Domestic Abuse in Shropshire

February 2019

West Mercia at a glance

915
Victims supported at Marac in 2017-18[1]

25
Marac cases per 10,000 adult female population in 2017-18[1]

7
Domestic homicides between April 2015- March 2017[2]

26,751
Offences and Incidents of domestic abuse recorded by the police between April 2017- March 2018[3]

7.8% of people in West Mercia report experiencing domestic abuse in the past year[4]

10.9% of the female population and **4.5%** of the male population[4]

1 SafeLives Marac dataset 12 months to 1st April 2018
2 ONS, Domestic abuse in England and Wales 2018 - Appendix table 14
3 ONS, Domestic abuse in England and Wales 2018 - Appendix tables 6 and 9
4 ONS, Domestic abuse in England and Wales 2016 - Appendix table 1

Shropshire at a glance

15,000

Estimated number of **people experiencing abuse** each year

900

Estimated number of **high risk perpetrators** each year

1,500

Estimated number of **children exposed to high severity abuse** each year

208

Survivors supported by the **Idva** service in 2017/18

197

Survivors supported by the **Outreach** service in 2017/18

Support available for the **whole family**: survivors, perpetrators and children

Introduction

Shropshire Countywide Domestic Abuse Forum commissioned SafeLives to support the Forum in assessing and improving the approach to tackling domestic abuse in Shropshire. This report sets out SafeLives' analysis of the prevalence and trends of domestic abuse in Shropshire, assessing gaps in provision through local and national comparisons. The analysis has been used to develop best practice recommendations and advise on the monitoring and evaluation of the 2018-2020 Shropshire Domestic Abuse Strategy.

Due to the availability of data, some parts of this analysis relate to the wider area of West Mercia, which covers the counties of Herefordshire, Shropshire, Telford & Wrekin and Worcestershire.

Area profile

Prevalence of domestic abuse

SafeLives estimates that approximately 10,200 women and 4,800 men will experience some form of domestic abuse in Shropshire each year. We estimate that 1,100 of these victims and survivors will be at high risk of serious harm or murder and that 1,500 children will be exposed to this high severity abuse. Estimates also predict that approximately 900 high risk perpetrators reside in the area.[1]

Analysis of data from the local police force area of West Mercia suggests that domestic abuse is occurring in this area at a higher rate compared to England and Wales as a whole. In 2018 the Office for National Statistics (ONS) estimated that 7.8% of the local population in West Mercia had experienced domestic abuse in the past year, compared to 6.1% across England and Wales[2]. This represents 10.9% of women and 4.5% of men, both of which are higher than the corresponding estimates for England and Wales as a whole (7.9% and 4.2% respectively). Comparing these statistics to similar police force areas, West Mercia continues to see the highest rate for women, although sees a lower rate for men compared to some areas, as illustrated by the graph below.

### Experiencing domestic abuse in the past year
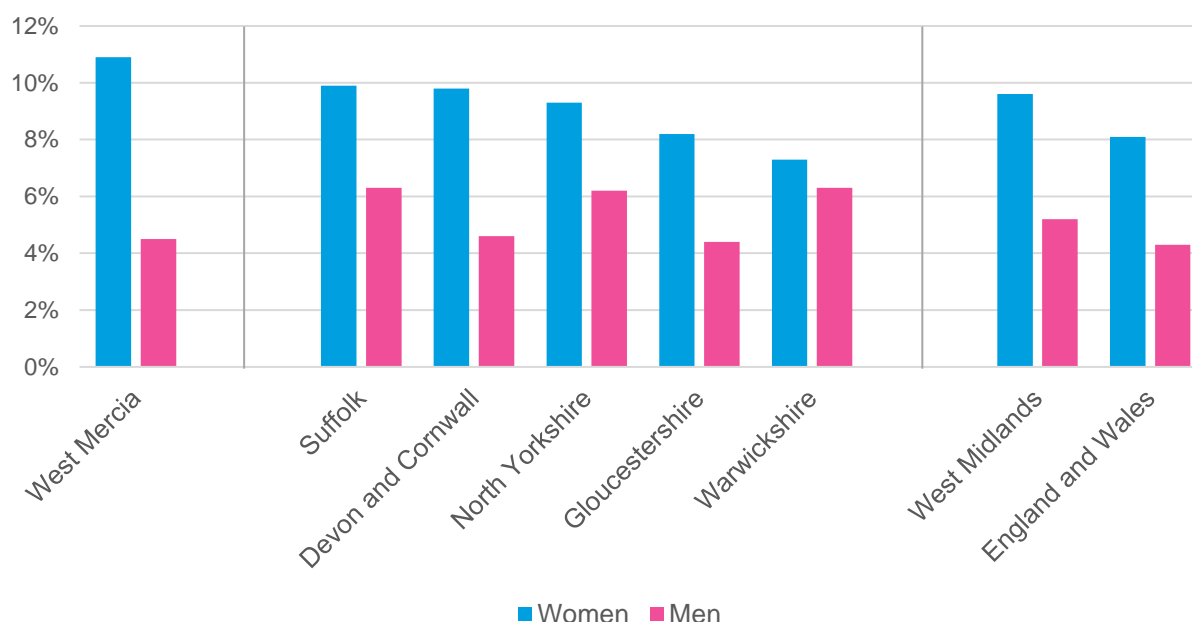
This finding is also reflected in the rate of domestic-abuse related offences recorded by West Mercia police in the year ending March 2018, which at 10 per 1,000 of the female population is one of the highest in this group of police force areas[3] (see graph below).

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[1] See Appendix 5: methodology
[2] ONS, Domestic abuse in England and Wales 2016 - Appendix table 1
[3] ONS, Domestic abuse in England and Wales 2018 - Appendix table 7

Police recorded domestic abuse-related offences per 1,000 population
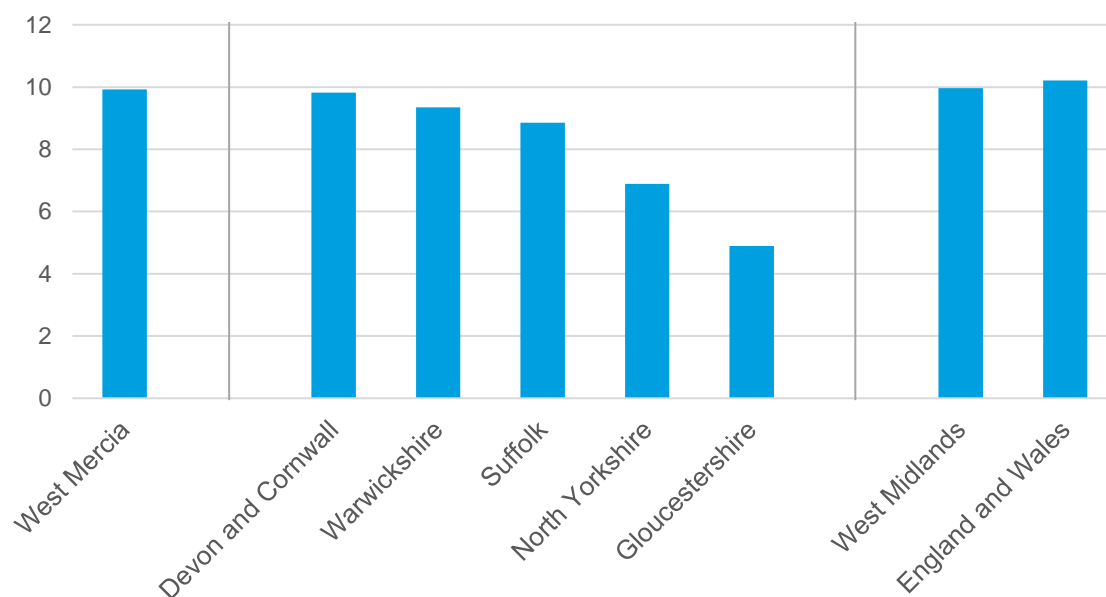
Police crimes and incidents

There were 26,751 domestic abuse related offences or incidents recorded by the police in West Mercia in 2017/18. Just under half of these (47%) were subsequently recorded as crimes, in line with the rate for England and Wales (50%)[1]. Fifteen per cent of all crimes recorded by West Mercia in 2017/18 were flagged as domestic abuse related, slightly above the national rate (12%).

Data was provided to SafeLives on the domestic abuse related crimes and incidents recorded within Shropshire between April 2015 and March 2018. Analysis of the markers attaches to these crimes and incidents highlights how they vary over time and between areas, and other areas of risk and need that accompanied these incidents.[2]

Data was provided for 12,337 crimes or incidents occurring within the three years to March 2018.[3] The number has increased each year, rising from 3,854 in 2015/16 to 4,304 in 2017/18. Over the three years, the highest percentage of cases were recorded within Shrewsbury & Atcham (38%), and the lowest in South Shropshire (12%). However, the percentage of cases recorded in Shrewsbury & Atcham has been decreasing, from 40% in 2015/16 to 34% in 2017/18, while the percentage in South Shropshire increased from 10% to 15% during this time.

Domestic abuse incidents by area

Area	2015	2016	2017	Total
Bridgnorth District	13%	12%	13%	13%
North Shropshire	18%	20%	22%	20%
Oswestry	18%	19%	15%	18%
Shrewsbury & Atcham	40%	39%	34%	38%
South Shropshire	10%	10%	15%	12%
Shropshire	**100%**	**100%**	**100%**	**100%**

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[1] ONS, Domestic abuse in England and Wales - Appendix table 6 and table 9

[2] See Appendix 1: methodology for details of the markers used in this analysis

[3] Due to the way the data was recorded (by marker), for the purpose of this analysis it was necessary to assume crimes or incidents recorded on the same date at the same postcode represent one single crime or Incident.

Analysis of the markers attached to crimes and incidents identifies that a substantial percentage of cases involved substance misuse, alcohol misuse and/or mental health issues; this combination is often referred to as the 'toxic trio' when experienced alongside domestic abuse. Over a quarter (26%) of domestic abuse cases involved one or more of these issues over the three years. However, this did decrease slightly in 2017/18; 27% of cases involved one or more of these issues in both 2015/16 and 2016/17, but this dropped to 23% in 2017/18. It should be noted that any changes may reflect changes or difference in recording practices, as well as prevalence. Over the three years the area with highest percentage of cases flagged with one of these additional issues was Oswestry (28%), while the lowest was North Shropshire (24%).

Domestic abuse incidents involving drugs, alcohol and or mental health problems

Area	2015	2016	2017	Total
Bridgnorth District	31%	25%	23%	26%
North Shropshire	23%	26%	23%	24%
Oswestry	29%	28%	26%	28%
Shrewsbury & Atcham	27%	27%	24%	26%
South Shropshire	26%	30%	21%	25%
Shropshire	**27%**	**27%**	**23%**	**26%**

In one in every ten cases (10%), the crime or incident was flagged as involving a child who was vulnerable or at risk. This marker was most often attached to cases in South Shropshire or Oswestry (both 11%) and least often to cases in Bridgnorth District (9%). The percentage of cases involving a child has been increasing, from 8% in 2015/16 to 13% in 2017/18.

Domestic abuse incidents involving a child at risk

Area	2015	2016	2017	Total
Bridgnorth District	8%	8%	10%	9%
North Shropshire	10%	8%	12%	10%
Oswestry	8%	10%	14%	11%
Shrewsbury & Atcham	7%	9%	13%	10%
South Shropshire	10%	8%	14%	11%
Shropshire	**8%**	**9%**	**13%**	**10%**

SafeLives' Insights data suggests that 63% of clients accessing Idva support and 69% of clients accessing outreach support have children, and that 95% of children exposed to domestic abuse are often at home when the abuse takes place[1]. Allowing or forcing a child to witness the abuse of another person is child abuse, and being in an abusive household can have a detrimental effect on a child's wellbeing even if the child in not present in the room of the incident. Therefore it is likely there is a higher percentages of crimes and incidents than identified here that involve a risk to a child.

Visibility to services

SafeLives estimates that only 50% of victims who are at high risk of serious harm or murder, and 35% of those at medium risk, will be visible to local services (e.g. domestic abuse services or partner agencies). In Shropshire this would suggest approximately 560 victims at high risk and 580 victims at medium risk would be visible to services in the area.

Data was provided to SafeLives from Shropshire Domestic Abuse Service (SDAS) and West Mercia Women's Aid (WMWA) for the period April 2017 to March 2018.The number of referrals to domestic abuse services in the area suggest it is likely that there are some victims and survivors visible to other local services who are not accessing support.

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[1] SafeLives Insights data 2016/17

Between April 2017 to March 2018, 208 victims and survivors were referred into WMWA's Idva programme, which is lower than the estimated number of visible victims at high risk of harm or murder. Data from SDAS services indicates that between April 2017 and March 2018 SDAS received referrals for 535 victims and survivors, who were referred to a range of different support programmes including outreach support, accommodation and group work. This is only slightly lower than the estimated number of victims who are visible to services and at medium risk of harm, however some of these victims and survivors may be those in the 'high risk' group, particularly those accessing accommodation. Victims and survivors may also have been supported by both SDAS and WMWA during this period.

Visibility to services varies by demographic characteristics of victims and survivors. For instance less than 1% of clients accessing WMWA identified as LGB, lower than the estimated 2.5 – 5.8%[1] of the population. This was slightly higher (2%) for SDAS, but still below the recommended range. See the recommendations section of this report for advice on engaging with victims and survivors who identify as LGBT+. Client demographics are explored more fully in the service provision and outcomes section of this report.

Visibility at Marac

Despite the high prevalence of domestic abuse within West Mercia, Maracs in the area are currently receiving referrals at a lower rate than both other similar police forces and the national average. In the 12 months to March 2018 West Mercia saw 25 Marac cases per 10,000 of the adult female population. SafeLives recommends that Maracs should see 40 cases per 10,000, based on our estimates about the prevalence of high risk domestic abuse.

Marac cases per 10,000 population
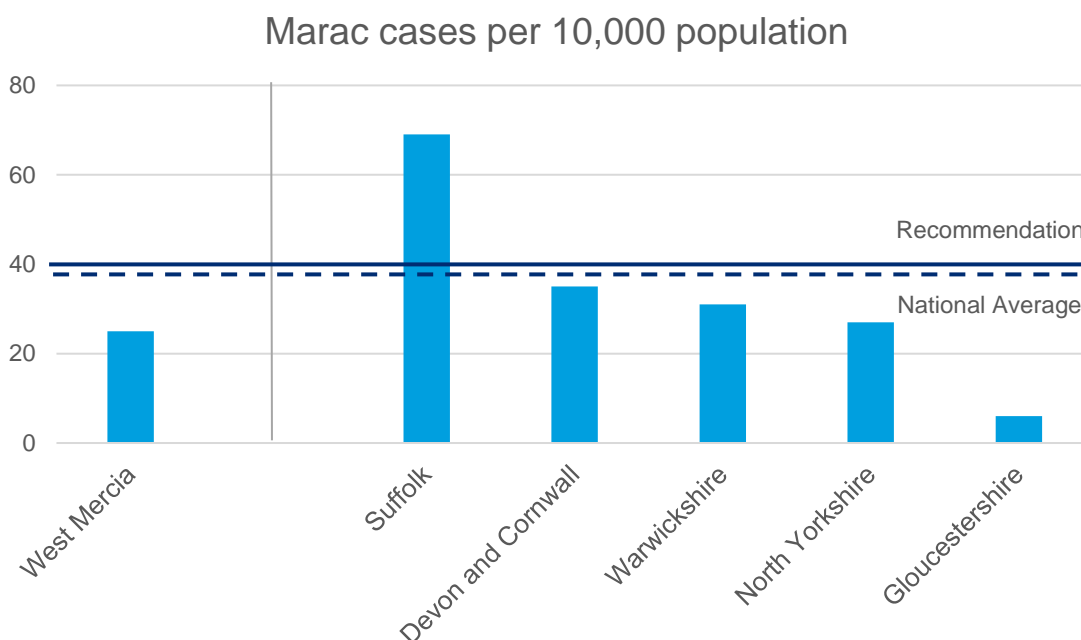
West Mercia Maracs were successful at reaching victims from Black and Minority Ethnic (B&ME) groups, seeing 7.2% of cases in which the victims identified as B&ME, in line with the local population figure of 7.1%[2]. However there remain a number of gaps in Marac support for 'hard to reach groups', for instance:

- **LBGT:** In 0.5% of cases the victim identified as Lesbian, Gay, Bisexual or Transgender (LGBT), lower than the 1.2% of cases seen at Marac nationally, and the recommended range outlined above.

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[1]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

[2] Census 2011

- **Disability:** In 1.5% of cases the victim was recorded as having a disability. Again, this is lower than the national figure seen across Maracs (6.2%) and compares to 19% of working age adults who have a disability in the population as a whole[1].
- **Men:** The victim was male in 3.2% of cases. Nationally 5.1% of cases involved a male victim.
- **Young people:** The victim was aged 16 or 17 in 1.2% of cases, compared to 1.6% nationally.

The low rates within these groups when compared to the national dataset and population estimates may reflect gaps in identification and accessibility to Marac. In some cases (LGBT and disability) these lower rates could also reflect the quality of data recording; see the recommendations section of this report for advice on equalities recording.

Support for victims and survivors of domestic abuse

There is a range of provision in Shropshire for people affected by domestic abuse, as outlined below:

Women

- For victims and survivors at high risk of serious harm or murder, who require a crisis response, there is a local **Idva service** run by West Mercia Women's Aid. There is also **refuge** and **dispersed accommodation** available, run by Shropshire Domestic Abuse Service.
- For victims and survivors who do not need to access this crisis response, or who may be moving on from Idva or refuge support, Shropshire Domestic Abuse Service run an **outreach service**.
- West Mercia Women's Aid also provide **one off support** through their helpline.
- There is a small **sanctuary scheme** run by Shropshire Council Housing Options team

'Hard to reach' groups

- **Men:** Male victims and survivors can access the outreach service, the helpline run by WMWA and dispersed accommodation run by Shropshire Domestic Abuse Service. They also have access to the sanctuary scheme run by Shropshire Council.
- **B&ME:** Shropshire Domestic Abuse Service has recently been funded for targeted work with Black and Minority Ethnic (B&ME) groups. It also employs a Polish caseworker to work with the large Polish community in the local area.
- **Complex Needs:** Shropshire Domestic Abuse Service has recently been funded for targeted work with people with complex needs.
- **LGBT+:** Both Shropshire Domestic Abuse Service and West Mercia Women's Aid proactively advertise their services to LGBT+ clients.

Children

- Shropshire Domestic Abuse Service run **a tandem support programme** for parents and their children aged 5 to 18.

Perpetrators

- A **voluntary programme** for perpetrators, focused on building better relationships, is run by the Community Rehabilitation Company. The programme started in January 2018 running a pilot with 9 participants. The programme is now running for a second time and a third programme is planned.

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[1] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201617

Where are the gaps?

SafeLives research has identified additional types of provision that help to increase the identification of victims and survivors, and provide a local response that is accessible to a wide group of individuals. The types of provision below are not currently available within Shropshire but may improve the response to domestic abuse within the area.

Hospital based provision

- SafeLives Cry for Health research[1] found that hospital-based Idvas can play a key role in reaching victims and survivors earlier, in particular those with complex needs.
- Before accessing support victims/survivors accessing hospital based provision had experienced abuse for an average of 30 months, compared to an average of 36 months for victims accessing support within the community. Consistent with this finding, hospital Idvas were more likely to be engaged with victims who were still in a current relationship with the abuser, living with the abuser, and experiencing more severe abuse.
- The research also found that almost 60% of victims identified in hospital had mental health concerns (compared with 35% of victims who engaged with a community service). Just under half (49%) of victims identified in hospitals had post-traumatic stress disorder (PTSD) compared to 6% of victims accessing community support.

Young Person's Violence Advocates (YPVAs)

- SafeLives Spotlight on Young People[2] found that Young people experience the highest rates of domestic abuse among any age group, but are often underrepresented in services and at Marac (as is the case in Shropshire).
- Our Spotlight report identified that young people have vulnerabilities and risks that are unique to their age group. It is important that the support for young people is delivered in a way that is responsive to their needs and that specific issues for young victims of domestic abuse are expertly addressed.
- The specialist Ypva role is one way of ensuring this specialist support is available, and can be embedded into existing services.

Service provision and outcomes

Data was provided by WMWA and SDAS on clients supported by these services for the period April 2017 to March 2018. Data on a range of demographics, abuse profile, support and outcomes was provided. This data was collected from clients that engaged with the services and consented to data collection and therefore does not represent all clients supported by these services.

Data from these services was compared with relevant SafeLives Insights datasets where possible (Idva, Outreach and Refuge services) to develop a picture of how support in Shropshire compares to similar services nationally. Further information about these datasets and full data tables are available in the appendices.

It should be noted that data collected by services in Shropshire draws from a different data collection tool to Insights data and as such the phrasing and format of questions completed by caseworks differs in some areas. Information has been included here only where comparisons can reasonably be drawn. In some cases data has been included but differences in the way the data was collected may have impacted on the results and therefore the comparisons should be treated with caution; this is noted where necessary in the narrative below. When comparing data between services it is also important to note the percentage of missing data, which was high for some questions within the WMWA and SDAS datasets. On questions with a high percentage of missing data the percentages displayed may be either lower or higher than the true picture.

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[1] http://safelives.org.uk/node/935

[2] http://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf

WMWA Idva service

Service reach

WMWA supported 208 victims and survivors through their Idva service between April 2017 and March 2018. Twenty nine of these referrals related to clients who were referred more than once, meaning a total of 237 referrals were made to the service overall. Data was captured on 114 of these clients; the remaining 94 clients either did not engage with the service or did not consent to having their data captured.

WMWA was successful at engaging clients from Black and Minority Ethnic (BME) backgrounds, supporting a percentage of BME clients in line with the local population (5.7%). The age of clients was roughly in line with the Insights dataset for Idva services, and the same proportion of clients in WMWA and the Insights dataset had children under the age of 18 (63%).

Age of clients

■ Insights ■ WMWA
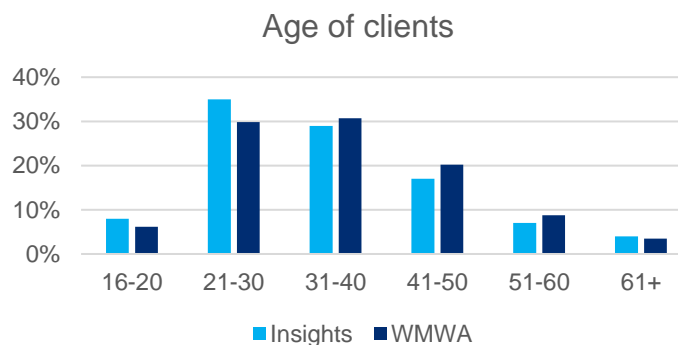
WMWA supported one client (<1%) who identified as lesbian, gay or bisexual (LGB). Prevalence estimates suggest that between 2.5% and 5.8%[1] of the population identify as LGB, meaning there are likely to be victims and survivors with these identities who are not currently visible to the Idva service. There were also low levels of clients reported with physical disabilities compared to the Insights dataset (2% v 8%), however higher levels of clients were identified with a mental health disability (9%, compared to 4%). Low levels of LGB clients and disability can both be due to either services reaching fewer victims/survivors within these groups, or because these characteristics are not immediately apparent and have not been discussed with the client or recorded.

Client journey

Almost a third of clients (32%) were in a current relationship with the perpetrator of abuse when they entered the service. This is in line with the Insights dataset, although the level of missing data in WMWA's dataset (14%) means this could be higher.

61%
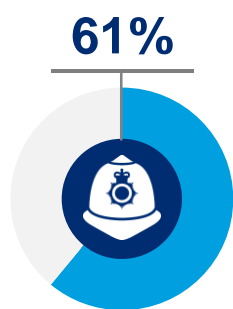
The majority of Idva clients saw outcomes related to **Criminal Justice**

Of those who had abuse information recorded (43), the majority of clients were experiencing harassment and stalking (60%) or jealous and controlling behaviours (including financial and emotional abuse) (64%). These types of abuse were also the most common categories within the Insights dataset. Over half (57%) of clients were experiencing physical abuse, and 9% were experiencing sexual abuse. The level of sexual abuse recorded is lower than the Insights dataset (26%). Clients may be initially cautious about disclosing sexual abuse and caseworkers should be confident to discuss sexual violence with clients and encourage disclosures to ensure interventions are tailored to their individual needs.

On entering the service 36% of clients were identified as having mental health problems, 6% had alcohol misuse problems and 4% had drug misuse problems. These were all similar levels to the Insights dataset.

Clients were supported by WMWA for an average of 1.5 months, which is shorter than the average of 2.3 months in the Insights dataset. In line with Insights data, over half of clients (54%) saw outcomes related to housing, and a high proportion of clients (61%) saw outcomes related to the criminal court process. Two in five clients (42%) saw health and wellbeing outcomes, which was lower than the Insights dataset (74%) but this may relate to the different recording criteria.

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[1]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

The impact of support

After receiving support from WMWA nearly two thirds of clients (65%) saw a moderate or significant reduction in risk, as judged by case workers. This is slightly lower than Insights data (71%) but may be due to higher levels of missing data, or the difference in phrasing of the questions.

Two in five (40%) WMWA clients reported ongoing contact with the perpetrator which is lower than Insights (61%) but again may be due to levels of missing data; there was also a lower percentage of clients reporting no ongoing contact (27%) compared to Insights (41%).

See appendix 1 for the full Idva dataset.

WMWA Helpline service

Service reach

WMWA supported 118 victims and survivors through their helpline between April 2017 and March 2018. The age profile of clients accessing the helpline was similar to the profile of Idva clients. Over half (59%) of clients were aged between 21 and 40.

Five percent of clients were from Black and Minority Ethnic communities (BME), in line with the local population of 5.7%, however the level of missing data on this question was high. Less than 1% of clients (1 client) identified as lesbian, gay or bisexual. Similar to the Idva service, the most common type of disability experienced by clients was mental ill-health. The helpline also supported a small number (2%) of clients who had a physical disability.

Client journey

680

Actions were taken by WMWA helpline to support victims and survivors

The actions taken by the helpline most commonly involved phone contact with the client (38%), followed by liaison with other professionals (29%).The most common reason for actions taken by the helpline was following up on a referral (40% of actions taken), followed by giving general advice (36%).

The majority of clients (77%) had more than one action taken to support them. The average (median) number of actions per client was 3, however approximately one in six clients (16%) had ten or more actions taken to support them. A total of 680 actions were taken by the helpline during this period.

See appendix 2 for the full Helpline dataset.

SDAS Outreach service

Service reach
SDAS supported 197 people through their outreach service between April 2017 and March 2018. Data is presented here for 89 of these clients; the remaining clients either did not engage with the service or did not consent to having their data captured. For this analysis it was also necessary to remove clients that had accessed more than one SDAS service within the time period[1]. The majority of clients were female (91%) and aged between 21 and 40 (63%). As with the Idva service, the proportion of clients from BME backgrounds (5.7%) was in line with the local population for Shropshire (6%). More than two thirds (70%) of clients had children, in line with the Insights outreach dataset. One in five clients (18%) had a mental health related disability and one in ten had a physical disability (11%),

Physical disability

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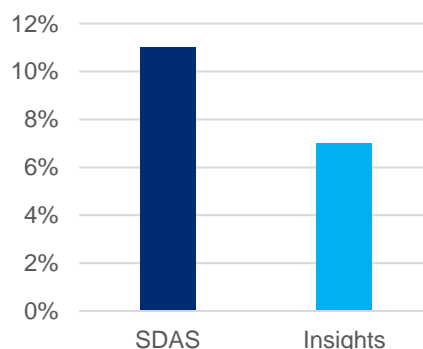
[1] This was due to the data available within the time frame of this project.

both higher than the Insights dataset (5% and 7% respectively). Two clients (2%) identified as lesbian, gay or bisexual, slightly lower than LGB population estimates (between 2.5% and 5.8%[1]).

Client journey

Information was captured for 25 clients on the amount of time the abuse had been occurring before they sought support. The average (median) length of abuse for these clients was 8 years, which is twice as high as the Insights dataset (4 years) although may be influenced by the small sample size and high level of missing data.

Among clients for whom abuse information was recorded, the most common type of abuse experienced was jealous & controlling behaviour (52%). The proportion was substantially lower than the Insights dataset (72%). Two in five clients were experiencing physical abuse at intake (37%) and a similar proportion were experiencing harassment & stalking (39%), both slightly lower than the Insights dataset. Seventeen per cent had experienced sexual abuse, which was in line with the Insights dataset. Mo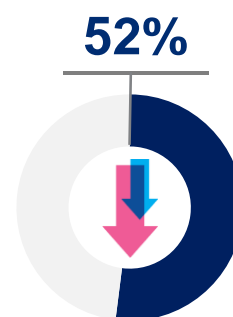st commonly, the perpetrator of abuse was an ex-intimate partner (53%), which was also the case for clients accessing Insights services.

52%

There was a significant or moderate **reduction in risk** for half of Outreach clients

Clients were supported for an average of 1.1 months by SDAS, a slightly shorter case length than the Insights outreach dataset (1.9 months). A third (33%) of clients were supported with health & wellbeing and a fifth (19%) with housing, lower proportions than in the Insights dataset although this may be due to different recording criteria. A larger proportion of clients (19%) received support with the criminal court processes compared to the Insights dataset (10%).

The impact of support

After receiving support from SDAS more than half (52%) of clients had seen a moderate or significant reduction in risk, as judged by caseworkers. Almost a third (31%) of clients reported ongoing contact with the perpetrator, a smaller proportion than the Insights dataset (54%) although there was a large proportion of missing data.

See appendix 3 for the full Outreach dataset.

SDAS Refuge and Dispersed Accommodation service

Service reach

Black and Minority Ethnic (BME)
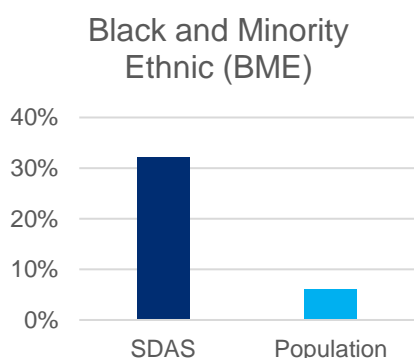
SDAS supported 192 people through their Refuge and Dispersed Accommodation service between April 2017 and March 2018. Six of these victims / survivors accessed the service more than once during the time period, meaning 198 referrals were received in total. Data is presented here for 53 of these clients; the remaining clients either did not engage with the service or did not consent to having their data captured. For this analysis it was also necessary to remove clients that had accessed more than one SDAS service within the time period[2]. Due to the small sample size, comparisons with the Insights dataset may not reflect a true difference in the two populations, and should be treated with caution.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

[2] This was due to the data available within the time frame of this project.

SDAS was very successful at engaging clients from Black and Minority Ethnic (BME) backgrounds, with 32% of clients identifying as BME, compared to 5.7% in the local population. Additionally, almost one in ten SDAS clients (9%) had no recourse to public funds. The age of clients was roughly in line with the Insights dataset for Refuge services, and a similar proportion of clients in the two datasets had children (Insights 56%, SDAS 58%).

SDAS Refuge and Accommodation services supported two clients (4%) who identified as lesbian, gay or bisexual (LGB). This is in line with prevalence estimates for the LGB population. SDAS was also successful in making their Refuge and Accommodation service accessible to those with physical disabilities: seven clients (14%) had a physical disability, compared to 7% in the Insights dataset.

Client journey

Of those who had abuse information recorded (37), the proportion of clients experiencing physical abuse (70%) was in line with the Insights dataset (73%). However the proportion of clients experiencing other types of abuse was low compared to the Insights dataset. This was particularly the case for Harassment and Stalking, experienced by only 27% of SDAS clients compared to 75% in the Insights dataset. This difference could be due to recording as well as prevalence.

69%
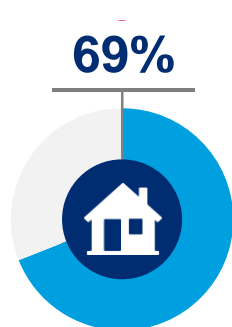
The majority of Refuge / Accommodation clients saw outcomes related to **Housing**

On entering the service 49% of clients were identified as having mental health problems, 4% had alcohol misuse problems and 1% had drug misuse problems. The level of drug and alcohol misuse was low compared to the Insights dataset (12% in both cases).

Clients were supported by SDAS for an average of 1.4 months, in line with the Insights dataset (also 1.4 months). The most common type of support provided to both SDAS and Insights clients was housing support. However there was a much higher proportion of SDAS clients supported with the criminal court process compared to Insights clients (36% vs 9%). Again this may be due to differences in recording as well as prevalence.

A high proportion of clients (61%) exited the service in an unplanned way (abandoned tenancy / refuge stay or otherwise disengaged). This was much higher than the Insights dataset (14%).

The impact of support

After receiving support from SDAS half of clients (50%) saw a moderate or significant reduction in risk, as judged by case workers. This is slightly lower than Insights data (63%), however the phrasing of the question differs slightly. Just under a third of clients (29%) had ongoing contact with the perpetrator, which was in line with the Insights dataset (31%), although there was a substantial proportion of missing data, meaning this figure could be higher.

See appendix 4 for the full Refuge / Accommodation dataset.

Monitoring the Domestic Abuse Strategy

Shropshire's domestic abuse strategy (2018 – 2020) contains a number of outcomes and actions that could be evidenced using data from local services and Marac. The table below lists these outcomes and actions alongside the data that is currently available to evidence progress[1]. The table also includes suggested data collection, where there is potential evidence that is not currently being collected but that would increase the ability to monitor progress against the strategy. In some cases data is listed as 'may be available'; this is data that may already be collected but has not been seen by SafeLives. The relevant services may wish to review whether this data is available or whether it could be collected.

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[1] Outcomes that cannot be evidenced using service or Marac data are not included

Priority – To prevent domestic abuse (and associated harm) from taking place		
Action 1: Targeted campaigns and key messages utilising existing programmes and media.		
Outcome	**Action**	**Monitoring**
Victims access services more quickly, leading to early intervention and a reduction in further harm.	Shropshire Community Safety Partnership to review current local arrangements for raising awareness of the range and availability of domestic abuse support services.	**Available:** Length of abuse when accessing service; Service demographics; Service referral route; Risk level when accessing service. **Suggested:** Severity of abuse when accessing service (see recommendations); Initial referral route (if implementing single point of contact);
Action 2: Ensure that staff are trained to an appropriate level for their role that provides the rights skills and knowledge about Domestic Abuse.		
Outcome	**Action**	**Monitoring**
Frontline staff in all services should be trained to recognise the indicators of domestic abuse and be able to ask relevant questions to help people disclose their past or current experiences of abuse;	Staff are trained to an appropriate level for their role that provides the rights skills and knowledge about Domestic Abuse	**Available:** Service referral route; Marac referral route. **Suggested:** Initial referral route (if implementing single point of contact);
The Partnership will continue to ensure that the Multi-Agency Risk Assessment Conference (MARAC) procedure is supported by all agencies and that training is available for all staff who attend the MARAC.	Shropshire Community Safety Partnership to undertake an audit of multi-agency domestic abuse training.	**Available:** Marac referral route **May be available:** Attendance at Marac
Action 3: Victims of domestic abuse are able to access information and support they required through the recognised pathways they choose		
Outcome	**Action**	**Monitoring**
Victims are able to access support via a single pathway	Implement a pathway for victims of domestic abuse, including helpline provision, so that services meet clients' needs without duplication or gaps, and is part of a single response.	**Available:** Service referral route **Suggested:** Initial referral route (if implementing single point of contact)

Outcome	Action	Monitoring
Consistent and improved level of service to victims.	Implement a pathway for victims of domestic abuse, including helpline provision, so that services meet clients' needs without duplication or gaps, and is part of a single response.	**Available:** Repeat referrals; Number of clients who will go on to receive support from the same organisation; Number who will go on to access VAWG support at another organisation; Client reported outcomes. **Suggested:** Client open feedback (see recommendations); Client multi-agency feedback (see recommendations)
Consistent and improved level of service to victims.	Support and strengthen the MARAC process	**Available:** Marac referral numbers; Marac demographic information.
KASiSB and Shropshire Council will ensure the adult safeguarding pathway includes responding to Domestic Abuse in order to provide a level of support determined by the victim with care and support needs and/or their representative.	Encourage the reporting of domestic abuse incidents to ensure victims and survivors of abuse receive a comprehensive service	**Available:** Marac referral route; Service referral route; Service age profile; Prevalence of disabled clients (services and Marac). **May be available:** Age profile of clients accessing Marac

Priority – To deliver co-ordinated and sustainable services to victims and perpetrators of domestic abuse		
Action 4: Ensure that the strategies and action plans developed by Shropshire's Strategic Partnership Boards demonstrate the work they are undertaking to tackle domestic abuse in Shropshire.		
Outcome	**Action**	**Monitoring**
There are sufficient resources available to meet the needs of vulnerable and minority groups; children; older people; those wishing to remain safe in their homes; those needing safe accommodation; those in need of community-based support; and those at high risk.	Ensure that the strategies and action plans developed by the Shropshire Strategic Partnership Board's demonstrate what work they are undertaking to tackle domestic abuse in Shropshire.	**Available:** Referral numbers (services and Marac); Service referral acceptances/ outcomes; Demographic information (services and Marac); Service support areas and outcomes – housing; Risk level when accessing services.
Action 5: Ensure that interventions are in place to meet the needs of a diverse range of victims and families.		
Outcome	**Action**	**Monitoring**
To provide appropriate support and intervention for the survivors of domestic abuse.	Interventions are in place to meet the needs of a diverse range of victims and their families including the joint commissioning of specialist domestic abuse services.	**Available:** Areas of client need when entering services; Service demographics; Areas of support provided by services;

Outcome	Action	Monitoring
		Suggested: Family members (children / perpetrator) accessing interventions
Risks to Children (0-25 years) living with, or at affected by domestic abuse are minimised.	Interventions are in place to meet the needs of a diverse range of victims and their families including the joint commissioning of specialist domestic abuse services.	**Available:** Number of children associated with client; Support with parenting. **May be available:** Number of children accessing direct interventions; Outcomes for children accessing interventions; **Suggested:** Whether children of adult clients are accessing interventions
To provide appropriate support and intervention for the survivors of domestic abuse.	Resources available to meet the needs of older people with care and support needs who are victims of domestic abuse.	**Available:** Age profile of clients accessing services; Referrals verses acceptances for older clients; Disengagement rate for older clients; Service support areas for older clients. **May be available:** Age profile of clients accessing Marac
To provide appropriate support and intervention for the survivors of domestic abuse.	Interventions primarily aim to increase the safety of the victim and their children (if they have any) and that this is monitored and reported.	**Available:** Abuse profile at exit from services verses intake; Ongoing contact with perpetrator; Client reported outcomes **Suggested:** Client open feedback (see recommendations); Client multi-agency feedback (see recommendations)
Action 6: To deliver a local programme for perpetrators without a criminal record with the aim of reducing their abusive behaviour		
Outcome	**Action**	**Monitoring**
Change in the behaviour / attitudes of the perpetrator pre and post intervention	Links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.	**May be available:** Perpetrator programme abuse profile at intake and exit; Perpetrator programme client reported outcomes; Perpetrator programme case worker reported outcomes.

Number of people making a self-referral to the perpetrator programme	Links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.	**May be available:** Perpetrator programme referral routes.
Reduction in repeat domestic abuse	Links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.	**Available:** Marac repeat rate; Service referral repeat rate. **May be available:** Perpetrator service repeat rate; Perpetrator abuse history at intake.

💡 Practice Recommendations

Identifying and supporting LGBT+ victims of domestic abuse

Victims and survivors of domestic abuse who identify as Lesbian, Gay, Bisexual or Trans (LGBT), as well as a range of other sexual and gender identities (LGBT+) have historically formed part of a 'hidden' group, by which we mean a group which is less well served by the response available in the UK. SafeLives Spotlight on LGBT+ victims and survivors of domestic abuse[1] found that people with these identities experience domestic abuse at the same rate, or (for some groups) a higher rate, than the wider population but appear to be underrepresented within domestic abuse support services. Data from WMWA and SDAS shows that less than 1% of clients accessing Idva and Helpline support, and 2% of clients accessing Outreach, support identify as LGB. This is lower than national population estimates, which suggest between 2.5% and 5.8% of the population identify as LGB[2].

The recommendations below are tips to help ensure services are accessible to LGBT+ victims and survivors. However, it is important to remember that those who are LGBT+ are not homogenous groups but a wide range of individuals with diverse support needs. Practitioners should always seek to understand the unique experiences and identities of the people they support.

> **Help LGBT+ victims and survivors of domestic abuse to feel visible and welcome in your service**

- Aaron Slater, Service Manager at Sacro, discusses how to make services more accessible to LGBT+ communities in his Spotlights blog[3]. He reminds us that it is not 'as simple as adding a statement of inclusion on the website'. He suggests ensuring that leaflets and promotional materials include explicit messages that you work with the LGBT+ community. It is also helpful to work with local LGBT+ services and let them know that you can assist when needed.
- Review your recording practices to ensure you are clearly recording a person's sexual orientation or gender identity as reported by the individual themselves. Assumptions can lead to decreased visibility for some groups, as well as placing the burden on the victims/survivor to contradict any assumptions.
- In her spotlights podcast Evelyn Sharp, an LGBT IDVA, advises case workers to be confident and upfront when asking about gender identity or sexual orientation, as any embarrassment may give a message to the client that perhaps their sexual orientation or gender identify is embarrassing or shameful. She advises, 'you can tell the client beforehand that these are questions that you ask everyone, that they don't have to answer them if they don't want to, that they're used for gathering information about the range and diversity of people accessing the service'.[4]
- Survivor groups should be inclusive of LGBT+ victims and survivors of domestic abuse; hearing and responding to the voice of the victims/survivors is crucial to effective service provision and will ensure that your service is able to respond effectively. Use this information to make sure policies and practices around domestic abuse are informed by the views and experiences of LGBT+ victims and survivors.

[1] http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse
[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf
[3] http://www.safelives.org.uk/practice_blog/making-domestic-abuse-services-accessible-lgbt-people
[4] http://safelives.org.uk/sites/default/files/resources/podcast%20episode%204%20transcript.pdf

- Ensure staff are trained and confident to ask LGBT+ victims about experiences of abuse that are specific to their experience as an LGBT+ person, and to respond to this information. You may want to do this by appointing a 'champion' who can take a lead in ensuring all staff members are aware of how sexual orientation and gender identity can impact on or intersect with the experience of abuse. Training should include:
  - How domestic abuse and controlling behaviour might look different for people who identify as LGBT+. Examples include forms of identity abuse, such as the threat of being 'outed' or implying or insisting a victim/survivor behave like a 'real' LGBT+ person.
  - Specific needs or context that should be considered when developing safety plans. Examples might include the prevalence of using dating apps such as Grindr or Findhrr and the subculture of the chemsex scene (use of drugs such as Mkat, crystal meth, mephedrone and GHB during sexual encounters).
  - Barriers to disclosing abuse, such as historic treatment of LGBT+ people by professionals, leading to a distrust of mainstream services.
- It is also important that LGBT+ services are equipped to respond appropriately to disclosures of domestic abuse. Try to create links with local services, for instance by arranging reciprocal training, which can also increase the expertise of your own service.
- If there aren't local specialist services for LGBT+ people, consider what resources might be available from national charities or charities in other parts of the country, either through their website or training they might provide. For instance, Galop is a national LGBT+ anti-violence charity.

Ensure you use appropriate language when discussing sexual orientation and gender identity

- Language used to describe sexual orientation and gender identity is fluid; certain terms are disputed and can be cause for concern. Advise caseworkers to keep up to date with the definitions provided by Stonewall.
- Be aware of pronouns and titles when you're supporting a trans or non-binary client. For trans people, generally, the right gendered language is important. They may not identify as male or female, and it's important to think about whether you need to use he/she at all. Many non-binary people will prefer the pronoun 'they'. What matters is that you consider how the client wants to be addressed.

Preventing the cycle of homelessness and domestic abuse

We know from government statistics that domestic abuse accounts for at least one in ten people who require local authority support for homelessness[1]. SafeLives spotlight on homelessness and domestic abuse[2] highlighted that these figures are likely to be much higher, especially for women, who are both disproportionately affected by domestic abuse and often 'hidden' from official homelessness statistics. By homeless we do not only mean those who are rough sleeping, but anyone who does not have a safe or secure place to live. Data from WMWA and SDAS identified housing support as a common need among their clients, with 72% of refuge/accommodation clients, 51% of Idva clients and 37% of Outreach clients needing support with housing.

The recommendations below are for the Local Authority to consider in their provision of accommodation for victims and survivors of domestic abuse, and for domestic abuse services to consider when supporting people who are already experiencing homelessness.

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[1] https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

[2] http://www.safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse

Local Authority strategies and needs assessments should recognise the link between homelessness and domestic abuse

- Review your needs assessment processes in relation to housing to ensure they fully account for 'hidden' and marginalised groups, such as women experiencing domestic abuse. Needs assessments should:
  - Involve local providers and multi-agency partners
  - Reflect survivors voices
  - Be informed by good quality local and national data

- Ensure homelessness, domestic abuse and Violence Against Women and Girls (VAWG) strategies are linked.

- Local Authority Housing services should provide priority support to those seeking to leave an abusive partner, ex-partner or family member at the first instance they approach the team for help. For those in refuges, we recommend that local Authorities work with refuges and aim to assess and allocate accommodation appropriate for the client within the first two weeks of entering refuge. Housing services should consider the option of re-housing the perpetrator rather than the victim wherever possible.

Domestic abuse services should consider the additional needs linked to homelessness in the way that they support these clients

- **Consider multiple disadvantage:** Many people experiencing chronic homelessness, whether street homeless, in short-term accommodation or sofa surfing, often have multiple needs and face multiple risks. Domestic abuse may be just one of them and may not be the individual's priority; don't be discouraged, or tempted to close the case and assume that they're not ready to 'engage'. Instead, be understanding, patient and get creative!

- **Work with other agencies:** Chronically homeless people experiencing multiple disadvantage can be bombarded by agencies, each with a different priority and agenda. This can cause individuals to close the door to support all together. Instead, work alongside the agencies that may be more closely linked to the individual. Identify a lead agency (which should be based on the client's priorities and wishes) and offer any additional support and advice regarding domestic abuse through that lead if, when and how the client wants to take this up.

- **Work in a trauma-informed way:** for many chronically homeless people, the domestic abuse experience that has brought them into contact with your service may not be their first experience of trauma or abuse. This is particularly the case for women, who can experience multiple forms of gender based violence, and for those who identify as LGBT+, who may be fleeing homo/bi/trans phobic abuse from family members who may be thrown out of the family home. Underlying experiences of trauma and abuse can affect the way that an individual approaches, and feels best supported by, a service. Domestic abuse services can adopt a trauma informed approach in some key ways:
  - Focus first on building a trusting relationship with your client
  - Work collaboratively with your client to devise a support plan that builds on their strengths and prioritises their needs and risks
  - Continuously re-evaluate and discuss how your client wishes to approach support at each stage of your professional relationship.
  - Develop an understanding of available trauma support approaches and therapies.

- See more recommendations for services here.

☀ **Research Recommendations**

Suggestions to improve the quality and scope of evidence in relation to the domestic abuse strategy

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Ensure equalities data is recorded accurately and consistently

Marac data shows low levels of referrals for some groups compared to national figures. These national figures are themselves lower than we would expect to see for these groups based on population estimates, and we know that there are groups of victims and survivors who are often 'hidden' from services. In some cases, particularly LGBT groups and those with disabilities, these victims and survivors may be accessing Marac but remain 'hidden' because of missed equalities recording. Below are some tips on ensuring information about these groups is collected:

LGBT
- We recommend that all agencies feeding into Marac and other multi-agency forums such as Mappa, review their protocols for recording relationship status and for monitoring sexual orientation and gender identity. The LGBT Foundation has published a good practice guide to monitoring sexual orientation[1] and to monitoring gender identity[2]
- Police recording practices may not clearly identify domestic abuse where the parties are of the same gender. Greater Manchester Police have devised a coding system to tackle this issue[3]

Disability
- Encourage referring agencies to ask the individual if they consider themselves to have a disability and where possible, include information on any disability in the referral. If information is not given by the referrer, raise this at the Marac so further information can be gathered and recorded.
- Ensure referring agencies and Marac representatives have access to SafeLives' guidance on Limiting Long-Term Illness (LLTI) and Disability[4]

All diversities
- Documentation relating to Marac may not offer a prompt to practitioners to clearly record a person's diversity information as reported by the individual themselves. This may lead to assumptions being made and decreased visibility for some groups. We recommend that all Maracs review their documentation and recording practices, and use SafeLives Marac referral form[5]

Minimise missing data

Collecting data from only some clients can affect the accuracy of the conclusions that can be drawn from it. For instance, often it is easier to collect data about clients who engage well with the service. These clients might have different characteristics (on average) from those who find it more difficult to engage (such as fewer complex needs). If data is collected only from a certain group it will not be reflective of all clients.

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[1] https://lgbt.foundation/policy-research/sexual-orientation-monitoring-guide

[2] https://lgbt.foundation/monitoring

[3] https://recordings.join.me/lzA3SXFMh0e5Pajr7hRDbA

[4] http://www.safelives.org.uk/sites/default/files/resources/disability%20guidance.pdf

[5] http://www.safelives.org.uk/sites/default/files/resources/MARAC%20referral%20form%20FINAL.doc

If data collected by services is used to monitor and evaluate the effectiveness of the domestic abuse strategy it is important that this data is collected about as many clients as possible to ensure it is fully representative.

Consider extending the information captured from clients themselves at exit from services

Services may wish to supplement what they currently capture on client outcomes with 'free text' questions, to capture the client's experience in their own voice. Below are two suggested questions used in SafeLives Insights:

- What has made the biggest difference to your safety and well-being, and why?
- From your experience, what do you feel could improve the safety and well-being of other people at risk of domestic abuse?

It may also be helpful to capture the client's experience of the wider multi-agency approach to domestic abuse. The following question could be asked by services to capture this information:

- Which agencies do you feel have made the difference to your safety and wellbeing?
  (List tick box responses for ease of data analysis)

Consider capturing the severity of abusive behaviour, within each abuse type

Capturing the severity of abuse at intake and exit can help to evidence where risk has reduced, despite certain behaviours still being present to some extent. It can also provide more detailed information about the experience of clients. SafeLives has produced the severity of abuse grid below, which helps caseworkers to identify three levels of 'severity' within each behaviour.

Guidance on Completing the Severity of Abuse Grid

This guidance is designed to help you complete the Severity of Abuse Grid. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client. **The context in which these and similar behaviours occur is all important in identifying a level of severity.** For example, the misuse of substances including alcohol may increase the level of risk faced by an individual. Similarly, the cultural context in which abuse takes place should inform your judgement as to the level of risk posed.

Physical abuse			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or threat to use or use of weapons; loss of consciousness, head injury, internal injury, permanent injury, miscarriage.

Sexual abuse			
No	Standard	Moderate	High
Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex, unwanted touching, nonviolent acts that make victim feel uncomfortable about sex, their gender identity or sexual orientation.	Uses threats or force to obtain sex, rape serious sexual assaults; deliberately inflicts pain during sex, combines sex and violence including weapons, sexually abuses children and forces partner to watch, enforced prostitution, intentional transmission of STIs/HIV/AIDS.

Harassment or stalking			
No	Standard	Moderate	High
Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/obsessive phone calls, texts or emails, uninvited visits to home, workplace etc or loitering; destroyed or vandalised property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the stalking behaviour.

Jealous or controlling behaviour/emotional abuse			
No	Standard	Moderate	High
Never or not currently	Made to account for victim's time, some isolation from family/friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity, constant criticism of role as partner/wife/mother.	Controls most or all of victim's daily activities, prevention from taking medication, accessing care needs (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can, with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide/familiacide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.

Introduction

Cases used in the analysis
SafeLives Insights data

Insights is an outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse, both as victims/survivors and as perpetrators.

The SafeLives Insights dataset presented here contains 4,555 cases at intake and 4,026 matched cases at exit, drawn from 43 Idva services across England and Wales which used the SafeLives Insights outcome measurement service between April 2016 and March 2017.

West Mercia Woman's Aid OnTrack data

The West Mercia Women's Aid dataset presented here contains 114 cases at intake and 97 matched cases at exit, representing victims/survivors based in Shropshire who were supported by West Mercia Women's Aid Idva service between April 2017 and March 2018. Due to the level of missing data, figures reported for some questions are drawn from a smaller sample of cases; this is noted in the report below relevant questions. The percentage of missing data is high on some questions and this should be considered when interpreting the report.

Notes on the analysis

The two datasets compared here are drawn from different data collection tools and as such the phrasing or format of questions completed by caseworks differs. Information has been included here only where comparisons can be drawn. In some cases data has been included but differences in the way the data was collected may have impacted on the results, and therefore the comparisons should be treated with caution; this is noted in the report below relevant questions.

Client profile

Socio-demographic description of accepted clients

Demographic information at intake	Insights		WMWA	
Age of client	%	n	%	n
16-20	8%	378	6%	7
21-30	35%	1614	30%	34
31-40	29%	1315	31%	35
41-50	17%	761	20%	23
51-60	7%	305	9%	10
61+	4%	175	4%	4
Missing	<1%	7	<1%	1

Gender identity	%	n	%	n
Female	95%	4349	98%	112
Male	5%	206	2%	2
Intersex	0%	0	N/A	N/A

Appendix 1: Idva dataset

Sexual Orientation	%	n	%	n
Heterosexual	95%	4324	82%	94
LGB	2%	94	<1%	1
Other	N/A	N/A	<1%	1
Missing	3%	137	16%	18

Ethnicity	%	n	%	n
White British or Irish	89%	4039	83%	95
Other white background	3%	147	2%	2
Asian	4%	202	3%	3
Black	1%	68	0%	0
Dual Heritage	1%	30	0%	0
Arab	<1%	19	0%	0
Other	<1%	16	2%	2
Missing	<1%	34	11%	12
Total B&ME	**11%**	**482**	**6%**	**7**

Note: National B&ME percentage is 18.6%; in Shropshire it is 6.2%. The Insights dataset only reflects the demographics of the areas in which the services are located.

Immigration	%	n	%	n
Clients with no recourse to public funds	4%	196	<1%	1

Children in household	%	n	%	n
Children in household	63%	2890	63%	72
No children in household	37%	1665	37%	42

Client has a disability	%	n	%	n
Physical	8%	382	2%	2
Learning	3%	133	<1%	1
Visual	<1%	22	0%	0
Hearing	1%	32	0%	0
Other	4%	184	9%	10

Note: The only 'other' category in WMWA data is mental health; In Insights 'other' includes mental health plus any other disability that does not fall into other categories

Appendix 1: Idva dataset

Employment/ education	%	n	%	n
Paid or voluntary employment	36%	1643	5%	6
In education/training	4%	185	N/A	N/A
Not in employment/ education	55%	2515	7%	8
No (retired)	3%	118	<1%	1
Missing	2%	94	87%	99

Note: WMWA data does not specify whether clients are in education, therefore some clients in the 'Not in employment/education' category may be in education.

Client needs

Multiple needs	%	n	%	n
Drugs misuse	6%	276	4%	4
Alcohol misuse	9%	415	6%	7
Mental health problems	39%	1791	36%	41

Note: Insights data captured for needs experienced within the last 12 months only; no timeframe specified in relation to WMWA data.

Perpetrator profile

Information known about the perpetrator

Primary perpetrator information	Insights		WMWA	
Gender	%	n	%	n
Female	5%	210	2%	2
Male	95%	4310	54%	61
Intersex	<1%	3	N/A	N/A
Missing	<1%	32	45%	51

Relationship to perpetrator	%	n	%	n
Intimate partner	30%	1349	32%	36
Ex-intimate partner	60%	2725	47%	54
Intermittent intimate partner	2%	89	0%	0
Family member	8%	372	6%	7
Other	<1%	20	<1%	1
Missing	N/A	N/A	14%	16

Abuse profile

Abuse experience at intake to the service

Abuse at intake	Insights		WMWA	
Risk level	%	n	%	n
High risk	82%	3713	12%	14
Non-high risk	18%	842	34%	39
Missing	N/A	N/A	54%	61

Additional risks	%	n	%	n
Risk of forced marriage	1%	52	0%	0
Risk of 'honour'-based violence	4%	184	0%	0

Type of abuse experienced by clients	%	n	%	n
Physical abuse	69%	3123	57%	27
Sexual abuse	26%	1182	9%	4
Harassment & stalking	69%	3130	60%	28
Jealous & controlling behaviours	82%	3754	64%	30

Note: Insights captures abuse in the 3 months prior to intake; WMWA time period may differ.
Note: This indicator is not compulsory within WMWA data collection, therefore percentages have been calculated based on cases with completed data (47).

Support

Support provided by the service

	Insights		WMWA	
Reason for case closure	%	n	%	n
Closed	84%	3383	75%	73
Unplanned closure	16%	641	24%	23
Client fatality	<1%	2	0%	0
Missing	N/A	N/A	1%	1

Appendix 1: Idva dataset

Support provided / outcomes achieved	%	n	%	n
Criminal court process	43%	1726	61%	59
Housing	51%	2068	54%	52
Financial benefits	19%	761	11%	11
Immigration	1%	40	1%	1
Health & well-being	74%	2979	42%	41
Children	35%	1395	5%	5

Notes: 1) Insights records areas in which support was provided, while WMWA records outcomes achieved; therefore these may not completely align. 2) Data is only shown for comparable support areas and does not encompass all areas of support provided to clients.

Intensity of support	%	n	%	n
Average case length	**2.3 months**		**1.5 months**	

Outcomes

Outcomes at exit from the service

	Insights		WMWA	
Case worker perception of risk at exit	%	n	%	n
Significant reduction in risk	30%	1216	37%	36
Moderate reduction in risk	41%	1634	28%	27
Limited or no reduction in risk	18%	744	9%	9
Increased Risk	1%	42	2%	2
Missing	10%	390	24%	23
Significant/Moderate	**71%**	**2850**	**65%**	**63**

Note: Phrasing of categories does not map exactly between Insights and WMWA which may result in differences in judgements

Ongoing contact with the perpetrator	%	n	%	n
Clients reporting ongoing contact	41%	1647	27%	26
Clients reporting no ongoing contact	61%	2051	40%	39
Missing	8%	328	33%	32

	%	n	%	n
Perpetrator in jail	9%	351	11%	11

Appendix 2: Helpline dataset

Introduction

The dataset presented here relates to 118 victims and survivors based in Shropshire who were supported by the West Mercia Women's Aid helpline between April 2017 and March 2018.

Support information

Many clients had more than one type of action taken to support them, with a total of 680 actions taken during this period. This section provides a breakdown of those actions.

Support type	%	n
Advocacy on behalf of client	<1%	6
Attempting contact / chasing up	4%	30
E-mail / mail / text contact	9%	63
Face to Face contact	<1%	1
Liaison with other professionals	29%	195
Paperwork	<1%	2
Phone contact with client	38%	261
Other	18%	122

Support reason	%	n
General advice	36%	246
Information exchange	32%	218
Listening support	10%	71
Male victim support	<1%	3
Referral	21%	140
Referral follow up	40%	271
Missing	23%	156

Support per client

Number of actions per client	%	n
1	23%	44
2 to 3	32%	61
4 to 5	14%	26
6 to 9	14%	26
10+	16%	31
Average number of actions	**3**	

Client profile

Socio-demographic description of clients

Age of client	%	n
16-20	3%	5
21-30	26%	49
31-40	32%	61
41-50	18%	34
51-60	11%	20
61+	5%	9
Missing	5%	10

Gender identity	%	n
Female	82%	154
Male	1%	2
Missing	17%	32

Sexual Orientation	%	n
Heterosexual	23%	44
LGB	<1%	1
Missing	76%	143

Appendix 2: Helpline dataset

Ethnicity	%	n
White British or Irish	52%	98
Other white background	2%	3
Asian	2%	3
Black	0%	0
Dual Heritage	0%	0
Arab	0%	0
Other	2%	3
Missing	46%	87
Total B&ME	**5%**	**9**

Note: National B&ME percentage is 18.6%; in Shropshire it is 6.2%. The Insights dataset only reflects the demographics of the areas in which the services are located.

Client has a disability	%	n
Physical	2%	4
Learning	<1%	1
Visual	0%	0
Hearing	0%	0
Mental Health	5%	10

Appendix 3: Outreach dataset

Introduction

SafeLives Insights data

Insights is an outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse, both as victims/survivors and as perpetrators.

The SafeLives Insights dataset presented here contains 3,510 cases at intake and 3,187 matched cases at exit, drawn from 28 Outreach services across England and Wales which used the SafeLives Insights outcome measurement service between April 2016 and March 2017.

Shropshire Domestic Abuse Service OnTrack data

The Shropshire Domestic Abuse Service (SDAS) dataset presented here contains 89 cases at intake and 42 matched cases at exit, representing victims/survivors based in Shropshire who were supported by SDAS Outreach service between April 2017 and March 2018. Due to the level of missing data, figures reported for some questions are drawn from a smaller sample of cases; this is noted in the report below relevant questions. The percentage of missing data is high on some questions and this should be considered when interpreting the report.

Notes on the analysis

The two datasets compared here are drawn from different data collection tools and as such the phrasing or format of questions completed by caseworks differs. Information has been included here only where comparisons can be drawn. In some cases data has been included but differences in the way the data was collected may have impacted on the results, and therefore the comparisons should be treated with caution; this is noted in the report below relevant questions.

Client profile

Socio-demographic description of accepted clients

Demographic information at intake	Insights		SDAS	
Age of client	%	n	%	n
16-20	6%	205	4%	4
21-30	32%	1108	33%	29
31-40	30%	1043	30%	27
41-50	20%	714	19%	17
51-60	8%	292	9%	8
61+	4%	145	4%	4
Missing	<1%	7	0%	0

Gender identity	%	n	%	n
Female	94%	3291	91%	81
Male	6%	219	2%	2
Intersex	0%	0	N/A	N/A
Missing	N/A	N/A	2%	6

Appendix 3: Outreach dataset

Sexual Orientation	%	n	%	n
Heterosexual	94%	3307	76%	68
LGB	1%	44	2%	2
Missing	5%	159	21%	19

Ethnicity	%	n	%	n
White British or Irish	91%	3200	81%	72
Other white background	3%	88	3%	3
Asian	3%	95	2%	2
Black	1%	44	0%	0
Dual Heritage	<1%	17	0%	0
Arab	<1%	4	0%	0
Other	1%	25	0%	0
Missing	<1%	34	13%	12
Total B&ME	**8%**	**273**	**6%**	**5**

Note: National B&ME percentage is 18.6%; in Shropshire it is 6.2%. The Insights dataset only reflects the demographics of the areas in which the services are located.

Immigration	%	n	%	n
Clients with no recourse to public funds	3%	116	1%	1

Children in household	%	n	%	n
Children in household	69%	2430	70%	62
No children in household	31%	1080	30%	27

Average number of children per household with children	**2.0**		**1.5**	

Client has a disability	%	n	%	n
Physical	7%	263	11%	10
Learning	3%	101	2%	2
Visual	1%	20	0%	0
Hearing	1%	27	1%	1
Other	5%	159	18%	16

Note: The only 'other' category in SDAS data is mental health; In Insights 'other' includes mental health plus any other disability that does not fall into other categories

Appendix 3: Outreach dataset

Employment/ education	%	n	%	n
Paid or voluntary employment	37%	1285	11%	10
In education/training	3%	115	1%	1
Not in employment/ education	55%	1939	10%	9
No (retired)	2%	74	1%	1
Other	N/A	N/A	9%	8
Missing	3%	97	67%	60

Client needs

Multiple needs	%	n	%	n
Drugs misuse	4%	149	1%	1
Alcohol misuse	8%	290	4%	4
Mental health problems	39%	1356	39%	35

Note: Insights data captured for needs experienced within the last 12 months only; no timeframe specified in relation to SDAS data.

Perpetrator profile

Information known about the perpetrator

Primary perpetrator information	Insights		SDAS	
Gender	%	n	%	n
Female	6%	219	2%	2
Male	93%	3267	82%	73
Intersex	0%	0	0%	0
Missing	<1%	24	16%	14

Relationship to perpetrator	%	n	%	n
Intimate partner	27%	951	30%	27
Ex-intimate partner	64%	2244	53%	47
Intermittent intimate partner	1%	41	0%	0
Family member	7%	247	1%	1
Other	1%	22	0%	0
Missing	N/A	N/A	16%	14

Abuse profile

Abuse experience at intake to the service

Abuse at intake	Insights		SDAS	
Risk level	**%**	**n**	**%**	**n**
High risk	24%	829	12%	11
Non-high risk	76%	2681	22%	20
Missing	N/A	N/A	48%	43

Length of abuse	%	n	%	n
Average length of abuse	**4 years**		**8 years**	

Note: Length of abuse was only available for 25 SDAS clients, and therefore this figure should be treated with caution

Additional risks	%	n	%	n
Risk of forced marriage	<1%	11	0%	0
Risk of 'honour'-based violence	1%	49	0%	0

Type of abuse experienced by clients	%	n	%	n
Physical abuse	41%	1430	37%	17
Sexual abuse	17%	582	17%	8
Harassment & stalking	59%	2081	39%	18
Jealous & controlling behaviours	72%	2538	52%	24

Note: Insights captures abuse in the 3 months prior to intake; SDAS time frame may differ
Note: This indicator is not compulsory within SDAS data collection, therefore percentages have been calculated based on cases with completed data (46).

Support

Support provided by the service

	Insights		SDAS	
Reason for case closure	**%**	**n**	**%**	**n**
Closed	85%	2709	71%	30
Unplanned closure	15%	477	29%	12
Client fatality	<1%	1	0%	0

Appendix 3: Outreach dataset

Support provided / outcomes achieved	%	n	%	n
Criminal court process	10%	318	19%	8
Housing	37%	1166	19%	8
Financial benefits	20%	640	7%	3
Immigration	1%	26	0%	0
Health & well-being	78%	2490	33%	14
Children	36%	1160	10%	4

Notes: 1) Insights records areas in which support was provided, while SDAS records outcomes achieved; therefore these may not completely align. 2) Data is only shown for comparable support areas and does not encompass all areas of support provided to clients.

Intensity of support	%	n	%	n
Average case length	**1.9 months**		**1.1 months**	

Outcomes

Outcomes at exit from the service

	Insights		SDAS	
Case worker perception of risk at exit	%	n	%	n
Significant reduction in risk	31%	973	19%	8
Moderate reduction in risk	37%	1171	33%	14
Limited or no reduction in risk	21%	666	17%	7
Increased Risk	2%	69	2%	1
Missing	9%	308	29%	12
Significant/Moderate	**67%**	**2144**	**52%**	**22**

Note: Phrasing of categories does not map exactly between Insights and SDAS which may result in differences in judgements

Ongoing contact with the perpetrator	%	n	%	n
Clients reporting ongoing contact	54%	1718	31%	13
Clients reporting no ongoing contact	47%	1223	33%	14
Missing	8%	246	36%	15

Introduction

Cases used in the analysis	

SafeLives Insights data

Insights is an outcomes measurement programme specifically designed for specialist domestic abuse services supporting adults and children who have experienced or are experiencing domestic abuse, both as victims/survivors and as perpetrators.

The SafeLives Insights dataset presented here contains 1,481 cases at intake and 1,145 matched cases at exit, drawn from 9 Refuge services across England and Wales which used the SafeLives Insights outcome measurement service between April 2014 and March 2017 (3 years).

Shropshire Domestic Abuse Service OnTrack data

The Shropshire Domestic Abuse Service (SDAS) dataset presented here contains 53 cases at intake and 36 matched cases at exit, representing victims/survivors based in Shropshire who were supported by SDAS Refuge or dispersed accommodation service between April 2017 and March 2018. Due to the level of missing data, figures reported for some questions are drawn from a smaller sample of cases; this is noted in the report below relevant questions. The percentage of missing data is high on some questions and this should be considered when interpreting the report.

Notes on the analysis

The two datasets compared here are drawn from different data collection tools and as such the phrasing or format of questions completed by caseworks differs. Information has been included here only where comparisons can be drawn. In some cases data has been included but differences in the way the data was collected may have impacted on the results, and therefore the comparisons should be treated with caution; this is noted in the report below relevant questions.

Client profile

Socio-demographic description of accepted clients

Demographic information at intake	Insights		SDAS	
Age of client	%	n	%	n
16-20	11%	160	8%	4
21-30	41%	600	40%	21
31-40	31%	455	21%	11
41-50	13%	196	11%	6
51-60	4%	54	15%	8
61+	1%	16	4%	2
Missing	<1%	7	2%	1

Gender identity	%	n	%	n
Female	99%	1472	100%	53
Male	1%	9	0%	0
Intersex	0%	0	0%	0

Appendix 4: Refuge / accommodation dataset

Sexual Orientation	%	n	%	n
Heterosexual	93%	1374	89%	47
LGB	3%	36	4%	2
Other	N/A	N/A	0%	0
Missing	5%	71	8%	4

Ethnicity	%	n	%	n
White British or Irish	78%	1156	66%	35
Other white background	3%	41	8%	4
Asian	12%	178	6%	3
Black	3%	39	6%	3
Dual Heritage	2%	27	13%	7
Arab	1%	9	0%	0
Other	1%	19	0%	0
Missing	2%	34	2%	1
Total B&ME	**21%**	**313**	**32%**	**17**

Note: National B&ME percentage is 18.6%; in Shropshire it is 6.2%. The Insights dataset only reflects the demographics of the areas in which the services are located.

Immigration	%	n	%	n
Clients with no recourse to public funds	10%	154	9%	5

Children in household	%	n	%	n
Children in household	56%	832	58%	31
No children in household	44%	649	42%	22

Average number of children per household with children	2.0		2.0	

Client has a disability	%	n	%	n
Physical	7%	106	13%	7
Learning	5%	80	2%	1
Visual	1%	13	0%	0
Hearing	1%	22	0%	0
Other	5%	75	23%	12

Note: The only 'other' category in SDAS data is mental health; In Insights 'other' includes mental health plus any other disability that does not fall into other categories

Appendix 4: Refuge / accommodation dataset

Employment/ education	%	n	%	n
Paid or voluntary employment	9%	138	11%	6
In education/training	10%	141	2%	1
Not in employment/ education	76%	1132	47%	25
No (retired)	<1%	2	0%	0
Other	N/A	N/A	13%	7
Missing	5%	68	26%	14

Client needs

Needs identified by the service

Multiple needs	%	n	%	n
Drugs misuse	12%	185	2%	1
Alcohol misuse	12%	171	4%	2
Mental health problems	53%	780	51%	27

Note: Insights data captured for needs experienced within the last 12 months only; no timeframe specified in relation to SDAS data.

Perpetrator profile

Information known about the perpetrator

Primary perpetrator information	Insights		SDAS	
Gender	%	n	%	n
Female	4%	62	4%	2
Male	95%	1406	87%	46
Intersex	<1%	2	0%	0
Missing	<1%	11	9%	5

Relationship to perpetrator	%	n	%	n
Intimate partner	34%	506	19%	10
Ex-intimate partner	54%	797	62%	33
Intermittent intimate partner	1%	12	4%	2
Family member	8%	121	6%	3
Other	1%	21	0%	0
Missing	N/A	N/A	9%	5

Abuse profile

Abuse experience at intake to the service

Abuse at intake	Insights		SDAS	
Risk level	%	n	%	n
High risk	60%	896	40%	21
Non-high risk	40%	585	21%	11
Missing	N/A	N/A	40%	21

Additional risks	%	n	%	n
Risk of forced marriage	4%	53	0%	0
Risk of 'honour'-based violence	10%	154	0%	0

Type of abuse experienced by clients	%	n	%	n
Physical abuse	73%	1083	70%	26
Sexual abuse	37%	544	22%	8
Harassment & stalking	75%	1106	27%	10
Jealous & controlling behaviours	89%	1316	49%	18

Note: Insights captures abuse in the 3 months prior to intake; SDAS time frame may differ.
Note: This indicator is not compulsory within SDAS data collection, therefore percentages have been calculated based on cases with completed data (37).

Support

Support provided by the service

	Insights		SDAS	
Reason for case closure	%	n	%	n
Closed	86%	981	39%	14
Unplanned closure	14%	164	61%	22
Client fatality	0%	0	0%	0

Appendix 4: Refuge / accommodation dataset

Support provided / outcomes achieved	%	n	%	n
Criminal court process	9%	105	36%	13
Housing	72%	819	69%	25
Financial benefits	60%	691	28%	10
Immigration	4%	41	3%	1
Health & well-being	69%	795	56%	20
Children	39%	445	0%	0

Notes: 1) Insights records areas in which support was provided, while SDAS records outcomes achieved; therefore these may not completely align. 2) Data is only shown for comparable support areas and does not encompass all areas of support provided to clients.

Intensity of support	%	n	%	n
Average case length	**1.4 months**		**1.4 months**	

Outcomes

Outcomes at exit from the service

Case worker perception of risk at exit	Insights		SDAS	
	%	n	%	n
Significant reduction in risk	37%	427	14%	5
Moderate reduction in risk	25%	289	36%	13
Limited or no reduction in risk	22%	248	44%	16
Increased Risk	7%	79	6%	2
Missing	9%	102	0%	0
Significant/Moderate	**63%**	**716**	**50%**	**18**

Note: Phrasing of categories does not map exactly between Insights and SDAS which may result in differences in judgements

Ongoing contact with the perpetrator	%	n	%	n
Clients reporting ongoing contact	31%	357	31%	11
Clients reporting no ongoing contact	64%	609	33%	12
Missing	16%	179	36%	13

Appendix 5: methodology

SafeLives estimates

Number of victims at risk of abuse
- Figures are calculated by applying the local prevalence rate (Crime Survey England and Wales) to the local population aged 16 – 59, for each gender (using mid-year 2016 population estimates, ONS). A further 2.5% of the female 60+ population and 2.2% of the Male 60+ population is added to account for older victims; prevalence rates for these age groups are not available and therefore these are best estimates based on the rate of abuse experienced by 55 – 59 year olds.

Number of victims at high and medium risk of harm
- SafeLives estimates, based on analysis of Crime Survey data[1] that 26% of all female victims are at high or medium risk of serious harm or murder. A further 5% is added to this figure as a proxy for the number of male victims at this risk level, based on the prevalence of male victims seen at Marac.
- Of those at high or medium risk, SafeLives estimates (based on analysis of Crime Survey data cited above) that 40% of these victims will be at high risk, and the remaining 60% at medium risk.

Number of children exposed to high risk abuse
- SafeLives estimates, based on Insights Idva data, that approximately two thirds of victims at high risk will have children, with an average of 2 children each.

Number of high risk perpetrators
- The estimated number of high risk perpetrators is based on the estimated number of high risk victims, minus 17% to account for serial perpetrators (based on estimates in relevant literature).

Police crimes and incidents
Crimes and incidents were considered to involve one or more of substance misuse, alcohol misuse or mental health issues if flagged with one or more of the following markers:
- Alcohol
- Alcohol related
- Domestic Violence – Substance Misuse, Mental Ill Health of The Suspect
- Drugs related
- Drugs
- Drugs Motivation Suspected
- Mental health
- Other Intoxicants
- Violence Intoxicating Substances Involved

Crimes and incidents were considered to involve a child who was vulnerable or at risk if flagged with one or more of the following markers:
- Ag Fac Vulnerable Child/Young Person
- Child At Risk
- Child At Risk – Care Plan
- Child At Risk – Child Sexual Exploitation
- Child At Risk – Evidence of Domestic Violence
- Child At Risk – Threats or Attempts to Commit Suicide/Self Harm
- Child Sexual Abuse
- Domestic Violence – Child Abuse
- Domestic Violence – Pregnancy/Recent Birth
- Event Class Child Accosting

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[1] http://eprints.lancs.ac.uk/3515/1/Domesticviolencefindings_2004_5BritishCrimeSurvey276.pdf

Visibility to services

- The visibility of victims at high risk is based on a comparison of estimated victim numbers and the number of victims seen at Marac.
- The visibility of victims at medium risk is based on a the percentage of victims who tell a professional about the abuse, as recorded in the Crime Survey England and Wales 2013/14 (this question is no longer included in the survey and therefore no more up to date figure is available.)