

# DOMESTIC VIOLENCE AND ABUSE

Warwickshire Joint Strategic Needs Assessment 2021

---



## DOCUMENT INFORMATION

Document Name:	Warwickshire's Domestic Violence and Abuse Joint Strategic Needs Assessment (2021)				
Published Date:	Thursday, 28 October 2021	Version:	N/A	Release	Final
Author:	Emma Guest				
Owner:	Rachel Jackson, PE				

This document is only valid on the day it was printed.

The source of the document will be found at this location: <https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/thematic-needs-assessments-previous-annual-updates/1>

## APPROVALS

This document requires the following approvals.

*N.B. Signed approval should be filed appropriately in the project filing system.*

Name	Signature	Title	Date of Issue	Version
Zoe Mayhew	<i>z.mayhew</i>	Strategy & Commissioning Manager	28-Oct-21	Final

## TABLE OF CONTENTS

Document Information .....	2
Approvals .....	2
Executive Summary .....	5
Summary of DVA in Warwickshire .....	6
Key Findings, recommendations and Emerging Themes .....	7
Purpose and Scope of the Needs Assessment .....	8
Acknowledgements.....	8
1.1 Definition of Domestic Violence and Abuse .....	9
1.2 Domestic Abuse Bill 2020.....	10
2. National Picture .....	13
2.1 Overview of Prevalence .....	13
2.2 Impact of DVA on physical and mental health.....	14
2.3 Risk factors .....	15
Gender and gender identity.....	15
Age .....	18
Sexuality .....	19
BAME Communities .....	20
Disability.....	21
Children and young people.....	22
Teenage relationships.....	23
Pregnancy.....	24
Separation from Partner .....	25
Isolation and rural communities .....	25
Substance Abuse.....	25
Homelessness .....	27
Poverty.....	28
Household Income .....	29
2.4 Risk of homicide .....	31
2.5 Economic Impact.....	32
2.6 Calls to National Helplines .....	33
2.7 National COVID-19 Impact .....	33
3. Warwickshire Picture .....	34
3.1 Estimated Local Prevalence .....	34
3.3 Domestic homicide in Warwickshire.....	41
3.4 The Criminal Justice system .....	41

3.5 Warwickshire Domestic Violence Service – Service use .....	42
Helpline / Single Point of Contact.....	46
Gender & Gender Identity .....	46
Age .....	46
LGBTQ .....	48
BAME Communities .....	48
Disability.....	49
Refuge Accommodation.....	51
Sanctuary Scheme.....	52
3.6 Warwickshire MARAC .....	53
3.7 Children and Young people.....	56
3.8 Adult Social Care .....	58
3.9 Key Themes in Warwickshire .....	60
Homelessness .....	60
Substance Abuse.....	63
3.10 Economic impact of DVA In Warwickshire.....	63
3.11 COVID-19 Impact in Warwickshire.....	64
4 Service Mapping: Current Services in relation to need .....	66
5 Views of the public.....	70
5.2 Online residents survey feedback .....	70
5.3 Specialist Services - service user feedback.....	71
5.4 Engagement with BAME and LGBTQ communities – Equality and Inclusion Partnership.....	72
6 Views of Professionals .....	74
6.1 Views of professionals - survey.....	74
6.2 Views of professionals – workshops .....	78
7 Expert Opinion on Best Practice .....	82
8 National Best Practice and Learning .....	84
8.1 National Evidence of Best Practice to inform Commissioning.....	85
8.2 DVA costs and funding .....	93
9 Commissioning DVA SERVICES .....	93
9.1 Principles to inform DVA Commissioning .....	93
10 Limitations of DVA data and access to services .....	94
11 Appendix: Report of Residents Survey.....	97
11.1 Contents.....	98
11.2 Background .....	99
11.3 Method .....	99

11.4	Key Messages.....	100
11.5	Questionnaire results.....	100

## **EXECUTIVE SUMMARY**

This needs assessment presents an in-depth analysis of the national and local picture of domestic violence and abuse (DVA). It aims to inform the ongoing development of Warwickshire’s response to Violence Against Women and Girls (VAWG), will assist with preparations for responding to the Domestic Abuse Bill and, will support, the re-commissioning of the county’s specialist DVA support services.

Whilst we recognise that DVA is experienced across society, the data presented in the needs assessment tends to reflect the needs and experiences of white, heterosexual women, as this is the group that most often present to services. This means that the experiences of people from LGBTQ communities, those with a Black, Asian and minority ethnic (BAME) background and male victims are not presented here in as much detail as we would like. We have sought to address this imbalance by commissioning separate research with these communities and have included this where possible.

## SUMMARY OF DVA IN WARWICKSHIRE



There were an estimated 23,500 cases of DVA in 2019/20 in adults aged between 16 – 74 years.



This is made up of approximately 15,600 females and 7,800 males.

In 2019/20, Warwickshire's Domestic Violence Support Service provided short-term support, long-term support or refuge accommodation to 806 people in Warwickshire. This means that roughly 3.4% of the estimated need for DVA services is currently being met.



Nuneaton & Bedworth borough has a higher rate of DVA offences (13.29 per 1,000 people) compared to the other four boroughs, whilst Stratford-on-Avon has the lowest rate (7.36 per 1,000 people).



Between 30-40% of victims in Warwickshire in 2019/20 have experienced DVA multiple times.



Referrals to DVA services were lower in 2019/20 compared to 2017/18 and 2018/19.



There was a sharp rise in victims of repeat DVA since April 2020. This coincided with lockdown restrictions because of the COVID-19 pandemic.



For the vast majority of DVA offences (roughly 11,000) no action is taken because the victim didn't want to pursue it, despite having evidence and a named suspect. This suggests that two thirds of DVA perpetrators in Warwickshire are not being brought to justice.



The police refer the largest proportion of people to the IDVA service in Warwickshire, with the second-highest proportion being self-referrals.

## KEY FINDINGS, RECOMMENDATIONS AND EMERGING THEMES

A summary of the key findings and themes that have emerged from the needs assessment are as follows:

- There were an estimated 23,500 cases of DVA in 2019 in adults aged between 16-74 years in Warwickshire. In 2019/20, the Warwickshire's Domestic Violence Support Service provided short-term support, long-term support or refuge accommodation to 806 victims-survivors in Warwickshire. This means that roughly 3.4% of the estimated need for DVA services is currently being met through commissioned DVA services.
- Gaps are evident in both support for children affected by parental DVA, and in programmes for perpetrators.
- The need for more, improved, and coordinated training in DVA awareness, identification and safe referral is a common theme.
- Public-facing agencies need to improve their recognition of DVA and ensure appropriate and effective use of referral pathways
- Information on and access to DVA support services by young persons, minority communities and disabled people needs to be significantly improved.
- There are significant benefits in drawing on the strong, versatile partnership arrangements that already exist within Warwickshire. This will enable the maximising of resources to address DVA.
- As is the case nationally, it is difficult to quantify the level of demand for safe accommodation. It is clear however that Warwickshire is committed towards the provision and sourcing of an adequate level of provision, with a diversity of offer to meet the broad diversity of need.
- Individuals from LGBTQ+, gypsy and travellers, men, older people and BAME are not accessing the services at the level expected and there are various barriers, needs and dynamics that affect this.
- The collection and consideration of equalities data and information to routinely identify and respond to need on a consistent basis will be a core part of the way forward.
- There requires some targeted awareness raising within certain communities and groups to enable them to understand the availability of provision and be confident in accessing it.
- There is an emerging opportunity to implement a coordinated community response to develop and build third sector and broader communities' awareness of DVA and their role in supporting those within their communities who experience this.
- A range of victim – survivor voices are essential in being able to respond to the diversity of DVA needs within Warwickshire.
- The provision of DVA services needs to reflect and be responsive to the needs of communities e.g. the elderly, those with disabilities, LGBTQ+ and -survivors.
- DVA has a devastating impact on victims, survivors male victims, families and communities across Warwickshire.
- There is no single agency that has the sole responsibility to address DVA – each organisation needs to be able to respond to it appropriately and consistently, both as an individual organisation and in partnership with others, to be able to maximise impact.
- Support for children affected by parental DVA and in programmes for perpetrators needs to be enhanced.

- There is scope to improve education provided around DVA to children and young people support. Teachers also need support to be able to deliver it.
- There is an opportunity to enrich the broader understanding of DVA across partner organisations to ensure the early identification of DVA concerns, effective responses are facilitated and referral pathways into services are fully understood.
- Victim-survivors need to be supported throughout their DVA experiences.
- Victim -survivors can find pursuing prosecutions for DVA challenging and be unwilling to follow them through due to factors around fear and worry about criminal justice involvement.
- The number of successful outcomes of DVA perpetrators prosecutions by the criminal justice may affect the willingness of a victim-survivor to report their experiences to Police.
- Many cases supported by the Warwickshire DVA service and referred by the Police, are high risk.

## PURPOSE AND SCOPE OF THE NEEDS ASSESSMENT

The purpose of the needs assessment is to assist partners with the ongoing development of their response to domestic violence and abuse (DVA) in Warwickshire. In particular, it aims to inform the review and recommissioning of Warwickshire’s specialist DVA accommodation and support service in 2020/2021. The document is focused primarily on those aged 16 and over. However, support for children and young people, is referenced within the report. Included within the scope for this analysis is the available and accessible national and local data on DVA including information on the use of the existing specialist services available to support adults affected by DVA in Warwickshire. It is recognised that there are some limitations to the data that has been used to inform this needs assessment, where appropriate the sourcing of more detailed information has been commissioned, for example via EQUIP<sup>1</sup> in terms of LGBTQ+ and BAME experiences. In addition to this, the needs assessment primarily focuses on victims-survivors of DVA, with a separate independent review into perpetrators and DVA offenders being commissioned.

## ACKNOWLEDGEMENTS

We would like to thank the Warwickshire victim-survivors of DVA and their family and friends that have chosen to share their story with us. Many of these victim-survivors may still be recovering from abuse, and we really value their strength to share their experience with us. They have communicated their ordeal, their views of the support they have received and shared what needs to be improved. By sharing their stories, they will help Warwickshire’s Violence Against Women and Girls (VAWG) partners to ensure we have services that are able to support victims-survivors to live a life free from abuse, to recover and thrive.

This needs assessment has been developed in collaboration with Warwickshire’s VAWG partners and feedback has been provided at a front-line and strategic level. We would like to thank staff from: Warwickshire Police, Warwickshire OPCC, Warwickshire County Council Children and Young Families teams, WCC Community Safety Team, WCC Adult Social Care Team, Warwickshire Clinical Commissioning Groups, Warwickshire District and Borough Councils, Probation, Coventry and Warwickshire Partnership Trust, South Warwickshire Foundation Trust and Warwickshire Domestic Violence Service (Refuge). Thank you to all staff across the VAWG sector in Warwickshire for your contributions.

---

<sup>1</sup> <https://www.equipequality.org.uk/>



## 1.1 DEFINITION OF DOMESTIC VIOLENCE AND ABUSE

Domestic violence and abuse (DVA) describes ongoing controlling and coercive behaviours by one person over another<sup>2</sup>. DVA is 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 and forced marriage. Victims are not confined to one gender or ethnic group.

**Controlling behaviour is:** acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** acts of assault, threats, humiliation and intimidation and other abuse that is used to harm, punish or frighten their victim.

DVA is an ongoing pattern of behaviour/s that is intentional and calculated to induce fear and to control every aspect of the victim's life, including over how the victim thinks, feels and behaves. Perpetrators of DVA choose to use abusive behaviour to get what they want and to gain control over intimate partners and/or family members. DVA comprises a range of behaviours, not all of which are inherently 'violent' or criminal offences<sup>3</sup>:

- Physical violence may include punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning; or strangling.
- Psychological and emotional violence may include constant undermining and criticism; threats; verbal abuse; harassment; isolation; destroying possessions; humiliation and degradation.
- Stalking and post-separation abuse and harassment can include a range of behaviours that appear to be isolated incidents but become abusive when they constitute a repeated pattern that generate fear, alarm or distress. This may include repeated texts, emails, letters, cards or 'presents'; following someone and turning up at their home or workplace for no reason; faking someone's identity to contact others; targeting friends, family and neighbours; vandalism of property.
- Financial abuse can include the perpetrator exploiting existing economic disadvantage; causing victim-survivors to incur costs/debt as a result of DVA; and using financial abuse to deliberately threaten their economic security.
- Sexual violence within a DVA context (perpetrated by current or former partners and/or family members) includes repeated rape and sexual assault, sexual abuse and exploitation.

The above definition by the Home Office is the definition is currently used by Warwickshire's VAWG partners.

---

<sup>2</sup> Home Office Information for Local Areas on the change to the Definition of Domestic Violence and Abuse, 2013.

<sup>3</sup> <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/>

The Domestic Abuse Bill 2020 will introduce a new definition. The definition will define behaviour of a person as “domestic abuse” if person A and B are aged over 16 and are “personally connected” to each other, and the behaviour is abusive. Behaviour is abusive if it consists of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse.

“Personally connected” includes current or future relationships where individuals are or were married, in a civil partnership, share parenting of a child, or in an intimate personal relationship. “Personally connected” includes relatives, ensuring the definition includes familial abuse. The Bill will also define children as victims of Domestic Abuse.

## 1.2 DOMESTIC ABUSE BILL 2020

### *Background*

In spring 2018, the Government conducted a public consultation on ‘Transforming the Response to Domestic Abuse’. The Government responded to the results of consultation with a set out 123 commitments, both legislative and non-legislative, designed to promote awareness of DVA; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to DVA across all local areas, agencies and sectors.

To support their commitments the Government drafted a Domestic Abuse Bill, which was published in January 2019. In December 2019 the Government was re-elected with a manifesto that included a commitment to “support all victims of domestic abuse” and to “pass the Domestic Abuse Bill.” With the Bill, the Government aims to ensure that victims/survivors of DVA have the confidence to come forward and report their experiences, safe in the knowledge that everything possible will be done to support them and their children and to pursue the abuser.

### *The Bill*

The Domestic Abuse Bill seeks to:

- Create a statutory definition of DVA, emphasising that DVA is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. This will ensure that DVA is properly understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes.
- Establish in law the office of Domestic Abuse Commissioner and set out the Commissioner’s functions and powers. This will include placing duties on specified public bodies and government ministers to cooperate with and respond to the Commissioner’s recommendations.
- Provide for a new civil Domestic Abuse Protection Notice (DAPN) to provide immediate protection following a DVA incident, and a new civil Domestic Abuse Protection Order (DAPO) to provide flexible, longer-term protection for victims.

- Place a duty on local authorities in England to provide support to victims of DVA and their children in refuges and other safe accommodation. Tier 1 local authorities will be required to conduct a needs assessment for safe accommodation and then develop, publish and implement strategies to meet that need.
- Prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales, giving the family court the power to appoint a public-funded advocate to carry out the cross-examination where necessary.
- Create a statutory presumption that victims of DVA are eligible for special measures in the criminal, civil and family courts. This could enable them, for example, to give their evidence from behind a screen or via a video link which would help them to better participate in civil proceedings without fear or distress.
- Clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- Extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences. This will ensure that, where appropriate, UK nationals and residents who commit such offences outside the UK may be brought to trial in the UK.
- Enable DVA offenders to be subject to polygraph testing as a condition of their licence following their release from custody.
- Place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing, ensuring that where appropriate, the police disclose information to a victim or potential victim of DVA about their partner’s or ex-partner’s previous abusive or violent offending. This will place a duty on the police to have regard to the guidance and will strengthen the visibility and consistent operation of the scheme.
- Provide that all eligible homeless victims of DVA automatically have ‘priority need’ for homelessness assistance. This will mean that victims will no longer need to prove they are vulnerable as result of their abuse in order to access accommodation secured by the local authority.
- Ensure that where a local authority, for reasons connected with DVA, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

### *Current Status*

The Domestic Abuse Bill is currently passing through the Houses of Parliament. It was voted through by the House of Commons on 6<sup>th</sup> July 2020, having completed its Report Stage and Third Reading. The Bill is awaiting a date for its second reading and debate in the House of Lords before it receives Royal Assent and becomes law.

### *What this means for Warwickshire*

The Bill is a ‘landmark’ in the truest sense. The existing cross-government definition of DVA, which has been in place since 2012, operates on a non-statutory basis. For the first time in UK history, DVA will be defined in law and will be accompanied by a wide-range of legislative and practical changes that will see all public agencies and others applying a common definition, perpetrators brought to justice

more effectively, and provide support services to victims/survivors and their children both within the justice system and more widely.

The Bill has the potential to create a step change in the response to DVA by creating a more effective, cross-governmental approach. This includes improving the response to DVA at the earliest opportunity, across housing, health and social care, children's services and the family courts. Putting the definition and accompanying guidance on a statutory footing, while also recognising the impact of DVA on children, will ensure that DVA is properly understood by all agencies and services. It will also ensure, at a local level, that victims/survivors of DVA have the confidence and ability to escape to safety and access the support they need to cope and recover from such abuse.

It is likely however, that there will remain gaps where cross-party consensus has been unable to be secured. One such area relates to the provision of support and protection for migrant women, in particular those who have no recourse to public funds. These currently remain excluded from the Bill while further research is conducted by government.

*Additional legislation:*

Section 17 of the Crime and Disorder Act 1998 places a statutory duty on a number of 'Responsible Authorities' to consider the impact of their functions and decisions on crime and disorder in their local area. These Responsible Authorities include Clinical Commissioning Groups, upper and lower tier Local Authorities, Police, Fire, Probation Trusts. Across Warwickshire, these duties are manifested within local district Community Safety Partnerships (CSPs) and the Safer Warwickshire Partnership Board. Additional regulations introduced in 2007, placed a further duty to create annual strategic assessments and three-year Community Safety Plans that are annually refreshed. DVA has featured consistently as a priority in all areas, demonstrating the commitment that agencies within these Partnerships have towards addressing DVA.

Under section 9 of the Domestic Violence, Crime and Victims Act (2004) provisions for the conducting of Domestic Homicide Reviews (DHRs) are made. The provision came into force in 2011 with CSPs responsible for conducting reviews of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by either a person to whom he was related or with whom he was or had been in an intimate personal relationship, or, a member of the same household as themselves. Within Warwickshire a multiagency approach towards the conducting of these reviews has been established.

## 2. NATIONAL PICTURE

### 2.1 OVERVIEW OF PREVALENCE

The main source of national data on the prevalence of DVA is the Crime Survey for England and Wales (CSEW) and police recorded crime. In the year ending March 2019 the following information was reported<sup>4,5,6</sup>.



The police recorded 746,219 cases as domestic abuse-related crimes, an increase of 24% from the previous year. The increase in police recorded crime may reflect improved recording by the police and increased reporting by victims.



Approximately 6 in 100 adults experienced domestic violence between March 2018- March 2019. This equates to 2.4 million people. These estimates showed no statistically significant change compared with the previous year.



Women aged 20 to 24 years were most likely to be victims of domestic abuse.



Adults who lived in urban areas were more likely to have experienced domestic abuse in the last year (6.0%) than those who lived in rural areas (4.2%).



Adults who were separated or divorced were more likely to have experienced domestic abuse compared with those who were married or civil partnered, cohabiting, single or widowed.



More than double the number of disabled people experienced domestic violence compared to non-disabled people.

<sup>4</sup> Office for National Statistics, 2019, [www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019)

<sup>5</sup> Office for National Statistics, 2019, [www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019#domestic-abuse-in-england-and-wales-data](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019#domestic-abuse-in-england-and-wales-data)

## 2.2 IMPACT OF DVA ON PHYSICAL AND MENTAL HEALTH

The extensive impact of DVA on women's physical, mental and sexual health is widely recognised. DVA is associated with extensive physical damage, including cuts and bruises, fractures, broken bones, facial and eye injuries, grievous bodily harm, miscarriages, permanent disability and death. One study found that 81% of women who sought help after experiencing DVA suffered a head injury, which could cause brain injury and ongoing health issues<sup>7</sup>. 80% of women experiencing DVA seek help from health services, who are often their first, or only, point of contact<sup>8</sup>.

According to the World Health Organisation<sup>9</sup>, DVA can lead to:

- fatal outcomes (i.e. homicide or suicide)
- physical injuries in 42% of women
- sexually transmitted infections (women subjected to DVA are 1.5 times as likely to contract HIV)
- miscarriage, stillbirth, pre-term delivery and low birth weight babies (women subjected to DVA were 16% more likely to miscarry and 41% more likely to have a pre-term birth).

Beyond the direct impact on health and health services, under section 17 of the Crime and Disorder Act 1998 and subsequent amendment, a statutory duty was placed on Primary Care Trusts and then Clinical Commissioning Groups to become Responsible Authorities. As part of this they have a duty to prevent crime and disorder by working in partnership with others. The Pathfinder project is an example of meeting that duty in practice.

A national project called Pathfinder<sup>10</sup> ran between 2017 – 2020 and took a whole-system approach to health and DVA. It highlights that responsibility for safety should not rest with individual survivors but with the community and services they encounter. It also recognises that no single agency or professional has a complete picture of the life of a DVA survivor. Instead, it emphasises that a successful response to DVA requires agencies to share information and work together effectively and systematically to increase the safety of survivors. This allows a professional to understand the full risk the perpetrator pose to a survivor, and how fast this needs to be acted on. They also advise that those who have faced abuse are included as partners in the creation of the systems and services for DVA survivors, at every step of the way: including design, commissioning and delivery of services, as well as policy, influencing and campaigns.

The relationship between mental health and DVA is bidirectional; people who have mental health problems are more likely to experience DVA compared to those who don't<sup>11</sup>, and DVA itself can cause mental health difficulties<sup>12</sup>. 42% of people who were supported by a DVA service in 2017-18 had

---

<sup>6</sup> Office for National Statistics, 2019,

[www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendenglandandwales/yearendingmarch2019)

<sup>7</sup> Ohio State University (2019), "Brain injury common in domestic violence: Advocates say lasting 'invisible' injuries often go unrecognized." *ScienceDaily*.

<sup>8</sup> Department of Health (2010) *Responding to Violence against women and children – the role of the NHS*. Accessible at: [www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS\\_guide.pdf](http://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf)

<sup>9</sup> World Health Organisation, 2017, [www.who.int/news-room/fact-sheets/detail/violence-against-women](http://www.who.int/news-room/fact-sheets/detail/violence-against-women)

<sup>10</sup> Pathfinder, 2020, [https://communications.safelivesresearch.org.uk/Pathfinder%20Toolkit\\_Final.pdf](https://communications.safelivesresearch.org.uk/Pathfinder%20Toolkit_Final.pdf)

<sup>11</sup> Trevillion, Oram, Feder & Howard, (2012), *Experiences of domestic violence and mental disorders: a systematic review and meta-analysis*. *PloS one*; 7(12)

<sup>12</sup> Oram, Khalifeh & Howard (2016). *Violence against women and mental health*. *The Lancet Psychiatry*, 4 (2).

mental health problems, and 17% had planned or attempted suicide<sup>13</sup>. In fact, it is estimated that more women take their own lives due to DVA than those who are murdered by their abuser; whilst two women a week are killed by an abuser, 30 women every day attempt suicide as a result of experiencing DVA, and three women a week take their own lives<sup>14</sup>.

Children growing up with DVA have a higher rate of mental health difficulties compared to those who don't<sup>15,16</sup>. In the SafeLives National Dataset on children and young people accessing DVA services, 21% experienced anxiety or depression and 33% felt unhappy<sup>17</sup>.

Of women with severe mental illnesses, 15-22% experienced recent DVA<sup>18</sup>. Some groups of people, including disabled people and those identifying as LGBT, are more likely to have mental health needs when accessing DVA services<sup>19</sup>. Despite the high co-occurrence of DVA and mental health problems, DVA is often undetected in mental health services, with just 10-30% of DVA cases identified<sup>20</sup>. Although mental health professionals are aware of links with DVA, services may be ill equipped to enquire about abuse or respond appropriately to disclosures from survivors, and from those perpetrating abuse. Furthermore, only 15% of mental health professionals routinely asked services users about DVA<sup>21</sup>. This may be due to: a perceived lack of expertise; a lack of a strong therapeutic relationship; time constraints; the presence of partners; and fear of offending or re-traumatising<sup>20</sup>.

## 2.3 RISK FACTORS

DVA has a devastating impact not only on the lives of those who experience it, but also their families and friends. Victim-survivors of DVA are likely to experience violence repeatedly, and abuse often becomes more frequent and more serious the longer it continues. Research in the UK has identified significant risk factors associated with intimate partner DVA, in terms of it starting, escalating and resulting in homicide.

### *Gender and gender identity*

Gender identity is the personal sense of one's own gender. Gender identity can match a person's assigned sex at birth or can differ from it. Those who identify as the sex they were defined at birth are cisgender, whilst those who identify as the opposite gender are transgender. Both cisgender and transgender women and girls are at increased risk of DVA compared to men<sup>22</sup> (see *Figure 1* and *Figure*

---

<sup>13</sup> SafeLives, 2018,

[www.safelives.org.uk/sites/default/files/resources/Insights%20dva%20national%20dataset%2012%20months%20to%20April%202018.pdf](http://www.safelives.org.uk/sites/default/files/resources/Insights%20dva%20national%20dataset%2012%20months%20to%20April%202018.pdf)

<sup>14</sup> SafeLives, (2016), *A Cry for Health: Why we must invest in domestic abuse services in hospitals*.

<sup>15</sup> Meltzer, Doos, Vostanis, Ford, & Goodman, (2009), *The mental health of children who witness domestic violence*. *Child & Family Social Work*, 14, 491-501.

<sup>16</sup> Fantuzzo, & Mohr, (1999), *Prevalence and Effects of Child Exposure to Domestic Violence*. *The Future of Children*, 9 (3), 21-32.

<sup>17</sup> SafeLives, (2018), *Children's Insights England and Wales dataset 2015-18: Specialist children's domestic abuse services*.

<sup>18</sup> Khalifeh, Oram, Osborn, Howard, & Johnson, (2016). *Recent physical and sexual violence against adults with severe mental illness: a systematic review and meta-analysis*. *International review of psychiatry*, 28(5).

<sup>19</sup> SafeLives, 2019, <https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf>

<sup>20</sup> Trevillion, Corker, Capron, & Oram, (2016), *Improving mental health service responses to domestic violence and abuse*. *International Review of Psychiatry*, 28 (5): 423-432.

<sup>21</sup> Nyame, Howard, Feder & Trevillion, (2013), *A survey of mental health professionals' knowledge, attitudes and preparedness to respond to domestic violence*. *Journal of Mental Health*; 22(6): 536-43.

<sup>22</sup> Office for National Statistics, 2019, *Domestic abuse in England and Wales: year ending March 2019*.

2). However, this does not mean that men do not also experience DVA; as Figure 1 shows, men of all ages experience domestic violence.

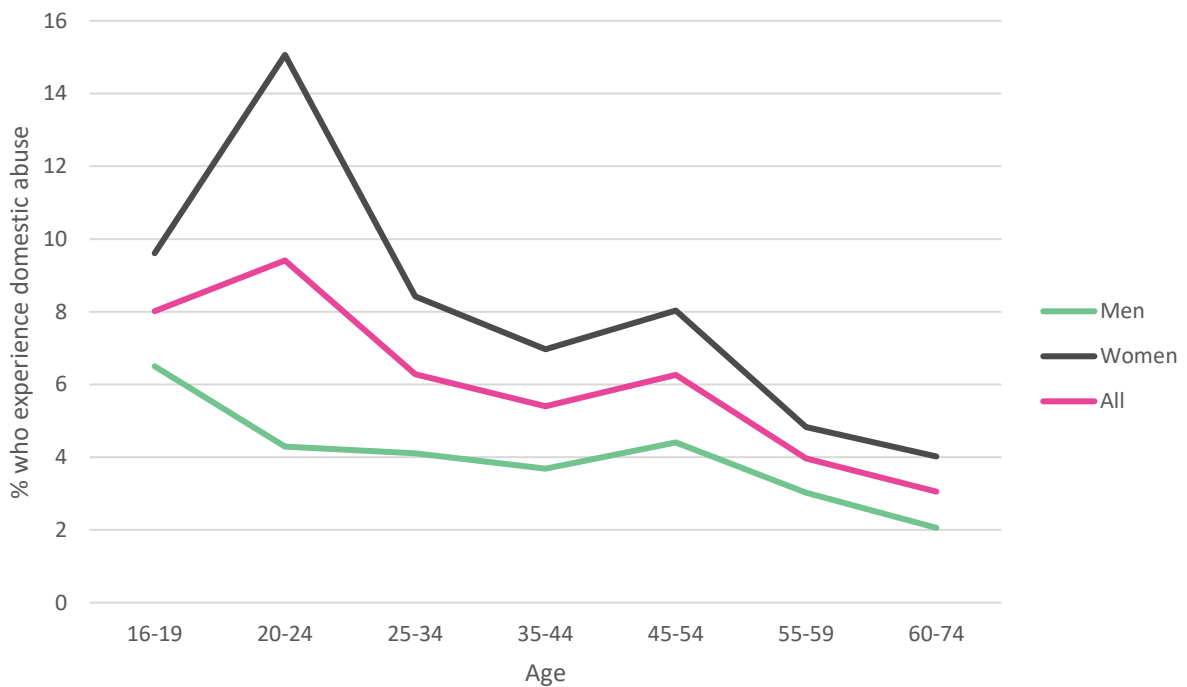


Figure 1. Prevalence of police-reported domestic abuse in England and Wales by gender and age (year ending March 2019). Source: Crime Survey for England and Wales, Office for National Statistics, 2019.

Two women a week are killed by a current or former partner in England and Wales [Error! Bookmark not defined.](#) The majority of victims of the following DVA related crimes are women, whilst the majority of perpetrators are men:

- Intimate partner violence, both transient and repeated
- Homicide
- Injury and fear
- Rape and sexual assault
- Post separation violence



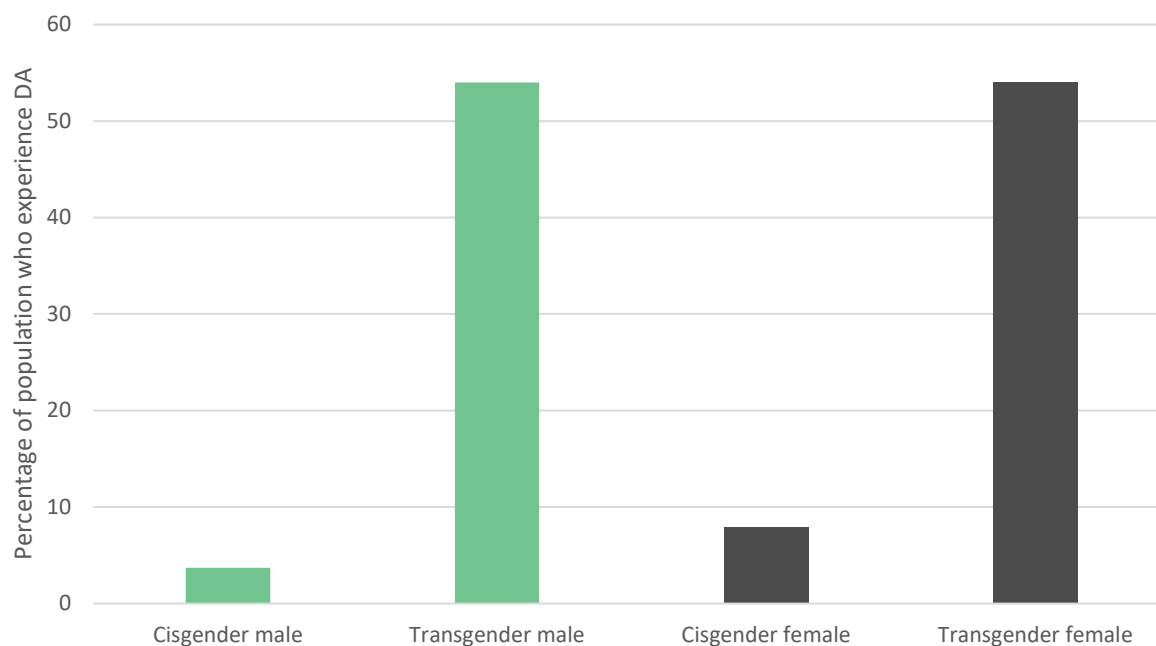


Figure 2. Prevalence of DA by gender. Source: Crime Survey for England and Wales, Office of National Statistics, 2019; Stonewall, 2011; Scottish Transgender Alliance, 2010.

Most DVA services are directed towards cisgender, white women. This is because this population is large in the UK, and therefore more numbers of these women experience DVA. However, proportionally, more transgender women experience DVA (up to 80%<sup>23</sup>), and yet there are very few services or refuges that cater for them. The provision of specialist support services for women through statutory and non-statutory agencies, perpetrator programmes, specialist DVA courts, sexual assault referral centres, rape crisis centres, and services specifically for non-white, non-cisgender women is currently required.

Cisgender and transgender men also experience DVA; in 2018/19, the police reported that 25% of all DVA crimes were committed against a male victim<sup>11</sup>. However, nearly half of male victims do not tell anyone they are a victim of DVA<sup>24</sup>. They are nearly three times less likely to tell anyone than a female victim (49% of men tell no one as opposed to 19% women)<sup>24</sup>. One in every five victims of forced marriage is a man<sup>25</sup>. Men aged 60+ are much more likely to experience DVA than men aged under 60<sup>30</sup>. Indeed, these percentages may be under-reported as men are less likely to admit to being victims of DVA until their situation reaches a critical point<sup>26</sup>. Barriers men face to help-seeking include: fear of disclosure, challenge to their masculinity, commitment to their relationship, lack of confidence; perception of services; and experiences of interventions and support including inappropriate professional approaches<sup>Error! Bookmark not defined.</sup>. Out of 37 organisations with 204 refuge spaces nationally, only 40 places are dedicated for men. Warwickshire has no refuge spaces for men<sup>24</sup>. This means that many men fleeing DVA are forced to sleep on the streets; 13% of male rough sleepers are homeless due to partner abuse<sup>11</sup>.

<sup>23</sup> Scottish Transgender Alliance, 2010

<sup>24</sup> ManKind Initiative, 2020, Male victims of domestic abuse and partner abuse: 50 key facts

<sup>25</sup> Home Office, 2020, [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/882532/Forced\\_Marriage\\_Unit\\_Statistics\\_2018\\_revised\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882532/Forced_Marriage_Unit_Statistics_2018_revised_final.pdf)

<sup>26</sup> Huntley, Potter, Williamson, Malpass, Szilassy, Feder (2019), Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis

## Age

Older adults are thought to be underrepresented in DVA support services<sup>27</sup>; for example, men aged 60+ are much more likely to experience DVA than men aged under 60<sup>30</sup>. Only 3.4% of service users for DVA services in 2017–18 were aged 61 and over, despite evidence that DVA is a significant issue for older adults<sup>28</sup>. This leads to “systematic invisibility” – assumptions by health professionals that DVA is not an issue for older adults. DVA is often not considered by professionals as an issue for older women and they tend not to ask service users about it, assuming that injuries are the result of age-related conditions. Older men, despite inflicting serious injuries, are assumed not to be a threat. The need for consistent dialogue with older people about their experiences of DVA and encouragement to accept help is highly necessary, but this cannot be done without increasing the recognition of older victims of abuse among professionals. The estimated actual prevalence for older women is between 20-30%<sup>29</sup>, and SafeLives estimate that 120,000 individuals aged 65+ experienced at least one form of abuse in England and Wales in 2015<sup>30</sup>.

Those aged 60 and over are more likely to experience DVA from a current partner or an adult family member (44% of those aged 60+ were experiencing abuse from an adult family member, compared to 6% of those aged under 60)<sup>30</sup>. For example, this could be due to an adult child cancelling care for a vulnerable parent as this would eat into their inheritance. Older adults are less likely to attempt to leave the perpetrator, than those aged under 60 years<sup>30</sup>. Some people may have a caring role for their abuser, who may be aggressive due to medical issues such as dementia. In these cases, people may feel that they cannot leave their abuser<sup>30</sup>.

Older adults are also likely to experience DVA for longer (average of 6.5 years, compared to 4 years for those aged under 60)<sup>30</sup>. Of the older adults that are visible to services, a quarter have lived with abuse for more than 20 years<sup>31</sup>. Leaving an abusive partner with whom one has a long history can feel particularly daunting, especially if the abuser is also a person’s carer. Older people are more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm<sup>32</sup> and present barriers to victims being able to access community services, as they may be unable to easily leave their home<sup>30</sup>.

Older adults may have more of a cultural or generational acceptance of DVA, having grown up in a time where the home was a private domain, and it would not have been deemed socially acceptable to discuss matters that occurred behind closed doors<sup>30</sup>. They may believe that services are only for younger women or those with children, or they may be unaware of service provision in their area<sup>30</sup>. Furthermore, services often do not respond to older victims in an appropriate and targeted way<sup>9</sup>, including marketing materials, and many women's refuges do not meet the needs of older women, especially older disabled women<sup>33</sup>; only one out of 276 refuge services listed on the Routes to Support site (formerly UKRefugesonline), offers specialist services for women over the age of 45.

---

<sup>27</sup> Women’s Aid, 2017, [1q7dqy2unor827bajls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/03/Survival-and-Beyond.pdf](https://www.womensaid.org.uk/content/uploads/2018/03/Survival-and-Beyond.pdf)

<sup>28</sup> *Femicide Census (2017; 2018)*

<sup>29</sup> Knight & Hester (2016), *Domestic violence and mental health in older adults, International Review of Psychiatry*, 28:5, 464-474.

<sup>30</sup> SafeLives (2016), *Safe Later Lives: Older people and domestic abuse*

<sup>31</sup> SafeLives’ *National Insights Dataset 2015–2016 (unpublished) findings for clients aged 61+ and under 60*

<sup>32</sup> . [www.safelives.org.uk/practice\\_blog/its-our-right-be-safe-any-age-how-canwe-make-it-easier-older-victims-get-help](http://www.safelives.org.uk/practice_blog/its-our-right-be-safe-any-age-how-canwe-make-it-easier-older-victims-get-help)

<sup>33</sup> [www.solacewomensaid.org/sites/default/files/2018-05/Solace-Silver-Project-Evaluation-Report-2013-16-Feb-16.pdf](http://www.solacewomensaid.org/sites/default/files/2018-05/Solace-Silver-Project-Evaluation-Report-2013-16-Feb-16.pdf)

Finally, there is greater need for co-ordination between health services and domestic abuse services, as older adults are more likely to present to health services first<sup>30</sup>.

### *Sexuality*

People who identify as gay, lesbian, bisexual, transgender or queer (LGBTQ+) are at a much higher risk of experiencing DVA. Up to 80% of transgender people experience DVA at some point in their life<sup>34</sup>. Gay and bisexual men are more likely to experience DVA (49%)<sup>35</sup> than men overall (3.7%). 37% of gay and bisexual men experienced DVA in a relationship with a man, and 23% experienced DVA from a family member<sup>35</sup>. Similarly, lesbians and bisexual women are far more likely to experience DVA in a relationship (25% reported DVA)<sup>4</sup> than women overall (7.9% reported DVA<sup>36</sup>). Whilst the majority of DVA perpetrators are men (92%)<sup>36</sup>, two-thirds of lesbian and bisexual women who experienced DVA reported a female perpetrator<sup>35</sup>. 44% of lesbians and bisexual women who are victims of DVA experience this for more than one year, and 81% never reported incidents to the police<sup>35</sup>. There is also a significant trend of the use of immigration status and the threat of deportation to countries where identifying as LGBT is illegal, in the coercive control narrative of clients<sup>14</sup>.

There is a distinct lack of services that cater to the LGBTQ+ community: a report by Stonewall (2018) commented that “a lack of current provision for LGBT people in DVA services means that LGBT people are marginalised. There is an overall need for more inclusive specialist support that is competent to address significant complexities and intersectional oppression experienced by LGBT people.”<sup>37</sup> SafeLives found that just 2.5% of people accessing support from national DVA services identified as LGBT+. Worryingly, between 2017-2018, only 1.2% of cases discussed at Multi Agency Risk Assessment Conference (MARAC) involved LGBTQ+ victims/survivors<sup>38</sup>.

Whilst 80% of transgender respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner<sup>39</sup>, this demographic are kept at arm’s length by DVA services, who may feel that a person’s sex assigned at birth is more relevant to whether or not they should be offered refuge, as other women may feel uncomfortable sharing space with them, than the transgender woman’s own safety and human rights. This means that, despite the fact that transgender women are the most likely demographic to experience DVA, they are offered the least practical support from services.

Between 60% to 80% of LGBTQ+ victim-survivors never reported incidents to the police or attempted to find advice or protection from services<sup>40,41</sup>. Therefore only 2.5% of all survivors accessing DVA services in England and Wales identify as LGBTQ+<sup>42</sup>. A consequence of this is that DVA in LGBTQ+ people remains absent from DVA datasets and is therefore invisible to service providers and policy makers, which restricts the development of appropriate prevention and response programs<sup>43</sup>.

---

<sup>34</sup> *Scottish Transgender Alliance, 2010, Out of Sight, Out of Mind? Transgender People’s Experiences of Domestic Abuse*

<sup>35</sup> *Stonewall, 2012,*

[www.stonewall.org.uk/system/files/Domestic\\_Abuse\\_Stonewall\\_Health\\_Briefing\\_\\_2012\\_.pdf](http://www.stonewall.org.uk/system/files/Domestic_Abuse_Stonewall_Health_Briefing__2012_.pdf)

<sup>36</sup> *Office for National Statistics, 2019, Domestic abuse in England and Wales: year ending March 2019.*

<sup>37</sup> *SafeLives, 2018, safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf*

<sup>38</sup> *Safe Lives, 2018, safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf*

<sup>39</sup> *Scottish Transgender Alliance, 2010*

<sup>40</sup> *Guasp (2011). Gay and Bisexual Men’s Health Survey. London: Stonewall UK*

<sup>41</sup> *Hunt & Fish, (2008). Prescription for change: Lesbian and bisexual women’s health check 2008. London: Stonewall UK.*

<sup>42</sup> *SafeLives (2018) Free to be Safe: LGBT People Experiencing Domestic Abuse. Bristol*

<sup>43</sup> *Galop*

### *BAME Communities*

Women and girls from Black, Asian and minority ethnic (BAME) communities are at higher risk of domestic homicide<sup>44</sup>, so called “honour” killings<sup>45</sup>, and abuse-driven suicide<sup>46</sup>. These populations face greater barriers due to intersectional discrimination, which recognises that inequality is at its most intense when multiple social divisions (such as poverty, gender, caste, immigration status etc) overlap, resulting in disadvantage which is greater than the sum of its parts<sup>47</sup>. Intersectional discrimination hinders the ability of women and girls from BAME communities to access support services, particularly when women have an insecure immigration status or when violence towards women and girls is part of their communities’ sociocultural practices. Victim-survivors of DVA in BAME communities face a range of additional barriers in seeking help, such as racism, stereotyping and discrimination based on religion, fear of community “dishonour” and rejection, language barriers and insecure immigration status, and a lack of support services designed for BAME communities. These factors coalesce and can prevent people from BAME communities from accessing support and protection<sup>48</sup>. As a result, they often remain in an abusive relationship for longer, endure severe abuse and are less likely to seek help.

Women with insecure immigration status may feel trapped and unable to seek help in case they are deported, something that is used as a threat by perpetrators to control women’s actions. They are also likely to have ‘no recourse to public funds’, which means they cannot claim most state benefits, though the Destitution Domestic Violence (DDV) concession provides three months’ support to women in such situations to apply for indefinite leave to remain. Women who are trafficked or migrant workers continue to remain unprotected from abuse and exploitation. Limited knowledge and misconceptions about DVA services, inadequate responses from agencies, language issues, and personal and psychological barriers to reporting, are among the reasons that women remain in situations of abuse and may not access support services. Women are often reluctant to access or approach services considered to lack an understanding of their experiences and needs; women may be reluctant to fully recount their experiences of abuse to a stranger with whom they have no relationship of trust, or to an interpreter.

The experiences of women asylum seekers who experience DVA highlight that the implementation of government policies and lack of access to safety, support and healthcare in many local areas make them particularly vulnerable to sexual violence, exploitation and prostitution. It has been estimated that between 60-80% of Gypsy or Traveller women have experienced DVA<sup>49</sup>. They also face additional barriers to seeking help, including discriminatory attitudes from their own community and responses which leave women feeling unable to contact the police or other agencies for support. The prospect of leaving their family and community and losing their way of life because of DVA, as well as the prospect of encountering prejudice from the settled population, can result in such women opting to remain in abusive contexts.

---

<sup>44</sup> [www.standingtogether.org.uk/sites/default/files/docs/STADV\\_DHR\\_Report\\_Final.pdf](http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf);  
[www.london.gov.uk/sites/default/files/the\\_way\\_forward\\_-\\_strategy.pdf](http://www.london.gov.uk/sites/default/files/the_way_forward_-_strategy.pdf)

<sup>45</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228545/7450.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228545/7450.pdf);  
[www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/the-depths-of-dishonour.pdf](http://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/the-depths-of-dishonour.pdf)">

<sup>46</sup> [www.southallblacksisters.org.uk/reports/safe-and-sane-report](http://www.southallblacksisters.org.uk/reports/safe-and-sane-report)

<sup>47</sup> Crenshaw (1989) ‘Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics’, *The University of Chicago Legal Forum*, 139–167

<sup>48</sup> Siddiqui (2018), [doi.org/10.1111/newe.12076](https://doi.org/10.1111/newe.12076)

<sup>49</sup> [www.firstlight.org.uk/gypsies-and-travellers/](http://www.firstlight.org.uk/gypsies-and-travellers/)

## Disability

The Crime Survey for England and Wales showed that adults aged 16 to 74 years with a disability were more likely to have experienced DVA in 2018-2019 than those without a disability (Figure 3)<sup>50</sup>. This was true for both men (7.1% and 3.3%, respectively) and women (13.8% and 6.4%, respectively).

Disabled victims are more likely to be suffering abuse from a current partner (31%) than non-disabled victims (18%)<sup>51</sup> for a longer period before accessing support (3.3 years, compared to 2.3 years for non-disabled victims). The number of times disabled people attended A&E as a result of DVA was also higher: 1.7 times in the last twelve months, compared with 1.3 for non-disabled victims, suggesting more frequent incidents<sup>51</sup>.

Disabled people are more likely to experience a wide range of severe and frequent DVA from greater numbers of people, including intimate partners, family members, paid carers and health professionals than non-disabled people. This suggests that common definitions of DVA as intimate partner violence do not capture and represent the complexity of DVA that disabled people suffer. Abusers use disabled people's impairments to perpetuate abuse, including ridicule, insults about the person's condition, gaslighting and high levels of extreme sexual violence. Disabled people are sometimes subject to neglect by abusive partner-carers and other family members.

Disabled victims are much more likely to be suffering abuse from a current partner (31%) than non-disabled victims (18%) (Safe Lives, 2017). Disabled typically endure abuse for 3.3 years before accessing support, compared to 2.3 years for non-disabled victims. The number of times disabled people attended A&E as a result of the abuse was also higher: 1.7 times in the last twelve months, compared with 1.3 for non-disabled victims, suggesting more frequent incidents<sup>51</sup>.

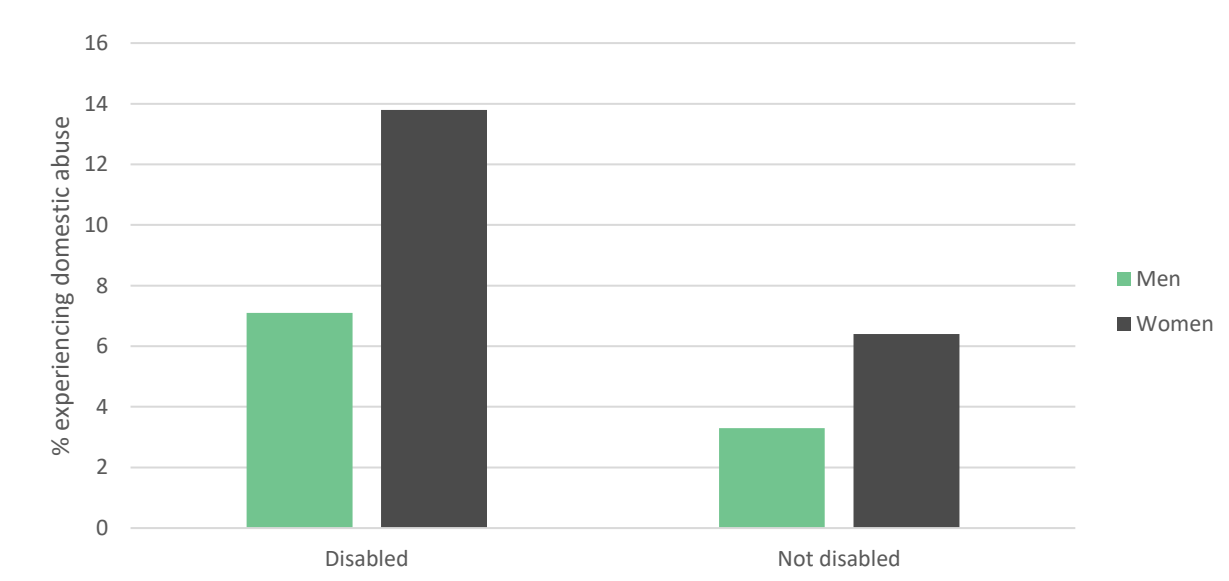


Figure 3. Prevalence of domestic abuse by disability. Source: Crime Survey for England and Wales, Office of National Statistics, 2019

<sup>50</sup> Office for National Statistics, 2019, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019>

<sup>51</sup> Safe Lives, 2017, <safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

Myths around asexuality in disabled people contribute to greater risk of DVA, especially in situations where the abuse is presented as 'caring' and used to exert power and control. Women with learning difficulties can be targeted by men who start relationships that quickly turn into coercive control and violence. Financial abuse, where partners take control over another's benefits and finances or deny them money for essential needs, is common, with many women being left in debt. Abuse from paid carers is widespread in disabled women's lives<sup>52</sup>, though professional understanding of this abuse tends to be limited.

Other barriers to seeking help include: disabled people not recognising their experience as abuse; blaming themselves; being unaware of any other options; being fearful of losing their independence or of being institutionalised; being fearful that their children will be taken away; internalising negative beliefs about their worthiness to have a non-abusive relationship; arranged marriages; and not trusting agencies to respond effectively. Professionals rarely ask disabled women about DVA and women are reluctant to disclose if not asked. Disabled women are often reluctant to leave their own housing if it has been adapted for them, especially as disabled women often cannot be accommodated in refuges according to their needs. In addition, disabled women are unable to take their care packages and personal assistance with them when moving areas, which massively limits their options.

Whilst around 1,700,000 non-disabled women were victims of DVA in the UK in 2018-29, around 980,000 disabled women were victims of DVA in the same year<sup>53</sup>. Based on these estimated statistics, it can be assumed that roughly one-third of women who need refuge will be disabled, and therefore a similar proportion of refuge spaces in the UK should be suitable for disabled women. However, Women's Aid found that the vast majority of refuges are unsuitable for disabled people: 98.3% were not wheelchair accessible, 80% couldn't accommodate a carer as well as the disabled person, 78.6% did not offer services for women with learning difficulties and 96.7% of refuges did not employ staff proficient in British Sign Language<sup>54</sup>.

Not only is society less likely to make the connection between domestic abuse and disability, or assume that a disabled person can be experiencing abuse, but it becomes even more difficult to identify and support disabled victims if the disability isn't physical. Those with learning disabilities<sup>55</sup> may not have a visible impairment which may result in victims of DVA not receiving the specialist support they require. A report by Kent University in 2015 highlights that the true extent of DVA experienced by those with learning disabilities is unknown and emphasises that there is nothing about having a learning disability that protects victims from extreme violence and the full range of mental, physical and sexual cruelty which is inflicted on other victims is also experienced by those with learning disabilities<sup>56</sup>. The report further highlighted that whilst professionals were aware of the abuse, because help wasn't specifically asked for, limited support was provided.

### *Children and young people*

Substantial numbers of children are exposed to DVA, which places them at an increased risk of direct abuse, serious injury or death. One in seven (14.2%) children and young people under the age of 18

---

<sup>52</sup> *SafeLives, 2017,*

[safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf](https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf)

<sup>53</sup> *Crime Survey for England and Wales, Office of National Statistics, 2019*

<sup>54</sup> *Domestic Abuse Report, Women's Aid, 2017*

<sup>55</sup> <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

<sup>56</sup> <https://kar.kent.ac.uk/63435/1/Safe%20journal%20article.pdf>

will have lived with DVA at some point in their childhood<sup>57</sup>. Infants and small children who are exposed to violence in the home experience so much added emotional stress that it can harm the development of their brains and impair cognitive and sensory growth<sup>57</sup>.

In 2019/20, in England, an estimated 788,700 children lived in households where a parent suffers DVA<sup>58</sup>. Witnessing DVA is child abuse. In 2017-2018, 22,479 children were involved with DVA services in England, either directly through support given to children and young people or indirectly through support given to their mothers (58.3% of service users had children and 6.6% were pregnant)<sup>59</sup>. In 2018-19, 13,787 children were housed in refuge services in England.

Despite efforts by the non-abusing parent to protect them, the profound physical and emotional effects of DVA on children and young people are now widely documented. Children and young people living with DVA may have an increased likelihood of risk-taking behaviours including using alcohol or drugs, or early sexual activity<sup>60</sup>. For some, especially those who are directly abused, DVA impacts their mental wellbeing, resulting in depression, anxiety, aggression, withdrawal, self-harm or suicidal thoughts, and other trauma symptoms<sup>61</sup>. Exposure to DVA can negatively impact children's mental health, physical health and educational attainment<sup>62</sup>.

When the UK went into lockdown due to COVID-19 between March – July 2020, children were increasingly exposed to DVA. By June, the charity Refuge reported that the weekly number of calls and contacts to its National Domestic Abuse Helpline increased by 77%, whilst visits to its website increased by 800% compared with pre-COVID-19 figures<sup>63</sup>.

### *Teenage relationships*

Teenagers are at risk of DVA from a partner. The Office of National Statistics reported that 6.6% of men and 12.6% of women aged 16 to 19 experienced DVA in the past year<sup>64</sup>. A survey of 13- to 17-year olds found that 25% of girls and 18% of boys had experienced physical violence from an intimate partner<sup>65</sup>.

A research study by the NSPCC conducted on teenage partner violence in disadvantaged youths found that over half of the girls had been a victim of physical violence in at least one relationship. Half of the disadvantaged girls had been the victim of sexual violence, and a quarter said that this involved physical sexual violence. A quarter reported more severe forms of violence, including being: punched in the face, resulting in black eyes or teeth knocked out; slapped hard across the face; pushed down the stairs; head-butted; dragged by their hair; and having earrings ripped out. In comparison, just over

---

<sup>57</sup> Osofsky, 1999, 'The Impact of Violence on Children', *The Future of Children – Domestic Violence and Children*, Vol. 9,

<sup>58</sup> [www.childrenscommissioner.gov.uk/chldrnl/](http://www.childrenscommissioner.gov.uk/chldrnl/)

<sup>59</sup> *Womens Aid, 2019*

<sup>60</sup> *Early Intervention Foundation, 2018*

<sup>61</sup> *Diez, et al 2018; Early Intervention Foundation, 2018*

<sup>62</sup> *Szilassy et al, 2017; Stanley, 2011*

<sup>63</sup> *Refuge (2020) Refuge records rise in demand for its Helpline, and for emergency accommodation, as lockdown eases.*

<sup>64</sup> *Office for National Statistics, 2019,*

[www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019)

<sup>65</sup> *Barter, C, McCarry, M, Berridge, D and Evans K (2009) Partner exploitation and violence in teenage intimate relationships, NSPCC [Online] Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf>*

a quarter of the boys in the disadvantaged group had been a victim of physical violence in a relationship, and most stated it had little impact on their welfare<sup>66</sup>.

Worryingly, many of these girls viewed physical partner violence as a normal, if unwanted, aspect of their relationships. The normalisation of violence in this way meant that girls often found it difficult to recognise the seriousness of their experiences. On the other hand, boys minimised the use of violence as ‘messaging around’ and reported the violence as mutual despite often using disproportionate force<sup>66</sup>.

Teenagers are more likely to identify as LGBTQ than older generations. One study, which surveyed 172 LGBT young adults, found that black young adults along with cisgender and transgender females were at higher risk of DVA from a romantic partner than cisgender and transgender males and other races<sup>67</sup>. This suggests that there is a growing need for provision tailored to all transgender young adults along with ethnic minorities.

### *Pregnancy*

DVA can start or escalate during pregnancy<sup>68</sup>. This may be because younger women are at higher risk of DVA (see Figure 1) and pregnancy is most likely to occur in this age group. The risk of DVA is also higher in the immediate post-partum period; 20% of women in Refuge’s services are pregnant or have recently given birth<sup>69</sup>.

It is estimated that between 4 - 17% of pregnant women are abused during their pregnancy or soon after the birth<sup>70</sup>. DVA by a partner or ex-partner during pregnancy increases the risk of miscarriage, infection, premature birth, and injury or death to the baby<sup>71</sup>. DVA is also associated with women’s irregular or late attendance for ante-natal care<sup>72</sup>; poor attendance may be the result of low self-esteem and depression or due to an abusive partner controlling and restricting women’s use of medical services.

For women who previously experienced DVA, 40%–60% of women continued to be subject to abuse while pregnant<sup>73</sup>. On the other hand, DVA can also start during pregnancy, with 30% of women reporting that DVA began whilst they were pregnant<sup>73</sup>. DVA was highest in the age group 26–30 years and boyfriends were the main perpetrators. Punching and slapping were the most common pattern of violence, and 10% of women experiencing DVA had had forced sexual activity<sup>74</sup>.

Furthermore, pregnancy when a woman is experiencing DVA may not be planned. One study found that women exposed to DVA were twice as likely to request emergency contraception than unexposed women<sup>75</sup>. One third of pregnant women who experienced DVA felt coerced into motherhood by an

---

<sup>66</sup> Wood, Barter & Berridge (2011), ‘Standing on my own two feet’: Disadvantaged Teenagers, *Intimate Partner Violence and Coercive Control*

<sup>67</sup> Reuter, Newcomb, Whitton & Mustanski (2017), *Intimate partner violence victimization in LGBT young adults: Demographic differences and associations with health behaviors*, *Psychology of Violence*, Vol 7(1)

<sup>68</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/>

<sup>69</sup> *Refuge Performance Report, 2017-18*

<sup>70</sup> Angela Taft, 2002

<sup>71</sup> [www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/](https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/)

<sup>72</sup> Gottlieb, 2012, *Domestic violence: a clinical guide for women’s healthcare providers*, *The Obstetrician & Gynaecologist*.

<sup>73</sup> *Department of Health, 2005*

<sup>74</sup> Johnson, Haider, Ellis, Hay, Lindow, (2003)

<sup>75</sup> Jackson, Lewis, Feder, Whiting, Jones, Macleod & Redaniel, (2019), *Exposure to domestic violence and abuse and consultations for emergency contraception: nested case-control study in a UK primary care dataset*, *British Journal of General Practice*



abusive partner, and subsequently suffered poor mental health during pregnancy due to abuse and anxiety<sup>76</sup>.

### *Separation from Partner*

Victims of domestic abuse (both male and female) who are separating from their partner are at much higher risk of DVA. 41% (37 of 91) of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 had separated or taken steps to separate from them. Eleven women were killed within the first month of separation and 24 were killed within the first year<sup>77</sup>. It is not known how many men are killed after separating from an abusive partner, but 16 men were killed in 2018/19 by a partner, and 13% of men who are rough sleepers are homeless due to DVA<sup>78</sup>. Sometimes people close to the victim, such as family members, friends, or people who intervened, are killed by the abuser once the victim has separated from them<sup>79</sup>. Much of this abuse occurs in the context of child contact or disputes over children<sup>80</sup>.

### *Isolation and rural communities*

People who are isolated from friends, family, or community networks, or those who live in rural communities are more vulnerable to escalating violence as a result of their isolation<sup>81</sup>. The National Rural Crime Network found that DVA lasts, on average, 25% longer in the most rural areas compared to urban areas<sup>82</sup>. Furthermore, exiting abuse is harder, takes longer and is more complex for rural victims. Victims report that police response in rural areas is not as good as in urban areas, due to a lack of female police officers in rural areas and fewer officers with appropriate domestic abuse training. The further the victim from a visible police presence (i.e. building) the less likely they are to call the police. Victims reported that domestic abuse support services are less effective in supporting rural victims and survivors once they manage to make contact, specifically because there is less understanding of abuse as it manifests in rural areas compared to urban (for example, the significantly more complex needs around starting a new life). Refuges are not always the safety net they can be in urban settings, as the nature of rural domestic abuse results in victims not needing crisis support in the same way, as their abuse is longer, slower and has a less 'urgent' profile. Their needs are very different and should be distinctly understood by commissioners and others<sup>82</sup>.

### *Substance Abuse*

The relationship between domestic abuse and substance misuse is a complex one. While drug and alcohol misuse cannot be said to cause abusive behaviour, they are often interrelated. Home Office statistics from 2003 show that 48% of convicted domestic abuse perpetrators had a history of alcohol dependence, and 73% had consumed alcohol prior to the event<sup>83</sup>. Findings from a review of the British Crime Surveys in 2007 revealed that 44% of DVA offenders were under the influence of alcohol and

---

<sup>76</sup> Baird (2012), *An exploration of women's perceptions and lived experiences of domestic violence and abuse in the context of their pregnancy*, University of the West of England

<sup>77</sup> Femicide Census, 2020

<sup>78</sup> [www.mankind.org.uk/wp-content/uploads/2020/03/50-Key-Facts-about-Male-Victims-of-Domestic-Abuse-and-Partner-Abuse-March-2020-final.pdf](http://www.mankind.org.uk/wp-content/uploads/2020/03/50-Key-Facts-about-Male-Victims-of-Domestic-Abuse-and-Partner-Abuse-March-2020-final.pdf)

<sup>79</sup> Smith, Fowler & Niolon, (2013) Intimate Partner Homicide and Corollary Victims in 16 States: National Violent Death Reporting System, 2003–2009 <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301582>

<sup>80</sup> [westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse](https://westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse)

<sup>81</sup> Office for National Statistics, 2019,

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019>

<sup>82</sup> *Captive & Controlled, Domestic Abuse in Rural Areas Report (2019)*, National Rural Crime Network

<sup>83</sup> <https://webarchive.nationalarchives.gov.uk/20110218141158/http://rds.homeoffice.gov.uk/rds/pdfs2/r217.pdf>

12% affected by drugs when they committed acts of physical violence<sup>84</sup>. A UK study from 2005 showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years.<sup>85</sup> Almost two thirds of survivors in the same study began problematic substance use following their experiences of domestic violence.

Women who have experienced DVA are 15 times more likely to use alcohol<sup>86</sup>, nine times more likely to use drugs<sup>86</sup>, and six times more likely to be diagnosed with a substance misuse problem<sup>87</sup> than those without a history of abuse. The London Drug and Alcohol Network/DrugScope Domestic Violence project, published in 2013 found that, in young women aged 14-24 years old, 37% had experienced both problem substance use and domestic or sexual violence<sup>87</sup>. Whilst there is less research on substance misuse in men who experience DVA, one study reports that drug and alcohol abuse is higher in men who experience violence from their partner<sup>88</sup>.

Research indicates that there are also perpetrators of domestic abuse in substance misuse treatment services.<sup>89</sup>

Drug and alcohol use is often present in abusive relationships. For example the perpetrator may:

- Act as supplier and use access to substances as a form of control
- Force their partner to use substances
- Threaten to disclose their partner's use of substances to the authorities, particularly where there are children in the family who the victim fears will be taken away
- Limit access to information or treatment
- Use their partner's earnings to buy substances
- Take out frustrations and aggression on a partner during a detoxification phase
- Sabotage a partner's attempts to stop using or enter treatment

There are also differences in the way organisations understand women's substance use. Some organisations believe that there is some causal link between a woman's use of substances and her experiences of domestic violence. Other organisations may see the misuse of substances (both legal and illegal) as a way for women to cope with trauma and their experience of domestic violence. This view is supported by research in the U.S. and Britain.<sup>90</sup> Women who are problematic substance users are often excluded from services. For instance, refuges often find it difficult to support women who use substances. As a result, this group of women are particularly vulnerable to long-term experiences of domestic violence and possibly homelessness as they have fewer options of where to go to find help, support or safety. The primary presenting issue often masks additional needs, for instance if a client presents with substance misuse problems, any DVA issues are usually submerged and vice versa. This is partly due to the secrecy and shame that surrounds both issues as well as fear of being misunderstood or excluded from services.<sup>91</sup>

---

<sup>84</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

<sup>85</sup> Humphreys, C. & Regan, L., 2005. *Domestic Violence and Substance Use: Overlapping Issues in Separate Services*

<sup>86</sup> <https://www.addictioncenter.com/addiction/domestic-violence>

<sup>87</sup> <https://www.drugwise.org.uk/wp-content/uploads/dvreport.pdf>

<sup>88</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3315600/>

<sup>89</sup> <https://pubmed.ncbi.nlm.nih.gov/27709693>

<sup>90</sup> Jacobs, J., 1998. *The Links Between Substance Misuse and Domestic Violence*. London: Alcohol Concern

<sup>91</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

On the flip side, many organisations also see the use of substances as a ‘disinhibitor’ which gives a perpetrator the belief that they will not be held accountable or responsible for their violent behaviour if they are under the influence.

The above research shows that it is imperative that both substance misuse services and DVA services work together to address both issues simultaneously. Furthermore, substance misuse services should recognise that there are likely to be both perpetrators and victims accessing, and in need of, their support.

### *Homelessness*

Domestic abuse is by its very nature a housing issue. The perpetration of DVA creates a context of fear and curtailed freedom in homes, where women, men and their children should feel the safest. Every survivor’s experience is different, but housing is often a critical factor in being able to escape an abuser or abusers<sup>92</sup>. St Mungo’s found that in 2014, a third of their female clients said that DVA had contributed to their homelessness, as did 8% of men<sup>93</sup>. Research from Women’s Aid’s No Woman Turned Away (NWTa) shows that between January 2018 and January 2019, 22 out of the 264 women supported by the NWTa team had slept rough and almost half (44%) had sofa-surfed with family, friends and even strangers while waiting for a refuge place<sup>94</sup>.

Re-housing victims of DVA can be the responsibility of a local authority housing service; when someone approaches a local authority and discloses that their homelessness is caused by DVA, or they feel their accommodation is not safe, they should be regarded as a priority<sup>95</sup>. Many homeless women are ‘hidden’ from statistics because they spend time living with friends or relatives and do not access homeless services. This may either be due to a lack of awareness of the services and support available to them, or due to a lack of suitable or available provision.

The Women’s Aid Survivor Voice Survey 2019<sup>96</sup> was an online survey for women who are experiencing or have experienced DVA from a partner or ex-partner. There were 136 female respondents: 98 women had moved on from their relationship and 38 were still in the relationship with an abusive partner. This research found that housing concerns represent a significant barrier to leaving an abusive partner. Survivors are sometimes weighing up staying in a home shared with an abusive partner or leaving for another potentially unsafe situation. Survivors who are not eligible for public funds (because of their immigration status) have even fewer housing options, as they are not entitled to housing-related benefits or for housing help from their local authority. Challenges included:

- A lack of access to money to cover the costs of a new home (i.e. rent, deposit and bills).
- Fears of homelessness or being forced to live in unsuitable or unsafe housing.
- Being denied help from their local housing team
- Difficulties finding a landlord who would accept rent paid by state benefits. One survivor had approached over 40 estate agents, but none of them had properties with landlords who were willing to accept housing benefit.

---

<sup>92</sup> *The Domestic Abuse Report 2020: The Hidden Housing Crisis*

<sup>93</sup> [Rebuilding Shattered Lives](#), Hutchinson, Page and Sample, St Mungo’s

<sup>94</sup> *Women’s Aid, 2019.*

<sup>95</sup> <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-8-priority-need>

<sup>96</sup> *Women’s Aid (2019) The Domestic Abuse Report 2019: The Annual Audit, Bristol: Women’s Aid.*

Those survivors who were no longer in a relationship with an abuser often felt that the impact of leaving in terms of housing was “the price I paid for getting out of the terrible relationship”. This “price to pay” included:

- Upheaval and disruption: 59% of survey respondents had moved home at least once in the first-year post separation; 39% had moved twice or more in the first year; 20% had moved three times or more in the first year and one survivor had moved seven times in that first year after separation.
- Challenging housing conditions and homelessness, such as living in overcrowded and/or substandard accommodation.
- Financial burden: survivors were living with reduced finances and increased debt. Some were paying costs on two homes (the one they used to share with the perpetrator where they still lived, and the one where they now resided). Some survivors were experiencing difficulties because they had joint mortgages with the abuser; for example, the perpetrator refusing to sell the house and release the equity held in it, or not paying their share of the mortgage on jointly owned property post-separation.
- Ongoing abuse: for those survivors who were living with friends and family, the perpetrator was easily able to locate them to continue the abuse. Some survivors had moved more than once to try to escape the abuse and the ongoing abuse made them feel unsafe in their homes.

In relation to the provision of refuge accommodation provision, the Women’s Aid Domestic Abuse Annual Audit 2020, found<sup>97</sup> :

- 64% of refuge referrals were declined last year
- The number of refuge bed spaces in England is now 30% below the number recommended by the Council of Europe<sup>98</sup>.
- Only 5% of refuge vacancies listed last year could accommodate women with no recourse to public funds, and less than half had the capacity to accept women with more than two children.
- Service providers cited the funding crisis as the biggest issue facing the domestic abuse sector. They identified four key problems: problematic competitive tendering; uncertainty over future funding; funding not covering full costs of delivery; and running an area of work with no dedicated funding.

### *Poverty*

Although there is limited robust evidence on the connections between poverty and DVA and abuse, analyses both in the UK and internationally have demonstrated consistently that vulnerability to DVA is associated with low income, economic challenges and being in receipt of benefits<sup>99</sup>. The 2012 UK Poverty and Social Exclusion Survey<sup>100</sup> shows, for almost every measure of poverty included, the prevalence of abuse and controlling behaviours are significantly higher for those experiencing poverty than for those not living in poverty.

---

<sup>97</sup> <https://www.womensaid.org.uk/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf>

<sup>98</sup> Recommendation is one space is required per 10,000 population

<sup>99</sup> [https://research-information.bris.ac.uk/files/128551400/JRF\\_DV\\_POVERTY\\_REPORT\\_FINAL\\_COPY\\_.pdf](https://research-information.bris.ac.uk/files/128551400/JRF_DV_POVERTY_REPORT_FINAL_COPY_.pdf)

<sup>100</sup>

[https://www.poverty.ac.uk/sites/default/files/attachments/Impoverishment\\_of\\_UK\\_Scotland\\_PSEUK\\_press\\_release\\_28\\_March.pdf](https://www.poverty.ac.uk/sites/default/files/attachments/Impoverishment_of_UK_Scotland_PSEUK_press_release_28_March.pdf)

There are several relationships and interdependencies that underpin the observed association between poverty and DVA:

- Gendered assumptions about access to income and resources
- Financial dependency puts women at risk of poverty if they leave their partner
- Gendered assumptions about caring responsibilities limit employment prospects
- Gendered expectations that women's benefits are there for the whole household
- Male partners sometimes prevent women from working, claiming benefits, or leaving the house
- Social welfare policies can trap women in abusive relationships, e.g. lack of court-ordered child support, lack of affordable childcare
- Women experiencing DVA often become single parents, resulting in limited earning capacity, financial difficulties and financial abuse from former partners (e.g. refusing to contribute to child support)

Social policies could redress the links between poverty and DVA, for example making it easier for women to access well-paid work alongside affordable childcare and ensuring financial abuse is explicitly recognised in strategies to address violence against women. Welfare policies should consider the differential gender impacts and consider those with limited autonomy, as in cases of DVA.

### *Household Income*

The risk of DVA is increased by a lack of economic resources and dependency<sup>101</sup> (unemployed women and housewives have a higher risk of DVA; see Figure 4) [Error! Bookmark not defined.](#) In the year ending March 2019, an average of 15.9% of unemployed women and 15.3% of women on long term sick absence in England and Wales experienced DVA compared to 7.4% of those who were in employment<sup>102</sup>. This is particularly worrying in the current climate as due to COVID-19, 7.5 million people were furloughed in June 2020, and the number of employees on UK payrolls fell by 730,000 from March to July<sup>103</sup>. Furthermore, average earnings fell, and the average number of hours people worked dropped by a record amount to an average of 25.8 hours a week, according to figures for April to June<sup>3</sup>. As Figure 5 shows, a lower household income is correlated with increased prevalence of domestic abuse.

---

Capaldi, Knoble, Shortt & Kim, 2012, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3384540/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3384540/)

<sup>102</sup> Office for National Statistics, 2019,

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>

<sup>103</sup> <https://www.bbc.co.uk/news/business-52660591>

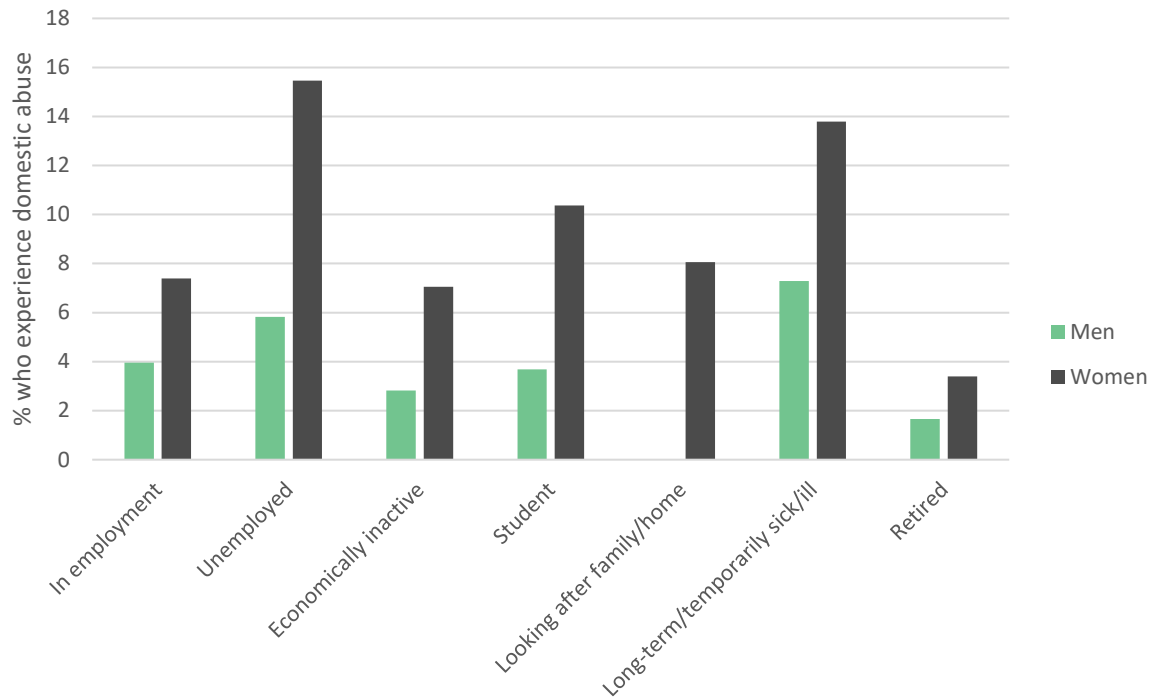


Figure 4. Prevalence of domestic abuse victims by employment status. Source: Crime Survey for England and Wales, Office of National Statistics, 2019

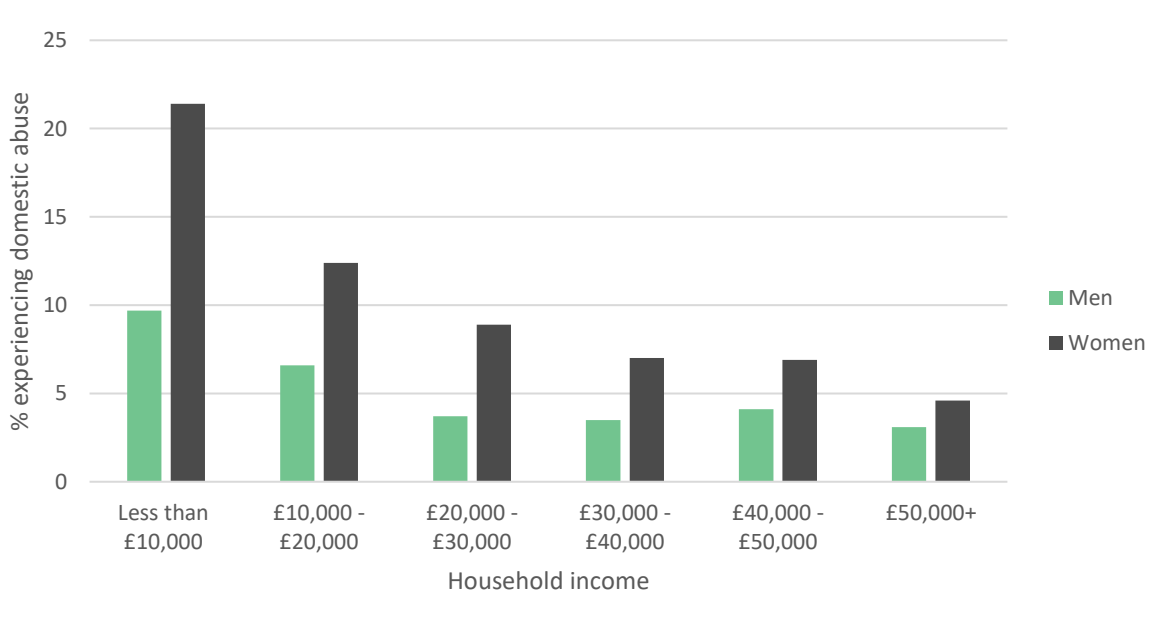


Figure 5. Prevalence of domestic abuse by household income. Source: Crime Survey for England and Wales, Office of National Statistics, 2019

## 2.4 RISK OF HOMICIDE

The term ‘homicide’ refers to the offences of murder, manslaughter and infanticide<sup>104</sup>, <sup>105</sup>. A ‘Domestic Homicide Review’ is considered where a death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or in an intimate relationship, or a member of the same household <sup>106</sup>.

In 2018/19 – 16 men and 80 women were killed at the hands of their current or ex-partner<sup>107</sup>. Two women a week are killed by a current or former partner in England and Wales<sup>4</sup>; indeed, if a woman is killed, the person most likely to have killed her is her current or former partner<sup>108</sup>. When considering the context of femicide (the intentional murder of women because they are women, although broader definitions include any killings of women or girls) between 2009-2018, by far the largest number of women were killed in the context of intimate partner violence, and the second largest number were killed in the context of son-mother domestic violence<sup>108</sup>. Significant numbers of femicides involve older women and yet this is not well publicised to general practitioners and within the Care Sector<sup>108</sup>. This raises the need to consider the particular vulnerability of older women (over 70), and the need to ensure that data is collected by all agencies for DVA incidents by age category that is more specific than 60 plus.

In the year ending March 2019, the average age of a domestic homicide victim was 47 years, with female victims an average of 46 years old and male an average of 51 years old<sup>109</sup>. An increasing number of people aged 60+ are victims of domestic homicide; 8% of the women killed by a partner or ex-partner in 2016 were aged 66 or over<sup>109</sup>. Women and girls from BAME communities are at higher risk of domestic homicide<sup>110</sup>.

---

<sup>104</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2018#how-is-homicide-defined-and-measured>

<sup>105</sup> Office of National Statistics, 2019,

[www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2019)

<sup>106</sup> <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

<sup>107</sup> <https://www.mankind.org.uk/wp-content/uploads/2020/03/50-Key-Facts-about-Male-Victims-of-Domestic-Abuse-and-Partner-Abuse-March-2020-final.pdf>

<sup>108</sup> <https://www.femicidecensus.org/wp-content/uploads/2020/11/Femicide-Census-10-year-report.pdf>

<sup>109</sup> Office of National Statistics, 2019,

[www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2019)

<sup>110</sup> [www.standingtogether.org.uk/sites/default/files/docs/STADV\\_DHR\\_Report\\_Final.pdf](http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf);  
[www.london.gov.uk/sites/default/files/the\\_way\\_forward\\_-\\_strategy.pdf](http://www.london.gov.uk/sites/default/files/the_way_forward_-_strategy.pdf)

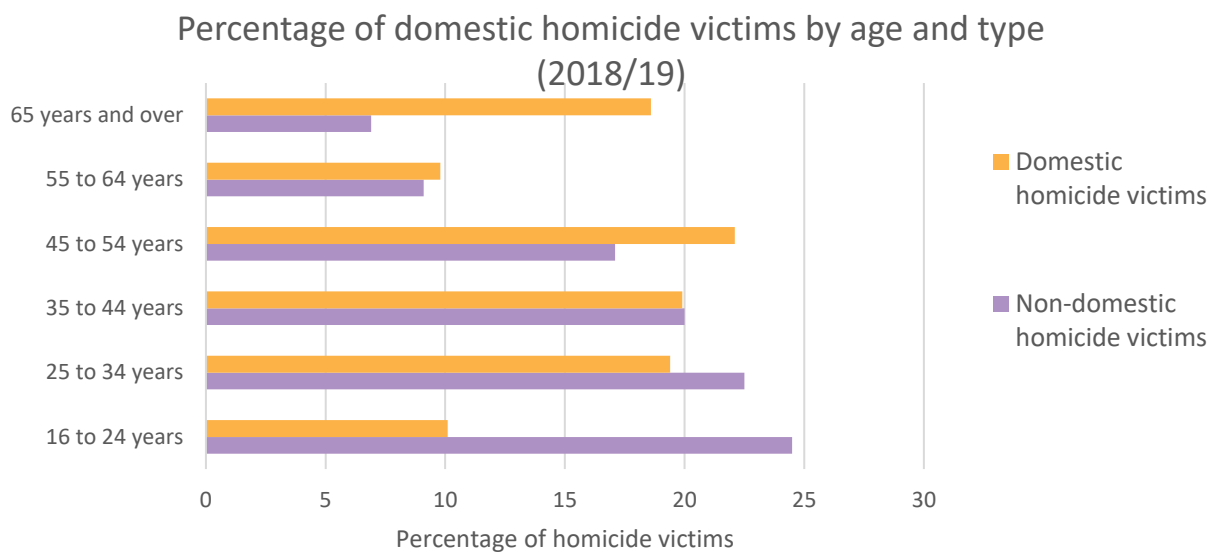


Figure 6. Source: Crime Survey for England and Wales, Office of National Statistics, 2019

Prior abuse by the perpetrator, especially severe abuse which took place within the previous month, and which increased in frequency, is identified by the World Health Organisation as an indicator of high risk of femicide<sup>111</sup>. Violence or other abuse had been reported to police in only a quarter (202 cases, 23%) of the 888 intimate partner femicides<sup>111</sup>. Victims most commonly reported the abuse to police or family and friends. These findings raise important questions regarding appropriate responses in order to keep women safe; questions for police and statutory services, but also for families and friends of victims.

## 2.5 ECONOMIC IMPACT

In January 2019, the Home Office calculated the economic and social cost of Domestic Abuse<sup>112</sup>, which includes:

- the cost of anticipation (covering preventative work)
- costs as a consequence (including physical and emotional harm, health services, lost output and victim services) and
- costs in response to domestic abuse (police and other justice costs).

The largest element of domestic abuse cost is the physical and emotional harm suffered by the victims themselves (estimated at £47 billion in the UK). The next highest cost is for lost output relating to time taken off work and reduced productivity afterwards (estimated £14 billion)<sup>112</sup>.

The report estimates that each case of DVA costs on average £34,015 to the taxpayer<sup>112</sup>, with the highest costs resulting from cases of domestic homicide, which is estimated to cost the taxpayer £2.2 million arising from the cost of harms, health services and lost output.

<sup>111</sup> <https://www.femicidecensus.org/wp-content/uploads/2020/11/Femicide-Census-10-year-report.pdf>

<sup>112</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/918897/horr107.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf)



The Home Office report concludes: “The £66 billion estimate represents the most comprehensive estimate yet of the economic and social costs of domestic abuse. This report reinforces the need to tackle domestic abuse, ideally through preventative efforts that stop the abuse from happening in the first place. It also highlights how domestic abuse impacts on many sectors of society, suggesting that the response should be similarly wide-ranging.”<sup>112</sup>

## 2.6 CALLS TO NATIONAL HELPLINES

There are several national helplines serving victims and perpetrators of DVA, as well as concerned family and friends. In 2019/20, Refuge logged on average 270 call and contacts each day<sup>113</sup>, Men’s Advice Line received 23,121 calls, 4,460 emails and 298 webchats between 2019-20, and Respect perpetrator helpline received 4,867 calls, 1,324 emails and 48 webchats in the same time frame in the UK<sup>114</sup>. In 2018/19, ManKind Initiative received 2,000 telephone calls from male victims, concerned friends, family and work colleagues, and 300 calls from the police, councils, support services and the legal profession in the UK<sup>115</sup>.

## 2.7 NATIONAL COVID-19 IMPACT

Calls to national DVA helplines have increased since March 2020, when lockdown due to COVID-19 was introduced. The Respect phone line, which provides confidential advice to perpetrators about violence and DVA, had a 27% increase in calls and a 125% increase in website hits in the week starting 30 March, compared with the week before<sup>116</sup>. Similarly, the Men’s Advice Line, for male victims of DVA, had an increase in calls of 17% and increase of 42% in website hits in the same week<sup>39</sup>. The LGBT Foundation recorded double the usual number of phone calls to the charity’s crisis helpline since March 2020<sup>117</sup>; a statistic that is particularly worrying as cuts to services over the last decade have resulted in a lack of specialist shelters for transgender people, who are often forced to return to their abusive partners or face homelessness.

The pandemic has forced people to work from home, furloughed workers and caused job losses, which has opened up new avenues of economic abuse. Specifically, abusers were using the pandemic as a means to sabotage their partner’s ability to work or study. In the summer of 2020, *The Cost of Covid-19: Economic abuse throughout the pandemic* review found that 45% of victim-survivors and 47% of frontline professionals reported that perpetrators deliberately sabotaged a partner’s ability to work and study<sup>118</sup>, by: calling their victim’s employer to tell lies in order to jeopardize her employment; deliberate damage to, or hiding of, essential work equipment such as phones, laptops and Wi-Fi routers; constant interruptions and demands on their time; and refusing responsibility for childcare, forcing people to miss meetings, turn down job opportunities or reduce their hours and therefore pay.

---

<sup>113</sup> Refuge, 2019/20 Annual report, <https://www.refuge.org.uk/our-story/annual-reports/>

<sup>114</sup> Email correspondence with Respect, 29/09/2020

<sup>115</sup> <https://www.mankind.org.uk/about-us/what-we-do/>

<sup>116</sup> <https://www.theguardian.com/society/2020/apr/09/uk-domestic-abuse-helplines-report-surge-in-calls-during-lockdown>

<sup>117</sup> <https://inews.co.uk/news/lgbt-victims-perpetrators-refuge-space-domestic-violence-423847>

<sup>118</sup> <https://survivingeconomicabuse.org/the-cost-of-covid-19-economic-abuse-throughout-the-pandemic-on-employment-and-education/>

### 3. WARWICKSHIRE PICTURE

#### 3.1 ESTIMATED LOCAL PREVALENCE

Using national statistics and the known population of Warwickshire, the estimated prevalence of DVA in Warwickshire in 2019/20 has been calculated. These have been estimated overall (5.7%<sup>119</sup>; see Table 1) and subsequently calculated by gender (3.8% in men and 7.5% in women<sup>119</sup>; see Table 2).

Table 1 shows that there were an estimated 23,500 cases of DVA in 2019/20 in adults aged between 16-74 years. This is made up of approximately 15,600 females and 7,800 males (see Table 2). In 2019/20, the Warwickshire's Domestic Violence Support Service provided short-term support, long-term support or refuge accommodation to 806 victims-survivors in Warwickshire. This means that roughly 3.4% of the estimated need for DVA services is currently being met.

*Table 1. Estimated number of DVA cases in Warwickshire between April 2019 - March 2020, using prevalence rates from the National Crime Survey 2019 (5.7%)<sup>120</sup>*

District/Borough	Adult population (16-74)	Estimated DVA cases
North Warwickshire	47,452	2,681
Nuneaton & Bedworth	93,202	5,267
Rugby	76,894	4,345
Stratford-on-Avon	92,393	5,221
Warwick	105,931	5,986
Total	415,872	23,501

*Table 2. Estimated DVA cases by gender in each borough of Warwickshire in 2019-2020, using prevalence rates from the National Crime Survey 2019 (men: 3.8%; women: 7.5%)<sup>120</sup>*

District/Borough	Male population (16-74)	Estimated male DVA cases	Female population (16-74)	Estimated female DVA cases
North Warwickshire	23,548	885	23,904	1,790
Nuneaton & Bedworth	45,959	1,727	47,243	3,538
Rugby	38,599	1,450	38,295	2,868

<sup>119</sup> Office for National Statistics, 2019,

[www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019#:~:text=For%20the%20year%20ending%20March,100%20adults%20\(Figure%201\).](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019#:~:text=For%20the%20year%20ending%20March,100%20adults%20(Figure%201).)

<sup>120</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>

Stratford-on-Avon	45,305	1,702	47,088	3,526
Warwick	53,754	2,020	52,177	3,907
Total	207,165	7,784	208,707	15,629

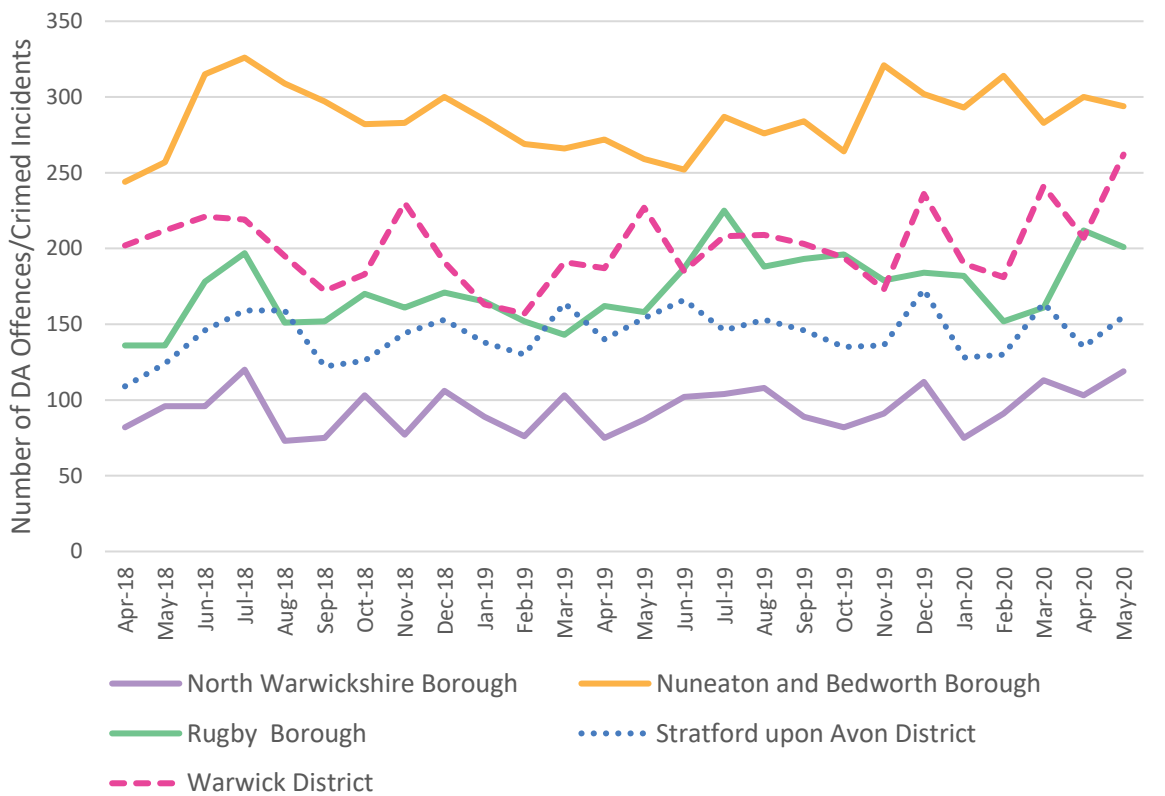


Figure 7. DVA Offences and Crimed Incidents by borough between April 2018 – May 2020, Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

Table 3. The number of police-recorded DVA offences and crimed incidents in 2017-18 compared to 2018-19 in each borough of Warwickshire. Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

District/Borough	Violence with and without injury flagged as DVA			Rate per 1,000 pop (2018/19)
	2017/18	2018/19	% Change	
Nuneaton & Bedworth	1,281	1,713	+34%	13.29
Rugby	809	1,113	+38%	10.38
North Warwickshire	465	625	+34%	9.64

Warwick	908	1,245	+37%	8.74
Stratford-on-Avon	637	939	+47%	7.36
Warwickshire total	4,100	5,635	+37%	9.87

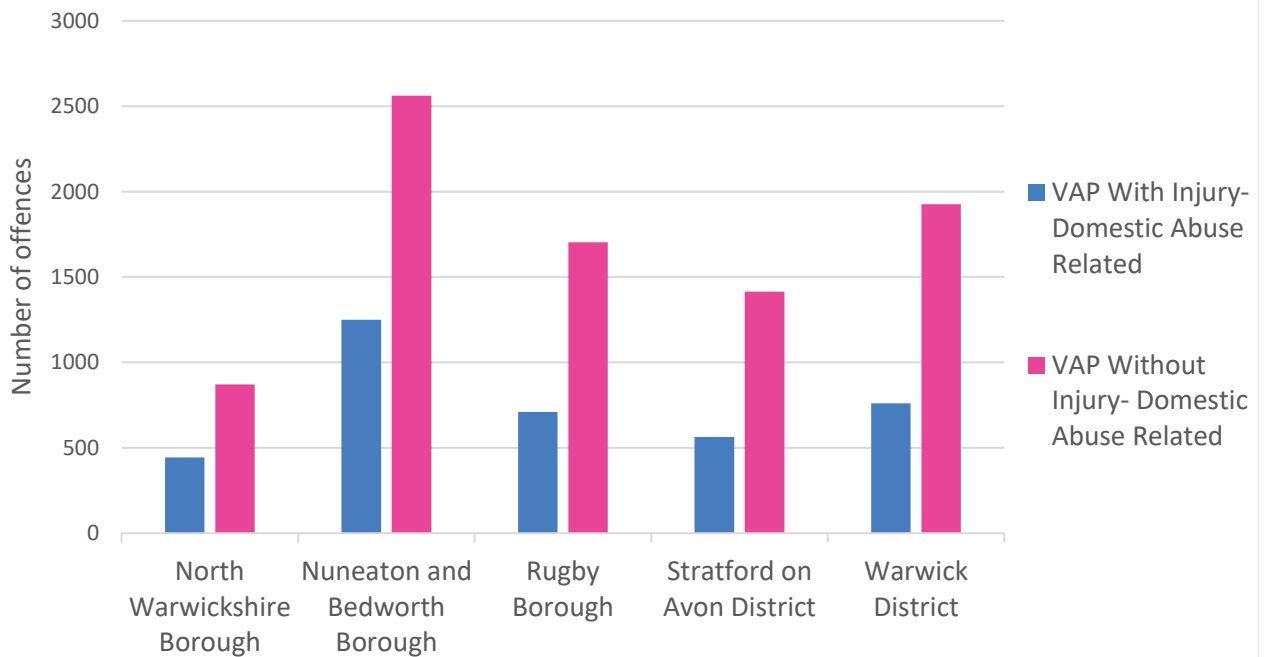


Figure 8. Violence against a person (VAP) offences breakdown by borough between April 2018 – May 2020. Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

Figure 7 shows the number of police-recorded DVA offences and crimed incidences by each borough in Warwickshire. Table 3 then demonstrates the change in the number of police-recorded offences and crimed incidences between 2017/18 and 2018/19. This table shows that the number of reported DVA offences and incidences has increased by an average of 37% across Warwickshire. Nuneaton & Bedworth borough has a higher rate of DVA offences (13.29 per 1,000 people) compared to the other four boroughs, whilst Stratford-on-Avon has the lowest rate (7.36 per 1,000 people). Figure 8 then shows that Nuneaton and Bedworth had the highest levels of both violence against a person (VAP) with injury and VAP without injury offences in the period April 2018 – May 2020. This suggests that most DVA incidents in Warwickshire occur in Nuneaton and Bedworth. This is mostly made up of violence without injury offences/incidents.

*Table 4. The 10 wards with the highest rates of DVA offences and incidents per 1,000 people October 2018-September 2019.*

Ward	District/Borough	Violence with and without injury flagged as DVA	
		Total	Rate per 1,000 pop
Hathaway	Stratford-on-Avon	68	25.29
Kingswood	Nuneaton & Bedworth	121	17.43
Camp Hill	Nuneaton & Bedworth	148	16.93
Benn	Rugby	145	16.87
Wem Brook	Nuneaton & Bedworth	135	16.62
Abbey	Nuneaton & Bedworth	147	16.05
Bede	Nuneaton & Bedworth	109	15.92
Newbold & Brownsover	Rugby	139	15.74
Bishop's Tachbrook	Warwick	48	14.99
Attleborough	Nuneaton & Bedworth	109	14.35

*Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, December 2020.*

Table 4 shows the ten wards with the highest rates of DVA in Warwickshire between October 2018 – September 2019. Whilst Hathaway ward had a comparatively low number of incidents, a small population means that this translates into the highest incidence rate in the county. It can also be seen from Table 4 that Nuneaton and Bedworth borough has the most wards in the top ten, with six wards included.

Finally, police-recorded data for Warwickshire were broken down by gender and age. Females were more likely to be victims of a DVA offence/crimed incident than males (Figure 9), and males and females between 20 – 40 were more likely to be victims than other ages (Figure 10).

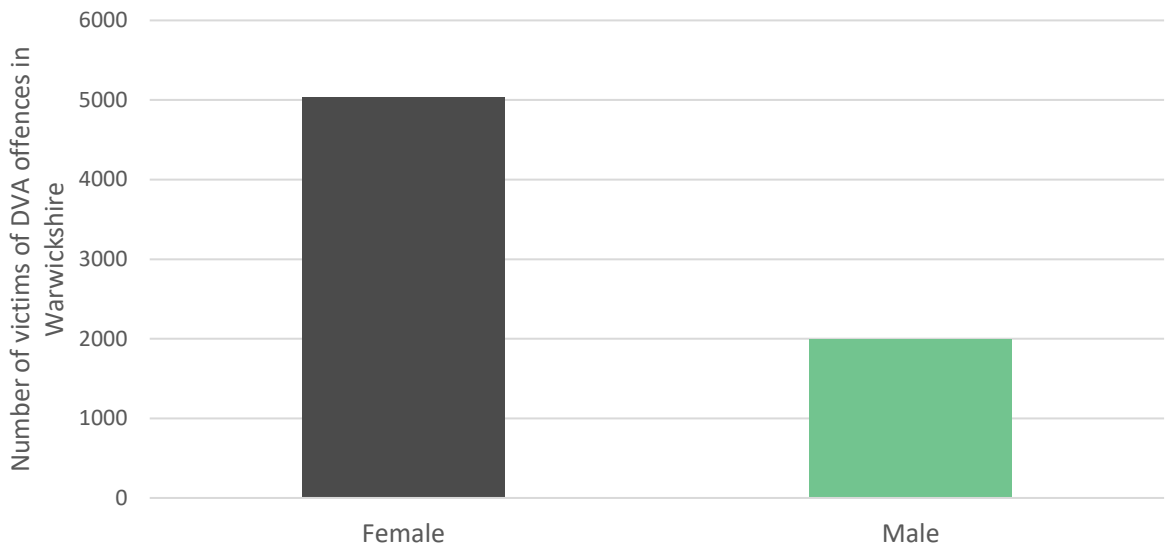


Figure 9. Male and female victims linked to a DVA offence in Warwickshire between 1st October 2019 and 30th September 2020. Source: BOXI, ATHENA and 'online per crime' Crime Information System, Warwickshire Police, December 2020.

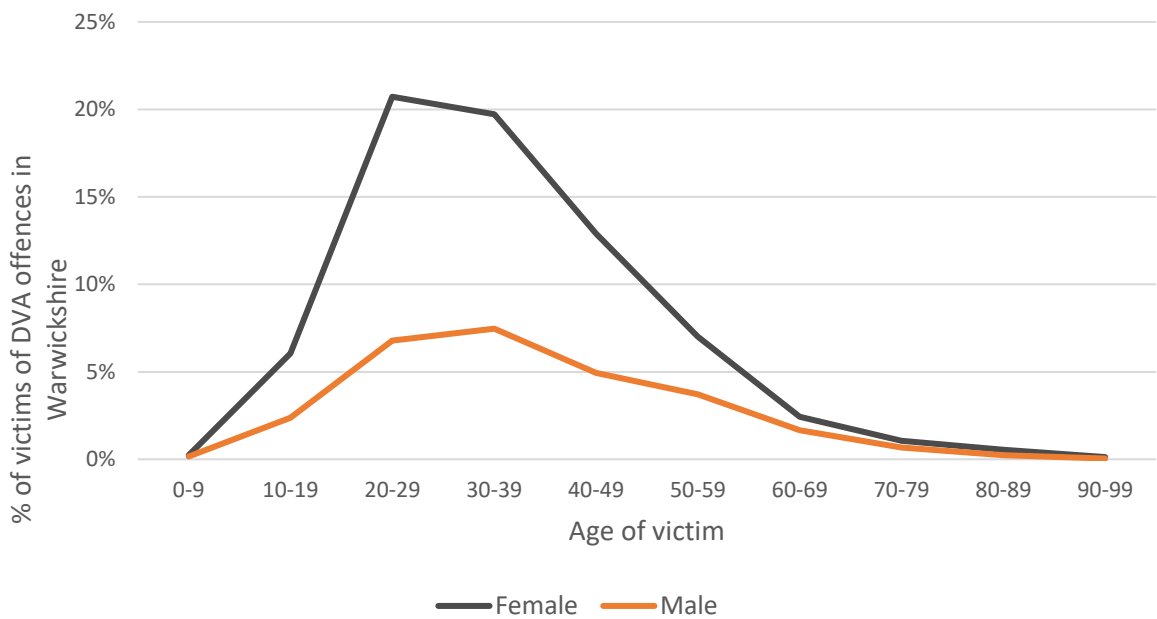


Figure 10. Ages of male and female victims linked to a DVA offence in Warwickshire between 1st October 2019 and 30th September 2020. Source: BOXI, ATHENA and 'online per crime' Crime Information System, Warwickshire Police, December 2020.

### Repeat Victims

Data from Warwickshire and West Mercia Police shows that between 30-40% of victims have experienced DVA multiple times (Figure 11). There was a sharp rise in victims of repeat DVA since April 2020. This coincided with lockdown restrictions in the UK as a result of the COVID-19 pandemic.

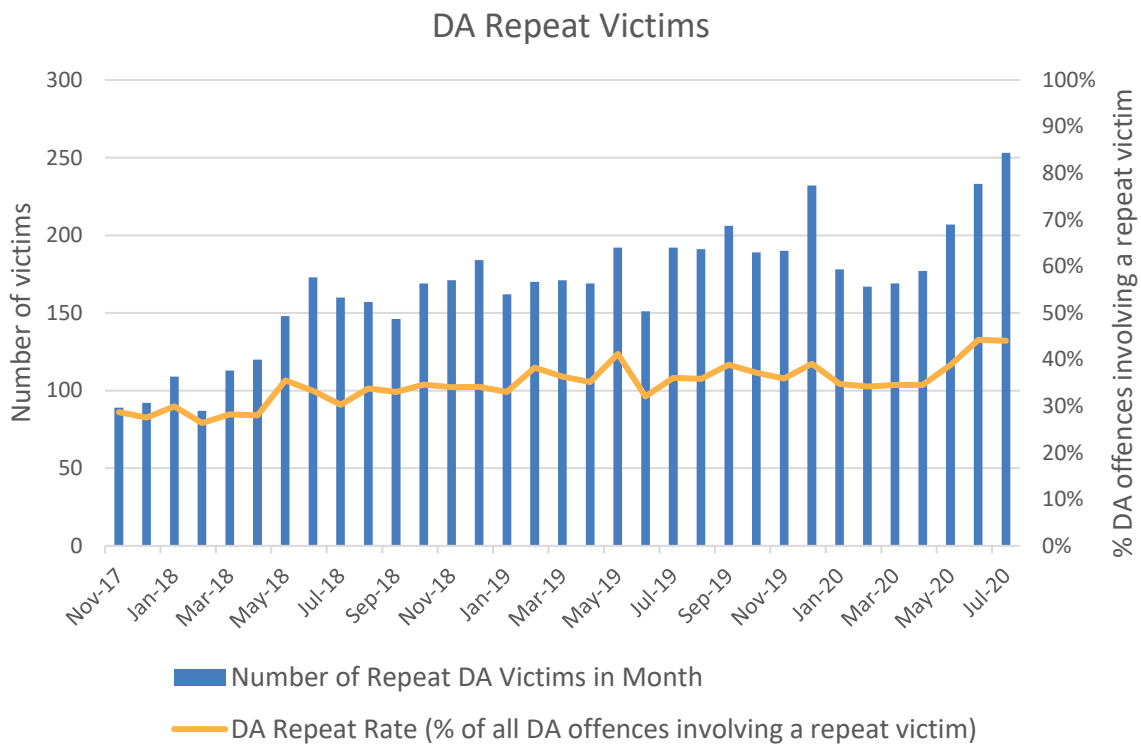


Figure 11. Repeat rate of victims of DVA from November 2017 - July 2020. Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

### Incidents by risk rating

DVA offences can be classified using a Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment and Management Model. This classifies incidents into three levels: Standard (current evidence does not indicate victim is likely to be at risk of serious harm); Medium (victim may be at risk of serious harm; the offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse); and High (the victim is risk of serious harm, which could happen at any time and could be life-threatening and/or traumatic, and from which recovery, whether physical or psychological, could be difficult or impossible).

Table 5 shows that the majority of cases in Warwickshire were classed as standard or medium, with 8.9% considered to be high risk. The percentage of cases in each DASH grading are roughly similar in each borough.

Table 5. Percentage of Incidents in each borough/district between April 2018 and July 2020 by DASH grading. Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

	DASH grading			
	High	Medium	Standard	(unclassified)
North Warwickshire Borough	8.0%	45.1%	40.1%	6.8%
Nuneaton and Bedworth Borough	9.0%	45.7%	40.2%	5.1%
Stratford on Avon District	7.1%	40.1%	46.2%	6.6%
Warwick District	8.9%	36.7%	48.2%	6.3%
Warwickshire	8.9%	43.3%	41.8%	6.0%

#### *Outcomes of DVA offences*

Outcomes are assigned to DVA offences recorded in Warwickshire between April 2018 – July 2020. It should be noted that this figure is subject to change, as investigations could be reopened or suspects identified. Therefore, the data displayed below is a snapshot taken in August 2020.

Figure 12 shows that for the vast majority of DVA offences (roughly 11,000) no action is taken because the victim didn't want to pursue it, despite having evidence and a named suspect. This suggests that two thirds of DVA perpetrators in Warwickshire are not being brought to justice. 10% (roughly 1,700) of perpetrators were charged or summoned to court for either DVA or another offence unrelated to DVA. For 19% of DA offences a named suspect is identified but there is not enough evidence to pursue further action.



## Outcomes of DA offences

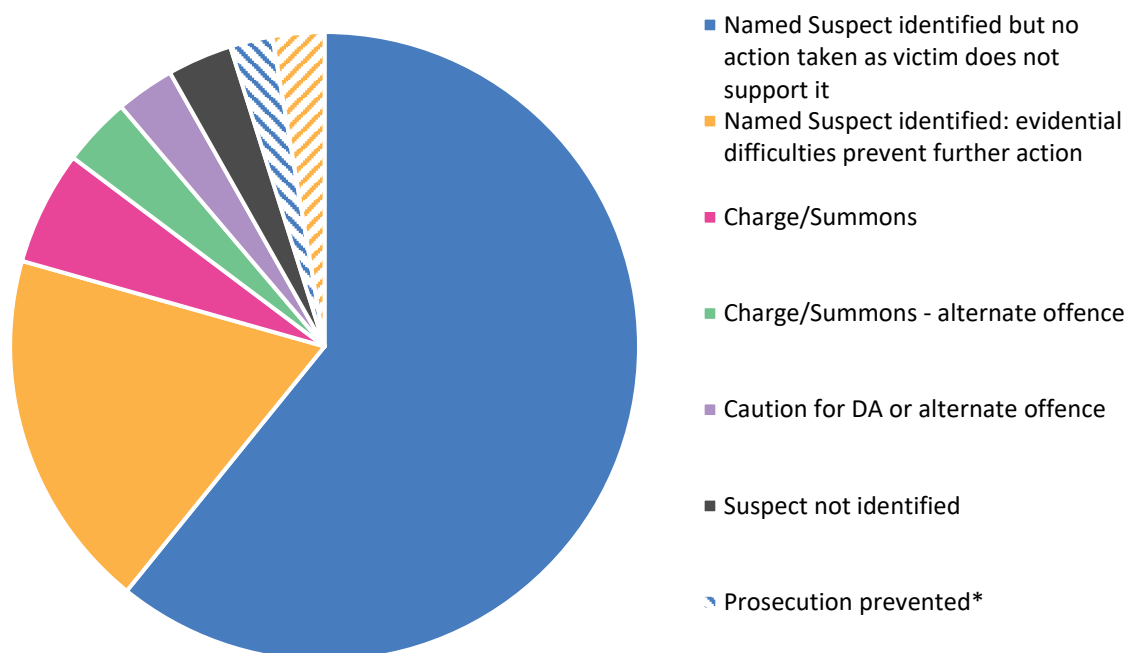


Figure 12. Outcomes of DVA offences from April 2018 – July 2020. Source: BOXI, ATHENA and 'online per crime' Crime Information System Warwickshire Police, October 2020.

\*Named suspect identified but prosecution time limit has expired, suspect is below the age of criminal responsibility, suspect is too ill to prosecute or give evidence or suspect is dead.

### 3.3 DOMESTIC HOMICIDE IN WARWICKSHIRE

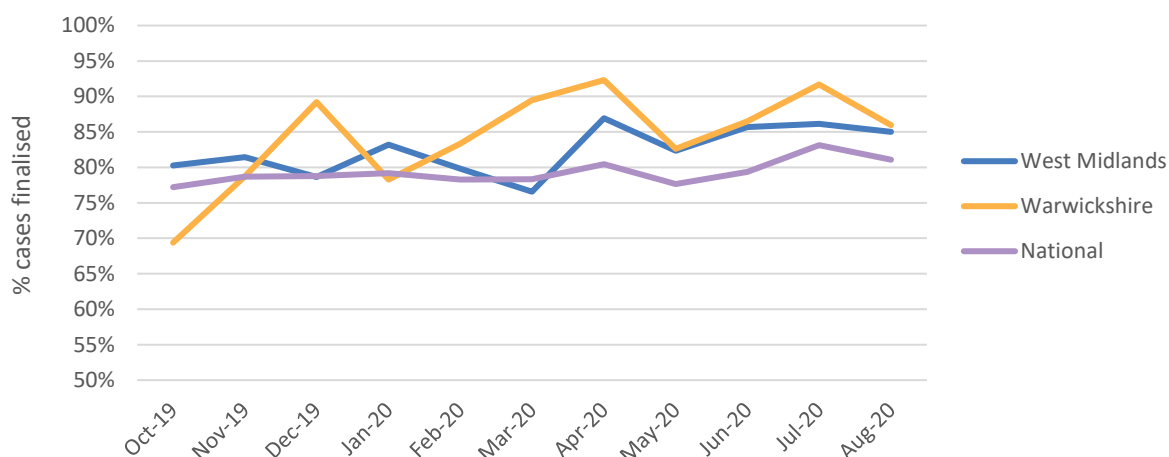
Warwickshire's VAWG partners have been learning from the Domestic Homicide Reviews<sup>121</sup> that have taken place in the county. All Domestic Homicide Reviews that have been published within Warwickshire can be viewed here: [Published Domestic Homicide Reviews](#). Actions that have emerged include the roll-out of additional training for the housing sector, support of a multi-agency bid for increased independent domestic violence advisor (IDVA) capacity around housing, health and rural outreach, with the Housing IDVA hosted by Refuge and co-located by the P.H.I.L Project (Preventing Homelessness Improving Lives) Ministry of Housing, Communities and Local Government (MHCLG) Trailblazer<sup>105</sup>

### 3.4 THE CRIMINAL JUSTICE SYSTEM

Crown Prosecution Service data for Warwickshire covers the period October 2019 to August 2020 and DVA cases are identified by a monitoring code on their system. They do not collect data on the type of the offences involved or the sentences, but they are able to show the results and outcomes. Figure 12 shows the percentage of 'finalised' cases between October 2019 – August 2020. Finalised means the number of defendants for whom prosecution has been completed, having been through the criminal justice system to the point of either conviction or acquittal. A single case can be heard in multiple court centres, but for this purpose, the figure only counts against the last court in which the

<sup>121</sup> <https://safeinwarwickshire.com/domestic-homicide-reviews/published-domestic-homicide-reviews/>

case was heard. The five courts within Warwickshire are: Leamington Spa and Nuneaton Magistrates Courts, Leamington Spa and Nuneaton Youth Courts and Warwick Crown Court. *Figure 13* shows that the number of finalised cases has increased gradually over the time frame and is higher than the national figure.



*Figure 13. Percentage of finalised cases in Warwickshire, West Midlands and nationally in Oct 2019 - August 2020. Source: BOXI, ATHENA and ‘online per crime’ Crime Information System Warwickshire Police, December 2020.*

### 3.5 WARWICKSHIRE DOMESTIC VIOLENCE SERVICE – SERVICE USE

The Warwickshire Domestic Violence Service is commissioned by Warwickshire County Council and the Office of the Police and Crime Commissioner (OPCC). The service is provided by Refuge. The contract for this service commenced in April 2017 and was due to end in March 2021; however, it has been extended until October 2021 due to Covid-19. The service consists of:

- **Warwickshire Refuge Accommodation:** 24 units of specialist emergency accommodation across Warwickshire for women aged 16 or over, with or without children, and 6 weeks resettlement programme for women and children leaving the service.
- **Warwickshire Domestic Violence Support Service:**
  - A specialist Warwickshire helpline with advice and information for anyone concerned about domestic abuse.
  - Sanctuary Scheme – home security (making home property more secure)

#### C support for victim-survivors:

- Independent Domestic Violence Advocates (IDVA) to support high risk victims-survivors.
- Outreach support - including drop-in sessions and the WINGS programme (a 10-week group programme designed to support survivors to understand the dynamics of Domestic Abuse to aide recovery).

- IRIS (Identification & Referral to Improve Safety educators) - educators, who are based in GP practices and provide support and DVA training to practice teams. They are a direct referral pathway for primary care staff for patients who are experiencing DVA.

Support for Warwickshire’s VAWG partners

- Multi-Agency Risk Assessment Conference (MARAC) coordination
- Awareness raising sessions and in-depth DVA training for multi-agency professionals

Community Based Services support includes IDVA workers, Outreach workers and the IRIS Service. Whilst the DVA service provides support for many people in Warwickshire, there are likely to be many more cases of DVA that go unreported, and where people do not receive help. Table 6 below shows the disparity between the estimated number of DVA cases in Warwickshire and the number of people who received DVA services in Warwickshire in 2019/20; only 6.3% of the estimated number of people who experienced DVA in Warwickshire in 2019/20 approached the DVA service for support.

*Table 6. Number of Warwickshire residents who used Warwickshire’s DVA services in 2019/20, compared to estimated prevalence rate (using ONS 2019 prevalence rate of 5.7%<sup>122</sup>)*

<b>District/Borough</b>	<b>Adult population (16-74 years old) in 2019/20</b>	<b>Estimated DVA cases in 2019/20</b>	<b>Number of people who have been referred to Warwickshire’s DVA Support Service in 2019/20</b>	<b>% of estimated DVA cases who were referred to Warwickshire’s DVA Support Service in 2019/20</b>
North Warwickshire	47,452	2,681	197	7.3
Nuneaton & Bedworth	93,202	5,267	412	7.8
Rugby	76,894	4,345	272	6.3
Stratford-on-Avon	92,393	5,221	284	5.4
Warwick	105,931	5,986	308	5.1
<b>Total</b>	<b>415,872</b>	<b>23,501</b>	<b>1473</b>	<b>6.3</b>

Table 7 below shows the number of referrals received and Table 8 shows support given, by service area (within the Domestic Violence Service). IDVAs manage most referrals and provided case management support to most victim-survivors given long-term support. Overall referrals reduced during 2019/20 in comparison to the previous two years.

<sup>122</sup> Office for National Statistics, 2019, [www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019)

Table 7. Number of referrals received and support given by each service area between 2017/18 – 2019/20.

Referrals	2017/18	2018/19	2019/20
IDVA	1,172	2,078	899
IRIS	132	119	136
Outreach	234	210	156
MHCLG additional posts	NA	NA	291
<b>Total</b>	<b>1,538</b>	<b>2,407</b>	<b>1,482</b>

Table 8. Number of people given support given by each service area between 2017/18 – 2019/20.

Service	2017/18 Total given support (no. given long-term support)	2018/19 Total given support (no. given long-term support)	2019/20 Total given support (no. given long-term support)
IDVA	519 (390)	1,207 (362)	531 (276)
IRIS	121 (120)	85 (62)	103 (76)
Outreach	211 (210)	204 (195)	152 (152)
MHCLG posts <sup>123</sup>	NA	NA	233(212)
<b>Total</b>	<b>851 (721)</b>	<b>1,496 (619)</b>	<b>786 (504)</b>

This suggests that whilst DVA incidents reported to the police have increased, the number of referrals being made to the DVA service has decreased significantly. Change of policy regarding consent and the case management system used, has likely impacted upon these figures.

The police consistently refer the largest proportion of victim-survivors to the IDVA service in Warwickshire (see Table 9), with the second-highest proportion being self-referrals. Other referral sources include, but are not limited to: adult and child social services; voluntary agencies; GPs; and MARAC. There has been a large drop in number of referrals from the police to the IDVA service in 2019/20 in comparison to 2018/19 and 2017/18. It should also be noted that there were far fewer referrals overall to the DVA Community based services in 2019/20. Self-referrals have increased slightly, which suggests a change in referral threshold by the police and other agencies. This suggests that not all victim-survivors who are reporting DVA incidents to the police are being offered the opportunity to be referred on to the DVA Support Service.

Table 9. Number of referrals and proportion of referrals to the IDVA service in Warwickshire from 2017/18-2019/20

Referral source	2017/18	2018/19	2019/20
Police	1,333 (62.3%)	1,486 (61.7%)	499 (41.9%)
Self-referral	230 (10.8%)	263 (10.9%)	276 (23.2%)

<sup>123</sup> Ministry of Housing Communities and Local Government (MHCLG) provided funding for one year for additional IDVA and outreach worker posts.

Other	575 (26.9%)	658 (27.3%)	416 (34.9%)
Total	2,138	2,407	1,191

### *Nature of abuse experienced*

Warwickshire's DVA Support Service provides one-to-one support to victim-survivors living in the community. Data is collected on the nature and frequency of abuse experienced by victim-survivors. During 2019/20, of those that accepted support from the Community Services (IDVAs, IRIS or Outreach workers):

- 91% (654) victim-survivors supported had experienced abuse from an intimate partner, of which 76% (543) related to ex-partners
- 96% (686) of victim-survivors experienced psychological abuse
- 68% (491) experienced physical abuse
- 39% (283) experienced financial abuse
- 26% (184) experienced sexual violence
- 83% (595) of clients experience multiple types of abuse

The impact of abuse on victims-survivors is significant. When victim-survivors contact the DVA Support Service, a DASH Risk Assessment is undertaken. Of the 726 DASH risk assessments completed by the service during 2019/20 for victim-survivors in the community:

- 79% (572) were feeling very frightened,
- 69% (499) were afraid of further injury or violence,
- 29% (208) reported that the current incident resulted in injury

The DASH risk assessment reveals the severity of abuse experienced and the risk to life that perpetrators are posing to victim-survivors and their children.

- 42% (306) - Perpetrator has ever attempted to strangle, choke, suffocate or drown you
- 40% (294) - Perpetrator has ever threatened to kill you and you believed them
- 32% (230) - Perpetrator has ever used weapons or objects to hurt you
- 17% (122) - Perpetrator has ever hurt children/dependent
- 13% (93) - Perpetrator has ever threatened to hurt children/dependent

It is important to note that there can be limitations on the DASH risk assessment. High levels of coercive control do not necessarily score as highly on the DASH. However, where there is control, violence (even low level) and a separation after living together, there is a 900% increase in the potential for homicide (Stark, 2009)<sup>124</sup>.

The challenge for victim-survivors in escaping and living free from abuse is shown by the responses of victim-survivors supported by the service:

- 61% (445) have separated from the perpetrator or are trying to separate
- 64% (469) victim-survivors report that the perpetrator controls everything/is excessively jealous

<sup>124</sup>[http://eprints.glos.ac.uk/6896/1/6896%20Monckton-Smith%20\(2019\)%20Intimate%20Partner%20Femicide%20using%20Foucauldian.....pdf](http://eprints.glos.ac.uk/6896/1/6896%20Monckton-Smith%20(2019)%20Intimate%20Partner%20Femicide%20using%20Foucauldian.....pdf)

- 27% (196) have reported that the perpetrator has broken bail/injunction/formal agreement
- 60% (434) have reported that the perpetrator has been in trouble with the Police or has a criminal history

Victim-survivors supported by the DVA Support Service may also experience familial abuse. During 2019/20, 5.3% (n = 26) victim-survivors supported by the DVA Support Service experienced familial abuse, of which the largest proportion of perpetrators were sons (n = 16; 62%).

The Warwickshire Domestic Violence Service supports victims-survivors of forced marriage, honour based violence, female genital mutilation and victims of modern slavery/trafficking. However, the number of individuals currently accessing the service as a result of these forms of abuse is so low that data is not included in this needs assessment in order to protect identities of victims-survivors.

### *Helpline / Single Point of Contact*

Victim-survivors, friends or family members and professionals can contact the Warwickshire Domestic Violence Service via email ([DVS@refuge.org.uk](mailto:DVS@refuge.org.uk)) or via the helpline telephone number. The helpline provides information and advice, as well as providing a DASH Risk Assessment and safety plan for victim-survivors contacting the service. The helpline is open Monday-Friday 8:30am-8:30pm; Saturday 10am-4pm. Out of hours, the helpline has the facility to leave a voicemail to request a call back and / or diverts to the National Domestic Abuse Helpline<sup>125</sup>. From October 2019 – October 2020, the Warwickshire Domestic Violence Service helpline received on average 388 calls a month.

### *Gender & Gender Identity*

Warwickshire currently only offers refuge spaces for cisgender women. 76 women were supported in refuge accommodation in 2017/18, whilst 81 were supported in 2018/19 and 73 in 2019/20. Community Based Services (IDVA workers, Outreach workers and the IRIS Service) does not have such limitations being open to all genders, but Table 9 shows that very few cisgender males or transgender males or females access this service. As explored above, this is not likely to reflect a lack of need in these demographics. Future services should explore how they can make sure their services are accessible and welcoming to wider demographics.

*Table 10. Gender of people given long-term Community Based Services between 2017/18 -2019/20.*

	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>
Cisgender female	691	604	695
Cisgender males	13	15	21
Transgender females	0	1	0
Transgender males	0	0	0

### *Age*

Women aged 20 to 24 years are most likely to be victims of any DVA in the last year compared to women aged 25 years and over (see *Figure 2*).

<sup>125</sup> <https://www.nationaldahelpline.org.uk/>

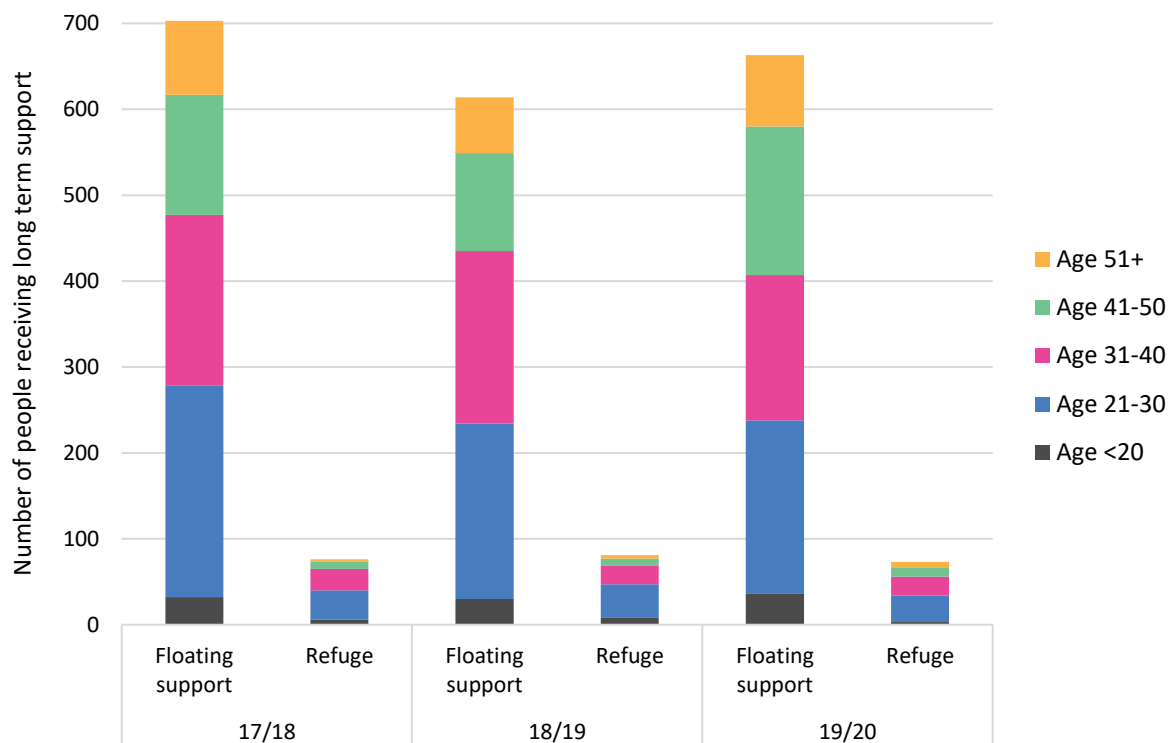


Figure 14 shows that people aged between 21-40 are most likely to access Warwickshire’s DVA service in 2017/18 and 2018/19, with people aged between 31-40 most likely in 2019/20. People aged under 20 are least likely to access the DVA service.

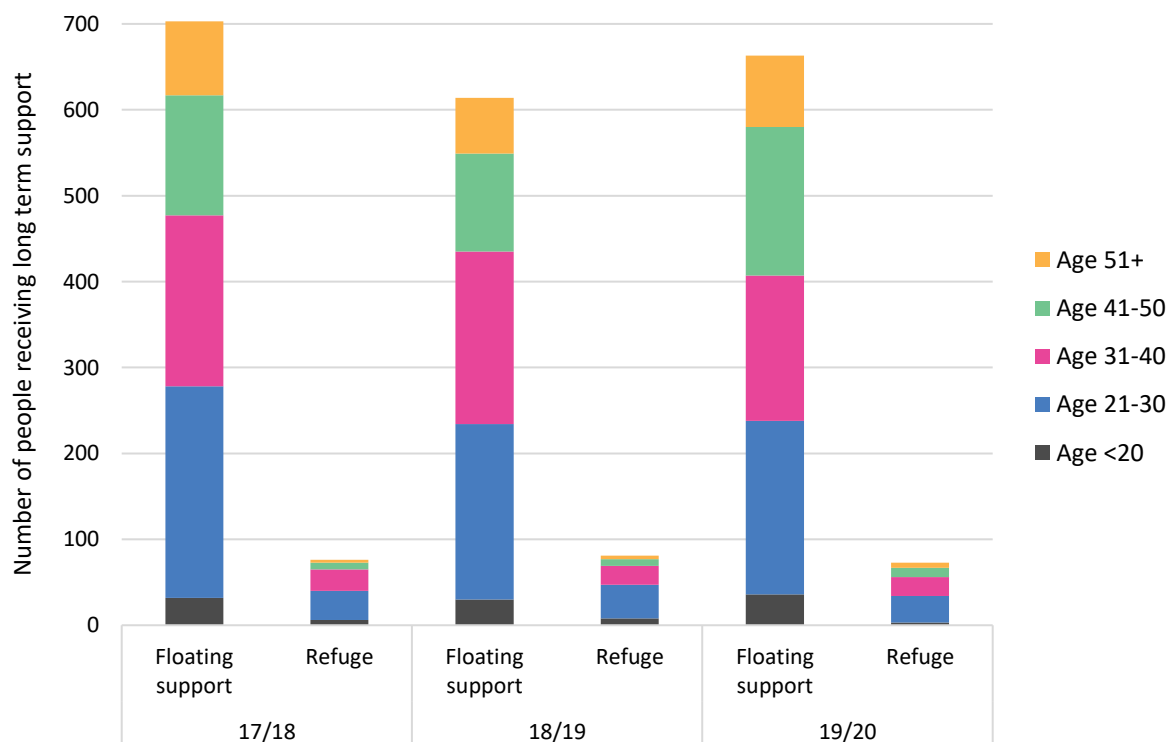


Figure 14. Ages of people receiving long-term support from Warwickshire’s DVA service (Community)

Based Services or refuge accommodation). Some people are from out-of-county. Note that only cisgender women are accepted into refuge accommodation in Warwickshire.

### LGBTQ

Only one transgender person received long-term Community Based Services in Warwickshire between 2017/18-2019/20. Similarly, only 21 lesbian and gay people accessed either community based services or entered a refuge in Warwickshire between 2017/18 – 2019/20. This suggests that LGBTQ people are significantly underrepresented in current DVA services in Warwickshire.

### BAME Communities

The 2011 Census<sup>126</sup> reports that 7.3% of the population in Warwickshire are from a Black, Asian and Minority Ethnic (BAME) background. Women and girls from BAME communities are at higher risk of domestic homicide, so called “honour” killings, and abuse-driven suicide. These populations face greater barriers due to intersectional discrimination, which recognises that inequality is at its most intense when multiple social divisions (including poverty, gender, caste, immigration status etc) overlap.

Figure 16 shows that in 2017/18, 9% of people accessing long-term community based services and 27% of people staying in refuges were from a BAME background. This increased in 2018/2019 to 12% of people accessing long-term community-based services and 32% of people staying in refuges were from a BAME background, but dropped in 2019/20- to 6% of people accessing long-term community based services and 21% of people staying in refuges. Overall, 11.5% of Warwickshire residents are from a BAME background, which means that they are overrepresented in refuge accommodation.

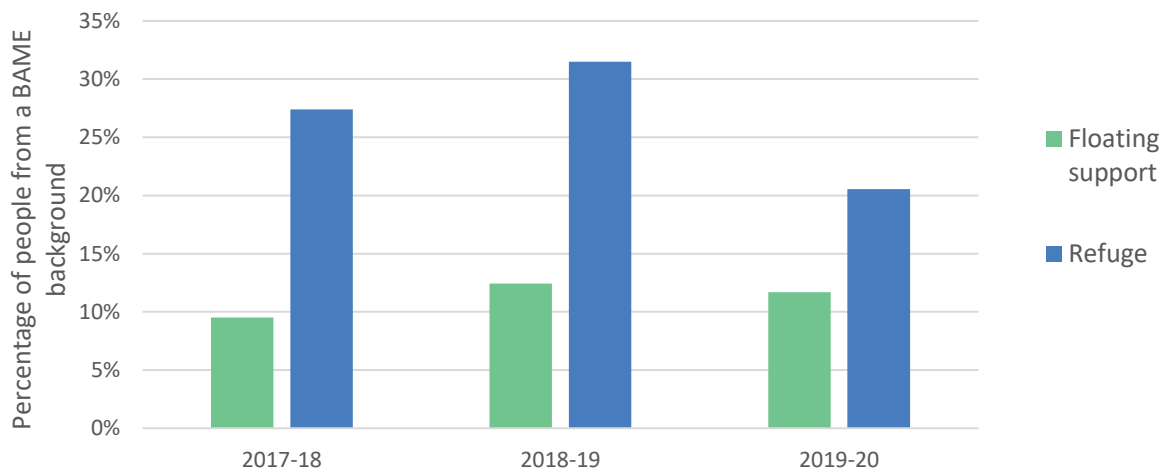


Figure 15. Percentage of people from a BAME background who accessed support from DVA services in Warwickshire from 2017/18 – 2019/20.

<sup>126</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuspopulationandhouseholdestimatesforenglandandwales/2012-07-16>



## Disability

Despite the fact that disabled victims are twice as likely to experience DVA than non-disabled victims<sup>127</sup>, they are underrepresented in the number of users of Warwickshire’s DVA service. Around 16% of working age adults are disabled<sup>128</sup>, which is around 56,000 Warwickshire residents. The Office for National Statistics estimated that 7.1% of disabled men and 13.8% of disabled women<sup>Error! Bookmark not defined.</sup> were a victim of DVA in 2018/2019, meaning it is likely that approximately 2,000 disabled men and 3,800 disabled women in Warwickshire were victims of DVA.

Table 10 shows that between 40-50 women and 0-5 men with either a physical or a learning disability accessed help from community based services each year between 2017/18 – 2019/20, and Table 11 shows that no more than 12 women with either a physical or a learning disability were supported in a refuge in the same timeframe. This is clearly a huge gap between estimated local need and current local provision.

*Table 11. Disabled people given long-term support from community based services and independent domestic violence advisors.*

	17/18				18/19				19/20			
	Females	Males	All	%	Females	Males	All	%	Females	Males	All	%
Physical disability	38	3	41	5.8%	37	2	39	6.3%	72	2	74	10.3%
Learning disability	5	0	5	0.7%	6	0	6	1.0%	2	2	4	0.6%

*Table 12. Disabled cisgender women given long-term support in refuge accommodation.*

	17/18		18/19		19/20	
	Females	%	Females	%	Females	%
Physical disability	10	13.7%	7	9.6%	4	5.5%
Learning disability	0	0.0%	5	6.8%	2	2.7%

<sup>127</sup> Office for National Statistics, 2019, <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019>

<sup>128</sup> <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#fn:3>

### Health Needs

Victims of DVA often also present with health needs, such as mental health difficulties, substance misuse, suicidal thoughts, and some women may need prenatal support. Table 12 shows that an increasing percentage of people who accessed community based services presented with mental health difficulties, alcohol misuse, drug misuse or were pregnant. However, the percentage of people who said that they were having suicidal thoughts decreased over the same time frame.

*Table 13. Health needs of people given long-term support from community based services and independent domestic violence advisors.*

	17/18				18/19				19/20			
	Females (n = 691)	Males (n = 29)	All (n = 720)	% Total	Females (n = 619)	Males (n = 15)	All (n = 619)	% Total	Females (n = 695)	Males (n = 21)	All (n = 716)	% Total
Mental health	41	3	44	6.1%	59	2	61	9.9%	119	5	124	17.3%
Alcohol misuse	26	1	27	3.8%	25	0	25	4.0%	31	2	33	4.6%
Drug misuse	96	3	99	13.8%	125	3	128	20.7%	154	5	159	22.2%
Suicidal thoughts	104	5	109	15.1%	68	3	71	11.5%	84	9	93	13.0%
Pregnant women	30		30	4.2%	89		89	5.9%	56		56	7.8%

Table 13 shows the same health needs for cisgender women who were housed in refuge accommodation. Mental health difficulties increased in 2019/20 compared to 2017/18, which may reflect an increase in severity of DVA being experienced, recording or service factors, or it may reflect the reducing stigma surrounding mental health difficulties.

*Table 14. Health needs of cisgender women given long-term support in a refuge.*

	17/18		18/19		19/20	
	Females (n = 76)	%	Females (n = 81)	%	Females (n = 73)	%
Mental health	10	13.2%	11	13.6%	31	42.5%
Alcohol misuse	6	7.9%	1	1.2%	5	6.8%
Drug misuse	14	18.4%	11	13.6%	15	20.5%

Suicidal thoughts	8	10.5%	5	6.2%	3	4.1%
Pregnant women	3	3.9%	7	8.6%	5	6.8%

### *Children and young people known to the commissioned DVA service*

Table 14 below shows the number of clients that are supported by Domestic Abuse Community based services. This includes IDVA workers, Outreach workers and the IRIS Service. The table shows that most clients supported by the service have one or more children and this equates to approximately 1,000 children a year in Warwickshire known to be impacted by DVA. Since 2017, the number of children already known to social services has steadily increased, however the majority (56%) were still not known to children’s social care in 2019/20. 2019/20 reached a high of 96% of clients of the service having children.

*Table 15. Number of clients with children supported by Domestic Abuse Community based services between April 2017 – March 2020.*

<b>Year</b>	<b>% of community based services clients with children</b>	<b>No. of children of clients given long-term support</b>	<b>% of children known to social services</b>	<b>% with a child protection plan</b>
Apr 17 – Mar 18	73%	1091	11%	3%
Apr 18 – Mar 19	70%	1003	27%	6%
Apr 19- Mar 20	89.8%	1370	45%	7%

The commissioned service does not include any specialist children's provision. This need is met through services listed in the service mapping section.

### *Refuge Accommodation*

Warwickshire commissions 24 units of refuge accommodation and re-settlement support across four sites. The accommodation is a mix of self-contained units and shared accommodation (bedrooms with shared communal facilities such as kitchens). The refuge accommodation is open to cisgender female victims-survivors of DVA aged 16 and over and their children. The refuge accommodation forms part of a national network of provision and is accessible to Warwickshire and non-Warwickshire residents. Women’s Aid use the Council of Europe recommendation that one refuge space should be provided per 10,000 people<sup>129</sup>. This would equate to 57 refuge accommodation spaces for Warwickshire, compared to the current 24 units of refuge accommodation provided.

Table 16 shows that the refuge accommodation supports a significant number of children and demonstrates the need to ensure the accommodation and support meets the needs of children. The percentage of clients who accept the service is influenced by a range of factors such as: the location of the refuge accommodation, individuals not wanting to move in or out of area and the suitability of available accommodation (i.e. women having to share a room with their children). This also reinforces the need for self-contained units with more than one bedroom. According to Table 16, over the last

<sup>129</sup> <https://www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report/>

three years approximately 23% of residents in Warwickshire refuges are from Warwickshire. However, as approximately 35% of clients each year did not have a recorded postcode, the actual numbers of Warwickshire residents in Warwickshire refuges may be higher.

*Table 16. The number of women and children supported in Warwickshire refuge accommodation between 2017/8-2019/20.*

<b>Year</b>	<b>Number of referrals</b>	<b>Number of women who accepted the service (Warwickshire residents)*</b>	<b>Number of children</b>	<b>Overall % of clients who accepted the service</b>
2017/18	187	76 (16)	113	40.5%
2018/19	342	81 (18)	113	24.3%
2019/20	283	73 (19)	125	26.2%

*\*There is always a significant number of residents with an unknown postcode: 2017 (n = 27), 2018 (n = 26), 2019 (n = 27).*

Warwickshire residents can access refuge accommodation outside of Warwickshire via the national network of refuge provision. Warwickshire does not have any male refuge provision. Warwickshire residents can access refuge space outside of the county by calling the local Domestic Violence Service, or by contacting the National Domestic Abuse Helpline. The numbers of Warwickshire residents in out of county refuge provision is not available.

### *Sanctuary Scheme*

The Sanctuary Scheme provides home security / target hardening to enable households at risk of violence to remain safely in their own homes. This includes but is not limited to window and door locks, door chains, viewer to front door, personal safety alarm, timer for interior light etc. As Table 17 below shows, the number of victim-survivors supported by the Sanctuary Scheme has steadily increased over time.

The difference between the estimated number of people experiencing DVA in Warwickshire and the number of people who have received support via the Sanctuary Scheme suggests that there is likely to be many more people that would benefit from the scheme, than are currently accessing it.

*Table 17. Number of people supported by the Sanctuary Scheme between April 2017 - March 2020.*

<b>Year</b>	<b>No. of people supported:</b>
April 17 – March 18	69
April 18 – March 19	99
April 19 - March 20	136

Source: Warwickshire Domestic Violence Service – Annual Reports

### 3.6 WARWICKSHIRE MARAC

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed<sup>130</sup>. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to create a safety plan for the victim-survivor also to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a DVA case: victim, children and perpetrator. If a professional is concerned for a victim-survivor and they are at a high-level risk of harm they can refer cases to the MARAC co-ordinator who is part of the current DVA service.

The number of high-risk DVA cases discussed at MARAC meetings in Warwickshire has been steadily rising, with 491 individual cases in 2017/18, 569 in 2018/19, and 627 in 2019/20. Most cases are referred from the police (78% in 2017/18; 76% in 2018/19, and 71% in 2019/20). Table 18 shows the percentage of victims of DVA from minority groups who were discussed at MARAC between 2017/18 – 2019/20 in Warwickshire, as well as the national average for MARAC cases in 2019/20. This table shows that people from BAME communities, who make up 7.3% of Warwickshire's population<sup>131</sup>, are overrepresented in MARAC cases. The Office for National Statistics estimated that 7.1% of disabled men and 13.8% of disabled women<sup>102</sup> were a victim of DVA in 2018/2019, yet only 4-5-5.2% of Warwickshire MARACs involved disabled DVA victim-survivors.

*Table 18. Percentage of DVA cases discussed at MARAC from minority groups In Warwickshire and nationally.*

Diversity	Warwickshire			National
	2017/18	2018/19	2019/20	2019/20
Number of cases from BAME communities	10.5%	6.9%	12.0%	15.6%
Number of LGBT cases	1.0%	1.1%	0.6%	1.3%
Number of cases where victim has registered disability	5.2%	4.5%	4.6%	6.9%
Number of male victims	6.1%	4.2%	4.9%	5.3%
Number of victims aged 16-17	2.2%	1.57%	0.9%	1.3%

Source: Warwickshire MARAC Steering Group Data.

<sup>130</sup> The threshold for referring a case to the Warwickshire MARAC is based on the victim being considered to be at high risk of serious harm through domestic abuse, stalking or honor based violence. Whether someone is "high risk" can be determined in 3 ways:

- I. Professional judgement
- II. Actuarial assessment (14 'ticks' using the SafeLives-DASH RIC)
- III. Escalation (3 incidents reported within 12 months)

The Violence Against Women and Girls Board have endorsed SafeLives Domestic Abuse Stalking and Honour Based Violence Risk Indicator Checklist (DASH RIC) as the tool to identify the risks faced by someone experiencing domestic abuse.

<sup>131</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuspopulationandhouseholdestimatesforenglandandwales/2012-07-16>

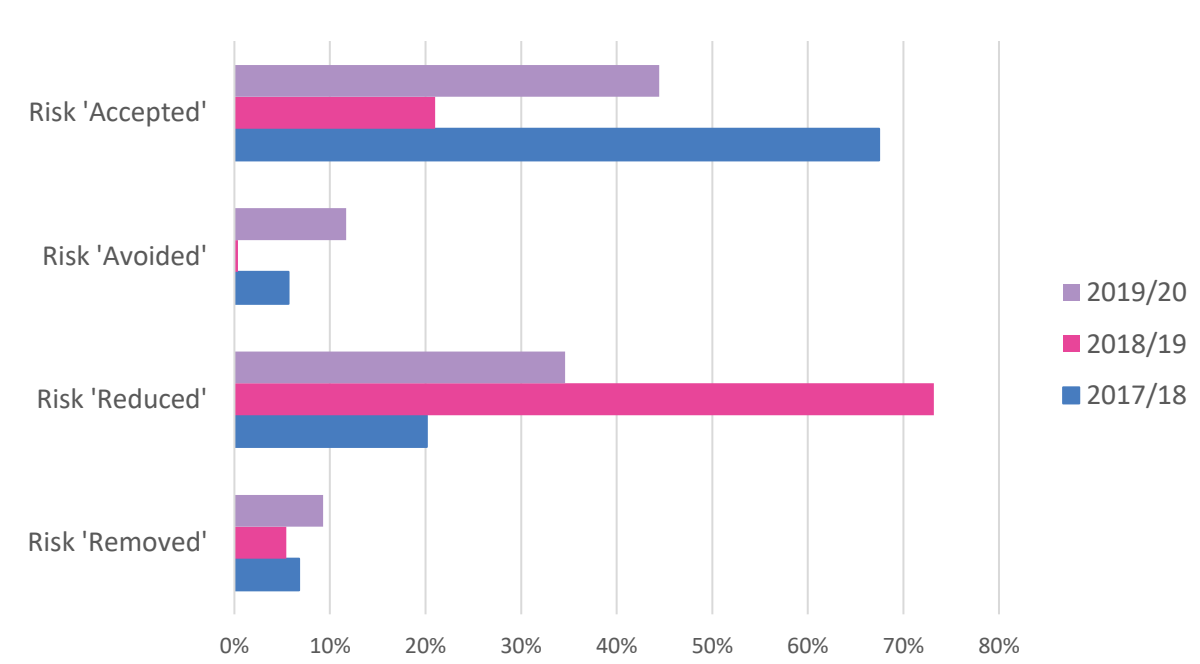
In a MARAC meeting, the attendees must decide on the outcome of a case based on the referral information and any updates from various professionals who are involved. Once a case is discussed, there are four options used to determine the risk: Remove, Avoid, Reduce or Accept (see Table 18).

Table 19. Risk assessment categories discussed at MARAC meetings.

Victim outcomes	Explanation
<b>Remove the Risk</b>	By arresting the suspect and obtaining a remand in custody
<b>Avoid the Risk</b>	By rehousing victim/significant witnesses or placement in a shelter in a location unknown to the perpetrator
<b>Reduce the Risk</b>	By joint intervention/victim safety planning, target hardening and use of protective legislation
<b>Accept the Risk</b>	Ongoing reference to the risk assessment, continual multi agency intervention planning, support and consent of the victim and offender targeting within Proactive Assessment and Tasking Pro-forma and Multi-agency Public Protection panel format

Figure 16 shows that fewer MARACs were considered to be an acceptable level of risk in 2018/19 compared to the other years. It also shows that in 2018/19, over 70% of MARACs were considered to have had the risk levels reduced, which is much higher than either 2017/18 or 2019/20. We do not have the data to show why this year was so successful at reducing risk for DVA victims. A review of the effectiveness of Warwickshire’s MARAC has been commissioned, it is expected that this will help Warwickshire VAWG Board to understand this further.

Figure 16. MARAC data for outcomes of cases in Warwickshire between 2017 - 2020.



The MARAC group also need to decide on the outcome for the alleged perpetrator (AP). There are four options; 'Disrupt, Prosecute, Divert, Manage' (see Table 19). Figure 18 shows the number of cases

that were assigned each perpetrator outcome at MARAC meetings in Warwickshire between 2017/18-2019/20.

Table 20. Perpetrator outcomes discussed at MARAC meetings.

Perpetrator outcomes	Explanation
<b>Disrupt the Alleged Perpetrator (AP)</b>	Abusive behaviour disrupted by use of protective legislation, bail conditions or obtaining a remand in custody
<b>Prosecute the AP</b>	Perpetrator is prosecuted for the trigger offence
<b>Divert the AP</b>	Diversionary measures might involve: assistance to get a job, housing, counselling/perpetrator programme. Regular police checks, consideration and monitoring of various protection orders
<b>Manage the AP</b>	The risk is managed by an ongoing reference to the risk assessment and continual multi agency intervention planning. Measures could include engagement with a perpetrator management process e.g., probation / MAPPA / IOM

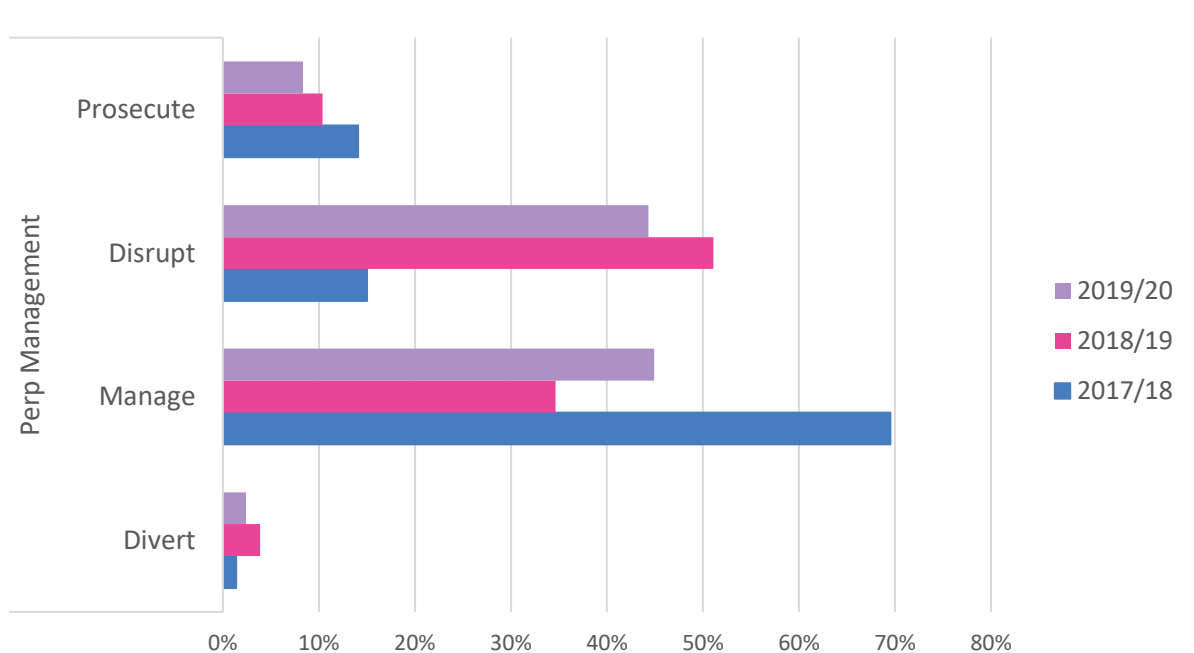


Figure 17. Perpetrator management outcomes from MARACs in Warwickshire between 2017/18-2019/20.

Unfortunately, there is no record of victim-survivors' contributory factors within the MARAC data collected for previous years; however, going forward the MARAC coordinator has started to record it.

An example of the data that will be collected is shown in Table 21 below. The table shows the breakdown of substance misuse and mental health issues as contributory factors of perpetrators at MARAC meetings. In 2017/2018, nearly half of all perpetrators had substance misuse issues recorded, with the percentage rising considerably each year. In 2019/20 substance misuse is extremely prevalent with 76% of perpetrators heard at the meetings having substance misuse issues.

*Table 21. Substance misuse and mental health perpetrator contributory factors between 2017-2020*

	Apr 17 – Mar 18	Apr 18 – Mar 19	Apr 19 – Mar 20	Apr 20 – June 20
No. of perpetrators with substance misuse issues (%)	322 (44%)	414 (50%)	668 (76%)	117 (54%)
No. of perpetrators with mental health difficulties (%)	140 (19%)	166 (20%)	115 (14%)	44 (20%)
Total MARAC referrals	725	828	873	216

### 3.7 CHILDREN AND YOUNG PEOPLE

As part of the annual Children in Need Census return, the Department for Education require local authorities to record the risk factors as understood at the end of the Child Social Care Single Assessment<sup>132</sup> relevant to:

- Impairment of the child’s health and development.
- The parent/carer’s capacity to respond to the child’s needs.
- Other people in the family/household e.g. a sibling or lodger.

In 2019/20, the largest risk factor was DVA, followed by mental health. Figure 18 *Figure 27* shows that over 2,304 single assessments out of 6,207 in 2017/18 (37.12%) and 2,269 out of 6,119 (37.08%) in 2018/19 recorded a risk factor of DVA. This jumped to over 2,728 out of 5,427 (50.27%) in 2019/20.

<sup>132</sup> <https://www.warwickshire.gov.uk/childsocialcareassessment>



## Number of single assessments with risk factor of domestic violence between 2017/18 - 2019/20

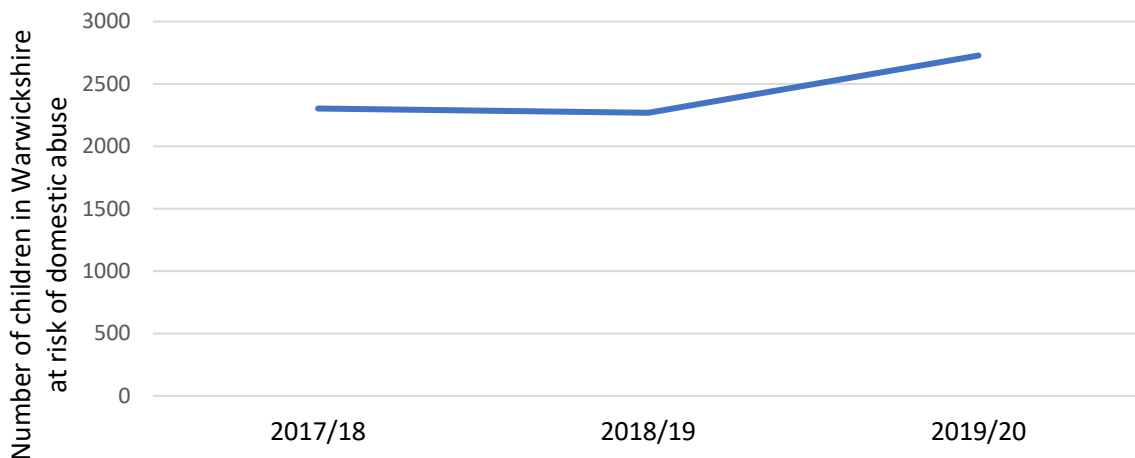


Figure 18. The number of single assessments that were flagged with a risk factor of DVA between 2017-2020. Source: Children and Families Business Intelligence, Warwickshire County Council, September 2020.

### Domestic Abuse Support Team – Children Young People and Families Service

The Domestic Abuse Support Team (DAST) offers intervention to families experiencing Domestic Abuse who are open to Children’s Services. The team offer support to the whole family.

The services provides:

- Domestic Abuse Risk Assessments (DARA) in respect of perpetrators of domestic abuse;
- Relationship work with partners wishing to remain together;
- Individual work with victims/survivors of domestic abuse;
- Work with children who have experienced domestic abuse.
- Caring Dad’s programme – launch April 2021
- Delivering training to Children’s Services with regards to domestic abuse

The reports provided by the DAST look specifically at the impact of domestic abuse on the children and whether their parents can meet their needs. Referrals can also be made in respect of young people aged 16-18 who are in relationships where domestic abuse is a feature.

Consultation is also available for Children’s Services colleagues in respect of individual cases and this is recommended when making a referral to ensure the right service is requested. Staff can request consultation using the DAST mailbox [DAST@warwickshire.gov.uk](mailto:DAST@warwickshire.gov.uk)

The Caring Dads programme is due to be rolled out to Warwickshire Children’s Services in April 2021. This programme is designed to enable men to improve their fathering skills and take responsibility for their children’s welfare and safety. It is primarily to develop the father’s relationship with the child and mother to reduce the impact on both. It is also to encourage child centred behaviour, reduce conflict in family life and enable men to become better fathers.

The Domestic Abuse Support Team have supported 251 families during the period April 2017 to December 2020. Of those families, 87 men engaged with a Domestic Abuse Risk Assessment.

During 2017/2018, the DAST accepted and worked with 50% of referrals, in 2018/2019 the DAST worked with 74% of referrals. Finally, in 2019/2020 the DAST worked with 83% of referrals. The DAST expansion has focussed on increasing awareness of appropriate referral and therefore increasing the amount of referrals accepted. An increase in staff from November 2020 will enable more families to be supported by the team.

Not all domestic abuse work sits within the DAST, and in addition to the consultancy described, the team supports more widely within Children’s Services responses to family conflict within Early Help including the ‘Reducing Parental Conflict’ programme and staff training/awareness and confidence building.

### 3.8 ADULT SOCIAL CARE

Data from Adult Social Care in Warwickshire shows that there are usually between 250-350 adult safeguarding concerns relating to domestic abuse reported in Warwickshire every year, of which 14-38 are translated into safeguarding enquiries (Figure 20). It should be noted that the reporting system (Mosaic) was implemented in February 2018 for Adult Social Care, and data prior to then was retrospectively recorded after it went live. Figure 21 shows that between 65-75% of referrals are for females thought to be experiencing DVA. This means that between 25-35% of referrals are for males known to the social care system; a much higher percentage than the amount of males who access DVA services in Warwickshire (see Table 9).

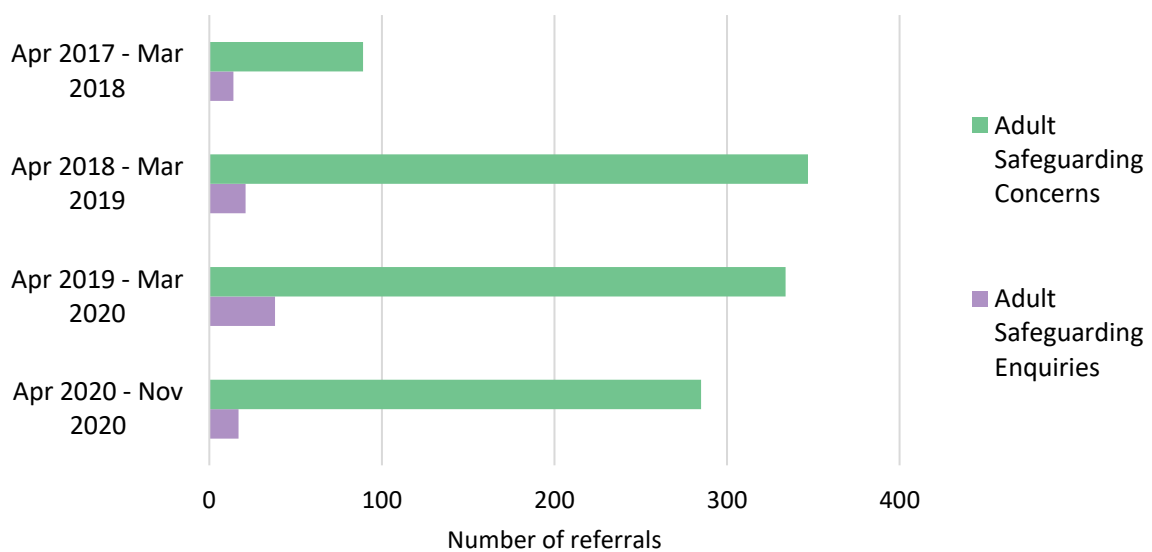


Figure 19. Adult safeguarding concerns and adult safeguarding enquiries where the referral related to domestic abuse, between April 2017 and November 2020 (no data for July or August 2017).

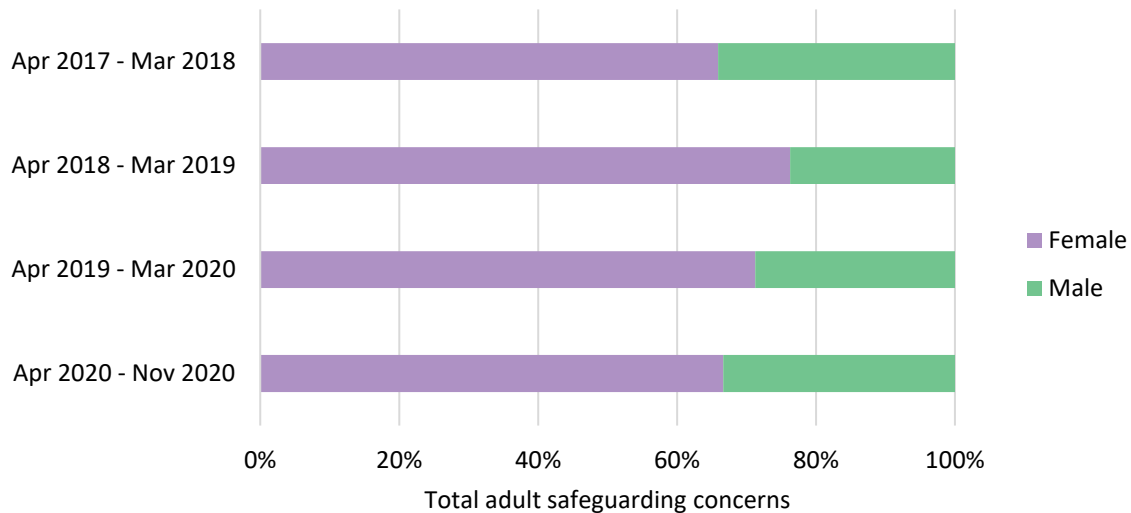


Figure 20. Adult safeguarding concerns where the referral related to domestic abuse, between April 2017 and November 2020 (no data for July or August 2017), by gender.

**Adult safeguarding concerns: vulnerable characteristics**

When adult safeguarding concerns are broken down into vulnerable characteristics, between 60-80% of concerns each year were related to disabled people (Figure 23). Figure 24 shows that between 50-60% of concerns each year related to older adults (those aged 65 and above). A much smaller percentage of concerns related to people with mental health difficulties less than 10% each year; see Figure 25).

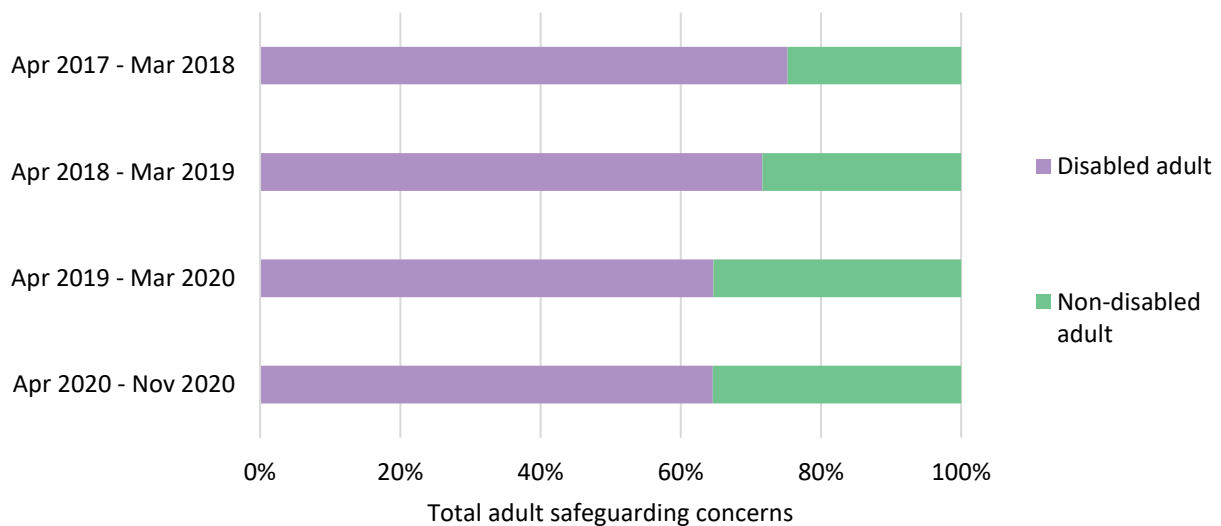


Figure 21. Adult safeguarding concerns where the referral related to domestic abuse, between April 2017 and November 2020 (no data for July or August 2017), broken down by disability status.

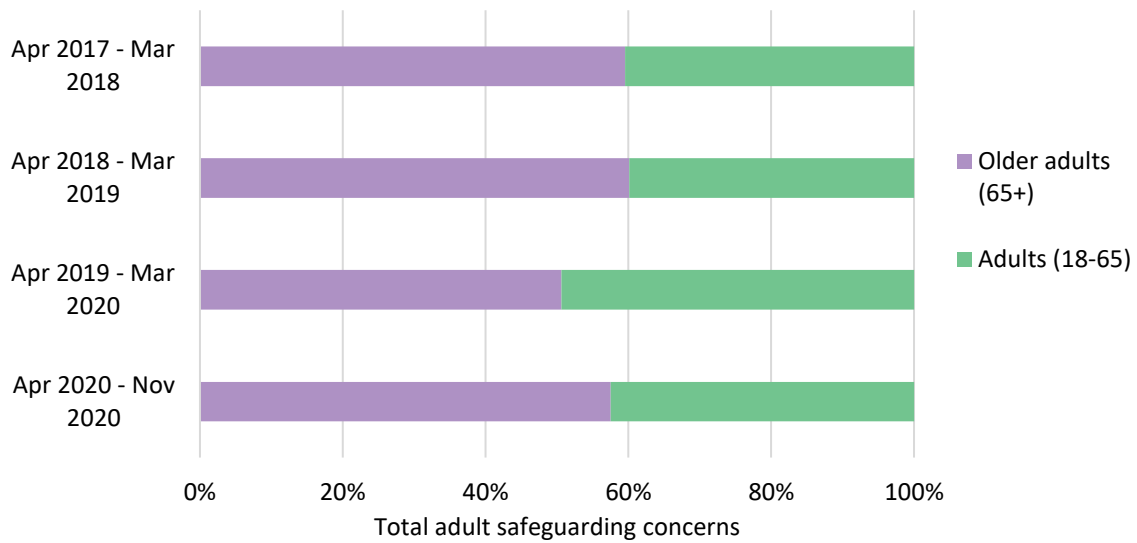


Figure 22. Adult safeguarding concerns where the referral related to domestic abuse, between April 2017 and November 2020 (no data for July or August 2017), broken down by age.

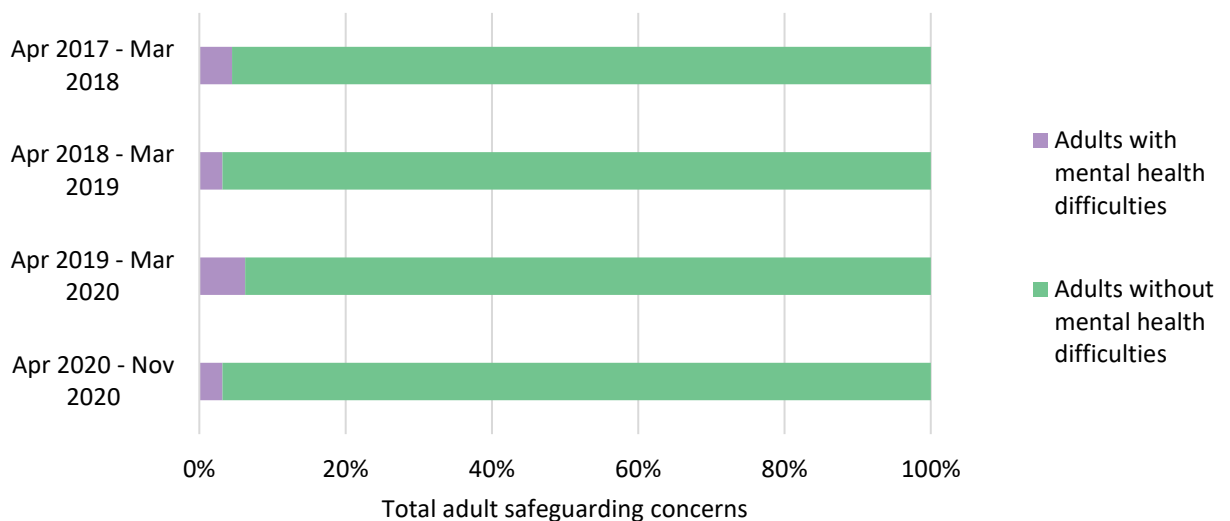


Figure 23. Adult safeguarding concerns where the referral related to domestic abuse, between April 2017 and November 2020 (no data for July or August 2017), broken down by mental health status.

### 3.9 KEY THEMES IN WARWICKSHIRE

#### Homelessness

Between April 2018 and March 2019 around one in ten of all presentations to local authorities in Warwickshire for assistance with emergency accommodation under homelessness legislation (219 households) were a result of DVA. This is roughly 90 per 100,000 households in Warwickshire, higher than for the West Midlands region (80 per 100,000) but lower than for England (96 per 100,000).<sup>133</sup>

<sup>133</sup>Homelessness Strategy, Chapter 5 Homelessness and domestic abuse, also [ONS site](#) for household figures used for standardisation

Warwickshire County Council commissions refuge accommodation and re-settlement support across Warwickshire. This is linked to a wider national network of accommodation schemes that ensure that those who have lived through DVA are enabled to rebuild their lives in a setting where they are protected and have specialist support on hand. Whilst these schemes operate within Warwickshire, it is critical that these are considered as an element of a national network of facilities, as those experiencing DVA will often need to distance them from abuse to ensure their family's safety.

Warwickshire has one building for housing people who have experienced DVA. This building is limited in terms of its facilities and layout, (i.e. it is not suitable for disabled people, who are more likely to be victims of DVA) but to date, partners have been unable to identify a new affordable premise which would be suitable for a DVA refuge. This issue has prevented the current service from providing more client-focused premises equivalent to other purpose-built refuges in the country. In addition, suitable accommodation for clients who are ready to 'move on' to interim and settled accommodation from existing Refuge support services is often unavailable, hampering recovery.

Within Warwickshire there is no specific male only accommodation, or accommodation suitable for transgender women and men who experience DVA. Whilst women are around twice as likely to have experienced DVA than men, it is clear that cisgender male and transgender victims require access to suitable housing provision when required.

The recommendations emerging from the independent review of DVA services in Warwickshire outlined a number of opportunities to support those who are at risk of becoming homeless or are homeless due to DVA<sup>134</sup>. The Violence Against Women & Girls (VAWG) Board has taken each recommendation and pulled it into a Delivery Plan. Specific housing related elements include:

- The requirement to build on the work within the draft Warwickshire Homelessness Strategy and agree countywide best practice around DVA for housing providers and Warwickshire LHAs (Local Housing Authorities)
- Evaluate the impact of treating all survivors of DVA as having a priority need for accommodation under homelessness legislation and, following this review, the implications of introducing this.
- Review temporary accommodation provision and ensure women only spaces/floors are created where these do not already exist.
- Review their allocation schemes to ensure that consequences of being a victim of DVA (reports of ASB, rent arrears, debt etc.) do not present a barrier to appropriate re-housing, and request that relevant Registered Providers do the same.
- Undertake a scoping exercise to assess the practicality of implementing the broader recommendations for housing providers within the review

### *Housing DVA Pathway*

The current DVA service provider was given Ministry of Housing, Communities and Local Government (MHCLG) funding from 2018 to October 2020. They created additional independent domestic violence advisor (IDVA) posts, including one dedicated to housing. The IDVAs embedded themselves within the District and Borough Council Housing departments, to: lessen the gaps between the services; create

---

<sup>134</sup> *An Independent Strategic Review of Domestic Abuse Services and Support Across Warwickshire – conducted by WCC July 2019*

more awareness amongst frontline professionals; and tackle DVA and homelessness at an earlier point of intervention. The overall aim was to get better results and outcomes for victim-survivors.

There were virtually no referrals to the service provider from housing departments in each district or borough council before the Housing IDVA (MHCLG) role was created; however, since this role came into post in June 2019, local housing departments became the second largest referrer into the service (see Figure 24). Between April 2019 to March 2020, the additional service received 291 referrals generated by the additional MHCLG posts. Self-referrals were the largest at 34%, whilst housing referred 26% of people and the police referred 15%. This reflects the need for a specialist housing IDVA role.

Breakdown of referrals generated by the MHCLG posts between April 2019 to March 2020

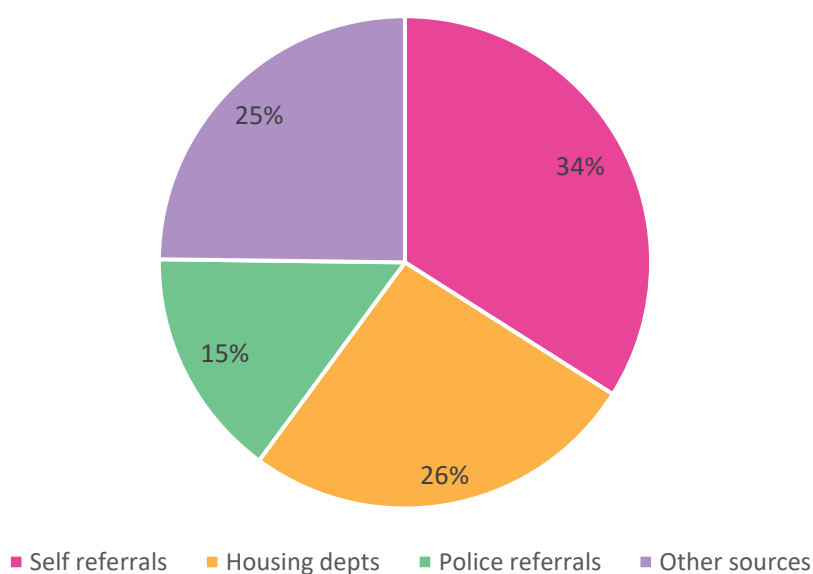


Figure 24. Percentage of total referrals from each source generated by the MHCLG posts.

District and borough councils were asked to report how many housing applications they received due to DVA. Table 21 shows that each council received a number of applications. North Warwickshire Borough Council also stated that none of the people who approached them for housing support were referred on to the local DVA service, as in their experience, many applicants do not wish to access Refuge accommodation as they do not want to move out of area.

Table 22. The number of homeless applications due to DVA accepted by each District and Borough council from April 2017 to June 2020.

District/Borough	Number of total homeless applications between April 2018 - June 2020	Homeless cases accepted under the relief duty because of DVA	Homeless cases accepted under the prevention duty because of DVA

North Warwickshire Borough Council	49	0	0
Nuneaton and Bedworth Borough Council	137	86	51
Rugby Borough Council	45	45	0
Warwick District Council	135	76	59
Stratford on Avon District Council	29*	17*	12*

*\*Data for 2020 only*

The P.H.I.L. project has had a low number of cases related to DVA as they had an agreement from early in the project that agencies should refer these cases to the DVA service. However, from April 2017 to June 2020 they have had 21 cases related to DVA and 5 of these were preventions.

In 2020, each Council will track how many people who approach as homeless because of DVA are placed into Refuge accommodation. A common issue across the county is that when someone approaches their own local authority, many of them do not wish to be placed somewhere out of their hometown. Refuge will not accept people that are trying to flee from the same town in which the accommodation is based. This is for the victim-survivors' safety and to reduce the risk of being found. However, it does mean that some people are unable to flee from DVA.

### *Substance Abuse*

Warwickshire has two commissioned providers for substance misuse services; Compass, who support children and young people up to the age of 25 and Change, Grow, Live (CGL) who are a drugs and alcohol service supporting adults aged 18 and over into treatment and recovery. Clients often have complex needs and it isn't uncommon for people who are using the service to disclose they have been in, are in, or have witnessed an abusive relationship.

Compass do not collect data specific to domestic abuse from their service users, however they do assess multiple vulnerabilities when young people access their specialist services. For those young people who were assessed by Compass for specialist substance misuse services between April 2017 to June 2020, 18 out of 173 individuals presented with a vulnerability linked to domestic abuse. This is a prevalence of approximately 10%. Unfortunately, the service does not capture this type of data for young people accessing targeted brief interventions.

CGL conduct Risk Reviews for all their clients which assess a multitude of needs and issues, including DVA. Between May 2018 to March 2019, 19% of CGL's service users were recorded to be victims of DVA, whilst 7% were recorded as perpetrators of DVA. The number of service users with children where DVA was present in the home was 6%.

## **3.10 ECONOMIC IMPACT OF DVA IN WARWICKSHIRE**

It is difficult to quantify the true economic impact of DVA in Warwickshire as costs around health, housing, police and court provision, for example, are difficult to determine. An exercise conducted by Warwickshire's VAWG partners, in August 2020 highlighted that separate from mainstream services, partners allocated in excess of £2 million towards the direct commissioning of DVA related services.

In addition to this, the average cost of a DHR in 2020 was £17,167, however costs for DHRs conducted in Warwickshire since 2015 have varied greatly from £10,000 to £64,000 per review.

### 3.11 COVID-19 IMPACT IN WARWICKSHIRE

On 23<sup>rd</sup> March, the UK went into lockdown to slow the spread of Covid-19. During this lockdown, DVA has escalated across the UK and in Warwickshire, whilst also restricting routes to safety for women to escape.

A national report<sup>135</sup> from Women’s Aid reported escalating abuse and that women living in lockdown with their abuser were less able to get breathing space. It was harder to text or phone to get support from friends, family and specialist support services. Child survivors did not have the respite of school or nursery every day. Two thirds of survivors experiencing abuse said that their abuser had used the pandemic as part of their abuse, such as refusing to take precautions to stop the spread of the virus or forcing their household to live under unnecessarily strict measures. Most DVA support services are anticipating an increase in demand after lockdown is lifted.

In Warwickshire, the impact of Covid-19, lockdown and the restriction of movement have been carefully monitored to analyse any impact on referral rates and demands on the service between March – June 2020 and March – June 2021. Figure 25 shows that there were fewer referrals in 2020, with the greatest disparity in March 2020 compared to March 2019. The decrease can largely be attributed to a drastic decrease in police referrals of 45% for this period.

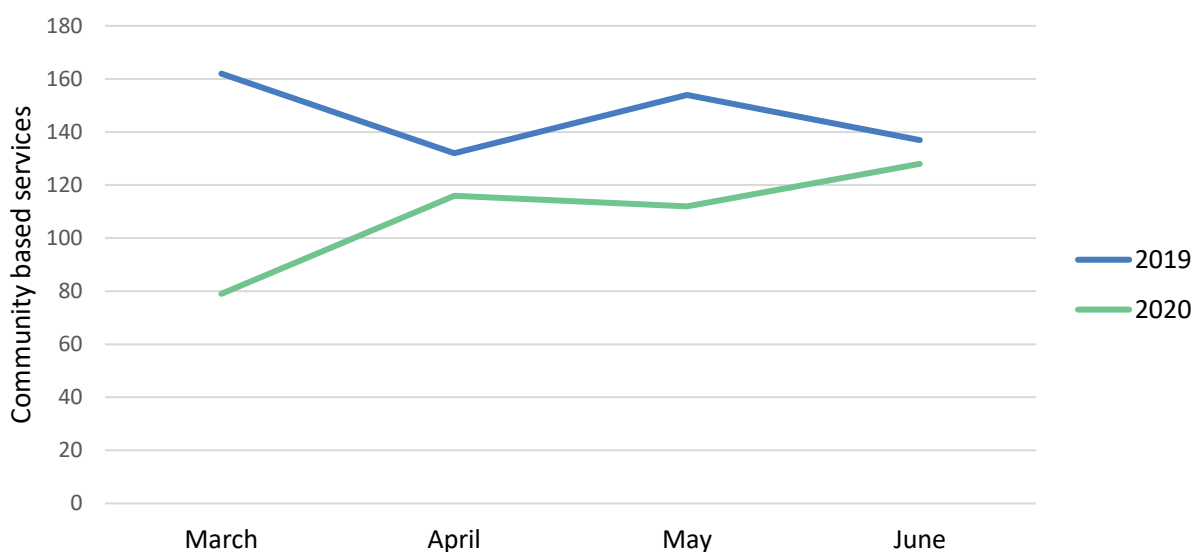


Figure 25. Number of referrals for community based services in 2019 versus 2020.

Whilst there was a reduction in referrals in 2020 compared to 2019, there was an increase on take up of the service in April, May and June 2020 (see Figure 26).

<sup>135</sup> A Perfect Storm, 2020, Women’s Aid.



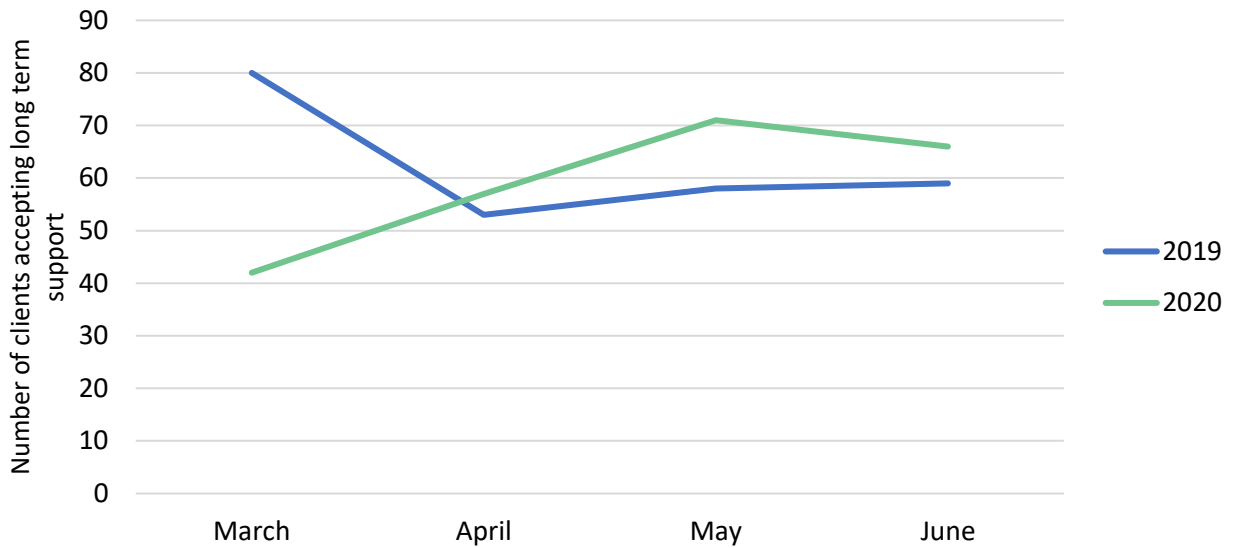


Figure 26. Number of clients accepting long-term support.

Figure 27 shows police reports of DVA in Warwickshire for March – May 2019 compared to the same time period in 2020 for each of the five districts and boroughs in Warwickshire. The figure illustrates that DVA reports have increased in every area. It should also be noted that this is likely to be an underestimate, as the Women’s Aid report stated that women were less likely to be able to contact services, as their abuser was with them all the time.

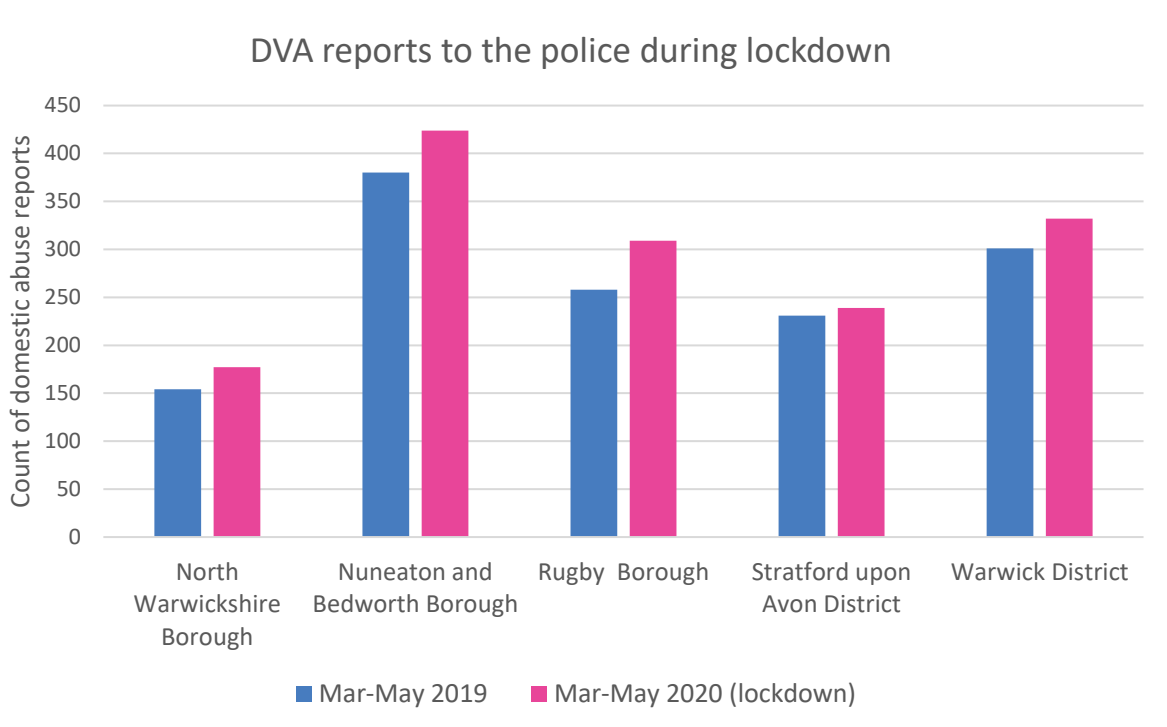


Figure 27. The impact of Covid-19 on reports of DVA in Warwickshire. Source: BOXI, ATHENA and ‘online per crime’ Crime Information System Warwickshire Police, December 2020.

## 4 SERVICE MAPPING: CURRENT SERVICES IN RELATION TO NEED

There are a range of different DVA services in the county to support victim-survivors and perpetrators of domestic abuse. The table below summarises local DVA services, which were mapped by Warwickshire County Council in October 2020.

Service Name and Provider	Key elements of service	Referral Process	Eligibility Criteria
<b>Domestic Abuse Counselling Services (DACS)</b>	Counselling service for Victims of Domestic Abuse	Phone or email / Self-referral / multi-agency frontline professionals / friends or family of victims	DACS work with female & male victims and perpetrators, heterosexual and same sex couples. Countywide support service funded to help increase access to support in the borough of North Warwickshire.
<b>Women's Support Group, Family Intervention Counselling Service</b>	Service for up to 20 adult women victim-survivors. Aim is to improve well-being and reduce re-victimisation.	Phone or email / self-referral / consent referral from multi-agency frontline professionals	Female adult victims of domestic abuse and their children and extended family. Based in Warwick.
<b>Culturally and Religiously appropriate Domestic Violence Services, Equality and Inclusion Partnership (EQuIP)</b>	Work with group leaders and faith groups to tackle stigma attached to DVA and other harmful practices. To ensure trusted guidance and support for women when religion and or culture is used as a tool to prevent women from speaking out.	Direct engagement with leaders / groups to generate requests	Predominantly benefit Black and Minority Ethnic (BAME) women; however, workshops are open to all women in Warwickshire. The project will also benefit group leaders and faith leaders across Warwickshire.
<b>Victims Counselling, Family Intervention Counselling Service</b>	One-to-one counselling sessions to victim-survivors of DVA	Phone or email / Self-referral / consent referral from multi-agency frontline professionals	Male and female victims of DVA and their children, extended families, and the wider community. Available countywide
<b>Domestic Abuse Perpetrator Project, Family Intervention Counselling Service</b>	Pilot therapeutic programme. Engage with individuals across Warwickshire; 22 perpetrators will attend one-to-one and group sessions, while up to 26 associated victims will attend one-to-one therapeutic sessions.	Phone or email / self-referral / consent referral from multi-agency frontline professionals.  New referral process whereby Refuge will refer	Perpetrators of domestic abuse. Key aspects: Up to 10 referrals a month (may increase dependent upon capacity). Parent must be engaging in a support/recovery programme.

<p><b>Domestic Abuse Support Service (embedded in Children's Services)</b></p>	<p>Provision of victims counselling to domestic abuse victims (Short-term funding for this provision). Relationship or individual work with men, women &amp; children. Carry out risk assessment reports for Court. Training delivered to teams about DVA and how to work with families experiencing it. Representation at MARAC and MAPPA.</p>	<p>children to the Victim Service for one-to-one work. All referrals from Children's Services</p>	<p>Child must not be receiving any statutory child protection support countywide. Open to Warwickshire Children's Services. DVA with child in the family. Available countywide</p>
<p><b>Caring Dads (embedded in Children's Services)</b></p>	<p>Group work with men who have been abusive within their relationships. Pre and post group evaluation. Support for partners of men on the group.</p>	<p>All referrals from children's services. Programme not yet commenced.</p>	<p>Open to Warwickshire Children's Services. People must be willing to complete programme, have contact with their child and accept behaviour has been abusive. Available countywide</p>
<p><b>CYP, Victim Support</b></p>	<p>Support offer for children and young people experiencing domestic abuse. Group work for primary and secondary school children. Aims of one-to-one support: Reduce risk. Increase protection. Develop resilience. Also offers a specialised, age-appropriate, tailored response for: young people aged under 18; older people; repeat victims; vulnerable victims; victims of Hate Crime, with a focus on people with disabilities, and people from LGBTQ and BAME groups.</p>	<p>New referral process: Refuge will refer children for one-to-one work. Key aspects: Up to 10 referrals a month (may increase dependent upon capacity). Parent must be engaging in a support/recovery programme. Child must not be receiving any statutory child protection support.</p>	<p>For children and young people between 5 and 17 who have been affected by domestic abuse within their parent/carer's relationship. To be eligible the safe and non-abusive parent must also be actively engaging with support from a practitioner at Refuge. The abuse needs to be historical. Available countywide.</p>
<p><b>Sexual Abuse and Violence (SAV) Recovery Service, ROSA partnership</b></p>	<p>'(i) Specialist SAV Recovery services (ii) Independent Sexual Violence Advisor (ISVA) service</p>	<p>Directly to provider - usually via Police</p>	<p>Specialist support service for ages 5 years and above, ISVA for 18 years of age and above, and ChISVA for 5-18 years of age, with flexibility to ensure suitable transitions</p>

	(iii) Children's Independent Sexual Violence Advisor (ChiSVA) service		are made between services for those needing a continuum to their support. School aged children.
<b>Early Prevention Support for CSE, Safeline</b>	One-to-one mentoring 40 students x 6-week course @ £50 per session plus expenses	Direct to provider - usually by Educational Establishment	
<b>General Victim Recovery Services, Victim Support Service</b>	'(i) Victims' Hub Provision (ii) Emotional support services (iii) Restorative justice service	Directly to provider - usually via Police	5 years and above
<b>SARC: Children and Young Persons Sexual Assault Referral Service (CYP SARS), Mountain Healthcare (interim service - recommissioning underway)</b>	'Hub and spoke' model: 1 x acute hub (Horizon Centre SARC, Walsall) plus 5 x spokes (Grange Park SARC, Stoke; New Cross SARC, Wolverhampton; Blue Sky Centre SARC, Nuneaton; Oasis Suite SARC, Sandwell; The Glade SARC, Worcester). Provides a paediatric sexual assault service that utilises the network of SARC's set out above	Through regional SARC network	Children and young people under 18 (or up to 20 if significant learning difficulties and in full-time education), who are victims of rape or serious sexual assault, or where there is suspected sexual abuse. Reasons for referral may include disclosure by the child or young person, or concerns by parent or professional, that sexual abuse may be a possibility.
<b>Community Rehabilitation Company (CRC), Building Better Relationships</b>	Aims include: •Reduce re-offending and promote the safety of current and future partners and children •Work with other agencies to manage risk •Help men achieve a better understanding of why they use aggression in their intimate relationships, the attitudes and beliefs that underpin their behaviour and what factors reinforce and maintain their use of that behaviour •Encourage men to identify, use and build on existing strengths and skills to change their behaviour	Referral form on leaflet	Non-convicted domestic violence perpetrators

	<ul style="list-style-type: none"> <li>•Provide a safe, respectful, stimulating and challenging environment</li> <li>•Help men develop practical and sustainable strategies for maintaining change beyond the programme</li> <li>•Promote better lives for all affected by the men’s violent and aggressive behaviour, including the men themselves</li> </ul>		
<b>Safer relationship project, The Bradby Club</b>	To provide individual and group mentoring to raise young people’s awareness of unhealthy or risky relationship.	Direct engagement with groups, schools and professionals to identify	Young people within Rugby, particularly those from disadvantaged backgrounds, and those at risk of anti-social or risk-taking behaviours. Young people who have been excluded or are at risk of exclusion. Young people who are NEET or at risk of becoming NEET.
<b>ISVA /ChISVA services, CRASAC Safeline RoSA</b>	To provide ISVA and ChISVA services to those that have been to the SARC as a service following rape or sexual violence/abuse	Referral from SARC to any of the three organisations	Any victim of rape or sexual violence/abuse that has been seen at the SARC
<b>Domestic Abuse Admin Team, National Probation Service</b>	To facilitate “on the day” sentencing of domestic abuse offenders and their ongoing management.	N/A	N/A
<b>Stalking Victims Service, Family Intervention Counselling Service</b>	Pilot of one-to-one counselling service for victims of stalking in Leamington Spa and Warwick. 10 female or male adult victims of stalking, and 12 sessions of one-to-one therapy.	Self-referral or consent referral from professional	Adult victims of stalking and their children and extended family.
<b>Feeling Safe Programme delivered by DAST (Domestic Abuse Support Team, Children</b>	For children and young people and non-abusing carer. The groups run in parallel and allow both women and children to explore their own experiences of DVA in its many forms and look at positive ways of dealing with	Consent to referral from a professional (any Warwickshire professional).	Children under the age of 11 that are “safe” / out of the domestic abuse environment. A non-abusive parent.  Plans to develop groups for 11–17-year-olds.

---

**Young People and Families)** their feelings with a therapeutic outcome. 10 session programme that receives positive feedback from participants (10 children, 10 adults and requires 5 facilitators). In order to expand the programme and ensure more can benefit, an increased number of facilitators is needed. This programme currently covers South Warwickshire and Rugby and the North Warwickshire programme is provided by DACS (due to funding).

---

## 5 VIEWS OF THE PUBLIC

A range of methods were used to gain feedback from members of the public about their experience of DVA and experience of accessing provision in Warwickshire. This included:

- An online residents' survey
- A client survey (victim-survivors) for individuals who have used the Warwickshire Domestic Violence Service
- 1:1 telephone feedback from a client
- Engagement sessions facilitated by EQuIP with members of BME communities and LGBTQ communities
- Gypsy and traveller officers directly approaching members of the gypsy and traveller community to encourage and support their completion of the online residents' survey.

### 5.2 ONLINE RESIDENTS SURVEY FEEDBACK

An online questionnaire was developed and hosted on the Citizen Space 'Ask Warwickshire' webpage (<https://ask.warwickshire.gov.uk/>). It asked all residents in Warwickshire about DVA experiences and provision, and was live between 12<sup>th</sup> September and 29<sup>th</sup> October 2020. The full report can be found in Appendix 1. The key findings are below:

- Residents of Warwickshire were invited to take part via posts on social media, the Warwickshire County Council website and via communications through partners and organisations in Warwickshire (i.e. District and Borough Councils, the NHS, the Police, Warwickshire CAVA, EQuIP and CCGs). The questionnaire contained a mix of quantitative and qualitative questions, and an option to provide 'other' information where directed to do so.
- One hundred and eight residents responded to the survey, from all five districts and boroughs in Warwickshire.
- Most respondents were female (n = 97), white British (n = 94) and/or heterosexual (n=97).

- Of those responding to the survey, 71.3% had experienced or were currently experiencing DVA, and 75% of respondents knew someone else who was currently experiencing or had experienced DVA.
- Emotional abuse was the most prevalent form of DVA experienced (95% of respondents and 85% of those known to respondents respectively), followed by psychological abuse (90% of respondents and 74% of people known to respondents) and physical violence (69% of respondents and 79% of people known to respondents).
- Whilst most respondents who experienced DVA (n = 77) sought support (53.3%; n = 41), a large proportion (42.8%; n = 33) did not seek any help from any source, including informal sources such as family and/or friends. Of people known to respondents who experienced DVA (n = 81), 45.7% (n=37) sought support whilst 37% (n = 30) did not seek any support. 17.3% of respondents did not know whether their contact sought support or not (n = 14).
- 93.5% of respondents said that confidentiality was important to them in a DVA service, whilst 74% wanted a flexible service and 68.5% wanted face-to-face support.

### 5.3 SPECIALIST SERVICES - SERVICE USER FEEDBACK

An online questionnaire was aimed at clients who had used DVA services in Warwickshire. It was hosted on the Citizen Space 'Ask Warwickshire' webpage (<https://ask.warwickshire.gov.uk/>) between 12<sup>th</sup> September 2020 and 11<sup>th</sup> October 2020. The option of completing the questionnaire over the phone was also offered and this was taken up.

- The questionnaire contained qualitative questions with some open-ended questions, and an option to provide 'other' information where directed to do so. Clients of the Domestic Abuse Accommodation and Support Service were contacted to take part in order to better understand people's experiences of Domestic Abuse, and experiences of accessing support in Warwickshire.
- There were less than 5 responses, therefore information has been anonymised to ensure the identity of the respondents is protected.

#### *Your experience*

- Respondents experienced emotional abuse, and the majority also experienced physical violence, psychological, emotional, financial, technological abuse, sexual violence/rape or stalking.
- For all respondents, abuse was caused by partner/ex-partner or an adult family member. Abuse was never a one off and was experienced daily to weekly.
- The majority of respondents experienced abuse from multiple perpetrators.

#### *Domestic Abuse service support*

- Respondents were very satisfied with the help received from the WDAS (Warwickshire Domestic Abuse Service). Service details were provided by a professional (GP, Social worker or Police). Ease of access to service was fairly/very easy and respondents were fairly/very satisfied with commencement of support received.
- All respondents agreed it was the support they were expecting, especially the one-to-one service. Other support services included: counselling/therapy, legal advice and support, financial advice, refuge, support for children, housing and benefits support and civil and criminal court support.
- Support was received from Independent Domestic Violence Advocate (IDVA), Outreach worker (including WINGS program), IRIS worker (referral made through GP surgery) and Warwickshire's Refuges.

- Overall, all respondents were very satisfied with the support they had received from WDAS.

#### *Future DA support*

- All respondents said telephone support was important when accessing DA services. Others included: confidentiality, one-to-one support (face to face), one-to-one support (online), flexibility, 24-hour service, evening availability, home visits and text support.
- Most respondents strongly agreed that they would know what to do/where to go for advice and support in the future.
- All respondents said they would go to a specialist helpline (including WDAS) if they were to experience future domestic abuse.

#### *Support from other agencies.*

- All respondents sought ongoing support from other agencies. These included: police, children's social care, housing, GP surgery and mental health support.
- Respondents said they had experienced other cases of DA, which they had not reported.
- Access to these services was not as easy as WDAS. Respondents were not as satisfied with the support provided.
- Most respondents who were not satisfied with the support from other agencies, said they felt they were treated poorly as the agency did not believe there was anything to report.

## **5.4 ENGAGEMENT WITH BAME AND LGBTQ COMMUNITIES – EQUALITY AND INCLUSION PARTNERSHIP<sup>136</sup>**

### *Introduction*

EQuIP were commissioned by Warwickshire County Council to use the basis of the residents' survey described above to seek views from seldom heard communities, to include, Black and Minority Ethnic (BAME) communities and LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning or Queer) communities. The full report by EQuIP is available in [Appendix – link to be provided](#)

### *Methodology*

The majority of surveys were carried out via the telephone. The residents survey ([Appendix – link to be provided](#)) was used as a guide; however the brief was to capture qualitative information to understand experiences of the aforementioned communities, along with any potential barriers to accessing domestic violence services. In addition, there were three group discussions. One of the discussions took place with a faith group and the other two with LGBTQ support groups. This report has been broken down into two areas:

- Personal experience of domestic violence: this section relates to those respondents who stated that they themselves had experienced domestic violence.
- People you know and domestic violence: this section relates to those respondents who stated that they know someone who had experienced domestic violence

### *Findings*

- Total number of participants = 85 responses
- Number of participants that identified as LGBTQ = 21%
- Number of participants who had experienced domestic violence = 8%

---

<sup>136</sup> Warwickshire Equality and Inclusion Partnership



- Number of participants who knew of a friend, family member or someone in the community who had experienced domestic violence = 72%

#### *Personal experiences of domestic violence*

Of the respondents, 8% stated that they had experienced domestic violence. The type of abuse they experienced included the following: physical abuse, emotional abuse, financial abuse and sexual abuse. All of the respondents that stated that they had experienced domestic violence, did seek support from a domestic violence service. Of the seven respondents, four received support from the Warwickshire Domestic Violence Service provided by Refuge.

#### *Where did these people go for support?*

Most respondents did not mention domestic violence services as means of seeking support. Some of the places that they felt people go to for support include: friends, family, community leaders, community centres, faith centres and EQuIP. In terms of referring people on to the right service, there was a lack of awareness of who to contact for further support.

#### *Barriers*

##### BAME Respondents:

- South Asian community – There is a lack of awareness around where to go for support, they need someone to understand their “home life”. Perpetrators are not always men and there can be multiple perpetrators
- One respondent said that as a woman you are brought up and conditioned to conduct yourself in a way that you always remember ‘Sharam’ (shame) and ‘Izzat’ (honour). That is very important for the reputation of your parents. As you are conditioned to this, you always think about your actions and the consequences that they could have on your parents. Izzat stops you from speaking up, you do not want people talking about you or your parents
- Eastern European community – They expressed a lack of faith in services being able to support them, being able to speak the language was important but a barrier was a sense of pride. There was concern about “word would get out and people would talk”. They expressed a preference for seeking spiritual support and guidance from church.
- Gypsy and Traveller community - They felt aware felt that awareness was a barrier to seeking support. Their families were supportive of them leaving their violent partners and were encouraged to get away. However, it was the feeling that they had failed as a wife that stopped them from seeking support. Again, there was a reluctance to seek help from authorities and services due to trust.

#### *Group Discussion with a Faith Group*

A socially distanced visit took place and there was an open discussion around domestic violence. The group felt that they needed more information and training around the subject so that they could support men and women that approach them for support. They stated that on many occasions it was not the partner who was the perpetrator it was a member of family, who was sometimes a woman. They felt that services needed to be aware of this and to understand the intricacies of extended families and especially in-laws. They also felt that consideration needs to be given to the fact that some people who are brought over on spousal visas could not only be victims of domestic abuse but could also be victims of modern-day slavery. More awareness needs to be raised in communities around modern day slavery. It was also felt that a toolkit of some sort would be helpful so that effective referrals could be made.

#### *Group Discussions with LGBTQ communities*

There was a feeling that more awareness needs to be raised around the subject so that people knew that domestic violence is more than just physical abuse. Again, this community felt that domestic violence has stigma attached to it, which will prevent people from seeking help. A suggestion was made in relation to the service employing an LGBTQ liaison worker, who would be the link between the community and the service. It was felt that it would be easier to relate to someone who would be seen as 'loyal' to the community and who would understand them.

There followed a discussion around the website for Warwickshire's Domestic Violence Service, which is provided by Refuge. It was felt that the website was for women who were victims of domestic violence and there was a small statement around supporting men. It was felt that the trans community were ignored as victims as were the non-binary community. This is seen as a barrier when someone from this community is looking to access the service. The service was seen as gender relevant and the logo supported this with referring to women and children. It was felt that the trans identity was rejected. The group suggested that a way forward could be a supplemental Transgender Service that understood the needs of the trans / non-binary community.

## 6 VIEWS OF PROFESSIONALS

### 6.1 VIEWS OF PROFESSIONALS - SURVEY

A short survey was issued to multi-agency professionals in Warwickshire that routinely encounter DVA victim-survivors. The purpose was to gain feedback on the current Domestic Violence Service and Warwickshire's response to DVA more broadly. In total, 99 professionals responded across a variety of agencies and roles (). The survey contained seven questions; a summary of responses is provided below.

There was a good response rate across all the relevant agencies in Warwickshire. The highest responses received were from: Children's Social Care, Adult Social Care, the Police, Community Safety and "Other". The largest group of respondents in "Other" was Probation.

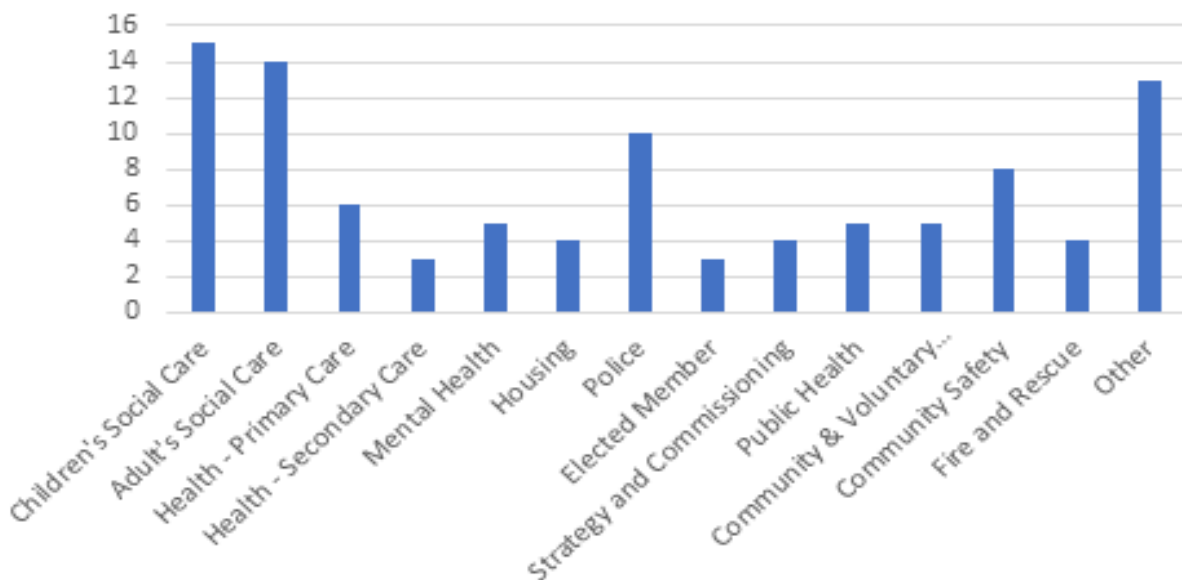


Figure 28. Professionals survey: the sector that respondents work in.

Respondents were asked how often they came across domestic abuse in their role and whether they knew how to refer someone to the Warwickshire Domestic Violence Service. 58% of respondents stated

that they came across DVA daily or weekly, 10% came across DVA monthly and 31% less than once a month. Most respondents 73% (73/99) knew how to refer to the Domestic Violence Service.

A series of open questions were posed. A summary of the feedback and common themes raised, is provided below.

**1. From your perspective, what works well in the way that Warwickshire responds to domestic abuse?**

- What works well in terms of the current commissioned Domestic Violence Service:
  - Having an easy referral route into the service via the Helpline for professionals and victim-survivors.
  - Having a single point of contact for domestic abuse support.
  - Having a single provider to undertake all the main support functions ensures consistency for victim-survivors and assists professionals with knowing who to contact.
  - The responsiveness and proactive nature of the service for both victim-survivors and professionals.
  - The Multi-Agency Risk Assessment Conference (MARAC) is well run.
  - The Refuge accommodation and workers were viewed positively.
- The profile of domestic abuse has increased in Warwickshire and it is treated as a high priority.
- There is good partnership working at a strategic and operational level. Warwickshire is coordinated in its response.
- There are good examples of multi-agency working such as the MARAC and the MASH.
- The current Domestic Violence Service works well with key partners such as the Domestic Abuse Unit (Police) and with Children's Services.
- Good work is being carried out by other public sector partners:
  - *"The Feeling Safe group and the future Caring Dads programme are really promising in terms of being innovative and targeting the support in the right places."*
  - *"The police are very responsive to callouts, and background information about domestic abuse is available to Probation Officers for all offenders before Pre-Sentence Report is written, court sentence and supervision starts. This is done through the OPCC funded Domestic Abuse Case Administrator working from the National Probation Service. This helps prevent inappropriate curfews being ordered, ensures safety of victims of recent crime and assists with ongoing risk management of DV offenders in the community as regular DV checks can be carried out on all our managed cases."*

**2. From your perspective, are there any gaps or things that could work better in Warwickshire around domestic abuse?**

- Professionals value the Independent Domestic Violence Advocates (IDVA) provision but believe that it needs to be increased:
  - Current IDVA provision is insufficient, staff hold high caseloads impacting upon the quality and time provided to each case.
  - IDVA court provision should be enhanced.
  - Can IDVAs be allocated to cases earlier, to ensure victim-survivors are supported throughout the process such as making statements to the Police etc.
  - There should be a designated place where victim-survivors are able to meet their IDVA.
  - The dedicated Hospital and Housing IDVA were viewed as very effective.

- Refuge accommodation provision is important, but Warwickshire's was viewed as insufficient to meet demand:
  - It is difficult to access refuge provision in Warwickshire for Warwickshire residents, spaces advertised are usually allocated within 24-48 hours.
  - How accessible is refuge accommodation provision for individuals with No Recourse to Public Funds and / or individuals with Drug and Alcohol dependencies?
- Greater early intervention and step-down support needed:
  - Improved support for medium- and low-risk cases
  - There is a gap in peer led services and longer-term community support to aid recovery.
  - Longer-term support is needed for victim-survivors managing child contact, and children's emotional and behavioural challenges.
  - The Freedom Programme is missed.
- DVA services need to meet the varying needs of all victim-survivors, especially those that are accessing the current service in low numbers such as: BAME victim-survivors, LGBTQ victim-survivors, male victim-survivors, young adult victim-survivors, victim-survivors who have learning disabilities (and whose children may have learning disabilities), Gypsy and traveller victim-survivors , older victim-survivors
- Greater understanding of the cultural barriers which might prevent individuals from accessing support is needed.
- Need to improve mental health provision for victim-survivors and perpetrators:
  - More dedicated DVA counselling and trauma informed therapy.
  - There's a lack of understanding of trauma (across agencies in Warwickshire) and the effects on individuals.
- There is not a clear service offer for children and young people who have witnessed or experienced abuse:
  - Gap in provision when abuse ends, which would aid recovery and teach healthy relationships.
  - Gap in provision for pre-school children with psychological / behavioural effects.
- The perpetrator offer is inadequate:
  - There is not a clear offer for perpetrators generally, for perpetrators that have a learning disability or autism and for female perpetrators.
  - A perpetrator offer is needed for people who are medium-risk and not open to probation.
- More training and awareness raising for frontline professionals, and reminders of the service offer.
- Clarity of process and roles and responsibilities between agencies is needed (Children's Social Care Domestic Abuse Team, Warwickshire's Domestic Violence Service, Children's Social Care and Safeguarding)
- There is an opportunity to work more closely with schools and school nurses.
- Gaps in provision in the North Warwickshire area.
- Reflections on how Warwickshire partners could improve their response:
  - Improved management of medium & low-risk investigations.
  - The Police Domestic Abuse Unit Team have a high workload. Options for expanding the team to work across 7 days could be explored.
  - There should be closer working with community and voluntary sector partners.

- Publicly funded voluntary organisations need to hold the same responsibility for participating in key meetings (MARAC) as other agencies.
- A domestic abuse specialist liaison nurse working between primary care and MARAC/DVA Service provider would be beneficial as would a domestic abuse GP "Champion" to work with harder to reach/low referring GP practices
- Further training on DVA and cultural awareness is needed.
- *"People need to be more professionally curious."* I feel that the troops on the ground are a bit fatigued when it comes to DA/DV, arresting everyone.
- Police - Bi-annual Domestic Violence Protection Notice (DVPN) input/refresh needed to ensure that all patrol officers are confident with the process, raise this at the first point of contact with a victim, raise with a suspect and their solicitor in interviews to avoid custody delays.

### **3. Can you list three priorities you think should be considered when we re-commission future domestic abuse services?**

The answers provided in this section can be split into two categories: service provision and ways of working. They are provided in approximate order of frequency raised:

#### Priorities for DVA service provision:

- Having a comprehensive perpetrator offer.
- Increased support for children and young people who are victim-survivors.
- Retaining and expanding refuge accommodation in Warwickshire.
- Increased emergency accommodation in Warwickshire for victim-survivors.
- Retaining and expanding IDVA provision (and dedicated court IDVA provision).
- Having a prevention / early intervention offer to support medium and low-risk victims and an enhanced outreach offer providing step-down support.
- Legal support for victim-survivors.
- Improved mental health offer for victim-survivors and perpetrators
- Ensure increased access to service by male victims, people with physical and learning disabilities, young adults, BAME communities, rural communities, elder victim-survivors and familial abuse and victim-survivors living in rural areas.
- More training for frontline professionals.
- More housing/accommodation options for victim-survivors including support for individuals to remain safely in their own home.
- The Freedom Programme was cited by several respondents as something that should be re-considered for Warwickshire.
- Ability to support adults and young people with complex needs (trauma, mental health needs, drug and / or alcohol dependency).
- A CCG employed domestic abuse specialist liaison nurse to work with all agencies.

#### Priorities for how the DVA service should operate:

- Continue to have strong links between agencies and support victims-survivors in collaboration with partners.
- Good information sharing across agencies.

- Co-location of service / workers with operational teams that routinely support DA victim-survivors (police, housing, health, courts).
- Have a clear referral route, quick response and a service offer that is clearly communicated.
- Easily accessible and visible in the community
- Be open and available to support “out of office hours”
- Listen to the voice of domestic abuse victims.
- Be confidential and discreet.
- Raise awareness of DVA
- Retain a helpline for the public and professionals.
- Greater focus on familial abuse.
- Greater use of GP practices as a meeting place for victims and supporters- safer for victims and raises the profile of DA for GPs

4. **Is there anything else you would like to add?** Only comments that relate to issues not already identified in the previous sections are shown.

- *“Please build on the existing work with other agencies. We (F&R) probably get into places / communities as part of our emergency response that you will struggle to access as part of your regular work. We can help.”*
- *“Consideration for provision to support victims of Domestic Servitude within DA context”.*
- *“In my experience a high percentage of Prevent (preventing radicalisation) referrals have an issue of domestic abuse linked to the issues of concern. I would just want to offer my support to the re-commissioned services to provide Prevent update training and make it a requirement for all workers to have annual Prevent training”.*
- *“The judiciary system needs educating to enable their understanding into domestic abuse-this training should be mandatory with regular refreshers.”*
- *“The future of working with victims needs to incorporate stopping so many agencies wanting a piece of the victim, therefore if more joined up, this will eliminate some of the unnecessary stress that a victim currently has to deal with.”*
- *“the Wings programme - it is...difficult to access this provision on behalf of the victim. Perhaps the re-introduction of 'Living with the Dominator' could prove beneficial.”*
- *“Information around non-molestation orders and how to access free legal input.”*
- *“A clearer understanding of how Civil Injunctions can be used in managing DV cases. I understand that some professionals regard them as ineffective and difficult to impose.”*
- *“Feeling Safe Group which the CSC Domestic Abuse Support Team has tried to maintain as a service but which needs to be a wider community based programme such as that provided by AVA Against Violence and Abuse for victims and their children”.*
- *“Webinars/training are really helpful, short presentations are valuable when fitting into the working day.”*
- *“Healthy relationships awareness in schools so young people know what a healthy relationship looks like.”*
- *“there needs to be more emphasis on removing the perpetrator than removing families from their support networks, where is it safe to do so.”*

## 6.2 VIEWS OF PROFESSIONALS – WORKSHOPS

## **Domestic abuse re-commissioning – professionals workshop findings**

During October 2020, workshops were held with professionals across Health (Primary Care, Secondary Care, Mental Health), Housing, Community Safety, Children, Young People and Families Services and the Police. A summary of feedback provided by professionals is provided below:

### **1. Is the scope and scale of the current commissioned Domestic Abuse Service well understood?**

- There's not always recognition that DVA includes familial abuse, honour-based violence and male victims and that the commissioned service is open and able to support these victims.
- There was sometimes confusion between the provider name of "Refuge" and the provision which extends beyond refuge accommodation and support. Whilst the refuge accommodation and Independent Domestic Violence Advocates (IDVA) was well known, some of the other aspects of the service such as the Sanctuary Scheme, were less well known. More broadly, there was some confusion in terms of who provides what service across Warwickshire.
- There can be some negative perceptions by victim-survivors of refuge accommodation and that accessing the accommodation is a form of "institutionalisation".
- Consistently professionals advised that there is clear understanding about the need to contact or refer to the service if DVA disclosures are made.
- There was the suggestion that more localised data and case studies, would be beneficial to a range of partners to increase awareness and understanding of DVA and support available, within their local area.

### **2. How easy is it to refer to the service and access support at the right time?**

- The majority of participants and their staff / colleagues find it easy to refer to the service and access support and the support provided was timely. The referral route was well known.
- There is a need to further promote the Domestic Abuse Accommodation and Support Service to non-statutory organisations, such as faith groups.
- Police colleagues advised that earlier support by IDVAs (from the point where a DVA incident is first reported and responded to), would be beneficial to ensure victims are supported as early as possible.
- Children's Social Care staff also called for additional IDVA and outreach worker capacity and the ability for support/ co-working to commence as soon as a referral is made.
- Housing colleagues advised that during the weekend, when the local helpline is transferred to the national helpline, it can be more difficult to access advice about emergency accommodation issues.

### **3. Does the current service offer meet need?**

#### **What works well? What do we want to protect and keep within the Domestic Abuse Service?**

- Across all the workshops, participants stated that future provision must retain: Refuge accommodation provision in Warwickshire, Independent Domestic Violence Advocate (IDVA) provision and a Helpline.
- IRIS provision, specifically training and support for GPs to aid identification and referral to DA services.
- NWBC currently contribute £25,000 to a rural DA service in their borough, having a focus on rural victims of DA should be maintained.
- Good communications / promotion of the service offer.
- Co-location of IDVA's within housing teams and hospitals worked well.

#### **What needs to be improved and are there any gaps? The following issues were raised:**

##### Inclusive service provision:

- Participants questions whether the commissioned DVA services are meeting the need of and being accessed equitably by: LGBTQ+ victim-survivors (including refuge accommodation for transgender victim-survivors), BAME victim- survivors, male victim-survivors, elder victim-survivors – there is a concern that this is a growing trend in terms and being committed by elder partners and / or adult children towards elder parents, victims living in rural areas and young adults.
- Provision of virtual support groups during COVID restrictions.

#### Refuge accommodation and housing feedback:

- Is the current Warwickshire refuge accommodation provision of 24 units enough for the county and what alternative or additional provision could be made available to victims-survivors? Anecdotal examples of individuals being unable to access in-county refuge accommodation at the point of crises were provided, and the option of out of county refuge accommodation sometimes being a barrier to victim-survivors accessing support.
- Examples were provided where families with male children members were prevented from being able to seek refuge accommodation.
- There's no in-county male refuge accommodation provision.
- Need to ensure that female only temporary accommodation is commissioned by housing authorities (non-refuge accommodation).
- Need local provision of temporary accommodation to enable victim-survivors to retain support networks, continuity at children's schools, work etc. Could temporary accommodation be utilised if wrap-around virtual refuge support were also provided?
- Are there alternative accommodation models that can be explored to provide support for victims, for example using housing providers and complementing this with DVA wrap-around support?
- Need to ensure that victim-survivors are provided with a range of accommodation options, and then empowered to make whatever decision is appropriate for them. Refuge accommodation / emergency accommodation is not the only option. There are broader tools and powers available to partners to support victims to remain in their home safely.
- Can more be done to promote the Sanctuary Scheme (target hardening) and support victim-survivors to remain in their own home?
- Social landlords have a responsibility for supporting DVA victim-survivors to move if required. Need to consider the role of Registered Social Landlords (RSLs) in both supporting victim-survivors and holding perpetrators to account for their actions.

#### Early intervention / prevention:

- The need to ensure investment is made across high, medium and low-risk victim-survivors, there is a tendency to focus on high-risk victims across all key agencies.
- To deliver the above, provision of adequate outreach community provision to focus on supporting medium risk victim-survivors to access and receive support. Greater pre-crises support to prevent victim-survivors and children feeling that they have no choice but to flee their home.
- Early intervention for children and young people to support them in addressing adverse childhood experiences as a result of witnessing or being in a home environment where DVA is taking place.
- The need to prevent re-occurrence of DVA. Need to consider how the number of repeat victims can be reduced and investigate how effective Domestic Violence Protection Notices (DVPOs) have been at reducing harm to victims.
- Need to ensure there is adequate step-down / follow on support for victim-survivors within the community once they have left refuge accommodation or being supported by an IDVA.
- Greater use should be made of the universal offer (such as children's centres) and the early help offer to support families in stepping down from specialist DVA support.
- IRIS provision focuses on GPs, however the primary care workforce is much more than general practice. There is a need to ensure awareness raising and training is extended to a broader range of healthcare professionals.

#### Children and Young People

- The "Feeling Safe" programme is available to non-abusive parents and their children, but the capacity is limited, there would be benefits to extending this.
- There should be exploration of support for teenagers who have been a victim of DVA or who has witnessed / lived in a house where DVA is taking place.
- There is a gap in terms of specialist trauma therapy / counselling for children and young people.
- Consideration should be given to the care leaver population and their specific vulnerabilities.
- Increased awareness of DVA needed in schools for teenagers.



#### Multiple needs:

- Drugs and alcohol – the need to improve pathways between these specialist services and DVA services given the prevalence of drug and alcohol related issues for both victims and perpetrators.
- Mental health provision – there is a lack of specialist domestic abuse trauma informed therapy for adult, child and adolescent victims of domestic abuse. Limited provision in place by DACS Warwickshire, which is grant funded.

#### The role of Warwickshire’s statutory and non-statutory organisations

- Need to make DVA “everyone’s business” by embedding routine enquiry across all agencies in Warwickshire.
- How do we further utilise existing community / voluntary groups to increase referrals to the commissioned service from those communities that are showing low levels of accessing provision. How can we also utilise these groups to enhance the service offer, and support people at the point of being discharged from the commissioned service?
- Suggestions were made for a Domestic Abuse Champion’s network in Warwickshire for key public organisations.

#### Perpetrators

- Lack of a comprehensive offer for perpetrators. Additional challenges if the perpetrator has a learning disability / autism, mental health needs, drug and alcohol dependency and /or health conditions such as dementia.
- Need to put more focus on holding perpetrators to account, rather than expecting victim-survivors to make adaptations in order to keep themselves safe.
- Need to consider the role of probation in the effectiveness of managing perpetrators and preventing serial offending.

#### Other

- Legal advice often requested, signposting to where this is available for the public to access would be beneficial.
- Need increased support / closer working with maternity services (Can they have similar support to the IRIS service which supports GPs?).

#### **4. What are your top 3 priorities for change within the future commissioned service offer?**

There were consistent views about the top priorities for a re-commissioned DVA service:

- Warwickshire refuge accommodation
- A “virtual” refuge offer, available to victim-survivors who choose to remain in their own home or are re-housed via the housing authority.
- Sufficient Independent Domestic Violence Advocates provision (IDVA) and outreach provision across the county to meet demand.
- Greater use of sanctuary scheme to support people to remain safe in their own homes. Supported by interventions from the Police (non-Molestation order, DVPOs),
- Embedding the voice of the victim (adult and children) in service delivery.
- Co-location of services beyond specific DVA to support preventative and early intervention support

#### **5. If you had a magic wand to wave over the whole service offer, what would it look like?**

##### Early intervention and prevention

- Warwickshire would have no MARAC cases and no DHRs
- Stronger focus on early intervention and prevention. Identify DVA early, prevent escalation of abuse, support children, the victim and the perpetrator. Take a “whole family” approach to support.
- Have a comprehensive Warwickshire offer that addresses risk factors prevalent in DVA cases. Information sharing – improve how we share information across organisations at an earlier pre-MARAC / high risk stage. What can and can’t we share at an earlier stage?
- Improved information sharing across agencies, especially where no children are involved. *“We all hold pieces of information, but it is difficult to join up the picture.”*

- Family Justice Centre / VAWG Centre – all provision for DVA under one roof. Multi agencies, collocated. Could have this in every district and borough; with provision from housing providers to provide accommodation. Immediate access to court time, buy in court DVA support and a team of dedicated DVA in the Police, specifically for families involved in DVA
- Commissioned DVA service provision
- IDVA provision embedded within key services to enable easy referral and access to specialist input (for example, policing teams, mental health, hospitals, housing).
  - Additional purpose-built self-contained refuge accommodation. Make all refuges free from costs, victims not required to pay any costs
  - Longer contracts for commissioned DVA services
  - Warwickshire would have a comprehensive perpetrator offer in place.
  - The service is able to meet the needs of and increases support to:
    - LGBTQ+ victim-survivors (including refuge accommodation for Transgender victims-survivors)
    - BAME victim- survivors
    - Male victim-survivors
    - Elder victim-survivors – there is a concern that this is a growing trend in terms and being committed by elder partners and / or adult children towards elder parents.
    - Victims living in rural areas
    - Young adults

#### Community and Voluntary Sector

- Are there opportunities to harness community and voluntary organisations in Warwickshire to enhance the support provided to individuals?
- Can volunteers be used to enhance the current service offer? For example, peer mentoring and survivors group run by experts by experience.

## 7 EXPERT OPINION ON BEST PRACTICE

In April 2019, AVA (Against Violence and Abuse) was commissioned by Warwickshire County Council to undertake a strategic review into domestic abuse services across the county. The purpose was to inform the development of the new five-year Violence Against Women and Girls (VAWG) strategy for Warwickshire. The recommendations from the review are listed below. Warwickshire VAWG Board have developed a delivery plan in response in order to implement these recommendations and the VAWG Board have committed to ensuring that any future service re-design or re-commissioning, incorporates these recommendations.

### Prevention

- There should be a review into young people’s experiences of abuse and why they are missing from services currently
- Routine enquiry should be standard practice across publicly funded services with clear referral pathways and supported by robust polices, training and data collection
- Alternatives to child removal should be prioritised with trauma informed care and support for women who have had children removed
- Relationships and sex education in schools will be mandatory nationally, a review into current prevention work should be taken with a plan in place prior to the national roll out in September 2020. Children and young people should be involved in directing this work.
- Training for all staff on domestic abuse (including coercive control) and wider forms of VAWG
- Develop a clear database of services for practitioners and the public to easily access what support is available
- Co-ordinate public campaigns and community engagement in conjunction with survivors
- Train VAWG champions in frontline services

## Provision

- Services should work collaboratively to break down silos and offer individual, trauma informed holistic support
- Survivors voice/experience needs to be embedded into service commissioning, design and delivery. Staff with lived experience should be offered paid employment and training.
- The training needs analysis should be updated with particular focus on training and upskilling social care staff
- Explore how to better support people with protected characteristics
- There must be women only spaces, particularly in services currently failing to meet women's specific needs such as substance use, criminal justice and homelessness. Mainstream and mixed services should take steps to ensure they are providing safe support for women to access their services
- Emergency accommodation should offer women only accommodation and facilities
- Thresholds and criteria for support should be reviewed to ensure victims of domestic abuse and multiple disadvantage are not being disproportionality excluded
- Specialist services for children and young people must be prioritised as an immediate need including group-work (such as feeling safe and the community group programme)
- Thought must be given to how services engage with people with protected characteristics and ensure all future commissioning assess services against meeting these needs
- Develop a clear co-ordinated response model with joined up commissioning
- Training is needed for multi-agency staff on: appropriate referrals, trauma informed practice, multiple disadvantage and safe uncertainty
- Pooled budgets to fund co-location of services and possible navigator models
- Fund enough IDVAs and IRIS advocates to meet local need and align to national recommendations
- Thresholds and criteria for support should be reviewed to ensure victims are not disproportionately excluded. There must be suitable provision for victims with dual diagnosis/multiple diagnoses.
- Mental Health / Substance Use services led jointly at a strategic level. Clinical commissioning groups and local authorities should cooperate, pool budgets and set out working arrangements via a section 75 agreements (working agreements between local government and the NHS).
- Services should provide data on people who are turned away to provide clarity on thresholds and local need

## Protection

- Commission an independent evaluation of perpetrator programmes
- Ensure it is a requirement of any funding to collect and share evaluation and outcomes data
- Future perpetrator programmes must be Respect accredited and offer integrated partner support
- Ensure DHR chairs are appropriate via an interview process and that families are involved throughout
- Consider a response to child to parent abuse with a specifically funded support service for children and families
- Re-open a Specialist Domestic Abuse Court – explore the options for operating a joint court with Coventry
- Embed a court IDVA into the Specialist Domestic Abuse Court (SDAC)
- Commission an independent evaluation of the MARAC
- Commission a review into repeat victims/perpetrators

- Working agreements must not be used and services must apply strengths-based approaches which empower the non-abusive parent
- Commissioners should review the current IRIS model and consult with IRIS nationally to ensure best practice going forwards and where the advocate educators may be best placed to sit

### Partnerships

- The partnership board for this review should continue to meet regularly to fulfil the recommendations and action plan
- Commissioners to consider building incentives into contracts to encourage services to work collaboratively and ensure that specialist expertise is prioritised
- Services should be designed around outcomes that actually make a difference to people's lives with a long-term view to addressing issues holistically and preventatively
- Data should be collected and analysed on who is currently being turned away from services to provide more clarity on local need and barriers to support
- The Partnership Board should consider involving people with lived experience in the development of the new strategy going forward
- OPCC and Police to look at operational requirements following the end of the strategic alliance
- OPCC crime plan to have a gendered lens with regards to VAWG

### Warwickshire – Joint Targeted Inspection: The Multi-Agency Response to Children

**Living with Domestic Abuse** highlighted the following issues in Warwickshire:

- Professionals have made progress in dealing with the immediate challenges presented by the volume of cases of domestic abuse. However, **domestic abuse is a widespread public health issue that needs a long-term strategy to reduce its prevalence.**
- Accepted practice in tackling social problems is to prevent, protect and repair. While much good work is being done to protect children and victims, **far too little is being done to prevent domestic abuse and repair the damage that it does.**
- Work with families that was seen on inspection was often in reaction to individual crises. Agencies can be overwhelmed by the frequency of serious incidents, particularly higher risk ones. However, **keeping children safe over time needs long-term solutions.**
- The focus on the immediate crisis leads agencies to consider only those people and children at immediate, visible risk. As a result, **agencies are not always looking at the right things, and in particular, not focusing enough on the perpetrator of the abuse.**
- There is still a lack of clarity about how to navigate the complexities of information sharing. There **needs to be greater consistency in the definition of harm, and in the understanding of whose rights to prioritise.**

The findings above have prompted Warwickshire County Council to explore some alternative models as part of the delivery of the Children, Young People and Families Transformation Programme.

## 8 NATIONAL BEST PRACTICE AND LEARNING

## 8.1 NATIONAL EVIDENCE OF BEST PRACTICE TO INFORM COMMISSIONING

### **Domestic Abuse Service Provision**

Women's Aid<sup>137</sup> suggested that essential specialist services in the community should include, but are not limited to:

1. Outreach, community based services and advocacy (including IDVA) services.
2. Dedicated support for children and young people.
3. Therapeutic support, such as formal counselling and support groups.
4. Community outreach support (education and awareness raising work e.g. training professionals or work in local schools) and local helplines.

Refuge accommodation services determined as essential to provision are as follows<sup>137</sup>:

1. Refuge services (this includes shared housing, self-contained units with some communal spaces and dispersed accommodation).
2. Resettlement support when women move on to a new home.
3. Dedicated support for children and young people.
4. Therapeutic support such as formal counselling and support groups.

### **Taking a whole family approach - Safelives**

"Safelives are working to create two 'Beacon' sites of best practice. The interventions in these sites will create systematic change by introducing a whole picture approach, working alongside existing services to improve the response, and challenging perpetrator behaviour. The Beacon sites will offer a package of tailored support for victims, survivors and families.

Together with two other initiatives, [Drive](#), addressing perpetrator behaviour, and [One Front Door](#), providing a single point of entry for all domestic abuse and safeguarding referrals, these new responses will look to offer a tailored response for whole families experiencing domestic abuse. The interventions have been defined and developed with sector-leading domestic abuse services and survivors. They are:

- Early intervention, helping people recognise the signs of abuse before it escalates
- Support for the complex needs many people have - often because of, or exacerbated by domestic abuse, such as substance misuse and mental ill health
- Support for people who are in a relationship or living with the perpetrator of abuse
- Support for children and young people through specialist, age appropriate services
- Support for survivors to recover from the harm, heal and build resilience.

This sits on the foundation of a strong risk led model that supports every victim, survivor and child experiencing domestic abuse."<sup>138</sup>

### **The Independent Strategic Review of Warwickshire's Domestic Abuse response by Action Against Violence AVA, suggested exploration of the following models:**

#### **Hertfordshire – Family Safeguarding Model**

In 2015, Hertfordshire developed a new model to approach safeguarding in families. Working in partnership with local Clinical Commissioning Groups, the Police and probation services, the approach placed specialist mental health practitioners, domestic abuse workers, probation officers and children's social workers together in a Family Safeguarding team to give direct help to parents.

<sup>137</sup> <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Funding-Specialist-Support-Full-Report.pdf>

<sup>138</sup> [https://safelives.org.uk/news-views/Getting-it-right-First\\_Time](https://safelives.org.uk/news-views/Getting-it-right-First_Time)

The goal was to “strengthen the bond between couples, support fathers and male partners to prevent violent behaviour and reduce the numbers of children being taken into care”. By accessing all the services in one place, the model aims to help families navigate the multiple issues of domestic abuse, mental health and substance use. The new approach has had some encouraging results:

- The number of children on child protection plans reduce by 55 per cent in just 30 months
- A 39% reduction in the number of days children spent in care
- A 53% drop in in hospital admissions for adults in that family
- A 66% reduction in contact with the police
- The number of children subject to a Child Protection Plan in Hertfordshire fell to its lowest recorded level in 2018-19
- £2.6m was saved in the first year

The model will start to be rolled out to other councils across the country as the government launches its Strengthening Families, Protecting Children programme to other eligible councils, where there are persistently high numbers of children being taken into care.

A full evaluation of the programme can be [found here](#).

### **Leeds – Practice Model**

The Leeds programme is based on creating the conditions for children’s services and partner agency practitioners to work more closely together, providing more holistic support, advice and interventions for children, young people and families. The programme is also concerned with improving the quality of practice both in Leeds and with other local authorities<sup>11</sup>.

There are three main strands of work:

**Restorative Early Support (RES) arrangements** within local communities - building on the effective work of children’s services in local clusters (guide) and communities, bringing extra capacity and a common practice model into high-need areas to ensure closer working between children’s services practitioners, schools and partner agencies;

**Re-think formulation** - using a single formulation model to unify and develop practice across services in Leeds. The aim is to extend the model into as many various aspects of children’s services work as possible; it will be centred within a series of regular and ongoing multi-agency forums and other complementary approaches; and

**Centre for excellence** - a network of local authorities committed to relational, whole-system improvement and innovation.

Restorative practice (a term used to describe behaviours, interactions and approaches which help to build and maintain positive, healthy relationships, resolve difficulties and repair harm where there has been conflict) is a central theme of the work, and this is mainly done via a Family Group Conference (FGC). Leeds identified three models of Family Group Conferences (FGC) in operation for families experiencing domestic violence: *pragmatic* - with minimal perpetrator engagement; *resolution* - with perpetrator involvement; *restorative* - a family network approach to addressing the perpetrator’s offending. Initial evaluation findings have been positive, although this model is in the early stages of piloting and being fully evaluated. The Domestic Abuse Social Work Service (DASW Service) could be well placed to take on and develop this service for Warwickshire. However, there are concerns about the proposal that the DASW service may sit within the Parenting Practitioner Service. This may result in a lack of central coordination of the current service, which could weaken the training and support the team could provide countywide and ultimately lead to a fragmented service delivery. It

may also mean that the specialist support around domestic abuse and risk assessment that the team provides is diluted as the team get pulled away into other parenting assessments. **It is recommended that the DASW service remain as they are as this specialist service is vital to reducing risk to victims and children across the county.**

### Practice in Need of Evidence Pilots

The ‘What Works for Children’s Social Care’ have developed a Practice In Need of Evidence (PINE) programme whereby eight pilot children’s social care organisations will be working to create evidence about what is already working in practice. It is recommended that WCC explore how these sites are working to develop evidenced work in children’s social care.

WCC has £2.6 million from the transformation fund. A suggestion has been made to spend a substantial amount of this on 30 practitioners with distinct specialism (10 for domestic abuse, 10 for mental health and 10 for substance use). These parenting practitioners would sit alongside the children’s social care team to provide specialist support.

This is a huge addition to the workforce and **it is the recommendation of this review** that the new practitioners are not ‘pigeonholed’ into distinct specialisms but rather are multiple disadvantage experts with a holistic understanding of how these three areas interlink. The team should include a specific remit to reduce the numbers of children entering care by providing earlier trauma informed intervention, assessment and support for mothers and children who face multiple disadvantages.

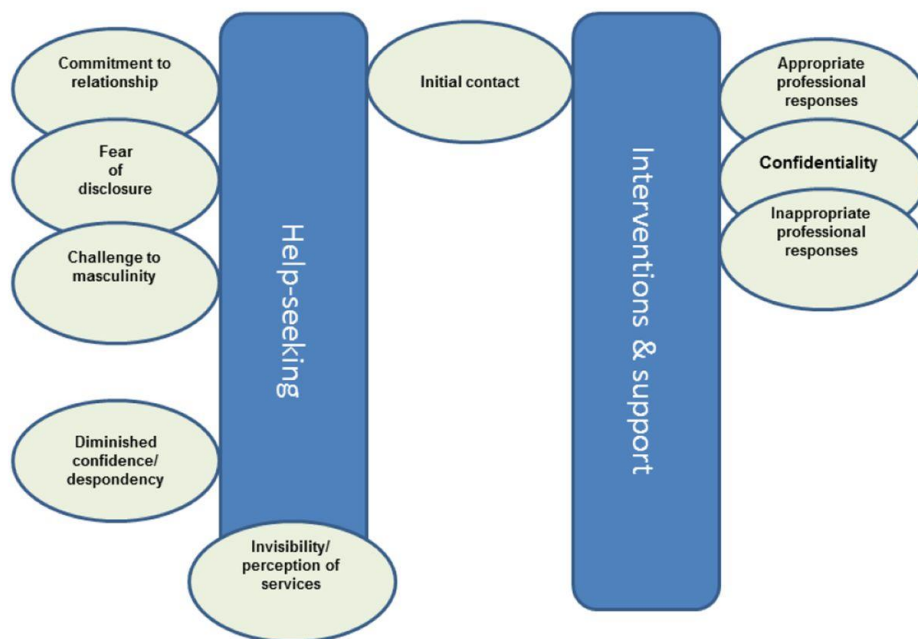
### Male victim-survivors

The barriers facing male victims in accessing DVA support is outlined in:

*‘Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis<sup>139</sup>*. The findings from the research were divided into two themes: 1) barriers to help-seeking and 2) experiences of interventions and support. A summary of their findings are outlined below:

#### Barriers to help-seeking

#### Experiences of interventions & Support



<sup>139</sup> Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis Alyson L Huntley, Lucy Potter, Emma Williamson, Alice Malpass, Eszter Szilassy, Gene Feder1 - <https://hubble-live-assets.s3.amazonaws.com/respect/attachment/file/35/e021960.full.pdf>

The research makes the following recommendations for policy and practice:

- Service provision for male victims needs to be more publicly advertised.
- Images and wording of publicity need to represent different types of masculinity and sexuality.
- Service provision needs to be more inclusive and better tailored to more effectively address the needs of different sociodemographic groups.
- Ensuring confidentiality and building trust in service provision is essential for male victims of DVA.
- Continuity of contact (care) is an essential feature of services for male victims.
- Services should aim to give all people seeking support for DVA a choice of professional personnel in terms of gender or sexuality

### **LGBTQ victims-survivors**

In 2019, Galop published “Recognise and Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse”<sup>140</sup>. According to Galop “*The report has the simple but vital aim; to improve the understanding of LGBT+ people’s experience of domestic abuse and ensure that services meet the needs of survivors who identify as LGBT.*” The report identifies 6 recommendations for policy makers, statutory agencies and commissioners:

1. Ensure that LGBT+ people’s needs are clearly visible in the national, regional and local policy frameworks.
2. Improve national monitoring mechanisms.
3. Improve access to LGBT+ specialist domestic abuse services.
4. Actively increase local program capacity to meet the needs of LGBT+ survivors in culturally relevant ways.
5. Establish a national point of contact to raise awareness and provide capacity building to statutory and voluntary services in improving their responses to LGBT+ survivors.
6. Build research regarding advocacy and LGBT+ specialist initiatives.

#### ***Specifically, local authorities are asked to:***

- Make long-term funding available for specialist organisations, with the expectation that specialist programs need time for recruitment and training, planning, supervision and evaluation in order to provide meaningful services.
- Support the documentation and evaluation of specialist LGBT+ provision with respect to accessibility, effectiveness and demonstrating national, regional and local need.
- Encourage local authorities to work together at a regional level to support the creation and expansion of specialist LGBT+ programs. Where this is not possible, consider commissioning LGBT+ specific posts within existing domestic abuse services.
- Develop specific measures to ensure there is sustainable and accessible support for high-risk LGBT+ survivors, including IDVA advocacy, refuge and therapeutic provision.

### **Elder victims-survivors**

Safelives “Spotlights Report Hidden Victims Safe Later Lives: Older people and domestic abuse”<sup>141</sup> provides findings in relation to elderly peoples experience of DVA and of accessing support. A number

---

<sup>140</sup> [http://www.galop.org.uk/wp-content/uploads/Galop\\_RR-v4a.pdf](http://www.galop.org.uk/wp-content/uploads/Galop_RR-v4a.pdf)

<sup>141</sup> <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>



of recommendations for policy and practice are provided, which are all relevant for Warwickshire's partners to consider. A summary of the recommendations is provided below:

#### Finding 1 Systematic invisibility

- Training for professionals to understand the dynamics of an abusive relationship involving an older victim.
- Domestic abuse governance arrangements to monitor referrals and engagement of older people with Domestic Abuse services.

#### Finding 2 Long term abuse and dependency issues

- Culturally sensitive training for professionals to recognise that older victims may need longer term support due to their abuse being sustained over a longer period of time.
- Specific training for those who deliver care to older people.
- Close working between physical and mental health services. Care and dependency issues are often intertwined.
- Coordination between hospital IDVAs and other services that provide care for older people
- Increased support for older carers that are identified as being under pressure
- Specific training for professionals on the incidences of abuse within a caring relationship, and/or where dementia or other mental/physical disabilities are present

#### Finding 3 Generational attitudes about abuse may make it hard to identify

- Domestic abuse governance boards and services should target older people with specific materials and messaging.
- Services must be aware that older people may be less likely to disclose.
- Services must be trained to help older victims identify their situation as abuse.
- Embed domestic abuse champions within adult services sector.

#### Finding 4 Increased risk of adult family abuse

- Ensure that domestic abuse is fully considered at adult safeguarding enquiries, training to ensure practitioners are recognising the dynamics of abuse between intimate partners or from family members.
- Increase effective coordination between services that work with adult family members, such as mental health services.
- Training for IDVAs specifically on inter-family violence and the adult safeguarding concerns related to this

#### Finding 5 Services are not effectively targeted at older victims, and do not always meet their needs

- Build upon drop-in and outreach services that specifically target older victims.
- Ensure advertising of services is accessible and relatable to older victims.
- Ensure all relevant service providers and professionals are trained on the challenges and experiences of older victims.
- Consider older women in service re-design, such as housing and refuge options.

#### Finding 6 Need for more coordination between services

- Set up pathways for greater coordination between the full range of professionals that provide regular services with older people.
- Ensure Adult Social Services are embedded as a core MARAC agency.
- Ensure that all MARAC representatives have a working knowledge of the Care Act 2014 and/or Adult safeguarding and Domestic Abuse.
- Set up a single point of contact with a trusted professional for victims-survivors.
- Implement a multi-agency domestic abuse training programme.

- Ensure services have coordinated information around a perpetrator in order to make safe and appropriate decisions surrounding discharge if the individual has been held in custody.

### **BAME victim-survivors**

To inform the London wide Violence against Women and Girls Strategy, the Mayor of London launched a Survivors Consultation. IMKAAN was commissioned to undertake widespread consultation with survivors to hear directly their experiences of violence and abuse and their journey to seek, and receive, help. Between August and September 2017, survivors of violence and abuse were invited to attend focus groups across London and an online survey was conducted. 80% of the women participating were BAME.

Survivors recommendations for services<sup>142</sup>:

1. Commission sustainable accessible local services for VAWG survivors which:-
  - a. Promote equal access to safety, support, protection and justice e.g. organisations led 'by and for' BAME women and girls, LBT, young women and disabled women, those with insecure immigration status and refugee and asylum seekers.
  - b. Are responsive to the specific needs of each survivor group.
  - c. Are independently regulated and accountable with a clear and transparent complaints process.
  - d. Provide dedicated and specialist services for the different survivors' groups including children and young people impacted by or experiencing domestic abuse, sexual violence, Female Genital Mutilation (FGM), forced marriage, trafficking, sexual exploitation, stalking or harassment.
  - e. Provide dedicated and specialist support across the different forms of VAWG, where possible in one place. e.g. rape crisis centres, refuge accommodation, community outreach, legal and welfare advice, therapeutic support and housing support.
2. Provide timely and effective counselling and therapeutic support for survivors.
3. Support independent, women's groups and peer support that reduce isolation and increase confidence, esteem, and empowerment.
4. Ensure there is a commitment from all commissioned services on improvement and ongoing training on all aspects of VAWG which are informed by survivors' experiences.

IMKAAN's<sup>143</sup> report "From Survival to Sustainability: critical issues for the specialist black and 'minority ethnic' violence against women and girls sector in the UK"<sup>144</sup> makes specific recommendations for commissioners:

***Issue: While we are committed to ensuring that central government invests in the sector, we also believe that local commissioners need to transform their approach to BME ending VAWG organisations***

Recommendations:

- Develop a 'do no harm' approach to commissioning, which should involve working with BME ending VAWG organisations as key partners in local ending VAW strategies including ensuring that needs assessments meaningfully include BME providers.
- One size does not fit all. It is important to recognise the role of BME ending VAWG organisations. While single contracts are easier to manage, multiple contracts preserve leadership, expertise and specialism.
- Draw on the framework laid out in the VAWG Commissioning Toolkit

<sup>142</sup> [https://www.london.gov.uk/sites/default/files/mopac\\_survivors\\_consultation.pdf](https://www.london.gov.uk/sites/default/files/mopac_survivors_consultation.pdf)

<sup>143</sup> <https://www.imkaan.org.uk/about>

<sup>144</sup> [https://docs.wixstatic.com/ugd/2f475d\\_9cab044d7d25404d85da289b70978237.pdf](https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf)

### **Victims-survivors with a physical or learning disability**

In 2017 Safelives produced a report looking at disability and domestic abuse. It was part of their 'Spotlight' series which focuses on 'hidden' groups of domestic abuse victims or those with unmet needs. The report concludes with the following recommendations:

- Involve disabled people in the prevention of domestic abuse.
- Promote greater understanding about the dynamics of disability and domestic abuse (this may include DVA service champions for disability).
- Promote greater awareness of hidden impairments (such as mental health and learning disabilities).
- Ensure institutional advocacy for disabled victims of domestic abuse (including funding training for professionals working with people with disabilities to ensure they are aware and understand how to support disabled victims of DVA).
- Invest in more person focused services and support for disabled victims of domestic abuse (ensure that DVA Support Services and Survivors Groups are accessible).

Additional facilitators to effective service provision have been identified as:<sup>145</sup>

- Integration of Criminal justice, health and social care, domestic abuse, mental health and disability services for effective service provision for disabled people experiencing domestic abuse.
- NICE guidance calls for an integrated commissioning strategies and integrated care pathways for domestic abuse services. Given the further complexities of service provision for disabled people, this integration is even more vital for these services.
- Engagement with disabled people at every level is key to developing effective service provision that is responsive to the needs of disabled people.
- Empowerment via disability rights organisations, community-based rehabilitation organisations, self-advocacy groups, or other collective networks can enable disabled people to identify their needs and lobby for service improvement.
- Facilitate multi-agency professional learning and practice integration – including disabled people and disability organisations which can lead to greater communication and knowledge-sharing between agencies and enhanced awareness of available resources.
- Disabled people should be encouraged into dedicated voluntary or paid posts and management roles in the domestic abuse services or, at minimum, disabled people with knowledge about the domestic abuse should be consulted in policy development.
- Training and routine enquiry to be introduced into working practices by those who work with people with disabilities and learning disabilities
- Promote greater understanding about the dynamics of disability and domestic abuse
- Health staff should document domestic abuse within patient records safely to ensure repeat incidents experienced by the victim are more likely to be identified and keep records for evidence purposes. If concerns are identified and it is safe to do so (for example a one-to-one environment), the health professional should use this opportunity to ask relevant questions about domestic abuse in line with Quality Standards

### **Young adult victim-survivors**

---

<sup>145</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480942/Disability\\_and\\_domestic\\_abuse\\_topic\\_overview\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf)

Safelives “Spotlight” series explored the experience and outcomes of young adult victim-survivors of DVA. Recommendations practitioners and policy makers includes<sup>146</sup>:

For young victims of domestic abuse in intimate partner relationships:

- Raise awareness of domestic abuse of young people in local areas
- Increase knowledge of new technologies in the domestic abuse sector, and use these technologies to help victims

For young people who harm family members:

- Promote a better understanding of Adolescent to Parent Violence and Abuse (APVA)

The response to domestic abuse for young people:

- A tailored response to young people experiencing domestic abuse should be embedded in strategies at national and local level (such as young person IDVAs)
- Responses to young people who harm their partners should aim to change attitudes and behaviour
- Invest in person-focused support for young people
- Promote greater awareness of domestic abuse in the young person’s sector (such as organisations that play a role in young people’s lives)
- Domestic abuse support for young people should respond to the role of the parent.
- Ensure institutional advocacy for victims and perpetrators of APVA

Prevention and early intervention

- Educating young people should be central to the response to domestic abuse
- Schools should be supported to develop appropriate expertise to deliver Relationships and Sex Education

**Service User Involvement:**

In July 2016 Safelives held a seminar to explore themes around best practice in terms of female service user involvement for those facing multiple disadvantages in the context of DVA.<sup>147</sup>

Recommendations include:

- The requirement to put survivors at the top and make women with lived experience the centre of processes from design to the delivery
- The use of language needs to be considered and consulted on to move away from the term ‘service user.’ Suggestions include: ‘experts by experience,’ ‘beneficiary,’ ‘co-producer.’
- Women need safe spaces to meet. This can be a crucial means to get women involved into wider networks.
- Domestic and sexual violence are at the heart of women’s experiences and this has to be recognised in the context of multiple disadvantage
- Commissioners must have courage and hold their nerve – participation is the means to make effective change
- The power dynamics of society can end up being reflected in microcosm within expert by experience groups. Work must focus on ensuring everyone’s voices are heard including BAME, women and LGBTQ people’s voices.
- Power has to be addressed, services to recognise that they are there to serve and provide and must work ‘with’ and not ‘for’.
- Crisis intervention is not enough for women, the gaps need to be filled and women are experts in what those gaps are and how they want them to be filled so find ways to recruit and listen to those women.

---

<sup>146</sup> <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

<sup>147</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2016/08/Experts-by-Experience-Seminar-Event-Summary.pdf>

- All people have strengths, so dig deep, find them and focus on them.
- Make involvement and participation the culture of working, have policies to back this up and review how it is being done.

## 8.2 DVA COSTS AND FUNDING

With the introduction of the Domestic Abuse Act, Tier 1 local authorities will receive funding in support of meeting the new duty to provide “safe accommodation”. This will be allocated on a population basis, but the final settlement is not yet known. There are currently no national government standards on the level of funding that should be allocated to domestic abuse service provision, or the full breadth of services that should be delivered.

Women’s Aid<sup>148</sup> sets out an assessment of the level of investment needed to effectively resource the specialist domestic abuse sector for women and their children across England, to a level which enables them to carry out their work. It covers the support element of provision, but not housing costs for refuge services, which are largely met by housing benefit. This investment includes all essential elements of provision such as dedicated support for the children of survivors, therapeutic support and the costs of support staff, activities and central/ management costs.

Average cost per unit per year <sup>149</sup>			
Type of cost	Refuge unit cost	Community Based Support unit cost	Total cost per 10,000 population
Average support staff costs per unit	£19,507	£23,801	£43,308
Average activity costs per unit	£2,889	£3,258	£6,147
Average central costs per unit	£8,663	£12,144	£20,807
<b>Total</b>	<b>£31,059</b>	<b>£39,203</b>	<b>£70,262</b>

Applying the above costings to the Warwickshire population of 577,933, would equate to funding of approximately £4m for Refuge and Community based provision. With a split of approximately: £2.2m for community-based provision and £1.8m for refuge accommodation provision. This is significantly higher than the current level of investment made. The unit cost used for recommended refuge accommodation is one refuge space per 10,000 population (Council of Europe recommendation). This would equate to 57 refuge accommodation spaces for Warwickshire, compared to the current 24 units of refuge accommodation provided.

## 9 COMMISSIONING DVA SERVICES

### 9.1 PRINCIPLES TO INFORM DVA COMMISSIONING

The governments National Statement of Expectations (NSE)<sup>150</sup> sets out what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so

<sup>148</sup> <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Funding-Specialist-Support-Full-Report.pdf>

<sup>149</sup> <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Funding-Specialist-Support-Full-Report.pdf>

<sup>150</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/574665/VAWG\\_National\\_Statement\\_of\\_Expectations\\_-\\_FINAL.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF)

that all victims and survivors can get the help they need. The government expects local strategies and services to:

1. Put the victim at the centre of service delivery;
2. Have a clear focus on perpetrators in order to keep victims safe;
3. Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG;
4. Are locally led and safeguard individuals at every point;
5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

The commissioning approach will also need to take into account the VAWG commissioning toolkit<sup>151</sup> which outlines the steps and activity needed to effectively commission VAWG Services. This includes recommended practice for developing a needs assessment, engaging with victim-survivors, mapping provision and spend, considering opportunities for pooled budgets. The toolkit also outlines recommended practice in relation to the development of service specifications, equality impact assessments, market development and effective outcome measurement.

Women's Aid provide National Quality Standards for the sector<sup>152</sup>:

1. Safety, security and dignity - women and children's rights to life, liberty and dignity are upheld.
2. Rights and access - equal access to their rights and entitlements is ensured for all survivors and barriers to equality are addressed.
3. Physical and emotional health - women and children's rights to the highest attainable standards of physical, sexual, reproductive and mental health are upheld, promoting long term recovery and well-being
4. Stability, resilience and autonomy - women survivors are supported to achieve long-term stability, independence and freedom from abuse.
5. Children and young people - the rights of children and young people to safety, education and family life are upheld.
6. Leadership and prevention - women and girls' voices lead the development of strategic responses to violence against women and girls.
7. Governance and Accountability - the organisation demonstrates women's leadership of services for women and children and is accountable to survivors and communities

## 10 LIMITATIONS OF DVA DATA AND ACCESS TO SERVICES

The most reliable estimates of the extent of DVA are drawn from the Crime Survey for England and Wales, despite the fact that only a minority of incidents of domestic and sexual violence go through the criminal justice system. Thus, information available on DVA within the criminal justice system provides an inadequate picture of the extent of the problem; relying on this as a primary source of

---

<sup>151</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/576238/VAWG\\_Commissioning\\_Toolkit.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf)

<sup>152</sup> <https://www.womensaid.org.uk/wp-content/uploads/2018/01/National-Standards-2018.pdf>

local data has significant drawbacks. Crimes are reported in areas where services are responding to need and the presence of 'hot-spots' may reflect good practice, not the need for additional resources or services in those specific localities. Moreover, where offences take place in public places they may be incorrectly recorded because the relationship between the perpetrator and the victim is unclear or concealed.

Reasons for not reporting DVA include: a lack of information and awareness about sources of help; fear of retaliation from their abuser; a belief that the police will not do anything about the incident; and a fear of the consequences such as their children being removed<sup>153</sup>. Although there is no specific statutory offence of DVA, many forms of DVA are crimes – harassment, assault, criminal damage, stalking, attempted murder, false imprisonment, and forced marriage. Perpetrators can be prosecuted for offences of rape, sexual assault, human trafficking, prostitution, sexual exploitation, possession of indecent images of children and FGM.

More victim-survivors seek help, support or information from services such as housing, education, social care, health and the voluntary sector rather than the justice system. For instance, DVA victims of sexual violence committed by partners and ex-partners are less likely to tell anyone about their experience and those with no recourse to 'public funds' feel trapped and are less likely to seek help because of limited options. Victim-survivors seldom directly disclose the abuse unless seeking to leave. Even where responses to DVA are developed and specialist services exist, awareness of the availability of support services is low across all groups of victim-survivors, as is any knowledge of how to get help and information. In general, victim-survivors tend to first seek help, support and practical assistance from their informal networks, such as family members and friends before approaching other formal services. It is often only within the context of long-term work such as prevention, awareness raising and empowerment carried out by specialist DVA services that many women are able to discuss their experiences and name it as DVA.

Issues around data collection and reporting can be further complicated if statutory and other services do not have systems in place to effectively identify, record, and respond to DVA. Victim-survivors have little trust or confidence in statutory services and may think they are not believed or negatively judged, or not informed about support services. In particular, as part of 'mother-blaming' discourses, many women fear their children being taken off them **Error! Bookmark not defined.** Particular groups of women may be labelled by services (disabled, sex worker, offender, traveller, drug-user, asylum-seeker), which exacerbates the poor response they receive and further hampers their help-seeking. Notably, victim-survivors often do not have high expectations of services but they repeatedly view their ideal service as one that: listens and believes them without judgement; that treats them with dignity and respect; that helps them be safe; and that is accessible and available when they need support for as long as they need it. Victim-survivors should be taken seriously, treated respectfully and believed - how a service is delivered is equally important to what is delivered.

The needs assessment has revealed some limitations in the recording of DVA in Warwickshire. In some instances this is influenced by national systems and data collection requirements:

- It is difficult to collate / aggregate data from health systems (primary and secondary care) on DVA disclosures made and outcomes.
- Equality monitoring data is not routinely collected across all agencies for DVA disclosures / incidences and outcomes.

---

<sup>153</sup> Women's Aid, [www.womensaid.org.uk/information-support/what-is-domestic-abuse/women-leave/](http://www.womensaid.org.uk/information-support/what-is-domestic-abuse/women-leave/)

- Age categories are not specific over the age of 59/60 masking differences in reporting and service uptake for the elderly.
- Information about disability is not always separated between physical, mental health and learning disability.



**Domestic Abuse and the Warwickshire Domestic  
Abuse Accommodation and Support Service -  
Residents Survey**

produced by Business Intelligence

October 2020

## 11.1 CONTENTS

Report of results .....	97
1. Background .....	99
2. Method .....	99
3. Key Messages.....	100
4. Questionnaire results.....	100
4.1 Respondent Profile.....	101
4.2 Who has experienced DVA?.....	102
4.3 Types of DVA experienced .....	102
4.4 Support accessed by respondents .....	103
4.5 The right help at the right time.....	105
4.6 Important features of a DVA service.....	105
4.7 Where to access DVA support in the future .....	107
4.8 Any further comments.....	108

## 11.2 BACKGROUND

Warwickshire County Council and the Office of the Police and Crime Commissioner for Warwickshire are reviewing the Domestic Abuse Accommodation and Support Service. Part of this review was to understand residents' experiences of domestic violence and abuse (DVA), experiences of accessing support in Warwickshire and what residents would want from a support service.

One approach to this was a survey which aimed to establish: whether residents in Warwickshire are aware of, and know how to, access the Domestic Abuse Service; whether the service is meeting current need; and to gain an insight into the experiences that people have had with the current service provided. The survey aimed to gather the views of people who have or are currently experiencing DVA, as well as the views of people who suspect or know that their friend / family member / colleague has or is currently experiencing DVA.

The Warwickshire Domestic Abuse Service is provided by Refuge. The service includes: a helpline for victims-survivors and friends or family seeking information and advice; refuge accommodation and re-settlement support; 1:1 support for victims-survivors; community drop-in sessions and group programmes for victims-survivors; and a Sanctuary Scheme (home security). The service is open to anyone over the age of 16.

### **What is Domestic Abuse and Violence (DVA)?**

The definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional.

#### Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

#### Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

## 11.3 METHOD

An online questionnaire was developed and hosted on the Citizen Space 'Ask Warwickshire' webpage (<https://ask.warwickshire.gov.uk/>). The questionnaire was live between 12<sup>th</sup> September and 29<sup>th</sup> October 2020. Respondents could also request a paper copy of the survey, or a copy in an alternative format or language.

Residents of Warwickshire were invited to take part via posts on social media, the Warwickshire County Council website and via communications through partners and organisations in Warwickshire (i.e. District and Borough Councils, the NHS, the Police, Warwickshire CAVA, EQuIP and CCGs). The questionnaire contained a mix of quantitative and qualitative questions, and an option to provide 'other' information where directed to do so.

## 11.4 KEY MESSAGES

- One hundred and eight residents responded to the survey, from all five districts and boroughs in Warwickshire.
- Most respondents were female (n = 97), white British (n = 94) and/or heterosexual (n=97).
- Of those responding to the survey, 71.3% had experienced or were currently experiencing DVA, and 75% of respondents knew someone else who was currently experiencing or had experienced DVA.
- Emotional abuse was the most prevalent form of DVA experienced (95% of respondents and 85% of those known to respondents respectively), followed by psychological abuse (90% of respondents and 74% of people known to respondents) and physical violence (69% of respondents and 79% of people known to respondents).
- Whilst most respondents who experienced DVA (n = 77) sought support (53.3%; n = 41), a large proportion (42.8%; n = 33) did not seek any help from any source, including informal sources such as family and/or friends. Of people known to respondents who experienced DVA (n = 81), 45.7% (n=37) sought support whilst 37% (n = 30) did not seek any support. 17.3% of respondents did not know whether their contact sought support or not (n = 14).
- 93.5% of respondents said that confidentiality was important to them in a DVA service, whilst 74% wanted a flexible service and 68.5% wanted face to face support.

## 11.5 QUESTIONNAIRE RESULTS

There were 108 responses from residents across all five districts and boroughs in Warwickshire (see Figure 1). The majority of responses came from Warwick district (29%, n = 31), whilst only 4.7% of respondents lived in North Warwickshire (n = 5).

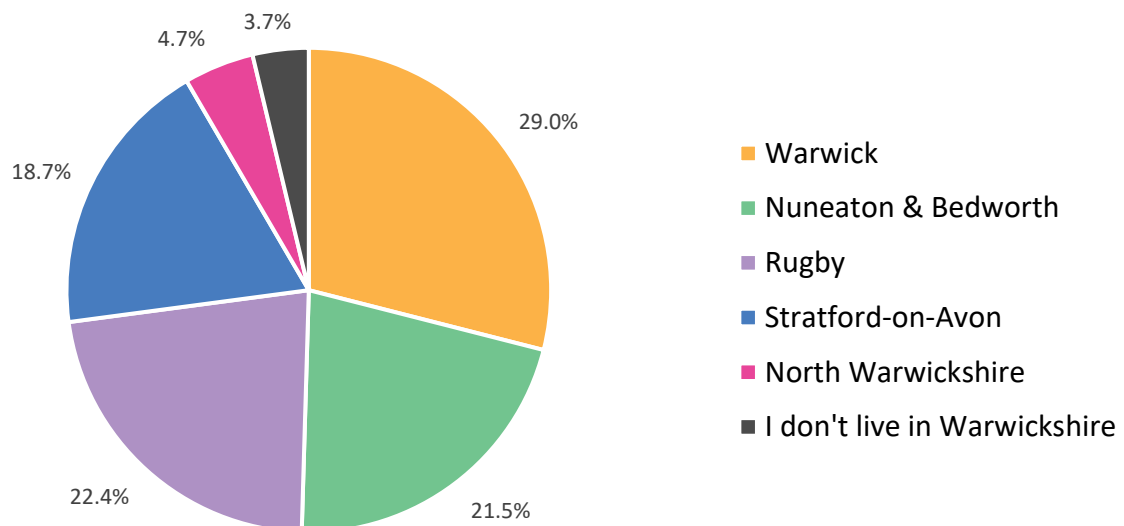


Figure 1. Where respondents live in Warwickshire.

### Respondent Profile

Most respondents were female (n = 97; 89.8%), white British (n = 94; 87.0%) and/or heterosexual (n=97; 89.8%; see Table 1). This is not representative of Warwickshire as a whole, or of the population likely to experience DVA in Warwickshire. For example, LGBTQ+ people are far more likely to experience domestic abuse compared to heterosexual cisgender people, and yet only three respondents identified as bisexual and no respondents identified as lesbian, gay and/or transgender.

Table 1. Demographics of respondents.

		Count	%
Gender	Female	97	89.8%
	Male	7	6.5%
	Prefer not to say	3	2.8%
	Not answered	1	0.9%
Does your gender identity match your sex registered at birth?	Yes	103	95.3%
	No	0	0%
	Prefer not to say	5	4.6%
Age in years	Under 18	0	0%
	18-29	16	15.0%
	30-44	34	31.8%
	45-59	39	35.5%
	60-74	13	12.1%
	75+	1	0.9%
	Prefer not to say	4	3.7%
	Not answered	1	0.9%
Long standing illness or disability	Yes	13	11.2%
	No	89	83.2%
	Prefer not to say	6	5.6%
Ethnicity	White British	94	87.0%
	White Irish	3	2.8%
	Other White background	2	1.9%
	Mixed - White and Asian	1	0.9%
	Asian or Asian British - Indian	1	0.9%
	Mixed - White and Black Caribbean	1	0.9%
	Other ethnic background	1	0.9%
	Prefer not to say	5	4.7%
Religion	Christian	37	33.3%
	Sikh	1	0.9%
	Spiritual	4	3.7%
	Any other religion or belief	2	1.9%
	No religion	54	50.5%

	Prefer not to say	9	8.4%
Sexual orientation	Heterosexual/straight	97	89.8%
	Bi/bisexual	3	2.8%
	Prefer not to say	5	5%
	Not answered	3	2.8%

### *Who has experienced DVA?*

Of those responding to the survey, 71.3% had experienced or were currently experiencing DVA, and 75% of respondents knew someone else who was currently experiencing or had experienced DVA (see Table 2).

*Table 2. Percentage of respondents who have experienced DVA themselves, and/or know of someone who has ever experienced DVA.*

	Have you ever experienced domestic abuse?	Has anyone you know ever experienced domestic abuse?
Yes - currently	12.0% (n = 13)	27.8% (n = 30)
Yes - previously	59.3% (n = 64)	47.2% (n = 51)
No	25.0% (n = 27)	12.0% (n = 13)
Prefer not to say	2.8% (n = 3)	1.9% (n = 2)
Don't know	0%	10.2% (n = 11)

### *Types of DVA experienced*

Respondents who had experienced domestic abuse (n=77) or knew of someone who had ever experienced domestic abuse (n=81) were asked to identify the types of abuse they experienced. Most respondents experienced multiple types of abuse, with an average of 4 different types of abuse experienced. Figure 2 shows that emotional abuse was the most prevalent form of DVA experienced (95% of respondents and 85% of those known to respondents respectively), followed by psychological abuse (90% of respondents and 74% of people known to respondents) and physical violence (69% of respondents and 79% of people known to respondents).

The rates of faith-based abuse, forced marriage and honour-based violence experienced by respondents or those known to them were very low (two respondents and one person known to a respondent had experienced faith based abuse and one respondent and one person known to a respondent known had experienced forced marriage).

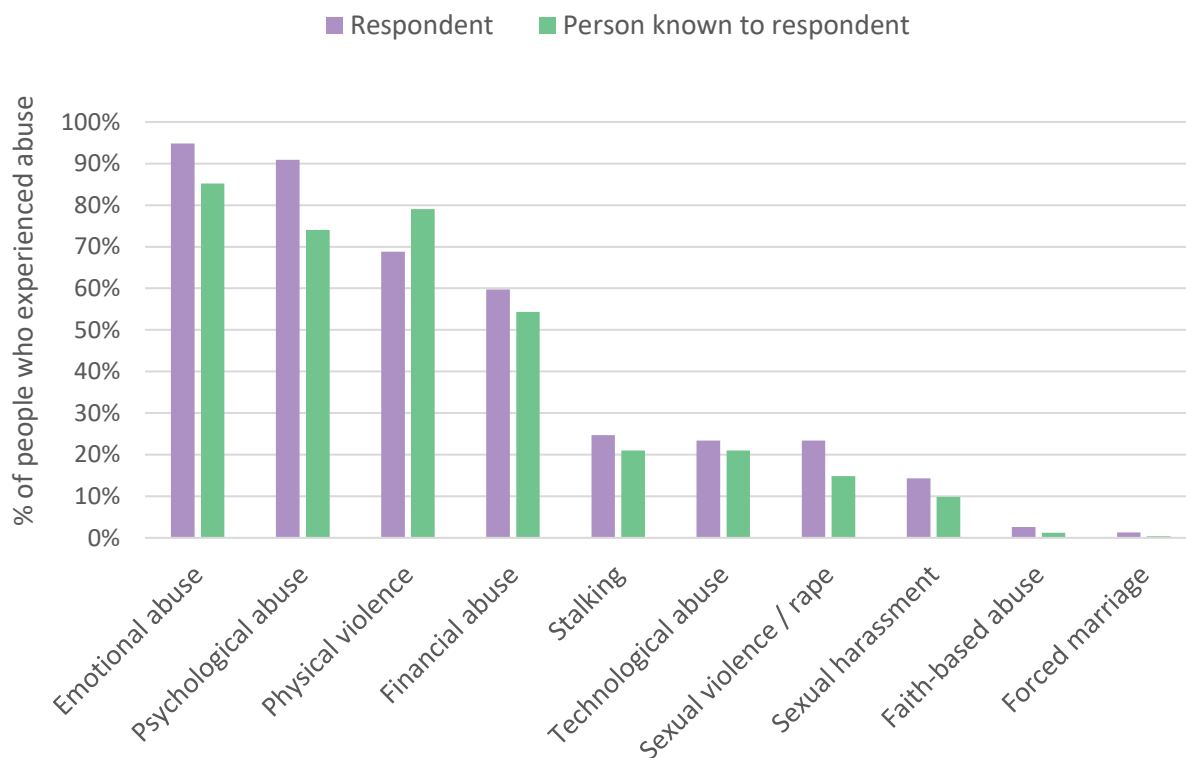


Figure 2. The percentage of people who are experiencing/have experienced different types of DVA (out of 77 respondents and 81 people known to respondents who said that they are/have experienced DVA).

### Support accessed by respondents

Respondents who had experienced domestic abuse (n = 77) and sought support (n=41; 53.3%), or knew of someone else who had experienced domestic abuse (n = 81) and sought support (n=37; 45.7%) were asked to say who or which organisation they/the person they knew accessed support from. The majority (36.4% of respondents and 30.9% of people known to respondents) went to the police, with many people receiving support from Warwickshire domestic abuse service and/or family and friends (see Figure 3). People often received support from more than one agency, service or individual: 29.3% of respondents (n = 12) and 37.8% of people known to respondents (n = 14) accessed one source; 20.5% of respondents (n = 8) and 25% of people known to respondents (n = 9) accessed two sources; 10.3% of respondents (n = 4) and 13.9% of people known to respondents (n = 5) accessed three sources; and 38.5% of people known to respondents (n = 15) accessed four or more sources.

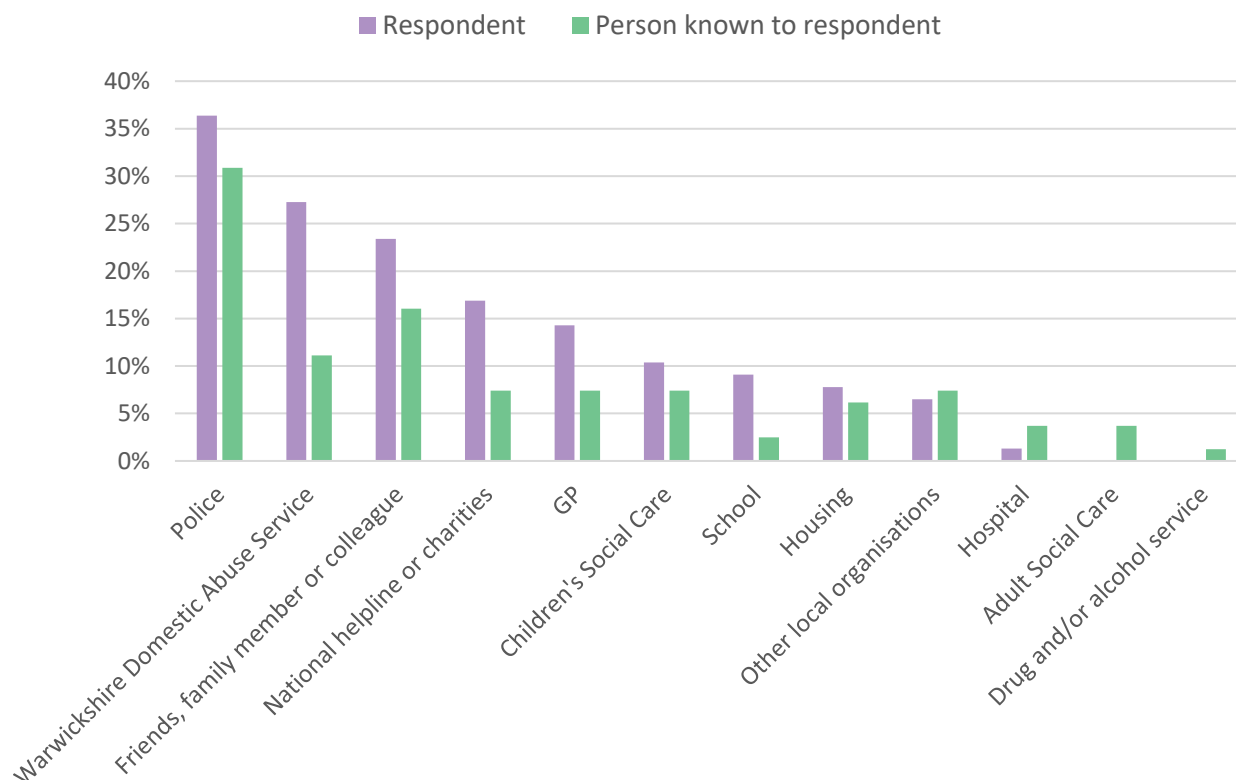


Figure 3. Services, individuals or organisations that respondents and/or people known to respondents approached in order to access support for DVA.

Other local organisations that 6.5% of respondents (n = 5) and 7.4% of people known to respondents (n = 6) accessed for support included: support out of country, such as Coventry Haven and Coventry courts/law centre; employee assistance programme (EAP) helpline; Families First and ROSA; Safe in Warwickshire; a solicitor; family interventions counselling service; and the department for work and pensions (DWP).

Whilst most respondents who experienced DVA (n = 77) sought support (53.3%; n = 41), a large proportion (42.8%; n = 33) did not seek any help from any source, including informal sources such as family and/or friends, whilst 37% (n = 30) of people known to respondents who experienced DVA (n = 81) did not seek any support. 17.3% of respondents did not know whether their contact sought support or not (n = 14).

Reasons for not seeking support for DVA include:

- Not understanding how serious their situation was or that it was classed as abuse
- Not knowing where to go or how to access support
- Worry that their partner would find out and abuse them further
- Too embarrassed to seek support
- Unable to seek support due to abuse (i.e. no access to a phone line).
- The person experiencing abuse is male and feels they wouldn't be believed
- Worried about losing access to children



- They didn't feel it was worth it as the help wouldn't be enough

### *The right help at the right time*

Respondents who had experienced DVA were asked whether they considered the support they received to be the right help at the right time. Of the 41 respondents who answered this question, 36.6% (n = 15) said that they did receive the right help, whilst 36.6% (n = 15) received some help and 24.4% (n = 10) did not receive the right help. One person preferred not to say. Respondents were given the option of including free text explaining their answer. Themes included: helpful, timely support from a range of sources; condescending police officers who did not take abuse seriously; the long wait for accessing support and/or counselling; and support that was unhelpful. Respondents who knew someone else who had experienced DVA (n=37) said that 24.3% received the right help at the right time (n = 9), whilst 43.2% (n = 16) received some help and 21.6% (n = 8) did not receive the right help. Respondents were given the option of including free text explaining their answer. Themes included: lack of evidence meaning perpetrator could not be prosecuted; varying levels of helpfulness from police; long wait for DVA services; not being believed by services (i.e. lack of 'permanent marks').

Respondents were also asked whether the support they received met their needs. Of the 41 respondents who answered this question, 24.4% (n = 10) said that all their needs were met, whilst 48.8% (n = 20) said some of their needs were met and 24.4% (10) said their needs were not met. One person preferred not to say. Respondents were given the option of including free text explaining their answer. Themes included: receiving specialist support from a range of sources; feeling safer in their home; feeling vulnerable when partner wasn't prosecuted/was released; feeling belittled by police; not feeling protected from abuser; support only offered at times that were inconvenient (i.e. one day a week during school hours). Respondents who knew someone else who had experienced DVA (n = 36) said that 22.2% received support that met their needs (n = 8), whilst 33.3% (n = 12) received some support and 25.0% (n = 9) said their needs were not met. Respondents were given the option of including free text explaining their answer. Themes included: being blamed by police for making their partner angry; the efficacy of family intervention; inappropriate referrals; cost of hiring a barrister in a family court; inability to stop the perpetrator contacting the person.

### *Important features of a DVA service*

All respondents (n=108) were asked which features were important to them when accessing a DVA service (see Table 3). Nearly all respondents (93.5%) said that confidentiality was important to them, whilst 74% wanted a flexible service and 68.5% wanted one to one, face to face support.

All respondents were asked what type of support they would expect to receive from a DVA service (see Table 4). A large percentage of people wanted legal advice and support (88%), one-to-one support (87%) and counselling (84.3%).

Table 3. The importance of different features of a DVA service.

What would be important to you when accessing a domestic abuse service?	Count	%
Confidential	101	93.5%
Flexible	80	74.1%
One-to-One support - face-to-face	74	68.5%
24-hour service	69	63.9%
Telephone support	67	62.0%
One-to-One support - online	60	55.6%
Evening availability	58	53.7%
Text support	48	44.4%
Childcare/creche	34	31.5%
Home visits	33	30.6%
Fixed appointments	28	25.9%
Different languages available	26	24.1%
Disability access	25	23.1%
Other	3	2.8%

*\*Other ideas included family therapy and creating a safe exit plan.*

Table 23. Types of support that respondents expect to receive from a DVA service.

What type of support would you expect to receive from a domestic abuse service?	Count	%
Legal advice and support	95	88.0%
One-to-One support	94	87.0%
Counselling	91	84.3%
Creating a safe exit plan	87	80.6%
Refuge (emergency accommodation)	83	76.9%
Support for my children	80	74.1%
Financial advice	76	70.4%
Housing support	76	70.4%
Support groups	69	63.9%
Benefits support	68	63.0%
Civil (Family) and Criminal Court support	66	61.1%
Support for the abusive partner	41	38.0%
Other	3	2.8%

*\*Other ideas included a shelter for men and their children, a one-stop shop for everything domestic abuse related, and face-to-face support.*

### Where to access DVA support in the future

73.1% of all 108 respondents (n = 79) said that, if they or a friend or family member needed to get help and support about domestic abuse in the future, they would know what to do/where to go for advice and support, whilst 26.8% (n = 29) did not know where to go.

Respondents told us who they would turn to if they or someone they knew was experiencing DVA (see Figure 4). People tended to choose more than one option. By far the largest proportion of people (n = 90; 83.3%) said that they would tell a friend and/or a colleague. This suggests that knowledge about DVA services needs to be in the public domain, as the general public need to know how to access support from services if/when they are approached by a friend or colleague needing help.

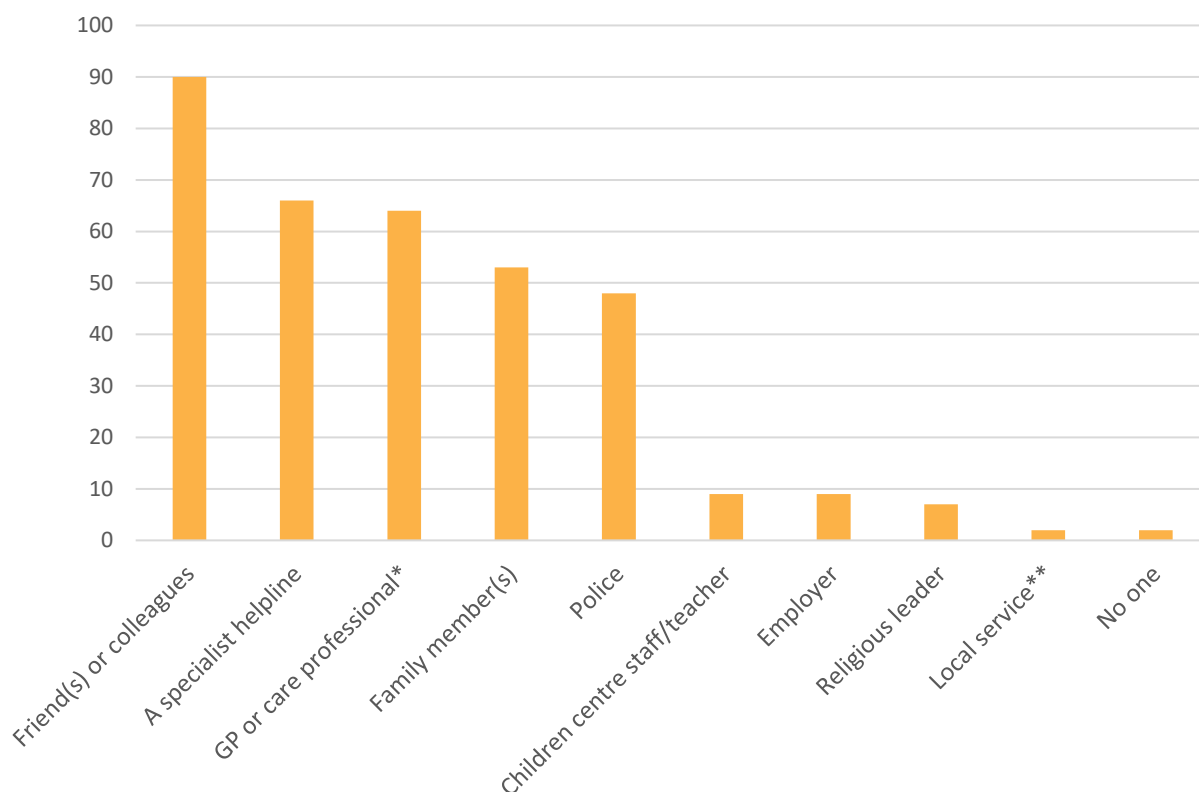


Figure 4. Sources of support that respondents would turn to if they/someone they knew was experiencing DVA. \* e.g. social worker, carer, midwife, counsellor; \*\* e.g. hairdresser, barber, solicitor.

All respondents (n = 108) told us where they wanted to hear about DVA services (see Table 6). They were able to tick as many responses as they felt appropriate and were also given the opportunity to write in additional responses. One response of particular note was from someone who worked in Warwickshire but lived out of county. They said that although they saw information about Warwickshire DVA services at work, the information was specific to Warwickshire and therefore not relevant to them. They therefore suggested that information about out of county services was also included.

Table 5. Where/how respondents wish to find out about DVA services.

Where do you want to find out about DVA services?	Count	%
Online / websites (e.g. Google, BBC)	94	87%
Public amenities (e.g. bathrooms and toilets)	72	67%
GP noticeboard	71	66%
Social media (e.g. Facebook, Instagram, Twitter)	70	65%
Council website	62	57%
Hospital noticeboard	57	53%
At work	57	53%
Television	56	52%
On public transport	55	51%
Children's centres	54	50%
Schools, colleges and universities	53	49%
Told by a friend or family member	50	46%
Council offices	47	44%
Radio	45	42%

Other suggestions included:

- A wide range of public places and spaces such as pubs and cafes
- Information about how to access support for people who live out of county
- Teaching people how to recognise domestic abuse and violence

### *Any further comments*

This section includes all the free text responses that respondents gave around their experiences of DVA services in Warwickshire, grouped into themes.

#### Children

*"More support given to children and the services available to them and the families. Children are adversely affected by these experiences and more needs to be done sooner to offer help, therapeutic approaches and services, both within schools and elsewhere."*

*"Refuge availability that takes into consideration children. Perpetrator work if we do not work on this area the perp will just move onto another victim. Free services or means tested counselling."*

*"There needs to be more support for children who have suffered from witnessing domestic abuse. I have really struggled with my son who has been diagnosed with attachment disorder and Trauma following witnessing DA. He was offered support from DACS and was told he would have access until he 18 to the child service which was then discontinued due to lack of funding. different services came and went, again due to funding issues."*

*"Some group work for Victims and their children that run alongside each other used to be offered many years ago and I heard this was really effective."*

*"I attended group Freedom project and this really helped me however I feel something similar needs to be regularly offered to victims and their children."*

#### Problems with current service

*"In my experience there is sometimes too long a wait for help."*

*"The process takes so long that in my case I had to return to the house I shared with my abuser."*

*"Women in this situation need practical support. The reason they don't leave their situation is that they feel that they won't be able to cope on their own. They need support so that they can cope, help in the short term so that once they get through the initial shock, they feel more confident to be on their own."*

*"From anecdotal accounts of people's experiences of the current service in Warwickshire, it seems that most of the support is given over the phone. Staff need to be able to travel around the county, and consideration should be given to the fact that the county is so large, so perhaps there should be several bases for the service. It would also be beneficial if service users can visit premises to meet staff rather than in public spaces - it is very hard to talk openly in a public setting."*

*"For ROSA, the counsellor feedback form was given to me during final session and returned directly during that session to the counsellor. I felt like I couldn't be honest and say my needs weren't met because she would see my response straight away (wouldn't be anonymous). Maybe create a box that feedback forms are put into."*

*More support dealing with court is needed. Facing your abuser over four and a half years, dragged out the abuse after I'd finally left. Having no money, house, car or a job was difficult and the support to get on your feet is not there. I was lucky and my family housed me and my children but I still struggled every day to put my life together, still am.*

*"Bring back the freedom project."*

*"Immigration status should not be important when responding to a domestic abuse situation. I heard of one family who were refused emergency accommodation because they didn't have a legal right to live in the UK. This should be sorted out after the family are safe, not a refusal to help them be safe."*

*"From my own experience I found the system terrible and rather useless. I got so little help that it left my mental health at such an extreme low I attempted suicide just to be free of the situation."*

#### Compliments for current service

*"I am going through the domestic abuse and I am finally breaking free and the services have been nothing but supportive and amazing at helping me and my children stay safe and helping me break the cycle of abuse."*

*"Highly commend the staff of DACS."*

*"WADA and Refuge have more flexibility in when they can speak to people, hard to access any help when availability is restricted"*

*"As a professional who refers customers to Warwickshire Domestic Violence Service, I feel that Refuge provide a very good service. Good response times. A range of support is provided. Clear safety planning. Good to work alongside."*

## Inclusivity for men

*"There is very little for men and their children, at least that's what I found."*

*"Amount of dads being alienated is causing so many suicides. I've spoken to mums also going through it but the laws should change on access and the child maintenance service is horrendous offering an incentive to act in a domestically abusive way. Not much can do about that I guess "*

## Police

*"If only the police had more awareness of domestic abuse so could have offered early intervention 🙄"*

*"The police tend to side with the woman, which makes it even worse... I have experienced this and latterly heard from others that this is commonplace. What you need is somewhere for men to go for financial and legal support, and somewhere to stay if it gets too bad. To be honest, I am looking forward to the day I die."*

*"I feel strongly that the officers from Nuneaton police station who were working with me need some training in dealing with emotional abuse, coercive and controlling behaviours and consideration on how to phrase their questions/ signpost to support. I considered making a complaint at the time but was so exhausted and disappointed by the process that I did not do this."*

*"it seems very inconsistent and at a time when an abused person needs help urgently I know women who have no confidence in the system. The person I know did everything they were advised to do including getting a non molestation order from the courts but although her ex broke that order many times and the police were informed there was no action taken so in effect the abused person was a victim of abuse and she then paid £500 in legal expenses to get a court order that was never actioned and therefore her ex saw absolutely no consequences of breaking it time and time again. She was abused and then at a time when her finances were tight because she became a single parent she also lost £500. She now has no confidence in taking advice or in contacting the police when it seems as if she has been penalised for her ex s actions."*

*"The worst part would be the police handling. They were condescending, unbelieving and victim blaming. Once I finally got a non molestation order, I had proof of my ex partner breaking it three times yet absolutely nothing was done."*

*"What is the point in going through the trauma of a court case to get protection from an abusive partner, if when they break it you are told by the police that they can't do anything? "*

*"More training to be given to police on emotional and psychological abuse"*

*"When I finally found the courage to make him leave, he then stalked me for months. Warwickshire Police were useless. I had a restraining order, he came to my home and threatened me. The Police visited him and because he told an Officer he would kill himself, they told him he was a naughty boy and not to do it again, despite breaking the order, in place to keep me safe. They then told me I maybe 'overreacted', despite him standing on my doorstep threatening to kill me. I had to change my identity to get away from him, new name, contact details, social media, everything. I still don't feel safe some 5 years on, I always worry he will find me and I have no faith in Warwickshire Police to keep me safe because I was treated like a hysterical woman."*

## Knowledge of DVA service

*"I have neighbours well into their 80s who have the sort of ailments you would expect including hearing loss and forgetfulness. During the summer, the husband became extremely verbally and loudly abusive to his wife and i did not know who to contact to help them. I risked being accused of interfering when I managed to catch one of their family and explain what I had heard. They were in fact very thankful and gave me several contact numbers should it happen again."*

*"Better publicity of what is available, particularly confidential support."*

*"Raising the profile of domestic abuse and peer abuse in schools and colleges. It is important that work around safe relationships, mutual respect in relationships is taught in a safe space for young people to discuss. In the current climate, online/video support would be really helpful ie through zoom or other online platforms."*

*"I do not feel that enough info is shared with how people can get in touch with LOCAL organisations. More information especially if can't get access to internet or phone"*