

County Durham and Darlington

Domestic Abuse Health Needs Assessment

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Glossary of terms

Glossary of Terms/Acronyms

CAPVA – Child and Adolescent to Parent Violence and Abuse. Abusive or harmful behaviours displayed by a child or young person towards a parent or carer.

CJS – Criminal Justice System. The collective institutions involved in upholding the law, including the police, courts, prisons, and probation services.

CSEW – Crime Survey for England and Wales. A national population survey used to estimate the prevalence of domestic abuse and other crimes.

DA – Domestic Abuse. Behaviour of a controlling, coercive, threatening, violent, or abusive nature between individuals aged 16 and over who are personally connected.

DAHA – Domestic Abuse Housing Alliance. A national organisation promoting best practice in housing responses to domestic abuse.

DAN – Domestic Abuse Navigator. A specialist role supporting victims and survivors with complex needs across safe accommodation and community settings.

DASVEG – Domestic Abuse and Sexual Violence Executive Group. The County Durham and Darlington partnership board responsible for strategic oversight and delivery of domestic abuse and sexual violence priorities and duties.

DARDR – Domestic Abuse Related Death Review. The new national term replacing Domestic Homicide Review (DHR), encompassing deaths linked to domestic abuse, including suicide and neglect.

DBC – Darlington Borough Council.

DCSP – Darlington Community Safety Partnership.

DHR – Domestic Homicide Review. A statutory review process following a death resulting from domestic abuse. This is transitioning nationally to Domestic Abuse Related Death Reviews (DARDRs).

DLUHC – Department for Levelling Up, Housing and Communities. Government department previously responsible for overseeing the Safe Accommodation Duty.

DVDS / Clare's Law – Domestic Violence Disclosure Scheme. A scheme enabling individuals to ask the police about a partner's history of domestic violence or abuse.

GRT – Gypsy, Roma and Traveller. Ethnic groups recognised under the Equality Act 2010.

HNA – Health Needs Assessment. A structured assessment used to identify the health and wellbeing needs of a population.

ICB – Integrated Care Board. NHS organisation responsible for planning and commissioning local healthcare services.

JSNA – Joint Strategic Needs Assessment. A local authority-led assessment of the current and future health and wellbeing needs of a population.

LGBTQ+ – Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and other sexual orientations and gender identities.

MARAC – Multi-Agency Risk Assessment Conference. A multi-agency meeting where information is shared and coordinated safety plans are developed for high-risk domestic abuse victims.

MATAC – Multi-Agency Tasking and Coordination. A partnership approach focused on identifying and managing repeat or serial domestic abuse perpetrators.

MHCLG / NBF – Ministry of Housing, Communities and Local Government / New Burdens Fund. Central government funding provided to support local authorities in meeting statutory Safe Accommodation duties.

NBF – New Burdens Fund. Funding provided to local authorities to support additional responsibilities introduced under the Domestic Abuse Act 2021.

OE / Operation Encompass – A scheme enabling police to notify schools following domestic abuse incidents so children and young people can receive timely support.

ONS – Office for National Statistics.

PCC – Police and Crime Commissioner.

PHSMT – Public Health Senior Management Team.

RYPP – Respect Young People's Programme. A nationally accredited programme supporting families affected by Child and Adolescent to Parent Violence and Abuse (CAPVA).

SDP – Safe Durham Partnership. The statutory Community Safety Partnership for County Durham.

SV – Sexual Violence.

TTWCH – Tackling Those Who Cause Harm. A DASVEG subgroup focused on perpetrator management, accountability, and rehabilitation.

VAWG – Violence Against Women and Girls. A collective term describing forms of gender-based violence that disproportionately affect women and girls.

VAWDASV – Violence Against Women, Domestic Abuse and Sexual Violence Executive Group. The proposed new name for DASVEG, intended to reflect the wider Violence Against Women and Girls (VAWG) agenda.

WHA – Whole Housing Approach. A framework integrating housing options, pathways, and support to improve safety and stability for victims and survivors of domestic abuse.

Executive Summary

This Health Needs Assessment (HNA) provides an updated assessment of domestic abuse across County Durham and Darlington and builds upon the Domestic Abuse HNA completed in 2020. The purpose of this HNA is to provide an updated understanding of the scale, nature and impact of domestic abuse across County Durham and Darlington in order to inform strategic planning, commissioning, safeguarding responsibilities and partnership. The assessment considers national and local evidence, service activity, survivor voice, emerging themes and wider inequalities associated with domestic abuse.

Domestic abuse remains a significant public health, safeguarding and societal issue affecting individuals, families and communities across the life course. The impacts extend far beyond immediate physical harm and include significant consequences for mental health, emotional wellbeing, housing stability, and wider health inequalities. Domestic abuse is closely linked to trauma, anxiety, depression, self-harm, suicidal ideation, chronic illness and social isolation, with effects often continuing long after an abusive relationship has ended.

The HNA adopts a whole-system public health approach, recognising domestic abuse as both a safeguarding issue and a wider determinant of poor health and inequality. Whilst domestic abuse can affect anyone regardless of age, sex, ethnicity, disability, sexuality, gender identity or socioeconomic status, the evidence within this assessment demonstrates that domestic abuse remains highly gendered. Women experience domestic abuse at significantly higher rates than men and are more likely to experience coercive control, repeated abuse, sexual violence and serious harm. The assessment also highlights the experiences of male victims, LGBTQ+ communities, older people, disabled people, rural communities and those experiencing multiple disadvantage, recognising that some groups face additional barriers to recognition, disclosure and access to support.

Scale and Impact of the Issue

Nationally, domestic abuse continues to affect millions of people each year. The Crime Survey for England and Wales (CSEW) estimated that 2.3 million adults experienced domestic abuse during the year ending March 2024. Police in England and Wales recorded over 1.3 million domestic abuse-related incidents and crimes during the same period. The evidence consistently demonstrates the gendered nature of domestic abuse. Women are significantly more likely to experience severe and repeated abuse, coercive control and domestic homicide. National data indicates that around three quarters of domestic abuse-related crimes involve female victims, while domestic abuse-related sexual offences disproportionately affect women and girls.

Locally, domestic abuse remains a substantial and ongoing issue across County Durham and Darlington. Durham Constabulary data demonstrates continued high

demand across the system, with domestic abuse-related incidents and crimes continuing to place pressure on policing, safeguarding, housing, health and specialist support services. The HNA also recognises that domestic abuse remains significantly underreported and that many individuals experiencing abuse do not identify themselves as victims or seek support. This is particularly relevant in cases involving coercive control, emotional abuse, financial abuse and post-separation abuse.

The impact of domestic abuse extends beyond individual victim-survivors and affects children, families and communities. Children living with domestic abuse may experience emotional, behavioural, educational and developmental impacts, alongside increased risk of trauma and adverse childhood experiences. National evidence suggests that many children living with domestic abuse are directly harmed by perpetrators in addition to witnessing abuse within the home.

Domestic abuse also places substantial demand on public services and wider systems, including:

- safeguarding services
- housing and homelessness services
- mental health services
- substance misuse services
- criminal justice agencies
- primary and acute healthcare
- social care
- education services.

The HNA identifies strong links between domestic abuse and wider inequalities, including poverty, deprivation, housing insecurity, social isolation and multiple disadvantage. Domestic abuse frequently co-exists with mental ill health, substance misuse and financial hardship, creating complex and interrelated needs which cannot be addressed by single-agency responses alone.

Key Findings and Themes

Several consistent themes emerge throughout the assessment.

Domestic abuse remains highly gendered

The evidence throughout the HNA demonstrates that domestic abuse disproportionately affects women and girls, particularly in relation to coercive control, sexual violence, repeat victimisation and serious harm. This aligns with national VAWG policy and wider evidence regarding gender inequality and violence against women and girls. At the same time, the assessment highlights the importance of maintaining inclusive services for all victims and recognising the experiences of men, LGBTQ+ individuals and diverse communities.

Domestic abuse is closely linked to mental health and trauma

Mental health emerged as one of the strongest recurring themes across the literature review, local intelligence and survivor voice work. Domestic abuse is both a cause and consequence of poor mental health and is strongly associated with anxiety, depression, trauma, self-harm, suicidal ideation and substance misuse. Many victim-survivors experience cumulative trauma and multiple stressors over prolonged periods of time.

Multiple disadvantage and complexity are increasingly significant

The assessment identifies that domestic abuse rarely exists in isolation. Many individuals accessing support experience intersecting issues including homelessness, poverty, mental ill health, substance misuse, safeguarding concerns and social exclusion. Women experiencing multiple disadvantage are particularly vulnerable to repeated abuse and often experience barriers to accessing support. Services are increasingly responding to higher levels of complexity and cumulative need.

Some groups face additional barriers to support

The HNA highlights inequalities affecting older people, disabled people, neurodivergent people, LGBTQ+ communities, rural communities, migrant communities and minority ethnic groups. These groups may experience additional barriers linked to stigma, accessibility, isolation, discrimination, dependency, cultural pressures or limited-service awareness. Evidence also suggests that some groups remain underrepresented within services despite higher levels of risk.

Prevention and early intervention remain underdeveloped

Whilst there has been increasing national and local emphasis on prevention, the domestic abuse system remains heavily focused on crisis response and recovery. The assessment identifies ongoing need for earlier intervention, healthy relationship education, public awareness, workforce training and approaches which address harmful attitudes, behaviours and gender inequality.

Survivor voice highlights the importance of relational and trauma-informed support

Victim- survivor engagement consistently highlighted the importance of being believed, listened to and supported through compassionate, non-judgemental and trauma-informed approaches. Positive experiences were associated with trusted relationships, specialist advocacy, peer support and professionals who understood coercive control and trauma. Negative experiences were linked to victim-blaming, fragmented responses, repeated retelling of traumatic experiences and difficulties navigating systems.

System Strengths and Challenges

The assessment identifies several areas of strength within the County Durham and Darlington domestic abuse system. Partnership working across agencies is generally viewed positively, with strong operational relationships across safeguarding, community safety, housing, health and specialist services. Since 2020, significant progress has been made in strengthening strategic governance through the Domestic Abuse and Sexual Violence Executive Group (DASVEG), including wider system review work, development of the Safe Accommodation Strategy and increasing alignment with national VAWG policy.

There has also been growing recognition locally of:

- trauma-informed practice
- survivor voice
- prevention and early intervention
- coordinated whole-system approaches
- the mental health impacts of domestic abuse
- the importance of accommodation-based support.

The SafeLives Whole System Review further reinforced the value of coordinated strategic leadership, partnership accountability and improved system consistency. The local system demonstrates strong commitment to improving responses and developing collaborative approaches across agencies.

The HNA identifies concerns regarding long-term sustainability where services remain reliant on short-term or annual funding arrangements. Hidden and unmet need also remains a significant challenge. Many victim-survivors continue to face barriers to disclosure and support, particularly within underserved communities and where abuse is non-physical or linked to coercive control. Rural isolation, stigma and lack of recognition continue to affect help-seeking behaviour. The assessment also identifies ongoing inconsistency in data collection, performance measurement and outcomes reporting across agencies. While local intelligence has improved since 2020, further work is required to strengthen shared understanding of prevalence, unmet need, service effectiveness and long-term outcomes.

Key Implications

The findings of this HNA have several important implications for strategic planning, commissioning and service delivery across County Durham and Darlington.

Firstly, domestic abuse should continue to be understood and responded to as a public health and inequality issue, requiring coordinated responses across safeguarding, housing, health, mental health, criminal justice and community services.

Secondly, prevention and early intervention require significantly greater emphasis. While crisis response remains essential, reducing long-term harm will require

sustained investment in prevention, healthy relationship education, workforce development and approaches that address societal attitudes and gender inequality.

Thirdly, services must continue to strengthen trauma-informed and survivor-centred practice. Survivor voice throughout the HNA demonstrates the importance of relational support, psychological safety and compassionate responses across all agencies.

Fourthly, the increasing complexity of need requires more integrated and flexible approaches. Domestic abuse services cannot operate in isolation from mental health, substance misuse, housing, homelessness and wider support systems. Greater coordination across services is essential for individuals experiencing multiple disadvantage.

Finally, continued focus is required to ensure that services are inclusive, accessible and equitable for underserved populations. This includes recognising hidden need, improving accessibility and developing culturally competent responses across the system.

Strategic Conclusion

Domestic abuse remains a complex public health and safeguarding issues affecting County Durham and Darlington. Whilst substantial progress has been made since the 2020 HNA, including strengthened governance, increased partnership working and greater recognition of trauma-informed approaches, domestic abuse continues to impact individuals, families, communities and public services.

The evidence within this HNA demonstrates that domestic abuse is connected to wider inequalities, trauma, mental health, housing instability, safeguarding concerns and multiple disadvantage. Demand across services remains high, and the complexity of need continues to increase highlighting the importance of maintaining a coordinated whole-system response which combines prevention, early intervention, survivor-centred support, accommodation provision, perpetrator accountability and long-term recovery approaches. Continued partnership leadership, sustainable commissioning, improved data and intelligence, workforce development and investment in prevention are required to improve outcomes across County Durham and Darlington.

Most importantly, the HNA reinforces that effective responses to domestic abuse must continue to place the experiences and safety of victim-survivors at the centre of local policy, commissioning and service development.

Recommendations

The recommendations identified within this Health Needs Assessment have been grouped into four overarching themes: Strategic Implications and System Development; Prevention and Intergenerational Impacts; Hidden Harm, Increasing Demand and Unmet Need; and Inequalities, Vulnerability and Multiple Disadvantage.

These recommendations reflect the need for continued multi-agency collaboration across safeguarding, health, housing, criminal justice, education, community safety and voluntary sector systems in order to strengthen prevention, improve earlier identification, support recovery and reduce inequalities experienced by victim-survivors.

The findings and recommendations from this HNA will be presented through relevant multi-agency partnerships, including the Domestic Abuse and Sexual Violence Executive Group (DASVEG), Safe Durham Partnership and Safer Darlington Partnership, to support shared strategic oversight and delivery planning.

A full system-wide delivery plan will subsequently be developed with partner agencies. An illustrative multi-agency action plan is provided in Appendix 5.

Strategic Implications and System Development

Discussion

This Health Needs Assessment provides an update to the previous Domestic Abuse Health Needs Assessment undertaken during 2019/20 and reflects the significant national and local developments that have occurred since that time, including implementation of the Domestic Abuse Act 2021, the Safe Accommodation Duty and increasing national focus on Violence Against Women and Girls (VAWG).

Since the previous assessment, partnership arrangements across County Durham and Darlington have continued to develop through the work of the Domestic Abuse and Sexual Violence Executive Group (DASVEG), safeguarding partnerships and wider system collaboration. There has also been increasing recognition of the importance of trauma-informed practice, survivor voice, prevention and whole-system approaches to domestic abuse.

Despite this progress, the findings within this HNA demonstrate that domestic abuse continues to represent a significant public health and safeguarding issue across County Durham and Darlington. Demand across specialist domestic abuse services, safeguarding and accommodation pathways remains high, whilst increasing complexity of need, repeat victimisation and wider inequalities continue to place pressure on services and partnerships.

The evidence throughout this HNA demonstrates that domestic abuse rarely occurs in isolation and is frequently associated with wider complexity and multiple disadvantage. Victim-survivors frequently experience co-existing mental health needs, substance misuse, housing insecurity, financial hardship and wider trauma. Effective responses therefore require coordinated multi-agency working across safeguarding, health, housing, criminal justice, education, community safety and voluntary sector systems.

The findings also reinforce the importance of ensuring that domestic abuse responses remain inclusive, equitable and informed by lived experience. Some

communities continue to experience additional barriers to identification, disclosure and support, highlighting the need for culturally competent, accessible and trauma-informed approaches across the system.

Workforce development remains an important consideration across all sectors. As understanding of coercive control, trauma, multiple disadvantage and harmful behaviours continues to evolve, professionals require the confidence, knowledge and skills necessary to identify abuse, respond appropriately and support recovery. Victim-survivor feedback consistently highlights the importance of knowledgeable, skilled and trauma-informed practitioners in supporting safety, recovery and engagement with services.

The evidence also highlights the importance of ongoing evaluation, partnership intelligence and continuous system improvement. Safeguarding reviews, domestic homicide reviews, survivor voice, local performance data and partnership intelligence all provide important opportunities to strengthen future commissioning, prevention activity and service delivery.

Recommendations

- Continue to strengthen coordinated multi-agency responses across safeguarding, health, housing, criminal justice and voluntary sector systems through strong strategic leadership provided by the Domestic Abuse and Sexual Violence Executive Group (DASVEG), ensuring clear accountability, oversight and alignment with national policy, legislation and local partnership priorities.
- Continue to strengthen integrated, trauma-informed and survivor-informed pathways across domestic abuse, housing, mental health, safeguarding, substance misuse and wider support services, ensuring responses remain accessible, culturally competent and responsive to differing levels of need and risk.
- Continue to use survivor voice, safeguarding reviews, domestic homicide reviews and local evaluation activity to inform future system improvement and commissioning.
- Work towards building a stronger whole-system public health approach to domestic abuse and VAWG which incorporates prevention, safeguarding, perpetrator accountability, recovery and reducing inequalities.
- Ensure commissioning arrangements across the DASVEG partnership continue to reflect increasing demand, complexity of need and wider inequalities experienced by victims and survivors.
- Ensure that future strategic development continues to prioritise prevention, earlier intervention and reducing hidden and unmet need across communities.

- Strengthen the workforce development offer across all sectors, including an understanding of coercive control, trauma-informed practice and responding to multiple disadvantage.
- Improve consistency, quality and integration of domestic abuse data collection, partnership intelligence and outcomes reporting across agencies that report into DASVEG.

Prevention and Intergenerational Impacts

Discussion

Evidence relating to prevention highlights the significant long-term and intergenerational impacts of domestic abuse and trauma. Research into adverse childhood experiences (ACEs) and trauma demonstrates that exposure to abuse and household adversity during childhood can affect emotional wellbeing, relationships, coping behaviours and health outcomes across the life course.

Children and young people affected by domestic abuse may experience trauma, emotional distress, behavioural difficulties, disrupted educational outcomes and increased vulnerability to future harm. National evidence also highlights the risk of intergenerational cycles of abuse, where harmful relationship behaviours, trauma and adversity may continue across generations if not appropriately addressed.

The literature increasingly supports prevention and early intervention approaches focused on healthy relationships, trauma-informed practice, emotional wellbeing, family support and earlier identification of coercive and controlling behaviours.

Schools, colleges, community settings and wider universal services may all play an important role in improving awareness, strengthening resilience and promoting healthy relationships. Workforce awareness and confidence are also important in supporting earlier identification and intervention.

Whilst evidence regarding long-term prevention outcomes continues to develop, coordinated approaches that address trauma, inequalities and wider family needs are considered most likely to improve long-term outcomes for children, families and communities.

The findings within this HNA reinforce the importance of adopting a public health approach to domestic abuse and VAWG, recognising the importance of prevention alongside crisis response and safeguarding activity.

Recommendations

- Increase investment in prevention and early intervention approaches, including healthy relationship education, workforce development and public awareness campaigns.

- Continue to strengthen trauma-informed approaches across services working with children, young people and families.
- Strengthen approaches aimed at disrupting intergenerational cycles of abuse and adversity.
- Improve awareness and understanding of coercive and controlling behaviour across universal services and community settings.
- Continue to support delivery of relationships, sex and health education (RSHE) and wider prevention programmes within schools and education settings.
- Promote public health approaches that recognise domestic abuse and VAWG as preventable forms of harm linked to wider inequalities and societal attitudes.
- Continue to strengthen partnership approaches to prevention across safeguarding, education, community safety and public health systems.

Hidden Harm, Increasing Demand and Unmet Need

Discussion

Data across County Durham and Darlington indicates continuing increases in reported domestic abuse incidents, crimes and referrals across policing, safeguarding, housing and specialist support services. Domestic abuse remains a significant pressure across criminal justice, health, housing and community safety systems.

Domestic abuse is also widely recognised as substantially underreported and the true scale of need is likely to be considerably higher than available service data suggests. Many victim-survivors may never engage with police, specialist services or safeguarding systems due to fear, trauma, coercive control, stigma, financial dependence, lack of awareness of support, or concerns regarding the consequences of disclosure.

This hidden nature of abuse presents a significant challenge for local systems. Whilst police and service data provide important insight into known demand, they are unlikely to fully reflect the experiences of all individuals and families affected by domestic abuse across County Durham and Darlington. Hidden harm may be particularly significant amongst individuals experiencing multiple disadvantage, disability, poor mental health, rural isolation or wider barriers to support.

Evidence from the previous 2019/20 HNA identified limited awareness amongst some stakeholders regarding the overall scale of domestic abuse and the breadth of agencies involved in the local response system. Whilst partnership working, data

sharing and strategic coordination have strengthened since this time, identifying hidden victims and unmet need remains challenging.

The literature also highlights the importance of extending awareness and identification beyond traditional safeguarding and criminal justice settings. Evidence suggests that healthcare, education and community settings may play an important role in improving earlier identification and access to support. Research indicates that enhanced domestic abuse training within wider services, such as GP practices, dentistry and pharmacy settings may improve professional confidence, awareness and referral pathways, whilst victim-survivors may perceive these settings as more accessible, or potentially less stigmatising environments for disclosures.

Recommendations

- Strengthen approaches to identifying hidden and unmet need through improved partnership coordination and data sharing, community engagement and population level awareness raising.
- Increase workforce awareness and domestic abuse training across universal settings including primary care, dentistry, pharmacies, education and community services.
- Continue to improve public awareness of domestic abuse, coercive control and available support pathways through coordinated communications and whole-system responses to improve earlier identification and intervention and prevention activity.
- Develop improved local understanding of underrepresented and underserved groups who may face additional barriers to disclosure and support.

Inequalities, Vulnerability and Multiple Disadvantage

Discussion

Domestic abuse can affect anyone regardless of age, sex, ethnicity, disability, sexuality, gender identity or socioeconomic status. However, academic, national and local evidence consistently demonstrates that some individuals and communities may experience additional inequalities or vulnerabilities, increased risk, higher rates of hidden harm and barriers to accessing support.

Women continue to experience domestic abuse at higher rates than men and are more likely to experience repeated abuse, coercive control, sexual violence and serious harm. At the same time, male victims may face additional barriers to recognising abuse, reporting concerns or accessing support due to stigma, gender expectations and perceptions regarding available services.

Older adults may experience domestic abuse within long-term dependent relationships where abuse becomes normalised, hidden or difficult to identify. This

may be further complicated by ill health, care and support needs, social isolation, financial dependency or overlap with wider safeguarding concerns. Older adults are also at risk of abuse from other family members and their own children, where financial abuse may be particularly prevalent within these contexts.

People with disabilities, long-term conditions or neurodivergence may experience additional barriers to reporting abuse and accessing support, including communication barriers, inaccessible services, under-recognition within systems and dependence on others for care and support. Academic evidence suggests these groups are frequently underrepresented within service data despite increased vulnerability, which is seen locally by the very low numbers of people with disabilities in services.

LGBTQ+ individuals may also experience unique forms of abuse, including threats of 'outing', identity-based abuse and barriers linked to discrimination or assumptions regarding domestic abuse within non-heterosexual relationships. Research indicates that some LGBTQ+ individuals may feel more confident accessing support through specialist LGBTQ+ provision rather than mainstream domestic abuse services.

Rurality presents additional challenges across parts of County Durham and Darlington. Geographic isolation, transport barriers, limited local services and concerns regarding confidentiality within smaller communities may contribute to underreporting and delayed access to support.

Experiences of abuse may also be shaped by wider inequalities and intersecting factors including ethnicity, poverty, migration, language and cultural or community pressures. Some communities may face additional concerns relating to stigma, discrimination, trust in services or fears regarding immigration status and confidentiality and cultural or language barriers.

The evidence throughout this HNA also demonstrates that domestic abuse frequently occurs alongside wider forms of disadvantage and adversity, including poor mental health, substance misuse, homelessness and housing insecurity, financial hardship and wider trauma. Individuals experiencing domestic abuse may therefore present to services with multiple and overlapping needs rather than domestic abuse alone, increasing complexity for victim-survivors, families and services. Research relating to multiple disadvantage highlights the importance of integrated and trauma-informed approaches that recognise the wider social determinants associated with abuse. Responses focused solely on a single presenting issue may fail to address the wider complexity affecting victim-survivors and families. This HNA therefore reinforces the importance of coordinated pathways between domestic abuse, mental health, housing, safeguarding and substance misuse services.

The evidence also highlights the importance of recognising that some perpetrators may themselves experience mental ill health, trauma, substance misuse or wider

vulnerabilities. Whilst these factors do not excuse abusive behaviour, understanding underlying complexity may support more effective perpetrator interventions whilst maintaining a clear focus on victim safety and perpetrator accountability.

Across many of these groups, domestic abuse remains hidden and under-recognised. This highlights the importance of inclusive, trauma-informed and culturally competent approaches capable of recognising differing experiences, risks and barriers to support.

Recommendations

- Continue to develop pathways into evidence-informed perpetrator interventions that support effective behaviour change whilst recognising co-existing needs and maintaining a clear focus on victim safety and perpetrator accountability.
- Ensure commissioned services and multiagency support pathways remain inclusive, accessible, trauma-informed and culturally competent for diverse and underserved communities, including disabled people, neurodivergent individuals, LGBTQ+ communities, minority ethnic communities, migrant communities, rural communities and male victims.
- Ensure commissioning and partnership arrangements continue to reflect increasing complexity of need, repeated crisis presentations, homelessness, dual allegations, safeguarding concerns and wider inequalities experienced by victims and survivors.
- Strengthen the understanding of hidden and unmet need through improved engagement, partnership working, data collection and workforce development regarding the differing ways domestic abuse may present across diverse population groups and individuals experiencing multiple disadvantage.
- Strengthen integration between domestic abuse, mental health, substance misuse, housing, safeguarding and wider support services through coordinated whole-system and whole-family approaches capable of responding to complex and overlapping needs.