

Domestic Abuse Needs Assessment

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Executive Summary

Background

Domestic Abuse (DA) is a complex issue that represents a major public health concern, which cuts across all geographic and cultural groups.

Domestic Violence and Abuse has been defined as:

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

The impact on those living with its effects can be devastatingly long and lasting. DA occurs across all levels of society regardless of age, gender, race, sexuality, wealth and geography. To tackle this agenda effectively requires a sensitive, multi-disciplinary approach.

There is no single factor that explains why some individuals have an increased tendency for domestic abuse or why domestic abuse is more prevalent in some communities than others. The socio-ecological model considers the complex connections of the impact and risks of domestic abuse across four layers (individual, relationship, community and societal) and it can be used to develop a framework for preventative interventions. This framework can help to promote the development of cross-sectoral policies and programmes by identifying links and interactions between different levels and factors.

Purpose, Scope and Methodology

This needs assessment is an epidemiological, corporate and comparative needs assessment. It will be used to further the understanding of need around domestic abuse in Wiltshire. It will also underpin the commissioning of a new domestic abuse service for the county and be used to shape future strategy.

Local Need

Demographics

Wiltshire is a predominantly rural county with a population of 486,000. In the next 25 years the population is expected to grow by 13% to 547,000. Military rebasing is a significant driver of this population growth. The population has a higher proportion of over 65s than the national average, and a BME population that is proportionally one third of that observed nationally. The county is relatively affluent although there has been an increase in relative deprivation since 2004. There are some localised pockets of significant deprivation.

Risk and Protective Factors:

This health needs assessment looks at the risk and protective factors associated with both experiencing and also perpetrating domestic abuse, and there is often significant overlap between them.

At the individual level, factors such as previous exposure to violence, long term physical or mental health conditions and drug and alcohol abuse are found to be risk factors. Young people and females are over represented as victims.

At the relationship level, educational disparity, relationship dissatisfaction and low socio economic status are associated with increased risk of domestic abuse.

At the community and societal level, relative deprivation, weak community sanctions, rural living, social norms supportive of violence and traditional gender norms are found to be associated with increased risk of domestic abuse.

The strength of research evidence around these findings is variable and it is difficult to quantify how these factors are distributed within Wiltshire.

Prevalence of Domestic Abuse in Wiltshire

Applying national estimated prevalence rates for domestic abuse we would expect 9,374 women and 5,891 men to be experiencing domestic abuse in Wiltshire. The actual number of domestic abuse incidents reported to Wiltshire police in 2015/16 was 3,354, which is significantly lower than the projected volume and suggests a culture of non-reporting and signals a large unmet need.

In four out of five incidents reported to the police in Wiltshire the victim is female, which broadly reflects the national picture. Of those who go on to receive domestic abuse service support, 95% are female. Almost two thirds are in the 20-39 age group, although referrals in older populations are growing.

Nationally, the NSPCC have estimated that around 20% of girls and 10% of boys experience domestic abuse.

In Wiltshire there were 652 children recorded as being in the household at the time of a high risk domestic abuse incident that resulted in a referral to the Multi-Agency Risk Assessment Case Conference (MARAC) in 2015/16. In 2014/15 Children's Services record a large number of contacts (4,553) and referrals (406) where domestic abuse was recorded as a 'topic of concern'.

Local Demand**Adult Victim Services**

Adult victim services cover a spectrum of risk. The MARAC seeks to safeguard the highest risk victims and their families, through a coordinated partnership approach and targeted action plans to reduce immediate risk. Independent domestic violence advisors provide specialist high risk support and advice and through the provision of housing, including refuges, ensure victims and their families can live in a place of safety.

Moving down the risk spectrum, domestic violence protection orders facilitate moving the perpetrator away from the victim, the domestic violence disclosure scheme allows partners to know of previous history of domestic violence and early sharing of information through the domestic abuse conference helps safeguard victims. In addition, a community-based 'outreach' support service for victims, offers longer term interventions through domestic abuse support workers.

Demand for services from service users with complex needs, including alcohol, drugs and mental health is felt to be increasing and service provision needs to be flexible enough to manage this.

Children and Young People's Services

A Children's Support Service provide both a one to one and group work service for young people aged 11-16 years living in a household where high risk DA has been identified, which is aimed at improving young people's understanding and awareness of domestic abuse. There is a high demand for these services and significant waiting lists. This service is currently operating with interim funding and is delivered via Thrive Hubs.

Children's Centre's provide a venue for family support programmes such as the Freedom Programme, Making Changes and You and Me Mum which are offered to families experiencing domestic abuse. Demand for these programmes is increasing.

A universally targeted healthy relationships programme "Teenztalk" is delivered by Splitz Support Service in schools to years 9 and 10. It is acknowledged that there is a gap in support provision for 5-11 year olds.

Perpetrator services

Wiltshire currently provides limited perpetrator services offering a voluntary community programme and a court-mandated programme. The voluntary community programme has seen a recent drop in referrals and less than 50% of those who are referred complete the programme (around 35 a year). The court-mandated programme, Building Better Relationships is delivered by the Community Rehabilitation Company (CRC) and around 40 people a year complete the programme. The number of people completing perpetrator programmes is very low compared to the number of domestic abuse incidents occurring in the county.

Universal Services

As well as specialist domestic abuse services a number of other agencies such as health services, also offer support to those experiencing domestic abuse.

Support Currently Offered

Support services are arranged to be in line with the national Violence against Women and Girls Strategy 2016-2020. The support currently available is combination of nationally provided services and locally commissioned and voluntary sector services.

Evidence Review of What Works

Evidence supports a co-ordinated approach to prevent violence and abuse in the first place and to make sure those experiencing it, access appropriate support. The

national focus is supporting professionals to identify and recognise the earliest signs of domestic abuse, preventing escalation through a greater focus on early intervention. There is evidence around supporting children and young people who live with domestic abuse and nascent evidence around working with perpetrators to stop abuse at its source.

Recommendations

A number of recommendations to strengthen future service provision arise from this report and are summarised at the end of each section. They include ways to tailor service provision to meet the changing demographic needs of the county, address service provision gaps and find ways to ensure data is captured to allow effective monitoring and evaluation of domestic abuse service provision going forward.

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Glossary of Terms

Acronyms Used

AWS / UWS	Army Welfare Service / Unit Welfare Service
C&YP	Children and Young People
ChN	Child in Need
CP	Child Protection
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSC	Children's Social Care
DA	Domestic Abuse
DACC	Domestic Abuse Conference Call
DASH RiC	Domestic Abuse, Stalking and Harassment and Honour Based Abuse Risk Identification Checklist
DHR	Domestic Homicide Review
DV	Domestic Violence
DVA	Domestic Violence and Abuse
DVDS	Domestic Violence Disclosure Scheme
DVPN/O	Domestic Violence Protection Notice/Order
FGM	Female Genital Mutilation
FM	Forced Marriage
HBV	Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Probation Services
IDVA	Independent Domestic Violence Advisor
IPV	Intimate Partner Violence
IRIS	Identification and Referral to Improve Safety
JTAI	Joint Team Area Inspection
MARAC	Multi Agency Risk Assessment Conference
NPS	National Probation Service
NSPCC	National Society for the Prevention of Cruelty to Children
PH	Public Health
SDVC	Specialist Domestic Violence Courts
SV	Sexual Violence
SVA	Sexual Violence Assault
VAWG	Violence against Women and Girls
WCSB	Wiltshire Safeguarding Children's Board
WSAB	Wiltshire Safeguarding Adult's Board
WSCP	Wiltshire Community Safety Partnership

Background

Violence remains a major contributor to death, disease and disability, as well as a host of other health and social consequences at a global level¹.

Domestic Abuse (DA) is a complex issue that presents a major public health issue, which cuts across all geographic and cultural groups. The impact on those living with its effects are long lasting and devastating. DA occurs across society regardless of age, gender, race, sexuality, wealth and geography. To effectively tackle this agenda requires a sensitive, multi-disciplinary approach.

Domestic Violence and Abuse (DVA)

Wiltshire adopted the 2013 cross-government definition² for domestic violence and abuse as;

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

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

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

This new definition was widened to include those aged 16-17yrs following government consultation.

There are cross-overs with other agendas including:

Honour Based Violence/Abuse (HBV/A)

Whilst there is no specific offence of ‘honour based crime’, it is an umbrella term that encompasses various offences covered by existing legislation. HBV/A can be described as a collection of practices used to control behaviour within families or other social groups to protect perceived cultural, religious beliefs or honour. Such violence can occur when perpetrators perceive a relative has shamed the family or community by breaking their honour code³. Wiltshire have adopted the term Honour Based Abuse (HBA) to reflect a broader understanding of issues and for consistency with the DA term used.

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

² Home Office (2013) *Cross government definition of domestic violence and abuse and violence* <https://www.gov.uk/domestic-violence-and-abuse>

³ The Crown Prosecution Service, “Honour Based Violence and Forced Marriage,” [Online]. Available: http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/#a04

Forced Marriage (FM)

A forced marriage is when one or both persons have not consented to the marriage, or where duress has been a factor in their decision making. The duress put on a person could be physical or sexual violence, financial pressure, emotional or psychological abuse etc³.

Prior to 16th June 2014 Forced Marriages were not a specific offence, instead existing legislation such as false imprisonment, kidnapping and offences of violence were used to prosecute perpetrators. Forced Marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and came into force on 16 June 2014³.

An arranged marriage is not the same as a forced marriage. In an arranged marriage the couple getting married have consented to the marriage, whilst the families can take a leading role in arranging the partners, they are still free to accept or decline the marriage and partner.

Female Genital Mutilation (FGM)

Female Genital Mutilation refers to the procedures that intentionally change, injure or remove the female genital organs for non-medical purposes. FGM has no medical or health benefit and can often cause a severe physical and emotional impact on the female. FGM can also cause long term problems including possible infertility or child birth problems⁴.

Modern-Day Slavery

Modern Slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt-bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All of these factors make it very difficult for victims to escape⁵.

Domestic Abuse and the Socio-Ecological Relationships

There is no single factor that explains why some individuals have an increased tendency for violence or why violence is more prevalent in some communities than others. Krug (2002)⁶ discusses that violence is the result of a complex interplay of individual, relationships, social, culture and environments factors. Having a greater understanding of the influence of these factors, are crucial in unpinning a collaborative response to the agenda.

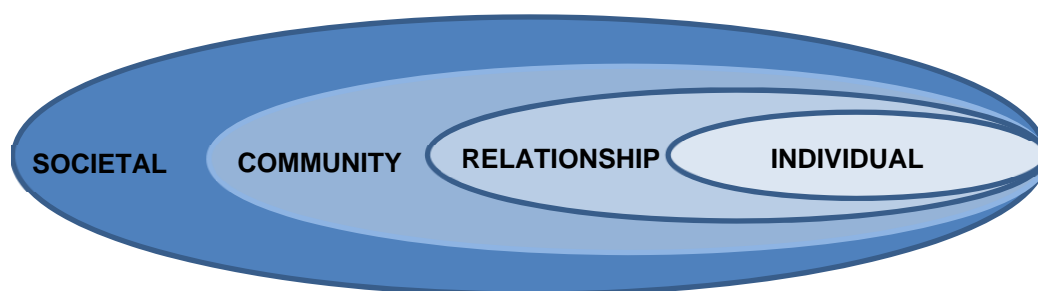
The socio-ecological model (figure 1) was introduced in the late 70's in the context of child abuse and has more recently been used to understand intimate partner violence.

⁴ The Crown Prosecution Service, "Female Genital Mutilation," [Online]. Available: http://www.cps.gov.uk/legal/d_to_g/female_genital_mutilation/

⁵ HM Government (2014) *Modern Slavery Strategy* [online] available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf

⁶ Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano (2002). *World report on violence and health*. WHO.

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



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

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

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

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

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

Purpose, Scope and Methodology

The Domestic Abuse Needs Assessment is an epidemiological, corporate and comparative assessment that aims:

- To understand and describe the population of Wiltshire.
- To understand and describe the risk and protective factors associated with domestic abuse and consider them in the Wiltshire context where possible.
- To understand and describe the prevalence of domestic abuse in Wiltshire.
- To map current domestic abuse service provision and identify potential service gaps.
- To assess demand upon current services.
- To determine whether the current domestic abuse service provision meets the identified needs and demands of the local population.
- To understand and describe inequalities experienced by those experiencing domestic abuse and consider how these may be addressed.

In addition this domestic abuse needs assessment comes at a time where it can help inform the commissioning of a new domestic abuse service for the county.

The traditional model of epidemiological, corporate and comparative healthcare needs assessment was developed by Stevens and Rafferty⁷. This health needs assessment draws on all three approaches. The epidemiological need considers the severity and size of the domestic abuse problem. Corporate need looks at the perceptions of the service providers, commissioners and users while comparative need looks at the data in comparison to other localities/sub groups and national targets⁸. Given the time constraints it was not possible to engage directly with service providers.

Limitations of the data

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

⁷ Stevens A. Rafferty J. Health Care Needs Assessment: The Epidemiologically Based Needs Assessment Reviews, Vol. 1. Oxford: Radcliffe Medical Press

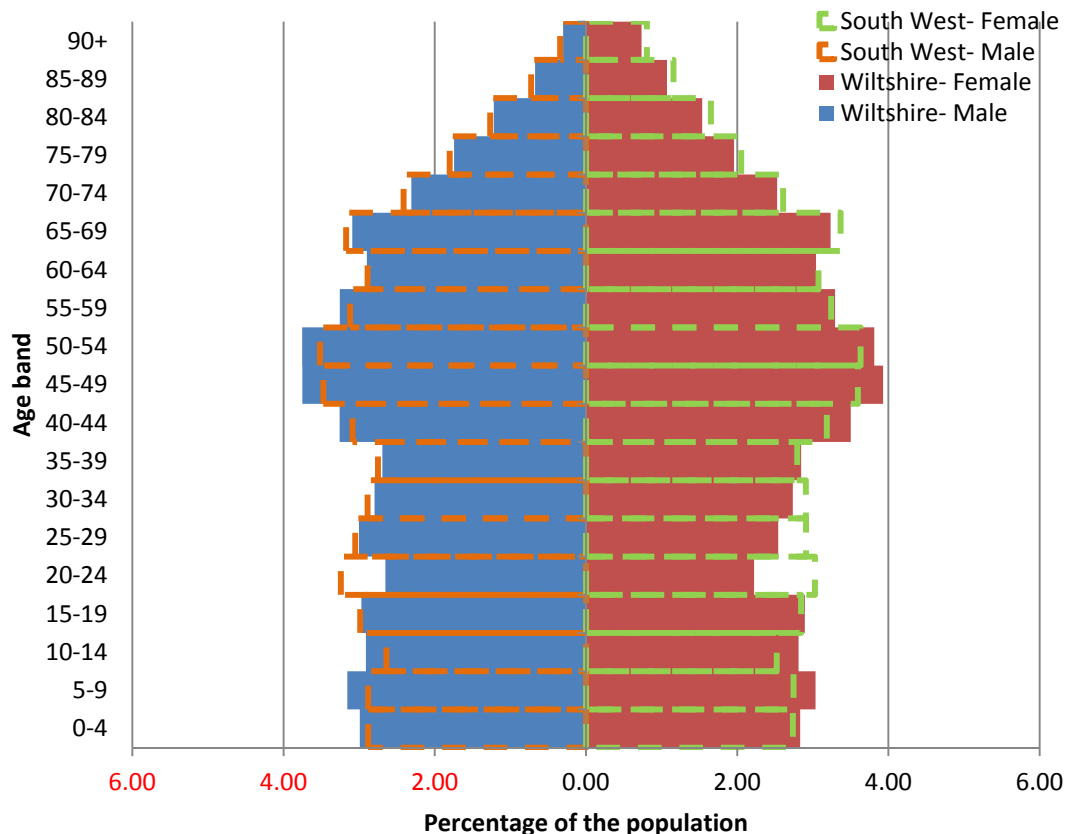
⁸ Hooper J, Longworth P. Health needs assessment workbook. Health Development Agency. January 2002

Local Health Needs

Local demographics

There are an estimated 486,000⁹ people living in the Wiltshire Local Authority area. 51% of the population is female. Wiltshire is predominantly White British (93%). Figure 2 depicts the most recent population pyramid of Wiltshire and the South West region.

Figure 2: Population pyramid for Wiltshire and South West region



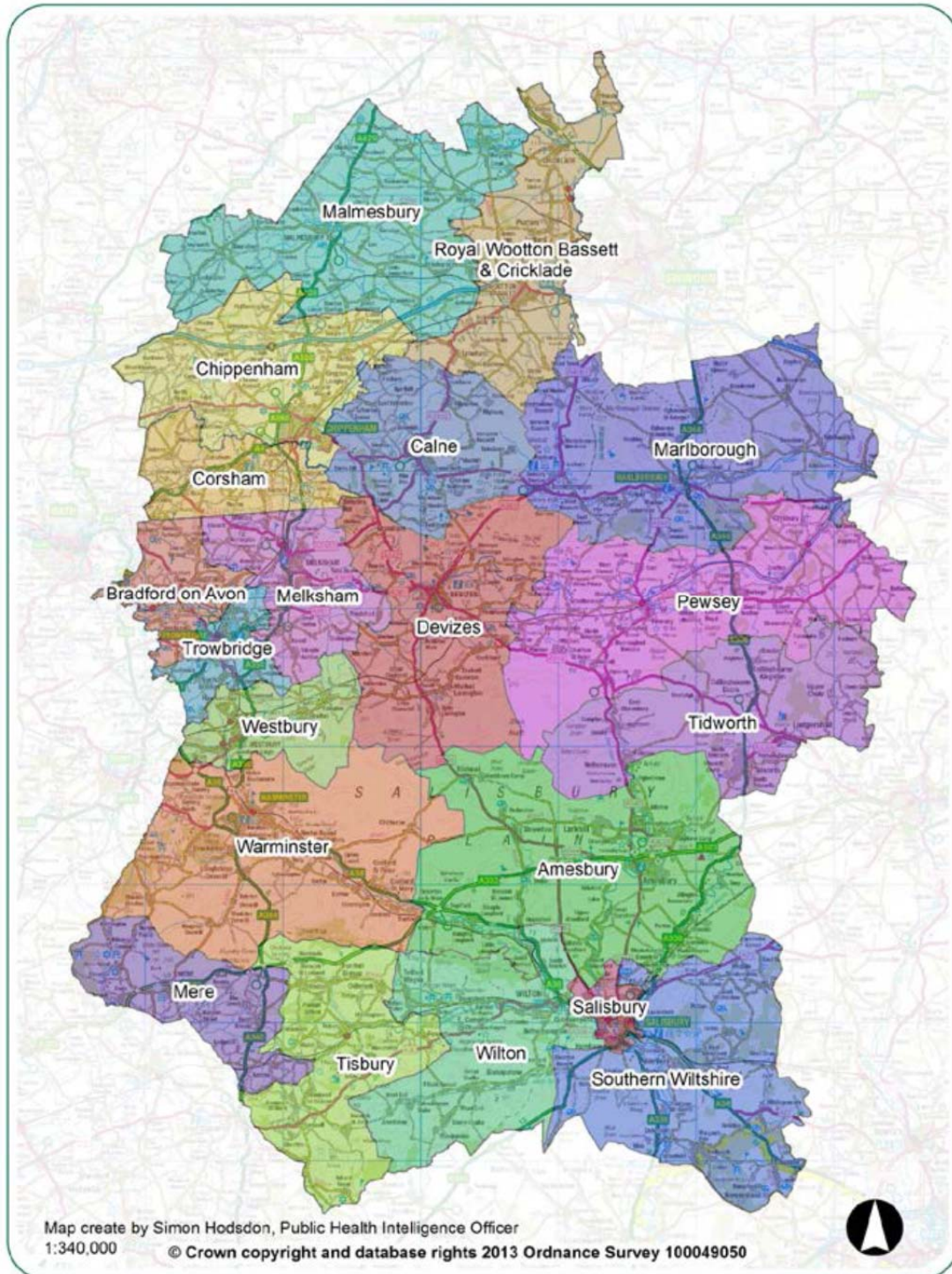
The age structure of Wiltshire is similar to the South West region. However, Wiltshire has a slightly smaller proportion of 20 to 24 year olds which might be a reflection of a lack of a University. It is thought that the population pyramid in Wiltshire will become top heavy with a larger proportion of elderly and that in 2026 the number of people over the age of 65 will for the first time outnumber those under the age of 20.

In terms of overall deprivation level, Wiltshire compares favourably against the national benchmark. However, the county has seen an increase in relative deprivation since the 2004. For the first time, Wiltshire now has one geographic region in the 10% most severely deprived in England (Salisbury St Martin – Central).

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

⁹ Office of National Statistics [ONS] mid-year 2015

Wiltshire's Community Areas



Sex

51% of the population is female. The table shows the breakdown of the population by sex and broad age bands. In line with national trends, due to different life expectancies there are significantly more women aged 65+ than men.

Table 1 showing Wiltshire population split by sex

People	Wiltshire		South West		England	
	Number	% of Pop	Number	% of Pop	Number	% of Pop
Age 0-17	104,046	21.4	1,082,081	19.8	11,677,856	21.3
Age 18-64	282,861	58.2	3,220,145	58.9	33,396,899	61.0
Age 65+	99,186	20.4	1,168,954	21.4	9,711,572	17.7
Total	486,093	100	5,471,180	100	54,786,327	100

Males	Wiltshire		South West		England	
	Number	% of Pop	Number	% of Pop	Number	% of Pop
Age 0-17	52,906	22.0	553,785	20.6	7,053,719	22.0
Age 18-64	141,992	59.1	1,602,476	59.6	19,768,448	61.6
Age 65+	453,95	18.9	531,835	19.8	5,252,278	16.4
Total	240,293	100	2,688,096	100	32,074,445	100

Females	Wiltshire		South West		England	
	Number	% of Pop	Number	% of Pop	Number	% of Pop
Age 0-17	51,140	20.8	528,296	19.0	6,717,154	20.3
Age 18-64	140,869	57.3	1,617,669	58.1	19,959,546	60.4
Age 65+	53,791	21.9	637,119	22.9	6,358,889	19.3
Total	245,800	100	2,783,084	100	33,035,589	100

Black Asian and Minority Ethnic Groups¹⁰

Ethnicity has been defined as:

"The social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race"¹¹.

Wiltshire is predominantly White British (93%). People in minority groups are often not present in Wiltshire in sufficient numbers to form recognisable groups. According to 2011 Census figures, ethnic minorities make up 6.6% of the population (31,256 people). Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (6.6% vs 8.2%) and a considerably lower proportion than for England as a whole (6.6% vs 20.2%). The proportion of the population from ethnic minority groups in Wiltshire has increased by 129% between 2001 and 2011 compared to 114% in the South West and 74% in England. Obtaining accurate information on ethnicity between censuses is difficult.

The relatively small size of the BME population in Wiltshire is an important point to consider in relation to domestic abuse. At the national level it has been flagged that there are some specific risks associated with BME groups including honour-based

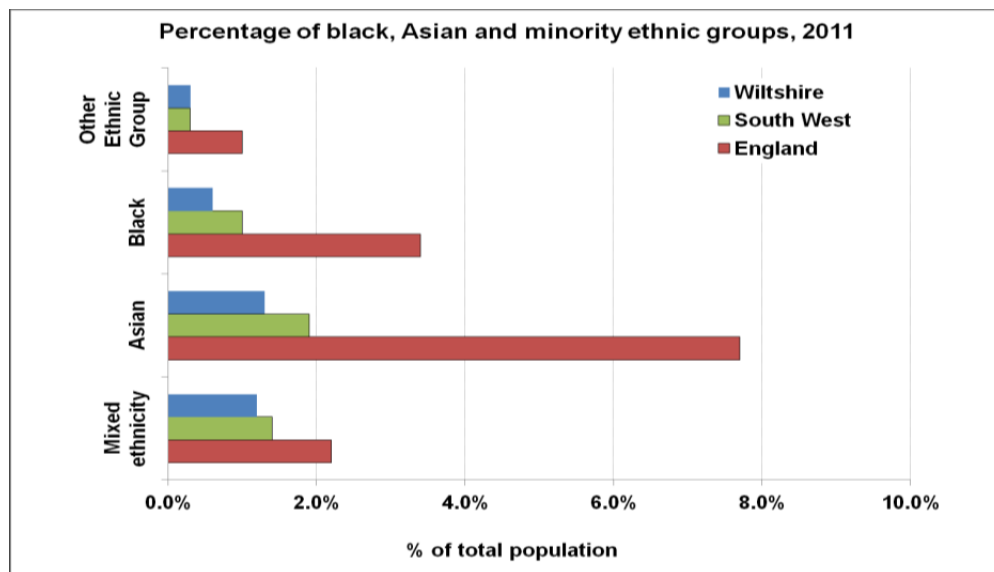
¹⁰ Data sourced from Wiltshire JSA health and wellbeing 2013/14 demographics: ethnicity

¹¹ (Bhopal R. Glossary of terms relating to ethnicity and race: for reflection and debate. Journal of Epidemiology Community Health 2004;58:441-445)

violence, female genital mutilation and forced marriage, as well as barriers to accessing mainstream services including issues over cultural understanding, fears of racism and language barriers. The BME population is a diverse group and the levels and types of risk will vary between groups of differing cultural or religious backgrounds.

The national strategy has a strong focus on working with BME populations. While this nationally driven focus clearly remains important, the smaller size of the BME population in Wiltshire may require different approaches to ensure that locally the inequality is addressed appropriately.

Figure 3 showing Black, Asian and Minority Ethnic groups in Wiltshire and the South West



Source: 2011 Census Table KS201EW, ONS

Table 2 to show estimated population change by ethnic group 2001-2011

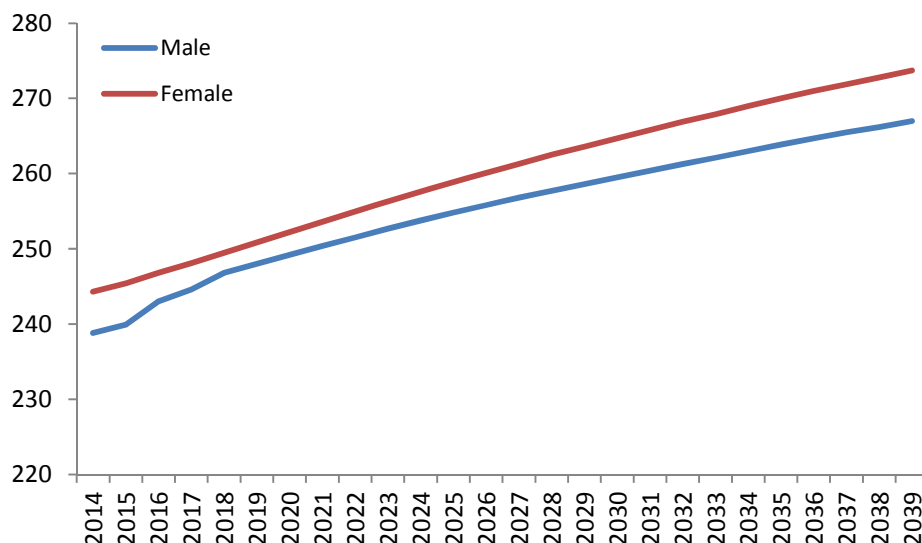
Area	Total population	White	Mixed	Asian	Black	Other
Wiltshire	+9%	+7%	+96%	+180%	+181%	+32%
South West	+7%	+5%	+92%	+132%	+137%	+68%
England	+8%	+1%	+85%	+68%	+64%	+157%

Source: Key Statistics interface tool, ONS. url: www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/index.html

Projected Population Growth and the Military

Over the next 25 years the population of Wiltshire is expected to grow by around 12%, an addition 58,000 people. This is illustrated graphically in figure 4.

The steeper rise of the male population between 2014 and 2019 reflects the impact of the military rebasing that is expected to occur. The ONS projections have not adjusted for accompanying spouses and children, and so are likely to be an underestimate of the true population. It is locally estimated there will be around 1,400 spouses and 1,800 children. Including additional military spouses and families would take the projected increase in population from 12% to at least 13%, or an additional 61,000 people in total.

Figure 4 showing projected population growth for Wiltshire.

The fact that a significant proportion of the Wiltshire population is military and the rapid growth of this population is of importance in the context of domestic abuse.

National and international research indicates that domestic abuse is a significant issue for military personnel and their families^{12,13}. There are a number of factors that influence the fact that military families may be more affected by domestic abuse than the general population. These include:

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

Overall, Wiltshire is a relatively affluent county of around 486,000 people. Compared to the national picture there are fewer black and ethnic minority people and the overall population is older than the national average. In addition, the high proportion of military and ex-military personnel has an impact on the population composition, and rebasing will have a considerable impact on population growth over the next decade. These Wiltshire specific demographic characteristics influence many of the areas of need discussed in the rest of this needs assessment.

Recommendations arising from this section

- Use knowledge of the local demographic profile to inform service planning and allow for future proofing of services. Particular attention needs to be paid to the local ethnic profile and the need of the substantial and growing military presence.

¹² MacManus, D. et al. 'Violent behaviour in UK military personnel returning home after deployment', *Psychological Medicine*,

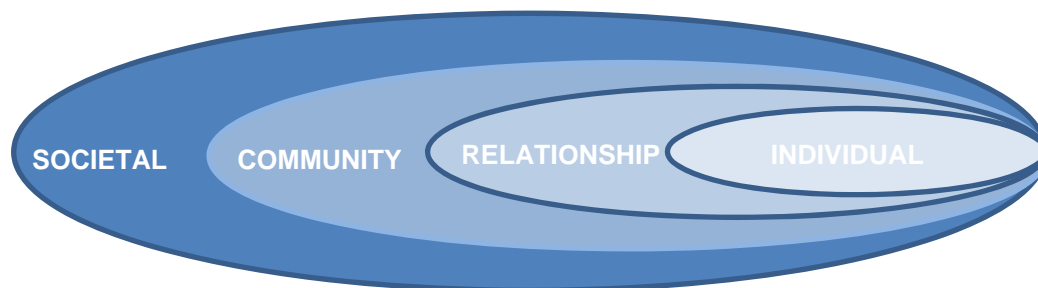
¹³ Trevillion K, Williamson E, Thandi G, et al. A systematic review of mental disorders and perpetration of domestic violence among military populations. *Soc Psychiatry Psychiatr Epidemiol* 2015;**50**:1329–46. doi:10.1007/s00127-015-1084-4

Risk and protective factors associated Domestic Abuse

Overview¹⁴

The socioecological model introduced in the background section recognises that domestic abuse and related issues result from the complex interplay of various pre-disposing risk factors at the individual, relationship, community and societal level.

Figure 5 Socio-Ecological Model to understand the impact of Domestic Abuse



The review of risk and protective factors provided here will consider the main risk factors grouped into the levels outlined above. There are two recent systematic reviews that seek to identify the risk and protective factors for sexual violence and intimate partner violence, and much of the following discussion is based on the findings of these papers^{15,16}. Supplementary evidence is informed by the findings of a systematic, rapid evidence review of 15 publications carried out in late 2016 by Devon County Council¹⁷.

There are a wide range of risk and protective factors that operate at all levels of the socio-ecological model. These factors include non-modifiable factors such as gender and age, as well as modifiable factors such as acceptance of violence and harmful use of alcohol. There is substantial cross-over in the risk and protective factors and evidence of significant interaction between risk factors operating at different levels of the socio-ecological model. This suggests that broad, wide-reaching prevention strategies are likely to be most effective in tackling the root causes of the problem. There are significant gaps in the evidence specifically relating to certain population groups who appear to have an increased risk of domestic abuse and violence. These groups include prisoners, military personnel, and lesbian, gay, bisexual and transgender individuals (LGBT). Furthermore, there is a lack of research evidence from the UK regarding the risk factors in adolescent and young adult populations.

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

¹⁴ Source data: Centres for Disease Control and Prevention

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

¹⁵ Tharp A, DeGue S, Valle L. A systematic qualitative review of risk and protective factors for sexual violence perpetration. , *Violence, Abus* Published Online First: 2013.<http://tva.sagepub.com/content/14/2/133.short>

¹⁶ Capaldi D, Knoble N, Shortt J, *et al.* A systematic review of risk factors for intimate partner violence. *Partner Abuse* Published Online First:

2012.<http://www.ingentaconnect.com/content/springer/pa/2012/00000003/00000002/art00005>

¹⁷ Devon County Council, Who is most at risk of becoming a victim of DVSA or perpetrating DVSA, Sept 2016

Individual Risk Factor

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

Table 3 show the individual level factors associated with domestic abuse perpetration and victimisation

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

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

Age:

Young age is consistently shown as a risk factor for perpetration and victimisation of domestic abuse. Although adolescent experiences of dating violence in the UK have not yet received the same degree of attention as in places like the USA, survey data from the NSPCC identifies partner violence in adolescent relationships as a significant concern for young people's wellbeing¹⁸.

Socioeconomic status, income education and employment:

Deprivation is a consistently reported risk factor for perpetration and victimisation of DA, with rates of reported incidents higher in more deprived areas and in the unemployed. However, there is conflict as to the relative contribution and robustness of income, education and employment as individual risk factors. Furthermore, there are suggestions that socio-economic status may interact with other risk factors such as age and gender. In females, a low level of education is a risk factor for victimisation. It is thought that low education mediates its effect through reducing exposure and access to resources, and increased acceptance of violence and unequal gender norms. Furthermore, many of the observed associations between DA and SES are attenuated once more proximal factors such as alcohol intake, stress and relationship conflicts are controlled for.

In the Wiltshire context, as a country the region generally enjoys higher than average levels of educational achievement and income and lower than average levels of

¹⁸ Barter C, Mccarry M, Berridge D, *et al.* Partner exploitation and violence in teenage intimate relationships. Published Online First: 2009. www.nspcc.org.uk/inform

unemployment and socioeconomic deprivation. However, when looked at the sub-county level there are pockets of the region (e.g. Salisbury St Martin - Central) that perform lower than the national and county average in these factors.

Ethnicity:

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

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

Childhood abuse:

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

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

Stress:

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

Harmful use of alcohol:

Harmful use of alcohol has been shown to be strongly associated with the perpetration and victimisation of DA. It is hypothesised that alcohol is a risk factor for DA due to its disinhibitory effects on aggression. In terms of SVA much of the research has been conducted in well-defined populations such as college students or military personnel and therefore may not be generalisable to the wider population. Furthermore, there is ongoing debate as to the direction of causality; it may be both a cause and an effect of DA. There is also evidence of interaction between harmful alcohol use and illicit drug use and an interaction with gender is also apparent with alcohol being associated with increased aggression in males more than females.

More information on the harmful use of alcohol and illicit drug abuse can be found in the Wiltshire Council Adult Emotional Wellbeing and Mental Health Needs Assessment and in the Adult Drug and Alcohol Treatment Needs Assessment.

Antisocial personality:

Several longitudinal studies have explored the role of antisocial behaviour as a developmental risk factor for Intimate Partner Violence (IPV). There is evidence to suggest that the cluster of problem behaviours related to conduct problems and antisocial behaviour are a substantial risk factor for later IPV involvement. Studies suggest that individuals with antisocial behaviour characteristics are more likely to disregard social norms and have a tendency to become more aggressive. The research evidence for the role of personality disorders in Sexual Violence Assaults

(SVA) is more mixed which probably reflects the wide variety of factors that have been examined in each category, making comparison between studies difficult.

More information on personality disorders in the local context can be found in the Wiltshire Adult Emotional Wellbeing and Mental Health Needs Assessment.

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

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

Mental disorder:

The evidence base for the role of mental disorder such as depression and anxiety in IPV is mixed and suggestive of an interaction by gender. Results from one systematic review¹⁹ and meta-analysis suggest that the risk of experiencing IPV is increased by more than 3 fold in women with depressive disorders, anxiety disorders and post-traumatic stress disorder compared to women without mental disorders. Findings from an alternative review suggest that depressive symptoms are associated with IPV perpetration and victimisation, with the effect apparently stronger for women than for men.

A fuller discussion of mental health and domestic abuse in the Wiltshire context can be found in the Wiltshire Council Adult Emotional Wellbeing and Mental Health Needs Assessment.

Pregnancy:

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

Disability:

Results from a meta-analysis of 16 pooled studies suggest that the relative risk for victimisation of SVA of children with disabilities was 2.88 (95% CI 2.24-3.69). However, the review acknowledged a lack of robust evidence, poor standards of measurement of disability and SVA and concluded that there were gaps in the knowledge which need to be addressed.

Relationship Factors

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

¹⁹ Trevillion K, Williamson E, Thandi G, *et al.* A systematic review of mental disorders and perpetration of domestic violence among military populations. *Soc Psychiatry Psychiatr Epidemiol* 2015;**50**:1329–46. doi:10.1007/s00127-015-1084-4

Table 4 show the relationship level factor associated with domestic abuse perpetration and victimisation

Perpetration	Victimisation
Multiple partners/infidelity	Educational disparity
Low resistance to peer pressure	Number of children
Association with troubled peers	Association with troubled peers
Conflict/discord	Marital dissatisfaction/discord
Marital status	Marital status
Low SES	Low SES

Multiple partners/infidelity:

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

Relationship status:

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

Association with troubled peers:

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

Relationship discord and dissatisfaction:

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

Community Factors and Societal Factors

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

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

Perpetration	Victimisation
Community level factors	
Poverty	Poverty
Weak community sanctions	Weak community sanctions
Neighbourhood characteristics (poverty, unemployment, educational context, male literacy, acceptance of violence, high proportion of households that use corporal punishment)	Neighbourhood characteristics (high proportion of poverty, high proportion of unemployment, educational context high proportion of female literacy, acceptance of violence, low proportion of women with higher education)
School context (perceived school safety, school attachment, school bonding, and school economic disadvantage)	Social support
Rural living	Rural living
Alcohol outlet density	Poverty
	Alcohol outlet density
Societal level factors	
Traditional gender norms and social norms supportive of violence	Traditional gender and social norms supportive of violence
	Divorce regulations by government
	Lack of legislation on IPV within marriage
	Protective marriage law

Poverty:

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

Rural living:

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

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

School context:

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

Alcohol outlet density:

A recent review suggested neighbourhood factors such as alcohol outlet density to be associated with risk of IPV²⁰. The effect is hypothesised to occur through an increased number of alcohol outlets promoting problem alcohol use among at-risk couples. However, measurement of geographical data is difficult and more research is needed to understand how exposure to alcohol outlets may influence behaviour. This is an interesting factor to consider as unlike many others it can be influenced by local and national government policy.

Weak community sanctions and broader societal factors

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

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

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

Recommendations arising from this section

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

²⁰ Cunradi CB. Neighborhoods, alcohol outlets and intimate partner violence: addressing research gaps in explanatory mechanisms. *Int J Environ Res Public Health* 2010;**7**:799–813. doi:10.3390/ijerph7030799

Prevalence of Domestic Abuse in Wiltshire

This chapter includes

- A discussion of the volume of Domestic Abuse being recorded and;
- The local communities who are affected and living with its impact.

Overview

Domestic Abuse has far reaching consequences across our local populations irrespective of age, gender, ethnicity, sexuality or economic status. Domestic Abuse can be experienced by both men and women; however evidence reports that there are higher levels of Domestic Abuse experienced on women by men, and that women are more likely to experience multiple incidents of abuse²¹.

The latest figures published using data from the Crime Survey for England and Wales published in 2014 highlight 7.1% of women and 4.4% of men were estimated to have experienced domestic abuse; equating to an estimated 1.2 million females and 700,000 male victims in England and Wales²². Such is the scale of the issue that three women a fortnight are killed by a partner or former partner²³.

Data around Reported Domestic Abuse Incidents

Countywide data

Using national figures captured by the Crime Survey for England and Wales, we can calculate the projected number of Domestic Abuse victims in Wiltshire. This is shown in the table below.

Table 6 Projected Volume of Domestic Abuse in Wiltshire

Source Crime Survey England and Wales

	ONS mid-year population estimates 2015 (ages 16-59) FEMALES	Applying CSEW estimate of 7.1% of female victims of domestic abuse	ONS mid-year population estimates 2015 (ages 16-59) MALES	Applying CSEW estimate of 4.4% of male victims of domestic abuse
Wiltshire	132,023	9,374	133,882	5,891

Thus, we would expect 9,374 women and 5,891 men to be experiencing Domestic Abuse in Wiltshire.

The actual number of Domestic Abuse incidents reported to Wiltshire police was 3,354 (2015/16), which is significantly lower than the projected volume. The reports to the police show an 8% increase (273 incidents) compared to the previous year. This increase could be due to a number of potential influencing factors which include increased levels of public awareness raising of domestic abuse, as well as changes to police recording practices. Figure 6 presents the volume of domestic abuse incidences reported to the police over time. It enables the seasonal variations to be identified, including peaks in summer months June/July and Dec/Jan.

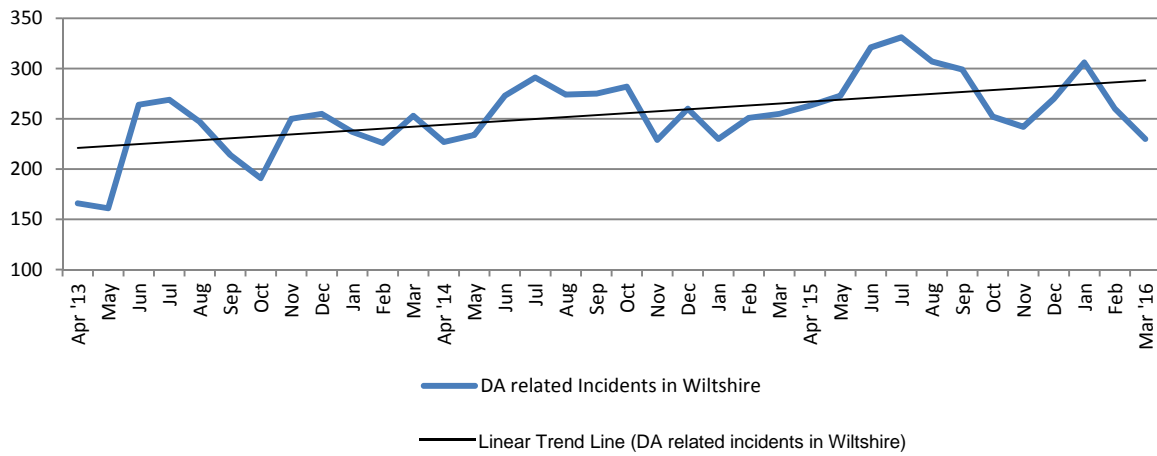
²¹ Walby, S & Allen, J (2004). Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London

²² Office for National Statistics (2014) *Chapter 4 – Intimate Personal Violence and Partner Abuse* 13 February 2014 http://www.ons.gov.uk/ons/dcp171776_352362.pdf

²³ HMIC. (2014). Everyone's business: improving the police response to DA. *HMIC*

Figure 6 DA related Incidents reported to Wiltshire Police

Source Wiltshire Police



There has been a noticeable increase in the volume of recorded crime for Domestic Abuse in Wiltshire in 2015-16 compared to previous years (represented in the table below).

Table 7 Comparable trend data for Wiltshire

	2011-12	2012-13	2013-14	2014-15	2015-16
DA Incidents	1963	N/A	2733	3081	3354
DA Related Crimes	1192	1421	1851	2036	2725

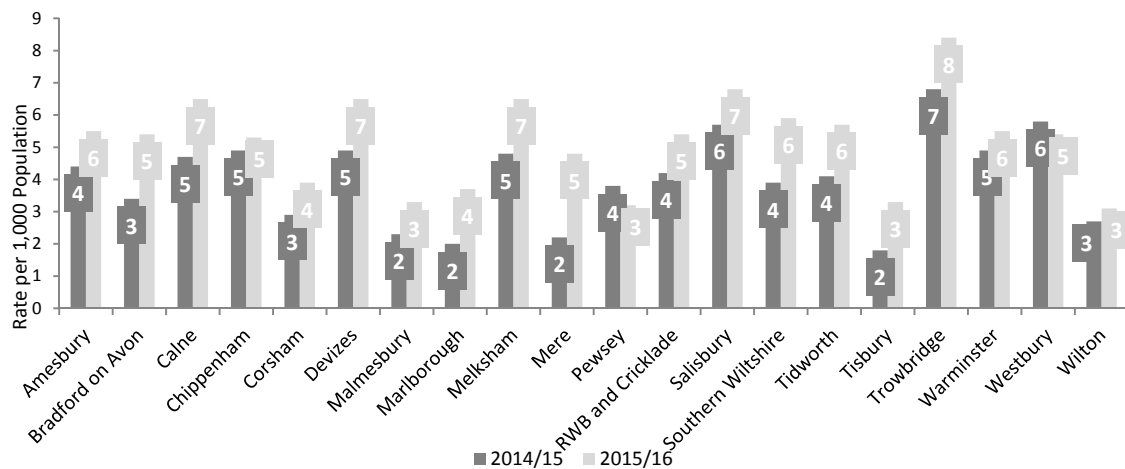
Source Wiltshire Police

Community area data

In 2015/16 reports of domestic abuse increased across all Wiltshire Community Areas with the exception of Pewsey and Westbury (figure below).

Figure 7 Incidents of Domestic Abuse (Rate per 1,000) by Wiltshire Community Area 2014/15 - 2015/16

Source Wiltshire Police



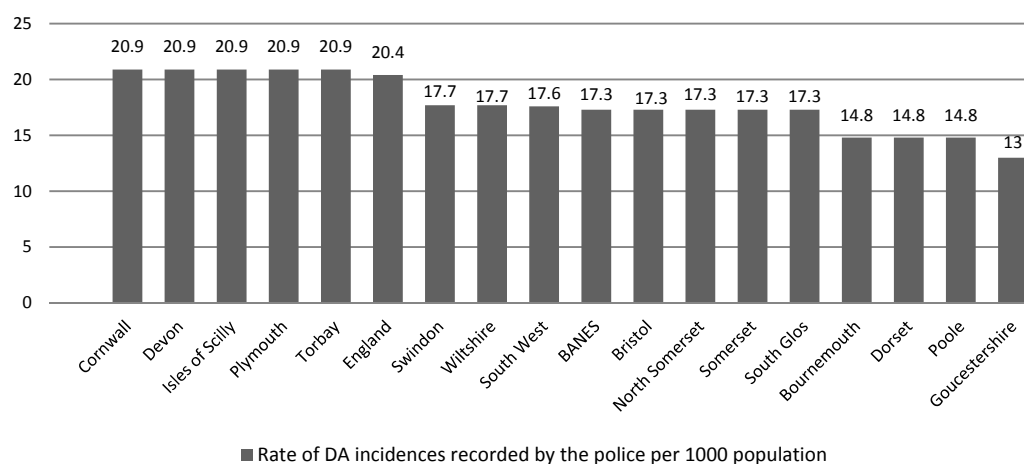
Comparative data

The Public Health Outcome Framework (PHOF) compares the rate of Domestic Abuse incidences recorded per 1,000 populations across the South West region.

Wiltshire recorded a rate of 17.7 Domestic Abuse incidences per 1000 population (figure 8 below), compared against the South West range of a high of 20 and a low of 13 Domestic Abuse incidences per 1,000 populations.

Figure 8 Public Health Outcome Framework for Domestic Abuse 2014-15

Source Public Health Outcome Framework



Data on the demographic profile of those experiencing domestic abuse

Data captured for the 2014 Police Problem Profile; a dip sample from domestic abuse incidents reported to the police between 1st January and 30th June 2014, identified 1,428 victims, of which 4% of incidents linked to more than one victim.

Of the 1,428 victims; 21% (n.304) were male, with 79% (n. 1,122) female, which broadly reflects the national picture reported²⁴. However, the data captured through the commissioned Domestic Abuse support service showed in 2015-16, the majority of their service users were female with 95% and just 5% being male.

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

The two tables below (8 and 9) detail the age profile of service users accessing the commissioned Domestic Abuse Support Services. The greatest volume of service users to both services were aged between 20-49yrs.

²⁴ ONS, (2015), *Chapter 4: Violent Crime and Sexual Offences – Intimate Personal Violence and Serious Sexual Assault*

Table 8 Age Profile; Victims Referred to Outreach Service 2015-16

Source Splitz Support Service

Age	No.	%
16-19	28	4%
20-29	253	36%
30-39	169	24%
40-49	127	18%
50-59	77	11%
60+	49	7%
	703	100%

Table 9 Age Profile; Victims Referred to High risk Service 2015-16

Source Splitz Support Service

Age	No.	%
16-19	20	3%
20-29	271	47%
30-39	138	24%
40-49	73	13%
50-59	48	8%
60+	8	1%
Not Recorded	20	3%
	578	100%

The Support Service has reported an increasing trend in referrals from older populations experiencing Domestic Abuse particularly in referrals to the Outreach Service (7%). Feedback from the Service advised that patterns of referrals will be as a result of victims seeking support following many years of systematic abuse. National research on the prevalence of Domestic Abuse in older populations is limited and remains a hidden problem. National awareness campaigns have tended to target a younger audience, which all supports a false assumption that Domestic Abuse ceases to exist beyond a certain age²⁵.

Recommendations arising from this section

- Explore further the impact of Domestic Abuse on older populations

Data on Domestic Abuse Prosecutions

This section discusses data recorded by the Crown Prosecution Service (CPS). It details the successful outcome rate for Domestic Abuse cases, which is the proportion of successful convictions secured at court. In CPS terminology “successful” refers to a conviction being recorded in a case they felt there was good evidence of guilt.

Wiltshire reports a successful outcome rate of 76.8% for domestic abuse related cases heard at Court (2014-15), which is a slight reduction compared to the previous year (82.2%). This change could be attributed to an increase in the overall volume of cases heard at court in 2014-15.

The highest reason for an unsuccessful outcome was due to ‘no evidence offered’ (74), followed by ‘discontinued’ (36) and ‘dismissed after full trial’ (30); this is an area to note, as the cost incurred for a case in terms of time and emotional impact, to then be dismissed following a full trial is significant.

²⁵ SafeLives (2016), Safe Later Lives: Older People and domestic abuse. Bristol. <http://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

Specialist Domestic Violence Courts

The accreditation of Specialist Domestic Violence Courts (SDVCs) was introduced under the Home Office National Delivery Plan (2008). Its purpose was to offer an improved service and pathway through the court process to victims of Domestic Abuse, in recognition that they required a different approach.

Wiltshire had attained Specialist Domestic Violence Courts (SDVCs) accreditation by the Ministry of Justice in 2008. However, over more recent years the SDVC process in Wiltshire has had a lesser focus. Recent discussions have once again highlighted the role of the court process and the impact it has on victim's decision-making to pursue a criminal prosecution. This has been recently picked back up by the Wiltshire Criminal Justice Board Victims and Witness Sub Group.

Recommendations arising from this section

- Revisit the role of the Specialist Domestic Violence Court (SDVC) process in Wiltshire and review the victim's journey through the court process.

Data on prevalence of Children at risk of living with Domestic Abuse

An estimated 130,000 children in the UK live in a household with HIGH risk domestic abuse²⁶ and around 6% of all children are estimated to be exposed to severe domestic abuse between adults in their homes at some point in their childhood²⁷.

Children identified at risk of Domestic Abuse in Wiltshire MARAC

The Wiltshire MARAC records data of all referrals received where children were present in the household.

In 2015-16, there were 652 children recorded in the household at the time of a high risk Domestic Abuse incident resulting in a referral to the Multi-Agency Risk Assessment Case Conference (MARAC), of which 97 children were identified in the household where further repeat incidents of DA occurred (table 10). Cases discussed at MARAC included 15 high risk victims who were pregnant (21 previous year) at the point of the MARAC referral.

Table 10 Breakdown of MARAC referrals and Children

Source LA Wiltshire – Public Health

	Total Referrals	No. of children in Household	No. of repeat cases with Children	Total No. of Children in household in a Repeat Case	No. of Victims Pregnant at point of referral
2015-16	494	652	54	97	15
214-15	424	575	52	112	21
2013-14	368	662	N/A	N/A	2

²⁶ CAADA (2012), *CAADA Insights 1: 'A place of greater safety'*. Bristol

²⁷ Radford, L., Corral, S., Bradley, C., Fisher, H., Basset, C., Howatt, N. and Collishaw, S. (2011), '*Child abuse and neglect in the UK today*'. London: NSPCC

Children's Services

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

Data collated for the CiN (Children in Need) Census reported the following domestic-related factors identified at the end of an assessment over 2013-2016 (illustrated below).

Of the initial contacts, 4,553 (27%) identified Domestic Abuse in some context between Sept 2014-Aug 2015 (table 12).

Table 11 15 CiN Census – Domestic related factors

Source LA Wiltshire – Children Services

2013-14	2014-15	2015-16	Number of completed assessments
494	509	683	Domestic Violence; child subject
934	1178	1539	Domestic Violence; parent/carer subject
225	305	421	Domestic Violence; another person subject
3834	4460	5403	Number of Assessments

Table 12 Initial contacts notified as 1st Sept 2014 to 31st Aug 2015

Source LA Wiltshire – Children Services

Initial contacts notified	Children or Young People	Of initial contacts – No. where incident had been identified as DA	% identified as DA out of initial contacts
16,703	10,313	4,553	27%

Over the same time period, 406 referrals were authorised that had Domestic Abuse recorded as the 'topic'; of which 34 were then subject to a Child Protection Plan (table below).

Table 13 Referrals authorised (where DA recorded as the Topic) as of 1st Sept 2014 to 31st Aug 2015²⁸

Source LA Wiltshire – Children Services

Outcome of referral		
Access to records	1	Of the 406 referrals authorised, 34 became subject to a Child Protection Plan
Closed – referral to CAF	2	
Closed at referral	14	
Single Assessment	385	
Transfer in Case	4	
	406	

Of a sample of 363 Common Assessment Frameworks (CAFs)²⁹ reviewed, Domestic Abuse was identified in 29% of cases.

Table 14 Presenting Factors Identified in CAF review (Apr 15-May 16)

Source LA Wiltshire – Children Services

CAFs registered Apr15-Mar16 (363 in total)	No.	No	%	%
Domestic Abuse - CHILD SUBJECT TO	20		5.5%	
Domestic Abuse - PARENT SUBJECT TO	78	106	21.5%	29%
Domestic Abuse - OTHER SUBJECT TO	8		2.2%	

²⁸ Due to changes in recording ; DA is no longer identified as an Outcome, and therefore comparable data no longer available (as of April 2016)

²⁹ For the period February 2014-May 2016

Cases involving domestic abuse are often complex and involve multiple other factors. Further analysis of how domestic abuse presents in the context of other issues is presented in the two tables below. In CAFs it co-occurs most frequently with behaviours issues, mental health issues, emotional neglect and financial instability. On single assessments, domestic abuse is found in 60% of emotional abuse cases.

Table 15 Other factors (top 10) present on CAFs with identified domestic abuse as Presenting Factor (PF) (Feb 14-May 16)

Source LA Wiltshire – Children Services

		SAMPLE of 179 CAFs reviewed Feb-14 to May-16			
Top 10 Presenting Factors:		No. DA CAFs with this PF	% of DA CAFs with this PF	% of all Factors	Cumul % of all Factors
1	Behaviour (Home/ Community)	73	40.8%	11%	11%
2	Mental Health - PARENT	64	35.8%	10%	21%
3	Possible Low Level Emotional Neglect	43	24.0%	7%	28%
4	Financial concerns	42	23.5%	6%	34%
5	Mental Health - CHILD	39	21.8%	6%	40%
6	Non-school Attendance	38	21.2%	6%	46%
7	Behaviour (school/ setting)	37	20.7%	6%	51%
8	Alcohol Misuse - PARENT	30	16.8%	5%	56%
9	Housing/ Homeless	30	16.8%	5%	61%
10	SEN or Disability	23	12.8%	4%	64%

Table 16 Other factors (top 10) present on Single Assessment with identified domestic abuse as Presenting Factor (PF) (Apr 15-Mar 16)

Source LA Wiltshire – Children Services

		SAMPLE of 599 SA's with DV outcome CIN (Apr-15 to Mar-16)			
Presenting Factor:		No. SAs with this PF	% of SAs with this PF	% of all Factors	Cumul % of all Factors
Domestic Abuse - CHILD SUBJECT TO		226	37.70%		
Domestic Abuse - PARENT SUBJECT TO		488	81.50%		
Domestic Abuse - OTHER SUBJECT TO		133	22.20%		
1	Emotional Abuse	360	60.10%	20.00%	20.00%
2	Mental Health - PARENT	227	37.90%	12.60%	32.50%
3	Physical Abuse	160	26.70%	8.90%	41.40%
4	Alcohol Misuse - PARENT	143	23.90%	7.90%	49.30%
5	Neglect	123	20.50%	6.80%	56.20%
6	Mental Health - CHILD	104	17.40%	5.80%	61.90%
7	Socially Unacceptable Behaviour	85	14.20%	4.70%	66.60%
8	Drug Misuse - PARENT	81	13.50%	4.50%	71.10%
9	Mental Health - OTHER	55	9.20%	3.00%	74.20%
10	Learning Disability - CHILD	50	8.30%	2.80%	76.90%

Work is currently underway to develop the Wiltshire Safeguarding Children's Board (WSCB) dataset for Domestic Abuse and children.

Data around Experience of Domestic Abuse in Children and Young People

The NSPCC undertook the first national study of its kind in the UK in 2009³⁰, looking to understand the incidence and impact of Domestic Abuse on teenage partner violence. 1,353 young people aged 13-17yrs from England, Scotland and Wales participated in the survey and 91 young people took part in in-depth interviews. The findings are reflected in figure 9.

Figure 9 Headlines from NSPCC findings

Source NSPCC (2009)



Wiltshire Children and Young People's Health and Wellbeing Survey³¹

In 2015, Wiltshire Council commissioned the Wiltshire Children and Young People's Health and Wellbeing survey, to gain a better understanding of our young people's experiences of life, both inside and outside of school.

The survey was carried out in 64 primary schools, secondary schools and colleges from January to April 2015; a total of 6,912 pupils completed the survey. The questions covered a wide range of aspects including healthy lifestyles, learning experience, relationships, wellbeing, safety, aspirations and support requirements. The survey explored young people's experience of domestic abuse. The majority of respondents from secondary (92%) and post-secondary (86%) schools reported that either 'they or someone in their immediate family had not been a victim of domestic abuse'. However, 14% did report that they or someone in their immediate family had experienced domestic abuse, with a higher proportion of girls reporting experiencing domestic abuse.

Recommendations arising from this section

- Explore the underlying factors that drive the disparity between the high volume of cases where Domestic Abuse is being identified by Children's Services and the numbers that receive an intervention or support.
- Further develop the WSCB's dataset to provide greater context of the Domestic Abuse issue, rather than just the prevalence.
- Explore options to gather further qualitative data on the impact of Domestic Abuse and attitudes of Young People.

³⁰ Barter C, McCarry M, Berridge D and Evans K (2009) *Partner exploitation and violence in teenage intimate relationships* NSPCC

³¹ Foster and Brown Research limited

Local Demands

Domestic Abuse Support Services Activity

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

Adult Victim Services

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

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

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

Reports to the Wiltshire Multi-Agency Risk Assessment Conference (MARAC)

MARACs are multi-agency meetings that specifically focus on ensuring the safety of high risk victims of DA. They provide a forum for sharing information and taking action to reduce harm to the victim. The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links to other fora to safeguard children, as well as to manage the behaviour of the perpetrator. Each MARAC is attended by key agencies from both the statutory and voluntary sector and the outcome of each meeting is a coordinated action plan to facilitate victim safety.

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

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

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

Table 17 Agencies participating in MARAC

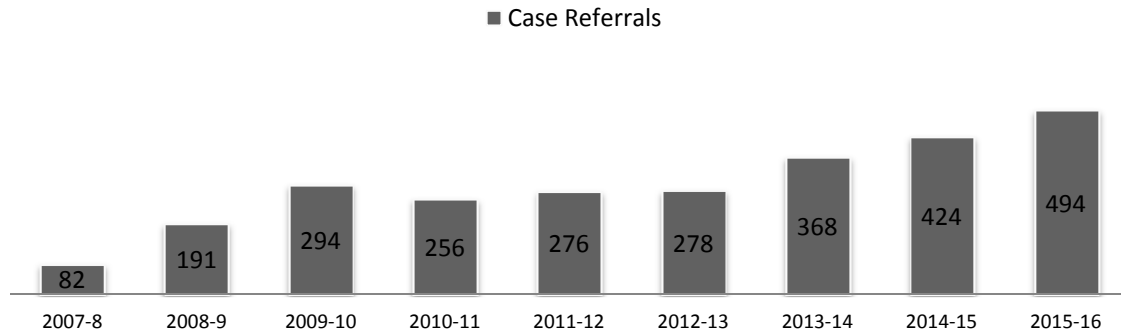
Agencies	
Wiltshire Police	National Probation Service
Community Rehabilitation Company (Bristol, Gloucester, Somerset and Wiltshire)	Domestic Abuse Support Service Splitz Support Service
Avon and Wiltshire Mental Health Partnership	Refuge Providers GreenSquare Aster Living Salisbury Women's Refuge Advance
Wiltshire Council Children's Services Housing Allocations and Options Children's Centres CAF (Common Assessment Framework) Coordinators Adult Social Care Early Years – Education Welfare Early Years – Youth Offending	Health Services Salisbury Foundation Trust Maternity Services Names Nurse Safeguarding Children Salisbury Hospital – Emergency Department Great Western Hospital, Swindon Emergency Department Midwifery Royal United Hospital, Bath Emergency Department Midwifery CAMHS (Child and Adolescent Mental Health Service) Virgin Care Medvivo (GP Out of Hours Service)
Army Welfare Service	Wiltshire Substance Misuse Service
Case Dependant	
Wiltshire Council Public Protection Officers – Anti-Social Behaviour	Registered Social Landlords Curo Radian Selwood Aster Living GreenSquare

A continued area for development is to strengthen the links with Mental Health Services, whose availability to attend has fluctuated over recent months. As discussed earlier in this document, poor mental health can be both a cause and effect of domestic abuse, with high rates of co-occurrence. As a result, mental health services have an important role around the table.

The volume of MARAC referrals has continued to increase, with just under 500 referrals received in 2015/16. Figure 25 shows the increase in volume of referrals to Wiltshire MARACs and figure 10 (below) shows how this compares to other areas in the South West.

Figure 10 Volume of MARAC Referrals 2007-2016

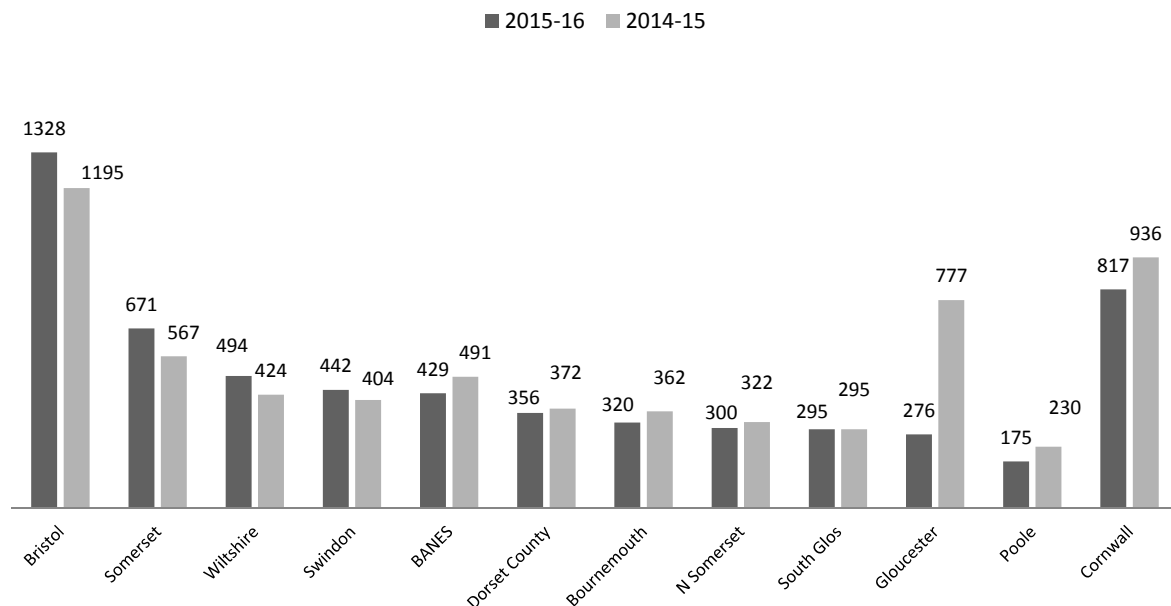
Source LA Wiltshire MARAC data



In Wiltshire there has been a 500% increase in referrals in the eight years since 2007. This is encouraging as it probably reflects positive changes in case reporting and referrals following awareness campaigns and the multi-agency training programme. To cope with increasing volumes, Wiltshire MARAC meetings were made fortnightly in 2015 and capacity continues to be an area that needs close monitoring.

Figure 11 South West * Comparison of MARAC Referrals in 2015-16 and 2014-15

Source LA Wiltshire



* Data has not been provided for Devon Areas, and therefore not represented

In the South West region, Figure 11 (above) shows that there is no clear trend in the volume of cases referred into MARACs when comparing 2014/15 with 2015/16. There were reported increases in volume in Bristol, Somerset, Wiltshire and Swindon; with the other areas reporting a reduction in referrals. It is of note that Gloucestershire shows an apparent large decrease in referrals. However, during this

time period they instigated a change in practice whereby all cases are discussed via MASH and in a teleconference. Following these discussions only those requiring the additional input of a full MARAC discussion were referred. The Charity SafeLives are leading work nationally to review the best model for MARACs going forward.

Within Wiltshire, the North/West Wiltshire MARAC sees a larger number of cases when compared to the South/East. This is consistent with general levels of reported incidents/crimes recorded by the police and the support services. The breakdown of MARAC activity in table 18, shows that Wiltshire continued to record a higher than national non-police referral rate of 41% (against 36% national average). Wiltshire also compares favourably to other areas in the South West on this parameter. This may reflect a positive effect of the domestic abuse training that has been delivered to many non-police agencies on MARAC referral pathways.

Table 18 2015-16 Wiltshire MARAC data collation

Source SafeLives Dataset 2015-16

	National figure	Most similar force group	SafeLives benchmark parameters	Police Force Area	Wiltshire MARAC area	North West Wiltshire	South East Wiltshire
Number of MARACs	282	39	-	3	2	1	1
Cases discussed	81,764	9,751	-	944	494	302	192
Children in household	103,404	12,101	N/A	1,351	649	373	276
Repeat cases	25%	25%	28% - 40%	33%	23%	22%	25%
Police referrals	64%	69%	60% - 75%	66%	59%	58%	57%
Referrals from Non-Police Referrals	36%	31%	25% - 40%	34%	41%	42%	43%

The full range of sources of referrals to MARAC meetings is illustrated below. There has been an increasing trend in the number of referrals being recorded under the 'other category'. A breakdown of the 'Other' category referrals in 2015-16 showed that 44 (out of the 49 referrals) were received from 'Out of Area' agencies (mostly MARAC-to-MARAC referrals) as a result of clients fleeing into Wiltshire.

Figure 12 MARAC Referrals by Source in 2015-16

Source LA Wiltshire MARAC

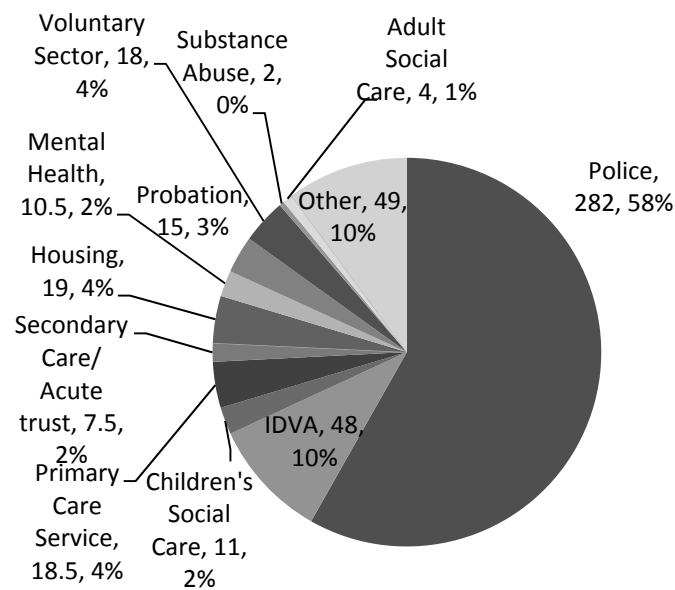
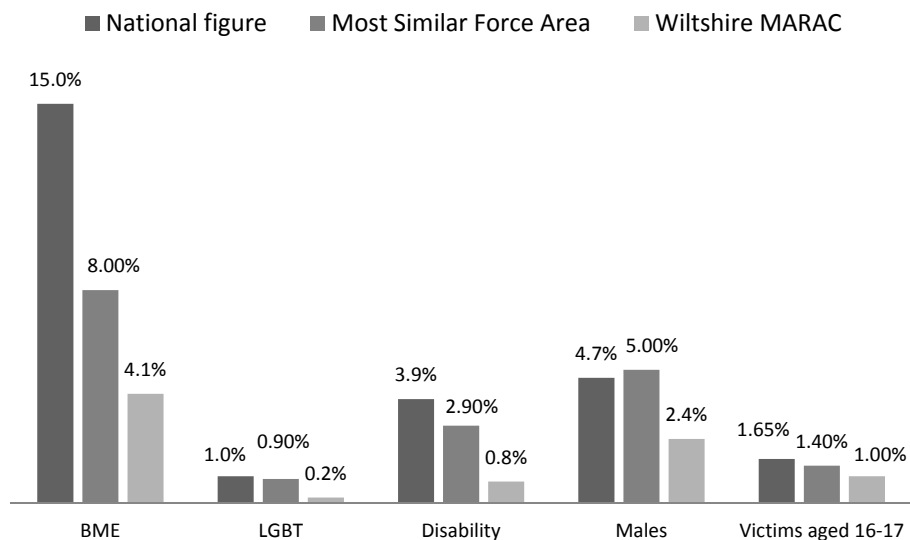


Figure 13 below, illustrates a comparison between data recorded at a national level, most similar force area and for Wiltshire, recording the percentage of cases that have been referred to MARACs from the identified vulnerable groups.

Figure 13 % of Referrals from Vulnerable in 2015-16

Source SafeLives Dataset 2015-16



Interpreting Wiltshire’s performance against these national benchmarks is complex. In Wiltshire ethnic minorities make up 6.6% of the population compared to a South West regional average of 8.2% and 20.2% nationally. Thus, it might be that the lower proportion of BME domestic abuse referrals in Wiltshire is simply a reflection of the lower proportion of BME individuals in the Wiltshire population. Alternatively, the lower value may be due to those Wiltshire residents who come from ethnic minorities experiencing structural or cultural barriers that make reporting abuse harder than for the majority white population. The discrepancy between national and local reporting figures for men and people with disabilities are less likely to be due to differences in the composition of the local population compared to the national population. In the LGBT community there is

some suggestion that fewer people locally may feel comfortable self-identifying as LGBT locally in part due to the lack of a recognised community support systems.

A recent audit was completed (Oct 2016) reviewing how the MARAC process identifies and addresses risks to children. A report of the findings was produced for Children's Social Care. Ensuring that these findings are used to improve child safeguarding structures will continue to be important.

Recommendations arising from this section

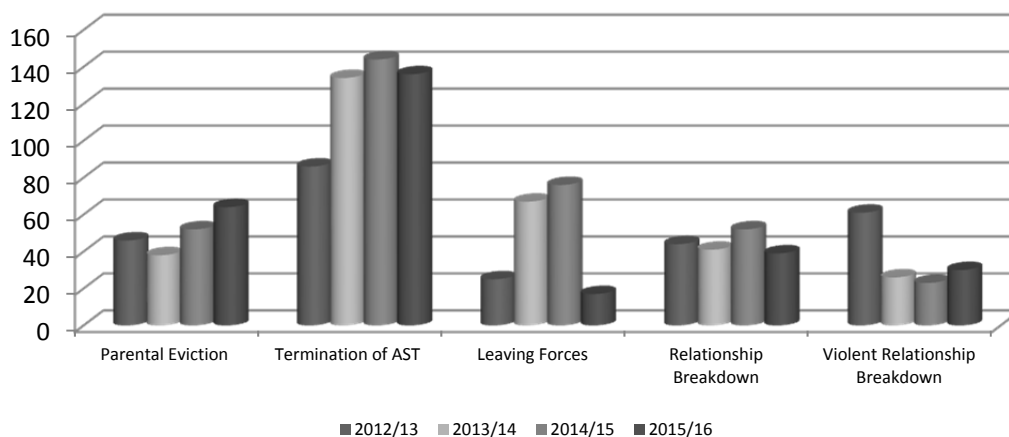
- Review Wiltshire MARAC process to ensure it incorporates recent research into best practices, and is robust enough to deal with any further increases in referral volumes
- Ensure appropriate agency representation at meetings by continuing to strengthen engagement with mental health services, army welfare services and drugs and alcohol service.
- Explore future opportunities to ensure appropriate representation of "hard to reach" vulnerable communities in referrals to MARAC.

Refuge – Supported Accommodation

The Local Authority's Housing Option's team offer housing advice and assistance to people looking to secure suitable and affordable accommodation. The top 5 reasons for homelessness in Wiltshire between 2012 and 2016 are shown below in Figure 14. These are in line with national findings. Violent relationship breakdown has a significant role in precipitating homelessness and can affect both victim and perpetrator. In 2015/16, housing recorded 30 approaches to them for re-homing due to fleeing domestic abuse compared to 23 the year before.

Figure 14 Reasons for Homelessness as reported to Wiltshire Council

Source LA Wiltshire – Housing Options

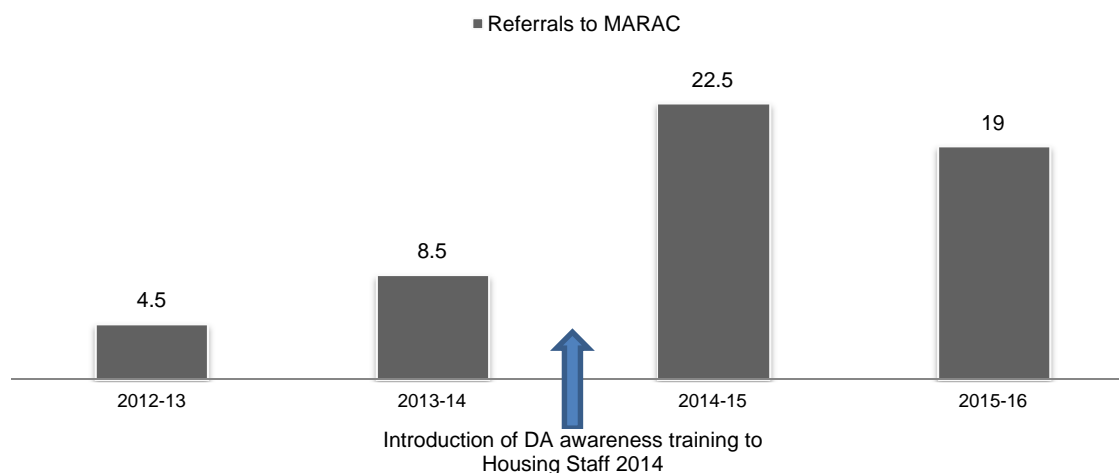


Strong links between domestic abuse support workers and frontline housing staff have been forged over recent years. Housing Options attend the Wiltshire MARACs and participate in the DA Conference Call (DACC). Domestic abuse awareness training started in 2014 to Housing frontline staff. As a result, the number of referrals made by Housing to MARACs has steadily increased over the past 3 years from 4.5 to 22.5³² in 2014/5 and 19 in 2015/16 (figure below).

³² NB. 0.5 of a referrals represents that referral has been received by more than one agencies

Figure 15 Housing referrals to MARAC

Source LA Wiltshire MARAC



Referrals to Women's Refuge

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

Wiltshire has 35 rooms of accommodation, provided through five refuge premises, across the four Wiltshire geographic hub areas, delivered by four current providers:

- Advance Housing Association (West)
- Greensquare Housing Association (North)
- Aster Living Housing Association (East)
- Salisbury Women's Refuge Ltd (South)

Table 19 Breakdown of Refuge Provision

Source Wiltshire Refuge Providers

Wiltshire Women's Refuges	Rooms of Accommodation
Salisbury Women's Refuge	11 ³³
West Wiltshire Refuge	7
North Wiltshire Refuges (Two Properties)	10
Kennet Refuge	7
TOTALs	35

The current level of service is funded through legacy Supporting People funding (table above). Refuge provision accounts for 12.5% of the supported allocated

³³ Anomaly in data provided; contract was varied in 2013 for refuge to reduce bedspaces to 7; Salisbury Refuge advises that WC's 7 units are funded through legacy SP grant and the other units through rent / HB

housing budget in Wiltshire; which is roughly comparable to the total number of units which stands at 10% of total supported housing stock.

Until now, Wiltshire Council Housing has directly managed the contracts for refuge provision. The current contract expires in March 2018. Consideration should be given to the benefits and efficiencies of incorporating the supported housing provision into the overarching domestic abuse service. This could provide significant added value, both in terms of budget efficiencies and most importantly service efficiencies.

The regional distribution is summarised in the table below. When looking at adequacy of refuge provision at the population level it is appropriate to consider the number of units per 10,000 population rather than simply looking at units per se. A benchmark level of 1 refuge unit per 10,000 population has been suggested as an optimal level of provision³⁴. Table 19 below details the refuge provision across the South West region from areas that participated in a recent survey³⁵. Wiltshire currently has a level of provision of 0.7 per 10,000 population, which is below the suggested national level and places us in the bottom half of the region in terms of provision level.

Table 20 Refuge provision Comparison Data for South West

Source Data collected by Somerset County Council on behalf South West Domestic Abuse Network

Area	No. of refuges	No. of Units in refuge	No. of Safe Houses/ Units	Total Units	Population (mid-year 2014)	Ratio - 1: unit per 10000 populations
Poole	1	18	0	18	150,109	1.2
Bournemouth	-	22	0	22	191,390	1.1
Bristol	5	38	0	38	442,474	0.9
Plymouth	1	11	13	24	261,546	0.9
Gloucester	1	8	3	11	125,649	0.9
Torbay	1	7	5	12	132,984	0.9
Swindon	1	20	0	20	215,799	0.9
North Somerset	1	14	2	16	208,154	0.8
Wiltshire	4	35	0	35	483,143	0.7
South Glos	3	16	0	16	271,556	0.6
Dorset	2	19	1	20	418,272	0.5
Cornwall	4	29	0	29	545,335	0.5
Somerset	2	23	6	29	541609	0.5

Regionally only Bournemouth and Poole reach the national target although Bristol, Plymouth, Swindon, Torbay and Gloucestershire are close at 0.9 per 10,000 population.

In 2015-16 there were 529 referrals to Wiltshire Refuges, with a breakdown of 205 referrals to South Wiltshire, 151 in the West, 119 in the North and 54 in East Wiltshire. The recent Housing Review identified that in 2015/16 the average length of stay in a refuge was 81 days.

³⁴ Best Value Performance Indicator 225

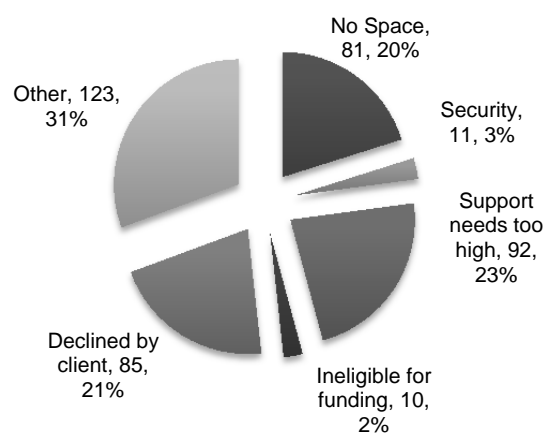
³⁵ Completed by Somerset County Council – August 2016

The relationship between referrals and final placement is complex. Often women will be referred to several refuges in the expectation that at least one refuge will offer a place, and in the event that multiple places are available the most suitable can be taken up. In addition, it is important to note that often victims need to be placed out of area away from perpetrators and their networks for their own protection. Refuge providers nationally therefore accept referrals from outside their local area as well as locally where appropriate. This means it is often the case that Wiltshire residents will optimally be placed in refuge accommodation outside Wiltshire, and non-Wiltshire residents in Wiltshire refuges. For this system to work efficiently it is important that refuge accommodation provision is considered in terms of units per head of population and that these are met nationally to ensure total population need is covered.

Refuges do not accept all referrals they receive. Sometimes this will be because the refuge is full, but there are other frequently occurring reasons. In 2015/16, 110 women were formally refused accommodation in Wiltshire refuges. The most frequent reason recorded was that the client's needs were too high (n=92), followed by lack of space (n=81) (figure 16). "Too high needs" can refer to the client having issues like mental health disorders, drug and alcohol abuse or other complex health or social issues.

Figure 16 2015-16 Breakdown of Refusals

Source Wiltshire Refuge Providers



It is noted that Salisbury and West Wiltshire refuges have also refused to accept referrals based on the client having physical access requirements they could not meet due to structural issues with the properties.

Having a disability or having substance misuse problems are all known to be associated with increased risk of experiencing domestic abuse. Thus the fact refuges cannot accommodate those with complex needs or physical disabilities are a serious concern. Such clients often represent a large proportion of victims and are often those with high levels of need.

Another area of concern is that, across all four schemes, the void rate is high with 359 void unit weeks recorded in 2015/16. The high void rate in combination with one of the main reasons for refusal being 'lack of space' (n=81) represents an interesting

issue. The Housing Review identified that refuges were refusing referrals, as they only had small rooms available, which were insufficient for the client's needs.

There are also disparities across the services in terms of acceptance criteria; some refusing to accommodate service users who have teenage boys (13yrs+) as part of the family makeup, whereas others will review on a case-by-case basis. This further increases the barriers to women fleeing domestic abuse. In addition, the current refuge provision is not able to offer accommodation to male victims of Domestic Abuse.

Recommendations arising from this section

- Include the future refuge provision within the upcoming domestic abuse commissioning process.
- Review options for ensuring refuge provision matches expressed need in terms of unit size and accessibility.
- Review options around how best to ensure that those with complex social and health needs can access refuge accommodation
- Work with local and national colleagues to ensure overall provision of refuge units for men and those fleeing with teenage male children is adequate

Commissioned Support Services for Victims of Domestic Abuse

As from October 2015, Wiltshire has had a single service provider, to deliver the commissioned support to victims of Domestic Abuse across all risk thresholds (standard to high risk). Prior to this, there were two providers. Following the procurement process in 2015, the support service for victims is provided by Splitz Support Service.

Splitz deliver two elements of support:

- High Risk Support (Independent Domestic Violence Advisors – IDVAs) and;
- Outreach (Paloma) Community-Based Support.

High Risk Support Service

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

The current contract commenced on 1st October 2015 and will expire 31st March 2018. The service includes the provision of five qualified (accredited) IDVAs.

The volume of referrals for high risk support has continued to increase year-on-year (figure 17). Referrals have increased by 60% since 2012. The greatest source of

referrals is received from the police, but there remains a wide range of referring agencies to the service (figure 18).

Figure 17 Referrals received to High Risk Support Service 2012-2016

Source LA Wiltshire - Public Health

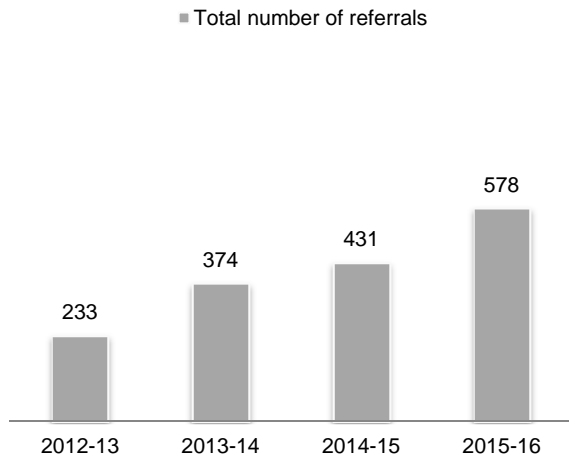
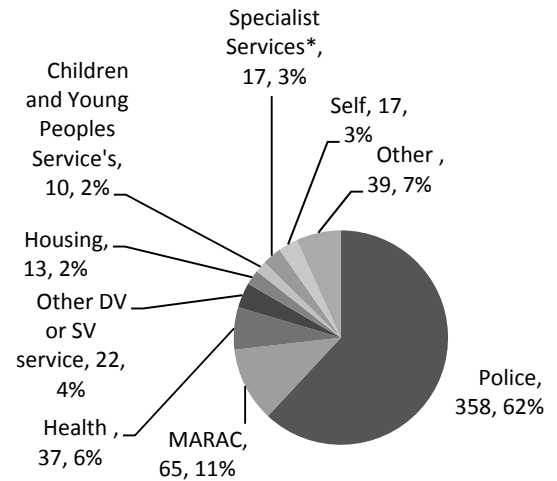


Figure 18 Source of Referrals to High Risk Service in 2015-16

Source Splitz Support Service



The engagement rate has steadily increased year-on-year; with the service recording a current engagement rate of 72% in 2015-16 (figure 19 below), which is within the national (SafeLives) guidelines of 60-80% engagement rate for services.

Figure 20 records referrals for some of the areas of vulnerability that have been identified, although it is recognised that there are further vulnerable groups that need to be supported. Of the referrals received to the service from identified vulnerable groups they have recorded an increase (with the exception of clients that are pregnant).

Figure 19 Engagement Data for High Risk Clients in 2012-16

Source LA Wiltshire – Public Health and Splitz Support Service

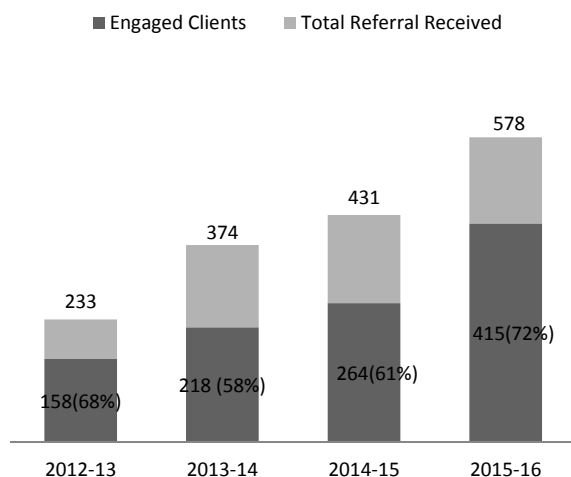
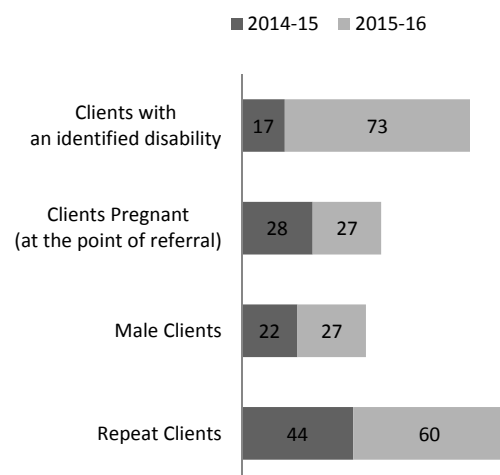


Figure 20 Vulnerable Referrals (high risk): 2014-16

Source LA Wiltshire - Public Health and Splitz Support Service



Following an internal Review by Splitz, they introduced a new process aimed to support the increasing demand on their services.

The high risk service of 5 IDVA (qualified) staff work with high risk DA cases scoring a DASH Risk Indicator Checklist (RIC³⁶) of 14 or higher. Contact will be made between 24-48hrs of the referral by an IDVA.

Cases that are assessed as (high) medium risk cases, with a DASH RIC of 10-14, will also be supported by an IDVA from the high risk service. Contact will be made between 3-5 working days by an IDVA.

Outreach (Paloma) Support Service

The Outreach Service (Paloma) supports victims of Domestic Abuse whose immediate risk has reduced (Medium and Standard risk) and are in a position to engage in further support to re-build confidence, encourage peer support, and work towards enabling positive behaviour change. The service will also deliver Making Changes workshops, group sessions which deliver a programme of support and understanding healthy relationships.

The service includes a manager and four Outreach Domestic Abuse Support workers (30hr contracts). The service supports victims that are at standard to medium risk (DASH RIC 5-9).

Service users will expect to receive contact within 3-5 days by a Support Worker.

The volume of referrals received to the service has continued to increase. The highest number of referrals was received in 2015-16 with 864 (figure 21 below). Self-referrals continues to be the greatest source of referrals, which supports the work and relationship building that the service has developed in local communities (Figure 22).

Figure 21 Volume of Referrals to Paloma 2012-2016
Source Splitz Support Service

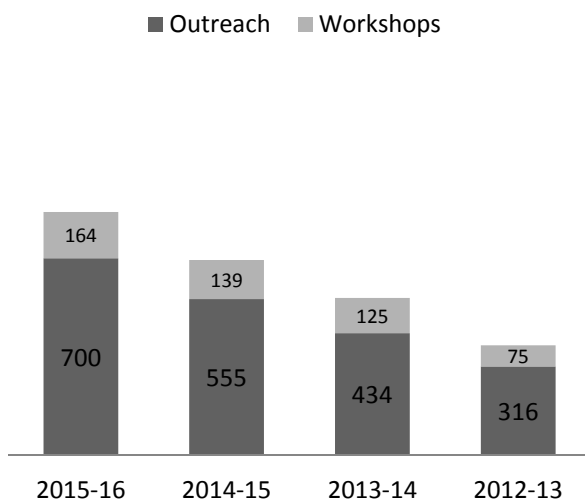
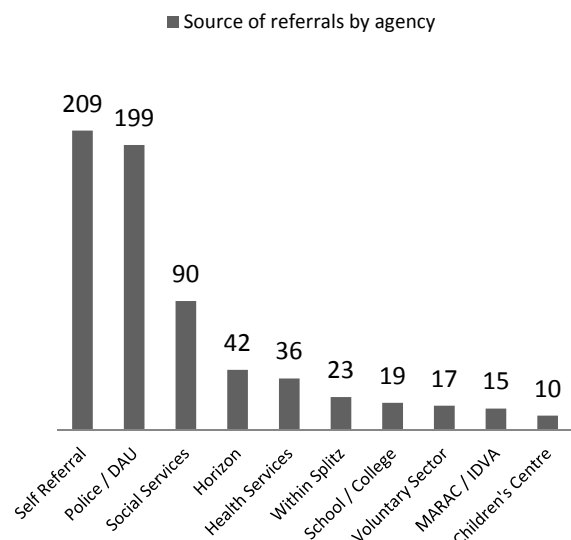


Figure 22 Referrals by Source to Outreach in 2015-16 (top 10)
Source Splitz Support Service



Service Accessibility

The evidence-base acknowledges Domestic Abuse remains a hidden crime and will often go un-reported. It is believed that only one in five incidences is being reported

³⁶ DASH – Domestic Abuse Stalking and Harassment and Honour Based Violence Rick Indicator Checklist

to the police. Awareness raising and accessibility of key support services plays an integral role.

Included as part of the current specification for the commissioned services is an expectation to work alongside partner agencies contributing to the wider awareness raising in local communities. This includes raising the profile of the services they provide and how they can be accessed. This is achieved through a variety of awareness opportunities including training sessions, briefings and developing relationships with other services.

The transition to a single service provider introduced a single contact point, simplifying the point of entry for service users.

Wiltshire Council hosts a webpage of supporting information for the public to access. This is promoted through the URL www.wiltshire.gov.uk/speakout. This includes a range of services both nationally and locally which can offer support.

Recommendations arising from this section

- Review options as part of the new service model to address the capacity pressures on accessing supporting services.
- Address the 'un-met' need of those hidden victims who are not already in the system, through earlier identification.

Address the issue around ownership of data in future contracts, to prevent data gaps in the event of a change of provider, to support the continued understanding regarding the prevalence of the wider agenda.

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

- Domestic Violence Protection Notices/Orders
- Domestic Violence Disclosure Scheme
- Domestic Abuse Conference Call

Each of these areas will be covered in this section.

Domestic Violence Protection Notices/Order (DVPN/Os)

Under the 'Policing, Crime and Private Security Act 2010 Section 21-30' a Domestic Violence Protection Notice (DVPN) can be granted for 48hrs. Its purpose is to create a protective space for the victim, enabling access to appropriate support, through the removal of the perpetrator from the home and prohibiting them from returning for 48hrs. This period can be extended for up to 28 days, following a Domestic Violence Protection Order (DVPO) being granted by a Magistrate.

Figure 23 Volume of DVPN/O's in Wiltshire (area only)
Source Wiltshire Police

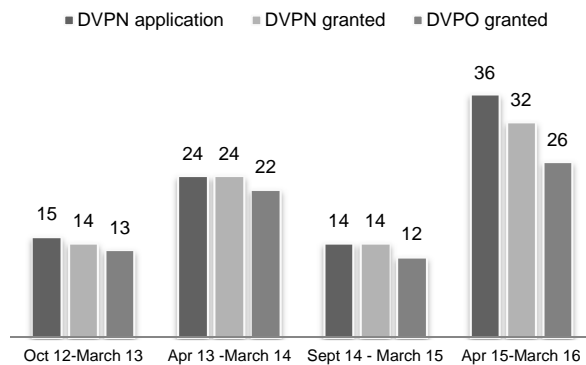
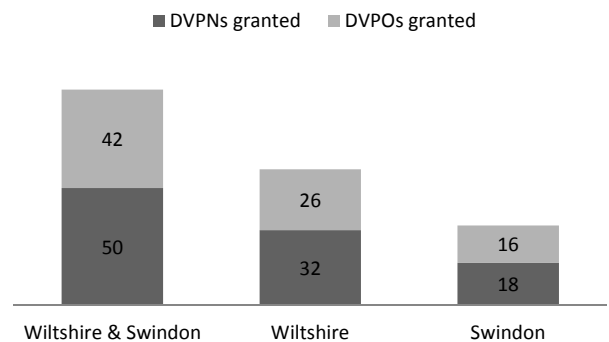


Figure 24 Volume of DVPN/Os Granted in 2015-16
Source Wiltshire Police



The volume of DVPN/O applications remains low in Wiltshire, with a total of 36 applications made in 2015-16, although this is the highest volume since its introduction. The use of DVPN/Os could be considered disproportionately low in comparison to the total volume of DA incidences being reported in Wiltshire.

Despite the low numbers, the conversion rate into a successful application remains high 89% (DVPNs) and 81% (DVPOs).

Nationally there is concern regarding insufficient penalties being given for breaches of a DVPN/Os. There have been examples of low monetary fines being used as sanctions, undermining the effectiveness and victim confidence in the power of the tool. There remains a gap in addressing the perpetrator's behaviour with this scheme, with the interventions being focused on the victim.

DVPOs are a tool to offer support to victims, but it is accepted that they are not the only tool. Police will utilise bail conditions, where applicable in DA cases, which again can provide prohibiting conditions to safeguard the victim.

Domestic Violence Disclosure Scheme (DVDS)

DVDS is a process enabling the police to disclose to individuals, information about previous violent offending by a new or existing partner where this may help protect them from further violent offending and help them to make informed choices, using 'right to know' and 'right to ask' legislation.

Figure 25 Wiltshire Volume of DVDS Applications
Source Wiltshire Police

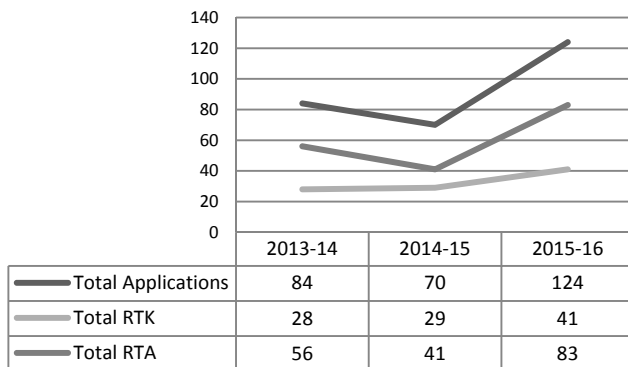
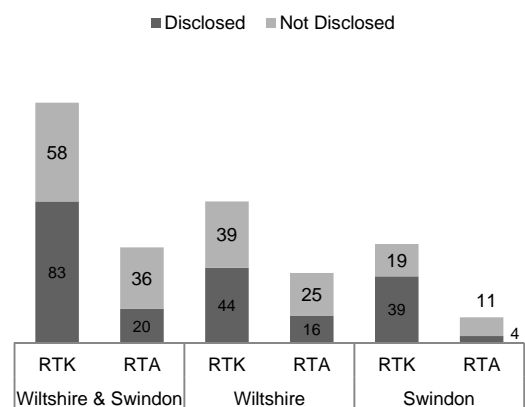


Figure 26 Breakdown of Disclosures for Right to Know & Right to Ask in 2015-16
Source Wiltshire Police



In 2015-16, there were a total of 124 applications received an increase of 44% on the previous year. Wiltshire has always recorded a greater volume of applications in comparison to Swindon, with a higher proportion of ‘right to ask’ (RTA) applications (83). However, disclosure is only happening in around 50% of applications; which has dropped compared to previous years; therefore further work could be considered to look at the ‘type’ of application being received and in light that only 50% result in a disclosure it may support the need for further awareness raising of the subject area.

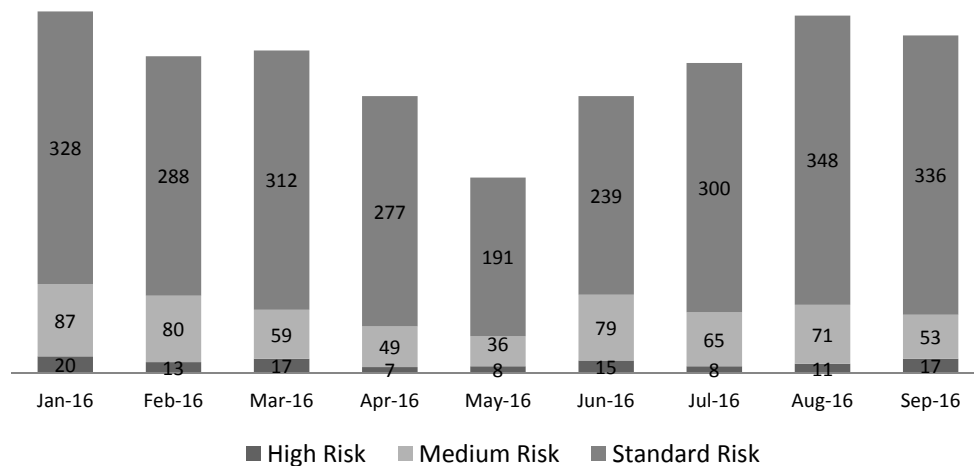
Wiltshire adopted a policy of disclosures being made jointly between the police and the high risk support service, to optimise the safeguarding of the victim whilst the disclosure is being made. This process can be lengthy and time consuming for both parties, having knock-on-effects on service provision.

Domestic Abuse Conference Call (DACC)

The DACC is a daily, weekday conference call between participating agencies, discussing the previous 24hrs (or 72hrs on a Monday) reported domestic abuse incidents notified to Wiltshire Police. The purpose is to increase the timeliness of sharing appropriate and proportionate information to safeguard victims at risk of Domestic Abuse.

The DACC was introduced in Wiltshire in October 2014. The role of the DACC in facilitating early information sharing for Domestic Abuse cases was recognised as good practice in the recent Joint Targeted Area Inspections.

Figure 27 DACC breakdown of cases Jan 2016 - Sept 2016
Source Wiltshire Police



Agencies participating in the Wiltshire DACC regularly include Children Social Care, LA Housing and Splitz; meetings are chaired by the Police. In addition, National Probation Service will receive the DACC case list, with the purpose to review and identify cases known to them, which triggers the police to share PPD1³⁷ (Public Protection Department 1 form).

There were 3,327 cases discussed by DACC (Jan-Sept '16) of which 2,007 cases identified children.

DACC will refer standard cases to the Horizon Victim and Witness Care team, of which 1544 referrals were made. The Horizon team followed up contact with victims to see if they wished to be referred to a support service (Splitz).

Recommendations arising from this section

- Re-visit the awareness and promotion of the use of DVPN/Os.
- Explore future opportunities to address perpetrator behaviour through the DVPN/O process.
- To further build on the DACC role to share information through increasing agency participation in the process.

Statutory Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) were established on a statutory footing under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. The governance for the DHR process is cited within the Wiltshire Community Safety Partnership and there are local terms of reference for the DHR.

Domestic homicide reviews are a process whereby cases that resulted in death (or suicide in one recent case) are examined to try to identify lessons that can be learnt to improve future practice.

³⁷ PPD1 form is the Police record of any domestic-related incident

Since 2012, Wiltshire has commissioned seven domestic homicide reviews. The average length to complete a DHR in Wiltshire is 17days³⁸; with the range being 14days – 20days.

To date, the cost associated with the completion of the DHRs in Wiltshire has exceeded £42,500, with the average cost per review in the region of £6,000. The principle cost is to fund an Independent chair for the review and an author. To date the costs have been largely paid for from the Local Authority Public Health budget, with one review being a joint investigation with NHS England, where the costs were shared. Currently, there is no identified budget to support future DHRs.

The administrative support required by the process is large. This has frequently, and inappropriately, been absorbed by the local authority instead of being seen as part of the chair/author remit. Lack of clarity in working group structure has meant that administrative efforts have been duplicated resulting in unnecessary staff pressures.

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

There have been ongoing discussions in the DA Sub group around developing a vehicle to consider lesson's learned on those significant cases that were 'near misses'. However, it has been hard to obtain good data. In addition, the DHR guidance recommends Local Areas to consider commissioning reviews for domestic abuse incidents that resulted in suicide. In 2015, Wiltshire commissioned one such review following a suicide. This process was found to be incredibly informative by those agencies that participated, suggesting there was much that could be learned from it. Further work could be carried out to investigate the feasibility of these options.

Recommendations arising from this section

- Establish how future DHRs will be delivered, developing policy to reflect local and national learning.
- Explore the inclusion of "near misses" into local DHR policy.

Adults at risk

An Adult at risk is defined in the Care Act (2014) as an adult aged 18 and over whom;

- Has care and support needs, whether or not they are met by the local authority;
- Is experiencing or is at risk of experiencing abuse or neglect or;
- As a result of those needs is unable to protect themselves from the risk or experience of abuse or neglect

³⁸ Assuming a working day 8hrs

Domestic Abuse has now been included explicitly within the *types* of abuse or neglect.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures.” The Care Act statutory Guidance. HM Gov. 2016

From 2015, data now records domestic abuse as one of the types of abuse identified³⁹, comparison data is provide in the figures below.

Figure 28 Jul 14 - Jun 15
Source LA Wiltshire Adult Social Care

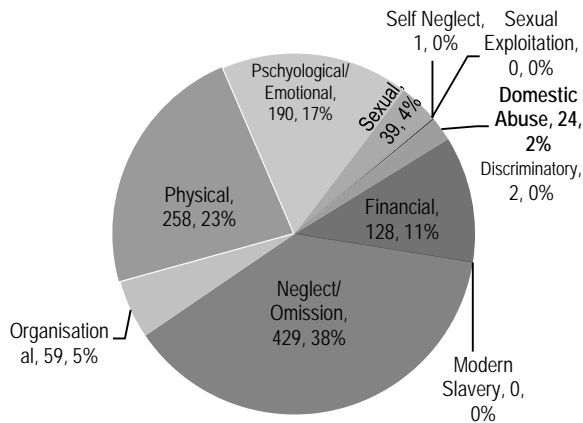
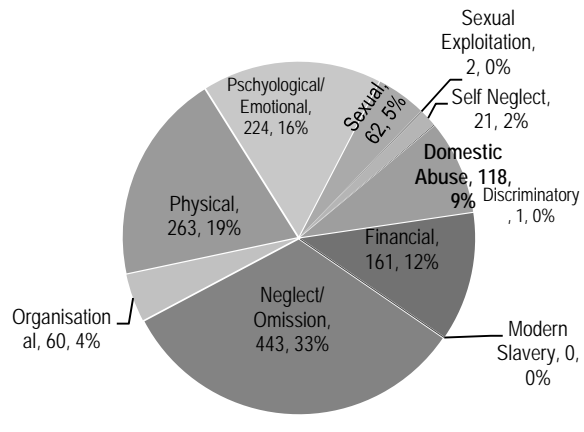


Figure 29 Jul 15 - Jun 16
Source LA Wiltshire Adult Social Care



The Safeguarding Adult Team (SAT) would be the initial point for identifying Domestic Abuse. To support this identification staff are required to complete an e-learning training package, which includes Domestic Abuse awareness. A further training session was delivered in 2015 on Domestic Abuse Risk Assessment and MARAC referral pathways and is set to be re-visited in Spring/Summer 2016 as a refresher.

Subject to the level of risk and concern, action is identified through the Safeguarding Adult team and a referral (if required) to MARAC would be generated. The number of referrals made to MARAC in 2015-16 was 4.

Recommendations arising from this section

- Continue to develop relationship across the services interface to increase the earlier recognition and identification of Domestic Abuse.

³⁹ Clients can be identified as having experienced multiple ‘types’ of abuse and not restricted to just one. The Care First system will only track the ‘primary’ concern; therefore could be a higher volume experiencing DA.

Vulnerable Communities

The definition of Domestic Abuse includes the wider issues of Honour Based Violence (Abuse), Forced Marriage, Female Genital Mutilation and Modern-Day Slavery. The nature of Domestic Abuse and its impact can be even more hidden in some communities including Visible Minority Ethnic and Gypsy Traveller groups, increasing vulnerabilities of these communities.

Honour Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation (FGM)

The Forced Marriage (Civil Protection) Act 2007 seeks to assist victims of Forced Marriage and those threatened with Forced Marriage, by providing civil remedies.

Wiltshire Police confirmed a nil return for no crimes recorded of Female Genital Mutilation, Forced Marriage and Honour Based Violence (Abuse) in 2015-16.

There have been 15 referrals made to the Wiltshire MARAC for Honour Based Violence (Abuse).

Multiple Complex Needs

Domestic Abuse will rarely sit in isolation and cuts across a wide range of agendas including substance misuse and mental health issues, often collectively referred as the 'toxic trio'⁴⁰.

Wiltshire agencies and services are anecdotally reporting concerns about the increasing levels of complex issues presenting in their caseloads and service users. Families are now living and experiencing increasingly chaotic lifestyles and are requiring a multi-disciplinary response. Often health issues such as alcohol dependency and poor mental health need to be considered at the same time as ensuring immediate safety concerns are addressed. As this area continues to emerge, we need to understand the prevalence and impact further through improved data collection.

Recommendations arising from this section

- Explore future training and awareness on the wider issues included under the Domestic Abuse definition to both professionals and wider public campaigns.
- Develop improved data recording on the impact and prevalence of substance misuse and mental health in Domestic Abuse caseloads, to increase the understanding around the issue.
- Ensure future service provision addresses the issues of being able to support service users with multiple complex needs.

⁴⁰ Ofsted (2010) Learning lessons from serious case reviews 2009 – 2010, Manchester: Ofsted

Children and Young People Services

Overview

The prevalence of domestic abuse on Wiltshire's Children and Young people has been covered in an earlier chapter. This section looks to review:

- The local support available for children and young people witness and living with the effects of domestic abuse.
- Discuss the context of current children's services;
- Report the recent findings from the Joint Team Area Inspections (JTAI).

Context of Children's Support Arrangements

Historically in Wiltshire Children's Support services were independently funded and delivered through the voluntary sector. Splitz Support Service started the Children's programme in 2004, supporting a wider age range (7-16yrs) of children affected by domestic abuse. However, at this time several other organisations were also funded to provide support to children under 11yrs e.g. Barnardo's' Tapestry project and NSPCC. Therefore with limited funding Splitz took the decision to focus on supporting young people aged 11-16yrs. Up until September '16, this work had primarily been funded by Comic Relief and Children in Need.

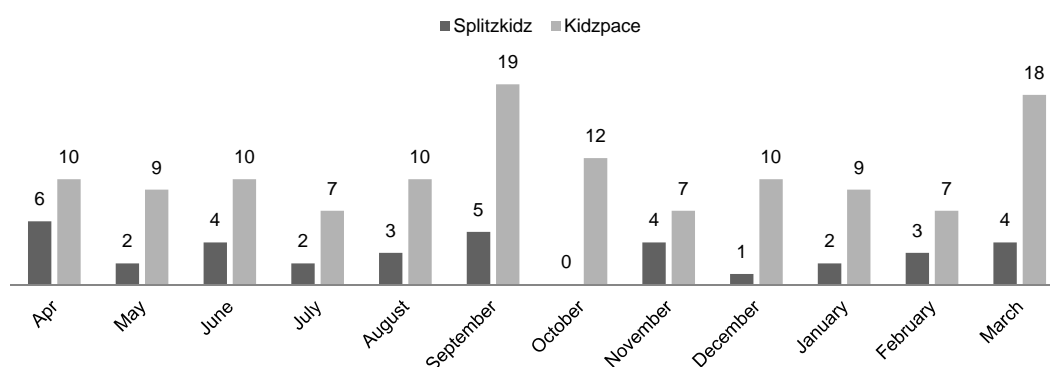
The service provided by Splitz Support Service supported children and young people aged between 11-16years living in Wiltshire, across two geographic areas;

- South and East Wiltshire (SplitzKidz) and;
- North and West Wiltshire (KidzPace).

The service provided both one to one and group work and aimed to improve young people's understanding and awareness of domestic abuse and that they are not at fault for the abuse being experienced between their parents.

Over the past 3 years, in the South of Wiltshire (1 FTE worker) 97 individuals received support. The average waiting time for support has been 90 days and the waiting list has been closed on several occasions. In North Wiltshire, over the past 3 years (0.9 FTE worker) offering a different model, with more time limited support has worked with 270 young people. The average waiting time for support was 50 days. Figure below provides a breakdown of the volume of referrals by area in 2014-15. An evaluation of the outcomes of the two models could be considered.

Figure 30 Referrals to Support Services for Young People affected by Domestic Abuse in 2014-15
Source Splitz Support Service



This service ended in September '16, as a result of the external grants finishing.

Support for Children Witnessing/Living with Domestic Abuse

Children's Domestic Abuse Support Service

An interim Children's Support Service was funded through Wiltshire Council's Public Health and Children's Social Care (CSC) from October 2016. The service is delivered by Splitz Support Service and works with children and young people (11-16yrs) identified through CSC at threshold levels 3 and 4 (CiN and CP). It provides 55hrs of support per week. The service is delivered out of the 'Thrive Hub' areas, to maximise the support time available (reducing travel time). The service projects to support 130 children a year.

Over the first 6mths of the Service (Oct '16 – Mar '17) a total of 90 referrals were received, of which 84 received support (6 not eligible as were under the age threshold). 24 cases have been closed to date, 18 of which needs were deemed to be met and 6 due to non-engagement.

The interim arrangement does differ to the previously independently funded children's work for the County. The funding for this expired September 2016, so to prevent a gap in service provision Wiltshire Council agreed to fund an interim intervention, to support those deemed at greatest risk of harm. Current work is ongoing regarding a future procurement exercise for domestic abuse services, of which Children's Support work will be included.

In addition, Splitz currently deliver a TeenzTalk programme to secondary schools in Wiltshire. A healthy relationships programme aimed at Year 9 and 10 students. This service has independently secured three year funding (Blagrove Trust). The funding will deliver the service to 27 schools over the 3 years until September 2018. The first programme is free and then any subsequent programmes initiate a charge of £100 per student.

Wiltshire Children's Centres

The Wiltshire Children's Centre provision is delivered by two voluntary organisations Spurgeons and The RISE Trust. Children's Centres aim to target specific vulnerable groups, including children living with domestic abuse.

In 2015/16 the number of families seen at Children Centre's in Wiltshire who had disclosed domestic abuse was 927 (up 64% on 2014/15).

Children's Centres deliver and encourage participation in programmes for families experiencing domestic abuse. In 2015/16, 140 families accessed domestic abuse programmes (mainly the Freedom Programme and Making Changes from Splitz), an increase of 146% since 2014/15 (source: eStart).

A recent development, includes delivering the Women's Aid programme 'You and Me Mum', a 10 week programme for new mother's identified through the children's

centre and other referring agencies who have experienced domestic abuse and have children aged 0-5yrs. An evaluation of this programme is planned.

In addition, Children Centre's have regular representation at the Wiltshire MARAC arrangements.

Joint Targeted Area Inspection (JTAI) Findings

Between 31 October and 4 November 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Probation) undertook a joint inspection of the multi-agency response to abuse and neglect in Wiltshire. This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

In preparation, Wiltshire collected evidence demonstrating the outcomes and impact for families exposed to domestic abuse. This overview can be viewed in full in the supporting documents.

The overall findings were positive, with inspectorates reporting that

"Organisations across Wiltshire have worked together well to overcome issues that have been raised in inspections conducted by the different inspectorates over the last few years. Significant progress has been made in all areas to ensure that children and families receive a well-coordinated and helpful response when difficulties are identified. This is clearly evident in the work undertaken to support children who are experiencing domestic abuse."

Key multi-agency strengths identified included:

- A strong and committed partnership dedicated to improving outcomes for vulnerable children, including those experiencing domestic abuse.
- Multi-Agency Safeguarding Hub (MASH) arrangements.
- Management oversight in agencies and challenge between partners.
- Wiltshire Safeguarding Children Board and the domestic abuse sub-group promote, coordinate and prioritise the work of statutory partners effectively in relation to domestic abuse.
- Partners remain committed to drive the agenda forward and implement actions identified to ensure continuous learning and improvement is achieved in the safeguarding of Wiltshire's vulnerable populations.

Recommendations arising from this section

- Build on a collaborative approach to safeguard the next generation; strengthening the relationships between partner agencies.
- Include the children's support work as part of the proposed DA procurement process.
- Address the gap of support at the lower risk threshold; considering opportunities to embed an early intervention model.
- Address the gap in support provision for children aged 5-11yrs.
- Further work is required on communicating a clear referral pathway for accessing children's support service.
- Explore future working models and opportunities to identify driving factors between the high volume of single assessments completed in Wiltshire and those actually in receipt of specialist domestic abuse support.
- Continue to deliver on the JTAI recommended areas.

Perpetrator Services

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

- Community-based (voluntary) programmes.
- Court-Mandated programmes and;
- Consideration of identified gaps.

Overview

Unless work is targeted at addressing perpetrator's behaviour, the cycle of abuse will never be broken.

The 2014 HMIC reports⁴¹ shone a spotlight on the policing response to domestic abuse and put it into the public domain. In addition, the latest VAWG Strategy (2016) continues to emphasise the need for effective criminal justice responses to tackle this agenda and build on the recommendations from HMIC.

The long-term effectiveness of perpetrator programmes has been subject to much research, most recently as part of Project Mirabal. Its findings concluded that whilst researchers were optimistic about the role of domestic violence perpetrator programmes in ending DV, they warned they are not a panacea, as individual men ranged from minimal change to considerable improvement⁴².

Wiltshire Community Perpetrator Programme – Turnaround

The community perpetrator programme in Wiltshire is delivered through Splitz Support Service. It is independently funded through a range of external grants secured until 2018. Splitz first started delivering the programme in 2005.

Turnaround is a 25 week (5 modules) voluntary programme for male perpetrators of domestic abuse, who are looking to change their abusive behaviour. A women's safety worker works alongside the programme, offering support to the partner. Programmes are delivered in both Trowbridge and Salisbury.

The aims include to:

- Promote safety of victims and their children,
- Mitigate and prevent the risk of reoffending,
- Promote change in abusive/harmful behaviour and;
- Work collaboratively with other agencies to manage risk.

The programme is one of 10 nationally to be accredited by Respect.

Since 2013-15, the number of referrals have reduced year on year (figure below); with the lowest referrals received in 2015/16 (n=68). The service now only accepts Wiltshire referrals. 70% of those starting completed the programme.

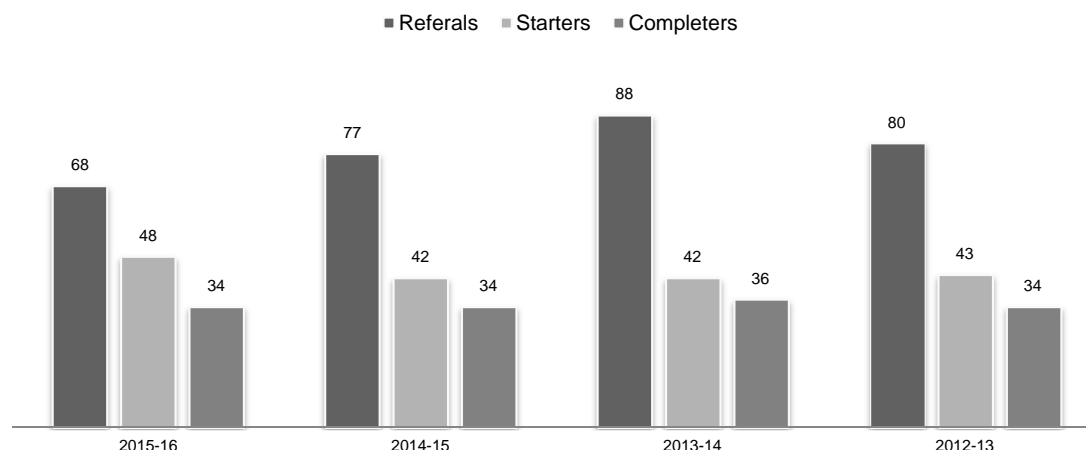
⁴¹ HMIC (2014) *Wiltshire Police's approach to tackling domestic abuse* <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/03/wiltshire-approach-to-tackling-domestic-abuse.pdf>

⁴² Kelly, L. and Westmarland, N.(2015) Project Mirabal; Domestic Violence Perpetrator Programmes Steps Towards Change <https://www.dur.ac.uk/resources/criva/ProjectMirabalfinalreport.pdf>

Anecdotally the service reported fewer self-referrals, which could be as a result of a change to the referral process. As from January 2016, if an agency is involved with the family e.g. Children Social Care, Army/Unit Welfare Services etc, that agency is required to complete the referral form.

Figure 31 Wiltshire Turnaround Programme 2012-2016

Source Splitz Support Service



The service has recently introduced the 'Daphne Outcome Measuring' toolkit⁴³, completed by men and their partners (if engaged with the women's safety worker). This involves data collation at the start, middle and at the end of the programme.

The service has just commenced a 3yr external evaluation with effect from 1st January 2016.

Court-Mandated programme – Building Better Relationships⁴⁴

As part of the government's reform of probation services, the Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company (CRC) was formed in June 2014.

The CRC is responsible for the management of low and medium risk offenders who have been sentenced to serve their order in the community. Additionally, CRC manage low and medium risk offenders released from prison on license, as well as offenders sentenced to less than 12months in custody.

Data provided by the National Probation Service (NPS) identified in 2015-16:

Table 21 Breakdown of Offenders as perpetrators / victims of DA

No. of Male Offenders identified as Perpetrators of DA by Probation Service	118
No. of Female offenders identified as perpetrators of DA by Probation Service	4
No. of Male offenders identified as VICTIMS of DA by Probation Service	25
No. of Female offenders identified as VICTIMS of DA by Probation Service	6

Source National Probation Service

⁴³ The DAPHNE IMPACT project; provides a monitoring framework for perpetrator programmes to (self) monitor the results of their work <http://www.impact.work-with-perpetrators.eu/index.php?id=16>

⁴⁴ Data Source; Wiltshire Community Rehabilitation Company Limited

Specific to domestic abuse, the CRC work with people who have been violent or abusive towards their partners or have been identified at risk of doing so. They deliver the 'Building Better Relationships' programme, an accredited group to reduce re-offending by adult male perpetrators of intimate partner violence. It aims to enable men to acknowledge the abuse they have perpetrated and its effects on others, and to build understanding and strategies for appropriate behaviour and responses in the future. The programme runs for 24 group sessions, held once or twice a week, plus up to five one-to-one sessions.

Table 22 Building Better Relationships Programme data 2013-16

	2013-14			2014-15			2015-16		
	Total	Rural (Wiltshire)	Swindon	Total	Rural (Wiltshire)	Swindon	Total	Rural (Wiltshire)	Swindon
Men made subject to BBR	84	37	47	95	41	54	77	38	39
Men completing DA Programme (IDAP/BBR)*	25	-	-	29	-	-	34	-	-

Source CRC

*Nb. Of the completions – not all will come from Orders made in the same year, due to the time period for completing programme IDAP (Integrated Domestic Abuse Programme) was phased out 2013-14 and replaced with BBR (Building Better Relationships)

The above table depicts the volume of cases referred to Building Better Relationships and the numbers completing. In 2015/16 there were 77 men subject to the Building Better Relationship programme; 38 were men residing in the Wiltshire (county) area. Across the year, a total of 34 men completed the programme⁴⁵. The completion rate has numerically increased, with more men completing in 2015-16, compared to previous years.

Young perpetrator programmes

The recognition of young people as victims and/or perpetrators of domestic abuse was seen as one of the major additions to the Home Office definition (2013).

The needs assessment sought to include data from young offenders who have been identified as perpetrating or at risk of perpetrating domestic abuse, through Wiltshire Council's Youth Offending team. Young people are assessed in terms of relationships and the 'asset assessment' looks both from the perspective of them being a victim or perpetrator. However at this stage it was not possible to extract this information from the systems⁴⁶.

Data available from the Wiltshire MARAC reported in 2015-16 that there were 4 referrals received (north/west MARAC) involving perpetrators who were aged 17 or below.

To support and further understand the prevalence of the domestic abuse and young people, the Wiltshire DA Sub group has commissioned an audit to focus on young people perpetrating or at risk of perpetrating DA, due the end of 2016-17.

There remains little support available to address young people perpetrating or at risk of perpetrating domestic abuse in the County.

⁴⁵ Note. Not all of the 2015-16 completers, would have come from orders made in the same period, with some rolling over from the previous year.

⁴⁶ Source: Youth Offending

Recommendations arising from this section

- Consider undertaking a review to address the disparity between the high volumes of DA being perpetrated in Wiltshire compared against the low number of perpetrators in receipt of support interventions.
- Consideration to be given to including an element of perpetrator intervention into the future procurement offer, currently not being addressed.
- Explore alternative options used in other areas of short-term interventions for behaviour-change led programmes with perpetrators.
- Future consideration to be given to addressing the identified gap of available support for both young perpetrators, as well as female perpetrators.
- To support the young perpetrator audit and consider any future findings or recommendations.

Universal Services and their role in supporting those experiencing domestic abuse

Overview

The domestic abuse (DA) agenda has continued to gather significant momentum over recent decades. It is now recognised as a key public health priority, affecting women and children across the world (WHO, 2014)⁴⁷. As well as the more specific and specialist services discussed above there are a number of ways in which universal services also support those who experience domestic abuse.

Health Services Based Activities

Domestic abuse often inflicts injuries on victims that require the attention of medical services. The health effects of domestic abuse are known to include acute and chronic conditions, such as physical injury⁴⁸, complications pre/post pregnancy as well as significant long-term mental and emotional health problems⁴⁹.

Families live with domestic abuse for a significant period before getting effective help; on average 2.6 years for high-risk abuse, and three years for medium-risk⁵⁰. During this time they may well come into contact with health services and so this represents a stage at which help could be offered earlier.

⁴⁷ World Health Organisation. (2014). *Violence against women; intimate partner violence against women* Factsheet No. 239 [online] World Health Organisation available from <http://www.who.int/mediacentre/factsheets/fs239/en/> (accessed 23 October 2016)

⁴⁸ Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet* [online]. pp. 359, 9314, 1331-1336 available from: <http://search.proquest.com.ezproxy.uwe.ac.uk/docview/199005269?pq-origsite=summon> (accessed 05 November 2016)

⁴⁹ Lazenbatt, A., Taylor, J., and Cree, L. (2009). A healthy settings framework: an evaluation and comparison of midwives' responses to addressing domestic violence. *Midwifery* [online]. 25, 6, pp. 622-636 available from <http://www.sciencedirect.com.ezproxy.uwe.ac.uk/science/article/pii/S0266613807001398> (accessed 05 November 2016)

⁵⁰ SafeLives, (2015). *Getting it right first time*. SafeLives. <http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

Health professional associations have published guidelines on how to identify and respond to women experiencing domestic abuse⁵¹. The purpose of screening in a healthcare setting is to identify women with current or past experiences of abuse, to enable referral to appropriate support and interventions to encourage improved outcomes⁵¹. However, studies have confirmed that domestic abuse screening is very complex; domestic abuse remains a complex social phenomenon rather than a disease, which impacts of the barriers for disclosure and the effectiveness of screening tools and interventions.

Findings from the 2014 systematic review⁵¹ show that while screening is likely to increase identification of DA in healthcare settings, rates of identification remain relatively low in comparison to prevalence of abuse.

Local Health Service Activity

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

- When patients present with mental health issues if they hold a gun licence the information is now shared with the police so they can temporarily revoke the licence.
- Patient files can now be flagged to denote domestic abuse to enable the health provider to take informed decisions.

In addition, local health services continue to show an appetite for domestic abuse training.

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

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

Recommendations arising from this section

- Build on the work done to date with health services. Consider how the new procurement of the Domestic Abuse Support Service 'offer' can include direct work with primary and secondary care health services.
- Explore options to have an IDVA worker in Salisbury Hospital to ensure geographical equity of service provision

⁵¹ World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. WHO, 2013.

Cross agency domestic abuse capability raising

The health services are not the only services that come into contact with those experiencing domestic abuse. As part of Wiltshire's ongoing commitment to raising the awareness and understanding of domestic abuse, there has been a drive to deliver a combination of multi-agency and single-agency training sessions around the agenda.

The table below details the training delivered over a 12mth period. This has reached in excess of 400 Wiltshire practitioners from agencies as diverse as the police, health, CSC, housing, early years ASC, AWP, Probation, Drugs and Alcohol, Army Welfare, Midwifery, School Nurses, Schools and Children Centres.

Table 23 Training Schedule Delivered between October 2015-October 2016

Source Wiltshire Council – Public Health

Training Delivered	No. of Sessions Delivered	No. of Participants
WSCB Multi Agency Domestic Abuse and the Impact on Children	7	124
Multi Agency DASH Risk Assessment and Referral Pathway to MARAC	4	54
DASH Risk Assessment and referral to MARAC Training – bespoke to Selwood Housing Association	1	15
DASH Risk Assessment and referral to MARAC Training – bespoke to Childrens Social Care	3	32
DASH Risk Assessment and referral to MARAC Training – bespoke to Turning Point	2	27
DASH Risk Assessment and referral to MARAC Training – bespoke to AWP Mental Health	2	40
Domestic Abuse Awareness – for Early Years Settings	1	27
Multi Agency HBV/FM Briefing	1	26
HBV/FM/FGM Awareness Raising – bespoke to MASH Staff	2	34
HBV/FM Information Session to Wiltshire DA Forum	1	27
TOTAL		406

This training has helped people from these agencies feel better able to support those experiencing domestic abuse and has raised awareness of the issue across the county. There is a positive correlation between training delivered and the continued increases in MARAC referrals received from the wide range of non-police agencies. MARAC has a non-police referral rate of 41% in 2015-16 (against the national average of 36%).

Recommendations arising from this section

- Continue to raise awareness across agencies on the wider remit of domestic abuse.
- Deliver and evaluate the impact of cross agency domestic abuse training.

Support currently offered

Overview

To tackle Domestic Abuse it requires an integrated, multi-agency response that works across a combination of legal, criminal justice, health, housing, education and adult and children's safeguarding frameworks.

The evidence supports that no one agency can deal effectively and safely with the effects of domestic abuse, as the issue requires close partnership working between agencies and a collaboration which can have a profoundly positive effect on the lives and the safety of families⁵².

Specialist service overview

National Response

Nationally, the Government launched in March 2016 the latest Violence against Women and Girls Strategy 2016-2020⁵³. It continued to build on previous national strategy focusing on:

- Prevention,
- Provision of Services,
- Partnership working and;
- Pursuing Perpetrators.

Service provision to support the Domestic Abuse agenda at a national level remains limited and the continuing economic pressures have resulted in reductions in funding to services. Appendix 1 provides a breakdown of the national specialist services available supporting the wider Domestic Abuse (Violence against Women and Girls) agenda.

Local Response

The Wiltshire response to domestic abuse is governed and driven through a multi-agency arrangement, within the Wiltshire Community Safety Partnership and the Wiltshire Safeguarding Children's Board. Work continues to strengthen the links across the Wiltshire Safeguarding Adults Board agenda.

Wiltshire is committed to delivering a Domestic Abuse response across both adult and children's services, reducing silo working and encouraging a 'whole family approach'.

Agency commitment for the Domestic Abuse agenda remains high in Wiltshire, demonstrated through regular attendance at meetings by a wide variety of agencies and departments. This remains an area for continued review, further work could be beneficial to re-engage partners across the strategic and/or operational agenda including adult mental health services, children and adolescent mental health services and army welfare services.

Local service provision to support the Domestic Abuse has been detailed in Appendix 2, which includes specialist commissioned services and more general support services serving a wider universal need.

⁵² Home Office. (2007). National Domestic Violence Delivery Plan: Annual Progress Report 2006/7. London

⁵³ HM Government (2016), *Ending Violence against Women and Girls Strategy 2016-2020*. HM Government.

Brief description of provision and range of non-specialist services (National and Local)

There are a range of local and national services that do not specifically have a domestic abuse remit but that none the less provide support to those experiencing domestic abuse. It is not possible to provide a comprehensive list of such services but it would be remiss not to highlight and acknowledge the role they can play in supporting people particularly in the early stages of help seeking. These services will include places such as the GP and other health workers, community and religious groups, third sector organisations such as the Citizens Advice Bureau and mental health charities.

Recommendations arising from this section

- Recognition of the National strategic direction for the Violence against Women and Girls agenda in future local Strategy development.
- Strengthen partnership working across agencies including adult mental health services, children and adolescent mental health services and army welfare services and drugs and alcohol services with the local DA strategic and operational agendas.
- Develop a Service Pathway 'map' to support awareness and accessibility of key services.

Evidence Review of What works

Overview

This chapter provides an overview of the most recent evidence-based practice across the agenda including:

- Health-Based interventions
- Support models for children and young people
- Efficacy of perpetrator programmes

Adult Victims

The Violence against Women and Girls Strategy (2016)⁵⁴ acknowledges the need for a co-ordinated approach to prevent violence and abuse in the first place and to make sure those experiencing it, access appropriate support. The national focus is supporting professionals to identify and recognise the earliest signs of Domestic Abuse, preventing escalation through a greater focus on earlier intervention.

Health-Based Interventions

Increasing evidence has supported the role of health in the earlier identification of Domestic Abuse. Victims of Domestic Abuse are more likely to present to a health service than any other service, for some this can be as many as up to 15 occasions⁴; representing missed opportunities for earlier intervention and reducing the risk of further harm.

The IRIS Model

IRIS (Identification and Referral to improve safety) provides support for GP practices in identifying and supporting victims of Domestic Abuse. A targeted intervention for

⁵⁴ HM Government. (2016). *Ending Violence against Women and Girls Strategy 2016-2020*.

female patients aged 16 and above experiencing current or former DA from a partner, ex-partner or adult family member. It provides care pathways for all patients living with domestic abuse and information and signposting for male victims and for perpetrators. IRIS was the first European randomised controlled trial of an intervention to improve the health care response to domestic violence and abuse⁵⁵; taking place in 48 practices across Bristol and Hackney between 2007-10, below are the summarised findings:

- Women attending intervention practices were 22 times more likely than those attending control practices to have a discussion with their clinician about a referral to an advocate. This resulted in them being six times more likely to be referred to an advocate.
- Women attending intervention practices were three times more likely than those attending control practices to have a recorded identification of DVA in their medical record.
- The results also showed IRIS to be a cost effective intervention⁵⁶.
- Training and support programmes targeted at primary care clinicians and staff improved referral to specialist DA support services.

Project Themis- co-location of IDVA services in Hospital settings

This research project looked to explore the impact of co-location of IDVA services in hospital settings⁵⁷. The research examined five hospitals, across four geographic areas that had adopted co-location of specialist domestic abuse services with their A&E and maternity units; compared against community-based Domestic Abuse support service. The key findings are represented in the table below:

Table 24 Findings of the Themis research Source SafeLives

Co-location of IDVA services within a hospital setting can significantly improve health and wellbeing outcomes for victims of domestic abuse; in addition to:	
Increased engagement of victims disclosing disclose high levels of complex/multiple needs in relation to mental health, drugs and alcohol.	Health setting was more conducive to disclosures; as seen as confidential, with a greater focus on wellbeing rather than the criminal justice issues.
Increased engagement of victims who are pregnant in hospital settings.	Increased timeliness for accessibility for support through earlier identification, than those in a community setting.
Improved links with safeguarding arrangements e.g. referrals to MARAC and improved information sharing.	'Golden window of opportunity' – for hospital IDVAs to support victims due to their setting.
56% of hospital victims had accessed A&E the previous year; prior to getting effective help, compared to 16% in the community. Reflecting missed opportunities for earlier intervention.	Improve victims safety and wellbeing through improved access to wider services; hospital IDVAs providing a gateway to other support interventions.

Recommendations arising from this section

- Consider the role of health-based interventions for DA in Wiltshire in particular IDVA presence at Salisbury Hospital and link-workers in GP surgeries

⁵⁵ Feder, G., Davies, R., Baird, K., *et al* (2011). *Identification and referral to improve safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial*. The Lancet. 2011; 378: 1788-95

⁵⁶ Norman, R., Spence, A., Eldridge, S. and Feder, G. (2010). *Sot-effectiveness of a programme to detect and provide better care for female victims of intimate partner violence*. Journal of Health Services Research & Policy.

⁵⁷ SafeLives. (2016). *A Cry for Health; why we must invest in domestic abuse services in hospitals*. SafeLives.

Children and Young People

Evidence base for the impact of domestic abuse on Children and Young People

There remains significant evidence supporting the overwhelming impact Domestic Abuse has on those children and young people that are exposed and living with its impacts. The table below reports the effects of Domestic Abuse on Children and Young People as described in a briefing by the Royal College of Psychiatrists (2004)⁵⁸.

Table 25 Identified effects of DA on C&YP Source Royal College of Psychiatrists (2004)

Anxious or depressed	Difficulty sleeping
Nightmares or flashbacks	Easily startled
Complaints of physical symptoms e.g. tummy aches	Bed Wetting
Temper tantrums	Behaving younger than they are
Problems with school	Becoming aggressive
Withdrawing from other people	Low sense of self-worth
Older children may begin to play truant	Use alcohol or drugs
Self-harming	Eating disorder

Summary findings from the research include:

- Domestic abuse is a factor identified in over half of all Serious Case Reviews⁵⁹.
- Nineteen children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact (formally or informally arranged)⁶⁰.
- A third of children witnessing domestic abuse also experience another form of abuse⁶¹.
- Children and young people may be significantly affected by living with domestic abuse, and impact can occur long after safeguarding measures have been taken to secure their safety⁶².
- Witnessing inter-partner violence can have a negative effect on the child's emotional and behavioural development⁶³.
- At its most basic level, living with the abuse of their mother can be considered a form of emotional abuse, with negative implications for children's emotional and mental health and future relationships.
- Investing in early intervention services can bring about significant financial savings to both local and national government⁶⁴. However, the current economic picture and reducing budgets are challenging for Local Authority

⁵⁸ Royal College of Psychiatrists (2004), cited by Women's Aid Website

⁵⁹ Sidebottom, P et al (2016) *Pathways to harm, pathways to protection; a triennial analysis of serious case reviews 2011 to 2014: final report*

⁶⁰ Women's Aid, (2016) *Nineteen Child Homicides*. Bristol: Women's Aid

⁶¹ Radford, L et al (2011) *Child Abuse and Neglect in the UK*. NSPCC

⁶² Holt, S et al (2008) *The impact of exposure to domestic violence on children and young people: A review of the literature*. Child Abuse & Neglect Vol.32 Issue 8 pg. 797-810

⁶³ Kolbo et al (1996) cited in Hester et al (2007) *Making an Impact: Children and Domestic Violence*. Second Edition. London: Jessica Kingsley Publishers.

⁶⁴ Munro, E., (2011). *The Munro Review of Child Protection*. Department for Education: London.

areas in continuing to preserve and have a focus on early intervention services (Action for Children, 2016⁶⁵).

- Programmes providing non-judgmental advice, to build young people's resilience can make a positive difference and minimise the chances of long lasting harm (Public Health England, 2014⁶⁶).
- Early intervention services haven't just helped them avoid crisis or get much needed support at difficult times, it has helped to set them on a path towards a better life.

Recommendations arising from this section

- Address the gap of support at the lower risk threshold; considering opportunities to embed an early intervention model.
- Address the gap in support provision for children aged 5-11yrs.

Perpetrators

Evidence Base of the efficacy of male perpetrator programmes

There remains a clear need to hold perpetrators of Domestic Abuse to account in and out of the criminal justice system.

Research on the effectiveness of perpetrator programmes is documented in 'Project Mirabal'⁶⁷; a mixed method, longitudinal multi-site study of 11 British community-based (not criminal justice-mandated) DVPPs from 2009-2015. It studied the male perpetrators, their female partners and children and staff and other stakeholders. The table below documents the main findings.

Table 26 Project Mirabel - Research findings

Source Kelly, L. and Westmarland, N. (2015)

Programmes resulted in improvements in 6 outcome areas measured: respectful communication, expanded space for action (controlling behaviour), safety and freedom from violence and abuse for women and children, safe, positive and shared parenting, awareness of self and others (understands the impact of their actions) and safer, healthier childhoods.
The men found the experience mostly positive, the impact of being <i>held to account by their peers</i> and exploring <i>different ways of being men</i> were the heart of the programmes' success.
Overall the DVPPs contributed significantly to men taking steps to change, including <i>choosing to change</i> – men often had an initial view that attendance to tick boxes would then allow them to 'carry on as normal', meaning short, untested courses are not appropriate.
Physical and sexual violence was <i>ended</i> for the majority of women in the research but <i>everyday harassment was harder to curtail</i> .
Researchers were optimistic about the role of DVPPs in ending DV but warned they are <u>not</u> a panacea as individual men ranged from minimal change to considerable improvement.
Key recommendations included: <ul style="list-style-type: none"> • Improvements to group work for men, • <i>Increased dedicated support for the women and children,</i> • Acknowledgment of the tensions faced for DVPPs with challenging funding, • Increasing connections with children's services and;

⁶⁵ Action for Children, National Children's Bureau and The Children's Society (2016) *Loosing in the long run; trends in early intervention funding* https://www.actionforchildren.org.uk/media/5826/losing_in_the_long_run.pdf

⁶⁶ Public Health England (2014), *Building children and young people's resilience in schools*. Public Health England: London.

⁶⁷ Kelly, L. and Westmarland, N. (2015) *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report*. London and Durham: London Metropolitan University and Durham University.

- Conflict between sustainability and adherence to the original models of the DVPP

If the main referrers are children's services and CAFCASS then pathways in to DVPPs for men who might self-refer or who are not fathers may be limited. Important to attract men who can see the DVPP as an opportunity rather than a hurdle.

Recommendations arising from this section

- Ensure that the local DA offer is fully benchmarked against evidence based best practice.

Recommendations

Key recommendations arising have been highlighted throughout the text. The following is a summary of all key recommendations by section.

Local health needs

Demographics

- Use knowledge of the local demographic profile to inform service planning and allow for future proofing of services. Particular attention needs to be paid to the local ethnic profile and the need of the substantial and growing military presence.

Risk and Protective Factors

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

Prevalence of Domestic Abuse in Wiltshire

- Explore further the impact of Domestic Abuse on older populations.
- Revisit the role of the Specialist Domestic Violence Court (SDVC) process in Wiltshire and review the victim's journey through the court process.
- Explore the underlying factors that drive the disparity between the high volume of cases where Domestic Abuse is being identified by Children's Services and the numbers that receive an intervention or support.
- Further develop the WSCB's dataset to provide greater context of the Domestic Abuse issue, rather than just the prevalence.
- Explore options to gather further qualitative data on the impact of Domestic Abuse and attitudes of Young People.

Local Demands

Domestic Abuse Support Services

Adults

- Review Wiltshire MARAC process to ensure it incorporates recent research into best practices, and is robust enough to deal with any further increases in referral volumes.
- Ensure appropriate agency representation at meetings by continuing to strengthen engagement with mental health services, army welfare services and drugs and alcohol service.
- Explore future opportunities to ensure appropriate representation of "hard to reach" vulnerable communities in referrals to MARAC.
- Include the future refuge provision within the upcoming domestic abuse commissioning process.
- Review options for ensuring refuge provision matches expressed need in terms of unit size and accessibility.

- Review options around how best to ensure that those with complex social and health needs can access refuge accommodation.
- Work with local and national colleagues to ensure overall provision of refuge units for men and those fleeing with teenage male children is adequate.
- Review options as part of the new service model to address the capacity pressures on accessing supporting services.
- Address the ‘un-met’ need of those hidden victims who are not already in the system, through earlier identification.
- Address the issue around ownership of data in future contracts, to prevent data gaps in the event of a change of provider, to support the continued understanding regarding the prevalence of the wider agenda.
- Re-visit the awareness and promotion of the use of DVPN/Os.
- Explore future opportunities to address perpetrator behaviour through the DVPN/O process.
- To further build on the DACC role to share information through increasing agency participation in the process.
- Establish how future DHRs will be delivered, developing policy to reflect local and national learning.
- Explore the inclusion of “near misses” into local DHR policy.
- Develop relationships across adult services interface to increase the earlier recognition, identification and support of Domestic Abuse.
- Explore future training and awareness on the wider issues included under the Domestic Abuse definition to both professionals and wider public campaigns.
- Develop improved data recording on the impact and prevalence of substance misuse and mental health in Domestic Abuse caseloads, to increase the understanding around the issue.
- Ensure future service provision addresses the issues of being able to support service users with multiple complex needs.

Children

- Build on a collaborative approach to safeguard the next generation; strengthening the relationships between partner agencies.
- Include the children’s support work as part of the proposed DA procurement process.
- Address the gap of support at the lower risk threshold; considering opportunities to embed an early intervention model.
- Address the gap in support provision for children aged 5-11yrs.
- Further work is required on communicating a clear referral pathway for accessing children’s support service.
- Explore future working models and opportunities to identify driving factors between the high volume of single assessments completed in Wiltshire and those actually in receipt of specialist domestic abuse support.
- Continue to deliver on the JTAI recommended areas.

Perpetrators

- Consider undertaking a review to address the disparity between the high volumes of DA being perpetrated in Wiltshire compared against the low number of perpetrators in receipt of support interventions.

- Consideration to be given to including an element of perpetrator intervention into the future procurement offer, currently not being addressed.
- Explore alternative options used in other areas of short-term interventions for behaviour-change led programmes with perpetrators.
- Future consideration to be given to addressing the identified gap of available support for both young perpetrators, as well as female perpetrators.
- To support the young perpetrator audit and consider any future findings or recommendations.

Universal Services

- Build on the work done to date with health services. Consider how the new procurement of the Domestic Abuse Support Service 'offer' can include direct work with primary and secondary care health services.
- Explore options to have an IDVA worker in Salisbury Hospital to ensure geographical equity of service provision
- Continue to raise awareness across agencies on the wider remit of domestic abuse.
- Deliver and evaluate the impact of cross agency domestic abuse training.

Support Currently Offered

- Recognition of the National strategic direction for the Violence against Women and Girls agenda in future local Strategy development.
- Strengthen partnership working across agencies including adult mental health services, children and adolescent mental health services and army welfare services and drugs and alcohol services with the local DA strategic and operational agendas.
- Develop a Service Pathway 'map' to support awareness and accessibility of key services.
- Ensure that the local DA offer is fully benchmarked against evidence based best practice.

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Wiltshire Community Safety Partnership

Wiltshire Safeguarding Children's Board

Wiltshire Safeguarding Adult's Board

Wiltshire's Domestic Abuse Sub Group

Members of the Task and Finish Needs Assessment Group

Data Provided by

Wiltshire Council departments:

Public Health

Housing Options

Children Social Care

Adult Social Care

Wiltshire Police

Splitz Support Service

Wiltshire Refuge Providers:

Advance Housing Association (West)

Greensquare Housing Association (North)

Aster Living Housing Association (East)

Salisbury Women's Refuge Ltd (South)

National Probation Service Wiltshire

Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company

Crown Prosecution Service

Appendix One National Specialist Services

24hr Freephone National Domestic Violence Helpline (run in partnership between Women's Aid and Refuge)	Tel: 0808 2000 247 24 (24hr) Web: www.womensaid.org.uk
Refuge	Tel: 0808 2000 247 24 (24hr) Web: www.refuge.org.uk
National Centre for Domestic Violence (NCDV) - Free legal advice and support with injunctions	Tel: 0844 8044 999 (24hr helpline)
Male Advice Line (MALE)	Tel: 0808 801 0327 Web: www.mensadvice.org.uk
RESPECT	Tel: 0845 122 8609 Web: www.respect.gov.uk
Domestic Abuse National LGBT Helpline	Tel: 0800 999 5428 Web: www.galop.org.uk
Forced Marriage Unit	Tel: 020 7008 0151 Web: www.gov.uk/stop-forced-marriage
Karma Nirvana - Supporting victims of Honour crimes and Forced Marriage	Tel: 0800 5999 247 Web: www.karmanirvana.org.uk
Iranian and Kurdish Women's Rights Organisation (IKWRO) – supporting middle eastern and afghan women and girls at risk of HBV, FGM and DV	Tel: 0207 920 6460 Web: www.ikwro.org.uk
Paladin – advocacy and support for victims of stalking	Tel: 020 3866 4107 Web: www.paladinservice.co.uk

Source National Support Services Websites

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

Appendix Two Wiltshire Domestic Abuse Support Services

COMMISSIONED SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES

SUPPORTING VICTIMS

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

SUPPORTING CHILDREN & YOUNG PEOPLE

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

NON COMMISSIONED SPECIALIST DOMESTIC SUPPORT SERVICES

SUPPORTING PERPETRATORS

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

SUPPORTING VICTIMS

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

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

Source LA Wiltshire website and Stakeholder Event