

Profile of Domestic Abuse in Swindon: Issues in Adults, Children and Prevention 2024

Swindon Domestic Abuse Needs Assessment 2024

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Profile of Domestic Abuse in Swindon 2024

Executive Summary

1. Prevalence of domestic abuse: number of people

- Domestic abuse (DA) 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' is used here to capture the range of abusive behaviours which can exist between people who are personally connected to each other 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.
- When considering the terminology used in discourse around DA, it is important to take into consideration the views of those impacted by it. Individuals who have experienced DA may prefer various terms to be used including: 'victim', 'survivor' or 'person with lived experience'. These are used varyingly throughout this needs assessment, according to the way in which data is collected and recorded by local service providers. Currently the legal system, academic studies and services tend to use the term 'perpetrator' to describe individuals who have used abuse, which recognises that harm has been committed. However, there is an increasing move towards using the term 'person who uses or displays harmful behaviours' which recognises that the behaviour is the problem. In addition, whilst not condoning the use of violence and abusive behaviour, it seeks to highlight that some people who perpetrate abuse may be impacted by mental, physical or other needs and have themselves experienced abuse. For the purpose of this needs assessment, the former term 'perpetrator' has been used throughout except for in reference to children and young people where it was judged not to be appropriate.
- We would predict a population of Swindon UA's size (in 2023) to have an annual prevalence of 4.4% for DA, with 8,235 people aged 16 years and over experiencing DA within one year. Women are almost twice as likely as men to experience domestic abuse. Men do experience DA, and often in the context of their partner rather than their wider family. One person can experience multiple incidents of DA.
- In 2022/23, the lowest prevalence rates were reported in Asian/Asian British females and Asian/Asian British males (3.0% and 1.0% respectively), while the highest prevalence rates

were reported for females of mixed ethnicity (9.2%) and White females (6.0%).

- If we combine types of DA involving any sort of physical abuse or threat, then we would predict an annual prevalence of 3.1% of people aged 16 years and over 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

- Wiltshire Police recorded 5,895 DA incidents in Swindon in 2022/23. Of these, 3,114 (53%) were considered to be crimes. This shows a steady increase in the number of incidents and crimes over a five-year period from April 2018 to March 2023. The Office for National Statistics (ONS) follows a convention implying that this means that 71.6% of DA (5,895/8,235) 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.
- In the same year 2022/23, Wiltshire Police recorded 209 people in Swindon as charged or summonsed for DA crimes. This is a minority of DA crimes (about 7%). 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 2022/23 there were 512 prosecutions for DA in the Wiltshire Police area (Wiltshire and Swindon). Of these 417 (81%) resulted in convictions.
- In England and Wales, it is estimated that 27.0% of women and 13.9% of men (20.5% of persons) reported some form of DA to the police in their adult lifetime. In terms of the Swindon UA population this would equate to 25,601 women and 12,834 men, approximately 38,366 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 2022/23 in terms of the proportions whose DA experience in the previous year could be described as 'physical' or 'threatening'. DA that was 'Physical/Threatening' was reported by 68.4% of women and 62.5% 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 40.6% of men

(who reported any DA) and 33.3% of women (who reported any DA); sexual abuse was also less frequent amongst men (who reported any DA) at 3.1% compared to women (who reported any DA), 8.8%. Non-sexual partner abuse was reported by 59.6% of women (who reported any DA) and 56.3% of men (who reported any DA).

- 473 cases were referred to the Swindon MARAC (Multi Agency Risk Assessment Conference) in 2022/23 because the people concerned were considered by professionals to be at high risk of harm, and these cases were associated with 845 children (a person 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 but increasing minority of DA cases referred to the MARAC. In 2020/21 men were 2.3% of the referrals, in 2021/22 4.5% of referrals and in 2022/23 6.1% of referrals.
- In 2022/23 there were 180 referrals made to Swindon Adult Safeguarding where it was indicated on the referral form that DA was suspected. 143 people (79%) were female, 35 (19%) were male, and 2 (1%) were recorded as 'other'. Data recording for 2021/22 is incomplete due to system changes, therefore it is not possible to examine any trends in the number of safeguarding referrals made.

4. Children at risk of DA

- The police recorded 816 DA crimes as having a child present at the time of the incident, although this may include children as members of the household who, by extension, were possibly at risk. As households might sometimes have more than one child, the true number witnessing or at risk from domestic abuse in one year would probably be higher.
- In 2022/23, 422 Statutory Assessments took place which concerned children exposed to neglect or abuse. As a result, 93 Child Protection Investigations (S47s) took place (making up one tenth of all Child Protection investigations. This represents a 5% increase in the number of statutory assessments and a 58% decrease in the number of S47 investigations between April 2018 and March 2023. However, DA is not recorded on referrals to social services, therefore further investigation would be needed to establish if DA was present in these cases.
- At the end of 2022/23, 114 Child Protection plans were in place due to neglect or abuse,

making up 58% of all Child Protection Plans. At the end of the year there were 233 Children Looked After due to neglect or abuse, or 69% of all Looked After Children at the end of the year.

5. Literature review: Evidence for Domestic Abuse Interventions

A literature review carried out as part of this Profile found a number of interventions with different levels of effectiveness which are worthy of consideration, though heterogeneity of studies, bias and other intervention limits should be considered. Programmes and intervention with some evidence of effectiveness are of different types (preventive, early intervention, psychosocial, community based, training, multi-agency, and housing) and intended for perpetrators as intimate violence, as well as victims, children, and other high-risk groups of population.

6. Local services

- Swindon has a range of services in place to tackle domestic abuse across a range of different settings. A full overview of services can be found in Appendix Two.
- 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 Multi-Agency Risk Assessment Conference (MARAC), the Swindon Borough Council (SBC) Domestic Abuse (DA) lead post and the DA & Violence Against Women and Girls (VAWG) Board. In addition, the Local Authority also co-commissions DA services from the voluntary and community sector, for instance the Swindon Domestic Abuse Support Service (SDASS) from Swindon Women's Aid (SWA), and the Sexual Assault Referral Centre (SARC).
- Survey responses from residents with lived experience of DA suggest that societal stigma surrounding DA persists, with the consequence that individuals remain in abusive situations for a long time, that they do not seek professional help following abuse or that, when they do come forward, they have a negative experience of reporting DA. Many survey respondents felt that greater awareness of what constitutes domestic abuse, as well as increased awareness of support services available, might enable more individuals to report incidence of DA earlier on in the timeline of their experience. Furthermore, the experience of reporting DA could be improved by developing ways to report DA i.e. phone apps, by employing more dedicated staff and providing more staff training to better support individuals who come forward to seek help.

7. New Recommendations for 2024-2027

- Improve data collection and reporting by service providers to develop a more detailed picture of the type of populations experiencing Domestic Abuse and Violence in Swindon
- Strengthen prevention and early interventions to better identify children and young people at risk of domestic abuse and implement effective programmes to reduce the impact of domestic abuse on children and young people.
- Further develop an intersectionality approach to service planning and delivery to ensure that high risk and vulnerable groups, including people from BME groups, LGBTQ+ people, people with learning disabilities, and older adults, have access to specific and tailored services by upskilled and trained staff
- Develop safe, alternative and innovative DA reporting systems for service users, including the use of digital technology, to increase service accessibility and improve support
- Ensure services take into consideration and develop strategies to address domestic abuse and violence towards men
- Ensure that the lived experience of survivors and perpetrators is regularly collected and used to inform service planning, evaluation and delivery
- Increase the type (long and short term) and number of specialist accommodation spaces locally, taking into consideration the different risk factors and needs of different population groups
- Develop clear and agreed referral pathways between partners to ensure that safe, timely, effective and appropriate services are offered to victims, survivors and perpetrators
- Increase general awareness about Domestic Abuse both in specialised and community settings in order to reduce social and cultural stigma, ensuring that people feel confident to report any type of abuse and violence, and receive appropriate support through the criminal justice system

1. Introduction

1.1. Background

Domestic abuse (DA) is a high harm and high-volume crime that often remains largely hidden. Anyone can be affected and it can manifest itself in different ways within different communities.

Domestic Violence Abuse (DVA) is defined by the government as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.' This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional, honour-based violence, female genital mutilation, forced marriage.¹

Swindon has adopted the statutory definition described in the **Domestic Abuse Act 2021** (Office, 2022) (Legislation, 2021), the development of which was intended to improve the response to domestic abuse by:

- Protecting and supporting victims
- Transforming the justice process
- Improving performance
- Promoting awareness

The new statutory definition not only takes in to consideration the different and complex nature of domestic abuse, but highlights the importance of a multi-agency collaboration to deliver an effective response.

¹ Home Office: Information for Local Areas on the change to the Definition of Domestic Violence and Abuse. Available from: <https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas>

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- **A and B are each aged 16 or over and are personally connected to each other, and**
- the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following:

- **physical or sexual abuse;**
- **violent or threatening behaviour;**
- **controlling or coercive behaviour;**
- **economic abuse (see subsection (4));**
- **psychological, emotional or other abuse;**
- **and it does not matter whether the behaviour consists of a single incident or a course of conduct.**

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to:

- acquire, use or maintain money or other property, or
- obtain goods or services.

Two people are “**personally connected**” to each other if any of the following applies —

- **they are, or have been, married to each other;**
- **they are, or have been, civil partners of each other;**
- **they have agreed to marry one another (whether or not the agreement has been terminated);**
- **they have entered into a civil partnership agreement (whether or not the agreement has been terminated);**
- **they are, or have been, in an intimate personal relationship with each other;**
- **they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection**
- **they are relatives.**

For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

The Act also positions children as direct victims in their own right for the first time.

Any reference within the Act to a victim of domestic abuse includes a reference to a child who:

- sees or hears, or experiences the effects of, the abuse, and
- is related to A or B.

“Child” means person under the age of 18 years;

“Parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

“Relative” has the meaning given by section 63(1) of the Family Law Act 1996.

In March 2023 the Crime Survey for England and Wales (CSEW) estimated that 2.1 million adults aged 16 years and over had experienced domestic abuse in the previous year.² Whilst both men and women can be affected, females are disproportionately represented with 1.4 million experiencing domestic abuse compared to 751,000 males in the previous year ending March 2023.

In the year ending 2021 there were 134 domestic homicides, with an increase of 16% compared to the previous year. 84 were female victims and in 96.4 % of cases the suspect was male. Over the same period 50 men were killed in domestic homicides.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 it, with cumulative and severe consequences in their development and wellbeing. The Childhood Local Data on Risks and Needs estimated that between 2019 and 2020, 1 in 15 children under the age of 17 lived in households where a parent has been a victim of domestic abuse.⁴

This Needs Assessment will focus on DA between adults of all ages in Swindon and, at the same time ascertain its effects on children in our population. The 2022/23 Crime Survey for England and Wales (CSEW) presented data for all individuals aged 16 and above. In contrast, preceding annual reports

² Office for National Statistics (ONS): Domestic abuse in England and Wales overview, November 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2023>

³ Office for National Statistics: Homicide in England and Wales: year ending March 2022. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/march2022>.

⁴ Children's Commissioner: CHLDRN – Local and national data on childhood vulnerability. Available from: <https://www.childrenscommissioner.gov.uk/chldrnr/> and GOV.UK: Domestic Abuse: Statutory Guidance. Available from: <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>

differed, ranging from those aged 16 to 59, and those aged 16 to 75. Moving forward, there is a recommendation to seek data on individuals aged 75 and older from all external partners.

1.2. Scope and Purpose

This profile builds on the previous Swindon Domestic Abuse Joint Needs Assessments that were produced in 2014, 2018 and 2021 and has been produced to further the understanding of domestic abuse in Swindon. It will also help shape the future Domestic Abuse Strategy using evidence-based decisions and inform the commissioning of domestic abuse services.

The purposes of the Swindon Domestic Abuse Needs Assessment are:

- to review and update key statistical indicators for DA in the population of Swindon Unitary Authority (UA) involving adults and potentially affecting children
- map current DA service provision and identify potential gaps
- assess demand upon current service and lived experience
- 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'
- understand and describe inequalities by those experiencing domestic abuse and consider how these may be addressed

The working definition of DA is intended to include culturally-specific DA such as so-called 'honour-based' abuse (HBA), female genital mutilation (FGM) and forced marriage (FM).

1.3. Statistical conventions and issues in this profile

DA is described in this profile 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 incidents, all of which contribute separately to the incidence rate. (To align with terminology used by the police, we denote some of the incidents which come to the notice of the police as 'crime' incidence and the remainder as 'other', which is incidents recorded by the police but not considered by them to be a crime or appropriate to record as a crime.) This said, it should be borne in mind, that with DA it is not easy to

describe 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 years and over unless specified otherwise), 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 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.

2. Overview of risk factors for Domestic Abuse

2.1. Risk factors

Anyone can be at risk of domestic abuse. However, there are risk factors associated with an increased likelihood of domestic abuse perpetration and victimisation.

Individual-level predictors:⁵

- **Gender:** men and women can both experience DA, but women are most likely to be victims and survivors, and men are most likely to be perpetrators
- **Age:** being a young adult has been identified to be a risk factors for both perpetration and victimisation
- **Ethnicity:** being a member of an ethnic minority group has been found to be a risk factor for DA
- **Low levels of education, socio economic status and unemployment** are risk factors for both abuse perpetration and victimisation
- **Substance misuse:** several systematic reviews identified a strong relationship between substance misuse and DA. It is also important to include mental health problems associated with substance misuse (and DA).
- **Mental health problems and stress:** can result from the impact of DA on victims, however, they can also lead to an increased risk of being a perpetrator, or being a victim of domestic abuse
- **Anti-social behaviour and attitudes:** have emerged consistently as a substantial risk factor for later Intimate Partner Violence (IPV) involvement for men and women who perpetrate IPV and are frequently found to be a mediator for earlier risk factors such as harsh parental treatment
- **Behavioural problems in childhood:** such as aggression, withdrawal and conduct disorders
- **Traditional gender roles:** views on gender inequality and male domination have been linked to domestic abuse in various studies

⁵ Capaldi DM, Knoble NB, Shortt JW, Kim HK. A Systematic Review of Risk Factors for Intimate Partner Violence. *Partner Abuse*. 2012 Apr;3(2):231-280. doi: 10.1891/1946-6560.3.2.231. PMID: 22754606; PMCID: PMC3384540, and HM Government. Tackling Domestic Abuse Plan - This is everyone's responsibility. Let's stop domestic abuse now.' (2022)

- **Pregnancy:** being pregnant may put women at greater risk of abuse, although data are limited and sometimes contradictory

Interpersonal-level predictors:

- **Experience of child abuse:** has been linked with DA perpetration and victimisation later in life
- **Exposure to violence at home**
- **Relationship status** (recent divorce or separation) and **parenting** (family conflicts)
- **Poor quality peer relationships**
- **Disadvantage status:** due to education, occupation and/or income

Community-level predictors

- **Neighbourhood deprivation:** areas with disadvantaged communities and low employment, have been shown to be linked to higher levels of intimate partner violence
- **Social and cultural norms:** acceptance of gender inequality and violence can increase the risk of domestic abuse
- **School context:** differentiated by gender and ethnicity

2.2. The impact of covid-19 ⁶

After first being detected in 2019, the coronavirus disease spread rapidly across the world and a global pandemic was declared by the World Health Organisation in March 2020. The pandemic necessitated the implementation of social distancing restrictions and a lockdown measure was adopted, creating unsafe conditions for people living in violent and abusive environments.

Reports of violence and abuse often increase in times of adversity due to economic collapse, closure of violence prevention and supporting services and increase of psychological distress.⁷

⁶ McKinlay, A.R., Simon, Y.R., May, T. et al. How did UK social distancing restrictions affect the lives of women experiencing intimate partner violence during the COVID-19 pandemic? A qualitative exploration of survivor views. *BMC Public Health* 23, 123 (2023). <https://doi.org/10.1186/s12889-023-14987-3>

⁷ Fisher S. Violence against women and natural disasters: findings from post-tsunami Sri Lanka. *Violence Against Women*. 2010 Aug;16(8):902-18. doi: 10.1177/1077801210377649. PMID: 20679186, and Schumacher JA, Coffey SF, Norris FH, Tracy M, Clements K, Galea S. Intimate partner violence and Hurricane Katrina: predictors and associated mental health outcomes. *Violence Vict*. 2010;25(5):588-603. doi: 10.1891/0886-6708.25.5.588. PMID: 21061866; PMCID: PMC3394178, and World Health Organisation: Interpersonal violence & disasters. 2005a. Available from: https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf

The first week of lockdown in the United Kingdom (UK) saw a 25% increase in calls to abuse hotlines and a 150% increase in DA website visits,⁸ together with a decrease in reporting of Intimate Partner Violence (IPV).⁹ This was probably due to difficulties in reporting crimes and seeking help, digital poverty, financial hardship, lack of childcare, COVID fears and being under the watch of an abuser.¹⁰

Little is known about the mental health impact during the pandemic of DA victims and survivors in the UK, but a number of qualitative studies conducted internationally reported a deterioration amongst IPV survivors, including worsening of existing mental health concerns (such as depression and anxiety) and heightened financial distress.¹¹

The COVID-19 pandemic not only changed the daily lives of people experiencing violence and abuse, but also the nature of crimes taking place.¹² International evidence suggests that the prevalence of coercive control increased during the lockdown and this has highlighted how ineffective were pre-existing policies in supporting those requiring protection.¹³

The last three years have pointed out the importance of developing other systems of support such as the presence of easily accessible self-options and self-help resources, especially in times of emergency.

⁸ Bradbury-Jones C, Isham L. The pandemic paradox: The consequences of COVID-19 on domestic violence. *J Clin Nurs*. 2020 Jul;29(13-14):2047-2049. doi: 10.1111/jocn.15296. Epub 2020 Apr 22. PMID: 32281158; PMCID: PMC7262164

⁹ Barbara G, Facchin F, Micci L, Rendiniello M, Giulini P, Cattaneo C, Vercellini P, Kustermann A. COVID-19, Lockdown, and Intimate Partner Violence: Some Data from an Italian Service and Suggestions for Future Approaches. *J Womens Health (Larchmt)*. 2020 Oct;29(10):1239-1242. doi: 10.1089/jwh.2020.8590. Epub 2020 Oct 2. PMID: 33006492

¹⁰ Moore G, Buckley K, Howarth E, Burn AM, Copeland L, Evans R, Ware L. Police referrals for domestic abuse before and during the first COVID-19 lockdown: An analysis of routine data from one specialist service in South Wales. *J Public Health (Oxf)*. 2022 Jun 27;44(2):e252-e259. doi: 10.1093/pubmed/fdab343. PMID: 34568944; PMCID: PMC8500039, and Wright EN, Miyamoto S, Richardson C. The Impact of COVID-19 Restrictions on Victim Advocacy Agency Utilization Across Pennsylvania. *J Fam Violence*. 2022;37(6):907-913. doi: 10.1007/s10896-021-00307-z. Epub 2021 Aug 21. PMID: 34456463; PMCID: PMC8380015

¹¹ Lyons, M., Brewer, G. Experiences of Intimate Partner Violence during Lockdown and the COVID-19 Pandemic. *J Fam Viol* 37, 969–977 (2022). <https://doi.org/10.1007/s10896-021-00260-x>, and Ravi KE, Rai A, Schrag RV. Survivors' Experiences of Intimate Partner Violence and Shelter Utilization During COVID-19. *J Fam Violence*. 2022;37(6):979-990. doi: 10.1007/s10896-021-00300-6. Epub 2021 Jun 30. PMID: 34226794; PMCID: PMC8243072

¹² Regalado J, Timmer A, Jawaid A. Crime and deviance during the COVID-19 pandemic. *Sociol Compass*. 2022 Apr;16(4):e12974. doi: 10.1111/soc4.12974. Epub 2022 Feb 24. PMID: 35603319; PMCID: PMC9115358, and Gregory, A., Williamson, E. 'I Think it Just Made Everything Very Much More Intense': A Qualitative Secondary Analysis Exploring The Role Of Friends and Family Providing Support to Survivors of Domestic Abuse During The COVID-19 Pandemic. *J Fam Viol* 37, 991–1004 (2022). <https://doi.org/10.1007/s10896-021-00292-3>

¹³ Smyth C, Cullen P, Breckenridge J, Cortis N, Valentine K. COVID-19 lockdowns, intimate partner violence and coercive control. *Aust J Soc Issues*. 2021 Sep;56(3):359-373. doi: 10.1002/ajs4.162. Epub 2021 Apr 27. PMID: 34188336; PMCID: PMC8222883

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 2023 as a percentage by sex, plus imputed numbers of people (aged 16 years and over) experiencing DA in Swindon UA in 2022/23 applied to the population of Swindon at 2021 Census¹⁴

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 |
|--------------------------------|-----------------------------|---------------------------|-----------------------------|------------------------------|----------------------------|------------------------------|
| Any DA in previous year | 5.7% | 3.2% | 4.4% | 5,405 | 2,955 | 8,235 |
| Any partner-related | 4.0% | 2.1% | 3.0% | 3,793 | 1,939 | 5,614 |
| Any family-related | 2.2% | 1.5% | 1.8% | 2,086 | 1,385 | 3,368 |

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.

¹⁴ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

Table 2. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates in year to March 2023 as a percentage by sex, plus imputed numbers of people (aged 16 years and over) experiencing DA in Swindon UA in 2022/23, applied to the population of Swindon at 2021 Census¹⁵

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 |
|--|------------------------------------|----------------------------------|------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Any DA in previous year | 5.7% | 3.2% | 4.4% | 5,405 | 2,955 | 8,235 |
| Partner-related abuse: non-sexual | 3.4% | 1.8% | 2.6% | 3,224 | 1,662 | 4,865 |
| Family-related abuse: non-sexual | 1.9% | 1.3% | 1.6% | 1,802 | 1,200 | 2,995 |
| Actual or attempted sexual assault* | 0.5% | 0.1% | 0.3% | 474 | 92 | 561 |
| Stalking* | 0.9% | 0.4% | 0.7% | 854 | 369 | 1,310 |

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. Person's imputed figures may not add up to the total of female and male imputed figures due to estimation calculations. *includes abuse other than partner or family, which is not in the overall DA total

¹⁵ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

Table 3. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates of experiencing DA in 2022/23 for adults by ethnic group and sex, and applied to population of Swindon at 2021 Census to produce imputed numbers¹⁶

| Ethnic Group by Sex | Approximate prevalence of DA in adults in past 12 months (from CSEW) | Swindon Population in 2021 Census (aged 16 years and over)* | Imputed numbers experiencing DA in Swindon (aged 16 years and over, 2021 population) |
|---|---|--|---|
| All females | 5.7% | 94,818 | 5,405 |
| White (female) | 6.0% | 79,240 | 4,754 |
| Mixed (female) | 9.2% | 1,795 | 165 |
| Asian/Asian British (female) | 3.0% | 10,285 | 309 |
| Black/African/Caribbean/Black British (female) | 3.1% | 2,174 | 67 |
| All males | 3.2% | 92,333 | 2,955 |
| White (male) | 3.4% | 76,557 | 2,603 |
| Mixed (male) | 5.8% | 1,769 | 103 |
| Asian/Asian British (male) | 1.0% | 10,304 | 103 |
| Black/African/Caribbean/Black British (male) | 3.9% | 2,256 | 88 |

Note: Imputed numbers for Swindon are an under-estimate as the rates have had to be applied to the population 2021 Census population in which robust ethnicity figures were estimated. Other ethnic group prevalence has been excluded because of suppressed figures for CSEW estimates due to disclosure constraints.

*Due to statistical disclosure risk, the totals may be slightly different across categories reported in this section.

¹⁶ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

Tables 1 to 2 show the prevalence rates of DA for people aged 16 years and over, for experiencing DA in one year, as reported by the public in the Crime Survey for England and Wales (CSEW), March 2023. The CSEW contains data at national and Police Force Area level. Wiltshire Police Force covers both Swindon and Wiltshire. In this section, imputed numbers for Swindon UA have been calculated by applying crude national prevalence rates to the Swindon UA population for 2021 to estimate expected levels of DA in Swindon. (At mid-2021, there were 233,410 people in Swindon UA, with 92,333 males and 94,818 females aged 16 years and over.) Swindon-specific data (police recordings) are presented in Chapter 4.

The national prevalence rate of experiencing DA in the year to March 2023 was 5.7% for women and 3.2% for men, giving an overall rate of 4.4% (Table 1). If these rates occurred in Swindon, these would equate to 5,405 women and 2,955 men, and approximately 8,235 persons in total. In approximate terms, two-thirds of both women and men 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 2.6% of persons, followed by family-related, non-sexual abuse with 1.6% of persons; this was followed by stalking with 0.7% 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).

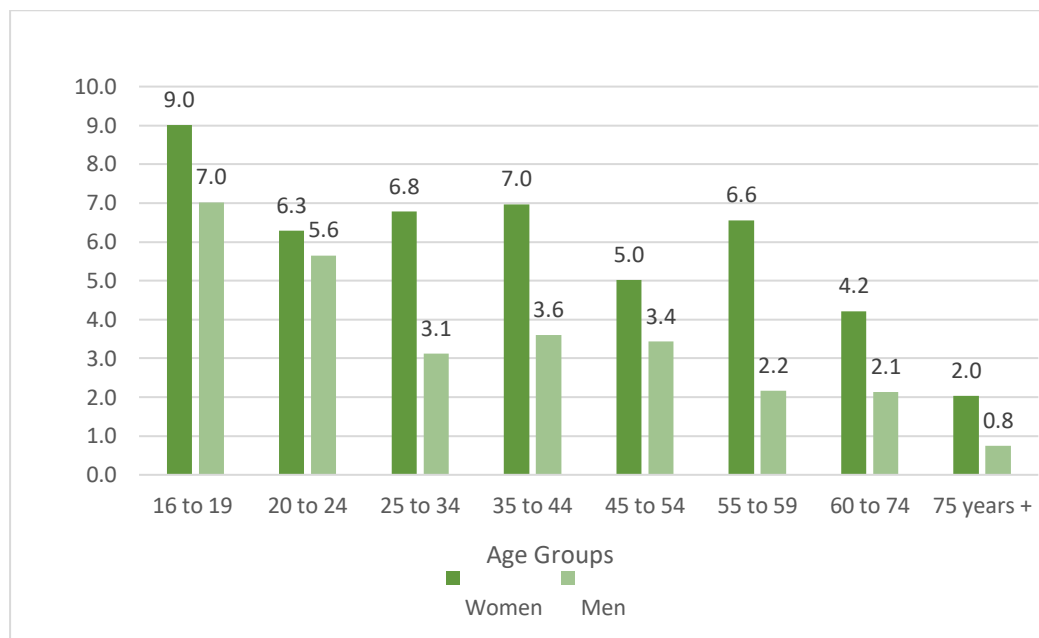
Overall male rates were approximately just under half the level of overall female rates, and within the sub-categories proportions varied between women and men, with men always lower. Using data from Table 2, it is possible to estimate that non-sexual abuse from their family was reported by 40.6% of men (who reported any DA) and 33.3% of women (who reported any DA); sexual abuse was also less frequent amongst men (who reported any DA) 3.1%, than amongst women (who reported any DA), 8.8%. Partner-abuse, non-sexual was reported by 59.6% of women (who reported any DA) and 56.3% 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 2023) by ethnic group and sex.¹⁷ The lowest prevalence rates were reported in Asian/Asian British females and Asian/Asian British males (3.0% and 1.0% respectively) while the highest prevalence rates were reported for females of mixed ethnicity (9.2%)

¹⁷ [Crime Survey for England and Wales](#), March 2023. (ONS, November 2023)

and White females (6.0%).

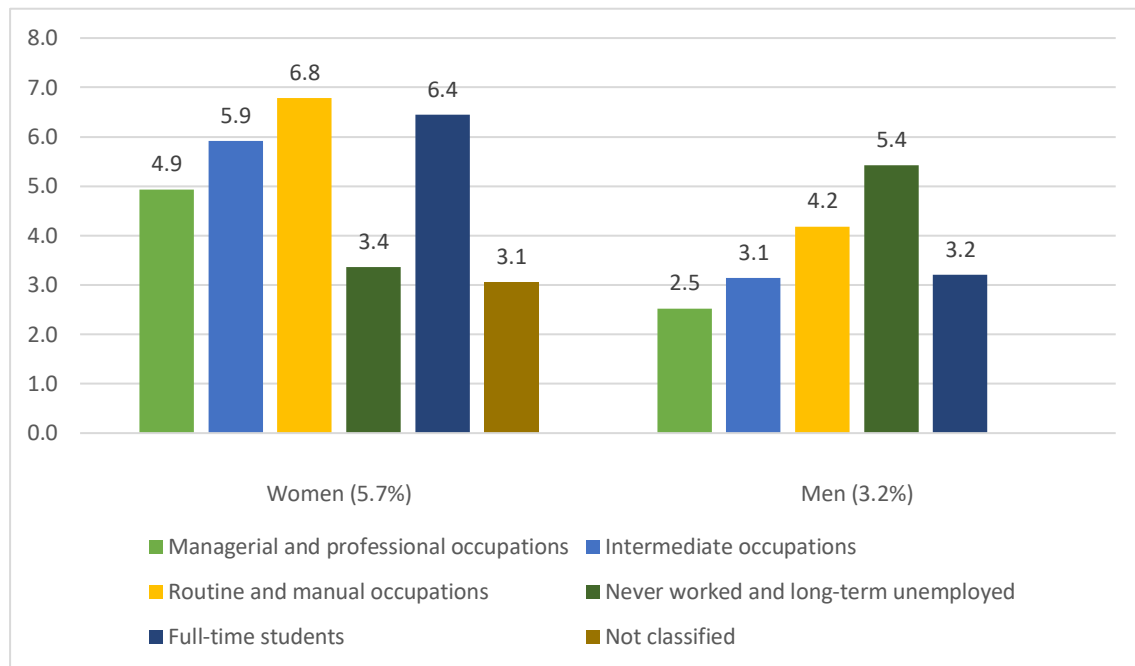
Figure 1. Domestic Abuse in the Crime Survey for England and Wales: national DA prevalence for one year (to March 2023) as a percentage by males and females¹⁸



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 9.0% in the 16 to 19 age-group to a low of 2.0% in the oldest group (75 and over). For men, the prevalence ranged from a high of 7.0% in the 16 to 19 years age-group to a low of 0.8% in the 75 years and over age-group.

¹⁸ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

Figure 2. Percentage of adults aged 16 years and over reporting DA in the last year by sex and occupation group in the Crime Survey for England and Wales, to March 2023, as a percentage¹⁹



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 2023.²⁰ 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 4.9% in the managerial/professional group to 5.9% in the Intermediate group, with the highest prevalence seen in routine and manual occupations at 6.8%. For men the managerial/professional occupation had the lowest prevalence (2.5%) rising to 4.2% in the routine and manual occupations group and the highest prevalence of DA in males was reported in full-time students at 5.4%.

¹⁹ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

²⁰ [Crime Survey for England and Wales](#), March 2023. (ONS, November 2023). Table 6.

3.2. Severity of DA based on national prevalence

Table 4. Domestic Abuse in the Crime Survey for England and Wales: national prevalence rates in year to March 2023 as a percentage by sex (aged 16 years and over) for selected sub-categories relating to physical or threatening abuse²¹

| | National Prevalence: Females | National Prevalence: Males | National Prevalence: Persons |
|---|---|---------------------------------------|---|
| Any DA in previous year | 5.7% | 3.2% | 4.4% |
| A. Partner-related or Family-related abuse: Focus on threats or force (non-sexual) | 2.4% | 1.5% | 2.0% |
| B. Partner-related or Family-related abuse: Focus on Actual or attempted Sexual assault | 0.5% | 0.1% | 0.3% |
| C. Partner-related or Family-related abuse: Focus on stalking | 1.0% | 0.4% | 0.8% |
| D. Sum of A, B, C as notional: Any DA as physical or threatening abuse | 3.9% | 2.0% | 3.1% |
| E. Notional ‘any DA as physical or threatening abuse’ as proportion of all DA | 68.4% | 62.5% | 70.5% |

Note: Selection of categories by present authors.

It would be helpful to be able to identify the risk level 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

²¹ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

sort of physical or at least threatening abuse. In all, 2.4% of women and 1.5% of men reported “Threats or Force” from a Partner or Family member, as shown in Row A. 0.5% 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, 1.0% of women and 0.4% of men reported stalking from a partner or family member. Adding Row A, Row B and Row C together gives a notional total for ‘Any DA as Physical or Threatening abuse.’ (Row D). ‘Any DA as Physical or Threatening Abuse’ amounted to 68.4% of DA for women, and 62.5% of DA for men, so just over two thirds of DA for women and men combined (about 11,763, 3.1% 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 a perpetrator, wish to divert blame from themselves.²² 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. 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.

²² *Domestic Abuse Against Men in Scotland. Crime and Criminal Justice Findings No. 61* (Scottish Executive Central Research Unit, 2002)

3.3. National prevalence of DA over time

Table 5. DA in the Crime Survey for England and Wales: national prevalence rates over life-time since age of 16 years, March 2023, as a percentage by sex, plus imputed numbers of people (aged 16 years and over) experiencing DA over a life-time in Swindon in 2023 and applied to the population of Swindon at the 2021 Census²³

Partner and Family

| | National Prevalence Females | National Prevalence Males | National Prevalence Persons | Imputed Swindon Nos: Females | Imputed Swindon Nos: Males | Imputed Swindon Nos: Persons |
|-------------------------------------|-----------------------------|---------------------------|-----------------------------|------------------------------|----------------------------|------------------------------|
| Any DA since age of 16 years | 27.0% | 13.9% | 20.5% | 25,601 | 12,834 | 38,366 |
| Any partner-related | 22.7% | 10.2% | 16.5% | 21,534 | 9,418 | 30,880 |
| Any family-related | 11.0% | 6.5% | 8.8% | 10,430 | 6,002 | 16,469 |

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.

Table 5 shows the lifetime prevalence of DA experienced 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, 27.0% of women and 13.9% of men, 20.5% of persons, reported some form of DA in their adult lifetime. In terms of the Swindon UA population this would equate to 25,601 women and 12,834 men, approximately 38,366 persons. This indicates that some experience of a form of DA at some point is a relatively common experience during an adult life.

²³ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

Figure 3. DA 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 2023, as a percentage by males, females and persons²⁴



*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 and 2021 due to the COVID-19 pandemic this was not reported on.

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 2023. The percentage of women reporting DA declined from 11.1% to 6.5%, while for men the decrease was from 6.5% to 3.8% (March 2005 to March 2023). For persons this was a decrease from 8.9% to 5.1%.

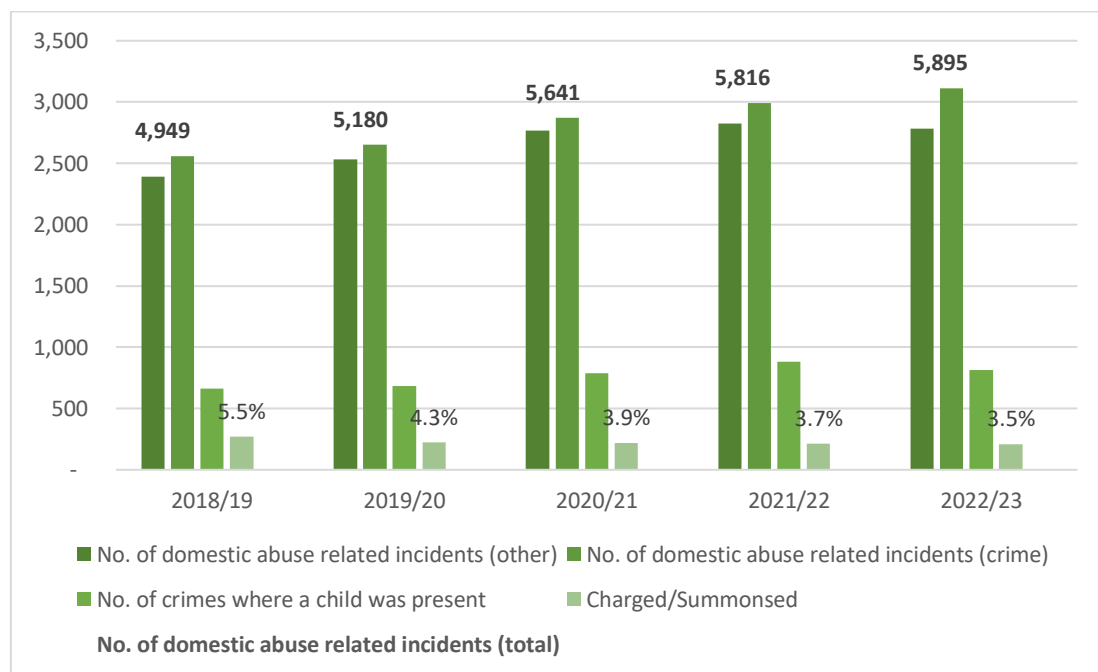
²⁴ ONS: Domestic abuse prevalence and victim characteristics, published 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>, and ONS: Population and household estimates, England and Wales: Census 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

4. Observed incidence (recording from Police)

4.1. Observed incidence in one year

This section focuses on incidence of DA as observed specifically in Swindon’s population as distinct from incidence across Wiltshire Police Force area. This is conventionally measured as incidents (including ‘crime’ and ‘other’ incidents) as recorded by Wiltshire Police.²⁵

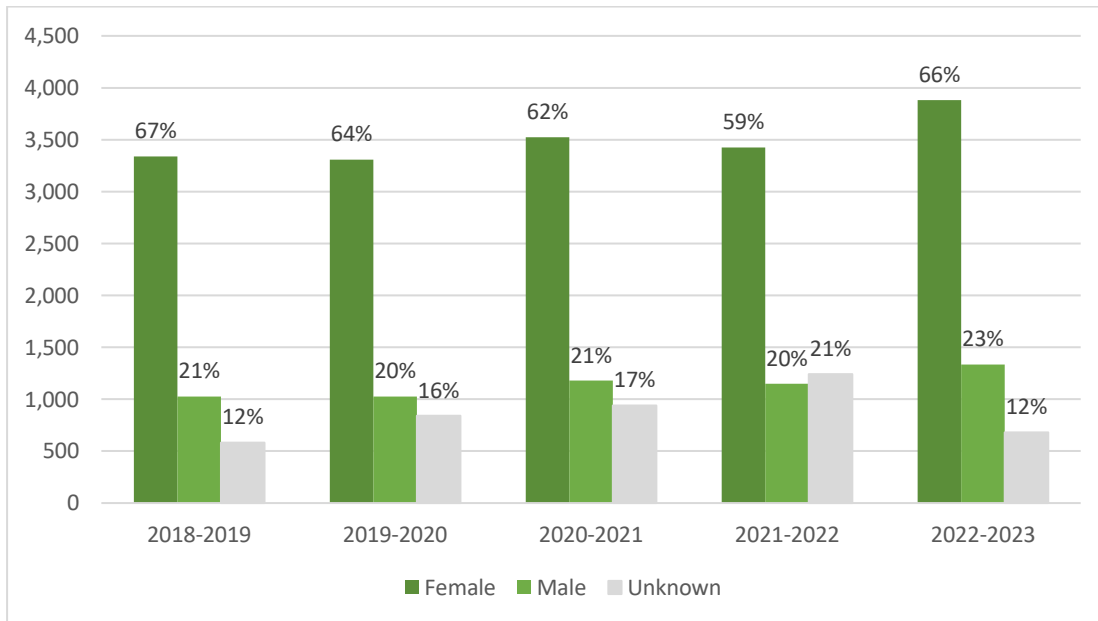
Figure 4. Domestic abuse incidents (other and crime) in Swindon, five-year period from April 2018 to March 2023 (with percentage of total incidence that were charged or summonsed)



A summary of data for Swindon based on police monitoring statistics is displayed in Figure 4 for a five-year period from 2018/19 to 2022/23. In 2022/23 Swindon police recorded 5,895 DA incidents in total, showing a steady increase in the total number of incidents over a five-year period, compared to a slight downward trend nationally (detailed in the previous section). Of these, 2,781 incidents were recorded as domestic abuse related incidents (other) and 3,114 incidents were recorded as domestic abuse related incidents (crime). The number of crimes where a child was present has increased over the five-year period, from 660 in 2018/19 to 816 in 2022/23 (representing 26% of crimes). The data recording process means that this figure might include children known to be in the household. Notably, however, the number of crimes which were charged or summonsed has fallen over the five-year period, from 5.5% to 3.5%. The largest percentage increase in the number of DA incidents occurred in 2020/21 (9% increase from 2019/20) compared with other years (<5% increase from the previous year).

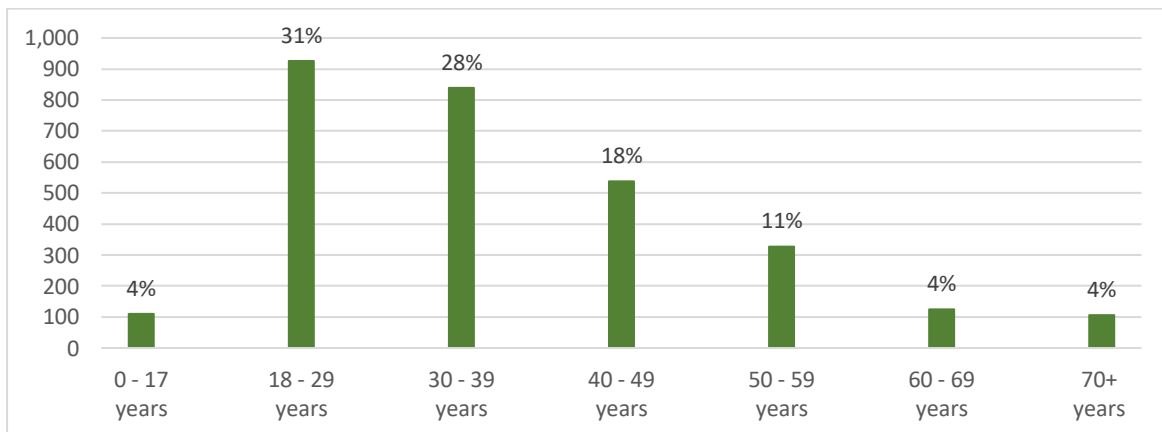
²⁵ Data provided by Wiltshire Police Service

Figure 5. Victims of domestic abuse incidents and crimes in Swindon, five-year period from April 2018 to March 2023, breakdown by gender (with percentages)²⁶



Throughout the five-year period, the majority of victims were recorded as female, with between 12-21% of cases gender unknown (Figure 5). For data recording purposes, gender is not a mandatory field, and refers to assigned sex at birth, which will not fully capture gender identity.

Figure 6. Victims of domestic abuse crime in Swindon in 2022/23, by age group (with percentages)²⁷



The age distribution of victims of DA crimes are shown by age-group in Figure 6, as recorded by Wiltshire Police. In 2022/23, the majority of people experiencing domestic abuse were aged between 18 and 39 years (a pattern seen across the five-year period).

²⁶ Data provided by Wiltshire Police Service

²⁷ Ibid.

Figure 7. Rates of DA incidents and crimes per 1,000 population aged 16+ years: trends from 2015/16 to 2021/22²⁸

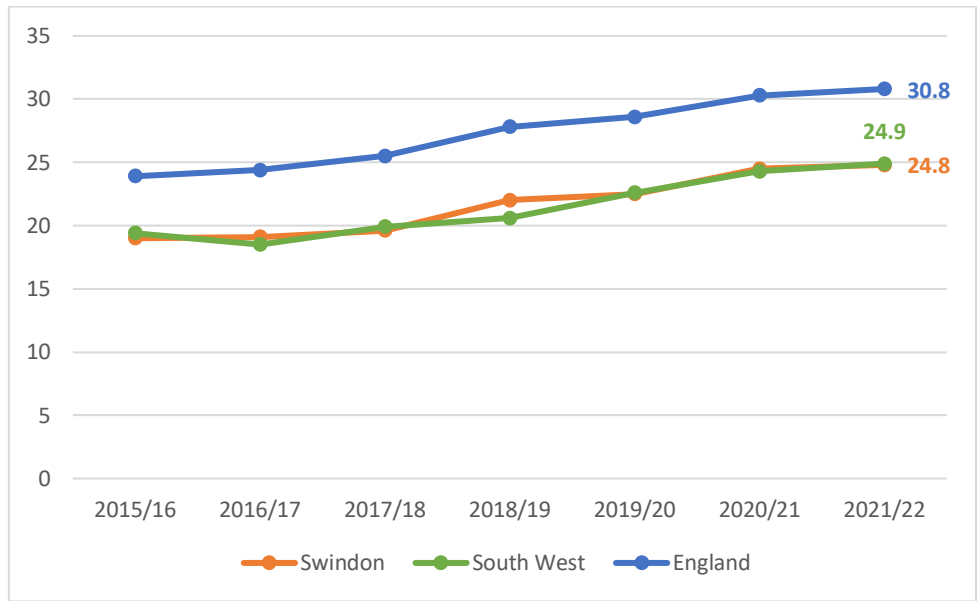
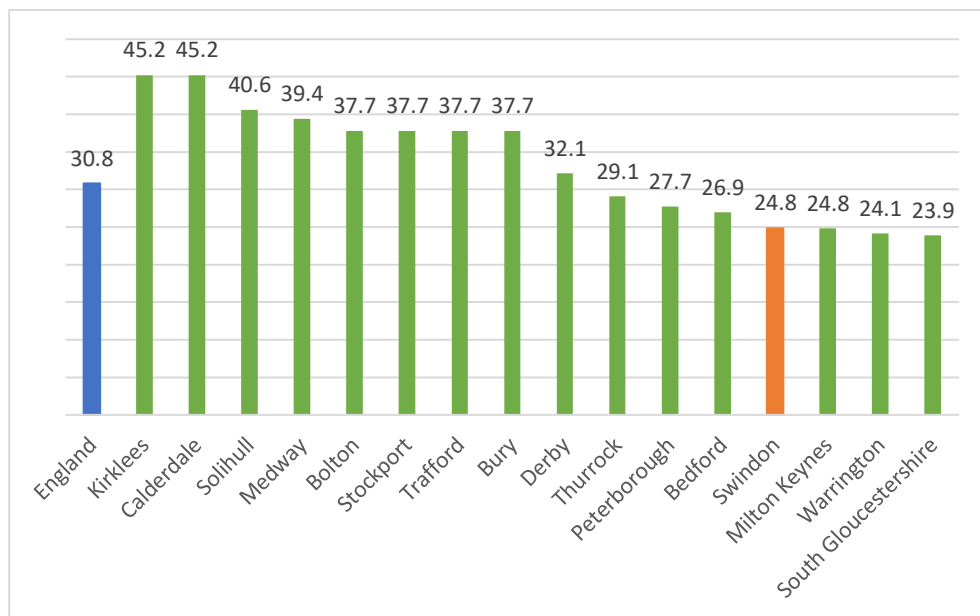


Figure 8. Rates of DA incidents and crimes per 1,000 population aged 16+ years: comparison with CIPFA statistical neighbours, 2021/22²⁹

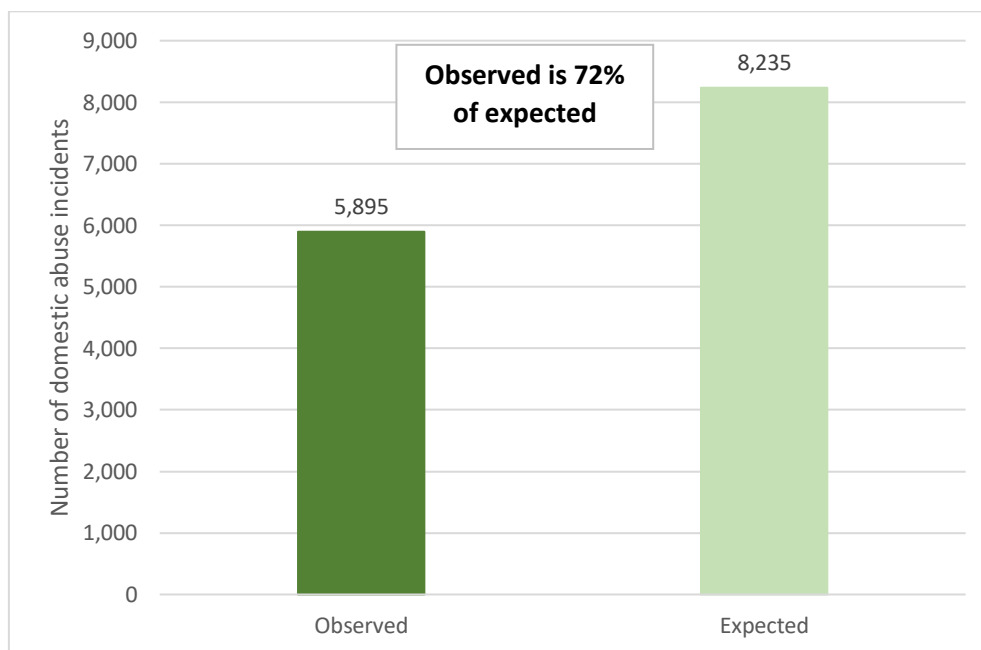


²⁸ Public Health Outcome Framework (PHOF): domestic abuse related incidents and crimes, 2021/22. Available from: https://fingertips.phe.org.uk/search/domestic%20abuse#page/4/gid/1/pat/6/par/E12000009/ati/102/are/E06000030/iid/92863/age/164/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0_tre-ao-0

²⁹ Public Health Outcome Framework (PHOF): domestic abuse related incidents and crimes, 2021/22. Available from: https://fingertips.phe.org.uk/search/domestic%20abuse#page/3/gid/1/pat/6/par/E12000009/ati/102/are/E06000030/iid/92863/age/164/sex/4/cat/-1/ctp/-1/yr/1/nn/nn-1-E06000030/cid/4/tbm/1/page-options/car-do-0_tre-ao-0

Figures 7 and 8 show the rate of DA incidents and crimes combined as reported in the Public Health Outcomes Framework (PHOF) by local Authority using data at police area level (Wiltshire Police Force area covering both Swindon and Wiltshire).³⁰ In terms of crude rates per 1,000 people aged 16 years or more, the most recently available data shows that Swindon had a rate of 24.8 incidents per 1,000 people in 2021/22, compared with a rate of 24.9 for the South West, both lower at a statistically significant level than the England rate of 30.8 (Figure 7). Swindon was also comparatively low among its socio-demographic neighbours (Figure 8). These comparisons are of limited value because the Swindon figures are a citation of Wiltshire Police data which combine Swindon with the rural county of Wiltshire and so probably do not reflect the situation within the town of Swindon accurately. Using Census 2021 population estimates for Swindon and the total number of DA incidents and crimes in Swindon provided by Wiltshire Police service, it is possible to calculate a rate of 31.5 per 1,000 population aged over 16 years in 2022/23, similar to the national rate.³¹

Figure 9. Comparison of predicted Domestic Abuse prevalence and observed Domestic Abuse incidents (other and crimes) in Swindon in 2022/23



Following an ONS methods, Figure 9 shows that the DA incidents (crime and other) recorded by the police for Swindon (5,895) was at a ratio of 71.6% of the imputed DA prevalence. This uses the prevalence figures imputed from the Crime Survey for England and Wales (8,235) and uses the police incident figures as a proxy for persons affected. (This does not mean that the police were aware of

³⁰ Public Health Outcomes Framework, Public Health England: <https://fingertips.phe.org.uk>

³¹ ONS Census 2021 population estimates, by single age year. Available from: <https://www.ons.gov.uk/datasets/TS007/editions/2021/versions/3#get-data> and data provided by Wiltshire Police Service.

71.6% of all incidents or occasions, since the persons in the prevalence figures could have experienced many incidents.) The recording ratio is higher than the national recording ratio in the Crime Survey for England and Wales of 41.9%. This would imply the police in Swindon record more incidents of DA than the national average for police recordings, but less crimes are being recorded than are actually committed. This is described in a step-by-step fashion in Appendix One. If Swindon’s actual incidence of DA is close to the national average this would suggest that DA is being identified to the same extent in Swindon as nationally. (This can be called the ‘Average Scenario’, see Appendix One for full methodological description).

Figure 10. Number of DA incidents recorded by Wiltshire Police Service in Swindon by month in 2022/23: ‘DA incidents’ and ‘DA Crimes’

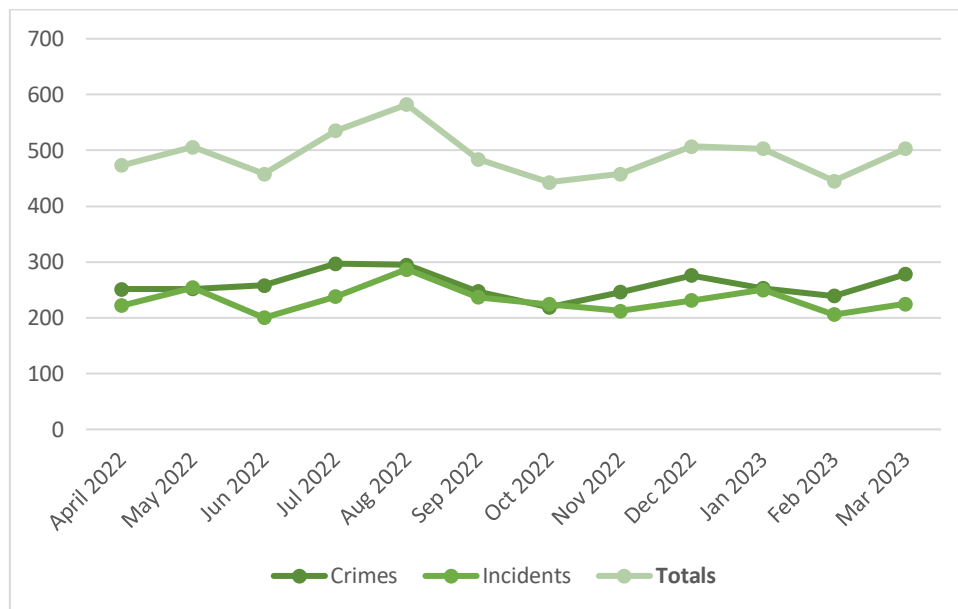
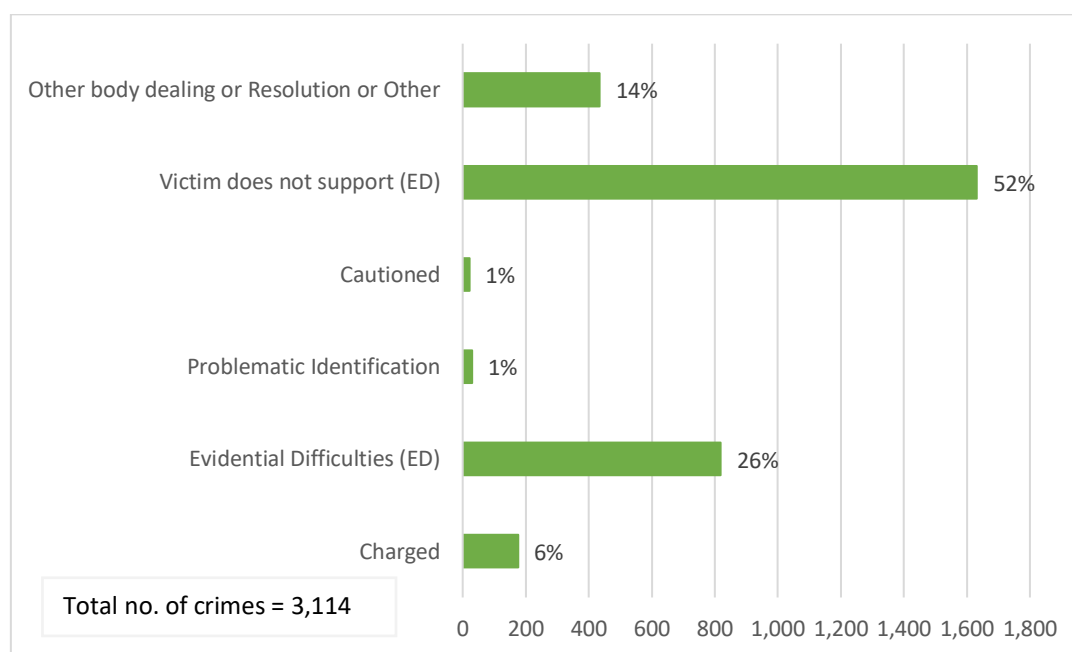


Figure 10 depicts the level of DA incidents (incidents and crimes) by month as recorded by the police for Swindon from April 2022 to March 2023. Inspection of incidents, crimes and totals shows highest peaks in incidence over the summer months (in July and August) and smaller peaks throughout the year (in May, December, January and March). It is possible that peaks in incidence might be due to increased vigilance by the police. Incidence might rise in the summer months due to lighter nights and more alcohol use, and over winter months due to more family time together in the home and financial stress. Further investigation could be done into possible factors influencing seasonal trends.

4.2. Detection status of DA crimes

Figure 11. Detection status of DA crimes in Swindon, 2022/23 (with percentages)



The detection status of DA crimes in Swindon in 2022/23 is displayed in Figure 11. In this analysis, 3,114 crimes are categorised by their outcome according to standard policing categories.³² A minority of DA crimes, 176 crimes (6%) resulted in a charge taking place, while 22 (1%) resulted in a caution. Much larger proportions of crimes could not be brought to a charge stage because of problems with accumulating sufficient evidence (819, 26%) or because the victim did not support a charge taking place (1,632, 52%). This might be where there is a lack of awareness of and support for victims during the court process, both in terms of safety in and outside the court.³³ 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.

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 enable 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

³² Communication from Wiltshire Police Service.

³³ [The Westminster Specialist Domestic Abuse Court | Centre for Justice Innovation](#)

to operate as a means to provide respite for the victim and are 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. An increase in the number of requested and granted DVPNs and DVPOs was seen during 2019/20 (see Table 6), followed by a sharp decrease in 2020/21. This may reflect the impact of lockdown restrictions on services during the Covid-19 pandemic. Most recent data from 2022/23 shows a significant increase in the number of DVPNs requested (nearly quadrupling from the previous year). Incomplete data (missing area codes) means it is not possible to see the number of DVPNs or DVPOs granted in Swindon.

Table 6. Number of DVPNs and DVPOs in Swindon and their outcome, April 2018 – March 2023³⁴

| | DVPN | | DVPO | |
|------------------|-----------|---------|-----------|---------|
| | Requested | Granted | Requested | Granted |
| 2018-2019 | 14 | 11 | 11 | 10 |
| 2019-2020 | 17 | 17 | 17 | 14 |
| 2020-2021 | 8 | 8 | 8 | 8 |
| 2021-2022 | 12 | 12 | 12 | 10 |
| 2022-2023 | 47 | * | * | * |

*data is missing area codes in some cases therefore unable to identify which cases were from Swindon

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 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, the 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’.³⁵ DVDs data for Swindon was not obtained for this assessment but is recommended

³⁴ Data provided by Wiltshire Police Service

³⁵ *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>

for inclusion in the next needs assessment.

4.4. Stalking incidence and Stalking Protection Orders (SPO)

Stalking as a crime disproportionately affects women and girls, and those with longstanding illness or disability, however all genders and people of all ages may be victims. While stalking is related to violence against women and girls in a broader sense, some instances are likely to be related to DA. The following definition of stalking has been adopted by the police: ‘a pattern of unwanted, fixated and obsessive behaviour which is intrusive. It can include harassment that amounts to stalking that causes fear of violence or serious alarm or distress in the victim.’ A Stalking Protection Order (SPO) application can be made in the context of domestic abuse e.g. stalking by a former romantic partner as well as ‘stranger stalking’. Applications for a ‘full’ SPO are made via the police to a magistrates’ court, and may be considered appropriate if certain criteria are met. An interim SPO can be issued temporarily, providing a speedier process where there is immediate risk of harm. Both full and interim SPOs must specify a period of time for which the SPO is in effect, and any prohibitions or requirements which apply to the subject and/or a locality. An example of a prohibition might be that a subject is prohibited from contacting a victim or being within a certain area within which the victim resides. An example of a positive requirement might be that the subject undergo treatment or an intervention programme.³⁶ Table 7 details the number of stalking incidents in Swindon over a five-year period, recorded by Wiltshire police. A total of 6 SPOs were applied for and granted since they came into force in January 2020.

Table 7. Incidence of stalking and Stalking Protection Orders (against Swindon residents) in Swindon, five-year period from April 2018 – March 2023³⁷

| | No. of stalking incidents | No. of SPO's applied for | Outcome of SPO application |
|------------------|---------------------------|--------------------------|--|
| 2018-2019 | 57 | * | |
| 2019-2020 | 103 | 1 | Interim SPO granted. Restraining Order granted April 2023 |
| 2020-2021 | 189 | 1 | Interim SPO granted. Full SPO granted October 2021 |
| 2021-2022 | 183 | 2 | Restraining order issued and 1 x interim SPO granted. Full SPO granted May 2023 |
| 2022-2023 | 203 | 2 | 1 x interim SPO granted. Full SPO granted June 2023 & another full SPO, April 2023 |

*SPOs came into force in January 2020, therefore no data is available prior to this.

³⁶ Crown Prosecution Service (CPS): Stalking Protection Orders. Available from: <https://www.cps.gov.uk/legal-guidance/stalking-protection-orders>

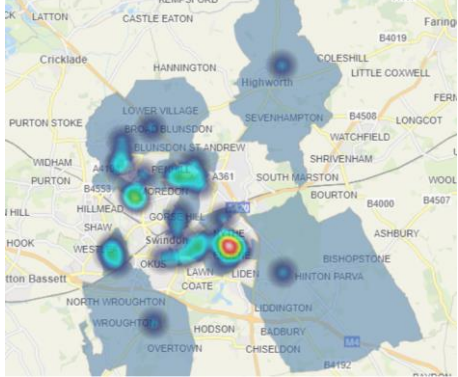
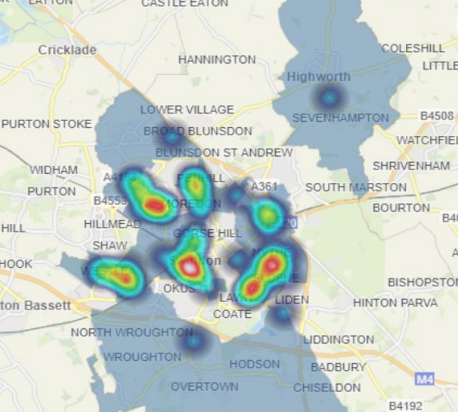
³⁷ Data provided by Wiltshire Police Service

4.5. The geography of DA in Swindon

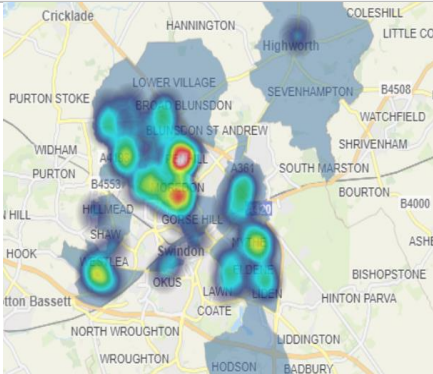
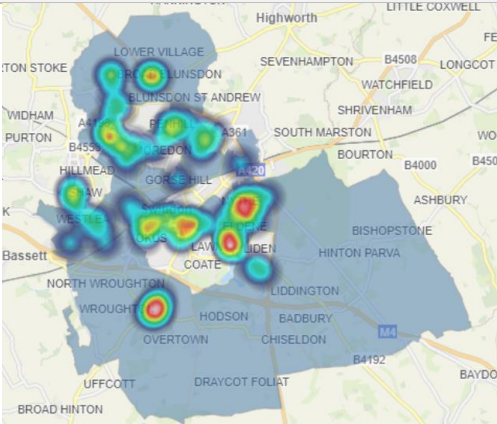
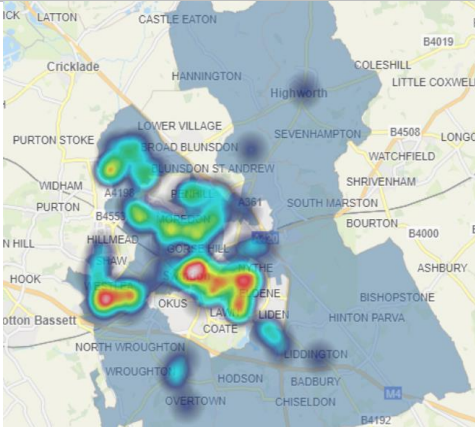
DA crimes (crimes and other incidents) in Swindon are recorded by Wiltshire Police according to their location. Map 1 (below) show DA crimes mapped according to their location, over a five-year period. The ‘high intensity’ areas (coloured red) indicate where the incidents of DA are relatively high in number and are clustered together. This does not necessarily mean that these small areas have the highest population-based rates of DA.

The three ‘Beat’ areas which had the highest number of DA incidents and crimes throughout the five-year period were: Penhill, falling under Penhill and Upper Stratton ward; Westcott, falling under Central ward; and St Andrews Ridge, falling under St Andrews ward. There were a high number of reportings from Walcot East area as well, falling under Walcot and Park North ward as well as Gorse Hill and Pinehurst ward.

Map 1-5. Domestic abuse ‘hotspot’ maps for Swindon with top hotspot ‘Beat Areas’, three-year period from April 2020 to March 2023³⁸

| 2018/19 | Top hotspot areas: | DA Crimes |
|---|--------------------------|-----------|
|  | Penhill | 208 |
| | Westcott | 152 |
| | Rodbourne Cheney | 139 |
| | Park North | 127 |
| | St Andrews Ridge | 126 |
| | Walcot East | 115 |
| | Woodhall Park & Taw Hill | 109 |
| 2019/20 | Top hotspot areas: | DA Crimes |
|  | Penhill | 222 |
| | Westcott | 209 |
| | St Andrews Ridge | 192 |
| | Walcot East | 190 |
| | Rodbourne Cheney | 148 |
| | Park North | 125 |
| | Pinehurst | 121 |
| | Park South | 114 |

³⁸ Maps provided by Wiltshire Police Service

| | Top hotspot areas: | DA Crimes |
|---|---------------------------|------------------|
|  | Penhill | 201 |
| | St Andrews Ridge | 173 |
| | Westcott | 156 |
| | Walcot East | 145 |
| | Rodbourne Cheney | 125 |
| | Park South | 106 |
| | Park North | 103 |
| 2021/22 | Top hotspot areas: | DA Crimes |
|  | St Andrews Ridge | 232 |
| | Penhill | 201 |
| | Walcot East | 178 |
| | Westcott | 171 |
| | Pinehurst | 143 |
| | Rodbourne Cheney | 126 |
| | Park North | 126 |
| Park South | 118 | |
| 2022/23 | Top hotspot Areas: | DA Crimes |
|  | St Andrews Ridge | 243 |
| | Penhill | 199 |
| | Westcott | 176 |
| | Rodbourne Cheney | 138 |
| | Toothill | 129 |
| | Walcot East | 128 |
| | Park North | 125 |
| | Park South | 122 |

5. High Risk Incidence (MARAC)

5.1. MARAC referrals and change

The Multi Agency Risk Assessment Conference (MARAC) 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.³⁹

Figure 12. Multi-Agency Risk Assessment Conferences. Number of cases discussed in Swindon compared with numbers 'recommended' by SafeLives, five-year period from April 2018-March 2023



³⁹ SafeLives: www.safelives.org.uk

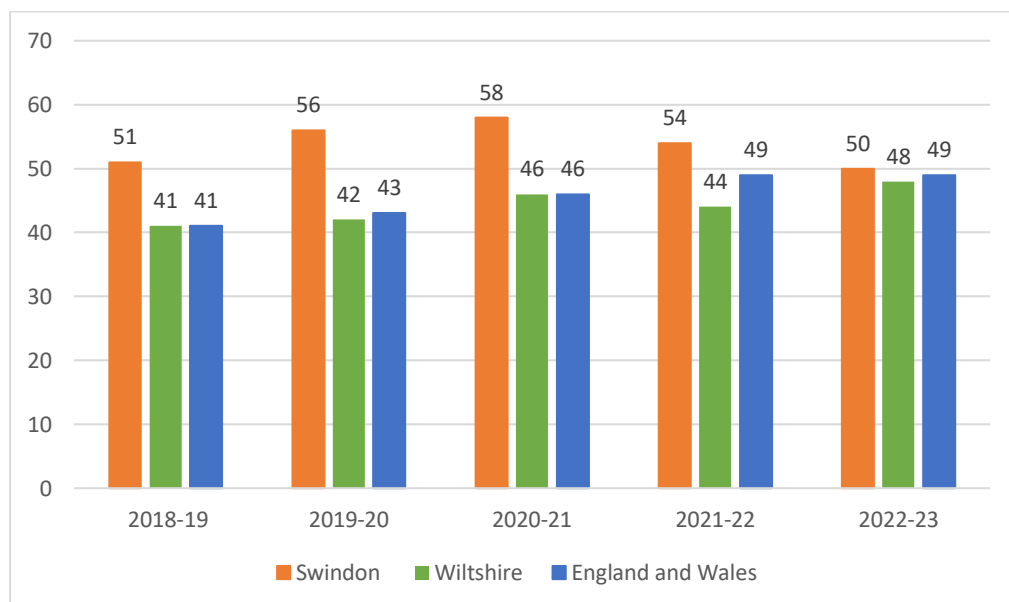
In 2022/23, 473 cases were discussed at the MARAC in Swindon with 845 children associated with these cases (see Figure 12). This is the highest number of children associated in the five-year period.⁴⁰ Although cases could be referred to the MARAC more than once, this is an indication that for high risk cases, it is common for children to be part of the domestic background. The number of victims aged between 16-17 years (referring specifically to IPV only), and the number of perpetrators harming others aged 17 and under, are recorded in MARAC cases however are not presented in this needs assessment due to data quality issues. It is a recommendation of this needs assessment to improve data collection by service providers to accurately reflect the demands on local services. 12.5% of the people experiencing DA were from BME groups (see Table 8). 3.0% were recorded as being from a LGBT group. 3.4% were recorded as having a disability and 6.1% were male.

Table 8. Recorded characteristics of those experiencing DA (percentage)

| Swindon MARAC | Cases 2018-19 | Cases 2019-20 | Cases 2020-21 | Cases 2021-22 | Cases 2022-23 |
|-------------------|---------------|---------------|---------------|---------------|---------------|
| BME | 14.6% | 17.0% | 15.2% | 15.5% | 12.5% |
| LGBT* | 0.9% | 1.1% | 3.1% | 1.0% | 3.0% |
| Disability | 7.4% | 9.6% | 10.5% | 2.0% | 3.4% |
| Male | 5.3% | 5.5% | 2.3% | 4.5% | 6.1% |

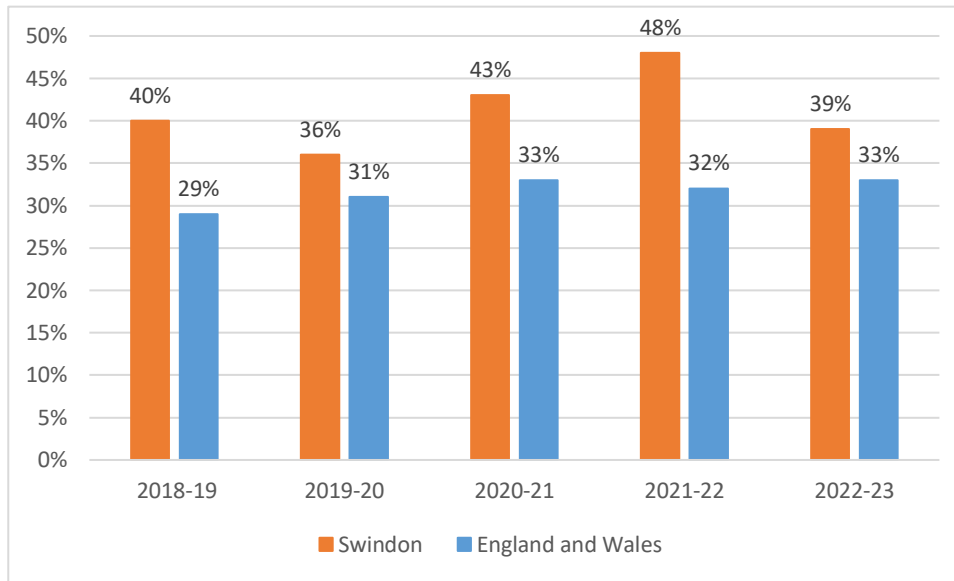
*terminology as recorded by SafeLives

Figure 13. 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



⁴⁰ Data provided by Swindon MARAC and SafeLives: www.safelives.org.uk

Figure 14. Multi-Agency Risk Assessment Conferences. Percentage repeat cases for Swindon and England & Wales in five-year period



Data from the MARAC process for the years 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23 are illustrated in Figures 12, 13, and 14. In these years the numbers of cases discussed through the MARAC process in Swindon were respectively 433, 470, 488, 509 and 473 (Figure 12), 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 (40 cases per 10,000 people). This trend is seen in Wiltshire and across England and Wales as a whole, suggesting that more needs to be done to ensure cases are discussed efficiently.

Swindon was also notable (Figure 13) in that the rate of cases per 10,000 adult female population between 2018 – 2023 was above that for the Wiltshire Police area (Swindon and Wiltshire County combined) and that for England and Wales as a whole. In 2022/23 for example, when the differential was at its least, the rate was 50 per 10,000 in Swindon, 48 in Wiltshire and 49 in England and Wales. Likewise, Swindon was an outlier in comparison to England and Wales in respect of the percentage of cases which returned to the MARAC for at least one more discussion (Figure 14). In 2022/23 39% 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).

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, despite the lower percentage of overall referrals shown in Figure 15.

Figure 15 shows a reduction in the percentage of cases referred by police since 2018-19, with 55% of MARAC cases being referred by the police in 2022/23 and 45% referred by partner agencies. 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 and the trend seems to have continued on post pandemic. The reports the police received 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 15. Multi-Agency Risk Assessment Conferences. Percentage of MARAC cases for Swindon and England & Wales referred to MARAC by police in five-year period from April 2018 –March 2023

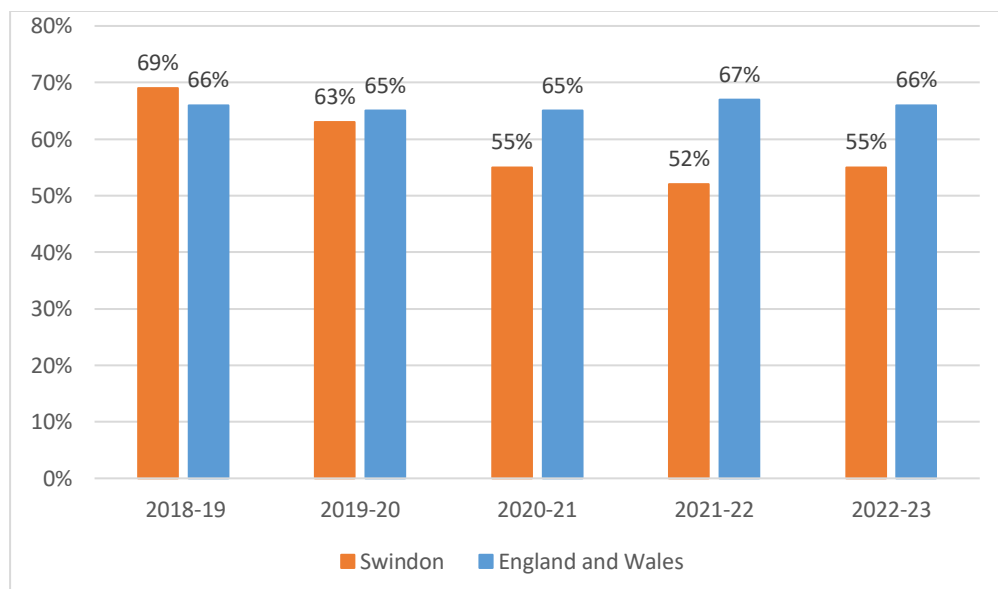
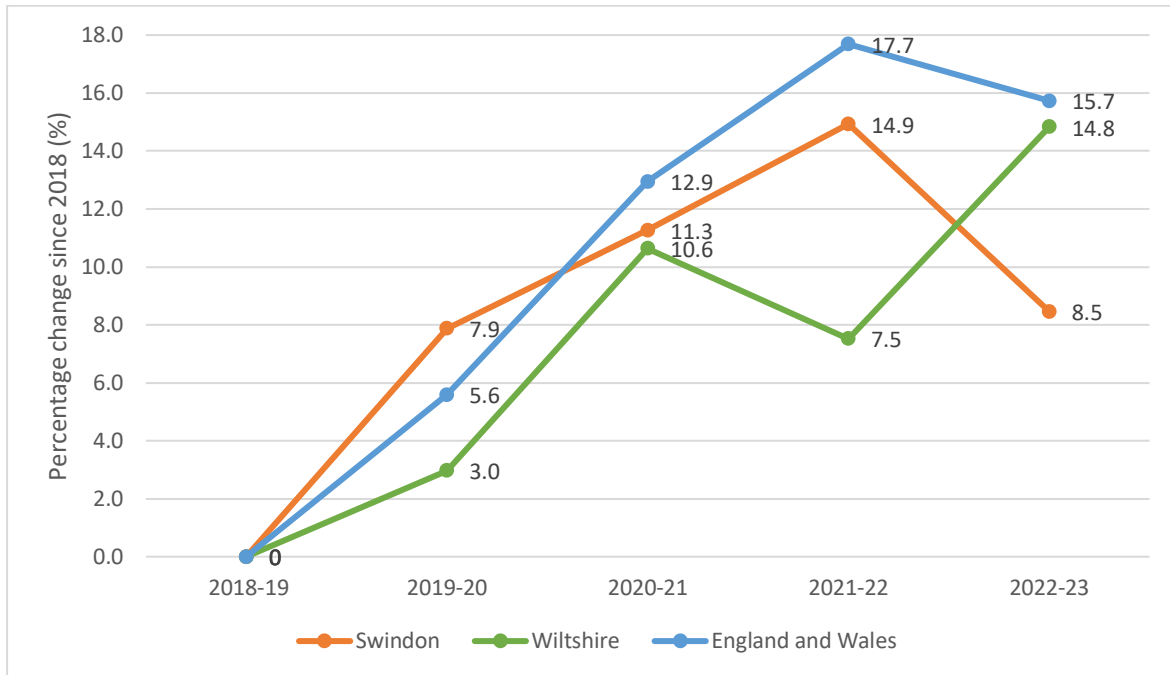


Figure 16 shows an increase in the number of cases seen at the MARAC in Swindon, Wiltshire Police Area and England and Wales over a 5-year period, with a decrease in the last year from 2021/22 to 2022/23. As previously mentioned, the Covid-19 pandemic had an impact initially with lower reports

to the police, as lockdown restrictions made it more difficult to report, however referrals from partner agencies increased during this time contributing to the increase in number of DA cases. It is hard to say whether this has caused a behavioural shift now in how people seek help.

Figure 16. Multi-Agency Risk Assessment Conferences. Percentage change in number of cases for Swindon, Wiltshire Police Service area and England & Wales in five-year period, from April 2018 to March 2023

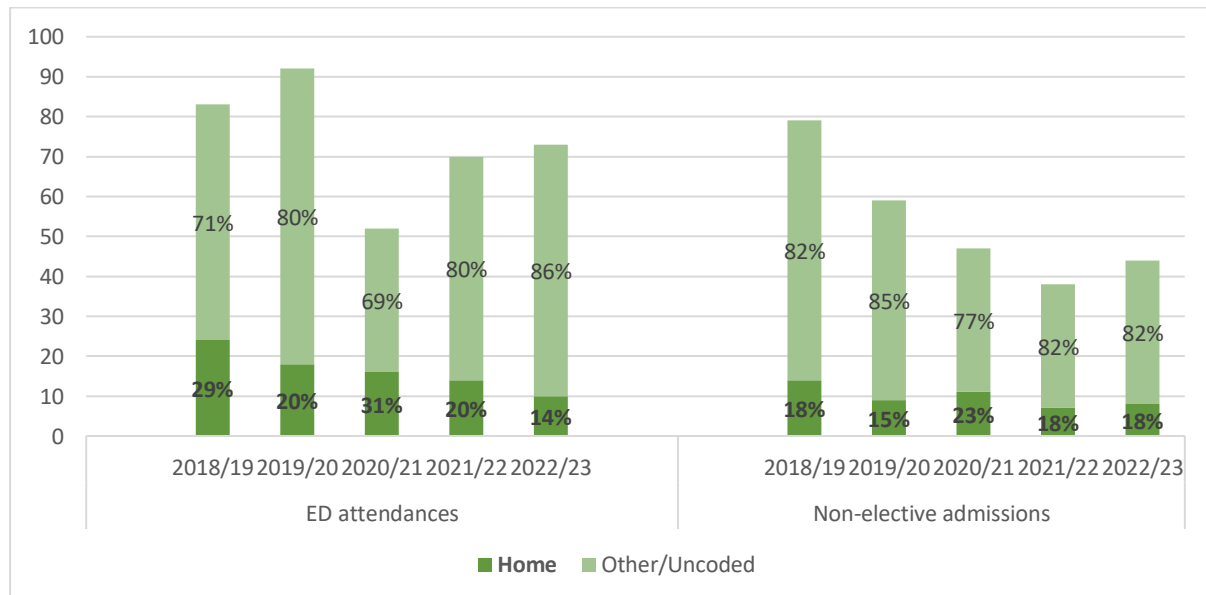


6. Service use for assault, including sexual assault (hospital, Swindon Domestic Abuse Support Service, SARC data)

6.1. Hospital emergency departments (ED), ambulance incidents, and non-elective admissions

Data for ambulance incidents, attendances at any emergency department (ED) and non-elective hospital admissions for Swindon residents who had experienced assault were supplied by Swindon Integrated Care Board (ICB) for a five-year period from April 2018 to March 2023 (see Figure 17).⁴¹ During this time period, non-elective admissions and ED attendances concerning assault predominantly involved male patients (70% and 69% respectively). Patient gender was not recorded for the majority of ambulance incidents (76%). Domestic abuse is not explicitly recorded; however, the location of an incident being recorded as ‘home’ may serve as a proxy measure where available. It is likely that there were many more attendances relating to assault or domestic abuse, however full details were not recorded for all attendances, resulting in incomplete data.

Figure 17. ED attendances and non-elective admissions for Swindon residents, location of assault, five-year period from April 2018 to March 2023 (percentages)⁴²



Location of the assault-related event is recorded for ED attendances and non-elective hospital admissions. For ED attendances, the injury location recorded as ‘home’ ranged between 14% and 31% of assault-related incidents during this five-year period. The highest proportion of attendances

⁴¹ Data provided by Swindon Integrated Care Board (ICB).

⁴² Data provided by Swindon Integrated Care Board (ICB).

whereby the assault happened in the home occurred during 2020/21, coinciding with Covid-19 pandemic lockdown restrictions. The same year saw the fewest number of ED attendances concerning assault overall compared to other years in this time period, which may also be attributed lockdown restrictions meaning people spent more time in the home. There is notable variation in the age of patients presenting to ED due to assault-related events overall over the five-year period. Of note, during 2020/21, children and young people aged 0-14 years comprised the largest volume of assault-related attendances. Again, this may be linked to the way in which Covid-19 regulations disrupted school attendance. Arguably, vulnerable children would have been at a higher risk of assault-related incidents with increased time at home. However, it is not possible to identify this pattern within the data as safeguarding concerns were not recorded, nor whether young persons were engaging in a higher number of disputes outside of the home.

For non-elective admissions, the injury location recorded as 'home' ranged between 15% and 23% of assault-related incidents during this five-year period. Similarly to ED attendances, the highest proportion of assaults recorded as taking place in the home occurred during 2020/21. In contrast to ED attendance data, unplanned admissions consistently relate to patients aged between 30-49 years. This may be indicative of factors such as impact of injury and recovery requiring more intensive treatment in older cohorts following an assault-related event. For both ED attendances and non-elective admissions, location of injury data is available but incomplete and under-representative.

Injury location is not recorded for ambulance incidents, as such it is not possible to determine how many of these incidents may be related to domestic abuse. As a high-level proxy for patient acuity, the proportion of incidents conveyed for further treatment was between 35% and 40% of incidents each year. A similar pattern to that of ED attendances can be seen in that the highest proportion of assault-related incidents in 2020/21 occurred in the cohort aged 15-19 years.

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

Swindon Borough Council and the Office of the Police and Crime Commissioner commission Swindon Women's Aid (SWA) to provide a Swindon Domestic Abuse Support Service (SDASS) for residents living in the Swindon area.⁴³ These services provide specialist emergency refuge for people who are fleeing violence and abuse, and a community service which provides outreach support to people who have experienced abuse. SDASS also has a children and young people's team which supports children and

⁴³ Swindon Women's Aid: www.swindonwomensaid.org

young people living in the refuge and which works with local schools and colleges in raising awareness of healthy relationships. They are also commissioned to run a local 24-hour domestic abuse helpline.

The Community Outreach Service works with people of all genders and in any form of relationship, people who are in fear of being forced into marriage and people who are victims to so-called 'honour-based' Abuse (HBA). It also works with young people aged 16 to 25 years who may be experiencing DA as part of an intimate relationship. The SDASS refuge accommodation is purposely built and provides a safe and secure place for those fleeing their homes because of DA and has children's support workers on-site.

SDASS also provides an Independent Domestic Violence Advisory (IDVA) Service and employs qualified specialist IDVA 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 other family members. The main priority of the IDVA Service is to increase the safety of victims and their children, by developing safety and support plans, exploring legal options to increase protection, and providing guidance through the criminal justice system. 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. Referrals are made to the service either by individuals experiencing DA themselves or via partnership agencies, including the police.

Anyone who discloses DA whilst at the Great Western Hospital (GWH) can be referred to the GWH health-based IDVA service. Self-referrals are also accepted. The GWH health IDVA service provides 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 IDVA Service offers bespoke training, support and advice to GPs, practice staff, and associated health care professionals. Patients can access this service via their GP or nurse or by self-referral. At time of writing DA drop-ins are offered at 14 GP surgeries across Swindon.

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 with emotional 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 Adult Recovery Toolkit and the Route 66 Adult Survivors’ Programme.

In 2022/23, SDASS received a total of 1,105 referrals (see Figure 18), of which 128 (12%) were for refuge accommodation (Figure 19). Of the 1,105 referrals received, 723 (65%) were repeat referrals. Across the five-year period between 25-35% of referrals were new to the organisation. The majority of referrals to the service came via the 24-hour helpline, the police, and the Great Western Hospital (see Table 9).

Figure 18. Number of referrals (including repeat referrals) received for SDASS community services and refuge, five-year period from April 2018-March 2023

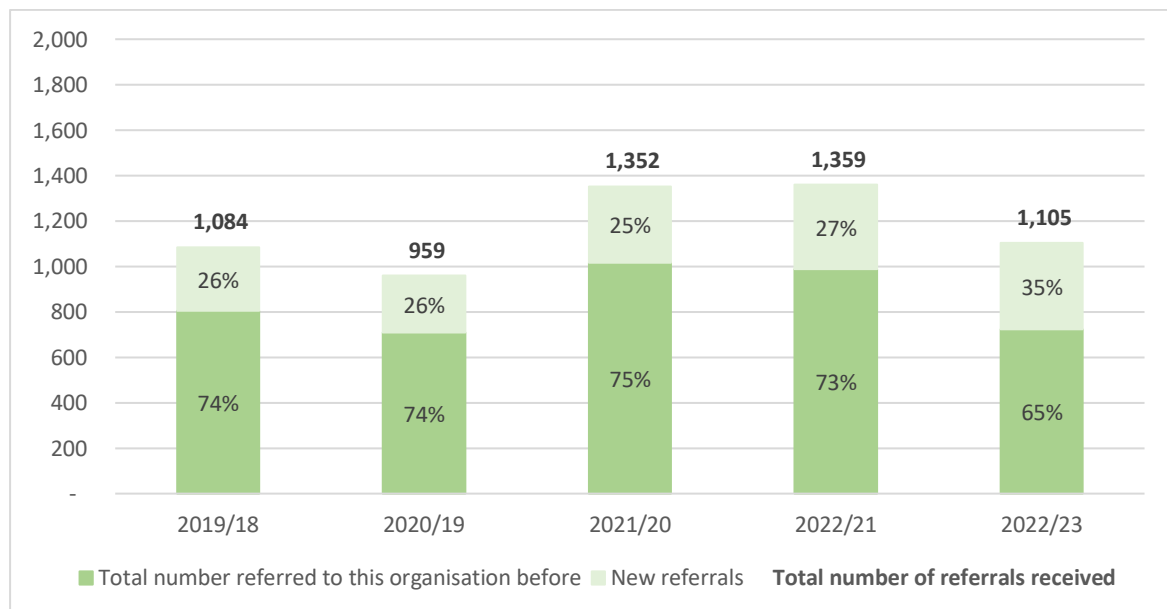


Table 9. Sources of referral to SDASS community services and refuge, 2019/20-2020/21⁴⁴

| Referral Source | 2022/23 |
|--|--------------|
| 24 Hour Helpline (STW Only) | 174 (16%) |
| Police | 152 (14%) |
| Great Western Hospital | 151 (14%) |
| Police Public Protection Department (PPD) | 110 (10%) |
| NI32 | 84 (8%) |
| Self - Referral | 62 (6%) |
| Children's Services | 44 (4%) |
| Sexual Health | 41 (4%) |
| Probation | 40 (4%) |
| SBC | 35 (3%) |
| Other sources (<2% of referrals came from each of these sources) | 212 (19%) |
| Total | 1,105 |

Table 10 provides an overview of SDASS community service and refuge accommodation service use from April 2018 to March 2023. The number of service users in refuge accommodation similarly fell, by nearly one third (31%). The number of referrals to refuge accommodation remained relatively stable over the course of the five years (see Figure 19), however the number of referrals accepted fell from 60% of referrals accepted in 2018/19 to only 35% of referrals accepted in 2022/23.

Refuge occupancy remained high - increasing by 7% over the five-year period - and the average length of stay reduced from 5 months in 2018/19 to 3.2 months in 2022/23. In terms of the impact of the Covid-19 pandemic, a fall can be seen in the number of new referrals to refuge accommodation as well as total number of service users during 2019/20 which saw the start of the pandemic, followed by a sharp increase in 2020/21 and a steady decrease over the subsequent two years. In 2022/23, the majority of service users leaving the refuge did so as part of a planned exit (42%). Other common reasons for leaving the refuge included: abandoned the tenancy (24%), evicted/asked to leave (13%), or moved out of area (11%). A further 6% of service users either did not engage with the service or no longer wanted support.

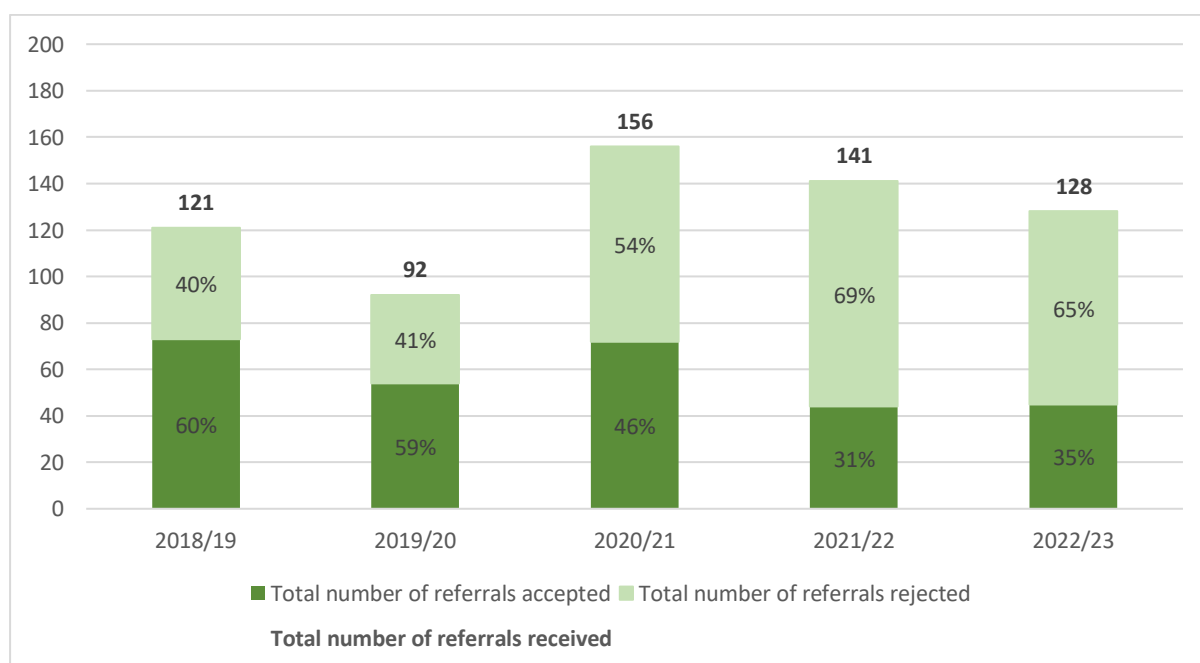
The number of community service users fell by about one fifth (19%) over the five-year period, with the decrease driven by a drop in the number of service users seen in 2022/23. People accessing community support tended to have experienced domestic abuse over long periods of time, with the average length of time that abuse had been going on (where known) ranging from 5.5 to 7.4 years.

⁴⁴ Data provided by Swindon Women's Aid.

Table 10. Overview of SDASS service, five-year period from April 2018 to March 2023⁴⁵

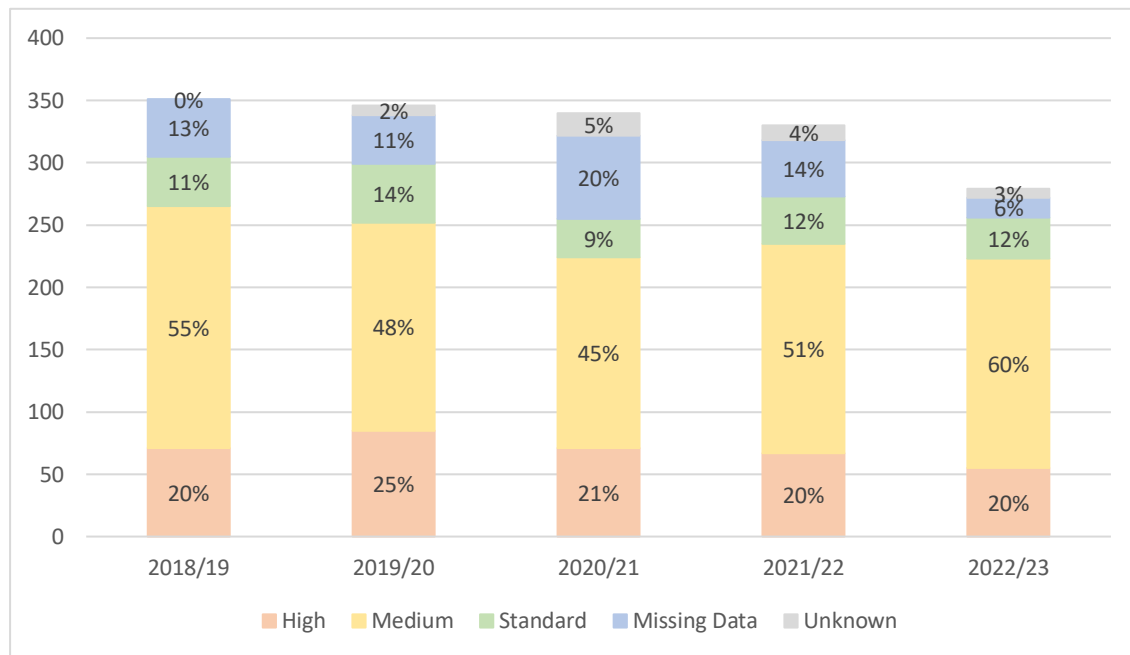
| | Community Service | | | | | Refuge Accommodation | | | | |
|---|-------------------|---------|---------|---------|---------|----------------------|----------|----------|----------|----------|
| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
| No. of new referrals | | | | | | 121 | 92 | 156 | 141 | 128 |
| No. of referrals accepted (% of total received) | | | | | | 73 (60%) | 54 (59%) | 72 (46%) | 44 (31%) | 45 (35%) |
| Total no. of service users | 325 | 322 | 311 | 314 | 263 | 94 | 75 | 92 | 62 | 65 |
| No. of service users with children | 224 | 224 | 225 | 218 | 179 | 77 | 57 | 65 | 53 | 46 |
| No. of dependent children | 453 | 444 | 463 | 478 | 389 | 144 | 98 | 144 | 115 | 85 |
| Refuge occupancy level | - | - | - | - | - | 87% | 88% | 82% | 88% | 93% |
| Number of people leaving | | | | | | 44 | 42 | 75 | 56 | 74 |
| Average length of stay for those leaving (months) | | | | | | 5 | 3.9 | 3 | 3.6 | 3.2 |
| Average length abuse (months) where known | 69 | 89 | 82 | 66 | 69 | | | | | |

Figure 19. Referrals into refuge, five-year period from April 2018 to March 2023, with percentages



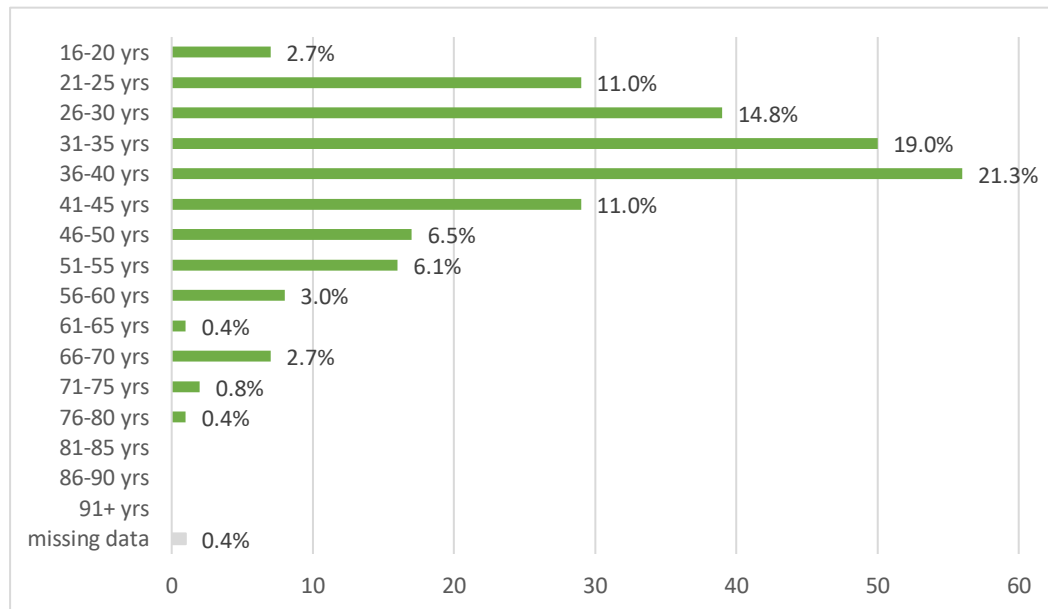
⁴⁵ Data provided by Swindon Women's Aid

Figure 20. Community service user risk level at intake, five-year period from April 2018 to March 2023



In 2022/23, the majority of referrals to community support services were classed as medium (60%) or high (20%) risk. Figure 20 indicates a decline in data recording over 2020/21 and 2021/22, and an improvement by 2022/23 when there were fewer cases where risk level was unknown or missing.

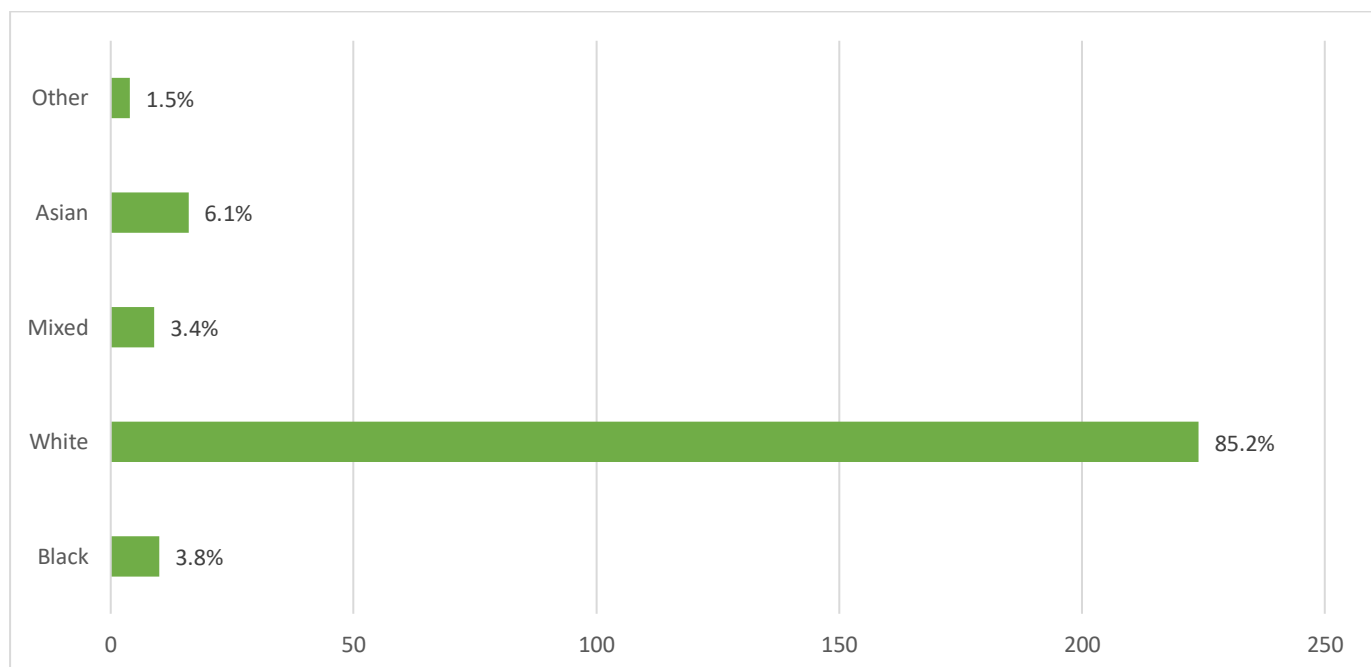
Figure 21. SDASS community support service user breakdown by age group, April 2022 to March 2023



SDASS provided demographic data for community services only. The majority of service users receiving community support were aged between 21 and 45 years (77.2%, see Figure 21) and female (95.4%), with less than 5% male or non-binary. A minority of service users were transgender (1.5%). However, this compares with only 0.2% of Swindon’s general population identifying as transgender, suggesting

that this subgroup may be disproportionately at risk of DA.⁴⁶ 90.9% identified as heterosexual with 3.8% identifying as bisexual, 1.5% as gay, and 0.4% as pansexual. Ethnic group backgrounds are shown in Figure 22. The majority of community service users were from a White ethnic group (85%, where 81.5% of the general Swindon population are from a White ethnic group). Compared with the general population of Swindon, the data represent a slightly higher percentage of people from Black and Mixed ethnic groups using community services (3.8% and 3.4% using community services, compared with 2.6% and 2.8% in Swindon’s population respectively). Nearly a third of service users had a disability (30.4%), of which 58.8% reported to have a mental health condition. 28% of those with a disability said they had more than one condition.

Figure 22. SDASS community support service user breakdown by ethnic group, April 2022 to March 2023



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 initially 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 Independent Sexual Violence Advisor (ISVA) services 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 service users of the SARC whose records were flagged for DA are given in Table 11. The majority of

⁴⁶ [Census 2021 data obtained from NOMIS: Official Census and Labour Market statistics](#)

service users were female (91.2%), aged 18-33 years (54.6%), from a White ethnic group (81.5%) or mixed ethnic group (6.8%, with 10.0% undisclosed ethnicity) and heterosexual (57.8%, with 30.1% undisclosed sexuality).⁴⁷

Table 11. Numbers of service users of the Swindon Sexual Assault Referral Centre, October 2018 – March 2023 (with DA flagged)⁴⁸

| Period | Number of Cases |
|-------------------|------------------------|
| 2018/2019* | 112 |
| 2019/2020 | 198 |
| 2020/2021 | 242 |
| 2021/2022 | 320 |
| 2022/2023 | 249 |

*Swindon SARC was previously commissioned with another provider. First Light hold data from October 2018. Other years are for April – March.

6.4. SBC Adult safeguarding

Swindon Borough Council has a statutory duty to adults with care and support needs ('vulnerable adults') or adults at risk of harm, and this includes victims of abuse. The Care Act 2014 is a key piece of legislation in this respect.⁴⁹ 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.

⁴⁷ Data provided by First Light

⁴⁸ Data provided by First Light

⁴⁹ Care Act, 2014. Available from: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Table 12. Number of adult safeguarding concerns reported over a five-year period, from April 2018 to March 2023

| | Female | Male | Other | Total |
|-----------------|------------------|------------------|-------------------|------------|
| 2018/19 | 8 (100%) | 0 | 0 | 8 |
| 2019/20 | 75 (83%) | 15 (17%) | 0 | 90 |
| 2020/21 | 191 (77%) | 56 (23%) | 1 (<1%) | 248 |
| 2021/22* | 80 (82%) | 18 (18%) | 0 | 98 |
| 2022/23 | 143 (79%) | 35 (19%) | 2 (1%) | 180 |
| | 497 (80%) | 124 (20%) | 3 (<1%) | 624 |

*data incomplete

Table 12 gives a breakdown of adult safeguarding concerns where DA was indicated by gender for a five-year period. Data for 2021/22 is incomplete due to system changes meaning that the abuse type was not recorded on the safeguarding concern for approximately 6 months, and no data is available prior to January 2019 due to a change in the recording system. In 2022/23 there were 180 referrals to Swindon Safeguarding where it was indicated on the referral form that DA was suspected. Of these, 143 of these people (79%) were female, 35 (19%) were male, and 2 were recorded as 'other' (1%).

6.5. 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 2022 – March 2023, a total of 139 individuals presented as experiencing homelessness seeking assistance, either whose reason for homelessness was domestic abuse or DA was listed as a support need. Of those individuals, the majority identified as female (80%), heterosexual/straight (89.6%), and a high proportion (52.8%) of people identified as having a disability. In terms of ethnicity, 74.3% of people were from a White ethnic group, 6.95% from an Asian ethnic group, 7.7% from a Black ethnic group, 8.3% were from a Mixed ethnic group, and 1.4% were recorded as 'other'. 34.7% were unemployed, 2.8% were students, 9.0% were looking after the family home, 11.1% had a long-term illness which meant they were unable to work.⁵⁰

⁵⁰ H-CLIC data provided by SBC homelessness and housing service

6.6. Additional needs safe housing

A Safe Space refuge was set up in Swindon in 2019 specifically for those from the LGBTQ+ community, and Safe Places accommodation was established across Swindon in 2021 providing housing for those who could not access traditional refuge.⁵¹ Safe Space refuge and Safe Places accommodation are provided by Stonewater, a UK-wide social housing provider.⁵²

The Safe Space refuge for those from the LGBTQ+ community received 20 referrals between October 2019 and June 2023. Approximately one fifth of referrals were declined or withdrawn (22.2%). This might be where a service user has declined support, for example. For those referrals where data was provided, over half (54.5%) had been in refuge before, and only 16.6% stayed in the refuge for longer than a year. Service user's ages ranged from 18 to 48 years. Where gender was recorded, 35.2% were female, 35.2% were male, 23.5% were transgender. Where sexuality was recorded, 31.5% were gay men, 31.5% were lesbian women, 21.1% were bisexual, and 15.7% preferred not to answer. The majority were from a White ethnic group (69.2%) or Asian ethnic group (15.3%). 85% of service users indicated that they had a mental health issue (15% did not provide this information), and 10% indicated that they had a physical health issue. Where data was recorded, 60% of service users were not in employment or education.

Safe Places accommodation, for those who are unable to access traditional refuge (due to gender or disability, for example), received 11 referrals between October 2021 and June 2023. For those referrals where data was provided, service user's ages ranged from 5 to 52 years. Where gender was recorded, 77.8% were female, 22.2% were male. Where sexuality was recorded, 71.4% were heterosexual, 14.3% were lesbian women and a further 14.3% did not want to give this information. The majority were from a White ethnic group (66.7%) or Black ethnic group (33.3%) background, serving a different ethnic population compared to Safe Space. 20% of all service users indicated that they had a mental health issue (60% did not provide this information), and 10% indicated that they had a physical health issue (80% did not provide this information). 40% of all service users indicated that they were not in employment or education. Incomplete data for both Safe Places accommodation and Safe Space refuge may mask differences between sub-groups.

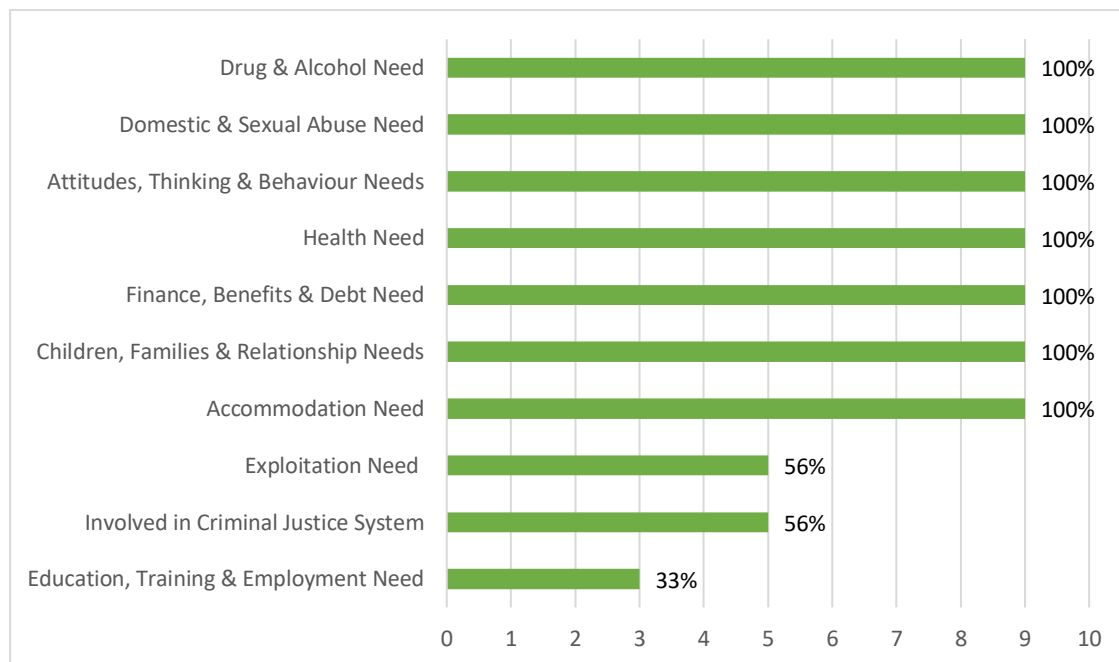
The Nelson Trust service is primarily a community and residential rehabilitation service aimed at supporting women with addiction needs. They are also commissioned by Swindon Borough Council to provide accommodation for women with complex needs who are fleeing domestic abuse. From 2022/23 and up to September 2023, there were 10 new referrals made where domestic abuse was

⁵¹ Data provided by Stonewater

⁵² Stonewater: <https://www.stonewater.org/about-us/>

indicated and 12 placements, with refuge occupancy at 63% in 2022/23 and 99.8% up to September 2023. The average length of stay was 86 days in 2022/23 and 123 days up to September 2023. Demographic data was provided for 9 service users. Ages ranged between 30 and 49 years; they were all from a White ethnic group background (100%, of which 89% White British); they were all cisgender; 22% recorded that they had a disability (78% did not state); 33% recorded their sexuality as heterosexual and 11% as bisexual (56% did not state). Six of the service users had a total of 13 children between them. Some of these children resided with family members or had been taken into care. All of the referrals had needs relating to: drugs & alcohol; domestic & sexual abuse; attitudes, thinking & behaviour; health; finances, benefits & debt; and children, families and relationships (see Figure 23). Around half had needs relating to exploitation and being involved in the criminal justice system, and a third had needs relating to education, training and employment.

Figure 23 Nelson Trust refuge service user additional needs, 2022/23 and up to September 2023⁵³



6.7. Service delivery in children’s social services

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.’*⁵⁴ Physical, sexual and emotional abuse and neglect are further

⁵³ Data on Bowood House provided by Nelson Trust

⁵⁴ Butchart, A. et al, *Preventing child maltreatment: a guide to taking action and generating evidence.* (WHO Geneva, 2006), 6.

defined in HM Government guidance for professionals.⁵⁵ 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.

This section presents data from the local authority children’s social services, relating to cases of abuse or neglect where there is significant harm or risk of harm to the child. It is possible that these instances are related to DA, however DA is not recorded on referrals. Further investigation would be needed to establish whether DA was present in these cases, and it has been recognised that better data categorisation is required in future.

Figure 24. Children’s social service delivery, five-year period from April 2018 to March 2023 ⁵⁶

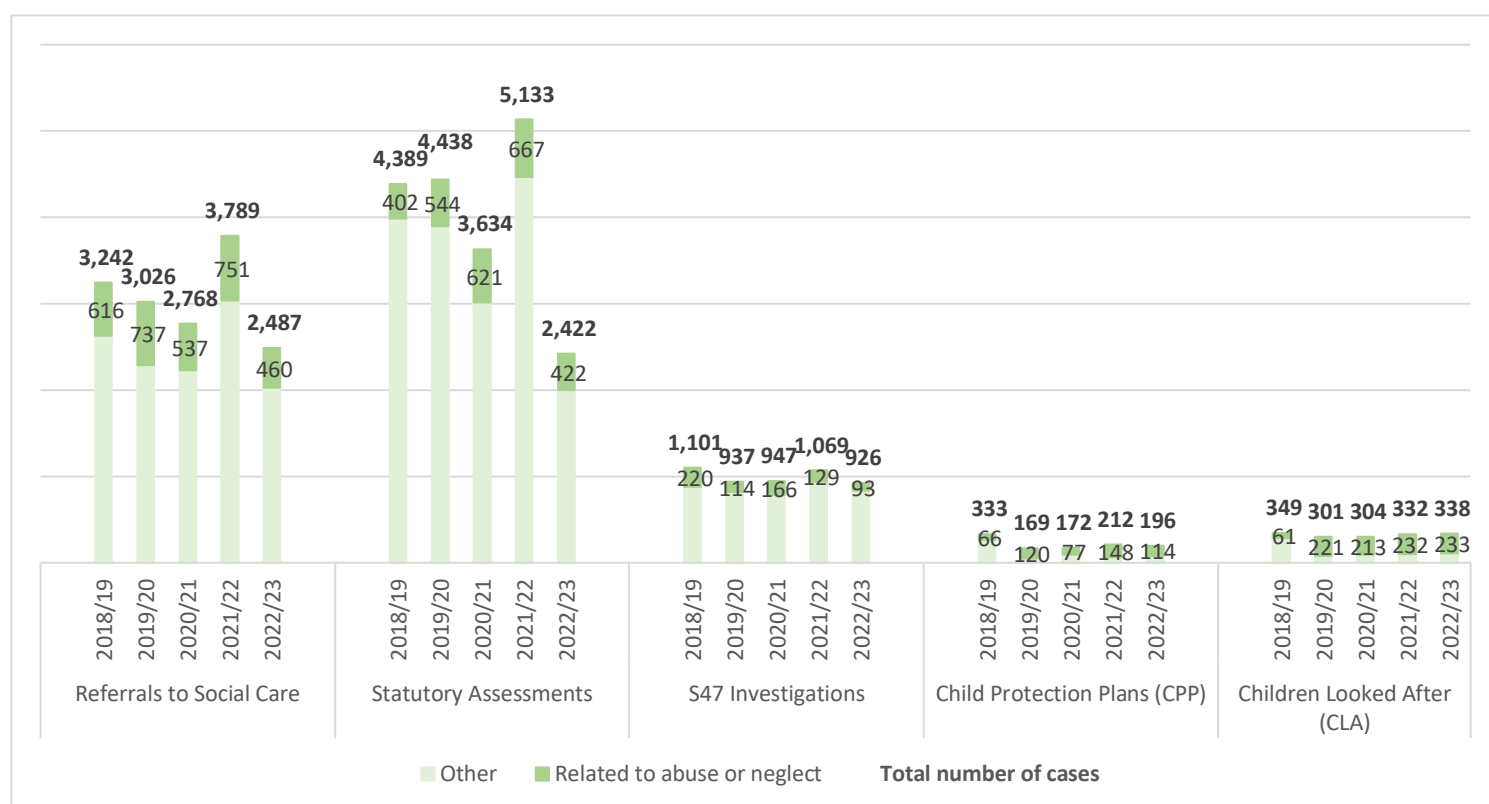


Figure 24 depicts service delivery in Children’s Social Services at Swindon Borough Council over a five-year period from April 2018 to March 2023. A ‘referral’ to children’s social services is when a Safeguarding Concern is formally raised and investigated. Domestic abuse is not recorded *per se*. Referrals come to social care via the Multi-Agency Safeguarding Hub (MASH). A proportion of cases are diverted via triage to the Early Help Hub, whereas in other cases an assessment is carried out during which, if any suspected abuse or neglect is indicated, it is recorded and these concerns

⁵⁵ Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children. (HM Government, March 2015)

⁵⁶ Data provided by Swindon Borough Council, Children’s Services Performance Team and [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

progress onto a statutory assessment. A Child Protection Investigation (S47) might then be carried out to determine what course of action is appropriate to safeguard and promote the welfare of the child, for example a Child Protection Plan (CPP) or a Child in Need Plan (CIN). In rare cases it is deemed necessary that a child be taken into care by the local authority, referred to as Children Looked After (CLA). In some cases, neglect may be due to a parent or carer being unwell and unable to meet the child's needs, rather than malicious intent. The majority of safeguarding concerns do not require statutory assessment. Instead needs can be met with support and early interventions (through Early Help) such as parenting programmes, for example.

In some instances, local figures are impacted by data recording issues, for example where statutory assessments have taken place but no referral was recorded resulting in late submission to the Department for Education. For the purposes of comparison with regional and national figures, where possible the data presented has been obtained from the Local Authority Interactive Tool (LAIT), and elsewhere via SBC children's services.

In 2022/23, 2,487 safeguarding concerns involving children were reported, of which 460 cases (18% of all referrals) related to suspected abuse or neglect (see Figure 25). This represents a 23% decrease in the number of referrals made compared with the start of the period in 2018/19, and a 25% decrease in those relating to abuse or neglect. Of those cases with concerns related to suspected abuse or neglect, the majority went on to statutory assessments (422 out of 460 cases, 92%). There were subsequently 926 Child Protection Investigations (S47s) in 2022/23, of which 93 related to abuse or neglect representing 10% of all Child Protection Investigations that year.

At the end of 2022/23, 196 Child Protection Plans (CPPs) were in place, of which 114 related to abuse or neglect (58%) and there were 338 Children Looked After (CLA), with just over two thirds of those (233, 69%) related to some form of abuse or neglect. It is conceivable that many of these referrals were linked to DA between adults, but further investigation would be needed to establish this.

A peak in the number of cases was seen in 2021/22, when 751 concerns and 667 statutory assessments related to abuse or neglect were reported. This may be attributable in part to the delays in services affected by the Covid-19 pandemic.

Table 13. Overall use of children’s services at Swindon Borough Council, five-year period from April 2018 to March 2023 ⁵⁷

| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | Percentage change across the five-year period | |
|-------------------------------------|---------|---------|---------|---------|---------|---|---|
| MASH Contacts | 12,193 | 14,748 | 14,899 | 15,162 | 16,351 | 34% | ↑ |
| Referrals to Social Care | 3,242 | 3,026 | 2,768 | 3,789 | 2,487 | -23% | ↓ |
| Statutory Assessments | 4,389 | 4,438 | 3,634 | 5,133 | 2,422 | -50% | ↓ |
| S47 Investigations | 1,101 | 937 | 947 | 1,069 | 926 | -16% | ↓ |
| Child Protection Plans (CPP) | 333 | 169 | 172 | 212 | 196 | -41% | ↓ |
| Children Looked After (CLA) | 349 | 301 | 304 | 332 | 338 | -3% | ↓ |

Table 13 gives the background for use of children’s services in Swindon, comparing data over the five-year period from April 2018 to March 2023. The percentage change for the whole period is shown in the sixth column. The overall number of MASH contacts increased by 34%, while the number of referrals to social care decreased by 23%. Subsequent statutory assessments decreased by a higher proportion of 50%. The number of children on a CPP dropped by 41% over the course of the five-year period, however the number of CLAs remained relatively stable.

Of the 16,351 MASH contacts in 2022/23, 4,591 (28%) were diverted to the Early Help Hub. Of those, 593 (13%) had DA recorded as one of the reasons for contact. The remaining 11,760 contacts (72%) were processed through MASH. Of these 2,018 (17%) were recorded as being as a result of Domestic Abuse.

Table 14 gives comparisons for Swindon with its statistical neighbours, the South West and England. In 2022/23, the percentage of repeat referrals in Swindon within 12 months of a previous referral was 25%, higher than its statistical neighbours (21.9%), the South West (23%) and England (22.4%), indicating that the current offer of support including early interventions may not be sufficient in some cases. It might also indicate that a need has not been identified, as in nearly a third of cases which were assessed it was deemed that the child was not to be in need. A lower rate of Section 47 enquiries (171.0 per 10,000) started in Swindon during 2022/23 can be noted compared with its statistical neighbours (189.6 per 10,000), the South West (176.1 per 10,000) and England (191.6 per 10,000).

⁵⁷ Data provided by Swindon Borough Council, Children’s Services Performance Team and [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/local-authority-interactive-tool-lait)

Table 14. Comparison of referrals to children social care for Swindon, its statistical neighbours, South West and England, 2022/23⁵⁸

| 2022/23 | Swindon | Statistical Neighbours | South West | England |
|--|---------|------------------------|------------|---------|
| Referrals to social care where the child was assessed not to be in need | 32.6% | 34.9% | 26.4% | 29.9% |
| Referrals to social care which were closed with no further action | 3.9% | 6.8% | 7.7% | 7.1% |
| Re-referrals to children's social care within 12 months of a previous referral | 25.0% | 21.9% | 23.0% | 22.4% |
| Children subject to a CPP lasting 2 years or more | * | 1.9% | 1.7% | 2.2% |
| Section 47 enquiries which started during the year (rate per 10,000) | 171.0 | 189.6 | 176.1 | 191.6 |
| Child Protection Plans starting during the year (rate per 10,000) | 55.0 | 54.9 | 51.5 | 54.3 |

*no data available

6.8. Support services for children displaying harmful behaviours

In addition to covering DA occurring between adults and also its effects on children, this section offers some detail of a service in Swindon aimed at supporting families with a child displaying harmful behaviours.

The Swindon RESPECT service (part of the Youth Offending Service) works with adolescents aged 10 to 17 years who display harmful behaviours towards adults or siblings. The service transferred to Early Help in October 2019 at which point there were 200 families on the waiting list. Additional funding from Wiltshire Community Foundation was secured in January 2020 to implement a new strategy which included:

- Training staff in the early identification of adolescent on parent/sibling abuse, preventing further escalation and inappropriate referrals from partner agencies
- Offering the Managing Challenging Behaviours (MCB) teens programme to families as a graduated approach to the RESPECT programme particularly when teenagers are reluctant to engage, preventing or reducing the need to on to require RESPECT

⁵⁸ Local authority interactive tool (LAIT). Available from: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

- Training teams to deliver the RESPECT programme which includes: parenting practitioners; family workers; youth engagement workers; 'edge of care' workers, preventing the need for families to be referred onto another service when they have already built a relationship with workers

Families are offered a range of alternative interventions with the option of accessing the RESPECT service at a later date if they still require this.⁵⁹

It became apparent that a significant number of young people captured within the waiting list of 200 families had unmet needs such as Autistic Spectrum Disorder (ASD) or ADHD traits. MCB teens offers parents strategies to help manage and understand these behaviours. Through the combination of the above strategies the waiting list was reduced and there is no longer a waiting list.

There are, however, challenges around data collection. The interventions are often delivered as part of routine interventions when assessed with the family's needs, and not all work in this area comes in on a referral. A recommendation of this needs assessment is to try and capture this data more clearly.

⁵⁹ Information provided by Swindon Borough Council, Early Help department

7. Domestic Abuse Lived Experience Survey

7.1. Introduction and background

This survey was undertaken following the Domestic Abuse Act 2021 which emphasised the need for Local Authorities to gain the victim/survivor voice to help services improve the support on offer and ensure the needs of service users are met wherever possible.

In August 2023, the Community Safety Partnership undertook a consultation survey on domestic abuse, which included questions about service users' experiences using domestic abuse related services. This consultation was carried out to help inform this Needs Assessment, the proposed Multi Agency Domestic Abuse Strategy and the Domestic Abuse Safe Accommodation Strategy 2024-2027.

7.2. Key findings

A total of 83 Swindon residents responded to the survey. 81% of respondents provided demographic data. Respondents were aged 18 and over, with the majority (64%) aged 25- 54 years. The majority of respondents were female including trans-female (62, 74.7%); from the White British ethnic group (60, 72.3%); and heterosexual (61, 73.5%). 15.7% of respondents had a disability (including: mental ill health e.g. post-traumatic stress disorder (PTSD), depression and anxiety; learning disabilities and physical health needs e.g. mobility issues). Emotional abuse was the most prevalent form of DA experienced (94% of respondents), followed by coercive & controlling behaviour (80% of respondents), physical violence (73% of respondents) and psychological abuse (71% of respondents).

Direct quotes from victims/survivors

"Don't treat victims as criminals"

"Made me very anxious, time scales were extremely long and just felt like another person on their list"

"They were understanding and believed me"

"GWH was helpful in supporting and non-judgemental, making sure my needs and my physical needs and care met"

"It was over 10 years ago and I wasn't aware it was happening to me. I put it down to his character"

"Because I was young and scared, lack of services, who to trust? I was an out of control child, who would believe me?"

"I am male. That's probably enough of a reason. It doesn't happen to men, isn't that right?"

"I'm a man. You would've laughed at me. Like the police did"

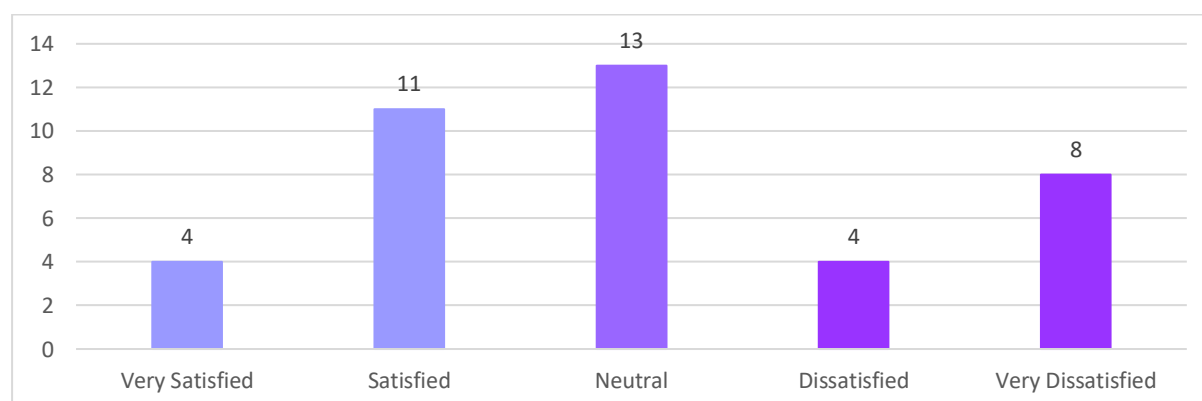
"I didn't report it at the time because I was embarrassed that I had been going through that and didn't want anyone to know what I had been putting up with"

7.3. Reporting domestic abuse

Whilst most respondents who experienced DA reported the abuse (57, 69%), nearly a third (26, 31%) did not report to any source. Respondents who had experienced domestic abuse were asked if they reported it and if so, which organisation they reported the DA to. Respondents could select multiple organisations. The organisation most commonly reported to was Wiltshire Police (40 counts out of 125, or 32%), followed by SDASS (18 counts out of 125, or 14%), and the GP (16 counts out of 125, 13%). Details of respondents' experience of reporting DA to the police and SDASS is given in the next section (detail in relation to their experience of reporting to GP services is not included as only two gave further details).

29 respondents (35%) reported DA to more than one agency. 31% (26) did not report to any agencies and respondents could cite multiple reasons for this. A commonly cited reason for not reporting DA was because of the stigma surrounding reporting DA, and the fear of not being believed (13 counts, 45%). Fear of the consequences of reporting i.e. losing access to their children or fear of further abuse was another commonly cited theme (8 counts, 28%). A lack of awareness around services' offer or how to access support was an issue for some (5 counts, 17%) and not understanding that what had been experienced at the time it occurred was abuse (3 counts, 10%).

7.4. Experience with Wiltshire Police



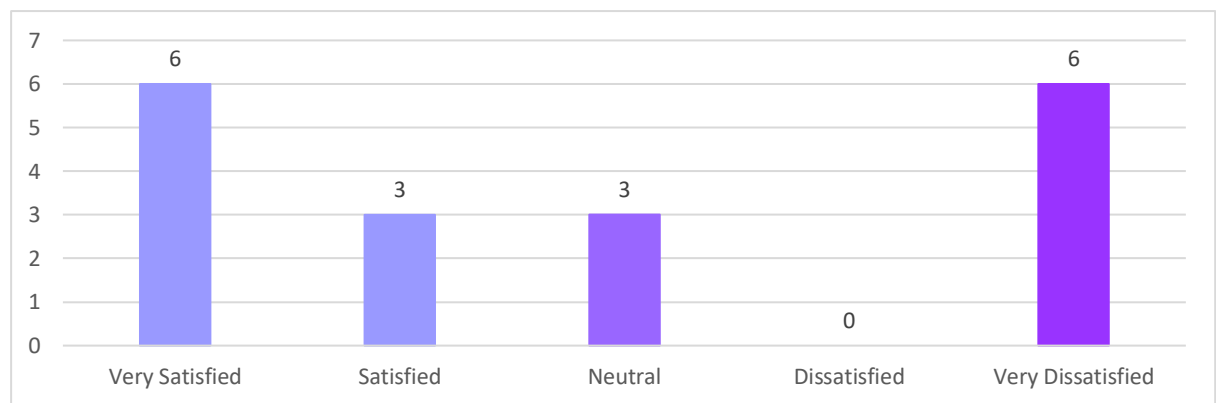
Out of 40 respondents who reported to Wiltshire Police, 37.5% were either satisfied or very satisfied with their experience, 32.5% said their experience of reporting DA to the police was neutral, and 30.0% were either dissatisfied or very dissatisfied with their experience.

When asked to explain their choice, those who had positive experiences stated that the police had been helpful, supportive and understanding. Meanwhile negative responses were explained as the police not taking the case seriously, being unapproachable, judgement or disbelief because the

abuse was historic, and the police appearing condescending. If the victim was a professional collaborating with the police they sometimes found it difficult to report the abuse.

Of those who reported DA to Wiltshire police, the majority did so via a phone line (32 respondents, 71%), and a minority reported the DA online (2, 4%). Others ways named by respondents included being referred by organisations such as SBC, school or SDASS/Early Help, or reported in person at the police station. Where respondents were not happy with the options to report DA to the police, some stated a preference for being informed of other reporting options, and others said that they did not feel well supported on the phone.

7.5. Experience with Swindon Domestic Abuse Support Service

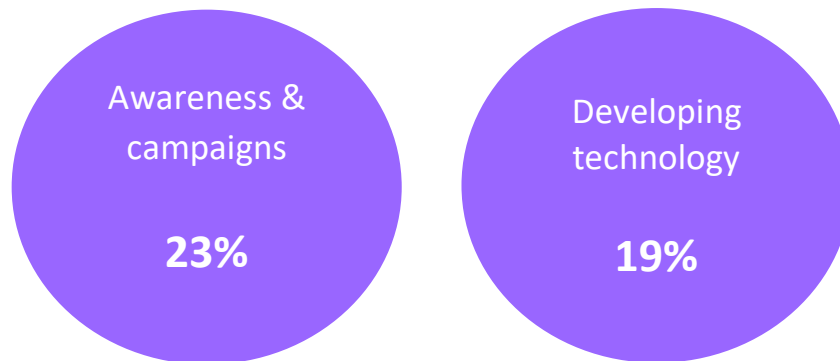


Out of 18 respondents who reported to SDASS, 50.0% said they were either satisfied or very satisfied with their experience, 16.7% had a neutral experience and 33.3% were very dissatisfied.

Amongst those who had a positive experience, comments included that the service was comfortable, helpful and service users felt listened to and supported. Those who were dissatisfied with their experience explained feeling uncomfortable sharing their experience; not feeling supported (especially in the case of historic abuse survivors); not understanding the referral pathways and facing communication challenges.

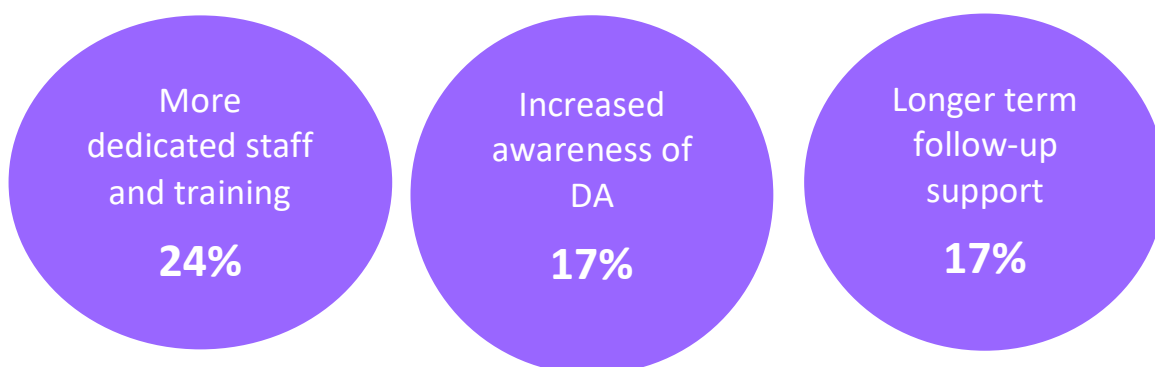
Of those who reported DA to SDASS, the majority reported via a phone line (11, 61%), and a minority reported the DA online (2, 11%). Others did so through other people e.g. family and friends, and via a hospital. The majority (13, 72%) were satisfied with the reporting options available.

7.6. How to safer report domestic abuse



Respondents were asked how people could report domestic abuse in a safer way. A common theme was asking services to run more campaigns to share how to report DA (not just via DA agencies but also places including libraries, shops, and religious centres were suggested), and raise awareness around what services are available to access help (11 counts, 23% of responses). Another common theme was developing technology, such as developing a dedicated app or text service that anyone can use and which is monitored by the Police and the commissioned domestic abuse service in each area (9 counts, 19%). It could also be used confidentially by professionals who work for agencies or organisations, who want to report the abuse they have experienced but do not want to disclose to their colleagues.

7.7. What changes could be made within services



Respondents were asked what changes could be made to services to better help survivors. Many suggestions centred around employing more dedicated specialist staff, as well as providing more training on identifying and appropriately supporting victims of DA in hospitals, GPs, schools and other settings (18 counts, 24% of responses). Another common theme was a call for greater awareness of what constitutes domestic abuse, such as by educating children and young people in

schools, and a cultural shift towards believing victims of DA when they seek support (13 counts, 17%). A third common theme amongst responses was a call for longer term follow up support - both in terms of emotional, financial and legal support - and with consistent communication (13 counts, 17% of responses).

7.8. Next Steps

A full report will be produced that will include findings from a focus group workshop conducted in July 2023 with The Nelson Trust Women's Group. When asked in the questionnaire if they would be part of a victim/survivor consultation group 49.4% replied positively. Notably, although there were some respondents who were aged 65 years and over, it was not clear whether the abuse experienced was current or historic. A recommendation for future is to further explore DA among older adults.

8. Violence Against Women and Girls (VAWG)

8.1. 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 (5.7%) is applied to the Swindon population, this means we would predict 5,405 women aged 16 years and over in Swindon to have experienced DA in 2023. In this present section we focus on a sub-set of these occurrences which have distinctive cultural manifestations, in particular so-called 'Honour-based' Abuse (HBA) which can include Forced Marriage (FM), and Female Genital Mutilation (FGM). Modern day slavery and sexual and criminal exploitation are also covered in this sub-set.

It is problematic and difficult to estimate with any precision, even broadly at a national level, the number of cases of these types of VAWG. Women and girls who experience these forms of DA 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 the issues is resulting in an apparent increase in numbers over the years. The following section presents national and local data where these are available.

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

An overview of Police Force data for England and Wales relating to so-called Honour-based Abuse (HBA) is given in Tables 12 and 13. In 2022/23, there was a total of 4,923 HBA-related offences and incidents in England and Wales (Table 15), with great variation in the number of HBA-related incidents or offences recorded by 43 Police Force Areas. Wiltshire Police Force Area reported eight HBA-related incidents in 2022/23 and fewer than five offences. From this it can be anticipated that numbers for Swindon are small. However, it should be noted that these crime figures only cover those offences that were reported to the police and are therefore likely to only represent a small proportion of the actual HBA offences committed during this period.

Of the 2,905 offences, 2.9% were FGM offences and 5.9% were Forced Marriage (Table 16). Small increases in numbers of both FM and FGM were seen between 2020 and 2023, which may be attributable in part due to improvements in HBA identification and crime recording, more victims coming forward to report offences, as well as an increase in the number of the offences.

Table 15. Offences involving so-called 'honour-based' abuse, Police Force Area data for England and Wales by region, April 2022 to March 2023⁶⁰

| | All HBA-related offences | All HBA-related incidents |
|---------------------------------|---------------------------------|----------------------------------|
| England and Wales | 2,905 | 2,018 |
| North East | 105 | 43 |
| North West | [-] | 351 |
| Yorkshire and the Humber | 265 | 312 |
| East Midlands | 352 | 134 |
| West Midlands | 519 | [-] |
| East of England | 275 | 240 |
| London | 445 | [-] |
| South East | 269 | 320 |
| South West | [-] | [-] |
| Wales | [-] | [-] |
| British Transport Police | 0 | 7 |

N.B. [-] indicates where the region included Police Force Area data with suppressed values <5

Table 16. Offences involving so-called 'honour-based' abuse, England and Wales*, three-year period from April 2020 to March 2023⁶¹

| | 2020/21 (% of all offences) | 2021/22 (% of all offences) | 2022/23 (% of all offences) | Percentage change 2021/22 to 2022/23 |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| All HBA offences | 2,642 | 2,871 | 2,905 | 1% |
| FGM offences | 69 (2.6%) | 77 (2.7%) | 84 (2.9%) | 9% |
| Forced marriage offences | 124 (4.7%) | 141 (4.9%) | 172 (5.9%) | 22% |
| Other HBA tagged offences | 2,449 (92.7%) | 2,653 (92.4%) | 2,649 (91.2%) | 0% |

*excluding Devon and Cornwall Police. Data could not be supplied for this police force area because of issues following the implementation of new IT systems.

⁶⁰ Gov.uk: So-called 'honour-based' abuse offences, 2022 to 2023. Available from: <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-2022-to-2023#documents>

⁶¹ Ibid.

8.3. Female Genital Mutilation (further)

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 reasons. FGM is practiced most commonly in countries in Africa, the Middle East and Asia, and on young girls between infancy and age 15.⁶² Women who have undergone FGM may need specialist support in the form of mental health services, uro-gynaecological services, as well as infertility treatment.⁶³ In England, the NHS Digital FGM enhanced dataset was opened in 2015 and provides a repository for individual-level data collected by healthcare providers across the country. For the purposes of data collection, FGM is categorised into four types and includes cosmetic surgery as well as cosmetic piercing.⁶⁴

In England in 2022/23, there were 5,870 individual women and girls where FGM was identified at a healthcare service attendance. The majority of these attendances were at midwifery and obstetrics (88%). In 98% of cases FGM occurred at least 10 years ago.⁶⁵ According to the FGM enhanced dataset, there were 30 individual patients with FGM identified in Swindon in 2022/23. Nationally, in 2022/23, only 58% of individual women and girls had a known FGM type recorded. This proportion was 45% for the South West but higher for Swindon at 66%.⁶⁶ The Great Western Hospital (GWH) - serving Swindon and the surrounding area - recorded FGM being identified in 21 patients in 2022/23, of which only 19% had FGM type recorded.⁶⁷ When planning services to meet the needs of women with FGM and assessing whether there is a need for child protection for their children, it is important to recognise the diversity of this group of women and to assess their needs at an individual level. Better identification and recording of FGM type at GWH might be helpful in determining the population groups most at risk in Swindon.

8.4. Trafficking for sexual exploitation and modern slavery

While men can be victims of trafficking, most people who are trafficked for sexual exploitation are women. Trafficking for sexual exploitation is considered a form of VAWG. As with some other forms of

⁶² World Health Organisation: Female genital mutilation – Key Facts. Available from: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

⁶³ Gov.uk: FGM migrant health guide, published 2021. Available from: <https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide#prevalence-of-fgm>

⁶⁴ NHS: female genital mutilation (FGM). Available from: <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

⁶⁵ NHS Digital: Female Genital Mutilation Annual Report – April 2022 to March 2023 (experimental statistics report), published August 2023. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/april-2022-to-march-2023>

⁶⁶ NHS Digital: Female Genital Mutilation Annual Report, Supporting (England and South West) and Additional Data (Local Authority), April 2022 to March 2023 (experimental statistics report), published August 2023. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/april-2022-to-march-2023>

⁶⁷ Communication from Great Western Hospital Intelligence Service

VAWG, it is difficult to monitor the occurrences and make firm statistical conclusions about them. There is little systematic collection of this 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 routes. 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.⁶⁸

The National Referral Mechanism (NRM) is the process for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. The most recent available data shows that in 2022, there were 16,938 potential victims of modern slavery referred to the Home Office in the UK, representing a 33% increase compared to the previous year (12,706) and the highest number of claimants since the NRM began in 2009. This increase has been attributed to referrals from government first agency responders, linked to an increase in detections at the border as well as a large increase in 'small boats arrivals.'⁶⁹ Of these, 78% (13,290) were male and 21% (3,634) were female, the remainder were unknown (13) and referrals for potential male victims were the highest since NRM began. In all, 7,019 (41%) were referred for exploitation as minors. 11 were referred from Swindon (1 adult and 10 children under 17). In 2022, among potential adult victims, the most common exploitation type was labour exploitation (39%) followed by criminal exploitation (17%). Among potential child victims, the single most common identified exploitation type was labour exploitation (43%).

However, not all of the individuals who are referred to the NRM are ultimately deemed to be modern slavery victims. In the following, we look at the 16,938 people referred in 2022.

As of 26 January 2023, 4.7% (789) received a positive reasonable grounds decision followed by a negative conclusive ground's decision (or had their application suspended or withdrawn from the process at that stage for other reasons); 6.9% (1,175) received a positive reasonable grounds decision

⁶⁸ Dowling, S., Moreton, K., Wright, L. *Trafficking for the purposes of labour exploitation: a literature review*. (Home Office Online Report, October 2007)

⁶⁹ Gov.uk: Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary 2022. Available from: <https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2022/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2022>

followed by a positive conclusive ground's decision; 76.2% (12,907) received a positive reasonable grounds decision and were awaiting a conclusive grounds decision. 11.8% (1,995) received a negative reasonable grounds decision (or had their application suspended or withdrawn from the process at that stage for other reasons. In 2020, there was a rapid increase in the identification of 'County Lines' which partially drove the increase in referrals for children in 2021 and 2022. More details can be found in the Community Safety JSNA Report on the JSNA website.

9. Specific needs of vulnerable groups

9.1. Learning disabilities, black ethnic minority groups, LGBTQ+

There is a large gap in research on the issue of domestic violence in people with learning disabilities, Black and Ethnic Minor groups, and those from LGBTQ+ groups. Most of the studies were conducted internationally, but recently organisations in England are beginning to identify the problem and some important evidence has come out.

A Women's Aid report in 2015 "(Gill Hague, 2015)⁷⁰ describes how women with disabilities are twice as likely to experience-gender based violence, and how their disability made their abuse worse and limited their capacity to escape. They experienced different types abuse, from physical, financial and sexual abuse, and sometimes the perpetrator was also disabled⁷¹.

Galop, a UK LGBTQ+⁷² charity, conducted various studies to understand the type of abuse and mapping services available to LGBT + people. Their work showed that despite the high level of domestic abuse and high demand of support, LGBT+ people are unlikely able to access to help due to lack of specialist services, causing under reporting of cases.

A similar situation can be seen even in cases related to transwomen⁷³ who experience hate crime due their gender identity. Experiences collected of transwomen and service provision identified the need for more investment in trans-inclusion and support for all service providers.⁷⁴

Race, language culture and religion are considered risk factors of domestic violence and abuse and they are all elements that characterize Black and Minority Ethnic Groups, explaining partially the high rate of domestic and sexual abuse within this communities.⁷⁵ Even in this case under reporting has been identified due to different reasons such as fear (for insecure immigration status), language barrier, and cultural, religious and economic factors. Also, some members of these communities experience honour-based abuse, forced marriage, breast flattening and Female Genital Mutilation.⁷⁶

⁷⁰ Gill Hague, Ravi Thiara, Pauline Magowan and Audrey Mullender. Making the links: Disabled women and domestic violence (2015)

⁷¹ Nia. Double Oppression: Violence Against Disabled Women- a resource pack for practitioner

⁷² Terminology used by Galop, as opposed LGBTQ+

⁷³ Galop. Galop's statement on Women's Aid's position on the inclusion of trans women in single-sex services <https://galop.org.uk/news/galops-statement-on-womens-aids-position-on-the-inclusion-of-trans-women-in-single-sex-services/>

⁷⁴ nfpSynergy, Stonewall. Supporting trans women in domestic and sexual violence services (2018), and Chaka L. Bachmann (Stonewall). LGBT in Brintai -Trans Report

⁷⁵ Olabanji, O.A. Collaborative Approaches to Addressing Domestic and Sexual Violence among Black and Minority Ethnic Communities in Southampton: A Case Study of Yellow Door. *Societies* 2022, 12, 165. <https://doi.org/10.3390/soc12060165>

⁷⁶ Jyoti Belur (2008) Is policing domestic violence institutionally racist? A case study of south Asian Women, *Policing and Society*, 18:4, 426-444, DOI: 10.1080/10439460802349312, and Geetanjali Gangoli, Lis Bates & Marianne Hester (2020) What does justice mean to black and minority ethnic (BME) victims/survivors of gender-based violence?, *Journal of Ethnic and Migration Studies*, 46:15, 3119-3135, DOI: 10.1080/1369183X.2019.1650010, and Gill, A. K., & Walker, S. (2020). On

Domestic Abuse and VAWG in these population groups is at high risk of being underestimated due to reporting challenges. In order to reflect the latest demographic changes in Swindon population, it will be important for stakeholders to take intersectionality into account in order to ensure accessibility and specific services when needed.

9.2. Male service users

What was once considered a crime solely perpetrated by men towards women is now recognised as also being perpetrated by women towards men and by those in same sex relationships. Studies have identified a wide range of abuse experienced by men as physical, psychological, coercive, sexual, financial, legal aggression, manipulation of parent-child relationship and false allegation. Men who identify as gay, bisexual and transgender refer to other types of abusive behaviours, highlighting the need to focus on different experiences and a new body of research.⁷⁷

In section 3 above we calculated an imputed number of 2,955 cases of DA in men in Swindon per annum, compared with an imputed number of 5,405 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 their partner, (as distinct from family related abuse) similar to women, however 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, when in actuality they are perpetrators who are attempting to manipulate reality. They may also use claims of DA as a tool in disputes with partners over child contact. Data from the Swindon MARAC and MARACs in general also support the interpretation that the DA reported by men is, on average, less severe than that reported by women, less likely to be physical and does not usually escalate in severity.

In general, however, there is a lack of data available for DA experienced by men in Swindon. 'Respect' is a national charity offering support and advice through separate phone helplines, one for perpetrators and one for male victims of abuse. Over a three-year period, between April 2020 and March 2023, 'Respect' received a total of 45 calls on its national helpline that were recorded as coming from Swindon. Of these, 27 calls (60%) were from males, of which 26 were victims, suggesting that confidential phone line and web chat support is an important source of help for male victims. Only one of these calls was from a perpetrator. The majority of victims were aged 45-54 years, heterosexual

honour, culture and violence against women in black and minority ethnic communities. In S. Walklate, K. Fitz-Gibbon, J. McCulloch, & J. Maher (Eds.), *Emerald Handbook of Criminology, Feminism and Social Change*. Emerald.

⁷⁷ Hine, B., Wallace, S., & Bates, E. A. (2022). Understanding the Profile and Needs of Abused Men: Exploring Call Data From a Male Domestic Violence Charity in the United Kingdom. *Journal of Interpersonal Violence*, 37(17-18), NP16992-NP17022. <https://doi.org/10.1177/08862605211028014>

(80%) and from a White ethnic group (57%). A further 16% were from an Asian ethnic group and 13% were from a Black ethnic group. Seven cases were from a frontline worker (16%). However, caller characteristics were not recorded for approximately 40% of calls received. The 'Mankind' initiative is a similar national charity offering support to male victims of domestic abuse, but does not provide any services specific to Swindon.⁷⁸

9.3. Perpetrator programmes

SWA provide Open2Change (funded through the National Lottery): a programme to provide early intervention and prevention support to people who recognise their use of abusive behaviour and want to change or modify their behaviour. Referrals come from a number of agencies as well as self-referral. From April 2022 - March 2023, there were 31 behaviour change referrals (for perpetrators) and 31 referrals to a family support worker (victims). A further 23 referrals were not accepted onto either support service, for reasons such as the person not wanting support or if their needs were better met by an alternative service. Two victims were supported and six perpetrators successfully completed a programme of support during this time period. Of the 31 behaviour change referrals, the majority were for males (28, 90%), for those aged 31-40 years old (19, 61%), and of White ethnicity (22, 71%). A period of funding has ended and funding from elsewhere has been secured for a new cohort.

The Domestic Violence Perpetrator Programme (DVPP) provides specialist support for higher risk Domestic Abuse Serial Perpetrators (DASP). The project is funded through Probation services and the Office of Police and Crime Commissioner (OPCC). Due to their high risk, referrals are made only via the police, probation services or other criminal justice agencies. Between April 2022 and March 2023, a total of 47 referrals were made to the Swindon service, the majority coming via probation (55%) and Integrated Offender Management (IOM, 26%). A total of 5 referrals successfully completed the programme during that year, with a further 4 due to complete the programme within a further 8 weeks' time (after March 2023). As part of this programme, a referral was made for 10 victims of abuse, of which 3 completed the programme during this reporting period.

⁷⁸ Email communications from ['Respect'](#) and ['Mankind'](#)

9.4. Trio of vulnerabilities: substance misuse, alcohol misuse and DA

Substance and alcohol misuse, separately and combined, are risk factors for being a perpetrator. 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 Health Needs Assessment for Adults and Young People Substance Misuse was published in March 2022.⁷⁹ 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 154.9 per 100,000 in Swindon compared with a rate of 81.2 per 100,000 in England as a whole, for the period 2018/19 – 2020/21.

Table 17 summarises a series of alcohol indicators for Swindon, as published by Public Health England, with separate figures shown for women and men.⁸⁰ ‘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 then 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 nationally.

The picture is not clear, however of seven male indicators in Table 15, four are similar to the national value and one is inconclusive. Conversely, for females in Swindon, one is similar whereas six are worse. Swindon’s indicators have deteriorated slightly since the last set, but are similar to the pattern shown with the rest of England. Reasons for this are suspected to be due to an increase in nationwide alcohol consumption brought on by the COVID-19 pandemic. Thus, it is possible that a risk factor for more DA in a population is more accentuated in 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

⁷⁹ Substance Misuse JSNA. Available from: <https://www.swindonjsna.co.uk/wp-content/uploads/2023/05/Young-persons-substance-misuse-needs-assessment-2022-2025.pdf>

⁸⁰ PHOF and LAPE, Public Health England: <https://fingertips.phe.org.uk>
<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000009/ati/302/are/E06000030/iid/90808/age/156/sex/4/cat/-1/ctp/-1/yrr/3/nn/nn-8-E06000030/cid/4/tbm/1/page-options/car-do-0>

to record if there are children in the household. Conversely, when people access services for DA, their mental health status is not necessarily recorded.

Table 17. 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 (broad), DSR | Males, all ages | 2021/22 | 2,734 per 100,000 | Similar to England |
| Admissions for alcohol-related conditions (broad), DSR | Females, all ages | 2021/22 | 1,133 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-related conditions (narrow), DSR | Males, all ages | 2021/22 | 707 per 100,000 | Similar to England |
| Admissions for alcohol-related conditions (narrow), DSR | Females, all ages | 2021/22 | 492 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-related conditions (narrow), DSR | Males, 65+ years | 2021/22 | 1,402 per 100,000 | Similar to England |
| Admissions for alcohol-related conditions (narrow), DSR | Females, 65+ years | 2021/22 | 567 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-related conditions (narrow), DSR | Males, 40-64 years | 2021/22 | 975 per 100,000 | Similar to England |
| Admissions for alcohol-related conditions (narrow), DSR | Females, 40-64 years | 2021/22 | 864 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-related conditions (narrow), DSR | Males, < 40 years | 2021/22 | 227.4 per 100,000 | Similar to England |
| Admissions for alcohol-related conditions (narrow), DSR | Females, < 40 years | 2021/22 | 196.3 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-specific conditions, DSR | Males, < 18 years | 2018/19 – 2020/21 | 19.4* per 100,000 | *insufficient numbers for analysis |
| Admissions for alcohol-specific conditions, DSR | Females, < 18 years | 2018/19 – 2020/21 | 47.4 per 100,000 | Worse (higher) than England |
| Admissions for alcohol-specific conditions, DSR | Persons, < 18 years | 2018/19 – 2020/21 | 36.3 per 100,000 | Similar to England |
| Alcohol-specific mortality, DSR | Males | 2021 | 59 per 100,000 | Similar to England |
| Alcohol-specific mortality, DSR | Females | 2021 | 24 per 100,000 | Similar to England |

DSR: directly standardised rate

**at a statistically significant level

9.5. Levels of violence

Table 18. Indicators for violence for Swindon from the Public Health Outcomes Framework

| Indicator | Sex and Age | Year | Population-based rate | Better or worse than England?*** |
|---|----------------------|----------------------|-----------------------|---|
| Violent crime including sexual violence: Emergency hospital admissions for violence, DSR, per 100,000 people | Persons, all ages | 2018/19 – 2020/21 | 29.1 per 100,000 | Better (lower) than England (41.9) |
| Violent crime including sexual violence: Offences against the person, crude rate per 1,000 people (from police) | Persons, all ages | 2021/22 | 29.7 per 1,000 | Better (lower) than England (34.9) <i>*but not graded by PHE as grading not used</i> |
| Sexual violence: Sexual offences, crude rate per 1,000 people (from police) | Persons, all ages | 2021/22 | 3.0 per 1,000 | Similar to England |

***at a statistically significant level

Indicators assessing levels of violence in Swindon are presented in Table 18, aiming to provide insights into whether overall violent crime rates are higher, lower, or similar to those in England. For instance, the relatively lower rate of hospital admissions for violence in Swindon, which is 12.8 percentage points lower than the national rate may not be completely accurate as it may be influenced by local recording practices. Out of 15 CIPFA nearest neighbours to Swindon, hospital admissions in Swindon were the second lowest, with the lowest being Telford and Wrekin (27.8 per 100,000 people) and the highest at 62.7 per 100,000 people in Warrington. When examining violent crimes against individuals as reported by the police, Swindon exhibits a lower rate compared to England as a whole, aligning with the hospital admission data. Notably, several urban centres in the South West, such as Bristol, Plymouth, and Torbay, report high levels of violent and sexual crimes by national standards. It is challenging to definitively assert whether Swindon has a lower level of violence than England overall. While it records a lower level of reported violent crime than England as a whole, this pattern is also observed in many other urban centres across the South West. When compared to its CIPFA neighbours, Swindon ranks 12 out of 16 in sexual offences per 100,000 people with the highest recorded in Derby (4.6 per 100,000) and the lowest in Trafford (2.0 per 100,000).

9.6. Reflection on costs of DA affecting adults

Home Office estimates regarding the social and economic cost for victims of domestic abuse were published in January 2019.⁸¹ Overall, in the year ending March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales. Estimates consider:

- **Costs in anticipation** (expenditure on protective and preventative measures e.g. domestic abuse training and awareness campaigns, and the Domestic Violence Disclosure Scheme (DVDS)).
- **Costs as a consequence** (expenditure on physical and emotional harms e.g. the likelihood of sustaining physical and emotional injuries, lost output e.g. the time lost at work following victimisation and reduced productivity upon return to work, health services e.g. ambulance and medical treatment costs for physical injuries, counselling and other costs for emotional harms, property damage and victim services including charity expenditure)
- **Costs in response** (police and other justice costs e.g. Criminal Justice System (CJS), civil legal system, multi-agency risk assessment conferences (MARACs))
- **Estimated total cost** of domestic abuse for England and Wales at year end for 2017, and average total cost of DA per victim calculated using DA prevalence estimates for that year.

Table 19. Economic and social costs of DA estimates at national individual and local level

| | Costs in anticipation | Costs as a consequence | | | | Costs in response | | | | Total |
|-------------------|-----------------------|-----------------------------|-------------|-----------------|-----------------|-------------------|----------------|-------------|-------|----------|
| | | Physical and emotional harm | Lost output | Health services | Victim services | Police costs | Criminal legal | Civil legal | Other | |
| National | £6m | £47,287m | £14,098m | £2,333m | £724m | £1,257m | £336m | £140m | £11m | £66,192m |
| Individual | £5 | £24,300 | £7,245 | £1,200 | £370 | £645 | £170 | £70 | £5 | £34,015 |

Due to insufficient data, these estimates do not include the cost of the impact of DA on children, the cost of DA-related suicides, nor the costs of financial abuse to victims. Estimates are presented in Table 19. The estimated economic and social costs of DA in Swindon for 2022/23, without adjusting for inflation, can be estimated to be in excess of £101 million.

⁸¹ Gov.uk: The economic and social costs of domestic abuse, published 2019. Available from: <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>

10. Literature review: Evidence for Domestic Abuse interventions

This section has been informed by a literature search undertaken by the UK Health Security Agency Knowledge and Library Services in October 2023. This literature search was carried out to identify current evidence in relation to effective domestic abuse interventions. Latest systematic and literature reviews have focussed on evidence of intervention and programme efficacy.

10.1. Victims

- **Preventive Interventions**

Interventions to Prevent Intimate Partner Violence⁸²

Preventive interventions have the potential to reduce the occurrence of IPV. A systematic review done in 2023 identified five type of preventive interventions: individual support/counselling, small-group counselling, economic empowerment, community mobilisation and IPV screening and referral. These interventions were conducted in different countries and even though only less than a quarter reported significant outcomes, these were significant with a 15% reduction of risk of experiencing or perpetration of IPV. Importance should be given in tailoring these programmes based on local context.

Other effective interventions are preventive school-based programmes that involves young people, targeting particular vulnerable groups and providing DA training for school staff.⁸³

The Early Help Service – Safer Together

Early interventions are increasingly recommended as safeguarding practice for children and families experiencing domestic violence.⁸⁴ Safer Street is a consortium of eight organizations in North West England (*“Freedom Programme Helping Hangs”, “Recovery Toolkit for Adults”, “Recovery Toolkit for children”, “Talking to my Mum, What about Me?”, “You and Me Mum”*) providing refuge, helplines, outreach and advocacy services. These are tailored to assess the level of domestic violence risk and

⁸² Alsina E, Browne JL, Gielkens D, Noorman MAJ, de Wit JBF. Interventions to Prevent Intimate Partner Violence: A Systematic Review and Meta-Analysis. *Violence Against Women*. 2023 Jul 20:10778012231183660. doi: 10.1177/10778012231183660. Epub ahead of print. PMID: 37475456

⁸³ Stanley N, Ellis J, Farrelly N, Hollinghurst S, Downe S. Preventing domestic abuse for children and young people: A review of school-based interventions. *Child Youth Serv Rev*. 2015 Dec;59:120-131. doi: 10.1016/j.chilyouth.2015.10.018. PMID: 26740731; PMCID: PMC4678286, and Stanley N, Ellis J, Farrelly N, Hollinghurst S, Bailey S, Downe S. Preventing domestic abuse for children and young people (PEACH): a mixed knowledge scoping review. Southampton (UK): NIHR Journals Library; 2015 Jun. PMID: 26180863

⁸⁴ Anderson K, van Ee E. Mothers and Children Exposed to Intimate Partner Violence: A Review of Treatment Interventions. *Int J Environ Res Public Health*. 2018 Sep 7;15(9):1955. doi: 10.3390/ijerph15091955. PMID: 30205465; PMCID: PMC6163939, and Austin, A. E., Shanahan, M. E., Barrios, Y. V., & Macy, R. J. (2019). A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 20(4), 498-519. <https://doi.org/10.1177/1524838017719233>

provide a holistic responsive care for children and mothers across this continuum of need. Although positive comments were received from services users and staff, there were some challenges identified including time, accessibility, engagement and risk identification that requires further research. Also, services focus mostly on mother and children while a more holistic approach involving the other partner and community dynamics may be more beneficial.⁸⁵

- **Psychosocial Interventions**

Psychosocial interventions have been used especially for treating post traumatic disorders, depression, anxiety and other type of conditions in people who have experienced a complex trauma or violence.⁸⁶ These interventions include CBT, humanistic and integrative therapies, exposure, cognitive therapy, stress management, eye movement desensitisation and reprocessing (EMDR) and other psychological treatments that do use non-CBT techniques.⁸⁷ Literature in general shows low evidence of efficacy due to heterogeneity and risk of bias. When associated with substance misuse factor, interventions for treating PTSD had better results.⁸⁸

- **Empowerment Interventions⁸⁹**

The World Health Organization (WHO) identify empowerment and education as effective approaches to reduce domestic violence against women. However, some studies have highlighted that these can reduce violence in some communities and increase it in others. A recent systematic review investigated interventions at an individual and community level in both high and medium-low income countries. Results showed that interventions involving economy, communication and community factor were more effective, but time consuming and the efficacy was not statistically significant.

⁸⁵ Melanie McCarry, Lorraine Radford, Victoria Baker. What Helps? Mothers' and Children's Experiences of Community-Based Early Intervention Programmes for Domestic Violence (2021)

⁸⁶ Melton H, Meader N, Dale H, Wright K, Jones-Diette J, Temple M, Shah I, Lovell K, McMillan D, Churchill R, Barbui C, Gilbody S, Coventry P. Interventions for adults with a history of complex traumatic events: the INCITE mixed-methods systematic review. *Health Technol Assess.* 2020 Sep;24(43):1-312. doi: 10.3310/hta24430. PMID: 32924926; PMCID: PMC7520719

⁸⁷ Hameed M, O'Doherty L, Gilchrist G, Tirado-Muñoz J, Taft A, Chondros P, Feder G, Tan M, Hegarty K. Psychological therapies for women who experience intimate partner violence. *Cochrane Database Syst Rev.* 2020 Jul 1;7(7):CD013017. doi: 10.1002/14651858.CD013017.pub2. PMID: 32608505; PMCID: PMC7390063

⁸⁸ Genevieve Molina, Anne Whittaker. Treatment of post-traumatic stress disorder and substance use disorder in adults with a history of adverse childhood experiences: A systematic review of psychological interventions (2022)

⁸⁹ Zahra Kiani, Masoumeh Simbar, Farzaneh Rashidi Fakari, Samiyeh Kazemi. A systematic review: Empowerment interventions to reduce (2021)

- **Technology Based Interventions⁹⁰**

More recently, technology-based interventions have gained acceptance due to the challenges in providing services during the COVID-19 pandemic. Technology-based interventions comprise eHealth (or electronic health), mHealth (or mobile health), and telehealth platforms used to deliver services and collect and share data. They can overcome coverage gaps caused by system problems and inequities, particularly in areas where service shortages exist and IPV victimization overlaps with social determinants of violence. Technology-based interventions come in many forms, including phone and web-based decision aids, conversational agents (chatbots), text message interventions, online support groups, and telehealth services. Some examples are iCAN Plan 4 Safety,⁹¹ myPlan app,⁹² I-DECIDE,⁹³ and iSafe.⁹⁴ A meta-analysis demonstrated an overall benefit on using digital interventions in supporting mental health and reduction of IPV among survivors, especially in acute short-term situations.

Another review of randomized trials described no evidence of better outcomes but high heterogeneity of trials was identified. While digital technology interventions for survivors would appear to have a promising impact, , further studies are needed to evaluate their adaptation in different environments, cultures and religious population groups.⁹⁵

⁹⁰ Emezue C, Chase JD, Udmuangpia T, Bloom TL. Technology-based and digital interventions for intimate partner violence: A systematic review and meta-analysis. *Campbell Syst Rev.* 2022 Aug 27;18(3):e1271. doi: 10.1002/cl2.1271. PMID: 36909881; PMCID: PMC9419475

⁹¹ Ford-Gilboe, M., Varcoe, C., Scott-Storey, K. et al. Longitudinal impacts of an online safety and health intervention for women experiencing intimate partner violence: randomized controlled trial. *BMC Public Health* 20, 260 (2020). <https://doi.org/10.1186/s12889-020-8152-8>

⁹² Glass NE, Clough A, Messing JT, Bloom T, Brown ML, Eden KB, Campbell JC, Gielen A, Laughon K, Grace KT, Turner RM, Alvarez C, Case J, Barnes-Hoyt J, Alhusen J, Hanson GC, Perrin NA. Longitudinal Impact of the myPlan App on Health and Safety Among College Women Experiencing Partner Violence. *J Interpers Violence.* 2022 Jul;37(13-14):NP11436-NP11459. doi: 10.1177/0886260521991880. Epub 2021 Feb 12. PMID: 33576291

⁹³ Hegarty K, Tarzia L, Valpied J, Murray E, Humphreys C, Taft A, Novy K, Gold L, Glass N. An online healthy relationship tool and safety decision aid for women experiencing intimate partner violence (I-DECIDE): a randomised controlled trial. *Lancet Public Health.* 2019 Jun;4(6):e301-e310. doi: 10.1016/S2468-2667(19)30079-9. PMID: 31155223

⁹⁴ Koziol-McLain J, Vandal AC, Wilson D, Nada-Raja S, Dobbs T, McLean C, Sisk R, Eden KB, Glass NE. Efficacy of a Web-Based Safety Decision Aid for Women Experiencing Intimate Partner Violence: Randomized Controlled Trial. *J Med Internet Res.* 2018 Jan 10;19(12):e426. doi: 10.2196/jmir.8617. PMID: 29321125; PMCID: PMC6858022

⁹⁵ Linde DS, Bakiewicz A, Normann AK, Hansen NB, Lundh A, Rasch V. Intimate Partner Violence and Electronic Health Interventions: Systematic Review and Meta-Analysis of Randomized Trials. *J Med Internet Res.* 2020 Dec 11;22(12):e22361. doi: 10.2196/22361. PMID: 33306030; PMCID: PMC7762681

10.2. Perpetrators

- **Intervention programs for people who perpetrate intimate partner violence (IPV)**⁹⁶

Interventions for perpetrators generally share common goals of stopping violence or abuse, increasing the safety of adult and child victim-survivors, and holding the person who perpetrates abusive behaviour to account, including to their children. Types of programmes now include targeted prevention and intervention, early intervention, interventions for high-harm, high-risk perpetrators, and interventions for those with complex or multiple needs (substance use and mental health illness). Interventions targeting people in same-gender relationships and female perpetrators are increasing but still remain fewer in number and less documented.

- **Duluth Model and Cognitive Behavioural Therapy**

The IPV intervention effectiveness debate is primarily focused on the two most common programmes for perpetrators: **the Duluth Model and the Cognitive Behavioural Therapy (CBT)**.⁹⁷

The **Duluth Model** emerged as one of the first IPV programmes for perpetrators, and it combines a multiagency, systemic response that generates a gendered analysis of domestic abuse and addresses the ways the patriarchal privilege manifests in the perpetration of violence against women and girls.

Cognitive Behavioural Therapy (CBT) emerges as an alternative to the Duluth model, focusing more on skill-building and challenging dysfunctional thoughts and behaviours, through a therapeutic modality.

The Duluth vs CBT debate has become less meaningful over time, with the two approaches 'borrowing' from one another, to the extent that they are now often indistinguishable.⁹⁸

Effectiveness of these programmes have been subjected to criticisms of being of short term,⁹⁹ not

⁹⁶ Wild J. Working with people who perpetrate domestic violence and abuse in families: Evidence Review (2021). Dartington: Research in Practice. Available from:

<https://www.researchinpractice.org.uk/children/publications/2022/february/working-with-people-who-perpetrate-domestic-violence-and-abuse-in-families-evidence-review-2021/>

⁹⁷ Yakeley J. Treatment for perpetrators of intimate partner violence: What is the evidence? *J Clin Psychol.* 2022 Jan;78(1):5-14. doi: 10.1002/jclp.23287. Epub 2021 Dec 16. PMID: 34913162, and Alsina E, Browne JL, Gielkens D, Noorman MAJ, de Wit JBF. Interventions to Prevent Intimate Partner Violence: A Systematic Review and Meta-Analysis. *Violence Against Women.* 2023 Jul 20:10778012231183660. doi: 10.1177/10778012231183660. Epub ahead of print. PMID: 37475456

⁹⁸ Travers Á, McDonagh T, Cunningham T, Armour C, Hansen M. The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clin Psychol Rev.* 2021 Jan 14;84:101974. doi: 10.1016/j.cpr.2021.101974. Epub ahead of print. PMID: 33497921

⁹⁹ Danielle Stephens-Lewis, Amy Johnson, Alyson Huntley, Elizabeth Gilchrist, Mary McMurrin, Juliet Henderson, Gene Feder, Louise M. Howard, and Gail Gilchrist (2019). Interventions to reduce intimate partner violence perpetration by men who use substances: A systematic review and meta-analysis of efficacy

more effective in preventing recidivism¹⁰⁰ and producing sometimes negative and inconsistent outcomes.¹⁰¹

However, the UK health service guidance highlights that the cost of IPV is “**so significant that even marginally effective interventions are cost effective**” justifying their continuing implementation.¹⁰²

A widely cited meta-analysis demonstrated that these interventions do produce small positive effects on recidivism, indicating potential for improvement.¹⁰³

Recent studies have suggested the integration of other modalities like acceptance commitment therapy (ACT), motivational interviewing, mindfulness, emotional focused therapy, risk-need-responsivity (RNR) framework, mind-body bridging and substance abuse treatment to shift from the “one-size fits all” to a tailored programme approach that consider offenders risk factors such as mental health and substance misuse.

- **Psychosocial Intervention**

Psychosocial interventions are non-pharmacological therapeutic interventions delivered to individuals or groups, seeking to tackle the psychological, social, personal and relational problems associated with the perpetration of violence and aggression. These includes CBT, virtual reality reactive aggression prevention training (VRAPT), motivational interviewing, self- management training. Evaluation results of these interventions are mixed with main evidence of medium strength of efficacy when Motivational Interviewing is combined with CBT.¹⁰⁴

- **The Risk-Need-Responsivity (RNR) Framework**

There is some evidence that demonstrates that tailored interventions may produce better results through the analysing of known risk factors for recidivistic violence trauma history, personality styles

¹⁰⁰ Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research and Practice*, 40(3), 223–233. <https://doi.org/10.1037/a0012718>

¹⁰¹ Feder, L., Wilson, D.B. A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior?. *J Exp Criminol* 1, 239–262 (2005). <https://doi.org/10.1007/s11292-005-1179-0>

¹⁰² Stephens-Lewis, D., Johnson, A., Huntley, A., Gilchrist, E., McMurrin, M., Henderson, J., Feder, G., Howard, L. M., & Gilchrist, G. (2021). Interventions to Reduce Intimate Partner Violence Perpetration by Men Who Use Substances: A Systematic Review and Meta-Analysis of Efficacy. *Trauma, Violence, & Abuse*, 22(5), 1262–1278.

<https://doi.org/10.1177/1524838019882357>, and National Institute for Health and Care Excellence. (2014). *Domestic violence and abuse: How health services, social care and the organisations they work with can respond effectively*. Retrieved July 8, 2017, from <https://www.nice.org.uk/guidance/ph50>

¹⁰³ Babcock JC, Green CE, Robie C. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clin Psychol Rev*. 2004 Jan;23(8):1023-53. doi: 10.1016/j.cpr.2002.07.001. PMID: 14729422

¹⁰⁴ Wigham, S., McGovern, R., Kaner, E., & Hackett, S. S. (2022). A review of recent innovation in psychosocial interventions for reducing violence and aggression in adults using a horizon scanning approach. *Aggression and Violent Behavior*, 62, 1–10. <https://doi.org/10.1016/j.avb.2021.101685>

and readiness to change. One method is using the risk-need-responsivity (RNR) framework that provides principles for organising the delivery of forensic intervention.¹⁰⁵

RNR is already recognised and implemented in Canada, UK, Australia and New Zealand.¹⁰⁶ Findings support this approach, but with potential scope for improvement to promote longer-lasting impacts.

- **Motivational Interview Technique (MIT):**

One of the main problems and critics about IPV interventions is the high rates of drop out, due to lack of consideration and motivation to change from perpetrators. Recent systematic reviews have identified promising results with the incorporation of Motivational Interviewing Techniques (MIT), where giving attention and consideration to each individual's needs resulted in better treatment compliance, intervention efficacy and reduction in dropout rate.¹⁰⁷

- **Specialist Domestic Abuse Courts**

Domestic Abuse Courts have emerged in response to pressures from both social and legal systems for a new approach to handling domestic violence cases brought for prosecution and offering an alternative and unique system to offenders focused on accountability, victim advocacy, and expediency of the trial process. Although the great diversity in court models and practices, many share common goals such as court efficiency, offender accountability, reduced recidivism, and enhanced victim safety.

A 2009 literature review showed successful results of specialized Domestic Abuse Courts with increased victim satisfaction and access to services.¹⁰⁸ Also, Gutierrez et al. meta-analysis describes positive outcomes, with lower rate of recidivism when evaluating the impact of domestic abuse courts.¹⁰⁹

Nearly 100 Domestic Violence courts have been developed across the UK but more evaluation studies are needed to measure their impact and effectiveness.

¹⁰⁵ ¹⁰⁵ Travers Á, McDonagh T, Cunningham T, Armour C, Hansen M. The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clin Psychol Rev.* 2021 Jan 14;84:101974. doi: 10.1016/j.cpr.2021.101974. Epub ahead of print. PMID: 33497921

¹⁰⁶ Ward, T, & Brown, M. (2004) The good lives model and conceptual issues in offender rehabilitation, *Psychology, Crime & Law*, 10:3, 243-257, DOI: 10.1080/10683160410001662744

¹⁰⁷ Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational Interview Techniques and the Effectiveness of Intervention Programs With Perpetrators of Intimate Partner Violence: A Systematic Review. *Trauma, Violence, & Abuse*, 24(4), 2691-2710. <https://doi.org/10.1177/15248380221111472>, and Santirso, F. A., Gilchrist, G., Lila, M., & Gracia, E. (2020). Motivational strategies in interventions for intimate partner violence offenders: A systematic review and meta-analysis of randomized controlled trials

¹⁰⁸ Moore, Samantha. Two Decades of Specialized Domestic Violence Courts- A Review of the Literature(2009)

¹⁰⁹ Gutierrez, L., Blais, J., & Bourgon, G. (2016). Do Domestic Violence Courts Work? A Meta-Analytic Review Examining Treatment and Study Quality. *Justice Research and Policy*, 17(2), 75-99

- **Project Cara (CARA)**¹¹⁰

The Cautioning and Relationship Abuse (CARA) Project is an early intervention, sitting within the criminal justice system, targeting domestic abuse offenders meeting specific criteria to be issued with a Conditional Caution. CARA was first introduced in 2012 and since the original evaluation led by the Cambridge University, it has been evaluated internally by Hampshire Constabulary and more recently by the University of Birmingham. It was used by Hampshire & Isle of Wight Constabulary under experimental conditions resulting in the first UK policing strategy to be evaluated under randomised control trial conditions. Currently, the University of Southampton are leading a multi-site evaluation in partnership with other universities, involving nine police forces and it is due for completion in December 2023.

- **Couples Therapy**¹¹¹

Preliminary studies of couple's therapy have demonstrated effective positive results in stopping violence, reducing recidivism and improving relationship.¹¹² It is important to state that couple therapy is only indicated in circumstances where the couple's presentation meets the criteria for situational violence.

10.3. Community-based programmes and interventions for perpetrators

Community-based programmes and interventions are wide ranging and some are included in the Respect Accredited programmes. Some of them include behaviour change group work programmes, intensive one-to-one case management, early intervention, prevention through education and awareness, statutory provision via policing, coordinated multi-agency response and disruption and group or one-to-one behaviour change interventions for specific groups (such as LGBTQ+ , women perpetrators, people with learning disabilities).¹¹³

¹¹⁰ Project CARA. <https://projectcara.org.uk/evaluations-and-policies/>

¹¹¹ McCann D. Thinking under fire: Mentalization-based couple therapy for high conflict and domestically abusive couples'. *J Clin Psychol.* 2022 Jan;78(1):67-79. doi: 10.1002/jclp.23296. Epub 2022 Jan 5. PMID: 34985137

¹¹² Antunes-Alves, S., & Stefano, J. D. (2014). Intimate Partner Violence: Making the Case for Joint Couple Treatment. *The Family Journal*, 22(1), 62-68. <https://doi.org/10.1177/1066480713505056>, and Karakurt G, Whiting K, van Esch C, Bolen SD, Calabrese JR. Couples Therapy for Intimate Partner Violence: A Systematic Review and Meta-Analysis. *J Marital Fam Ther.* 2016 Oct;42(4):567-583. doi: 10.1111/jmft.12178. Epub 2016 Jul 5. PMID: 27377617; PMCID: PMC5050084

¹¹³ Respect, SafeLives, & Social Finance. (2021). Types of intervention to respond to perpetrators of domestic abuse. Unpublished

- **Caring Dads**¹¹⁴

The Caring Dads programme was first developed in Canada by Scott and Crooks in 2004 and it is a group parenting intervention for men who have been identified at risk of abusing or neglecting their children or of exposing children to Domestic Violence Abuse (DVA). Different evaluation studies have founded significant benefit including engagement in child protection case management and low rates of abuse perpetrated by fathers.¹¹⁵

- **Make a Change (MAC) and Change that Lasts Wales**

Make a change (MAC) is an integrated model addressing both organisational and community level responses to DVA, supporting behaviour change among perpetrators and providing support to (ex) partners. Its aim is to engage people who are concerned about their behaviour at an earlier stage.

Change that lasts Wales is a community-based model developed by Welsh Women's Aid in partnership with Women's Aid Federation, using a whole systems approach working with perpetrators and with those at risk of perpetrating DVA

- **Healthy relationship programming**

It seeks to address the needs of perpetrators providing alternative relationship strategies. Examples are Men in Healthy relationship; Building Better Relationship (BBR) and Up2u programme.

- **Jacana parenting service**

Initially piloted in London, this programme aimed to support parents affected by DVA, and offered separate interventions to mother victim-survivors, and fathers who perpetrated DVA. An evaluation was conducted in 2011 and identified success indicators associated with increased adult and child victim-survivor safety, and enhanced relationships between both mothers and children and fathers and children.

- **Equilibrium Perpetrator Programme (EPP)**

In 2012, a local review of the Public Protection Notifications (a formal police document summarising victim vulnerabilities) identified that early intervention opportunities were only available to families

¹¹⁴ Scott K, Dubov V, Devine C, Colquhoun C, Hoffelner C, Niki I, Webb S, Goodman D. Caring Dads intervention for fathers who have perpetrated abuse within their families: Quasi-experimental evaluation of child protection outcomes over two years. *Child Abuse Negl.* 2021 Oct;120:105204. doi: 10.1016/j.chiabu.2021.105204. Epub 2021 Jul 20. PMID: 34298263

¹¹⁵ McConnell, N., Barnard, M., & Taylor, J. (2017). Caring Dads Safer Children: Families' perspectives on an intervention for maltreating fathers. *Psychology of Violence*, 7(3), 406–416. <https://doi.org/10.1037/vio0000105>, and Scott K, Dubov V, Devine C, Colquhoun C, Hoffelner C, Niki I, Webb S, Goodman D. Caring Dads intervention for fathers who have perpetrated abuse within their families: Quasi-experimental evaluation of child protection outcomes over two years. *Child Abuse Negl.* 2021 Oct;120:105204. doi: 10.1016/j.chiabu.2021.105204. Epub 2021 Jul 20. PMID: 34298263, and Diemer, Kristin, and Humphreys, Cathy, et al. "Caring Dads program: Helping fathers value their children. Three Site Independent Evaluation 2017-2020." 2020

who met the threshold for a service from statutory child and family social service. In response, the Equilibrium Perpetrator Programme (EPP), a voluntary community programme using a whole family approach to address DA, was developed to address fathers who use abusive behaviours towards their partners or ex-partners. Although there are positive reports for this programme, its evaluation is still in early stages and more evidence is needed to examine its impact.¹¹⁶

- **Coordinated multi-agency and disruption responses**¹¹⁷

Multi-agency work is viewed as one of the most effective way to response to domestic abuse, due to a more holistic approach. Following the introduction of the Domestic Violence, Crime & Victims Act 2004 and other reforms in the UK, multi-agency statutory and no statutory agencies responses have been developed and implemented, such as Specialist Domestic Violence Courts (SDVC), Independent Domestic Violence Advocates (IDVAs) and Multi-agency Risk Assessment Conferences (MARAC). These have been shown to be effective in building a coordinated community response to domestic abuse,¹¹⁸ to provide early intervention outreach / advocacy service and encourage more abuse reporting due to the location of interventions within an advocacy rather than criminal justice framework.¹¹⁹ Other examples include the **Drive Project Intervention** (collaborative and whole system-family programme focused on high-harm, high-risk and serial perpetrators) and **Multi-Agency Tasking And Coordinated Approach**, MATAC (early behavioural intervention for high-harm perpetrators).¹²⁰

10.4. Interventions in health settings

There is a strong argument that health settings might be an appropriate place to identify DA and deliver DA interventions. Researches support the incorporation of mental health and substance use treatments with interventions for perpetrators (where relevant). Health settings can be also an environment to promote and increase awareness and prevention of harm in safeguarding children

¹¹⁶ Dafydd Thomas, Megan Stevens, Jason Davies. The equilibrium domestic abuse behaviour change and healthy relationships programme: a service description and evaluation framework (2023)

¹¹⁷ Karen Cleaver, Pam Maras, Charlotte Oram, Karen McCallum. A Review of UK based Multi-Agency Approaches to Early Intervention in Domestic Abuse: Lessons to be Learnt from Existing Evaluation Studies (2019)

¹¹⁸ Hague, G. & Bridge, S. (2008) Inching forward on domestic violence: the 'co-ordinated community response' and putting it in practice in Cheshire, *Journal of Gender Studies*, 17:3, 185-199, DOI: 10.1080/09589230802204134

¹¹⁹ Harvie, P., & Manzi, T. (2011). Interpreting Multi-Agency Partnerships: Ideology, Discourse and Domestic Violence. *Social & Legal Studies*, 20(1), 79-95. <https://doi.org/10.1177/0964663910384907>

¹²⁰ Amanda L. Robinson (2017) Serial Domestic Abuse in Wales: An Exploratory Study Into its Definition, Prevalence, Correlates, and Management, *Victims & Offenders*, 12:5, 643-662, DOI: 10.1080/15564886.2016.1187691

and young people by liaison nurses, clinical assessment, joint protocols and development of hub and spoke models.¹²¹

- **Identification and referral to improve safety (IRIS)**¹²²

A programme well established in the UK is the Identification and referral to improve safety (IRIS) programme for GPs, involving a practice-based training session, medical record prompts and clear referral pathways to a Domestic Violence advocate/educator. IRIS evaluations showed a general improvement with low frequency of different health conditions as depression, anxiety, self-harm and suicidal ideation. Importance is given to the upskilling and training of GPs.

- **REPROVIDE and ADVANCE**¹²³

REPROVIDE was a piloted training and support interventions for general practice settings in order to improve responses to men who perpetrate or experience DVA, as well as to children exposed to DVA.

ADVANCE¹²⁴

Funded by the UK National Institute for Health Research, the development of ADVANCE aimed to fill a gap in programmes for perpetrators by developing and evaluating an integrated substance use and Intimate Partner Abuse (IPA) programme specifically for male perpetrators where these risk factors are associated and interconnected. Two studies (Sandi Dheensa, 2022)-evaluated the programme with positive result both from staff and men who attended, but more evidence with comparison of traditional substance use treatment is needed.¹²⁵

¹²¹ Chambers, D., Cantrell, A. & Booth, A. Recognition of risk and prevention in safeguarding of children and young people: a mapping review and component analysis of service development interventions aimed at health and social care professionals. *BMC Health Serv Res* 21, 1241 (2021). <https://doi.org/10.1186/s12913-021-07257-8>

¹²² Zafar, S.; Bradbury-Jones, C.; Bandyopadhyay, S. Impacts of an Intervention to Improve the Identification, Referral and Safety of Those Experiencing Domestic Violence: A Mixed Methods Study in the UK. *Int. J. Environ. Res. Public Health* 2022, 19, 16181. <https://doi.org/10.3390/ijerph192316181>

¹²³ Wild, Dr Jessica. Working with people who perpetrate domestic violence and abuse in families Summary report (2021)

¹²⁴ Gilchrist, E., Johnson, A., McMurrin, M. et al. Using the Behaviour Change Wheel to design an intervention for partner abusive men in drug and alcohol treatment. *Pilot Feasibility Stud* 7, 191 (2021). <https://doi.org/10.1186/s40814-021-00911-2>, and Gilchrist, G., Potts, L., Radcliffe, P. et al. ADVANCE integrated group intervention to address both substance use and intimate partner abuse perpetration by men in substance use treatment: a feasibility randomised controlled trial. *BMC Public Health* 21, 980 (2021). <https://doi.org/10.1186/s12889-021-11012-3>

¹²⁵ Dheensa, S., Halliwell, G., Johnson, A., Henderson, J., Love, B., Radcliffe, P., Gilchrist, L., & Gilchrist, G. (2022). Perspectives on Motivation and Change in an Intervention for Men Who Use Substances and Perpetrate Intimate Partner Abuse: Findings From a Qualitative Evaluation of the Advance Intervention. *Journal of Interpersonal Violence*, 37(15-16), NP13342-NP13372. <https://doi.org/10.1177/0886260521997436>

- **'BuRN-Tool'**¹²⁶

One of the ways in which child maltreatment may come to the attention of health services is when a child with an injury attends a hospital emergency department (ED). Burns are common childhood injuries, with an estimation of 40,000 children in the UK. The 'BuRN-Tool' is a clinical prediction tool to identify burns suspected to have arisen from child maltreatment. This tool was developed by a multi-disciplinary team of child health clinicians and researchers from a review study that compared childhood burns from maltreatment with accidental burns. The BuRN-Tool intervention in hospitals did not change the percentage or characteristic of contacts/referrals recorded by Children Social Care (CSC) and, contrary to expectations, fewer cases received an assessment or intervention from CSC after the BuRN-Tool was introduced. However, the Tool threshold (BT score ≥ 3) was associated with a greater proportion of children who would, following a referral, be subject to further actions by CSC. The tool shown some potential to help identify which children with burns will likely receive a CSC response and can help clinicians and practitioners with early identification.

- **Mental health and substance use treatment**

There is different evidence in support of the relationship between mental health illness, substance misuse and higher risk of domestic violence, with suggestions to incorporate mental health and substance use treatments with interventions for perpetrators, in particular health settings. Although there is evidence of some promising outcomes, they are of low significance and short term due to the lack of data.¹²⁷

Interesting results were shown with the **Better Reduction and Assessment of Violence (BRAVE)** study, the first full-scale cluster randomized controlled trial aiming at improving detection and referrals on DVA in mental health care, targeting community mental health (CMH) teams, and also providing mental health training for DVA professionals.¹²⁸ Although the BRAVE intervention was successful in increasing the clinicians' knowledge, attitude, and skills, there was no increase in DVA detection rates or referrals.

¹²⁶ Bennett CV, Hollén L, Wilkins D, Emond A, Kemp A. The impact of a clinical prediction tool (BuRN-Tool) for child maltreatment on social care outcomes for children attending hospital with a burn or scald injury. *Burns*. 2023 Jun;49(4):941-950. doi: 10.1016/j.burns.2022.07.014. Epub 2022 Jul 28. PMID: 35987740

¹²⁷ Stephens-Lewis D, Johnson A, Huntley A, Gilchrist E, McMurrin M, Henderson J, Feder G, Howard LM, Gilchrist G. Interventions to Reduce Intimate Partner Violence Perpetration by Men Who Use Substances: A Systematic Review and Meta-Analysis of Efficacy. *Trauma Violence Abuse*. 2021 Dec;22(5):1262-1278. doi: 10.1177/1524838019882357. Epub 2019 Nov 11. PMID: 31711372; PMCID: PMC8649458

¹²⁸ Ruijne R, Mulder C, Zarchev M, Trevillion K, van Est R, Leeman E, Willems W, Gaag MV, Garofalo C, Bogaerts S, Howard L, Kamperman A. Detection of Domestic Violence and Abuse by Community Mental Health Teams Using the BRAVE Intervention: A Multicenter, Cluster Randomized Controlled Trial. *J Interpers Violence*. 2022 Aug;37(15-16):NP14310-NP14336. doi: 10.1177/08862605211004177. Epub 2021 Apr 18. PMID: 33866860; PMCID: PMC9382347

Independent Domestic Violence Advisors (IDVAs)

IDVAs provide survivors of domestic violence and abuse with support around criminal justice, housing, health and wellbeing, finances, employment, and immigration. Interesting outcomes have been found in the work of hospital-based IDVAs, in facilitating and overcoming barriers to domestic violence and abuse services in hospitals. The Dheensa report is the largest IDVA evaluation to date.¹²⁹ Although the study does not evaluate effectiveness, it does feature how healthcare professionals valued the hospital-based IDVA service and how it was considered an effective way of tackling domestic violence and abuse in a healthcare environment.

10.5. Children

UK studies and research identifies prevention and early intervention as the most effective interventions for children in domestic abuse cases.

- **Psychotherapeutic Interventions**

The connection between children experiencing violence in cases of parental substance misuse and mental health conditions, has led to the development of interventions addressing both factors with the aim of reducing violence. Although there is limited evidence on their effectiveness, a systematic review found combining therapeutic interventions with parent skill training had a positive impact. Also, psychological interventions (such as CBT and IPT) and home-based services led by health professionals, seemed to benefit children with a parent suffering from a mental health illness.¹³⁰

Maternal alcohol consumption and depression can result in child neglect. A review identified various attachment intervention programmes which take in to consideration mother's mental health, child development and the environmental context (as work-related conflict, violence exposure). Results showed improvements in maternal sensitivity, competencies and emotional regulation but it was not clear if improvements were related to a decrease in psychological symptoms.¹³¹

¹²⁹ Dheensa S, Halliwell G, Daw J, Jones SK, Feder G. "From taboo to routine": a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC Health Serv Res.* 2020 Feb 21;20(1):129. doi: 10.1186/s12913-020-4924-1. PMID: 32085771; PMCID: PMC7035753

¹³⁰ Barrett S, Muir C, Burns S, Adjei N, Forman J, Hackett S, Hirve R, Kaner E, Lynch R, Taylor-Robinson D, Wolfe I, McGovern R. Interventions to Reduce Parental Substance Use, Domestic Violence and Mental Health Problems, and Their Impacts Upon Children's Well-Being: A Systematic Review of Reviews and Evidence Mapping. *Trauma Violence Abuse.* 2024 Jan;25(1):393-412. doi: 10.1177/15248380231153867. Epub 2023 Feb 15. PMID: 36789663; PMCID: PMC10666514

¹³¹ Bedoya-Gallego, D. M., Jimenez-Perez, L. C., Gonzalez-Gaviria, M. A., A. R. R. de Vivo, Jorje Enrique Palacio Sanudo. *Child maltreatment: Qualitative review of theoretical and methodological trends in intervention programs with an attachment perspective* (2022)

- **Family-Based Therapy**¹³²

Family-based therapy interventions are interventions provided to families at high-risk of physical abuse and neglect. It is a broad definition involving psychologist or social workers engaging with family members in changing their environments, behaviours and interactions. Evaluation on their effectiveness in England has demonstrated a reduction in child maltreatment. Approaches that consider the needs of the whole family within a multi-disciplinary and multi-agency partnership are still needed.¹³³

Some interventions implemented in the UK are:

- Family Safeguarding Model: a whole-system programme that delivers motivational, strengths-based practices to address DVA, parental substance and parental mental health
- For Baby's Sake: a perinatal early intervention working with parents from pregnancy with the aim to disrupt DVA cycles and ensure better outcomes for children
- Growing Futures: this programme uses a partnership approach to address service partnership challenges in responding victim-survivors, perpetrators and children and young people.
- Newham NewDAy programme: is a non-statutory service, created in response to high cases of children domestic abuse cases, available to families with a situation of violence that is not connected with controlling behaviour.
- Opening Closed Doors: a Barnardo's programme, created to support children and families experiencing DVA, with an emphasis on recovery and building sustainable change
- Safe & Together: widely implemented in the UK, this whole family approach programme, identifies domestic abuse as a negative parenting choice and uses a strengths-based approach to promote alliances with the non-abusive parent implementing strategies used by the non-abusive parent to manage risk and safety during DVA.
- Steps to safety: developed by the NSPCC with the University of Oxford and the University of South Florida, this programme aims to holistically support families, interrupting the "reactive violence" among both same-gender and heterosexual couples who are expecting a child or with a child under the age of 5.

¹³² Dr Jessica Wild. Working with people who perpetrate domestic violence and abuse in families Summary report (2021)

¹³³ Economidis, G., Pilkington, R., Lynch, J. et al. The effect of family-based therapy on child physical abuse and neglect: a narrative systematic review. *Int. Journal on Child Malt.* (2023). <https://doi.org/10.1007/s42448-023-00170-z>

- **Parenting Interventions**

Parenting interventions are behavioural interventions directed at parents or other caregivers of the child which aim to support parents and caregivers to learn new parenting skills and behaviours and improve the way they relate to their child. These interventions aim to strengthen the quality of parent–child relationships and enhance parenting knowledge and competence.¹³⁴ These interventions have been shown to improve the psychological well-being of parents, parental mental health and parenting skills. More studies are needed to understand how to maintain the effectiveness in long term.¹³⁵

- **Educational Interventions**

A systematic review analysed four educational interventions (*“The Period of Purple Crying”, “I Promise”, “Take 5” and the “ICON programme”*) to prevent paediatric abusive head trauma (AHT) in babies. Educational and behavioural programmes aim to prevent AHT by modifying carer/infant interactions, particularly during times of peak infant crying, focusing on educating carers on patterns of infant crying and the dangers of shaking their infant. These studies were implemented in the US and the systemic review found low to no effect.¹³⁶

- **Mindfulness-Based Interventions**

Recent years have seen an increase in mindfulness-based interventions (MBIs), such as mindfulness-based stress reduction, mindfulness-based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT) and Mindful Self-Compassion. There is evidence of their benefit in treating mood and anxiety disorders especially in cases of Adverse Childhood Experience. Criticisms include variability of interventions style, lack of randomization processes, short term effects and the possibility of re-experience traumatic memories during interventions.¹³⁷

¹³⁴ Backhaus S, Leijten P, Jochim J, Melendez-Torres GJ, Gardner F. Effects over time of parenting interventions to reduce physical and emotional violence against children: a systematic review and meta-analysis. *EClinicalMedicine*. 2023 May 18;60:102003. doi: 10.1016/j.eclinm.2023.102003. PMID: 37251634; PMCID: PMC10209692

¹³⁵ Vseteckova, J., Boyle, S., & Higgins, M. (2022). A systematic review of parenting interventions used by social workers to support vulnerable children. *Journal of Social Work*, 22(4), 992-1030. <https://doi.org/10.1177/14680173211037237>

¹³⁶ Scott LJ, Wilson R, Davies P, Lyttle MD, Mytton J, Dawson S, Ijaz S, Redaniel MT, Williams JG, Savović J. Educational interventions to prevent paediatric abusive head trauma in babies younger than one year old: A systematic review and meta-analyses. *Child Abuse Negl*. 2022 Dec;134:105935. doi: 10.1016/j.chiabu.2022.105935. Epub 2022 Oct 26. PMID: 3630889

¹³⁷ Moyes E, Nutman G, Mirman JH. The Efficacy of Targeted Mindfulness-Based Interventions for Improving Mental Health and Cognition Among Youth and Adults with ACE Histories: A Systematic Mixed Studies Review. *J Child Adolesc Trauma*. 2022 May 5;15(4):1165-1177. doi: 10.1007/s40653-022-00454-5. PMID: 36439656; PMCID: PMC9684378

- **Cognitive Behaviour Therapy**

CBT can be used to treat post-traumatic stress disorders in children and there is strong evidence on its efficacy in children experiencing adverse Childhood Experience and mental health outcomes.¹³⁸

- **DART**

DART was designed, implemented and tested by the NSPCC, and later rolled out by local authorities and other voluntary organisations to support mothers and children in their area. It is designed to support mothers and their children (aged 7 to 14) to overcome the adverse effects of domestic abuse, together. It aims to help children to share their experiences of the abuse with their mother and to help mothers to understand and address related difficulties their child may have. Many evaluations were done with positive results on supporting mother and children to achieve better outcomes, increasing mother's self-esteem and mother-children relationship.¹³⁹

- **Home-Based Interventions**

Parents Under Pressure and **Promoting First Relationships** are both home based interventions. The first is based on attachment theory, behavioural parenting skills and adult psychopathology, with the aim to improve emotional regulation in caregivers. The second uses Child Protective Services to report possible abuse and neglect. In a recent cost-effectiveness study both interventions have been considered cost-beneficial amongst other interventions focused on child abuse and neglect in high income countries.¹⁴⁰

- **Advocacy Services**

Advocacy interventions vary both within and between countries, since their precise aims and content, as well as implementation and delivery, depend partly on the setting in which they are delivered, the way they are funded,¹⁴¹ and the advocate role.¹⁴² It has been seen that advocacy interventions can potentially benefit abused women, if undertaken for long enough, but their goals

¹³⁸ Lorenc, T., Lester, S., Sutcliffe, K. *et al.* Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. *BMC Public Health* **20**, 657 (2020). <https://doi.org/10.1186/s12889-020-08789-0>

¹³⁹ NSPCC. Domestic Abuse, Recovering Together (DART): A robustly evaluated intervention found to strengthen the mother-child relationship (2021). Available from: <https://www.nice.org.uk/sharedlearning/domestic-abuse-recovering-together-dart-a-robustly-evaluated-intervention-found-to-strengthen-the-mother-child-relationship>

¹⁴⁰ Kugener T, Wiethoff I, van Mastrigt G, van den Berg B, Evers SMAA. Economic evaluations of interventions focusing on child abuse and neglect in high-income countries: a systematic review. *Front Psychiatry*. 2023 Jun 21;14:1031037. doi: 10.3389/fpsy.2023.1031037. PMID: 37415695; PMCID: PMC10320140

¹⁴¹ Rivas C, Ramsay J, Sadowski L, Davidson LL, Dunne D, Eldridge S, Hegarty K, Taft A, Feder G. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database Syst Rev*. 2015 Dec 3;2015(12):CD005043. doi: 10.1002/14651858.CD005043.pub3. PMID: 26632986; PMCID: PMC9392211

¹⁴² Feder G, Ramsay J, Zachary MJ. Clinical response to women experiencing intimate partner abuse: what is the evidence for good practice and policy?. In: Roberts G, Hegarty K, Feder G editor(s) 2006

need to match each woman's needs. There is low confidence in the evidence regarding complexity.¹⁴³

10.6. Housing

Housing intervention evaluations are generally focused on emergency shelters, with few focusing on longer-term housing interventions and solutions. There is evidence that long-term housing solutions have positive impact especially on mental health, depression, PTSD and psychological distress.

In addition, women that experience IPV face further structural and interpersonal violence, especially in cases of racialised and indigenous women. The general literature stresses the need of more investment in different type of housing solutions, with offer of psychotherapy and advocacy interventions. This should be paired with continuing and rigorous monitoring and evaluation to create a meaningful evidence base.¹⁴⁴ In the UK we have different local housing projects aiming to serve different needs.

- **Rhea Project**

The Rhea Project was established as a partnership between Solace Women's Aid (Solace) and Commonweal Housing (Commonweal) to pilot good quality, temporary housing with tailored support for survivors of domestic abuse and, in some cases, other forms of violence against women and girls (VAWG).¹⁴⁵

The project aims to provide services to meet the needs of survivors of domestic abuse through a holistic, empowering approach. Rhea has delivered positive outcomes for survivors against all aspects of the Theory of Change and there is academic evidence to support its holistic approach.

- **Westminster VAWG Housing First Service Second Year Evaluation**¹⁴⁶

Housing First is a housing and support approach which provides a stable home for people who have experienced homelessness and chronic health and social care needs so they can rebuild their lives. It is an evidence-based intervention that is proven to successfully support people with repeat histories

¹⁴³ Rivas C, Vigurs C, Cameron J, Yeo L. A realist review of which advocacy interventions work for which abused women under what circumstances. *Cochrane Database Syst Rev.* 2019 Jun 29;6(6):CD013135. doi: 10.1002/14651858.CD013135.pub2. PMID: 31254283; PMCID: PMC6598804

¹⁴⁴ Yakubovich AR, Bartsch A, Metheny N, Gesink D, O'Campo P. Housing interventions for women experiencing intimate partner violence: a systematic review. *Lancet Public Health.* 2022 Jan;7(1):e23-e35. doi: 10.1016/S2468-2667(21)00234-6. Epub 2021 Nov 24. PMID: 34838218

¹⁴⁵ Commonweal Housing. <https://www.commonwealhousing.org.uk/projects/rhea>

¹⁴⁶ Louisa Steele. Westminster VAWG Housing First Service Second Year Evaluation (2022) [Westminster VAWG Housing First Service Second Year Evaluation – Solace Womens Aid](#)

of homelessness who experience multiple disadvantages, helping them into independent and stable accommodation.

- **Refuge Access for All** project was established to provide a model for working to improve access to, and the outcomes for, women and children in refuges with mental health and/or substance use issues who have experienced domestic abuse. It was funded by the Department for Communities and Local Government (DCLG) as a partnership between Solace Women's Aid and the London Boroughs of Enfield, Barnet, Haringey, Islington and Camden. The project led to a reduction in drop out, improvement in staff knowledge and competencies and positive feedback from service users.¹⁴⁷

- **Nia Specialist Refuge Projects**¹⁴⁸:

Nia refuges provide refuge for women with problematic substance use, whether drugs, alcohol or a mixture of both, and women who are involved in prostitution or other forms of sexual exploitation. The refuges are:

The Emma Project: a refuge and outreach service for women who have experienced domestic and sexual violence including women who have been exploited through prostitution and who also use substances problematically.

Daria House: a refuge for women who have been sexually exploited, with a particular focus on supporting women who have been exploited through their involvement in prostitution

- The **Respite Rooms Pilot Programme** provided single gender, single sex short stay supported accommodation for victims of Domestic Abuse (DA) and Violence against Women and Girls (VAWG) experiencing, or at risk of, street homelessness. It provided vulnerable people with intensive, trauma informed support and helped them make choices and decisions around next steps for recovery. The programme started operating in October 2021 in 12 English Local Authorities (LAs) (Department for Levelling Up, 2023). It ran for 18 months with funding of £5.4 million and provided 121 bed spaces. Overall, the evaluation found the Respite Rooms programme highly effective in providing support to a very vulnerable group of people.

¹⁴⁷ AVA. Peace of Mind. An Evaluation of the Refuge Access for All Project: Creating a Psychologically Informed Environment in Solace Women's Aid services across five London Boroughs. (2017)

¹⁴⁸ Nia. <https://niaendingviolence.org.uk/get-help/domestic-violence-and-abuse/specialist-refuges/>

Other housing projects are:

Anah Project Refuge <https://www.anahproject.org/the-refuge/>

Ashiana Refuge <https://www.ashiana.org.uk/refuge/>

Hestia South Asian Refuge <https://www.hestia.org/domestic-abuse-service-south-asian-refuge>

IKWRO Refuge <https://ikwro.org.uk/refuge/>

Juno Women's Aid Refuge Accommodation <https://junowomensaid.org.uk/refuge-accommodation/>

Kiran Refuge <https://www.kiranss.org.uk/refuge>

London Black Women's Project Refuges <https://www.lbwp.co.uk/refuges.html>

The Outside Project refuge <https://lgbtiqoutside.org/>

10.7. Tailored programme

Further studies and reviews have highlighted that there is currently a lack of **same sex programmes**¹⁴⁹ for perpetrators and interventions targeting **specific population groups (including people with learning disabilities, LGBTQ+, Trans people, sex workers, black and minority ethnic women)**¹⁵⁰ or **particular types of offending** (e.g. stalking).¹⁵¹ In the case of Black and Minority ethnic women, there is evidence that they do not only face physical violence, but that they can also experience coercive and economic abuse from the perpetrator having power over their immigration status. During the pandemic there has been an increase in housing requests, highlighting the need for specific services and trained staff that can better address their multiple and complex needs.

¹⁴⁹ Graham-Kevan, N., & Bates, E. A. (2020). Intimate partner violence perpetrator programmes: Ideology or evidence-based practice? In J. S. Wormith, L. A. Craig, & T. E. Hogue (Eds.), *The Wiley handbook of what works in violence risk management: Theory, research, and practice* (pp. 437–449). Wiley Blackwell

¹⁵⁰ Olabanji, O.A. Collaborative Approaches to Addressing Domestic and Sexual Violence among Black and Minority Ethnic Communities in Southampton: A Case Study of Yellow Door. *Societies* 2022, 12, 165. <https://doi.org/10.3390/soc12060165>
¹⁵⁰ Imkaan. The importance of the dual impact pandemics : violence against women and girls and COVID-19 on Black and Minoritised Women and Girls (2020), and Imkaan. The importance of the dual impact pandemics : violence against women and girls and COVID-19 on Black and Minoritised Women and Girls (2020)

¹⁵¹ Jerath, K., Tompson, L. & Belur, J. Treating and managing stalking offenders: findings from a multi-agency clinical intervention.(2022)

10.8. National and Local Policies

Call to end violence against women and girls (VAWG) This body of documents provides the strategic framework guiding the work of government in the UK¹⁵²:

- Call to end Violence against Women and Girls. Action Plan, 2011¹⁵³
- Ending Violence against Women and Girls: Action Plan Progress Review, 2011¹⁵⁴
- Taking Action – the next chapter, 2012¹⁵⁵
- Ending violence against women and girls strategy: 2016 to 2020 (accessible version), updated July 2021¹⁵⁶
- A Call to End Violence against Women and Girls Progress Report 2010-2015¹⁵⁷
- Tackling Violence Against Women and Girls (VAWG) Strategy 2021¹⁵⁸

The guiding principles of UK strategy are to:

- Increase support for victims and survivors
- Increase in reporting to the police
- Increase 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

¹⁵² VAWG. <https://www.gov.uk/crime-justice-and-law/violence-against-women-and-girls>

¹⁵³ Home Office Government. Call to end violence against women and girls: action plan 2011. Available from:

<https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-action-plan>

¹⁵⁴ Home Office Government. Call to End Violence Against Women and Girls (VAWG): Action Plan Progress Review (2011).

Available from: <https://assets.publishing.service.gov.uk/media/5a78f49fed915d0422066a93/action-plan-progress-review.pdf>

¹⁵⁵ Home Office Government. Call to end violence against women and girls: taking action - the next chapter (2012).

Available from: <https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-taking-action-the-next-chapter>

¹⁵⁶ Home Office Government. Ending violence against women and girls strategy: 2016 to 2020 (Accessible version).

Available from: <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020/ending-violence-against-women-and-girls-strategy-2016-to-2020-accessible-version>

¹⁵⁷ Home Office Government. A Call to End Violence against Women and Girls Progress Report 2010 to 2015. Available

from: <https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-progress-report-2010-to-2015>

¹⁵⁸ Home Office Government. Tackling Violence against Women and Girls (VAWG) Strategy. Available from:

<https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

Domestic Abuse – Statutory Guidance, 2022

Related policies:

- Domestic Abuse Act 2021
- End to End Rape Review¹⁵⁹

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

The following items of guidance can be found on the NICE website (NICE)¹⁶⁰:

Surveillance of domestic violence and abuse: Multi-agency working, 2018 (p50)

Domestic violence and abuse: multi-agency working, 2014 (NICE Public Health Guideline 50)

Set of recommendations to identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people through planning and delivering multi-agency services for domestic violence and abuse.

Domestic violence and abuse, 2016 (Quality Standard 116)

This quality standard covers services for domestic violence and abuse in adults and young people (aged 16 and over).

Pregnancy and Complex Social Factors, 2010 (NICE Clinical guideline 110)

Recognises pregnant women with complex social factors, including DA. The guidance aims to improve service organisation, access to care, connection with antenatal carers and additional information for women.

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

- **Child abuse and neglect. 2017.** (NICE Guidance 76).
- The guidance helps recognising and responding to abuse and neglect in children and young

¹⁵⁹ Home Office Government. The end-to-end rape review report on findings and actions. Available from: <https://www.gov.uk/government/publications/end-to-end-rape-review-report-on-findings-and-actions#:~:text=The%20End%2Dto%2DEnd%20Rape,the%20end%20of%20this%20Parliament.>

¹⁶⁰ NICE (National Institute for Health and Care Excellence) <https://www.nice.org.uk/>

people aged under 18.

- **Child abuse and neglect 2019 (Quality Standard 179)**
- This quality standard covers recognising, assessing and responding to abuse and neglect of children and young people under 18
- **Health visiting. 2014.** (NICE Local Government Briefing 22).
- **Social and Emotional Wellbeing in Primary and Secondary Education. 2022** (NICE Guideline 223)
- **Social and emotional wellbeing: early years. 2012.** (NICE Public Health Guidance 40).

Getting help to overcome abuse 2022

A guideline to support people who work with children and young people to make sure young people get the best possible support. Organisations supporting the young people involved in developing this quick guide were AVA - against violence and abuse; The Limes College; Young women's housing project (YWHP).

- **REACH Domestic Abuse Service: Multi-lingual domestic violence/family abuse advice, advocacy and support based in an Accident and Emergency (A&E) department 2015**
- **Domestic Abuse, Recovering Together (DART):** A robustly evaluated intervention found to strengthen the mother-child relationship (NSPCC) 2021
- **Recognising and responding to domestic violence and abuse 2022**
- Summary: A quick guide to recognising and responding to domestic violence and abuse
- **Therapeutic interventions after abuse and neglect**
- **Integrated health and social care for people experiencing homelessness** (NICE guideline 214) 2022
- **Safeguarding adults in care homes** (NICE guideline 189) 2021

10.11. Other government guidance

- **Keeping children safe in education- Statutory guidance for schools and colleges on safeguarding children and safer recruitment. Updated 2023** Department for Education¹⁶¹

¹⁶¹ NSPCC Learning: Keeping children safe in education (KCSIE) 2023: summary of changes, 2023. Available from: <https://learning.nspcc.org.uk/research-resources/schools/keeping-children-safe-in-education-caspar-briefing>

- **Working together to safeguard children- Statutory guidance on inter-agency working to safeguard and promote the welfare of children** Updated 2022 Department for Education¹⁶²
- **Multi-agency safeguarding and domestic abuse- Panel briefing 2022** (Child Safeguarding Practice Review Panel)¹⁶³
- **Responding to domestic abuse** – A resource for health professionals (Department of Health)
- Domestic abuse how to get help: Find out how to get help if you or someone you know is being abuse at home. Home Office, updated 2021¹⁶⁴
- Domestic violence¹⁶⁵

¹⁶² GOV.UK: Working together to safeguard children. Available from:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

¹⁶³ GOV.UK: Multi-agency safeguarding domestic abuse paper. Available from:

<https://www.gov.uk/government/publications/multi-agency-safeguarding-and-domestic-abuse-paper>

¹⁶⁴ GOV.UK: Domestic abuse: how to get help. Available from: <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

¹⁶⁵ GOV.UK: domestic violence. Available from: <https://www.gov.uk/crime-justice-and-law/domestic-violence>

11. Progress on 2021 recommendations and new recommendations for 2024-2027

11.1. Progress on 2021 recommendations

- **Improve data collection to develop a broader picture of domestic abuse in Swindon to inform future provision.**

A new performance dashboard has been developed to improve data collection to help inform the future commissioning and Domestic Abuse Strategy for Swindon.

- **Enhance training to front line staff to enable identification of domestic abuse, especially in older people.**

The training offer has been improved including new practice briefings on professional curiosity, intergenerational abuse, family conflict, coercive controlling behaviour and DASH & MARAC training. There has also been a webinar on Predatory Marriage.

- **Develop innovative ways to work and engage with victims with protected characteristics – BAME, LGBTQ, and Gypsy and Travellers to encourage them to disclose domestic abuse and seek support.**

Honour Based Abuse, Forced Marriage & Female Genital Mutilation Awareness Training continues to be delivered. A new BAME specialist support worker will be in post in January 2024.

- **Provide specialist support for victims and perpetrators with complex needs and multiple disadvantages.**

As part of the Statutory Housing Duty of the Domestic Abuse Act 2021 a specialist Complex Needs 24 Hour Refuge is now in operation. There is a Recovery Programme and access to other support groups.

The Open2Change Perpetrator Programme offers one to one support to perpetrators.

- **Develop early intervention approaches to identify lower risk victims and their children to prevent escalation to high risk and crisis.**

Swindon has implemented the Family Safeguarding Model within Children's Services and families with early identified family conflict and domestic abuse are offered support from

specialist domestic abuse practitioners. Those who abuse are also offered support to change or modify their behaviour.

- **Develop a mechanism for consulting with victims and survivors to ensure the services are meeting the needs of our local community.**

A Domestic Abuse Project Officer has been employed. Engagement and consultation with people with Lived Experience has been undertaken. Focus Groups and a Lived Experience Survey have been delivered. These have given us valuable information to help inform the Needs Assessment and the future commissioning plans. A Consultative Group will be meeting in 2024.

11.2. New recommendations for 2024-2027

- Improve data collection and reporting by service providers to develop a more detailed picture of the type of populations experiencing Domestic Abuse and Violence in Swindon
- Strengthen prevention and early interventions to better identify children and young people at risk of domestic abuse and implement effective programmes to reduce the impact of domestic abuse on children and young people.
- Further develop an intersectionality approach to service planning and delivery to ensure that high risk and vulnerable groups, including people from BME groups, LGBTQ+ people, people with learning disabilities, and older adults have access to specific and tailored services by upskilled and trained staff.
- Develop safe, alternative and innovative DA reporting systems for service users, including the use of digital technology, to increase service accessibility and improve support
- Ensure services take into consideration and develop strategies to address domestic abuse and violence towards men
- Ensure that the lived experience of survivors and perpetrators is regularly collected and used to inform service planning, evaluation and delivery
- Increase the type (long and short term) and number of specialist accommodation spaces locally, taking into consideration the different risk factors and needs of different population groups
- Develop clear and agreed referral pathways between partners to ensure that safe, timely, effective and appropriate services are offered to victims, survivors and perpetrators
- Increase general awareness about Domestic Abuse both in specialised and community settings in order to reduce social and cultural stigma, ensuring that people feel confident to report any type of abuse and violence, and receive appropriate support through the criminal justice system

12. Closing remarks

Domestic abuse is still common in Swindon (as in England and Wales as a whole) and difficult to capture through data. We estimate that about 5.7% of the adult population is affected each year. This equates to about 8,200 people each year, even though some people will experience many incidents of DA over a number of years. Men as well as women experience DA, but men are less likely to be victims than women, and often in the context of a relationship with a partner rather than the wider family context. In 2022/23, Swindon police recorded 5,895 incidents of which 53% were considered crimes, showing a steady increase from April 2018 to March 2023. 816 DA crimes were recorded as having a child present, where they might possibly have been at risk.

The causes of DA are complex, and there is an increasing body of research developing internationally as in the UK, looking at best practices and the efficacy of interventions in prevention, reducing recidivism and/or aiding recovery from domestic abuse. Our literature review has identified promising interventions that support victims (both adults and children), as well as programmes for perpetrators ensuring their accountability to ensure abuse and violence won't be perpetrated again. In a similar vein, we identified other interventions with limited evidence for effectiveness due to the type of studies, bias and lack of data.

A range of services addressing DA are offered in Swindon, by agencies across different sectors. Much has been achieved in putting into place a strong governance framework in Swindon, improving communication between agencies to ensure efforts are effective, and important information about vulnerable individuals is shared (appropriately and confidentially) between agencies in order to prevent initial or further harm.

Recommendations of this needs assessment are that further progress could be made in Swindon in the following ways: improve data collection and reporting to develop a detailed picture of the Swindon population experiencing Domestic Abuse and Violence; strengthen prevention and intervention to identify children and young people at high risk of domestic abuse and implement effective programmes; ensure an intersectionality approach is used for service planning and delivery in order for vulnerable and high risk groups of the population to have access to tailored services and skilled professionals; develop safe and alternative reporting systems with the use of technology; ensuring services take into consideration and address abuse and violence towards men; collecting lived experience of survivors and perpetrators to help inform service planning, delivery and evaluation; increase accommodation options taking into consideration population risk factors and needs; develop a clear and agreed referral pathways for survivors and perpetrators.

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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 Swindon Women's Aid.

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 2022/23 the police recorded 5,895 incidents, and we predicted 8,235 persons as experiencing DA in Swindon (based on the national crime survey.)
- This gives a recording ratio of 71.6% for Swindon whereas ONS gives a recording ratio of 41.9%, nationally.
- This match between Swindon and England and Wales suggests that DA is probably identified to less of an 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 '71.6%' figure) does not capture all these incidents.

Appendix Two: Overview of local and national services

| Adult's services | | |
|-------------------------|--|---|
| Local | Swindon Domestic Abuse Support Service (SDASS, provided by SWA) | Refuge accommodation for women fleeing domestic abuse, and community service providing outreach support to people who have experienced domestic abuse (support for adults and dependent children) |
| | Sexual Assault Referral Centre (SARC) | Supporting adults over 16 years who have experienced sexual assault including those where DA was flagged. |
| | Sexual Assault Therapeutic Support | Swindon & Wiltshire, provided by FearFree for adults. |
| | SBC Housing Options service | Housing support for people fleeing DA or where DA is indicated as a need. |
| | Nelson Trust | Rehabilitation programmes for women offenders and women with additional issues including those fleeing DA. Complex Needs Refuge to support women who cannot access traditional refuge due to risk levels. |
| | Safe Places and Safe Space (provide by Stonewater) | Safe housing for people fleeing DA including victims from LGBTQ+ communities. |
| | Open2Change (provided by SWA) | Early intervention and support programme for people who recognise their use of abusive behaviour and want to change. |
| | Domestic Violence Perpetrator Programme (DVPP, funded through probation services and Office of Police and Crime Commissioner (OPCC)) Delivered by SWA | Specialist support for Domestic Abuse Serial Perpetrators (DASP). |
| National | Respect national charity | Offering support and advice for perpetrators of DA Respect Helpline. Men's Advice Line offering support to men who are experiencing domestic abuse. |
| | Mankind national charity | Offering support and advice for victims of DA (males). |
| | Galop | Offering support to victims from LGBTQ+ community. |
| | Karma Nirvana | Offering support to victims at risk of Honour Based Abuse, Forced Marriage. |
| | Stalking Helpline | Providing support to anyone who is experiencing stalking. |
| | Trauma Breakthrough | UK charity supporting adult survivors of trauma and abuse. |
| | Survivors UK (men only) | Providing specialist support in the field of male sexual violence. |

| Children's services | | |
|----------------------------|---|--|
| Local | SBC children's social services | Multi Agency Safeguarding Hub (MASH) and Early Intervention/Early Help triage safeguarding referrals where DA is known or suspected and direct appropriate statutory (assessments, Child Protection Plans (CPP), Children Looked After (CLA)) or non-statutory support. |
| | Family Safeguarding Team | |
| | Swindon RESPECT service (part of the Youth Offending Service) | Support for adolescents aged 10 to 17 who display harmful behaviour and family intervention through the Managing Challenging Behaviour (MCB) teens programme. |
| | Family Nurse Partnership | Support for young parents with young babies, and a father's worker. |
| | SARC Bridge Centre Bristol | Offers support for under 16s who have experienced sexual assault or abuse. |
| National | Barnardos | Providing long-term non-clinical support to children and young people who have been victims of sexual abuse and assault. |
| | NSPCC | NSPCC work with families when they're going through difficult times – like battling addiction or overcoming mental health problems. They offer all kinds of support – from helping new parents care for their baby to giving professionals the tools they need to assess neglect. DART Programme (Domestic Abuse Recovering Together) Group work programmes for female non-abusers and their children to help them recover from domestic abuse. |
| | Internet Watch Foundation | UK organization that aim to make the internet a safer place by identifying and removing global online child sexual abuse imagery. |
| | Child exploitation and Online Protection | Supporting in cases of child online abuse. |
| | ChildLine | Specialist helpline for children and young people. They also offer email support and an online chat service. |
| | Letting the Future In | Letting the Future In (LTFI) is designed to help children and young people who have experienced sexual abuse rebuild their lives. |
| | ACTS FAST | ACTS FAST are a dynamic group of professionals working to ensure that non-abusive parent/carers are freed of the guilt, shame and isolation experienced when their child discloses sexual abuse. Group work programme for female victims and groups for children dependent on ages. |
| | The Recovery Toolkit (SDASS) | |

| Other services including health care, legal and justice systems | | |
|--|--|---|
| Local | Ambulance services, emergency departments, hospital services, GPs | Emergency attendances, unplanned admissions or medical appointments where DA is known or suspected and safeguarding referrals made where appropriate |
| | Wiltshire police service | Attendance at DA incidents or crimes |
| | Criminal justice system | Domestic Violence Protection Notices (DVPNs), Domestic Violence Protection Orders (DVPOs), Domestic Violence Disclosure Schemes (DVDs), Stalking Protection Orders (SPOs), FGM Protection Orders, Forced Marriage Protection Orders |
| | Multi Agency Risk Assessment Conference (MARAC, data provided by Safe Lives) | Multi-agency meeting administered by Swindon CSP police, probation services, health services, child protection specialists, housing, Independent Domestic Violence Advisors (IDVAs) and other specialists from statutory and voluntary sectors. |
| | DA & VAWG board | Statutory Requirement of the DA Act 2021 oversees the Statutory Housing Duty, the Action Plan for the Multi Agency DA Strategy, Perpetrator Strategy. |
| National | CGL | National health and social care charity, helping in challenges as drugs, alcohol, housing, justice, health and wellbeing. |
| | Revenge Porn Helpline | UK service supporting adults (aged 18+) who are experiencing intimate image abuse, also known as 'revenge porn'. |
| | Victim Support | National charity giving free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected across England and Wales. |
| | Mosac | Supports the non-abusing parents and carers of children who have been sexually abused. |

Appendix Three: 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 creche 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 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 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 Four: Multi Agency Safeguarding Hub (MASH) flow chart

