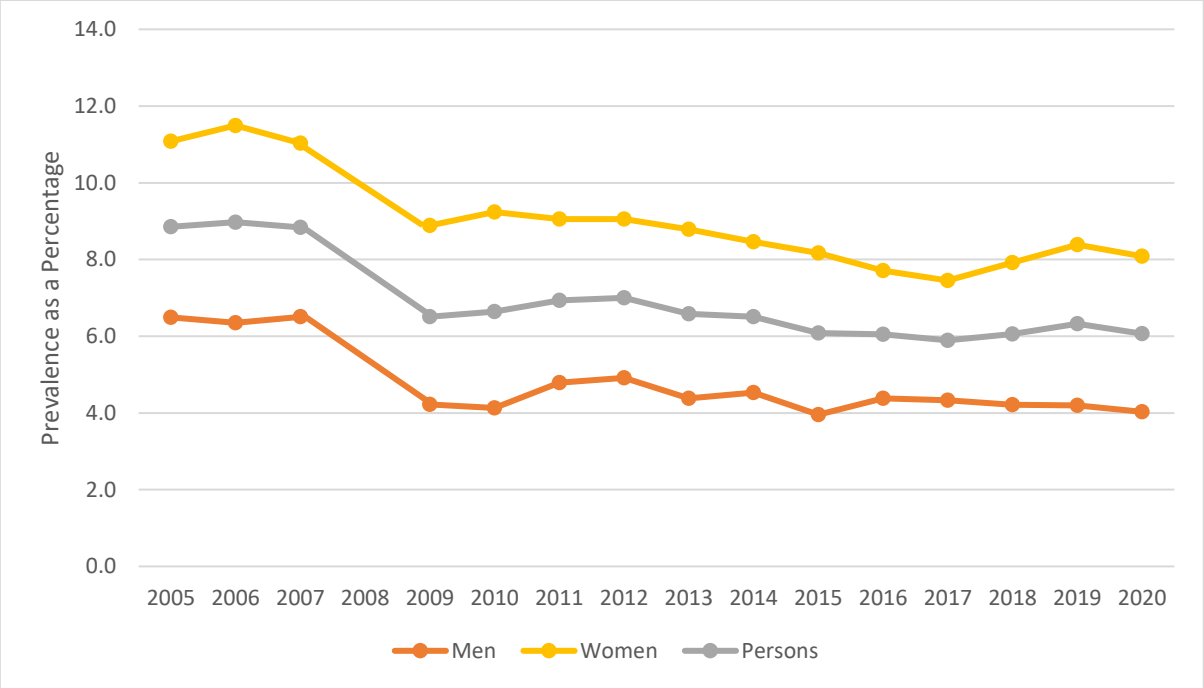
| | National Lifetime Prevalence: Females | National Lifetime Prevalence: Males | National Lifetime Prevalence: Persons | Imputed Swindon Nos: Females | Imputed Swindon Nos: Males | Imputed Swindon Nos: Persons (F + M) |
|---|---|---|---|---|---|---|
| **Any DA since age of 16 years** | 27.6% | 13.8% | 20.8% | 22,015 | 11,092 | 33,384 |
| | | | | | | |
| **Any Partner-related** | 10.2% | 5.9% | 8.0% | 8,136 | 4,742 | 12,840 |
| **Any Family-related** | 23.8% | 10.5% | 17.2% | 18,984 | 8,439 | 27,606 |

**Note: People could report more than one type of DA. They can be counted against many headings, but are only counted once within each heading.**

**Sources: Crime Survey for England and Wales to March 2020; ONS population figures forSwindon.**

Table 5 shows the lifetime prevalence of DA by men, women and persons, that is, reports of any experience of DA since the age of 16 years, as reported in the Crime Survey for England and Wales. In all, 27.6% of women and 13.8% of men, 20.8% of persons, reported some form of DA in their adult lifetime. In terms of the Swindon UA population this would equate to 22,015 women and 11,092 men, approximately 33,384 persons. This indicates that some experience of a form of DA at some point is a relatively common experience during an adult lifetime.

*Figure 3. Domestic Abuse in the Crime Survey for England and Wales: Prevalence of any experience of DA in the previous year, in people aged 16 to 59 years, March 2005 to March 2020, as a percentage by males, females and persons*




**Source: CSEW, ONS March 2020**

***comparable data were not available for 2008; previously, data was only reported for people aged 16-59 years therefore it is not possible to compare data for people aged 16-74 years.**

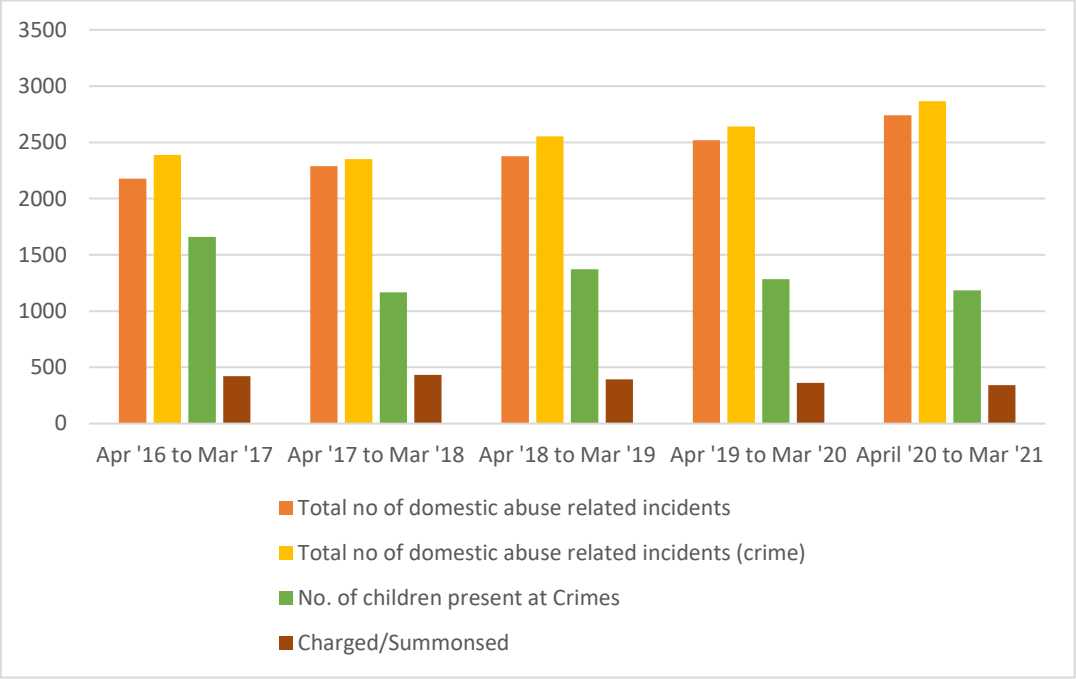
The percentage of people in the Crime Survey for England and Wales reporting any DA in the last twelve months is depicted in Figure 3 for the period 2005 to 2020. The percentage of women reporting DA declined from 11.1% to 8.1%, while for men the decrease was from 6.5% to 4.0% (March 2005 to March 2020). For persons this was a decrease from 8.9% to 6.1%. All decreases were statistically significant.

# 4. Observed incidence (recording from Police)

## 4.1. Observed incidence in one year

This section focuses on incidence of DA as observed in our population. This is conventionally measured as incidents ('crime' incidents, plus all the 'other' incidents) as recorded by Wiltshire Police.[10]

*Figure 4. Domestic Abuse incidents (other and crime) in Swindon UA from 2016/17 to 2020/21 (numbers)*

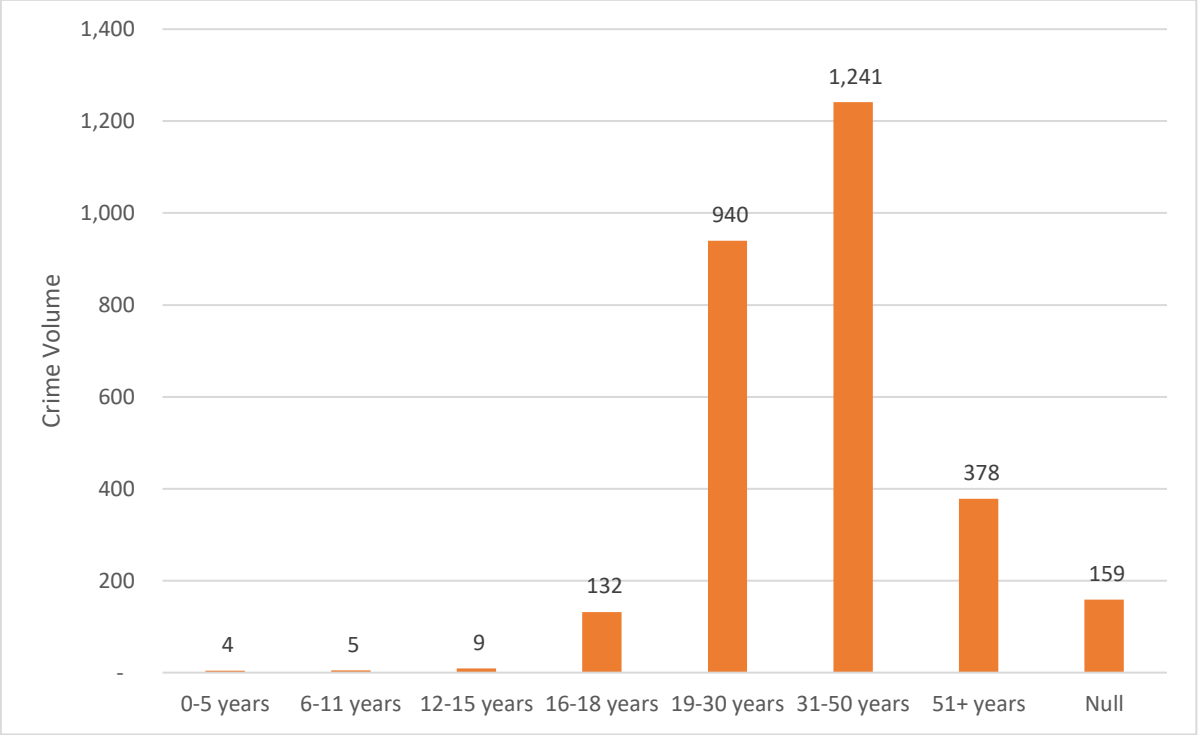



**Sources: SBC Social Care KPIs and Wiltshire Police Service; Summoned/charged direct from Wiltshire Police Service**

A summary of data for Swindon based on police monitoring statistics is displayed in Figure 4 for a five year period from 2016/17 to 2020/21. In 2020/21 police in Swindon recorded attendance at 2,740 DA incidents (other incidents, which were not recorded as crimes) and in addition 2,866 incidents of DA (which the police did record as crimes); in total then, this amounted to 5,606 incidents of DA (whether crime or other), showing a steady increase over a five year period.

[10] Key performance indicators (Wiltshire Police service and Swindon Borough Council, internal)

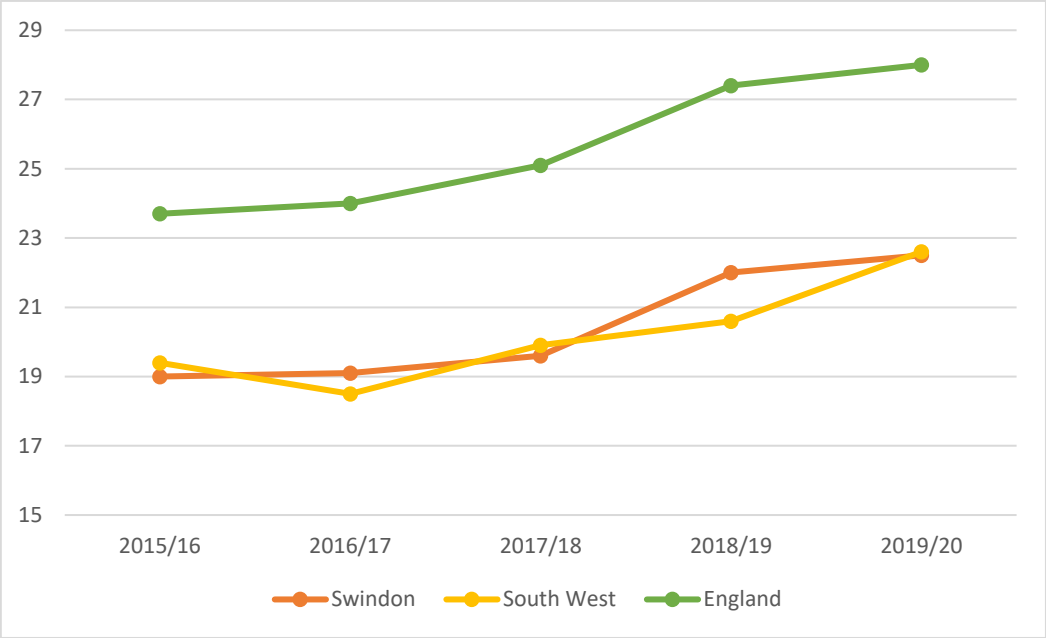
*Figure 5. Victim of Domestic Abuse crimes in Swindon UA in 2020/21, by age group*




**Sources: SBC Social Care KPIs and Wiltshire Police Service; Summoned/charged direct from Wiltshire Police Service**

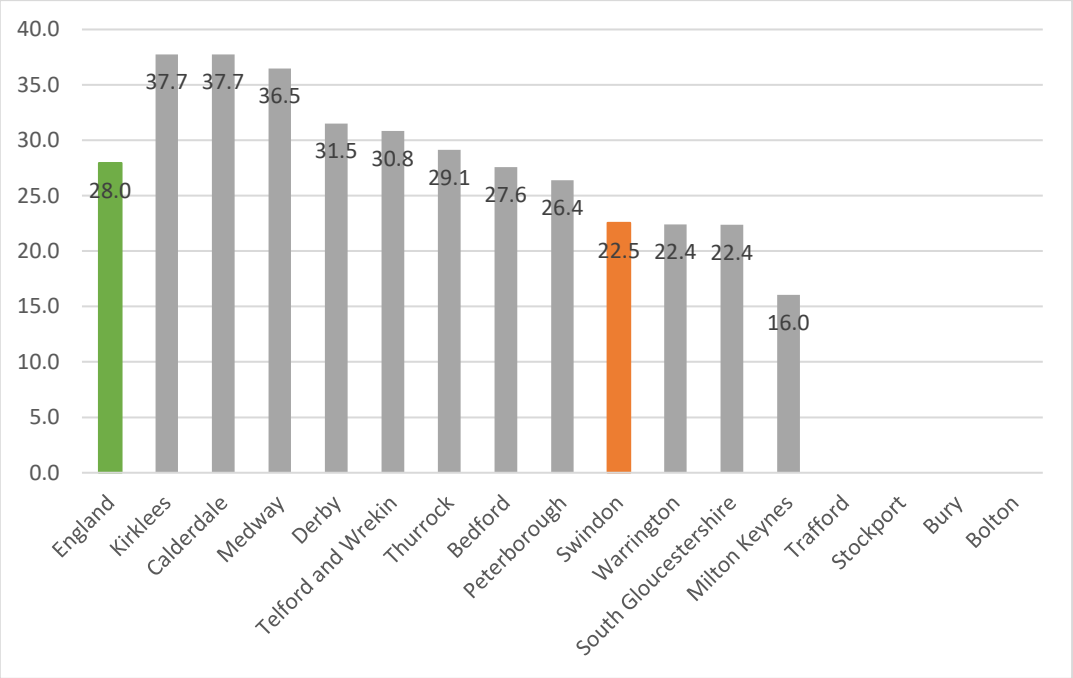
The distribution of victims of DA crimes are shown by age-group in Figure 5, as recorded by Wiltshire Police. In 2020/21, 1,184 crimes were recorded as having children present, (41.3% of DA crimes), though the recording process means that this figure might include children known to be in the household.

*Figure 6. Rates of DA incidents and crimes per 1,000 population aged 16+ years: trends from 2015/16 to 2019/20*




**Source:** PHOF

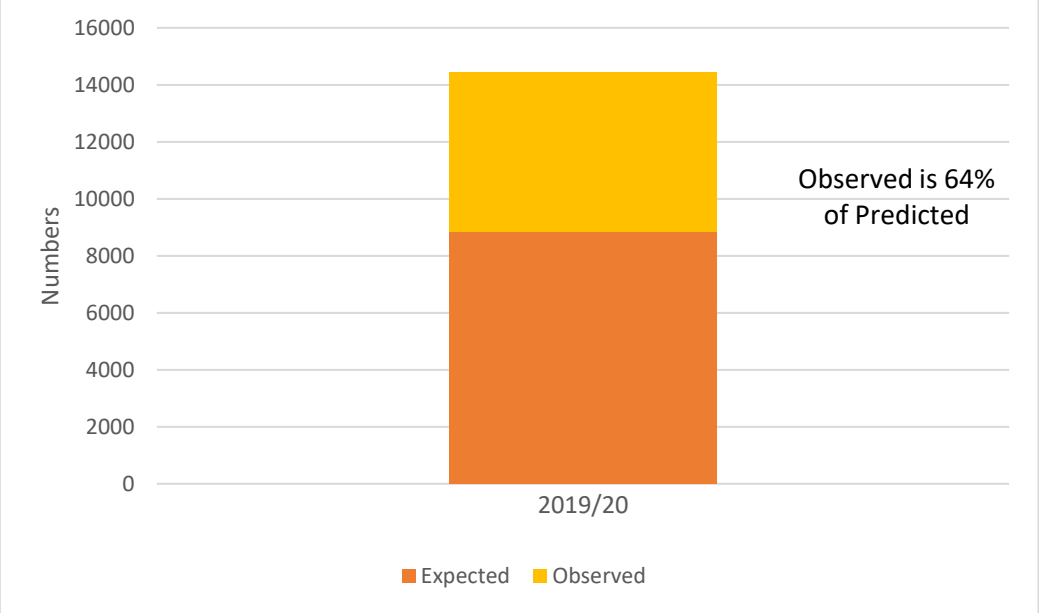
*Figure 7. Rates of DA incidents and crimes per 1,000 population aged 16+ years: comparison with CIPFA statistical neighbours, 2019/20*




**Source:** PHOF

DA incidents (crime and other combined) are reported in the Public Health Outcomes Framework (PHOF) from Public Health England by Local Authority, but using data at Police Service level.[11] In terms of crude rates per 1,000 people aged 16 years or more, Swindon UA had a rate of 22.5 incidents per 1,000 people in 2019/20, compared with a rate for the South West of 22.6 and it was lower, at a statistically significant level than the England rate of 28 (Figure 6). Swindon was also comparatively low among its socio-demographic neighbours (see Figure 7 above). Unfortunately these comparisons are of very limited value, since the Swindon figures are a citation of Wiltshire Police data which, for this indicator, combine Swindon with the rural county of Wiltshire and so probably do not reflect the situation within the town of Swindon accurately.

*Figure 8. Comparison of predicted Domestic Abuse prevalence and observed Domestic Abuse incidents (other and crimes) in Swindon UA in 2020/21*



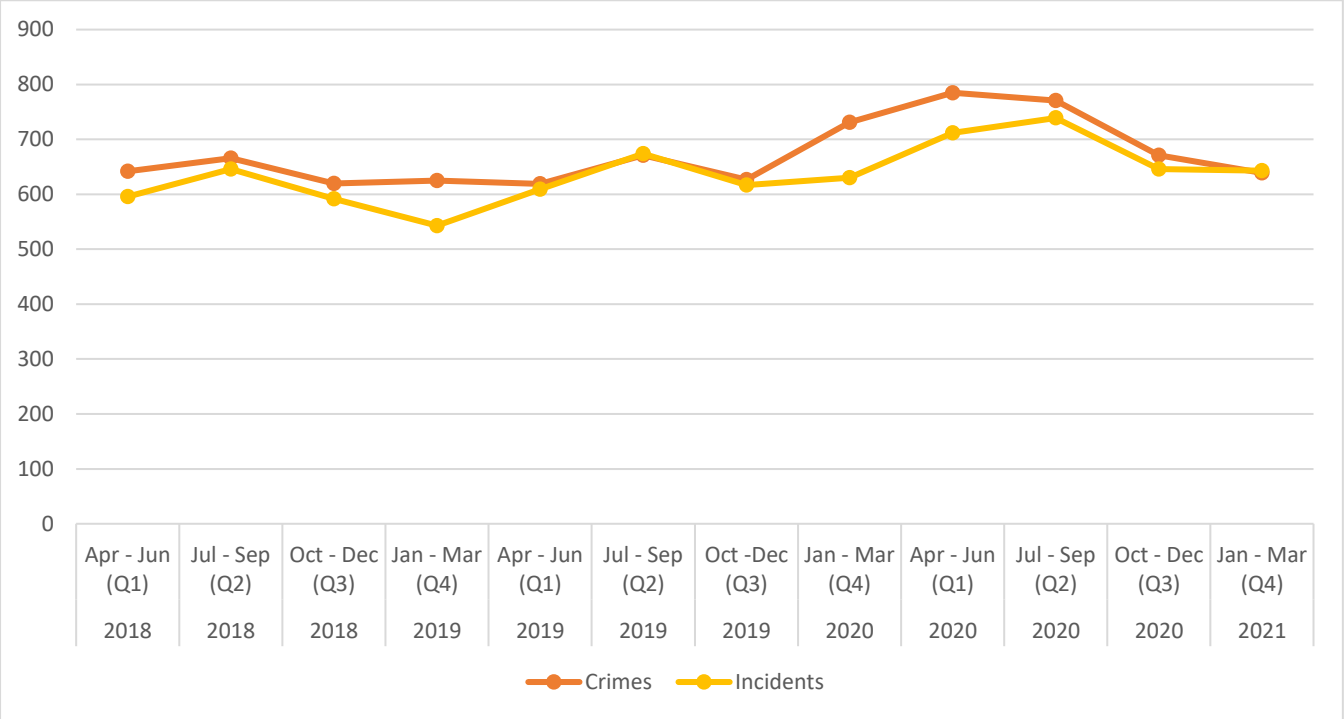

**Source: Wiltshire Police; CSEW**

Following ONS methods, Figure 8 shows that the DA incidents (crime and other) recorded by the police for Swindon (5,606) was at a ratio of 64% of the imputed DA prevalence. This uses the prevalence figures imputed from the Crime Survey for England and Wales (8,828) and uses the police incident figures as a proxy for persons affected. This does not mean that the police were aware of 64% of all incidents or occasions, since the persons in the prevalence figures

[11] Public Health Outcomes Framework, Public Health England: https://fingertips.phe.org.uk

could have experienced many incidents. This recording ratio is similar to the national recording ratio in the Crime Survey for England and Wales of 58.2%. Hence, it would be consistent with a scenario in which Swindon's actual incidence of DA is close to the national average. (This can be called the 'Average Scenario'). If the actual incidence in Swindon were much higher than that for England and Wales, this would imply that the police in Swindon are poorer at recording DA than the national average, which seems very unlikely, since small area monitoring and reporting systems are in place. (This is described in a step-by-step fashion in Appendix One.)

*Figure 9. Number of DA incidents recorded by Wiltshire Police Service in Swindon by month in 2020/21: 'DA incidents' and 'DA Crimes'*

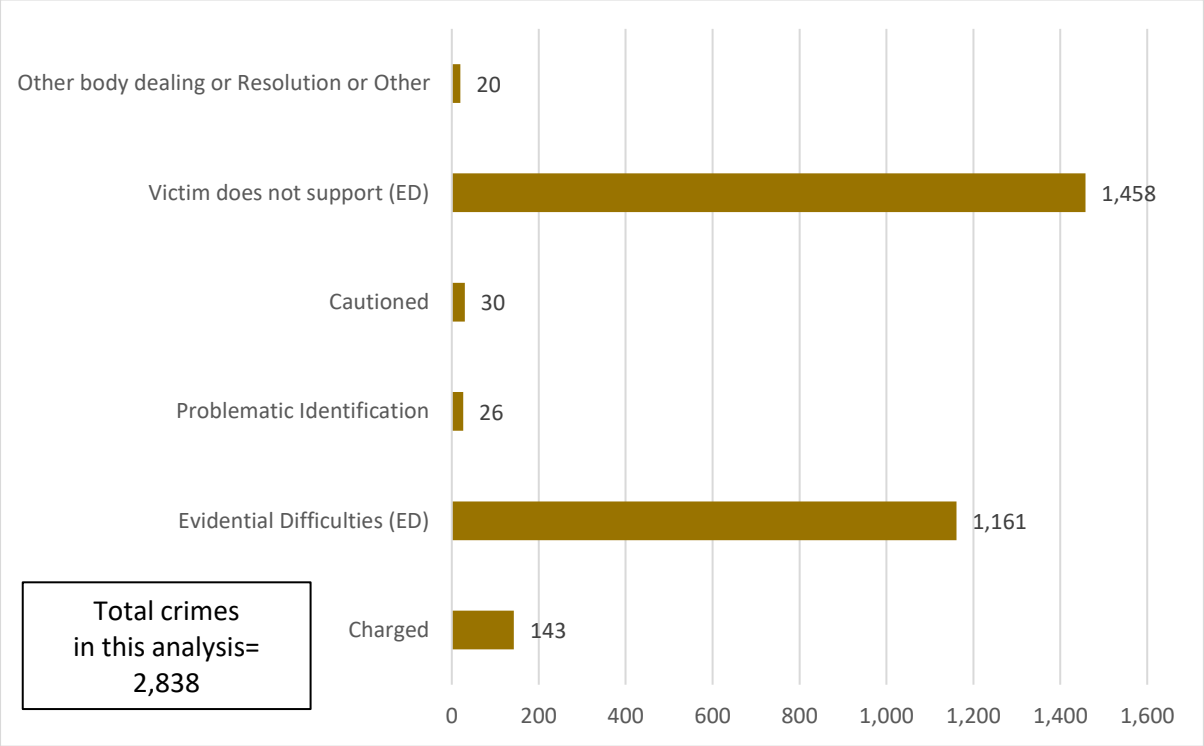



**Source: Wiltshire Police Service**

Figure 9 depicts the level of DA incidents (other, and other plus crime) by quarter as recorded by the police for Swindon from April 2018 to March 2021. Inspection of both incidents and crime shows a peak in incidence in the summer months each year (Jul-Sep), possibly due to increased vigilance by the police. Incidence tends to rise in the summer months, perhaps due to lighter nights, more alcohol use, more family time together and financial stress due to family holidays (or the lack of these.)

## 4.2. Detection status of DA crimes

*Figure 10. Detection status of DA crimes in Swindon UA in 2020/21*




**Source: Wiltshire Police Service**

The detection status of DA crimes in Swindon in 2020/21 is displayed in Figure 10. In this analysis, 2,838 crimes are categorised by their outcome according to standard policing categories.[12] A minority of DA crimes, 143 crimes (5.0%) resulted in a charge taking place, while 30 (1%) resulted in a caution. Much larger proportions of crimes could not be brought to a charge stage because of evidential difficulties (problems with accumulating sufficient evidence, 1,161, 41%) or because the victim did not support a charge taking place, (another form of evidential difficulty, 1,458, 51%). (There is, however, the possibility of undertaking a 'victimless' prosecution, where a victim refuses to bring charges and there is sufficient evidence to support one.)

[12] Communication from Wiltshire Police Service.

## 4.3. Domestic Violence Protection Notices (DVPNs), Domestic Violence Protection Orders (DVPOs) and Disclosure Schemes (DVDs)

DVPNs and DVPOs were introduced under the Crime and Security Act 2010 and enabled perpetrators to be banned from their homes for a period of up to 28 days. A DVPN is authorised by a Police Superintendent where violence has occurred or where there is a threat of violence. They were intended to operate as a means to provide respite for the victim, but they were not intended to replace criminal justice procedures. A DVPN can last up to 48 hours and during that time the police must apply to a magistrate to grant a DVPO. A DVPO, when granted, can last up to 28 days and will include conditions which the perpetrator must comply with, such as prohibiting her/him from making the victim leave the home or requiring her/him to leave the home. The number of DVPNs and DVPOs requested and granted in Swindon has increased in the past few years. In 2018, 8 DVPNs were requested and 6 were granted, while 8 DVPOs were requested all of which were granted. In 2019 the respective numbers were 16 requested and 15 granted for DVPNs, and 13 requested and 10 granted for DVPOs, and in 2020 the respective numbers were 10 requested and granted for DVPNs, and 10 requested and granted for DVPOs (see Table 6).[13]

*Table 6. Number of DVPNs and DVPOs in Swindon and their outcome, 2016-2020*

| | DVPN | | DVPO | |
|---|---|---|---|---|
| | **Granted** | **Refused** | **Granted** | **Refused/ Withdrawn** |
| **2016** | 19 | 2 | 15 | 4 |
| **2017** | 6 | 0 | 5 | 1 |
| **2018** | 8 | 2 | 8 | 0 |
| **2019** | 16 | 1 | 13 | 3 |
| **2020** | 10 | 0 | 10 | 0 |

**Source: Wiltshire Police Service**

A person who has concerns about a partner's abusive past can request a 'Disclosure' from the police (the Domestic Violence Disclosure Scheme is commonly called 'Clare's Law'). The

[13] Communication from Wiltshire Police Service.

disclosure could give the person information about their partner's past abusive behaviour. The police will investigate if there is information on that person on their national database and complete a report. The information will then go to a decision-maker within the police and within the local authority to agree if the information can be disclosed to the requester. A police officer and a support worker from Swindon Domestic Abuse Support Service (SDASS) will meet with the person and disclose the information. It is up to the person to decide if they wish to continue the relationship or wish to end it. This is known as the 'right to ask'. Likewise if a professional has information regarding a new partner of one of their clients that professional can ask the police to consider a disclosure. The professional would not be told the outcome of the investigation or whether a disclosure is made. This is called the 'right to know'. [14]

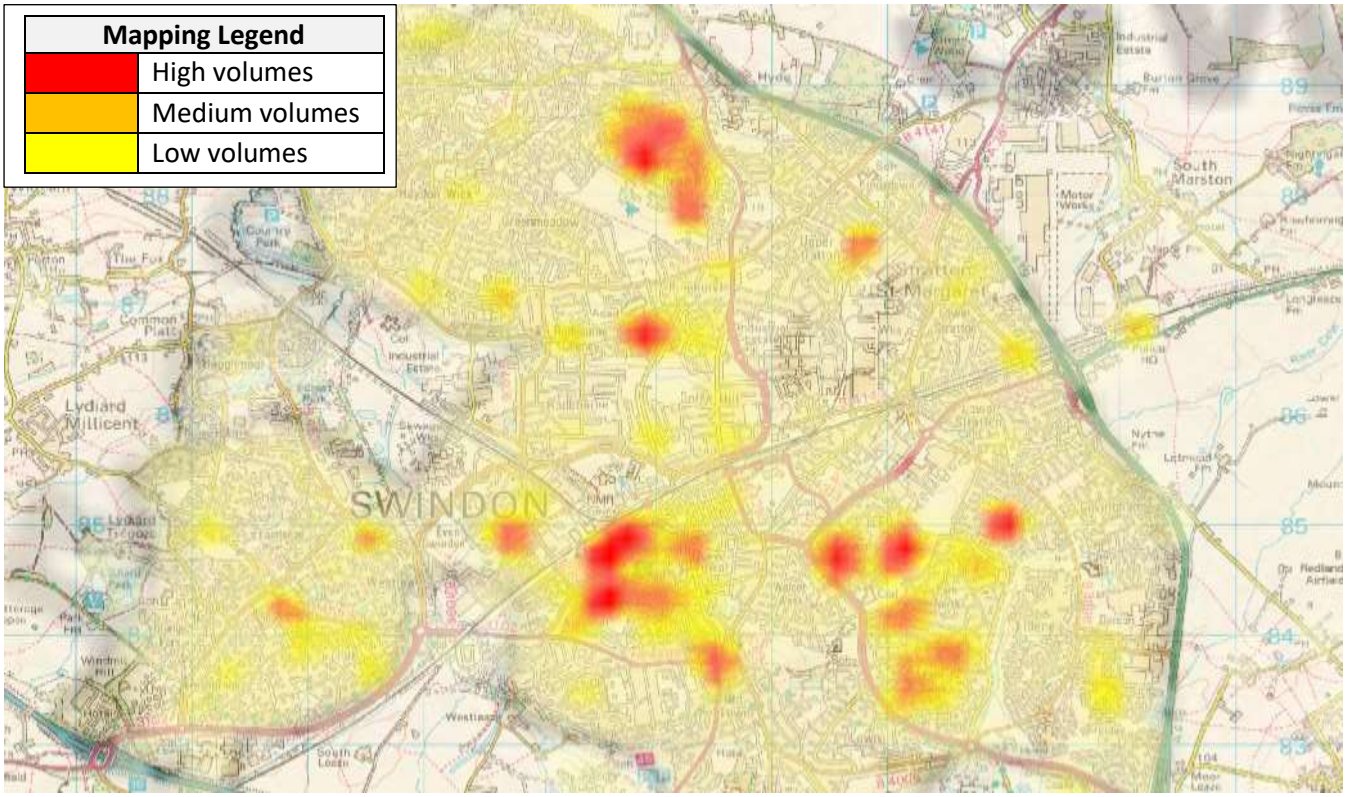
### 4.4. The geography of DA in Swindon

DA incidents (crimes and other incidents) in Swindon are also recorded by Wiltshire Police according to their location.

Map 1 and 2 (below) show DA incidents mapped according to their location. The 'high intensity' areas (coloured red) are hotspots in a geographical sense, in that the incidents are relatively many and are clustered together. Although this is important from a practical, policing point of view, this does not necessarily mean that these small areas have the highest population-based rates of DA. It is at least conceivable that some moderate intensity areas also have notably high rates of DA in proportion to their population size. Map 1 covers the time period during which the UK saw the first three Covid-19 lockdowns, while Map 2 covers the time period during which lockdown restrictions eased, but also covers the European football championship.

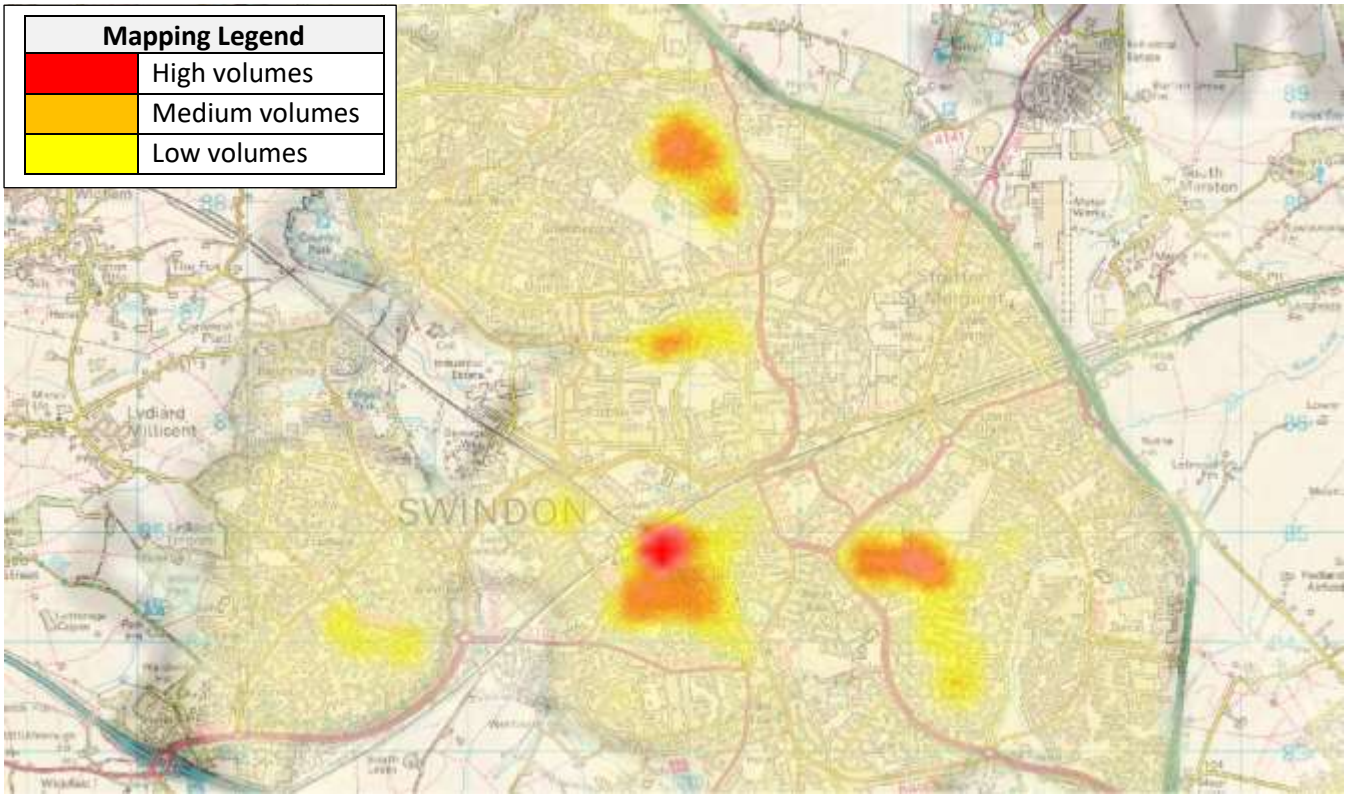
[14] *Guide to Domestic Violence Disclosure Scheme (DVDs).* (Home Office, December 2016) Available from: https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance#history

*Map 1. Domestic Abuse in Swindon: reporting from Wiltshire Police, April 2020 - March 2021*




**Source: Wiltshire Police Service**

*Map 2. Domestic Abuse in Swindon: reporting from Wiltshire Police, January 2021- October 2021*




**Source: Wiltshire Police Service**

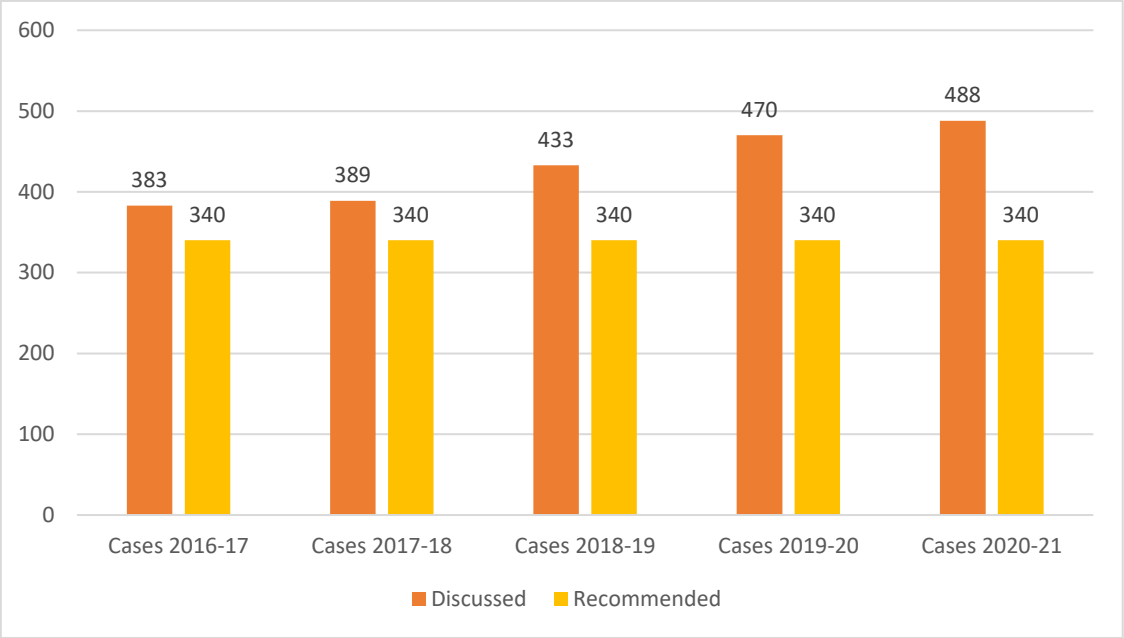
# 5. High Risk Incidence (MARAC)

## 5.1. MARAC referrals and change

The MARAC (Multi Agency Risk Assessment Conference) is a local meeting where information concerning the highest risk DA cases is shared between representatives of police, probation services, health services, child protection specialists, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. The representatives discuss options for increasing the safety of the victim and these are developed into a co-ordinated action plan. The MARAC also makes links with other bodies to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency can see the complete picture of the life of a victim, but all may have insights that are crucial to the safety of the victim. Cases go to a MARAC if they have been categorised as high risk through a risk assessment called the DASH (Domestic Abuse, Stalking, 'Honour-based' Violence) checklist, although the latter is not intended as a replacement for professional judgement. The MARAC process is managed nationally on behalf of the Home Office by 'SafeLives' which has provided the data from the Swindon MARAC for this section.[15]

[15] SafeLives: www.safelives.org.uk

*Figure 11. Multi-Agency Risk Assessment Conferences. Number of cases discussed in Swindon compared with numbers 'recommended' by SafeLives in five year period*




**Source: SafeLives**

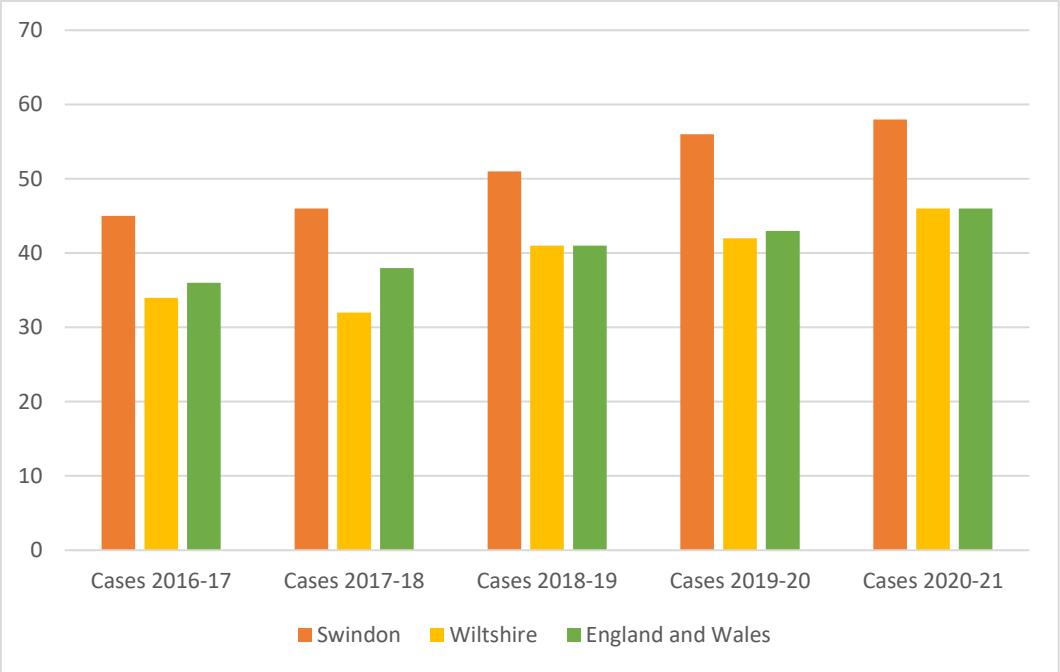
In 2020/21, 488 cases were discussed at the MARAC in Swindon, with 651 children associated with these cases.[16] This is compared with 383 cases discussed in 2016/17, and the number of cases discussed has steadily increased year on year. Although, cases could be referred to the MARAC more than once, this is an indication that for high risk cases, it is common for children to be part of the domestic background. 15.2% of the people experiencing DA were from BME groups. 3.1% were recorded as being from a LGBT group. 10.5% were recorded as disabled and 2.3% were male. The number of cases where children under 17 years were being directly harmed was recorded as below five in number.

*Table 7. Recorded characteristics of those experiencing DA (percentage)*

| Swindon MARAC | Cases 2016-17 | Cases 2017-18 | Cases 2018-19 | Cases 2019-20 | Cases 2020-21 |
|---|---|---|---|---|---|
| BME | 15.0% | 16.5% | 14.6% | 17.0% | 15.2% |
| LGBT | 0.0% | 0.3% | 0.9% | 1.1% | 3.1% |
| Disability | 5.5% | 4.1% | 7.4% | 9.6% | 10.5% |
| Male | 2.4% | 4.6% | 5.3% | 5.5% | 2.3% |

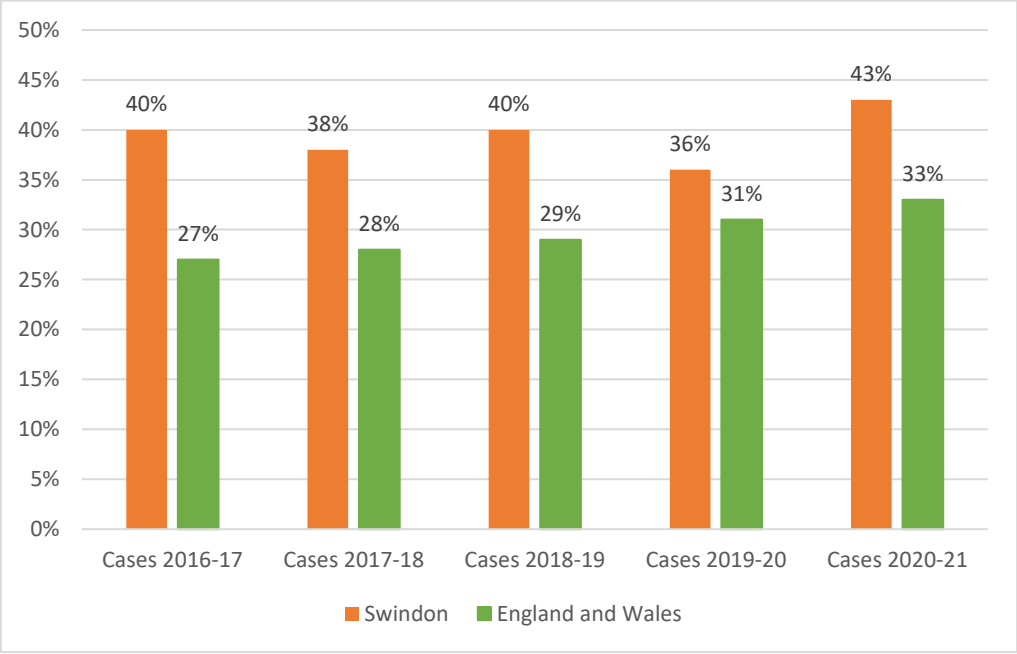
[16] MARAC data for Swindon and communication from SafeLives.

*Figure 12. Multi-Agency Risk Assessment Conferences. Number of cases per 10,000 adult female population in five year period for Swindon, Wiltshire Police Service area and England & Wales*




**Source: SafeLives**

*Figure 13. Multi-Agency Risk Assessment Conferences. Percentage repeat cases for Swindon and England & Wales in five year period*




**Source: SafeLives**

Data from the MARAC process for the years 2016/2017, 2017/2018, 2018/19, 2019/20 and

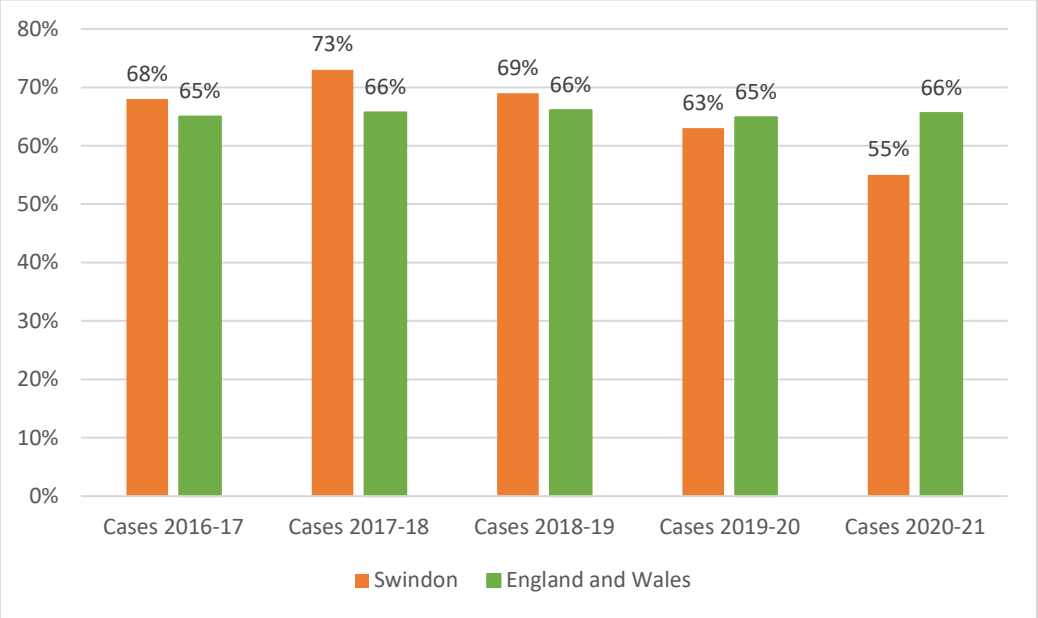
2020/21 are illustrated in Figures 11, 12, and 13. In these years the numbers of cases discussed through the MARAC process in Swindon were respectively 383, 389, 433, 470 and 488 (Figure 11), although a case could return to the MARAC and be counted again as a repeat. In all five years the case numbers discussed in Swindon exceeded the numbers that 'Safelives' would anticipate to be discussed in an efficient, local MARAC system, given the size of the local population. This trend is seen in Wiltshire and across England and Wales as a whole.

Swindon was also notable (Figure 12) in that the rate of cases per 10,000 adult female population in each year was markedly above that for the Wiltshire Police area (Swindon and Wiltshire County combined) and that for England and Wales as a whole. In 2018/19 for example, when the differential was at its least, the rate was 51 per 10,000 in Swindon, and 41 in both Wiltshire and in England and Wales, Likewise Swindon was an outlier (in this three way comparison) in respect of the percentage of cases which returned to the MARAC for at least one more discussion (Figure 13). In 2020/21 43% of cases in Swindon were a repeat case as compared with 33% in England and Wales. The interpretation of these figures is not a straightforward matter. The indicators relating to the Swindon MARAC are consistent with a scenario (which we will call the 'Pessimistic Scenario') in which Swindon has more high risk instances of DA than Safelives would anticipate, and a higher rate of high risk DA than the Wiltshire Police area and also than England and Wales; furthermore in this 'Pessimistic Scenario', the local system manages these occurrences less efficiently than these comparator areas (as indicated by a high proportion of repeat cases).

Yet these indicators are also consistent with a scenario (which we will call the 'Engaged Scenario') in which the local police in Swindon have been highly vigilant and highly engaged with the MARAC process, have helped the local system discuss the proportion of cases that Safelives would expect and recommend (and indeed more), although the Safelives benchmark has not been achieved nationally; moreover, in this scenario, the local police have been willing to convey unresolved issues back to the MARAC. Figure 14 shows a reduction in the percentage of cases referred by police, where 45% of cases were referred by partner agencies in 2020/21. When lockdown measures came into force in early 2020 during the covid-19 pandemic, police reports went down by at least 20%. It is believed that this is due to victims having difficulty contacting the police because their abuser was also locked in with them. The

reports the police did receive were more likely to be third party reports (neighbours) as they were also at home and could hear the disturbance. The risk level (DASH RIC) also went down with fewer high risk cases from the police into MARAC. As a result of this, a 'silent solution' was promoted on social media platforms to help victims report. In addition, Central Government also issued advice that DA victims were exempt from lockdown restrictions in that they could leave their home if experiencing DA.

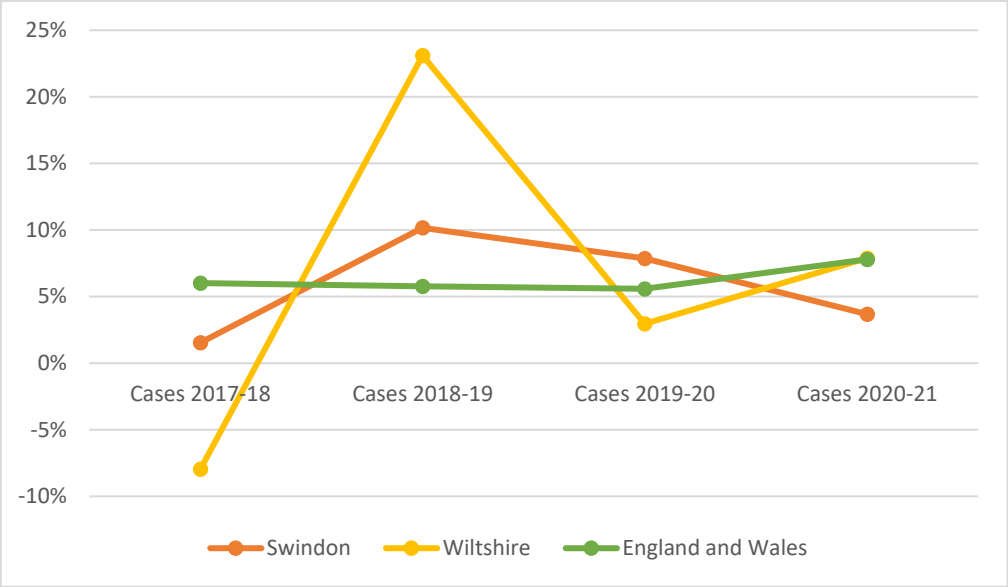
*Figure 14. Multi-Agency Risk Assessment Conferences. Percentage of MARAC cases for Swindon and England & Wales referred to MARAC by police in five year period*




**Source: SafeLives**

Figure 15 shows a mixed picture with the number of cases seen at the MARAC in Swindon, Wiltshire Police Area and England and Wales. It is not clear whether this is due to fewer cases or to different attitudes to using the system. As previously mentioned, the coronavirus pandemic had an impact initially with lower reports to the police, as lockdown restrictions made it more difficult to report.

*Figure 15. Multi-Agency Risk Assessment Conferences. Percentage change in number of cases for Swindon, Wiltshire Police Service area and England & Wales in five year period*



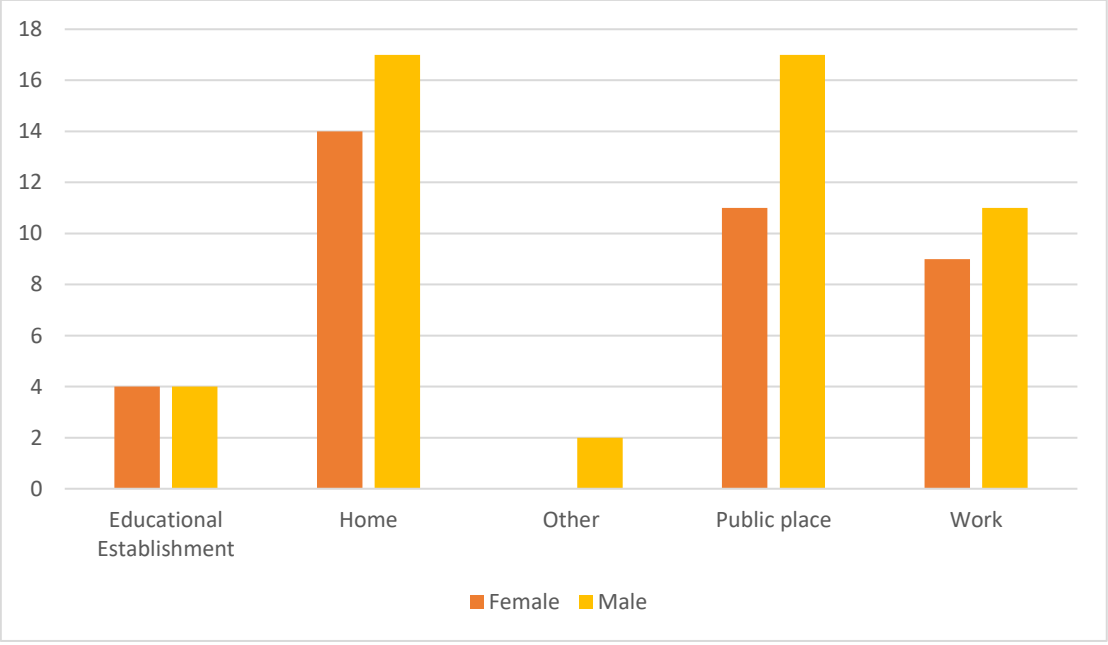

**Source: SafeLives**

# 6. Service user for assault, including sexual assault (hospital, Swindon Domestic Abuse Support Service, SARC data)

## 6.1. Hospital emergency departments

Data for attendances at any Emergency Department (ED) by Swindon UA residents of any age who had experienced an assault were supplied by the local CCG for April 2018 to March 2021 inclusive.[17] The records do not distinguish between assaults which are DA-related and those which are not, but we can tell whether an assault occurred in the home or elsewhere. In this period 83 females and 186 males attended an ED and were recorded as having suffered assault, although this would have been largely dependent on the attender confirming that an assault had taken place. As Figure 16 shows, during this time period the most common location of assault for females was in the home, with 14 females falling into this category. For males, an equal number of assaults occurred in the home and in a 'Public Place', with 17 males falling into each of these categories. Incidences of assault in the home occurred across virtually all age-groups and even into old age.

*Figure 16. Number of initial attendances at any emergency department for Swindon UA residents experiencing assault, by sex and location, April 2018 to March 2021 inclusive*

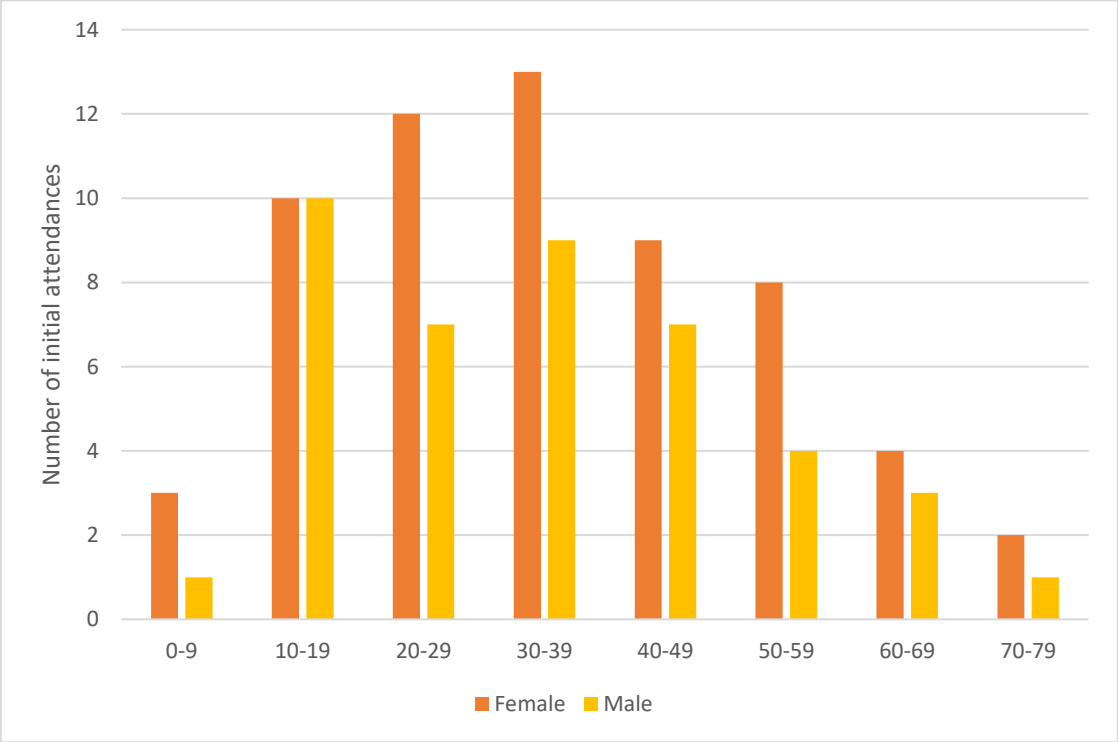



**Source: Emergency Department data from BSW CCG**

[17] Emergency department data communicated via Swindon CCG

In the 2018 report, assault in public was more common for women than assault in the home, (by a very small margin, 27 compared with 29 respectively), but it is likely that assault injuries in the home are frequently not reported, whereas injuries sustained in public may be more difficult to conceal. The age distribution for assault (in any location) is shown in Figure 17. Females were more likely to experience assault between the ages of 10 and 39 years, while men were more likely to experience assault in the 10-19 years age group.

*Figure 17. Number of initial attendances at any emergency department for Swindon UA residents experiencing assault, by sex and age-group, April 2018 to March 2021 inclusive*




**Source: Emergency Department data from BSW CCG**

## 6.2. Swindon Domestic Abuse Support Service (SDASS, refuge and community support)

Swindon Borough Council commissions SWA to provide the Swindon Domestic Abuse Support Service (SDASS) for residents living in the Swindon area.[18] These services support both female and male victims of DA living in Swindon. SDASS provides both specialist emergency refuge for women and children fleeing violence and abuse, and a community service which provides

[18] Swindon Women's Aid: www.swindonwomensaid.org

outreach support to both female and male victims, including those in same-sex relationships. SDASS also has a children and young people's team which supports the children and young people living in the refuge and which also works with local schools and colleges in raising awareness of healthy relationships. They are also commissioned to run the local 24-hour domestic abuse helpline.

The refuge offers safety and support to assist women and children in overcoming the impacts of living with abuse and taking control of their lives, whilst gaining independence. The SDASS refuge accommodation is purposely built and provides a safe and secure place for those fleeing their homes because of DA. The Community Outreach Service provides support to all victims and survivors of DA living in Swindon and its surrounding areas. It works with women and men, people in lesbian, gay, or heterosexual relationships, people who are in fear of being forced into marriages and people who fall victim to so-called 'honour-based' abuse. It also works with young people aged 16 to 25 years who may be experiencing DA as part of an intimate relationship.

SDASS's Independent Domestic Violence Advisors (IDVAs) are qualified specialists who provide a free and confidential service to victims considered to be at high risk of harm from their intimate partners, ex-partners or other family members. The main priority of the IDVA Service is to increase the safety of victims and their children. This support is intended to be a short to medium term service, which aims to reduce the risk of further DA and the impacts it might have.

This service usually receives its referrals from the police and other agencies, but it can also receive self-referrals from individuals experiencing DA. Working with individuals from the point of crisis, IDVAs are able to assess the level of risk, develop a safety and support plan, and discuss a wide range of suitable options to keep victims safe and assisting them to explore legal and other opportunities to increase protection, as well as providing guidance and support through the criminal justice system and working with other strategic agencies that can help. The IDVAs attend the Swindon Multi-Agency Risk Assessment Conference (MARAC). The IDVAs aim to contact the individual before the MARAC to determine how partner agencies can best address the risk factors and needs. The IDVAs represent the individual's views and

wishes at the MARAC, enabling a supportive action plan to be formulated to help protect and maximise the safety of the individual and their children. After the meeting it is usually the IDVA's role to inform the individual of the key components of the action plan.

Anyone who discloses DA whilst at Great Western Hospital (GWH) can be referred to health-based IDVAs, although self-referrals are also accepted. The GWH health IDVAs provide patients and staff with confidential advice and support where they can explore risk assessment, safety planning, emotional and practical help and support. The service also offers departmental DA awareness-raising. The GP Health IDVAs offer bespoke training, support and advice to GPs, practice staff, and associated health care professionals. Patients can access an IDVA via their doctor or nurse or by self-referral. The GP worker is currently working across five surgeries (Priory Road, Abbey Meads, Hawthorn Medical Centre, Kingswood Surgery and Ashington House Surgery). There is also a recently established GP drop-in service at Ridgeway View Family Practice.

SDASS also provides a Children's Service that offers practical and emotional support to parents and children who have experienced or witnessed DA. The service is available to families living in the emergency refuge accommodation or in the local community. SDASS undertakes work with children and young people in the community, promotes awareness of healthy relationships and trains professionals who work with children and young people on the identification of risk associated with DA. This includes delivering training on behalf of Swindon's local Safeguarding Partnership. SDASS provides mothers with the support to safeguard their children by offering them practical advice ranging from registering children into temporary schooling and health services to providing their child withemotional support with positive parenting. The SDASS children's service also facilitates 'The Children and Young Peoples Recovery Toolkit'. This is an eight week programme, of weekly sessions, for those aged between 8 to 15 years old, who have experienced or witnessed DA. There are two age groups, 8 to 11 year olds, and 12 to 15 year olds, which are run independently of each other. The main aim of the sessions is to explore how children and young people might have been affected by DA. More details of the Children and Young People's Recovery Toolkit are given in Appendix Two, together with descriptions of the AdultRecovery Toolkit and the Route 66 Adult Survivors' Programme.

*Table 8. People coming into SDASS, 2019/20-2020/21*

| Measure | 2019/20 | 2020/21 |
|---|---|---|
| **Number of referrals to Women's Refuge** | Referrals: 92<br>Accepted: 75 | Referrals: 155<br>Accepted: 92 |
| **Number of referrals to Community Support** | Referrals: 690<br>Accepted: 166 | Referrals: 758<br>Accepted: 167 |
| **Dependent children with referral (refuge only)** | 57 service users with 97 children | 62 service users with 132 children |
| **Number of repeat referrals** | Refuge: 1 | Refuge: 5 |
| **Risk level of referral for Refuge (recorded)** | High: 26%<br>Medium: 53%<br>Standard: 14% | High: 30%<br>Medium: 42%<br>Standard: 18% |
| **Risk level of referral for Community Support (recorded)** | High: 25%<br>Medium: 53%<br>Standard: 22% | High: 25%<br>Medium: 65%<br>Standard: 10% |
| **Average Length of Time abuse has been going on (in months)** | Refuge: 89 months<br>Community Support: 92 months | Refuge: 92 months<br>Community Support: 79 months |

**Source: Swindon Women's Aid**

*Table 9. Sources of Referral to SDASS, 2019/20-2020/21*

| Source. Referral by: | 2019/20 | 2020/21 |
|---|---|---|
| **Police** | Community Services: 260<br>Refuge: 19 | Community Service: 337<br>Refuge: 16 |
| **Children's Service** | Community Services: 23<br>Refuge: 0 | Community Services: 25<br>Refuge: 0 |
| **Self-Referral via 24 hr helpline** | Community Services: 199<br>Refuge: 29 | Community Services: 103<br>Refuge: 81 |
| **SWA Service** | Community Services: 18<br>Refuge: 1 | Community Services: 19<br>Refuge: 1 |
| **Mental Health services** | Community Services: 2<br>Refuge: 0 | Community Services: 4<br>Refuge: 0 |
| **Great Western Hospital** | Community Services: 2<br>Refuge: 0 | Community Services: 9<br>Refuge: 0 |
| **Probation** | Community Services: 34<br>Refuge: 0 | Community Services: 21<br>Refuge: 0 |
| **Other (including primary care, and drug & alcohol services)** | Community Services: 152<br>Refuge: 43 | Community Services: 240<br>Refuge: 57 |
| **Total** | **Community Services: 690<br>Refuge: 92** | **Community Services: 758<br>Refuge: 155** |

**Source: Swindon Women's Aid**

*Table 10. People who are new to SDASS, 2019/20-2020/21*

| | 2019/20 | 2020/21 |
|---|---|---|
| **Number of new service users in Women's Refuge** | 74 | 87 |
| **Number of new service users in Community Support** | No data | No data |
| **Number of children taken intothe Women's Refuge** | 97 | 132 |

**Source: Swindon Women's Aid**

*Table 11. Overview of people being supported by SDASS, 2019/20-2020/21*

| Measure | 2019/20 | 2020/21 |
|---|---|---|
| **Number of overall victims in refuge supported** | 75 | 92 |
| **Number of children supported in refuge** | 57 service users with 97 children | 62 service users with 132 children |
| **Occupancy level of the Women's Refuge** | 88% | No data |
| **Occupancy level of the Emergency Rooms at Refuge** | 85% | No data |
| **Average caseload of Community Workers** | 25 for F/T 15 for P/T | No data |
| **No. of victims receiving two contacts from staff** | All | No data |

**Source: Swindon SDASS**

*Table 12. Overview of People leaving SDASS services, 2019/20-2020/21*

| Measure | 2019/20 | 2020/21 |
|---|---|---|
| **No. completing OASIS Outcomes EmpowermentExit Form (giving a baseline)** | 85% | No data |
| **Percentage people improving on the OASIS Empowerment Exit Form** | 98% | No data |
| **Number of people leaving the Women's Refuge** | 56 | 75 |
| **Average length of stay forthose leaving the Refuge** | 3.67 months | 3.07 months |
| **Number of Exits from Community Support** | 132 | No data |
| **Average length of support for those leaving Community Support** | 2.73 months | No data |
| **Number of planned and unplanned exits** | 192 | No data |

**Source: Swindon Women's Aid**

Tables 8 to 12 illustrate activity in the Swindon Domestic Abuse Support Service Refuge and Community Support Service for the period April 2019-March 2020 and April 2020-March 2021. 155 referrals were made in 2020/21, with 92 accepting Refuge accommodation, and 92 referrals were made in 2019/20, with 75 women accepting Refuge accommodation (Table 6). 167 women in 2020/21 and 166 women in 2019/20 accepted Community Support. There was an overall 14% increase in the number of referrals and a 7% increase in the number of service users (community support and refuge combined). It was common for children to be part of a referral: in 2020/21 there were referrals for 62 service users with 132 children (Table 8).

The risk levels of women needing services varied, as measured by standard measuring techniques (Table 8), with most rated as at 'medium risk'; however, there was an increase in high risk cases across both refuge and community support ( 4% increase and 2.4% increase in 2020/21 respectively). In practice, need will vary amongst people according to changing circumstances, personality, coping skills, social networks and the standard measure of risk

might not be sensitive to this. Women accessing SDASS tended to have experienced abuse over an extended period of time, e.g. 7.6 years on average for the refuge and 6.6 years on average for Community support (Table 8). Table 9 shows sources of referral to SDASS. The police service was the most common source of referral for Community Support. Referral to the Refuge was spread across a variety of sources, though self-referral via the 24 hour helpline was common and increased from 31% in 2019/20 to 58% of referrals during 2020/21. Between 1st January and 31st March 2021 (Quarter 4), 85 referrals were received via the health IDVAs based at the GWH, and 12 referrals were received via the Health IDVAs based at GPs.

The age profile of service users were more commonly between the age of 26 and 40 years in community support, and between the age of 21 and 45 years in refuge. During 2020/21 there was a 4% increase in younger service users aged 16 – 20yrs in refuge accommodation. Most of the community support service users were female for both years (95.7% in 2019/20 and 97% in 2020/21).

The majority of community support service users were white British (approximately 85% based on data from Q4 2020/21), with low numbers from Eastern Europe, other white background, white and black Caribbean, white and black African, Indian, Pakistani, Bangladeshi, Chinese, African, and other mixed multiple background. In the refuge, the majority of service users were British (70% in 2019/20 and 69% in 2020/21), 5% were Easter European in 2019/20 compared to 7% in 2020/21, and 5% African in 2019/20 compared to 4% in 2020/21. The number of community support service users who were not from Swindon increased from 4% in 2019/20 to 14% in 2020/21.

In community support, 11% stated that they had a disability in 2019/20 (over three quarters of these were mental health issues) which increased to 16% in 2020/21 (50% mental health issue, 25% learning disability, and 25% hearing, physical or long term health conditions). In the refuge, 21% identified as having a disability in 2019/20 compared to 15% identified as having a disability in 2020/21. In both years mental health was the largest identified need, followed by physical needs. Many service users had more than one vulnerability. In 2020/21, 25% of community support service users had mental health needs and 2.2% had substance misuse issues, while 0.03% of service users in refuge accommodation reported having a dual diagnosis

of mental health plus alcohol and drug abuse.

In 2019/20 546 individuals were rejected from community support, compared to 599 individuals rejected in 2020/21. The 3 main reasons for rejection were that the client does not want to receive support (43% in 2019/20 and 42% in 2020/21), unable to make contact with them following 3 attempts (27% in 2019/2020 and 26% in 2020/21), and that they were already active in service (18% in 2019/20 and 17% in 2020/21). In 2019/20, 11% of refuge referrals stated that they did not want support compared to 3% in 2020/21. In 2019/20 16% were rejected from refuge accommodation compared to 9% in 2020/21 due to no space/capacity to support.

Domestic abuse was the most common type of violence against women and girls (VAWG) experienced in community support services. In 2019/20 64% experienced domestic abuse and this increased by 1% in 2020/2021 to 65%. The second highest was stalking and harassment experienced by 19% in 2019/20 and increased to 20% in 2020/21. 6% experienced rape in 2019/20 and this decreased to 4% in 2020/21.

Emotional abuse was the most common type of abuse experienced by 28% of community support service users in both years, and 26% of refuge service users in 2019/20 and 28% in 2020/21. Jealous/controlling behaviour was experienced by 23% of community support service users in both years, 20% of refuge service users in 2019/20 and 23% in 2020/21. In 2019/20 15% experienced physical abuse and 16% in 2020/21. Financial abuse was experienced by 13% in 2019/20 and 11% in 2020/21. Surveillance/stalking/harassment was experienced by 10% in 2019/20 and 12% in 2020/21. Sexual abuse was experienced by 8% in 2019/20 and 6% in 2020/21.

Occupancy data was obtained for the period 2019/20 only. The occupancy of the refuge and its emergency rooms were at high levels throughout the period (Table 11). Women stayed an average of four months in the refuge, while time receiving Community Support averaged at nearly three months (Table 11). Scores on the Oasis Empowerment Exit form indicated that the majority of women using the refuge or community support felt they had benefited from these services (Table 12).

The staff of SDASS perceive that it is becoming more acceptable to self-report being a victim of DA and agencies involved in this field have recently become more pro-active. As a result the service has experienced an increasing number of referrals of DA, although it is difficult to judge whether this means that more DA exists in our population in an absolute sense, proportional to the size of the population. The staff perceive that young people (in the 16 to 25 year old age range) have been adversely influenced by violent sexual imagery on the internet which seems to normalise aggressive sexual behaviour, and have also started to use social media in a controlling way, such as threatening to spread explicit images of victims. The staff also report dealing with 'elder abuse' as part of their workload.

### 6.3. Sexual Assault Referral Centre (SARC)

The Swindon and Wiltshire Sexual Assault Referral Centre (SARC) is a dedicated unit which supports people aged 16 years and above, who have experienced sexual assault. Children and young people are seen at the Paediatric Centre of Excellence in Bristol but are referred back to local services in Swindon and Wiltshire for wrap around services such as ISVA or counselling. The SARC supports people of all genders. Trained professionals can provide immediate medical care, a forensic examination, crisis support and onward referral. Numbers of adult users of the SARC whose records were flagged for DA are given in Table 13. The majority of these users were women.[19]

[19] Communication from Swindon and Wiltshire Sexual Assault Referral Centre (SARC) and First Light

*Table 13. Numbers of service users of the Swindon and Wiltshire SARC 2014 to 2021 (with DA flagged)*

| Period | Number of Cases |
|---|---|
| April 2014 to March 2015 | 65 |
| April 2015 to March 2016 | 71 |
| April 2016 to March 2017 | 54 |
| April 2017 to March 2018 | 24 (Provisional) |
| April 2018 to March 2019 | No data |
| April 2019 to March 2020 | No data |
| April 2020 to March 2021 | 25 |

**Source: Swindon and Wiltshire SARC.**

## 6.4. SBC homelessness service

As part of the government's commitment to reduce homelessness following the Homelessness Reduction Act 2017, local authorities are required to collect and submit statutory homelessness data on a quarterly basis. This is called Homelessness Case Level Information Collection (H-CLIC). From April 2020 – March 2021, a total of 128 individuals presented as experiencing homelessness seeking assistance, whose reason for homelessness was domestic abuse or DA was listed as a support need. Of those individuals, the majority identified as female (79%), heterosexual/straight (98%), and 7% of people identified as having a disability. In terms of ethnicity, 81% identified as White, 6% as Asian or Asian British, 4% as Black or Black British, 2% as Mixed, and 7% as Other. 41% were unemployed, 2% were students, 5% were looking after the family home, and 11% were economically inactive/long 4 term ill.[20]

[20] H-CLIC data, SBC homelessness and housing service

# 7. Violence Against Women and Girls (VAWG)

## 7.1. Preliminary

The level of Violence Against Women and Girls (VAWG) as manifested as DA (inflicted by a partner or ex-partner or other family member), has been estimated above in Section 3, where imputed figures for Swindon are given, including stalking and harassment. If the national annual prevalence rate for women (7.3%) is applied to the Swindon population, this means we would predict 5,823 women aged 16 to 74 years in Swindon to have experienced DA in 2020. In this present section we focus on a sub-set of these occurrences. This sub-set consists of forms of VAWG which have distinctive cultural manifestations, in particular so-called 'Honour-based' Abuse (HBA), Forced Marriage (FM), and Female Genital Mutilation (FGM), modern day slavery and sexual and criminal exploitation. (Detailed definitions of each of these are given in the 2014 JSNA report.)

It is problematic and difficult to estimate with any precision, even broadly at a national level, the number of cases of VAWG of these types which take place. Women who experience these forms of abuse may understandably be reluctant to report them to a statutory body, which means that figures will be under-estimates; on the other hand, improved awareness of these issues is resulting in an apparent increase in numbers over the years. In the following we present data collected nationally, and then accompany this with data collected locally for the Swindon area, where these are available. Both nationally and locally, it is difficult to gauge the proportions of all actual cases that have been identified.

## 7.2. 'Honour-Based' Abuse (HBA), Forced Marriage (FM), Female Genital Mutilation (FGM)

An overview of data relating to 'Honour-based Abuse' (HBA, threats or violence due to perceived shaming of the family), Forced Marriage (FM) and Female Genital Mutilation (FGM), is given in a suite of tables, namely Tables 14 to 18. These data are based on returns from all, or some of, the 43 Police services of England and Wales as part of a data collection exercise undertaken by HMIC (Her Majesty's Inspectorate of Constabularies) and completed in Spring

2015.[21] (Data for 2014/15 are based on the 10 months to 31 January 2015.)

*Table 14. Number of HBV incidents recorded by police services in England and Wales, 2011/12 to 2014/15*

| | HBV incidents (2011/12) | HBV incidents (2012/13) | HBV incidents (2013/14) | HBV incidents (2014/15) |
|---|---|---|---|---|
| **Numbers** | 1,024 | 1,399 | 1,404 | 1,353 |
| **Count of Police Services Reporting** | 31 | 31 | 31 | 33 |

**Source: HMIC, 2015**

*Table 15. Number of FM incidents recorded by police service in England and Wales, 2011/12 to 2014/15*

| | FM incidents (2011/12) | FM incidents (2012/13) | FM incidents (2013/14) | FM incidents (2014/15) |
|---|---|---|---|---|
| **Numbers** | 908 | 826 | 697 | 677 |
| **Police Services Reporting** | 30 | 30 | 30 | 33 |

**Source: HMIC, 2015**

*Table 16. Number of FGM incidents recorded by police services in England and Wales, 2011/12 to 2014/15*

| | FGM incidents (2011/12) | FGM incidents (2012/13) | FGM incidents (2013/14) | FGM incidents (2014/15) |
|---|---|---|---|---|
| **Numbers** | 55 | 45 | 130 | 225 |
| **Police Services Reporting** | 33 | 33 | 33 | 33 |

**Source: HMIC, 2015**

As Tables 14, 15 and 16 indicate, the number of incidents of HBV in England and Wales, as

[21] HBV, FM, FGM data. (Her Majesty's Inspectorate of Constabularies, 2015). Available from: https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/honour-based-violence-data-2015.ods

they came to the notice of the police was higher (1,353) in 2014/2015 than in 2011/2012, while the number of FM incidents declined over the period to 677 in 2014/2015. This decline in FM cases could have been the result of increased publicity of the issue creating greater reluctance to follow this practice. The number of incidents of FGM (of which the police were aware) rose steeply to 225 in 2014/2015, though this was in all probability the result of better channels for detecting and reporting this practice.

*Table 17. HBV, FM, FGM: Combined numbers of incidents, victims, crimes recorded by police services in England and Wales, 2014/2015*

| | **Incidents flagged as HBV,FM or FGM (2014/15)** | **Victims flagged as HBV,FM or FGM (2014/15)** | **Crimes flagged as HBV,FM or FGM (2014/15)** |
|---|---|---|---|
| **Number** | 2,617 | 2,435 | 833 |
| **Police Services Reporting** | 41 | 42 | 40 |

**Source: HMIC, 2015**

*Table 18. HBV, FM, FGM: Number of crimes by type recorded by police services in England and Wales, 2014/2015*

| | **HBV crimes (2014/15)** | **FM crimes (2014/15)** | **FGM crimes (2014/15)** |
|---|---|---|---|
| **Number** | 649 | 172 | 12 |
| **Police Services Reporting** | 40 | 40 | 40 |

**Source: HMIC, 2015**

In total, this meant that 2,617 incidents were flagged as HBV, or FM or FGM by Police Services in England and Wales in 2014/2015, with 2,453 victims (Table 17). 833 incidents were subsequently categorised as crimes. Table 16 breaks down the crimes into 649 HBV crimes, 172 FM crimes and 12 FGM crimes. On this basis, we would not anticipate the number of

crimes of this nature in Swindon to be large annually, although we cannot take account of the number of crimes that have not been detected by monitoring at a national level.

## 7.3. Forced Marriage

*Table 19. Number of cases to which the UK Forced Marriage Unit gave advice or support, 2011 to 2019*

| UK | Numbers |
|---|---|
| 2011 | 1,468 |
| 2012 | 1,485 |
| 2013 | 1,302 |
| 2014 | 1,267 |
| 2015 | 1,220 |
| 2016 | 1,428 |
| 2017 | 1,196 |
| 2018 | 1,507 |
| 2019 | 1,355 |
| 2020 | 759 |

**Source:** Forced Marriage Unit; Foreign and Commonwealth Office

*Table 20. Number of cases to which the Forced Marriage Unit gave advice or support by region, 2019*

| UK region | Numbers | Percentage |
|---|---|---|
| London | 292 | 22% |
| North West | 186 | 14% |
| West Midlands | 173 | 13% |
| Yorkshire & The Humber | 142 | 10% |
| South East | 114 | 8% |
| East | 81 | 6% |
| East Midlands | 52 | 4% |
| Wales | 37 | 3% |
| South West | 24 | 2% |
| Scotland | 22 | 2% |
| North East | 19 | 1% |
| Northern Ireland | <5 | - |
| Unknown | 211 | 16% |
| **Total** | **1,355** | **100%** |
| | | |

**Source:** Forced Marriage Unit; Foreign and Commonwealth Office

The Forced Marriage crime and incident figures from Police Services, shown above, appear to be low, compared with figures from the Forced Marriage Unit given in Tables 19 and 20. In 2020, the Forced Marriage Unit gave advice or support in 759 cases related to a possible forced marriage. This represents a 44% decrease in cases compared with both the number of cases received in 2019 and the average number of cases (1,359) received annually between 2011 and 2019. This is thought to be largely attributable to reasons derived from the coronavirus pandemic, such as restrictions on weddings and overseas travel, which were in place to varying degrees from March 2020.

With regard to the Swindon population, if we use the Forced Marriage Unit as a guide, only 2% of FM situations in the UK were located in the South West in 2019, 24 instances in all. Therefore, numbers for Swindon are not likely to be high. No data specifically for the Swindon area are available from local sources.

## 7.4. Female Genital Mutilation

*Table 21. Estimated numbers and rate of permanent residents with FGM by age group for England, South West and Swindon, based on populations in 2011 census*

| | **Estimated Numbers with FGM** | | | | **Estimated Prevalence of living with FGM, Rate per 1,000 population** | | | |
|---|---|---|---|---|---|---|---|---|
| | **0-14 years** | **15-49 years** | **50+ years** | **All Ages** | **0-14 years** | **15-49 years** | **50+ years** | **All Ages** |
| **England** | 9,517 | 101,552 | 23,576 | 134,645 | 2.1 | 8.0 | 2.4 | 5.0 |
| **South West** | 567 | 3,255 | 462 | 4,283 | 1.3 | 2.8 | 0.4 | 1.6 |
| **Swindon** | 16 | 135 | 17 | 168 | 0.8 | 2.6 | 0.5 | 1.6 |

**Source: Macfarlane and Dorkenoo, 2015**

The term Female Genital Mutilation (FGM), refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, rather than medical reasons. Although common in specific parts of Africa, FGM has also been documented in surveys of specific populations in other parts of the Middle East and

Asia.[22] Table 21 shows the imputed number of women living with FGM in England, South West and Swindon UA in 2011, together with assumed prevalence rates. Again, these figures are noticeably greater than those shown in the national police data above. This is partly because these figures in Table 21 are prevalence estimates of numbers of women living with FGM, where the FGM has already occurred possibly some time ago and outside of the UK. In contrast, the police data have the characteristics of incidence data, that is, these figures relate to situations of FGM that are happening or might potentially happen for the first time in the present. The usefulness of the prevalence estimates is in providing a working figure of how many women might conceivably pass on the tradition of FGM to their daughters, or within their own family, and so are a measure of possible harm in the future.

In the Swindon population, 168 women were estimated to be living with FGM in 2011, based on the work of MacFarlane and Dorkenoo. If we allow for simple growth in the population (2011 to 2019) of about 5% this would increase the figures to 176. These figures may be slight underestimates as they do not take account of migration patterns into the UK (or Swindon) since 2011 and in the Census there may have been some under-enumeration of the sub-group of Black African women who migrated from countries where FGM is practised. On the other hand, there is also a possibility of over-estimation. In many, although not all FGM-practising countries, the prevalence of FGM is lower among women with secondary or higher education than among women with less or no education. When planning services to meet the needs of women with FGM and assessing whether there is a need for child protection for their daughters, it is important to recognise the diversity of this group of migrant women and to assess their needs at an individual level.

The most recent figures recorded for identification of FGM in patients at Great Western Hospital (GWH), serving Swindon and the surrounding area, were seventeen cases in 2019, fourteen in 2020, and ten in 2021.[23] These numbers are small compared with the imputed numbers for Swindon, but, as already mentioned, migration patterns may mean that the situation in Swindon is different to that predicted.

[22] Macfarlane, A. and Dorkenoo, E. *Prevalence of Female Genital Mutilation in England and Wales. National Local Estimates.* (London: City University & Equality Now. 2015)
[23] Communication from Great Western Hospital Intelligence Service

## 7.5. Trafficking for sexual exploitation and modern slavery

Though men are also victims of trafficking, most people who are trafficked for sexual exploitation are women, so trafficking for sexual exploitation is considered here as a form of VAWG. As with some other forms of VAWG, it is difficult to monitor the occurrences and make firm statistical conclusions about them. There is little systematic collection of the required data within the UK, in relation to either victims or perpetrators, although the 'National Referral Mechanism' (NRM) of the National Crime Agency collects data on people who have come to the attention of the authorities. Local authorities have responsibilities to support child victims of modern slavery under existing statutory child protection arrangements. Trends in human trafficking to the UK are difficult to determine and it is not known whether the problem is truly increasing or decreasing. It is known that victims of trafficking into the UK have a wide range of nationalities, particularly Eastern European, Asian, African and South American. Victims may also be EU nationals and enter the UK through both legal and illegal means. Victims are found in a variety of employment sectors, as demand for cheap labour is a common reason for trafficking. Coercion and deception are used to control and exploit victims, and victims are found in a wide variety of geographical areas in the UK.[24]

The National Referral Mechanism (NRM) collates data of referrals of potential victims of trafficking for the whole UK. This can include coercive practices occurring within the UK and so this phenomenon has also come to be known as 'Modern Slavery'. In 2015, (see Table 22) 3,266 potential victims were referred to the NRM, 1,745 being females (53%), and 1,519 being males (46%), with one transgender person and one transsexual person.[25] In all, 982 (30%) were referred for exploitation as minors. 60 were referred from the South West, although the exploitation did not necessarily take place in the South West region. In 2015, among potential adult victims, the most common exploitation type was labour exploitation (39%) closely followed by sexual exploitation (38%). Among potential child victims, the single most common identified exploitation type was labour exploitation (29%). Numbers of referrals had been

[24] Dowling, S., Moreton, K., Wright. L. *Trafficking for the purposes of labour exploitation: a literature review.* (Home Office Online Report, October 2007)
[25] *2016 Report of the Inter-Departmental Ministerial Group on Modern Slavery (*HM Government, Oct 2016).

rising over the previous five years and the 2015 figure represents what is virtually a doubling of the 2013 figure.

*Table 22. Number of persons reported to the National Referral Mechanism (for trafficking and modern slavery) in 2013, 2014 and 2015: adults, minors, reported types of exploitation*

| **Reported Exploitation Type** | **2013 Nos** | **2014 Nos** | **2015 Nos** |
|---|---|---|---|
| Adult - Labour Exploitation | 516 | 584 | 895 |
| Minor - Labour Exploitation | 123 | 206 | 288 |
| **Total Labour Exploitation** | **639** | **790** | **1183** |
| Adult - Sexual Exploitation | 586 | 673 | 863 |
| Minor - Sexual Exploitation (non-UK national) | 88 | 91 | 112 |
| Minor - Sexual Exploitation (UK national) | 59 | 66 | 105 |
| **Total Sexual Exploitation** | **733** | **830** | **1080** |
| Adult - Domestic Servitude | 142 | 234 | 353 |
| Minor - Domestic Servitude | 45 | 71 | 69 |
| **Total Domestic Servitude** | **187** | **305** | **422** |
| **Total Organ Harvesting** | **0** | **2** | **5** |
| Adult – Unknown | 54 | 177 | 171 |
| Minor-Unknown | 133 | 236 | 405 |
| **Total Unknown** | **187** | **413** | **576** |
| **Grand Total** | **1,746** | **2,340** | **3,266** |

**Source: 2016 Report of the Inter-Departmental Ministerial Group on Modern Slavery**

## 7.6. Perceptions of safety amongst females in Swindon

In July 2021 Swindon Borough Council (SBC) conducted a survey collecting the perceptions of safety amongst females who work or live within Swindon. This was a snapshot survey carried out for the period of one week. There were a total of 3,393 respondents, of which over 3,000 had lived in Swindon for more than 5 years.

The survey tells us that the most concerning risks to safety identified were robbery or having money or possessions stolen (2,712), sexual harassment, including hassling, teasing, touching, stalking, staring or up-skirting (2,294), and Sexual assault/indecent assault (1,687).

Women were asked if, and how often, they personally experienced such incidents themselves within the past year. The largest response (53%) to this question was 'never' (1,815), however 730 women did report that they had experienced such an incident 2-5 times in the past year. The types of sexual harassment/assault that the women had faced included verbal behaviour such as comments, whistling (2,019) and visual behaviours such as staring and leering (1,644). Physical behaviours (touching, feeling up etc.) accounted for a much lower proportion, with 444 respondents having experienced this within the past year. Violent and physical attacks, flashing, stalking and up-skirting were disclosed in much smaller proportions. The time of day that these incidents occurred were mainly early and late evening and night time, 982 (22%) females stating between 4pm-8pm and 927 between 9pm and 7am.

The area of Swindon which was of most concern was the Town Centre, with 44% of respondents naming the Town Centre as the area in which they perceive to feel unsafe. The main reasons stated for these concerns was a lack of respect for women, lack of effective/visible police followed by poor street lighting.

The survey asked females to give their opinion on which factors they thought affected their personal safety. Overwhelmingly the respondents stated 'being female' (2976).

The years 2020 and 2021 included periods of lockdown due to Covid-19, it is unclear whether the figure of experienced incidents are lower than average as a consequence of the lockdowns

or higher due to less people being around therefore victims being more exposed.

### 7.7. Domestic Abuse Survivors

Two survivors of domestic abuse gave their views on services they had used as victims of domestic abuse, namely Swindon Domestic Abuse Support Service (SDASS). There was particular reference to the refuge facility and how they liked having their own space but also the ability to connect with other residents and have peer support if they wanted it.
The Recovery toolkit was seen as invaluable with one respondent stating:
"Wish it was available 13 years ago. Would have helped to recognise the traits in new partners."

The experience of the Family Court was seen as stressful and that support with the Family Court should be available to every victim of domestic Abuse. Some victims are reliant on their IDVA being available at the time.

The feedback from these survivors about what more could be done to help victims of domestic abuse included much more publicity on what help and support is out there in everyday places such as GP surgeries, hairdressers, radio and newspaper adverts, dentists, and even on till receipts. This was seen especially important for those victims that don't report their abuse to the police. There was also the perception that more support, and awareness of support, was needed for people in same sex relationships. Healthcare settings and front line health workers were seen as key to raising issues of abuse. This could take the form of routine enquiry with all patients (when safe to do so), innovative ways of alerting staff without partner knowing (such as using coloured dots on specimen bottles, for example) and making sure all staff in healthcare settings are trained in spotting the signs of domestic abuse and how to deal with victims.

In terms of accommodation, it was felt there should be alternatives for those who can't access the refuge, including male victims. Choice of alternative accommodation should be available that fit the needs of the victim, which should include being supported to stay in their current property.

Areas that were reported as working well included the refuge accommodation, the recovery toolkit, MARAC alerts on GWH system notifying health staff that they are dealing with a victim of domestic abuse and SDASS.

There were difficulties obtaining qualitative data from victims yet they are a valuable resource for providing essential feedback on support services and the experiences of domestic abuse that can help to develop future service delivery. In the past feedback has been obtained face to face, but due to Covid restrictions this wasn't possible at the time of writing this needs assessment.

# 8. Other issues (adult safeguarding, male service users, 'toxic trio', levels of violence)

## 8.1. Adult safeguarding

Swindon Borough Council has a statutory duty to adults with care and support needs ('vulnerable adults') and this includes victims of abuse. The Care Act 2014 is a key piece of legislation in this respect.[26] A local authority has an obligation where it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect herself or himself against the abuse or neglect or the risk of it. The offence which criminalises coercive or controlling behaviour came into law in December 2015.

In 2020/21 there were 247 referrals (out of 2,082) to Swindon Safeguarding where it was indicated on the referral form that DA was suspected. 191 of these people were female and 56 were male. In 2019/20 there were 90 referrals to Swindon Safeguarding (out of 1,943) where it was indicated on the referral form that DA was suspected. 75 of these people were female and 15 were male.

## 8.2. Male service users

In section 3 above we calculated an imputed number of 2,894 cases of DA in men in Swindon per annum, compared with an imputed number of 5,823 women. Drawing on the data from the Crime Survey for England and Wales we concluded that the DA reported by men was more likely to originate with the family, (as distinct from partner-related abuse) than was the case with women, and was less likely to have an element of physical violence or of a threat, than was the case with women. It is also conceivable that, in some cases, some men report experiencing abuse, although in actuality they are perpetrators who project their grievances onto their victims. They might also use claims of DA as a bargaining tool in disputes with partners over contact with children. Data from the Swindon MARAC and MARACs in general

[26] Care Act, 2014. Available from: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

also support the interpretation that the DA reported by men is, on average, less severe than that reported by women.

In general, however, relatively few data are available for DA experienced by men in Swindon. 'Respect' is a national charity aiming to bring women and men together to end domestic violence, with an emphasis on the male dimension of DA. In the financial year 2019/2020 'Respect' received a total of seven calls on its national helpline that were recorded as coming from Swindon. Five of these calls were from perpetrators of DA. One case was from a frontline worker and only one caller was a victim.

## 8.3. 'Toxic Trio': substance misuse, alcohol misuse and DA

*Table 23. Alcohol-related indicators for Swindon UA: hospital admissions and mortality*

| Indicator | Sex and Age | Year | Population-based Rate | Better or Worse than England? |
|---|---|---|---|---|
| Admissions for alcohol-related conditions (narrow), DSR | Males, All Ages | 2018/19 | 975 per 100,000 | **Worse** (higher) than England estimate at statistically significant level |
| Admissions for alcohol-related conditions (narrow), DSR | Females,All ages | 2018/19 | 738 per 100,000 | **Worse** (higher) than England estimate at statistically significant level |
| | | | | |
| Admissions for alcohol-related conditions, (broad) DSR | Males, All Ages | 2018/19 | 3,135 per 100,000 | **Similar** to England estimate |
| Admissions for alcohol-related conditions, (broad) DSR | Females,All Ages | 2018/19 | 1,795 per 100,000 | **Worse** (higher) than England estimate at statistically significantlevel |
| | | | | |
| Admissions for alcohol--related conditions, (narrow) DSR | Males, under 40 years | 2018/19 | 458 per 100,000 | **Worse** (higher) than England estimate at statistically significantlevel |
| Admissions for alcohol-related conditions, (narrow), DSR | Females, under 40 years | 2018/19 | 426 per 100,000 | **Worse** (higher) than England estimate at statistically significantlevel |
| | | | | |
| Admissions for alcohol-specific conditions, DSR | Males, under 18 years | 2017/18-2019/20 inclusive | 32.5 per 100,000 | **Better** (lower) than England estimate at statistically significantlevel |
| Admissions for alcohol-specific conditions, DSR | Females, under 18 years | 2017/18-2019/20 inclusive | 47.6 per 100,000 | **Similar** to England estimate |
| | | | | |
| Alcohol-specific mortality | Males | 2017-2019 | 14.4 per 100,000 | **Similar** to England estimate |
| Alcohol-specific mortality | Females | 2017-2019 | 7.5 per 100,000 | **Similar** to England estimate |

**Sources: PHOF and LAPE. DSR = Directly Standardised Rate.**

Substance misuse and alcohol misuse, separately and combined, are risk factors for being a perpetrator of DA. There are not any available figures for Swindon which quantify the contribution of substance misuse or alcohol misuse or both to the prevalence of DA in our population. As a proxy, we can review for Swindon the level of substance misuse and problems with alcohol, as far as this can be done. A Joint Strategic Needs Assessment for Substance Misuse was published in March 2017.[27] Although it did not conclude that Swindon has a greater problem with substance misuse than England as a whole, it did note some concern over hospital admissions due to substance misuse in young people aged 15 to 24 years. The Child Health indicators of Public Health England (PHOF and LAPE) show a rate of 163.6 per 100,000 in Swindon compared with a rate of 84.7 per 100,000 in England as a whole, for the period 2017/18 – 2019/20.

Table 23 summarises a series of alcohol indicators for Swindon, as published by Public Health England, with separate figures shown for women and men.[28] 'Admissions for alcohol-related conditions (narrow)' measures hospital admissions for conditions to which alcohol clearly makes a negative contribution, such as raised blood pressure. 'Admissions for alcohol-specific conditions' measures hospital admissions for conditions in which alcohol is a central factor (e.g. alcoholic cirrhosis of the liver). 'Alcohol-specific mortality' is similar but measures deaths where alcohol was a key factor. If illness and/or death rates with an alcohol factor were relatively high in Swindon, especially in younger people and in males. We might infer that alcohol consumption and misuse levels were relatively high and that a risk factor for DA was more accentuated in Swindon compared with the national level.

The picture is not clear, however. Of the five male indicators in Table 23, two are similar to the national value, one is better and two are worse. (However, for females in Swindon, two are similar to the national value, none are better and three are worse.) Swindon's indicators have deteriorated slightly since the last set, but are similar to the pattern in urban centres in the South West (that is, tending to be worse than the national average.)

Thus, it is possible that a risk factor for more DA in a population is more accentuated in

[27] Substance Misuse JSNA. Available from: https://www.swindonjsna.co.uk/dna/Substance-misuse
[28] PHOF and LAPE, Public Health England: https://fingertips.phe.org.uk

Swindon (and other urban centres in the South West) than the national average, although the level of this factor could fluctuate from year to year.

Records from local mental health services can carry mentions of DA but only when this is disclosed, so DA is likely to be under-recorded in mental health service records. Substance misuse records will tend to record if there are children in the household. Conversely, when people access services for DA, their mental health status is not necessarily recorded.

## 8.4. Levels of violence

*Table 24. Indicators for violence for Swindon UA from the Public Health Outcomes Framework*

| Indicator | Sex and Age | Year | Population-Based Rate | Better or Worse than England? |
|---|---|---|---|---|
| **Violent crime including sexual violence:**<br><br>**Emergency Hospital Admissions for violence, DSR, per 100,000 people** | Persons, All Ages | 2017/18 to 2019/20 | 34.1 per 100,000 | **Better** (lower) than England (45.8) |
| **Violent Crime including sexual violence:**<br><br>**Offences against the person, crude rate per 1,000 people (from Police)** | Persons, All Ages | 2019/20 | 35.5 per 1,000 | **Worse** (higher) than England (29.5)<br><br>But not graded at RED by PHE, as grading not used |
| **Sexual Violence:**<br><br>**Sexual offences, crude rate per 1,000 people (from Police)** | Persons, All Ages | 2019/20 | 2.5 per 1,000 | **Worse** (higher) than England (2.5)<br><br>but not graded at RED by PHE, as grading not used |

**Sources: PHOF. DSR = Directly Standardised Rate.**

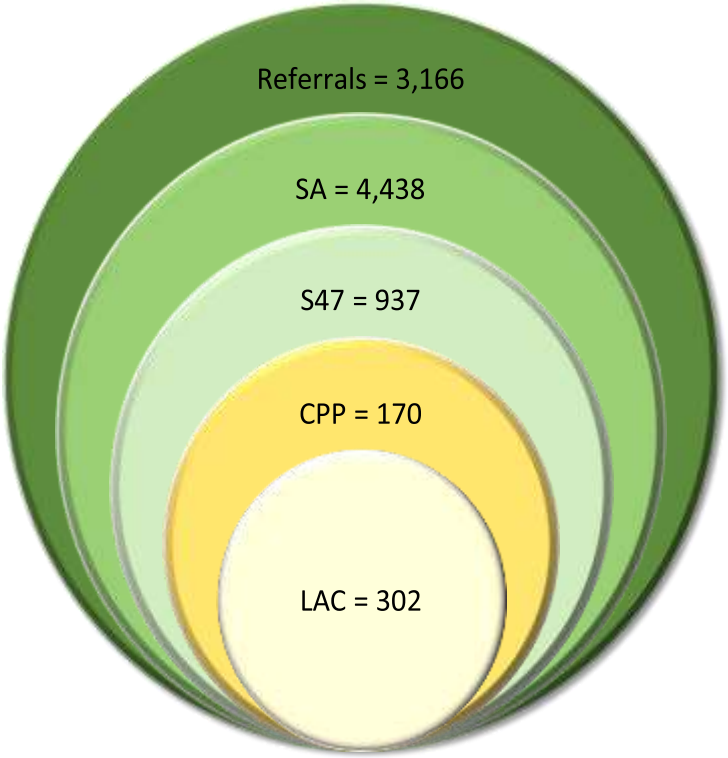
Indicators for levels of violence in Swindon UA are given in Table 24, as a possible way of gauging if violent crime in general is at higher, lower or similar levels to England as a whole. This could conceivably give information about the general setting of DA. Unfortunately these indicators are problematic and may be influenced greatly by local recording practices. For

example, the rate of hospital admission for violence in Swindon was relatively low, but at 11.7 percentage points lower than the national rate, this does not seem quite plausible and needs further investigation. In terms of violent crimes against the person, (as recorded by the police) Swindon had a higher rate than England as a whole, which seems to be in conflict with the favourable hospital admission figures. High levels of violent crime, (and of sexual crime considered separately) by national standards, are also recorded for most urban centres across the South West, including the seaside (though comparatively deprived) authority of Torbay. We must conclude that it is not clear whether Swindon actually does have a higher level of violence than England as a whole, and though it has a higher level of recorded violent crime than England as a whole, this status is shared with most urban centres across the South West.

# 9. Services for children affected by DA

## 9.1. Service delivery in children's social services

*Figure 18. Service Delivery in Children's Social Services, all cases April 2019 to March 2020*




*Referrals to Social Care = 3,166 (during year)*

*SA: Statutory Assessments (duringyear)*

*S47: Child Protection Investigations (during year)*

*CPP: Child Protection Plans (at end ofyear)*

*LAC: Looked After Children (at end ofyear)*

**Source: Social Care, Intelligence Team, SBC**

Figure 18 depicts service delivery in Children's Social Services at Swindon Borough Council in the year April 2019 to March 2020. In all, 3,166 children were referred to Social Care during the year. There were subsequently 937 Child Protection Investigations (S47s) during the year. At the end of the year, 170 Child Protection Plans were in place and in addition at the end of the year there were 302 Looked After Children.

*Figure 19. Service delivery in children's social services for cases related to 'abuse or neglect', April 2019 to March 2020*

**Contacts with **MASH** = 14,748 BUT could be DA or abuse of children (during year)*

**Referrals to Any Services from **MASH** = 737 BUT could be any DA or abuse of children (during year)*

*……..*

*SA: Statutory Assessments (during year)*

*S47: Child Protection Investigations (during year)*

*CPP: Child Protection Plans (at end of year)*

*LAC: Looked After Children (at end of year)*

*Contacts and Referrals here are DA affecting adults or children

**Source: Social Care, Intelligence Team, SBC**

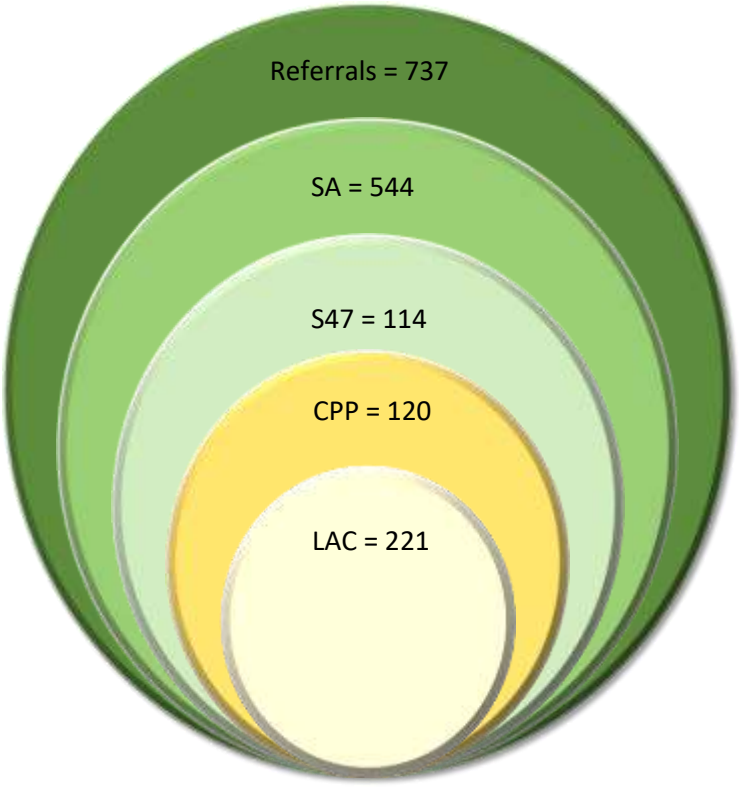



Figure 19 sets out figures from Children's Social Services for the year 2019/20 in a similar fashion, but the main focus here is on children who became service users on account of abuse or neglect. Referrals come to Social Care from the Multi-Agency Safeguarding Hub (MASH), but at the MASH stage it is not easy, in terms of data, to ascertain whether cases specifically link to domestic abuse, and often children are looked after or on a CPP for multiple reasons. In the year in question MASH referred 737 cases to Children's Social Care; these could have involved either form of abuse, but presumably the majority involved abuse or neglect, since 544 Statutory Assessments then took place (12% of all SAs). As a result, 114 Child Protection Investigations (S47s) were undertaken during the year, just over a tenth of all Child Protection Investigations (12%). At the end of the year 120 Child Protection plans were in place, due to abuse or neglect, over two thirds of all Child Protection Plans. At the end of the year there were 221 Looked After Children, due to abuse or neglect, about three quarters of all Looked after Children (73.2%) at the end of the year. It is conceivable that many of these referrals were linked to DA between adults, but further investigation would be needed to establish this.

*Table 25. Overall use of children's services at Swindon Borough Council in 2018/19 and 2019/20*

| | 2018/19 | 2019/20 | Percentage Increase |
|---|---|---|---|
| **MASH contacts** | 12,189 | 14,748 | 21% |
| **Referrals to Social care (from MASH)** | 3,242 | 3,166 | -2% |
| **SA: Statutory Assessments** | 4,389 | 4,438 | 1% |
| **S47: Child Protection Investigations** | 1,101 | 937 | -15% |
| **CPP: Child Protection Plans (At End of Year)** | 331 | 170 | -49% |
| **LAC: Looked After Children (At End of Year)** | 352 | 302 | -14% |

**Sources: SBC Children's Intelligence Team**

Table 25 gives background for use of Children's Services in Swindon, comparing data for the complete year 2018/19 with data from the year 2019/20. The percentage increase between the years is shown in the fourth column. The number of MASH contacts increased by 21%, while Referrals to care decreased by 2%. The number of children on a Child Protection Plan at the end of the year also decreased by 49%.

## 9.2. Reflection on costs of DA affecting children

Estimates from Public Health England and the Local Government Association suggest, in respect of safeguarding, that for each child prevented from being taken into care, a Local Authority would save on average £65 K per annum.[29] In Swindon's context, the 221 Looked

[29] *A framework for supporting teenage mothers and young fathers. (Slide 17)* (Public Health England and Local Government Association, May 2016)

After Children in Swindon at the end of 2020/21 (at £65,000 each per annum) would cost, in total, £14,365,000. If 10% of these situations could be avoided, potentially £1,436,500 could be saved each year, and if 5% of these situations could be avoided, potentially £718,250 could be saved each year.

Further estimates from the same source suggest, in respect of 'domestic violence incidents' that for each incident prevented, the relevant public bodies would together save, on average, £2.7 K per annum. If we interpret this narrowly as applicable to the DA incidents which the police account as crime, in the Swindon context, this would amount, as a result of the 2,866 crimes recorded by the police in the last available year (2020/21), to a total of £7,738.2 K. If 10% of these situations could be avoided, potentially £773.82 K could be saved each year, and if 5% of these situations could be avoided, potentially £386.9 K could be saved each year (Table 26). Although it is difficult to estimate the true cost of DA (financial estimates are not precise and do not capture the human suffering involved), these costings give at least a general idea of the financial impact of DA in its more severe forms. The costings assume that these situations could be avoided or prevented, and not just mitigated, (that is, made less severe) and so might be regarded as relatively optimistic calculations.

*Table 26. Hypothetical Savings per annum to public bodies in Swindon if criminal DA incidents were prevented*

| Percentage of criminal DA Incidents Prevented | Hypothetical Savings Calculation | Hypothetical Savings |
|---|---|---|
| **1%** | 29 x £2.7 K | £78.3 K |
| **5%** | 143 x £2.7 K | £386.1 K |
| **10%** | 287 x £2.7 K | £774.9 K |
| **50%** | 1,433 x £2.7 K | £3,869.1 K |
| **100%** | 2,866 x £2.7 K | £7,732.2 K |

**Source:** PHE/LGA

## 9.3. Reflection on costs of DA affecting adults

The Home Office has produced a 'ready-reckoner' which estimates the costs of DA affecting adults in different population sizes. The reckoner is based on costings in a background paper

by Sylvia Walby.[30] These estimates cover DA as a whole, but do not include additional costs from stalking, Female Genital Mutilation, Honour-Based Violence, and Forced Marriage.

For the Swindon population (based on a population of about 210,000 relating to when the estimates were made) this method predicts costs per annum of £40.1M for physical and mental health care, £8.6M for criminal justice, £5.4M for social care, £25M for other housing legal and employment costs and £128.1M for human and emotional costs.

[30] Walby, S., *The cost of domestic violence. National Statistics.* (Women and Equality Unit, September 2004)

## 10. Further perspectives on children and abuse in Swindon

Although this Profile covers DA occurring between adults and also its effects on children, in this section, we briefly define Child Abuse (the maltreatment of children) and also present figures for children, strictly speaking adolescents, who abuse their parents or carers. The complicated issue of the overall prevalence of Child Abuse in the population cannot be addressed here. Child maltreatment has been defined as: *'All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'*[31] Physical, sexual and emotional abuse and neglect are further defined in HM Government guidance for professionals.[32] Severe child maltreatment is conventionally defined within child protection practice to include severe physical and emotional abuse by any adults, severe neglect by parents or guardians and contact sexual abuse by any adult or peer.

*Table 27. Service activity in RESPECT, Swindon, for families with a child who is perpetrating abuse*

| | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | April 2018 |
|---|---|---|---|---|---|---|---|
| **Completions (Cumulative)** | 25 | 25 | 29 | 30 | 33 | 36 | 37 |
| **Families currently worked with** | 15 | 15 | 15 | 15 | 15 | 15 | 16 |
| **Families on Waiting List** | 56 | 62 | 57 | 59 | 70 | 73 | 72 |

**Source: RESPECT, Swindon**

The Swindon RESPECT service (part of the Youth Offending Service) works with adolescents

[31] Butchart, A. et al, *Preventing child maltreatment: a guide to taking action and generating evidence.* (WHO Geneva, 2006), 6.
[32] *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* (HM Government, March 2015)

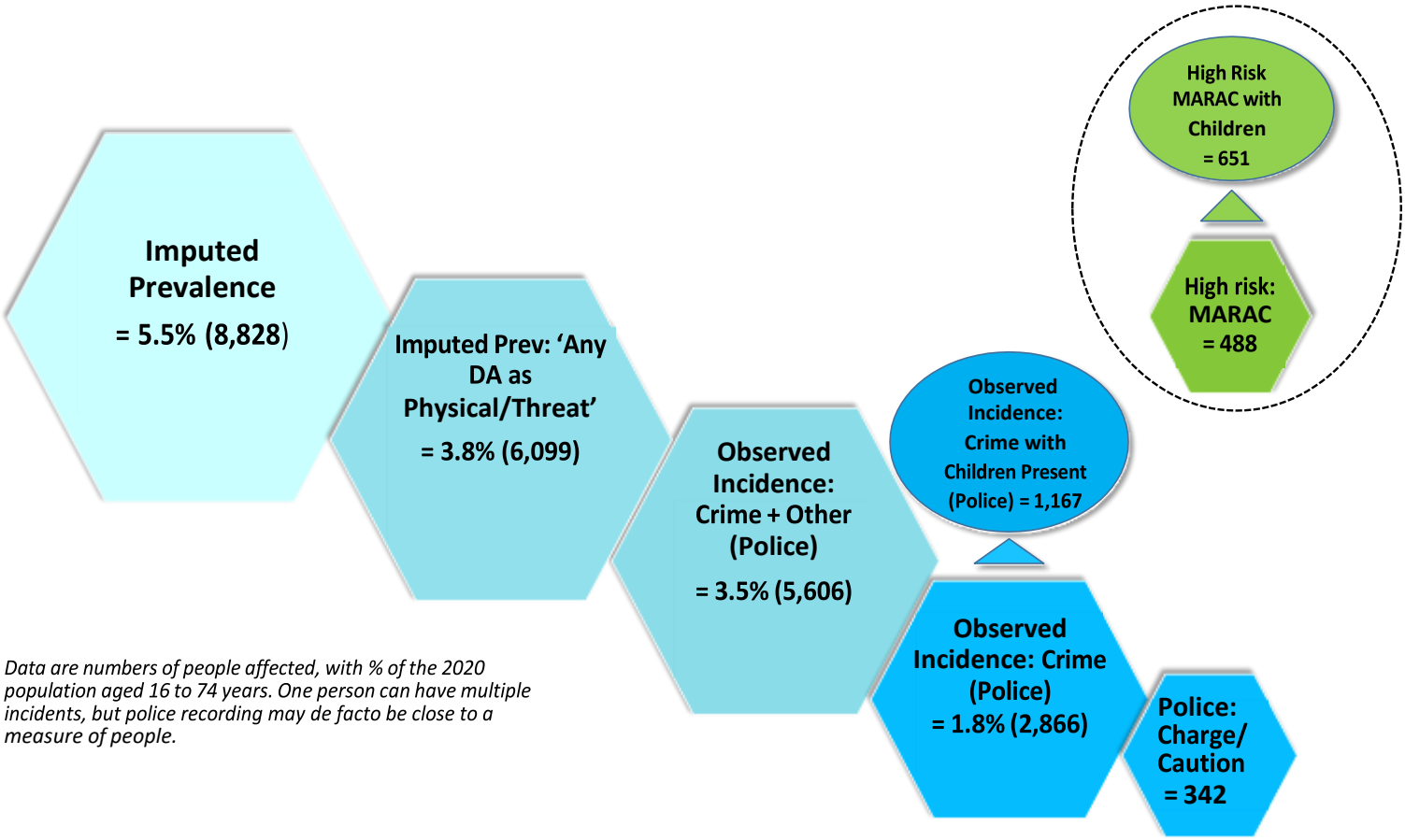
aged 10 to 17 years who abuse adults or siblings. Service activity up to April 2018 is given in Table 27. This shows that the service tends to be working with about 15 families at any one time. The Swindon RESPECT service transferred to Early Help at the end of 2019. It was not possible to obtain data for this period during which there was a transition from manual to electronic records and a changeover in staff. However, a report completed in May 2020 gives an indication of the waiting times at that time.

There were 9 families (15 young people) that were open to RESPECT on a caseload in February 2020, all had completed the programme and had been closed to the service. There were 103 young people on the waiting list all of whom had been audited, and RAG rated according the length of time they had been on the waiting list and assessed according to the level of risk and their need at the point of the audit (73 were RAG rated green). These families were offered a range of alternative interventions with the option of accessing RESPECT at a later date if they still required this. These interventions included an alternative evidence based parenting programme, such as managing challenging behaviour, talking teens, targeted interventions with the family, from parenting practitioners seconded to work on this element of the project as a priority. 1-1 support from a Youth engagement worker supported these interventions as required.

This review may increase the number of families back on the RESPECT holding list but this is accepted, and it is hoped that the intervention to date has been able to hold these families during this time, when previously they would have just waited with no intervention or support offered. Families RAG rated amber remained on the waiting list to be reassessed prior to being allocated a RESPECT worker later in the year. Families RAG rated amber were prioritised for intensive 1:1 support from a parenting practitioner within the parenting hub.

# 11. DA in Swindon: key statistics in the round

*Figure 20. Snapshots of key data for Domestic Abuse for one year in Swindon US from various sources*




*Data are numbers of people affected, with % of the 2020 population aged 16 to 74 years. One person can have multiple incidents, but police recording may de facto be close to a measure of people.*

## 11.1. How can we understand Domestic Abuse data?

The ways in which DA is estimated and recorded vary. For these reasons it is difficult to measure and describe DA in its different forms in our population with statistical exactitude and absolute consistency. It is also, without doubt, true that statistics cannot do complete justice to the personal experience of DA.

Thus, the items of Key Data in this Profile, which are summarised above in Figure 20, should be regarded as 'window shutters', which can be opened to give us views on DA from different perspectives, or as snapshots from different viewpoints. The items of data can inform us, but do not fit together with neatness to give a complete and integrated picture. In some respects it is more appropriate to ask specific questions from the data, being aware of the strengths

and weaknesses of the figures and the links between them. Most of these figures, therefore, should be taken as illustrative, guideline figures ('ball-park figures') which give an idea of the magnitude of the number of people involved. That said, some figures ('actual') can be regarded as more exact, since they come directly from local services.

In the following sub-sections we provide an overview of the Key Data items to help the reader orientate herself or himself, and we make suggestions as to how the whole might be interpreted in terms of scenarios. (More detailed notes on data sources and issues can be found in Appendix Three)

## 11.2. Overview of DA in Swindon: key data items

**First hexagon:** We would impute a population of Swindon's size (in 2020) to have an annual prevalence of 5.5% for DA, with 8,828 people experiencing DA within one year. But one person can experience multiple incidents of DA. These people are more likely to be women than men, although men will also experience DA, probably often of lesser severity and often in the context of the wider family, rather than a partner situation.

**Second Hexagon:** If we combine types of DA involving any sort of physical abuse or threat, then we would impute a prevalence of 2.5% with 4,013 people in Swindon experiencing DA within one year. Again these are more likely to be women than men. These persons could experience more than one incident of DA, so in terms of incidents the numbers would be higher.

**Third Hexagon:** Police recording for our population indicates an incidence of 3.5%, (3.5 incidents per 100 population) that is 5,606 incidents in our population, which have come to their notice within one year (2020/21). ONS follows a convention implying that this means that 63.5% of DA (5,606/8,828) has been recorded by the police, but this approach has its limitations. As a measure of incidents is being compared with a measure of persons (and one person can have many incidents), so the 63.5% is an over-estimate of actual incidences which come to view and are observed. The 63.5% is probably closer to a measure of persons who have been identified by the police.

**Fourth hexagon:** Of the 5,606 incidents the police considered 2,866 to be crime incidents; this can be expressed as a population rate of 1.8%.

**Oval above fourth hexagon:** The police recorded 1,184 DA crimes as having a child or children present at the time of the DA incident, although some children may also have been recorded, in respect of being members of the household, and so, in theory, at some kind of risk.

**Fifth hexagon:** The police recorded 342 people as charged or cautioned for DA crimes. This is obviously a minority of incidents which were deemed crime. A much larger proportion of crime could not be brought to a charge stage because of evidential difficulties (problems with accumulating sufficient evidence, 41%) or because the victim did not support a charge taking place, 51%).

**Hexagon and Oval within Dotted Circle:** 488 cases were referred to the MARAC because they were considered by a professional to be at high risk, and these cases were associated with 651 children. A person could be referred a number of times, if they met the criteria as laid down by Safelives and so be counted as more than one case. In a similar manner, children associated with cases could be counted more than once. It is clear that, however, that in high risk cases it is common for children to be part of those households in which DA is happening.

**Limitations:** Most of these figures should be taken as illustrative, guideline figures ('ball-park figures') which give an idea of the magnitude of the number of people involved, while other figures, such as MARAC figures, can be regarded as more exact as they come directly from local services. Although police data form one of our key sources of data, and are of course valuable in this field, it could be argued that police data provide a limited view of DA. It is possible that a combination of other intelligence sources would cast more light on incidents not classified as crime. Furthermore, one person may experience many DA incidents over time, and police data do not necessarily capture this; if a person's experience comes within the purview of the police, it may only be the later stages of a chronic experience which are recorded, and eventually this will be recorded as one person in the figures. It is commonly assumed by professionals that only 20% of incidents are reported to the police and so a victim may experience many incidents (in extreme cases perhaps over thirty incidents) before the

police become involved.

## 11.3. Overview of DA in Swindon: scenarios

Here we revisit the scenarios which have been suggested in the foregoing sections. The scenarios are broad interpretations of the data, a way of understanding DA in Swindon, which even if it is not exact in its detail, is at least consistent with the data. Then we discuss which scenario or scenarios are likely to be closest to the actuality.

**'Average Scenario'** (Section 4): the DA incidents (crime and other) recorded by the Wiltshire police for Swindon (5,606) was 64% of the imputed, using the prevalence figures imputed from the Crime Survey for England and Wales (8,828). This recording ratio would be similar to the national recording ratio in the Crime Survey for England and Wales; hence, it would be consistent with a scenario in which Swindon's actual prevalence of DA is reasonably close to the national average. It is possible that as an urban centre Swindon has a slightly higher rate. Yet if the actual prevalence in Swindon were very much higher than that for England and Wales, this would imply that the police in Swindon are less efficient at recording DA than the national average, which seems very unlikely, since robust monitoring systems are in place.

**'Pessimistic Scenario'** (Section 5): The figures relating to the Swindon MARAC are consistent with a scenario in which Swindon has more high risk occurrences of DA than 'SafeLives' would expect, and a higher rate of high risk DA than England and Wales; furthermore, in this scenario, (which, it should be stressed, is a purely hypothetical one) the local system manages these occurrences less efficiently than happens nationally (as indicated by a high proportion of repeat cases).

**'Engaged Scenario'** (Section 5): The figures (and local evidence of reporting systems) suggest that police in Swindon have been highly vigilant and highly engaged with the MARAC process, have helped the local system discuss the proportion of cases that 'SafeLives' would recommend (and indeed more); in contrast, the 'SafeLives' benchmark has not been achieved nationally; in addition, the local police have been willing to convey unresolved issues back to the MARAC.

Because robust police monitoring systems are in place in Swindon, this would seem to give weight to both the 'Average Scenario' and the 'Engaged Scenario' and detract credibility from the 'Pessimistic Scenario'. This still leaves open the possibility that while having an approximately average prevalence, our population has experienced a group of difficult and severe cases in recent years, which is more extensive than might have been anticipated, judging by national standards.

All the foregoing illustrates the problems with interpreting DA data in terms of an overall picture and with making comparisons with the national situation. We believe that we are on more solid ground in examining parts of the picture locally, in particular data from the statutory services.

## 11.4. Overview of DA in Swindon: females and males as victims

In the following we summarise proportions of females and males in terms of experiencing DA, by different levels of risk or severity, based on the figures which have been given in the preceding sections. The overall picture is one in which men as well as women experience DA, but the male experience is, in general terms, at a lower level of prevalence, and often in different contexts to the female experience. For social and cultural reasons men are probably less likely to report DA because they fear that stigma is attached to males who are victims. Moreover, the DA experienced by men is more often at less severe levels, than that experienced by women.

**Any DA:** As we have noted, in the Crime Survey for England and Wales 2020, DA prevalence for one year was reported by 7.3% of women aged 16 to 74 years and 3.6% of men in the same age-range. DA over an adult life-time was reported by 27.6% of women and 13.8% of men. DA reported in the Crime Survey can, in theory, be at any level of severity

**DA with Context:** There were important differences between women and men within the Crime Survey results in terms of context. Non-sexual abuse from their family was reported by 36.1% of men (who reported any DA), but only by 27.4% of women (who reported any DA); sexual abuse was also less frequent amongst men (who reported any DA) 2.8%, than amongst

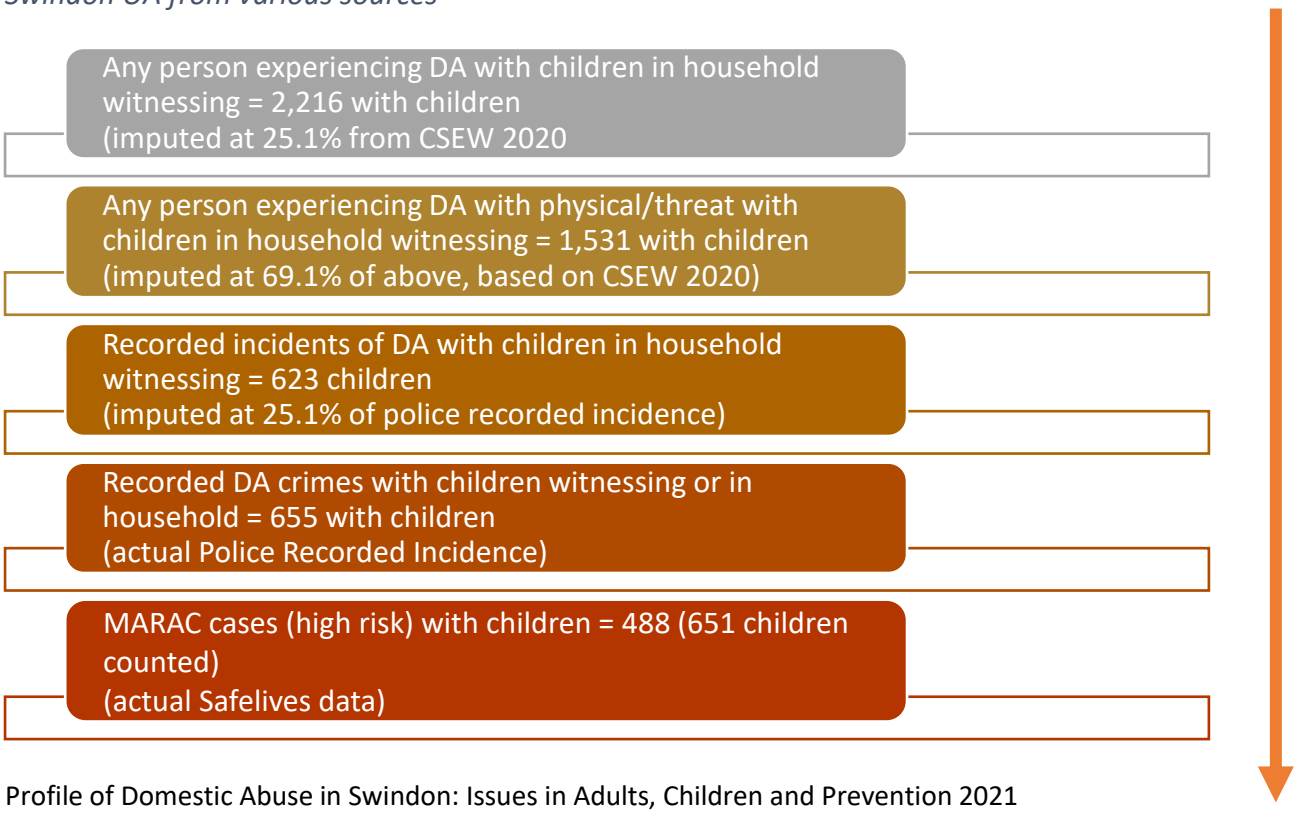
women (who reported any DA), 8.2%. Partner-abuse, non-sexual was reported by 67.1% of women (who reported any DA) and 58.3% of men (who reported any DA).

**DA that is 'Physical/Threat':** There were important differences between women and men within the Crime Survey results in terms of the proportions whose DA experience in the previous year could be described as 'physical' or 'threatening' (a combination of categories from the Crime Survey). DA that was 'Physical/Threatening' was reported by 72.6% of women, but by 69.4% of men.

**High Risk DA referred to MARAC:** Local figures from Swindon which denote people who were at high risk from DA, in that they were referred to the MARAC, show that at this level of severity, men were a very small minority of DA cases. In 2018/19 men were 5.3% of the referrals, in 2019/20 5.5% of referrals and in 2020/21 2.3% of referrals. Men in same- sex relationships may be less likely to report DA for fear of the stigma attached to it, but also due to fear of reprisals and of having to be open about their sexuality.

## 11.5. Overview of DA in Swindon: impact on children

*Figure 21. Snapshots of key data for Domestic Abuse (and impact on children) for one year in Swindon UA from various sources*



In Figure 21 we draw upon the Key Data items of Figure 20 and re-present some of them, in slightly different forms, in order to give an overview of the effects upon children of DA between adults in their family in one year. Again, most of these figures should be taken as illustrative, guideline figures ('ball-park figures') which give an idea of the magnitude of the number of children involved. That said, some figures ('actual') can be regarded as more exact, since they come directly from local services. In this model each layer is contained within the layer above it and, on average, the DA is becoming more severe as we move from the Upper-most bar to the Lower-most Bar. We use the term "witness" here in the sense of directly seeing or hearing DA, and the term is not used in any legal or judicial sense.

**Upper-most Bar:** Using data from the Crime Surveys for England to March 2015 and to March 2020, we can impute that in one year in the Swindon population, we might expect 2,216 people to have experienced DA and also have children in the household witnessing it. (The Crime Surveys measure the prevalence of DA nationally and also indicate that about 25.1% of people experiencing DA report that there were children in the household who might have witnessed it, i.e. saw or heard some or all of it). Of course, the number of children involved could be greater than 2,216 as some households have more than one child. We do not know how many incidents each child witnessed.

**Second Bar:** If we use our percentage for DA that can be called 'Physical/Threat' (69.1%) and apply it to the figure in the Upper-most bar, this means we can impute that 1,531 people in the Swindon population who experienced DA with a physical or threatening side in one year, and also had children in the household who witnessed it.

**Third Bar:** If we take the number of incidents of DA (Other and Crime combined) recorded by the police in Swindon in one year, and assume that 25.1% also had children witnessing it (as in the Upper-most Bar) then this gives 623 incidents with children witnessing.

**Fourth Bar:** In one year the police recorded 2,651 DA crimes in Swindon, where children were witnesses (as recorded by the police, so these are actual figures). However, recording practices mean that it is possible that, for some incidents, the police might have included some households by reason of having children. Thus, the recording at this level is more inclusive of

children who might conceivably have been affected by DA and is higher than the figures in the Third bar.

**Lower-most Bar:** In one year 488 MARAC high-risk cases of DA in Swindon were associated with a total count of 651 children. These are actual figures, although some of the 651 will be children counted more than once, as their situation was referred to MARAC more than once, so this figure will be an over-estimate.

**The first three bars:** We can observe that these figures are likely to under-estimate the number of children involved, as some households will have more than one child who could have been a witness. (Data from the 2011 Census suggest that households with dependent children in Swindon have a mean of 1.7 dependent children, but as families with DA will tend to be younger than the average family, this mean is probably too high to apply in a meaningful way to our figures.)

These figures for children witnessing DA of some kind in their family (sometimes referred to as being exposed to DA) might seem quite high (in an absolute sense and not in the sense of comparing our population with others.) Our imputation, in the Upper-most Bar, is that 2,216 people experiencing DA in Swindon, based on the 2019 population, might have had children in their household who witnessed some or all of the DA. As households might sometimes have more than one child, the number witnessing in one year would in all probability be higher.

Although, if this approximation is broadly correct, such a situation is undesirable, this does not mean that a number of children of this type of magnitude would require direct public services (Local Authority or NHS or voluntary), or need to be referred to MARAC, (although it would be desirable for them to live in a domestic ethos where certain types of behaviour were less frequent.) In other words, the Upper-most bar is not a measure of overall need, from a service point of view, and each service has to decide which proportion of children at which level may have a need for a direct service of some kind. The figures from Children's services at Swindon Borough Council suggest that the focus of need at present is more with the group of children imputed in the Fourth and Fifth Bars, (the level of crime recorded by the police, and MARAC referrals) although some from the preceding levels may also be receiving services). It is also

quite possible that children in the first three bars may find themselves in a more severe situation in a few years' time and so consideration might be made as to what help would benefit them at the present time. We have already noted that SDASS works with adults and children from different levels of risk, not just the high level.

# 12. Literature review. Evidence for Domestic Abuse interventions: adults

## 12.1. Preliminaries

This section and the following section (Section 13) are updates (based on a literature search performed in November and December 2017 accessing the Early Intervention Foundation, the Cochrane Foundation, SCIE and other sources) of a short paper on evidence published by SBC in 2016.[33] (Sub-section 12.10 forms a Supplement centring on DA between Children/Teenagers, with respect to early intervention and prevention, which is not the main area of focus of this current profile.)

## 12.2. Criticisms of the 'Duluth Model'

Although, the Duluth model has had a strong influence throughout Europe and the UK, there is growing criticism of the Duluth model as a means to understand and prevent DA. The Duluth model is centred on a gendered understanding of DA. It interprets violence against women as a patriarchal tool which men use to enforce their superior position. Consequently, re-educating men about power dynamics and why they use violence is key. A study from the University of Cumbria and the University of Central Lancashire published in 2017 sought to understand the contents and effectiveness of such interventions in the UK.

The Duluth model stems from a 1981 intervention in Minnesota developed by five female victims of DA and five of their advocates. From the beginning, it was based on an unreliably small sample size and biased by personal ideologies. By one of the creator's later admissions, *"we created a conceptual framework that, in fact, did not fit the lived experience of many of the men and women we were working with."*[34] The issue is that it excludes key influences (social, biological, emotional developmental) which sustain DA. The model also cannot account for common problems such as female offenders, bi-directional mutual abuse and abuse within LGBT relationships.

[33] *Domestic Abuse, what works and JSNA update.* (Policy and Performance Team, SBC 2016)
[34] Bates, E. et al, *'A Review of Domestic Violence Perpetrator Programs in the United Kingdom', Partner Abuse*, 8:1, (2017) 4.

Many studies and meta-analyses have consistently shown an inability in Duluth-based interventions to reduce recidivism rates.[35] The paper explains how numerous favourable studies are flawed by not properly accounting for drop-outs. Men who fail to complete the course are excluded from results. Those who do complete are going to be more motivated to change and more receptive to the messages, which perhaps can lead to the intervention's effectiveness being overstated.

For instance, Durham University's 2015 Project Mirabel study included measures for reductions in physical and sexual violence with a pre-programme size of 99 and a post-programme group size of 52. Having lost almost half of participants, proper statistical analysis was not conducted and positive interview quotes were seemingly included to detract from the lack of statistical evidence.[36]

Despite the lack of a strong theoretical basis or subsequent evidence, the Duluth model has had a strong influence throughout Europe and the UK. In the UK, Duluth's assumptions are maintained through Respect, the organisation which accredits intervention programmes and lobbies government policy. Challenging this has proved difficult and several affiliated programme providers refused to respond to a survey of intervention programmes.[37] Altogether, the authors surmise that the model has developed an 'immunity… political concerns are given more weight than the science'.[38]

Other studies have emphasised that the Duluth model should not be entirely discredited because of some clinical usefulness, but that the 'minimal understanding of violence as well as IPV (intimate partner violence)' undermines the effectiveness of interventions (usually perpetrator programmes) based solely upon it.[39]

[35] Ibid, 4.
[36] Ibid, 23.
[37] Ibid, 10.
[38] Ibid, 8.
[39] Bohall, G. et al, 'Intimate Partner Violence and the Duluth Model: An examination of the Model and Recommendations for Future Research and Practice,' *Journal of Family Violence,* 31:1, October 2016 (1,029-1,033).

## 12.3. Short-term interventions for survivors

Some success has been recorded in short-term interventions to deal with immediate traumatic symptoms. The University of Utah conducted an international (mostly US) meta-analysis of interventions which delivered fewer than eight sessions in shelter or community environments.[40] It found generally favourable effects for a broad range of outcomes relating to DA. The more intensive the intervention, the better was the outcome. However, only around half of the interventions used a control group. All studies exclusively focused on female survivors, as opposed to including children or male survivors. The purpose of this survey, then was to identify that short-term interventions can be helpful for DA survivors.

## 12.4. The state of UK perpetrator programmes

From a low number of responses which were given, the Cumbria / Central Lancashire study compiled the contents and features of current perpetrator intervention programmes in the UK, detailed in the tables below:

*Table 28. Course content of perpetrator programmes*

| **Concepts Included** | **Percentage of Programmes** |
|---|---|
| Emotions/communication/self-awareness/coping/life-skills | 100% |
| Anger management / impulse control | 95.2% |
| Conflict resolution | 95.2% |
| Understanding impact of abuse on victims and children | 90.5% |
| Power and control tactics | 81% |
| Meditation/relaxation | 76.2% |
| Consciousness of gender roles | 76.2% |
| Understanding socialisation factors | 76.2% |
| Changing violent/irrational thoughts | 71.4% |
| Understanding childhood experiences | 71.4% |
| Assertiveness training | 66.7% |
| Healing from past trauma | 14.3% |
| Work around grief | 9.5% |
| Identifying mutual conflict cycles | 4.8% |

[40] Arroyo, K., et al, 'Short-Term Interventions for Survivors of Intimate Partner Violence: A Systematic Review and Meta-Analysis'. *Trauma, Violence and Abuse*, 18:2 (2017) 155-171.

*Table 29. Delivery Methods of perpetrator programmes*

| Methods Used | Percentage of Programmes |
|---|---|
| Role-playing | 95.2% |
| Hand-outs and exercises | 90.2% |
| DVDs and audio | 81% |
| Goal setting | 76.2% |
| Progress logs / journaling | 61.9% |
| Lectures | 23.8% |
| Autobiographical exercises | 9.6% |

*Table 30. Key approaches of perpetrator programmes*

| Approaches Used | Percentage of Programmes |
|---|---|
| Cognitive Behavioural Therapy (CBT) | 85.7% |
| Motivational interviewing | 81% |
| Social learning | 66.7% |
| Strength-based approaches | 57.1% |
| Power and control theories | 52.4% |
| Solution-focused work | 52.4% |
| Self-help and peer support | 47.6% |
| Client-centred work | 33.3% |
| Psychoeducational interventions (mental health education) | 28.6% |
| Narrative therapies | 19% |
| Feminist | 19% |
| Trauma-focused | 9.5% |
| Family systems therapy | 4.8% |
| Psychodynamic approach (forces underlying behaviour) | 4.8% |
| Emotion regulation | 4.8% |

*Table 31. Hey approaches of additional services*

| Approaches Used | Percentage of Programmes |
|---|---|
| Career services | 42.9% |
| Substance abuse counselling | 38.1% |
| Educational resources | 38.1% |
| Job training | 38.1% |
| Housing | 33.3% |
| Crisis management | 31.1% |
| Employment assistance | 28.6% |
| Financial help | 28.6% |
| Food | 23.8% |
| Mentoring | 23.8% |
| Signposting | 19% |
| Parenting classes | 14.3% |
| Clothing | 14.3% |
| Transportation | 9.5% |
| Police/safety assistance | 9.5% |
| Community advocacy | 9.5% |

Programme lengths varied from 12 to 52 sessions, with an average of 29.2 sessions. The number varied by individual need and high-intensity/low-intensity variants. Length of individual sessions varied greatly, from 30 to 150 minutes or more. Most (42.9%) ran once a week, while 19% ran twice per week.

81% of interventions served male perpetrators only; 52% solely concerned heterosexual perpetrators. No responses reported serving transgender perpetrators. Ethnicity, urban/rural status and age varied considerably. Average incomes of perpetrators fell between £12,000 and £20,000.

Most interventions required that practitioners had at least secondary school-level qualifications (71.4%), with only 14.3% requiring a Bachelor's and none a more advanced qualification. Staff received between 0 and 80 hours of training per year. More than half of interventions (57.1%) did not track recidivism rates, which is a major drawback in these programmes. Of the remainder, estimates of 0 to 20% recidivism rates were given for programme completers. 57.2% thought that UK standards provided for male perpetrators, but

57.1% disagreed for female perpetrators and 61.9% for same-sex perpetrators.[41]

## 12.5. 'Batterer Intervention Programs' review

An October 2016 review of Spanish 'Batterer Intervention Programs' conducted by the University of Balearic Islands found similar conclusions to previous analyses of intervention programs: inherent methodological problems prevent us from understanding whether they are effective.[42] Recurring issues are a lack of control group, high drop-out rates (40 to 90%) and uncertainty about what outcomes to measure for and how to measure them.

## 12.6. 'Caring Dads'

'Caring Dads' was started in London, Ontario in 1982 by the Changing Ways organisation.[43] The model has since spread to centres in the US, UK, Ireland, Netherlands, Germany and Sweden. It uses a 17 week cognitive-behavioural approach to teach the consequences of violence on family relations, promote children's wellbeing and create accountability for violence. Techniques include having the perpetrator reflect on their own childhood, learning about theories of good and bad parenting, and listening to interviews of men recounting the profound effects of their abusive childhood. Across several evaluations, 'Caring Dads' has performed well. In 2007, a preliminary report of 34 participants recorded very high levels of satisfaction amongst them and the wider community. Various levels of hostility decreased significantly between pre and post intervention. In 2012, another evaluation of 98 completers found significant positive changes to the perpetrators' hostility, levels of engagement with their children and co-parenting with their partner.[44] A 2014 NSPCC evaluation likewise found improvements to child safety and wellbeing, but that some fathers did not sufficiently change their ways and required further monitoring. 'Caring Dads' has shown promise with its blend

[41] Bates, E., et al, 'A Review of Domestic Violence Perpetrator Programs in the United Kingdom', *Partner Abuse*, 8:1, (2017) 10-17. (N.B. for all statistic given)
[42] Ferrer-Perez, V, and Bosch-Fiol, E, 'Batterer Intervention Programs in Spain: An Analysis of Their Effectiveness', *International Journal of Offender Therapy and Comparative Criminology*, 60:14, (2016) 1-13.
[43] Guy, J, Feinstein, L. and Griffiths, A*, Early Intervention in Domestic Violence and Abuse.* (Early Intervention Foundation 2014).
[44] Labarre, M. et *al.*, 'Intervening with fathers in the context of intimate partner violence: An analysis of ten programs and suggestions for a research agenda'. *Journal of Child Custody*, 13, (2015) 1-29.

of pro-fatherhood and anti-DA approaches, two fields of development often regarded separately.[45] Other schemes look set to build upon its successes. For example, the currently ongoing 'Dads' Group' in Canada has a similar agenda, and appears to be designed for perpetrators who have already completed a DA intervention so that they can be supported to develop their skills further. The full evaluation of this programme states that the results, post-programme and at follow-up, are encouraging. The 3 elements combined in this programme are essential; group work with fathers; engagement with families and working alongside other agencies. Caring Dad's has now been adopted in several areas in England, however it is not available in Swindon.

## 12.7. Project CARA

One project of note which may work with abusers under caution, is Basingstoke's Project CARA.[46] Project CARA works with men who have received a conditional caution for DA. They are invited to workshops which aim to improve the safety of individuals where a low severity DA offence has been identified. Issues behind the abuse such as alcohol and substance misuse and the abuser's trigger points are explored. The project offers individuals the opportunity to have the insight into the impact of DA and to identify their own needs for the future. Project CARA is currently being subject to a randomised controlled trial. The project is at present only being run in Basingstoke, but it is 'one to watch' given the use of an RCT, and the fact that it works with offenders who have already been cautioned by the police (similar, although likely lower risk offenders, to those in receipt of a DVPO). Hampshire Police have been cautious regarding interest in the programme, as results are still emerging. However, to date the project has produced evidence that the workshops are beneficial. At twelve month post-caution the programme has demonstrated a 49% lower rate of re-arrest. For domestic offences that have resulted in a charge, the trend is similar, with a 60% reduction being noted in the treatment group when compared to the control group. There would need to be legislative changes to enable roll out of this programme across the UK.

[45] McConnell, N. *et al*. *Caring Dads, Safer Children: Interim Evaluation Report.* (NSPCC, 2014).
[46] Strang, H, Sherman, L., Ariel, B. *et al*. 'Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment'. *Cambridge Journal of Evidence Based Policing* 1, (2017) 160-173.

## 12.8. Couples Therapy for Domestic Abuse

An October 2016 review and meta-analysis explored the little-researched question of whether couples therapy could be more effective than gender-specific treatments.[47] The review only searched moderate-to-high quality studies, leading to only a small number included, with relatively non-diverse participants. With this, the team at Case Western Reserve University (Cleveland, Ohio) found couples-based interventions to be a 'slightly better treatment approach than standard… [they] can be an effective way to prevent IPV in certain situations'. Further caveats are that additional study into understanding which relationship characteristics are more conducive to couples therapy is recommended before widespread adoption, and that it is necessary for the counsellors involved to be highly skilled.

## 12.9. Domestic violence courts

A Canadian review from September 2017 was the first to analyse the effectiveness of domestic violence courts in reducing recidivism.[48] This model has been growing since the 1990s, with over 200 in the US and 100 in the UK. These courts take place following the offender's initial court appearance, usually after they have submitted a guilty plea. The offender attends regular sessions with the judge and community workers (e.g. mental health workers, police, and social services) who monitor the offender's actions and progress. This judicial oversight, with a large emphasis on rehabilitation, is theorised to be able to proactively deter recidivism of DA and other offences.

The meta-analysis from Public Safety Canada and Carleton University found slightly positive effects: a 5.7% in general recidivism and 2.8% specifically with DA. However, the majority of studies reviewed were graded as poor due to serious methodological faults such as a lack of statistical controls, small sample sizes and missing information. The higher-quality studies alone recorded no significant change in recidivism. This outcome of more negligible results from more rigorous studies mirrors the situation found in analyses of perpetrator intervention

[47] Karakut, G., *et al,* 'Couples Therapy for Intimate Partner Violence: A Systematic Review and Meta-Analysis', *Journal of Marital and Family Therapy*, 42:4, (2016) 567-583.
[48] 'Gutierrez, L., Blais, J, and Bourgon, G, 'Do Domestic Violence Courts Work? A Meta-Analytic Review Examining Treatment and Study Quality'. *Justice Research and Policy*, 17:2, (2017) 75-99.

programmes.[49] However, the authors note there is potential to improve effectiveness by drawing more on the principles of other effective correctional interventions (such as 'Risk-Needs-Response').

The question of whether domestic violence courts are an effective means of reducing recidivism remains open. Domestic violence specialist courts are running in the UK, and some appear to be successful. Special measures are now available to all victims in the court procedure as a matter of course across the country. This was one of the changes in the Domestic Abuse Act 2021.Alleged abusers will no longer be allowed to cross-examine the victim.

## 12.10. Advocacy interventions for Domestic Abuse

A Cochrane review of advocacy interventions in 2019 showed that whilst advocacy can differ in the way it is delivered, and for how long, the use of advocacy is built on sound theoretical foundations. The context of the women's personal lives should considered when setting the goals of the advocacy and staying with the abuser may not always increase the risk to safety. The trust between victim and advocates is very important and maybe increased if they are matched by ethnicity, immigration status, geography and experience of abuse. The report also acknowledges that advocates have a challenging role and should be supported emotionally through provision of resources, professional training and by organisations and peers.52

[49] P. and Bodea, A. *The Effectiveness of Batterer Intervention Programs: A Literature Review & Recommendations for Next Steps [Abridged*], (University of Pittsburgh, 2011), 10.

## 12.11. Summary of evidence for Domestic Abuse interventions: adults

*Table 32. Summary of evidence for domestic abuse interventions: adults*

| Intervention(s) | Good Evidence for Effectiveness? |
|---|---|
| *Short term Interventions for Survivors* | **Cautious YES** |
| *Batterer Intervention programs* | **NO** |
| *'Caring Dads'* | **Cautious YES** |
| *Project CARA* | **YES (but subject to further work and legislation)** |
| *Couples Therapy for DA* | **Cautious YES** |
| *Domestic Violence Courts* | **NO** |

# 13. Literature review. Evidence for Domestic Abuse interventions: children

## 13.1. Identifying children living with Domestic Abuse

Child death reviews in the UK and Australia in which DA has been implicated, and the campaigning work of women's organisations, has led to increasing policy awareness of the risks that DA between adults poses for children. This is being increasingly conceptualised by initiatives that focus on multiple problems including substance misuse and mental health.[50]

As awareness has increased so too have the processes employed by agencies likely to come into contact with incidents of DA to assess and manage the risks to victims, including children. A number of issues have been identified by research into the risk identification and management process, including:

- The number of referral forms sent to social services departments by the police, and their quality, impacting on the workload of social services.
- The different agencies' views of risk: for example, the police may assess risk as heightened where separation of the victim from the perpetrator occurs, while this may be the aim of child protection services.
- The different focus of agencies, children's services on child protection, police on victims and perpetrators, and specialist DVA agencies on the victim.
- The frequency of absence of dialogue with the perpetrator in managing risk.
- Different agencies collect and rely on different bodies of information, and these are usually recorded in different ways making information sharing difficult.
- There can be problems associated with information sharing between agencies.
- The tools developed to assess and manage risk may not be adequate to assess the range of risks to adults and children.
- Children are often not included in the risk management process.

[50] Stanley. N, Humphreys. C, 'Multi-agency risk assessment and management for children and families experiencing domestic violence'. *Children and Youth Services Review* 47 (2014) 78-85.

Two examples of good practice can be cited here. Bridgend Borough Council found that over half of all children's service referrals received each month come from the police via PPD1 forms. A qualified social worker was employed part-time and based with the police to screen PPD1 forms before referrals were made. The project has significantly improved the quality and consistency of the referrals being made and significantly reduced the number of referrals made. In some parts of the UK, child protection services have adopted the Barnardo's Risk Matrix as a tool to supplement risk assessment in cases where families are known to be experiencing DA.[51] The Matrix provides a good example of a child-focused, DA framework for organising the information available and classifies children's and family's needs at one of four levels indicating the appropriate service response level. The Matrix is designed to inform clinical practice and decision making and takes the child as its focus. However, it has not been subjected to rigorous testing.

## 13.2. Independent Domestic Violence Advisors (IDVAs)

IDVAs were trialled as a new approach to service provision for high risk victims of DA in four London boroughs, between 2007 and 2009. IDVA are qualified specialist advisors, who provide a free and confidential service to victims considered to be at high risk of harm from their intimate partners, ex-partners or family members. The main priority of the IDVA service is to increase the safety of victims and their children. IDVAs represent the individual's views and wishes at the MARAC, enabling a supportive action plan to be formulated to help protect and maximise the safety of the individual and their children. An independent evaluation reported that *'the overwhelming majority of the IDVAs' clients felt and were safer as a result of the support they received'.* In 2010, a nationwide evaluation of IDVA services found that *'abuse stopped completely in two-thirds of (high risk) cases where there was intensive support from an IDVA services, and for those where abuse continued, levels were considerably reduced*'.[52]

Swindon has five IDVAs (above the nationally recommended four, for a borough the size of Swindon). Good data are available on outputs (e.g. numbers worked with), but limited

[51] Healy J and Bell M, *Assessing the risks to children from Domestic Violence.* (Barnardos Northern Ireland. No. 7 Policy and Practice Briefing. 2004)
[52] Howarth, E *et al.*, *Safety in numbers: a multi-site evaluation of Independent Domestic Violence Advisor Services* (SCIE, 2010).

information is currently available on outcomes.

### 13.3. Approaches to talking to children

Although young people value talking to professionals about their experience of DA, practitioners are often reluctant to ask.[53] Fears of bullying and embarrassment are barriers to children talking, so offering services under a less stigmatising umbrella should be considered.[54] Methods used to talk to children include: cognitive interviewing, where the child is asked to draw a picture about the experience and describe what happened, narrative elaboration, where children aged 6 to 11 are shown various cue cards used to trigger discussion, and segmentation, where children are asked to describe what happened at different moments. Open-ended questions can be used to encourage a child to talk, for example, asking how they sleep, if they have nightmares; if they ever get angry.[55]

The AVA Community Groups Project involved establishing Community Groups Programmes in London and across the UK so that children and their mothers with a community based setting could talk about their experiences. Funding from Comic Relief in 2009 enabled the programme to be rolled out across London. The evaluation indicated a generally positive impact in terms of their likelihood of intervening in a domestic violence incident and their feeling of sadness, and all mothers and children who completed the 'experience of service' questionnaire indicated that they felt listened to and helped.

The Community Group Programme (CGP) was originally a Canadian model and was subsequently piloted and successfully evaluated in the London Borough of Sutton. The evaluation found that after attending the programme far fewer children indicated that they would try to intervene in abuse episodes, condone any kind of violence in relationships or feel they were the cause of abuse or violence. Children also developed problem-solving skills to

[53] Stanley N, *Children Experiencing Domestic Violence: A Research Review. (*Dartington: research in practice., 2011.)
[54] Craig G, and Stanley N, 'Young People's Use of Sexual Health Services in Rural Areas'. *Children and Society* 20:3 (2006), 171-182.
[55] Faller K, 'Research and Practice in Child Interviewing: Implications for children exposed to domestic violence'. *Journal of Interpersonal Violence* 18: 4 (2003) 377-389

help them resolve conflicts. Following the success of the programme in Sutton, the CGP was identified for wider implementation in the Mayor of London's second domestic violence strategy. The strategy highlighted the need for more services to support children who have been exposed to DA. This programme was run in Swindon for a number of years, firstly by the NSPCC on behalf of SBC and then within the Children CFIT Team.

RESPONDS is an item of good practice, a training programme delivered to 88 clinicians in 11 GP practices in Bristol and the Midlands that had some success in giving them more confidence to recognise and discuss DVA with children and mothers. REPROVIDE is the follow- on programme running until January 2022.

## 13.4. Parenting programmes and their relationship with Domestic Abuse

There is no evidence that attending a parenting programme reduces DA. Indeed, DA may be a barrier to progress on one of these programmes.[56] However, outcomes for children may be improved through programmes that promote positive parent-child interactions in the early years, and reduce the likelihood of DA, and a number have been evaluated by the Early Intervention Foundation as being highly effective in this general respect. Programmes with the highest rating for evidence of effectiveness are as follows:

- **Family Foundations** is a group-based programme delivered to couples expecting their first child any time during the mother's pregnancy. Parents attend five weekly sessions where they learn strategies for enhancing their communication, conflict resolution and the sharing of childcare duties. Couples return for four more weekly sessions two to six months after the baby is born. There is evidence from at least two rigorously conducted RCTs with statistically significant positive impact on a number of child and parent outcomes. There is also a demonstrated reduction in inter-parental violence and improved co-parenting support. It is estimated to be low cost to set up and deliver compared to other interventions reviewed by EIF.
  A Cochrane review found evidence that group programmes resulted in short-term

[56] Eckenrode J, *et al.* 'Preventing Child Abuse and Neglect with a Program of Nurse Home Visitation: The limiting effects of domestic violence'. *Journal of the American Medical Association* 284:11, (2000) 1385-1391

improvements in the behaviour of children aged 3 to 12,[57] and also in young children (2016).[58] Short-term improvements were also found in parenting skills; parental anxiety, stress and depression. They were also found to be cost effective at approximately £1,712 per family.

- **Family Nurse Partnership** is a home visiting programme delivered for first time young mums and families in approximately 64 sessions of one-hour duration each by a family nurse. There is evidence from more than three rigorously conducted RCTs (in the US), with at least one study demonstrating long-term impact. These studies identified statistically significant positive impacts on a number of child and parent outcomes. As part of the 'Reaching out' plan on social exclusion (HM Government, 2006) an early intervention programme was introduced into England in April 2007. The Coalition Government was committed to extending the programme and a partnership of three organisations were awarded a £17.5 million contract to take the work forward:
    - Tavistock and Portman NHS Foundation Trust
    - Impetus Trust
    - Social Research Unit at Dartington

  The Social Research Unit at Dartington estimates that for a cost of £7,562 there is a net benefit of £7,132. An RCT of a FNP service in England (an adaptation of the original concept) has produced more negative results with regard to its main outcomes.[59] In 2021 an update was published on the previous RCT carried out in the Family Nurse Partnership service in England which showed this intervention has more positive outcomes than first thought. The report did conclude, however, that FNP was not successful in reducing rates of child maltreatment. As a result, according to the Early Intervention foundation, the FNP unit is continuing to test and adapt the programme

[57] Furlong, M., et al. 'Group parenting programmes for improving behavioural problems in children aged 3 to 12 years'. Available from: http://www.cochrane.org/CD008225/BEHAV_group-parenting-programmes-for-improving-behavioural-problems-in-children-aged-3-to-12-years

[58] Barlow, J., et al 'Group-based parent training programmes for improving emotional and behavioural adjustment in young children'. Available from: http://www.cochrane.org/CD003680/BEHAV_group-based-parent-training-programmes-improving-emotional-and-behavioural-adjustment-young-children

[59] Robling, M., et al. 'Effectiveness of a nurse-led intensive home visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial'. *Lancet* 387: (2016) 146-155.

to improve this situation. The programme was successful in bringing about positive changes to school readiness and educational attainment which is one protective factor relating to victimisation or perpetration of violence. This study highlights the importance of long term evaluation.[60]

- **Incredible Years (pre-school)** is for parents with concerns about the behaviour of a child between the ages of three and six. Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting positively with their child and discouraging unwanted behaviour. This can be combined with Incredible Years Advanced for families with more complex issues. Advanced is a 10 to 12-week add-on component that covers anger and depression management, building support networks, effective problem solving for couples, and has teacher and family meetings. Evidence from three rigorously conducted RCTs identified statistically significant positive impact on a number of child and parent outcomes. It is estimated to be medium-low cost to set up and deliver compared to otherinterventions reviewed by EIF. Cost benefit analysis from Dartington Social Research Institute indicates that a spend of £1,211 per intervention results in a net benefit of £443with the greatest benefits to health in terms of reduction in depression, and education in terms of reduced spending on managing disruptive behaviour.

Programmes with the next highest rating for evidence of effectiveness are as follows:

- **Triple P** aims to increase the skills and confidence of parents in order to prevent the development of serious behavioural and emotional problems in their children by increasing awareness of parenting resources, informing parents about solutions to common behavioural problems, providing primary health care interventions for children with mild behavioural difficulties, and offering group-based parenting programmes for families of children with more challenging behaviour problems. Its five levels include: a universal media-based communications strategy (Level 1), seminars for parents interested in promoting their child's development or individual

[60] Robling, M., et al, 'The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the routine data-linkage follow up to an earlier RCT' (2021) *Public Health Research Volume*: 9, Issue 2.

consultations for those with specific concerns about their child's behaviour (Levels 2 and 3), and group-based or individual sessions for parents of children with identified behaviour problems (Levels 4 and 5). Cost benefit analysis from Dartington Social Research Unit indicates that for a cost of £118, there is a net benefit of £478, mainly to children's services from cost of placing children into care.

- **Child-parent psychotherapy** is a psychoanalytic intervention targeting mothers and preschool children (aged three to five) who may have experienced trauma or abuse (e.g. domestic violence), or are otherwise at risk of an insecure attachment and/or other behavioural and emotional problems. Specifically, CPP aims to improve children's representations of their relationship with their parent and reduce maternal and child symptoms of psychopathology. Mothers and their child attend weekly sessions for a period of 12 months or longer.
- **Family check-up for children** is a strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health and risk reduction. The intervention has two phases. The first is a brief, three-session programme that involves three one-hour sessions: interview, assessment and feedback. The second phase is 'Everyday Parenting', a family-management training programme that builds parents' skills in positive behaviour support, healthy limit-setting and relationship- building. Usually delivered by Master's level therapists or social workers but can also be implemented by others with appropriate levels of support. It is estimated to be medium- low cost to set up and deliver compared to other interventions reviewed by EIF.

For older children and adolescents with conduct disorder and delinquency, which may or may not be the result of being exposed to domestic violence, parenting and family interventions have been found to have beneficial effects on reducing time spent in institutions, although some caution is needed in interpreting the results.[61]

[61] Woolfenden S, Williams KJ, Peat J. 'Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17'.

## 13.5. Whole family approaches

Increased awareness of the potential harm that DA causes to children has led to situations where mothers become the main focus of social workers' attention, with these women being expected to make significant changes in a short space of time in order to protect their children; this can underestimate the barriers that a mother may face if she attempts to separate from her partner. The advantages of a whole family approach therefore include providing a useful opportunity to locate the responsibility for DA with the perpetrator, and also to check if he is willing or able to change. Most importantly, it should ensure that mothers and children experience services as more supportive, responsive and realistic. Some criticisms of a whole family approach have included concerns that the gender-based, power dynamics which may play a part in shaping DA are not adequately acknowledged in this approach, and also that it can fail to take account of the different effects of violence on different family members.

**Family Group Conferences** (FGC) are designed to intervene at an early stage to see if the professional and family network can together identify solutions that enable children to be successfully parented within their own family. They are widely used across the UK as a way to address child protection issues and bring family support networks together to agree a plan of action to support the child following early evaluations in Canada which showed positive results and a decrease in family violence.[62] However, addressing issues of DA in a family group conference where the perpetrator is present is not without controversy. A project funded by the Department for Education Innovation Programme, the Daybreak FGC model for children on the edge of care, uses Family Group Conference in cases where DA is present.[63] The evaluation found positive results in terms of keeping children out of care although outcomes should be viewed with caution given that children's services were still considering care proceedings in many cases. The following results were published within the limited evaluation timescale:

- Three quarters of children were still living with their parents or relatives three to twelve months after the FGC

[62] Burford G, (1999) 'Letting the family speak about violence: Research findings on family group conference use in domestic violence' *Child Care in Practice, 5:4, (1999) 350-360*, DOI: 10.1080/13575279908415540

[63] Daybreak Family Group Conferencing: children on the edge of care. Available from: https://www.gov.uk/government/publications/daybreak-family-group-conferencing

- There were fewer proceedings initiated in FGC cases (29%) than cases where no FGC took place (50%)
- 97% of survey respondents considered that the plan they had made constituted the best outcome for the child three months after the FGC
- Costs amongst those receiving a FGC were lower than those who did not, reflecting the fact that more of this group were living with their birth families. Costs varied widely from case to case but the following comparison was given of the most extreme accommodation outcomes: the cost for Child A who remained living with their parents throughout was £1,598, compared to £17,557 for Child B, who was looked after under Section 20 of the Children Act 1989 (voluntary accommodation) for four months.

## 13.6. 'Looked after' children and children at risk of going into care

A substantial proportion of 'looked after' children are likely to have been exposed to DA. In its inspection report on Children in Care in 2014, the National Audit Office identified the following issues which are relevant to this research:

- Local authorities find it hard to evaluate the long-term benefits of preventative and remedial work with children.
- If children's learning and development needs are not met, there are significant costs to society, and the individual, and a figure of £9 billion per annum has been estimated by the Government.
- According to Government estimates we are spending eight times more on reaction (responding to a child's needs when things go wrong), than on prevention.

The Department for Education funded ten local authorities to pilot the 'Signs of Safety' intervention through its Innovation Programme.[64] Signs of Safety is a strengths-based approach to child protection casework that also enables people working with children and families to be able to assess risk. Based on principles of honest and respectful relationships, critical thinking to minimise error, and keeping the child at the centre. the social worker carries

[64] 'Signs of Safety': https://www.signsofsafety.net/

out an assessment based on mapping past harm, risk of future harm based on past harm and no change in behaviour, and risks associated with complicating factors such as DA or substance misuse. In addition, scaling questions are used between professional and family to enable a final rating of risk and inform what needs to be done. There are also tools that can be used, such as 'Three Houses', to gather information from children. The final evaluation shows some positive results but challenges including: recruiting and retaining social workers; high levels of referrals; constraints on budgets and, reorganisations.[65]

## 13.7. Group therapies

Systematic reviews of RCTs undertaken by the Cochrane Foundation suggest that there is some evidence to support the use of group therapies in improving behavioural problems in children and young people, and aggressive behaviour in adolescents. There are a number of group therapy programmes with cost-benefit analyses on the Dartington Social Research Unit website. In addition to multi-systemic therapy and family functional therapy, the ones showing the highest cost-benefit ratios are:

- Group cognitive behaviour therapy for anxious children: For every £1 spent, benefits of £30 are realised with CAMHS (Children and Adolescent Mental Health Services) and health services benefiting most.
- Group CBT for depressed adolescents: Main financial benefits are to health services. For every £1 spent £31 is realised in benefits.
- Aggression replacement training: For every £1 spent £21 is realised in benefits, mainly to the police.

Group therapy offered to siblings in refuges has been found to reduce behaviour problems, tackle issues such as secrecy and isolation, and improve the family dynamic in a US evaluation of an intensive twelve week sibling group therapy programme delivered to ten children aged four to nine in the US.[66]

[65] Evaluation of Signs of Safety in 10 Pilots. Available from: https://www.gov.uk/government/publications/signs-of-safety-practice-in-childrens-services-an-evaluation

[66] Tyndall-Lind, A., et al, 'Intensive Group Play Therapy with Child Witnesses of Domestic Violence' *International Journal of Play Therapy* 10:1 (2001) 53-83.

## 13.8. Interventions with children in refuges

A study of children in Cardiff refuges found that 30 per cent of those screened had delayed immunisations, 19% had delayed or questionable development, and 48% had mental health difficulties.[67] A refuge stay can offer the opportunity to provide children with support to help recovery and build future resilience. However, there is a lack of evidence of effectiveness of services provided, and an issue with the temporary nature of the stay in a refuge before children can benefit.

Services offered by refuges to children include structured play, storytelling, music, dance and drama, individual counselling, groups that offer opportunities for children to share their experiences, assistance with transition to new schools and child advocacy. A UK intervention for mothers and children in refuges which evoked positive responses from families is called 'Talking to my Mum'. It is designed to break the silence about DA between mother and child and involves activity packs designed for two different age groups which mothers and children work through together. While one activity pack is intended for the use of children and mothers living in refuge accommodation, another is designed for use in community settings.[68]

Safety planning, which is often provided by refuges, has been shown in a US evaluation to be effective at increasing the number of women adopting safety measures,[69] and a programme delivered to children in the UK that includes this and has been evaluated is the Sutton 'Stronger Families' Programme.[70] This model also includes a concurrent mother and child group programme which helps children understand DA, and that it is not their fault. Concurrent programmes to mothers and children have been shown to be more effective at improving children's behaviour than programmes to only one or the other.

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[67] Stanley N, *Children Experiencing Domestic Violence: A Research Review.* (Dartington: research in practice 2011).
[68] Humphreys, C., et al, 'Talking to My Mum: Developing communication between mothers and children in the aftermath of domestic violence' *Journal of Social Work* 6: 1, (2006) 53-63.
[69] McFarlane Jm., et al, 'Safety Behaviors of Abused Women After an Intervention During Pregnancy' *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 27:1, (1998) 64-69.
[70] Debbonaire T, *An Evaluation of the Sutton Stronger Families Group Programme for Children Exposed to Domestic Violence. Executive summary of the findings.* (Unpublished report.) (London: London Borough of Sutton, 2007)

## 13.9. Summary of evidence for DA interventions: children

Evidence denoted * pertains to care of children after being in a DA situation as distinct from the attempted prevention of DA in family situation (through strengthening of parenting and the family) which features in the other programmes.

*Table 33. Summary of evidence for DA interventions in children*

| **Intervention(s)** | **Good Evidence for Effectiveness?** |
|---|---|
| *IDVAs**** | **Cautious YES** |
| *Talking to children' DART**** | **YES** |
| *Talking to children: Community Group Programme, Sutton**** | **YES** |
| | |
| *Parenting programmes: Family Foundations* | **YES** |
| *Parenting programmes: Family Nurse Partnership* | **Cautious YES** |
| *Parenting Programmes: Incredible Years (pre-school)* | **YES** |
| *Parenting Programmes: Triple P* | **YES** |
| | |
| *Child-Parent Psychotherapy**** | **Not clear. Established, treatment option.** |
| *Parenting Programmes: Family check-up for children* | **YES** |
| *Whole family Approaches: Family Group Conferences**** | **Cautious YES** |
| *Children at risk of going into care: Signs of Safety**** | **Cautious Yes** |
| *Group Therapies**** | **YES** |
| *Refuge Intervention: talking to my mum**** | **Not clear** |
| *Refuge intervention: Stronger families, Sutton**** | **Not clear** |

## 13.10. Supplementary sub-section on DA between children/teenagers. Early intervention and prevention

Most programmes aimed at preventing DA for children and young people are school-based and while they may vary in their goals are all broadly based on the notion that adolescence is an appropriate age to raise awareness of issues of gender, power, and relationship violence.

Experiencing DA as an adolescent is one of the strongest predictors of being victimised as an adult, and it can result in a large range of health risks for the adolescent. School-based programmes to reduce violence and aggressive behaviour in young people appear to produce improvements in behaviour in both primary and secondary school age groups and in both mixed sex groups and boy-only groups.[71]

Interventions targeted at adolescents in schools provide the opportunity to challenge attitudes towards violence and gender, and teach social, communication and relationship skills. Holding interventions at school also has the advantage of targeting a large audience where students are not being singled out.

A review of six randomised controlled trials found that successful interventions tend to share the following traits:

- The intervention has some engagement outside of schools, such as with youth groups or health clinics
- Key adults participate (parents, teachers, club leaders)
- Relationship management skills are taught (conflict resolution, self-expression)
- More than one type of abuse is measured (physical, psychological, sexual)

A 2016 meta-analysis of 23 different studies found that school-based interventions resulted in significant positive increases in knowledge and in appropriate attitudes towards abuse. However, actual levels of abuse perpetration within relationships were sometimes unaffected. Interventions which reduced perpetration rates featured skills-building elements; interventions failing to reduce perpetration rates did not. This led the authors to conclude that teaching children skills such as conflict-resolution and anger-management is critical in the success of an intervention.

[71] Mytton J, *et al.* 'Are school-based programmes aimed at children who are at risk of aggressive behaviour, effective in reducing violence? Available from: http://www.cochrane.org/CD004606/INJ_are-school-based-programmes-aimed-at-children-who-are-considered-at-risk-of-aggressive-behaviour-effective-in-reducing-violence

School-based interventions against DA have a strong evidence backing; however, this comes exclusively from North America. Although there may be some issues with adapting these programs in the UK, it does seem likely that a well-executed school-based intervention against DA can bring about large beneficial changes in the attitudes and behaviour of adolescents, which can have considerable long-term effects. Some examples of the best practice in this area:

- **Safe Dates** is an intervention first trialled in rural North Carolina in 1994. Delivered to all students in the ninth grade (aged 13 to 14 years), it runs classroom sessions to teach the students about healthy and unhealthy relationships. They were delivered by teachers who were already teaching the mandatory health classes. They received 20 hours of training on the Safe Dates curriculum. Their sessions challenge gender roles and normalised attitudes towards violence, while seeking to teach students important skills such as conflict management.

  An evaluation of the original intervention found that, at one-month follow-up, compared to a randomised control group, students who received the treatment perpetrated psychological abuse 25% less often, sexual violence 60% less often and physical violence 60% less often. There were also significant changes in awareness of where to go for help, understanding harmful gender stereotyping and believing that violence within relationships is normal. These effects were largely retained in successive one, two, three and four year follow-ups. There is also evidence that exposure to the programme appears to reduce rates of all violence among students, not just within a dating context. The curriculum has potential to be changed to suit different audiences. One adaptation was able to tailor the program to the unique needs of pregnant/parenting adolescents with good results in improving attitudes, knowledge and behaviour.

- **Families for Safe Dates** takes the curriculum content of the successful Safe Dates program and delivers it through a different medium, a series of six booklets sent straight to family homes. The parents/caregivers complete the first booklet by

themselves to learn key communication skills and the facts behind DA. The next five booklets then involve the adolescent's participation. The booklets contain talking points, interactive activities, role plays and guided discussions to complete together. Each booklet is mailed periodically, and a health educator telephones two weeks after each booklet is sent to answer any questions raised and measure understanding/satisfaction with the program. This was developed to fill a need for non-school intervention options (due to difficulties in getting some on board with DA education), and to measure the effectiveness of involving families as part of a DA prevention strategy. An evaluation of an RCT conducted in the US found that participants had a significantly better understanding of the severity of dating abuse and how to respond to it, although the threat level they perceived was no different to the set of control caregivers.[72]

- **Fourth R:** Skills for Youth Relationships was first run in south-western Ontario from 2004 and 2007. It is similar to Safe Dates, being a curriculum for school teachers to deliver as part of the existing Health and Physical Education curriculum for ninth grade (aged 14 to 15) students. The curriculum is somewhat different to Safe Dates, being longer (21 lessons each lasting 75 minutes) and including content on associated risk behaviours such as sexual health and substance abuse. The aim of the course is to improve the students' conflict resolution skills, their decision making and their ability to seek help when needed. Students in the control schools only received the regular Ontario Health curriculum. The total estimated cost of the course per student was the equivalent of £8.80.

  Two and a half years after receiving the intervention, participating students were found to have a significant reduction in perpetration in comparison with the control group. The intervention had a greater effect on reducing boys' perpetration than girls, an unusual gender divide. Considering all Canadian school-based interventions, the Canadian Women's Foundation considers the Fourth R program to be the most

[72] Foshie V, *et al.* 'Assessing the Effects of Families for Safe Dates, a Family-Based Teen Dating Abuse Prevention Program'. *Journal of Adolescent Health* , 51:4 , (2012) 349 – 356.

widespread and accepted, due to its low-cost, teacher-friendly and well-designed curriculum.

**UK Programmes:**

- **Relationships Without Fear** (RWF) is a six-week Healthy Relationships and DA Prevention Programme developed by the Arch RWF team in North Staffordshire, England. The programme runs for six weeks (one hour each week), and is usually delivered during Personal, Social and Health Education lessons and by trained RWF staff. It looks at how positive relationships can be formed and how children and young people can develop relationships that are free from fear and abuse. The effectiveness of the programme in preventing abuse was evaluated using a pre-test, post-test control group design. The findings suggest that the programme shows promise with attitude changes from both those who have, and have not experienced abuse.

- The **SHARE** project is currently being delivered in Plymouth primary and secondary schools, and is being well received. They also have 'DA champions' in schools as a result of Operation Encompass, which has led to schools being more receptive to the programme. However, the Peach Report into the effectiveness of interventions aimed at preventing DA for children and young people concluded that few have been rigorously evaluated and because most are from North America questions remain about the transferability of such programmes to the UK.[73] There is also a lack of understanding of the mechanisms of change that make programmes effective and which theories can be harnessed to explain how change occurs. Their review of interventions in 18 UK local authorities found that while a wide range of interventions (74 in total) were being delivered, many lacked sustainability, and some areas had no provision at all.

The review of the UK grey literature identified a small number of examples of the 'whole-school approach' delivered in the UK. This approach is based on an ecological model where

[73] Stanley, N., et al, 'Preventing Domestic Abuse for Children and Young People (PEACH): A Mixed Knowledge Scoping Review'. *Public Health Res* 3:7 (2015) https://doi.org/10.3310/phr03070

learning in the classroom is reinforced across the curriculum and in other aspects of school life. The model evaluated by Maxwell et al. involved young people as researchers, as programme designers and in programme delivery.[74] However, the evidence base to support such approaches is still developing. There was a lack of evidence of cost-effectiveness and the suggestion that conventional techniques used in the economic evaluation of a clinical intervention are limiting and likely to underestimate the true benefits of a programme.

The UK government has advised that healthy relationship awareness should become part of the national curriculum and work is being developed through the Department of Education for this.

[74] Maxwell C, Chase E, Warwick I, Aggleton P, and Wharf H. *Freedom to Achieve. Preventing Violence, Promoting Equality: A Whole-School Approach*. (London: Womankind Worldwide; 2010).

# 14. National and local policies

## 14.1. Overarching national policy

**Call to end violence against women and girls (VAWG)** This body of documents provides the strategic framework guiding the work of government in the UK[75]:

- Call to end Violence against Women and Girls. Action Plan. 2011[76]
- Ending Violence against Women and Girls: Action Plan Progress Review. 2011[77]
- Taking Action – the next chapter. 2012[78]
- Ending Violence against Women and Girls Strategy 2016 – 2020. 2016[79]
- A Call to End Violence against Women and Girls Progress Report 2010 – 15. 2015[80]
- Tackling Violence Against Women and Girls (VAWG) Strategy 2021[81]

The guiding principles of UK strategy are to:

- Increase support for victims and survivors
- Increase in reporting to the police
- Increase in the number of perpetrators brought to justice (including for rape and other sexual offences, domestic abuse, stalking and harassment, and 'honour'-based abuse including female genital mutilation and forced marriage)
- Prioritising prevention - reduce the prevalence of violence against women and girls

**Related policies:**

- Domestic Abuse Act 2021
- End to End Rape Review[82]

[75] HM Government Policy website: www.gov.uk/government/policies/violence-against-women-and-girls
[76] *Call to end violence against women and girls. Action Plan*. (Home Office. HM Government, 2011)
[77] *Ending violence against women and girls: Action Plan Progress Review*. (Home Office, HM Government, 2011)
[78] *Taking Action – the next chapter.* (Home Office, HM Government. 2012)
[79] *Ending Violence against Women and Girls Strategy 2016 – 2020.* ( Home Office, HM Government 2016)
[80] *A Call to End Violence against Women and Girls Progress Report 2010 – 15.* (Home Office, HM Government. 2015)
[81] *Tackling Violence Against Women and Girls (VAWG) Strategy* (Home Office, HM Government, 2021)
[82] End to End Rape Review Report on Findings and Actions (HM Government, 2021) Available from: https://www.gov.uk/government/publications/end-to-end-rape-review-report-on-findings-and-actions

## 14.2. National Institute for Health and Care Excellence (NICE). Key guidance for DA.

The following items of guidance can be found on the NICE website:[83]

**Surveillance of domestic violence and abuse: Multi-agency working. 2018**. (P50)

**Domestic violence and abuse: multi-agency working. 2014.** (NICE Public Health Guideline 50)
Summary: Evidence-based recommendations on multi-agency partnerships responding to domestic violence and abuse in adults and young people, helping professionals to identify, prevent, reduce and respond to domestic violence between family members or between people who are (or who have been) intimate partners. It includes intimate relationships between teenagers and same-sex relationships.

**Domestic violence and abuse.** 2014. **Updated 2017**. (NICE Pathway and Flowchart.)
Summary: Everything NICE has said on identifying, preventing and reducing domestic violence and abuse in an interactive flowchart.

**Domestic violence and abuse: 2016.** (NICE Quality Standard. 116)
Summary: Statements defining best practice in identifying, preventing and reducing domestic violence and abuse in adults and young people.

**Domestic violence and abuse: how services can respond effectively: 2014.** (Local Government Briefing 20)
Summary: What can local authorities achieve by investing in domestic violence and abuse services.

**Pregnancy and Complex Social Factors. 2010** (NICE Clinical guideline 110)
Summary: Recognises that pregnant women with complex social factors, including DA, may have additional needs. The guidance aims to improve service organisation, provide training for staff and enhance service delivery to help address the difficulties experienced by women

[83] www.nice.org.uk

with complex social factors and has specific recommendation for services to follow when working with women who are experiencing DA.

**Pregnancy and Complex Social Factors: Service provision.** 2012. **Updated 2017 and 2021**. (NICE Pathway and Flowchart)
Summary: Everything NICE has said on service provision for pregnant women with complex social factors in an interactive flowchart.

### 14.3. National Institute for Health and Care Excellence (NICE). Other relevant documentation.

**Child abuse and neglect. 2017.** (NICE Guidance 76).

**Child abuse and neglect. 2017.** Updated 2018. (NICE Pathway and Flowchart).

**Health visiting. 2014.** (NICE Local Government Briefing 22).

**Social and Emotional Wellbeing in Children and Young People 2021.** (Pathway and flowchart)

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**Against Violence & Abuse. Stella Project Young Women's Initiative: improving responses to young women with experience of domestic violence and/or sexual violence and substance misuse.** 2014, **updated 2015.** (NICE Shared Learning).

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updated 2015 and **2018**. (NICE Shared Learning).

## 14.4. Other government guidance.[84]

**Keeping children safe in education. Statutory guidance for schools and colleges.** 2016. **Updated 2021.** Department for Education

**Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.** 2015. Updated 2017 and **2020. HM Government.**

[84] www.gov.uk/publications

## 15. Swindon's coordinated community response

*Figure 22:*


Swindon has a range of services which relate to DA, most of which have been alluded to in the preceding sections. Figure 22 provides a diagrammatic overview of these and illustrates the way in which different sectors and agencies are involved with DA. The Law and Justice sector includes Wiltshire police and the Sexual Assault Referral Centre, while the health sector includes the primary care service as well as the Avon and Wiltshire Psychiatric Trust (AWP) and the Child and Adolescent Mental Health Service (CAMHS). The Local Authority has a key co-ordinating and facilitating role and is responsible for the operation of the Multi Agency Safeguarding Hub (MASH). The Local Authority also commissions from the Third Sector, for instance, commissioning the Swindon Domestic Abuse Support Service (SDASS) from SWA. The Third Sector also provides services on its own account.

# 16. Progress on 2018 recommendations and new recommendations for 2021

## 16.1. Progress on 2018 recommendations

*(1). Review current governance arrangements to ensure that the right strategic and operational partners are represented in a local partnership to prevent domestic violence and abuse, including focus on the needs of children and young people.*

Progress on (1): This has been reviewed and the Domestic Abuse and Violence Against Women and Girls Board set up. This group feeds into the Community Safety Partnership Board. In addition, there is a DA Forum for front line practitioners which acts as an information, networking and training group.

*(2) Improve the knowledge, skills and confidence of staff to identify DA and respond appropriately, through a robust training framework and developed pathways into specialist services.*

Progress on (2): This is an ongoing programme of training. Progress has been achieved, but more needs to be done to improve the robustness of the programme.

*(3). Develop information sharing about DA that is timely, purposeful, is supported by up to date protocols and includes information reaching the person who knows the child or young person.*

Progress on (3): The Multi-Agency Risk Assessment Conference (MARAC) and its associated framework is in place and is well-established. MARAC efficiencies are currently undergoing review.

*(4) Ensure that assessments of risk and impact focus on children as well as adult victims and that agencies work together to this end.*

Progress on (4): This is now being done through the Multi Agency Safeguarding Hub (MASH) and the risks for children have been identified through work with Children's Services and the

police review of PPD1 forms (reports of DA to the police.). There is a well-established MASH which is the 'front door' for children. Furthermore, the DA & VAWG board is now operating. From early 2022 children and young people will be seen as victims in their own right as part of the changes introduced in the DA Act 2021

*(5) Develop the opportunities during pregnancy and early years for parents to disclose DA and access services and ensure that parenting programmes include a focus on DA.*

Progress on (5): Midwives routinely enquire about DA and this has now been the case for some years. Frontline staff now receive appropriate DA training and a referral mechanism is well-established.

*(6) Develop the opportunities for children experiencing DA to seek help, support and access to therapeutic services.*

Progress on (6): Work is being undertaken currently to develop services further and achieve a truly comprehensive provision. The Recovery Toolkit for children at SDASS refuge is well established now and is also run for children living in the community. The School nursing team is trained in DA awareness and provides drop- in opportunities.

*(7) Improve recognition of DA in teenage relationships, both among young people and staff, backed up by a programme to support teenage victims and perpetrators to develop non-abusive relationships.*

Progress on (7): We are awaiting the outcome of Department of Education work on healthy relationships. SDASS already run a well-established schools programme in some schools. The local 'Healthy Schools Award' contains elements relating to mental health and DA. The relevant range of local programmes includes the 'RESPECT' programme for adolescents who display harmful behaviour towards parents/carers. Healthy relationship awareness is now compulsory under PHSE.

*(8) Provide Personal, Social and Health Education (PHSE) which promotes healthy*

*relationships, including awareness of DA, and promote emotional wellbeing through a whole school approach.*

Progress on (8): Department for Education has developed new curriculum for school to include Relationship and Sexual Health Education. All Swindon schools have been trained to deliver this and it is included in the Ofsted assessment. SDASS already run a well-established schools programme. The local 'Healthy Schools Award' contains elements relating to mental health and DA.

*(9) Embed a whole-family approach, including DA, in adult and children services across Swindon.*

Progress on (9): Work is proceeding on this. The Family Group Conference is being explored as a possible intervention for standard risk DA. Swindon Borough Council have commissioned SDASS to provide a Family Support worker and a Behaviour Change worker to work within the family service.

*(10) Provide non-mandated programmes for perpetrators who wish to change their behaviour, including an appropriate programme for those aged under 18 years.*

Progress on (10): Youth Offending Service (YOS) are running a RESPECT programme with adolescents, who are displaying harmful behaviours towards a parent/carer. Evaluation is proceeding.

REPROVIDE is a non-mandatory RCT provided through Bristol University and facilitated through Splitz support service. This service is available to male abusers from Swindon.

The OPCC and NPA are funding a project for DA Serial Perpetrators (DASP) that is provided by the perpetrator team at SDASS.

*(11) Improve the identification of DA and pathways to support during consultations with health professionals.*

Progress on (11): Health IDVAs have been employed as part of the SDASS commissioned service in Great Western Hospital and in GP practices in Swindon.

*(12) Refer identified issues on the management of DA within the criminal justice process to the local Criminal Justice Board for further scrutiny. Provide non-mandated programmes for perpetrators who wish to change their behaviour, including an appropriate programme for those aged under 18 years.*

Progress on (12): Youth Offending Service (YOS) are running a RESPECT programme with adolescents, who are displaying harmful behaviours towards a parent/carer and this is currently being evaluated.

*(13) Develop further the collection of monitoring data relating to DA in adults by health and care services, such as in primary care, hospital services, ambulance, and health visiting services; explore ways that data in aggregate, and anonymous form, can be shared between these services and Swindon Borough Council and Wiltshire police.*

*(14) To complement (13) undertake third-party reporting, a 24 hour snapshot of DA in Swindon.*
*A 24 hour snaphot has been undertaken*

*(15) Carry out a multi-agency mapping exercise to look at services and combine this with knowledge gained in (14).*

*(16) Create a new web-based resource, providing information for professionals, and also with public-facing web pages for victims, ensuring links are referenced to and from existing websites e.g. Police, NHS.*

*(17) Raise awareness of 'Elder abuse' amongst our frontline staff.*

*(18) Explore the 'Whole Family' approach to DA. Review perpetrators and victims in situations*

*which are deemed as 'standard level' risk, in order to prevent the situation becoming worse; do this through the use of data and through Family Group* Conferences.

*(19) Family support worker and behaviour change worker*
*As part of early years hub as at 11*

*(20) Develop provision for victims and perpetrators who have complex needs (such as substance misuse, mental health needs, Learning Disabilities, adults at risk and older people,) complex needs accommodation for female victims with complex needs has been commissioned as part of the Statutory Housing Duty.*

*(21) Ensure that outreach and support for hard-to-reach groups such as LGBT and BME groups, are included in the DA strategy that will be developed from the JSNA Profile.*

Progress on (21): There is a new role of diversity and inclusion IDVA as part of statutory housing duty.

## 16.2. New recommendations for 2021

We recommend that the following high-level key actions are taken in response to the findings of this updated needs assessment:

1. Improve data collection to develop a broader picture of domestic abuse in Swindon to inform future provision
2. Enhance training to front line staff to enable identification of domestic abuse especially in older people
3. Develop innovative ways to work and engage with victims with protected characteristics – BAME, LGBTQ, Gypsy & Travellers to encourage them to disclose domestic abuse and seek support
4. Provide specialist support for victims and perpetrators with complex needs and multiple disadvantages
5. Develop early intervention approaches to identify lower risk victims and their children to prevent escalation to high risk and crisis
6. Develop a mechanism for consulting with victims and survivors to ensure the services are meeting the needs of our local community

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## Select Glossary

**Child and Adolescent Mental Health Service (CAMHS):** locally delivered psychiatric services for children and adolescents.

**Community Safety Partnership (CSP):** This is made up of statutory partners in Swindon and Wiltshire, including police, fire and rescue service, councils, NHS and probation services. These agencies are committed to tackling the reduction of domestic abuse (DA) as an identified priority.

**Criminal Justice Board (CJB):** This is responsible for the effectiveness of the Criminal Justice System in Wiltshire and Swindon. It brings together the agencies involved in delivering criminal justice within the county, namely Wiltshire Police, Wiltshire Probation Area, Her Majesty's Courts and Tribunal Service, Her Majesty's Prison Service, Wiltshire Youth Offending Service, Swindon Youth Offending Team and the Crown Prosecution Service.

**Domestic Abuse (DA):** The term 'domestic abuse' (DA) is used throughout this profile to capture the range of abusive behaviours which can exist within an adult intimate relationship or occur within other relationships between adults (aged 16 years or more). Thus DA includes sexual, emotional, psychological and financial abuse as well as physical violence (the latter sometimes being described as 'domestic violence'.)

**Domestic Violence Disclosure Scheme (DVDS):** The current pilot schemes involve the disclosure of information about previous violent offending by a partner to help victims or potential victims of DA. This can be in response to a request from a member of the public as well as due to proactive decisions by the police.

**Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs):** DVPNs and DVPOs were introduced under the Crime and Security Act 2010 and enabled perpetrators to be banned from their homes for a period of up to 28 days. A DVPN is authorised by a Police Superintendent where violence has occurred or where there is a threat of violence. A DVPN can last up to 48 hours and during that time the police must apply to a magistrate to grant a DVPO. A DVPO, when granted, can last up to 28 days and will include conditions which the perpetrator must comply with, such as requiring her/him to leave the home.

**Female Genital Mutilation (FGM):** Female Genital Mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical, non-health- related reasons. Such procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth. FGM is mostly carried out on young girls between infancy and the age of 15 years.

**Forced Marriage (FM):** A marriage in which one or both spouses do not consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

**Health and Well-Being Board (HWB):** The Health and Social Care Act 2012 established Health and Well-being Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

**Honour-Based Violence (HBV):** The terms 'honour crime' or 'honour-based violence' embrace a variety of crimes of violence (mainly against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled by their family and this is to the 'shame' or 'dishonour' of the family.

**Independent Domestic Violence Advisers (IDVAs):** IDVAs are qualified specialist advisors, who provide a free and confidential service to victims considered to be at high risk of harm from their intimate partners, ex-partners or family members. The main priority of the IDVA service is to increase the safety of victims and their children. IDVAs represent the individual's views and wishes at the MARAC, enabling a supportive action plan to be formulated to help protect and maximise the safety of the individual and their children Support from IDVAs is intended to be short to medium term, aimed at reducing the risk of further DA and the effects it may cause.

**Joint Strategic Needs Assessment (JSNA):** This is a process for understanding the current and future health and wellbeing needs of the local population. This involves gathering different types of information, interpreting it and pointing to the priorities for improving health and wellbeing in Swindon. The Swindon Health and Wellbeing Board aims to develop

and open up the JSNA process so that it becomes a useful resource for everyone involved in health and wellbeing.

**Local Safeguarding Children Board (LSCB):** Local partnership boards such as LSCBs were set up by the Government as part of the system of checks and balances to make sure that partners are held to account about how children and young people are kept safe and that they receive consistent and excellent provision.

**Multi-Agency Risk Assessment Conference (MARAC):** This is a local case conference for victims identified at highest risk of DA. It provides a forum for sharing information and taking action that will reduce harm. MARACs are outcome-focused. Attendance is by key agencies from the statutory and voluntary sector working in the field of DA.

**Multi Agency Safeguarding Hub (MASH):** the MASH is the 'front door' for children being referred to the local authority's children services.

**National Referral Mechanism (NRM):** This collates data of referrals of potential victims of 'people trafficking' for the whole UK. This includes a variety of coercive practices occurring within the UK and so the NRM can be said to collate data about various manifestations of 'Modern Slavery'.

**Swindon Domestic Abuse Support Service (SDASS):** SDASS is commissioned from SWA

**Swindon Sanctuary Sexual Assault Referral Centre (Swindon SARC):** This is a dedicated unit which supports victims of sexual assault throughout Swindon and Wiltshire, whether they are women, men or children. Trained professionals can provide immediate medical care, a forensic examination, counselling and onward referral.

## Appendix One: Using the police incident data to compare Swindon and England/Wales (simplified version)

- It is difficult to make comparisons between Swindon and England and Wales for DA figures, although here is one instance where it can be tried.
- ONS tries to estimate how much DA is identified by the police nationally by the following sum:
- Police incidents in one year divided by number of people reporting DA in one year nationally in a survey (as a ratio, shown as a percentage)
- This assumes one incident per person (whereas one person could have many incidents over time) so it is actually more like a measure of persons identified in one year.
- In Swindon in 2019/20 the police recorded 5,606 incidents, and we predicted 8,828 persons as experiencing DA in Swindon (based on the national crime survey.)
- This gives a recording ratio of 63.5% for Swindon whereas ONS gives a recording ratio of 58.2%, nationally, which is thus at a broadly similar level.
- This 'good match' between Swindon and England and Wales suggests that DA is probably identified to the same extent in Swindon as nationally.
- But we must remember that some people experience many incidents of DA before the police are involved and so this approach (and the '63.5%' figure) does not capture all these incidents.

# Appendix Two: structured interventions at the Swindon Domestic Abuse Support Service (SDASS) refuge

**Adult Recovery Toolkit**

The recovery tool kit is facilitated by SDASS accredited trainers and can be accessed via self-referral or through an agency. The tool kit provides individuals with ways to develop positive coping strategies to move from victim to survivor status, recognise domestic abusive behaviours and understand the dynamics of abuse with a view to strengthening self-confidence and promoting future healthy relationships. The recovery toolkit is a structured programme where participants sign up for a twelve week period. This structure enables closed group confidence to share traumatic experiences, strengthen group dynamics and promote closer peer relationships to be formed. The recovery toolkit also offers participants the opportunity to gain a Level 1 qualification in 'developing personal confidence and self-awareness' via Swindon Women's Aid and the Open College Network. Referrals can be made via the Swindon Women's Aid website.85

**Route 66 Adult Survivors Programme**

This six week structured programme aims to help women in their personal recovery journey from domestic abuse victim to survivor. The programme seeks to Increase confidence and self-esteem, reduce social isolation, encourage aspiration, improve goal setting and assist individuals with practical support and advice to improve lifestyle outcomes. The Route 66 programme is especially relevant for survivors who want to improve their employability prospects and develop practical skills and confidence in readiness for employment. There are opportunities to learn from experienced facilitators on developing skills, CV writing and interview techniques. The programme provides participants with the opportunity to visit and experience a work session with local employers and can arrange further work placement opportunities to increase employability skills if required. Each participant is offered a professional mentor to support them on an individual basis outside of the six week programme, and to support further progress towards individual practical goals. The mentor can continue to provide this support after the six week programme is finished up to a period of twelve months. A free child care crèche is available to those wishing to access the six week course and transport is provided to visit the employer placement session. Individuals can self- refer onto the programme, or agencies can refer on their behalf.

**Children & Young People's Recovery Toolkit**

The Children and Young People's Recovery Toolkit is an eight week educational programme, of weekly sessions, for those aged 8 to 15 years, who have experienced or witnessed Domestic Violence or Abuse. There are two groups for 8 to 11 year olds, and 12 to15 year olds, which are run independently of each other. The main aim of the sessions is to explore

how children and young people may have been affected by domestic violence and abuse. By giving children and young people, 'tools', this course aims to guide them on the right track to a safer and more positive future. Children can be referred onto the course by either a parent or an agency, using the referral form on the SWA website.

The toolkit covers: negative automatic thinking (including negative images of themselves, a lack of confidence and the struggle to deal with failure); gender roles (looking at those of others and self), looking at the different stereotypes for males and females, discussing the shift in gender roles over time and where gender roles have come from; safety planning to enable the young person to identify with the non-abusive parent and to consider safe exits and what to do in an emergency; dealing with anger, other difficult emotions and understanding relationships.

## Appendix Three: further background note for Figure 20

- Most figures here refer to numbers of persons experiencing DA in one year, but one person can experience multiple incidents (i.e. more than one occurrence).

- 'Imputed Prevalence', is imputed from Crime Survey for England and Wales, March 2020. This is a measure of persons, but each person could have experienced more than one incident. The prevalence measure thus has to be regarded as a significant underestimate of the number of individual incidents of DA which a victim might experience over time which occur overall.

- 'Imputed Prevalence 'Any DA as Physical/Threat', was imputed by the present authorsfrom selected categories of CSEW, March 2020. This is a measure of persons, but eachperson could have experienced multiple incidents.

- 'Observed Incidence, Crimes and Other' is Crime and Other Incidence combined and is actual recording by the police in Swindon in 2020/21. (This is a count of Incidents,but all incidents are not reported, so it may be close to a measure of persons.)

- 'Observed Incidence Crime' is actual recording by the police in Swindon in 2020/21. (This is a count of Incidents, but all incidents are not reported, so it may be close to ameasure of persons.)

- 'Observed Incidence: Crime with Children' is actual recording by the police in Swindonin 2020/21. The presence at a scene of DA, (or exposure to DA), not the actual number of children is counted The police recorded 1,167 DA crimes as having a child or children present at the time of the DA incident, although some children may also have been recorded, in respect of being members of the household, and so, in theory,at some kind of risk.

- 'Police charged/caution' is actual numbers of people charged or cautioned by the police in Swindon in 2020/21. (A person could be charged/ cautioned on more thanone occasion and some of these procedures could relate to previous years.)

- 'High Risk MARAC' enumerates people who were referred to the MARAC in respect of being at high risk in 2020/21. This referral could in theory take place at any point when DA was suspected by a professional. A person could be referred more than once,so produce a number of cases.

- 'High Risk MARAC with children' enumerates children of people who were referred tothe MARAC in respect of being at high risk in 2020/21. A person could be referred more than once, so produce a number of cases. In a similar manner, children associated with cases could be counted more than once. It is clear that, however, thatat the severe or high risk end of the spectrum, it is common for children to be part ofhouseholds in which DA is happening.

- Although police data form one of our key sources of data, and are of course valuable in this field, it could be argued that police data provide a limited view of DA one personmay experience many DA incidents over time, and police data do not do not necessarily capture this; if this person's experience comes within the purview of the police, it may only be the later stages of a chronic experience which is recorded statistically, and eventually this will be captured as one person in the figures.