



**SaferWalsall Partnership**

*working together for a safer borough*

# **Domestic Abuse**

## **Strategic Needs Assessment**

### **For Walsall**

**November 2023**

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# **Chapter 1**

## **Introduction Scope And Approach**

## Introduction

Domestic abuse can happen to anyone of any race, age, sexual orientation, religion, or gender. It can occur within a range of relationships including couples who are married, living together or dating. Domestic abuse affects people of all socio-economic backgrounds and education levels. Domestic abuse is sometimes called 'domestic violence' or 'intimate partner violence' and can be defined as a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner ([United Nations](#)).

The harm from domestic abuse often has lifelong impacts on physical, mental and sexual health. The more severe the abuse, the greater the impacts. In the worst cases, domestic abuse can result in homicide, including suicide as a result of the domestic abuse. Domestic abuse and mental ill health are commonly associated. Victims experience anxiety, depression, low self-esteem, inability to trust others, flashbacks, eating and sleeping disorders, and emotional detachment. Victims of domestic abuse can include a child or other relative, or any other household member. Experiencing and witnessing domestic abuse can have devastating impacts on victims, children and young people, friends and wider family members. There are also wider societal impacts.

Although anyone can be a victim of domestic abuse, it is well understood that domestic abuse is a gendered crime, impacting women and girls more significantly worldwide, which is deeply rooted in the societal inequality between men and women. In most cases, domestic abuse is experienced by women and is perpetrated by men. The World Health Organization (WHO) state that the most common type of violence against women worldwide is domestic violence, or the physical, emotional, and/or sexual abuse of women by their intimate partners or ex-partners. Women are more likely than men to experience multiple incidents of abuse, different types of domestic abuse (intimate partner violence, sexual assault and stalking) and in particular sexual violence. Domestic abuse exists as part of violence against women and girls, which also includes different forms of family violence such as forced marriage, female genital mutilation and so-called 'honour crimes' that are perpetrated primarily by family members, often with multiple perpetrators.

More recent evidence calls for a more inclusive approach to domestic violence, where there is acknowledgement that men suffer from domestic abuse too. Bates (YEAR) asserts that it would be more appropriate to consider intimate partner violence within the context of both family violence and other general aggression models to allow for more effective interventions to be developed.

Whilst physical and sexual assaults, or threats to commit them, are the most visible forms of domestic abuse and violence and are usually the actions that allow others to become aware of the problem, there are other types of abuse and power, including coercive control, emotional abuse, psychological abuse, financial abuse and stalking (formal definition is below). Furthermore, even if physical assaults may occur only once or occasionally, this has already instilled the fear of future violence attacks and allows the abuser to take control of the victim's life and circumstances.

The Power and Control Wheel, created by the Domestic Abuse Intervention Project in Duluth, Minnesota, America, is helpful in understanding the overall pattern of abusive and violent behaviours, which are used by an abuser to establish and maintain control over his/her partner or any other victim in the household. The Power and Control Wheel shows the tactics abusive partners use to keep survivors in a relationship. The inside of the Wheel contains the more subtle and less easily identified methods that are continual behaviours over time, and which are firmly established, while the outer ring represents physical and sexual violence. The more abusive actions, shown in outer ring, reinforce the regular use of other, more subtle methods found in the inner ring (Figure 1.1). It is estimated that coercive control, emotional aggression, psychological aggression and controlling behaviours (the 'inner wheel') are the most common form of intimate partner violence with prevalence averaging about 80%, although there is wide variation within the literature (Carney and Barner, 2012).

**Figure 1.1** The Power and Control Wheel



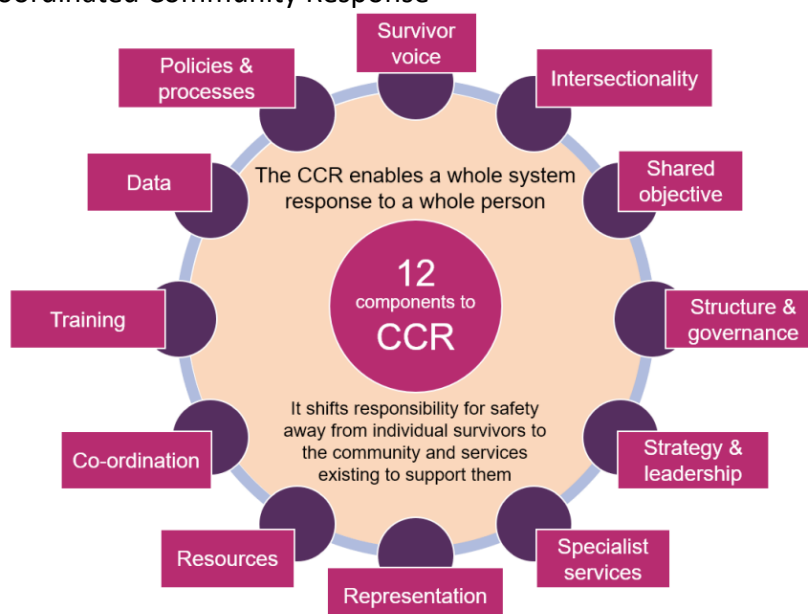
**Source:** [theduluthmodel.org](http://theduluthmodel.org)

**Note.** The original wheel above assumes she/her pronouns for survivors and he/him pronouns for partners. However, the abusive behaviour it details can happen to people of any gender or sexuality. Additional Wheels have been produced for different situations/cohorts, i.e. Abuse of Animals, Tactics Used by Gay Men.

It is vital that to prevent domestic abuse, all partners must come together to have a joint agreement. The Coordinated Community Response (CCR) brings services, including health, housing, social care, education, criminal justice and communities themselves to ensure that local systems keep survivors safe, hold abusers to account and prevent domestic abuse

([squarespace.com](https://squarespace.com)). The model of a coordinated local partnership to address and prevent domestic abuse is widely accepted as best practice.

**Figure 1.2** The Coordinated Community Response



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**Source:** [squarespace.com](https://squarespace.com)

### **Governance**

Safer Walsall Partnership has a well-established and robust governance structure with its own website: [Home | Safer Walsall Partnership](#) and is chaired by Walsall Police Commander Chief Superintendent. This Partnership oversees the planning and implementation of the Borough's community safety strategy and action plan, being based on Walsall's annual Strategic Assessment. The Walsall Domestic Abuse Local Partnership Board, a sub-group of Safer Walsall Partnership, has accountability and responsibility for the Domestic Abuse Strategic Needs Assessment and the Borough's Domestic Abuse Strategy and Delivery/Action Plan. It is chaired by the Executive Director for Adult Social Care and Public Health and Hub. To ensure delivery of the Assessment a multi-agency task and finish group was established.

### **Aim and Objectives**

The aim of this strategic needs assessment is to provide an overview to our communities and partners about our knowledge and understanding of domestic abuse across Walsall and the risk and protective factors linked with domestic abuse. This assessment will be used to refresh Walsall's Domestic Abuse Strategy and enable us to refresh and revise our action plan for domestic abuse.

A public health approach to domestic abuse prevention underpins this assessment, considers what the data tells us, listens to the voice of local people and communities, assesses the published evidence, and gathers good practice from other areas and within Walsall.

Our objectives are to:

1. Understand what a public health approach to prevention of domestic abuse means and how it can be applied in practice.
2. Improve our knowledge and understanding of domestic abuse across Walsall, considering the prevalence and incidence by person, place and over time and the impact of domestic abuse on those affected, so that we can mitigate and provide better support.
3. Improve our knowledge and understanding of our community assets and identify opportunities to enhance and strengthen these further.
4. Determine the gaps in our knowledge and understanding and make recommendations for future action.

## Definitions

The Cross-Government Statutory Definition was introduced as part of the Domestic Abuse Act in 2021. There is understandably an enhanced definition of Domestic Abuse within legislation, which demonstrates the complexity, breadth and depth of this agenda. The definition outlined below is directly taken from [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2021/1/section/1) and has been split into three components:

1. The Definition of 'domestic abuse'
2. Definition of 'personally connected'
3. Children as victims of domestic abuse.

### 1 Definition of "domestic abuse"

(1) This section defines "domestic abuse" for the purposes of this Act [Domestic Abuse Act 2021].

(2) Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if:

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

(3) Behaviour is "abusive" if it consists of any of the following:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (see subsection (4));
- (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) "Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to:

- (a) acquire, use or maintain money or other property, or
- (b) obtain goods or services.

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

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of "personally connected", see section 2.

## 2 Definition of “personally connected”

(1) For the purposes of this Act, two people are “personally connected” to each other if any of the following applies—

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
- (g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if—

- (a) the person is a parent of the child, or
- (b) the person has parental responsibility for the child.

(3) In this section—

- “child” means a person under the age of 18 years;
- “civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;
- “parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);
- “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

## 3 Children as victims of domestic abuse

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

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

(3) A child is related to a person for the purposes of subsection (2) if—

- (a) the person is a parent of, or has parental responsibility for, the child, or
- (b) the child and the person are relatives.

(4) In this section—

- “child” means a person under the age of 18 years;
- “parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);
- “relative” has the meaning given by section 63(1) of the Family Law Act 1996.



## Scope and Approach

This needs assessment enables us to identify and quantify the extent of domestic abuse that takes place across Walsall as well as looking at potential causes and drivers of domestic abuse and our protective factors. The assessment highlights those who are at most risk of domestic abuse, either as victims or perpetrators, identifies the safe accommodation that we have across Walsall, seeks to understand the pathways and help to improve our understanding of trends. The findings in this needs assessment should be used as the evidence base to produce the local Domestic Abuse Strategy, which will incorporate Safe Accommodation, and will outline the approach that will be taken to addressing the issues highlighted within this report.

When developing needs assessments, it is important to understand national drivers and inter-dependent agendas. This ensures the focus and approach is right for Walsall and enables links to be made so that duplication is avoided and gaps are prevented.

### *National Duties and Strategies*

#### **Domestic Abuse Act 2021** [Domestic Abuse Act 2021](#)

In January 2019, the government introduced the Domestic Abuse Bill 2017-19 following a consultation on transforming the response to domestic abuse. The legislation was reintroduced in March 2020 as the Domestic Abuse Bill 2019-21 and received royal assent on 29 April 2021. The Act, 2021 comprises:

1. *Creates a statutory definition of domestic abuse (as outlined above).*  
For the first time, a cross-government statutory definition of domestic abuse is created.
2. *Establishes in law the office of Domestic Abuse Commissioner.*  
This is to provide public leadership on domestic abuse issues and plays a key role in overseeing and monitoring the provision of domestic abuse services in England and Wales.
3. *Powers for dealing with domestic abuse*  
Introduces a new civil domestic abuse protection notice (DAPN) to provide immediate protection following a domestic abuse incident, and a new civil domestic abuse protection order (DAPO) to provide flexible, longer-term protection for victims.
4. *Local authority support*  
Requirements of local authorities in providing support to victims, developing domestic abuse local partnerships and producing annual reports.  
  
Place a statutory duty on local authorities in England to provide support to victims of domestic abuse and their children, in refuges and other domestic abuse safe accommodation.
5. *Protection for victims and witnesses in legal proceedings*  
Prohibits offenders from cross examining their victims in person in the family courts.

Victims will be automatically eligible for special measures on the grounds of fear or distress. This is also extended to civil and family court.

#### 6. *Offences involving abusive or violence behaviour*

Extends the remit of the offence of coercive and controlling behaviour to cover post-separation abuse.

Introduces two new offences: (i) threats to disclose private sexual photographs and films with intent to cause distress and (ii) strangulation and suffocation.

Enhance the criminal justice response to offences committed outside of the UK through extending extraterritorial jurisdiction.

#### 7. *Miscellaneous and general*

Enhance the approach to management of offenders, provide guidance on police disclosures, grant secure tenancies in cases of domestic abuse, issue guidance about domestic abuse and develop regulations and outline financial provisions.

This includes commencing a three-year pilot of mandatory polygraph examinations on domestic abuse perpetrators released on licence identified as being at high risk of causing serious harm.

There is a duty on upper tier local authorities to provide support to victims/ survivors of domestic abuse and their children in 'safe accommodation'. To ensure implementation of this new duty, additional New Burdens funding has been provided by central government. For Walsall, this means £705,940 for 2023/24 and £719,223 for 2024/25.

Safe Accommodation, which is covered by the New Burdens funding, is classified as being:

- Refuge accommodation
- Specialist safe accommodation, i.e., dedicated specialist support to victims with relevant protected characteristics and/or complex needs
- Dispersed accommodation, i.e., safe self-contained and semi-independent accommodation
- Sanctuary schemes providing target hardening of properties along with specialist support
- Move-on and/or second stage accommodation

Further to this, the Act 2021, ensures that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had, or has, a secure lifetime or assured tenancy (other than an assured shorthold tenancy), this must be a secure lifetime tenancy.

Part of this statutory duty includes the requirement to conduct a local needs assessment that specifically explores the level of local need for support services within safe accommodation for victims/survivors of domestic abuse. This needs assessment will support

decisions around commissioning and the development of a safe accommodation strategy every three years and make an annual report on progress.

In Walsall, a decision was made by Walsall Domestic Abuse Partnership Board to write a new strategic needs assessment for domestic abuse and a new domestic abuse strategy. Therefore, a life-course and whole system approach has been agreed for Walsall's strategic needs assessment and strategy, which covers both accommodation and community-based support. This ensures compliance with the Act 2021 and a much wider partnership approach and engagement.

Government will be publishing a perpetrator strategy as part of its domestic abuse work, as mandated by the Act 2021. However, to ensure that Walsall is able to respond to this strategy, Walsall Domestic Abuse Partnership Board agreed that there will be a section within this strategic needs assessment that provides the evidence regarding perpetrator programmes and references what support and programmes are available to perpetrators who live in Walsall.

The areas in scope for this needs assessment include:

- a) Domestic Abuse
- b) Honour Based Violence and Forced Marriage
- c) Child to parent abuse
- d) Family violence
- e) Stalking and Harassment
- f) Sexual abuse linked to domestic abuse (the strategic needs assessment for violence incorporated the wider definition of sexual abuse).

The needs assessment will focus on those aged 16 years of age and above. However, this does not exclude abuse within teenage relationships being raised. As such, a life-course approach is taken, including the impact of domestic abuse on children and young people and risks associated with inter-generational cycles of abuse.

In March 2022, the UK Government published its 'Tackling Domestic Abuse Plan Command Paper' placing a commitment to invest a minimum of £47.1 million over three years into support services. The tackling violence against women and girls' strategy and the domestic abuse plan were informed by the 180,000 responses that were received in the 'call for evidence', echoing the voices of victims and survivors. There are four objectives that align to the Tackling Violence against Women and Girls' Strategy:

1. **Prioritising Prevention:** Reduce the amount of domestic abuse, domestic homicide, and suicides linked to domestic abuse, by stopping people from becoming perpetrators and victims to begin with.
2. **Supporting Victims:** Help all victims and survivors who have escaped from domestic abuse feel that they can get back to life as normal with support from their health, emotional, economic, and social needs.
3. **Pursuing perpetrators:** Reduce the amount of people who are repeat offenders and make sure that those who commit this crime feel the full force of the law
4. **A stronger System:** Improve systems and processes that underpin the response to domestic abuse across society.

## **Tackling violence against women and girls' strategy**

[Tackling violence against women and girls strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/tackling-violence-against-women-and-girls-strategy)

Alongside the Domestic Abuse Act 2021 and the Domestic Abuse Plan 2022, is the Tackling Violence Against Women and Girls Strategy 2016-2020. This is because since 2010, the UK Government's approach to domestic abuse has been defined by its 'violence against women and girls' (VAWG) agenda. This approach has focused on the intention that 'no woman should live in fear of violence, and every girl should grow up knowing she is safe, so that she can have the best start in life'. The VAWG 2020 introduced new offences of stalking, forced marriage and coercive control as well as protective orders for domestic abuse and female genital mutilation (FGM).

Given that the two agendas of domestic abuse and VAWG overlap so much, the two agendas closely align at both a national and local level.

## **Serious Violence Duty 2022**

[Serious Violence Duty - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/serious-violence-duty)

To ensure that preventing and reducing serious violence is a priority for Community Safety Partnerships (CSPs).

National guidance, produced December 2022, sets out effective partnership working, advice on data sharing, information on monitoring and inspection and advice on working with the voluntary and community sector and young people.

## **Serious Violence Strategy 2018**

[Home Office – Serious Violence Strategy, April 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/serious-violence-strategy)

To break the deadly cycle of violence that devastates the lives of individuals, families and communities. Sets out how the Government will respond to serious violence.

Consolidates the range of important work already being taken forward and renews government's ambitions to go further. Focus is not solely on law enforcement but also partnerships across a range of sectors including our communities.

## *Regional and Local Partnerships and Strategies*

### **West Midlands Violence Reduction Partnership**

[Strategic Needs Assessment - West Midlands Violence Reduction Partnership](https://www.westmidlands.gov.uk/strategic-needs-assessment)

Strategic Needs Assessment that seeks out current understanding of the data and evidence from a range of sources that reveals patterns, trends and hotspots in the extent and the risk of violence in West Midlands. The report includes a substantive section on criminal exploitation through the county lines drug distribution model. It introduces the Risk Index, which allows us to focus attention on the people and the neighbourhoods that are most at risk of violence.

### [Walsall 2040 Strategy](#)

Walsall 2040 Strategy informs the long-term plan for Walsall Borough, its partners and all residents. Community safety features high in the priorities, which were fed back through public engagement, as this is a priority for our local residents.

### [Safer Walsall Partnership](#)

Safer Walsall Partnership has a three year Community Safety Strategy and a multi-agency statutory Board to ensure strategic vision and direction is set and priorities are

implemented. There are currently eight priorities that have been agreed with partners, all of which have their own delivery groups and delivery plans and report directly to the Safer Walsall Partnership Board. This ensures that there are strong multi-agency plans and mechanisms in place to deliver the broad community safety partnership agenda and to ensure that Walsall is a safer and stronger borough.

The eight priority groups that report to the Safer Walsall Partnership are:

1. Strategic Violence and Harm Prevention
2. Combating Alcohol and Drug Misuse
3. Youth Justice
4. Domestic Abuse
5. Offending and RE-offending
6. CONTEST
7. Strategic Commissioning
8. Anti-social Behaviour

The Youth Justice Board has an agreed strategic plan 2022-25. The Violence Prevention Strategy is being developed and is due to be published by January 2024 as per the Serious Violence Duty mandate. Strategic needs assessment for violence was completed May 2023.

### **Walsall All Age Exploitation Strategy, 2021**

This strategy was developed to prevent violence and exploitation, reduce the harm caused and improve health and wellbeing across Walsall Borough. As part of this strategy, the West Midlands Police received funding from the Home Office to establish a West Midlands Violence Reduction Partnership (VRP) in 2019.

### **Children and Young People 2040 Strategy**

The Children and Young People 2040 strategy is to be developed by the Walsall Children's Alliance, with a focus on two key priorities, (i) First 1001 days (Best Start in Life) and (ii) Exclusions. Walsall has a Neglect [Strategy](#) and [Early Help Strategy](#) linked with the children's agenda, as well as an outcomes [framework](#). The Outcomes Framework has a priority regarding crime prevention and tackling crime. Further, the local exploitation strategy highlights clear links with the violence agenda. There is also a [Youth Justice plan](#) and [All Age Exploitation Strategy](#).

### **Housing and Homelessness Strategy**

Walsall's [Homelessness rough sleeping strategy 2023-2028](#) has recently been refreshed and was approved by Cabinet in March 2023 and effective from 1 April 2023. The strategy has several key objectives including preventing homelessness, meeting the needs of young people, securing accommodation, helping victims of domestic abuse and supporting people who are homeless, and ending rough sleeping.

### **Drug and Alcohol Strategy**

[Walsall's Drug and Alcohol Strategy](#), 2023-2028, has been launched and is now being implemented. The key areas of strategic commitment relate to: prevention and early intervention, engaging underserved communities, improving pathways, treatment and recovery, crime and safety and, horizon scanning and innovation.

### Local Scope

A collaborative approach was taken to ensure a broad and inclusive methodology was employed in the production of this needs assessment. There is also a range of quantitative (collects data in a pre-defined, structured way) and qualitative (explores how people make sense of things and their experiences or situations) data utilised in its development and production.

Data included in this needs assessment has been taken from several sources, as listed in Table 1.1. There are limitations to any data, for example not all fields of data are captured at source, changes in definitions or recording of data changes over time, some levels of data are too small to present due to confidentiality. Further, datasets are available at different geographical levels depending on the data source, with some indicators at upper tier local authority level and some at lower super output area level. If there is only West Midlands level data, and indeed data at upper tier local authority level, then masking of inequalities can occur. There is often a time lag of data, especially from national sources but even for local data. Also, correlation does not mean causation.

It is important that the data we use is as complete, accurate and of as high quality as possible. There are audits that are undertaken to assess the quality of the data recorded and inspections and assessments take place. However, data are only as good as source data. If there is missing details then it is not possible to effectively analyse the data.

The impact of Covid-19 and the restrictions that were put in place to prevent the spread of the virus since March 2020, changed people's behaviours which had an impact on domestic abuse. It is too early to tell what the full impact Covid-19 has had on domestic abuse and whether any change, positively or negatively, is sustained. Therefore, care must be taken when interpreting trend data.

**Table 1.1** Sources of data used within the Domestic Abuse Strategic Needs Assessment

Crime Survey for England and Wales	West Midlands Police
Police Recorded Crime	West Midlands NHS Integrated Care
Ambulance Data	Local Surveys
Office for Health Improvement and Disparities	Local Authority, Children's early help, education & attainment, children's social care, & Public Health
Office for National Statistics	Local Case Reviews
Census 2021	Black Country Women's Aid
National Surveys	Ask Mark
National Reviews	
Universities	

There is a national definition for domestic abuse, as previously described. However, people are not arrested for 'domestic abuse' but rather the specific crime that they have carried out, i.e., physical abuse, sexual abuse, financial abuse. Therefore, on police records, the mention of 'domestic abuse offences' includes all crimes with a domestic flag added by police officers. As such, both violent and non-violent offences are captured. Domestic abuse

flagged offences may occur both in public or in private, and offending can be driven by the same underlying causes as other types of violence and therefore has been included in all analysis. For police recorded crime (PRC) the last four years of data have been used where possible. This includes the calendar years 2019, 2020, 2021, and 2022.

Both inpatient and emergency Department data were assessed for Walsall residents. All emergency hospital records were filtered for Walsall residents, with regular day or night attenders excluded. The dataset was filtered to return only those patients, aged 16 years and older, coded with maltreatment syndromes, in any diagnosis position, and including neglect or abandonment, physical abuse, sexual abuse, psychological abuse and other maltreatment syndromes. There were just 38 inpatient admissions covering the period between 2013/14 and 2022/23 with the maximum number of admissions per year being 8. The emergency department dataset was filtered for Walsall residents and aged 16 years and above, coded to classify an assault having taken place at home between 2017/18 and 2021/22. This returned a total of 179 Emergency Department attendances, with most being in 2017/18 (n=135). The maximum number of attendances in the other four years was 16.

Given that the number of records returned were insufficient for a statistical analysis, are highly likely to be significantly under-reported and under recorded, and there is clearly a coding issue, then it was not possible to utilise NHS data for this assessment apart from the specialist services that are commissioned.

## **Chapter 2**

# **Taking a Public Health Approach to Domestic Abuse and Understanding Walsall's population**



## Background

Domestic Abuse is of public health importance and can affect anyone, crossing all social boundaries. Anyone could be a victim, survivor, or perpetrator of abuse. It affects many people's lives through serious injury, poor physical and mental health and in extreme cases death. Domestic abuse has a strong rippling impact, affecting children, friends, family, colleagues and neighbours as well as communities, preventing individuals from living to their full potential.

Domestic abuse can affect men and women of all ages, although women are more commonly victims of domestic abuse than men. Children and young people, both girls and boys, are affected by abuse in the adult relationships around them as well as in their own relationships. Older people can experience abuse from their own carers, or even child or grandchild. Domestic abuse can happen at any age, across all gender identities, ethnic groups and walks of life.

Domestic abuse involves the misuse of power, where a perpetrator uses abusive behaviour to control their victim.

It is estimated that 1 in 20 adults experience domestic abuse every year in England. This is likely to be an underestimation because this crime is often hidden from view, at home behind closed doors and out of sight. It is often unreported, taking on average three years for victims of domestic abuse to access support services.

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

To end domestic abuse, it is important to look at the whole picture. Different types of violence are connected and often share root causes. Intimate partner violence is linked to other forms of violence through shared risk and protective factors. Addressing and preventing one form of violence may have an impact on preventing other forms of violence.

The biggest opportunity to reduce and prevent domestic abuse is to have a whole-system approach that is led by our communities. It is necessary to see and respond to the whole person, understand the connections between adverse experiences and individual characteristics as well as the situation. It is important to support all family members who are involved, which may include extended family members, so that support and responses are coordinated and sustainable. It is important that appropriate roles are taken on by the community, and society as a whole and finally, to act at each opportunity for change and intervention, from before harm happens to after the most imminently dangerous moments have passed and people are trying to rebuild their lives (SafeLives.org.uk).

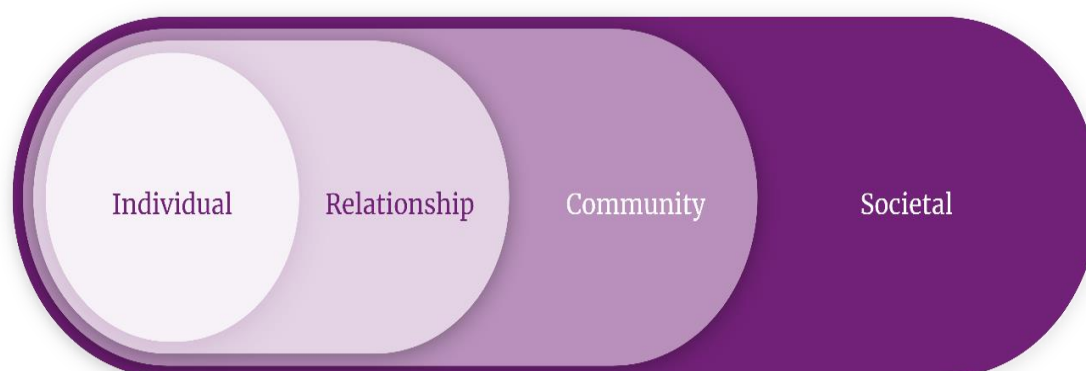
The WHO suggests an analytical framework, separating the different types of violence, which includes domestic abuse, the nature of the problem and the action required to deal with it but also identifies and emphasises the common features and linkages between the different types of violence, which includes domestic abuse, and leads to a holistic approach to

prevention (PHE, 2018). The WHO's violence prevention work that includes domestic abuse, which Safer Walsall Partnership has adopted, is based on the following approaches and principles (WHO VRU 22-26): Social Ecological Model; Public Health Approach; Evidence-based practice; Human rights; Life course approach; Multisectoral approach. Here, we look at each component separately.

## 1. Social Ecological Model

Preventing domestic abuse requires a population approach that looks at the needs and assets of the whole population. It is important to look across the social ecology model, which has four levels (Figure 2.1). This enables us to get a better understanding as why some population groups are at greater risk of domestic abuse than others and how we can mitigate against it.

**Figure 2.1** Social ecological model for understanding and preventing domestic abuse



Source: [The Social-Ecological Model: A Framework for Prevention](#)

For each level in this model, we consider the risk factors, and what we can put in place to reduce or remove such risk as well as the protective factors and how to enhance such aspects. Chapter 3 goes into the risk and protective factors in more detail.

## 2. Public Health Approach

Public Health is defined by the Faculty of Public Health (2016) as:

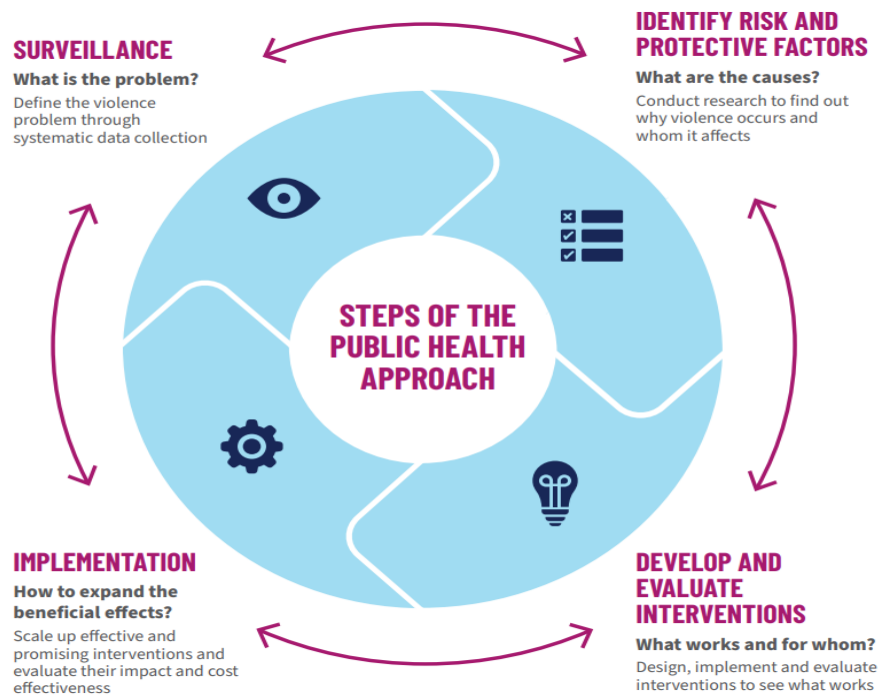
*'The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society'.*

What is important from this description is the systematic changes and whole system approach to improving outcomes by taking a public health approach. Therefore, public health aims to provide the maximum benefit for the largest number of people, what is often referred to as a 'population approach'. By considering populations rather than just individuals, the focus shifts to prevent health problems at scale, extend better care into a wider population reach and improve safety to greater numbers of people.

By changing policy and strategy as well as implementing interventions at a universal through to targeted approach, it is possible to gain a greater reach. All of which is based on evidence, data, and intelligence. Having a public health approach offers practitioners, policymakers and researchers a stepwise guide that can be applied to planning programmes, policies and investigation (WHO VRU 22-26).

The public health approach is based on evidence that domestic abuse behaviours and its consequences can be prevented. There are four-steps (Figure 2.2) that provides a framework to organise prevention at all levels of the social ecology model, from community, through entire societies, to regional and global levels (WHO VRU 22-26)

**Figure 2.2** Steps of the public health approach



Source: WHO Violence Prevention Unit: Approach, objectives and activities, 2022-2026

When we consider the public health approach, we come from the premise that prevention is better than cure and that there are three stages of opportunities to prevent domestic abuse:

- i. **Primary**  
Prevent domestic abuse before it starts. This should reduce people's tendency for domestic abuse. Primary prevention of domestic abuse should be our main objective.
- ii. **Secondary**  
Provide support early, when domestic abuse is happening and we work together to mitigate further escalation and to stop it becoming established, often called Early Intervention. This involves early warning and intervention, de-escalation and conflict handling, safe accommodation, alongside effective planning. This should lower the chances of those involved in domestic abuse being involved again.
- iii. **Tertiary**  
Looking to find ways to help people move away from a life of domestic abuse and includes criminal justice and enforcement and holding people account for their actions. It involves response, treatment and rehabilitation as well as reconstruction and resolution. It is also to ensure that the victims and survivors of domestic abuse get the support that they need.

In addition to the levels of domestic abuse prevention as described here, there are also types of interventions to address domestic abuse:

**Universal**, which is aimed at the general population

**Targeted selected**, which targets those at risk from the impact of domestic abuse

**Targeted indicated**, which targets those who perpetrate domestic abuse (LGA, 2018).

Considering such prevention stages and types of interventions, together we can develop a range of policies and interventions across the life course and our communities (Bellis, 2012).

### **3. Evidence-based Practice**

Good scientific evidence is essential to a public health approach to domestic abuse prevention. Using data to understand domestic abuse better, taking an evidence-based approach to ensure that interventions and response strategies to prevent such abuse, are based on scientific evidence and are likely to work, which also take cultural considerations into account (WHO VRU 22-26). This needs assessment, the aim is to critique the evidence, analyse data and understand our community response. This ensures that the Safer Walsall Partnership domestic abuse needs assessment is grounded in data and evidence.

### **4. Human Rights**

Domestic abuse prevention and response strategies and interventions must be compliant with relevant conventions, including the convention on the Rights of the Child and the Convention of the Elimination of Discrimination against Women and other international and regional human rights instruments (WHO VRU 22-26). New learning from brain science, psychology and public mental health fields needs to be applied in developing domestic abuse prevention strategies, humanitarian aid and conflict resolution. Discussion of power differences is important and can be part of recognising our common human and civil rights.

### **5. Life course approach**

Policies, plans and interventions for preventing and responding to domestic abuse need to take account of health and social needs at all stages of the life course, including pregnancy, infancy, childhood, adolescence, adulthood and older age (WHO VRU 22-26).

It is important that we understand how domestic abuse impacts on each stage of the life course, i.e., domestic abuse starts or gets worse during pregnancy through to the long-term impact of adverse childhood experiences and the inter-generational relationships. This is so that we can prioritise the best evidence to break the cycles of domestic abuse. As we continue to understand more and more about our brain's development, and the impact that childhood adversity and trauma has, together with understanding the long-term health and social poor outcomes, we can start to develop even more joint solutions.

### **6. Multisectoral approach**

A comprehensive and coordinated response for preventing and responding to domestic abuse requires partnership and collective action with multiple public sector partners, i.e., health, education, employment, justice, probation, police, housing, social development, and civil society organisations, faith-based organisations, academia and the private sector. Partnerships with our communities and other organisations is essential so that we develop and implement a whole-system, whole-community response.

Through partnership working we take an asset-based approach, recognising all the strengths and resources – natural, human, educational, economic and environmental – available to a community to improve its security and health. Safer Walsall Partnership has a strong and well-established communities-led ethos and drive and is well connected across the communities of Walsall. For the domestic abuse agenda there is the basis of a strong and collective community response.

## Understanding Walsall's Population

Walsall was originally a small market town which has grown into an industrial town, renowned for saddle-making and leatherworks. Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region, alongside Dudley, Sandwell, and Wolverhampton. Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Green spaces are very important to residents, who want to see better maintenance to preserve such spaces. In the 'We Are Walsall' survey (2022) all residents stated that they enjoyed using green spaces and many cited it as the top activity to do in Walsall. Respondents stated that they wanted to see better care taken of benches, play areas and skate parks where vandalism and graffiti is prevalent. They put their message across in relation to improving green spaces as a long-time ambition, with wanting to improve facilities within parks so that sustainability is achieved over the next 18 years at least (We Are Walsall Survey, 2022).

Residents in Walsall want to see their town centre become 'a hub of activity' and re-energised. They want the role of town centres to be more of a central hub of activity for restaurants, bars, clubs, cinemas and other activities like mini golf, bowling and paintballing rather than the more traditional shopping centres that they had become. Such drive and vision helps create a positive and inclusive place to live and visit. Young people also wanted to see 'more exciting' places to visit in the town centre (We Are Walsall Survey, 2022). Young people said that they tended to find things to do outside of the borough, often visiting Birmingham.

Walsall Metropolitan Borough Council is made up of 20 wards (Table 2.1), see [Walsall Insight](#) for more detail. With full voting rights, Walsall Metropolitan Borough Council is part of the West Midlands Combined Authority, which was established in 2016.

Walsall has 79 state-funded (referred to as 'maintained' schools), which are: 8 nursery; 62 primary; 2 secondary; 5 special; 2 pupil referral units. There are 43 academy schools, which includes 24 primary; 17 secondary; 2 special. From an Ofsted report rating, 13 schools have received 'requires improvement' or 'inadequate'; 87 received 'good' and 21 have 'outstanding'.

With close links to local universities, Walsall College's higher education university level courses have been developed with a range of employers, giving access to local facilities and tuition from industry professionals.

**Table 2.1** Wards within Walsall

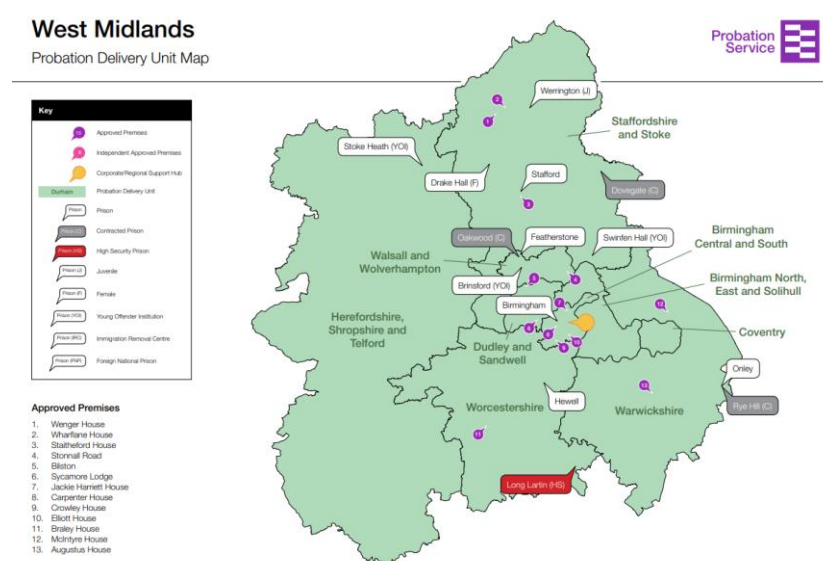
1	Aldridge Central and South	11	Palfrey
2	Aldridge North and Walsall Wood	12	Pelsall
3	Bentley and Darlaston North	13	Pheasey Park Farm
4	Birchills Leamore	14	Pleck
5	Blakenall	15	Rushall-Shelfield
6	Bloxwich East	16	Short Heath
7	Bloxwich West	17	St Matthew's
8	Brownhills	18	Streetly
9	Darlaston South	19	Willenhall North
10	Paddock	20	Willenhall South

In relation to the NHS, the integrated care system (ICS) for the Black Country includes the following trusts and specialised services:

- Black Country Healthcare NHS Foundation Trust
- Dudley Integrated Healthcare NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- The Dudley Group NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation Trust

West Midlands Police is the second largest police force in the country, covering 348 square miles and serving a population of 2.8 million. The region sits at the very heart of the country and covers the three major centres of Birmingham, Coventry and Wolverhampton as well as other authorities including Walsall. Her Majesty's Prison service (HMP) which are across West Midlands range from prisons, contracted prisons, high secure prison, to juvenile, female, young offenders (Figure 2.3).

**Figure 2.3** West Midlands Probation Unit map.



Source: West Midlands Probation Service

West Midlands Fire and Rescue Service (WM FRS) is the second largest in the country, serving the same area as West Midlands Police and covers seven local authority areas: Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton. WMFRS covers 1.1 million homes and 101,000 non-domestic properties. The highly trained staff aim to deliver the best fire, rescue and risk reduction services putting their communities at the heart of the service. The WM FRS has produced 'Our Plan' which shapes how services are delivered and how resources are located and used to reduce risk and vulnerability.

West Midlands Combined Authority, including Walsall, recognises the importance of the night-time economy (NTE) for the prosperity of the region. The NTE covers a wide range of activities in both town and city centres, taking place between the hours of 18:00 and 06:00. The NTE includes retail, culture and leisure, transport, accommodation, as well as activities that support these sectors such as security and supply chains. In addition, there are a number of sectors operating on a 24-hour basis such as health and social care, logistics and manufacturing, therefore forming part of the wider NTE. Walsall's Town Centre Masterplan aims to offer recommendations on measures the council and its partners could take to enhance the night time and evening experience. There are currently 45,164 employees in the night-time industries in Walsall (ONS IDBR).

### **Demographics**

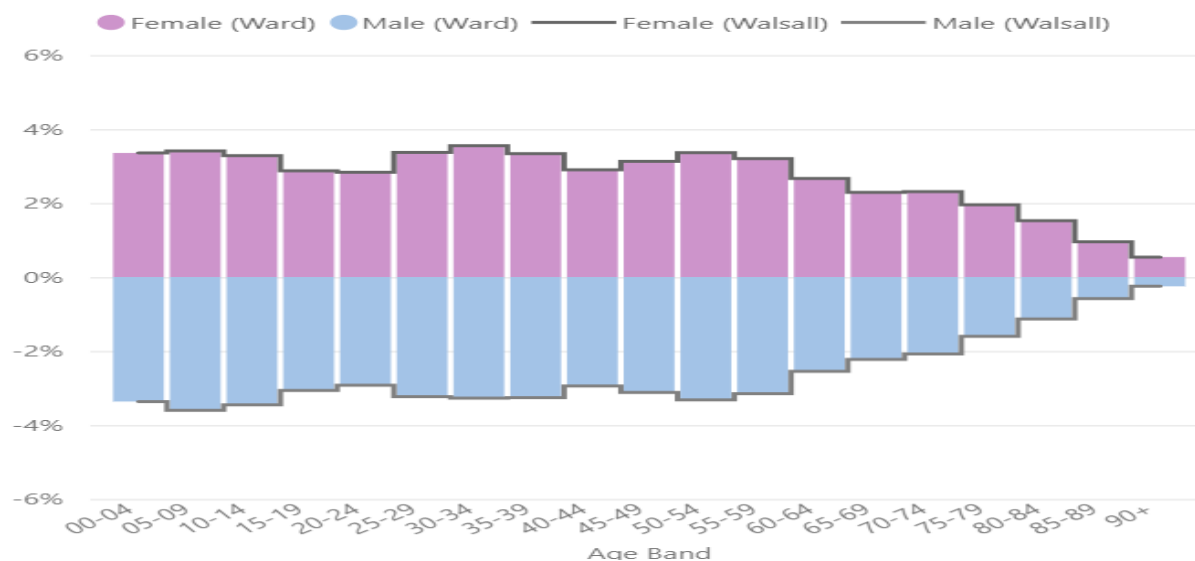
A short summary of Walsall's population is presented outlining its demographics (i.e., gender, age, ethnicity) and deprivation levels alongside the prevalence of domestic abuse. More information about Walsall can be found in its [JSNA Walsall Insight](#).

Office for National Statistics (ONS) mid-year estimates (2020) for Walsall population is 286,700 and is estimated to increase by 7% over ten years to 304,400. The population that is expected to see the greatest growth over the years is the older population, although Walsall has a very young population. There has been a 6% decrease in births in Walsall between 2011 and 2021 (3,746 to 3,529). The number of reception pupils in Walsall schools has increased by 2.46% (from 3,579 to 3,667) between 2013 and 2023. Figure 2.4 shows the population pyramid for Walsall.

Table 2.2 shows the age distribution across Walsall compared with West Midlands, and national figures. Compared with England and Wales, Walsall has:

- Higher proportion of younger people, under 18 years
- Similar proportion of working age, 18-54 years
- Lower proportion of older people, 65 years and above

**Figure 2.4** Mid-year estimates, population distribution by gender and age, 2020



Source: ONS mid-year estimates, 2020

**Table 2.2** Age distribution for Walsall, West Midlands, England and Wales

		Under 10	10-17	18-24	25-34	35-44	45-54	55-64	65+
Walsall	Numbers	37,615	30,659	22,596	37,325	36,501	36,392	33,569	49,649
	%	13.1	10.7	7.9	13.0	12.7	12.7	11.7	17.3
West Midlands	Numbers	378,588	314,642	283,984	403,162	386,704	368,531	323,938	456,583
	%	13.0	10.8	9.7	13.8	13.3	12.6	11.1	15.7
England and Wales	Numbers	6,727,484	5,650,632	4,941,826	8,026,939	7,761,139	7,875,411	7,524,453	11,133,945
	%	11.3	9.5	8.3	13.5	13.0	13.2	12.6	18.7

Source: Census 2021

Understanding age and gender profile is important for domestic abuse prevention. The Crime Survey for England and Wales (CSEW) estimated that 5.5% of adults (6.9% women and 3.0% men) aged 16 years and over experienced domestic abuse in the year ending March 2022, equating to 2.4million adults (1.7 million women and 699,000 men).

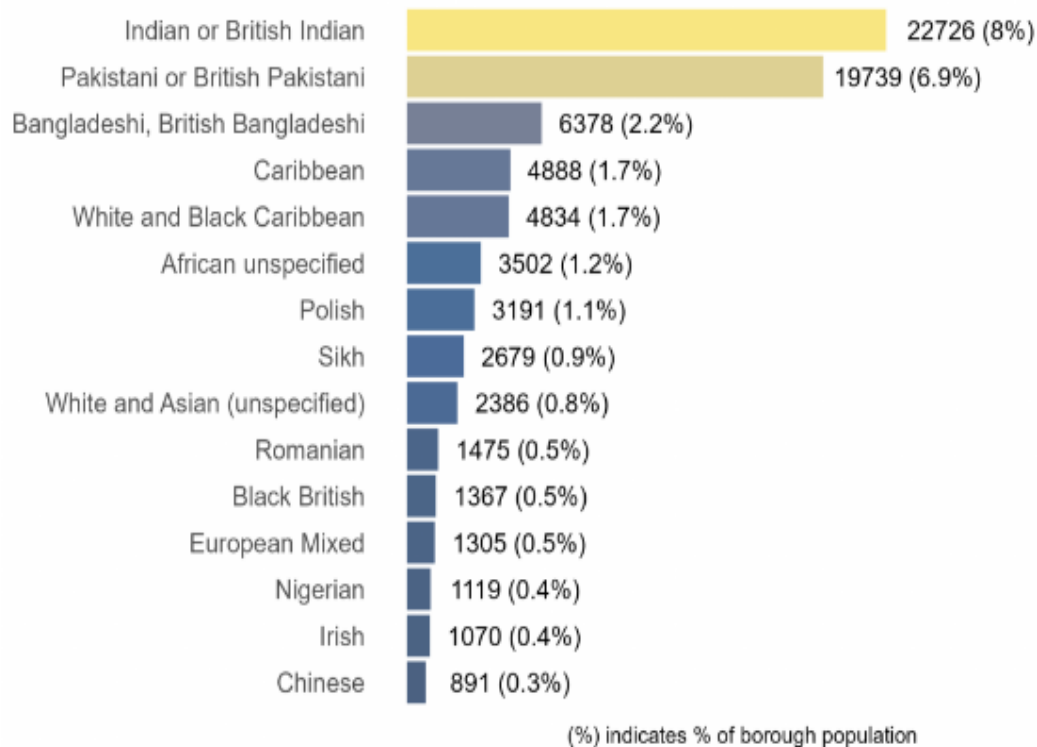
It is important to consider domestic abuse by age. Domestic abuse is defined from the age of 16 years, and domestic abuse often starts, or gets worse, during pregnancy. However, domestic abuse is often under reported in the older population too. It is critical that we also consider the impact of domestic abuse on children and young people under the age of 16 years because of the devastating life-long impacts it can have. We know that if a child or young person is exposed to domestic abuse then they are more likely to be exposed to other adverse childhood experiences.

Walsall is a culturally diverse borough and our minority ethnic groups have seen substantial increases over time: from 23.1% of the borough's population in 2011 to 32.6% in 2021. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic



groups and there is now a small Eastern European population who make up about 1.6% of our residents. White British still comprise the largest ethnic group at approximately 67.4% of the borough's population (Figure 2.5). A quarter (25.8%) of primary school pupils have English as an additional language (January School Census 2023). For more information on Walsall's ethnic profile: [Diversity - Walsall Insight](#).

**Figure 2.5** Top 15 largest Minority Ethnic Population Groups, Walsall, 2021

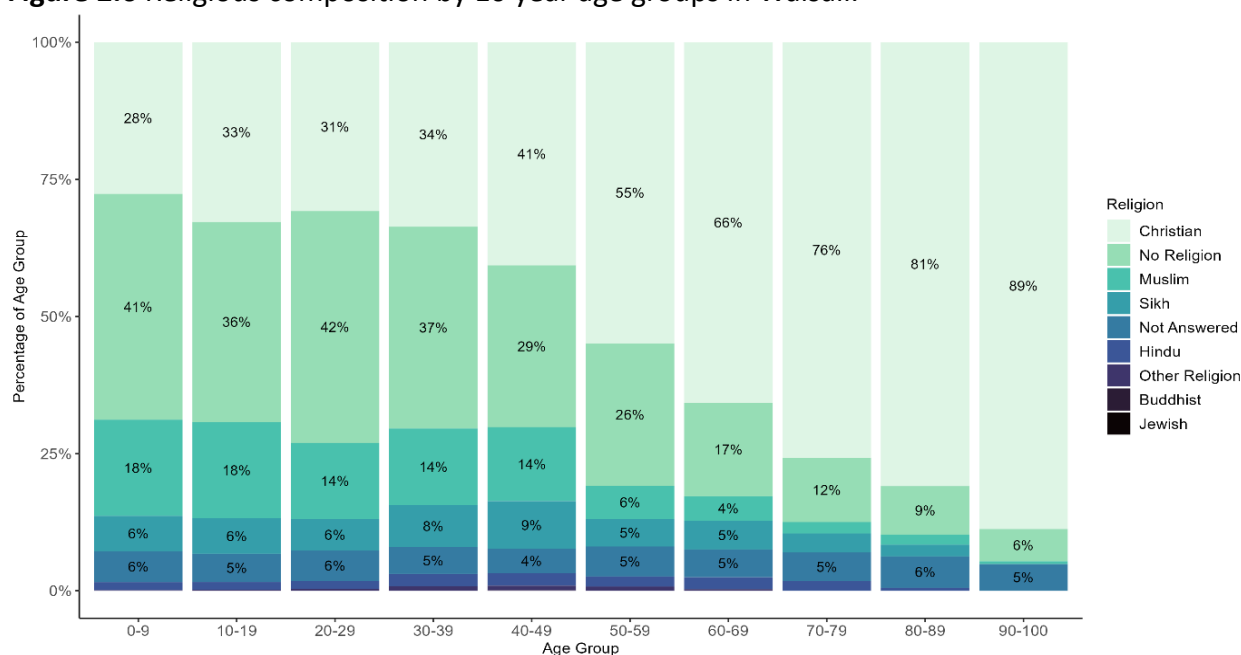


*Source: Census, 2021*

Evidence indicates that domestic abuse happens across all ethnic population groups, with the highest being recorded for Mixed (7.6%), followed by White (5.7%), Other (5.6%), Black (3.6%) and then Asian (3.6%). There are some types of violence that are more prevalent in some communities, such as so-called honour-based violence and forced marriages, which will be explored further in this report. To exert power and control, domestic abuse perpetrators exploit a victim's immigration status, lack of English language, cultural expectations and religious commitments.

There are large faith communities across Walsall, including those of no religion. Faith communities change by age, reflecting Walsall's diverse and vibrant community (Figure 2.6). People who are aged 80 years and above are most likely to be Christian (over 80%) with less than 10% being of no or other religion. In contrast, about a third of young people identify as Christian, a third as no religion and nearly a fifth as Muslim.

**Figure 2.6** Religious composition by 10 year age groups in Walsall.



Source: Census, 2021

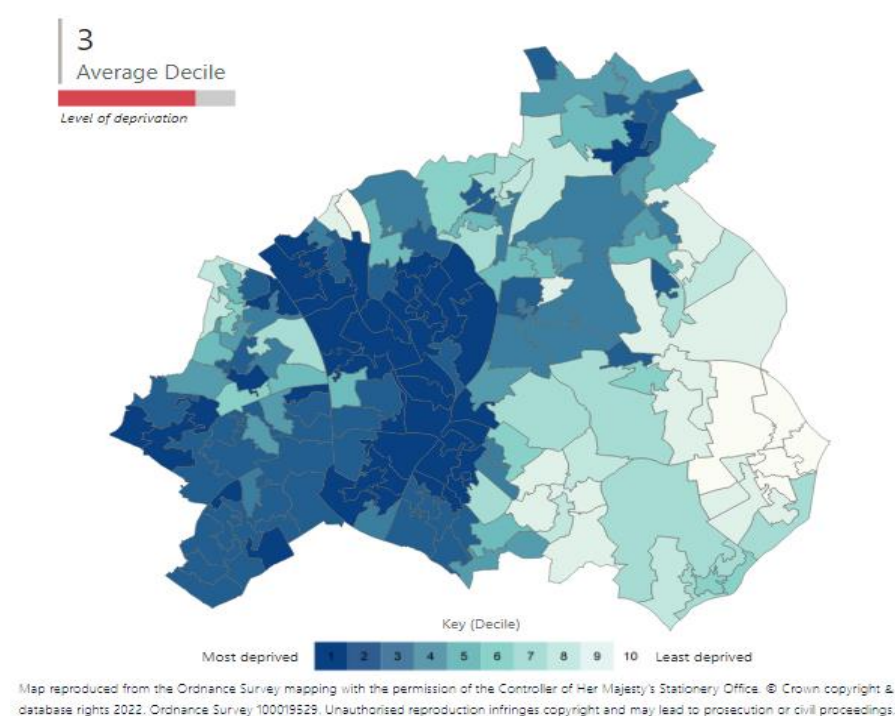
### Deprivation

Life expectancy is lower for both males (77.8 years) and females (82.0 years) living in Walsall compared to England (79.8 year and 83.4 years respectively). There are wide variations across the borough, with males living 8.4 years longer in the most affluent area (82.9 years) compared with the most disadvantaged (74.5 years). A similar but larger pattern is observed for females with a 10.7-year gap between the most advantage and disadvantaged areas. For more information about life expectancy visit: [JSNA Walsall Insight](#)

In Walsall, 44 of the 167 (26.3%) lower super output areas (LSOAs) are amongst the most deprived 10% in England. In contrast, only 6 (3.6%) LSOAs are in the area is in the least deprived area (Figure 2.7). Walsall is the 25<sup>th</sup> most deprived English local authority out of 317 and has very high levels of deprivation. There are areas of extreme deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.

Living in poverty has serious negative impacts on our health, social, emotional and mental development, behaviour and educational outcomes. Children born into poverty are more likely to experience a wide range of health and social problems including poor nutrition, chronic disease, toxic stress, developmental delay and mental health problems (Office of Disease Prevention and Health Promotion, 2022). People who experience poverty in their childhood are more likely to experience poverty in adulthood, which contributes to the generational cycle of poverty.

**Figure 2.7** Deprivation levels across Walsall, by decile



*Source: Ministry of Housing, Communities and Local Government, 2019*

One in three (29.9%) of children aged under 16 years in Walsall are living in low-income families, which is much higher than the national average of 20.1%. A higher proportion of primary school pupils were entitled to free school meals in Walsall (20.8%) compared to the national average of 14.5%. More detail about deprivation in Walsall can be found here: [Deprivation Walsall Insight](#).

Deprivation levels are important to understand and contextualise from a domestic abuse prevention perspective. Evidence indicates that vulnerability to domestic abuse is associated with low income, economic strain and benefit receipt. Also, domestic abuse can also be a driver of poverty vulnerability for partners fleeing abuse, especially as women experiencing domestic abuse often become single parents with limited capacity to earn independently and no recourse to public funds.

Therefore, it is expected that in areas such as Walsall the prevalence of violence and its impact will be higher compared with other areas.

## Domestic Abuse

Domestic Abuse affects the lives of millions, with long-lasting consequences. It affects people with and without: disabilities, mental health issues, substance misuse problems, learning difficulties. It affects people of all sexuality; heterosexual, gay, lesbian, bisexual and transgender. Domestic abuse does not discriminate against religion, belief systems or ethnic backgrounds. It affects people regardless of income; unemployed and employed, people from all professions, wealthy people and those on low income, the highly educated and those with little education can be in an abusive relationship. Domestic abuse is particularly prevalent and damaging crime and can include:

*Physical, emotional, psychological and mental, sexual, financial abuse, verbal, religious and spiritual, so-called honour-based violence, forced marriage, stalking and harassment.*

Around four out of five victims experience one type of abuse, which is primarily partner abuse (about half of all victims), and then to a lesser extent family abuse (about a fifth of all victims). Men are more likely than women to experience family abuse and combined domestic abuse and family abuse. Women are more likely to experience partner abuse and stalking in conjunction with other partner abuse.

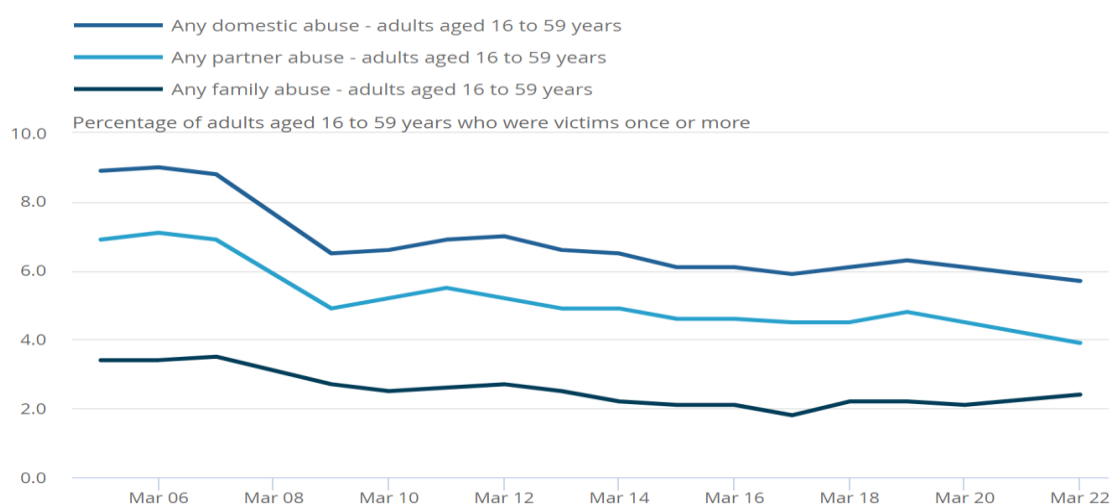
Taken directly from Office for National Statistics for England and Wales, November 2022:

- The Crime Survey for England and Wales year ending March 2022 estimated that 5.0% of adults (6.9% women and 3.0% men) aged 16 years and over, 2.4 million (1.7 million women and 699,000 men) experienced abuse in the last year.
- Approximately 1 in 5 adults aged 16 years and over, 10.4million, had experience domestic abuse since the age of 16 years.
- There was no significant change in the prevalence of domestic abuse experienced by adults 16-59 years in the last year, compared with the previous year, compared with the year ending March 2020; a year largely unaffected by the pandemic and the last time national data were collected (Figure 2.8).
- The number of police recorded domestic-related crimes increased by 7.7% compared with the previous year, to 910,980 in the year ending March 2022 and may reflect increased reporting by victims (Figure 2.9).
- The Crown Prosecution Service (CPS) domestic abuse-related charging rate in England and Wales increased for the first time in four years to 72.7% in the year ending March 2022 but remains below the year ending March 2018 (75.9%).
- The number of suspects of domestic-abuse related crimes referred by the police to the CPS for a charging decision decreased from 77,812 in the year ending March 2021 to 67,063 a year later (Figure 2.10).
- The National Domestic Abuse helpline delivered 50,791 support sessions through phone call or live chat in the year ending March 2022, a similar number to last year (Figure 2.11).

In extreme cases, domestic abuse ends in death. This may be due to domestic homicide or suicide because of domestic abuse. Homicide Index data for the year ending March 2019 to the year ending March 2021 show that 72.1% of victims of domestic homicide were female. This contrasts with non-domestic homicides where the majority (87.6%) of victims over the same time period were male.

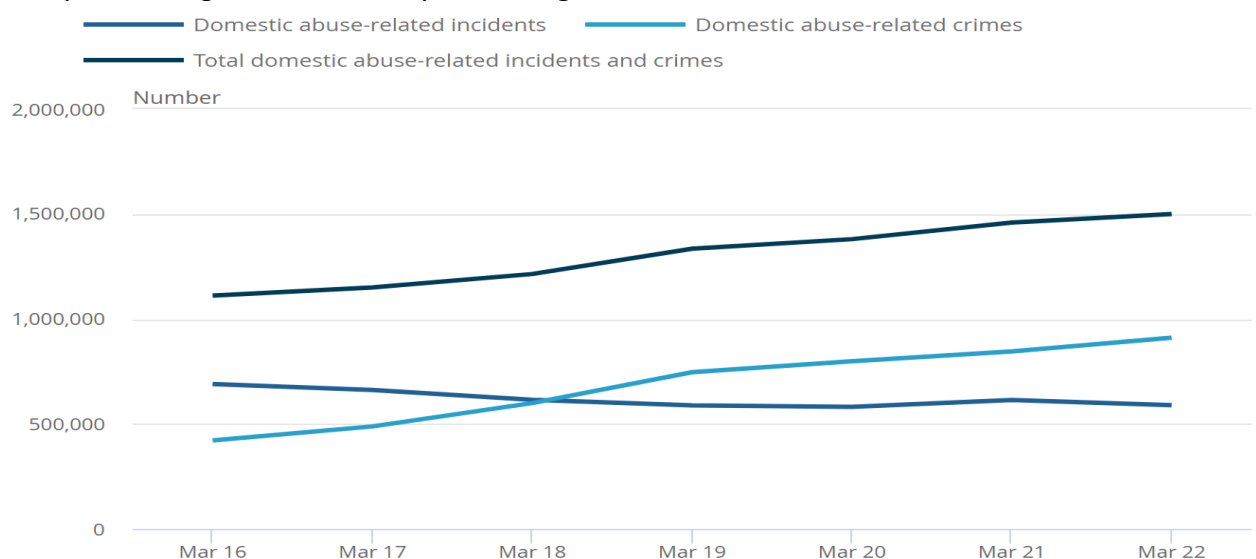
From national data, of the 269 female domestic homicide victims, the suspect was male for 260 of cases (97%). Of female domestic homicides, the suspect was a male partner or ex-partner in 77% of cases, whereas in the majority (62.5%) of male domestic homicides, the suspect was a male family member.

**Figure 2.8** Prevalence of domestic abuse in the last year among adults aged 16-59, year ending March 2005 to year ending March 2022. *England and Wales*



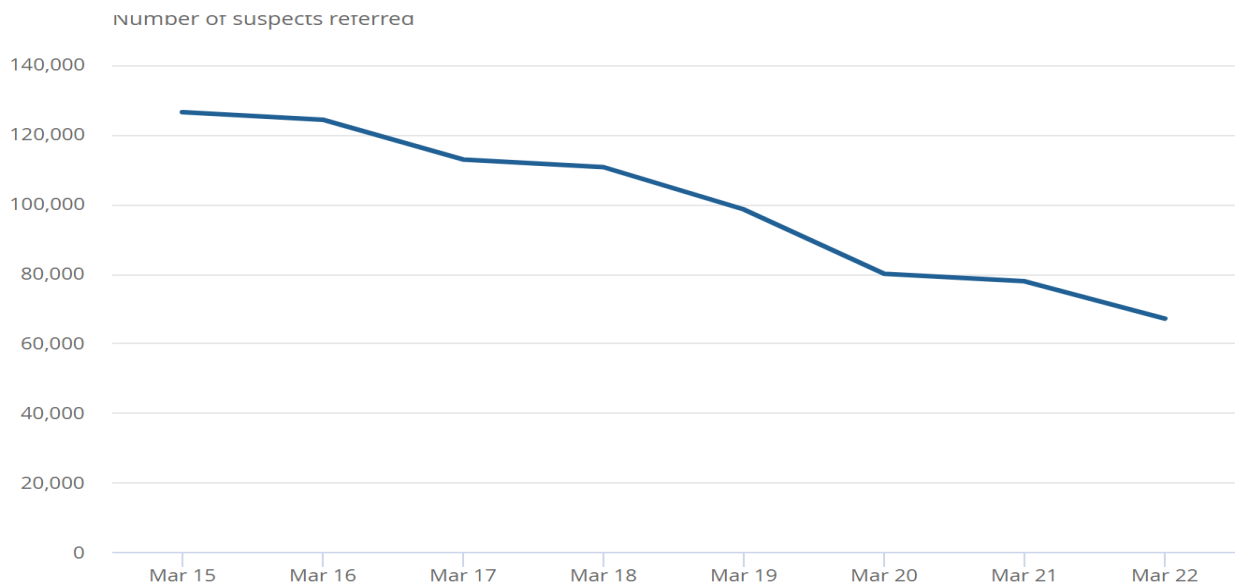
Source: [Domestic abuse in England and Wales Office for National Statistics](#)

**Figure 2.9** Number of domestic abuse-related incidents recorded by the police, England and Wales, year ending March 2016 to year ending March 2022



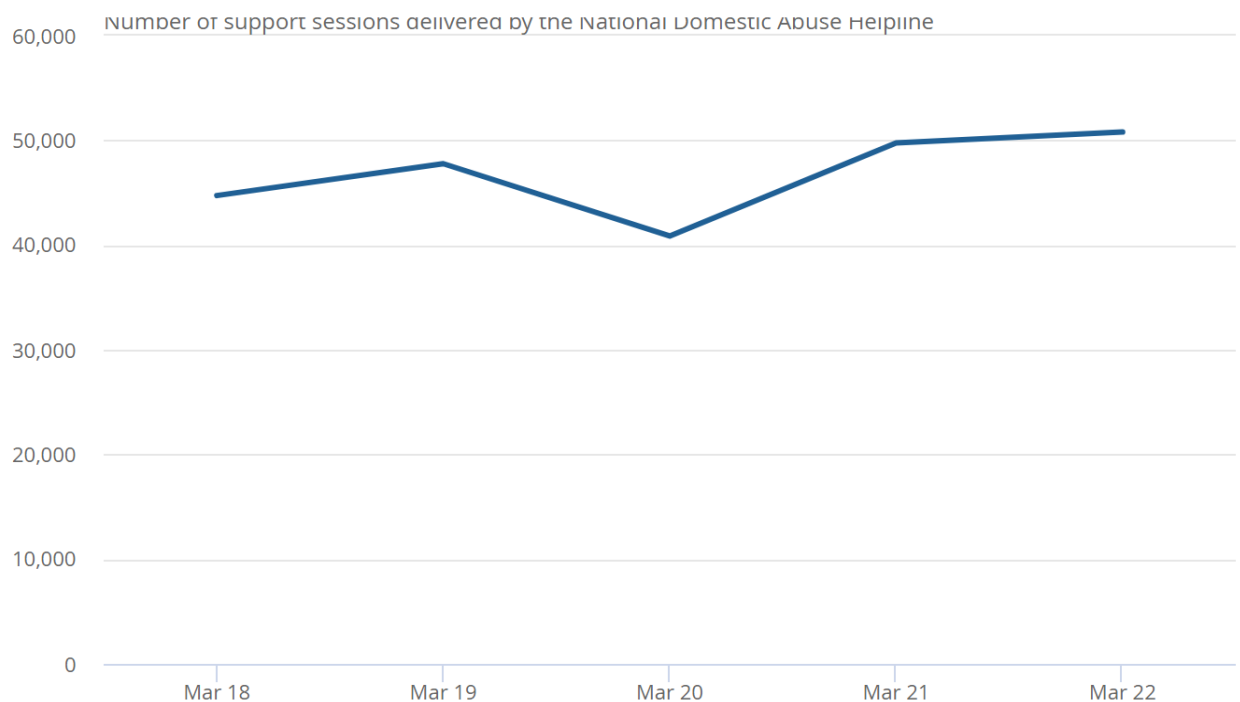
Source: [Domestic abuse in England and Wales Office for National Statistics](#)

**Figure 2.10** Number of suspects of domestic abuse-related crimes referred by the police to the CPS for a charging decision, England and Wales, year ending March 2015 to year ending March 2022



Source: Crown Prosecution Service [Domestic abuse in England and Wales Office for National Statistics](#)

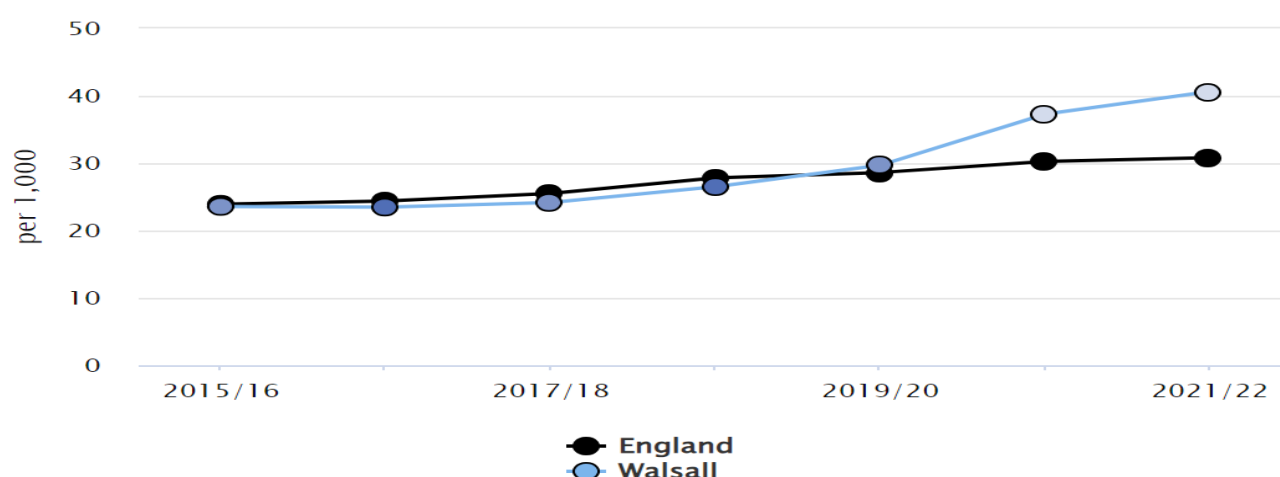
**Figure 2.11** Number of support sessions delivered by the National Domestic Abuse Helpline in England, year ending March 2018 to March 2022



Source: Refuge National Domestic Abuse Helpline [Domestic abuse in England and Wales Office for National Statistics](#)

Domestic abuse related incidents and crime rate has been increasing over time for both England and Walsall, with national and local figures being very similar. Walsall's rate increased significantly from 2019/20, much higher than national, with a crude rate of 40.6 per 1,000 compared with national rate of 30.8 in 2021/22 (Figure 2.12). This figure is higher than the mean average rate for metropolitan boroughs across England (38.0 per 1,000).

**Figure 2.12** Domestic abuse related incidents and crimes offences, rate per 1,000 Walsall and England, aged 16 years and above.



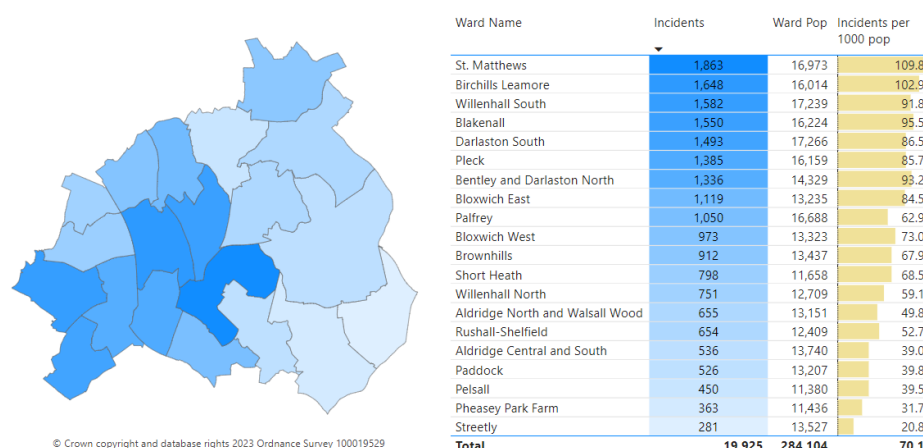
Source: [Public health profiles - OHID](#)

During 2019-2022, there were 17,925 victims of domestic abuse living in Walsall who reported their abuse to West Midlands Police. Of which, 76% (n=13,531) were females and 24% (n=4,394) were males. There are more female victims of domestic abuse in Walsall compared with the national figure of 71%.

West Midlands Police reported 18,407 suspects of domestic abuse, of which 22% (n=3,948) were females and 78% (n=14,459) were males.

Domestic abuse happens across the borough, affecting all wards although it is more prevalent in areas of deprivation (Figure 2.13).

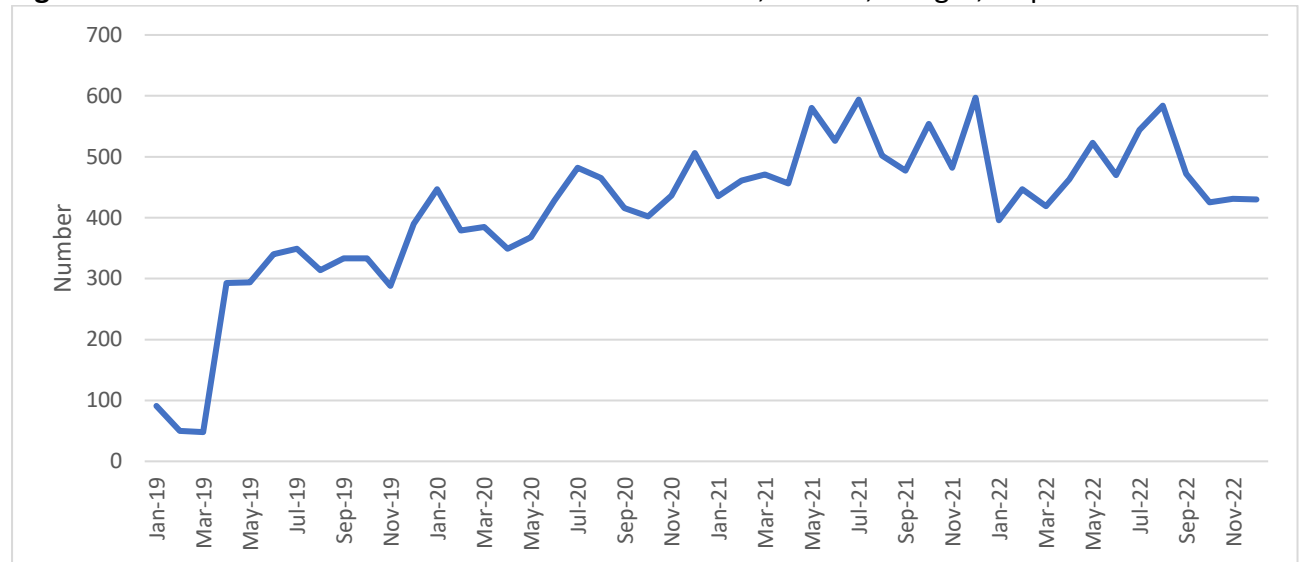
**Figure 2.13** Number and rate of incidence of domestic abuse in Walsall by ward



Source: West Midlands Police, 1999-2022

Domestic abuse offences reported to West Midlands Police mirrors the national increase that has been observed over time. The calendar year 2021 saw the highest number of offences recorded for domestic abuse with a large increase from 2019. This is in line with other evidence, where the impact of the restrictions due to Covid-19 is likely to have had an impact (Figure 2.14).

**Figure 2.14** Number of domestic abuse offences recorded, Walsall, all ages, all persons.



Source – West Midlands Police, 2019 to 2022

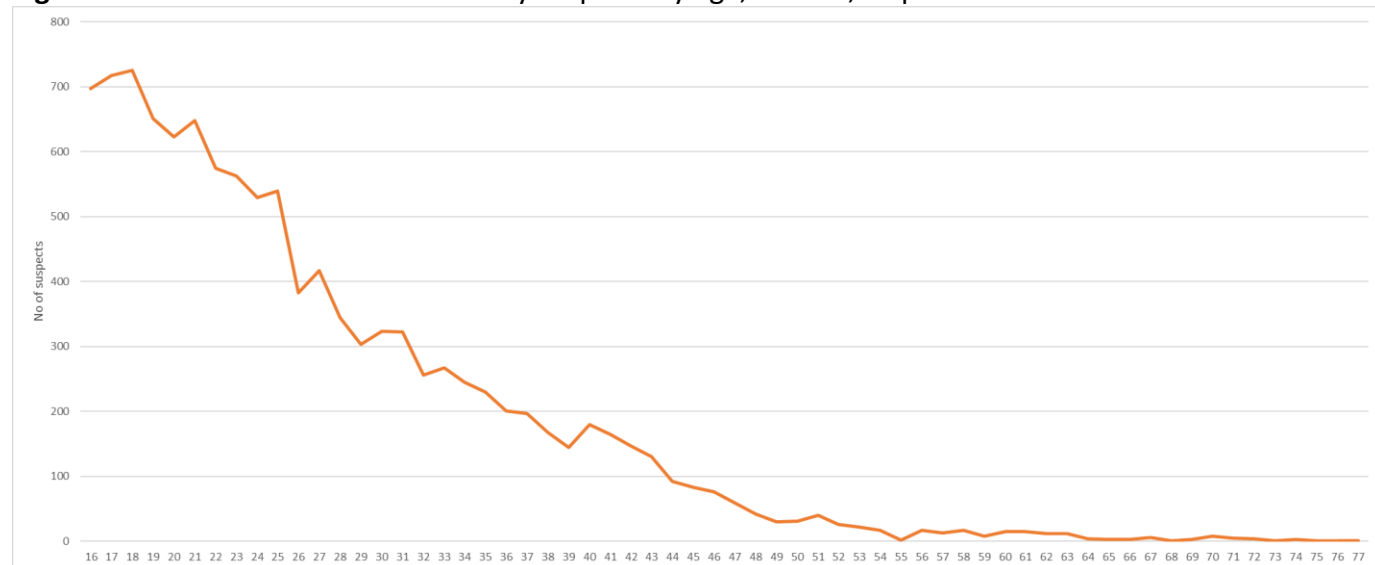
Of the top offences without injury reported to West Midlands Police are:

- 32% Assault without Injury - Common assault and battery
- 24% Assault with Injury - s.47 - Assault occasioning actual bodily harm
- 11% Sending letters etc with intent to cause distress or anxiety
- 9% Harassment - Stalking
- 7% Harassment
- 5% Breach of non-molestation order
- 4% Engage in controlling/coercive behaviour in an intimate / family relationship.
- 3% Threats to kill
- 3% Threats to destroy or damage property
- 3% Assault with Injury – with grievous bodily harm (GBH)



Domestic Abuse is defined in law from age 16 years. The number of domestic abuse offences increases with age peaking at age 30-34 years for both victims and suspects (Figure 2.15).

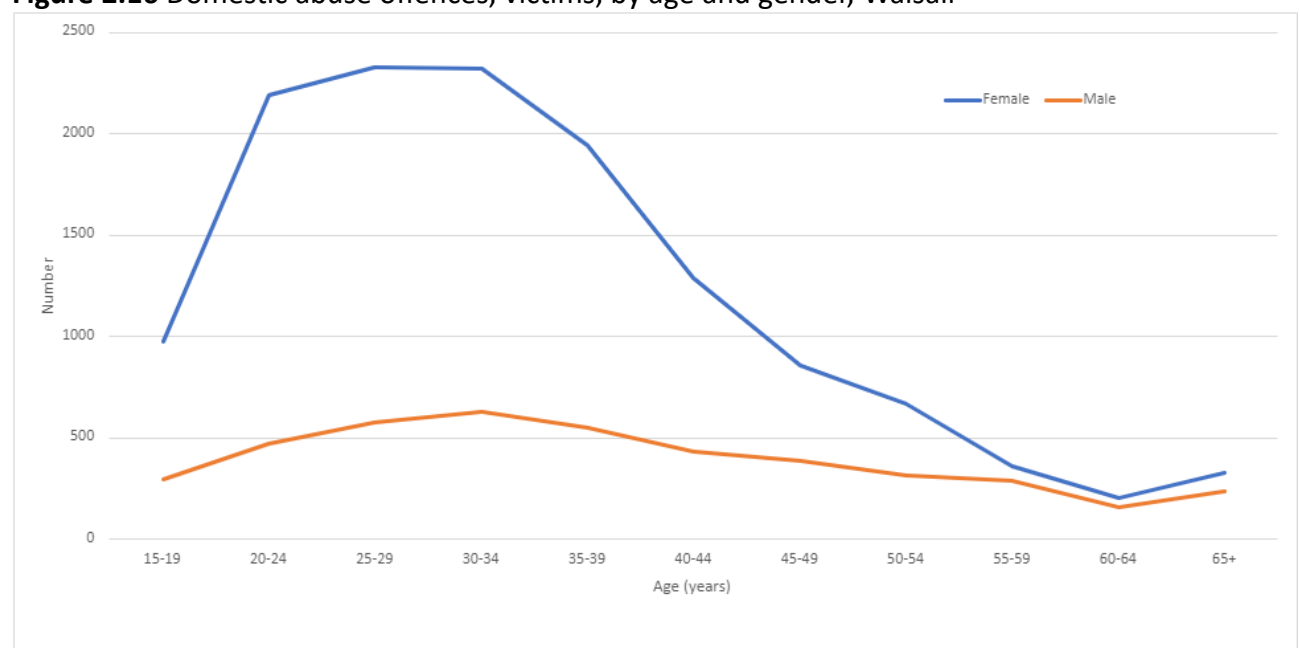
**Figure 2.15** Domestic Abuse offences by suspects by age, Walsall, all persons



Source – West Midlands Police, 2019 to 2022

For victims of domestic abuse living in Walsall, the most common age range to report offences is between ages 20 to 44 years, after which the number of reported offences reduces. In the younger age groups, from age 16 years to 44 years, over 70% of victims are women, which peaks at 82% for age 20–24-year-olds. After 44 years, the gender difference reduces with 55% of victims being female compared with 45% being males (Figure 2.16).

**Figure 2.16** Domestic abuse offences, victims, by age and gender, Walsall



Source – West Midlands Police, 2019 to 2022

### *Domestic prosecutions by Criminal Prosecution Services*

The Criminal Prosecution Service is the main prosecuting authority in England and Wales. Domestic abuse represents a third of all crime received by the Criminal Prosecution Service and almost 20% of their casework. However, in recent years, there has been a year-on-year fall in the number of referrals of domestic abuse from the police to Criminal Prosecution Service. National Criminal Prosecution Service data in Quarter 3 for 2022/23:

<b>Referrals from the police</b>	<p>There were 17,088 referrals from the police in Q4 22/23, a slight reduction of 0.2% compared to the 17,121 in Q3 22/23.</p> <p>The total number of referrals in 2022-23 was 69,314, this was an increase of 3.4% from 2021-22.</p>
<b>Timeliness</b>	<p>The average time from first submission by the police to the CPS decision to charge has decreased slightly from 26.6 days in Q3 22/23 to 24.80 in Q4 22/23.</p> <p>The average time for 2022-23 was 25.8 days, an increase of 2 days from 2021-22.</p>
<b>Charging</b>	<p>The proportion charged (out of all legal decisions) has remained largely stable, with a slight increase from 76.0% in Q3 22/23 to 76.1% in Q4 22/23.</p> <p>The volume of suspects being charged decreased slightly from 11,963 in Q3 22/23 to 11,917 in Q4 22/23, a reduction of 46 (0.4%).</p> <p>The proportion charged in 2022-23 was 76.5%, an increase of 3.8ppt from 2021-22, with the volume total for 2022-23 at 47,361, an increase of 8.0% from 2021-22.</p>
<b>Completed prosecutions</b>	<p>The volume of completed prosecutions increased in Q4 22/23 by 4.8% (608) at 13,184 in Q4 22/23, compared to Q3 22/23 (12,576).</p> <p>The volume of convictions remained largely consistent from 9,583 in Q3 22/23 to 10,026 in Q4 22/23.</p> <p>The conviction rate remained largely stable, decreasing by 0.2 percentage points from 76.2% in Q3 22/23 to 76.0% in Q4 22/23.</p> <p>At year end:</p> <p>Prosecutions reduced by 3.6% on 2021-22, conviction volumes reduced by 3.6% and the conviction rate remained steady at 76.4% when compared to the previous year.</p>
<b>Dropped prosecutions</b>	<p>The proportion of dropped prosecutions remained largely stable, increasing from 17.7% in Q3 22/23 to 17.9% in Q4 22/23.</p> <p>The proportion for 2022-23 was 17.6% and this remains as the same rate as in 2021-22.</p>

There are approximately 2.4 million people who experienced domestic abuse within a 12-month period. The number of incidents that make it to Criminal Prosecution Service is extremely low, 2.9% of all domestic abuse incidents are referred by Police to Criminal Prosecution Service.

Under the Criminal Prosecution Service definitions, a victim describes someone against whom an offence has been committed. They are also the complainant or witness and survivor might be used. A suspect is someone who the Criminal Prosecution Service is considering charging. A defendant is someone who has been charged by the Criminal

Prosecution Service. An Offender is someone who has carried out a crime or has admitted it or been found guilty. From the police data, there is just a 5.97% positive outcome for domestic abuse cases. This is much lower than all recorded crime, which is at 7.12%.

### *Protection Orders*

Protection orders (POs) are another support option available to victims / survivors. POs are court-ordered injunctions aimed at limiting or prohibiting contact between an alleged perpetrator and victim / survivor of domestic abuse to prevent further violence from occurring. Permanent POs are associated with lower risk of further violence toward the victim / survivor whereas victims protected by temporary POs are more likely to experience psychological abuse during the follow up period, compared to people with no PO.

The Domestic Violence PO has two stages:

Where the police have reasonable grounds for believing that a perpetrator has used or threatened violence towards the victim and the victim is at risk of future violent behaviour, they can issue a Domestic Violence Protection Notice on the spot, provided they have the authorisation of an officer at Superintendent rank.

The magistrates' court must then hear the case for the Protection Order itself – which is the second step – within 48 hours of the Notice being made. If granted, the Order may last between a minimum of 14 days and a maximum of 28 days. This strikes the right balance between immediate protection for the victim and judicial oversight.

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

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support they require in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard.

A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim.

In 2019, there were 292 Domestic Violence Protection Notices issued for West Midlands Police, 287 turned into Domestic Violence Protection Orders. 49 Breaches taken to court.

In 2020, there were 408 Domestic Violence Protection Notices issued for West Midlands Police, 382 turned into Domestic Violence Protection Orders. 79 Breaches taken to court.

In 2021, there were 414 Domestic Violence Protection Notices issued for West Midlands Police, 395 turned into Domestic Violence Protection Orders. 111 Breaches taken to court. The Domestic Abuse Commissioner has raised her concerns about those subject to domestic abuse and their experiences in the Family Court, in particular of re-traumatisation and fear for the children's safety. The Family Court and domestic abuse: achieving cultural change report published in November 2023 outlined ten recommendations.

Recommendation 1 - The monitoring mechanism recommended by the Harm Panel that is being established within the Office of the Domestic Abuse Commissioner and in partnership with the Victims' Commissioner must be allocated sufficient funding both for its pilot phase and, subsequently, for its national roll out.

Recommendation 2 - The government should establish, and provide appropriate funding for, a new HMCTS role of Domestic Abuse Best Practice Lead in every Family Court area.

Recommendation 3 - The Commissioner recommends the Ministry of Justice develop and deliver an ambitious plan to consolidate the best learning from the Pathfinder Courts, as well as from strong local practice elsewhere in England, Wales, and internationally to inform future practice, delivery, and policy development. The Commissioner also recommends Pathfinder Courts should be resourced appropriately as part of wider efforts to roll out nationally.

Recommendation 4 - The Commissioner recommends for the Ministry of Justice and Family Justice Board to work with the Commissioner to capitalise on existing work, such as the Pathfinder Courts, to further strengthen the consideration and understanding of the voice of the child when domestic abuse is raised by drawing from the principles presented in this report.

Recommendation 5 - The Commissioner recommends greater transparency and consistency across the whole family justice system, so that a full culture-change programme of training on domestic abuse is provided.

Recommendation 6 - Funding should be made available by the Ministry of Justice for specialist domestic abuse training. This training should include the impact of domestic abuse on adult and child victims and survivors.

Recommendation 7 - Every survivor going through the Family Court should have access to a specialist domestic abuse support worker. The Ministry of Justice should explore options for investment into these roles for both the delivery of the role, but also for the professional development of the role.

Recommendation 8 - The Qualified Legal Representative scheme should be fully and appropriately resourced in order to ensure effective implementation.

Recommendation 9 - The Government should remove the means test for legal aid for all victims and survivors of domestic abuse going through private family law proceedings.

Recommendation 10 - The Commissioner recommends the Ministry of Justice consult with her Office, the specialist domestic abuse sector, the relevant regulatory bodies, NHS England, NHS Wales, the specialist children's sector to develop a stricter definition of psychologist. The Ministry of Justice should identify an appropriate legislative opportunity to implement this definition.

## Economic Impact

Approximately 41% of female and 14% of male survivors experience some form of physical injury related to their domestic abuse, which can extend beyond physical injury and result in death. Other adverse health outcomes include cardiovascular, gastrointestinal, reproductive, musculoskeletal and nervous system conditions. Victims/survivors experience mental health consequences i.e. depression, post-traumatic stress disorder (PTSD).

Approximately 52% of women and 17% of men who experience contact sexual violence, physical violence or stalking by an intimate partner report PTSD symptoms related to their experience of domestic abuse. Victims/survivors are also at higher risk for engaging in health risk behaviours, such as smoking, binge drinking and sexual risk behaviours.

As well as individual consequences from domestic abuse there are wider societal costs, i.e. domestic abuse related injury and health costs, mental health services, productivity loss from paid work, childcare, household chores, criminal justice and child welfare costs.

The estimated costs of domestic abuse in England and Wales for the year ending March 2017 is approximately £66 billion, which is likely to be an under-estimate ([gov.uk](http://gov.uk)). The biggest component of the estimated cost is the physical and emotional harms incurred by victims (£47 billion), particularly the emotional harms (the fear, anxiety and depression), which account for the overwhelming majority of the overall costs. The cost to the economy is also considerable, with an estimated £14 billion arising from lost output due to time off work and reduced productivity as a consequence of domestic abuse. Some of the cost will be borne by Government, such as the costs to health services (£2.3 billion) and the police (£1.3 billion). Some of the cost of victim services will also fall to Government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services and repairs and maintenance. Victim services costs also include expenditure by charities and the time given up by volunteers to support victims (Table 3.3).

**Table 3.3** Total costs of domestic abuse in England and Wales for 2016/17 (£millions)

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	£11m	£66,192m

Source: [publishing.service.gov.uk](http://publishing.service.gov.uk), 2019

This chapter has provided an overview of Walsall, its demographics, levels of deprivation and overall pattern of domestic abuse using police data as well economic impact. It is shown that Walsall has higher than national domestic abuse levels and therefore poorer outcomes for next generation. Domestic abuse impacts negatively on our children and young people, on their mental and physical health, safety and educational attainment. Domestic abuse also contributes to homelessness and increases the risk of poverty for victims and their children. The financial impact will be high. It is therefore important to understand both the challenges and prevention opportunities when responding collectively to domestic abuse as well as the inter-generational factors. The following chapters will explore the local intelligence in further detail, ensuring that a life-course perspective and a place-based perspective is told.

# **Chapter 3**

## **Life Course Approach:**

### **People**

### 3.1 People: Pregnancy, Early Years, Children and Young People

A person's cognitive, emotional, and physical development is set during the 1,001 days from conception to age two. It's a time of rapid development and when babies are most vulnerable and impacted by relationships. The love, care and nature that a baby experiences in this period are particularly important, as is preventing adverse experiences which can have lasting consequences. Adverse outcomes are often long term, but can be prevented through early intervention (Gov.uk, 2022). However, having high exposure to adversities makes it harder for the child to emotionally regulate especially because they often lack the positive adult support that is needed. As part of Walsall Children and Young People's Strategic Alliance Board, a needs assessment for the 1,001 days was commissioned. This needs assessment enabled strategic priorities to be set across the partnership.

#### *Children living in poverty*

In the UK, around 1 in 4 families are thought to be single parent families. Whilst 1 in 3 children live in poverty, this increases to 1 in 2 for children living in single-parent households. This can be because of several reasons, such as low maintenance payments for children, high childcare costs and the absence of a second income. 45% of single parents, of which 90% are women, are living in poverty (Women's Budget Group, 2019). Single parents are twice as likely to live in poverty than married or co-habiting parents (Government, 2021). Approximately 10-15% of parental separations result in court applications that involve allegations of domestic abuse. In Walsall, 14% (15,968) of families are lone parents with dependent children (Census 2021). At the end of the academic year 2022, there were 59 school girls registered with the Teenage Pregnancy team.

Crime Survey for England and Wales estimates (March 2022) estimates the percentage of adults living in single-parent households who experienced domestic abuse was higher than those living in no-children households or households with other adults and children.

In Walsall, there are 68,970 young people aged between 0 and 17 years, which is 24.2% of the total population, and is projected to increase to 71,091 by 2025. Two fifths (39%) of children live in poverty after housing costs, an increase of 10% since before the cost-of-living crisis. The proportion of children who are in receipt of free school meals varies by locality:

- North Locality, there are 32% (4,516) giving a rate of 283.5 per 1,000 population 0-17
- East Locality, there are 16% (2,204) giving a rate of 122.7 per 1,000 population 0-17
- South Locality, there are 21% (3,034) giving a rate of 175.4 per 1,000 population 0-17
- West Locality, there are 27% (3,838) giving a rate of 212.7 per 1,000 population 0-17

Significantly more children in Walsall are in receipt of free school meals compared with national figures. For primary school, the gap between free school meals in Walsall and national is 10.0%. For secondary school the gap in free school meals between Walsall and national is 9.3% and is increasing.

#### *Children in Care and Early Support*

The life chances for children who are taken away from their families and put into care are poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost, both emotionally and financially. In 2017-18, council spending on children's social care amounted to almost £8.8 billion (116 in Government, 2021). Nationally, children's social care spending has increased



year on year since 2012 and the number of children being taken into local authority care remains at an all-time high. As of March 2020, just over 80,000 children were in care, an increase of 2% from the year before (Government, 2021).

In 2018, Walsall's rate per 10,000 of children referred to social services was 778 compared with 553 for England. In 2021, Walsall's rate was 487 per 10,000 children referred to social services compared with 494 for England.

Walsall's rate of Children In Care per 10,000 remains relatively stable and was 96 per 10,000 in 2021. In comparison the England rate is much lower at 67 per 10,000. West Midlands has increased by 3 to 85 per 10,000. Walsall's rate is lower compared to its statistical neighbours (local authorities with similar population demographics), which is 104 per 10,000.

Referrals to Walsall Multi-Agency Safeguarding Hub (MASH) where the primary factor was domestic abuse represent a significant portion of all referrals to Children's Social Care. In the last 12 months there were 3,547 referrals to Children's Social Care where a contact with the MASH had been made and this was followed up by the service to determine the right course of action for the family. Of these referrals, 2,672 were children not known to services in the last 12 months, and 775 were for children where there had been at least one referral in the last 12 months. Of all of these referrals, 1,279 had domestic abuse as a main factor for the referral, which is just over a third of all referrals (36%). Of these 1,279 referrals, 942 (74%) the child had not been the subject of a previous referral within 12 months and 337 (26%) were for children who had been the subject of a previous referral in this period. Of these 1,279 referrals, 1,048 were discussed in the multi-agency domestic abuse triage meeting held within the Early Help and Multi-agency Safeguarding Hub.

The breakdown of these referrals by locality is as follows:

Locality	Number of Referrals	% of Referrals
	30	2.3
Central and South	241	18.8
East	231	18.1
North	384	30.0
West	393	30.7

The biggest referrers where domestic abuse is a main factor was from the police, with 725 referrals, followed by schools with 161 referrals, health services made 79 referrals, and the remainder came from a broader variety of providers and the public.

Of the total referrals outlined, 2,783 children subsequently were the subject of a Child and Family Assessment in Children's Social Care. Of the total 1,279 referrals where domestic abuse was a main factor, 982 children were the subject of a Child and Family Assessment. The outcomes of those assessments can vary however the main outcomes were as follows:

- 395 were step down to universal services single or multi-agency services
- 211 were Child in Need Plan
- 118 were Strategy Discussion, which led to 547 Child Protection Enquiries were agreed
- 84 were Targeted Early Help



A Child-In-Need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled. Walsall's rate of children in need per 10,000 children aged under 18 years has reduced since 2019. The rate decreased by 126 between 2018 and 2021, from 404 children per 10,000 to 278 children per 10,000. Walsall has been below the national average and local comparators for the past two years ([Walsall JSNA](#)).

Walsall currently has 601 children open on a Child -In-Need Plan for support, of which 355 (59%) the primary reason is emotional abuse for the child/domestic abuse. Of the 355, domestic abuse between adults in the household is identified for 154 children (43%). Of these children, 66 are aged 10 and over, 33 are for children aged 5-9 years, and 36 are for children aged 1-4 years, and 19 are in their first year/unborn children where the service is working with the parents.

A child becomes the subject of a child protection plan if they are assessed likely to experience or having experienced significant harm, at an initial child protection conference. There is a year-on-year decline in the rate of child protection plans in Walsall, from 61 children per 10,000 in 2019, to 57 children per 10,000 in 2019, to 29 children per 10,000 in 2021. This is a considerably lower rate when compared to statistical neighbours and the England average. This has been the subject of significant oversight by Children's Services to understand this decrease, and to be confident that the right children are being placed on Child Protection Plans. It was found that a combination of factors has been in play: including historical challenges meaning too many children being placed on Child Protection Plans, revised training and guidance for staff consistent with 'Working Together to Safeguard Children', and the implementation of the Family Safeguarding Model discussed below.

Currently, 202 children are on a Child Protection Plan. Of those children, 76 children have the reason being on such as plan recorded as being emotional abuse for the child / domestic abuse. This is over a third (37.5%) of all Child Protection Plans. Of these children, 16 are aged 10 or over, 36 are for children aged 9 to 5 years old, and 21 are for children aged 4 to 1 years old, and 9 are children in their first year or unborn children where the service is working with the parents.

In the past 12 months, 296 children have been placed on a Child Protection Plan. Of those children, 148 are recorded as being placed on a Child Protection Plan due to a primary subgroup reason of emotional abuse for the child / domestic abuse towards a household member. This indicates how almost half of Child Protection Plans include some form of domestic abuse.

Walsall Children's Services have undertaken extensive work to support parents who experience domestic abuse. The Family Safeguarding Model has been introduced to offer parents and families open to Children's Social Care services with intensive multi-agency support. This model includes bespoke parenting interventions and support offered by adult specialist practitioners, including domestic abuse support workers and domestic abuse officers who work with perpetrators of harm. One of the reasons for introducing this model has been a recognition of the significant challenges of domestic abuse for families in Walsall.

The strength of this approach is the multi-agency focus, bringing together professionals who can support parents, and partners if they are the perpetrator of harm, alongside the professionals working with the children. This is in addition to engaging the wider family and professional network.

The Family Safeguarding model was introduced in September 2020. Analysis indicates that this model has played a key role in the reduction of families where children become the subject of a Child Protection Plan. A feature of this work is, where it is assessed as safe to do so, this model is about providing families with support at a Child in Need level. Where a situation continues to mean that a child is at risk of significant harm, then statutory interventions will occur under a Child Protection Plan, or through Care Proceedings or Pre-proceedings under the Public Law Outline. In the last year, 96 children saw their Child Protection Plan come to an end because they became a child in care. Of these 96 children, 28 were children where the main reason for the plan was emotional abuse for the child / domestic abuse.

In Walsall over the past two years, the demand has shifted whereby there has been an increase in demand in the West locality, whereby this and the North locality are now on par in terms of referrals, Child and Family Assessments, and numbers of children open on Child in Need and Child Protection Plans, and families in Care Proceedings. South and Central has the next most referrals and assessments, and numbers of children on Child in Need Plans. However East locality has greater numbers of children on Child Protection Plans and children in care. Ongoing work is going to understand locality demand and services.

For Early Help, a third (35.2%) of requests are for children aged 10-15 years compared with 32.5% for children aged 0-5 years and 10% of all contacts are for those young people aged 16 years and above. This pattern of older children being slightly more likely to be referred to Early Help than their younger peers is visible across all areas but is more visible in the East and the South where there is less need in general. Over a two-year period (2019/20-2020/21) there were 9,058 contacts made to Early Help in Walsall. The most common presenting needs at contact with Early Help are:

- Domestic Abuse of the parent/carer (19.9% of all contacts)
- Mental health condition of the parent/carer (15% of all contacts)
- Emotional wellbeing of the child (10% of all contacts)
- Challenging behaviour of the child (15% of all contacts)
- Domestic Abuse of the child (9.4% of all contacts).

At contact, domestic abuse for both parent/carer and child is identified, whereas mental health of the child and learning disabilities of the child are more evident at assessment.

For social care contacts, children are generally more likely to be younger when referred (40.3% of social care contacts are for children aged 0-5), although they are more likely to be older in East and South where 41% of children with social care contacts in each locality are aged 10 or over compared with 37% in the North and West. The top three factors for social care support are support for (i) domestic abuse, (ii) abuse or neglect, (iii) emotional abuse, abuse and neglect.

### *Domestic Abuse in Pregnancy*

Whilst pregnancy can be a time of great happiness and joy, it can also be a time when domestic abuse can start for the first time get worse if there is already domestic abuse within the household. It is estimated that almost one in three women who suffer abuse, experience abuse for the first time whilst they are pregnant. This makes domestic abuse the most common health problem for women during pregnancy. Domestic abuse is a pattern of assault and coercive behaviour, and can be emotional, physical, psychological, financial and/or sexual. There were 1,911 police reported incidents in one year for women aged 16-49 for Walsall in 2022.

Domestic abuse brings many risks for both the pregnant women and their unborn baby, including infection, premature birth, miscarriage, injury and death. Domestic abuse can also affect a women's mental health and wellbeing as well as aggravate existing health problems or chronic pain conditions. One of the side effects of domestic abuse is stress and anxiety, which can affect the way babies grow and develop (both in utero as well as post birth), resulting in long term negative outcomes for babies. Women who are being abused often worry about how competent they will be as a mother and their ability to love and protect their baby.

NICE (National Institute for Health and Care Excellence) guidance (clinical guidance 110) for pregnancy and complex social factors states the following:

#### *1.5 Pregnant women who experience domestic abuse*

A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services. For example the perpetrator of the abuse may try to prevent her from attending appointments. The woman may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about the reaction of the healthcare professional.

*Women who experience domestic abuse should be supported in their use of antenatal care services:*

- Training healthcare professionals in the identification and care of women who experience domestic abuse.
- Making available information and support tailored to women who experience or are suspected to be experiencing domestic abuse
- Providing a more flexible series of appointments if needed.
- Addressing women's fears about the involvement of children's services by providing information tailored to their needs.

It has not been possible to obtain the number of pregnancies where domestic abuse has been disclosed by women who are resident in Walsall.

The Public Health NICE guidance (PH50) states specifically the levels of training for health and social care professional in how to respond to domestic violence and abuse (recommendation 15).

It is important to disclose if domestic abuse is taking place, especially during pregnancy, and to have fully trained staff to be able to receive and act upon the information. It is important that people are supported and encouraged to report their experience to someone, whether a health professional, police, or charity. The Domestic Abuse Act 2022 ensures all children under 18 years of age, including babies, are recognised as victims of domestic abuse in their own right when they see, hear or experience the abuse and are related to either the victim or perpetrator.

Babies are completely reliant on their parent/caregivers and later development is heavily influenced by the loving attachment babies have to their parents/caregivers. Parental conflict can impact on the mental health of the baby as well as other adverse childhood experiences and other traumatic exposures. Conversely, having a loving, nurturing and stable environment where babies are able to feed, be loved and cared for results in positive outcomes. It is important that parents and/or carers get the right type of support to help them give their babies the best start for life (Government, 2021) and early years interventions to promote warm, loving, supportive parenting are essential if we are to prevent a life of violence further down the line. The role of midwives, health visitors, school nurses and wider support is so important during this stage of development. The mental health and wellbeing of mums, dads, partners, and carers is also important for the development of the baby. Poor mental health can impact a parent/caregiver's ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby (Government, 2021) and may include support for housing or financial concerns.

#### *Impact on children and young people experiencing domestic abuse*

It is estimated that 1 in 5 children in the UK have been 'exposed' to domestic abuse. Domestic abuse is harmful to children and/or puts children at risk of harm, whether they are subjected to domestic abuse, or witness one of their parents being violent or abusive to the other parent, or live in a home in which domestic abuse is perpetrated. This is the case even if the child is too young to be conscious of the behaviour. Children may suffer direct physical, psychological and/or emotional harm from living with domestic abuse and may also suffer harm indirectly where the domestic abuse impairs the parenting capacity of either or both of their parents ([gov.wales](https://gov.wales)).

Children who are exposed to domestic abuse between their parents or caregivers are more likely to perpetrate or experience intimate partner violence, as are individuals who experience abuse and neglect as children. Adolescents who engage in bullying or peer violence are more likely to perpetrate intimate partner violence. Those who experience sexual violence and emotional abuse are more likely to be victims of physical intimate partner violence. Evidence also suggests that intimate partner violence may increase risk for suicide. Both boys and girls who experience teenage partner violence are at greater risk for suicidal ideation.

According to Humphreys and Houghton (2008) children respond to the impact of domestic abuse depending on their age and stage. For example, babies living with domestic abuse have higher levels of ill health, poorer sleeping habits and excessive crying along with attachment patterns. Whereas pre-school age children tend to show more behavioural

disturbances, i.e. bed wetting, sleep disturbances, eating difficulties and often blame themselves. Older children are more likely to show the impact through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour.

Children growing up in an environment where domestic abuse occurs can experience feelings of blame and responsibility, and negative impact on their social development and relationships that can lead to lasting harms such as the uptake of health harm behaviours, i.e. smoking, alcohol use, gambling. Children raised in environments where violence, assault and abuse are common will often come to believe this behaviour is normal and therefore find it difficult to establish and maintain healthy relationships.

Children are impacted by the controlling circumstances in which they find themselves. The psychological abuse and the sense of constant fear that is associated with coercive control is a regular feature of their lives and they creatively and consciously take steps to manage their experiences and utilise strategies that work for them to minimise damage. It is important to note that coercive and controlling behaviour can continue and also manifest itself post separation. It needs to be acknowledged that the family court can, at times, be used by perpetrators as an extension of coercive and controlling behaviour.

Safelives (2017b in [Research in Practice](#)) data suggest that emotional abuse, trying to intervene and feeling as though they are to blame for the abuse are the most common experiences identified by children who have been living with domestic abuse:

- 6% of children were directly involved in abuse of parent
- 30% of children or young people tried to intervene to stop abuse
- 23% of children or young people feels/felt to blame
- 54% of children or young people emotionally abused as a result of domestic abuse
- 18% of children or young people subject to neglect as a result of domestic abuse.

A perpetrator's coercive and controlling behaviour impacts directly on children and young people, and often links to wider forms of abuse. As such, the perpetrator's behaviour has double intentionality which results in children being directly abused as they (i) abuse the mother by abusing and mistreating the children and (ii) abuse the children by exposing them to, and involving them in, the abuse of the mother ([Research in Practice](#)).

Perpetrators can undermine a victim's parenting ability, such as making them feel like they are not a good enough parent. Perpetrators can also manipulate children so that they themselves become directly involved in coercive and controlling activities, i.e. undermining the non-abusive parent's role as a parent. These behaviours can include isolation, blackmailing, monitoring activities and, stalking and can be used in other ways by abusers to minimise, legitimise and justify violent behaviour. Perpetrators often attempt to damage children's respect for their parent, prevent the parent from being able to provide consistent routines for their children and attempt to turn the children against them. Constraining the amount of parenting time is also a common tactic which prevents attachments and limits natural engagement ([Research in Practice](#)).

Data from the Characteristics of Children in Need shows the percentage of children with factors identified at the end of assessment that social workers record as being relevant in a case that relate to domestic abuse. Either the child, their parent or someone else close to the children is identified as a being a potential victim of domestic abuse (Figures 3.1; 3.2; 3.3).

Across England, the West Midlands, and Walsall there are almost three times as many children with concerns that their parent was a victim of domestic abuse than the child being a victim. There is a noticeable increase in the year 2020-2021, which may be a result of COVID-19 restrictions. In Walsall, this trend had already started in 2019-2020 with an almost 9% increase from the previous year. The percentage has decreased in all three data sets in 2021-2022 although for Walsall, the percentage remains much higher than before COVID-19.

In Walsall, between January 2019 to December 2022 West Midlands Police data<sup>1</sup> show that:

- Domestic abuse accounted for 16% of all crimes recorded
- Domestic abuse accounted for 60% of all homicides
- 18,692 victims of domestic abuse were recorded by West Midlands Police as living in Walsall (all age, all persons)
- 21,698 crimes recorded where the crime took place in Walsall\*
- 75% of all domestic abuse victims were female
- 79% of all domestic abuse suspects were male

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<sup>1</sup> Number of crimes and number of victims differ. This is because the address of the incident location is used for the crime, whereas the victim's home address is used for victims.

Attitudes that enable and excuse domestic abuse to continue are still worryingly prevalent in the UK. A national study found the following findings:

## 1. Children and young people's attitudes

We found that most children and young people could distinguish between healthy and unhealthy behaviours in relationships. However, a significant minority held attitudes that normalised unhealthy relationships and could not identify coercive and controlling behaviour, which underpins domestic abuse.

Those exposed to misogynistic views on social media, such as Andrew Tate content, had significantly more harmful perceptions of relationships and greater tolerance of doing harm.<sup>4</sup>

## 2. Gaps in RSHE

Biological sex education seems to feature strongly in the curriculum, with 75% of the 18-25-year-olds we surveyed recalling learning about this in secondary school. However, a third (35%) of 18-25-year-old respondents recalled no education about domestic abuse, healthy relationships or controlling behaviours throughout school.

Girls had significantly better understanding than boys of these three issues<sup>5</sup>, suggesting that RSHE should be improved to specifically target boys' relationship literacy. Our research suggests

that RSHE that has a social dimension (such as school trips or making new friends) is particularly effective in engaging boys.

A particularly concerning gap was the lack of awareness about where to get support for domestic abuse experienced at home or in their own relationships. Whilst 70% of children and young people said they would seek support if they needed it, 61% of them were unsure or did not know where to go for this.

## 3. What children and young people want from RSHE

Reflecting on what they had found useful about RSHE, 18-25-year-olds cited discussing topics they would not feel comfortable discussing at home and not feeling judged as key components. In terms of what had made RSHE poor, having lessons that felt rushed and awkward was identified as a key reason by over a quarter of participants.

Young women were more likely to report that RSHE had no understanding of pre-existing

trauma (24%, compared to 17% of young men) and did not reflect their experiences (17%, compared to 11% of young men). Young men were more likely to say that RSHE did not reflect their beliefs (15%, compared to 8% of young women).

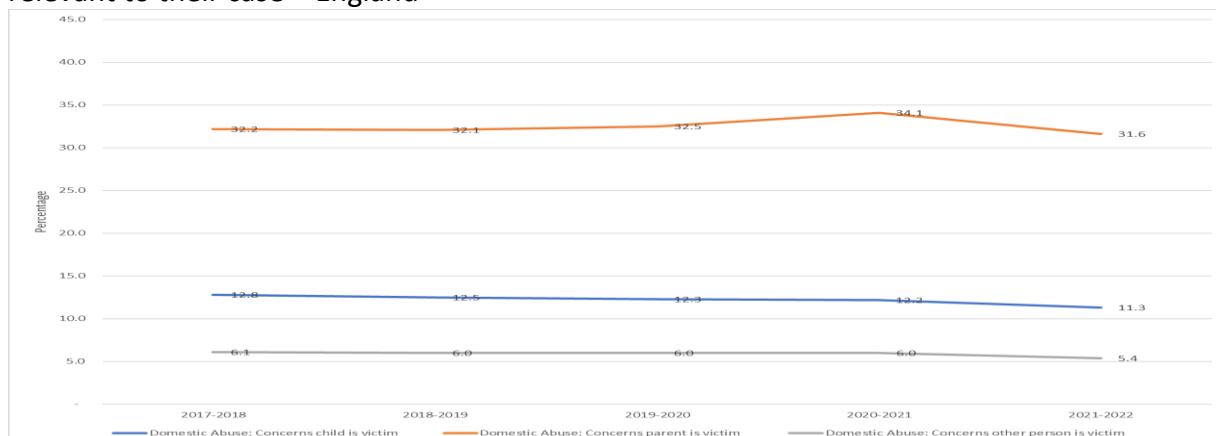
It is clear that current RSHE provision is falling short of what children and young people need – namely, safe, engaging and empowering spaces for discussion and learning.

<sup>4</sup> Whilst we cannot determine the direction of the causal connection, there are clearly significant links between this exposure and harmful perceptions of relationships, which demonstrates the influence of this kind of content.

<sup>5</sup> See table 1 in the report.

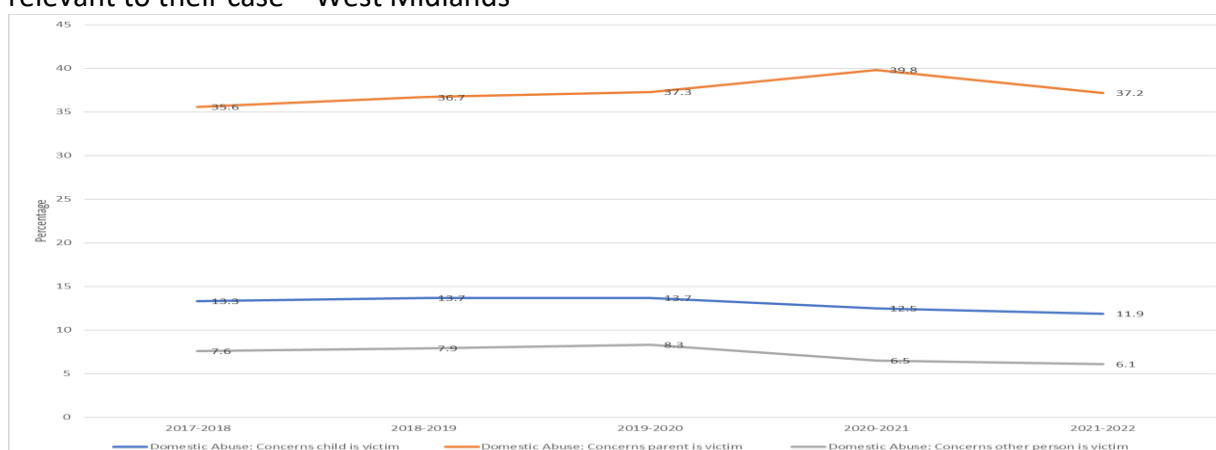
Source: [CYP-WWF-SUMMARY-WEB-FINAL.pdf \(womensaid.org.uk\)](https://www.womensaid.org.uk/cyp-wwf-summary-web-final.pdf)

**Figure 3.1** Percentage of children with factors identified at the end of assessment as having someone close to them involved in domestic abuse that social workers regard as being relevant to their case – England



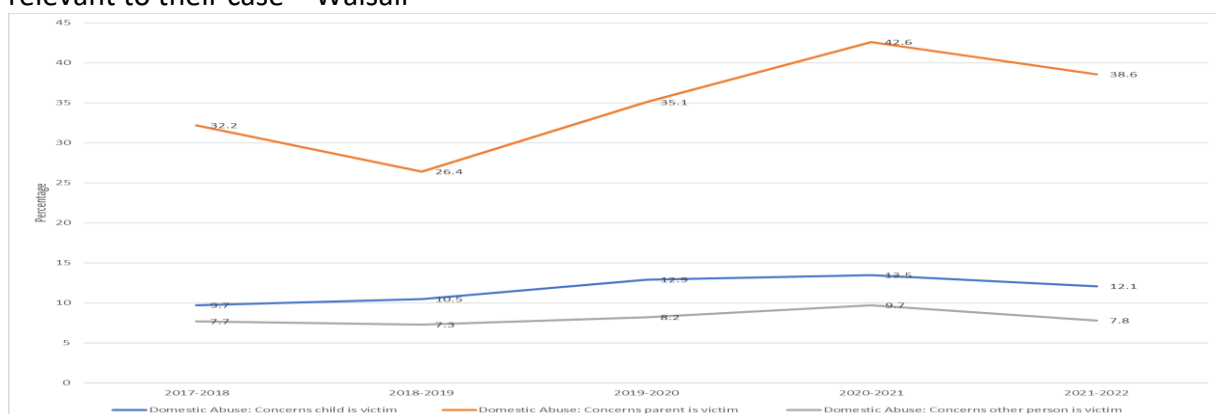
Source: Characteristics of children in need, 2017-2022

**Figure 3.2** Percentage of children with factors identified at the end of assessment as having someone close to them involved in domestic abuse that social workers regard as being relevant to their case – West Midlands



Source: Characteristics of children in need, 2017-2022

**Figure 3.3** Percentage of children with factors identified at the end of assessment as having someone close to them involved in domestic abuse that social workers regard as being relevant to their case – Walsall



Source: Characteristics of children in need, 2017-2022

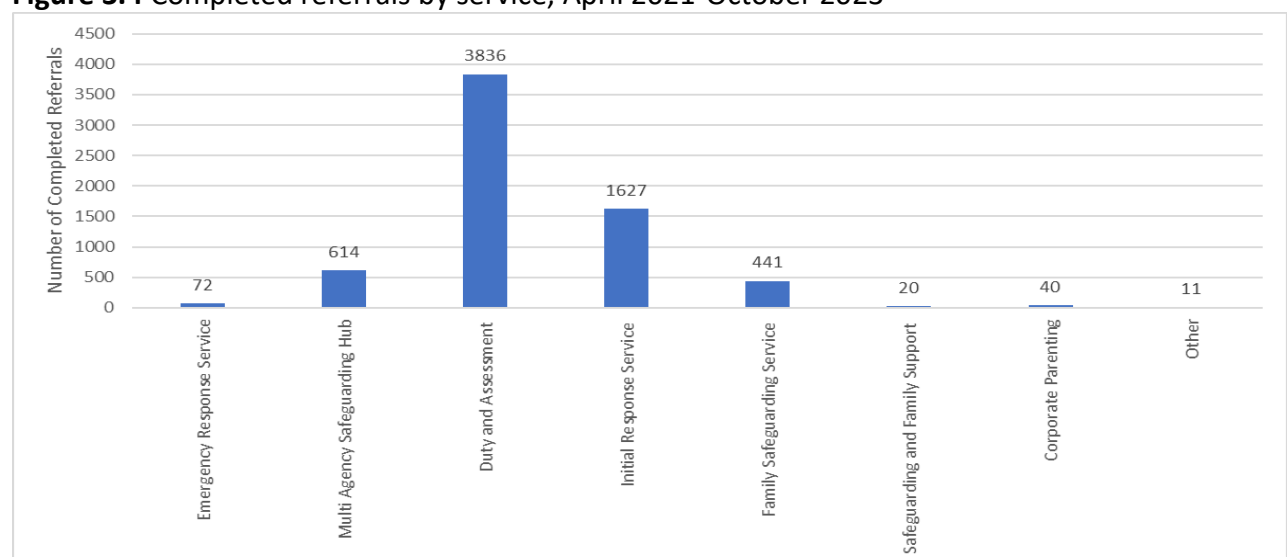


Early Help received 621 referrals of children aged under 19 years to support families due to domestic abuse. As part of the Family Safeguarding Initiative, children may be referred to Black Country Women's Aid where domestic abuse is present. Between 2016 and 2023, Black Country Women's Aid supported 692 children and young people:

- **411 aged 12 years and under**, supported by Young Person Domestic Abuse Walsall service, Walsall School Service, Our Future or the Walsall Wellbeing Hub (one-to-one support).
- **186 aged 13-18 years**, who were supported via Young Person Domestic Abuse Walsall service, Walsall School Service, Walsall Young Person's Independent Domestic Violence Advisor (IDVA) or the Walsall Wellbeing Hub (one-to-one support/group support).
- **95 aged 19-24 years**, who were supported via Walsall Young Person's IDVA or Young Person Domestic Abuse Walsall Service.

The majority of the 6,661 completed referrals for children from 2021-2023 show that just over half (57.6%) were to the duty and assessment (D&A) and a quarter (24.4%; 1,627) were to the Initial Response Service, which is the former name of the D&A service (Figure 3.4).

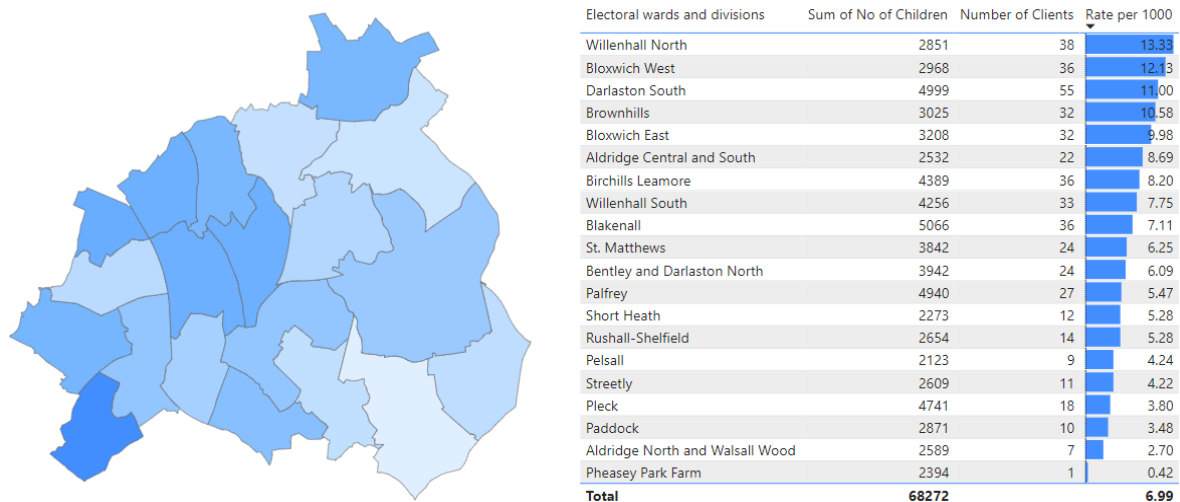
**Figure 3.4** Completed referrals by service, April 2021-October 2023



Source: WR4C Social Care Completed Referrals Dashboard

Whilst limited, data is available for number of Children and Young People using services related to Domestic Abuse. The ward with the highest rate of clients using the services per 1,000 children was Willenhall North (13.33), with Bloxwich West being only slightly lower (12.33) (Figure 3.5).

**Figure 3.5** Number of clients in Children and Young People Services, 2016-2023



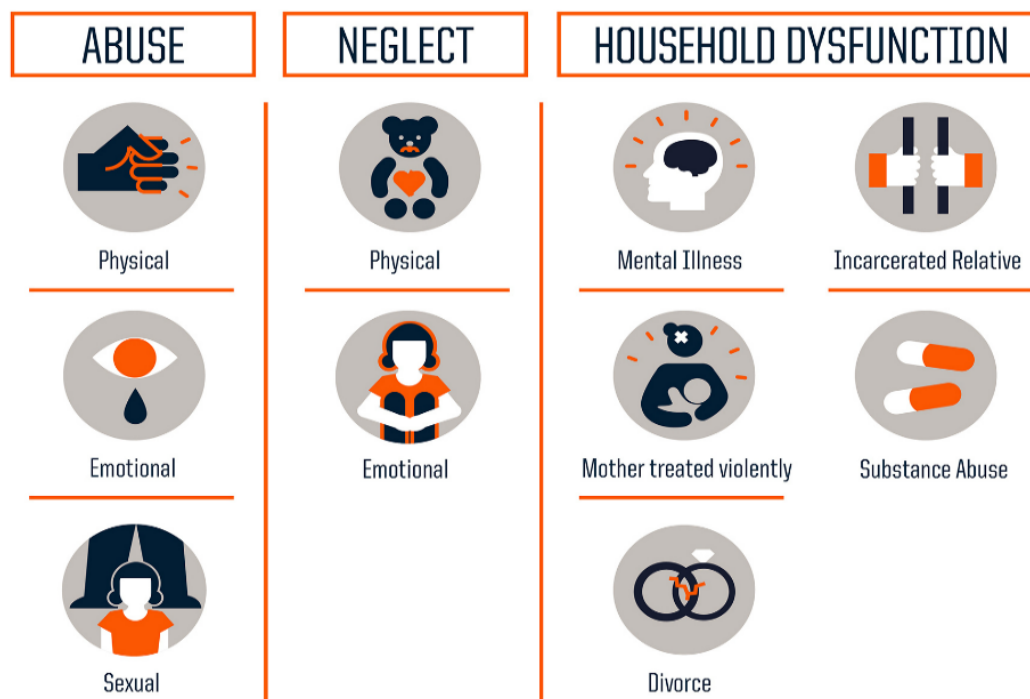
Source: Children and Young People Services

Total number of clients includes: Our Future, Walsall School Services, Walsall Wellbeing Hub – One to One, Walsall Young Person's IDVA and YPDA Walsall.

### Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events which result from direct and indirect abuse (see Figure 3.6). It is well evidenced that chronic stress in early childhood, whether it is caused by repeated abuse, severe maternal depression or extreme poverty, has a negative impact on a baby's development. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-term consequences for learning and a baby's future physical and mental health (Gov.uk, 2021).

**Figure 3.6** Types of adverse childhood experience



Source: Centre for Disease Control and Prevention. Credit: Robert Wood Johnson Foundation

It is important that when violence prevention is considered from pregnancy and right across the life course, investing in early years development as well as supporting families and caregivers, including family members who may be living elsewhere such as prison.

Children who had lived with domestic abuse were between 2.9 and 4.9 times more likely to experience physical violence and neglect than young people who had not lived with domestic abuse. Domestic abuse can itself result in forms of child abuse, i.e., neglect and/or emotional abuse. It can also result in the parent/caregiver being incarcerated, another ACE.

Childhood adversity is unfortunately common. Data from UK population surveys has found:

- In **England**, just over half (53%) of the adult population have at least one ACE and nearly a tenth (9%) have four or more ACEs (Bellis, 2014)
- In **Wales** just over half (53%) of the adult population have at least one ACE and over a tenth (14%) have four or more ACEs (Bellis, 2016)
- In **Scotland** nearly three-quarters (71%) of the adult population have at least one ACE and 15% have four or more ACEs (Scottish Health Survey 2019)
- In **Blackburn with Darwen** just over half (53%) of the adult population have at least one ACE and just over a tenth (12%) have four or more ACEs (Bellis et al, 2012).
- In **Bolton** just over half (53%) of the adult population have at least one ACE and just over a tenth (11%) have four or more ACEs (Ford et al, 2022).

Whilst northern areas have similar prevalence for at least one childhood adversity (53%) when compared to England's figure, the prevalence of four or more ACEs increases in Northern areas compared with national levels. Scotland and Wales also have higher ACE prevalence compared with England, mirroring deprivation levels.

ACEs occur across our society but is more prevalent in different settings and for specific groups of people, e.g. people who have an addiction such as drugs including prescribed medication, alcohol, tobacco, gambling and those who are homeless have much greater exposure to childhood adversity than those without. Children who attend alternative provision, those in the youth justice system, and those in the care system are more likely to have been exposed to trauma and adverse childhood experiences. It is estimated that for children whose parent is incarcerated, they are 67% more likely to have also witnessed domestic abuse. ACEs are also more prevalent where families are poor, isolated, or living in deprived circumstances (EIF, 2020). Even when deprivation is taken into account, a dose-response relationship between ACEs and poor health and social outcomes in adulthood remains, i.e. the greater the number of ACEs, the worse the health and social outcomes.

Research consistently shows the associated risk of poor adult health and social outcomes (EIF, 2020). Compared with adults who have no ACEs, adults who experienced four or more ACEs in early childhood are:

- 4.9 times more likely to have memory impairment
- 4.7 times more likely to have depression
- 2.3 times more likely to get cancer
- 2.1 times more likely to have a cardiovascular disease
- 3.5 times more likely to have a sexually transmitted infection

The dose-response relationship exists when deprivation is considered (Bellis et al, 2012).

In a national study, compared to adults with no ACEs, adults experiencing four or more ACEs in childhood are:

- 2 times more likely to binge drink
- 3 times more likely to be a current smoker
- 5 times more likely to have had sex under 16 years
- 7 times more likely to be involved in recent violence
- 11 times more likely to have used heroin or crack
- 11 times more likely to have been incarcerated (Bellis et al., 2014).

ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism (BMJ, 2020). Adverse experiences are also linked to such issues as criminal activity and school expulsions.

Bellis et al (2014) estimated that if a person had no ACEs then problems could be reduced by:

- 16% smoking
- 33% Early Sex
- 59% Heroin/Crack
- 15% Binge Drinking
- 60% Violence

It is only in more recent years that ACEs have become more 'mainstream' in various conversations, assessment and understanding (Grey et al, 2021). A USA study found a cumulative impact and that for every additional ACE a child suffered, there was an increased risk of violence perpetration.

The higher rates of substance misuse among adult survivors of child abuse and neglect may, in part, be due to victims using substances to self-medicate from trauma symptoms such as anxiety, depression and intrusive memories caused by an abusive history.

These costs soon add up. In 2016, the Early Intervention Foundation calculated that £655 million was spent on school absence and expulsion and £5.9 billion was spent on youth crime and anti-social behaviour during that year. Overall, £16.6 billion was spent on 'late interventions' by the public sector in England and Wales in 2016 (Government, 2021). Further, the Youth Violence Commission Final Report, Serious Youth Violence in England and Wales generated a total economic and social cost of £1.3 billion in 2018-19. This is a rise of over 50% since 2014/15.

### 3.2 People: Adulthood

People reach out to different organisations at different times, often for different reasons, when they are suffering from domestic abuse. Some will reach out immediately, some will take many years, and some may never get in contact. It is important to note that the data have not been linked across partners but rather each service has provided its own intelligence. Therefore caution is required when interpreting the data. For example, there could be one person who has been recorded on all support services such as police, adult social services, children's services and Black Country Women's Aid (BCWA), or they could have been in contact with just one service or they may not contact any. Therefore the data gives an indication of the level of domestic abuse across Walsall rather than an accurate figures. To illustrate this, for Walsall there were:

- 5,604 domestic abuse offenses recorded, West Midlands Police, January to December 2022
- 1,941 referrals, Black Country Women's Aid service, April 2022 to March 2023
- 862 individuals who were subject to a safeguarding concern where domestic abuse is recorded as the alleged abuse type between April 2020 and July 2023
- 262 number of people were referred to the Safer Accommodation service with commissioned support between April 2022 and March 2023
- 1,173 children referred to children's services where domestic abuse was reported, October 2022 to September 2023.
- National prevalence of domestic abuse was 40.6 per 1,000 adult population (2021-2022).

#### *Domestic Homicides*

Of all recorded homicides nationally, 17% are domestic homicides. Around 43% of all female homicide is domestic compared to 6% of male homicides (ONS, 2022). Where women are killed, they are seven times more likely than a man to have been a victim of domestic homicide. To gain more information domestic homicide reviews take place into the deaths of adults which may have resulted from violence, abuse or neglect; by a person to whom they were a member of the same household. They also take place where a victim took their own life (suicide), and the circumstances give rise to concern.

There were 134 domestic homicides in England in the year ending March 2022, 18 more than the previous year, the highest number since the year ending March 2019. Domestic homicide accounts for 19.3% of all homicides. Of the 134 domestic homicides, 78 (58.2%) victims were killed by partners or ex-partner, 40 (29.9%) were killed by a parent, son or daughter and 16 (11.9%) were killed by another family member.

For female victims, 81% of domestic homicide is committed by a partner or ex-partner, who is male in 86% of cases. Where the victim is male, 46% are committed by a partner or ex-partner, with 54% of domestic homicides with a male being committed by a family member. Nationally, domestic homicide is more prevalent in heterosexual relationships compared to same-sex relationships.

In cases where the domestic homicide victim is male, a third (33%) involve a suspect who is a brother, sister or other family member and just under a fifth (19%) are committed, or believed to be committed, by the victims' own parents.

The most recent analyses of domestic homicide reviews, October 2020 – September 2021 was published June 2022, updated April 2023, ([Analysis of Domestic Homicide Reviews](#)) and found:

### Summary

- 69% of deaths in the reviews occurred in 2018 and 2019.
- Across all the reviews, there have been 113 victims, of which 15 were, or appeared to be, victims of domestic abuse who died by suicide.
- The age of victims was from under 18 years to 92yrs and the average was 43 years old. The oldest perpetrator was aged 88 and the average age was 39.
- 77% of victims were female and 23% were male. For perpetrators, 89% were male and 10% female.
- The 108 reviews have information on 94 perpetrators.
- In 40% of the domestic homicide reviews, children were living or staying in the household.
- Analysing the relationships between the victims and perpetrators shows that for 68% of the victims the perpetrator was a partner or ex-partner. Within these relationships 29% were partners who had separated or were separating from the perpetrator.
- 32% of victims had a family relationship with the perpetrator and, of these, half the victims were parents.

### Victims

- 58% of victims had vulnerabilities. One third of the vulnerabilities was mental ill-health, for 27% it was problem alcohol use and for 18% illicit drug use.
- Looking at the mental health issues identified for half the victims, of these issues 22% was depression, followed by low mood / anxiety.
- It is estimated that 36% of victims had been the target of an abuser before.
- Aggravating factors were recorded in 61% of the reviews. Of these, coercive control was the largest and financial control second.

### Perpetrators

- 68% of perpetrators were identified as having a vulnerability with mental ill- health being the most common, followed by problem alcohol use and illicit drug use.
- 60% of the perpetrators had mental health issues, with depression and suicidal thoughts together being one third of these.
- Also 60% of perpetrators where information was given were recorded as having a previous offending history.
- 55% of perpetrators were known to agencies as abusers: 44% to Police, 18% to Probation, 7% to Children's Social Services and 4% to Adult Social Care.
- The reviews were asked to identify whether the perpetrators were being managed or supervised by, or attending a number of different services. This was the case for 40% of perpetrators and, of these, for 37% this was for mental health, 28% Probation and 21% for drugs and alcohol.

### Family contributions

- Families made contributions to 78% of the reviews. 70% were consulted about the terms of reference and 75% received the draft report to comment on.
- Support from an expert specialist advocate was taken up by 43% of the families.

Since 2011, there have been 9 domestic homicide reviews in Walsall, of which:

- 5 homicides (56%) were committed by an intimate partners (current or estranged)
- 4 homicides (44%) were committed by a family member, of which:
  - 50% were by their own child
  - 50% were by a member of the wider family
- 2 of the homicides (22%) were followed by the perpetrator's suicide

Of these homicides: 22% were female to female; female to male; male to male and 33% (3) were male to female

Women exposed to partner violence are nearly five times more likely to attempt suicide as women not exposed to partner violence. As such suicides where domestic abuse is a factor are included in domestic homicide review processes. Intimate partner problems, which includes intimate partner violence, were also found to be a triggering factor for suicide among men in a review of violent death records from seven U.S. states. Research also shows that experience with intimate partner violence, either perpetration or victimisation, puts people at higher risk for experiencing intimate partner violence in the future.

As part of Walsall's Suicide Thematic Review (2022), Trauma and Abuse were identified as a key theme throughout it in a variety of different forms:

- Regular sexual or physical abuse as a child or young person
- A single acute occasion of sexual assault (i.e. rape)
- Survivors and perpetrators of domestic violence and abuse
- Ex-service personnel struggling with trauma (e.g. PTSD)

This theme identifies long lasting psychological fall-out of regular and acute instances of abuse and trauma and the risk it poses in terms of suicides. There is a wide variety of agencies and professionals with the opportunity to identify and support individuals at risk of suicide e.g. police, health care professionals, social workers, sex-workers, domestic violence charities, and the military.

This theme has identified and reinforced the absolute necessity for support pathways for victims of trauma such as ACEs, domestic violence, violent crime, and sexual assault. Local programmes and services that address these needs are key stakeholders in the delivery of suicide prevention. For example, sexual health/trauma services could support victims and/or perpetrators, within and outside of the system (especially victims who choose not to go through the justice system).

Addressing both short-term and long-term impact is essential along the support pathways and services delivered through partner agencies. Stakeholders working in this arena are:

- Encouraged to deliver the messaging around abuse and trauma that 'it's not your fault' to victims.
- Encouraged to deliver messaging around rehabilitation and hope for the future to perpetrators of abuse (this is also pertinent to the theme of offenders).
- To undertake mental wellbeing and suicide prevention training.

### **Multi-Agency Risk Assessment Conference (MARAC)**

MARAC is where information is shared on domestic abuse cases that are considered high risk. Representatives of local police, health, child protection, housing practitioners, independent domestic violence advisors, probation and other specialists. The meeting combines up to date risk information with a comprehensive assessment of a victim's needs and links them, their children and the perpetrators to appropriate services. The victim does not attend the meeting but is usually represented by an independent domestic violence advisor who will be their voice. The primary focus is to safeguard the adult victim, but it will also make links with relevant agencies and services to safeguard children and manage the behaviours of the perpetrator. Anyone aged 16 or over can be referred to MARAC.

A case is referred to MARAC where a professional believes that the victim is at risk of serious harm or death. This assessment of risk will have been concluded in one of three ways:

- **Visible High Risk:** Assessed as high risk using a DASH risk assessment form and scoring 14 or more.
- **Professional Judgement:** if there is no DASH or too low a DASH score, but the professional still believes, based on what they could know of the case, that there is significant risk.
- **Escalation:** Professional may feel that, although the current risk may not be significantly high, there is evidence of escalation in risk. This is usually indicated by three or more separate reports to Police of domestic abuse over a 12-month period

The victim can expect:

- Ongoing support and safeguarding for them (and their children), i.e. housing support, counselling, finance support, child contact support emotional support for children
- Perpetrator may be given the opportunity to enter an Offender Management programme or to undertake offence-focused work
- Agencies to build a clearer picture of family dynamics, enabling better support
- Cases only return for discussion if there is a further domestic abuse incident.

In 2021-22, 671 MARAC cases were discussed in Walsall. Between April – September 2021, there were 264, by the same time the following year there were 412 cases, a 56% increase.

In 2021-22 there were 169 information only cases. Between April – September 2021, there were 70, by the same time the following year there were 143 cases, a 104% increase.

In 2021-22 there were 336 repeat cases. Between April – September 2021, there were 128, by the same time the following year there were 245 cases, a 91.4% increase.

In 2021-22 there were 29 male victims. Between April – September 2021, there were 14, by the same time the following year there were 13 cases, no difference by year.

In 2022/23 Walsall accounted for 8% of regional demand, which is a slight increase, from 7%, one year before. By 2023/24, in quarter 1, this had increased to 9.8% of all cases.

Since October 2017, the number of reports of high-risk domestic abuse in the West Midlands has almost doubled, with a 98.3% increase.



### *Victims / survivors*

The term 'victims' and survivor' is used to describe people who have lived experience of domestic abuse. The term 'victim' is referred to someone still recovering from the harm that has come to them whereas 'survivor' is referred to someone who has gone through the recovery process. The term will be used interchangeably within this report. Victims and survivors of domestic abuse can belong to any socio-economic, ethnic or racial group; old and young, female and male, LGBTQ+ or heterosexual.

### *Gender*

It is well evidenced that most victims and survivors of domestic abuse are women, and local data confirms this for all services across the borough. Males can be victims and survivors of domestic abuse too.

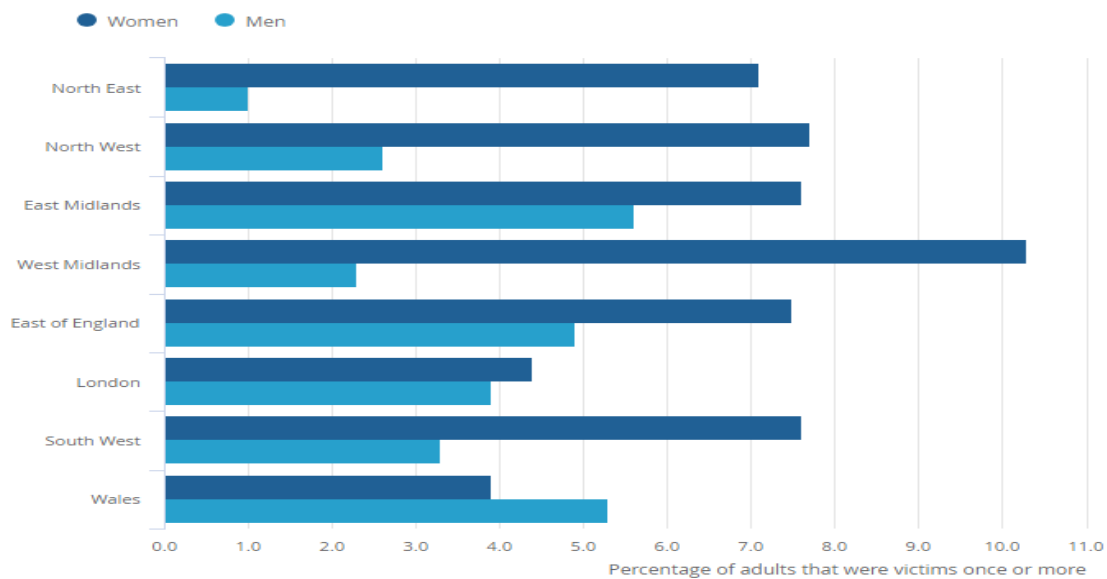
Domestic abuse is a gendered crime. Whilst both men and women may experience incidents of inter-personal violence and abuse, women are much more likely to experience repeated and severe forms of abuse, including sexual violence. They are also more likely to have experienced sustained physical, psychological or emotional abuse or violence which results in injury or death. Domestic abuse perpetrated by men against women is rooted in women's unequal status in society and is part of the wider social problem of male violence against women and girls. Research finds that sexism and misogyny sets the scene for make abusive partners' cohesive and controlling behaviours ([womensaid.org.uk](https://www.womensaid.org.uk))

*The definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.*

**The United Nations**

English region estimates of any domestic abuse from the Crime Survey for England and Wales for the year ending March 2022 mirrored national trends with a higher percentage of women being victims of domestic abuse in the last year compared with men. However, significant differences were only seen in the North East, North West and West Midlands. This gap was largest for West Midlands, where 10.3% of women were victims of domestic abuse in the last year, compared with 2.3% of men (figure 3.7).

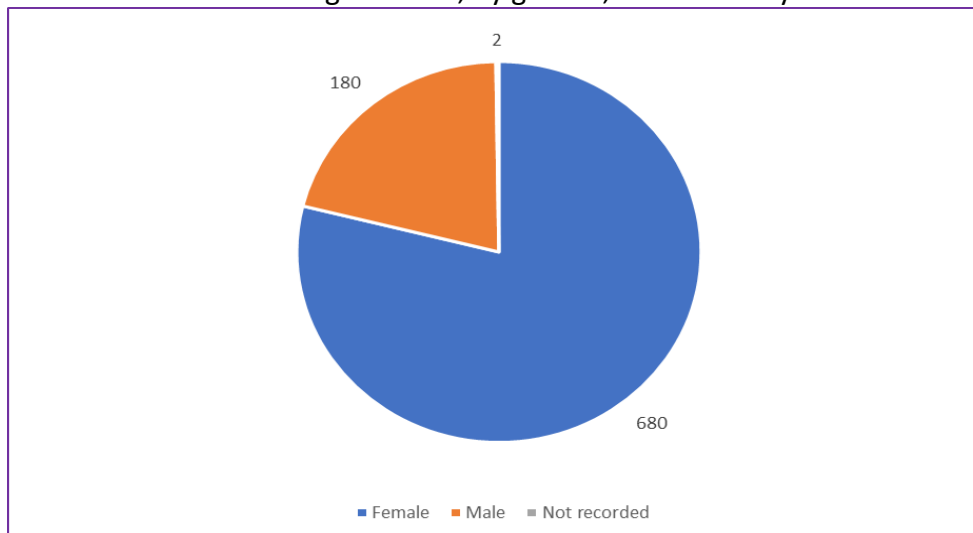
**Figure 3.7** Prevalence of domestic abuse in the last year for adults aged 16 years and over, by sex, English regions and Wales, year ending March 2022



Source: Office for National Statistics – Crime Survey for England and Wales

Nationally, 70.9% of all persons who experience domestic abuse are women and 29.1% are men. In Walsall, people aged 18 years and above who are subject to an adult safeguarding concern where domestic abuse is recorded as the alleged abuse, 79% are women and 21% men (Figure 3.8). And from West Midlands Police, 75% of victims and/or survivors were registered as female and 25% male.

**Figure 3.8** Individuals subject to a safeguarding concern during the period where domestic abuse is recorded as alleged abuse, by gender, Jan 2020-July 2023

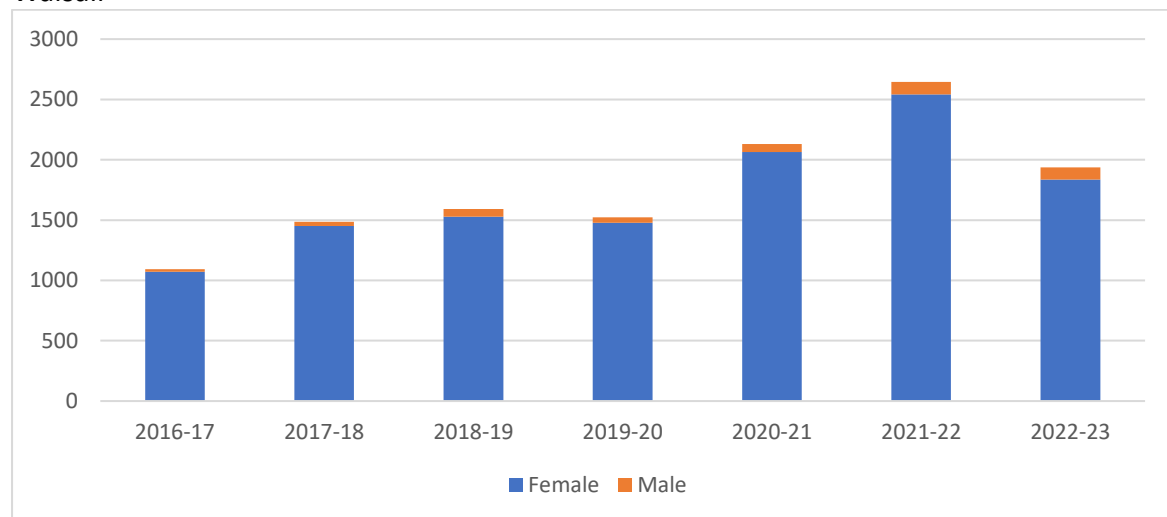


Source: Domestic Abuse Safeguarding Activity, Walsall Council, April 2020 and July 2023

From a children's perspective, of all children who are referred with domestic abuse, 47.9% are female and 49.9% are males. (2.1% are unrecorded and 0.1% were Indeterminate).

A higher proportion of women access domestic abuse services via Black Country Women's Aid (BCWA) compared with national, police and adult social care data, with over 90% being female. The percentage of men accessing domestic abuse support has slowly increased over time, from 2% in 2016-17, to 5% in 2022-23. This is likely to be due to the various campaigns encouraging men to come forward if they have been subject to domestic abuse (Figure 3.9). As expected, most males access the 'Ask Marc' service, which is for men only.

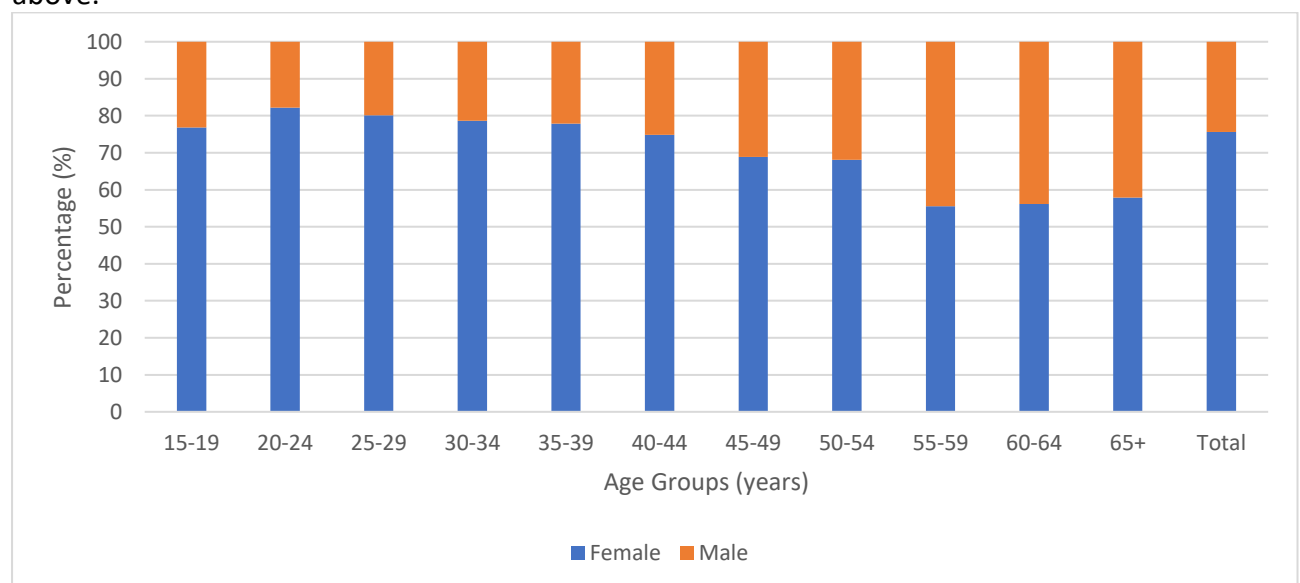
**Figure 3.9** Number of adults who accessed Black Country Women's Aid services, by gender, Walsall



Source: Black Country Women's Aid, April 2016 – March 2023

When we consider gender by age group, a slightly different pattern emerges. Using police data for suspects we can see that in the younger age groups domestic abuse victims are predominately female. On reaching 55 years, the gender difference changes, and 55% of females are victims compared with 44% of males (Figure 3.10).

**Figure 3.10** Percentage of domestic abuse offences, victims, by gender. Age 16 years and above.



Source: West Midlands Police, 2019-2022

Many men do not come forward to report their abuse because many do not think that they will be believed. Often, they have already had people not believe them or even blame them for the abuse. Men who are in a heterosexual relationship often feel embarrassed about telling someone that they are being abused. Those men who are in a same-sex relationship often face additional challenges of having to disclose their sexuality and explain how a man can abuse another man.

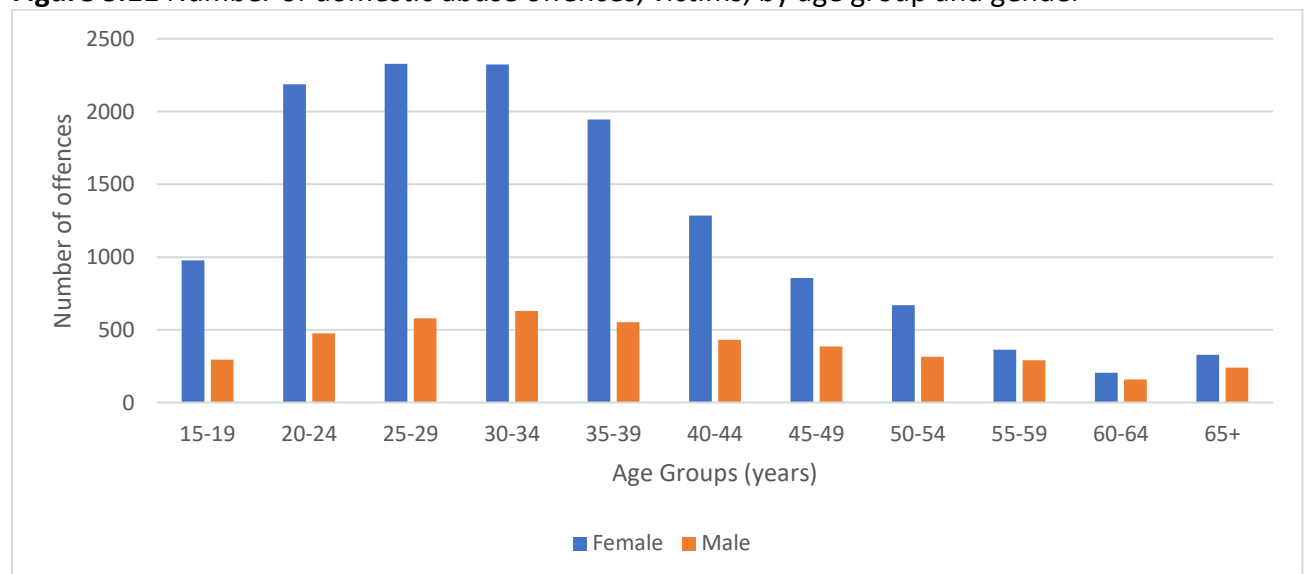
Evidence suggests agencies may fail to recognise the abuse towards men and overlook cases involving female abusers. There are missed opportunities to identify and support male victims of domestic abuse as no one fully understands the issue or extent of the situation.

### Age

Domestic abuse affects all ages. However, domestic abuse is more prevalent in the younger population. A higher proportion of adults aged 20 to 24 years were victims of any domestic abuse in the last year compared with adults aged 55 years and over (ONS, 2023).

When considering police data, victims of domestic abuse offences are higher in the younger age group for both males and females. Domestic abuse does not stop after the age of 55 years, demonstrating that domestic abuse affects all ages but clearly has a large impact for younger population groups (Figure 3.11).

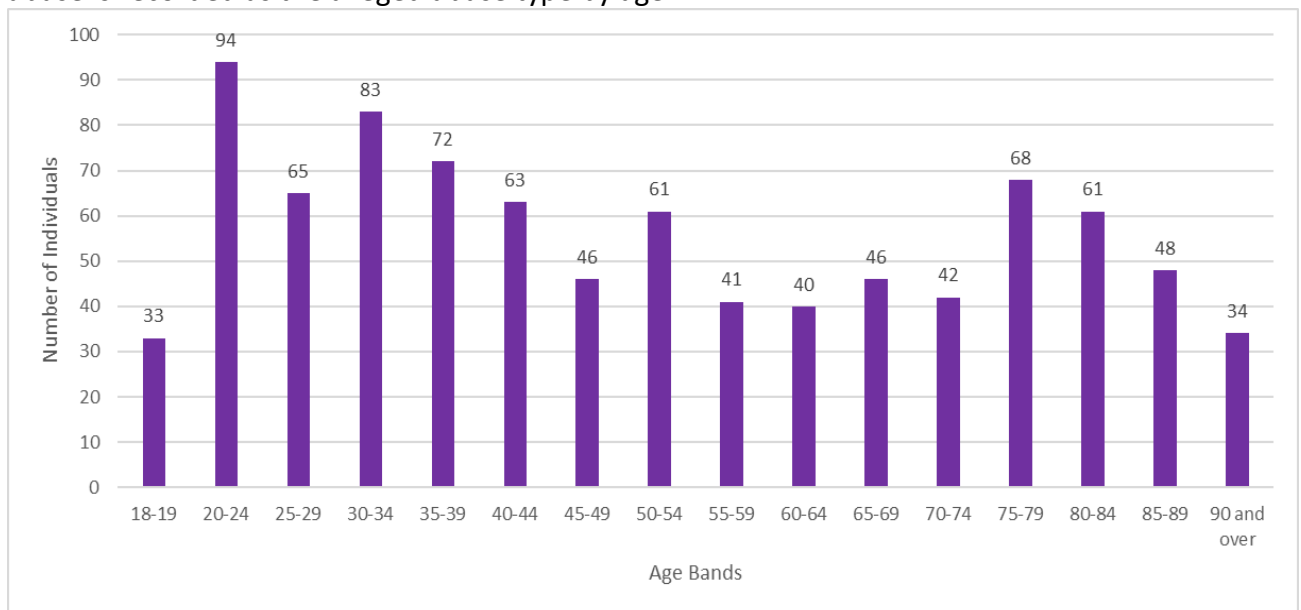
**Figure 3.11** Number of domestic abuse offences, victims, by age group and gender



Source: West Midlands Police data, 2019-2022

When looking at adult social care data for victims, a slightly different picture emerges. Whilst the younger population groups are still the highest numbers, the numbers increase again from age 75 years (Figure 3.12).

**Figure 3.12** Individuals subject to a safeguarding concern during the period where domestic abuse is recorded as the alleged abuse type by age\*

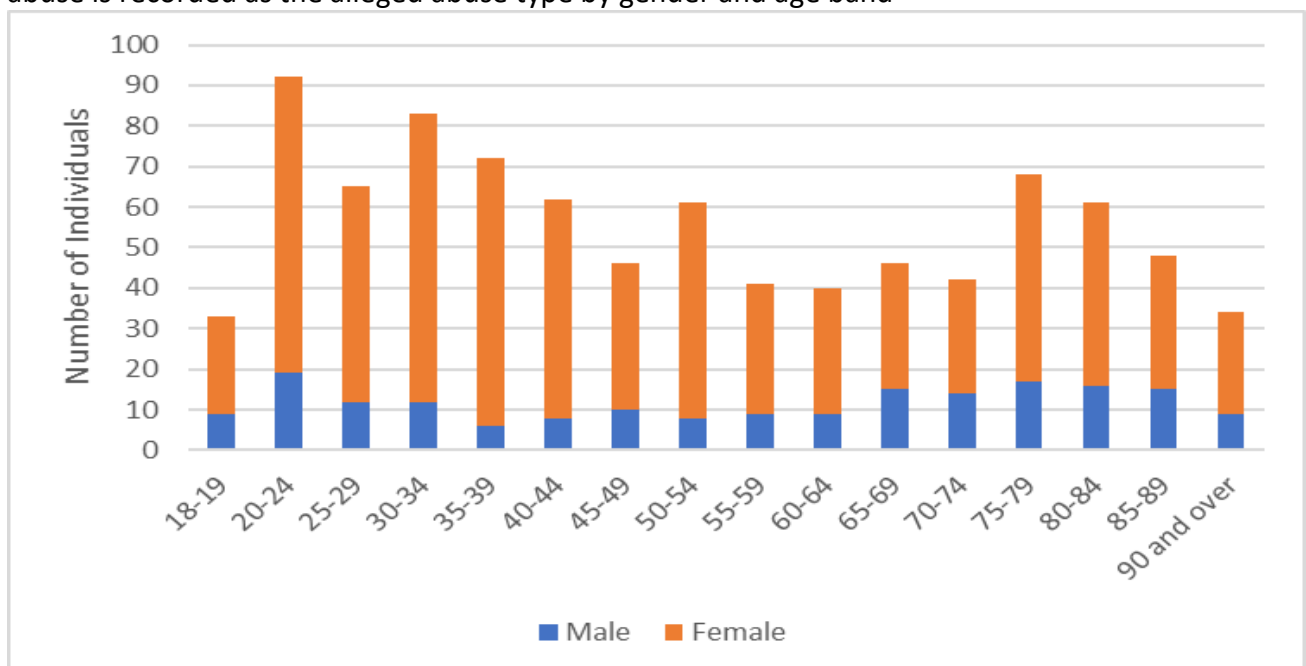


Source: Domestic Abuse Safeguarding Activity Dashboard April 2020-September 2023

\*Note: 16-17 year olds are still considered Children so are not recorded within these figures.

Females are by far the majority of those in each age group who have been subject to a safeguarding concern. This ranges from 66.7% of those aged 76-79 to 91.7% of those aged 35-39 (Figure 3.13).

**Figure 3.13** Individuals subject to a safeguarding concern during the period where domestic abuse is recorded as the alleged abuse type by gender and age band\*

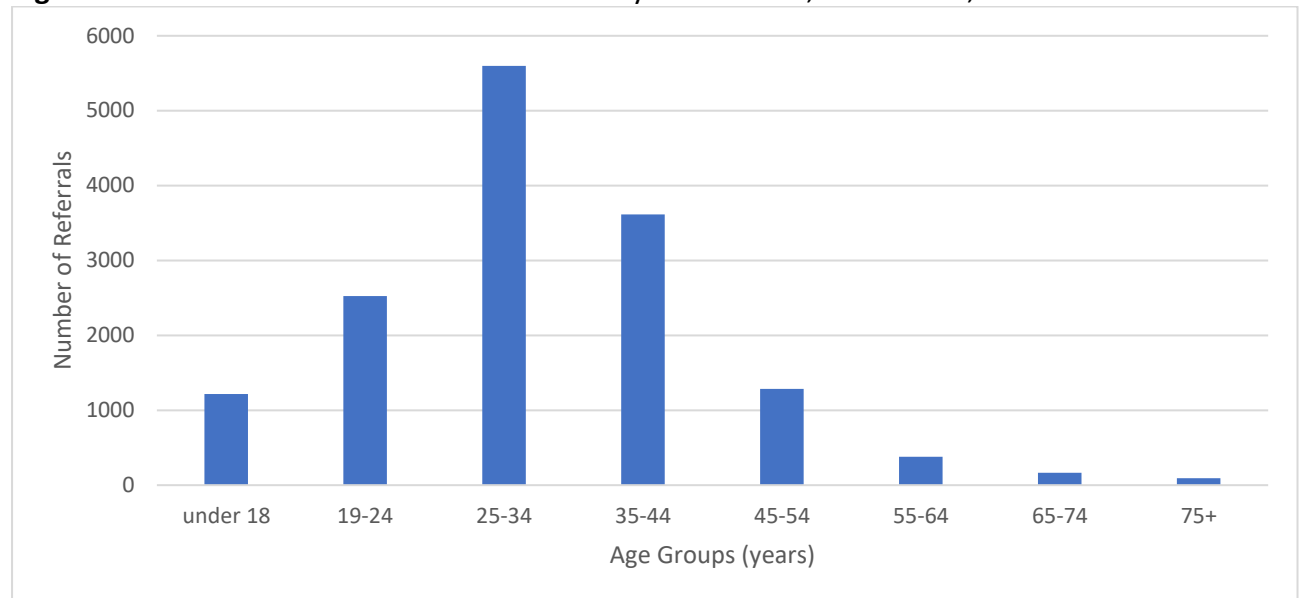


Source: Domestic Abuse Safeguarding Activity Dashboard April 2020-September 2023

\*Note: 16-17-year-olds are still considered Children so are not recorded within these figures.

Similar to national and other local services, referrals to Black Country Women's Aid are predominately in the younger age group, under 55 years. There are much fewer referrals in the older age groups (3.14).

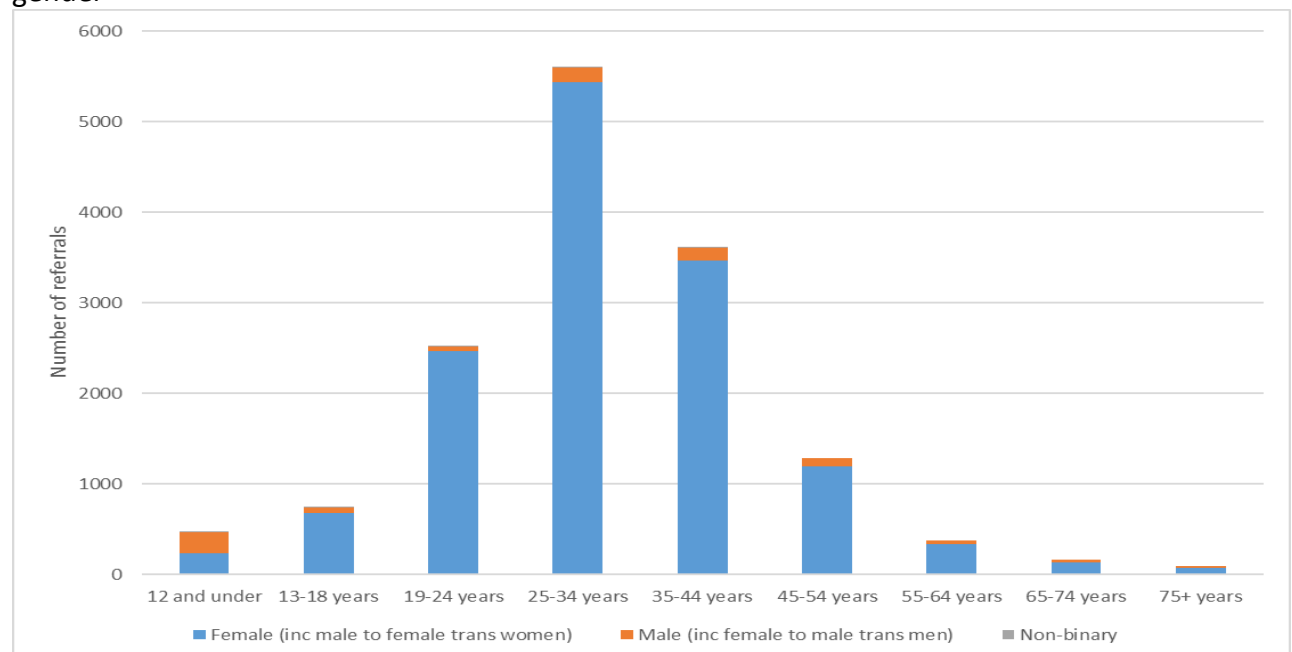
**Figure 3.14** Number of referrals to Black Country Women Aid, All Services, Walsall residents



Source: Black Country Women Aid, 2016-2023

Woman account for almost all referrals into the Black Country Women Aid, accounting for 97.9% in the 19-24 age band. The only age bracket where it more evenly divided is 12 and under where it is 51.5% Female, 48.3% Male and 0.2% Non-binary (Figure 3.15).

**Figure 3.15** Number of referrals, Black Country Women Aid, All Services, Walsall by age and gender



Source: Black Country Women Aid, 2016-2023

### *Child or grandchild on parent / child on family member / elder –on elder abuse*

Whilst domestic abuse has higher reporting in the younger age groups, domestic abuse can happen at any age. This is a very sensitive topic to talk about. Older adults may be more reluctant to talk about problems at home due to experiential, cultural and social factors. This, combined with ageing and subsequent care needs leaves them vulnerable to having domestic abuse overlooked.

Older people may have been victims for a very long time. They may be dependent on care provided by their abuser. They are more restricted by the impact of age, fragility or disability. Workers may not recognise domestic abuse in older adults. The perpetrator may have care needs.

Older victims are less likely to leave the abusive relationship for various reasons including:

- Love of abuser
- Generational acceptance of the abuse
- Fear of repercussions, or not being believed
- Fear of being institutionalised, losing what independence they do have
- Loss of ability to communicate clearly
- The responsibility of being a carer or being cared for by an abuser
- Disability or physical frailty
- Fear of financial insecurity
- Leaving treasured possessions and home of a lifetime, pets
- Lack of sense of entitlement
- Responses of family members / adult children

### *Ethnicity*

Differences between any domestic abuse estimates across different ethnic groups from the Crime Survey for England and Wales were found to be not significantly different.

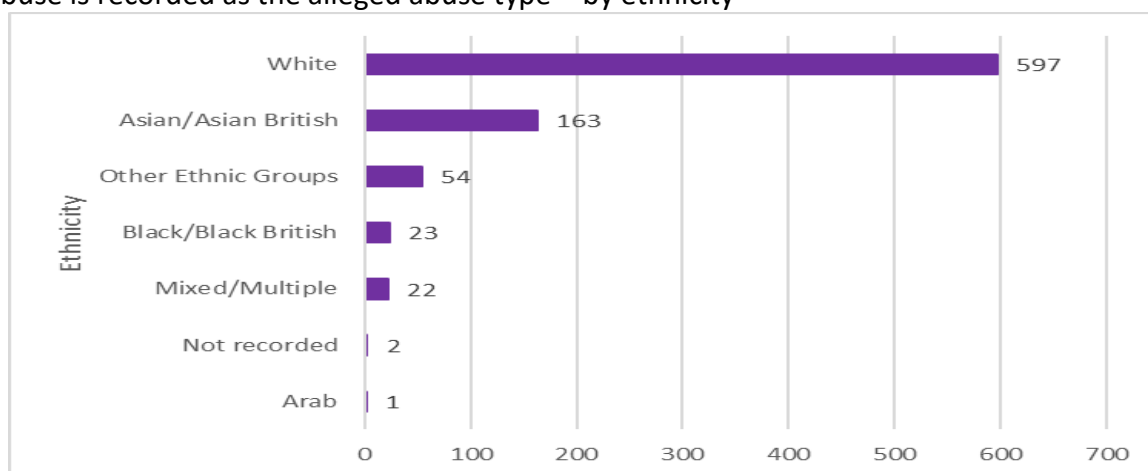
From all domestic abuse offences reported to West Midlands Police, 70% of victims are White British; 9% do not have ethnicity stated; 4% identify as Pakistani; 4% are all others combined. There are slightly higher White British victims (70%) compared with Walsall's population (66.1%), similar Asian/Asian British victims compared to Walsall's population (9% Vs 10.3%). There is under-representation in the Black/African and Mixed ethnic communities compared with Walsall's population. It is not possible to determine whether those from the Gypsy/Traveller community are disproportionately present or not amongst domestic abuse victims. In Walsall, there were 29 children who were victims of parental domestic abuse cases identified between April 2023 and September 2023 through our Vulnerable Families – Asylum seekers, Refugees and Migrants, Gypsies & travellers 0-5 years leads.

This ethnicity split is similar to that observed for adult safeguarding, for adults who are subject to a safeguarding concern where domestic abuse is recorded 69% (n=597) are White British, 19% are Asian/Asian British and 6% are Other (Figure 3.16).

For Black Country Women's Aid, 63% of referrals are people who identify as White British; 12% Asian/ Asian British and 12% either Unknown or Unable to Obtain. A higher proportion of Asian/Asian British are accessing services but not reporting domestic abuse to the police.

Roshni Birmingham has supported 49 women over the past 12 months, of which 98% were Pakistani. All of the 49 women lived in Walsall. The victims / survivors who were supported by Roshni Birmingham were all through outreach and none were from the local refuge. The victims / survivors were not aware of any local services, they were too scared to approach agencies and did not want their details to be entered onto any database. Of the 49 women, 2 were women who had no recourse to public funds.

**Figure 3.16** Individuals subject to a safeguarding concern during the period where domestic abuse is recorded as the alleged abuse type – by ethnicity



Source: Domestic Abuse Safeguarding Activity Dashboard , April 2020-September 2023

There is evidence of chronic underreporting of domestic abuse in people from Black, Asian and Minority Ethnic (BAME) groups, which also includes Gypsy, Roma and Irish Travelling communities as outlined by the Equalities Act 2010 ([Domestic Abuse in Black, Asian and Minority Ethnic Groups](#)). Evidence suggests that BAME women were more likely to stay in abusive relationships due to the barriers associated with leaving (Imkaan 2020). Safelives' (2020) showed that '*BME clients suffered abuse for 1.5 times longer before seeking help compared to those from a white British or Irish background*'. Research shows that '*a woman facing domestic violence has to make 11 contacts with agencies before getting the help she needs, however, this rises to 17 if she is BME*' (Brittain et al, 2005).

There are many reasons why victims from Black, Asian and Ethnic Minority Groups do not come forward, including:

- Distrust between BAME Communities and police.
- Strong notion of protecting the community and cultural integrity by not disclosing the abuse and this pressure can come from the community or individuals.
- Disclosing abuse can bring shame (*sharam*) to the family and to the community.
- Immigration status. 1 in 5 BAME women have no recourse to public funds; a subsection of these do not report domestic abuse due to their insecure immigration status and fear of deportation, which is often used as a control tactic by the perpetrator (Imkaan, 2002).



People from the BAME community are at risk of facing specific types of abuse such as 'so called' honour-based violence. In Walsall between 2019 to 2023, there were 65 so called honour-based offences recorded by West Midlands Police. Of those offences where gender was recorded, 80% of the victims were female and 73% of the suspects were males. The reporting of So-Called Honour Based Violence has increased over time, although it must be remembered that this does not mean that the offence occurred in this year. In 2019 there were 8 recordings of such crime. This increased to 14 in 2020, 18 in 2021 and 25 in 2022. Of all of the recorded offences, 75% had no ethnicity recorded. Where ethnicity was recorded, 57% were Pakistani heritage; 21% Indian, 14% Other White and 7% Other Asian heritage.

Honour Based Abuse has been identified to stem from traditional notions of patriarchy and gender roles and may involve multiple perpetrators. Individuals and communities may not explicitly use the term 'honour' and other words used may include 'shame', 'respect', 'reputation', 'izzat', 'disgrace', 'sharaf' and 'sharam'. Women and girls make up the majority of victims, but men and boys can be at risk too.

Standing Together Against Domestic Abuse (STADA) is a national charity bringing communities together to end domestic abuse. To strengthen the coordinated community response (CCR) a Coaction Hub has been established, a partnership between Asian Women's Resource Centre (AWRC) and STADA funded by the Esmée Fairbairn Foundation. It aims to improve responses to Black and Minoritized / Global majority survivors of domestic abuse and harmful practices. There are a number of helpful factsheets on harmful practices to support good practice in statutory and non-statutory agencies, including Forced Marriage, Child Marriage, Honour Based Abuse [Coaction Hub — Standing Together](#). These factsheets can be used by all partners to help understand the different types of abuse that can occur within families and to share with victims themselves too.

### *Sexuality*

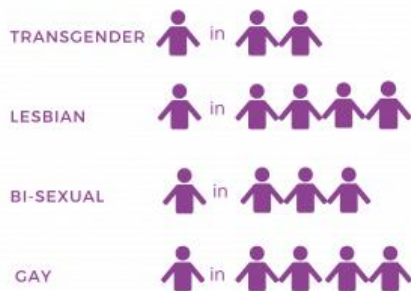
Evidence shows that Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) victims are disproportionately affected by domestic abuse. The reporting of domestic abuse in the LGBTQ community is under-reported, by about 79%. There are gaps in local data making it difficult to assess the level of domestic abuse that is experienced by the community in Walsall.

Research suggests that rates of domestic abuse in the LGBTQ community is between 20%-40%, with more women disclosing domestic abuse compared with men. The reason for the under-reporting is believed to be because of the way in which domestic abuse is portrayed as a gendered abuse, with men primarily being the perpetrators and females the victims.

CESW data estimates that prevalence of domestic abuse is higher amongst those identifying as Lesbian, Gay or Bisexual than amongst heterosexual. Nationally, 8% of those identifying as gay or lesbian have disclosed domestic abuse over a 12-month period, increasing to 15% for those identifying as bi-sexual, and notably 20% amongst bisexual women.

Rates of domestic abuse are estimated to be higher for people who identify as transgender. Peitzmeier et al (2019) found that transgender individuals are 2.2 times more likely to experience physical abuse and 2.9 times more likely to experience sexual abuse than are cisgender individuals. They are also at higher risk of repeat victimisation.

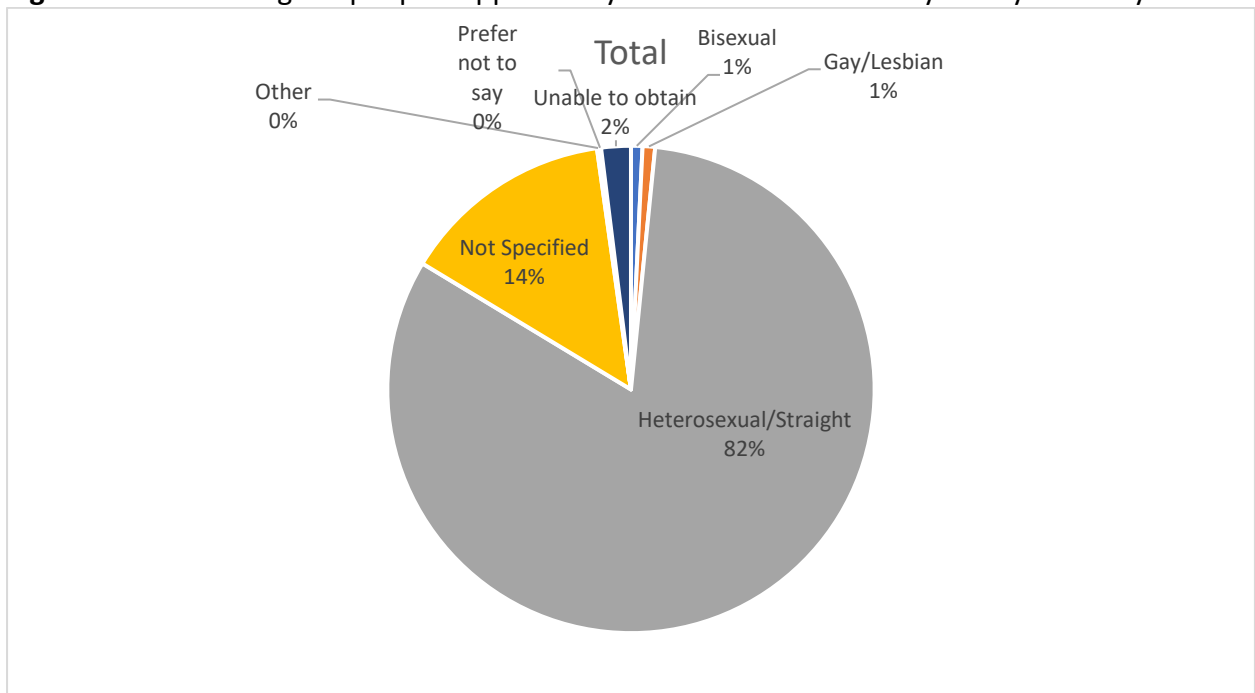
## Domestic Abuse Prevalence in LGBT Communities



\*The prevalence data for transgender people has been estimated based on studies conducted by the Scottish Transgender Alliance(2013) and Stonewall(2018). Official data is difficult to obtain due to the sensitivity of the topics and LGBT identity is not included in the official domestic abuse statistics.

In total, 82% of people referred into Black Country Women’s Aid, identified as heterosexual/straight, 14% not specified, 1.7% as Lesbian, Gay, Bisexual or Other (Figure 3.17). Police do not record sexuality and it is not possible to understand sexuality in relation to victims, survivors or perpetrators of domestic abuse from offences reported to the police. From 2021 Census, 90.2% of Walsall’s population identify as Heterosexual/Straight; 1.07% identify as Gay or Lesbian; 0.84% identify as bisexual and 0.25% identify as other sexual orientations.

**Figure 3.17** Percentage of people supported by Black Women’s Country Aid by sexuality

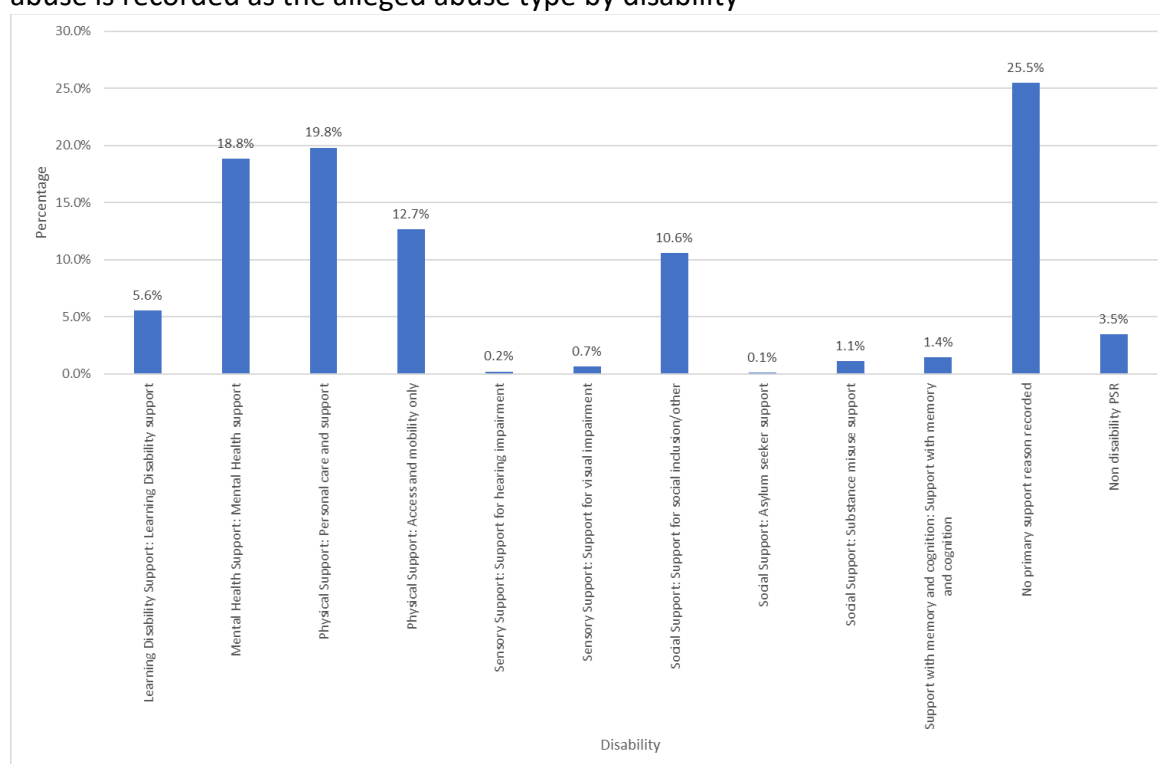


Source: Black Women’s Country Aid, 2016-2023

### Other Characteristics

Of all persons referred into Black Country Women's Aid, 7% identify as having a disability. This is in stark contrast to those people are subject to an adult safeguarding concern, where 71% had a specific disability registered as a Primary Support Reason for social care support. The most common disabilities were Physical Support: Personal care and support (19.8%) and Mental Health Support: Mental Health support (18.8%), although 25.5% had no primary support reason supported (Figure 3.18). Disability is not recorded on Police data for domestic abuse.

**Figure 3.18** Individuals subject to a safeguarding concern during the period where domestic abuse is recorded as the alleged abuse type by disability



**Source:** Domestic Abuse Safeguarding Activity Dashboard , April 2020-September 2023

**\*Non-disability PSRs** include Carers (1.1%), Abuse or Neglect (0.9%), Family Dysfunction (0.4%), Family in acute stress (0.4%), Cases other than Children in Need (0.3%) and socially unacceptable behaviour (0.2%).

From January 2020 to October 2023, of those children referred to services for domestic abuse, 24 (0.4%) had any form of disability recorded.

From 2022-2023, for the 314 adults who were subject to a safeguarding concern where the alleged abuse type was Domestic Abuse, 69.5% had some form of disability that required additional support. The most common type of additional support was Physical Support (33.1%) followed by Mental Health Support (21.0%) (Table 3.1).

A recent discussion took place with staff members from Zebra Access, which is a Deaf-led charity dedicated to ensuring that all Deaf and Hard of Hearing people enjoy equal participation and access without communication barriers. Staff members felt that many people who were Deaf or Hard of Hearing were not aware of domestic abuse, and they find

it difficult to communicate with health and social care workers about domestic abuse due to lack of access to communication and information. Awareness is needed through training and education about what domestic abuse is, giving clear information that is deaf friendly. There is a big issue with signing the word 'abuse' as most people from the Deaf and Hard of Hearing community use the sign for 'violence', instead of domestic abuse which can be misleading when it comes to asking questions.

For the Deaf and Hard of Hearing community, touch is used for many members, where a hug or a touch on the shoulder/arm is often used, which is also where the lines could be blurred. There is an opportunity to for communities to work together to understand the different boundaries. Members felt that emotional abuse was high within their community.

Staff members felt that in relation to domestic abuse, issues that affected the Deaf and Hard of Hearing community was neglect, being ignored, seeing but not understanding what domestic abuse is. Services that support people with domestic abuse are often not accessible for people from the Deaf and Hard of Hearing community. Also, many people who are deaf or hard of hearing do not have English as their first language. They felt that more deaf awareness, more support in supplying interpreter services and preference to speak to a deaf person were the main types of support that they would want in relation to domestic abuse. Official statistics do not record domestic abuse and the number of people who are deaf or hard of hearing.

**Table 3.1** Types of Support for individuals subject to a safeguarding concern where the alleged abuse type was Domestic Abuse

Support Type	Numbers
Physical Support	104
Sensory Support	5
Support with Memory & Cognition	9
Learning Disability Support	18
Mental Health Support	66
Social Support	36
No Support Reason	96
Not Known	0
<b>Total</b>	<b>334</b>

*Source:* Safeguarding Adults Statutory Return 2022/23

Two-thirds (75%) of victims who are supported by Black Country Women's Aid have caring responsibilities with:

- 4% being pregnant
- 3% caring for a child up to 6 months old
- 47% caring for a child over 6 months of age
- 14% having other caring responsibilities
- 8% not being specified.

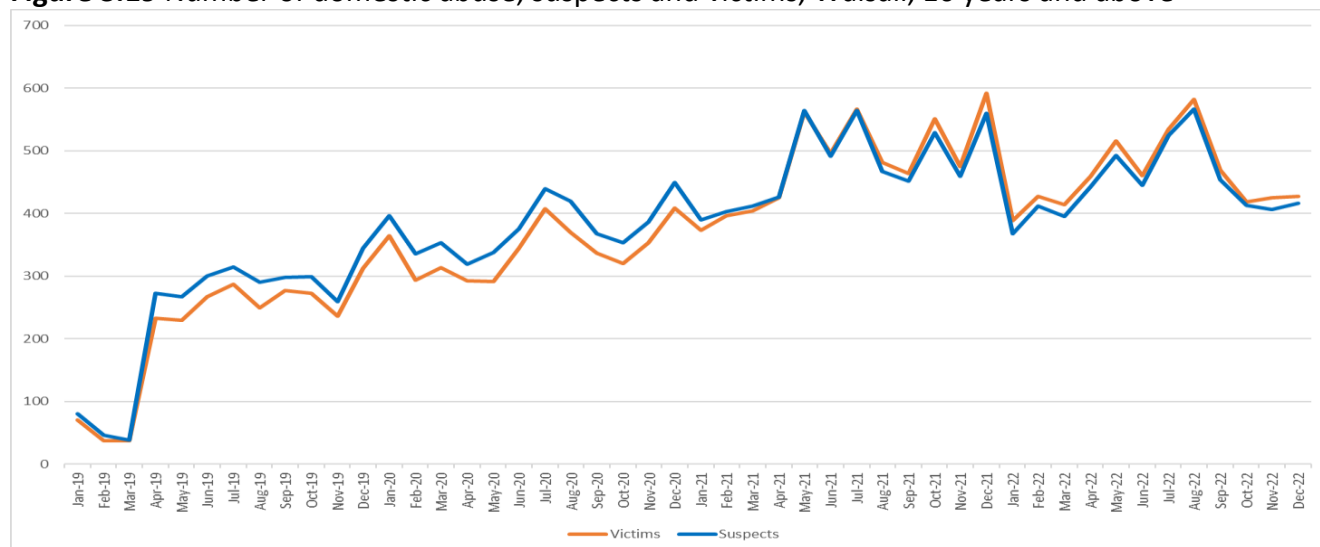
### *Victims with no recourse to public funds*

'No recourse to public funds' is a condition that applies to most migrants in the UK until they have permanent settled status. Some visas that allow you to live in the UK have the condition 'no recourse to public funds' attached, including spousal, student, visitor visas. It also applies to many asylum seekers and undocumented migrants. Having no recourse to public funds can leave a person more vulnerable to domestic abuse including economic abuse. A person may be financially dependent on someone else or have very little of their own money. Many perpetrators use a person's immigration status to stop victims from seeking help.

### *Over time*

Recorded incidents of domestic abuse fluctuate month by month, and overall incidents have increased over time. Police recorded offences of domestic abuse show a clear increase over time peaking in December 2021 to 597 offences in one month in Walsall. Figures reduced in January 2022 when COVID-19 restrictions were back in place showing a drop in reported offences. Since January 2022 recorded offences have increased again reducing slightly in October 2022 but are starting to increase again (Figure 3.19). This increase is for many reasons, with the main one being people are coming forward and staff are being trained to recognise the signs of domestic abuse and so many unmet need is being identified.

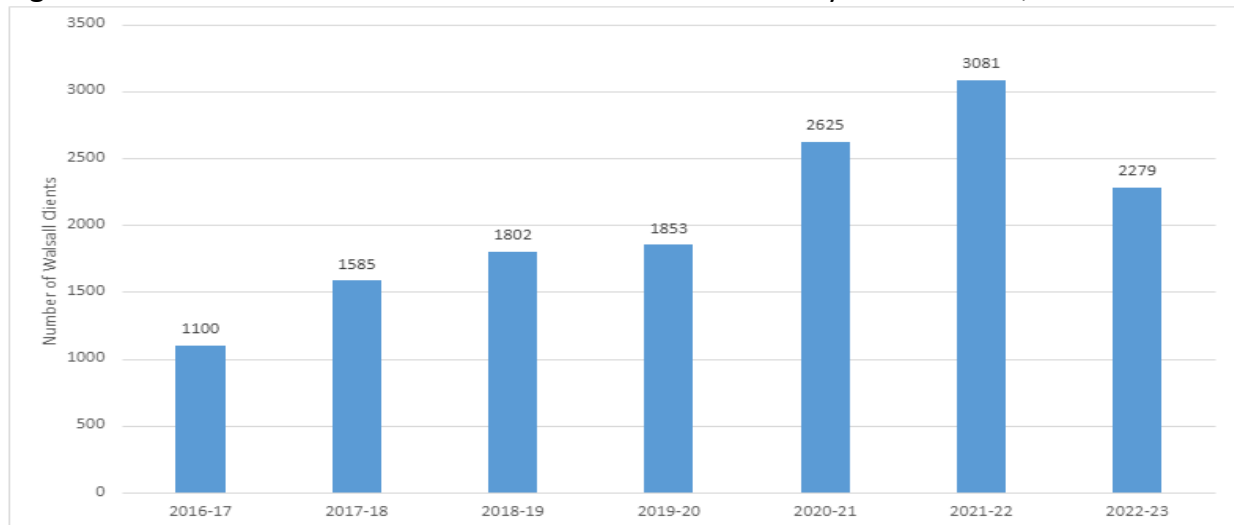
**Figure 3.19** Number of domestic abuse, suspects and victims, Walsall, 16 years and above



Source: West Midlands Police, 2019-2022

Interestingly, Black Country Women's Aid saw a slightly different picture to domestic abuse referrals over the COVID-19 pandemic. Whilst referrals had increased in 2017-18, figures stayed fairly static, at about 1,500 people being supported per year. However, in 2020/21, when COVID-19 restrictions began, referrals increased to over 2,000 individuals being supported reaching a peak of 2,647 in 2021-22. Whilst numbers have reduced slightly for 2022/23 (1,941) they have not come back down to pre-pandemic levels (Figure 3.20).

**Figure 3.20** Number of Walsall Clients Referred to Black Country Women's Aid, 2016-2023



Source: Black Country Women's Aid Walsall Needs Assessment Data 2023

The difference in the data between the services during the pandemic shows the different ways in which people either could not reach out i.e., felt that it was too dangerous to contact the police or found support elsewhere, i.e. through Black Country Women's Aid. COVID-19 had an impact on people's behaviour, for example, in their ability to cope, lack of support networks in work as they were furloughed or had to work from home, stress and anxiety as money concerns were evident and the cost-of-living crisis imploded. Therefore, support networks changed and access to external support changed; some people had better access, others had worse access.

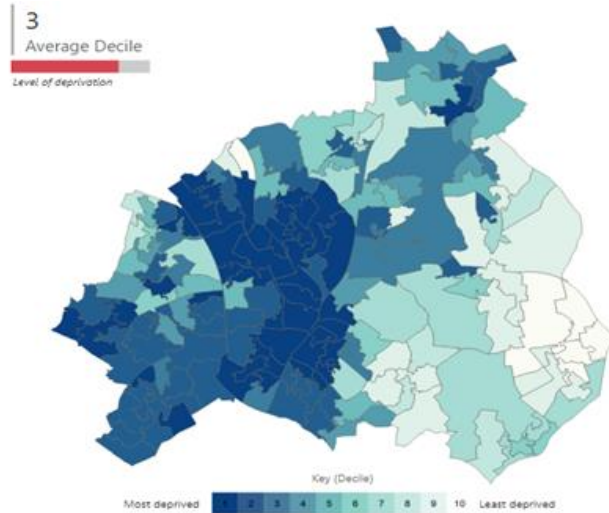
### Place

Figure 3.21 shows the deprivation map of Walsall. As can be seen, the main areas of deprivation are in the south and west and north of the area. Whilst this correlates with higher rates of Domestic Abuse, it is not a complete correlation and Domestic Abuse is found to occur across the authority.

For Black Country Women's Aid service, for 2016-2023, the highest rate of clients with Domestic Offences were in Darlaston South (62.01 per 1000) This ward also had the highest incidence rate of clients with 819. Aldridge Central and South (51.78 per 1000) and Blakenall (50.25 per 1000) were the next highest wards (Figure 3.22).

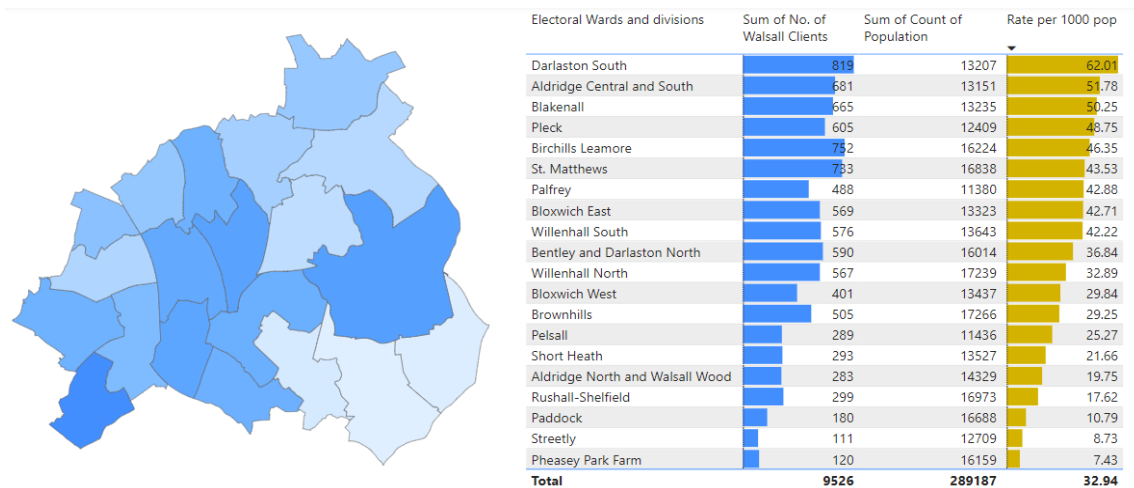
From the police figures for 2022, the highest rate of Domestic Abuse crimes was recorded in St. Mathews (109.76 per 1,000). The average number of crimes per 1,000 across Walsall was 70.13 (Figure 3.23).

**Figure 3.21** Deprivation levels across Walsall, by decile



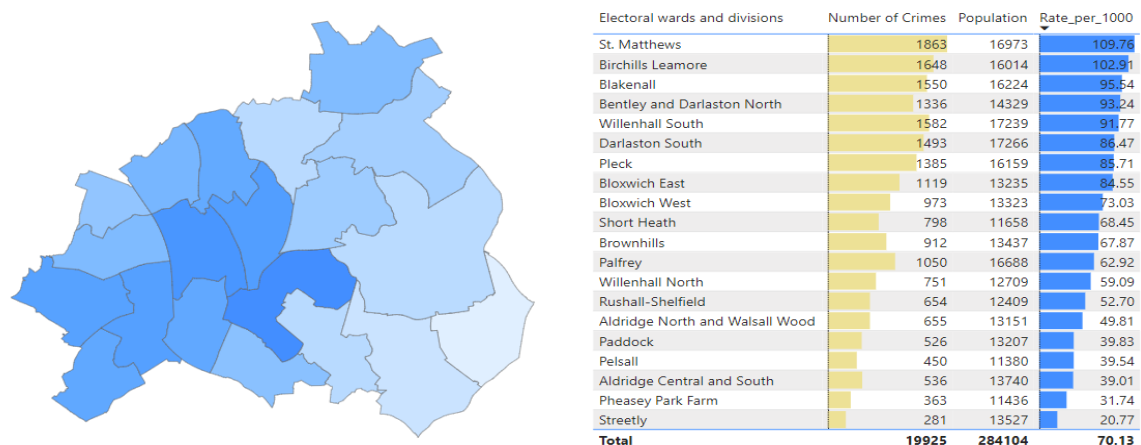
Source: Ministry of Housing, Communities and Local Government, 2019

**Figure 3.22** Rate of domestic abuse offences by wards, Walsall



Source: Black Country Women's Aid, 2016-2023

**Figure 3.23** Number of Domestic Abuse Crimes per 1000 of the population across Walsall, 2022



Source: Neighbourhood breakdown of DA offences, Police Data, 1999-2022

## Perpetrators

For every victim and survivor of domestic abuse, there is a perpetrator. There are also serial perpetrators of domestic abuse, who have used or threatened violence or abuse against two or more victims who are unconnected to each other. There is also 'priority perpetrators' which encompasses serial perpetrators alongside those who repeatedly offend against the same partner, and those engaged in high-risk abusive behaviours, regardless of the number of victims involved.

To end domestic abuse those perpetrating the abuse must be held to account. For too long the burden of responsibility has been placed on victims to leave an abusive relationship. Since the Domestic Abuse Act, a national framework for policing violence against women and girls was published, which includes actions for the 'relentless pursuit of perpetrators'.

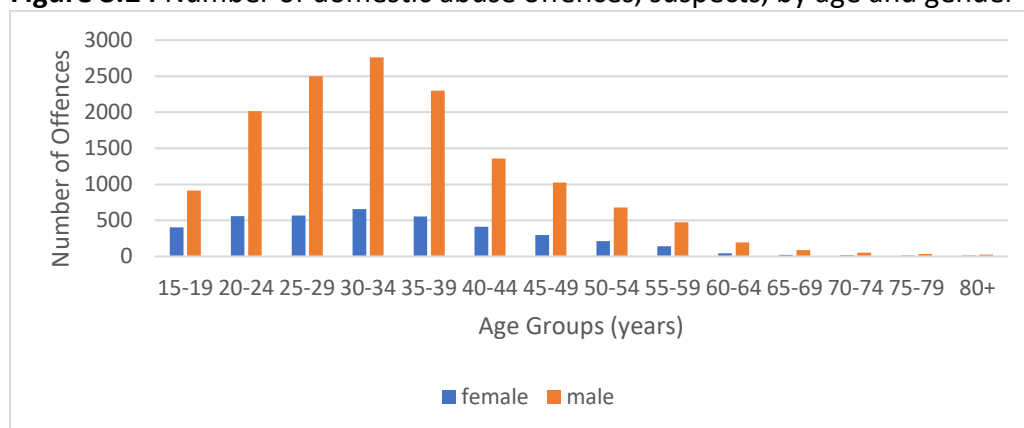
Identifying and targeting perpetrators must go beyond a criminal justice response. It is important to challenge the social norms that facilitate abuse, which includes sexism and misogyny, intervene with those on the cusp of offending, those already causing serious harm, and all stages in between. Emphasis needs to shift onto perpetrators so that we can identify them and reduce the risk of offending and increase safety.

A combination of individual, relational, community and societal factors contribute to the risk of becoming a perpetrator of domestic abuse and a combination of relational and community factors provide protective factors.

Most domestic abuse perpetrators are men. In Walsall 73% of all domestic abuse suspects reported to West Midlands police are male; 27% being female. In the younger age group of 15–19-year-olds, the gender difference is not as pronounced, with 56% male and 44% female. By age 39 years, 76% are male suspects compared with 24% females. In the very old age group, 80 years and above, 46% are male suspects compared with 54% females (Figure 3.23).

Domestic abuse suspects reported to West Midlands Police are predominately of working age. In Walsall, offences increase rapidly from age 16 years and peak at age 30-34 years. This is for both males and females (Figure 3.24).

**Figure 3.24** Number of domestic abuse offences, suspects, by age and gender



Source: West Midlands Police, 2019-2022



There were 254 perpetrators of domestic abuse within probation services in Walsall between 2019 and 2022, with numbers increasing over time and 99% were male apart from in 2022 where 100% were male (Table 3.2). Building Better Relationships (BBR) is an accredited programme for adult men convicted of an intimate partner violence. BBR is a moderate intensity cognitive-behavioural programme which responds to individual needs and provides opportunities to develop skills for managing thoughts, emotions and behaviours. In 2021/22 18 males attended this programme and in 2022/23 it was 17.

**Table 3.2** Number and Percentage of perpetrators in probation service, Walsall

Year	Total Number	Males (%)	History of domestic abuse (%)
2019	30	99.0	40
2020	27	98.4	82
2021	84	99.2	58
2022	113	100	49

Source: Probation Services, 2019-2022

There is no further information about perpetrators in Walsall. Without understanding our target population, it is difficult to consider appropriate interventions. Also, perpetrators know that people do not collect their details, unless they are arrested by the police, so again, keeping the control and power over their victims.

A quarter of high-harm perpetrators are repeat offenders, and some have at least six different victims. There are about 400,000 perpetrators causing high (including murder) and medium levels of harm across England and Wales. However, fewer than 1% get a specialist intervention that might prevent future abusive behaviour. Perpetrators whose victims are assessed at lower levels of risk are even less likely to get a specialist intervention.

To gain an understanding of the offending patterns of domestic abusers in the West Midlands research was commissioned by the Home Office in 2022. The research found, in line with previous research, that perpetrators were not one group as summarised ([crestadvisory.com](https://www.crestadvisory.com)):

**1. Most of the harm from domestic abuse was caused by a relatively small group of individuals.**

Most of the individuals listed as a domestic abuse suspect had just one lower harm crime or incident recorded against them, which generally the police had graded at the lowest risk level. A small group of individuals had multiple offences listed against each of them; they were responsible for most of the harm from domestic abuse.

**2. High-harm individuals were more likely to have a history of other offending unrelated to domestic abuse.**

People who caused the most domestic abuse-related harm committed more non-domestic abuse offences than others. There were some exceptions, in particular a group of high-harm offenders who only had a history of domestic abuse and a relatively small number of offences recorded against them. But these offences tended to indicate a pattern of sustained behaviour, for example, coercive control offences which had gone unreported for several years.

**3. The non-domestic abuse offending associated with domestic abuse offenders was often abuse of children or vulnerable adults. Other offences that could be understood as a risk factor for domestic abuse was also highlighted.**

There was a link between certain non-domestic abuse crimes and higher-harm domestic abuse, 16% of the non-domestic abuse-related offence types in the analysis had a statistically significant positive effect on the domestic abuse level of harm. For example, the level of harm committed by a domestic abuse offender who had also carried out robberies was likely to be higher than the harm caused by someone without that kind of offending history. We found evidence of a relationship between domestic abuse and non-domestic abuse across four broad categories:

- *Sexual offences*: rape and sexual offences against both adults and children
- *Acquisitive crime*: attempted burglary, robbery, making off without payment and theft of motor vehicles
- *Violence*: malicious wounding, grievous bodily harm, racially aggravated assaults, threats to kill and threats with a weapon
- *Anti-authority*: breaches of court orders, such as non-molestation orders, bail and licence conditions; assaults on police; threats to witnesses and jurors; criminal damage and driving offences

There is evidence to suggest many of the factors associated with perpetrating domestic abuse, especially for intimate partners, are evident well before adolescence. These factors include poor behavioural control; social problem-solving deficits; early onset of drug and alcohol use; an arrest prior to the age of 13; and involvement with antisocial peers, crime and violence. Findings also point to academic problems, exposure to chronic stress and adverse experiences such as child abuse and neglect, witnessing violence in the home and community, and parental substance abuse, depression, criminality, and incarceration. Negative parenting behaviours (e.g., poor communication between family members, harsh and inconsistent discipline, poor parental monitoring and supervision, poor parent-child boundaries) and family environments that are unstable, stressful, and that lack structure are also risk factors for perpetration of domestic abuse in adolescence and continued perpetration into adulthood. Approaches that can disrupt these developmental risks and pathways have the potential to reduce domestic abuse.

The protective and risk factors for domestic abuse for perpetrators are defined by the Centre for Disease Control and Prevention below.

## Protective Factors for Intimate Partner Violence: Perpetration

### Relational Factors

- Strong social support networks and stable, positive relationships with others

### Community Factors

- Neighbourhood collective efficacy, meaning residents feel connected to each other and are involved in the community.
- Coordination of resources and services among community agencies
- Communities with access to safe, stable housing
- Communities with access to health services and mental health support
- Communities with access to economic and financial help

## Risk Factors for Intimate Partner Violence: Perpetration

### Individual Risk Factors

- |  |  |
|--|--|
| • Low self-esteem                              | Aggressive or delinquent behaviour as a youth          |
| • Low education or income                      | Traits associated with borderline personality disorder |
| • Young age                                    | Depressions and suicide attempts                       |
| • History of being physically abused           | Poor behavioural control & impulsiveness               |
| • Heavy alcohol and drug use                   | Lack of non-violence social problem-solving skills     |
| • Economic stress (e.g. unemployment) problems | Antisocial personality traits and conduct              |
| • Emotional dependence & insecurity people     | Having few friends & being isolated from other         |
| • Belief in strict gender roles                | Desire for power & control in relationships            |
| • Hostility towards women aggression           | Attitudes accepting or justifying violence &           |
| • Anger and hostility childhood                | History of physical or emotional abuse in              |

### Relational Factors

- Relationship conflicts including jealousy, possessiveness, tension, divorce or separations
- Dominance & control of the relationship by one partner over the other
- Families experiencing economic stress
- Unhealthy family relationships & interactions
- Association with antisocial and aggressive peers
- Parents with less than a high school education
- Witnessing violence between parents as a child
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child

### Community Factors

- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with high rates of violence and crime
- Communities where neighbours don't know or look out for each other and there is low community involvement among residents
- Communities with easy access to drugs and alcohol
- Weak community sanctions against domestic abuse, i.e., unwillingness of neighbours to intervene in situations where they witness violence.

### Societal Factors

- Traditional gender norms and gender inequality, i.e. idea women should stay at home, not enter the workforce and be submissive; men should support the family and make the decisions.
- Cultural norms that support aggression toward others
- Societal income inequality
- Weak health, educational, economic and social policies or laws

Demand for perpetrator interventions is rising. It is important that more emphasis is put on the perpetrator holding them to account for their behaviour, whilst at the same time ensuring that safeguarding and preventing and reducing future risk is everyone's focus.

*"He was only in prison for 9 weeks. He came out with the same assumptions about women, the same anger, as he went in with. With a dented ego. That's putting a very dangerous man into the community. If he'd been approached in prison it might have helped. Or during probation. Because he's never had any intervention he doesn't think he's done anything wrong." Survivor, interviewed July 2019 (SafeLives)*

It is important to hold perpetrators to account and there is emerging knowledge on the extent and drivers of violence perpetration, however there is a great deal that we do not know. There are no nationally representative UK data on the prevalence of domestic abuse perpetration and there are negligible data on the patterns and dynamics of perpetration. There are feasible ways to gather data on domestic abuse. There is considerable diversity among perpetrators and in perpetration, but also patterns of co-occurrence and overlap. Perpetrators often start young and trajectories of perpetration often remain stable. Very few of the many individuals who commit acts of domestic abuse ever receive formal punishment or face repercussions for their abusive behaviour or are held to account by people who know them and organisations with which they interact (Flood et al, 2022).

To effectively and safely deliver a response to perpetrators, we need:

- **Data collection** on domestic, family and sexual violence and abuse that includes substantive attention to perpetration, to the prevalence and character of abusive perpetration. Further, there should be more studies on the characteristics, dynamics, pathways and drivers of perpetration.

- **Police-led multi-agency forums** to coordinate responses to the most harmful perpetrators. Also attended by probation, health, social care, children's services, housing, substance misuse and victims' services to share information to keep victims and their families and friends safe. Agencies will use all the legal tools at their disposal to disrupt and limit offending behaviour. They will also encourage and support more holistic approaches, including whole family support. These forums, sometimes called perpetrator panels or 'Multi Agency Tasking and Coordination', are increasingly common.
- **More systematic use of criminal justice opportunities** to address perpetrators' behaviour, i.e. more effective use of existing police powers, better plans for when a prevention order ends, an extension of behaviour change interventions available to the in-prison population, increased domestic abuse-focused use of licensing conditions by probation, and specialist quality-assured sentencing options for a wider range of perpetrators.
- **Workforce development training** across the statutory and voluntary sector, including victim's services, health, social care, children's services, police, housing, probation, and substance misuse services. This enables a range of professionals to identify abusive behaviour in their clients and workforce. Training gives professionals the confidence to use the tools at their disposal effectively, whether it's the ability to use a professional code of conduct or the knowledge of how-to re-house a perpetrator out of area.
- **Clear pathways into perpetrator interventions** from sentencing, multi-agency forums, police, probation, CAFCASS, social services, health services including drug, alcohol and mental health services and voluntary sector services such as helplines and self-referrals.

Domestic abuse perpetrator programmes are aimed at reducing the incidence of domestic abuse by changing attitudes, behaviours and beliefs of perpetrators. Many studies show positive outcomes, reduced rates of violence and improved reports of perpetrator behaviour.

When measuring outcomes outside of the narrow spectrum of police reports or convictions, there is a wider body of evidence showing that perpetrator programmes work for many men to challenge abusive behaviours and reduce violence towards their partners. It is important to consider using this wider framework to measure outcomes and have partner reports as the gold standard. This, combined with the fact that most domestic abuse goes unreported to police, makes it imperative that outcomes are measured from victim/partner reports (Edwards, 2023).

Using the wider framework provides a mixed suggestion that perpetrator programmes can and do work. Many perpetrator programmes are not properly evaluated. There needs to be evaluation built into the full causal pathway, including bystander interventions, upstream interventions as well as specific perpetrator programmes. It is important that the indicators we use reflect the complexity of the relationships in which domestic abuse occurs. Simply measuring police reports, conviction rates or hospital admissions doesn't acknowledge that domestic abuse takes place within relationships, within families, with all the complications and interpersonal dynamics that come with those. To truly measure whether interventions work we should assess them within this context (Edwards, 2023).

It is also important to widen the theory and evidence behind perpetrator programmes from being based only on the gendered approach to domestic abuse which occurs in a heterosexual relationship, which is what most of the UK perpetrator programmes are based on.

To reduce the number of victims and increase the safety and life chances of victims and survivors, including children, we need:

- **Availability of quality assured perpetrator interventions** across England and Wales that address the whole range of perpetrators and which are not alternatives to a criminal justice response.
- **Appropriate community level initiatives and communications campaigns** to ensure those who are seeking help know where to access it, communities are not silent or enabling domestic abuse and that perpetrator interventions are responsive to the cultural context in which they are delivered.

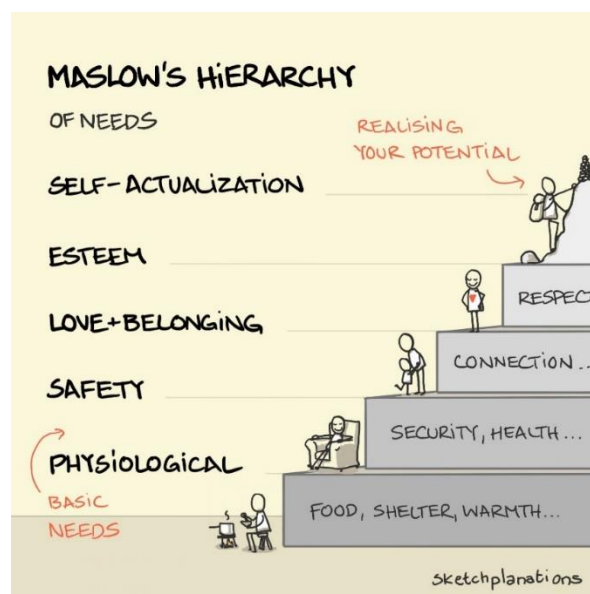
# **Chapter 4**

## **Life Course Approach: Places**

## Housing, Homelessness and Safer Accommodation

### Introduction

Where we live shapes our health and wellbeing opportunities. We all need somewhere to call home – not just walls and a roof but a secure, stable, safe place to live and grow up in. A decent, secure and affordable home is an essential building block for our health and for integrating into more sustainable communities. Poor, insecure housing can lead to worse health and shorter lives. Housing shapes people's experience of health, family relations, partner abuse and many other daily life factors. Maslow's hierarchy of needs is a model for understanding the motivations for human behaviour. It maps different motivations onto a pyramid, with each level representing a different human need. These include physiological needs, safety, love and belonging, esteem and self-actualisation. The needs at the lower part of the pyramid must be met before focusing on higher up the pyramid:



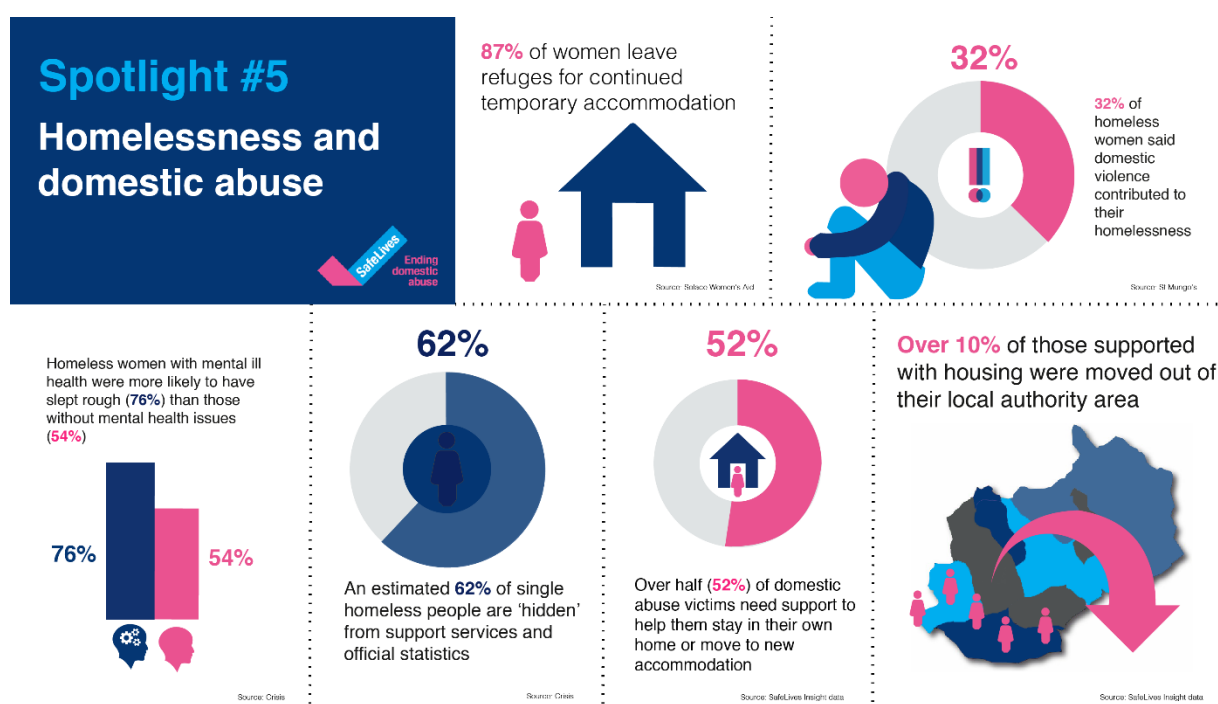
Moving homes multiple times has a detrimental impact on health and social outcomes. The proportion of parents who report their health to be less good increases with the number of moves people have made in the previous 14 years, with over a quarter rating their health as fair or poor if they have moved three or more times. More residential moves are associated with poorer health outcomes for both adults and children. One explanation for this relationship is that moving involves interruptions in social, educational and economic opportunities. Moving can also occur as a result of the family experiencing financial difficulties or, moving can result in people going into poverty ([Relationship between health and residential moves - The Health Foundation](#)).

One of the biggest difficulty faced by an individual who suffers from domestic abuse is where to live. Domestic abuse is a leading driver of homelessness. Nationally, domestic abuse was a common reason stated for losing a home and a person becoming homeless (16.5% of all cases). The number of households owed a main duty who were homeless and have priority need due to domestic abuse had increased 30.7% to 980 from January to March 2022, reflecting an increase in homelessness due to domestic abuse over the year. The homeless charity, Crisis, estimates that almost 1 in 5 of homeless women (18%) are homeless due to



domestic abuse. Domestic abuse accounts for at least 1 in 10 people who require local authority support for homelessness in England, Wales and Scotland, although actual need may be much higher. In 2021/22 in Walsall, 114 (14%) of households that had lost their last settled home had done so as a result of Domestic Abuse. (Source: [Homelessness Review](#))

Women who experience intimate partner violence have almost four times the chances of experiencing housing instability than women who do not experience intimate partner violence (O'Campo et al., 2016). National data show that 1 in 5 women who experience violence become homeless, compared with just 1% of women who do not experience violence. Victims of domestic abuse are a traumatic experience and victims often have other disadvantage in addition to homelessness, such as mental illness, abuse of substances, risk of poverty. Services are not set up to deal with this level of multiple disadvantage. Safelives has used national data to highlight that:



Source: [Spotlight #5: Homelessness and domestic abuse | Safelives](#)

The Domestic Abuse Act 2021 changed homelessness legislation to give automatic priority need to survivors of domestic abuse: People made homeless due to being a victim of domestic abuse have automatic priority need for homelessness assistance. These changes are brought about by amendments to Part 7 of the Housing Act 1996 and to Homelessness (Priority Need for Accommodation) (England) Order. However, as Bimpson et al (2021) state, current policy and practice response to women experiencing homelessness and violence falls short in comprehensively meeting this challenge. Current approaches are often neglecting women with historic experience of violence, and are overly focused on crisis responses.

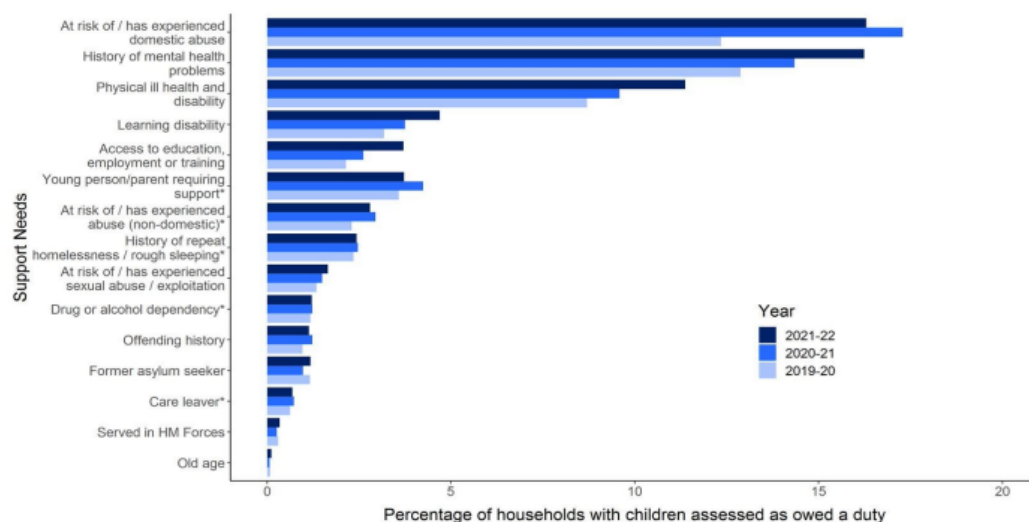
Homelessness law now explicitly states that a person who is homeless because they are victim of domestic abuse has priority need for accommodation. This means that people fleeing domestic abuse have automatic priority need when they apply to a local authority for homelessness assistance.

The Homelessness Code of Guidance for local authorities has been updated to reflect the impact of the new statutory definition of domestic abuse, and the new priority need category for survivors who are homeless due to domestic abuse, into the homelessness application process. There is however, a need to develop a more inclusive, housing-led response to women experiencing homelessness and violence, currently or historically. It is also important that new and innovative solutions are developed to support women experiencing abuse to remain in their homes while the perpetrator is moved away.

Of the 93,290 households with children owed a prevention or relief duty in 2021-22, 39.6% of households (36,980) had at least one support need, a similar proportion to 2020-21. Of the households who had a support need, most households (58.7%) had one support need, 24.0% had two support needs, and 17.3% had three or more ([Statutory homelessness](#)).

The most common support need for households with children is those at risk of, or have, experienced domestic abuse (Figure 4.1). This equates to 15,200 households or 16.3% of households with children assessed as owed a duty, up 16.2% from 2020-21. This is a smaller proportion of all households with children owed a homelessness duty compared to 2020-21 (Figure 4.1). Nearly half (48.5%) of households with children who had domestic abuse support needs had one or more additional support needs. The most common co-occurring support need to domestic abuse was history of mental health problems, affecting 32% of households with children with a domestic abuse support need ([Statutory homelessness](#)).

**Figure 4.1** Proportion of households with children owed a prevention or relief duty, by support need\*, England

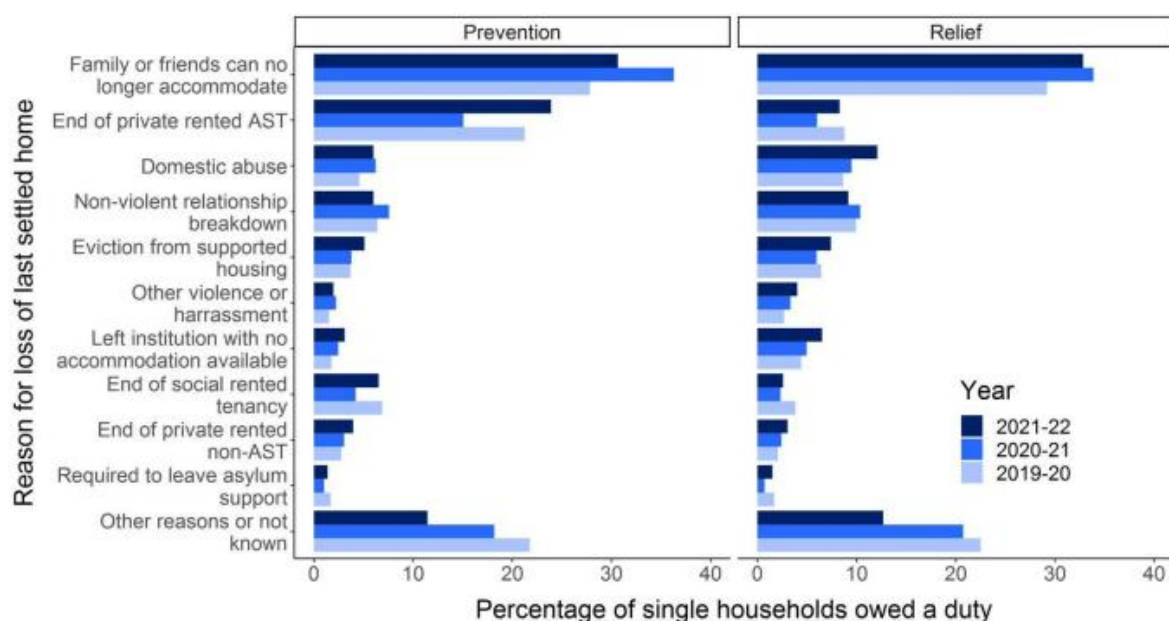


Source: [Statutory homelessness in England: financial year 2021-22](#)

\* Areas of additional needs: household requires support to acquire and sustain accommodation, giving an indication of additional services local authorities need to provide to prevent an individual becoming homeless or to stop the cycle of repeat homelessness. Local authorities report support needs that apply to each household.

In 2021-22, the most common reason for loss of last settled home for single households was family or friends no longer able to accommodate. For single households owed a prevention duty, domestic abuse was the third most common reason for loss of last settled home whereas for single households owed a relief duty, it increased substantially in 201-22, being the second reason (Figure 4.2).

**Figure 4.2** Proportion of single households owed prevention or relief duty, by accommodation at time of application, England



Source: [Statutory homelessness in England: financial year 2021-22](#)

Currently, Walsall has around 117,000 units of accommodation, of which 24% are Registered Provider owned and 76% are Privately owned. Of the 76% privately owned, it is estimated that around 12,400 are privately rented and accounts for about 15% of privately owned stock. The overall housing growth in Walsall is 5.4%, has just about kept up with household growth of 6.3% between 2011 and 2021 (ONS population projections) and household size has shifted from 2.49 to 2.51 (Black Country Strategic Housing Market Assessment, 2021).

In 2019 the Council commissioned a Private Sector Stock Conditions Survey and the following headline findings are noted:

- 12% of dwellings, around 11,000, have Category 1 Housing Health and Safety Rating System (HHSRS) hazards.
- The highest concentrations of all HHSRS hazards in the private sector are found in the Pleck, Palfrey and Darlaston South wards
- The highest concentrations of fuel poverty, i.e. low income with high costs definition, are found in the Pleck, Palfrey and Darlaston South wards.
- 3.8% (3,300) of private sector dwellings and 4.3% (779) of private rented dwellings in Walsall are estimated to have an EPC rating below Band E. Bands A to C are considered the best ratings to have.

Housing Price data (April 2022 to March 2023 properties sold) shows the average property paid price of £204, 461. Based on the average house price to borough income ratio is around seven times, which shows a lack of affordable accommodation across Walsall.

Domestic abuse has been consistently one of the most common reasons for loss of the last settled home for households in Walsall. The number of households that lost their last settled home decreased from 130 in 2019/20 to 98 in 2022/23. The proportion of households has increased from 12% to 14% respectively, suggesting that the total number of households has decreased. Walsall has a higher proportion of homes losing their last home due to Domestic Abuse than the regional or national average (7% and 8% respectively).

**Table 4.1** Reason for loss of last settled home 2019/20, 2021/22 and 2022/23

Reason for Loss of Last Settled Home	2019/2020	% Share	2021/2022	% Share	2022/2023	% Share	% West Midlands	% England
Domestic Abuse	130	12	114	14	98	14	7	8

Note: % share of West Midlands and England sourced from last quarter of 2021/22.

Table 4.2 below shows the number of households identified as having each support need in Walsall. "At risk of/has experienced domestic abuse" has increased from 16.2% of households in 2019/20 to 22.6% in 2021/22. The number of households identified with domestic abuse support needs has also increased from 71 in 2019/20 to 98 in 2021/22.

**Table 4.2** Support needs of households owed a duty covering both 2019/20 and 2021/22

Support Need Identified	2019/20	% share	2021/22	% share
History of mental health problems	100	22.8	123	28.4
At risk of/has experienced domestic abuse	71	16.2	98	22.6
Young person aged 18-25 years requiring support to manage independently	101	23.0	74	17.1
Physical ill health and disability	56	12.8	63	14.5
Care leaver aged 18-20 years	27	6.2	43	9.9
Drug dependency needs	31	7.1	22	5.1
Young person aged 16-17 years	35	8.0	20	4.6
History of repeat homelessness	19	4.3	19	4.4
Young parent requiring support to manage independently	38	8.7	15	3.5
Offending history	18	4.1	14	3.2
Care leaver aged 21+ years	12	2.7	12	2.8
History of rough sleeping	13	3.0	9	2.1
Learning disability	12	2.7	9	2.1
Access to education, employment or training	19	4.3	9	2.1
At risk of/has experienced abuse (non-domestic abuse)	9	2.1	9	2.1
At risk of/has experienced sexual abuse/exploitation	7	1.6	8	1.8
Alcohol dependency needs	14	3.2	7	1.6
Former asylum seeker	11	2.5	7	1.6
Old age	8	1.8	4	0.9
Served in HM Forces	0	0.0	2	0.5

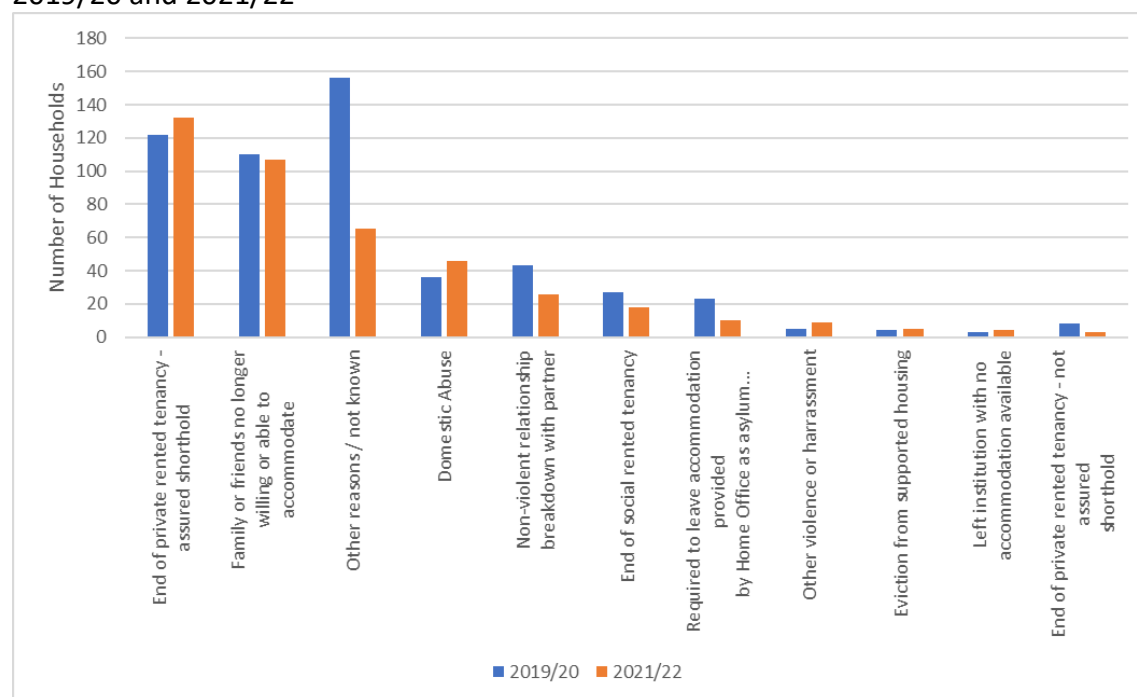
Note: In 2019/20, there were 439 households with 601 support needs. In 2021/22, there were 433 households with 567 support needs.

In December 2020, the MCCLG published a detailed research paper on the causes, impacts and outcomes of persons experiencing rough sleeping. More than one third (35%) had been a victim of domestic abuse at some point in their lives.

Housing authorities have a duty to take reasonable steps to help prevent any eligible person who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they actually become homeless. Walsall applicants owed a duty are slightly more likely to be assessed as owed the Prevention Duty comparing 52% locally to 48% nationally. Figure 4.3 shows the reason for loss of last settled home for households owed a prevention duty comparing 2019/20 with 2021/22.

The number of households owed Prevention Duty that lost their home due to Domestic Abuse increased from 36 in 2019/20 to 46 in 2021/22.

Figure 4.3 Reason for loss of last settled home for households owed Prevention Duty 2019/20 and 2021/22



## Safe Accommodation

As mentioned in Chapter 1, Safe Accommodation is classified as being:

- Refuge accommodation
- Specialist safe accommodation, i.e., dedicated specialist support to victims with relevant protected characteristics and/or complex needs
- Dispersed accommodation, i.e., safe self-contained and semi-independent accommodation
- Sanctuary schemes providing target hardening of properties along with specialist support
- Move-on and/or second stage accommodation

Further to this, the Act 2021, ensures that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had, or has, a secure lifetime or assured tenancy (other than an assured shorthold tenancy), this must be a secure lifetime tenancy.

The support element includes:

- **Overall management of services within relevant safe accommodation**, including capacity building, support and staff supervision, payroll, financial and day-to-day management of services and maintaining relationships with the local authority, such functions will often be undertaken by a service manager. Cases will be considered for those who are no recourse to public funds.
- **Support with the day-to-day running of the service**, for example, scheduling times for counselling sessions, group activities, such functions may often be undertaken by administrative or office staff.
- **Advocacy support**, development of personal safety plans, liaison with other services, for example, GPs and social workers, welfare benefit providers.
- **Domestic abuse prevention advice**, support to assist victims to recognise signs of abusive relationships to help remain safe including online and prevent re-victimisation.
- **Specialist support for victims**
  - Designed specifically for victims with relevant protected characteristics, i.e. faith services, translators and interpreters, immigration advice, interpreters for victims identifying as deaf and/or hard of hearing, dedicated support for LGBTQ victims.
  - Designed specifically for victims with additional and/or complex needs, such as mental health advice and support, drug and alcohol advice and support including signposting as appropriate.
- **Children's support**, including play therapy, child advocacy or a specialist children worker, for example, a young person's violence advisor, independent domestic violence advocacy (IDVA) or outreach worker specialised in working with children.
- **Housing-related support**, providing housing-related advice and support, e.g. securing a permanent home, rights to existing accommodation, advice on how to live safely and independently. Upon exit, Walsall Council offers 3-month check-in and signpost to local specialised service.
- **Advice service**, including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements
- **Counselling and therapy**, including group support for both adults and children, including emotional support.

### Sanctuary scheme services to prevent homelessness

Nationally, Government has focussed its strategic response on homelessness prevention since 2006 and encouraged local authorities to develop interventions to enable households at risk of domestic abuse, where appropriate and acceptable to the households at risk, to stay in their own homes (DCLG, 2006; Pawson et al, 2006; Jones et al, 2010). These interventions are usually referred to as 'sanctuary scheme services' and attempt to secure the home so it is safe for victims / survivors to continue living there. In 2010 the Sanctuary Schemes for Households at Risk of Domestic Violence – Practice Guide for Agencies Developing and Delivering Sanctuary Schemes ([Gov.uk](http://www.gov.uk)).

A Sanctuary Scheme is a multi-agency victim centred initiative, aims to enable households at risk of violence to remain safely in their own homes by installing a 'Sanctuary' and through the provision of support to the household. A 'Sanctuary' comprises enhanced security measures to enable household members to remain safely in their homes and may include:

- Reinforced exterior doors; Extra door and window locks
- Reinforced double glazed windows; Laminated windows
- Window grilles; Fire retardant letter boxes
- Smoke detectors and fire safety equipment; Window alarms
- Alarm systems that connect directly to police/care control system; Intercom systems
- Video entry systems

It is recognised that not all victims / survivors will benefit from a Sanctuary and therefore a considered response is required.

Government guidance has indicated that sanctuary schemes should be developed alongside specialist support services and criminal justice interventions, for example, occupation orders which define or regulate rights of occupation in the home<sup>[1]</sup>.

Walsall has a sanctuary scheme funded through Homeless Prevention Funds at £10k per annum. The ring-fenced funding is used to support victims / survivors of domestic abuse with support to remain in their own homes. The Housing IDVA along with the Housing Debt Officers have been trained in secure by Design Principles which allow for the assessment of a property that works to improve the security of buildings and their immediate surroundings to provide safe places to live for victims. The council provides a holistic approach to sanctuary where the councils housing IDVA or Debt officer will visit following a referral, conduct an assessment of the property, understand the issues within the home, such as debt and offer housing advice. This approach allows for a more rounded synthesis of the household situation.

Since 2021 a total of 111 households have been supported under the scheme. Just over 80% of beneficiaries were supported with smaller interventions such as door jammers and personal alarms, whilst 20% were supported with improvements such as raised fencing and secure front doors.

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<sup>[1]</sup> Communities and Local Government (CLG) (2006b), *Homelessness Prevention: A Guide to Good Practice*, London: CLG. Available at: <http://www.communities.gov.uk/documents/housing/pdf/150973.pdf>.



**Case Study:**

Family X were subjected to domestic abuse over a number of years. The perpetrator had been removed from the home but continued to visit. As the household lived within the private rented sector, the landlord wanted to evict the family due to complaints of anti-social behaviour arising from the perpetrator's visits.

**The key risks:** Domestic abuse, homelessness and debt

**Response:** Several orders were sought in order to protect the family. Liaison with the Housing IDVA and landlord enabled us to negotiate the family's tenancy to be extended and sanctuary measures including a reinforced fence and front door being delivered. The interventions allowed for a household to remain with their locality where they had close family ties and the debt assessment allowed for budgeting enabling tenancy sustainment.

**Walsall commissions**

- 8 refugee units: Bedsits, including 1 adapted and 1 for single females or those with 1 or 2 young children.
- 19 dispersed units: 1,2, 3 bed units for males, females, LGBTQ, BAME, those with older children.

For refugees, these are a safe place for women and children to escape domestic abuse where the address is confidential. Staff at the refuge give victims/survivors the help that is needed to begin a new life, free from fear and harm, helping victims/survivors overcome the effects of abuse with practical and emotional support. The Walsall Council commissioned Green Square Accord Housing Association to provide a refuge service.

The Council employs a Housing Independent Domestic Violence Advisor (IDVA) and works with victims and survivors of domestic abuse who primarily deal with housing options and provide support. There is a Children's Worker who is based at the refuge who delivers a range of interventions and activities to support children and parents.

The services that Walsall Council provides for homeless young people, including young people leaving care who need help to secure housing and/or support to sustain their existing housing tenancies. Includes access to affordable and good quality single person accommodation. This is because as already described (chapter 3), many young people who are leaving care were in care in the first place because of witnessing domestic abuse.

The 'Rough Sleepers' service is provided by Walsall Council. Walsall's Rough Sleepers Team gives general day-to-day support to help people with access to housing; maintain tenancy; maximise income with support to claim benefits; access employment opportunities or further education. The Team works in partnership with the night shelter. The night shelter can refer you to two other projects who can offer accommodation and help:

***New Beginnings***

Working with children and young people abused through sexual exploitation. The service is for people who are: at risk of involvement in street sex work; currently involved in street sex work; previously involved in street sex work; vulnerable with other complex needs.



### ***Housing First***

Delivers a housing and support approach it also gives people who have experienced homelessness a stable home; gives people with chronic health and social care needs help to rebuild their lives; provides intensive, person-centred, holistic support that is open-needed; places no conditions on individuals but they should want a tenancy. Housing first provides a housing solution for homeless people who experience two or more of the following: entrenched rough sleeper; affected by poor mental health; history of offending; history of domestic abuse; often excluded from services; with substance misuse.

The impact of domestic abuse on housing and homelessness is complex and must be considered in its full context and impact: on victims and survivors; on children in care and as they leave care and people who are considered Rough Sleepers.

### **Domestic Abuse Walsall Service (DAWS)**

The Domestic Abuse Walsall Service (DAWS) is commissioned by Walsall Council, using the New Burdens Funding and is provided by Green Square Accord and is Walsall Council's domestic abuse refuge and dispersed accommodation service, which went live on the 1 February 2023. DAWS replaces Aven House. Some of the service users from Aven House were moved to our new refuge and others moved into the dispersed properties.

Walsall Council and its partners believe everyone has the right to a life free from violence and abuse. Everyone should have a place to go if they must flee because of domestic abuse, and this should suit their individual needs and circumstances. The trauma that victims have suffered is recognised and DAWS aims to support victims to live free from fear and abuse in a trauma-responsive way. DAWS is designed to be inclusive. Domestic abuse can happen to anyone. DAWS is accessible to all people who have experienced domestic abuse and needs safe accommodation to leave the situation. Referrals are accepted for all, regardless of family size, gender, sexual orientation, languages spoken, No Recourse to Public Funds, or any other background.

DAWS provides emergency short-term accommodation for men and women, with or without children, escaping abuse. It includes an eight-unit refuge for mainly single females and females with young children (one unit is accessible for those with physical disabilities).

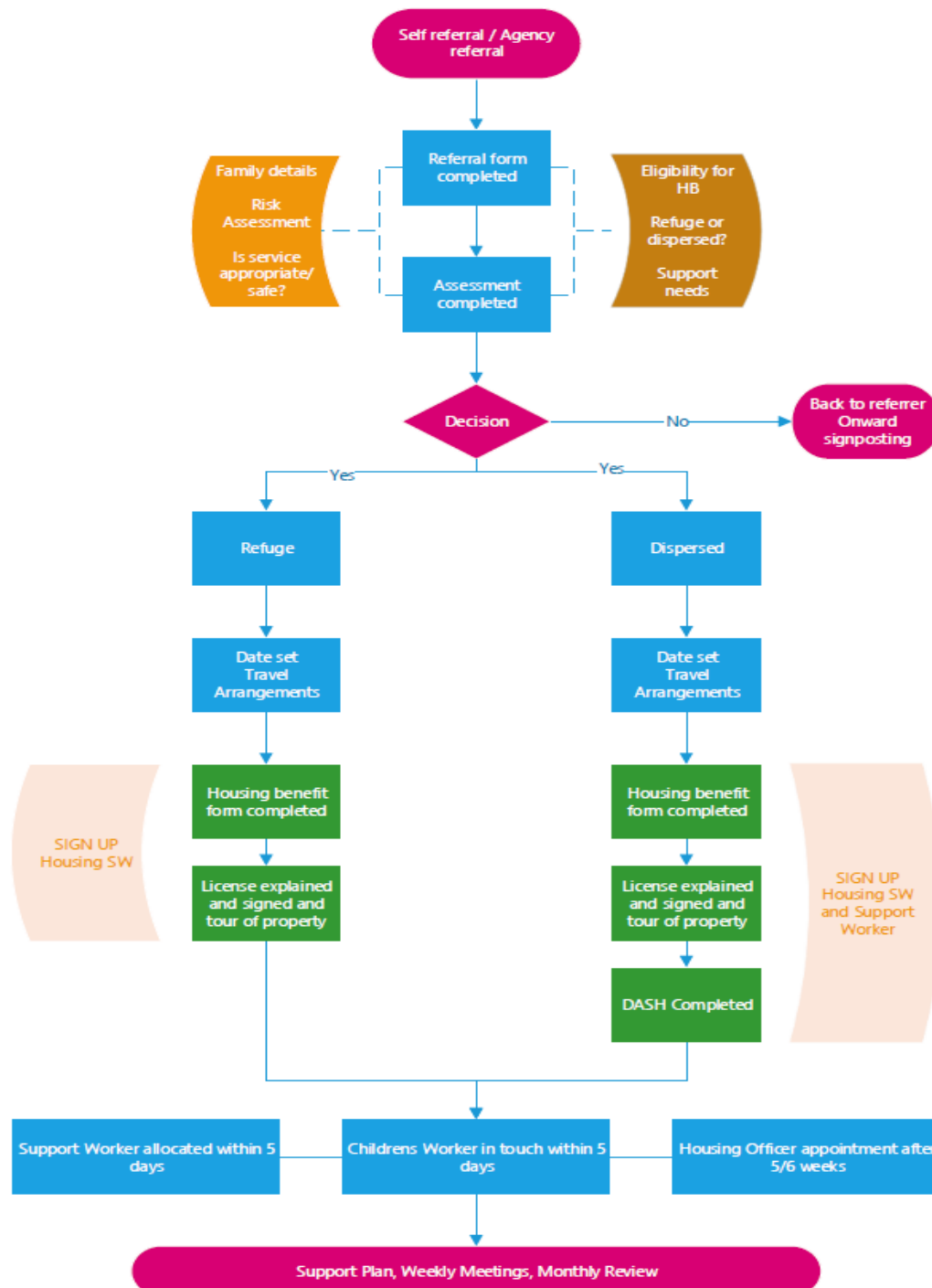
The refuge promotes independent living as well as having staff available on site to provide support and confidence. The 19 dispersed units include 2/3 bed houses across the borough and are able to support those who find it difficult to live in refuge accommodation or service users such as those who are male, families with older male children, LGBTQ or those from ethnic minority groups. These properties are available to anyone fleeing domestic abuse and promote independent living without support staff on site.

Referrals can be made via a phone number or by any support agency, such as GP, the police, social services, council's homelessness team. Victims can also self-refer. Every referral is considered, and their support needs and the needs of the other service users (if refuge) is assessed to determine their level of need and safety. Referrals are prioritised by highest risk, and those living in Walsall. However this does not mean that we exclude anyone who does not fit within this threshold.

DAWS follows a person-centred approach for our victims / survivors. There is an additional offer of a children's play worker and access to adult/child therapeutic services through the council services. The Council's Housing Independent Domestic Violence Advisor (IDVA) will continue to work with the new service and help with finding more secure accommodation for customers and provide targeted housing and homelessness advice ([safer walsall](https://www.walsall.gov.uk/safer-walsall)).



## REFERRAL PROCESS



People who received support from DAWS and currently in the system were asked about the service they received via a phone survey (2023). Of those who responded, 30% had 'self-referred', 50% were referred via other agencies such as BCWA or Birmingham DV and two via the homeless route. Most (90%) people stated it was 'easy' to access DAWS. However, 10% stated that it had taken a period of three months of calls until they could finally get a space.

When asked about the service they were offered, all respondents stated there were offered therapy, of which only 10% declined this offer. Of those who received therapy, all stated they felt better after it. All respondents had received support sessions and were happy with them. All respondents with children were offered a play worker and found this useful for when they had therapy or support sessions. None of the respondents stated that anything was missing. Overall, they found the service to be good.

When asked about whether DAWS had met their outcomes (e.g. do they feel safe or are they content with future plans etc), all respondents stated that DAWS had met their outcome in helping them feel safe. One respondent did state that they felt uncertain about their future plans, due to external issues, but still said that DAWS had exceeded their expectations.

Several additional positive comments were made regarding the DAWS service describing it as going *"above and beyond"*, had *"no judgement"*, *"exceeded expectations"* and made them *"feel safe"*. One respondent stated that they *"did not want to leave but know that [they] are ready to because of DAWS."* Since its introduction to the domestic abuse service the Therapeutic Worker set up and delivered activities focussing on empowerment and recovery.

**The Domestic Abuse Structured programmes** provided the opportunity for clients to access support around domestic abuse, enabling them to understand what domestic abuse is and how it has impacted them. The first group programme was successfully delivered with seven clients attending and a further 12 accessing the programme through 1:1 individually tailored support session. Client feedback has been positive. There has been an increase in self-esteem, an understanding of the traits of a healthy relationship and identifying red flags. The programme evaluated, identified improvements to be applied to the next programme.

**Fortnightly Coffee mornings** held in the refuge have been very popular. There have been 20 sessions delivered in total where the use of arts therapy, jigsaws and board games have allowed a platform to initiate conversations amongst clients around a variety of topics which include the impact of the cost-of-living crisis. This time has helped foster peer to peer support which has created a warm and welcoming culture amongst clients in refuge.

The Therapeutic Worker has created positive partnerships to deliver informative **Monthly group sessions** for all clients within safe accommodation. We have accessed local community venues such as Moxley Peoples Centre where, in partnership with local agencies such as DWP, Walsall College and NHS Sexual Health we have delivered 5 quality sessions. Attendance is actively promoted and encouraged by DA Support Workers and the Children Worker which has helped clients access local agencies, connect with the staff team and other safe accommodation clients which has in turn helped to reduce isolation. Further client outcomes have included signing up to Walsall college, an increased awareness of sexual health and an improved understanding of the benefits of employment.

**The Therapeutic Worker has delivered 90 1:1 sessions** across safe accommodation. These have been creative and engaging including 'Walk and Talk' sessions around Walsall as well as mindfulness which have proved to be imperative in improving client mental and physical wellbeing. One client had difficulty managing her anxiety and feelings of wanting to return to the perpetrator. Through dedicated, tailored, trauma informed practice, the Therapeutic Worker engaged regularly with the client and through a variety of engaging activities the client saw an improvement in her self-esteem, began to maintain relationship separations and develop healthy coping mechanisms.

This dedicated post has been flexible and responsive to clients changing needs. Through trauma responsive delivery, the Therapeutic Worker has helped to promote recovery through encouraging clients to build their own coping mechanisms, to help address their thoughts, feelings, and emotions. This post has been key to the recovery and empowerment of the victims who have accessed our service.

The Outcomes have included: Improved self-confidence and self-esteem, reduction in isolation. Peer to peer support created, building resilience, improved mental and physical wellbeing, and better understanding of domestic abuse.

The specialist Children's Worker role has always remained an integral part of the domestic abuse services and its reintroduction has been well received.

Given the new domestic abuse model at DAWS, we have explored different ways of working to ensure that children across safe accommodation receive the same access to support and activities. The children's service is trauma responsive and works towards the resilience framework principles of learning, belonging, coping and core self.

The Childrens Worker provides **1:1 sessions** for children when the parent is receiving domestic abuse related support. These have allowed time for play, offers a safe space to talk about the child's experiences, provides individual attention and helps to rebuild relationships with the parent and/or siblings.

The **child's needs assessment** highlights areas of support and sessions are delivered within the family home to help the child achieve outcomes. For example, one child needed help to understand numbers, the use of number flash cards and number games has been beneficial in their learning. Membership to the Twinkle website has allowed for ease of access to child related play and learn resources. Common themes from assessments include basic learning of maths and English, managing emotions and having fun through play/activities.

Engaging and creative sessions delivered include: fun days at the park, how to read the time, understanding and managing emotions and painting places.

Several **off-site group sessions** have given children the opportunity to have fun, play and introduce them to new experiences including Ninja Warrior Walsall, bowling, cinema and a trip to an animal farm. Half term sees the children off to Dudley Zoo, helping children to enjoy the outdoors and see animals they would ordinarily see on the TV.

The children's worker has carried out group sessions whilst the parent attends the **domestic abuse structured programme**. Sessions took place at Moxley Peoples Centre and activities including singing, reading, arts and crafts. This time also allowed for children to spend time away from the parent, explore a new environment and form new friendships in a safe space.

Most children within our service are in education with children aged 0-5 accessing children's 1:1 sessions. Take up of offsite activities has become increasingly popular and we are planning to deliver a monthly session accessible to all children with safe accommodation.

**Children with Special education needs and disability (SEND)** within the service have access to support and activities. The Children's worker works in partnership with Children's Services and the school to ensure the child's needs are being met and that the parent feels supported. One parent declined the support of the Children's Worker as she felt that introducing the child to new people was negatively impacting his behaviour. The Children's Worker has regular contact with parent ensuring she offers help and support at a time which suits the family. Other children with SEND have been provided with sensory toys and widgets which have been well received.

#### *Consultation outputs that helped shape the new model*

Walsall Council wanted to develop and implement a new model for accommodation. To ensure that the model was fit for purpose and responded to people's needs, a six-month consultation was undertaken. The consultation aimed to target, residents, stakeholders and key protected characteristic groups. The key findings from this consultation are presented.

People felt there was not enough refuge accommodation and the refuge did not cater for complex cases and unsuitable for people living within three miles of the refuge. There were findings that the refuge was always full, which means calling other refuges and taking time to find a refuge space for domestic abuse. People felt that there was a need in the borough for 24 bed spaces but though this could go up or down based on changes in trend and population changes. Some people felt they were not best placed to make this judgement.

People stated that they did not like the shared facilities, especially sharing of kitchens, i.e. some people don't eat meat, different cultural dietary needs, not everyone has same standards of cleanliness etc.. People felt that a style that had individual units with shared areas, so that people could meet other victims and talk to other people that understood whilst having their own space, and not have to leave their own unit if they didn't want to. This would be able to cater for families with older boys as well as more of the complex issues, such as mental health and drugs.

Service user felt that there was a need for a good security system for refuge; need for self-contained kitchens and bathrooms; place for those who need respite from children; place for therapeutic services such as a lounge area; secure outdoor place.

## CASE STUDY A

Key Client (KC) is white Polish female aged 30-40 years.

KC has experienced emotional, physical, and financial abuse throughout her relationship with her husband. Her movements were monitored and she had little money to look after the children.

KC had considered leaving the home for some time but was unsure of where to go, how she would cope, and who would help her. KC was also worried about leaving the family pet behind as she knew the children would be lost without the love and affection of dog.

Whilst still at home, KC applied for an occupation order and a non molestation order. The occupation order was not approved whilst KC was in the family home and the non molestation order was granted. The physical abuse reduced but KC was unable to cope with the ongoing mental and emotional abuse and sought support from her Social Worker. Given the domestic abuse within the family home, the children were known to Walsall Childrens Services and on a child protection plan.

A referral was made by Children's Services and once accepted a safe and planned move was put in place with Domestic Abuse Walsall Services (DAWS) whilst the perpetrator was at work. The family moved into a home that was able to accommodate the family pet.

Once KC arrived, a DASH assessment was completed, and a safety plan was put in place. We worked with Children's Services and the school to safeguard the family. This was because the family was from Walsall and the perpetrator was aware of where the children went to school.

A housing application was completed, and KC was accepted as homeless. However, as KC was a joint homeowner, she was not accepted for social housing due to her equity in the marital home. We continue to look at alternative housing options including private rent. KC, without knowledge of the domestic abuse Support Worker, redacted the occupation order as she saw her move away from the perpetrator as an opportunity for a fresh start. The domestic abuse Support Worker has advocated on behalf of KC with the solicitor to explore legal options around the marital home and joint ownership.

KC is engaging with Therapeutic support and after engaging with the Therapeutic Support Worker and completing the six steps domestic abuse programme, the client feels more resilient to be able to cope with her situation.

The perpetrator wants access/contact with his children and the domestic abuse Support Worker referred KC's case to a family solicitor.

The domestic abuse Support Worker continues to advocate on KC's behalf regarding child arrangements and communication with Cafcass, updating and sharing of information with Children's Services where required and also the school to ensure safety of the children.

Domestic Abuse prevention advice has been offered where there have been changes to risk. For example, KC has been assisted to call the Police and log incidents when KC was followed by the perpetrator, a safety plan was updated and referral made into BCWA Stalking service and a non-molestation order is being arranged through the solicitor.

The oldest child was supported to apply for a local bus pass to get to and from school as KC was unable to drop all three children to school at the same time. The child now travels independently to school.

KC would like to eventually get back into employment. KC was encouraged and supported to sign up to Walsall college where she was successfully accepted onto a Teaching Assistant Course along with a local placement.

## CASE STUDY B

Key Client (KC) is White British male, aged 30-40 years and identifies as bisexual. He has three children all aged under 18 years who have all moved from out of their area and into Walsall's DAWS safe accommodation. KC is classed as high risk by a MARAC outside of Walsall.

KC separated from his female partner and the children remained with their mother. She began a new relationship with a known paedophile, subsequently, Children's services became involved, and all three children were put onto a child protection plan. KC secured full custody of his children.

KC and his children were rehoused by a local Council after which KC began a sexual relationship with a male perpetrator who lived close by. The perpetrator was known to Police as a high-risk perpetrator with different partners and an extensive criminal record.

KC ended his abusive relationship after which the perpetrator and his family made verbal threats to KC and his children, stalked the family, physical violence to KC and threats to his children. The perpetrator was arrested and released on bail where he continued to harass KC and his children.

KC and his children fled the property and moved to a friend's home until he was supported by Children's Services to find safe accommodation via Routes to Support. A referral was received and accepted on the same day, with a planned move where KC moved the following day with support from the social worker.

KC moved to a dispersed property along with their pet.

KC has been allocated a domestic abuse Support Worker who has delivered domestic abuse support which includes: DASH completed and referred into MARAC, contact with IDVA for joined up support, social media and phone safety discussed, safety planning completed, continued engagement with the Family Social Worker and attendance at core group meetings.

KC has engaged with the Therapeutic service which has given him time and space to discuss and understand the impact of domestic abuse. He has expressed interest to access the 6 Steps DA Programme.

KC attends weekly Key working sessions to discuss any changing needs and actions. Support delivered includes:

- Maximize income - applying for housing benefit and updating clients UC journal
- Support from JCP around CV writing and applying for jobs
- Registered with a local GP
- Contact with social worker accessing funds for school travel expenses

Whilst MJ was waiting for a Universal Credit payment, we accessed Food Bank and provided basic toiletries for the family.

We were able to secure school uniform donations from a local Asda supermarket. We have applied for a grant from Children in Need for some clothes and shoes for all three children. The Children's Worker has been out to visit the children who are all keen to attend local trips.

KC has informed the service that he feels safe and supported and is able to rebuild a new life in Walsall for him and his children.

## CASE STUDY C

Key Client (KC) is a White British male, aged 30-40. KC had depression and anxiety with previous attempts of suicide and more recently suicidal feelings due to his situation. His perpetrator is his mother who misuses alcohol and drugs and suffers with psychosis.

KC experienced abuse from his mother as a child and was removed at age of 15 into children's care services and later into transitional supported living.

KC's relationship with his partner broke down and she left him with their three children. During the COVID-19 pandemic, KC was unable to find employment and got into debt as he was unable to financially manage his property and had to return to live with his mother.

KC's perpetrator was very controlling. She stopped KC from going to work, and he subsequently lost his job, she removed and destroyed his mobile phone so he lost connection with his networks, restricted his movement and stopped him from leaving the home and she denied him the use of the bathroom where he would go to his grandparent's home to use the toilet.

The last incident involved the perpetrator tackling KC to the ground leaving him with injuries due to him refusing the breakfast she had offered him. KC escaped the home and went to his grandparent's care home where he stayed the night before making contact with DAWS.

KC was accepted into a dispersed property.

KC was allocated a domestic abuse Support Worker who delivered domestic abuse support that included: DASH completed, social media and phone safety discussed, safety planning completed.

As KC had already established support links via local professionals including health and wellbeing links. KC did not take up the offer of the Ask Marc service as he felt that he did not need this.

KC engaged with his weekly Key working sessions to discuss any changing needs and actions. Support delivered included:

- Maximize income - applying for housing benefit and updating clients UC journal
- Support from JCP around CV writing and applying for jobs, KC applied for and was offered a role at Manor Hospital as a Porter.
- Support to apply for free travel to work via Travel Wise
- Accessed local Food bank

KC decided that he wanted to remain in this property as it met his needs and he felt safe. KC had made a previous housing application via WHG. DAWS Housing Support Officer worked with WHG colleagues to bring KC's housing application forward and secure the property. He was supported to access white goods and household items.

KC remains in the property and is working at Manor Hospital. There have been no further incidents of DA between KC and his mother.



# **Chapter 5**

## **Reducing and Preventing Domestic Abuse In Walsall**

## Introduction

Ending domestic abuse is everyone's business and requires a coordinated response from national government, local partners and members of our community. An upstream prevention agenda is needed, ensuring adults, children, and young people know that domestic abuse is not acceptable. A clear understanding of what happens if domestic abuse is disclosed; the first step is believing the individual. This resonates with local voice of victims / survivors. Communities need to be aware of what domestic abuse is, that it is not acceptable and people deserve help and support (Black Country Women's Aid, 2022).

The impact of domestic abuse in different population groups must be considered so targeted and bespoke responses can be found and, to address the perpetrator alongside the victim/survivor, including addressing the needs of children and young people. This results in taking a whole family response, even for those families who do not have children.

It is important to stop abuse: Before it starts by changing the culture that allows it to happen, primary prevention; Early intervention to stop abuse once it has started, secondary prevention; Focused interventions for people who are involved in abuse tertiary prevention.

Taking a primary prevention approach is about changing the culture that allows it to happen. It addresses the social norms, practices and structures across the whole community that influence individual attitudes and behaviours and allows violence and abuse to happen, particularly those linked to gender equality. Social norms that are supportive of violence, including harmful gender norms, are known risk factors for domestic violence.

Preventing domestic abuse, including coercive control, requires a whole community response, including where we live, work, study and socialise. This ensures that our prevention activity reaches all populations, engages individuals and organisations to change attitudes, practices and systems that lead to violence. The key to addressing coercive control is to recognise that it is the product of social norms and structural inequalities. This may include gendered drivers of abuse against women, a false sense of entitlement and power imbalances that exist within society. This also includes addresses other forms of inequality and discrimination that can drive and intersect with the gendered drivers, including racism, ageism, ableism, homophobia, transphobia, biphobia, acephobia and heterosexism.

Promoting healthy, respectful, and nonviolent relationships and communities can help reduce the occurrence of domestic abuse, thereby preventing the harmful and long-lasting effects of domestic abuse on individuals, families, and communities.

Enforced legal sanctions against domestic abuse complements primary prevention, clarifying what is considered unacceptable behaviour within relationships and validates the experiences of victim/survivors, including the seriousness of non-physical forms of abuse. Implementing legal sanctions can place serious, negative associations on ongoing, non-physical forms of violence. Increasing the possibility of arrest for coercive control may act as general deterrence for specific sections of the population and help to change broader cultural changes. But criminalisation and enforcement alone will not prevent coercive control as it is an inherently reactive approach dealing with situations once they have developed to a harmful point ([respectvictoria.vic.gov.au](https://respectvictoria.vic.gov.au)).

Consideration to eliminate coercive control across the community may include examples:

- Building the evidence base for the types and appearances of these behaviours, who perpetrates them and what drives and reinforces them.
- Community education initiatives that increase public understanding of these behaviours, their unacceptability, and how we can all help by intervening at the earliest point as bystanders.
- Engaging with a wide range of sectors working in different settings to prevent the emergence of these forms of family violence and abuse, ensuring that such efforts are accessible, acceptable and tailored to diverse communities.
- Working with organisations to ensure that they do not implicitly or overtly condone or foster attitudes and social norms that fuel coercive control.
- Investing in monitoring and evaluation of family abuse prevention programs in a way that ensures that such programs capture specific aspects of coercive control.
- Supporting improved data collection on the experiences of as well as the attitudes, beliefs and behaviours associated with coercive control to better inform primary prevention programs.

[respectvictoria.vic.gov.au](https://respectvictoria.vic.gov.au)

A comprehensive approach targeting multiple risk factors and protective factors is important to have having a broad and sustained impact on domestic abuse. For all of them, a safe, stable nurturing relationships and environments are common to them all. Changing social norms, including harmful gender norms is another aspect that cuts across many of the strategies in this resource, as we know that social norms that are tolerant of violence and harmful gender norms are learned in childhood and reinforced in different peer, family, social, economic and cultural contexts. Therefore, challenging these examples include:

1. **Teach safe and healthy relationship skills:** Through social-emotional learning programmes for young people; through healthy relationship programmes for couples.
2. **Engage influential adults and peers:** Men and boys as supporters in prevention; Bystander empowerment and education; Family based programmes.
3. **Disrupt the developmental pathways towards domestic abuse:** early childhood home visitation; preschool enrichment with family engagement; parenting skills and family relationship programmes; treatment for at-risk children, youth and families.
4. **Create protective environments:** improve school environment and safety; improve organisational policies and workplace environment; modify the physical and social environments of neighbourhoods.
5. **Strengthen economic supports for families:** Strengthen household financial security; strengthen work-family supports.
6. **Support victims to increase safety and lessen harm:** victim-centred services; housing programmes; first responder and civil legal protections; patient-centred approaches; treatment and support for survivors of domestic abuse, including teenage domestic abuse.

## Teach safe and healthy relationship skills

Fostering opportunities for healthy relationships and teaching healthy relationship skills are critical for primary prevention. Acceptance of partner violence, poor emotional regulation and conflict management and poor communication skills put individuals at risk for both perpetration and victimisation of domestic abuse. Promoting expectations for healthy, non-violent relationships and building skills in these areas can reduce the risk of domestic abuse, as can strengthening social-emotional, conflict management and communication skills.

Social-emotional learning programmes for young people promote expectations for mutually respectful, caring, non-violent relationships and helps them develop social-emotions skills, i.e., empathy, respect, and healthy communication and conflict resolution skills.

A recent study found that important aspects of structured relationship, sex and health education (RSHE) were missing from the educational experiences of young people. A quarter (24%) of 18–25-year-olds recalled no education on sexual harassment and a quarter (23%) disagreed or strongly disagreed with the statement ‘you should always have consent from your partner to have sex when you are in a relationship. A third (35%) recalled no education about controlling behaviours throughout school, and behaviours exhibiting coercion and control were consistently not recognised as problematic. Alongside inconsistent knowledge about unhealthy relationships, the research found hesitancy amongst young people to access support if needed (Women’s Aid, 2023).

Children and young people exposed to misogynistic social media content like Andrew Tate were almost 5 times more likely than those not exposed to view hurting someone physically as acceptable if you say sorry afterwards (Women’s Aid, 2023). Whilst 70% of children and young people said that they would seek support if affected by domestic abuse, 61% of them were unsure or did not know where to go for this (Women’s Aid, 2023).

Evidence suggests that by providing healthy relationship programmes for couples, focusing on improving relationship dynamics and individual well-being by improving communication, conflict management and emotional regulation skills are evidenced to reduce domestic abuse. Whilst such programmes are not advised where severe violence and fear are already occurring, there is some evidence that relationship programmes that focus on improving these relationships skills can demonstrate effectiveness in reducing the likelihood of domestic abuse in the future. Such programmes may need to be considered across Walsall.

When we consider safe and healthy relationships it is important to consider stalking and harassment behaviour and to be aware of it. Walsall college students were not aware that stalking happened in real life. A recent study found that students were unfamiliar with the dynamics of control that would indicate abuse or increased risk at pregnancy. Some young people felt that violence was justified in certain circumstances (BCWA, 2022). Walsall college have victims disclosing abuse, and believe there are many more experiencing abuse that are not coming forward. They report that many do not want to report or are not ready to talk (BCWA, 2022). Walsall college identifies a need for good digital promotion across student body and different sites as well as ensuring safeguarding.

## Engage influential adults and peers

Programmes that seek to engage influential adults and peers in promoting positive relationship expectations and condemning violent and unhealthy relationship behaviours among adolescents and young people are critical to the prevention of domestic abuse. Trusted adults and peers are important influences of what adolescents and young people think and expect and how they behave. Beliefs and attitudes about the acceptability of violence and about gender equity are predictive of domestic abuse perpetration.

Engaging adults and peers to promote social norms that support healthy relationship behaviours has great potential to change social situations: everyone knows domestic abuse is not acceptable and will not be tolerated; people are more willing and able to intervene when they see domestic abuse.

Such social contexts can discourage potential perpetrators from thinking that violence will be seen as acceptable and increase their perception of the risk that there may be social consequences to such behaviour. These types of social contexts may also increase positive bystander behaviours, which can directly interrupt violence as well as enforce norms unaccepting of violence.

Equally, it is important to call out the impact of misogyny from influencers such as Andrew Tate. Tate's views have been described as extreme misogyny, capable of radicalising men and boys to commit harm offline. Further, Tate has left a harmful legacy because misogyny, sexism, and violence towards women have become dominant ideologies that are present amongst young men and boys in today's classrooms. Teachers, and members of society, are facing a new challenge that must be addressed: that of online social platforms and how they impact students. It is important to challenge toxic masculinity and work to evoke positive change for future generations. By promoting positive and healthy forms of masculinity, teachers can educate students and help make classrooms and society safer for everyone.

Engaging men and boys is important to prevent domestic abuse. Most violence and abuse in society is perpetrated by men. This is closely connected to harmful ideas and expectations about masculinity. Masculinity refers to what it means to be a man in society, which is often still associated with being tough and in control, and having more power than women. However, most men do not use violence. They are therefore uniquely placed to bring unhealthy ideas about masculinity into question with each other and, crucially, with boys and young men. Men can model healthier behaviours to other men and boys. This can be achieved by encouraging them to intervene and speaking out towards actual and potential victims. It is also important to teach skills and promote social norms that reduce their own risk for future perpetration.

Working with men and boys needs to be relevant and relatable to their lives. This means recognising the many differences among men and boys. Some have more power than others, and some already challenge dominant gender norms in various ways. It is vital to model gender equality when developing this work. This means actively consulting with, involving and being accountable to women when delivering it. It is also important to tackle the gender inequalities rooted in structures of our organisations and communities which help to perpetuate violence and abuse.

Each year, Walsall Council and its partners take part in the White Ribbon Campaign. White Ribbon is the UK's leading charity engaging men and boys to end violence against women and girls by addressing its root causes. Working with men and boys to change long-established, and harmful, attitudes, systems and behaviours around masculinity that perpetuate inequality and violence. Its work is to stop violence before it begins. The charity encourages everyone, especially men and boys, to reflect on their own behaviours and words, to nurture ways of acting and speaking that challenge existing cultures that perpetuate inequalities between men and women.

Bystander empowerment and education approaches attempt to promote social norms that are protective against violence and empower and encourage people to intervene to prevent violence when they see it. Participants in bystander empowerment and education programmes learn specific strategies on how to intervene in situations that involve domestic abuse.

Family-based programmes seek to involve parents and other caregivers in the prevention of young person's domestic abuse. This is by operating on the premise that the family is central to the development of norms and values, and therefore amenable to interventions that promote acceptable behaviour. By improving parental awareness and knowledge about domestic abuse, change in parental attitudes about the acceptability of domestic abuse, improve parent communication skills around domestic abuse and skills for helping young people resolve relationship conflicts and improve their rule setting and monitoring skills are all ways to reduce domestic abuse in our younger population.

Walsall Safeguarding Children's Partnership has a 'Working with Father's Strategy'. This is not focused on perpetrators of domestic but instead, it looks to recognise the key role father's play in meeting children's needs. It is about ensuring that practitioners think about fathers in their work with a family, and that fathers are a focus for service delivery. Different strands of this strategy link to preventative practices based on engaging with fathers and male carers early when support needs for a family are identified. Further, Mellow Dads is a 14 week programme designed to support and build dads confidence in parenting and make positive changes in their relationship with their children. Mellow Dads aims to:

- Improve the attachment relationships between dads and their children and in turn improve outcomes for both.
- Empower dads and increase confidence and self esteem.
- Increase dad/child bonding with shared lunchtime and lunchtime activity.
- Show family interaction through video footage.
- Provide activities to practice new skills such as have a go homework.
- Provide structured parenting workshops.

Walsall Council commissioned Men at Work (see box next page) to deliver training. The connection for Men at Work is multi-focused, which teaches young men and boys how to respect themselves, how to respect women and girls and to reduce violence. This is achieved directly via the teaching staff who then use the techniques taught to them by Michael Conroy. Last year, 33 people were signed up for training plus a further 30 teachers from the New Leaf School. Since October 2023, there have been 24 people signed up for training.



#### [Men At Work](#)

Men At Work helps those working directly with boys and young men to deliver constructive dialogues with them, around issues that matter, such as safety and safety of others. It's a community interest company (CIC) that's been set up to deliver transformative training in the areas of challenging sexism, supporting health personal development and fostering violence-free relationships and communities.

Everyone who works with boys and young men wants the best for them but knows that there are lots of messages and influences 'out there' which are not in their best interests - or those of their male peers or the women and girls in their lives.

Men At Work makes 'doing something' possible by equipping those who work with boys and young men to enable constructive, strengths-based, optimistic dialogues with them. In addition to helping meet intrinsic ambitions to make positive impact, the training can help settings satisfy and surpass rising extrinsic expectations (such as those of OFSTED, DfE, ISI) by combining staff motivation with practical steps, knowledge and confidence, enabling them not just to tick boxes but to genuinely change the script for an emerging generation of boys and young men.

**FOCUS** on supporting boys and young men in being safe and being safe to be around - for themselves, for their male peers and for women/girls

**EXPLORE** some of the societal values and beliefs shaping young men's ideas around what it means to 'be a man', how these manifest in behaviours / attitudes of boys and young men and how constructive work with boys and young men can enhance safeguarding for all

**DEVELOP** confidence / knowledge / skills to facilitate constructive dialogues with boys and young men about safety, empathy and respect

*A large body of evidence highlights the importance of intervening early to prevent future involvement in violence, including future risk of perpetrating partner violence.*

## Disrupt the developmental pathways towards domestic abuse

When disrupting the domestic abuse pathway it is important to focus on early childhood environments, parenting skills and other supports to prevent future involvement in violence.

### *Healthy Child Programme*

In the UK, the evidence-based Healthy Child Programme is implemented and is led through health visitor and school nursing provision with a tiered service provision. The Healthy Child Programme focuses on the support and development of children and young people aged 0-19 and their families, by providing quality services that facilitate good health and wellbeing. Walsall Council was keen to ensure that the views of parents, parents-to-be and young people play a key role in informing what the future Healthy Child Programme service should look like, and commissioned a piece of research to find out their views. A combination of group discussions and interviews in at least 15 local settings were undertaken and individual interviews were also carried out.

[Health Visitors](#) work with all parents to assess the support they need and develop appropriate programmes to help give the child the best possible start in life. They support and educate families from pregnancy through to when your child starts reception class. Health visitors can offer:

- Support for families from antenatal through to when the child attends school.
- Support and advice on family health and minor illnesses.
- Home visit's which may include advice on feeding, introduction to solids, healthy eating and dental health.
- A physical, emotional and developmental check to ensure your child is reaching their full potential.
- Providing families with specific support on subjects such as postnatal depression.

Health visitors work closely with other professionals including nursery nurses, family support workers and nursery's. The type of support can include:

- Referring families to specialists, such as speech and language therapists.
- Arranging access to support groups.
- Organising practical support, for example- working with a nursery nurse on the importance of play.
- Offering advice and further information on housing issues, benefits, training and education.

Health visitors are also trained in recognising risk factors, triggers of concern, and signs of abuse and neglect in children.

### *Parenting Programmes*

Being a parent is one of, if not the, most important and rewarding things in life. Parents and carers are the most influential factor in a child and young person's life. However, all children test the limits and get angry and it's not always easy to be a parent. [Parenting programmes](#) are proven to be effective at helping all parents to increase positive relationships, promote children's development and manage behaviour in constructive caring ways.



Walsall's Parenting Team run a variety of programmes aimed at all parents and carers of children of all ages, backgrounds and abilities to offer support and skills to help them become even more of a positive influence on their child's life. By accessing the programme, parent and carers can improve the whole family's life.

### *Family Hubs*

Walsall's 4 Locality [Family Hubs](#) provide a welcoming space where children, young people aged 0-19 and up to 25 for those young people with additional needs and their families can go to get advice and support when they need it. Through the Family Hubs, services have come together to provide one 'front door' access to help and to talk to someone in a safe space about sensitive things that may be worrying them. Services that have come together:

*Midwives; Health Visitors; School Nurses; Speech & Language Early Help; Children's Social Care; Department of Work and Pensions (DWP); Housing and Police.*

Examples of advice and services available:

#### *a). Expectant or new parents or those with young babies and infants*

Advice and support on a range of topics, i.e. feeding, sleeping, parenting advice, managing your own wellbeing and advice on a range of family health activities including baby wellbeing clinics, ideas on wellbeing things to do and how to positively interact with your children, take up the opportunity to join groups of other parents and carers to support each other and take part in activities such as Look, Say, Sing, Play or First Words Together.

#### *b). For all families*

Advice on parenting, child development, support for children who have additional needs or advice for yourself on employment, further education, work experience or volunteering opportunities as well as housing or finances.

#### *c). For young people*

Advice on 'what's on in your area', advice if you are worried about home life, school life, want advice about staying safe or worried about a member of your family or a friend.

### *Walsall's Early Help*

Walsall's [Early Help](#) partnership is ambitious for the children and young people in Walsall and aims to ensure that children and young people:

- have the best possible start
- are safe from harm
- are happy and healthy
- are where they will thrive emotionally, physically and mentally
- achieve their potential

Early Help and Children's Safeguarding Social Care Services in Walsall are based in locality hubs. Early Help is support given to children, young people and their families when they need extra help with a range of individual, social, health and education concerns that have been identified via the Supporting Families Framework. Support is provided to the 'whole family' to ensure right help at the right time and as a partnership we work together with families. Early Help is voluntary and consent from children, young people and their families to work with should always be agreed. Working together as early as possible, regardless of the child or young person's age can positively improve outcomes.

Early Help is a partnership approach, not a provision, and very much relies on local agencies working together with families: *“Early Help is everybody’s business and responsibility.”* The support includes working with parents where there are domestic abuse concerns, with targeted support being provided by Early Help Practitioners supported by partnership arrangements with Black Country Women’s Aid, whereby Independent Domestic Abuse Advocates will support and work alongside this targeted support.

### *Early Help and Multi-Agency Safeguarding Hub (MASH)*

Concerns identified where a child is impacted by domestic abuse should be referred first to the Children’s Services Early Help and Multi-Agency Safeguarding Hub. These referrals are reviewed to understand the children’s needs and decisions are made. Parents are contacted, and in some instances advice and support is provided. If further needs are identified an Early Help Assessment or Child and Family Assessment will be undertaken. This explores other local support services. Where the children’s needs are assessed and the whole family requires continuing support, this will be provided under the Family Safeguarding Model, or delivered by Early Help Services.

### *Walsall Family Safeguarding*

Walsall is proud to be one of the 15 Local Authority Partnerships that have secured a place on the Department of Education’s Strengthening Families, Protecting Children programme. Walsall Family Safeguarding model implements multi-disciplinary teams across the four localities. Children’s social workers, probation officers, adult recovery workers and mental health practitioners and substance recovery workers come together to resolve the main family problems that cause harm to children’s health and development. Domestic abuse practitioners work with Children’s Services through a partnership agreement with Black Country Women’s Aid ([Family safeguarding model](#)). This model looks to recognise how the problems some parents experience can be closely connected and require holistic solutions.

The model’s principle is the best way to protect many children by helping parents to achieve change. It allows practitioners to focus on a whole family approach and makes it easier for parents to access all the support they need from within one team. This will help them deal with the complex issues of domestic abuse, mental health and drug/alcohol abuse that harm their lives and those of their children. By using motivational practice to enable many more parents to accept help, Family Safeguarding provides specially designed individual and group work programmes to change abusive behaviours, improve parental mental health and reduce harmful substance misuse. The Family Safeguarding Multi-Disciplinary Team includes:

**Team Manager:** Responsible for line management of social care staff, individual reflective supervision, chairing group supervision, case allocation, allocating work to adult workers and decision making regarding the child.

**Social Workers:** Key worker responsibilities and co-ordinating the progression of the child’s multi-disciplinary plan, co-ordinate Family Safeguarding intervention programme to identify and meet the family’s needs that will impact on the child, motivating families to choose change, finalising parenting assessments.

**Domestic Abuse Practitioner:** Direct work with victims of domestic abuse, deliver the safer us/breaking the cycle programme, providing help with reflection on healthy relationships, understanding of the impact upon a child, boosting self-esteem, realistic safety plans via individual casework and group work.

**Domestic Abuse Worker** (Probation workers): Undertake specialist assessments, including analysis of risk. Deliver 'Better me, better Us' group programmes for men and women convicted of or alleged to be perpetrators of domestic abuse, focusing on identification of abusive behaviours, impact of domestic abuse on children and partners, strategies to cope with feelings of anger, mindfulness and where group work is not appropriate, provide one to one sessions to support change.

**Psychologists and Mental Health Practitioner:** Assessments of parental mental health support needs and delivery of individual and group interventions, i.e. Cognitive and Dialectical Behavioural Therapies and Mindfulness Programmes. Assessments of cognitive functioning, advice on working with parents with Learning Disabilities. Referrals to CMHTs and Psychiatry. Consultations for adults and children's mental health support needs

**Recovery Worker:** Assessment and alcohol/drug testing as appropriate. Use motivational interviewing to motivate parents to commit to change their use of drugs/alcohol. Deliver parents recovery group programme, provide one to one support.

**Business Support Officer:** Coordinates team diaries, organises and minutes supervisions, inputs to case recording system, circulates meeting notes, other administrative duties.

## Create protective environments

While many prevention strategies focus on individual and relationship-level factors that influence the likelihood of becoming a victim, survivor or perpetrator of domestic abuse, it is important to consider the influence of community environments, such as schools, work places, neighbourhoods. By fostering a broader social and physical environment that improves safety, social connections and awareness of domestic abuse, can all help create a climate that supports prevention of domestic abuse and aim to:

- Encourage higher rates of disclosure of domestic abuse
- Increase resources and support leveraged on behalf of domestic abuse victims / survivors
- Promote social norms that are intolerant of domestic abuse within the community
- Increase the likelihood that community members will intervene when they witness domestic abuse

## Operation Encompass

Operation Encompass is a safeguarding partnership between the police and schools, which operates through term time only. It enables schools to offer immediate support to children experiencing domestic abuse. Walsall Early Help supports Operation Encompass and information sharing between police and schools. It is not possible to state how many schools have signed up to Operation Encompass as the information is not held centrally. Support and advice can be obtained from the local partners on any matters arising from a notification.

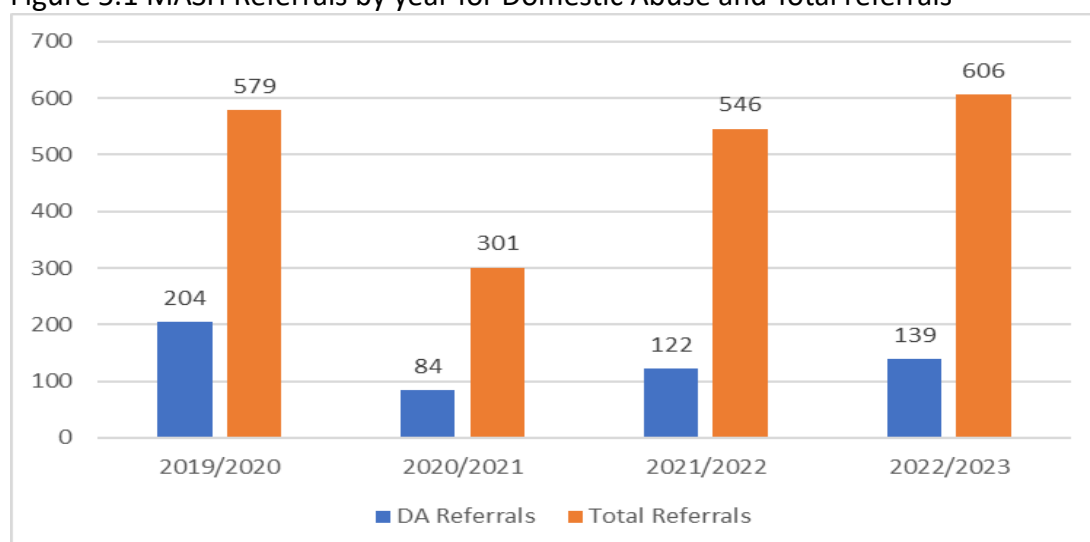
Multi-agency safeguarding hub (MASH) receives notifications every day of the working week, i.e. Monday to Friday, of all domestic abuse incidents that have occurred within Walsall over the past 24-hour period. Any incident that occurs over a term time weekend, the Police will aim to notify the schools by 10am the following Monday. Each notification is discussed at the Domestic Abuse Triage meeting, where partners including police, children's social care, early help, black country women's aid, health, education and probation are in attendance.

During 2022/23, Walsall's MASH received 606 referrals, of which 139 (22.9%) were for domestic abuse. This is lower than the highest number of 204 referrals in 2019/2020 but higher than the 84 referrals in 2020/21. There was a clear impact from the COVID pandemic, decreasing both the number of referrals in total and, for Domestic Abuse.

Through Operation Encompass, a Restorative Practice Model is followed:

- Receive daily Operation Encompass Notifications and make professional judgements in relation to any actions/support to be given to the child / young person
- Be the 'champion' for the child / young person
- Build a relationship with child/young person, building bridges, go at child/young person's pace, be guided by them, follow their lead and develop trusting relationship
- Monitor the child / young person at the start of the day, their emotional wellbeing and their attendance acknowledging what they have been through/witnessed and may be worried about
- Help the child / young person make sense of the way they are feeling or behaving
- Help the child / young person develop coping strategies
- Co-ordinate a support package around the child / young person

Figure 5.1 MASH Referrals by year for Domestic Abuse and Total referrals

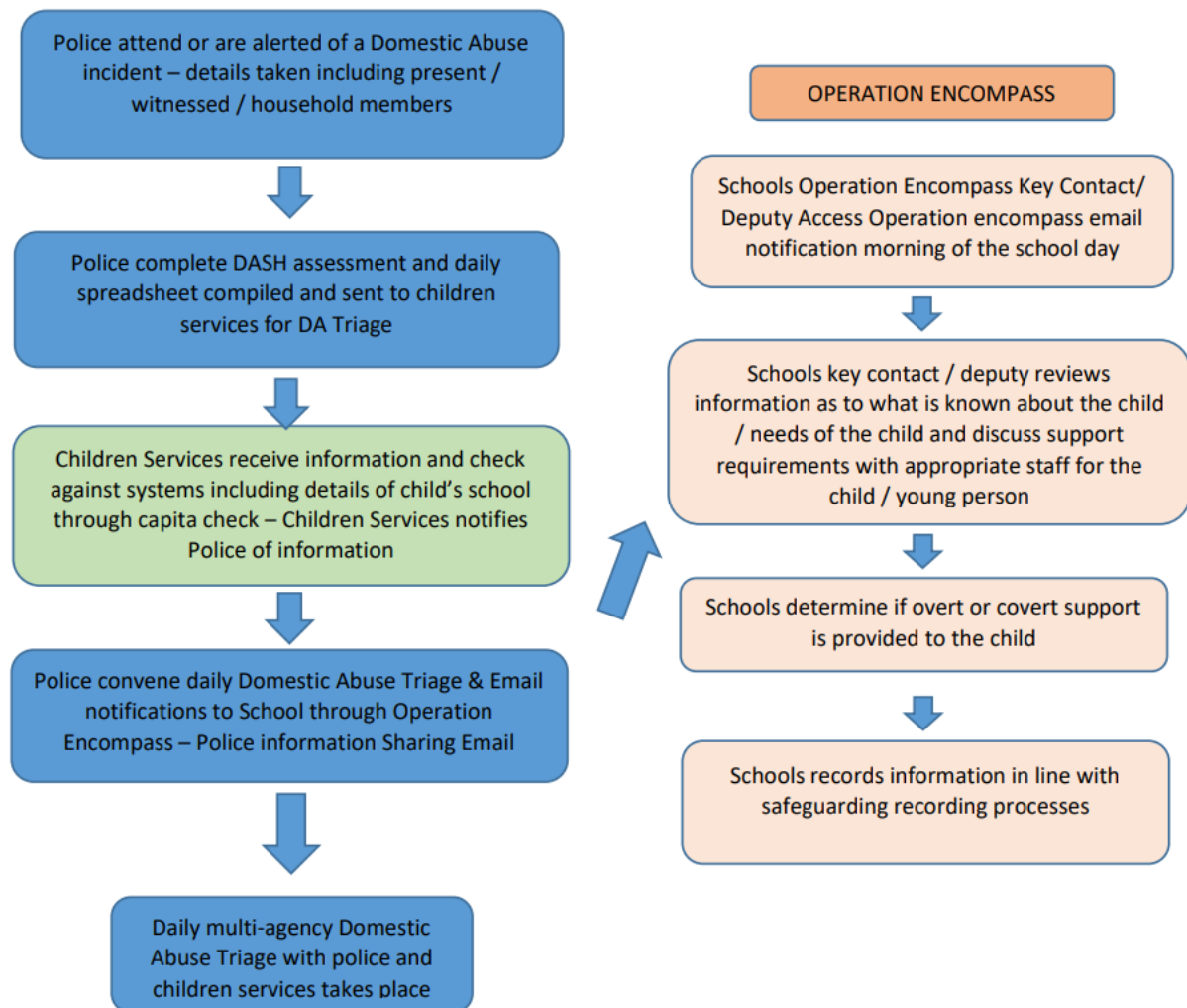


Source: Children and Young Peoples Dashboard, 2019-2023

To ensure the appropriate support for the child/young person is provided, the school staff liaise with Walsall Council's Early Help service, via a dedicated Professional Help line. Early Help Partnership Officers are based at the Locality Family Hubs. Further, the Council commissions the service of Black Country Women's Aid where advice can be obtained.

The support that is considered includes: Physical needs, i.e., food, equipment, uniform; Time out of class / lessons; One-to-one support; Working elsewhere; Buddy; Making changes to school routine; Referral to other specialised agencies; Ongoing support from school.

**Figure 5.2** Operation Encompass process for notification



Source: [Walsall operation encompass](#)

### Work policies

There are opportunities to adopt protective environments in the workplace through the creation of organisational policies and practices that promote safety and encourage help-seeking behaviour.

Although domestic abuse occurs in an individual's personal life, often behind closed doors, the effects can spill out in the person's working life. In the UK, one in five victims of domestic abuse take time off from work and two per cent lose their jobs as a direct result (TUC, 2014). In June 2020, the Department for Business, Energy, and Industrial Strategy conducted a review to see the effects of domestic abuse support within the workplace and the effects of a good support system. The effects of domestic abuse victims are not only the physical signs but the adverse effects it has on the individual's mental health, with some having reported to turn to alcohol, eating disorders, anxiety etc (WHO, 2018). The damage that domestic abuse does affects the wider economy, the physical and emotional damage to victims has cost the economy (£14 billion) because of the time off taken off work by victims thereby reducing productivity.

With employees taking time off, the reduction of productivity affects the employers, reduction in human resources as staff members are taking time off, affecting the working environment and impacting fellow colleagues. The economic loss is both ways, for the employers and the victims who are losing income as a result of the abuse.

***A Trades Union Congress (TUC) survey showed that between 36% and 75% of those experiencing domestic abuse are targeted at work.***

(<https://www.tuc.org.uk/research-analysis/reports/domestic-violence-and-workplace>)

The importance of giving support to domestic abuse victims in the workplace is of great importance members not only does it benefit the victims but the employers and the wider team. The support is even of more importance to staff members who work in the same place as their abuser.

### **In 2009, a study was done to quantify the "cost" of domestic abuse to business**

**£1.9**  
billion  
per year

It was estimated to cost approximately £1.9 billion per year due to **lost productivity, time off of work, lost wages and sick pay.**

only  
**5%**  
employers

only 5% of employers in the UK have a **specific policy or guidelines** about domestic abuse.

Source: *Policies that save lives: Domestic Abuse and the Workplace - Social Value UK*

By having clear and explicit policy on domestic abuse, there is increased potential to support employees and managers to raise awareness about domestic abuse, recognising the potential for violence by an intimate partner of an employee occurring in the workplace, facilitate how incidents can be reported and handled, and demonstrate commitment to workplace safety (e.g., securing access points, visitor sign-in policies, crisis planning) while providing support and resources to employees experiencing domestic abuse. These approaches have potential to encourage disclosure of domestic abuse, normalise help-seeking, and increase tangible aid and social support to employees, which has been shown to be a protective factor for domestic abuse. In addition, these approaches can facilitate positive changes in workplace climate, increase feelings of safety, and reduce perceived tolerance of violence towards intimate partners among managers and employees in the workplace.

There are various signs that can be presented by individuals experiencing domestic abuse:

- *Work productivity:*
  - Change in the person's working patterns, frequent absence, lateness or needing to leave work or meetings early
  - Reduced quality and quantity of work: missing deadlines, a drop in usual performance standards
  - Change in the use of phones or email, e.g., many personal calls or texts, avoiding calls or a strong reaction to calls, texts and emails. During working from home this could present as being difficult to get hold of or regularly having a partner in the room during meetings
  - Spending an increased number of hours at work for no reason, or being anxious to get back to the office after lockdown
  - Frequent visits to work by the employee's partner, which may indicate coercive control.
- *Changes in behaviour or demeanour*
  - Conduct out of character with previous behaviour becoming very quiet, anxious, frightened, tearful, aggressive, distracted, or depressed.
  - Being isolated from colleagues
  - Secretive about their home life or give reasons not to turn the camera on when meeting online.
  - Worried about leaving children at home
- *Other indicators*
  - Partner or ex-partner stalking employee in or around the workplace or on social media
  - Partner or ex-partner exerting unusual amount of control or demands over work schedule
  - Isolation from family/friends/ colleagues<sup>2</sup>

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<sup>2</sup> BITC (2021) Domestic Abuse: a toolkit for employers. Available at: <https://www.bitc.org.uk/toolkit/domestic-abuse-toolkit/>



For some victims, working may be a form of respite, a route to gain financial independence and the workplace a safe environment for a short while. As such, organisations within Walsall that make up the Safer Walsall Partnership and those that work with them have created policies and guidance to ensure that individuals work at is a safe and secure place both physically and emotionally. This has been done through writing domestic abuse strategies and policies within respective organisations with most having policies detailing the signs that staff members should look for, who to report to and the procedures to take.

### Walsall Council

Walsall council does not have a policy on Domestic Abuse, but rather it has guidance. The Guidance outlines the type of work environment the council should be, the responsibility placed on the manager to ensure the health and safety of those they manage and includes steps on what to do when an employee might be a perpetrator.

Guidance includes 12 different forms of domestic abuse, including controlling behaviour, online and digital abuse and forced marriage. It does not include all forms of abuse, but it is comprehensive, ensuring that staff members are able to understand that domestic abuse does not only present itself physically. The guidance also addresses that males experience domestic abuse too, although they may be more reluctant to speak out than females because of prejudices. It also explains how people with protected characteristics, i.e. race and sexual orientation can create barriers to some individuals disclosing domestic abuse.

The guidance highlights the issue of domestic abuse causing poor performance and absences which normally results in disciplinary and performance procedures. However, it is essential to first understand the cause of the change in behaviour which could be because of domestic abuse. Understanding that at times staff members are not confident with speaking out about domestic abuse to their managers. As such Walsall Council has Domestic Abuse Champions across different departments people can speak to.

The council lists the signs that fellow colleagues can look out for and how line managers should respond however, strongly emphasising on the need for consent before carrying out any procedures. They address situation where there are allegations of an employee being a perpetrator, the disciplinary actions and safeguarding measures to be taken.

### Black Country Integrated Care Board

The Integrated Care Board (ICB) has a Domestic Abuse Workplace policy in place to address the systems in place to support victims within the workplace. The structure of this policy first addresses individuals that have been accused of being perpetrators and the disciplinary actions that will follow if they are proven to be correct.

The policy lists the duties, roles and responsibilities of all staff members, including the Executive Leadership team, Safeguarding and HR & Organisation Development in ensuring what they need to do in response to domestic abuse in the workplace. The policy not only includes the support that will be given to victims but also the support that line managers will be given in responding to employees who are survivors/ victims or alleged perpetrators.



Like the council guidance, they have also emphasised on the importance of confidentiality and consent for the victims. Safeguarding issues, especially in cases that involve children as they will also be victims of domestic abuse even if it is not directly at them.

### Walsall Housing Group

The Walsall Housing Group (WHG) supports local housing for residents of Walsall and receive reports of domestic abuse within the houses they provide. To protect their customers the WHG has a Domestic Abuse Policy for their customers that details the steps and support they will offer if such reports are brought to their attention. It also aims to mitigate the DA risk that might be posed to their customers.

The WHG is signed to the Chartered Institute of Housing 'Make a Stand' pledge, that consists of four commitments outlining what they will do to ensure as an organisation their stance against domestic abuse with their customers and their staff members.

The domestic abuse policy for customers highlights the response to the customers including signposting them to the appropriate authorities, ensuring their confidentiality and how they are going to respond if children are involved. They aim to enable victims remain in their homes by target-hardening and providing the support that is needed including changing the victims' routines or installing CCTV to mitigate the risk of domestic abuse. They can also re-house their customers if the risk is significant.

Their policy, however, does not address the impact of domestic abuse on their own staff.

### HMPPS- West Midlands Region

The HMPPS West Midlands office, follows the Ministry of Justice guidance on the support that is offered to the staff members experiencing domestic abuse. Besides advising that staff members should seek help from their line managers or colleagues that they trust, the guidance details the various avenues that they can take to seek help including the Employee Assistance Programme that is free and available to HMPPS staff members. Aside from the programme, the organisation has a Safe Space Forum available to ministry of justice (MOJ) colleagues that offers support to domestic abuse victims.

The domestic abuse policy lists the available support offered internally for MOJ/ HMPPS staff members as well as external organisations like the National Domestic Abuse Helpline, Bright Sky (free mobile app and website) and Hestia's Response to Abuse Advice Line which is a resource they offer freely to the employers.

The final line gives advice to the staff members to ensure that they remain safe when they are using the internet as their search history could potential put them at risk.

The Prince's Responsible Business Network together with Public Health England developed a framework to help organisations create support for domestic abuse victims known as the 'four "R's" approach' (BITC, 2021).

### 'The Four R's'

#### Recognise

Help recognise the problem, and to enable managers and employees to understand that domestic abuse is a workplace issue that everyone can play a part in tackling.

#### Respond

Implement policies and processes that enable a supportive workplace which will respond appropriately to disclosure.

#### Refer

Provide access to internal confidential support and signpost appropriately to external organisations who can help employees that disclose abuse.

#### Record

If an employee discloses abuse, it is important to record the details of what is said as accurately as possible. Should the abuse become subject to criminal proceedings, this is an exhibit and should be given to the police.

From the four R's, the first 'R' addresses the fact that it is not only down to the managers that should be informed in how they can help the staff members that they line manage but it is down to all employees. All staff members of the organisation should understand what domestic abuse is, addressing unconscious biases and the effects it can have on colleagues' work life. These biases also include highlighting the protected characteristics and the various types of domestic abuses.

The training should also include noticing the signs that might be presented by domestic abuse victims that do not only manifest themselves physically. Working from home has also posed difficulties for fellow colleagues to be able to notice certain behaviours that are easy to spot face to face. It has also meant that individuals are more at risk because workplaces that had been their safe havens have now been restricted.

As such some of the recommendations that has been given by The Prince's Responsible Business Network is to ensure that employees have daily contact with one another, ensuring that a day does not pass without at least having one phone call. Ensuring that managers are well equipped in looking out for signs presented by their staff members during team meetings. Finally, the organisation should be vocal in highlighting the resources that is available to staff employees both internally and externally if they or someone they know is experiencing domestic abuse and the support they can receive.

A domestic abuse policy is one way of showing how vocal the organisation is and their stance against domestic abuse. Below is the recommended structure and content of a policy that organisations can adopt with a lot of the elements being shown by the Walsall organisations above

## THREE LEVELS OF ACTION

### Tier 1: Make a commitment

- Define domestic abuse for your organisation and staff
  - Inform all employees that the organisation will not tolerate domestic abuse in any form, fully supports colleagues who experience domestic abuse, and will take action against those who use abusive behaviours
  - Employees should be aware that misconduct, inside and outside of work, can result in disciplinary action. Employees also should be aware that domestic abuse is a serious matter that can lead to a criminal conviction
  - Lead from the top: involve senior leadership and encourage them to take time to read an employer's handbook such as the [EIDA's](#). Employees need to know they have the support and authority to confront domestic abuse
  - Foster a safe and supportive workplace culture where employees can talk openly about difficult issues without fear of stigma or harassment
- Signpost to local and national support services clearly around your building, on your intranet and in staff handbooks, such as [Refuge's 24-hour National Domestic Abuse Helpline](#) and [Everyone's Business advice line](#). Emphasise your commitment to confidentiality and put process in place to ensure it is maintained in the event of a disclosure
  - Signpost the Ask for ANI and [Safe Spaces scheme](#), run by Hestia, (run by Hestia), which comprises pharmacies and some other public places that will provide a safe room to use for those fleeing abuse. There is also an [online version of Safe Spaces](#) which can be added to a website or intranet. It provides a discreet pathway to specialist domestic abuse support without appearing in a browser history. Or the [Brightsky app](#) can be added to mobile phones and links further advice and support for domestic abuse
  - Make specific provision for those working from home by ensuring daily contact with at least one colleague

### Tier 2: Training and support

- Provide training to ensure that the organisation has staff who know what steps to take to support colleagues. Local domestic abuse experts are key partners to assist in providing this training. There are several organisations that provide workplace training, referenced at the end of this document. Ensure this training is available to those working at the office and at home
- Agree steps the business can take in the event of a disclosure or if abuse is suspected. For example, diverting phone calls, alerting reception staff, redirecting salaries
- Consider making reasonable adjustments for those whose health and performance are adversely affected by domestic abuse. For example, ensure that employees who have disclosed are not penalised by sickness or absence management systems. A period of paid leave can make a huge difference in allowing a survivor of abuse to seek medical or legal support

### Tier 3: Going further

- Designate a senior HR person or senior leader with responsibility for your workplace policy on domestic abuse. This will be somebody who can be approached in confidence, both in person and remotely, to discuss issues relating to domestic abuse
- Engage with your extended business network, including suppliers and customers. Tell them what you are doing around domestic abuse and encourage them to join your initiatives
- Evaluate your approach in partnership with employees and report back periodically, for example be prepared for events such as further lockdowns
- Work with a union to publicise the support on offer
- Share best practice with other employers, both locally and nationally. Learn from each other's experiences

Source: BITC (2021) Domestic Abuse: a toolkit for employers. Available at: <https://www.bitc.org.uk/toolkit/domestic-abuse-toolkit/>

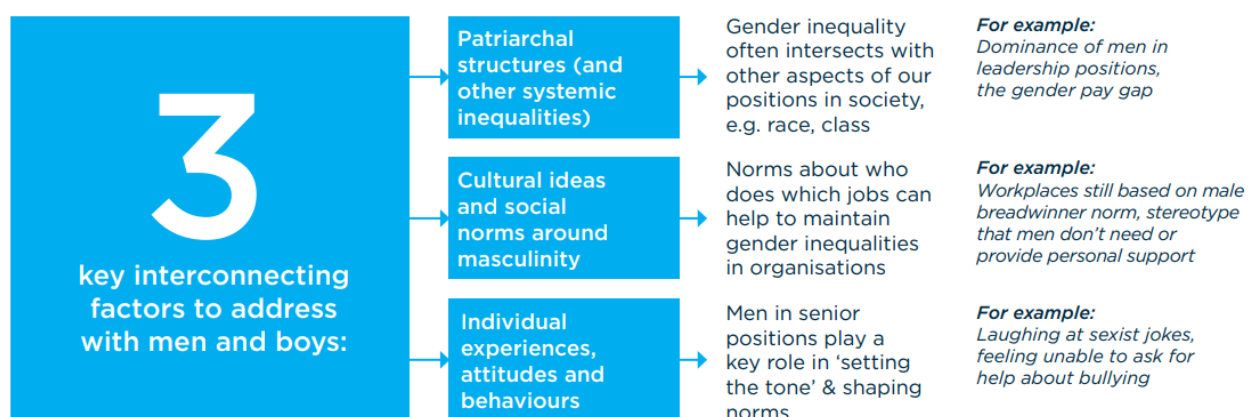
The steps above recommend a few of the external organisations and websites that would be helpful to include in policies but also important to ensure that as an individual organisation, there should be other avenues of support available like domestic abuse champions or networks/forums where people can go to if they do not want to speak to their managers. Building on a culture of trust amongst colleagues so that colleagues might confide in one another if they do not want to go to formal routes. There should be emphasis on the confidentiality, privacy and security provided if victims do choose to disclose, stating that they would be provided with a safe space to disclose.

The policy should clearly highlight the roles and responsibilities of people within the organisation that would be signposted to support domestic abuse victims e.g., the role of the manager is to be non-judgemental and supportive, and they are not to deal with the abuse but to support and outline the help that is available.

The support that an organisation provides should not only be limited to victims but to the perpetrator as well. The policy should highlight the various forms of support this can take, from addressing that they will not tolerate any form of abuse, to bringing in an intervention specialist or taking legal action.

Another element that has been included by a few of the mentioned organisations in Walsall, is the stance on safeguarding the organisation will take if there is children involved. For the Walsall Partnership organisations this is a recommendation on what should be included in their policies.

In addition to the HR policy for domestic abuse, the business sector and workplaces can help create change among their own staff, some of whom are likely to be personally affected by these issues, among people who come into contact with the organisation such as customers and clients, and the wider community. At the root of violence, harassment and abuse is often unequal power relations, based around gender and other forms of social inequality. Violence prevention is therefore closely connected to building gender justice and shifting harmful gender norms in our organisations and communities ([SBurrell, dur.ac.uk](http://SBurrell.dur.ac.uk)). The research demonstrated the need for a three-pronged approach, illustrated here, to engage effectively with men and boys about preventing violence against women. Each of these aspects of society affect businesses and workplaces and are in turn influenced by them too.



## Community Groups

Community groups support victims / survivors of domestic abuse including (list not exhaustive):

*Aaina Community Hub*: provides services for women in Walsall, including underserved communities who are unable to access mainstream services. Staff are trained in domestic abuse and forced marriage so they can support a client who is living with abuse, short or long term, whether in crisis or not and give the appropriate advice and support [www.aainahub.com](http://www.aainahub.com).

*Black Sisters Collective*: weekly coffee mornings and Women's Empowerment Workshops which have supported many survivors of domestic abuse. Collaboration with Mustard Seed who provide specialist Black, Asian and Minority Ethnic-led counselling including for victims/survivors of. They aim to empower women with tools and groups to help them back into the community.

*Changing Lives* works with female offenders and provide a range of interventions including a Healthy Relationships Programme as part of the mandated support. They refer to Black Country Women's Aid for independent domestic violence advisory (IDVA) support. [changing-lives.org.uk](http://changing-lives.org.uk)

*Change, Grow, Live (CGL)* offer a substance misuse including alcohol service, the Beacon, in Walsall, working with adults and young people aged 12 years and above. They assess domestic abuse risk using DASH, refer to MARAC and complete safeguarding. They record data on DASH assessments and safeguarding actions/referrals completed. [change-grow-live.org](http://change-grow-live.org)

*Roshni Birmingham* supports Black and Minoritised communities affected by domestic abuse including Forced Marriage and Honour Based Abuse. Provides a range of services and supports survivors through their journey to safety, confidence and independence to live free from violence, abuse and fear. This independent charity raises money by fundraising [roshnibirmingham.org.uk](http://roshnibirmingham.org.uk).

*Victim Support* is an independent charity dedicated to supporting victims of crime and traumatic incidents in England and Wales. Provides specialist help to support people to cope and move on to the point where they feel they are back on track with their lives. Provides support for victims / survivors of domestic abuse. In 2022/23 686 referrals were made, of which 510 were females and 161 male and 15 preferred not to reveal their gender. [Home - Victim Support](http://Home-Victim-Support).

Evidence suggests that changing or modifying environmental features of our communities and neighbourhoods may be effective for preventing domestic abuse, e.g., one study found that residents of an urban public housing development randomly assigned to buildings in proximity to green conditions i.e., trees and grass, reported significantly lower rates of partner violence in the past year than residents living in proximity to barren conditions. Levels of mental fatigue, i.e., inattentiveness, irritability, and impulsivity, were significantly higher in buildings next to barren areas and that aggression accompanied mental fatigue.

Additionally, research has also shown that green space in urban communities has been linked to higher levels of neighbourhood collective efficacy and reductions in violent crime, which is a risk factor for domestic abuse.

Alcohol-related policies is another potential way to reduce risk for IPV at neighbourhood/community level. Research finds alcohol outlet density, i.e. number of locations where alcohol can be purchased, to be consistently linked to higher rates of domestic abuse: increase 10 alcohol outlets per 10,000 persons was associated with 34% increase in male-to-female partner violence.

### **Strengthen economic supports for families**

Addressing socioeconomic factors holds great potential for improving a wide range of health outcomes for neighbourhoods, communities and states and also has the potential to prevent domestic abuse. Evidence suggests that poverty, financial stress, and low income can increase risk for domestic abuse. Reducing financial stress may decrease potential for relationship conflict and dissatisfaction, which are strong predictors of domestic abuse. In addition, improving financial stability and autonomy could reduce financial dependence on a potential perpetrator and provide alternatives to unhealthy relationships. Studies also show that gender inequality in education, employment, and income is a risk factor for domestic abuse. Therefore, efforts to improve financial security for families and women's education, employment and income and financial security in later on in life may reduce risk for domestic abuse.

As described in Chapter 4, domestic abuse is one of the largest reasons for homelessness. This is why local authorities were given additional new burdens funding to ensure that victims, including their children, have access to safer accommodation. Chapter 4 describes the accommodation offer for people who have to leave their own accommodation.

### **Support victims to increase safety and lessen harm**

Evidence suggests that having support and programmes in place for victims and survivors of domestic abuse improve short- and long-term outcomes for health and safety. There are a number of services across Walsall that are provided for victims and survivors of domestic abuse. Black Country Women's Aid is the biggest provider to support victims and survivors of domestic abuse (Figure 5.3) and a short description is provided. The key themes from the Black Country Women's Aid (2022) consultation that was undertaken in Walsall:

- Good awareness of Black Country Women's Aid as specialist domestic abuse provider
- Several agencies said they had established a response to domestic abuse disclosures
- Good feedback about training received, and many were interested in more training
- There was some positive commentary on multi-agency working in the borough
- Clients supported by domestic abuse services gave positive feedback.

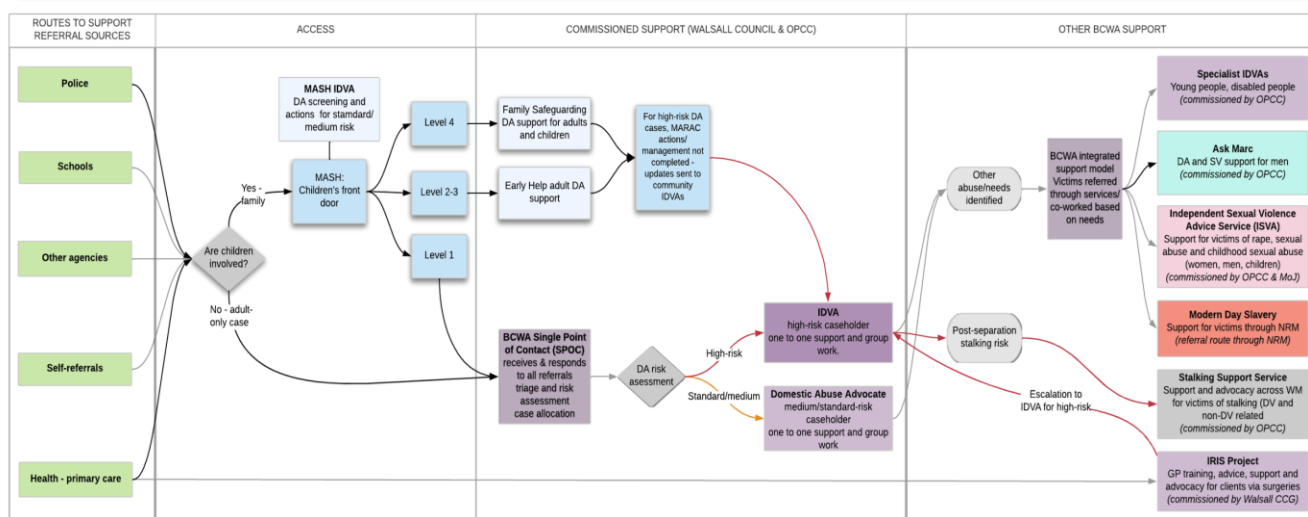


However, the issues that were identified include:

- Lack of awareness of current pathways and a lack of clarity on use of the system
- Victim perception of children's services was identified as a potential barrier to some clients accessing the new support system
- Pressure on services and capacity were identified as concerns for some agencies
- Specific needs for victims / survivors, including age, ethnicity, language, experience of multiple abuse types
- Recording of disclosures, accountability and visibility of responses
- Appetite for more joined up working and increased multi-agency communication
- Wider factors; impact of cost of living crisis on survivors, access to mental health support, pressure on services impacting ability of survivors to be safe and recover

Black Country Women's Aid, 2022

**Figure 5.3** Domestic Abuse services provided for Walsall residents by Black Country Women's Aid



Survivors told us that their needs are: *To be believed; Safe spaces to talk; Help in picking my life back up*

Survivors told us two key areas for improvement: *Spread the awareness of domestic abuse and where to go; Easy ways to access support*

*Communities and the local population of Walsall can be considered resilient when they demonstrate not only the ability to withstand stress and challenge, but also have the ability to draw upon their protective factors in order to flourish and function well despite being faced with adverse circumstances in their day to day life.*

Walsall Together, Friday Focus presentation

Themes that came from the Black Country Women's Aid (2022) Executive Report were:

### *Clarity and awareness*

- Borough-wide awareness campaign delivered collaboratively with DASC members and other voluntary sector agencies, developing community knowledge of abuse and support routes
- Comprehensive training programme for professionals developing knowledge of domestic abuse, recognition of risk factors, their responsibility to act, and how to refer for support

### *Routes to support*

- A clear single point of access for community domestic abuse services ensuring prompt, safe and accountable risk assessment and response to risk, and identification of an appropriate response

### *Support provision*

- Support for high and medium risk (case management) via a commissioned specialist domestic abuse service, providing expertise and specialism
- Support for standard-risk victims through a choice of one-to-one or group provision via DA specialist or other community organisations – this could be achieved through additional small grants linked to the overall commission
- Agencies supporting victims to work in partnerships which are accountable and build trust, sharing referral pathways, needs and information between the partnership and with commissioners: work that is strategically visible
- Independent and confidential support available to victims, with a choice of whether they engage via statutory services (where risk thresholds mean MARFs are not necessary)

### *Diverse and inclusive*

- Diverse staff within specialist agencies able to provide culturally competent support and respond to different genders, multiple needs, disabilities etc.
- A range of choice of support options for victims in the type and location of support
- High-medium risk service to co-locate specialist IDVAs in community organisations, to assist trust-building and maximise the opportunity of local safe spaces. IDVAs would support staff to recognise DA and respond, and ensure use of pathways and commissioned services.

### *Building resilience*

- Clear pathways into ongoing support via voluntary sector agencies to help survivors rebuild their lives and offer holistic ongoing support. This could be achieved via community grants linked to the overall service, enabling flexible responses to need.



A central part of specialist domestic abuse support is empowering victims / survivors to recognise the patterns of coercive control, spot the signs of abuse and know how to respond. Victims / survivors of domestic abuse what support to build resilience, including to recover and move forward, to learn about the dynamics of abuse and receive self-help resources and safety advice.

*"I always thought I was a strong, independent woman. I didn't realize that my partner had slowly taken my confidence away. But my support worker helped me through my difficult situation and [to] find the strength to make positive changes. I don't think I could have done it on my own."*

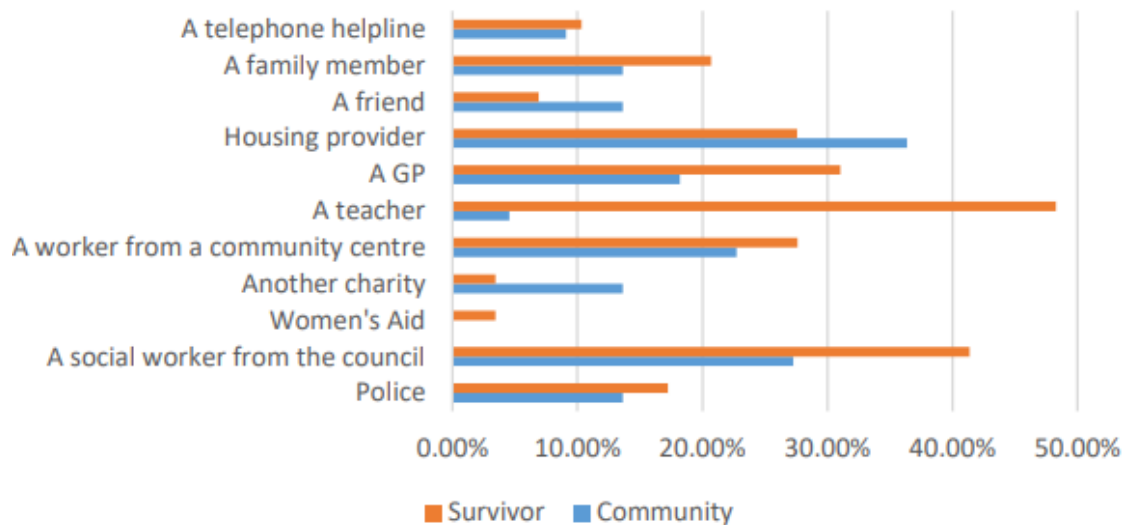
*"The service has shown me that I can overcome abusive situations. How to identify abusive relationships and what to do about it."*

*"So far I've attended 3 group sessions with BCWA. Before starting the group I wasn't aware that I was in a domestic abusive marriage. I just thought my ex-husband's Jekyll and Hyde behaviour was his personality."*

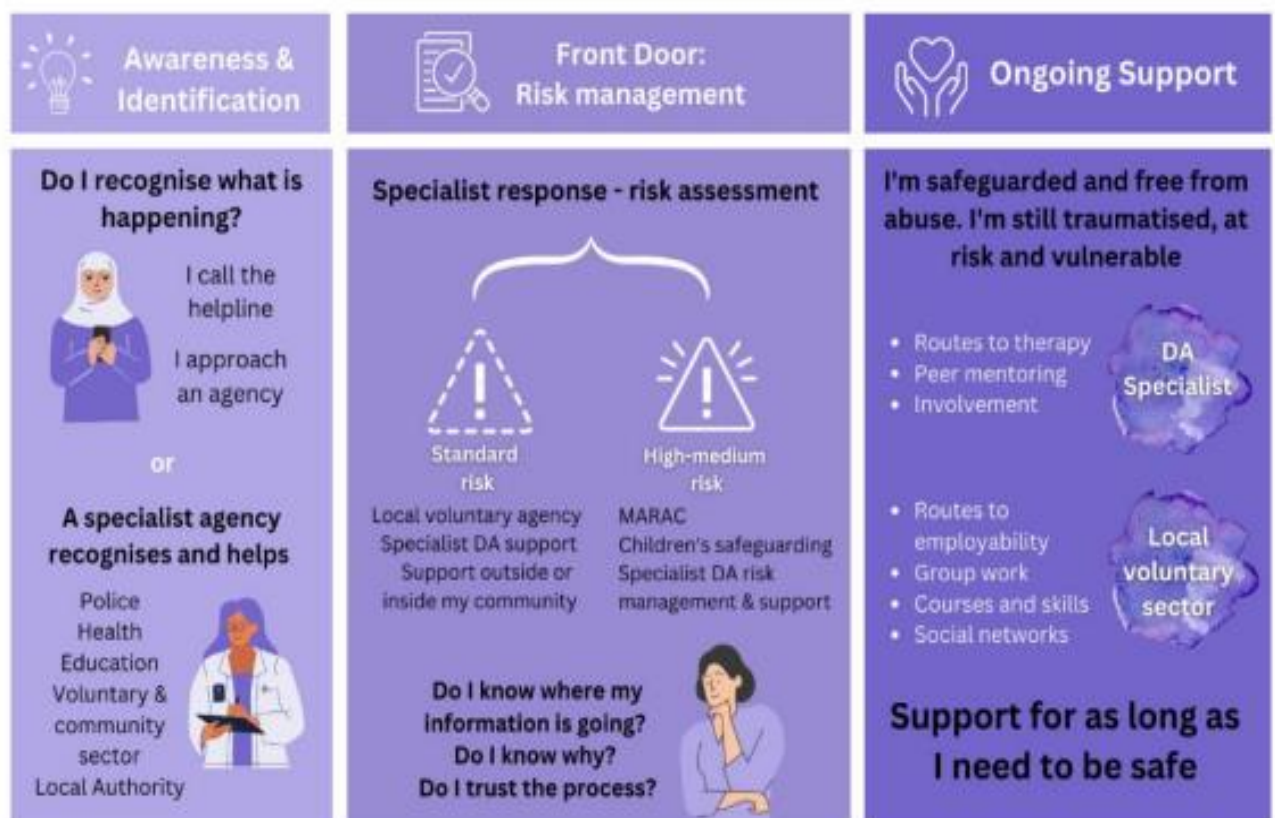
*"Since joining the group and doing the course, I'm slowly accepting that I was in an emotional abusive marriage. I was in denial, but after seeing the power and control wheel and the cycle of abuse I realised my ex-husband fitted into most of the categories. This was a shock to me and a hard pill to swallow, but I'm slowly coming to terms with it. Also hearing the other women's stories some of which sounds similar to mine, which helps me to accept what's happened to me."*

In Walsall, victims / survivors of domestic abuse and those of the community preferred to speak to different agencies in relation to domestic abuse. The agencies with the highest disparity between victim/survivor and community responses were: a social worker from the council; a teacher; a worker from the community centre and a GP, with victims/survivors generally less likely to prefer these agencies for support compared with say, for example a housing provider.

## "Not really" and "Definitely Not"



The support system that the coordinated community response looks like for victims / survivors, focuses on three distinct stages in the person's journey:



There is a pathway for support, once people are aware of what domestic abuse is and where to go for help. This pathway, once in the system has, has an emphasis on ongoing support to ensure victims / survivors are supported through the crisis phase onwards to recovery and resilience. A holistic support response is needed and can be provided through public sector and the voluntary sector (BCWA, 2022).

The following section outlines the services that are provided across Walsall for victims / survivors of domestic abuse. The services for victim and survivor are open to both males and females. However, the refuge accommodation is only available to females and 'Ask Marc' provides a dedicated pathway to support for men provided by specialist workers.

#### *Multi Agency Safeguarding Hub (MASH).Initial Response Service (IRS)*

IRS is the 'front door' for Children's Social Care when there is a concern regarding a child who may have additional vulnerabilities, including when the child is at risk of significant harm.

All contacts are initially received and screened by the multi-Agency Safeguarding Hub (MASH) where information is gathered from partners and a decision is made as to how the family will receive the most appropriate level of support that is required ([proceduresonline.com](http://proceduresonline.com)):

- Signposting to universal services
- Family meet the threshold for support by early help services
- Child meets threshold for support by the children with disabilities team
- Meets threshold for children's services for an assessment

#### *Multi-agency risk assessment conference MARAC*

A multi-agency risk assessment conference (MARAC) is a meeting where information is shared on domestic abuse cases deemed to be high risk. Representatives of local police, health, child protection, housing practitioners, independent domestic abuse violence advisors (IDVAs), probation and other specialists may attend. The meeting combines up to date risk information with a comprehensive assessment of a victim's needs and links them, their children and perpetrator to appropriate services.

MARAC aims to share information to increase the safety, health and wellbeing of victims and their children. The primary focus is to safeguard the adult victim, but it will also make links with relevant agencies and services to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. It aims to support the victim and their children whilst also determining the level of risk posed by the perpetrator, both to the individuals involved and the wider community. The multiagency meeting will also construct a safety plan to provide professional support to all of those at risk, and to reduce the risk of harm. This could include emotional support for the victim or the children, supporting them in accessing safe accommodation or moving home or supporting them through the Criminal Justice System. In addition, MARAC seeks to improve agency accountability and improve support for staff involved in high-risk domestic abuse cases.

Anyone aged 16 or over can be referred to MARAC. The government's definition of domestic abuse acknowledges that young people can be both victims and perpetrators. A MARAC perpetrator can be a partner from an intimate relationship, a sibling, parent, adult child, grandparent, in-law or step family member. In cases of honour based crime, a perpetrator may also be an aunt, uncle, cousin or wider family member.

### *Safeguarding Team – Adult Social Care*

Screening and decision making about all safeguarding, up to and including planning discussion stage of all safeguarding concerns raised for Walsall ASC.

[InitialIntake@walsall.gov.uk](mailto:InitialIntake@walsall.gov.uk)

### *The Vulnerable Team – Health Visiting*

Specialist health visiting team providing universal through to targeted services for asylum seekers, refugees, migrants, children living in temporary accommodation and the travelling community who have fled domestic abuse. [Parents of children aged 0 to 5 years](#)

### *Domestic Abuse Independent Domestic Violence Advocacy (IDVA), Black Country Women's Aid*

This service is commissioned by Walsall's Council, Children's Services and was in place until March 2023. Referrals can be made via: MASH; MARAC; Self-referral; Police; Health; All other Statutory agencies; Community Sector. The only eligibility criteria is that the person is aged 16 years and above. The service supports all risk levels of domestic abuse including:

- Advice and guidance
- High-risk IDVA service (funding via OPCC provided additional capacity)
- Medium and standard risk services (group offer where possible to support volume management).
- Children's worker provides direct support to the child witness of domestic abuse.
- MASH IDVA to support triage and pathways via children's safeguarding routes.

The support that is provided is appropriate to the domestic abuse risk. [Black Country Womens Aid](#)

### *Independent Domestic Violence Advocacy (IDVA) Childrens, Black Country Women's Aid*

This service is commissioned by Walsall's Council, Children's Services and is in place until March 2023, with short-term funding being identified to extend until March 2024. Referrals can be made only via Children's Safeguarding routes only. The eligibility criteria is Parents and children only. Referrals according to children's risk level, which must be level 2-4 to receive support. Level 1 cases may be referred with consent to domestic abuse community support service. Unless high risk, parents must consent to engage with statutory services. Through this service, domestic advice, guidance and interventions as an integrated component of the following Children's Services teams is provided:

- MASH as the 'front door' single point of entry for children's safeguarding referrals
- Locality Teams at two levels of interventions:
  - Early help family Support Teams via four locality hubs: domestic abuse practitioners providing early intervention and support
  - Help at Statutory Social Care, Family Safeguarding Teams: domestic abuse practitioners working with adults and directly with children.

### *Domestic abuse community support service, Black Country Women's Aid*

This service is funded by Walsall Council Resilient Communities until March 2024. Referrals can be made via: Self referral; MARAC; Police; Health; All other Statutory Agencies; Community Sector; Children's Services/MASH for Level 1 cases. The eligibility criteria is all persons aged 16 years and above. This service is available to adults with or without children

and to families at children's risk Level 1 or not consenting to statutory referral. The service includes:

- Advice and guidance
- High-risk IDVA service (funding via OPCC provides additional capacity)
- Medium & standard risk services including group work
- MARAC actions/management for all high-risk cases (including any open to family safeguarding/early help DA services)

Services accredited under Women's Aid National Quality Mark 2020-25.

### *Identification and Referral to Improve Safety (IRIS) Advocate Educators (AE), Black Country Women's Aid*

This service is commissioned by Black Country Integrated Care Board (ICB). Referrals to this service can only be made via GP Practices. There are no eligibility criteria. IRIS advocate educators offer initial response to all victims, ongoing casework to victims at medium risk and standard risk, and refer high-risk victims to IDVA service.

IRIS is a primary care training and intervention programme, aiming to support doctors, nurses and other primary care staff to address domestic violence and abuse. IRIS provides practices with a dedicated advocate-educator: a single point of contact for all issues of violence and abuse, offering training and advice to practice staff and support to victims.

Over 12-months, there were 148 referrals for Walsall patients who were experiencing or previously experienced domestic abuse, an increase on the previous year where 115 referrals were received. This is an average of 12.3 referrals per month. Of those referred, over 95% were female. Two-thirds (60.8%) were of working age, 16-64 years, and 17.5% were 65 years and over. About half were White British/Irish/Other and the next biggest ethnic population group was Asian British Pakistani (14%) and Asian British Indian (13%).

### *Ask Marc, Black Country Women's Aid*

This service is funded via a grant by the West Midlands Office of the Police and Crime Commissioner (OPCC). It is a service specifically for men aged 18 and over. Support for boys and young men who are victims of sexual violence is available through the CHISVA service. Victims of domestic abuse aged 16 years and above is via our Young Person's IDVA. Support is for victims / survivors and is not for perpetrators.

The service offers support for male victims of domestic abuse, so called 'honour based violence, forced marriage, stalking, rape and sexual violence. Whilst Black Country Women's Aid has supported male victims through the other services, Ask Marc enables them to work under a brand that has a clear identity, which is more appealing to men. Ask Marc uses the Respect toolkit for male DA victims and ISVA services are accredited under the LimeCulture / Male Survivors partnership ISVA standards.

### *Specialist IDVAs: young people and disabled people, Black Country Women's Aid*

These services are funded via a grant through the OPCC until March 2025. Referrals are via all routes. Young people's IDVA criteria is for young people aged 16-25 years, and up to 25 years if they have been in care / other specific needs. The Disability IDVA criteria is where there is self-disclosed disability. These specialist IDVAs are for defined areas of need:

- Young people's IDVA supports victims, 16-21, navigate legal/statutory entitlements, support with education, engagement with services, specific risk factors i.e. online abuse, grooming, health.
- Disability IDVA supports any victim/survivor with a disability, focusing on additional needs around adult safeguarding, community facilities, accessing safe spaces.

#### *A&E Advocacy, Black Country Women's Aid*

The service is grant funded via OPCC until March 2025. Referrals are via A&E clinical and administration staff; other hospital safeguarding routes. The criteria are aged 16 years and above. The IDVA is based in the Emergency Department at Walsall Manor Hospital:

- Responds to victims presenting in crisis: disclosures, immediate safeguarding, emotional and practical support
- Training and support to staff to improve identification of victims presenting with injuries, mental health issues, substance use etc.

#### *West Midlands Stalking Support Service, Black Country Women's Aid*

The service is funded via OPCC and referrals are from all routes, including cases escalated from domestic abuse services. The criteria is for all persons aged 16 years and above and supports victims of any kind of stalking. The victim may or may not know the perpetrator, although for 80% of cases the stalker is their ex-partner/rejected stalker profiles.

A specific risk assessment is used, i.e. SASH, SRP and Homicide Timeline, to build a picture of the stalking risk, develop timelines, diaries and evidence base with victims, provides emotional and practical support. Service works closely with police to support recognition of stalking patterns and addressing of the perpetrator's behaviour.

#### *Black Country Rape and Sexual Violence Service, Black Country Women's Aid*

The service is funded by Ministry of Justice and OPCC and has been in place for three years. Referrals can be via all routes and is available to people who are aged 18 years and above.

The service supports any victim of recent or historic rape and sexual violence in Walsall via:

- ISVA, the Independent Sexual Violence Advocacy, and CHISVA, the Children's Independent Sexual Violence Advocacy service
- Via ISVA and CHISVA, support is offered inside and outside of criminal justice system including trauma interventions, support to report to police, through investigations and court process. There is internal referral pathways to therapeutic support.

#### *NHS Training across Walsall*

GPs across Walsall have access to Level 3 safeguarding training, which includes domestic abuse training commissioned by '2 Hills Consultancy'.

The integrated care board also offers bespoke Level 3 training four times a year, two with an adult focus and two with a children's focus and domestic abuse is part of the schedule. Walsall Hospital Trust and Black Country Foundation Trust also offer safeguarding training that includes domestic abuse.



## Services within Walsall for perpetrators of domestic abuse

There is support for parents who perpetrate domestic abuse through the Family Safeguarding Model. Domestic Abuse Officers, commissioned to Children's Services from Probation, work with perpetrators through the whole family model, as previously described.

The support offered by a probation trained Domestic Abuse Perpetrator Practitioner is through the Skills for Relationships intervention, which is strength based, building on the positive behaviours, protective factors and skills that the parent may already have. The programme works towards open and transparent dialogue with an exploration of the risks that still exist, helping the parent acknowledge the impact of their actions within intimate relationships and how to make the changes needed. Collaboratively, an understanding of what constitutes a healthy relationship is explored, focusing on supporting the parent to make the right choices going forward and to identify specific and realistic goals for a better life for their children, their partner and themselves.

The Probation service offers perpetrators the following programmes:

- **Thinking Skills Programme (TSP)**

*Eligibility:* Suitable for male and female participants. 3 modules of 5 group work sessions each, and 4 1-2-1 individual sessions. Once or twice a week, day or evening.

*Outcomes:* Manage the problem in their lives that led them to offend; develop pro-social ways to avoid offending. Reach their goals without offending. Learn skills to change their negative behaviour, i.e. lack of problem solving skills, anti-social attitudes etc.

- **Building Better Relationships (BBR) Programme**

*Eligibility:* Domestic violence offence, medium or high RoSH and/or SARA Medium or high risk. If non-DV index offence, need DV episode(s) within 24 months before offence and SARA High Risk. Suitable for male participants. Duration: 24 group work sessions, and 6 1-2-1 individual sessions. Once or twice a week, daytime or evening.

*Outcomes:* Learn more about types of behaviour that damage relationships. Get a better understanding of themselves. See how their personal beliefs play a part in the violence they show to their partner. Find and build on their strengths, use these to improve relationships. Develop the skills they have and learn new ones to overcome the difficulties they face.

- **New Me Strengths**

*Eligibility:* Must have an index offence of a sexual nature and this is the driving factor in their offending. Consideration for alternative groups should be given where evidence suggests other significant driving factors were present e.g. Domestic Violence and the need to complete BBR Minimum static risk of re-offending score of medium on OSPc. Must be motivated and agree to sign up to and look at problems that they are experiencing in life. Suitable: Men aged 18.

*Outcomes:* Manage the problems in their lives that lead them to offend. Develop pro-social ways to avoid offending. Reach their goals without offending. Help develop understanding of the importance of positive relationships. Learn skills.

- **Stepwise Relationships**

*Eligibility:* An IPV-related offence (index or previous), low SARA, 20%+ OVP (if no OVP then 25%+ OGRS) [If Medium+ SARA, should be BBR]. Need evidenced by at least one of three OASys criteria to be satisfied: 11.3 = 2; Answer yes to thinking and behaviour being related to risk, as well as attitudes; DV flag in Delius. Suitable for male and female participants (female variant available later in 2022) Duration: 9 group work sessions each, and 1 1-1 individual session.

*Outcomes:* To support desistance from IPV offending by enabling participants to overcome challenges such as: Relationship problems; Social skills deficits; Attitudes that support relationship violence; Aggression and anger; Emotional mismanagement and self-regulation.

There are no community perpetrators programmes for the prevention of domestic abuse.



# Chapter 6

## Recommendations

This domestic abuse strategic needs assessment has identified strategic and operational recommendations. Taking a life course approach has been possible to understand the differences across the various life stages, the impact and the opportunities for prevention.

### **Strategic Recommendations**

1. Based on the findings from this strategic needs assessment, there should be a whole-system, life course domestic abuse strategy that includes the full causal pathway produced for Walsall, which has clear outcomes, leadership and commitment to reducing domestic abuse, now and in the future.
2. Given the complexity of domestic abuse there should be a review of Walsall's Governance, including appropriate representation on the Domestic Abuse Partnership Board and establishment of a Domestic Abuse Operational Group alongside the relationship with other Boards across Walsall. This should include learning and development across the system and systems development training for members of the Board and operational group with the aspiration to be a fully mature partnership.
3. To ensure that an appropriate and clear response to domestic abuse is evident, there should be clarity and agreement on the communication pathways and governance arrangements between the Community Safety Partnership, Safeguarding Partnership and Domestic Abuse Partnership Board.
4. There is currently no cohesive collection of the data and intelligence in relation to domestic abuse and the relationship of domestic abuse with other types of violence, such as sexual abuse, youth violence, as well as wider exploitation. As such, the Domestic Abuse Partnership Board should advocate to the Safer Walsall Partnership that a multi-agency Community Safety Dashboard is produced, that feeds into all types of violence.
5. To ensure appropriate and proportionate provision is available across Walsall, there should be a Strategic Commissioning Plan with clear commissioning intentions that incorporate primary, secondary and tertiary prevention to ensure a reduction in domestic abuse prevalence.
6. There should be a system wide response across Walsall, which considers the full causal pathway, to ensure that the borough understands the impact of domestic abuse. This includes appropriate training and development but also policy, behaviour and cultural change.
7. Overall, there is very little information about domestic abuse perpetrators. Perpetrators can use this to their advantage and hide under the radar of public and voluntary sector. There is an urgent need to understand the characteristics of perpetrators across Walsall so that they can no longer hide. There should be an agreement, with all partners, as to how the data and intelligence is captured and recorded in relation to perpetrators so that they can be held accountable. This is likely to need a small working group to work out the best approach.

8. A shift in provision towards primary prevention, i.e. stopping violence from happening and secondary prevention, i.e. early prevention across the life course should be undertaken. A much more upstream approach should be adopted across Walsall, bringing partners together to change the culture and behaviour especially in relation to social norms regarding violence and abuse.
9. It is evident from local data that most reported domestic abuse victims / survivors are women, as well as children. However, men and boys need to be part of the solution. As such there should be a strong feature of the strategy and commissioning plan that ensures men and boys are part of the solution too, with a strong focus on understanding coercive control.
10. It is evident from local data that there are cohorts of minority population groups who are at risk of domestic abuse and must be considered. As such, there should be a series of insight and engagement events planned to ensure that the voices of minority population groups are listened to, i.e., LGBTQ, Black and Asian Ethnic population groups, boys, people with disabilities, older people.
11. There is a need to understand and consider domestic abuse in relation to intimate partner abuse and family abuse. This is because there are different needs and different responses, especially when it involves domestic abuse in the older population including financial abuse and so-called honour-based violence and forced marriages. The strategy and commissioning plans should take this into account and ensure that it is reflective of both components and has appropriate solutions for each component.
12. Safer Walsall Partnership with Walsall Domestic Abuse Partnership Board should explore how it can use policy levers to build out domestic abuse, i.e., through planning, licensing and other opportunities, i.e., street safe initiatives, education for children and young people.
13. A joint communications plan should be produced across all partners and stakeholders so that clear and objective messages can be given to the public and ensure that a more cohesive message to the public is achieved in relation to domestic abuse and prevention initiatives.
14. There should be a focused approach with all partners and our communities to work together to support families through pregnancy, early years and into childhood and adolescent years to ensure that all prevention initiatives are brought together with greater connectiveness and support. This could include a greater understanding of the impact of coercive control,
15. There should be a greater understanding and focus across partners on the impact of domestic abuse for children, young people and wider society. This may include the psychological harm, the physical harm, the short-term impact and the long-term impact. All aspects relating to domestic abuse should be considered through the lens of children and young people.

## **Operational recommendations**

1. By working with our partners and communities, we should continue to support people who are impacted by domestic abuse. This includes focusing on cohesion, challenging social norms, and that consideration is given to rehabilitating perpetrators of domestic abuse.
2. By working in partnership, there should be a cohesiveness of practice across the partnership, with a shared set of principles and framework for practice. This is so that there is an aligned statement of values and ethos, and what that means for those who experience abuse and perpetrate it.
3. There is very little information in relation to domestic abuse and sexuality, disabilities, ethnicity, impact on boys, and perpetrators at a local level. There should be an intelligence group that addresses each of these issues and works through the development of a multi-agency dashboard for domestic abuse and, ways in which partners can include such data and intelligence and will link into the recommended Safer Walsall Partnership dashboard.
4. Evaluation is a necessary component of the public health approach to prevention. Timely and reliable intelligence is essential for understanding the extent of the problem and evaluating the impact of prevention efforts. There should be a Domestic Abuse Evaluation Framework to ensure that evaluation is embedded into all aspects.
5. It is important that organisations support victims and survivors of domestic abuse. Each organisation should ensure that it has a Domestic Abuse Policy, as suggested within the assessment.
6. To establish an operational group that supports the Domestic Abuse Partnership Board so that there can be greater distinction between the strategic partnership board and the operational delivery of initiatives. This should include a clear operational plan with explicit milestones and outputs.
7. There should be a series of campaigns that are held throughout the year, which focuses on specific themes, aligning to national and regional campaigns and links to other campaigns, such as mental health awareness campaign.

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