

Stoke-on-Trent Strategic Needs Assessment for Domestic Abuse

October 2024

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1. Aim and Objectives

Stoke-on-Trent City Council undertook a review of domestic abuse to understand what needs to be put in place to ensure that this agenda is prioritised. As part of that review, a strategic needs assessment was completed. This 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 Stoke-on-Trent and the risk and protective factors linked with domestic abuse. This assessment, together with the public health review, will be used to develop a City-wide domestic abuse strategy and inform delivery of the best care for Stoke-on-Trent's residents, and to identify areas for opportunity and innovation.

A public health approach to domestic abuse prevention underpins this assessment, considers what the data tells us, listens to the voices of local victims/survivors, assesses the published evidence, and gathers good practice.

The objectives of this strategic needs assessment are to:

- Understand Stoke-on-Trent's population so that a public health approach to prevention of domestic abuse can be applied in practice.
- Improve our knowledge and understanding of domestic abuse across Stoke-on-Trent, 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.
- Determine gaps in our knowledge and understanding.
- Present recommendations.

2. Understanding Stoke-on-Trent's Population

Stoke-on-Trent is a city and unitary authority area in Staffordshire. Covering 36 square miles (93km²) and is made up of 'six towns': the county borough of Hanley, the municipal boroughs of Burslem, Longton, and Stoke, together with the urban districts of Tunstall and Fenton. Stoke-on-Trent is the home of the pottery industry in England and is known as The Potteries. It is a centre for service industries and distribution centres and formerly had a primarily heavy industry sector.

The Director of Public Health's Independent Annual Report for the City led to five key areas which will be its priorities over the coming years:

1. Cost of Living
2. Infant Mortality
3. Health Inequalities
4. Physical Inactivity and Obesity
5. Premature (under 75) deaths

Stoke-on-Trent City Council is made up of 34 wards and the City is joining a partnership (Legislation 2022) between councils in Staffordshire, where it will become a formal participant of the Staffordshire Leaders' Board.

Stoke-on-Trent has 10 state-funded (referred to as 'maintained' schools), which are: 1 nursery; 8 primary; 0 secondary; 0 special; 1 pupil referral units. There are 83 academy schools, which includes 64 primary; 15 secondary; 4 special. From an Ofsted report rating, 9 schools have received 'requires improvement' or 'inadequate'; 75 received 'good' and 9 have 'outstanding'

In relation to the NHS, the integrated care board (ICB) for Staffordshire and Stoke-on-Trent includes the following partnerships:

- Midlands Partnership University NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- University Hospitals of North Midlands NHS Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- Primary Care Networks
- Staffordshire County Council
- Stoke-on-Trent City Council
- NHS England
- VAST
- Healthwatch
- Support Staffordshire

Staffordshire Police is responsible for policing Staffordshire and Stoke-on-Trent in the West Midlands of England, and is made up of 1,987 officers, 215 PCSOs, 1,392 staff, 157 special constables and 105 volunteers (correct as of March 2023) (Staffordshire Police 2025). There are 10 local policing teams (or LTPs), which are further divided into 97 wards, each with their own team of police officers and PCSOs.

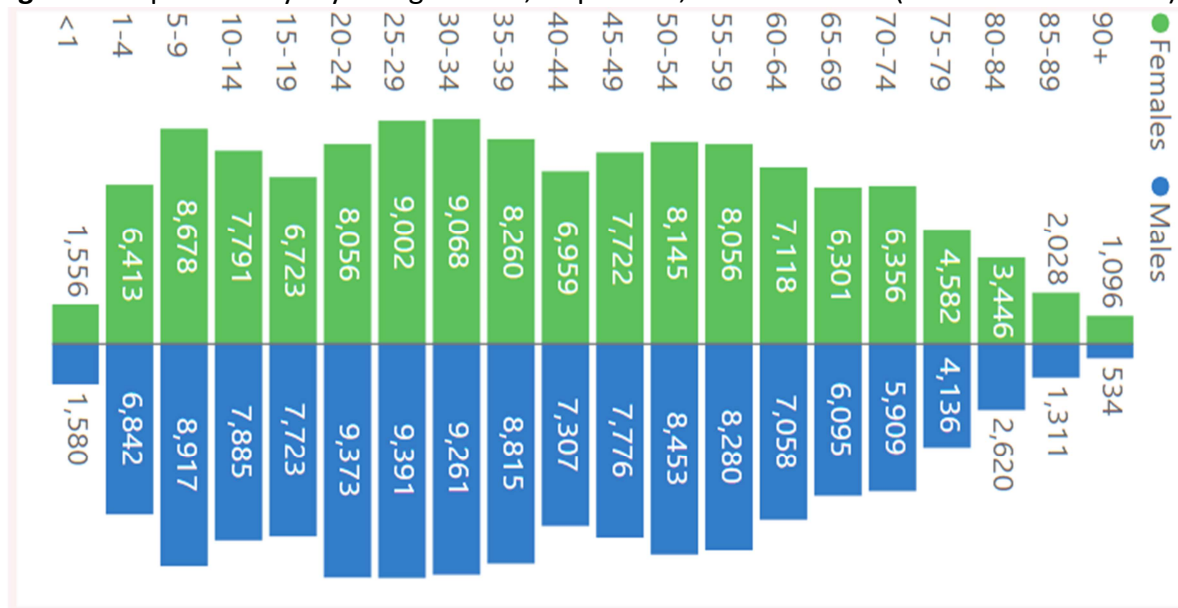
2.1 Demographics

A short summary of Stoke-on-Trent's population is presented outlining its demographics (i.e., gender, age, ethnicity) and deprivation levels alongside the prevalence of domestic abuse. More information about the City can be found in its Stoke-on-Trent JSNA (2024).

Between the last two census the population of Stoke-on-Trent has increased by 3.8%, from around 249,000 in 2011 to 258,400 in 2021. This is lower than the overall increase from England (6.6%) and West Midlands (6.2%) over the same time period (Census 2022). Further, nearby areas such as Cheshire East and Stafford have seen their populations increase by around 7.7% and 4.5% respectively (Census 2022). In 2021, Stoke-on-Trent ranked 69th for total population out of 309 local authority areas in England, which is a fall of six places in a decade. It is also the seventh most densely populated the West Midlands' 30 local authority areas.

Whilst the average age remained at 38 years, the area had a lower average age when compared with West Midlands and England (Office for National Statistics 2023). In Stoke-on-Trent there has been an increase of 14.1% in people aged 65 years and over, a decrease of 0.0% in people aged 15-64 years and an increase of 8.5% in children aged under 15 years. There is similar proportion of males to females for the City, being 49.9% and 50.1% respectively (Figure 1).

Figure 1. Population by 5-year age bands, all persons, Stoke-on-Trent (Stoke-on-Trent JSNA)



Understanding age and gender profile is important for domestic abuse prevention. The Crime Survey for England and Wales (CSEW) estimated that 4.8% of adults aged 16 years and over experienced domestic abuse in the year ending March 2022, equating to 2.3 million adults (1.6 million women and 712,000 men) (Office for National Statistics 2024).

It is important to consider domestic abuse by age. Domestic abuse is defined from the age of 16 years (Home Office 2024), and domestic abuse often starts, or gets worse, during pregnancy. However, domestic abuse is often under reported in the older population too (SafeLives 2016). 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 (McGavock and Spratt 2017).

In the latest census, 85.6% of the local population said that they were born in England, which is lower than the previous census, of 90.2%. Pakistan was the next most represented, with around 6,000 Stoke-on-Trent residents reporting this country of birth (2.3%), which is an increase from 1.7% in the previous census. The number of Stoke-on-Trent residents born in Romania rose from just over 100 (0.0%) in 2011 to just over 3,800 (1.5%) in 2021 followed by Poland (which increased from 0.7% to 1.2%) (Census 2023).

Ethnicity is slowly changing across Stoke-on-Trent, when in 2021, 83.5% identified their ethnic groups within the 'White' category, compared with 88.6% in 2011), whilst 9.9% identified their ethnic group within the 'Asian, Asian British or Asian Welsh' category, up from 7.4% in 2011. People identifying as 'Black, Black British, Black Welsh, Caribbean or African' increased from 1.5% in 2011 to 2.7% in 2021 and, people who identified as 'Mixed or multiple' increased from 1.8% in 2011 to 2.3% in 2021 (Census 2023).

Evidence indicates that domestic abuse happens across all ethnic population groups, with the highest being recorded for Mixed (7.1%), followed by Other (5.1%), White (5.0%), Black (3.4%) and then Asian (3.0%). There are some types of violence that are more prevalent in some communities, such as 'so-called honour-based violence' and forced marriages. To exert power and control, domestic abuse perpetrators exploit a victim's immigration status, lack of English language, cultural expectations and religious commitments (Office for National Statistics 2024).

There are large faith communities across Stoke-on-Trent, including those of no religion (Census 2023):

45.8% Christian

37.7% No Religion

9.2% Muslim

5.7% Not answered

<0.5% Buddhist (0.3%), Hindu (0.5%), Jewish (0.0%), Sikh (0.2%), Other (0.4%).

2.2 Deprivation

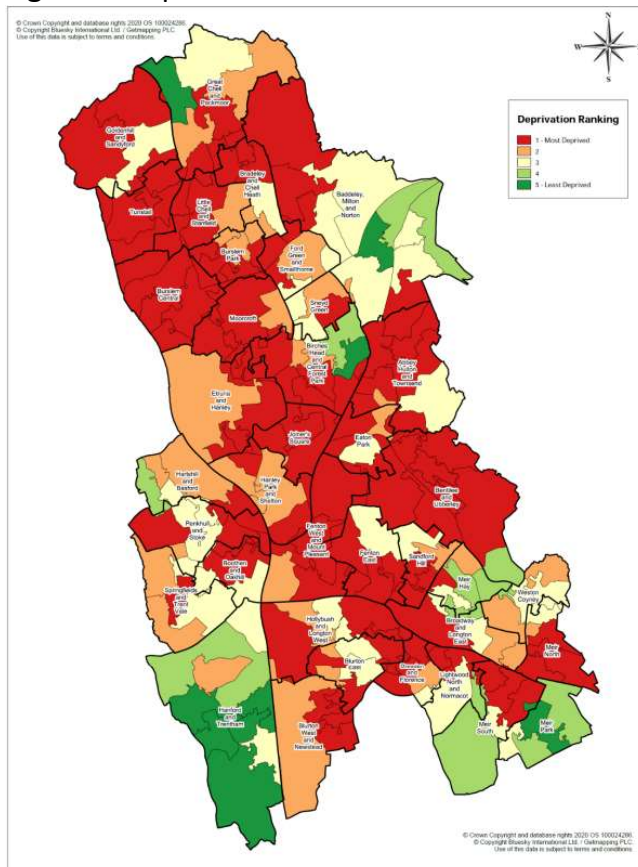
Life expectancy (at birth) is lower for both males (75.8 years) and females (79.7 years) living in Stoke-on-Trent compared to England (79.4 year and 83.1 years respectively). There are wide variations across the city, with males living 9.4 years longer in the most affluent area compared with the most disadvantaged. A similar but smaller pattern is observed for females with a 8.8 year gap between the most advantage and disadvantaged areas. For more information about life expectancy visit the Stoke-on-Trent JSNA (2024).

Stoke-on-Trent is the 13th most deprived English local authority out of 317 and has very high levels of deprivation (Ministry of Housing, Communities & Local Government 2019). There are areas of extreme deprivation, the most deprived areas of the city being located around the wards of Tunstall, Burslem Central, Etruria and Hanley, Bentilee and Ubberrley, and Blurton West and Newstead (Figure 2).

In Stoke-on-Trent, the percentage of Stoke-on-Trent children who are living in absolute low-income families (under 16 years) is significantly higher compared with England and West Midlands. From 2014 to 2022, Stoke-on-Trent figures increased from 24.6% to 29.9%, whereas England increased from 15.4% to 15.6% and West Midlands from 18.4% to 21.7%. This means that nearly a third of children aged under 16 years are living in absolute low-income households. In Stoke-on-Trent, 24% of children are living in low income families, which is higher than the national average of 17.0%.

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. Deprivation levels across Stoke-on-Trent, 2019



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 (Bonomi et al 2014). 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 (Cabinet Secretary for Social Justice 2024).

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

2.3 Domestic Abuse

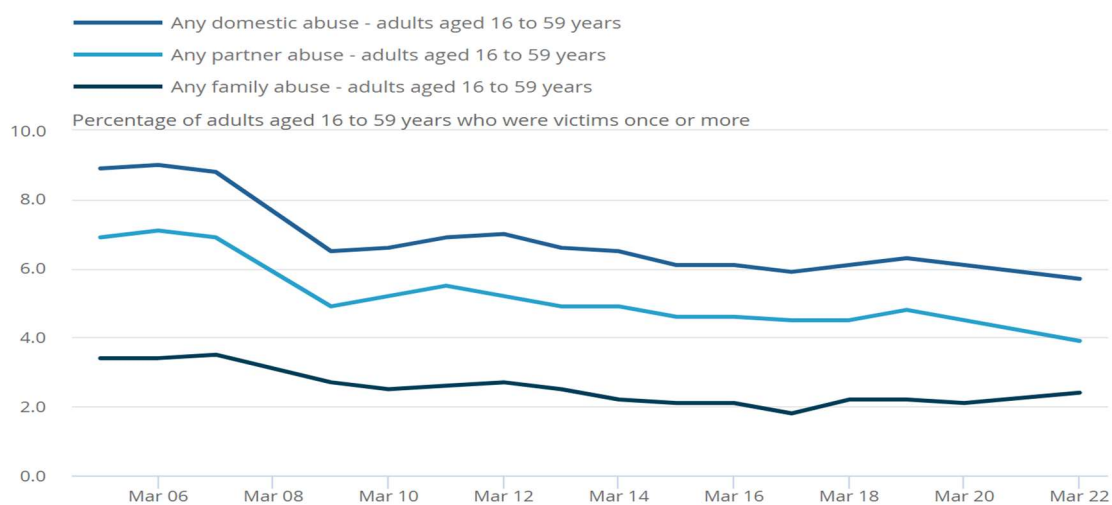
Taken directly from Office for National Statistics for England and Wales, November 2023:

- The Crime Survey for England and Wales year ending March 2023 estimated that 4.5% of adults (5.7% women and 3.2% men) aged 16 years and over, 2.151 million (1.4 million women and 751,000 men) experienced abuse in the last year.
This equates to approximately 9,070 people (5,790 women and 3280 men) aged 16+ in Stoke-on-Trent
- Approximately 1 in 5 adults aged 16 years and over, had experience domestic abuse since the age of 16 years.
This equates to approximately 40,800 people aged 16+ in Stoke-on-Trent
- There was no significant change in the prevalence of domestic abuse experienced by adults 16-59 years in 2022, compared with the year ending March 2020; a year largely unaffected by the pandemic and the last time national data were collected (Figure 3).
- 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 4).
- 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 20218 (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 5).
- 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 6).

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.

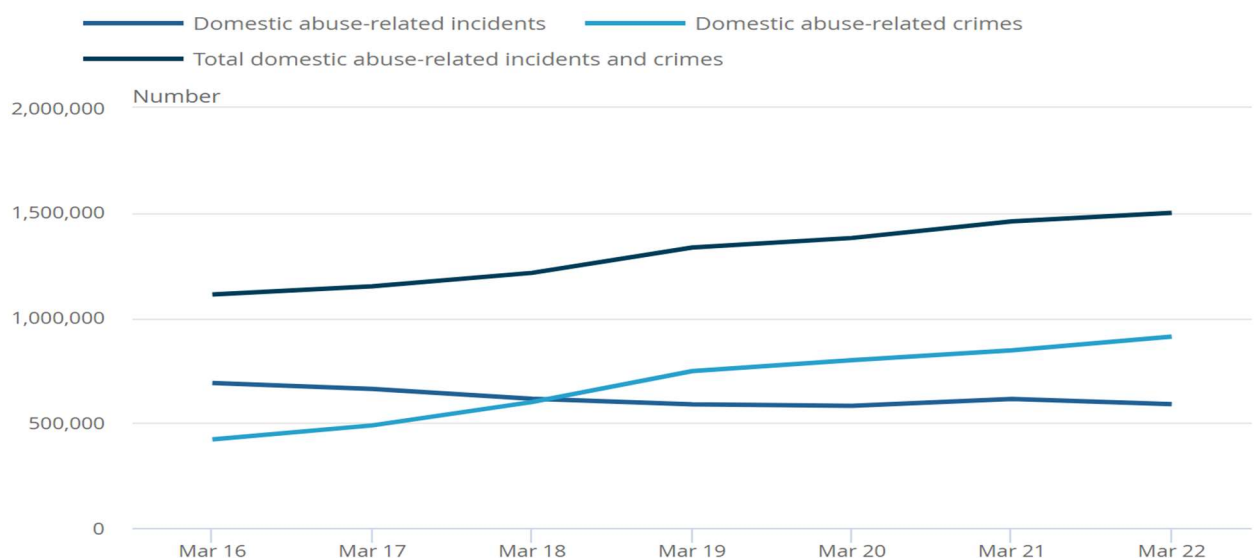
From national data, of the 269 female domestic homicide victims, the suspect was male for 260 of cases (97%). Of female domestic homicides, the suspect was a male partner or ex-partner in 77% of cases, whereas in the majority (62.5%) of male domestic homicides, the suspect was a male family member.

Figure 3 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*



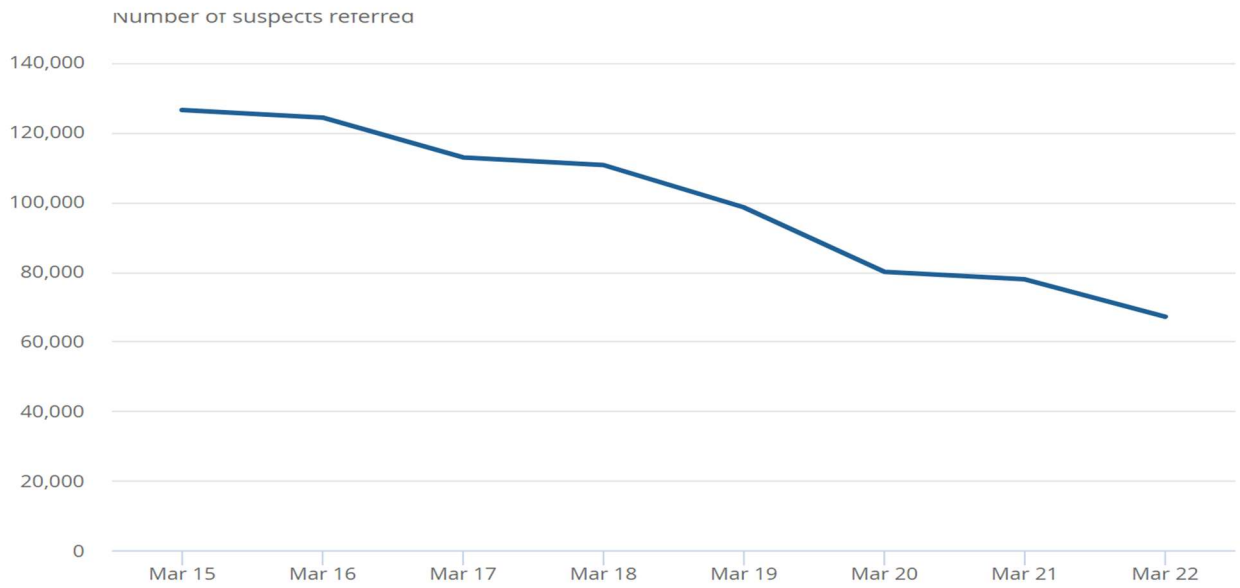
Source: Office for National Statistics 2022

Figure 4 Number of domestic abuse-related incidents recorded by the police, England and Wales, year ending March 2016 to year ending March 2022



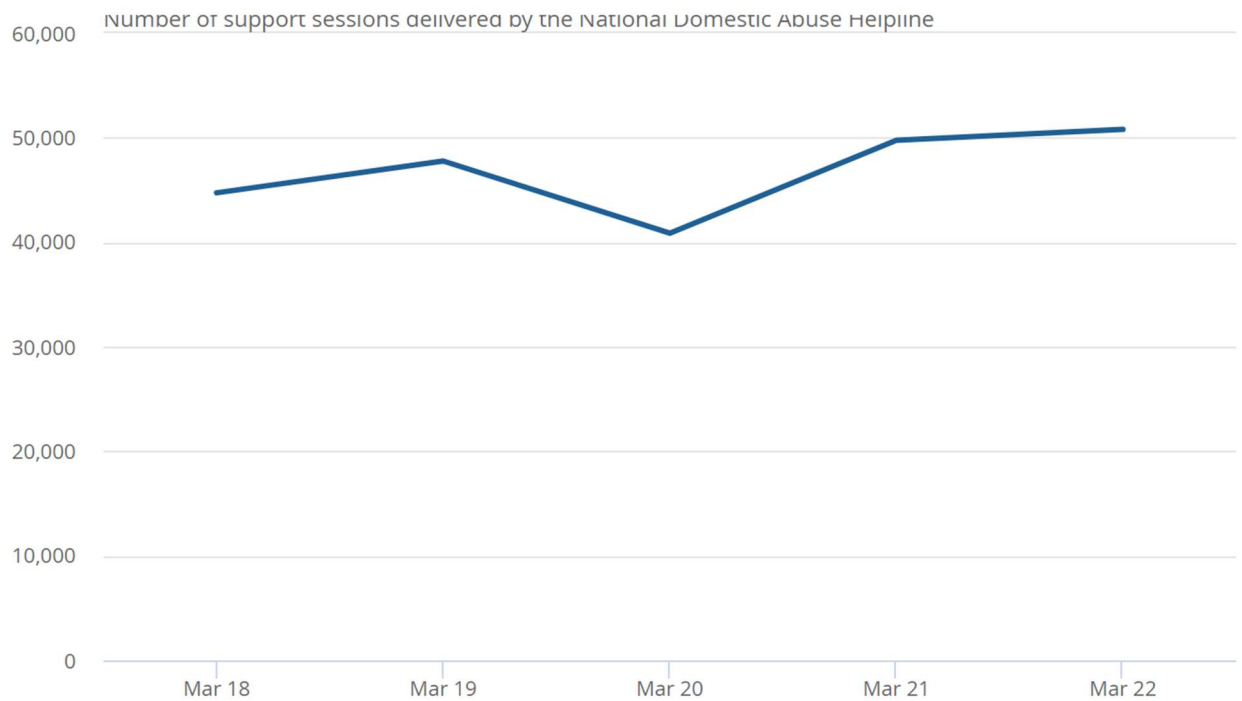
Source: Office for National Statistics 2022

Figure 5 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: Office for National Statistics 2022

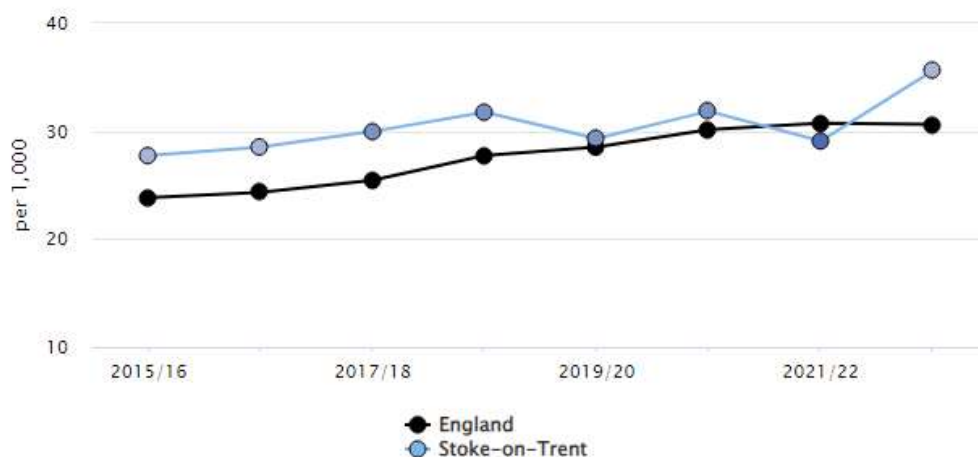
Figure 6 Number of support sessions delivered by the National Domestic Abuse Helpline in England, year ending March 2018 to March 2022



Source: Office for National Statistics 2022

Domestic abuse related incidents and crime rate has been increasing over time for both England and Stoke-on-Trent, with national and local figures being very similar. Stoke-on-Trent's rate increased from 2015/16 until it reduced in 2019/20 and then increased to a crude rate of 35.6 per 1,000 which is higher than the national rate of 30.8 in 2022/23 (Figure 7). This figure is higher than the mean average rate for metropolitan boroughs across England (38.0 per 1,000).

Figure 7 Domestic abuse related incidents and crimes offences, rate per 1,000 Stoke-on-Trent and England, aged 16 years and above



Source: Department of Health and Social Care 2025

In 2022/23, domestic abuse rates (crude rate per 1,000 population) in Stoke-on-Trent are higher than national, being 35.6 per 1,000 and 30.6 per 1,000 respectively. When compared to its statistical neighbours, the City comes 12th out of the 16 local authority areas (Figure 8).

Figure 8 Domestic abuse related incidents and crimes offences, rate per 1,000 for Stoke-on-Trent and Nearest Statistical Neighbours, aged 16 years and above.

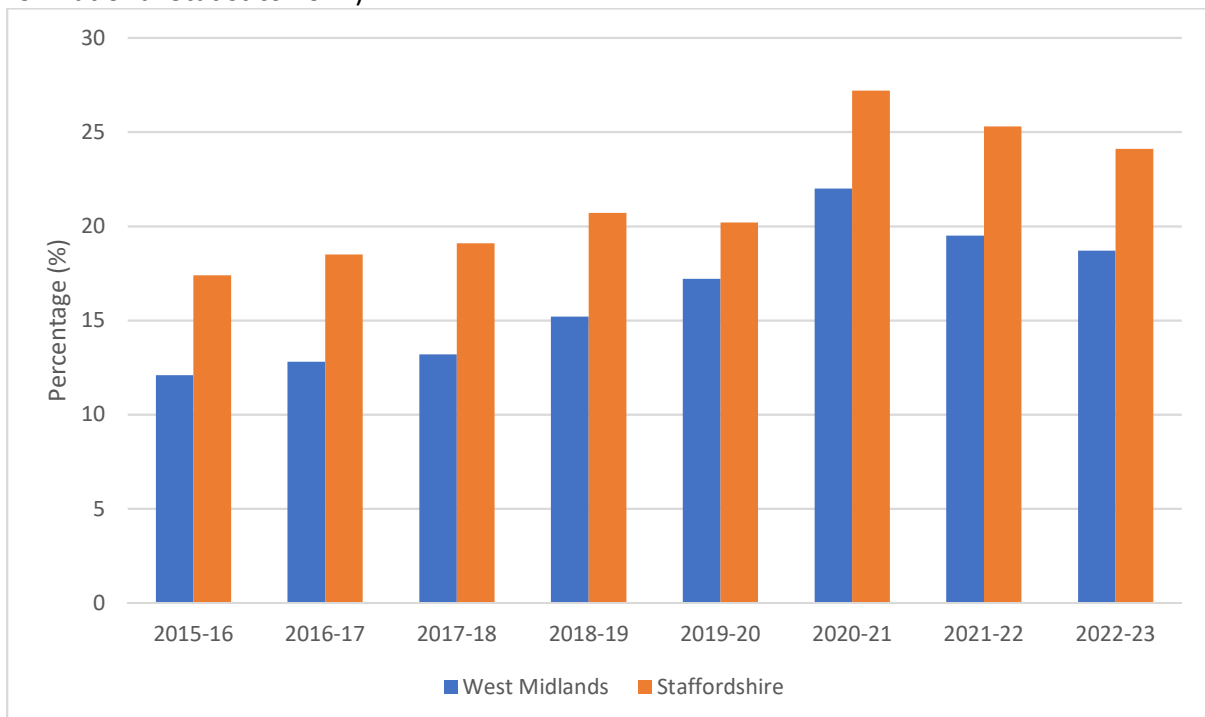
Area	Recent Trend	Neighbour Rank	Count	Value
England	↑	-	1,365,149	30.6*
Neighbours average	↑	-	-	-
Middlesbrough	-	5	-	44.2*
Wolverhampton	-	10	-	41.0*
Dudley	-	8	-	41.0*
Sandwell	-	7	-	41.0*
Walsall	-	1	-	41.0*
Bury	-	15	-	38.1*
Bolton	-	9	-	38.1*
Rochdale	-	6	-	38.1*
Oldham	-	3	-	38.1*
Tameside	-	2	-	38.1*
Derby	-	11	-	36.6*
Stoke-on-Trent	-	-	-	35.6*
Rotherham	-	12	-	34.8*
Kingston upon Hull	-	4	-	30.2*
Blackburn with Darwen	-	14	-	28.6*
Telford and Wrekin	-	13	-	27.2*

Source: Office for National Statistics

Across Staffordshire police, data April 2022 – March 2023 (Office for National Statistics 2024), there were:

- 23,697 total number of domestic abuse related crimes; 24.1% of all crimes that were domestic abuse related (Figure 9 shows percentage over time)
- 6,534 total number of recorded domestic abuse related incidents
- 7,444 number of domestic abuse related stalking and harassment; 42.4% of all stalking and harassment offences. This is the highest percentage in West Midlands and 3rd highest across England with Hertfordshire (46.1%) and Northumbria (43.3%) being higher.
- 6,137 coercive control offences across West Midlands, of which 1,040 were for Staffordshire Police.

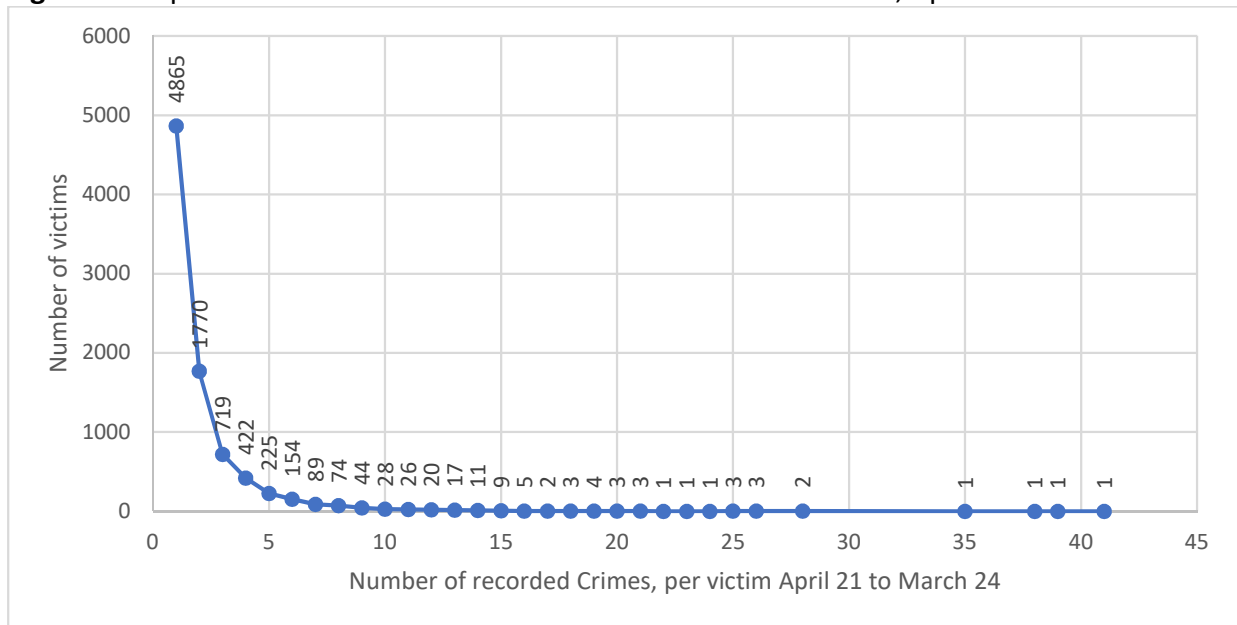
Figure 9 Percentage of domestic abuse related crimes, over time, by police force area (Office for National Statistics 2024)



Between April 2021 and March 2024, there were 18,024 victims recorded against domestic abuse crimes living in Stoke on Trent who reported their abuse to Staffordshire Police. Of which, 76% (n=13,617) were females and 24% (n=4,353) were males. One victim reported their gender as neither male or female, and the gender was not recorded or known in 53 cases. There are more female victims of domestic abuse in Stoke-on-Trent compared with the national figure of 71%.

Of the 18,024 victims of domestic abuse crimes, there were 8,508 individual victims, with many (3,643, 42%) being victim more than once during this 3-year period. One person was a reported victim of a domestic abuse crime 41 times during this period (Figure 10).

Figure 10 Repeat victims of domestic abuse crimes in Stoke-on-Trent, April 21 to March 2024

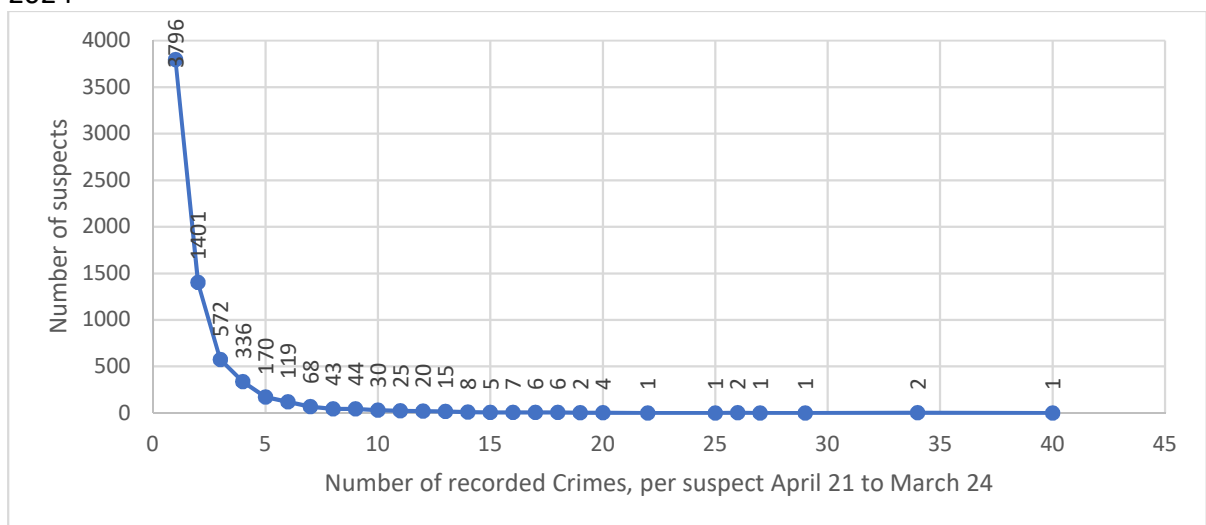


Source: Staffordshire Police

Staffordshire Police reported 14,338 suspects of domestic abuse crimes living in Stoke-on-Trent, of which 25% (n=3,551) were females and 75% (n=10,765) were males, with 22 cases where the suspect’s gender was not recorded or known.

Of the 14,338 suspects of domestic abuse crimes, there were 6,686 individual suspects, with many (2,890, 43%) being a suspect more than once during this 3-year period. One person was a reported suspect of a domestic abuse crime 40 times in this period (Figure 11).

Figure 11 Repeat suspects of domestic abuse crimes in Stoke-on-Trent, April 21 to March 2024



Source: Staffordshire Police

Residents within Stoke-on-Trent can be **both** victims and suspects of reported domestic abuse crime. Of the 8,508 individual residents of Stoke-on-Trent who were victims of domestic abuse crimes between April 2021 and March 2024, 2,353 (28%) were **also** recorded as a suspect in a domestic abuse crime in the same period. For example, one female resident aged 40-44 was recorded as a victim 16 times during this period, and 15 times as a suspect.

Conversely, of the 6,686 residents recorded as a suspect in a domestic abuse crime during this period, 2,353 (35%) were **also** recorded as a victim of domestic abuse crime in the same period. For example, one male aged 20-24 was recorded as a suspect 13 times and a victim 16 times during this period.

Domestic abuse happens within every ward of Stoke-on-Trent. Whilst deprivation rates correlate with higher rates of domestic abuse, it is not a complete correlation, with domestic abuse occurring across the City (Table 1). From Staffordshire Police figures for April 21 to March 24, the highest rate of domestic abuse crimes was recorded in Fenton West and Mount Pleasant Ward (143.8 Crimes per 1,000 population). The average number of crimes per 1,000 across Stoke for this period was 80.6 (Figures 12a, b and c)

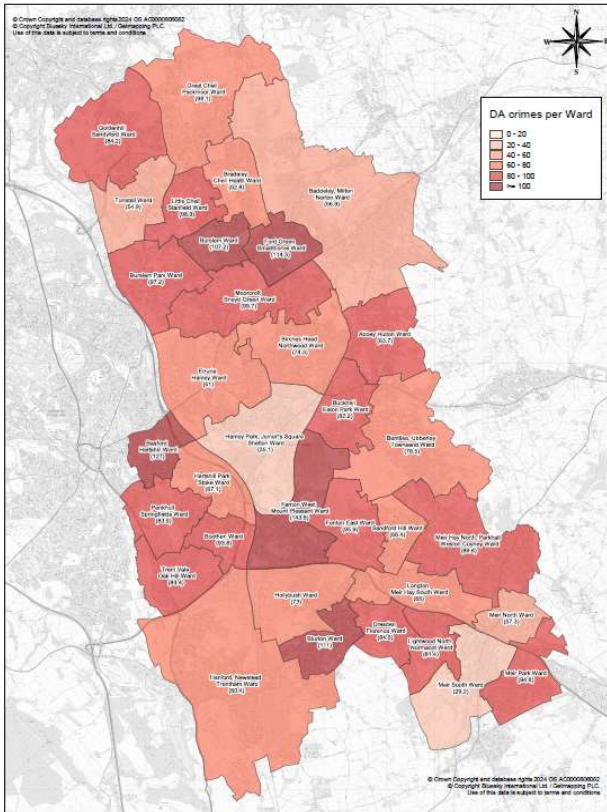
Table 1 Number and rate of incidence of domestic abuse in Stoke-on-Trent by ward, April 2021 to March 2024

Ward	Population	DA Crimes		DA Victims		DA Suspects	
		Total	Per 1,000 population	Total	Per 1,000 population	Total	Per 1,000 population
Abbey Hulton	10,285	639	83.7	627	80.3	413	57.7
Baddeley, Milton and Norton	16,849	958	56.9	902	53.7	791	47.0
Basford and Hartshill	11,354	306	127.0	238	125.7	217	83.0
Bentilee, Ubberley and Townsend	11,092	1560	78.5	1512	64.9	1039	53.6
Birches Head and Northwood	5,158	853	74.3	718	70.4	594	44.4
Blurton	7,295	577	111.0	563	103.5	425	75.3
Boothen	6,088	464	93.8	313	65.5	306	65.9
Bradeley and Chell Heath	5,687	356	62.8	317	55.9	240	42.2
Bucknall and Eaton Park	5,147	287	82.2	226	55.0	190	55.8
Burslem	7,024	726	107.2	564	85.6	558	82.7
Burslem Park	4,887	509	97.2	443	87.0	364	70.6
Dresden and Florence	5,023	510	84.6	469	79.2	377	61.5
Etruria and Hanley	4,326	642	61.0	579	46.2	449	38.4
Fenton East	7,991	885	95.9	688	88.8	625	68.2
Fenton West and Mount Pleasant	6,162	653	143.8	549	112.0	429	101.4
Ford Green and Smallthorne	5,706	513	114.3	493	95.9	363	75.2
Goldenhill and Sandyford	6,161	425	84.2	409	81.0	260	59.7
Great Chell and Packmoor	6,254	595	68.1	564	65.7	335	42.2
Hanford, Newstead and Trentham	9,786	823	60.4	743	57.0	463	33.6
Hanley Park, Joiners Square & Shelton	11,222	1238	35.1	1033	32.2	885	20.0
Hartshill Park and Stoke	6,675	558	67.1	385	51.2	475	43.7
Hollybush	7,301	470	73.0	438	49.2	286	51.2
Lightwood North and Normacot	5,821	352	81.4	310	72.8	260	50.9
Little Chell and Stanfield	6,530	624	98.9	543	84.4	512	75.0
Longton and Meir Hay South	5,509	458	65.0	314	57.4	288	49.0
Meir Hay North, Parkhall & Weston Coyney	6,693	553	89.6	484	78.9	371	73.5
Meir North	4,363	677	57.3	629	48.8	458	39.0
Meir Park	6,205	124	94.6	97	92.0	77	63.2
Meir South	4,445	603	29.2	528	22.9	365	18.0
Moorcroft and Sneyd Green	6,008	809	99.7	719	87.7	614	60.6
Penkhull and Springfields	5,862	347	83.9	298	71.6	177	63.5
Sandford Hill	6,821	497	66.4	422	54.0	332	49.1
Trent Vale and Oakhill	6,054	350	83.4	305	70.4	209	55.5
Tunstall	5,354	734	54.9	599	47.6	586	41.7
Total			80.6		70.2		55.9

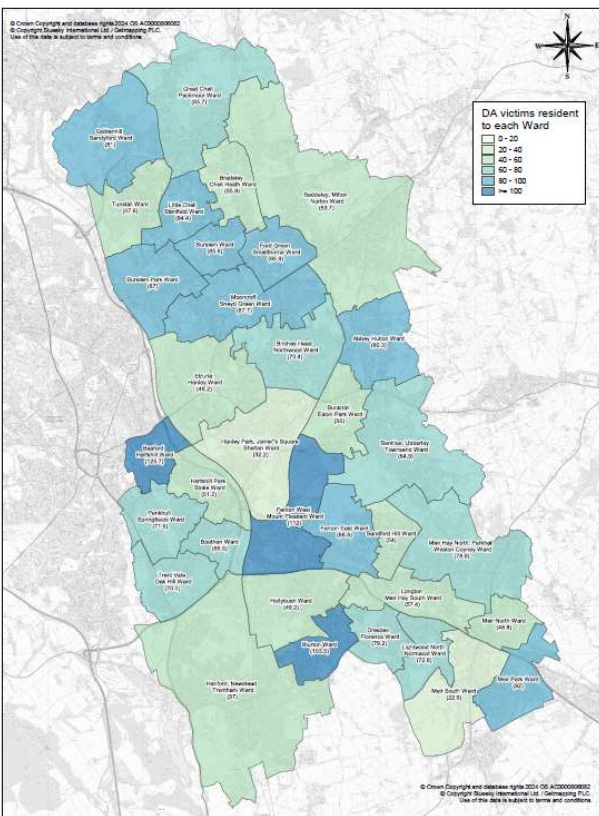
1: location of offence, where known. 2: home address of victim/suspect (where known)

Source: Staffordshire Police, 2021 to 2024

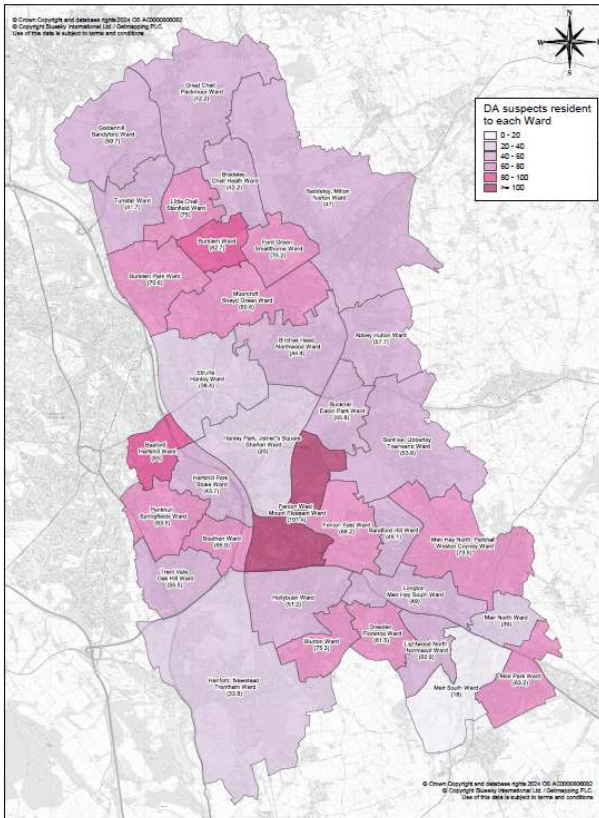
Figure 12 Domestic abuse rate 1,000 population in Stoke on Trent by ward, April 2021 to March 2024, Staffordshire Police Data for:



a). Rates of domestic abuse crimes



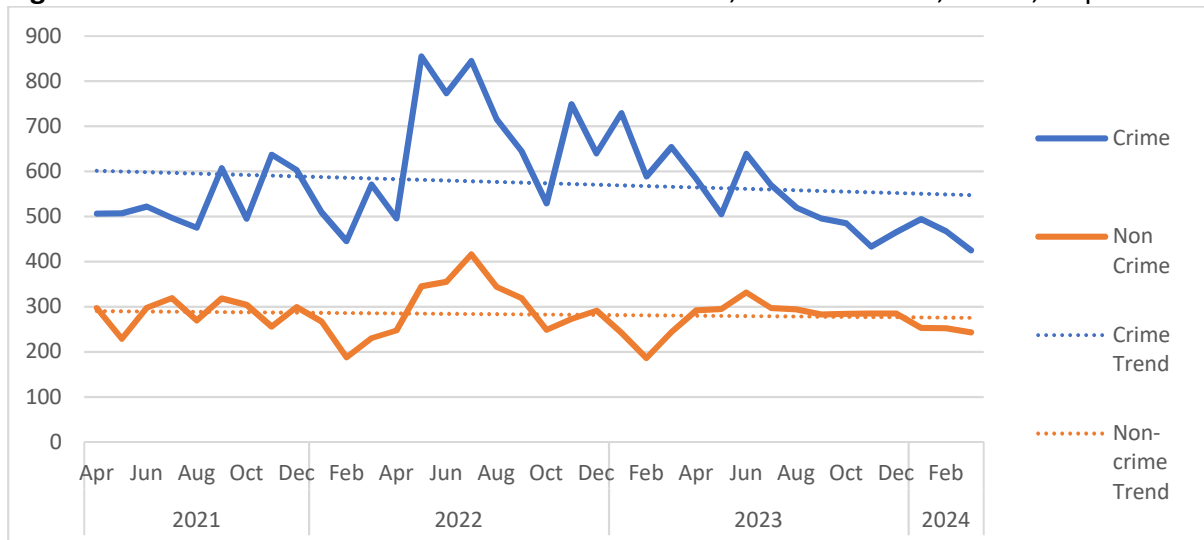
b). Resident victims of domestic abuse



c). Resident suspects of domestic abuse

Domestic abuse offences reported for Stoke-on-Trent to Staffordshire Police has shown a modest decline since April 2021, against the national increase that has been observed over time. The calendar year 2022 saw the highest number of offences recorded for domestic abuse, peaking in April to August (Figure 13). This peak is likely to be attributed to COVID-19 restriction releases, where domestic abuse is likely to have been underreported to the police prior to June 2022.

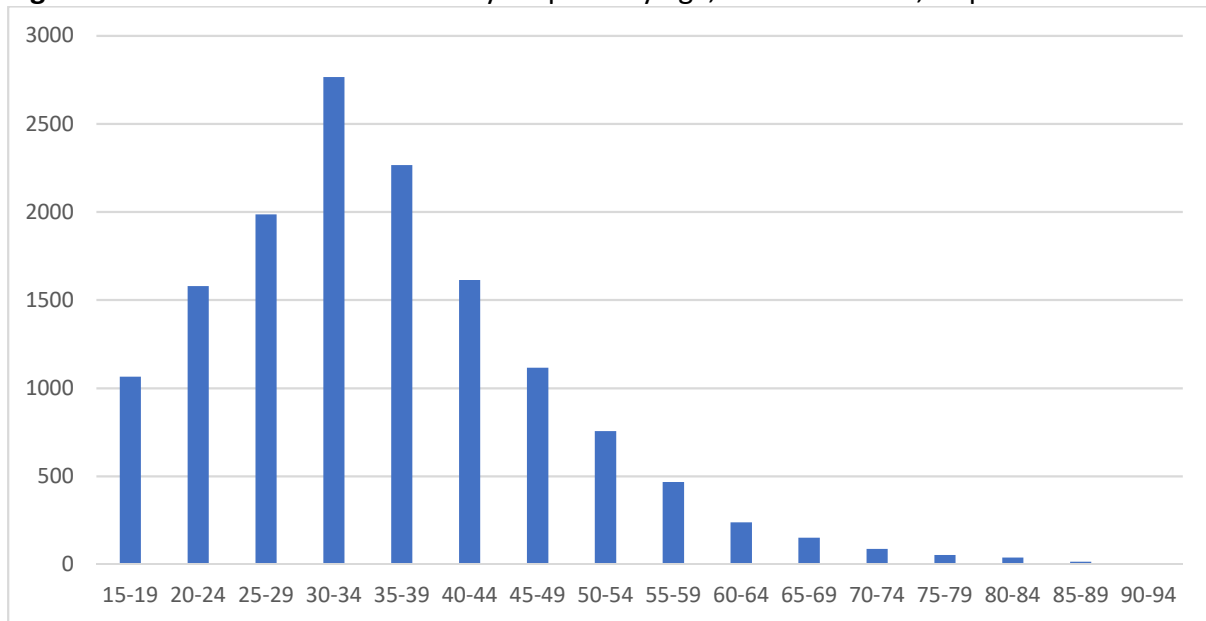
Figure 13 Number of domestic abuse offences recorded, Stoke-on-Trent, adults, all persons.



Source: Staffordshire Police, 2021 to 2024

Domestic abuse is defined in law from age 16 years. The number of domestic abuse offences reported to the police increases with age peaking at age 30-34 years for suspects (Figure 14).

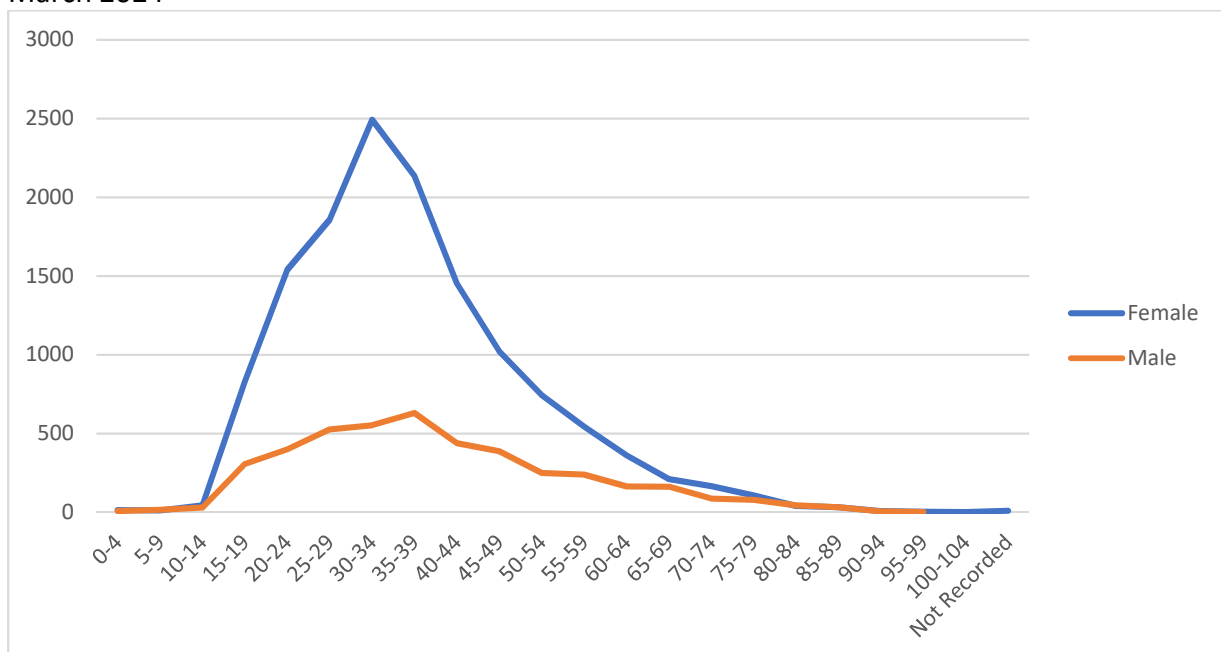
Figure 14 Domestic abuse offences by suspects by age, Stoke-on-Trent, all persons



Source: Staffordshire Police

For victims of domestic abuse living in Stoke-on-Trent, the most common age range to report offences is between ages 25 to 39 years (46% of all victims are aged in this range), after which the number of reported offences reduces. The peak age for women is 30-34 years, but slightly later for men (35-39 years). The frequency gap closes between men and women as age increases (Figure 15).

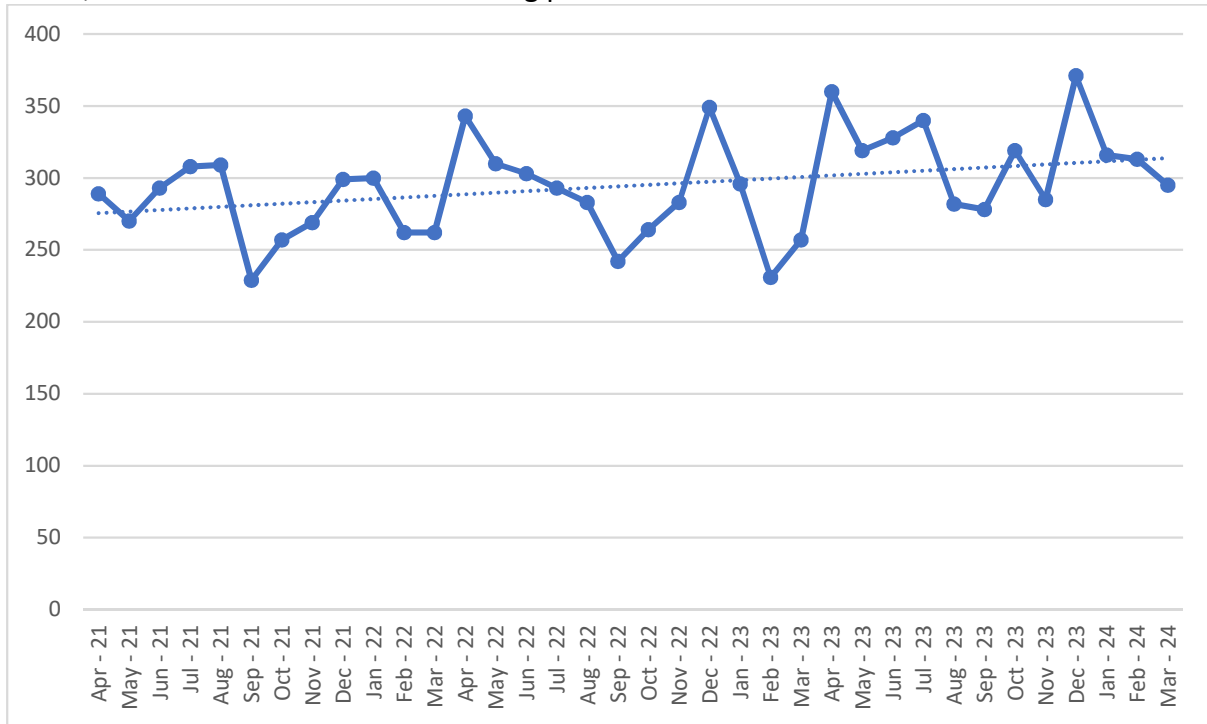
Figure 15 Domestic abuse offences, victims, by age and gender, Stoke-on-Trent, April 2021- March 2024



Source – Staffordshire Police

Data from Staffordshire Police shows an average of 295 domestic abuse incidents each month where one or more children are present (April 2021 to March 2024), with a slightly increasing trend over this period (figure 16).

Figure 16 Numbers of domestic abuse incidents in Stoke-on-Trent recorded by Staffordshire Police, where a child is recorded as being present.



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 (Table 2).

Table 2 National Criminal Prosecution Service data in Quarter 4 for 2023/24 (CPS 2024):

Referrals from the police	<p>The volume of referrals recorded has increased by 4.4% from 18,229 in Q3 23/24 to 19,032 in Q4 23/24.</p> <p>In the year 23/24 there were 72,641 referrals from the police – 4.8% higher than in 22/23.</p>
Pre-charge timeliness	<p>The mean number of days from police referring a case to the CPS and the CPS authorising a charge has increased by just over a day, from 24.81 days in Q3 23/24, to 26.01 days in Q4 23/24.</p> <p>During 23/24 the mean average time to charge was 24.26 days, this is just over 1 day lower than the 25.76 days in 22/23.</p> <p>The median number of days from police referring a case to the CPS and the CPS authorising a charge has remained constant at 1 day.</p> <p>The proportion of consultations completed within 28 days decreased to 71.2% in Q4 23/24 from 79.2% in Q3 23/24.</p>
Charging	<p>The proportion of suspects charged (out of all legal decisions) has remained largely static, increasing 0.2 percentage points to 78.6% in Q4 23/24 from 78.4% in Q3 23/24.</p> <p>In 23/24 the charge rate was 79.0%, 2.5 percentage points higher than the 76.5% charge rate in 22/23. The volume of suspects charged increased by 3.6% from 12,299 in Q3 23/24 to 12,746 in Q4 23/24.</p> <p>In the year 23/24, the CPS charged 49,046 suspects, an increase of 3.6% on the 22/23 figure of 47,361.</p>
Completed prosecutions	<p>Completed prosecutions increased by 4.3% from 12,538 in Q3 23/24 to 13,082 in Q4 23/24.</p> <p>In 23/24 there were 51,183 prosecutions – this is 105 less prosecutions than in 22/23 (a reduction of 0.2%).</p>
Victim attrition	<p>Volumes of non-convictions due to victim attrition increased by 3.6% from 1,510 in Q3 23/24 to 1,565 in Q4 23/24 – an increase of 55. Of the non-convictions, 49.8% were due to victim attrition (up 1.4ppt on last quarter).</p> <p>Of all prosecution outcomes, non-convictions due to victim attrition accounts for 12.0% (remaining static compared to last quarter).</p>
Convictions	<p>The conviction rate improved by 0.9 percentage points to 76.0% in Q4 23/24 from 75.1% in Q3 23/24.</p> <p>Overall, the conviction rate in 23/24 was 75.8%. This is 0.6 percentage points lower than in 22/23 where it was 76.4%.</p> <p>Conviction volumes have increased by 5.5%, from 9,415 in Q3 23/24 to 9,937 in Q4 23/24.</p> <p>In 23/24 there were 38,776 convictions – 1.1% lower than in 22/23.</p>

There are approximately 2.3 million people who experienced domestic abuse within a 12-month period (Census 2022). 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 (CPS) definitions, a victim describes someone against whom an offence has been committed (CPS 2025). They may use complainant or witness or survivor. 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.

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 (DVPN) on the spot, provided they have the authorisation of an officer at Superintendent rank.

The magistrates' court must then hear the case for the PO itself, which is 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 that can be issued by police to a perpetrator when attending a domestic abuse incident. Because the DVPN is 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.

There was a reduction in protection notices authorised and protection ordered applied for and granted in 2022/23. This is despite there being a peak in domestic abuse crimes recorded in this year (see earlier chart). Numbers have returned to 2021/22 levels in 2023/24. The rate of orders breached per orders granted has dropped each year since 2021/22 (Table 3).

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 (Box 1).

Table 3 DVPN & DVPOs, Staffordshire Police, financial years 2021/22 to 2023/24

Activity	2021/22	2022/23	2023/24
DVPN Authorised	244	151	255
DVPNs Breached	8	4	6
DVPO Applied for	252	149	246
DVPO Granted	224	138	212
DVPO Breached	64	31	43
DVPO Breached:Granted ratio	0.29	0.22	0.20

DVPN= Domestic Violence Protection Notices; DVPO= Domestic Violence Protection Orders

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.

2.4 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 symptom 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.

Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales (Table 4). 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 experienced by victims as a result of domestic abuse), 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 (Oliver et al 2019).

Table 4 Total costs of domestic abuse in England and Wales for 2016/17 (£ millions) (Oliver et al 2019)

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

This section has provided an overview of Stoke-on-Trent, its demographics, levels of deprivation and overall pattern of domestic abuse using police data as well economic impact. It is shown that Stoke-on-Trent has higher than national domestic abuse levels and therefore poorer outcomes for its 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 for Stoke-on-Trent will therefore be high. It is important to understand both the challenges and prevention opportunities when responding collectively to domestic abuse as well as the inter-generational factors.

3. Domestic Homicides

Of all recorded homicides (n=590) in England, 17% (n=100) are domestic homicides. Adult women victims (aged 16 years and over) were more commonly killed by a partner or ex-partner (35%) or a family member (10%), in the year ending March 2023 (ONS, 2022).

There were 100 domestic homicides in England in the year ending March 2023, 37 fewer than the previous year and the lowest annual number since the data were recorded electronically in 1977. Of these 100 domestic homicides, 68 victims were killed by a partner or ex-partner (down from 77), 18 were killed by a parent, son or daughter (down from 43) and 14 were killed by another family member (down from 17).

Almost half (45%) of all adult female homicide victims were killed in a domestic homicide (70). Of these 70 female victims, all but one were killed by a male suspect. In contrast, males were much less likely to be the victim of a domestic homicide, with only 8% (30) of male homicides being domestic-related in the year ending March 2023. 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. Nationally, domestic homicide is more prevalent in heterosexual relationships compared to same-sex relationships.

To gain more information Domestic Abuse Related Death Reviews (DARDRs), previously called domestic homicide reviews (DHRs), 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.

Since 2013 (date of death) there have been 19 completed DARDRs and 4 DARDRs that are in the process of being completed in Stoke-on-Trent (internal data), of which:

- **Committed by**
 - 17 (74%) intimate partner either current or estranged (4 males; 13 females)
 - 6 (26%) a family/household member (3 males; 3 females)
- **Gender (victim)**
 - 8 (35%) males
 - 15 (65%) females
- **Gender (perpetrator)**
 - 5 male perpetrators against 4 male victims
 - 3 female perpetrators against 3 male victims
 - 15 male perpetrators against 15 female victims
 - 1 trans perpetrator against 1 female victim
- **Ethnicity (Victim)**
 - 17 were White British, of which 4 were male and 13 were female
 - 3 were Asian/Asian British, of which 2 were males, 1 was female
 - 1 was Other Ethnic, who was female
 - 2 were White Other, of which 1 was male and 1 female
- **Suicide**
 - 2 of the homicides were death by suicide, which were both by females.

The most recent national analyses of domestic homicide reviews, October 2020 – September 2021 was published June 2022, updated April 2023, (Potter 2024) 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.

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.

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, health workers, domestic violence charities, and the military.

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.

4. 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 (IDVAs), 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 (if applicable) and the perpetrators to appropriate services. The victim does not attend the meeting but is usually represented by an IDVA 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.

For the year ending March 2023, there were 102,011 cases discussed at MARAC across England, of which 6.1% (n=6,235) were males and 93.9% (95,776) were females. For Staffordshire MARAC for the same time-period, there were 1,934 cases discussed, of which 4% (n=77) were males and 96% (n=1,857) were females. For England and Staffordshire respectively:

- 17.8% and 8.9% were from Ethnic Minorities
- 9.7% and 2.3% where the victim had a disability
- 1.5% and 1.1% were LGBT+

Of the 1,934 cases discussed at Staffordshire MARAC, there were 43 cases per 10,000 adult females, which is lower than the England rate of 48 per 10,000. There were 393 (20%) repeat cases which is lower than the national average (33%). For the year ending March 2023, there were 2,569 children in the household in Staffordshire.

From the national intelligence, the biggest referral routes for England and Staffordshire respectively were:

- 65.5% and 67.3% Police
- 12.1% and 10.5% IDVA
- 2.8% and 0.4% Children's Social Care
- 0.9% and 0.5% Adult Social Care
- 2.0% and 1.8% Primary Care
- 2.5% and 0.6% Secondary Care
- 0.6% and 0.4% Substance Misuse
- 1.9% and 2.0% Probation
- 2.5% and 0.4% VCSE
- 0.7% and 11.8% MASH
- 2.0% and 0.3% Housing
- 6.5% and 1.6% Other

In the most recent performance report to come to the pan-Staffordshire domestic abuse commissioning and development board, it stated that there were 2,005 cases discussed, which is a 4.4% increase on the previous year. The number of repeat cases was 311, which is a 19.8% reduction for the previous year.

In Stoke-on-Trent, there are two MARACs, Stoke South and Stoke North. Over a 12-month period (July 2023-June 2024), there were a total of 746 MARAC cases discussed, of which there was a 50:50 split between North and South with 376 cases being discussed in the North and 370 in the South. This resulted in approximately seven cases per week being

discussed, although fluctuations occurred over the time period (Figure 17). A total of 1,200 children were included within the 746 cases discussed. However, there was a difference between the two MARACs. For the North, of the total number of children in households who were discussed at MARAC, two thirds (64%) were at the North meeting compared to a third (36%) at the South meeting (Figure 18). On average, there are 12.6 children within the household on a weekly basis in the North compared with 7.0 for the South.

Over the 12-month period, there were 120 repeat cases discussed at all MARACs in Stoke-on-Trent, which is 16% of all cases heard at MARAC. The number of repeat cases that were discussed were similar by location; an average of 1.1 repeat cases for North MARAC and 1.2 repeat cases for South MARAC.

Figure 17 Number of cases discussed at MARAC over time (July 2023-June 2024).

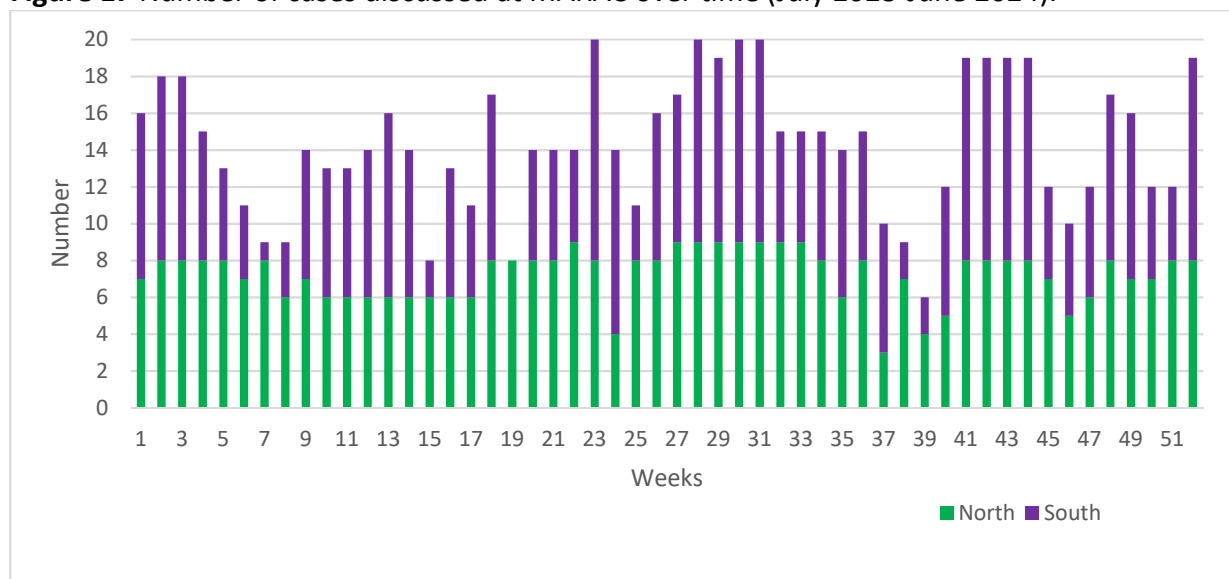
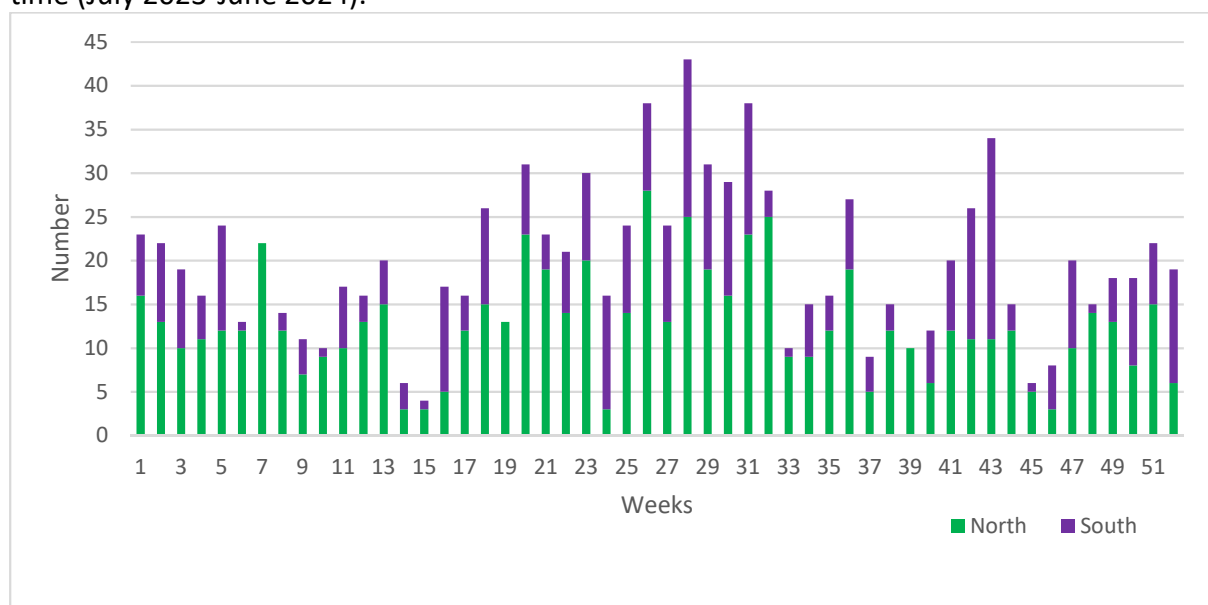


Figure 18 Number of cases discussed at MARAC where children are in the household over time (July 2023-June 2024).



5. 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.

5.2 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 Stoke-on-Trent, 12.9% of families are lone parents with dependent children (Census 2021). Crime Survey for England and Wales (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 Stoke-on-Trent there are approximately 58,330 young people aged between 0 and 17 years. On average, over a quarter of children within the City live in income deprived households, ranging from 6% in Meir Park ward to 37.8% in Bentilee and Ubbertley ward. The proportion of children achieving a good level of development in Stoke-on-Trent is just 52.1% compared with 79.2% for England average.

5.3 Children in Care and Early Support

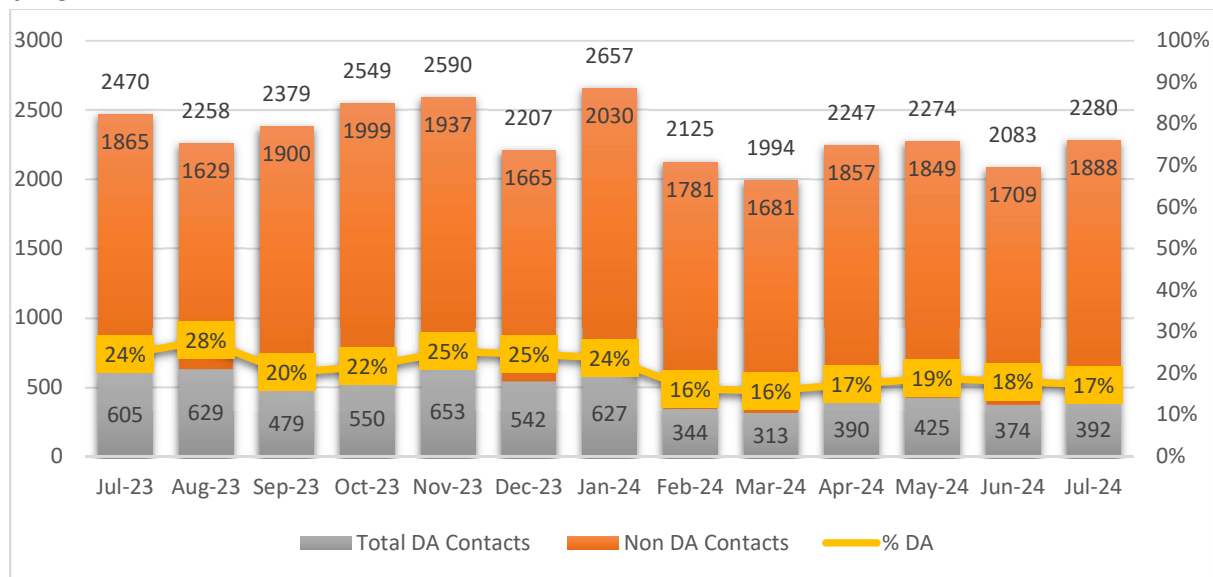
The life chances for children who are taken away from their families and put into care are poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost, both emotionally and financially. In 2017-18, council spending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

Children's referrals into Stoke-on-Trent social services has remained higher than both national and West Midlands figures, where it reached a peak in 2019, where the rate was 1,296.5 per 10,000 children for Stoke-on-Trent compared with England (544.5) and West Midlands (593.1). By 2023, although Stoke-on-Trent's rate had reduced, it remains too high at 926.70 per 10,000 compared with England (544.50) and West Midlands (527.8). Further,

those children who are referred to Children’s services in Stoke-on-Trent, a low percentage have ‘no further action’ meaning that it was an appropriate referral, and this proportion is lower than national and regional figures.

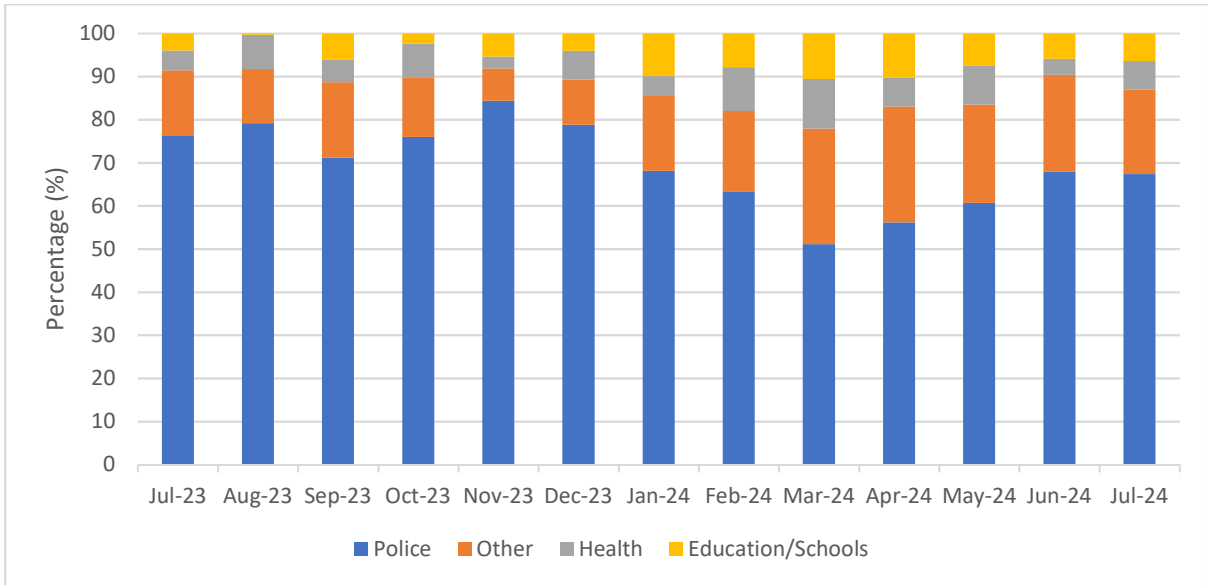
Stoke-on-Trent’s rate of Children in Need per 10,000 is steadily increasing over time and remains significantly higher compared with national and regional figures, which are also remaining fairly stable. Of all of the children’s social care contacts over the past 13 months, 21% were domestic abuse related, which has fluctuated monthly from 28% to 16%. The biggest reduction appeared to happen in February 2024 (Figure 19).

Figure 19. Number of referrals (all & domestic abuse) into children’s social services over time



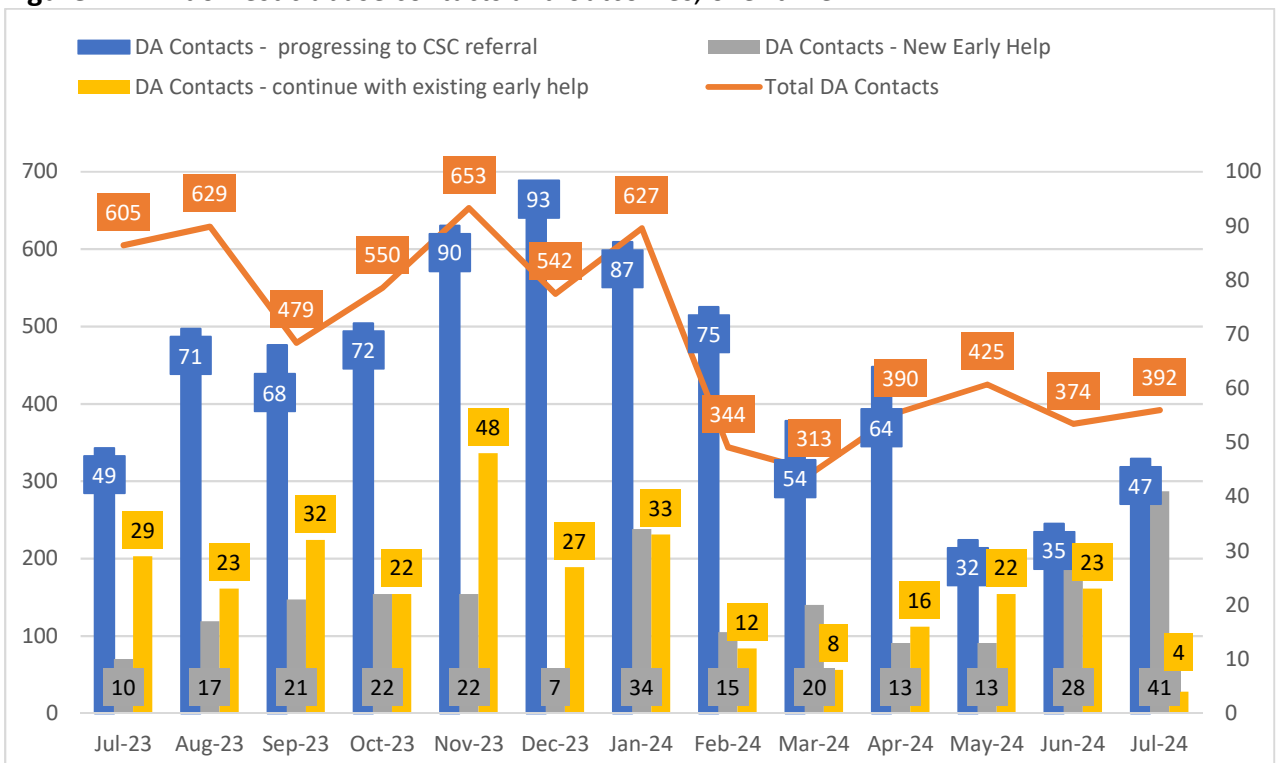
The biggest referrers into Stoke-on-Trent Children’s Social Care where domestic abuse is a main factor is the police; 71% all referrals associated with domestic abuse are made by police, followed by ‘Other’ (17%), and Schools/Education (6%) and Health (6%; Figure 20).

Figure 20. Proportion of referrals into children’s social services by source over time



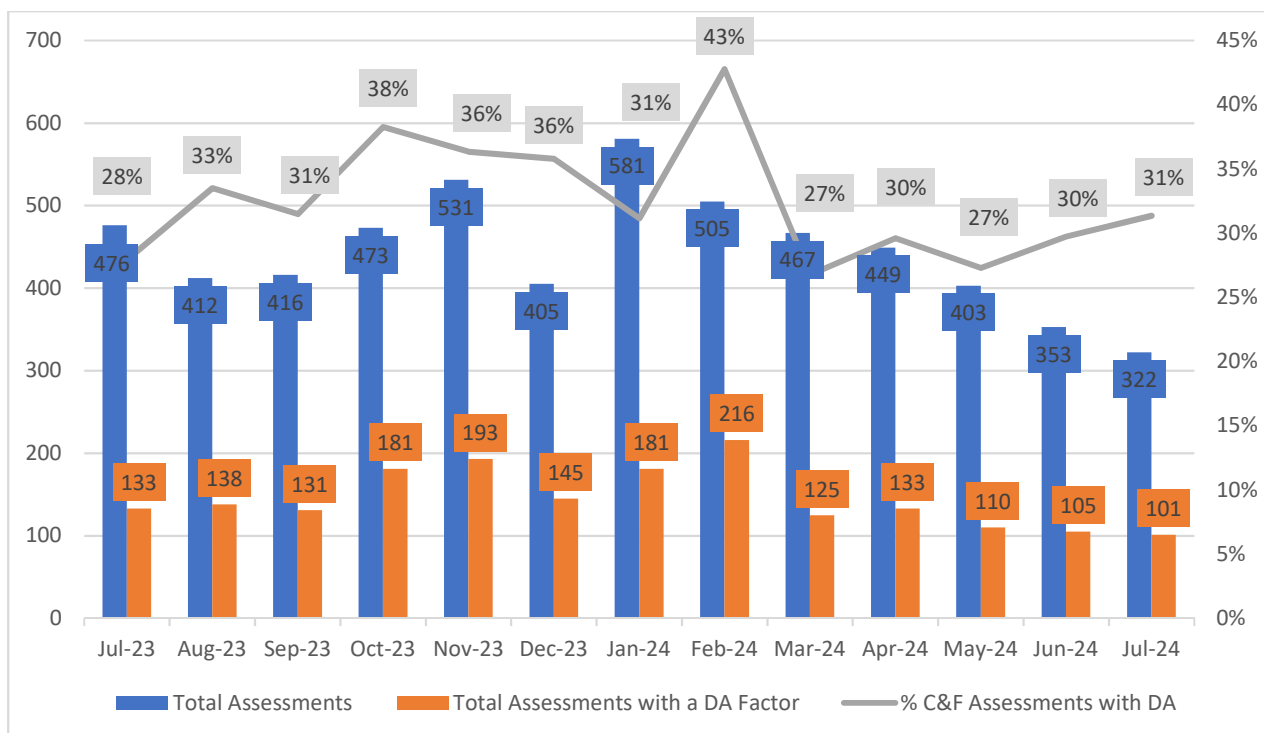
Of the domestic abuse referrals, children would progress to a children’s social care referral, continue with existing early help offer or be referred to the new early help offer (Figure 21).

Figure 21. All domestic abuse contacts and outcomes, over time



When looking at the child and family assessment completed in the last 13 months, 33% had domestic abuse as a factor, which fluctuated slightly over the year (Figure 22).

Figure 22. Number Child & Family completed assessments, all & domestic abuse, over time



When looking at the outcomes of the Child & Family Assessments, there is a higher proportion of cases where they are closed to children’s services compared with assessments that have domestic abuse as a factor. Further, the child is more likely to be referred to a service if there is domestic abuse rather than be stepped down to Early Help. This implies that children remain with children’s services for longer, and require specialist support if they have domestic abuse as a reason for being referred compared to the whole cohort.

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.

Stoke-on-Trent Children’s Services have undertaken extensive work to support parents who experience domestic abuse as well as supporting families whose children come into care for non-domestic abuse reasons. Stoke-on-Trent has many risk factors for having high levels of children in care.

5.4 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. Of the 8,508 individual Stoke-on-Trent resident victims of domestic abuse crimes between April 2021 and March 2024, 4,779 (56%) were women aged 16-49.

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 i.e. perpetrator may try to prevent her from attending appointments. The woman may be afraid that disclosure of the abuse to a health care professional will worsen her situation, or anxious about the reaction of the health care professional.

Women experiencing domestic abuse should be supported in 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 Stoke-on-Trent. However, maternity services are well connected with the MARAC, Children's Services and, the 0-19 services. There has been excellent conversations about how engaged maternity services are for Stoke-on-Trent residents, they engage with all key meetings and have a good process for informing Children's Services of where there are risks to mothers.

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). New Era is working with maternity services to provide training and there is a good model for training available.

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 2021 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 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 and may include support for housing or financial concerns.

5.5 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 and over 105,000 children live in homes where there is high-risk 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 coercive, controlling, 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 (Welsh Government 2019). 78% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (SafeLives 2023).

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 (2024) 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/parent by abusing and mistreating the children and (ii) abuse the children by exposing them to, and involving them in, the abuse of the mother/parent (McLeod and Flood 2018).

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 (McLeod and Flood 2018).

Attitudes that enable and excuse domestic abuse to continue are still worryingly prevalent in the UK. A national study found the following findings (Women's Aid 2022):

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.⁴

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 issues⁵, 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.

⁴ 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.

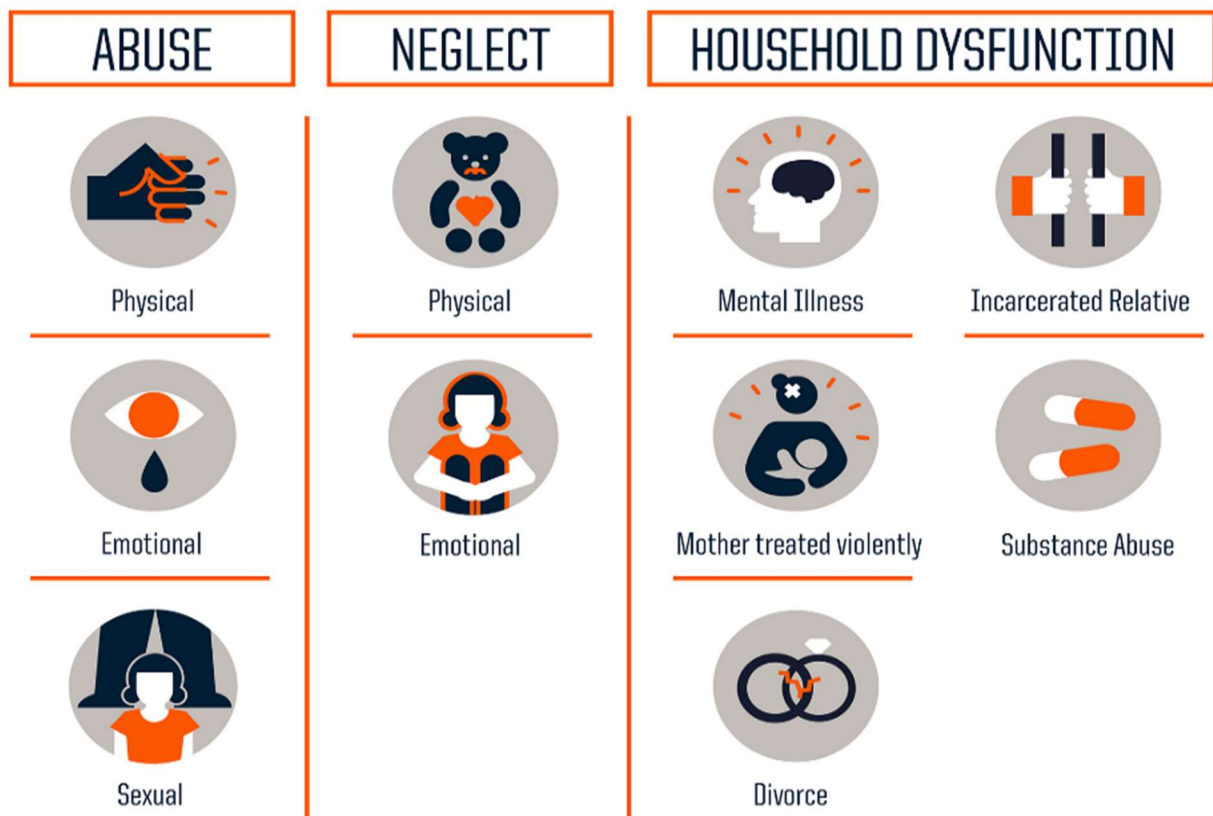
⁵ See table 1 in the report.

Source: Women's Aid 2022

5.6 Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events which result from direct and indirect abuse (Figure 21). 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 21 Types of adverse childhood experience (Boullier and Blair 2018)



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 have lived with domestic abuse are 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 2020)
- 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, 2014).
- 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).

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 (Asmussen et al 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 (Asmussen et al 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 (Bellis et al 2014).

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 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 (EIF 2020). 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.

6. 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. SafeLives (2015) estimate that it takes an average of 2.5 years for victims at high risk of serious harm or murder live with domestic abuse before getting help.

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, New Era and Glow, or they could have been in contact with just one service or they may not have had any contact with any service. Therefore, the data gives an indication of the level of domestic abuse across Stoke-on-Trent rather than an accurate figure. Further, it is well evidenced that many people do not report domestic abuse and it many, many incidents go unreported, unrecognised and unaccounted for. To illustrate this, for Stoke-on-Trent there were:

- 18,024 victims domestic abuse crimes recorded, Staffordshire Police, Apr 21-Mar 24
- 14,338 suspect domestic abuse crimes recorded, Staffordshire Police, Apr 21-Mar 24
- 2,353 victims and suspects domestic abuse crimes recorded, Staffordshire Police, Apr 21-Mar 24
- 5.08% of all adult social care concerns for abuse over a 5-year period were for domestic abuse in Stoke-on-Trent
- 1,159 individuals who were subject to an adult safeguarding concern where domestic abuse is recorded as the alleged abuse type (Apr 2019-Mar 24)
- 42 individuals subject to an adult safeguarding Section 42 completed where domestic abuse is recorded as the alleged abuse type (Apr 2019-Mar 24)

6.1 Demographics of 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. It has been shown through Staffordshire Police data, that there is a proportion of people who are recorded as being both a victim and a suspect of domestic abuse.

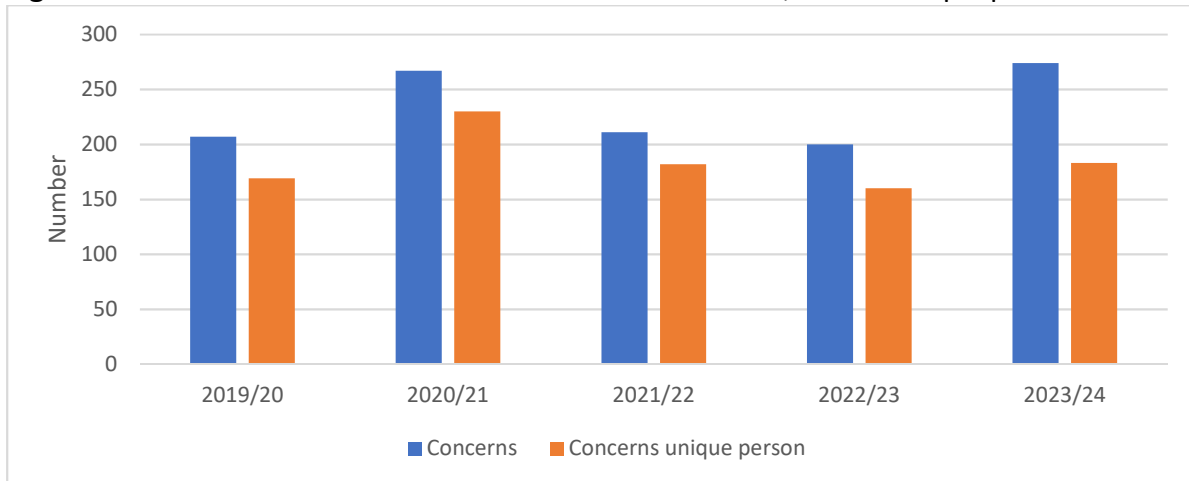
Before considering domestic abuse by demographics, a short summary from adult social care is presented.

For Stoke-on-Trent Adult Social Care, there were 22,809 total number of concerns of abuse completed over a 5-year period (April 2019 - March 2024), of which 5.08% (n=1,159) were for domestic abuse. Of the 1,159 domestic abuse concerns completed, there were 924 unique people. This five-year number averages to 232 completed concerns a year and 185 unique people. For every 1 person there were 1.25 concerns reported. Between 1 April 2024 to 6 August 2024, there were 113 (5.28%) concerns for domestic abuse, with 60 unique people, which is similar to an average full year effect although for every one person there were 1.88 reports completed (Table 5). Another way to display the data is via Figure 22.

Table 5 Total number of concerns completed and number of Unique Persons

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/ Jun 2024	Total Full Year 2019/20
Total Concerns	3,980	4,088	4,469	4,805	5,467	2,140	22,809
Unique persons	2,561	2,636	2,649	2,775	2,809	1,000	13,430
<i>Ratio Concerns to Unique Person</i>	1.55	1.55	1.69	1.73	1.95	2.14	1.70
Domestic abuse	207	267	211	200	274	113	11,59
Domestic Abuse Unique persons	169	230	182	160	183	60	924
<i>Ratio Concerns to Unique Person</i>	1.22	1.16	1.16	1.25	1.50	1.88	1.25

Figure 22 Number adult domestic abuse concerns over time, all and unique persons

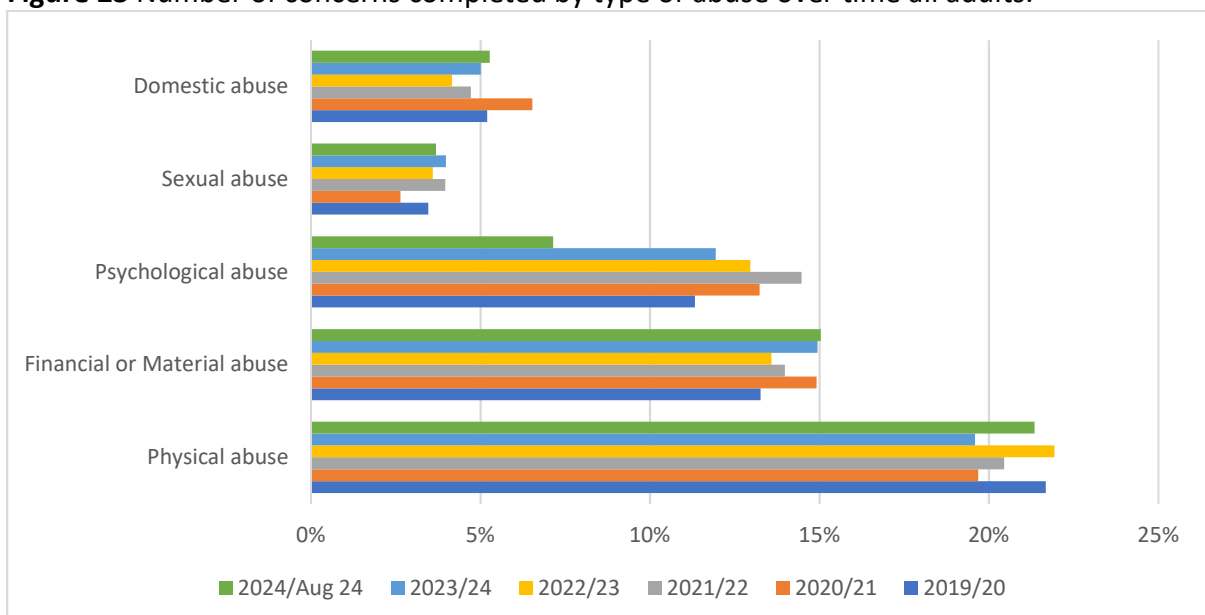


Domestic abuse makes up 5% of the total number of all types of abuse, which has remained fairly static over the five-year period, peaking at 7% in 2020/21 (Figure 23). Other types of abuse, such as physical abuse and financial abuse are much higher than domestic abuse however, there is potential for a large proportion of these to be domestic abuse related but not necessarily recorded as domestic abuse.

Of all domestic abuse concerns completed, nearly half (46.2%) have no other types of abuse listed. Where there were other types of abuse listed, these included (2019-2024):

- 30.6% Physical Abuse
- 27.3% Psychological Abuse
- 10.8% Financial or Material Abuse
- 6.6% Neglect and Acts of Omission
- 5.3% Sexual Abuse
- 4.1% Self-neglect
- <4.0% Sexual Exploitation; Discriminatory; Organisational; Modern Slavery.

Figure 23 Number of concerns completed by type of abuse over time all adults.



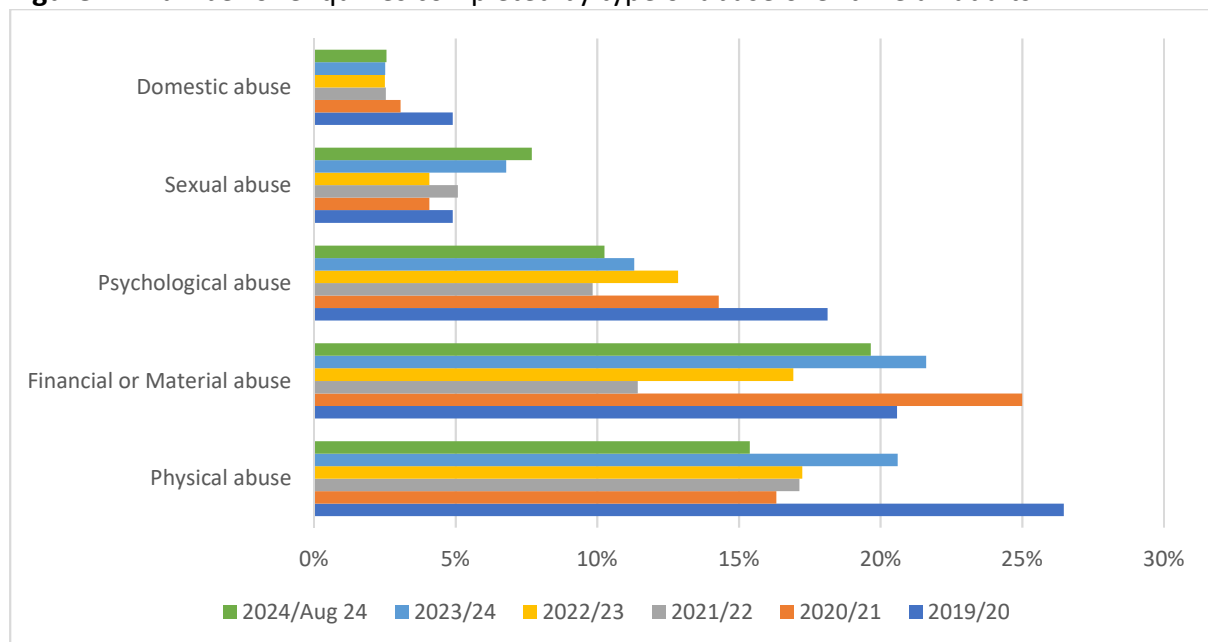
For adult social care, all ‘concerns’ are assessed to determine what, if any, support is required (referred to as ‘enquires’). Of all adult social care concerns completed between 2019 and 2024, 6.27% (1,432) required Section 42 support. Of all concerns relating to domestic abuse, 3.62% (42) required Section 42 support. For all Adult Social Care enquiries, 2.9% (n=42) were for domestic abuse (Figure 24). Most domestic abuse took place in the person’s own home and the remaining was other or Care Home – Permanent.

Domestic abuse enquiries accounts for 2.9% of all types of abuse. Similar to the pattern for concerns, there are other types of abuse, such as physical abuse and financial abuse are much higher than domestic abuse (Figure 24). Similar to the concerns, there is potential for a large proportion of these to be domestic abuse related but not necessarily recorded as domestic abuse. However, what is different is the proportion of domestic abuse enquires has not increased over the years, remaining fairly static at below 5%, although 2.6% of all enquiries has been reached for April 2024-August 2024 which is slightly higher than the past three years of 2.5%.

Of all domestic abuse enquiries, half (26.7%) have no other types of abuse listed. Where there were other types of abuse listed, these included (average over 2019-2024):

- 33.3% Psychological Abuse
- 31.0% Physical Abuse
- 21.4% Financial or Material Abuse
- 16.7% Sexual Abuse
- 7.1% Neglect and Acts of Omission
- 9.5% Sexual Exploitation
- <9.0% Self-neglect; Discriminatory Abuse; Organisational Abuse; Modern Slavery.

Figure 24 Number of enquiries completed by type of abuse over time all adults.



6.2 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 city. 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 abusive partners' cohesive and controlling behaviours (Women's Aid 2025).

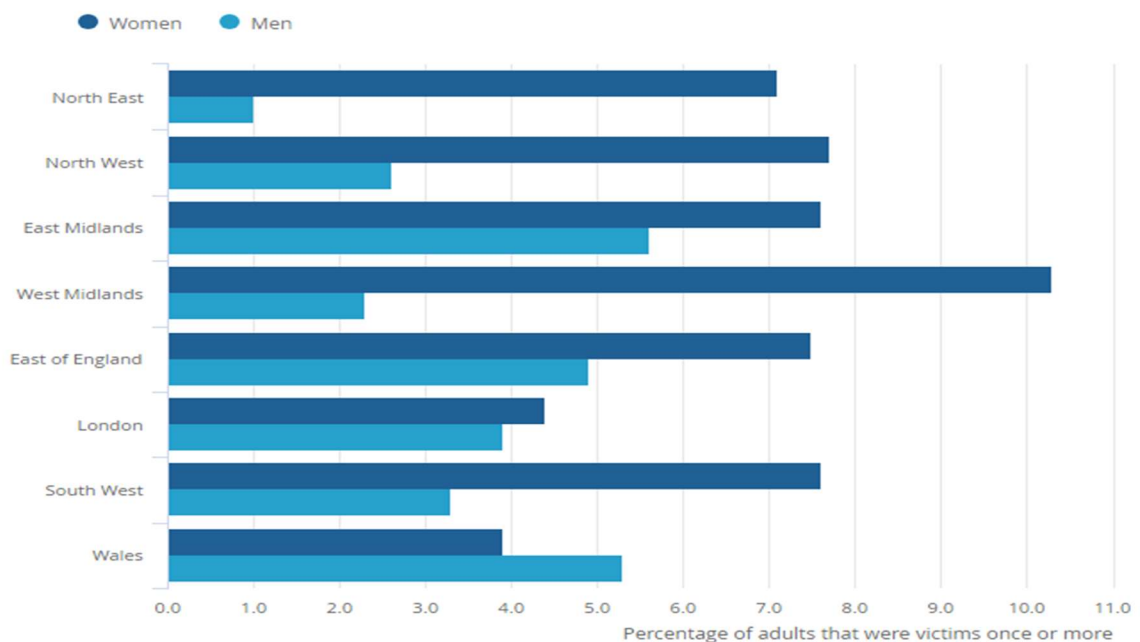
What is important to consider, which is often overlooked in services, interventions and research, is the impact of violence, abuse and domestic abuse on boys. It is slowly emerging from the evidence that boys, and in particular teenage boys, are becoming a 'missed' population group and the gap is being taken by influencers such as Andrew Tate. Further, most recent evidence suggests that teenage boys were hit hardest by the COVID-19 restrictions, with their mental health failing to recover despite the return to normality. Further, when we consider temporary solutions for families who are victims of domestic abuse, often using refuges, these are often restricted to boys under 12 years of age. When we discuss violence against women and girls, there is never any mention of boys and therefore we have labelled boys as the problem before they have even had a chance to grow and develop. Therefore, there should be much more focus on boys, and teenage boys,

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.

United Nations 2024

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 25).

Figure 25 Prevalence of domestic abuse, adults aged 16 years and over, by sex, English regions and Wales, year ending March 2022. ONS Crime Survey for England & Wales



Nationally, 70.9% of all persons who experience domestic abuse are women and 29.1% are men. In Stoke-on-Trent, people aged 18 years and above who are subject to an adult safeguarding concern where domestic abuse is recorded as an alleged abuse, 79.6% are women, 20.2% men and 0.2% unknown. When assessed from concerns to enquiries, the gender difference widens to: 87.5% women; 10.0% men; 2.5% unknown. In 2022/23, 100% were females.

From Staffordshire Police, 76% of resident victims of recorded domestic abuse crime in Stoke-on-Trent were registered as female and 24% male.

Accessing the specialist domestic abuse service for Stoke-on-Trent, New Era, 87% are women; 12% males, 1% Trans/Non-binary and 1% not stated. However, when the data are split by age, i.e. children and adults a different picture emerges:

Children: 60% females; 37% males; 1% Trans/Non-binary; 1% Not Stated

Adults: 92% females; 7% males; 1% Trans/Non-binary; 0% Not Stated

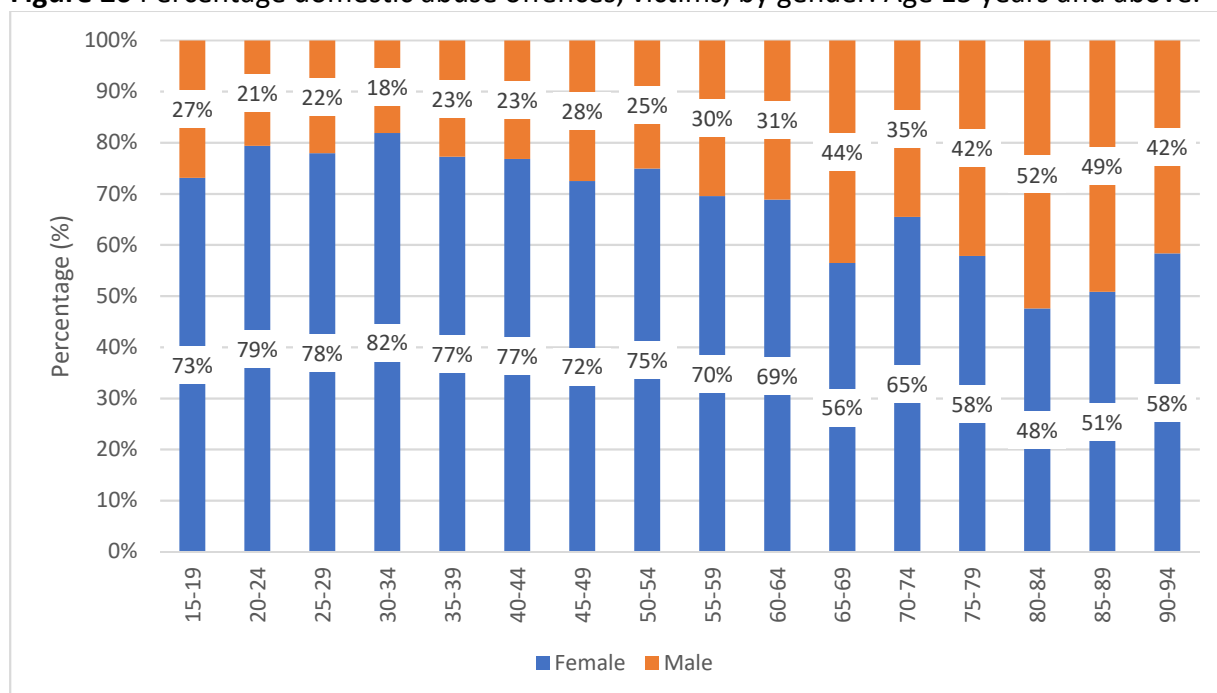
For all sources of data, including DARDs, there is a higher proportion of women who suffer domestic abuse compared with men in Stoke-on-Trent.

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.

Using Staffordshire Police data for suspects of domestic abuse crime, it is the younger age groups where domestic abuse victims are predominately female, rising to 82% in 30-34-year age groups. The difference in gender begins to narrow from 60 years onwards. On reaching 65 years, the gender difference closes to where 56% of females are victims compared with 44% of males. Fluctuations beyond this age group are largely down to relatively smaller numbers of victims (Figure 26).

Figure 26 Percentage domestic abuse offences, victims, by gender. Age 15 years and above.

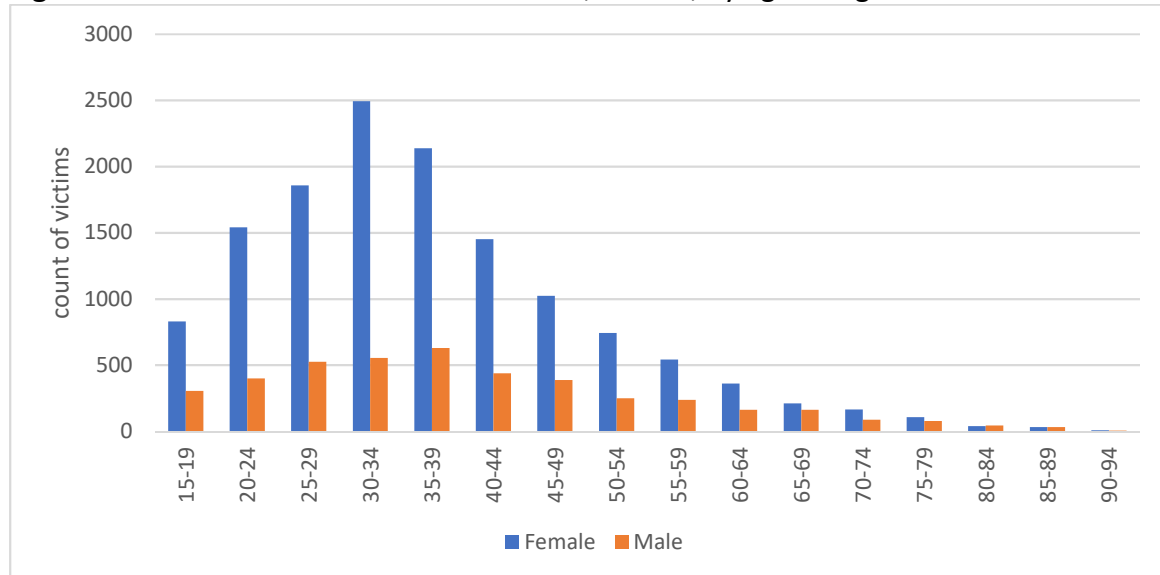


6.3 Age

Domestic abuse affects all ages. However, domestic abuse is more prevalent in the younger adult population. Because of the way domestic abuse is recorded, it is not possible at the current time to get a comprehensive picture of domestic abuse for children, i.e. whether a child is a victim of domestic abuse in the home, perpetrator of domestic abuse to parent, victim of domestic abuse in an intimate relationship. Therefore, most domestic abuse is reported from age 18 years and above, because of the legal definition of child/adult despite the legal age for domestic abuse being 16 years. The Crime Survey for England and Wales for the year ending March 2023 showed that a significantly higher proportion of people aged 16-19 years were victims of any domestic abuse (8.0%) compared with those aged 45-54 years (4.2%) and those aged 60 years and above (3.2% for 60-74 years) (Office for National Statistics 2023). From national police recorded crime, over half of violent offences against the person were identified as domestic abuse-related for women aged between 20-44 years (Office for National Statistics 2023).

When considering Stoke-on-Trent data from Staffordshire Police, victims of domestic abuse crimes are higher in the younger age group for both males and females, mirroring national trend (Figure 27). Domestic abuse, however, does not have an age cut-off, and data from the Stoke-on-Trent DARDs showed that the oldest victim was 92 years of age and, adult social care supports people for domestic abuse in their 90s. Staffordshire police data for the period 2021-2024 shows 17 crimes where the victim was aged 90 or over.

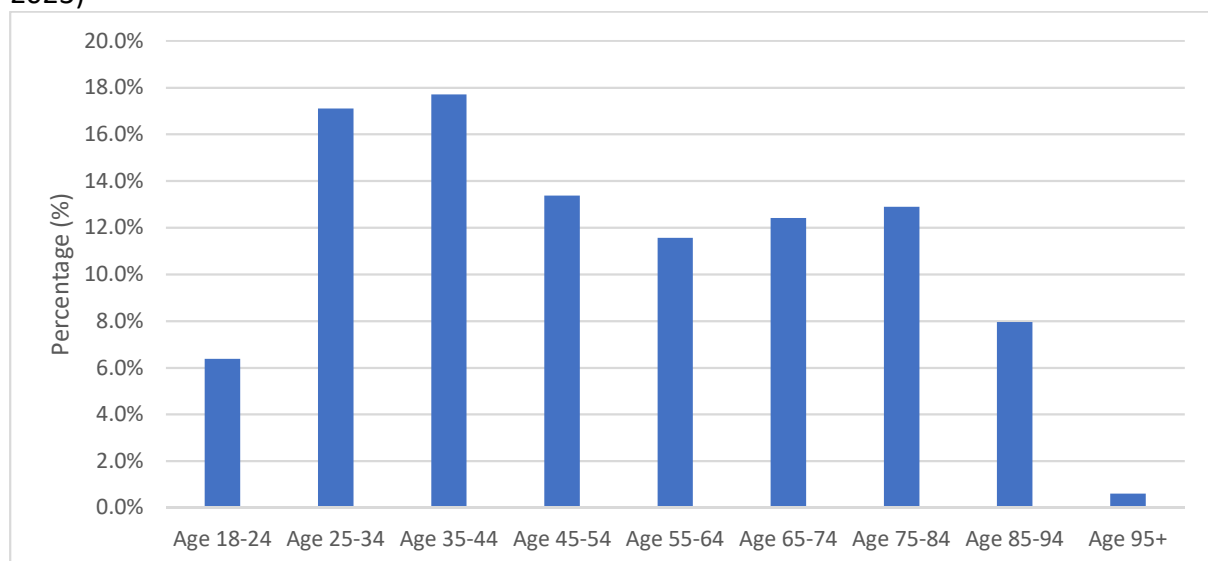
Figure 27 Number of domestic abuse crimes, victims, by age and gender in Stoke on Trent



Source: Staffordshire Police Data, April 2021 to March 2024

When looking at adult social care data for Stoke-on-Trent, the largest age cohorts are 25-34 year and 35-44 years, although there is not substantial difference as age increases (Figure 28).

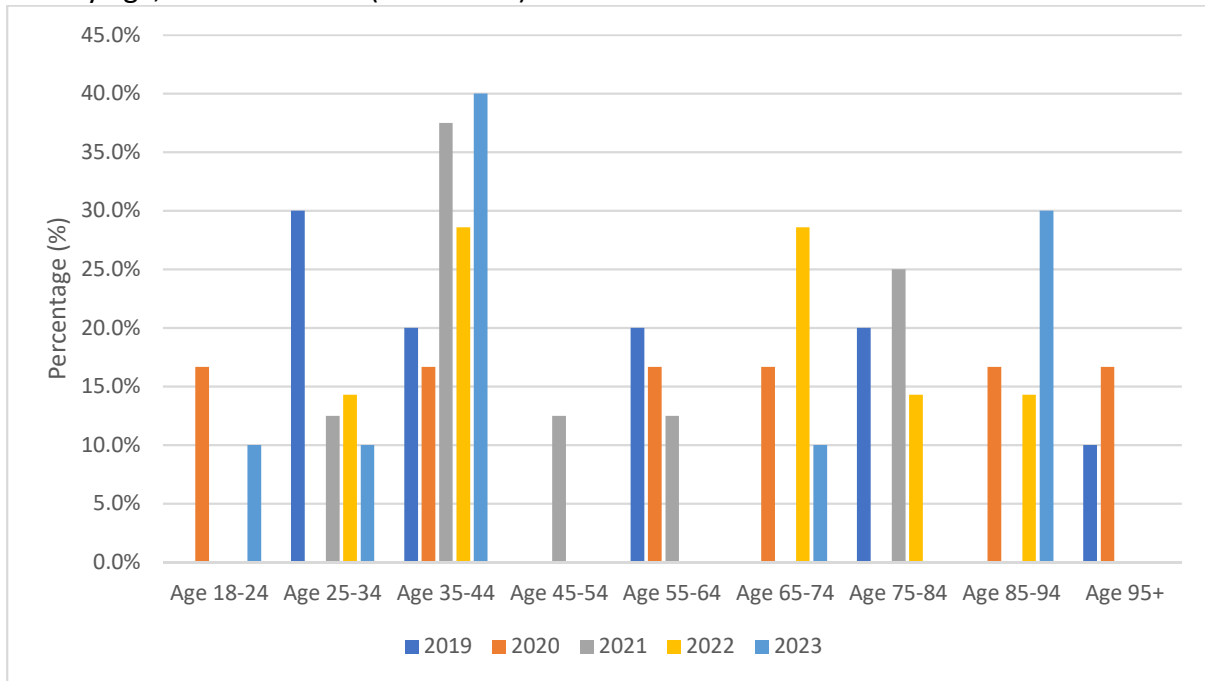
Figure 28 Percentage of concerns reported to adult social care by age, Stoke-on-Trent (2019-2023)



**Note: 16-17 year olds are still considered Children from Adult Social Care perspective, and are not recorded within these figures.*

Adults aged 35-44 years who suffer domestic abuse are most likely to receive support from adult social care (30% for 5-year average), with 25-34 years (15%) being next highest and then 55 years through to 94 years. Of interest, 45-54 years appears to be the lowest age with 2021 being the only year in the 5-year period to be supporting people of this age (Figure 29).

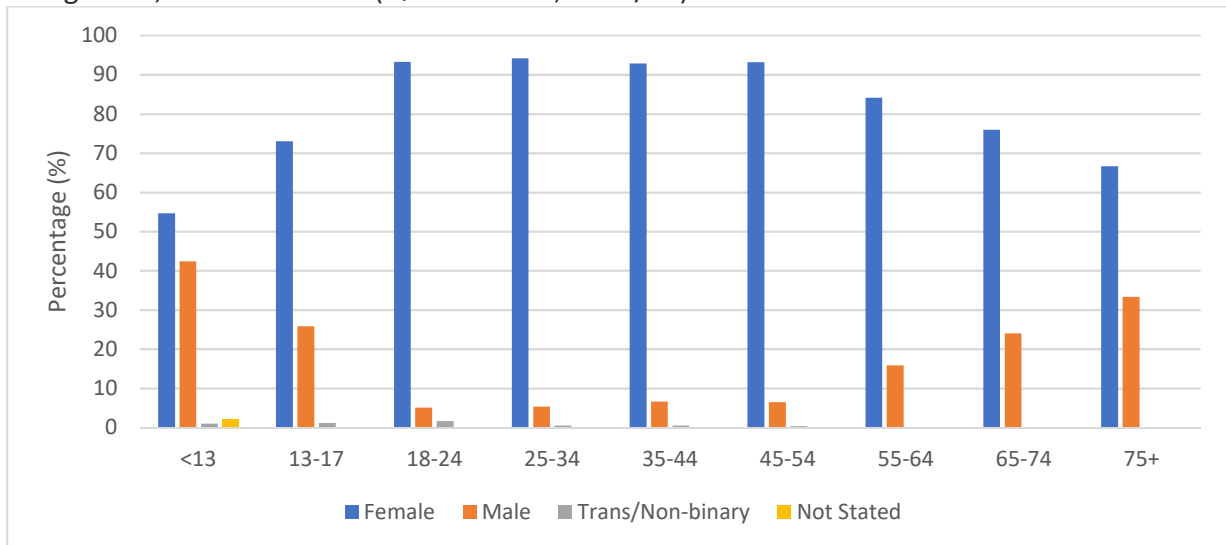
Figure 29 People with domestic abuse and a Section 42 enquires supported to adult social care by age, Stoke-on-Trent (2019-2023)



Because New Era is an all age service, they support children through to adults, having no age cut off and an interesting picture emerges when looking at age and sex. We can see that in children there is not as great of a gender gap for under 13-year olds. However, for ages 13-17 years that gap starts to develop, with girls making up 73% of victims and boys making up 26%. This difference in the teenage children warrants further investigation and audit to understand if boys are not engaging, the service is not engaging with the boys or whether it is intimate partner relationships that are beginning to happen. This same audit is needed for children’s services to understand what is happening as children transition into adulthood.

From age 18 year up to 54 years, women are significantly more likely to be a victim of domestic abuse, with over 90% in these age groups being women. In the 55-64 age group, women are still significantly more likely to be victims than men, but the gender difference starts to reduce and by the age 75 years 67% are women and 33% men (Figure 29).

Figure 29 Percentage of victims of domestic abuse who accessed New Era Services, by age and gender, Stoke-on-Trent (Quarters 103, 2023/24)



6.4 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.

Unfortunately, data systems across public sector are not set up to extract such information and therefore there is potentially a large unmet need and understanding for this cohort.

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
- Dear 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

6.5 Ethnicity

For the year ending March 2023, the Crime Survey for England and Wales showed that a significantly higher proportion of people aged 16 years and over in the Mixed and White ethnic groups experienced domestic abuse in the last year compared with those in the Asian or Asian British groups.

Almost twice as many women in the White ethnic group experienced domestic abuse in the last year (6.0%) compared with Black or Black British women (3.1%) and Asian or Asian British women (3.0%) (ONS, 2023).

From all domestic abuse offences within Stoke-on-Trent reported to Staffordshire Police and where the victim's ethnicity was stated and recorded:

- 86% were White British
- 6% were Asian/Asian British
- 2% were Black/Black British
- 1% were mixed race
- 5% were other ethnicities (including White Other, Arab, Gypsy or Irish Traveller)

It is difficult to determine whether this is truly representative of Stoke-on-Trent's population as 6,212 of the 18,024 recorded victims (34%) had no ethnicity recorded or did not declare their ethnicity.

In Stoke-on-Trent for people who are referred to Adult Social Care as a concern for domestic abuse, 74.9% were recorded as White British, followed by 12.8% Not Known/Not Stated and 5.2% Asian/Asian British. For those who are assessed for Section 42 (enquires), 70.0% of people were recorded as White British, followed by 12.5% Asian/Asian British, 10.0% Not known/Not stated and 5% Black/Black British, 2.5% Gypsy Roma.

For New Era, 80% of all victims/survivors are White British, 9% Asian/Asian British, 6% Not Stated, 2% Black/Black British, 2% Mixed/Multiple and 1% Other.

There is too high of a proportion of Not Stated/Not Known for ethnicity. However, the proportions of people accessing services are roughly proportionate to the general population of Stoke-on-Trent.

There is evidence of chronic underreporting of domestic abuse in people from ethnic minorities, which also includes Gypsy, Roma and Irish Travelling communities as outlined by the Equalities Act 2010 (Interventions Alliance 2021). Evidence suggests that ethnic minority 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 ethnic minorities do not come forward, including:

- Distrust between ethnic minority communities and the 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 ethnic minority 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, 2020).

People from ethnic minority communities are at risk of facing specific types of abuse such as 'so called' honour-based violence. 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) (2025) 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 Esmee Fairbairn Foundation. It aims to improve responses to Black and Minoritised / Global majority survivors of domestic abuse and harmful practices.

6.6 Sexuality

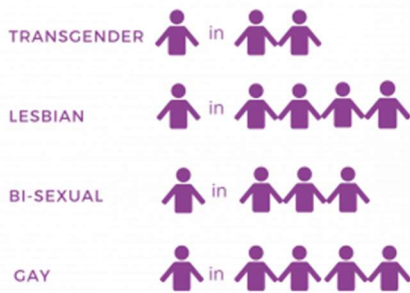
Evidence shows that Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) victims are disproportionately affected by domestic abuse. The reporting of domestic abuse in the LGBTQ community is under-reported, by about 79%. There are gaps in local data making it difficult to assess the level of domestic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

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 (2020) 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, 79% of victims supported by New Era (all ages) identified as heterosexual/ straight, 19% not stated, 2% as Lesbian, Gay, Bisexual or Other. 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. Adult Social Care do not record sexuality either. From 2021 Census, 88.93% of Stoke-on-Trent's population (aged 16 years and over) identify as Heterosexual/Straight; 7.95% Not Stated; 1.44% Gay or Lesbian; 1.35% Bisexual and 0.33% Other sexual orientations.

6.7 Other Characteristics

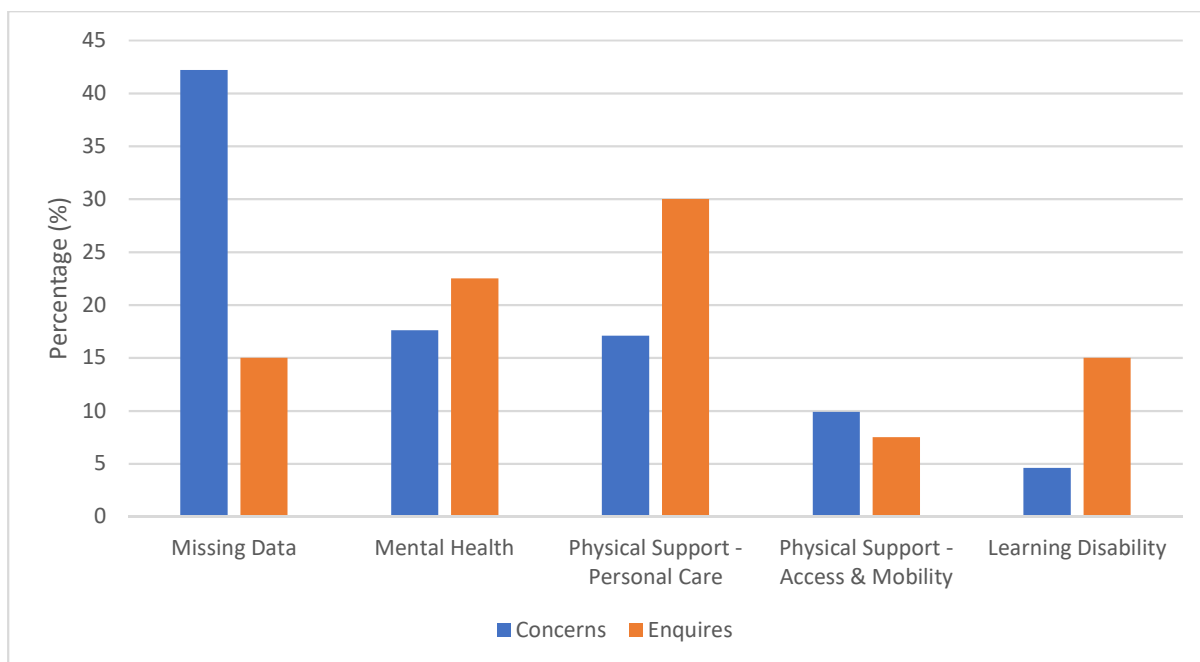
For adult social care, the most common disability reported for people with a domestic abuse concern (Figure 30) include:

- 42.2% Missing Data
- 17.6% Mental Health
- 17.1% Physical Support – Personal Care Support
- 9.9% Physical Support – Access and Mobility Only
- 4.6% Learning Disability Support

The most common disability recorded for people with a domestic abuse who needs additional social care support (Figure 30) are:

- 30.0% Physical Support – Personal Care Support
- 22.5% Mental Health
- 15.0% Learning Disability Support
- 15.0% Missing Data
- 7.5% Physical Support – Access and Mobility Only

Disability is not recorded for Police for domestic abuse, nor is it recorded for New Era. **Figure 30** Percentage of domestic abuse cases (concerns and enquires) and learning disability, Adult Social Care, Stoke-on-Trent, 2019-2023.



A specialist support service in another area described the impact of domestic abuse on the Deaf and Hard of Hearing community. 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 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.

6.7 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.

Although there is no data in relation to this that could be identified, many partners stated that victims with no recourse to public funds is a growing area of concern.

6.8 Over time

Recorded incidents of domestic abuse fluctuate month by month, and nationally, incidents have increased over time. Police recorded offences of domestic abuse show a slight decrease over time since April 2021, peaking in May 2022 with 855 offences in one month, but the declining trend thereafter (Figure 2.14). Figures reduced in January 2022 when COVID-19 restrictions were back in place showing a drop in reported offences.

Unfortunately, there is no access to data over time from the specialist support service because it was recently commissioned in November 2019. Therefore, it is not possible to understand the trend over time and to see the impact of COVID-19.

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.

7. 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. As has already been described using Staffordshire Police data, there was one suspect of domestic abuse who had been reported 41 times during a 3-year period.

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'.

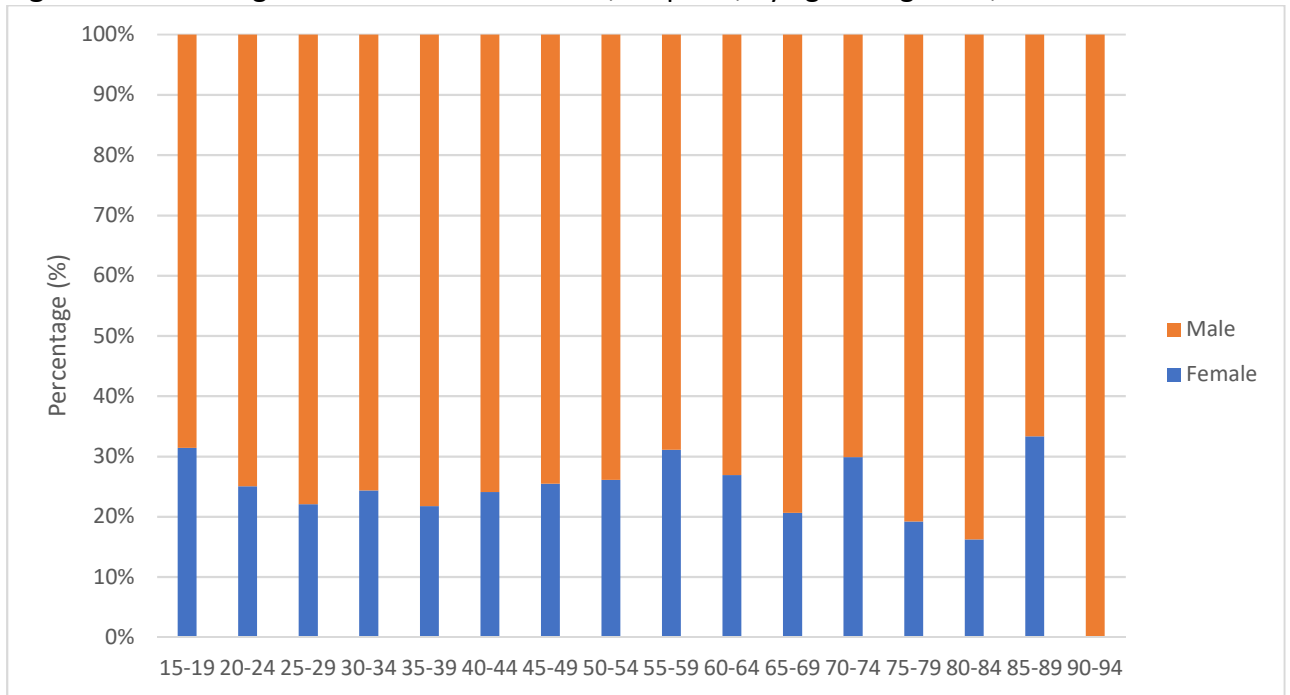
Identifying and targeting perpetrators must go beyond a criminal justice response. It is important to challenge the social norms that facilitate abuse, which includes sexism and misogyny, intervene with those on the cusp of offending, those already causing serious harm, and all stages in between. Emphasis needs to shift onto perpetrators so that we can identify them and reduce the risk of offending and increase safety. However, it has already been described using Staffordshire Police data that there were 2,353 individuals who were recorded as both suspect of domestic abuse and, victim of domestic abuse over the 3-year period. It is therefore also important to recognise that defining suspects, people of concern, perpetrators can be challenging if they have not been convicted.

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 reported and recorded domestic abuse perpetrators of domestic abuse are men. In Stoke-on-Trent 75% of all domestic abuse suspects reported to Staffordshire police are male; 25% being female. In the younger age group of 15–19-year-olds, the gender difference is not as pronounced, with 69% male and 31% female. By age 35-39 years, 78% are male suspects compared with 22% females. (Figure 31).

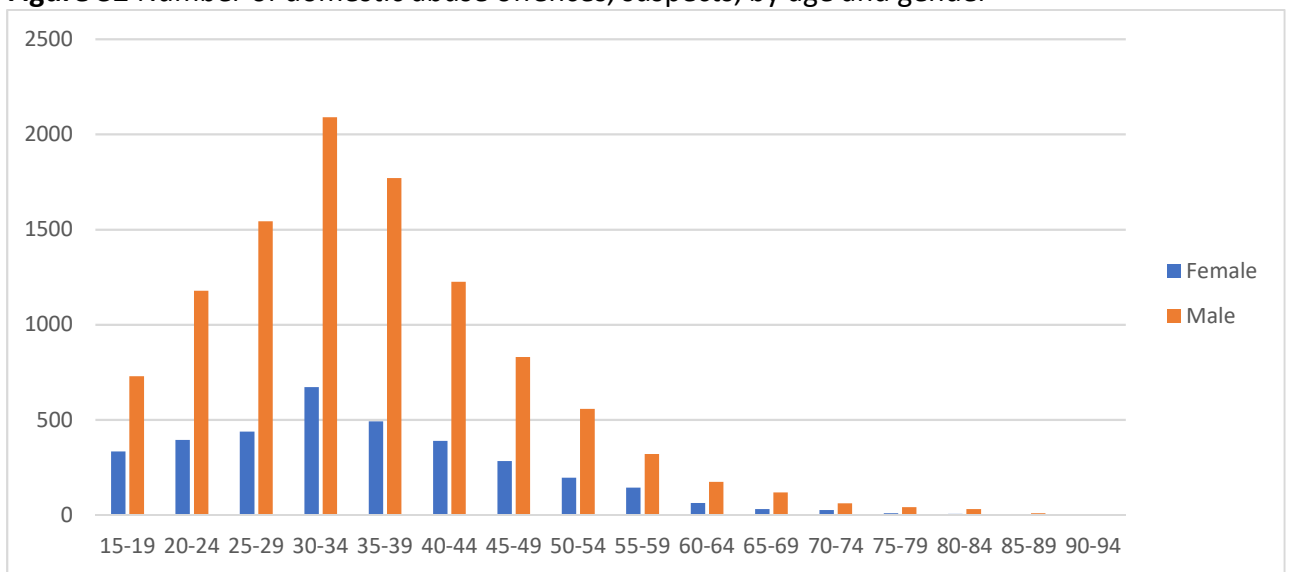
Domestic abuse suspects reported to Staffordshire Police are predominately of working age. In Stoke-on-Trent offences increase rapidly from age 16 years and peak at age 30-34 years. This is for both males and females (Figure 32).

Figure 31 Percentage of domestic abuse crime, suspects, by age and gender, Stoke on Trent



Source: Staffordshire Police, April 2021 to March 2024

Figure 32 Number of domestic abuse offences, suspects, by age and gender



Source: Staffordshire Police, April 2021 to March 2024

New Era has been commissioned to provide the Behaviour Change (perpetrator) programme across pan-Staffordshire and therefore provides the service for residents of Stoke-on-Trent. The service has only been in operation since October 2023, therefore it is too early to make meaningful findings and determine its success. However, from the limited data provided:

There were 317 total adult referrals into the Behaviour Change Programme who were Stoke-on-Trent residents, of which 3 were inappropriate referrals. For Quarters 1-3 (October 2023 onwards) for adults (18 years and above), there were:

- 315 total service users being supported
- 281 New Service Users
- 172 Existing Service Users
- 1 Repeat service user

During this time period, there were 165 Cases Closed of which 124 (75%) were planned closures; 15 (9%) unplanned. It does not state what happened to the remaining 86 cases that were closed.

After the programme was completed, adult service users were asked about how their behaviour had changed since being on the programmes. There were between 48 and 50 responses provided from New Era. Most respondents said that they took responsibility for their behaviour, all commented that their behaviour had changed and all were able to challenge their thoughts and attitudes, which is a key component of the behaviour change work undertaken. All respondents said that they stopped and thought before they acted. Most said that they thought about their communication and style now. All said that they were better at managing their own wellbeing on a day-to-day basis and all said that they were unlikely to cause harm to their partners.

For children (under 18 years of age) there have been 70 total referrals into the Behaviour Change Programme who are resident of Stoke-on-Trent. During Quarter 1-3 (from October 2023), there were:

- 62 total children service users being supported, of which 37 had 1-2-1 support.
- 48 New Service Users
- 24 Existing Service Users
- 0 Repeat service user

There were between 14 and 16 responses for the outcomes survey, which produced a mix of responses. Most said that their behaviour had changed positively for taking responsibility for their own behaviour and the issues it causes in relationships, and recognised that they could improve their behaviour. Most are able to manage their wellbeing and most considered themselves to be a good partner/family member now. Some respondents still found challenging their own thoughts and attitudes hard and some found it had to stop and think before they acted.

The average wait times for the Behaviour Change programme for residents of Stoke-on-Trent can be found in Table 6 for adults and Table 7 for children. It can be seen for adults, the average wait time for Tier 2 – 4 ranges from 28 days to 70 days. Children are waiting 20 days for group work and 27 days for the 1-2-1 sessions.

Table 6. Wait times for adults, for Quarters 1-3 combined

	Average Caseload	Waiting List	Average Waiting Time (days)
Triage	N/A	1	1
Tier 2	6	24	28
Tier 3	75	80	70
Tier 4	9	60	30

Table 7. Wait times for children, for Quarters 1-3 combined

	Average Caseload	Waiting List	Average Waiting Time (days)
Group Work	0	28	20
1-2-1	53	21	27

It is only possible to get demographic data for New Service Users and not for those who are existing Service Users (this is due to the change of the contract starting October 2023). Table 8 provides the demographic breakdown for people who attended the Behaviour Change Programme from October 2023. It can be seen that most are male and aged 25-44 years. Most service users (total) are heterosexual (94%). Two-thirds (63%) are White British although 30% has ethnicity not stated.

Table 8 Demographic data of all service users (adult and children) who attended Behaviour Change Programme

Age	Male	Female	Trans/Non-Binary	Not Stated	Total
<13	23	5	0	0	28
13-17	7	3	0	0	10
18-24	19	5	0	0	24
25-34	38	5	1	0	44
35-44	34	6	0	0	40
45-54	15	3	1	0	19
55-64	7	3	0	0	10
65-74	1	0	0	0	1
75+	1	0	0	0	1
Not Stated	16	8	0	9	33
Total	161 (77%)	38 (18%)	2 (1%)	9 (4%)	210
Sexual Orientation					
Heterosexual/Straight					94
Gay/Lesbian					1
Other					0
Not Stated					113
Ethnicity					
White British					133 (63%)
Mixed / Multiple					4 (2%)
Asian/Asian British					9 (4%)
Black / Black British					1 (0.5%)
Other					1 (0.5%)
Not stated					62 (30%)

There is no further readily available information about perpetrators of domestic abuse in Stoke-on-Trent. 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 the Home Office undertook some research (2023). The research found, in line with previous research, that perpetrators were not one group as summarised (Covell 2023):

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 (CDC 2024).

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
 - Low education or income
 - Young age
 - History of being physically abused
 - Heavy alcohol and drug use
 - Economic stress (e.g. unemployment) problems
 - Emotional dependence & insecurity people
 - Belief in strict gender roles
 - Hostility towards women aggression
 - Anger and hostility childhood
- Aggressive or delinquent behaviour as a youth
Traits associated with borderline personality
Depressions and suicide attempts
Poor behavioural control & impulsiveness
Lack of non-violence social problem-solving skills
Antisocial personality traits and conduct
Having few friends & being isolated from other people
Desire for power & control in relationships
Attitudes accepting or justifying violence &
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 2023)

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 every 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).

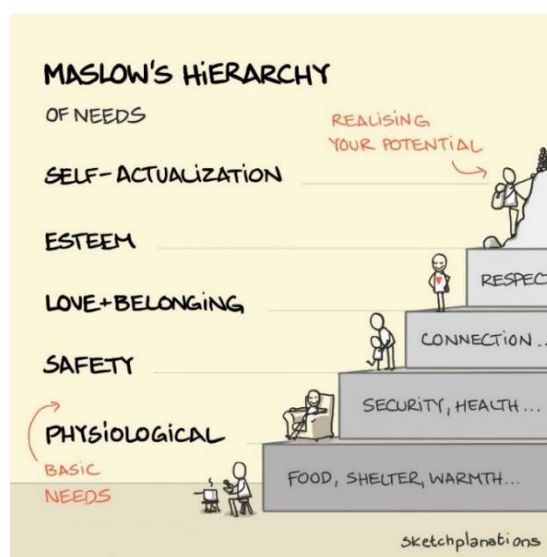
Using the wider framework provides a mixed suggestion that perpetrator programmes can and do work. Many perpetrator programmes are not properly evaluated. There needs to be evaluation built into the full causal pathway, including bystander interventions, upstream interventions as well as specific perpetrator 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 important to widen the theory and evidence behind perpetrator programmes from being based only on 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.

8. Accommodation

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 people who report their health to be less good increases with the number of moves they 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. Increased number of residential moves is 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 (The Health Foundation 2025).

One of the biggest difficulties 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 Stoke-on-Trent, 26 (9.7%) of households that had lost

their last settled home for households owed a prevention duty had done so as a result of Domestic Abuse. The most common reason was end of private rented tenancy (41.2%) followed by Family or friends no longer willing or able to accommodate (18.4%).

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 is a traumatic experience and victims often have other disadvantages 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 (SafeLives 2019):



Statistics from Stoke-on-Trent’s Housing Strategy (2022-2027) states:

There were 1,008 new homes completed in 2018/19 in Stoke-on-Trent, 19% more than in any other year since at least 2000. The average home sold for £138,650, less than half the national average but up 23% compared to five years ago. House prices are equivalent to a little more than 4 years earnings of local workers with both growing at a similar rate over the past five years. Stoke-on-Trent is the 9th most affordable authority area in England.

The Housing Strategy is aspirational in its vision and ambitions. However, fundamental to the success of the Strategy is preventing domestic abuse, as well as improving economy and wellbeing. Whilst the Strategy recognises the challenge to accommodate large families or those with complex housing histories, i.e. rent arrears or evictions, in more settled accommodation, it is important to recognise that there is also a need for adequate and sufficient levels of safe accommodation for people at risk of domestic abuse.

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 (Legislation 2023) 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.

In 2023-24, the number of households with children who were either threatened with homelessness or already homeless increased by 3.9% compared to 2022-23. 62,200 households with children were owed a prevention duty in 2023-24, a 0.8% increase from 2022-23. 47,380 households with children were owed a relief duty in 2023-24, a 8.3% increase from 2022-23 (Ministry of Housing, Communities and Local Governments 2024). Figure 31 shows the proportion of households with children owed a prevention or relief duty, by accommodation at time of application.

The most common reason for loss of last settled home for those owed a relief duty was due to domestic abuse at 12,130 or 25.6% of households with children owed a relief duty. This is a 0.5% increase from 2022-23. However, for those owed a prevention duty, domestic abuse as a reason had decreased by 1.8% from 2022-23 (Ministry of Housing, Communities and Local Governments 2024).

Of the 109,580 households with children owed a prevention or relief duty in 2023-24, 41.9% of households (45,880) had at least one support need, a similar proportion to 2022-23 (41.1%). Of the households who had a support need, most households (57.1%) had one support need, 23.3% had two support needs, and 19.5% had three or more. The most common support need for households with children in 2023-24 was those with a history of mental health problems, recorded for 17,970 households, or 16.4% of all households with children owed a duty. This is a 5.0% increase in absolute number of households since 2022-23, however this support need still affects a similar proportion of households owed a duty in comparison to the previous year (Ministry of Housing, Communities and Local Governments 2024).

Risk of/experience of domestic abuse was also a common support need among households with children, recorded for 16,230 households, or 14.8% of households owed a duty (Figure

34). This is a similar number of households with children with a domestic abuse support need compared to 2022-23 (0.8% increase) (Ministry of Housing, Communities and Local Governments 2024).

Figure 33 Proportion of households with children owed a prevention or relief duty, by accommodation at time of application (Ministry of Housing, Communities and Local Governments 2024)

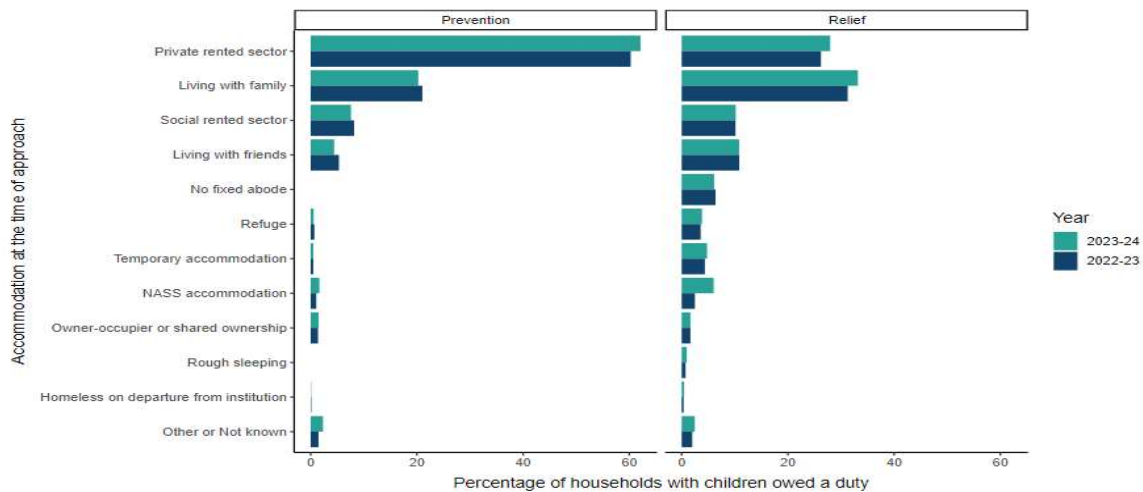
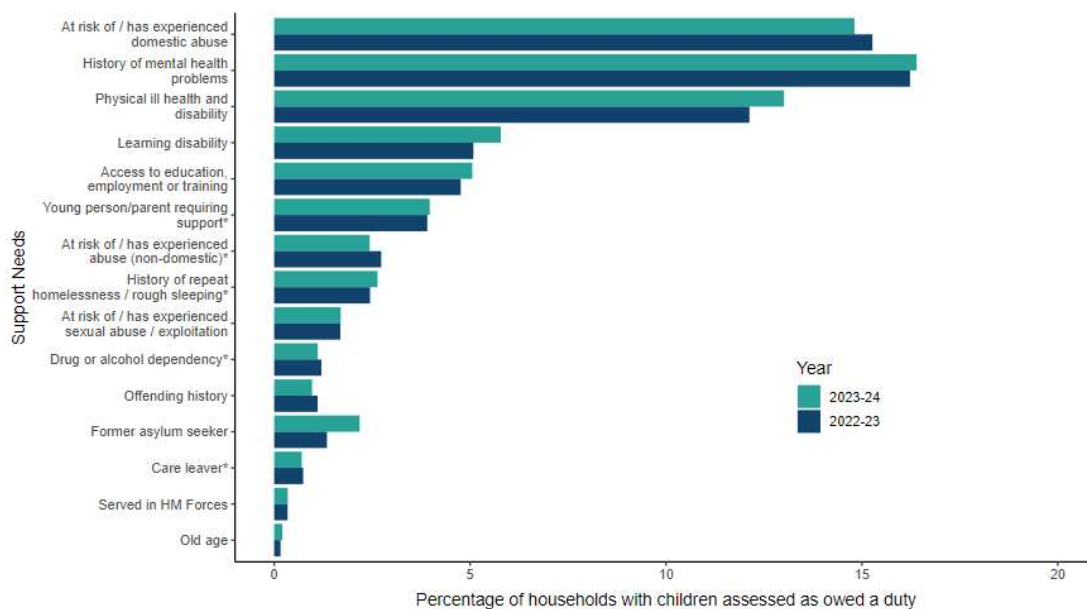


Figure 34 Proportion of households with children owed a prevention or relief duty, by support need (Ministry of Housing, Communities and Local Governments 2024)



Similar to national figures, domestic abuse has been one of the most common reasons for loss of last settled home for households owed a prevention duty (9.7%) in Stoke-on-Trent, and for loss of last settled home for households owed a relief duty (8.0%). The support needs of households owed a prevention of relief duty was because of:

History of mental health problems (11%)

Physical ill health and disability (8.2%)
Care leaver aged 18-20 years (3.6%)
At risk of/has experienced domestic abuse (3.3%)

8.1 Safe Accommodation

Safe Accommodation is classified as being (Ministry of Housing, Communities and Local Governments 2024):

- 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 alongside specialist support
- Move-on and/or second stage accommodation

The Act 2021, ensures 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 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 LGBTQT 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.

- **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.

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 (House of Commons 2007; 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 (Jones et al 2010).

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 (Pawson et al 2006).

Stoke-on-Trent City Council receives a New Burden Funding for Safe accommodation, and for 2024/25 is was £674,837, which is split by:

£275,478	New Domestic Abuse in Safe Accommodation service (DASSA), Glow (Honeycomb)
£ 97,928	Domestic Abuse incl Julie House (Refuge) HRS service, Glow (Honeycomb)
£ 1,979	Emergency Beds, Julia House (14 nights @£141.33), Glow (Honeycomb)
£143,250	Staffing Costs, City Council
£150,000	Countywide specialist domestic abuse service, New Era

The financial contribution to New Era funds four roles to provide support for individuals in safe accommodation and community in Stoke-on-Trent, being based in the specialist domestic abuse service. is the specialist support main contract and therefore the outcomes are contained within the ‘people’ component of this report.

Honeycomb Group is a provider that is responsible for helping people within the community, from affordable housing to domestic abuse support and to community education that prevents homelessness.

Staffordshire Housing is part of the Honeycomb group and provide the Sanctuary/Target Hardening element of the Domestic Abuse Sanctuary Service Accommodation (DASSA) Service. The DASSA service helps people in Stoke-on-Trent to remain safely in their own homes and provides support and sanctuary services but does not provide accommodation.

Glow is within Honeycomb Group, where they are working to address, overcome and end domestic abuse. Glow delivers refuge accommodation, recovery support, help navigating the courts, as well as preventing abuse entirely through relationship education with children and young people. Domestic abuse housing related support for Stoke-on-Trent is based in Julia House. In September 2023 a review was conducted, which included consultation meeting with service users to capture opinions in relation to the service received, service user case files were validated from information requested and sent by the service provider, consultation meeting with staff, questionnaires sent to service users and stakeholder to capture feedback and, an evaluation and assessment of performance documents.

The safe-accommodation-based housing related support service for people escaping domestic abuse is provided by Glow and the service is based at Julia House, which is a female-only refuge provision (includes children if applicable). However, the service also provides support for males within dispersed accommodation amongst the wider community.

Glow provides safe, supportive temporary accommodation, for single people and people with children, who are fleeing domestic abuse and in need of housing get support from a trained practitioner who will help them rebuild their lives and live independently again. Glow also offers group support 1-2-1 support to children and young people who have experienced domestic abuse at home, or are in their own unhealthy relationships. Included in the support is finding a new school place for children and young people.

The Julia House element provides support for people who are escaping domestic abuse or who may be at risk of domestic abuse. It provides short-term housing related support for up to two years, during which time the service supports customers to improve self-esteem, confidence and independent living skills. There are 11 units of accommodation at Julia House and there are 11 units in the community, currently funded by the Domestic Abuse New Burdens funding. Victims who are supported through the Refuge can access the support from the DASSA service.

Currently, all 11 women refuge units in Stoke-on-Trent are occupied and referrals were made from children's social care, self-referral or direct application, Housing Solutions or Other voluntary agency. Most of the women are not seeking work, with just 3 working part time (less than 24 hours per week). No person in the refuge had full-time employment. Of the 11 women currently in the Refuge, there are 19 children. 7 women had a mental health disability recorded and none were in drugs services and none were under probation or youth offending teams. Of the 11 women, 6 identified as White: British; 2 as Other: Arab; 1

as Asian; 1 as Black and 1 White Other. From the review that was carried out, the average age was 31years, with the majority being aged between 25 and 34 years.

Relationships without Fear is an education and prevention programme available in Staffordshire, including Stoke-on-Trent, that aims to break the cycle of domestic abuse by reducing the likelihood of children and young people experiencing it in their current and future relationships. The programme is a six-week schools intervention aims at children and young people from primary schools to college. Each one is tailored to match the pupil's age and ability, with relevant and relatable group activities, discussions and resources.

Glow meets is contractual outcomes, including utilisation, achieving independent living, maintained independent living.

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. This is especially true for Stoke-on-Trent given the relatively high numbers of children leaving care (18-20 years) who need support with accommodation.

Stoke-on-Trent City Council wanted to listen to the voices of people with lived experience of domestic abuse to help them shape and design a new support service for people escaping from or living with domestic abuse prior to commissioning Safe Accommodation.

Members of the consultation agreed that there is not enough support for people escaping domestic abuse in the city. They specifically touched on a lack of safe emergency accommodation. Whilst members wanted fast, reliable response to get them somewhere safe, they recognised the challenges for hostels and refuges, as people often know where they are located and therefore can find the person hiding out.

Lack of provision for men was commented upon, and male members don't feel welcomed to approach the existing services for support (recognising that some are women only). Being culturally aware was also another consideration by members and accommodating different religious practices.

Trauma-informed came out loudly in the consultation too as well as recognising health harming behaviours as individual coping strategies.

9. Recommendations

It is evident from this strategic needs assessment that domestic abuse is a substantial and large challenge for residents of Stoke-on-Trent. The following recommendations should be considered.

1. Domestic Abuse should be a strategic priority for the City Council and its partners, and the Strategy should take a public health approach: consider primary prevention (domestic abuse does not happen; support and nurture healthy relationships); secondary prevention (early identification and intervention, i.e. supporting people affected by domestic abuse); and tertiary prevention (reducing impact of domestic abuse and reducing the likelihood of recurrence and minimising complications).
2. The prevalence of domestic abuse is high across Stoke-on-Trent and is likely to be much higher given so much is unreported. Given the population and risk factors involved, it may be expected to observe higher figures in adult social care. It is recommended that an audit/deep dive is carried out within the next six months to understand the reasons for such low numbers.
3. One common reason a child is in need or taken into care is due to domestic abuse. Substantial focus has taken place through children's services in relation to better working arrangements with New Era, the specialist service. This should continue and longer-term evaluation should be carried out to see if this model is sustainable.
4. The quality and quantity of data should both be improved and building on the current partnerships and sharing of intelligence so that a better understanding of the situation can be identified. There should be a multi-agency domestic abuse outcomes framework which sits above the multi-agency performance framework.
5. There is limited data and intelligence in relation to perpetrators, having only police data and those perpetrators who access the behaviour change programme (n=314). There should be further work with partners to increase the understanding of identifying who are at risk of perpetrating domestic abuse so that prevention of abuse can be further enhanced and behaviour change (perpetrator) programmes developed.
6. There is limited intelligence in relation to victims/survivors of domestic abuse, especially those in contact with our services. Once the outcomes framework is developed, the data from victims/survivors should feed into it to gain a better understanding of domestic abuse, thereby enabling a better prevention response across the partnership.
7. More discussions and voices of victims / survivors should be undertaken. It is evident from speaking to victims / survivors that they want more people to know about and understand domestic abuse. A Trust Group should be established to inform approaches and service development. There should also be more education, communication and campaigns so that people are aware of domestic abuse, especially coercive control.

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